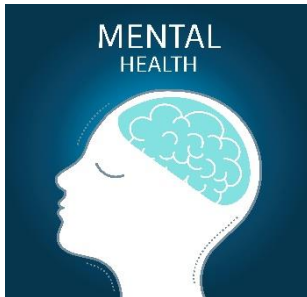


WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL SURVEILLANCE UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Weekly Spotlight

Mental Health



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 has intrinsic and instrumental value and is integral to our well-being. At any one time, a diverse set of individual, family, community and structural factors may combine to protect or undermine mental health. Although most people are resilient, people who are exposed to adverse circumstances – including poverty, violence, disability and inequality – are at higher risk of developing a mental health condition.

Many mental health conditions can be effectively treated at relatively low cost, yet health systems remain significantly under-resourced and treatment gaps are wide all over the world. Mental health care is often poor in quality when delivered. People with mental health conditions often also experience stigma, discrimination and human rights violations. Mental health conditions include mental disorders and psychosocial disabilities as well as other mental states associated with significant distress, impairment in functioning or risk of self-harm.

In 2019, 970 million people globally were living with a mental disorder, with anxiety and depression the most common. Mental health conditions can cause difficulties in all aspects of life, including relationships with family, friends and community. They can result from or lead to problems at school and at work.

Globally, mental disorders account for 1 in 6 years lived with disability. People with severe mental health conditions die 10 to 20 years earlier than the general population. And having a mental health condition increases the risk of suicide and experiencing human rights violations.

The economic consequences of mental health conditions are also enormous, with productivity losses significantly outstripping the direct costs of care.

Taken from WHO website on 17/October/2024

https://www.who.int/health-topics/mental-health#tab=tab_1

https://www.who.int/health-topics/mental-health#tab=tab_2

EPI WEEK 40



Syndromic Surveillance

Accidents

Violence

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Class 1 Notifiable Events

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COVID-19

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Influenza

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Dengue Fever

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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 – 37 to 40 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													
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
40	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

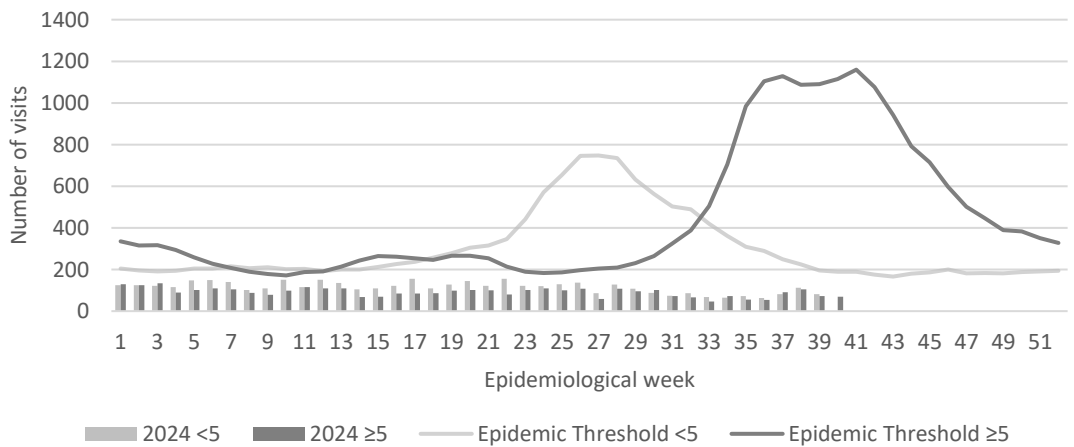
REPORTS FOR SYNDROMIC SURVEILLANCE

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



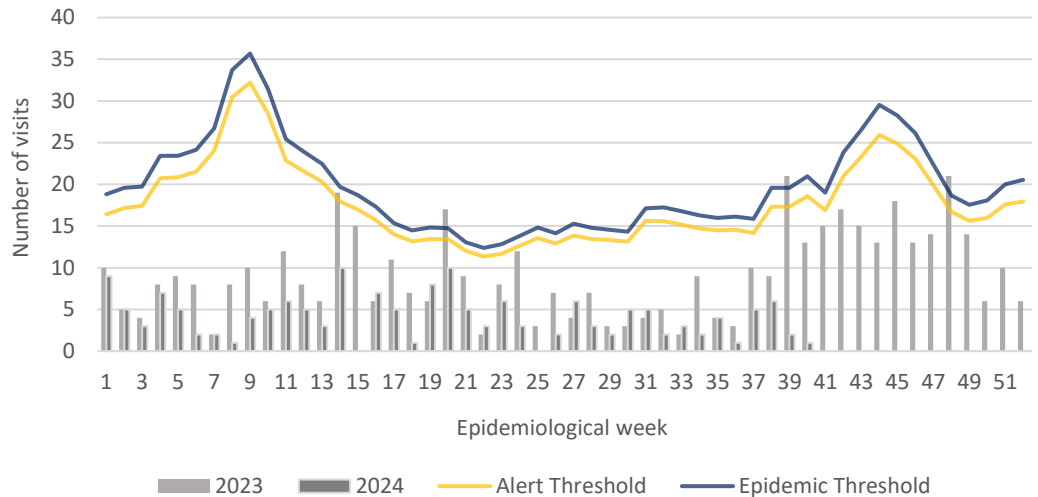
SENTINEL REPORT- 78 sites. Automatic reporting

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

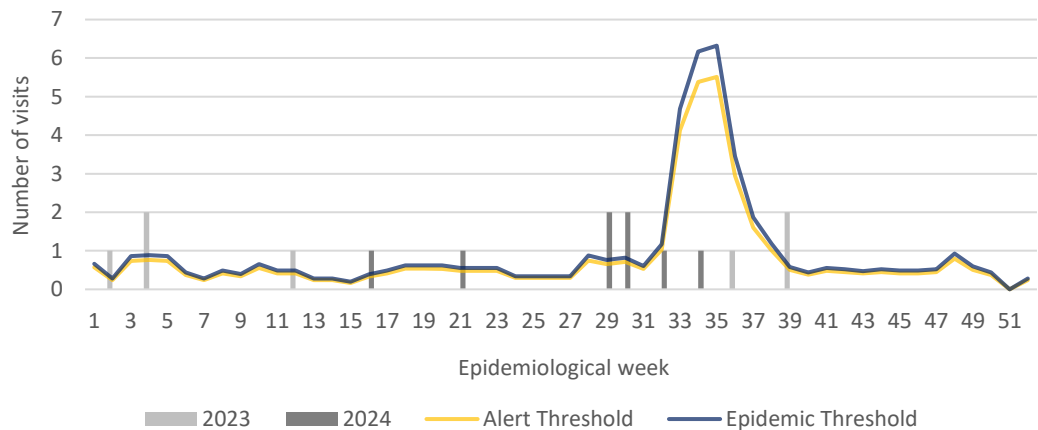


FEVER AND HAEMORRHAGIC

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



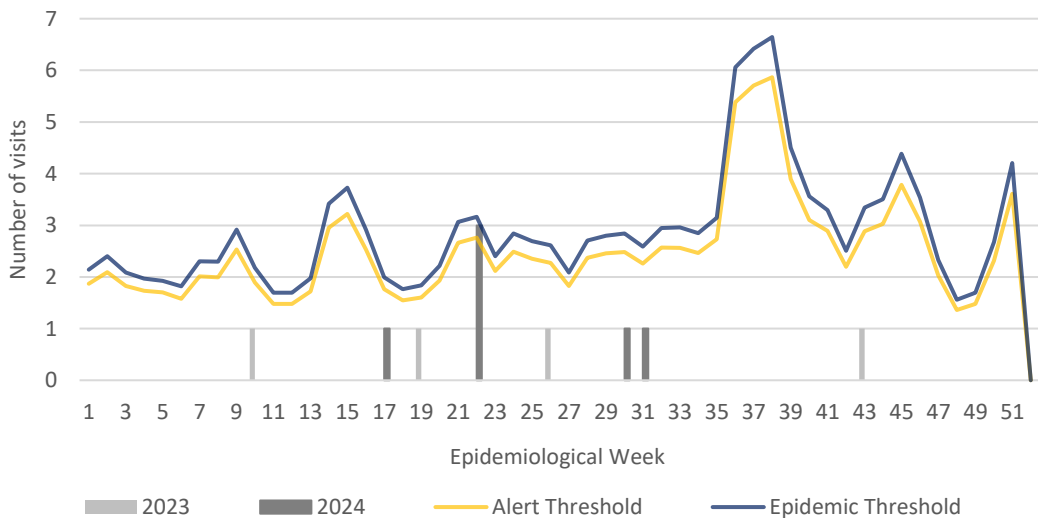
FEVER AND JAUNDICE

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



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued



SENTINEL REPORT- 78 sites. Automatic reporting

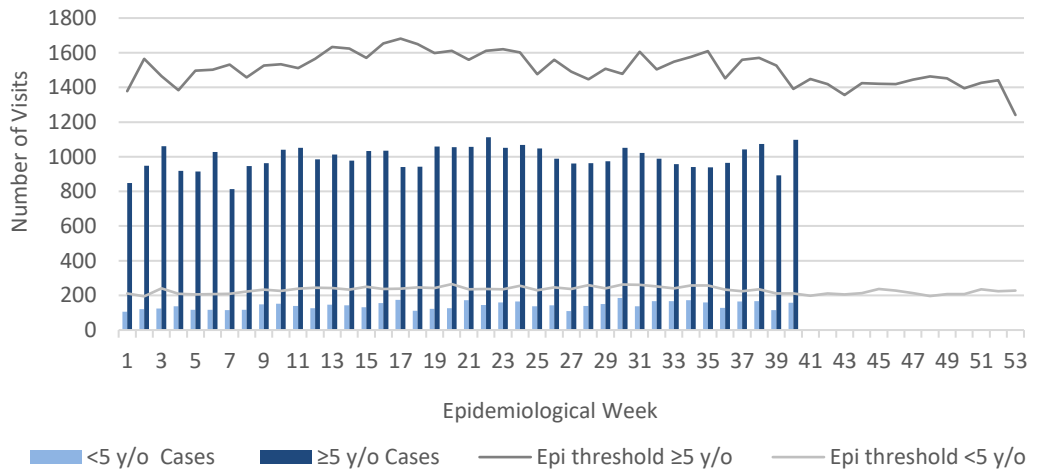


ACCIDENTS

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



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

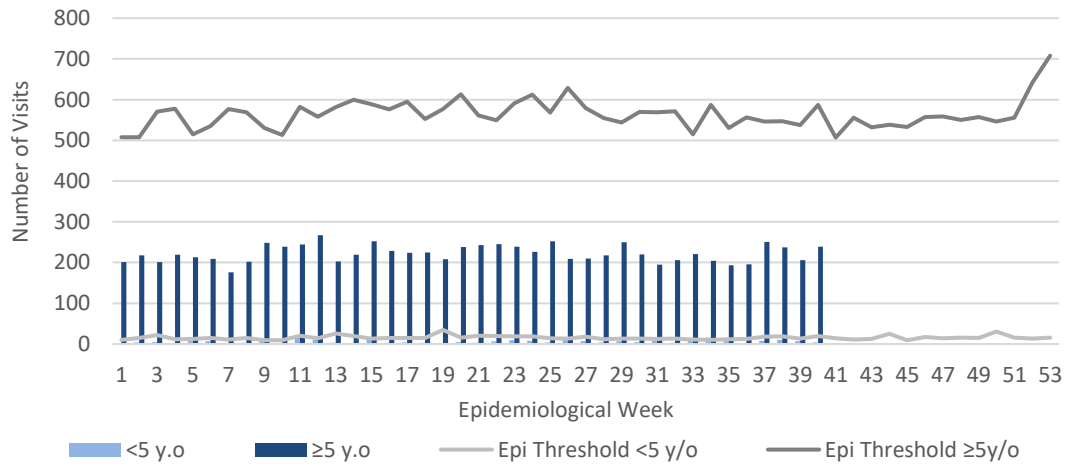


VIOLENCE

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

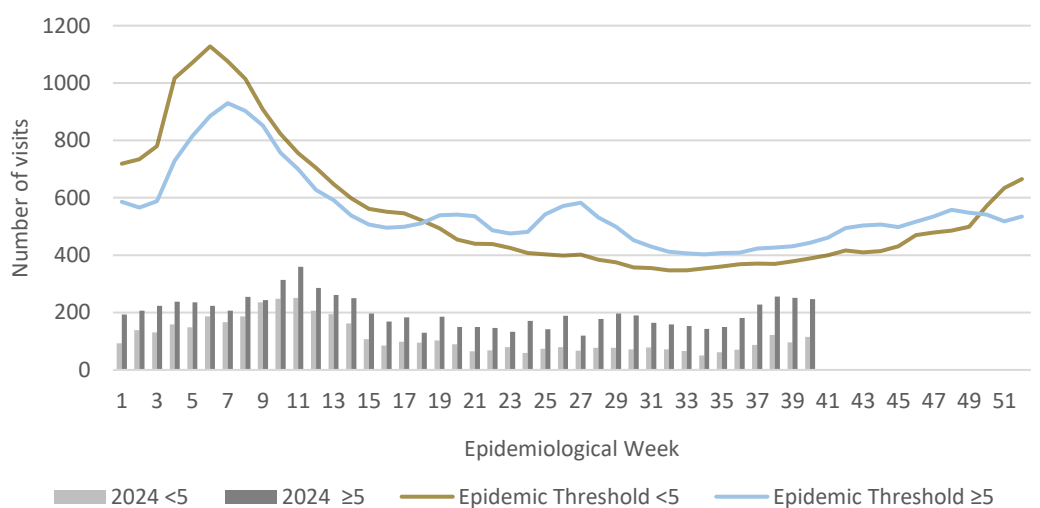


GASTROENTERITIS

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



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			
		CURRENT YEAR 2024	PREVIOUS YEAR 2023		
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning	212 ^β	304 ^β	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. 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)	662	3729		
	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. ^α Figures are cumulative totals for all epidemiological weeks year to date.	
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		
	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	120		
	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



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued

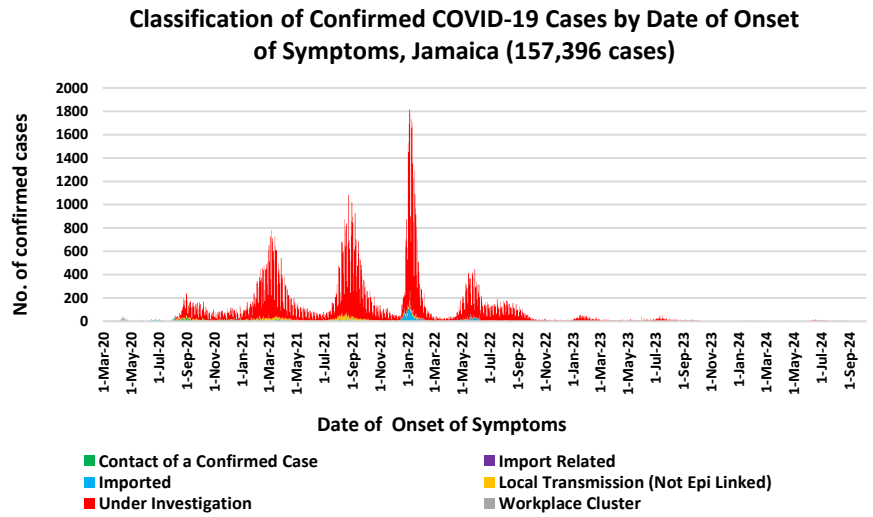


SENTINEL REPORT- 78 sites. Automatic reporting

COVID-19 Surveillance Update

CASES	EW 40	Total
Confirmed	6	157396
Females	5	90692
Males	1	66701
Age Range	91 days to 90 years old	1 day to 108 years

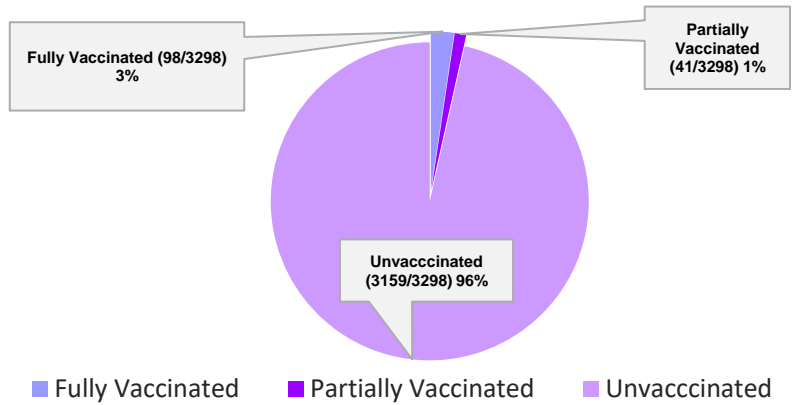
* 3 positive cases had no gender specification
 * PCR or Antigen tests are used to confirm cases
 * Total represents all cases confirmed from 10 Mar 2020 to the current Epi-Week.



COVID-19 Outcomes

Outcomes	EW 40	Total
ACTIVE *2 weeks*		10
DIED – COVID Related	0	3862
Died - NON COVID	0	382
Died - Under Investigation	0	152
Recovered and discharged	0	103226
Repatriated	0	93
Total		157396

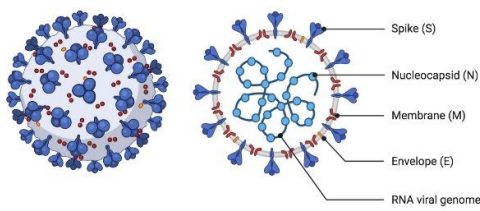
3298 COVID-19 Related Deaths since March 1, 2021 – YTD Vaccination Status among COVID-19 Deaths



COVID-19 Parish Distribution and Global Statistics

COVID-19 Virus Structure

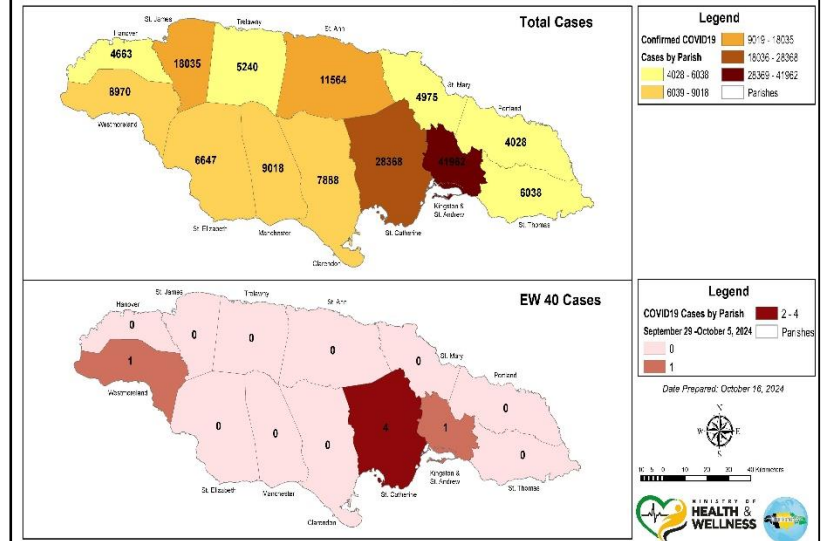
SARS-CoV-2



COVID-19 WHO Global Statistics EW 37-40, 2024

Epi Week	Confirmed Cases	Deaths
37	68000	1400
38	77100	1400
39	85300	1100
40	84500	948
Total (4weeks)	314900	4848

COVID-19 Cases by Parish



6 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



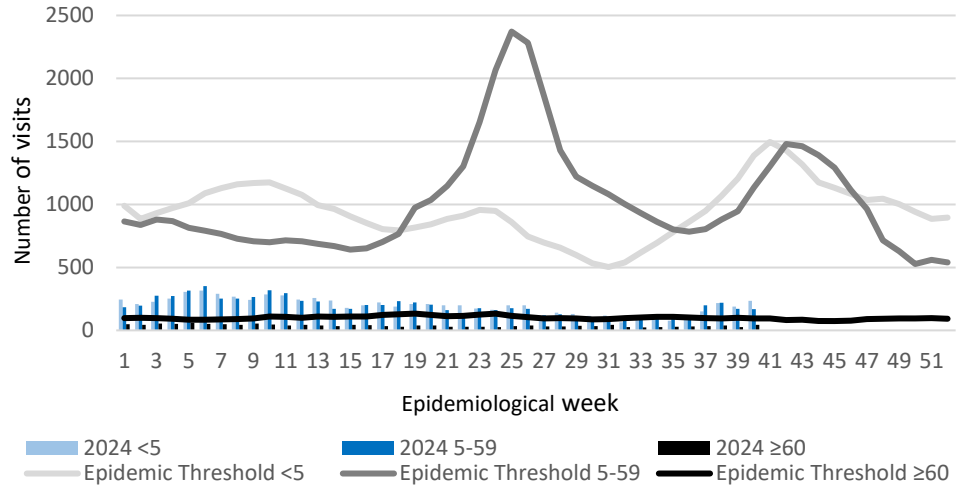
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 40

September 29, 2024 – October 5, 2024 Epidemiological Week 40

	EW 40	YTD
SARI cases	6	255
Total Influenza positive Samples	0	147
Influenza A	0	142
H3N2	0	40
H1N1pdm09	0	102
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	42

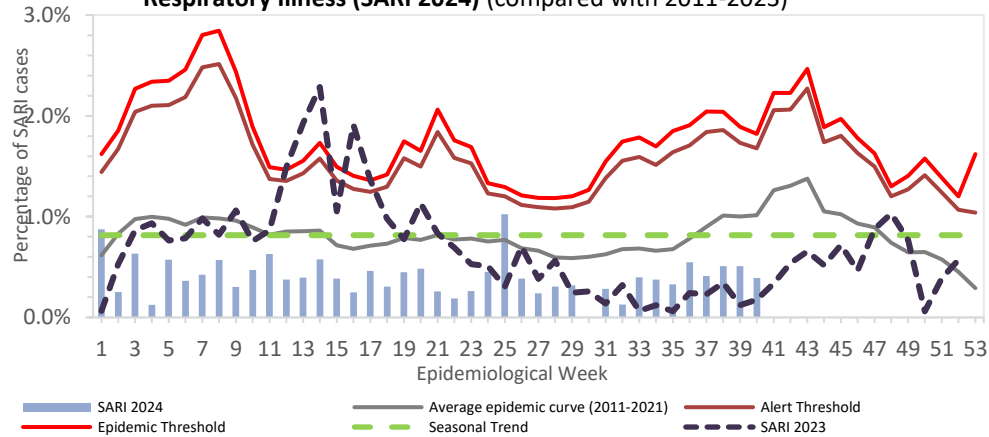
**Weekly visits to Sentinel Sites for Influenza-like Illness (ILI) All ages
2024 vs Weekly Threshold; Jamaica**



Epi Week Summary

During EW 40, six (6) SARI admissions were reported.

Jamaica: Percentage of Hospital Admissions for Severe Acute Respiratory Illness (SARI 2024) (compared with 2011-2023)



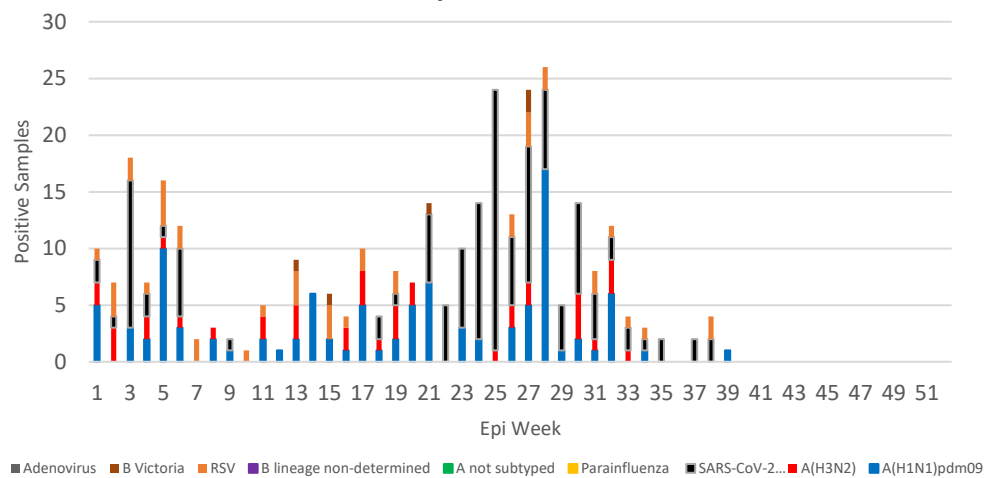
Caribbean Update EW 40

Caribbean: ILI cases have maintained a decreasing trend, with a higher proportion of positive cases linked to influenza. SARI cases remain low, with most positive cases associated 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 remain low, although there has been an increase in several countries. SARS-CoV-2 activity, after reaching elevated levels compared to previous waves continues to show a decreasing trend.

By country: Over the last four EW, influenza activity has been reported in Belize, Jamaica, the Cayman Island and Guyana. SARS-CoV-2 activity has been observed in Belize, Haiti, Jamaica, Suriname, Barbados, 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>

Distribution of Influenza and Other Respiratory Viruses Under Surveillance by EW, Jamaica - 2024



7 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



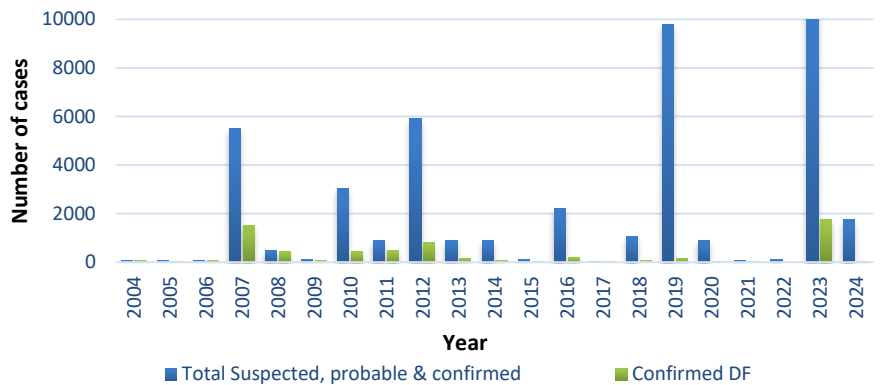
Dengue Bulletin

September 29, 2024 – October 5, 2024 Epidemiological Week 40


Epidemiological Week 40



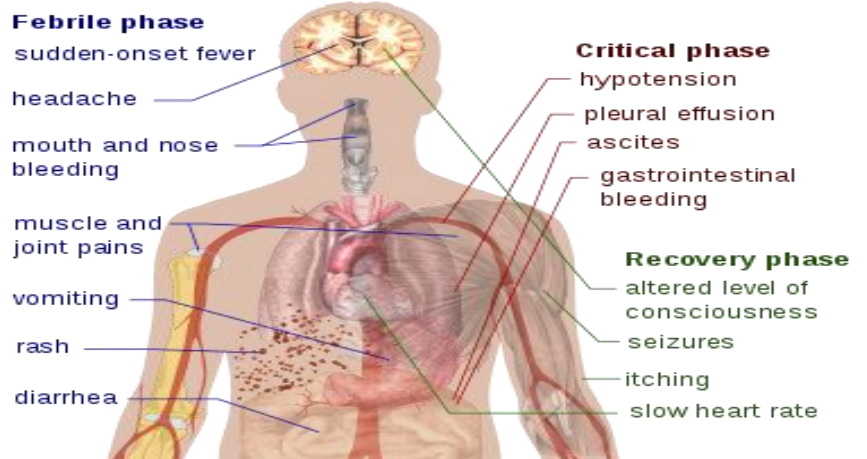
Dengue Cases by Year: 2004-2024, Jamaica



Reported suspected, probable and confirmed dengue with symptom onset in week 40 of 2024

	2024*	
	EW 40	YTD
 Total Suspected, Probable & Confirmed Dengue Cases	4	1755
Lab Confirmed Dengue cases	0	41
CONFIRMED Dengue Related Deaths	0	2

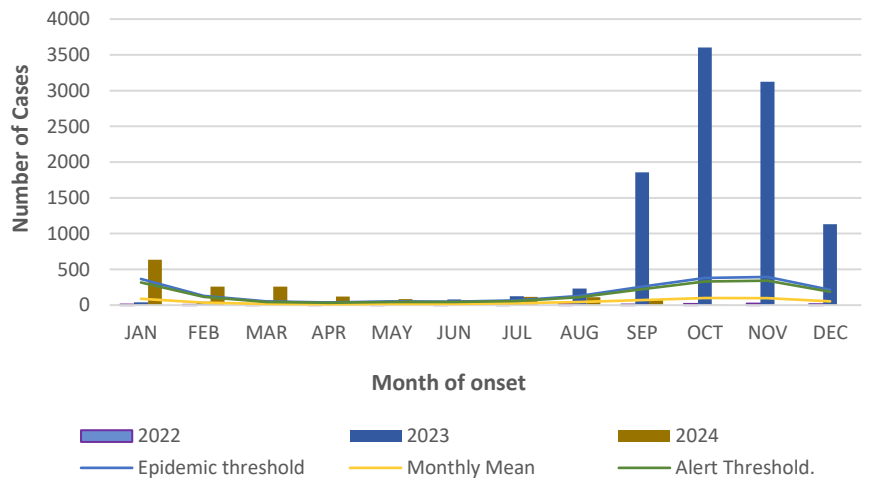
Symptoms of Dengue fever



Points to note:

- Dengue deaths are reported based on date of death.
- *Figure as at October 15, 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



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued



SENTINEL REPORT- 78 sites. Automatic reporting



RESEARCH PAPER

Abstract

NHRC-23-O20

A paradigm shift in mental health: stakeholder perspectives on improving healthcare access for people with serious mental illnesses and chronic physical illnesses

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Objective: To explore stakeholders' perspectives and recommendations for improving the public health system's response to healthcare access for people with serious mental illnesses (PWSMI) and chronic physical illnesses (CPI).

Methods: A qualitative constructivist grounded theory approach was used to collect and analyze data from 57 participants across six participant groups. Semi-structured interviews were conducted with health policymakers, primary care physicians, psychiatrists, mental health nurses, PWSMI & CPI, and their family members.

Results: Participants indicated that while the Jamaican public health system framework facilitates a level of healthcare access for PWSMI & CPI, issues related to stigma and discrimination, gaps in policies and guidelines, dominance of the bio-medical approach, and low human and physical resources serve to reduce healthcare access to PWSMI & CPI. Their recommendations for improvement in the health system response centred under one overarching category of a "paradigm shift in mental health" from which other subthemes of recommendations were highlighted. These included: 1) establishing mental health as a priority area for health, 2) addressing mental health stigma and discrimination, 3) addressing staffing concerns, 4) improving health infrastructure and operations, and 5) taking a multisectoral approach to psychosocial support.

Conclusion: There is a need for mental health to be re-positioned and reframed in a way that reduces stigma and discrimination and increases psychosocial support available to PWSMI & CPI. This approach should seek to encourage creative strategies that incorporate multisectoral partnerships to facilitate improved healthcare access and health outcomes for PWSMI & CPI.



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