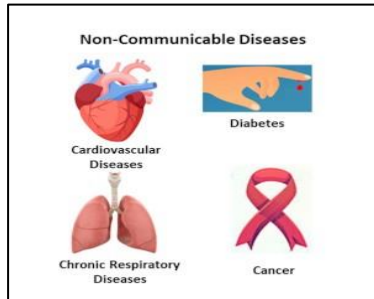


WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL SURVEILLANCE UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Weekly Spotlight

Noncommunicable Diseases



Noncommunicable diseases (NCDs), including heart disease, stroke, cancer, diabetes and chronic lung disease, are collectively responsible for 74% of all deaths worldwide. More than three-quarters of all NCD deaths, and 86% of the 17 million people who died prematurely, or before reaching 70 years of age, occur in low- and middle-income countries. NCDs share five major risk factors: tobacco use, physical inactivity, the harmful use of alcohol, unhealthy diets and air pollution.

The epidemic of NCDs poses devastating health consequences for individuals, families and communities, and threatens to overwhelm health systems. The socioeconomic costs associated with NCDs make the prevention and control of these diseases a major development imperative for the 21st century. WHO’s mission is to provide leadership and the evidence base for international action on surveillance, prevention and control of NCDs. Urgent government action is needed to meet global targets to reduce the burden of NCDs.

One of the most important ways of reducing deaths from noncommunicable diseases (NCDs) is to control the risk factors that lead to their development. These include reducing the use of tobacco and the harmful use of alcohol, maintaining an active lifestyle and consuming a healthy diet, and improving air quality. Actions towards these goals are cost-effective ways for countries to reduce the number of NCD deaths. Tackling these risk factors can not only save lives, but also provide a huge economic boost for countries.

Beyond prevention, management of NCDs is critical. This includes detection, screening and treatment of the diseases, as well as palliative care for those in need. The vast majority of premature deaths from NCDs occur in low- and middle-income countries, where universal health coverage or access to health care services is often limited. The development and promotion of universal health coverage is therefore essential in tackling NCDs and working to reduce the number of preventable global deaths.

Surveillance of NCDs is another vital action for providing the information needed for policy and programme development for NCD prevention and control. Tracking and reporting on NCD related global targets and indicators to understand progress in NCD prevention and control are key activities. Accurate data from countries are vital to reverse the global rise in death and disability from NCDs, to support evidence-based decision making, and to help monitor and evaluate the progress being made.

Taken from WHO website on 25/October/2024

https://www.who.int/health-topics/noncommunicable-diseases#tab=tab_1
https://www.who.int/health-topics/noncommunicable-diseases#tab=tab_2

EPI WEEK 41



Syndromic Surveillance

Accidents

Violence

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Class 1 Notifiable Events

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COVID-19

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Influenza

Page 7



Dengue Fever

Page 8



Research Paper

Page 9

SENTINEL SYNDROMIC SURVEILLANCE

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 – 38 to 41 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												
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
41	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

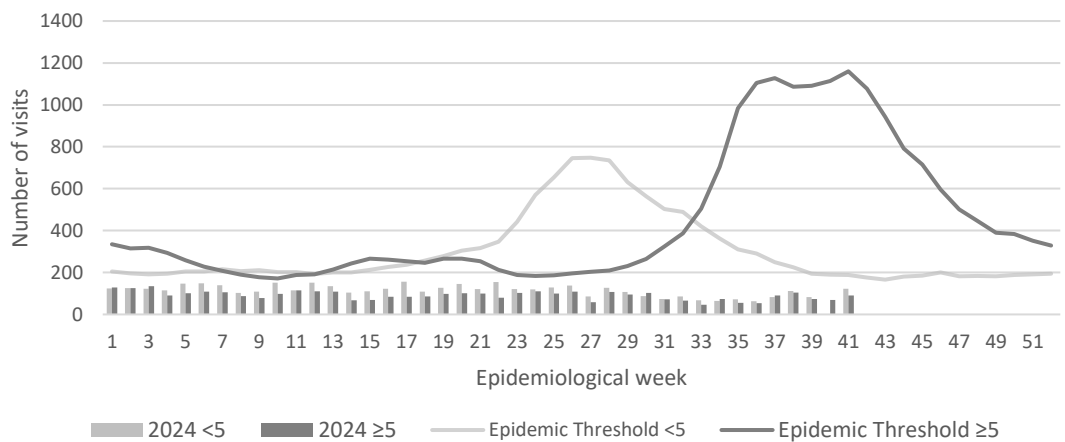
REPORTS FOR SYNDROMIC SURVEILLANCE

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



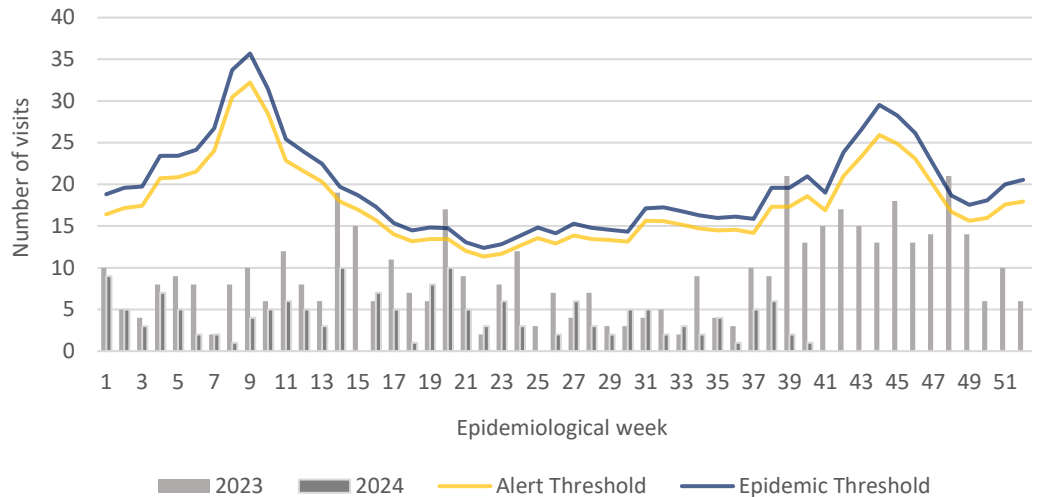
SENTINEL REPORT- 78 sites. Automatic reporting

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

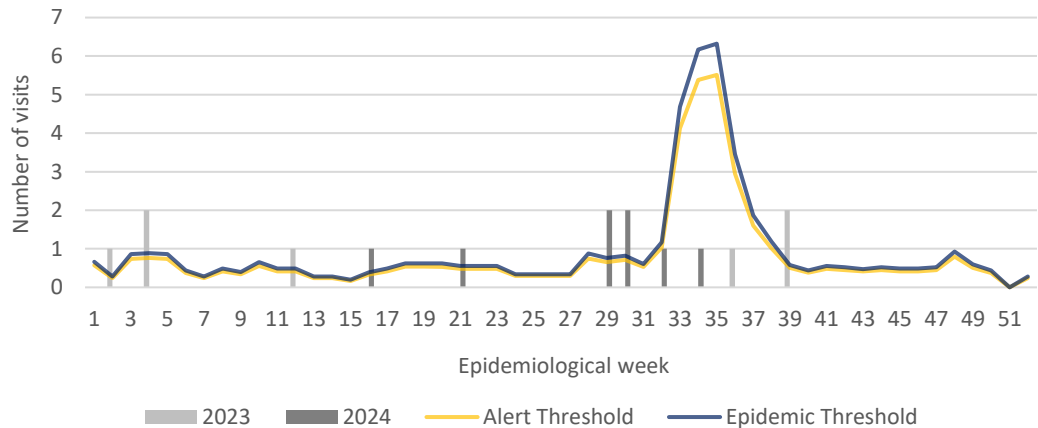


FEVER AND HAEMORRHAGIC

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



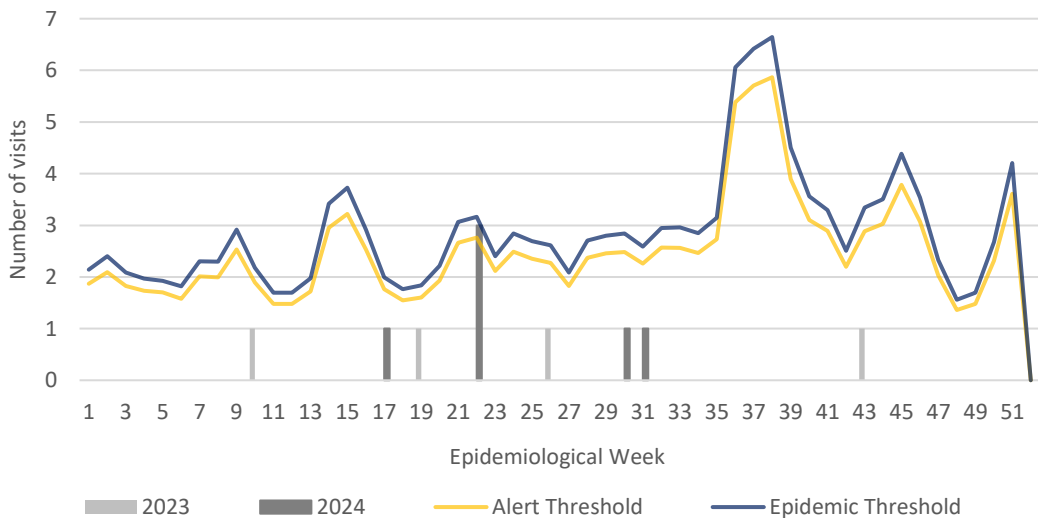
FEVER AND JAUNDICE

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

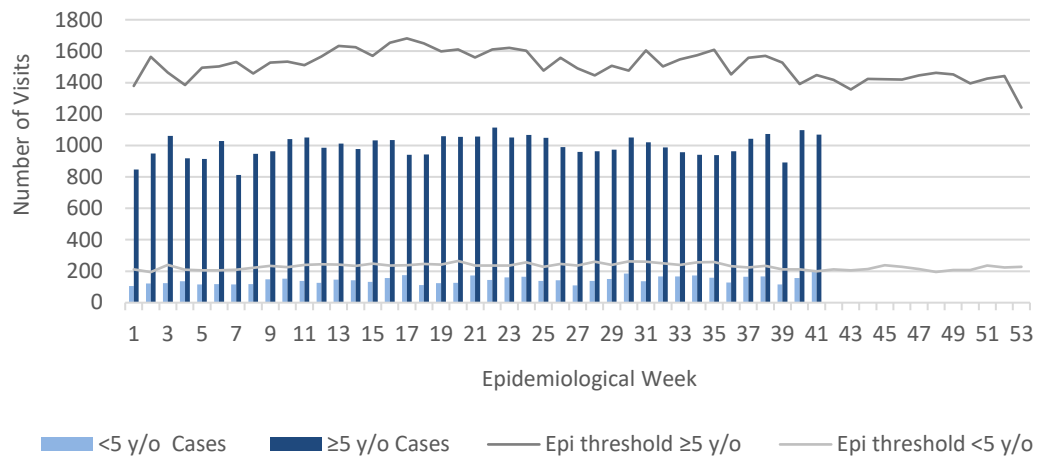


ACCIDENTS

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

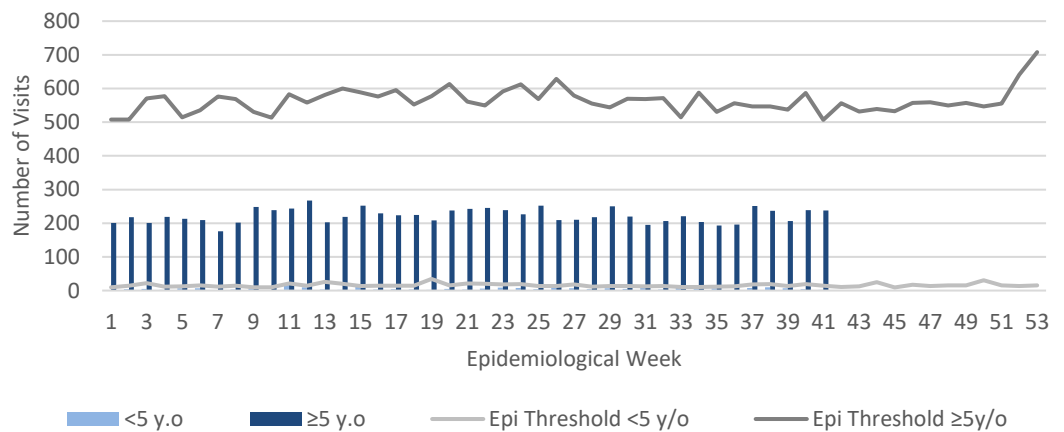


VIOLENCE

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

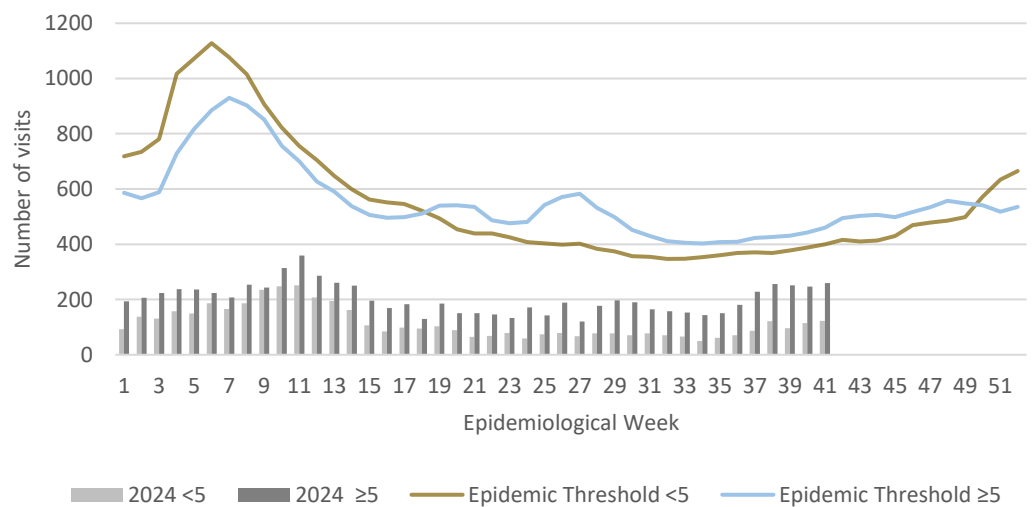


GASTROENTERITIS

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		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	212 ^β	314 ^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)	669	3754		
	Hansen’s Disease (Leprosy)	0	0		
	Hepatitis B	17	54		
	Hepatitis C	3	27		
	HIV/AIDS	NA	NA		
	Malaria (Imported)	2	3		
	Meningitis	12	25		
	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	126		
	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

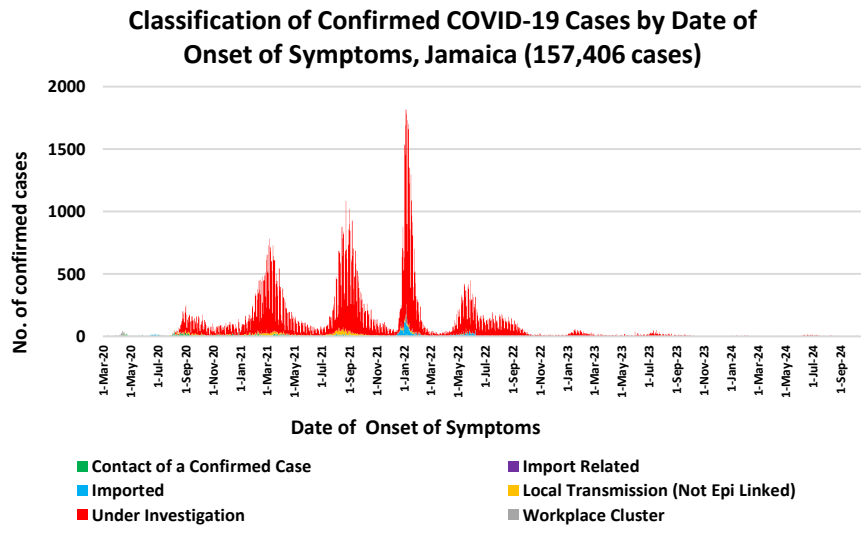


SENTINEL REPORT- 78 sites. Automatic reporting

COVID-19 Surveillance Update

CASES	EW 41	Total
Confirmed	8	157406
Females	1	90695
Males	7	66708
Age Range	1 day to 91 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.

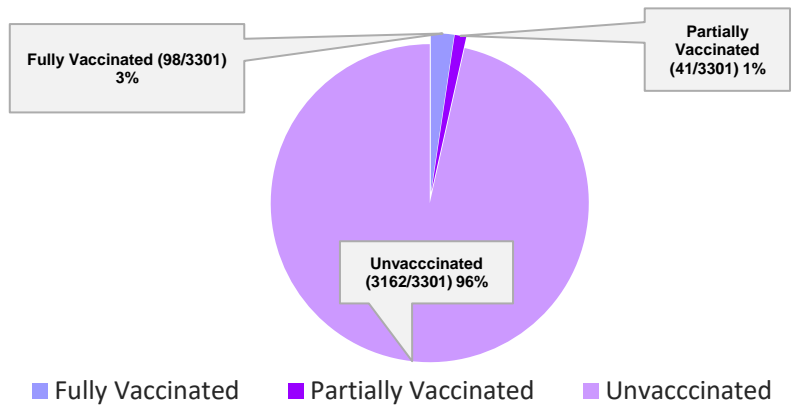


COVID-19 Outcomes

Outcomes	EW 41	Total
ACTIVE *2 weeks*		14
DIED – COVID Related	0	3865
Died - NON COVID	0	388
Died - Under Investigation	0	154
Recovered and discharged	0	103226
Repatriated	0	93
Total		157406

3301 COVID-19 Related Deaths since March 1, 2021 – YTD

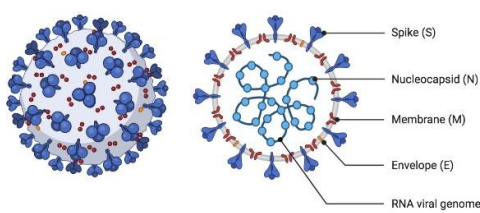
Vaccination Status among COVID-19 Deaths



COVID-19 Parish Distribution and Global Statistics

COVID-19 Virus Structure

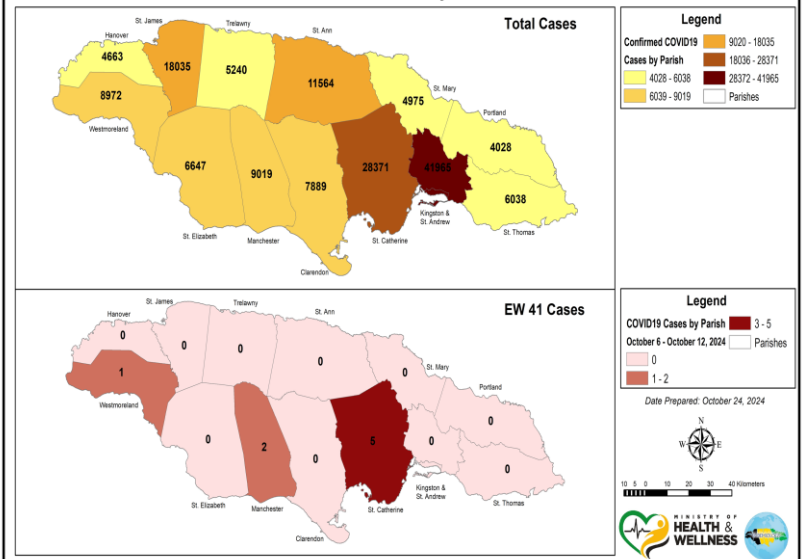
SARS-CoV-2



COVID-19 WHO Global Statistics EW 38-41, 2024

Epi Week	Confirmed Cases	Deaths
38	77200	1400
39	85600	1200
40	85600	1100
41	74000	888
Total (4weeks)	317200	4588

COVID19 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



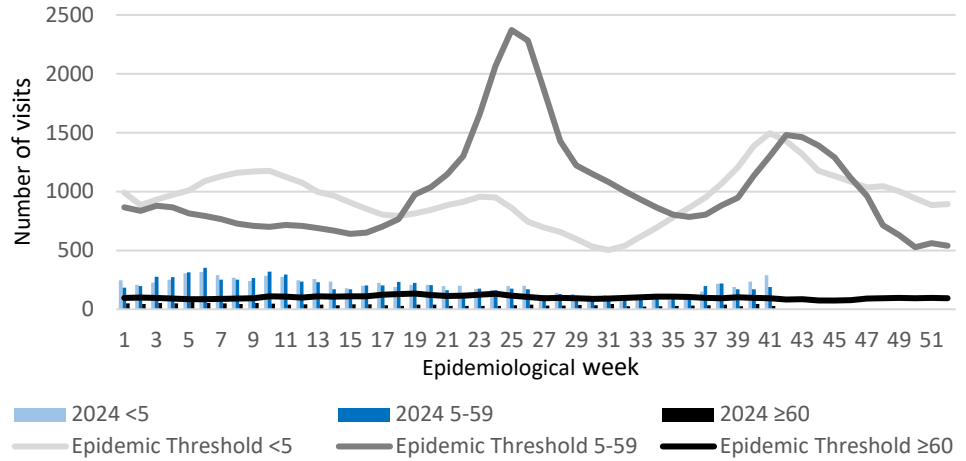
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 41

October 6, 2024 – October 12, 2024 Epidemiological Week 41

	EW 41	YTD
SARI cases	13	268
Total Influenza positive Samples	0	148
Influenza A	0	143
H3N2	0	40
H1N1pdm09	0	103
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

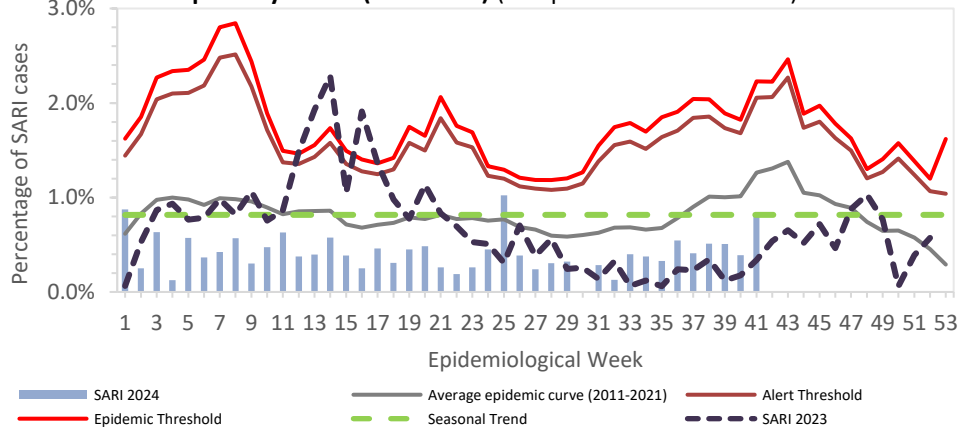
Weekly visits to Sentinel Sites for Influenza-like Illness (ILI) All ages
2024 vs Weekly Threshold; Jamaica



Epi Week Summary

During EW 41, thirteen (13) SARI admissions were reported.

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



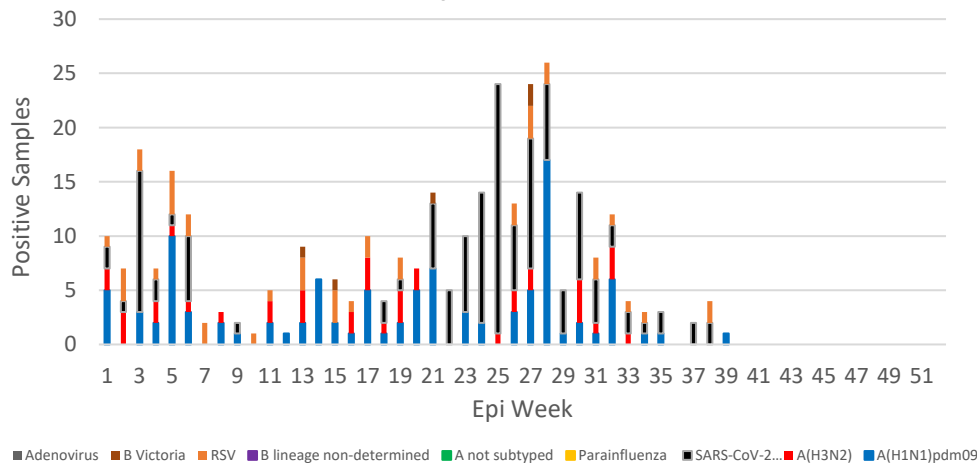
Caribbean Update EW 41

Caribbean: ILI cases have remained low over the last four EW. SARI cases have shown a decreasing trend, with most positive cases linked to SARS-CoV-2, which is also in decline. Influenza activity has shown a slight increase over the last three EW, with A(H3N2) being predominant, followed by A(H1N1)pdm09. RSV activity remains low, although it has increased in several countries. SARS-CoV-2 activity, after reaching elevated levels continues to decrease.

By country: Over the last four EW, influenza activity has been reported in Belize, Jamaica, the Cayman Islands and Guyana. SARS-CoV-2 activity has been observed in Belize, Haiti, Jamaica, Suriname, and Barbados. RSV activity has been detected in the Dominican Republic, Jamaica, Guyana and Saint Vincent and the Grenadines. In Jamaica, an increase in SARI and ARI cases has been detected, remaining below epidemic threshold with high pneumonia levels. Fluctuating activity of SARS-CoV-2, RSV, and Influenza has been observed.

(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



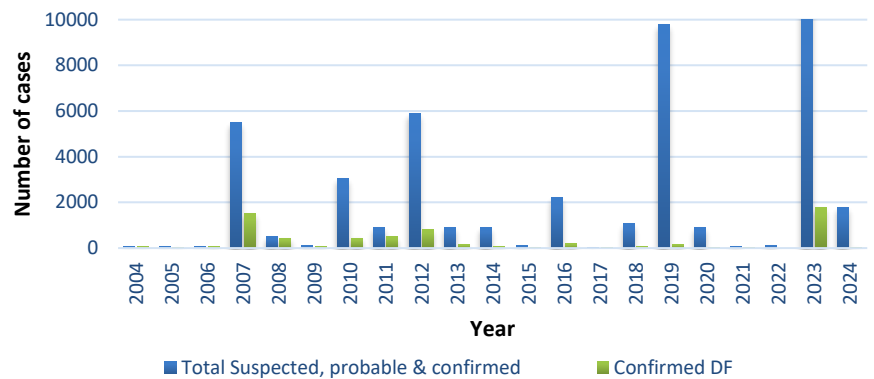
Dengue Bulletin

October 6, 2024 – October 12, 2024 Epidemiological Week 41


Epidemiological Week 41



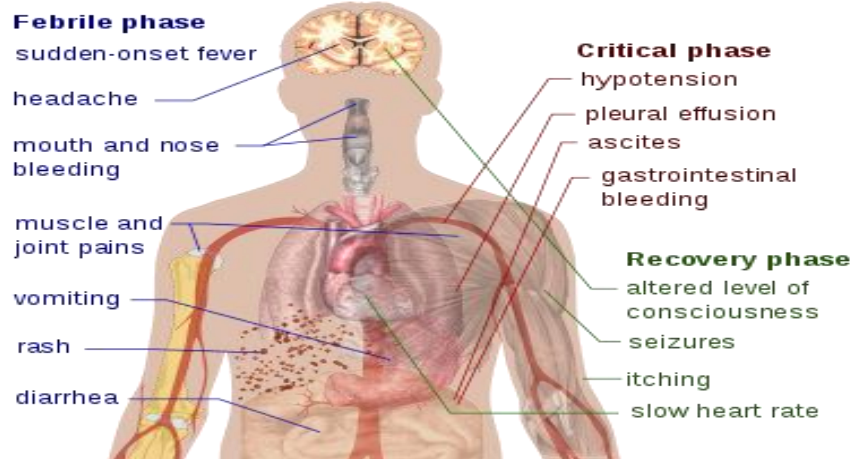
Dengue Cases by Year: 2004-2024, Jamaica



Reported suspected, probable and confirmed dengue with symptom onset in week 41 of 2024

	2024*	
	EW 41	YTD
 Total Suspected, Probable & Confirmed Dengue Cases	6	1768
Lab Confirmed Dengue cases	0	41
CONFIRMED Dengue Related Deaths	0	2

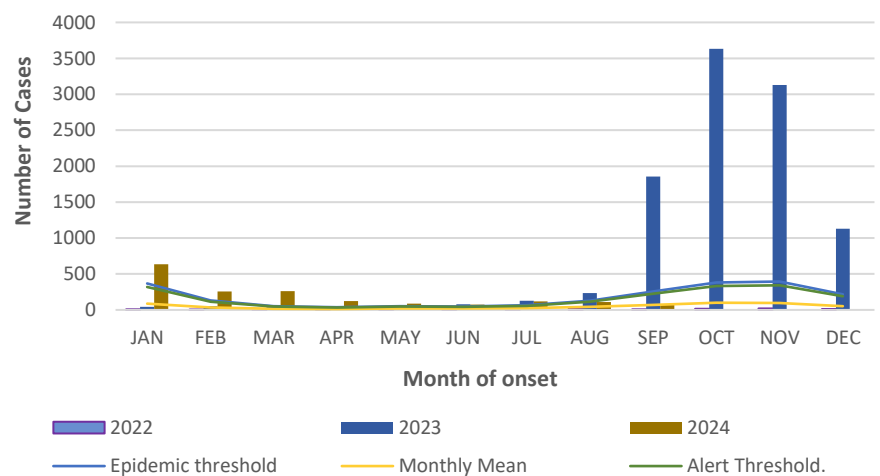
Symptoms of Dengue fever



Points to note:

- Dengue deaths are reported based on date of death.
- *Figure as at October 23, 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-O21

Patient satisfaction and factors influencing satisfaction in accident and emergency departments of type A hospitals in Jamaica.

Linton S¹, Burke-Grant T¹, Wright S¹, Lynch L¹, Holder C¹, Thompson C¹

¹ University of the West Indies, Mona, Jamaica

Objective: To determine the level of patient satisfaction, and factors influencing satisfaction in Accident and Emergency Departments of Type A hospitals in Jamaica.

Methods: a cross-sectional was done from May to July 2023. Two hundred and sixty-seven patients were selected randomly from accident and emergency departments of the three type A hospitals in Jamaica. A modified emergency department consumer assessment of healthcare providers and systems (Ed CAHPS) tool was used to collect data on sociodemographic characteristics, wait times, and perceptions on getting timely care, how well doctors and nurses communicated and communication about medications and follow-up. An overall satisfaction rating was provided. Patient satisfaction composite scores were computed, and chi square test and t-test were used to determine associations with sociodemographic characteristics. A p-value of ≤ 0.05 was deemed statistically significant. All patients provided informed consent and ethical approval was received for the study.

Results: The mean composite score for 'getting timely care' was 66.3/100; 'how well doctors and nurses communicate' – 76.0/100; communication about medication – 66.3/100 and communication about follow-up – 63.3/100. 52.1% of patients estimated wait time from registration to completion of care of > 6 hours, and 54.7% reported not receiving medical within 30 minutes of their visit. The average satisfaction score at 78%. There was no association between patient satisfaction and sociodemographic characteristics of patients.

Conclusion: Patients were generally satisfied with communication from doctors and nurses. Human resource quantity, training and process flow should be considered in improving timeliness of care and communication about medication and follow-up.



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9 NOTIFICATIONS-
All clinical
sites



INVESTIGATION
REPORTS- Detailed Follow
up for all Class One Events



HOSPITAL
ACTIVE
SURVEILLANCE-
30 sites. Actively
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SENTINEL
REPORT- 78 sites.
Automatic reporting