LIST OF 11 DOCUMENTS PROVIDED BY THE MINISTRY OF HEALTH Jamaica ON MAY 14, 2015 IN FULFILLMENT OF AN ACCESS TO INFORMATION REQUEST FOR

“all documents (reports, memos, meeting minutes, correspondence, etc.) related to ongoing or planned tracking of medium & long term effects of ChikV being experienced by people in Jamaica following the 2014 epidemic.”

- Notes of Research Meeting held on Chikungunya November 20, 2014 at PAHO Building, UWI
- Notes of Chik V Meeting held on 27th November 2014
- Update on Chikungunya Research Working Group dated 27 January 2015
- Letter to Director General Statistical Institute of Jamaica (STATIN) Re: Request to include Chikungunya a Fever–Related Questions in the Labour Force Survey
- Chikungunya Research Team Meeting held at PAHO January 21, 2015
- Chikungunya Research Team Meeting held at PAHO Building March 4, 2015
- Quantative Working Group Meeting held March 27, 2015 at the DrPH classroom of Community Health and Psychiatry Department
- Chikungunya Research Team Meeting held at PAHO building April 1, 2015
- Chikungunya Research Working Group dated 22 April 2015
- Qualitative Research Sub-committee on Chikungunya dated 22 April 2015
- Chikungunya Research Working Group Meeting Held at PAHO Building dated 29 April 2015
Research Meeting on Chikungunya
November 20, 2014
At the PAHO Building, University of the West Indies, Mona

Chairperson: Dr. Karen Webster Kerr, Principal Medical Officer, National Epidemiologist

Present were:

1. Dr. Andriene Grant
2. Mr. Nicolas Elias
3. Ms. Daislyyn Chin
4. Dr. Hedwig Goede
5. Dr. Marshall Tulloch-Reid
6. Mrs. Collette Cunningham Myrie
7. Ms. Kacey Ernst
8. Jacqueline Duncan
10. Dr. Iyanna Wellington
11. Mrs. Kelly Ann Gordon Johnson
12. Mrs. Sabrina Beeput
13. Dr. Shaw

Objectives

- Clinical: Paediatric Presentation
- Health systems Study (supplies, competencies, cost, what was done? and management responses.
- Factors associated with disease.
- Spatial Analysis and Vector Management

Other Ideas

- Factors associated with the severity of the disease
- Social impact : absenteeism from work and school and costing
- To involve either Mr. Charlton McFarlane or Mr. Jasper Barnett from the Ministry of Health
- Vector management and control and Spatial Analysis
- Evaluating public perception and how the public received the information (health beliefs, behaviours, attitude, knowledge and practises Survey – Expanded KPB Study and public health response which could have a qualitative and quantitative component.
- Establish a cohort to look at the long term effects of Chikungunya (Conditions include: arthritis, depression and fatigue).
- Effects of the outbreak on health services (public and private), the impact on managing other illness
- Guidelines for post chikungunya (arthritis)
- Pregnant patients in the final trimester, transmission to the fetus and the neonates

Methodologies Discussed

- Online survey
- Stratify a KPB into different groups
- Seroprevalence Survey- Pregnant women (Lab) with a cohort (occupational group)
- Stakeholders Survey to look at feedbacks on improvement of the response
- Pregnant Women
- IgG / IgM Testing
- Social and Economic Group
- Occupational Group
- Community Prevalence
- BOLD looking on COPD (Merge)
- Confirmed group
- Health Systems Study – (response and impact, different components e.g., financing, human resource, supply and the supply chain, competencies) Management arm – use of MPH students to assist with some management issues in terms of studies.

Outcomes (Effects) of Chikungunya to be specially considered

- Arthritis
- Depression
- Fatigue syndrome
- Person with sickle cell, chronic pain, diabetics how Chikungunya changed their pain score
ChikV Meeting
Held on the 27th of November 2014
Room 11

Things to consider

- Suspected and confirmed cases (general)

- Call the Epidemiologist in the EOC to get additional information

- 54% of 1500 people to classify.

- Survey?

- At what point does it stop being a characteristic and become a study?

- How long persons are out of school and their job?

- Systematic Process

- Trial of 20-30 person via phone calls

- Survey: Go into each community of a parish and randomly select a person and do some tests. Ask specific questions relating to chikv.

- Checklist


Methodology – Classify more

- Attempt telephone calls by calling 3 or 2 days, different time and a weekend call (morning, afternoon (lunch) and or evening).

- Complete an investigation form for everyone to be called to gather accurate and sub-accurate information. (Checklist)
• Design an Epi Info

• Classification calls next week.

• A proposal for actual calls the following week (week of the 10th).

• Drs. Watson, Webster and Wellington to look at the questionnaire (what is need for the different phases).

• Dr. Grant to ask Nicholas to do a full Literature Review.

• When the Literature Review is being done if any literature comes up about Clinical Review then the information will be sent to Dr. Wellington.
Ms. Carol Coy,
Director General,
Statistical Institute of Jamaica (STATIN),
7 Cecilio Avenue,
Kingston 10.

Dear Ms. Coy,

Re: Request to Include Chikungunya Fever-Related Questions in the Labour Force Survey

The Ministry of Health has initiated efforts to determine the short, medium and long term effects of the current chikungunya fever (CHIK) outbreak, and is currently organizing teams to explore a number of research questions including the determination of the social and economic impacts of the disease. Aspects to be explored will include absenteeism from work and school, loss of income, et al. Coordination of research efforts is headed by Dr. Karen Webster, Principal Medical Officer, National Epidemiologist, and the team exploring social and economic impacts will also include representatives from the Policy, Planning and Development Division of the Ministry.

One means of obtaining required data will be the targeting of existing surveys; Further to correspondence with you and Mr. Douglas Forbes, Director, Surveys Division, we have requested that the following question be included in the January 2015 Labour Force Survey Module entitled ‘Self-Diagnosed Chikungunya-Like Symptoms Survey’, and that responses be recorded for each household member:
Did ........ have any of the following symptoms?
1. Fever
2. Joint pain
3. Severe Joint Pain
4. Joint Swelling
5. Skin rash
6. Muscle pain
7. Other

We are also requesting that a module of questions be included in the 2015 Jamaica Survey of Living Conditions to further describe the CHIK outbreak.

It is understood that field work for the Labour Force Survey will take place in early January, and that results will be available six weeks after field-work has commenced. The Ministry is requesting that the results for the Chikungunya-Like Symptoms Survey Module be reviewed by the Ministry of Health prior to dissemination.

Thank you for your kind assistance.

Yours Sincerely,

Dr. Marion Bullock DuCasse
Chief Medical Officer

cc: Mr. Colin Bullock, Director General, Planning Institute of Jamaica
    Mr. Douglas Forbes, Director, Surveys Division, STATIN
    Dr. Karen Webster, Principal Medical Officer, National Epidemiologist
Update on Chikungunya Research Working Group
27 January 2015

The aim of the Chikungunya Research Working Group is to determine the short, medium and long term effects of the current chikungunya fever (CHIK) outbreak.

Specific Objectives:
1. Develop a research agenda for chikungunya
2. Develop an implementation plan for the research

The Ministry of Health core team include:
1. Dr. Karen Webster Kerr, Principal Medical Officer, National Epidemiologist
2. Dr. Andriene Grant Director, Epidemiological Research and Data Analysis Unit (ERDAU)
3. Ms. Daisyllyn Chin, Biostatistician, ERDAU
4. Mr. Nicholas Elias, Research Officer, ERDAU
5. Dr. Iayanna Wellington, Medical Epidemiologist, Communicable Disease
6. Dr. Jacqueline Duncan, Parish Internist, Kingston and St. Andrew Health Department
7. Mrs. Kelly-Ann Gordon-Johnson, Regional Epidemiologist, South East Regional Health Authority

Other Ministry of Health staff in the working group:
1. Mr. Carlton McFarlane
2. Dr. Audene Garrison, Kingston Public Hospital
3. Mrs. Sherine Huntley-Jones, Medical Entomologist
4. Mrs. Sabrina Beeput, Regional Surveillance Officer, SERHA
5. Dr. Karen Shaw, Consultant Microbiologist, National Public Health Laboratory

The Ministry of Health core team has organized meetings with key collaborators which are chaired by the National Epidemiologist. The collaborators include:

- University of the West Indies
  - Department of Community Health and Psychiatry
    - Dr. Colette Cunningham-Myrie
    - Mrs. Kathryn Mitchell-Feareon
  - Tropical Medicine and Research Institute (TMRI) – Professor Marshall Tulloch-Reid
  - Natural Products Institute – Dr. Sheena Francis
  - Anthropologist – Dr. Doreen Gordon
- Pan American Health Organization Dr. Mung, Dr. Malcolm
- Medical Association of Jamaica – Dr. Colette Cunningham-Myrie
- Caribbean College of Family Physicians – Dr. Mary Sloper
- University of Arizona – Professor Kacee Ernst
- Planning Institute of Jamaica – Mrs. Denese McFarlane
The inclusion of Caribbean Public Health Agency and Statistical Institute of Jamaica and who to represent the institution is being explored.

The working group has drafted a working research agenda (table 1) with five areas for research:

1. Clinical
2. Epidemiological – Cohort
3. Epidemiological – Cross-sectional
4. Laboratory
5. Socio-economic impact and Health Systems

The sub-groups when formed will draft other researchers to forward the research agenda for each area. The core team will support the work of the different areas.

Table 1: Chikungunya Research Options

<table>
<thead>
<tr>
<th>Research Gaps</th>
<th>Research Options</th>
<th>Research Questions</th>
<th>Possible Research Collaborators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CLINICAL</strong></td>
<td></td>
<td></td>
<td>• Ministry of Health,</td>
</tr>
<tr>
<td>Clinical presentation of chikungunya fever in Jamaica anecdotally appears not to be what is in reported in the literature.</td>
<td>Chart Reviews - Severe infections, deaths</td>
<td>What factors are related to more severe manifestations of disease? Hypothesis: immune compromising factors (age, chronic health conditions, nutritional status/over or underweight)</td>
<td>• Department of Community Health and Psychiatry and TMRI, UWI.</td>
</tr>
<tr>
<td>A Jamaica specific clinical management guidelines is not available</td>
<td>Clinic based case-control study – control (mild chikv), case (severe/hospitalized) and death. Multinomial outcome.</td>
<td></td>
<td>• UHWI,</td>
</tr>
<tr>
<td></td>
<td>Case Reports - unusual outcomes - GB syndromes, respiratory, cardiomyopathy</td>
<td></td>
<td>• Doctor of Medicine Programme, Medicine, Family Medicine, Obstetrics and Gynaecology &amp; Paediatrics</td>
</tr>
<tr>
<td></td>
<td>Clinical Presentation - Children, Adults</td>
<td></td>
<td>• MAJ, CCFP</td>
</tr>
<tr>
<td></td>
<td>Evaluating case definitions</td>
<td></td>
<td>• PAHO</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• University of Arizona</td>
</tr>
<tr>
<td><strong>EPIDEMIOLOGICAL – COHORT</strong></td>
<td></td>
<td></td>
<td>• Ministry of Health, National Public Health Laboratory</td>
</tr>
<tr>
<td>The notifications of chikungunya fever have been limited and hence information on the epidemiology has been limited.</td>
<td>Occupational Group vs Community Group vs Persons who are laboratory confirmed</td>
<td>What are the indirect outcomes - Depression, Seroprevalence, changes in serology</td>
<td>• Department of Community Health and Psychiatry and TMRI, UWI.</td>
</tr>
<tr>
<td></td>
<td>Ideas include - Seroprevalence, changes in serology</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Outcomes - Depression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research Gaps</td>
<td>Research Options</td>
<td>Research Questions</td>
<td>Possible Research Collaborators</td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Fatigue, Arthritis, Loss of Income, Quality of Life (with all the dimensions)</td>
<td></td>
<td>impacts/ and the pathway that chikungunya virus impacts mental health? Hypothesis: Individuals with chikungunya infection have high incidence of depression due to loss of activity, income and residual pain.</td>
<td>• MAJ, CCFP</td>
</tr>
<tr>
<td>Pregnant cohort? It seemed like there were ample opportunities to have pregnant women sera to determine if infected and then perhaps look at fetal outcomes?</td>
<td>Are the babies of women who experience chikv infections subject to poorer birth outcomes? (Outcomes: LBW, pre-term delivery) Effect modifiers – trimester of infection, severity of disease.</td>
<td></td>
<td>• PSOJ</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Master of Public Health Programmes (UWI, UTECH and NCU).</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• University of Arizona</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• PAHO</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• Planning Institute of Jamaica</td>
</tr>
</tbody>
</table>

**EPIDEMIOLOGICAL – CROSS SECTIONAL**

<p>| The notifications of chikungunya fever have been limited and hence information on the epidemiology has been limited. | Antenatal Samples to assess Prevalence |                                                                 | • Ministry of Health, National Public Health Laboratory |
|                                                                                                                 | Seroprevalence in Communities that have been for COPD study | What proportion of the population (50+ males?? – not sure what the cohort is comprised of) was infected with chikungunya? | • Department of Community Health and Psychiatry and TMRI, UWI. |
|                                                                                                                 | Nested case-control study – identify those with/ without positive sera – gather risk factor | What were the risk factors for infection/ symptomatic disease? | • BOLD Study – To have a nested study |
|                                                                                                                 | Knowledge attitudes and practice survey on Chikungunya | What is the perception about mode of transmission and person-person spread? | • MAJ, CCFP |
|                                                                                                                 | Focus Group / Qualitative Interviews on knowledge, attitudes | For individuals who had disease, what is their perception of what | • Master of Public Health Programmes (UWI, UTECH and NCU). |
|                                                                                                                 |                                                                                                         |                                                                                           | • University of Arizona                                             |
|                                                                                                                 |                                                                                                         |                                                                                           | • Planning Institute of Jamaica                                      |
|                                                                                                                 |                                                                                                         |                                                                                           | • STATIN                                                            |</p>
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</thead>
<tbody>
<tr>
<td>and practice</td>
<td>Vector control - prevalence of nesting sites – I would connect this with the KAP surveys that are listed above.</td>
<td>put them at risk? Are households with better chikungunya/dengue knowledge less likely to have infestations of <em>Ae. aegypti</em> immatures or habitat conducive to <em>Ae. aegypti</em> in their yard/compound?</td>
<td></td>
</tr>
</tbody>
</table>

**LABORATORY**

| A number of laboratories in Jamaica (UHWI and private laboratories) The validity of these tests are unknown. | Validation of tests - Sensitivity, Reliability of the kits and methods for IgM, IgG measurement | Validation of Case Definition | • Ministry of Health  
• Department of Community Health and Psychiatry and TMRI, UWI.  
• BOLD Study – To have a nested study  
• MAJ, CCFP  
• Master of Public Health Programmes (UWI, UTECH and NCU).  
• University of Arizona |
| Guidelines, Recommendations on tests and timing | |

**HEALTH SYSTEM**

| The impact of chikungunya fever outbreak on Jamaica and the health system is unknown.  
• Social  
• Economic  
• Mortality | Impact Study, Effect on Health Systems - Health Care Utilization | Evaluation of Perception of the MOH Response with questionnaire to stakeholders and public as well as MOH team members | • Ministry of Health  
• Department of Community Health and Psychiatry and TMRI, UWI.  
• Climate Department, UWI  
• Mona Geoinformatics Institute  
• PIOJ  
• STATTN  
• BOLD Study – To have a nested study  
• MAJ, CCFP  
• Master of Public |
<table>
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<tr>
<td></td>
<td></td>
<td>the perception of further risk of transmission during this or a subsequent transmission season?</td>
<td>Health Programmes (UWI, UTECH and NCU).</td>
</tr>
<tr>
<td></td>
<td>Evaluation of our Human Resource Capacity to respond to these crises</td>
<td></td>
<td>• University of Arizona</td>
</tr>
<tr>
<td></td>
<td>Assessment of Mortality Data from routine sources</td>
<td>Was there an unexpected overall increase in mortality that coincided with the outbreak?</td>
<td>• PAHO</td>
</tr>
<tr>
<td></td>
<td>Modeling of the Chikungunya Fever epidemic using Climate model or Vector (Container) Method</td>
<td>Can climatically driven dynamic models be useful in predicting when/where outbreaks of diseases borne by <em>Ae. aegypti</em> may occur in Jamaica? (Tie this back to question for MOH responders – what type of output would be useful from predictive models – time lags, spatial resolution?)</td>
<td></td>
</tr>
</tbody>
</table>

**POSSIBLE HEALTH SYSTEMS RESEARCH AREAS: Jamaica’s Response to the chikungunya disease**

Notes from Mr. Charlton McFarlane

Possible areas for health system research:

1. Conducting a comprehensive health system performance appraisal (HSPA) relative to the CHIK-V response. This would require us to appraise the system from the following perspectives at minimum:
   a. Leadership and governance
   b. Human resources for health
   c. Service delivery assessment
   d. Inter sectoral collaboration
   e. Health information systems
   f. Financing
The World Health Organization has a published guideline toolkit for conducting this type of research (other HISPA toolkits are also available). Of course we would need to tailor it to the national context and specifically to assess our response to the CHIK-V management. If it is that resource constraints would not permit an assessment of all the areas listed, then certainly a partial assessment could be undertaken.

2. The roles of the Ministry of Health versus that of the RHAs in the overall response and management would also be an interesting piece of research. I suspect that some guideline exist (at the very least some protocol must have been followed) that outlines the responsibilities of the different role players. The research could seek to examine how efficient and effective these guidelines have been.

3. Conduct a financing review and assessment of the CHIK-V response. This would have to be done following the epidemiological progression of the disease (including preparative work). The financial assessment would then track along that timeline all investments made whether it was a horizontal (system strengthening investment) or a vertical (direct programme investment). The study will also include a cost effectiveness analysis of certain key investments along the timeline relative to when they were made.

**Actions Taken:**

- The clinical group was formed with Dr. Jacqueline Duncan leading this group. The first meeting was on 10 December 2014. The first research out of this group involves chart reviews for patient diagnosed with chikungunya fever and is summarized.
- STATIN was contacted to include chikungunya questions in the Jamaica Labour Market Survey. STATIN reported that they already had questions related to chikungunya already and the Ministry of Health made a few adjustments with regards to the symptoms reported by the respondent to ensure that the case definition can be elicited. The questions are for each member of the household and are shown in appendix 1. The Jamaica Labour Market Survey will be in the field in the week of 5 January 2015 and the report will be out six week after. The data will be available to the Ministry of Health after the report.

**Recommendation:** The interpretation of the chikungunya related data should involve the Ministry of Health
Chikungunya Research Team Meeting

Held at PAHO Building

March 4, 2015

Comments on Qualitative Research Plan

Thoughts

- Under collaborative Technical Working Group remove ‘Health Educators’ from UWI and place under Ministry of Health.
- The plan needs to be clearer on what the process of research is going to answer.
- Separate the purpose for both Chikv and Ebola
- For focus groups use at least 2 groups for each condition, (e.g. young & old) to explore differences in experiences.
- Focus on a specific target group or on the problem in order to avoid gathering too much information (quality over quantity).
- Potential target groups: Who was most affected by chikv (elderly, babies, persons with chronic illness).

Areas for Explanation

Chikungunya

- What could we have done as a family more differently?
- How do persons move forward with chronic illness?
- How can these conditions be prevented?
- Misconceptions and perceptions (What are the ideas about chikv)
- Ask for relevant coping skills
- Focus group – Public
- How is the Ministry perceived?
- What is different in Jamaica compared to other countries?
- What is the more peculiar thing in Jamaica?
- What can Jamaica (Ministry) do if the virus reoccurs and or if there is a new vector bourne disease?
• Use age group of 30’s to 50’s and use one urban and one rural location.
• Are persons ready with public health measures?

*Ebola*

• Are persons ready to respond to public health measures?
• Focus group – frontline workers (public and private)
• How will they view varying restrictions (Quarantine and travel restrictions).
• What are persons fears and how will it guide their response?
• What do they need to prepare them?
• What are persons knowledge with respect to Ebola?
• How are you going to prepare the needs of the people from the focus groups?
• How they view potential restrictions?

➢ Dr. Desmalee Nevins to send a guide of the qualitative research.

✓ Implementation date: June – July, 2015
✓ Timeline for project: April – November, 2015 (Final report should be prepared by November)
Qualitative Working Group
Meeting held March 27, 2015
At the DrPH classroom of Community Health and Psychiatry Department

Areas Discussed
Participants for the focus Group (Chik) (6 – 8 persons)

- Urban – Barrett Street (Spanish Town) and Braeton (Portmore) through Citizens of Association.
- Rural – Sligoville and Troja through the clinic

Participants for the focus Group (Ebola) (6 – 8 persons)

- Urban – Eltham (Citizens Association) and Spanish Town (Health Department)
- Rural - Bog Walk (Public Health Nurses) and Watermount (through the Health Center)
- Recruitment cannot take place until ethical approval is obtained.

The timeframe for activities

- Submit proposal for ethical approval in April
- Focus group in May
- Transcription in June
- Report in July

Possible Venues

- St. Jago Park Conference Room (Spanish Town
- Health Centers (Watermount, Troja and Spanish Town)

Next meeting will be April 22 at 2 p.m.
## Action Sheet

<table>
<thead>
<tr>
<th>No.</th>
<th>Activity Discussed</th>
<th>Person Responsible</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>To draft a letter to send to the Health Department regarding hosting Focus Groups.</td>
<td>Dr. Grant</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>To book venues and caterers for the focus groups.</td>
<td>Mrs. Stephenson</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>To give an update of the proposal for ethical approval and to send to the group.</td>
<td>Mrs. Miller</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>To get feedback from Dr. Nevins on days of availability to host focus groups.</td>
<td>Dr. Grant</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>To ask Dr. Nevins and/or Dr. Gordon for CV’s for a Research Assistant.</td>
<td>Dr. Grant</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>To do validation of data collected.</td>
<td>Ms. Williams</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>To draft letters regarding Mrs. Stephenson and Mrs. Watsons involvement in the Research process.</td>
<td>Dr. Grant</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>To consult Dr. Richards on how to handle transcription (whether it is a consultancy or service)</td>
<td>Dr. Webster</td>
<td></td>
</tr>
</tbody>
</table>
Chikungunya Research Team Meeting

Held at PAHO Building

April 1, 2015

Present:
Dr. Karen Webster-Kerr
Dr. Iyanna Wellington
Dr. Sheena Francis
Ms. Daisyllyn Chin
Mr. Nicolas Elias
Ms. Shara Williams
Ms. Lorian Reid
Dr. Andriene Grant

Apologies for absence

- Mrs. Kelly-Ann Gordon –Johnson
- Dr. Jacqueline Duncan
- Dr. Collette Cunningham-Myrie
- Dr. Marcia Graham
- Dr. Doreen Gordon

Prayer

Prayer was offered by Ms. Daisyllyn Chin

Pointers

A. Qualitative Research

The qualitative research proposal drafted by Mrs. Zahra Miller and circulated by Dr. Grant was discussed.
• Elements needed for a Proposal to be submitted to the Ethics Committee are: risk, measures to protect confidentiality and benefits. These should be included in the proposal.

• Areas which need to be added to the Consent Form were:
  1. The Title of the Research
  2. A list of the Researchers
  3. A Contact person
  4. An Independent Contact (usually Prof. Owen Morgan, Chairman, Advisory Panel on Ethics and Medico-Legal Affairs)
  5. Space for signatures for the participant and a witness

• A petrol allowance for the Investigators should be added to the budget.

• A writing retreat (lunch and venue) should be added to the budget.

• **B. Vector Research**

• Mr. Elias is the Research Coordinator for a team which will be examining Vector Research. The team would comprise Dr. Sheena Francis, Mrs. Sherine Huntley-Jones and Mr. Elias as well as other individuals to be named.
Chikungunya Research Working Group
Qualitative Research Sub-Committee
April 22, 2015

Agenda

1. Welcome and Invocation
2. Research Proposal
   a. Comments from Ethics Committee
3. Disbursement of Funds
4. Notification of Parish and Health Regions
   a. Letters Requesting Release of Staff
5. Recruitment
6. Dates for Focus Group Discussions
7. Identification of Research Assistant
8. Any Other Business
9. Date of Next Meeting
Chikungunya Research Working Group Meeting

Held at PAHO Building

April 22, 2015

PRESENT:
Dr. Karen Webster-Kerr
Dr. Andriene Grant
Mrs. Zhara Miller
Ms. Shara Williams
Ms. Daisyllyn Chin
Mrs. Marcia Stephenson
Ms. Dawn Walters
Mr. Nicolas Elias
Mr. Ron Page

PRAYER
Prayer was offered by Mrs. Stephenson

GENERAL COMMENTS

Research Proposal:

- Proposals have been approved by ethics
- Proposals need to be amended and resubmitted with the following changes:
  i) State who the principal investigator is on the first page
  ii) Mention how recordings will be destroyed
  iii) Mention that data will be retained for 5 years
  iv) Amend online citations/references
- Think of ways to strengthen the research. Subcommittee is proposing to recruit persons with confirmed cases of ChikV in Braeton; others who are being recruited (who are not confirmed cases) will be asked about their symptoms as it relates to the case definition for ChikV. Guidance will be given to those who will be recruiting participants
• Proposed dates for ChikV focus group discussions are as follows:
  i) May 5 – Sligoville
  ii) May 6 – Braeton (Portmore)
  iii) May 7 – Troja
  iv) May 12 – Barrett Street (Spanish Town)
• Proposed dates for Ebola focus group discussions are as follows:
  i) May 14 – Bog Walk
  ii) May 18 – Spanish Town
  iii) May 26 – Eltham Park (venue to be decided)
  iv) Undecided – Watermount
• Venues have been booked for 10:00am – 2:00pm

Needed for Set-Up of Focus Groups:
• Fans
• Chairs
• Extension cords
• Tape recorders (2)
Chikungunya Research Working Group Meeting

Held at PAHO Building

April 29, 2015

PRESENT:

Dr. Andriere Grant
Mrs. Zahra Miller
Ms. Shara Williams
Ms. Daisyllyn Chin
Mrs. Marcia Stephenson
Ms. Dawn Walters
Mr. Nicolas Elias
Mr. Ron Page
Dr. Desmalee Nevins

PRAYER

Prayer was offered by Dr. Nevins

GENERAL COMMENTS

Review of Notes and Actions:

The dates of the ChikV focus groups are subject to change based on funding. Mrs. Stephenson informed the group that a possible change in date will present possible challenges with venues. The venue for the discussion at Eltham Park would be the St. Jago Park health centre.

- Proposed dates for ChikV focus group discussions are as follows:
  i) May 5 / 19  Sligoville
  ii) May 6 / 20  Braeton (Portmore)
  iii) May 7 / 21  Troja
  iv) May 12 –  Barrett Street (Spanish Town)

- Proposed dates for Ebola focus group discussions are as follows:
  i) May 14 –  Bog Walk
  ii) May 18 –  Spanish Town
  iii) May 26 –  Eltham Park (venue to be decided)
  iv) Undecided –  Watermount
Received from: Ms. Reid
Date: May 1, 2015

- Venues have been booked for 10:00am – 2:00pm

**Needed for Set-Up of Focus Groups:**

- Fans
- Chairs
- Extension cords
- Tape recorders (4)
- Pencils
- Name tags and paper fillers
- Batteries for the tape recorders
- Notepads (regular and ‘Post-It’s)

Ms. Williams circulated the amended proposal.

Dr. Granted informed the group that procurement would follow Government of Jamaica’s procurement procedures as it relates to the catering invoice and the documents that need to be submitted.

**Disbursement of funds**

There are no immediate available IDB funds, hence there was an attempt to identify the sum required from another project as an interim measure; Dr. Grant indicated that Ms. Sutherland will give her an update as soon as possible.

She noted that the coffee break was increased from $350 to $500.

A memo was sent to Dr. Richards regarding the release of funds for participants’ stipend.

**Recruitment**

Mrs. Stephenson indicated that she received a name for one confirmed Chik case from the Braeton Community. Other confirmed cases were scattered in other regions of St. Catherine. On further discussion it was decided that an invitation would be extended to the confirmed cases to join the study but greater emphasis would be placed on recruiting individuals based on the Chikungunya case definition.

**Venues and Meals**

Mrs. Stephenson stated that the venue for the Eltham’s focus group will be St. Jago Park’s small conference room, while the venue for Watermont is still undecided; she also informed the group that there are no chairs at the Greater Portmore venue.

She also indicated that she gave the list of dates to the supplier of refreshments and that the caterers may add a transportation cost.
Received from: Ms. Reid  
Date: May 1, 2015

**CV’s for Transcription Services**

Dr. Nevins stated that she will send Curriculum Vitae (CVs) for the individuals to do the transcription as soon as she receives them.

**Any other Business**

Note taking: Dr. Nevins indicated that note takers should make a sketch of the floor plan, starting time and end of discussion and important or interesting points. Recorders should list questions from the focus group guide with spaces between them for ease of taking notes. They should not participate in the discussion and if any comments are to be made to the Moderator, a note should be sent. There would be a debriefing with the Moderator at the conclusion of the Focus Group discussion.