

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Weekly Spotlight

Mental health :strengthening our response



Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and

collective abilities to make decisions, build relationships and shape the world we live in. Mental health risks and protective factors can be found in society at different scales. Local threats heighten risk for individuals, families and communities. Global threats heighten risk for whole populations and include economic downturns, disease outbreaks, humanitarian emergencies and forced displacement and the growing climate crisis. Reshaping the determinants of mental health often requires action beyond the health sector and so promotion and prevention programmes should involve the education, labour, justice, transport, environment, housing, and welfare sectors. The health sector can contribute significantly by embedding promotion and prevention efforts within health services; and by advocating, initiating and, where appropriate, facilitating multisectoral collaboration and coordination.

POSITIVE MENTAL HEALTH

Mental Strength
Controlled Thinking
Good Emotional Control

High Resilience
Manages Challenges
Overcomes Fear

Manages Stress Well – Uses Stress For Motivation

Healthy Well-Being
Healthy Confidence
High Self-Worth

Positive Life Outlook
Driven To Achieve
Happiness & Fulfillment
Realises Full Potential

Positive Impact
On Others

Focuses On What Is Within Their Control - Achieves Goals

Promoting child and adolescent mental health is another priority and can be achieved by policies and laws that promote and protect mental health, supporting caregivers to provide nurturing care, implementing school-based programmes and improving the quality of community and online environments. School-based social and emotional learning programmes are among the most effective promotion strategies for countries at all income levels. Promoting and protecting mental health at work is a growing area of interest and can be supported through legislation and regulation, organizational strategies, manager training and interventions for workers.

EPI WEEK 39



SYNDROMES

PAGE 2



CLASS 1 DISEASES

PAGE 4



INFLUENZA

PAGE 5



DENGUE FEVER

PAGE 6



GASTROENTERITIS

PAGE 7



RESEARCH PAPER

PAGE 8

Sentinel Surveillance in Jamaica



A syndromic surveillance system is good for early detection of and response to public health events.

Sentinel surveillance occurs when selected health facilities (sentinel sites) form a network that reports on certain health conditions on a regular basis, for example, weekly. Reporting is mandatory whether or not there are cases to report.

Jamaica's sentinel surveillance system concentrates on visits to sentinel sites for health events and syndromes of national importance which are reported weekly (see pages 2 -4). There are seventy-eight (78) reporting sentinel sites (hospitals and health centres) across Jamaica.

Table showcasing the Timeliness of Weekly Sentinel Surveillance Parish Reports for the Four Most Recent Epidemiological Weeks -36 to 39 of 2022

Parish health departments submit reports weekly by 3 p.m. on Tuesdays. Reports submitted after 3 p.m. are considered late.

KEY:
Yellow - late submission on Tuesday
Red - late submission after Tuesday

Epi week	Kingston and Saint Andrew	Saint Thomas	Saint Catherine	Portland	Saint Mary	Saint Ann	Trelawny	Saint James	Hanover	Westmoreland	Saint Elizabeth	Manchester	Clarendon
	2022												
36	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time
37	On Time	On Time	On Time	Late (W)	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time
38	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	late (w)
39	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time

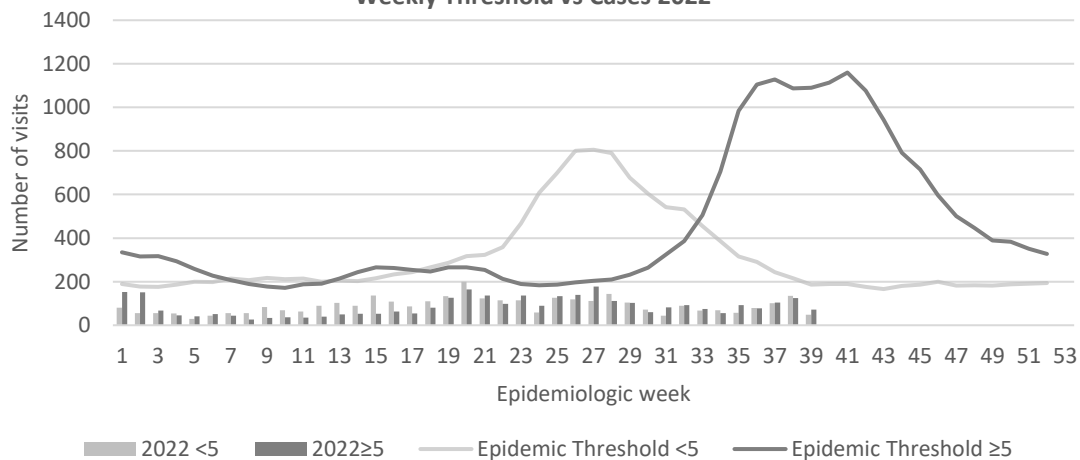
REPORTS FOR SYNDROMIC SURVEILLANCE


UNDIFFERENTIATED FEVER

Temperature of >38°C /100.4°F (or recent history of fever) with or without an obvious diagnosis or focus of infection.




Weekly Visits to Sentinel Sites for Undifferentiated Fever All ages: Jamaica, Weekly Threshold vs Cases 2022



 2 NOTIFICATIONS- All clinical sites

 INVESTIGATION REPORTS- Detailed Follow up for all Class One Events

 HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued

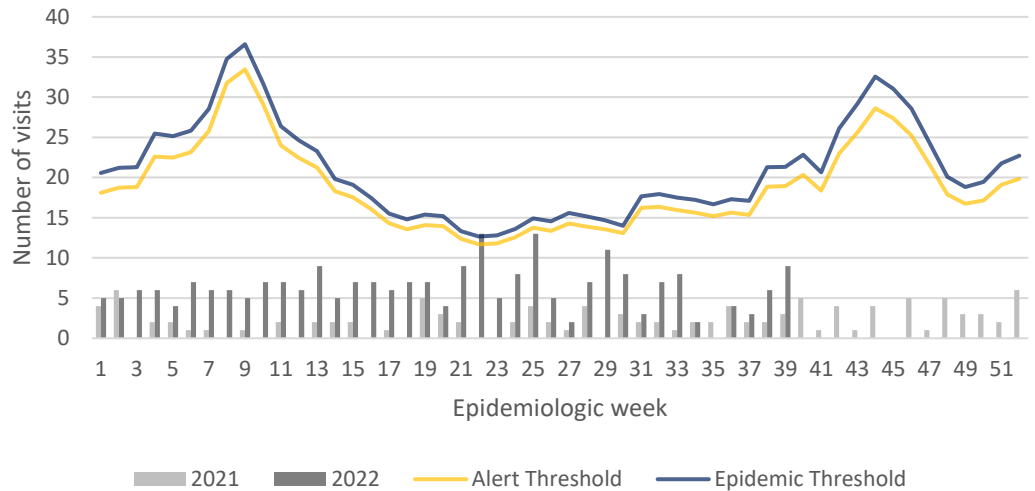
 SENTINEL REPORT- 78 sites. Automatic reporting

FEVER AND NEUROLOGICAL

Temperature of $>38^{\circ}\text{C}$ / 100.4°F (or recent history of fever) in a previously healthy person with or without headache and vomiting. The person must also have meningeal irritation, convulsions, altered consciousness, altered sensory manifestations or paralysis (except AFP).



Weekly Visits to Sentinel Sites for Fever and Neurological Symptoms 2021 and 2022 vs. Weekly Threshold: Jamaica

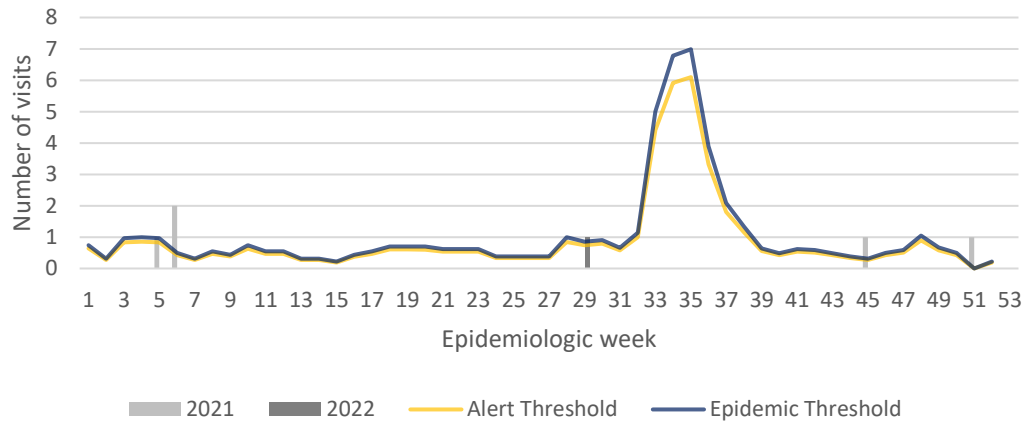


FEVER AND HAEMORRHAGIC

Temperature of $>38^{\circ}\text{C}$ / 100.4°F (or recent history of fever) in a previously healthy person presenting with at least one haemorrhagic (bleeding) manifestation with or without jaundice.



Weekly visits to Sentinel Sites for Fever and Haemorrhagic 2021 and 2022 vs Weekly Threshold; Jamaica



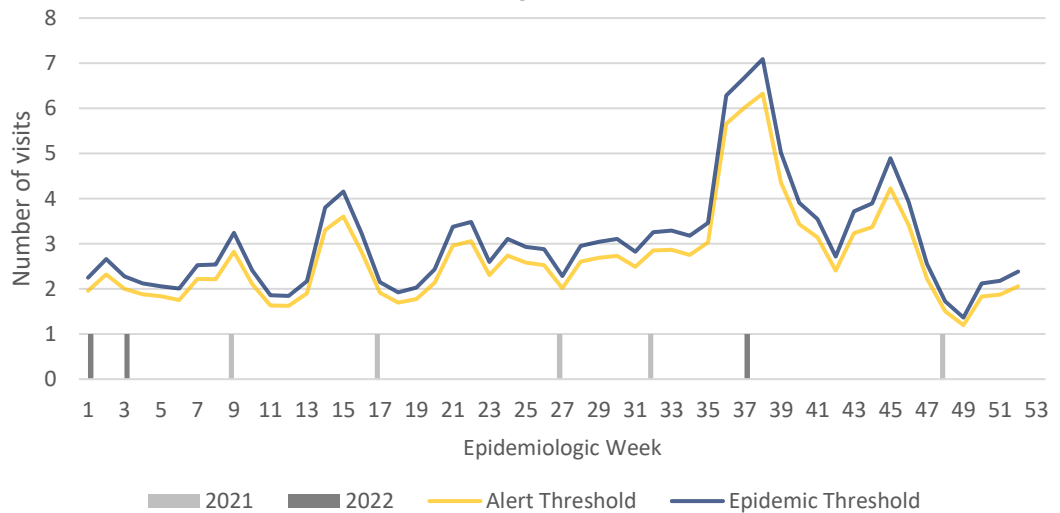
FEVER AND JAUNDICE

Temperature of $>38^{\circ}\text{C}$ / 100.4°F (or recent history of fever) in a previously healthy person presenting with jaundice.

The epidemic threshold is used to confirm the emergence of an epidemic in order to implement control measures. It is calculated using the mean reported cases per week plus 2 standard deviations.



Fever and Jaundice cases: Jamaica, Weekly Threshold vs Cases 2021 and 2022



3 NOTIFICATIONS-
All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



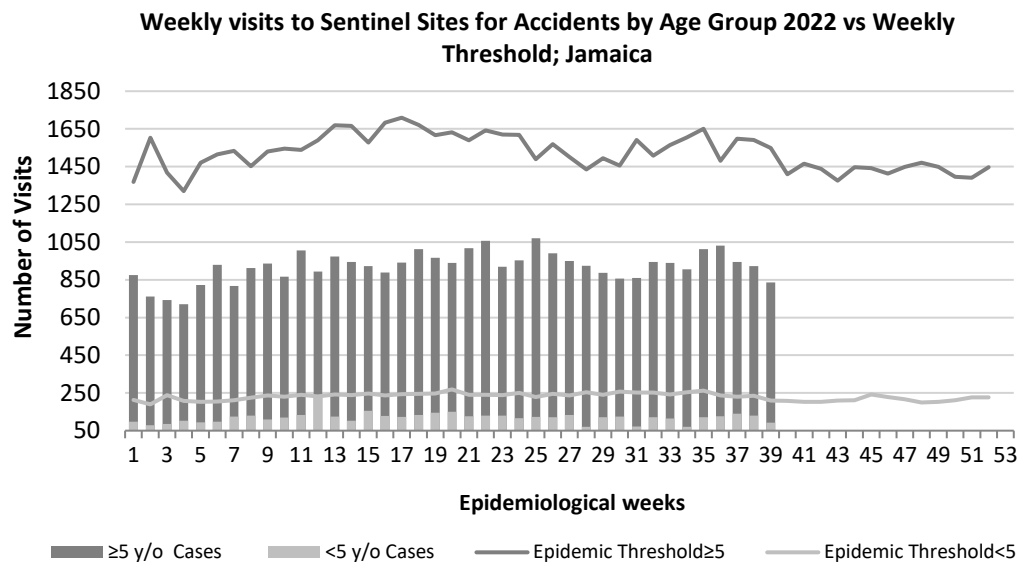
HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued



SENTINEL REPORT- 78 sites. Automatic reporting

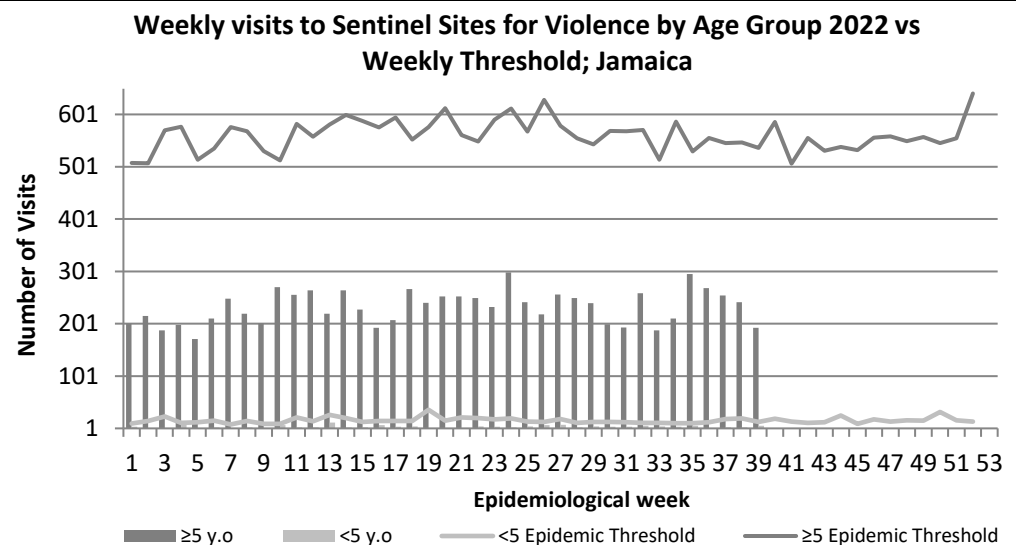
ACCIDENTS

Any injury for which the cause is unintentional, e.g. motor vehicle, falls, burns, etc.



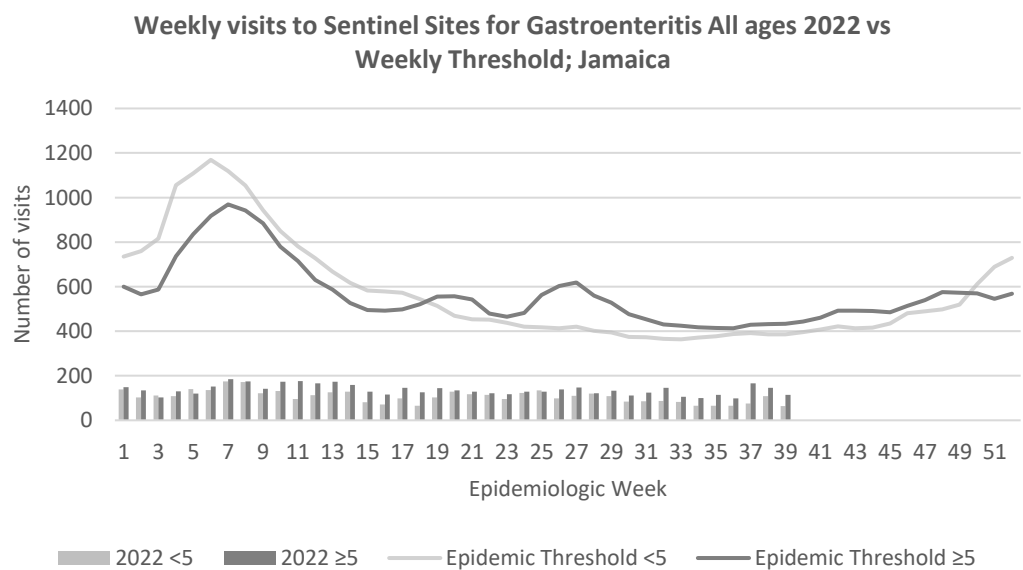
VIOLENCE

Any injury for which the cause is intentional, e.g. gunshot wounds, stab wounds, etc.



GASTROENTERITIS

Inflammation of the stomach and intestines, typically resulting from bacterial toxins or viral infection and causing vomiting and diarrhoea.



4 NOTIFICATIONS-
All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued



SENTINEL REPORT- 78 sites. Automatic reporting

CLASS ONE NOTIFIABLE EVENTS				Comments	
	CLASS 1 EVENTS	Confirmed YTD ^α		AFP Field Guides from WHO indicate that for an effective surveillance system, detection rates for AFP should be 1/100,000 population under 15 years old (6 to 7) cases annually.	
		CURRENT YEAR 2022	PREVIOUS YEAR 2021		
NATIONAL/INTERNATIONAL INTEREST	Accidental Poisoning	155 ^β	132 ^β	Pertussis-like syndrome and Tetanus are clinically confirmed classifications. ^γ Dengue Hemorrhagic Fever data include Dengue related deaths;	
	Cholera	0	0		
	Dengue Hemorrhagic Fever ^γ	See Dengue page below	See Dengue page below		
	COVID-19 (SARS-CoV-2)	54853	71994		
	Hansen’s Disease (Leprosy)	0	0		
	Hepatitis B	8	6		
	Hepatitis C	2	4		
	HIV/AIDS	NA	NA		
	Malaria (Imported)	0	0		
	Meningitis (Clinically confirmed)	15	31		
	Monkeypox	14	NA		
EXOTIC/ UNUSUAL	Plague	0	0	^δ Figures include all deaths associated with pregnancy reported for the period.	
HIGH MORBIDITY/ MORTALITY	Meningococcal Meningitis	0	0		
	Neonatal Tetanus	0	0		
	Typhoid Fever	0	0		
	Meningitis H/Flu	0	0		
SPECIAL PROGRAMMES	AFP/Polio	0	0	^ε CHIKV IgM positive cases ^θ Zika PCR positive cases ^β Updates made to prior weeks in 2020. ^α Figures are cumulative totals for all epidemiological weeks year to date.	
	Congenital Rubella Syndrome	0	0		
	Congenital Syphilis	0	0		
	Fever and Rash	Measles	0		0
		Rubella	0		0
	Maternal Deaths ^δ	52	71		
	Ophthalmia Neonatorum	48	40		
	Pertussis-like syndrome	0	0		
	Rheumatic Fever	0	0		
	Tetanus	0	0		
	Tuberculosis	19	19		
	Yellow Fever	0	0		
	Chikungunya ^ε	0	0		
Zika Virus ^θ	0	0			

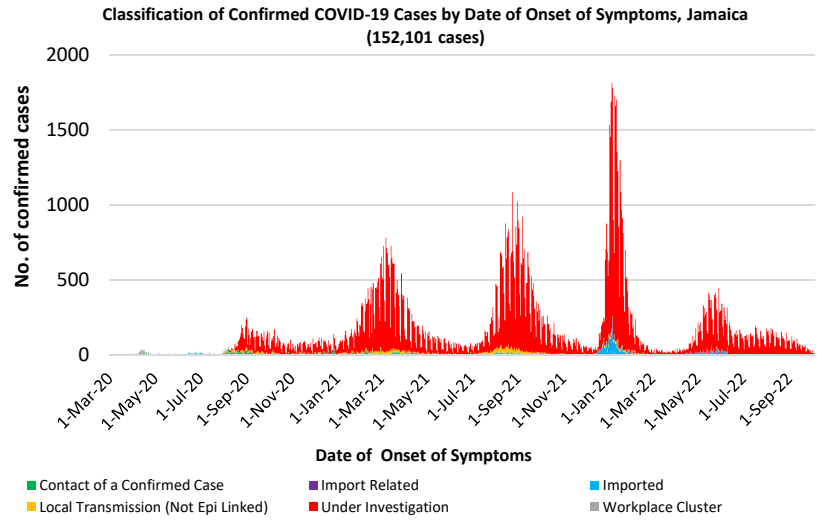
NA- Not Available

 <p>5 NOTIFICATIONS- All clinical sites</p>	 <p>INVESTIGATION REPORTS- Detailed Follow up for all Class One Events</p>	 <p>HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued</p>	 <p>SENTINEL REPORT- 78 sites. Automatic reporting</p>
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COVID-19 Surveillance Update

March 10, 2020 – EW 39 2022

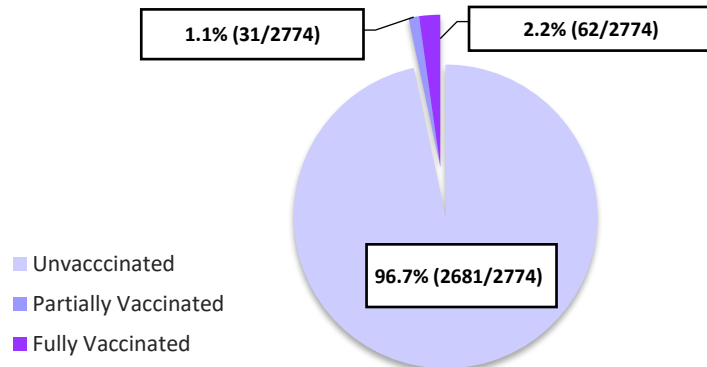
CASES	EW 39	Total
Confirmed	289	152101
Females	156	87581
Males	133	64112
Age Range	41 days – 100 years	1 day to 108 years
* 3 positive cases had no gender specification * PCR or Antigen tests are used to confirm cases		



COVID-19 Outcomes

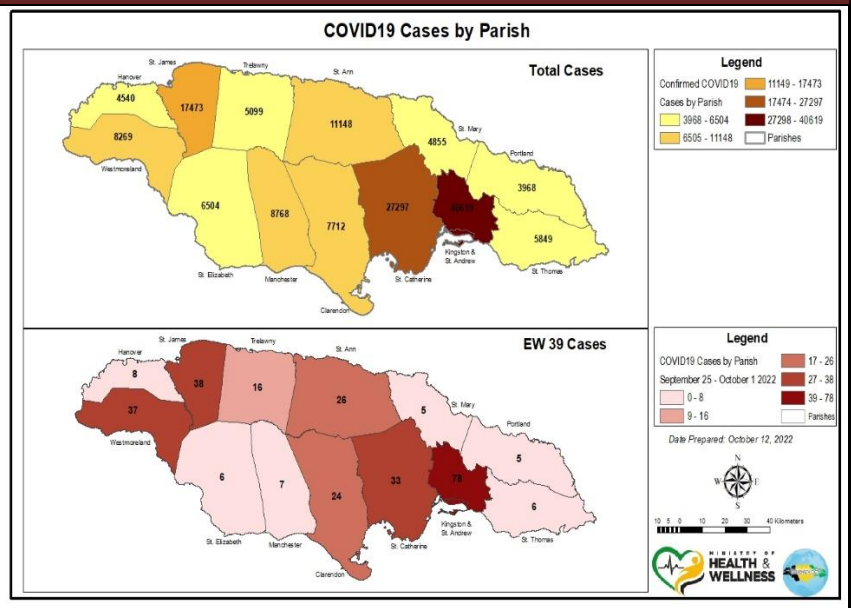
Outcomes	EW 39	Total
ACTIVE		47959
DIED – COVID Related	1	3335
Died - NON COVID	0	284
Died - Under Investigation	0	259
Recovered and discharged	82	100171
Repatriated	0	93
Total		152101
*Vaccination programme March 2021 – YTD		

2774 COVID-19 Related Deaths since March 1, 2021 – Oct 2, 2022



COVID-19 Parish Distribution

PARISH	EW 39	Total
Clarendon	24	7712
Hanover	8	4540
KSA	78	40619
Manchester	7	8768
Portland	5	3968
St. Ann	26	11148
St. Catherine	33	27297
St. Elizabeth	6	6504
St. James	38	17473
St. Mary	5	4855
St. Thomas	6	5849
Trelawny	16	5099
Westmoreland	37	8269
Total	289	152101



6 NOTIFICATIONS-
All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



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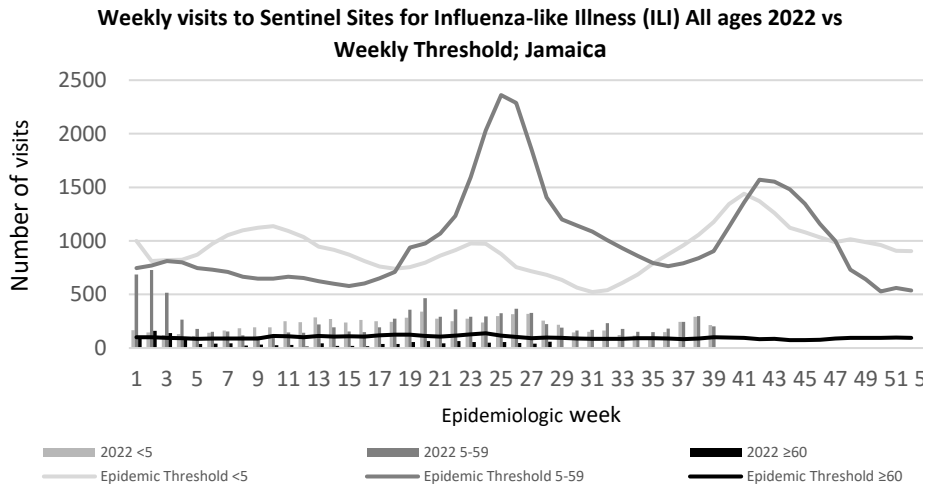
SENTINEL REPORT- 78 sites. Automatic reporting

NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 39

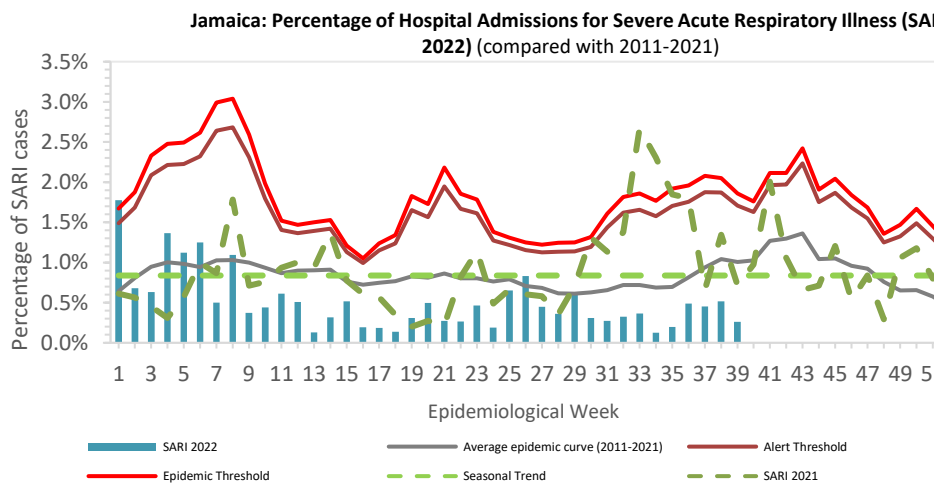
September 25 – October 1, 2022 Epidemiological Week 39

	EW 39	YTD
SARI cases	3	312
Total Influenza positive Samples	0	19
Influenza A	0	19
H3N2	0	18
H1N1pdm09	0	1
Not subtyped	0	0
Influenza B	0	0
Parainfluenza	0	0



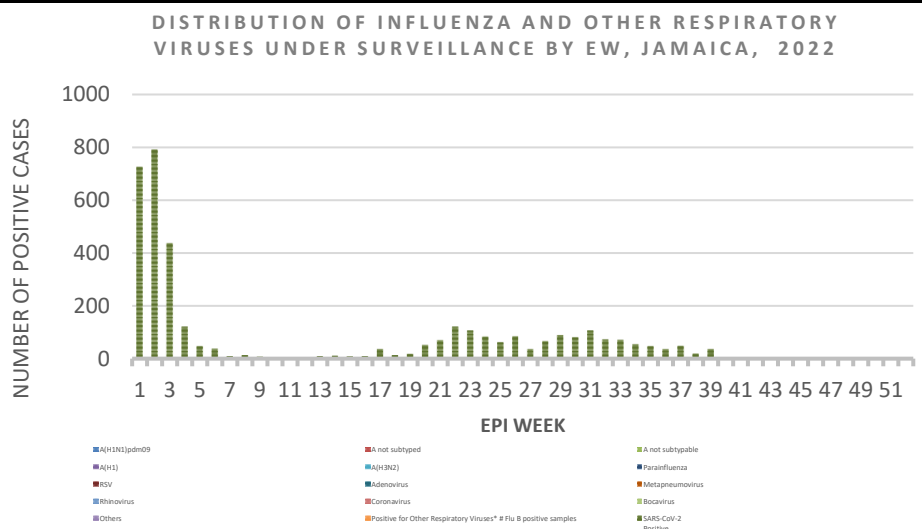
Epi Week Summary

During EW 39, three (3) SARI admissions were reported.



Caribbean Update EW 39

Caribbean: Influenza activity remained low, with the influenza A(H3N2) virus predominance. Saint Lucia reported increased SARS-CoV-2 activity, while RSV activity continued elevated in the Dominican Republic.



7 NOTIFICATIONS-
All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



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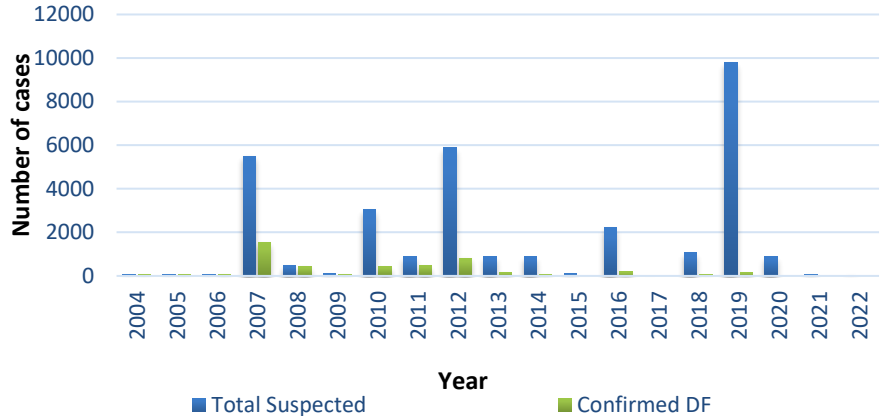
Dengue Bulletin

September 25- October 1, 2022 Epidemiological Week 39

Epidemiological Week 39



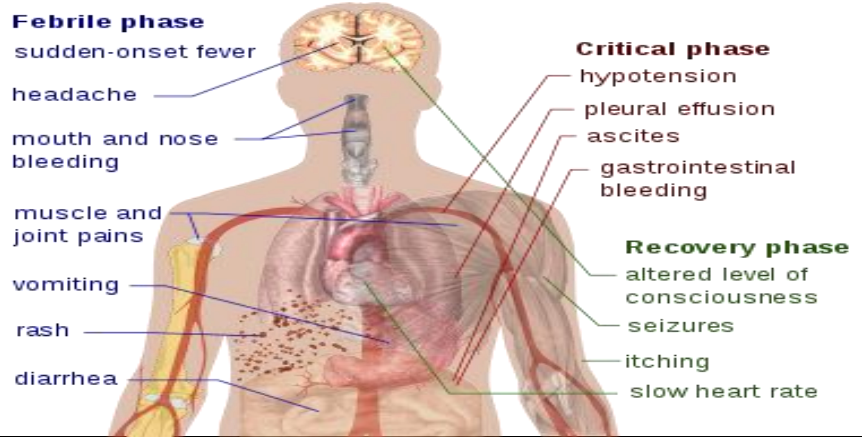
Dengue Cases by Year: 2004-2022, Jamaica



Reported suspected and confirmed dengue with symptom onset in week 39 of 2022

	2022*	
	EW 39	YTD
Total Suspected Dengue Cases	0	59
Lab Confirmed Dengue cases	0	0
CONFIRMED Dengue Related Deaths	0	0

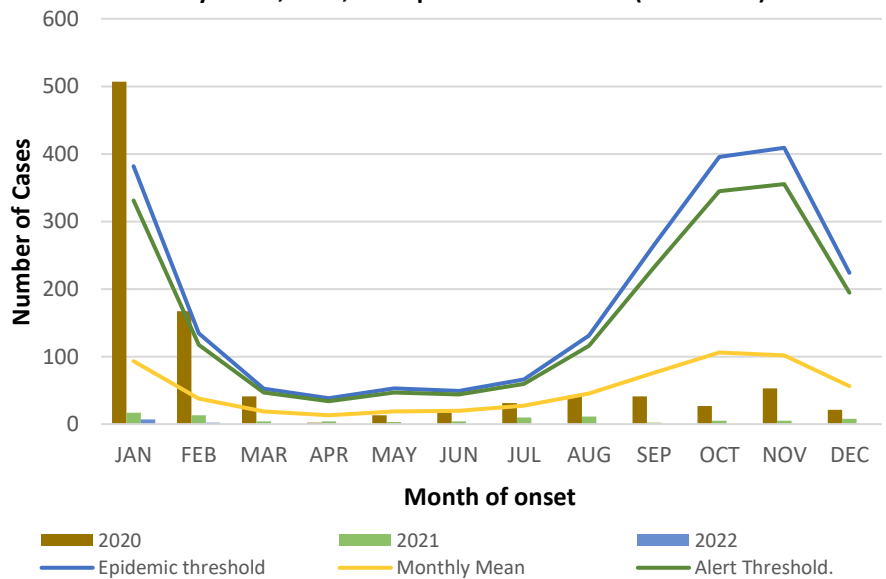
Symptoms of Dengue fever



Points to note:

- *Figure as at Oct 1, 2022
- Only PCR positive dengue cases are reported as confirmed.
- IgM positive cases are classified as presumed dengue.

Suspected dengue cases for 2020, 2021 and 2022 versus monthly mean, alert, and epidemic thresholds (2007-2021)



8 NOTIFICATIONS- All clinical sites



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RESEARCH PAPER

NHRC-21-02

Pilot study on pregnant adolescents' and adults' reproductive concerns and mental health during the COVID-19 pandemic

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1. *The University of the West Indies, Mona, Jamaica*

Objectives: Women have reported increased concerns about their pregnancy and mental health during the COVID-19 pandemic. With schools closing, adolescent pregnancy has increased, but minimal information exists on their maternal and mental health. We conducted a pilot study and compared concerns of pregnant Jamaican adolescents and adults amid the pandemic.

Methods: Qualitative study based on data extracted from two databases: adolescents (14 – 18 years) recruited from a national programme for pregnant adolescents (n=15), and pregnant women (23 – 40 years) from offices of Obstetricians/Gynaecologists (n=21). Individual interviews which were conducted between July 2020 and March 2021 included open-ended questions exploring the effect of the pandemic on pregnancy and mental health, and adolescents' feelings about their pregnancy. Open coding was applied to extract themes, which were analysed.

Results: Common themes about pandemic pregnancy included restricted movements and celebrations, birthing anxiety, and discomfort with COVID protocols. Gestational period for adults was related to anxiety and pandemic concerns. Most adolescents reported wanting the pregnancy with 80% indicating it changed their lives for better. Comparatively fewer adolescents reported negative experiences: zero compared to 52% adults described maternal anxiety. Both groups used different vocabulary to describe mental health concerns, with adolescents verbalising feeling “depressed” and “sad” and adults “stressed” and “on edge”.

Conclusion: Adolescents had positive attitudes toward pregnancy and were not as concerned as adults about the impact of the pandemic; a finding that needs to be further investigated. More attention needs to be directed to maternal mental health during a global health crisis.



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9 NOTIFICATIONS-
All clinical
sites



INVESTIGATION
REPORTS- Detailed Follow
up for all Class One Events



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ACTIVE
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