WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL SURVEILLANCE UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Weekly Spotlight

Poliomyelitis Surveillance

Quality surveillance is foundational to the polio eradication initiative. Surveillance both detects the presence of poliovirus and informs the programme's actions — typically, whether to launch a vaccination campaign in response to disease detection, and if so, what sort of campaign. As the world moves closer to polio eradication, surveillance becomes ever more important: the final determination to certify the Eastern Mediterranean Region free of wild poliovirus will rest on the basis of surveillance data. Accordingly, in the Region, the worlds last with transmission of wild poliovirus, the programme directs a significant amount of funding and expertise into the establishment, maintenance and improvement of polio surveillance networks.

How polio surveillance works

Polio surveillance is the practice of exhaustively searching for poliovirus in its only known reservoir — humans. This happens two ways: through surveillance for acute flaccid paralysis (AFP), the primary symptom of poliomyelitis infection, and through surveillance of sewage outflow, to search for virus that has been shed in the stool of infected people. AFP surveillance is known as the gold standard of polio surveillance, but environmental surveillance has an increasingly important role in the Region. For both practices, there are a set of clear surveillance indicators that must be met.

Acute flaccid paralysis (AFP) surveillance

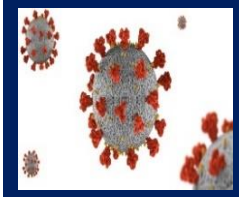
The polio programme relies on a vast network of health care workers, traditional healers, pharmacists and community leaders around the Region to look for, and report, any case of AFP in their community. The main sign or symptom of poliomyelitis, the disease caused by poliovirus, is acute flaccid paralysis (AFP). This is mainly seen in children below 15 years of age. Accordingly, the goal of AFP surveillance is to detect, report and investigate all AFP cases so that poliomyelitis can be ruled out as the cause of the paralysis.

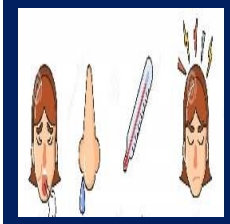
Environmental surveillance

Environmental surveillance involves testing sewage runoff for the presence of poliovirus. Because the majority of cases of poliomyelitis are asymptomatic, but all infected people shed virus in their stool, environmental surveillance has the benefit of allowing us to detect the presence of polio in an area before any case of paralysis appears. In places that are polio-free, regular environmental surveillance allows us to detect any new emergence or international spread of polioviruses — a significant threat until polio is eradicated. Environmental surveillance also allows the programme to assess the quality of outbreak response, as it can detect the vaccine-virus used in immunization activities.

Taken from WHO website on 16/April/2025
https://www.emro.who.int/polio-eradication/about-eradication/surveillance.html
https://www.austinregionalclinic.com/templates/arcrd/Assets/polio-vaccine.jpg

EPI WEEK 14





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 – 11 to 14 of 2025

Parish health departments submit reports weekly by 3 p.m. on Tuesdays. Reports submitted after 3 p.m. are considered late.

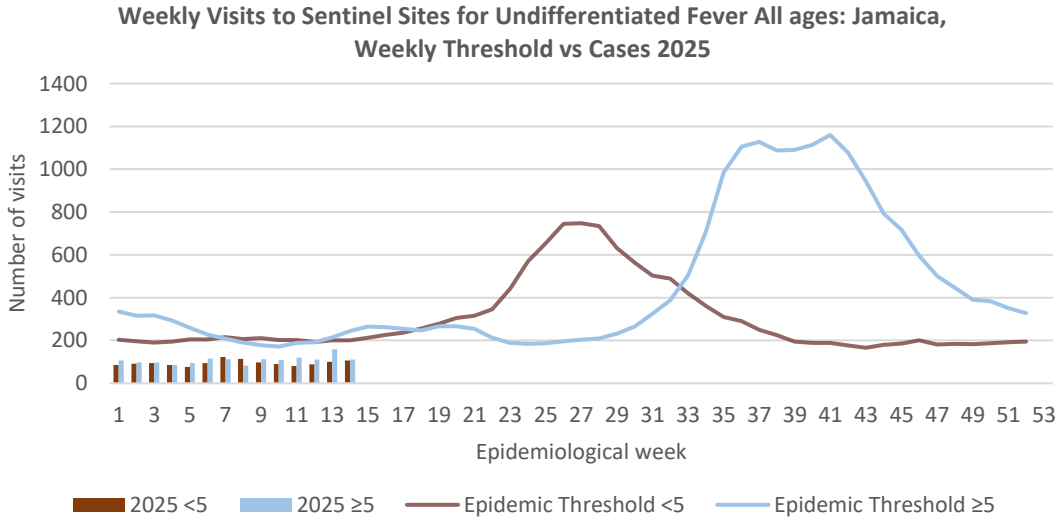
KEY:
Yellow- late submission on Tuesday
Red – late submission after Tuesday

Epi week	Kingston and Saint Andrew	Saint Thomas	Saint Catherine	Portland	Saint Mary	Saint Ann	Trelawny	Saint James	Hanover	Westmoreland	Saint Elizabeth	Manchester	Clarendon
2025													
11	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
12	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
13	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
14	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 >38^0C /100.4^0F (or recent history of fever) with or without an obvious diagnosis or focus of infection.



NOTIFICATIONS- All clinical sites

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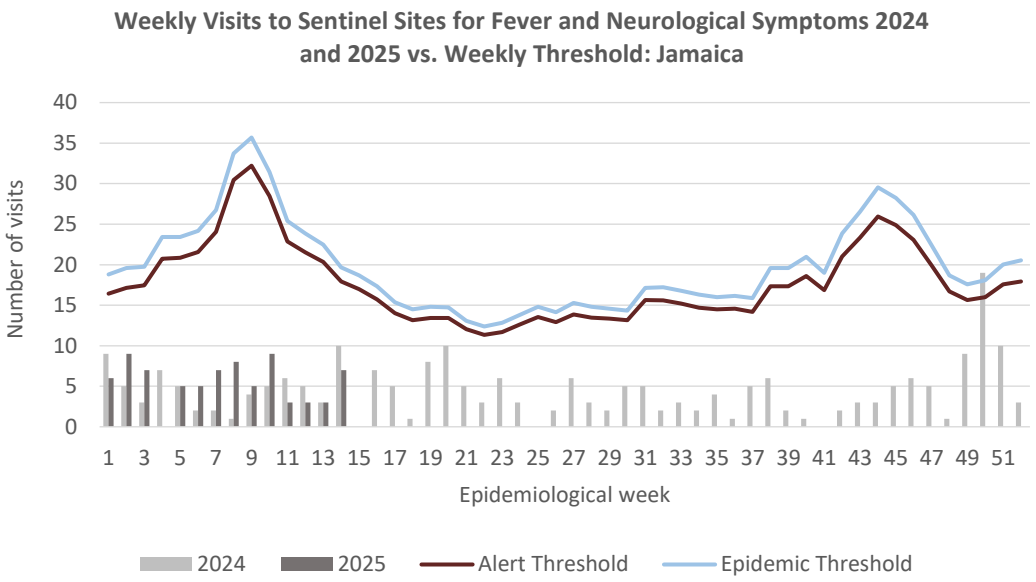
HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued

SENTINEL REPORT- 78 sites. Automatic reporting

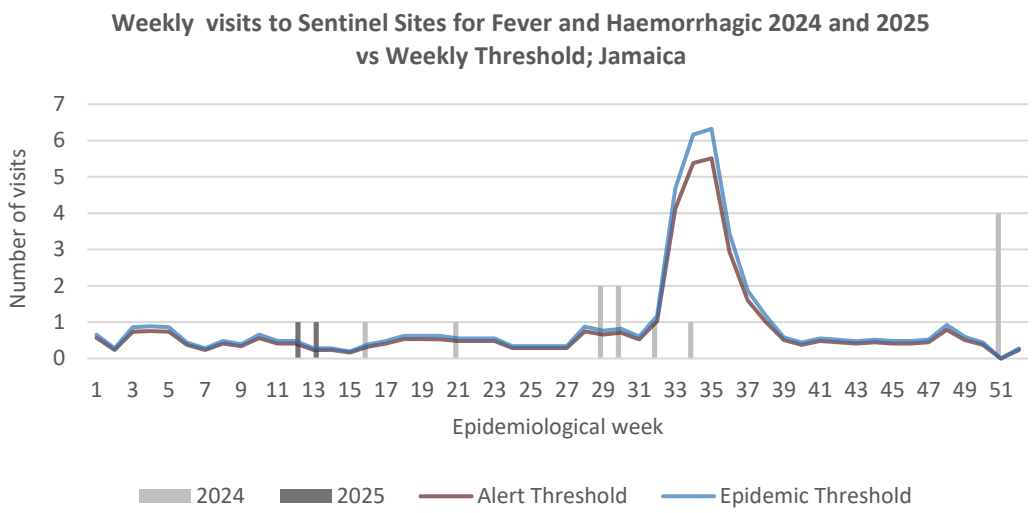
FEVER AND NEUROLOGICAL

Temperature of >38^{0}C /100.4^{0}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).



FEVER AND HAEMORRHAGIC

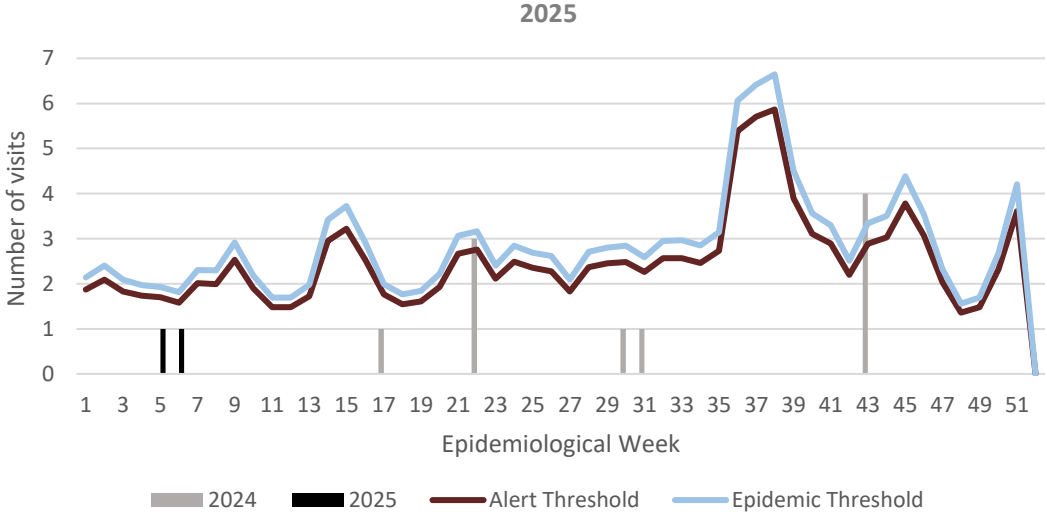
Temperature of >38^0C /100.4^0F (or recent history of fever) in a previously healthy person presenting with at least one haemorrhagic (bleeding) manifestation with or without jaundice.



FEVER AND JAUNDICE

Temperature of >38^0C /100.4^0F (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.



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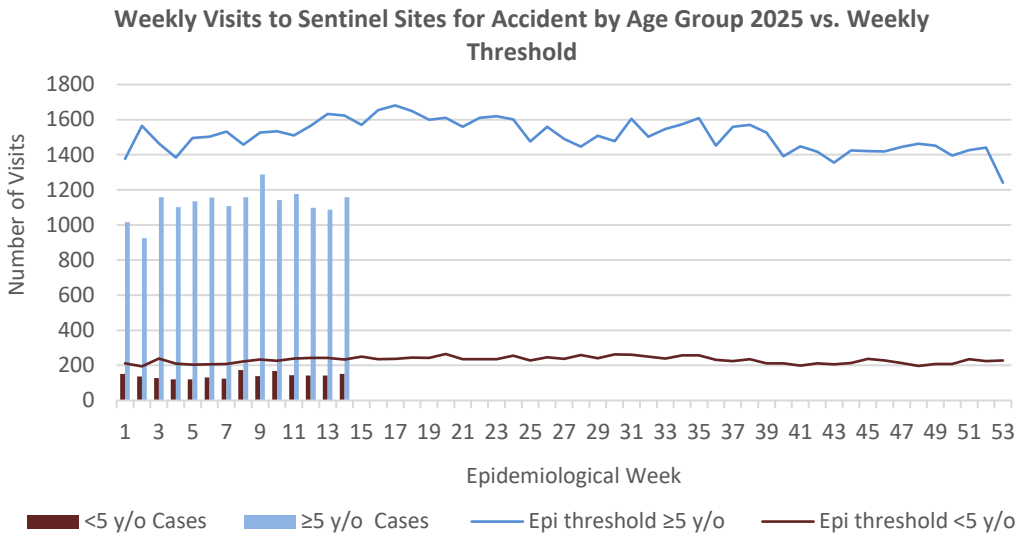
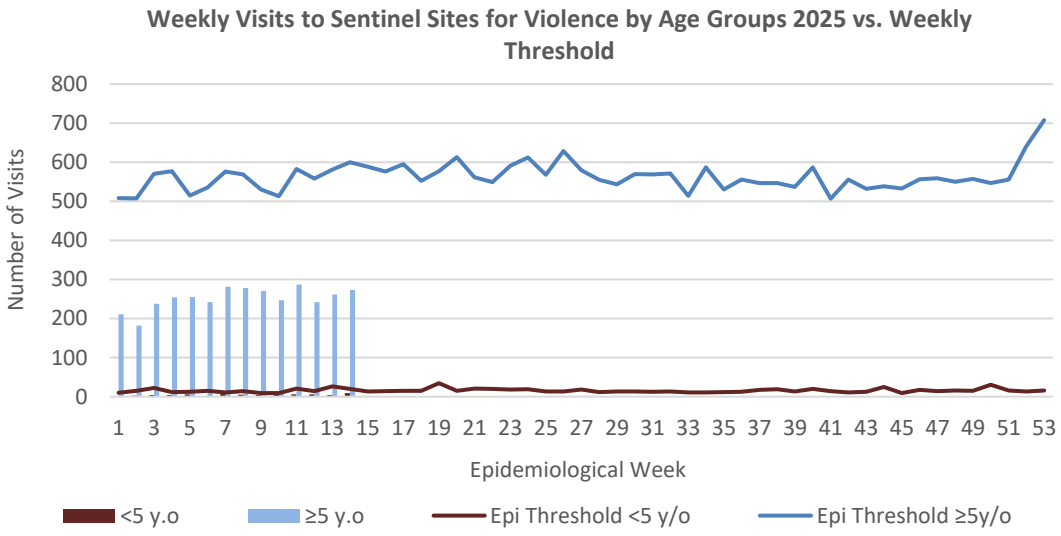
ACCIDENTS

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



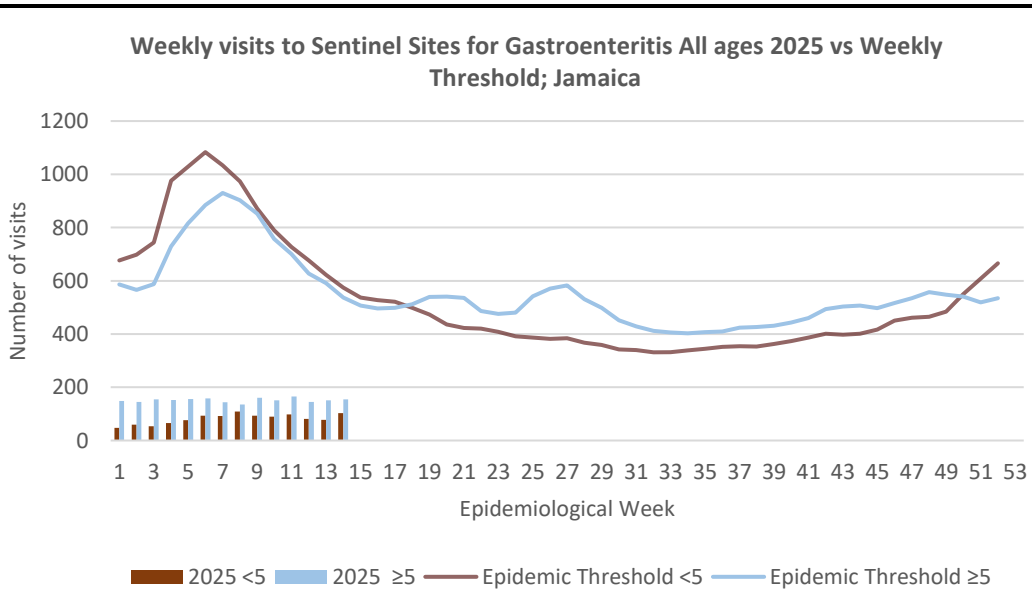
VIOLENCE

Any injury for which the cause is intentional, e.g. gunshot wounds, stab wounds, etc.



GASTROENTERITIS

Inflammation of the stomach and intestines, typically resulting from bacterial toxins or viral infection and causing vomiting and diarrhoea.



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CLASS ONE NOTIFIABLE EVENTS

	CLASS 1 EVENTS		Confirmed YTD[α] CURRENT YEAR 2025	PREVIOUS YEAR 2024
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning		12[β]	118[β]
	Cholera		0	0
	Severe Dengue[Y]		See Dengue page below	See Dengue page below
	COVID-19 (SARS-CoV-2)		50	163
	Hansen's Disease (Leprosy)		0	0
	Hepatitis B		0	12
	Hepatitis C		1	4
	HIV/AIDS		NA	NA
	Malaria (Imported)		0	0
	Meningitis		4	8
	Monkeypox		0	0
EXOTIC/ UNUSUAL	Plague		0	0
H IGH MORBIDITY/ MORTALITY	Meningococcal Meningitis		0	0
	Neonatal Tetanus		0	0
	Typhoid Fever		0	0
	Meningitis H/Flu		0	0
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]		18	19
	Ophthalmia Neonatorum		8	49
	Pertussis-like syndrome		0	0
	Rheumatic Fever		0	0
	Tetanus		1	0
	Tuberculosis		0	17
	Yellow Fever		0	0
	Chikungunya[ε]		0	0
	Zika Virus[θ]		0	0

Comments

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.

[Y] Dengue Hemorrhagic Fever data include Dengue related deaths;

[δ] Figures include all deaths associated with pregnancy reported for the period.

[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.

NA- Not Available

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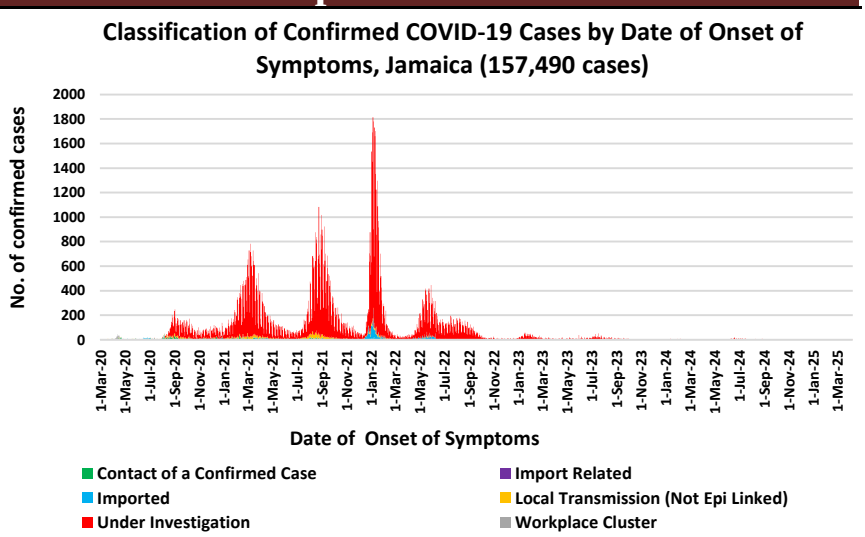
COVID-19 Surveillance Update

CASES	EW 14	Total
Confirmed	5	157490
Females	3	90738
Males	2	66749
Age Range	13 to 66 years	1 day to 108 years

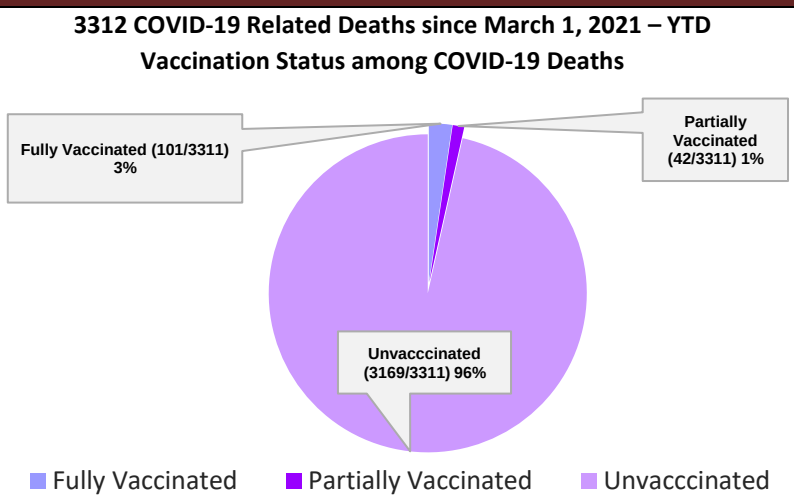
* 3 positive cases had no gender specification
* PCR or Antigen tests are used to confirm cases
* Total represents all cases confirmed from 10 Mar 2020 to the current Epi-Week.



COVID-19 Outcomes

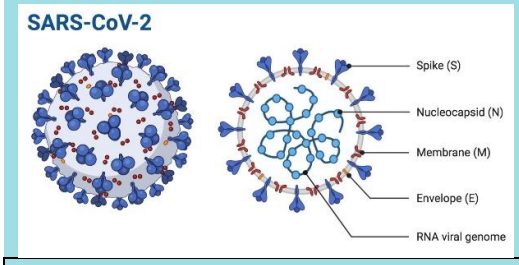
Outcomes	EW 14	Total
ACTIVE *2 weeks*		9
DIED – COVID Related	0	3876
Died - NON COVID	0	396
Died - Under Investigation	0	142
Recovered and discharged	0	103226
Repatriated	0	93
Total		157490

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



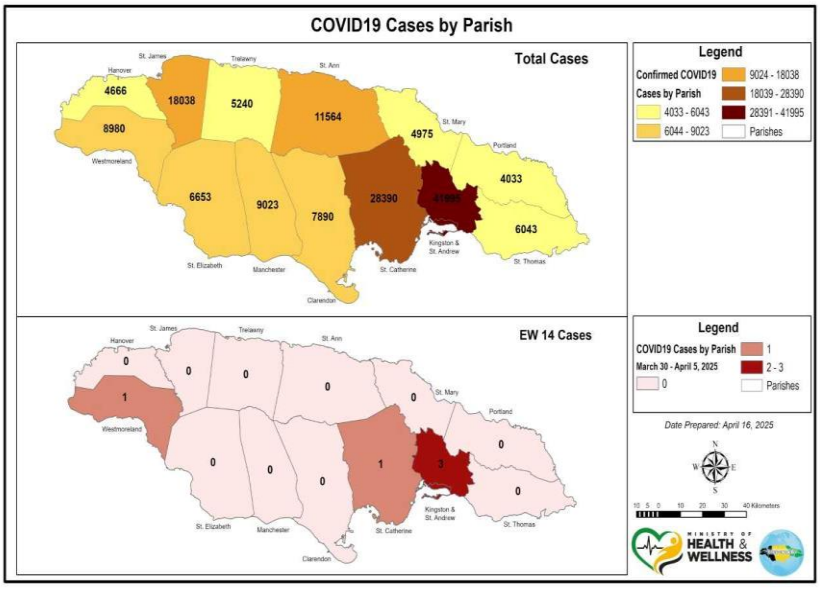
COVID-19 Parish Distribution and Global Statistics

COVID-19 Virus Structure



COVID-19 WHO Global Statistics EW 11 -14, 2025

Epi Week	Confirmed Cases	Deaths
11	19600	686
12	16500	536
13	9500	468
14	6700	369
Total (4weeks)	**52300**	**2059**



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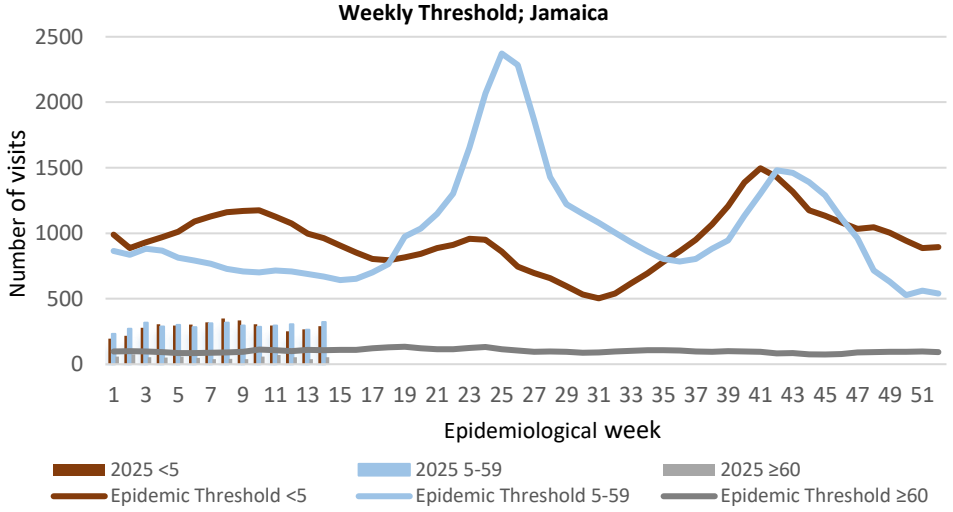
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 14

March 30, 2025 – April 5, 2025 Epidemiological Week 14

	EW 14	*YTD*
SARI cases	12	152
Total Influenza positive Samples	1	126
Influenza A	0	114
H1N1pdm09	0	74
H3N2	0	40
Not subtyped	0	0
Influenza B	1	12
B lineage not determined	0	0
B Victoria	1	12
Parainfluenza	0	0
Adenovirus	0	0
RSV	0	28

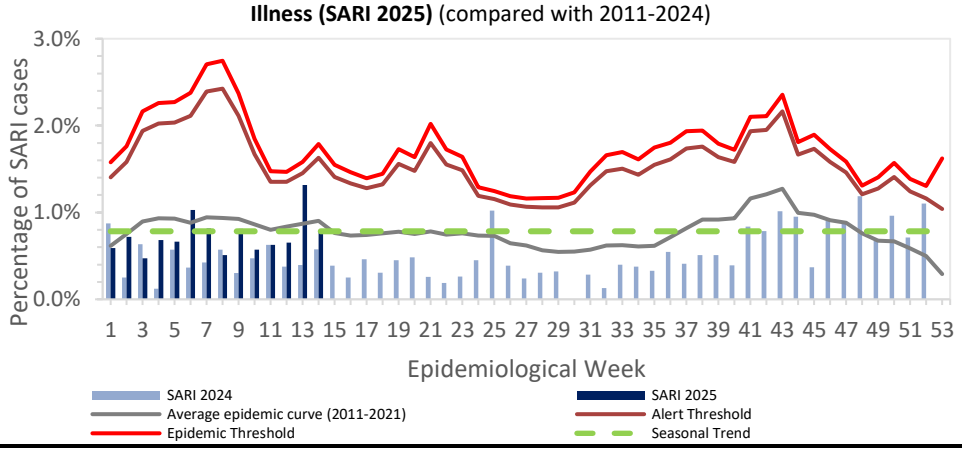
Weekly visits to Sentinel Sites for Influenza-like Illness (ILI) All ages 2025 vs Weekly Threshold; Jamaica



Epi Week Summary

During EW 14, twelve (12) SARI admissions were reported.

Jamaica: Percentage of Hospital Admissions for Severe Acute Respiratory Illness (SARI 2025) (compared with 2011-2024)



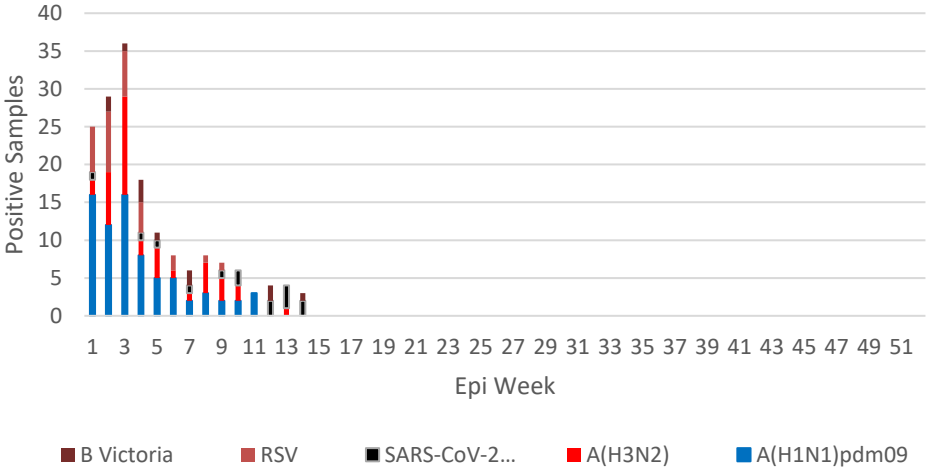
Caribbean Update EW 14

Caribbean: Influenza activity is decreasing for ILI and SARI. The predominant influenza subtype reported was A(H1N1)pdm09. RSV cases remain low with a slight increase in the last EW. SARS-CoV-2 activity remains at low levels.

By country: Over the last four epidemiological weeks, influenza activity has increased in Belize, Cuba and Saint Vincent and the Grenadines, while it has decreased in Suriname, Barbados, Guyana, the Dominican Republic, Jamaica and Saint Lucia. An increase in RSV activity has been observed in Belize, Cuba, Saint Lucia and Suriname as well as an increase in SARS-CoV-2 detection in Jamaica.

(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 - 2025



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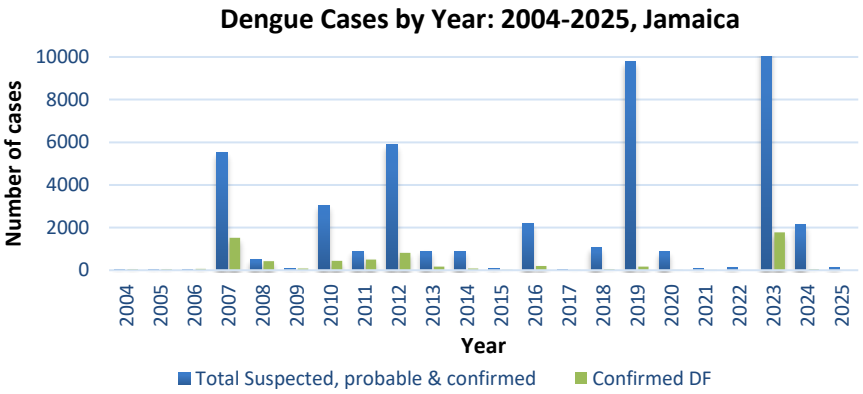
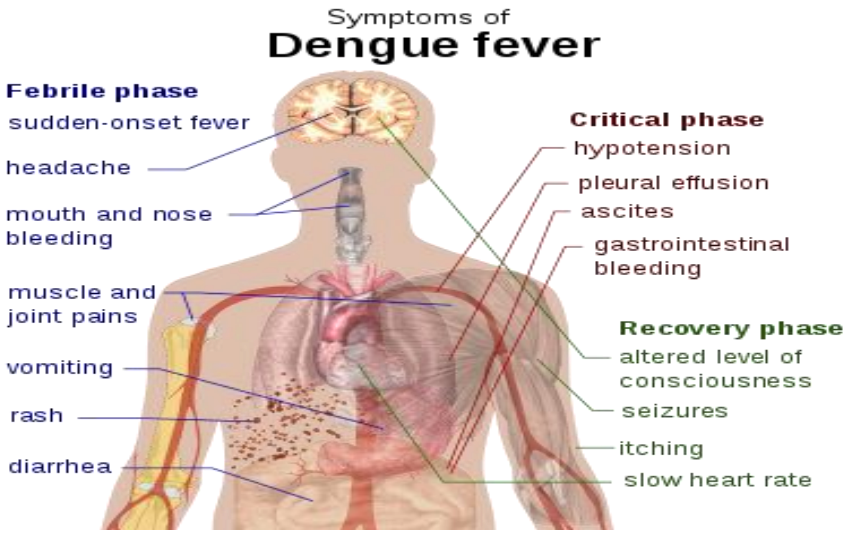
Dengue Bulletin

March 30, 2025 – April 5, 2025 Epidemiological Week 14 | Epidemiological Week 14



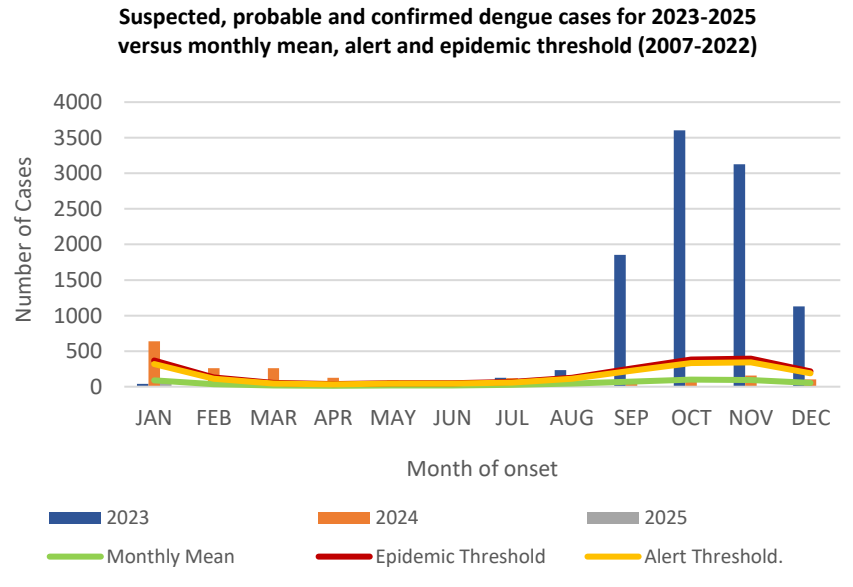
Reported suspected, probable and confirmed dengue with symptom onset in week 14 of 2025

	2025*	
	EW 14	YTD
Total Suspected, Probable & Confirmed Dengue Cases	0	121
Lab Confirmed Dengue cases	0	0
CONFIRMED Dengue Related Deaths	0	0



Points to note:

- **Dengue deaths are reported based on date of death.**
- ***Figure as at, April 11, 2025**
- **Only PCR positive dengue cases are reported as confirmed.**
- **IgM positive cases are classified as presumed dengue.**



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RESEARCH PAPER

Abstract

NHRC-23-O11

Food marketing and health promotion exposures in Jamaican primary and secondary schools

Findlay L[1], Homi Levee L[2], Gray Brown A[1], Soares-Wynter S[1]

[1]Caribbean Institute for Health Research, The University of the West Indies, Kingston, Jamaica, [2]The University of the West Indies Global Campus, Kingston, Jamaica

Objectives: To assess food and beverage industry (FB) marketing, and health promotions (HP) exposures in Jamaican schools.

Methods: All occurrences of FB marketing (including reported donations) and HP elements were captured during an environmental audit of 54 primary and secondary schools located in Kingston in 2022. Photographs of elements (n=241) were coded to describe product categories and marketing techniques utilized. Data were presented as frequencies and means, with tests for differences using Chi-square and student's t-test ($p<0.05$).

Results: Overall, there were 29.3 elements per school, with all schools displaying HP and 48 (89%) having FB marketing. FB donations were received by 35 (65%) schools (2.5 per school), mostly for school meals (19, 35%), education (15, 28%), and foodservice equipment (12, 22%). FB branded foodservice equipment was present in 41 (76%) schools. Photographed elements described COVID-19 or sanitation protocols (129, 54%), healthy or mixed-quality foods (13, 5%) and healthy lifestyle behaviours (6, 2%), and unhealthy foods (86, 36%). The latter comprised mostly non-essential foods (42, 17%), sweetened beverages (34, 14%) and fast foods (10, 4%); with most located near tuck-shops (72, 73%). Of the 99 FB elements, most had company logos (97, 98%), appeals to flavour/texture (52, 50%) and coolness/fun (26, 25%). There were 63 (61%) of elements with child appealing techniques, with an average of 3.2 per element.

Conclusion: Children in Jamaican schools are exposed to unhealthy FB marketing especially at sale locations and via industry donations. Including food marketing safeguards in a comprehensive school nutrition policy is recommended.

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