

Statement to Parliament

By

Minister of Health

Hon. Dr. Fenton Ferguson

Wednesday, September 17, 2014

Introduction

Mr. Speaker, I rise in this Honourable House today to speak to a very important matter related to public health. We are faced with an increase in the spread of the chikungunya virus. Mr. Speaker, I am grateful for the robust discussion that we have been having across the island because it tells me that Jamaicans are at least aware of the disease and its symptoms. I must however caution persons to be careful with the discourse as the misinformation being spread in some quarters is not in the best interest of the public and can only be detrimental to efforts to secure public health. I am therefore encouraging my fellow Members of Parliament and Opposition Members to engage in constructive discourse about the disease so that Jamaicans can be equipped to make the right choices to protect their health.

I am just returning from a visit to Nutts River in Eastern St. Thomas as well as the Yallahs Primary School where it was reported that a number of students and teachers were displaying flu like symptoms. I expressed my sympathies and assured the leadership of the school that we will continue to work very closely with them through the St. Thomas Health Department which has visited the institution four times since August 25, 2014. I was accompanied by the Member from Western St. Thomas and a high level team from the Ministry and the South East Regional Health Authority. We will continue to monitor the facility.

MOH Interventions

I assure you Mr. Speaker, that the Ministry of Health has been very open in its communication on chikungunya. We report every case for which we receive confirmation in a timely manner and we are also reporting suspected cases about which we are notified. I know that there are

more cases than the numbers for which we have been notified as some persons stay home and self-medicate and some private doctors do not report suspected cases to us.

I want to point out here that there is no vaccine for chikungunya. Just like influenza and dengue, the treatment is around the symptoms so for example persons would receive paracetamol for pain and fever and advised to ensure that they rest and drink lots of fluids.

The Ministry of Health has been planning its response to chikungunya for more than two years before the first case was confirmed in Jamaica. Mr. Speaker, the Parish Health Departments islandwide have been working assiduously to ensure the implementation of the planned activities, including vector control, community fever surveillance and health education.

Heightened activities have been implemented since June 2014 as the spread of chikungunya continued throughout the Caribbean and in preparation for increased travel during the summer period to and from the countries with active transmission of chikungunya. Vector control measures included larvicidal and adulticidal activities as well as source reduction.

For the period June – September 12, 2014:

- Larvicidal activities were carried out in 484 communities, with 50,887 premises inspected.
- 84,015 containers were inspected islandwide for mosquito breeding.
- 24,206 containers were treated by members of the Parish Health teams.
- Space spraying activities were carried out in 977 communities – 748 in SERHA, 156 in NERHA, 36 in WRHA and 37 in SRHA.
- Community fever surveillance activities are carried out in response to confirmed and suspected cases. The teams from the Parish Health Departments in SERHA, SRHA and NERHA visited 11,298 households. The population involved in this exercise was 15,532 persons.
- 11,662 interviews were conducted to determine if these householders were displaying any signs and symptoms of chikungunya. In addition health education activities were carried out during all interviews.

- 8,765 Community Health Alert Cards were distributed. These cards serve as a reminder to persons to visit their Health Centre or physician if they develop any symptoms of chikungunya.
- 375 community health education sessions on chikungunya were conducted islandwide.
- 17,955 persons were reached in these sessions and 22,241 items of health education material were distributed.
- 955 sessions on chikungunya were conducted in Health Centres islandwide. Twenty eight thousand six hundred and thirty two (28,632) persons were in attendance at these sessions and 15,273 items of health education materials were distributed.

Affected Parishes

Mr. Speaker, we now have seven affected parishes as of yesterday (September 16, 2014). The Caribbean Public Health Agency confirmed one case from St. Mary and three from Portland. The other parishes remain Kingston and St. Andrew, St. Ann, St. Catherine and St. Thomas. We also received two additional lab confirmations, one each in Kingston and St. Ann.

Up to the week ending 13 September 2014, there were 524 notifications of which 251 were classified as suspected cases. As of September 16, 2014, thirty one (31) cases were laboratory confirmed. Twenty six (26) were discarded due to negative laboratory results and 194 cases remain suspected.

The Ministry has been using Geographic Information System mapping so that we can easily determine which areas are most affected and therefore need more intense intervention. Kingston and St. Andrew and St. Thomas so far seem to be the areas with the most cases. Mr. Speaker, I do not want to dwell on the numbers because while that is important from the perspective of the Ministry of Health in terms of monitoring and response, the most important thing is the empowerment of our citizens to take the appropriate action to protect their health.

Individual responsibility

While we expect to see increased cases after which there should begin to be a decline, the power is in our hands to reduce the spread of this vector borne disease. Chikungunya is not

transmitted through person to person contact. You can only get infected if an *Aedes aegypti* mosquito bites someone with the disease then bites you. Each person therefore has to make a concerted effort to remove mosquito breeding sites from their surroundings as a routine weekly activity. Gullies, drains and other water-ways provide breeding grounds for mosquitoes but not typically the type that spreads chikungunya and dengue.

As a reminder, you can reduce mosquito breeding sites by getting rid of old tyres and containers in which water can settle, punching holes in tins before disposing, and covering large drums, barrels and tanks holding water.

Individuals are also urged to protect themselves from mosquito bites by using insect repellent containing DEET, covering their body as much as possible by wearing long sleeved clothing for example and putting mesh on doors and windows. I want to stress that while the *Aedes Aegypti* is generally a day biting mosquito it doesn't mean that it will not feed at night.

High risk groups

Mr. Speaker, most persons who contract chikungunya will experience mild symptoms that may resolve in a matter of days. However there are persons who are more at risk than others of experiencing severe symptoms of the disease. These include infants, children under five years old, pregnant women, the elderly and persons with chronic diseases and sickle cell. Illnesses such as diabetes and cardiovascular disease can also make symptoms worse. These persons need to seek medical attention immediately either at their private doctor or one of our health centres.

Let me remind everyone of the symptoms. They include high fever, joint pain mainly in the hands, wrists and ankles and other joints, headache, muscle pain and a rash. I want to also remind persons that chikungunya has very similar symptoms to other viral illnesses including dengue, influenza and leptospirosis and so not everyone who presents with flu-like symptoms

has chikungunya. This is also the period where we generally experience increased dengue and influenza cases.

Conclusion

Mr. Speaker, our collective actions and utterances have to be in the best interest of the health of Jamaicans. It will take a unified approach, cooperation from all persons and partnership for us to tackle this health threat. Chikungunya has no colour or political affiliation. Any one of us can be affected. I am calling on all Jamaicans to band together and let us designate a day when we will undertake community clean-up activities in our respective areas just like we would on labour day. The *Aedes aegypti* mosquito breeds in and around areas where people gather and so the school, the home, the church and business places should all be a part of clean-up activities. I urge Parliamentarians to lead their constituents in this drive. I will shortly be calling a meeting with critical stakeholders including the Parliamentary Opposition, PSOJ, Business sector, churches, Trade unions, Jamaica Teachers Association, Ministries of Education, Local Government and Transport and Works, the police, the leadership of youth groups, Social Development Commission, Jamaica Information Service and the media to plan this national and integrated response.