

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL SURVEILLANCE UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Weekly Spotlight

Diabetes (Part 3)



Impaired glucose tolerance and impaired fasting glycaemia

Impaired glucose tolerance (IGT) and impaired fasting glycaemia (IFG) are intermediate conditions in the transition between normality and diabetes. People with IGT or IFG are at high risk of progressing to type 2 diabetes, although this is not inevitable.

Prevention

Lifestyle changes are the best way to prevent or delay the onset of type 2 diabetes. To help prevent type 2 diabetes and its complications, people should:

- reach and keep a health body weight
- stay physically active with at least 150 minutes of moderate exercise each week
- eat a healthy diet and avoid sugar and saturated fat
- not smoke tobacco.

Diagnosis and treatment

Early diagnosis can be accomplished through relatively inexpensive testing of blood glucose. People with type 1 diabetes need insulin injections for survival. One of the most important ways to treat diabetes is to keep a healthy lifestyle.

Some people with type 2 diabetes will need to take medicines to help manage their blood sugar levels. These can include insulin injections or other medicines. Some examples include:

- metformin
- sulfonylureas
- sodium-glucose co-transporters type 2 (SGLT-2) inhibitors.

Along with medicines to lower blood sugar, people with diabetes often need medications to lower their blood pressure and statins to reduce the risk of complications. Additional medical care may be needed to treat the effects of diabetes:

- foot care to treat ulcers
- screening and treatment for kidney disease
- eye exams to screen for retinopathy (which causes blindness).

Taken from WHO website on 05/December/2024

<https://www.who.int/news-room/fact-sheets/detail/diabetes>

EPI WEEK 47



Syndromic Surveillance

Accidents

Violence

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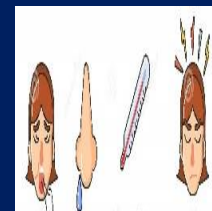
Class 1 Notifiable Events

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Research Paper

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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 – 44 to 47 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													
44	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
45	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
46	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	Late (T)	On Time	On Time	On Time
47	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

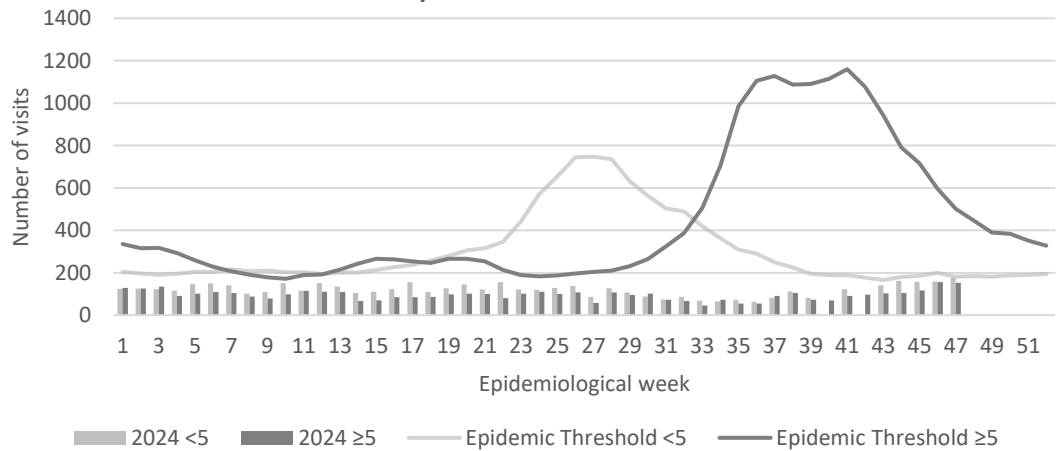
REPORTS FOR SYNDROMIC SURVEILLANCE

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



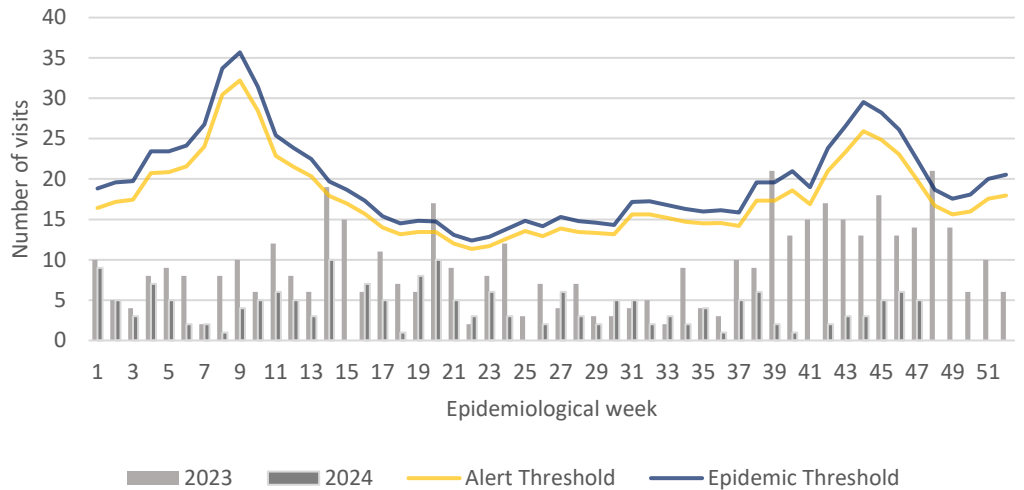
SENTINEL REPORT- 78 sites. Automatic reporting

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

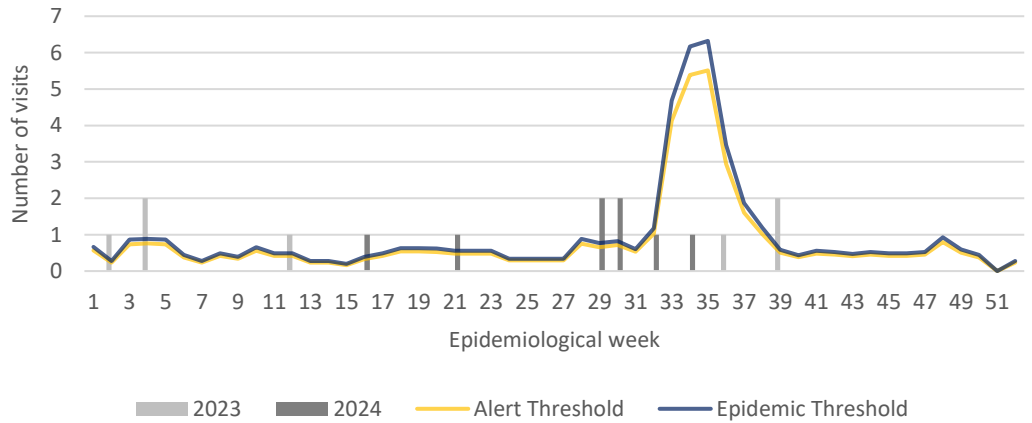


FEVER AND HAEMORRHAGIC

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



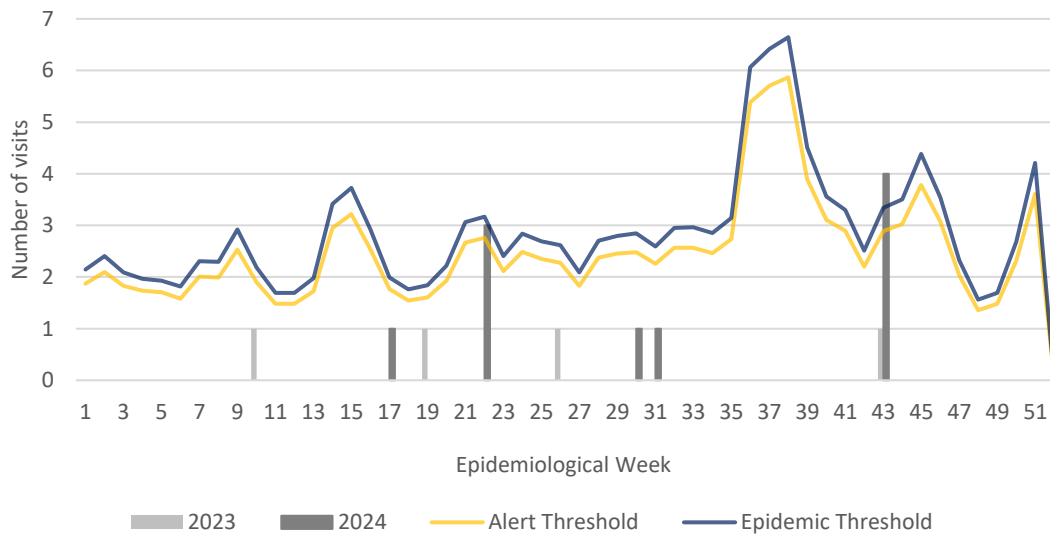
FEVER AND JAUNDICE

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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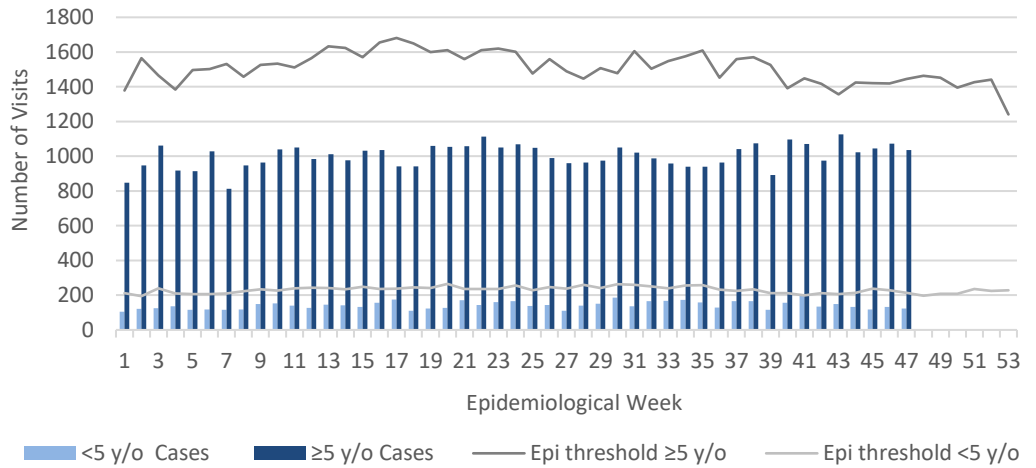


ACCIDENTS

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

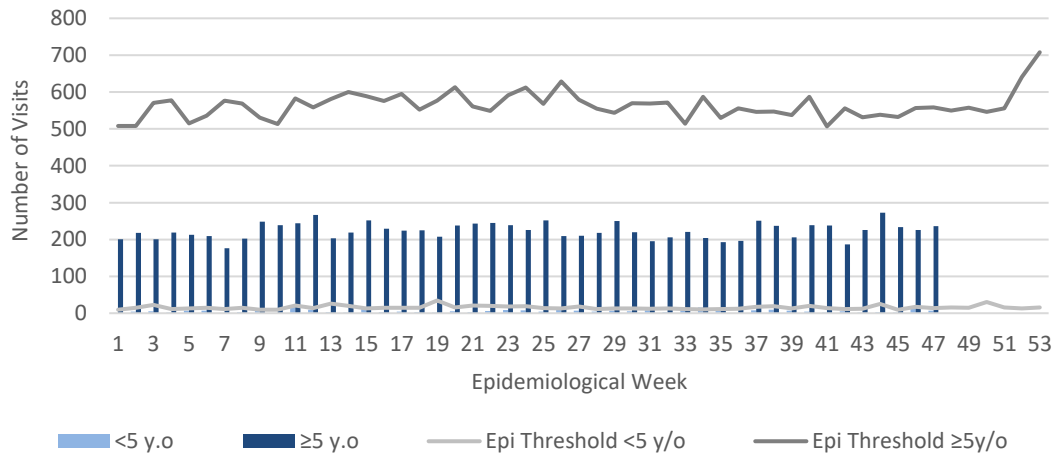


VIOLENCE

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

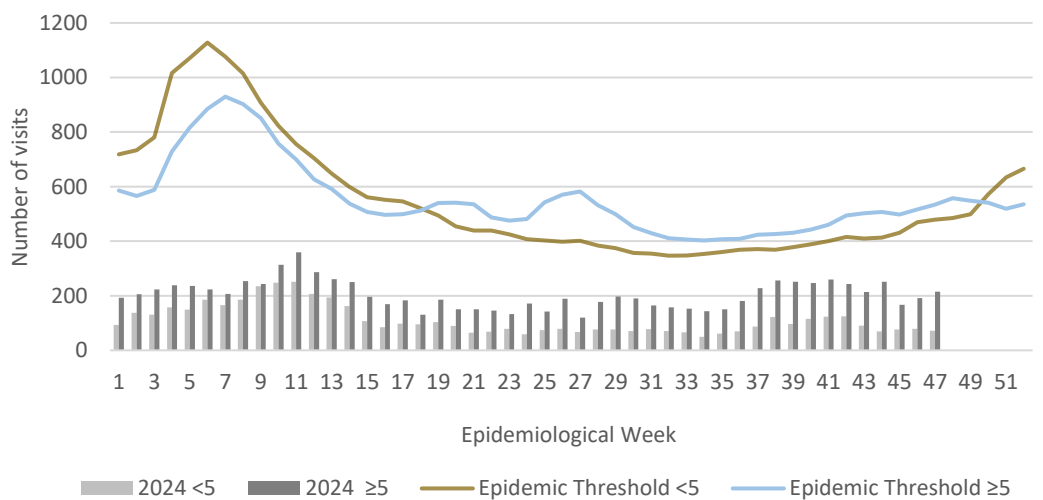


GASTROENTERITIS

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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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	228 ^β	366 ^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)	691	3807		
	Hansen’s Disease (Leprosy)	0	0		
	Hepatitis B	27	58		
	Hepatitis C	3	29		
	HIV/AIDS	NA	NA		
	Malaria (Imported)	2	3		
	Meningitis	14	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.	
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	62	54		
	Ophthalmia Neonatorum	175	158		
	Pertussis-like syndrome	0	0		
	Rheumatic Fever	0	0		
	Tetanus	0	0		
	Tuberculosis	31	63		
	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

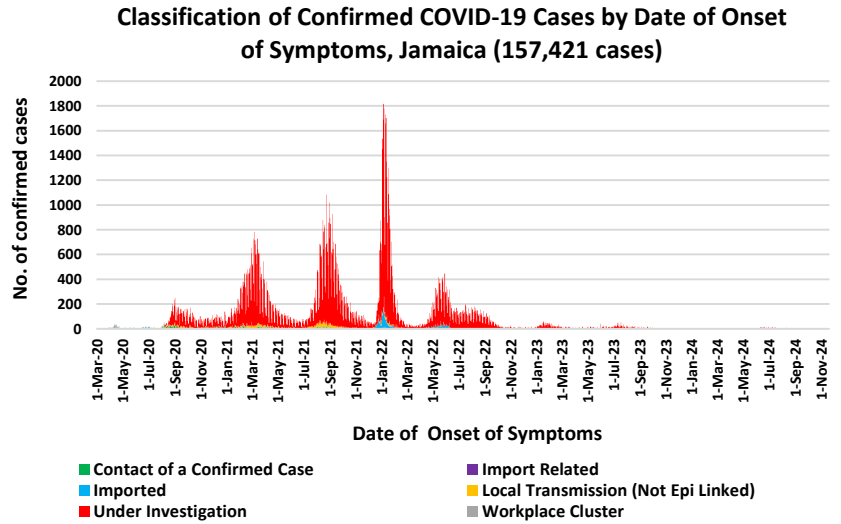


SENTINEL REPORT- 78 sites. Automatic reporting

COVID-19 Surveillance Update

CASES	EW 47	Total
Confirmed	2	157421
Females	1	90701
Males	1	66717
Age Range	12 to 65 years old	1 day to 108 years

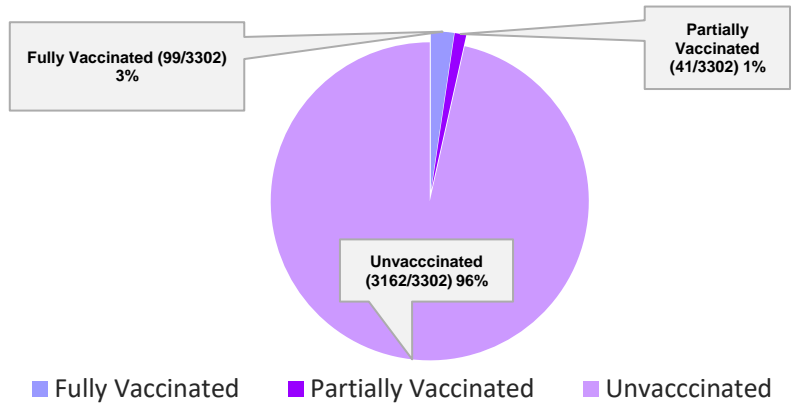
* 3 positive cases had no gender specification
 * PCR or Antigen tests are used to confirm cases
 * Total represents all cases confirmed from 10 Mar 2020 to the current Epi-Week.



COVID-19 Outcomes

Outcomes	EW 47	Total
ACTIVE *2 weeks*		5
DIED – COVID Related	0	3866
Died - NON COVID	0	388
Died - Under Investigation	0	154
Recovered and discharged	0	103226
Repatriated	0	93
Total		157421

3302 COVID-19 Related Deaths since March 1, 2021 – YTD Vaccination Status among COVID-19 Deaths

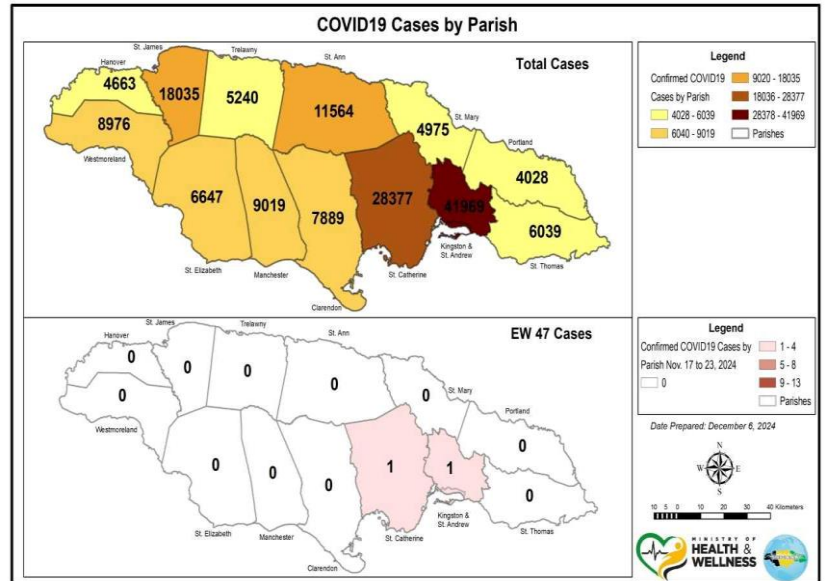
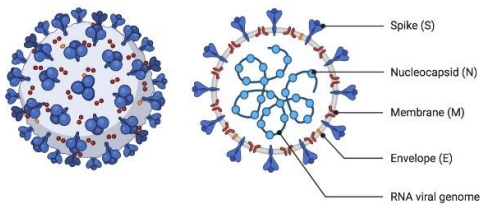


*Vaccination programme March 2021 – YTD
 * Total as at current Epi week

COVID-19 Parish Distribution and Global Statistics

COVID-19 Virus Structure

SARS-CoV-2



COVID-19 WHO Global Statistics EW 44-47, 2024

Epi Week	Confirmed Cases	Deaths
44	55000	860
45	46300	822
46	41800	673
47	41700	558
Total (4weeks)	184800	2913

6 NOTIFICATIONS-
All clinical sites

INVESTIGATION REPORTS- Detailed Follow up for all Class One Events

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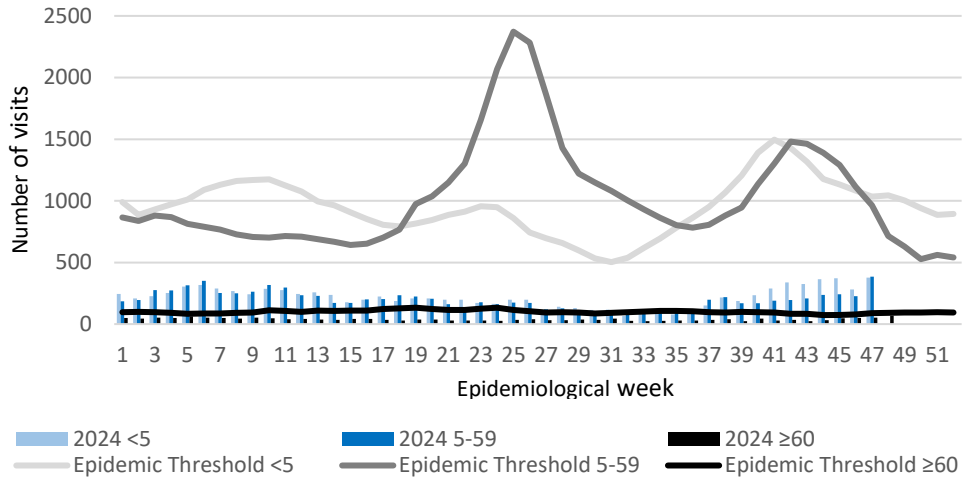
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 47

November 17, 2024 – November 23, 2024 Epidemiological Week 47

	EW 47	YTD
SARI cases	15	349
Total Influenza positive Samples	2	180
Influenza A	2	162
H3N2	0	42
H1N1pdm09	2	133
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	7	83

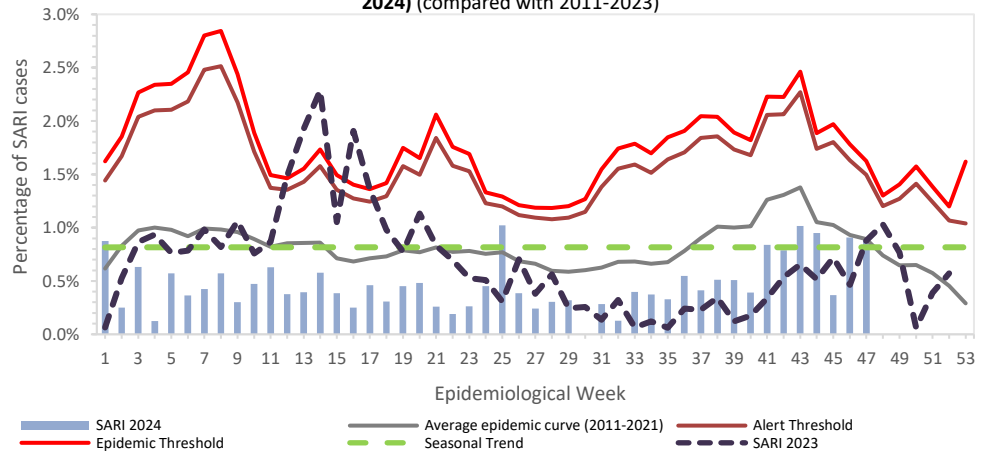
Weekly visits to Sentinel Sites for Influenza-like Illness (ILI) All ages 2024 vs Weekly Threshold; Jamaica



Epi Week Summary

During EW 47, fifteen (15) SARI admissions were reported.

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



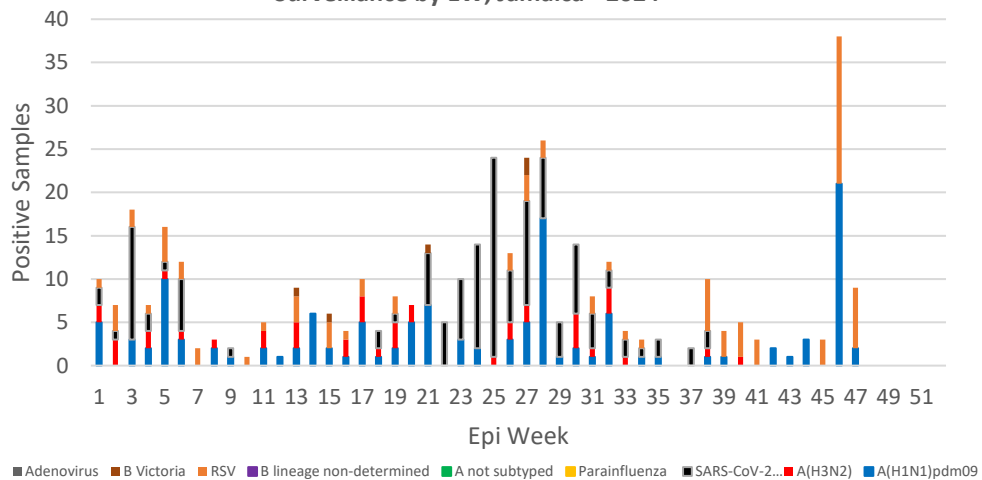
Caribbean Update EW 47

Caribbean: ILI cases have remained low during the last four EWs although the proportion of RSV-positive cases has increased. SARI cases also remain low, but there has been a rise in the proportion of SARI-CoV-2-positive cases in previous weeks. Influenza activity remains low, with A(H1N1)pdm09 as the predominant subtype. RSV activity has increased significantly in several countries over the past four EWs. In contrast SARS-CoV-2 activity, after rising in earlier weeks, has returned to low levels.

By country: In the past four EWs, influenza activity has been reported in Belize, Barbados and Jamaica. SARS-CoV-2 activity has been noted in Haiti and Suriname. RSV activity has been detected in Belize, the Dominican Republic, Jamaica, Barbados, the Cayman Islands, 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

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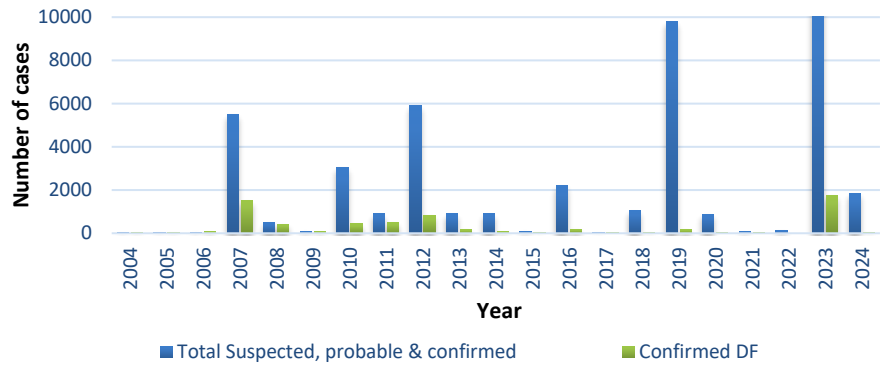
Dengue Bulletin

November 17, 2024 – November 23, 2024 Epidemiological Week 47


Epidemiological Week 47



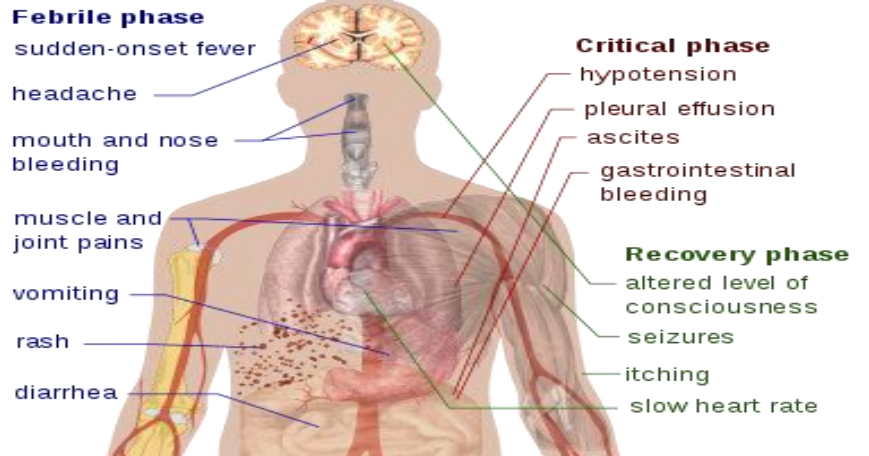
Dengue Cases by Year: 2004-2024, Jamaica



Reported suspected, probable and confirmed dengue with symptom onset in week 47 of 2024

	2024*	
	EW 47	YTD
 Total Suspected, Probable & Confirmed Dengue Cases	0	1859
Lab Confirmed Dengue cases	0	43
CONFIRMED Dengue Related Deaths	0	2

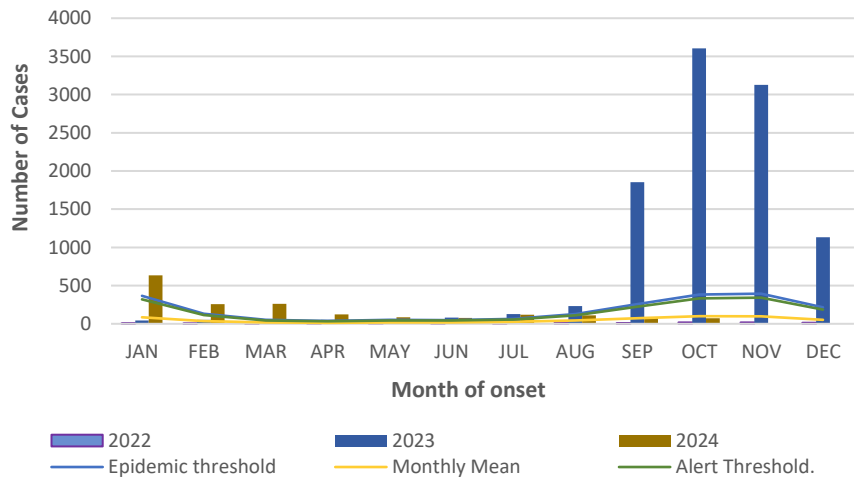
Symptoms of Dengue fever



Points to note:

- Dengue deaths are reported based on date of death.
- *Figure as at December 4, 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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SENTINEL REPORT- 78 sites. Automatic reporting



RESEARCH PAPER

Abstract

NHRC 23-P06

Factors influencing removal of sub-dermal contraceptive implants among Jamaican women

Russell-Brown P¹, Murphy R¹

¹Jamaica Family Planning Association, Kingston, Jamaica

Introduction: Subdermal contraceptive implants (SDCI) represent less than 1% of the contraceptive method mix in Jamaica, however, the method is increasing in popularity. SBCIs involve delivery of a steroid progestin from polymer capsules or rods placed under the skin. The hormone diffuses out slowly, providing contraceptive effectiveness for 1–5 years. International literature indicates that experience of adverse side effects contributes to early SDCI removal. Are the factors associated with implant removal among Jamaican women similar or different to those observed in other settings?

Objectives: This retrospective study aimed to answer two questions: what factors influence Jamaican women's decision to use SDCIs and what contributes to the decision to remove the method before effectiveness ends?

Methods: Sixty-two women who attended a Jamaica Family Planning Association (JFPA) clinic between January 2016 and December 2022 to request removal of their SDCI were interviewed by telephone in 2022-23 using a questionnaire designed and tested for the study. All the women contacted gave verbal consent to be interviewed. SPSS Version 20 was used to generate the necessary descriptive and inferential statistics.

Results: The long-term protection offered is the reason most women chose the SDCI. Excessive bleeding is the reason the majority of women prematurely removed the method. Women who received only one pre-implantation counselling session were more likely to prematurely remove the method.

Conclusion: Increasing the pre-insertion counselling of women who choose to use the SDCI is likely to reduce premature removal of the method and contribute to their improved sexual and reproductive health.



The Ministry of Health and Wellness
15 Knutsford Boulevard, Kingston 5, Jamaica
Tele: (876) 633-7924
Email: surveillance@moh.gov.jm



9 NOTIFICATIONS-
All clinical
sites



INVESTIGATION
REPORTS- Detailed Follow
up for all Class One Events



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