

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL SURVEILLANCE UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Weekly Spotlight

Travel and Health – Part 2



During travel

When travelling, always have important health documents with you, such as health insurance certificates and vaccine or malaria prophylaxis records. In some countries, some medications are illegal to carry (such as psychotropics), and travellers should have a letter written and signed by their doctor certifying the need to carry them. Have these documents ready to be presented if requested by officials.

Travellers should also:

- continue to take medications for chronic health conditions, if applicable
- be mindful of road safety
- be mindful of food and water safety precautions
- be mindful of the need for protection from extreme weather, such as heat waves.

After travel

Travellers should seek medical attention on their return home if they:

- are ill in the weeks after they return home, particularly with fever, persistent diarrhoea, vomiting, jaundice, urinary disorders, skin disease or anogenital infection (genital warts);
- received treatment for malaria while travelling;
- may have been exposed during travel to an infectious disease, including sexually transmitted infections, even if they have no symptoms; or
- have a previous health condition that gets worse.

Travellers should seek medical care immediately in these cases and not wait for a regularly scheduled consultation.

Providing health personnel with information on travel history, including vaccines and malaria prophylaxis taken before travel, can be helpful.

Taken from WHO website on 08/October/2024

https://www.who.int/health-topics/travel-and-health#tab=tab_3

EPI WEEK 39



Syndromic Surveillance

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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 2024

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
2024													
36	On Time	late (w)	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	On Time	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	On Time
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

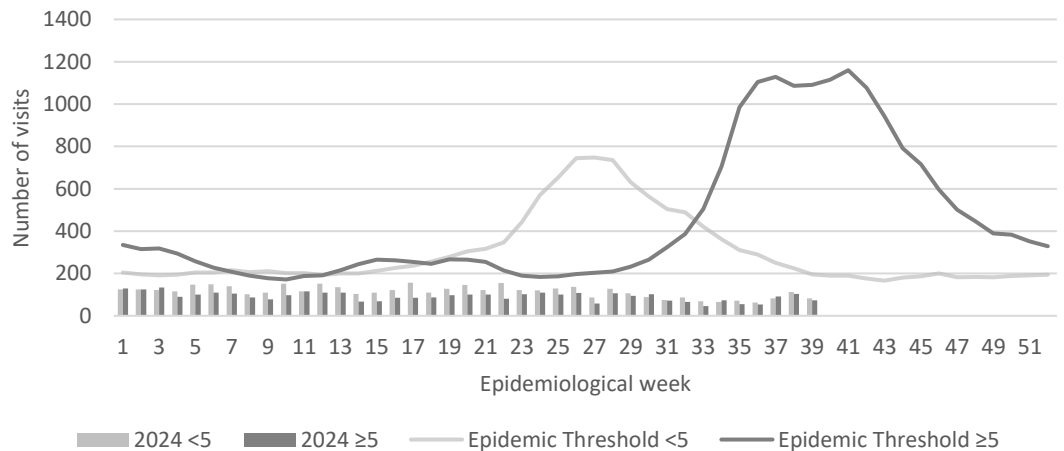
REPORTS FOR SYNDROMIC SURVEILLANCE

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 2024



2 NOTIFICATIONS- All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued



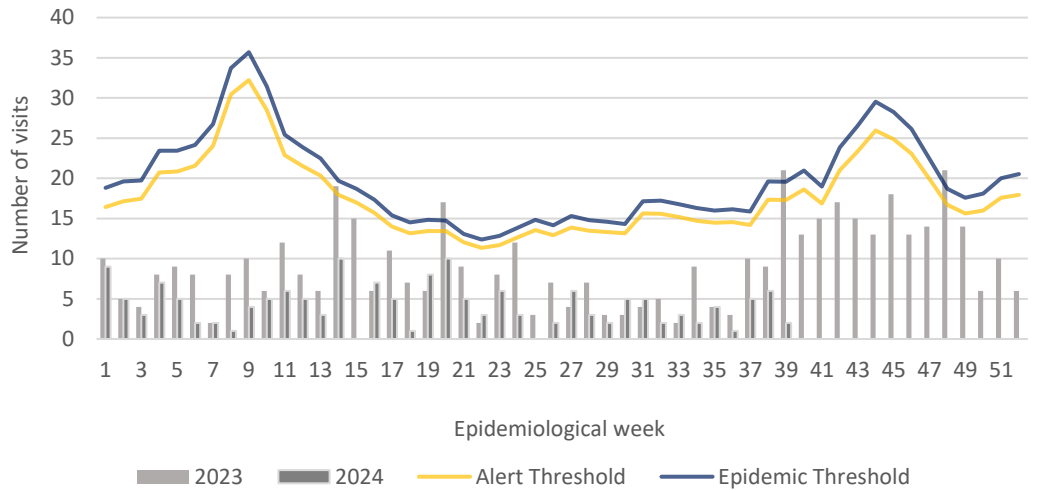
SENTINEL REPORT- 78 sites. Automatic reporting

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 2023 and 2024 vs. Weekly Threshold: Jamaica

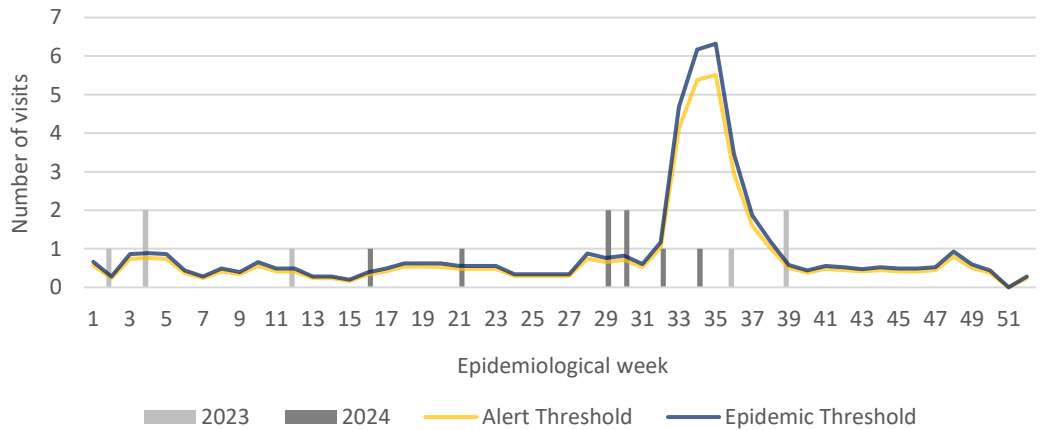


FEVER AND HAEMORRHAGIC

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 2023 and 2024 vs Weekly Threshold; Jamaica



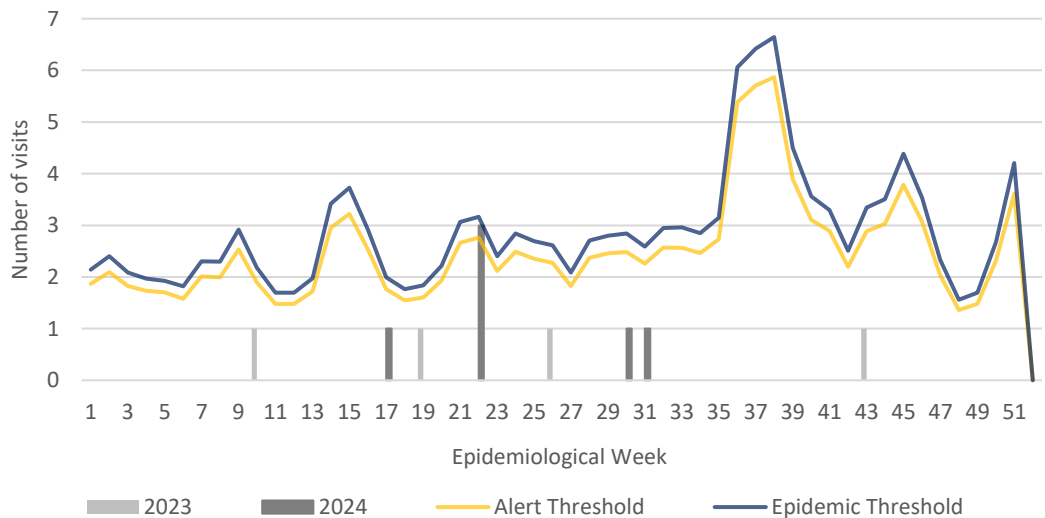
FEVER AND JAUNDICE

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 2023 and 2024



3 NOTIFICATIONS- All clinical sites



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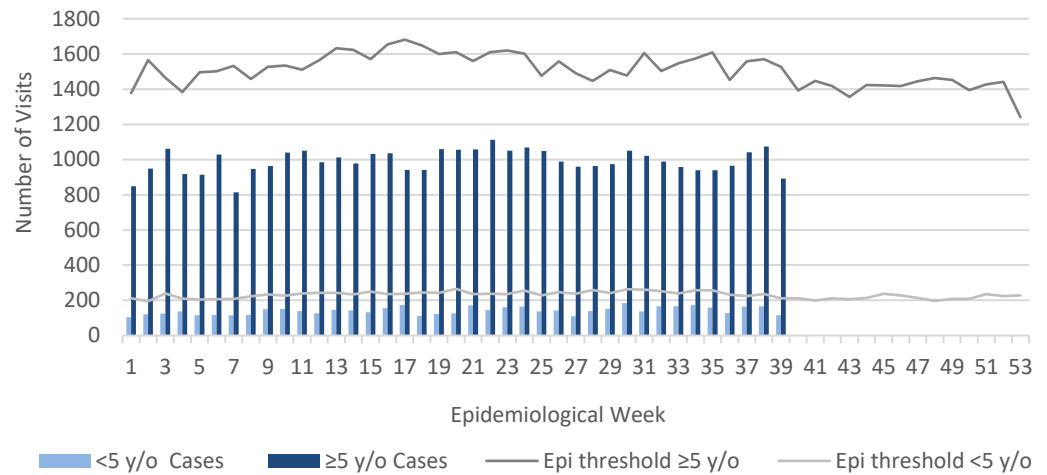


ACCIDENTS

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



Weekly Visits to Sentinel Sites for Accident by Age Group 2024 vs. Weekly Threshold

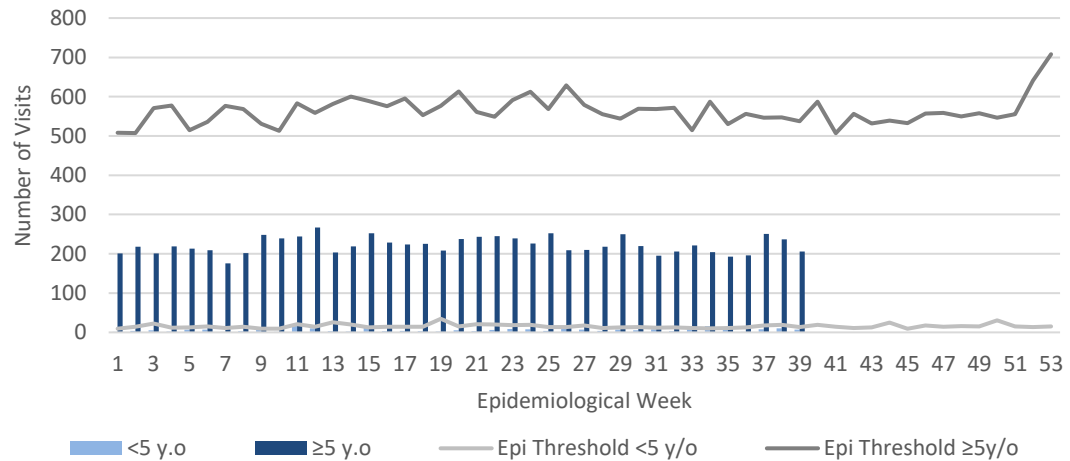


VIOLENCE

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



Weekly Visits to Sentinel Sites for Violence by Age Groups 2024 vs. Weekly Threshold

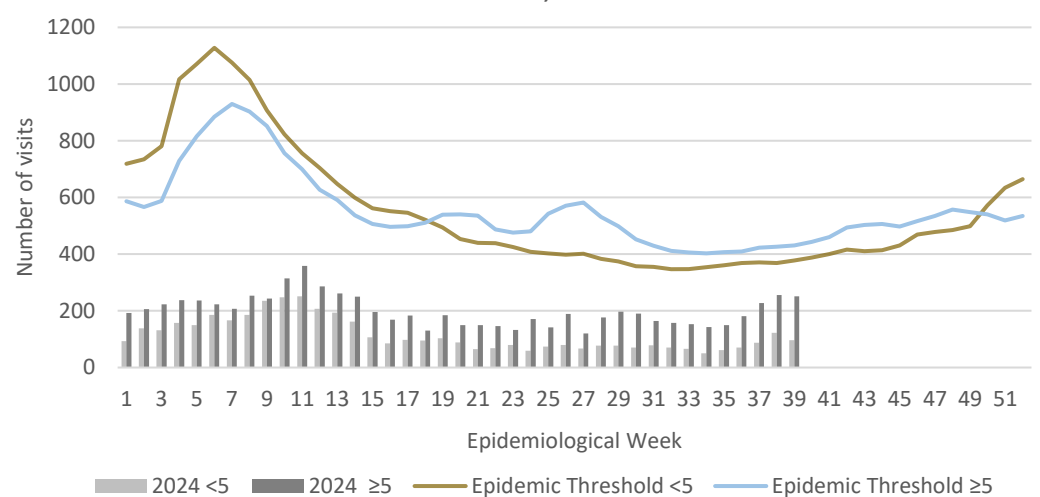


GASTROENTERITIS

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



Weekly visits to Sentinel Sites for Gastroenteritis All ages 2024 vs Weekly Threshold; Jamaica



4 NOTIFICATIONS- All clinical sites



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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 2024	PREVIOUS YEAR 2023		
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning	206 ^β	287 ^β	Pertussis-like syndrome and Tetanus are clinically confirmed classifications. ^γ Dengue Hemorrhagic Fever data include Dengue related deaths; ^δ Figures include all deaths associated with pregnancy reported for the period.	
	Cholera	0	0		
	Severe Dengue ^γ	See Dengue page below	See Dengue page below		
	COVID-19 (SARS-CoV-2)	656	3698		
	Hansen’s Disease (Leprosy)	0	0		
	Hepatitis B	17	51		
	Hepatitis C	3	27		
	HIV/AIDS	NA	NA		
	Malaria (Imported)	2	3		
	Meningitis	11	21		
	Monkeypox	0	3		
EXOTIC/ UNUSUAL	Plague	0	0	^ε CHIKV IgM positive cases ^θ Zika PCR positive cases ^β Updates made to prior weeks.	
HIGH MORBIDITY/ MORTALITY	Meningococcal Meningitis	0	0		
	Neonatal Tetanus	0	0		
	Typhoid Fever	0	0		
	Meningitis H/Flu	1	2		
SPECIAL PROGRAMMES	AFP/Polio	0	0	^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	49	45		
	Ophthalmia Neonatorum	103	112		
	Pertussis-like syndrome	0	0		
	Rheumatic Fever	0	0		
	Tetanus	0	0		
	Tuberculosis	23	56		
	Yellow Fever	0	0		
	Chikungunya ^ε	0	0		
Zika Virus ^θ	0	0			


NA- Not Available



5 NOTIFICATIONS-
All clinical sites



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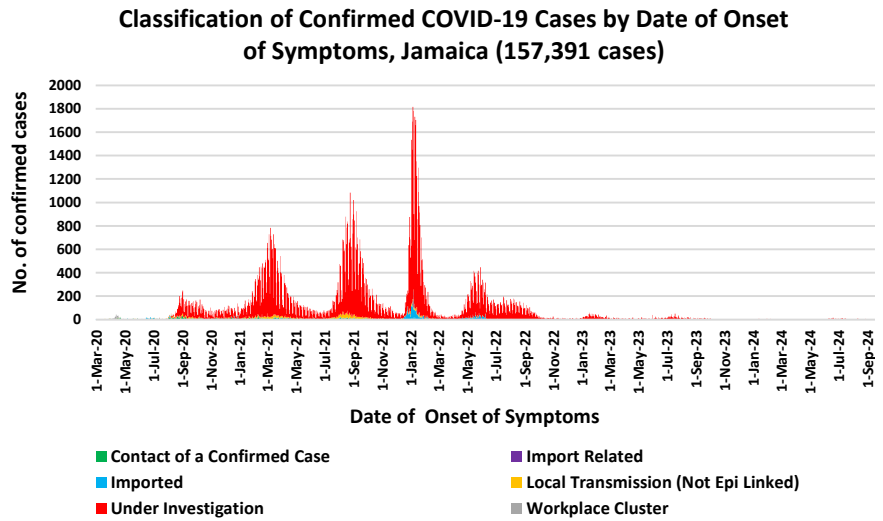


SENTINEL REPORT- 78 sites. Automatic reporting

COVID-19 Surveillance Update

CASES	EW 39	Total
Confirmed	4	157391
Females	1	90691
Males	3	66697
Age Range	11 months to 90 years old	1 day to 108 years

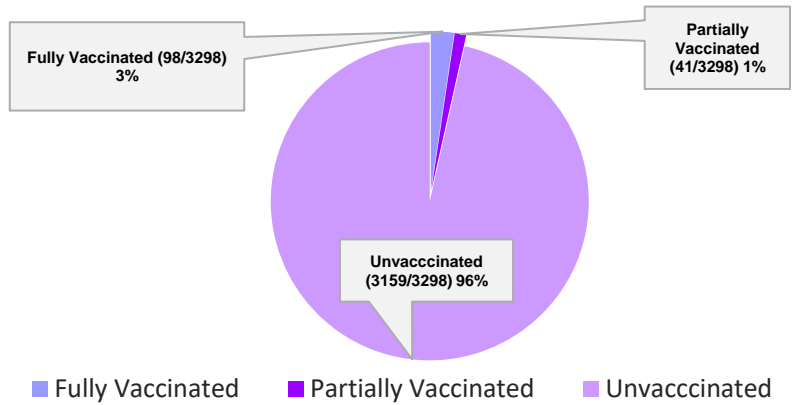
* 3 positive cases had no gender specification
 * PCR or Antigen tests are used to confirm cases
 * Total represents all cases confirmed from 10 Mar 2020 to the current Epi-Week.



COVID-19 Outcomes

Outcomes	EW 39	Total
ACTIVE *2 weeks*		9
DIED – COVID Related	0	3862
Died - NON COVID	0	382
Died - Under Investigation	0	151
Recovered and discharged	0	103226
Repatriated	0	93
Total		157391

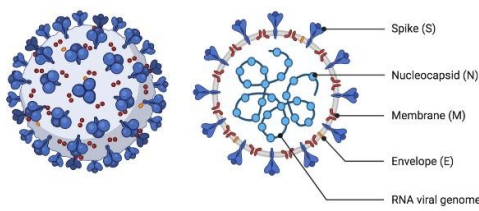
3298 COVID-19 Related Deaths since March 1, 2021 – YTD Vaccination Status among COVID-19 Deaths



COVID-19 Parish Distribution and Global Statistics

COVID-19 Virus Structure

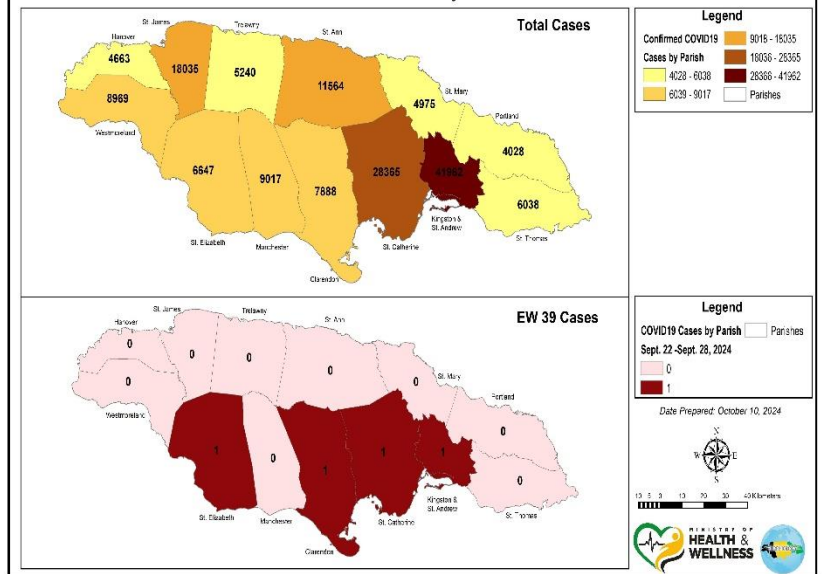
SARS-CoV-2



COVID-19 WHO Global Statistics EW 36-39, 2024

Epi Week	Confirmed Cases	Deaths
36	65000	1600
37	67000	1400
38	77000	1300
39	85000	931
Total (4weeks)	294000	5231

COVID-19 Cases by Parish



6 NOTIFICATIONS-
All clinical sites



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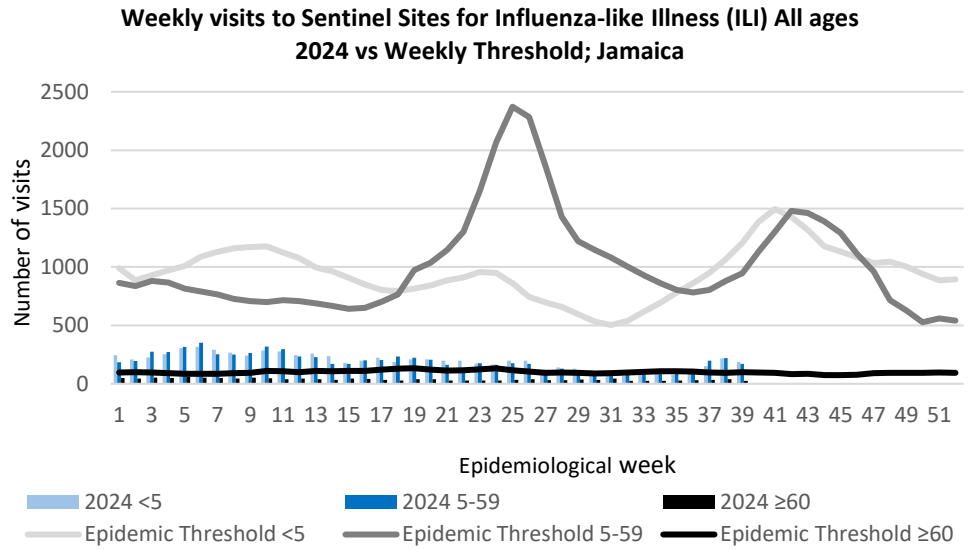


NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 39

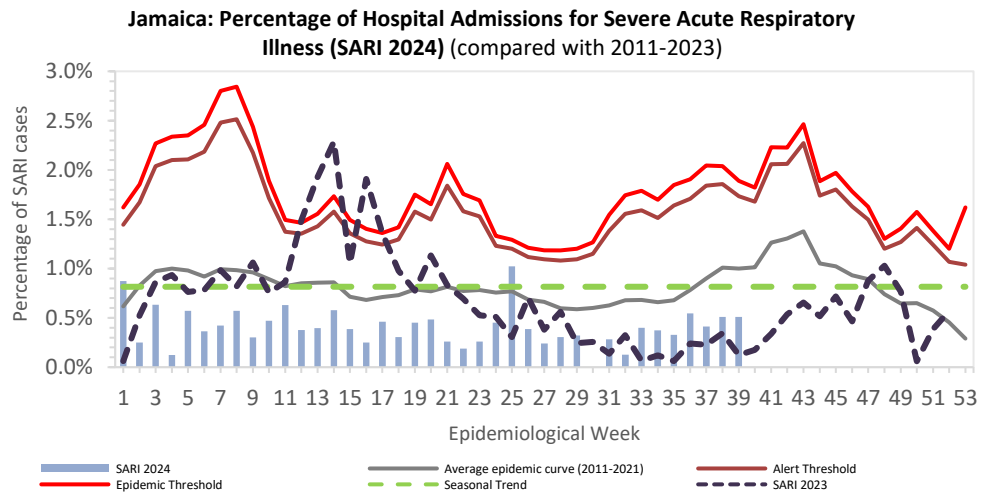
September 22, 2024 – September 28, 2024 Epidemiological Week 39

	EW 39	YTD
SARI cases	8	249
Total Influenza positive Samples	1	146
Influenza A	0	141
H3N2	0	40
H1N1pdm09	1	101
Not subtyped	0	0
Influenza B	0	5
B lineage not determined	0	0
B Victoria	0	5
Parainfluenza	0	0
Adenovirus	0	0
RSV	0	41



Epi Week Summary

During EW 39, eight (8) SARI admissions were reported.

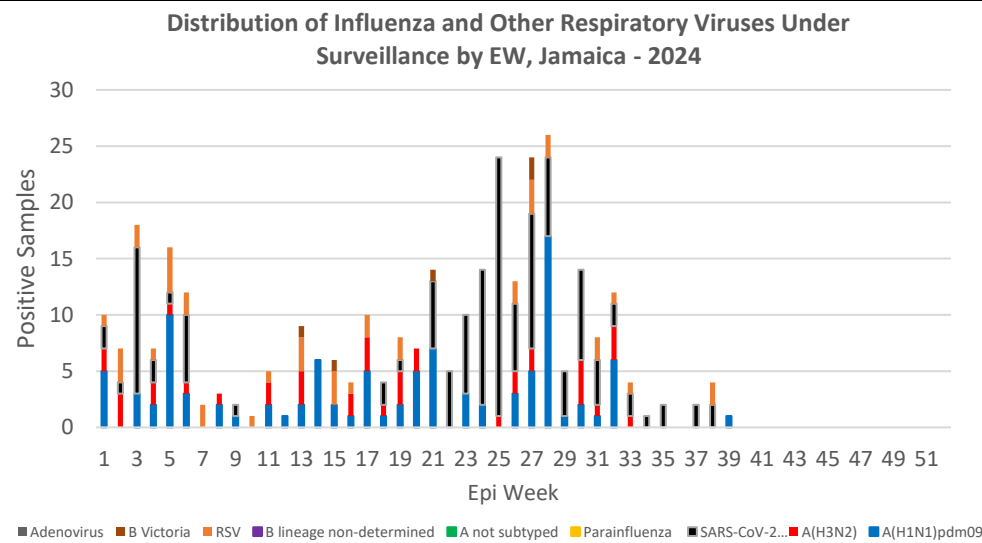


Caribbean Update EW 39

Caribbean: ILI cases have maintained a declining trend associated with a higher proportion of positive influenza cases. SARI cases remain low, with the majority of positive cases linked with SARS-CoV-2. Influenza activity has shown a slight increase over the last three EW, with A(H3N2) being predominant, followed by A(H1N1)pdm09. RSV activity has remained low, though with increasing activity in several countries. SARS-CoV-2 activity remains elevated compared to previous waves, albeit with a declining trend.

By country: Over the last four EW, influenza activity has been reported in Belize, Suriname, Barbados the Cayman Island and Guyana. SARS-CoV-2 activity has been observed in Haiti, Jamaica, Saint Lucia Suriname, Barbados, the Cayman Islands, Guyana, and Saint Vincent and the Grenadines. RSV activity has also been detected in the Dominican Republic, Jamaica, Guyana and Saint Vincent and the Grenadines.

(taken from PAHO Respiratory viruses weekly report) <https://www.paho.org/en/influenza-situation-report>



7 NOTIFICATIONS- All clinical sites



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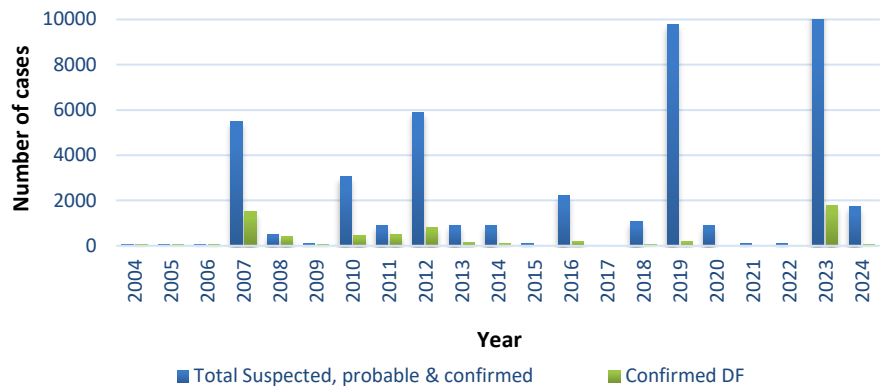
Dengue Bulletin

September 22, 2024 – September 28, 2024 Epidemiological Week 39


Epidemiological Week 39



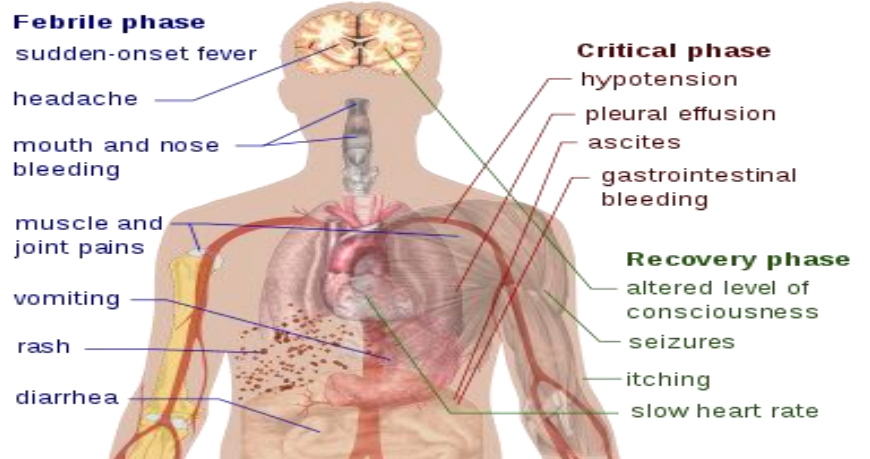
Dengue Cases by Year: 2004-2024, Jamaica



Reported suspected, probable and confirmed dengue with symptom onset in week 39 of 2024

	2024*	
	EW 39	YTD
 Total Suspected, Probable & Confirmed Dengue Cases	1	1741
Lab Confirmed Dengue cases	0	41
CONFIRMED Dengue Related Deaths	0	2

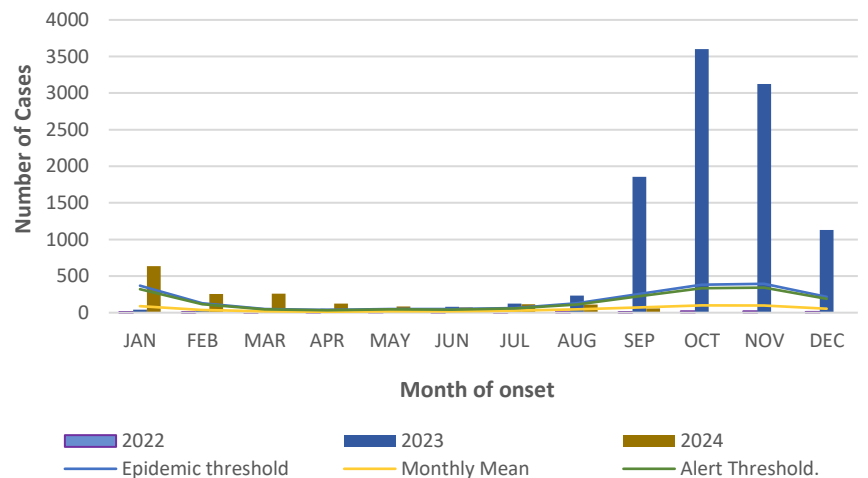
Symptoms of Dengue fever



Points to note:

- Dengue deaths are reported based on date of death.
- *Figure as at October 8, 2024
- Only PCR positive dengue cases are reported as confirmed.
- IgM positive cases are classified as presumed dengue.

Suspected, probable and confirmed dengue cases for 2022 - 2024 versus monthly mean, alert, and epidemic thresholds (2007-2022)



8 NOTIFICATIONS-
All clinical sites



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RESEARCH PAPER

Abstract

NHRC-23-O19

Influence of health systems and patients' experiences on self-reported medication adherence in Jamaican and Colombian patients with hypertension: a cross sectional cross country comparative study

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Objectives: To examine whether differences in the Jamaican and Colombian health systems influenced self-reported medication adherence among hypertensive patients, independent of patient characteristics and health care experiences in each setting.

Methods: The study was conducted in primary care clinics in both countries in 2021. Colombian patients were selected from an electronic medical records system while Jamaican patients were identified from clinic attendees on hypertension treatment days in randomly selected primary care clinics. All interviews were conducted by telephone. Self-reported medication adherence was measured with an IMPACTS-MAS questionnaire and patients categorized as having high (6), medium (5-5.5) or low (<5) adherence based on score. Multivariable logistic regression was used to analyze the association between health systems and medication adherence between countries.

Results: Of the 576 patients (288 Jamaica, 34% M; 288 Colombia, 29%M), Colombians were older (47.5% vs 32.94% > 70 years) and more likely to report high medication adherence (88% vs 51%). Jamaicans were 7 times more likely to be categorized as having medium/low adherence compared to Colombians, even after adjusting for age, sex, education and urban-rural status (OR: 7.17; 95% CI: 4.18, 12.28). Colombia's physicians were more likely to discuss hypertension treatment plans with patients (74% vs 57%) while Jamaica's pharmacists were more likely to discuss hypertension medication substitution with patients (41% vs 8%). Wait times for all services were significantly higher in Jamaica. These experiences did not explain differences in medication adherence by country.

Conclusions: Further exploration is needed of the cultural and health system characteristics that explain country differences in medication adherence.



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9 NOTIFICATIONS-
All clinical
sites



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