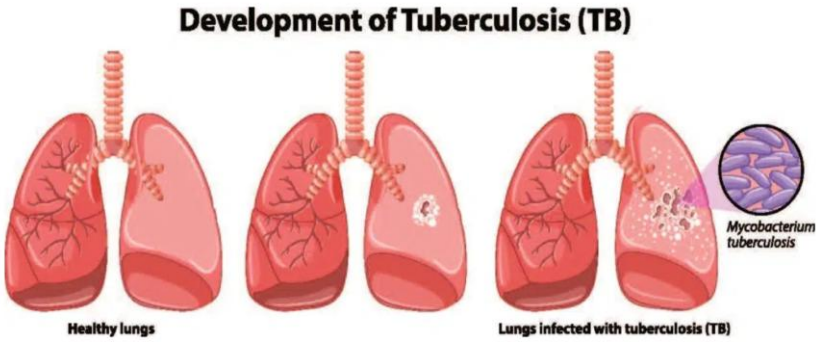
WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL SURVEILLANCE UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Weekly Spotlight

Tuberculosis (Part 1)

Tuberculosis (TB) is an infectious disease caused by bacteria that most often affects the lungs. It spreads through the air when people with TB cough, sneeze or spit. Tuberculosis is preventable and curable. About a quarter of the global population is estimated to have been infected with TB bacteria. About 5–10% of people infected with TB will eventually get symptoms and develop TB disease.



Those who are infected but free of disease cannot transmit it. TB disease is usually treated with antibiotics and can be fatal without treatment. In certain countries, the Bacille Calmette-Guérin (BCG) vaccine is given to babies or small children to prevent TB. The vaccine prevents deaths from TB and protects children from serious forms of TB. Certain conditions can increase a person's risk for TB disease:

- diabetes (high blood sugar)
- weakened immune system (for example, from HIV or AIDS)
- being malnourished
- tobacco use
- harmful use of alcohol.

Symptoms

People with TB infection don't feel sick and aren't contagious. Only a small proportion of people who get infected with TB will get TB disease and symptoms. Babies and children are at higher risk. TB disease occurs when bacteria multiply in the body and affect different organs. TB symptoms may be mild for many months, so it is easy to spread TB to others without knowing it. Some people with TB disease do not have any symptoms.

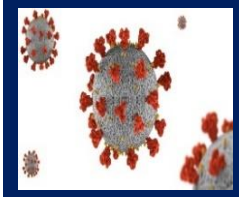
Common symptoms of TB are:

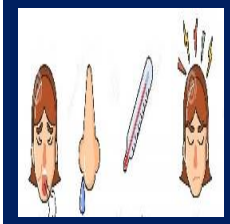
- prolonged cough (sometimes with blood)
- chest pain
- weakness
- fatigue
- weight loss
- fever
- night sweats

The symptoms people get depend on which part of the body is affected by TB. While TB usually affects the lungs, it can also involve the kidneys, brain, spine and skin.

Taken from WHO website on 25/Jun/2025
https://www.who.int/news-room/fact-sheets/detail/tuberculosis
picture from https://iplungclinic.com/condition/tuberculosis/

EPI WEEK 24





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 – 21 to 24 of 2025

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

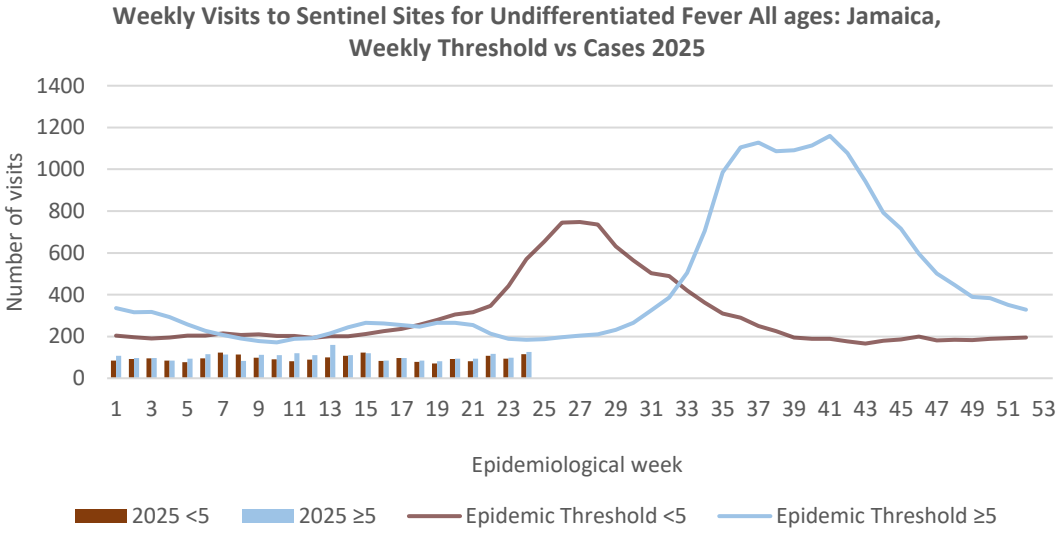
KEY:
Yellow- late submission on Tuesday
Red – late submission after Tuesday

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													
21	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
22	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
23	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
24	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.



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

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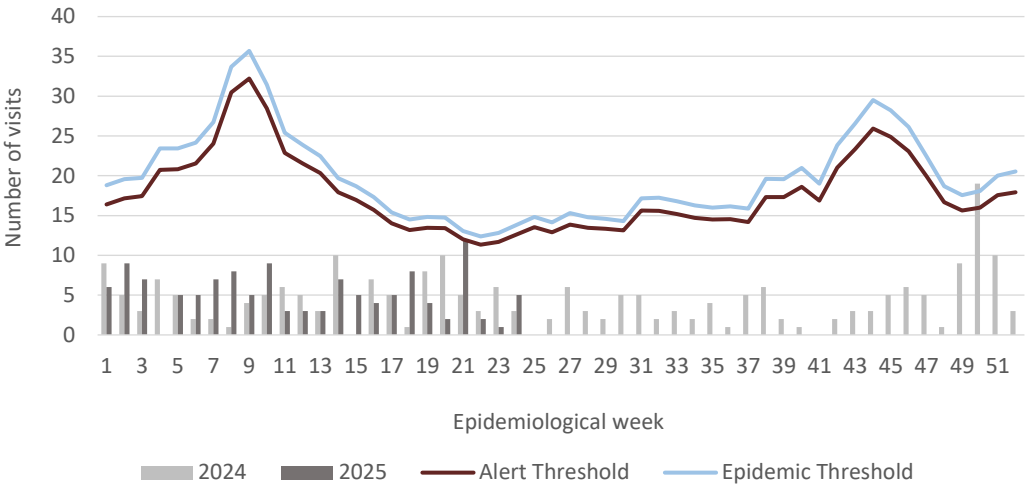
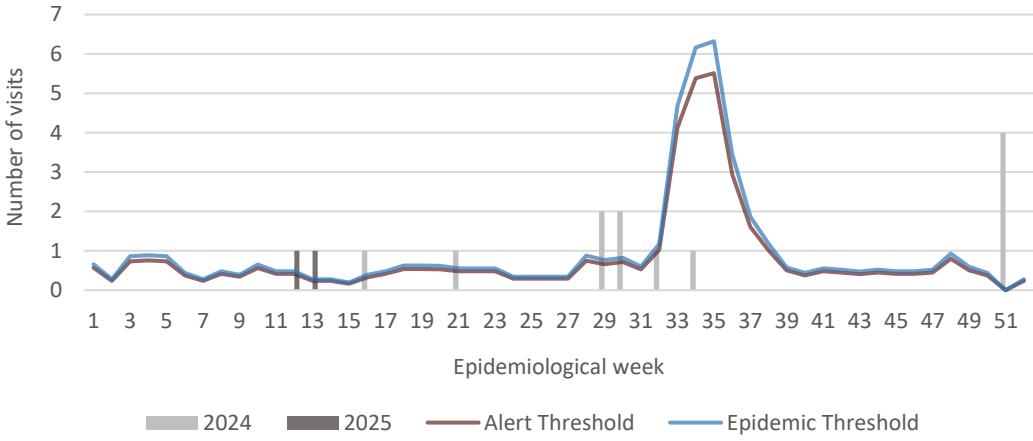
FEVER AND NEUROLOGICAL

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

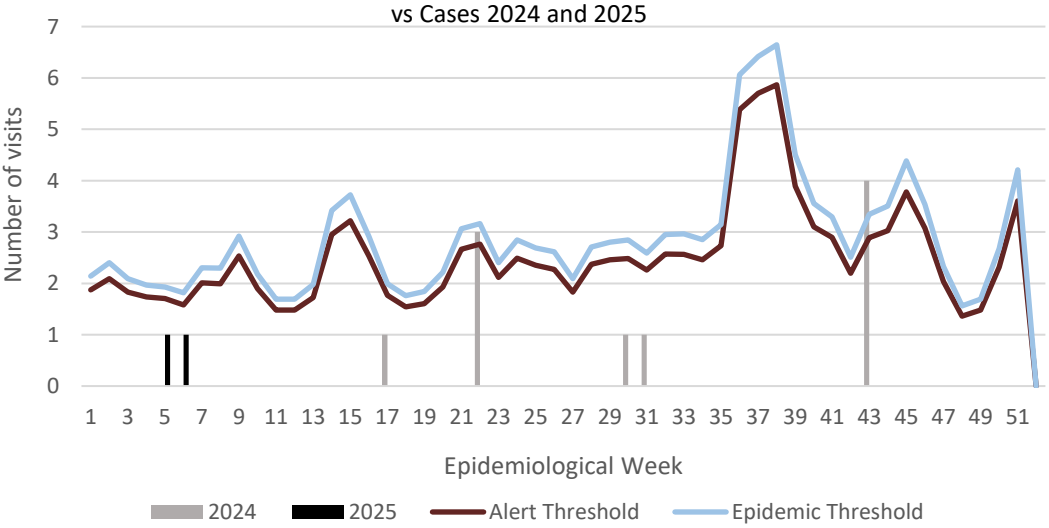
Temperature of >38^0C /100.4^0F (or recent history of fever) in a previously healthy person presenting with at least one haemorrhagic (bleeding) manifestation with or without jaundice.



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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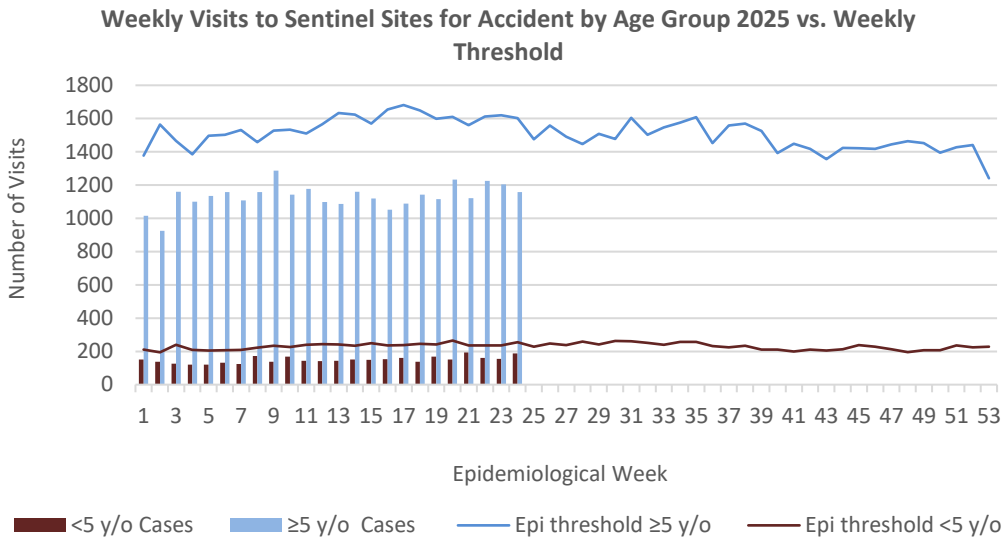
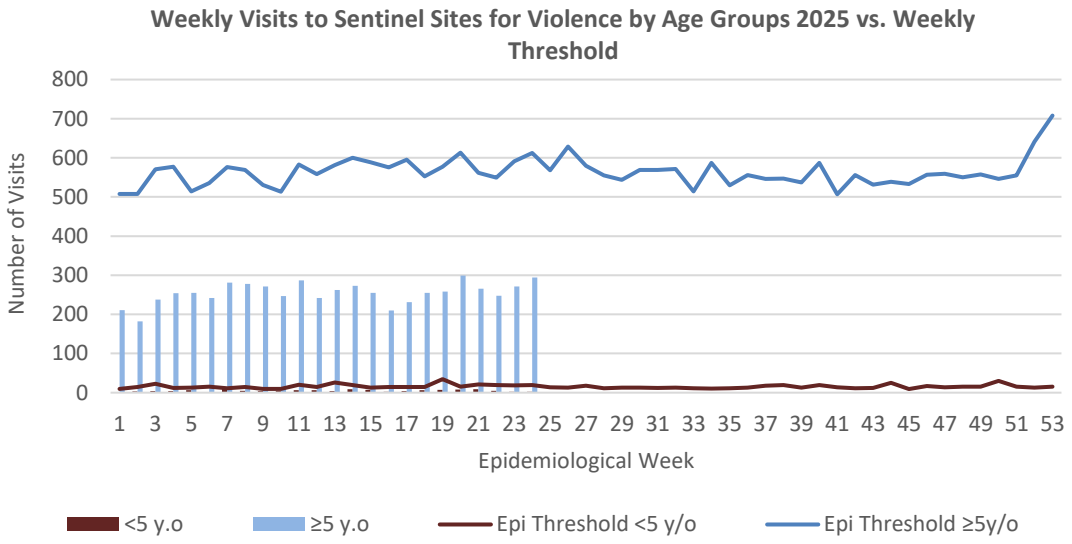
ACCIDENTS

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



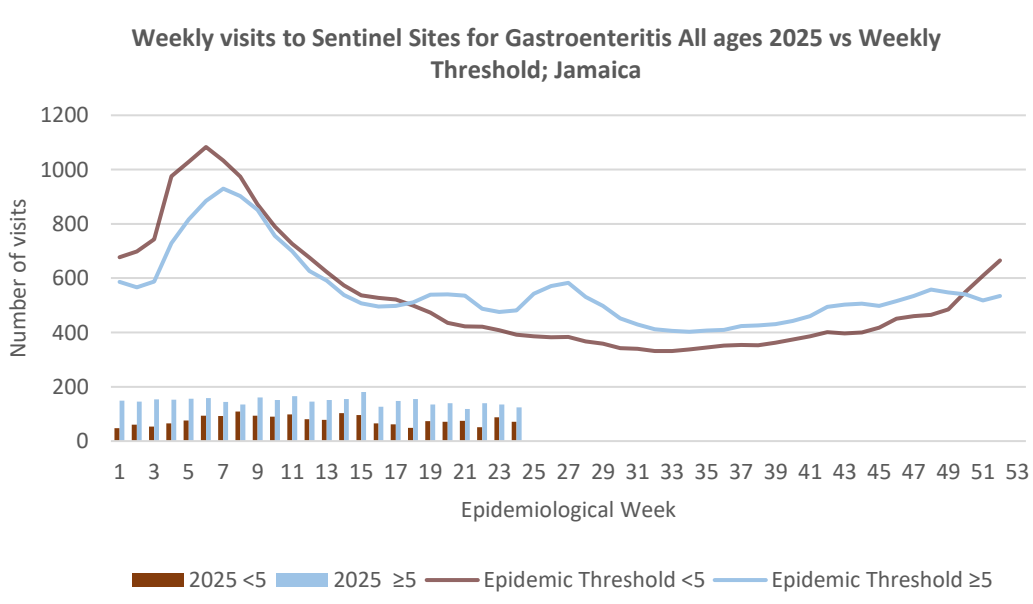
VIOLENCE

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		39[β]	198[β]
	Cholera		0	0
	Severe Dengue[Y]		See Dengue page below	See Dengue page below
	COVID-19 (SARS-CoV-2)		190	273
	Hansen's Disease (Leprosy)		0	0
	Hepatitis B		2	21
	Hepatitis C		1	7
	HIV/AIDS		NA	NA
	Malaria (Imported)		0	0
	Meningitis		6	11
	Monkeypox		1	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]		27	31
	Ophthalmia Neonatorum		18	91
	Pertussis-like syndrome		0	0
	Rheumatic Fever		0	0
	Tetanus		1	0
	Tuberculosis		18	27
	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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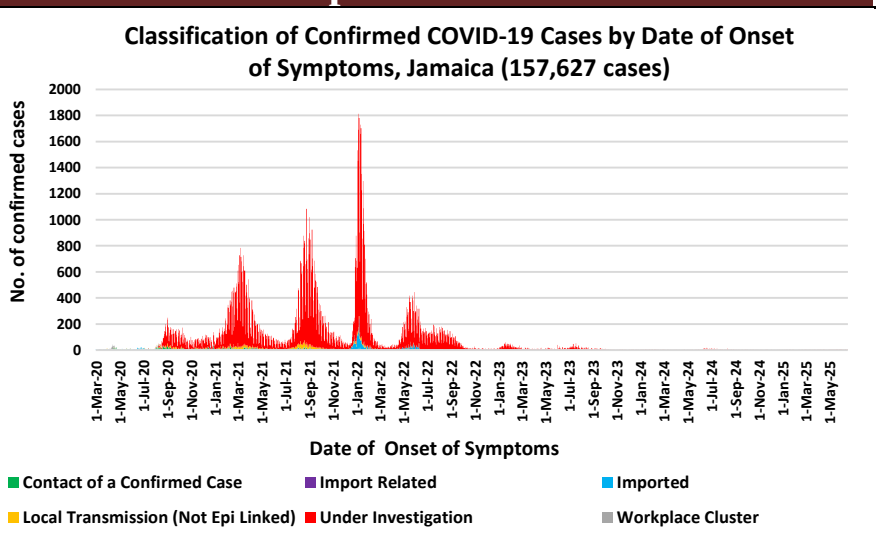
COVID-19 Surveillance Update

CASES	EW 24	Total
Confirmed	11	157627
Females	6	90821
Males	5	66803
Age Range	5 to 98 years	1 day to 108 years

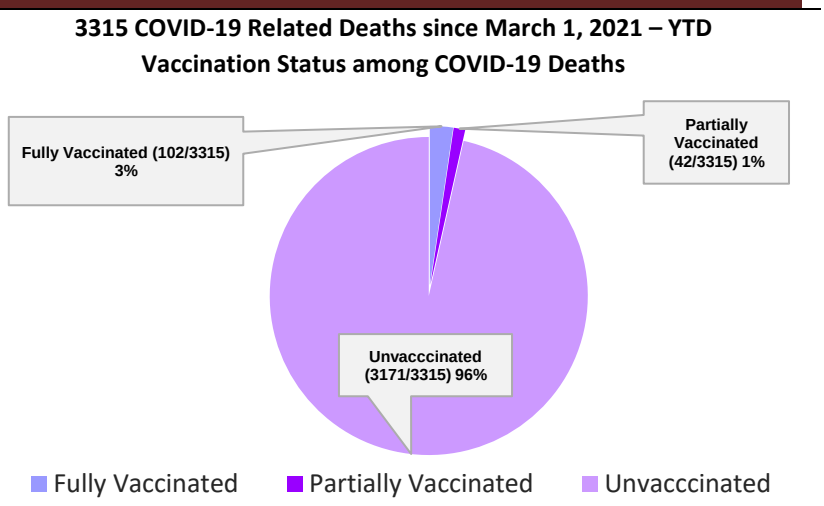
* 3 positive cases had no gender specification
* PCR or Antigen tests are used to confirm cases
* Total represents all cases confirmed from 10 Mar 2020 to the current Epi-Week.



COVID-19 Outcomes

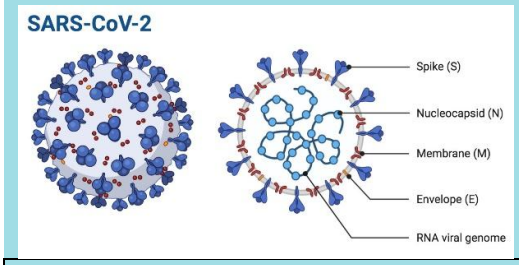
Outcomes	EW 24	Total
ACTIVE *2 weeks*		28
DIED – COVID Related	0	3879
Died - NON COVID	0	396
Died - Under Investigation	0	142
Recovered and discharged	0	103226
Repatriated	0	93
Total		157627

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



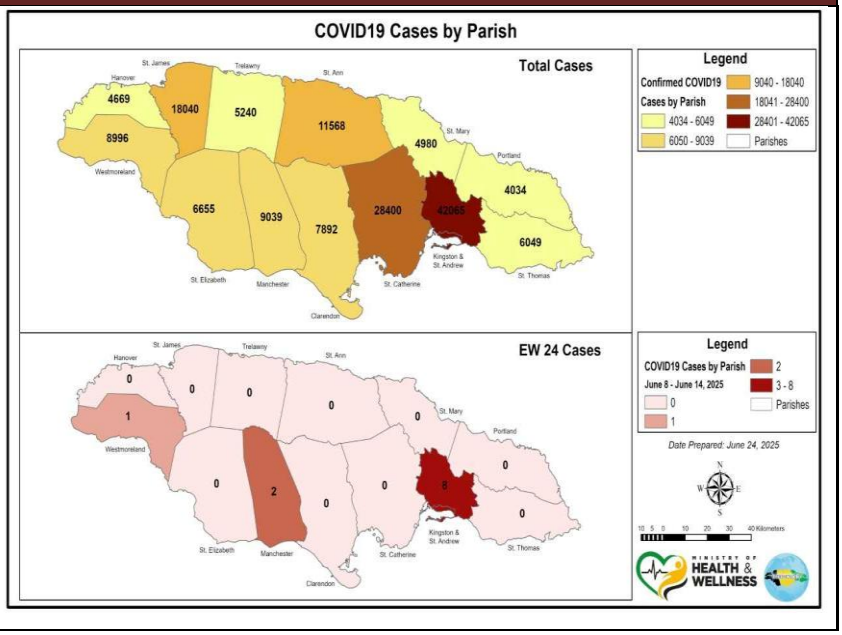
COVID-19 Parish Distribution and Global Statistics

COVID-19 Virus Structure



COVID-19 WHO Global Statistics EW 21 -24, 2025

Epi Week	Confirmed Cases	Deaths
21	64200	247
22	60600	207
23	97500	216
24	136000	228
Total (4weeks)	**358300**	**898**



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June 27, 2025 ISSN 0799-3927

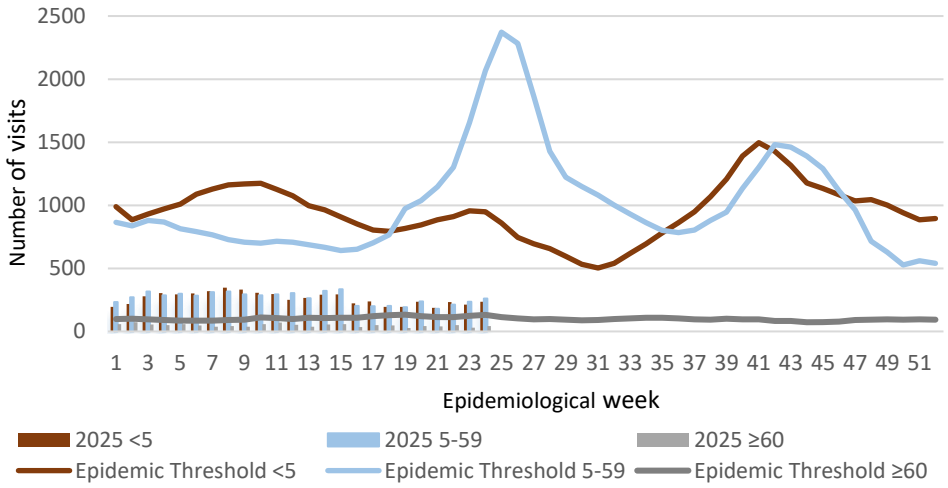
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 24

June 8, 2025 – June 14, 2025 Epidemiological Week 24

	EW 24	*YTD*
SARI cases	7	223
Total Influenza positive Samples	**2**	**164**
Influenza A	**1**	**140**
H1N1pdm09	0	76
H3N2	1	64
Not subtyped	0	0
Influenza B	**1**	**24**
B lineage not determined	0	0
B Victoria	1	24
Parainfluenza	0	0
Adenovirus	0	0
RSV	0	30

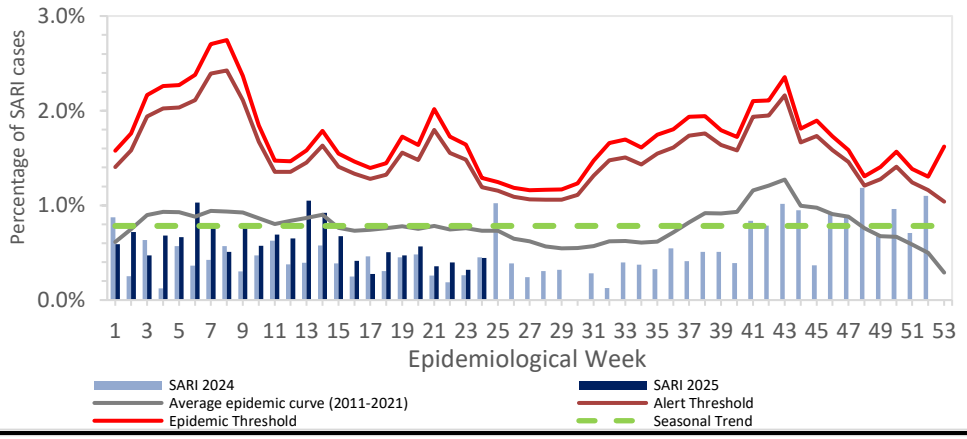
Weekly visits to Sentinel Sites for Influenza-like Illness (ILI) All ages 2025 vs Weekly Threshold; Jamaica



Epi Week Summary

During EW 24, seven (7) SARI admissions were reported.

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

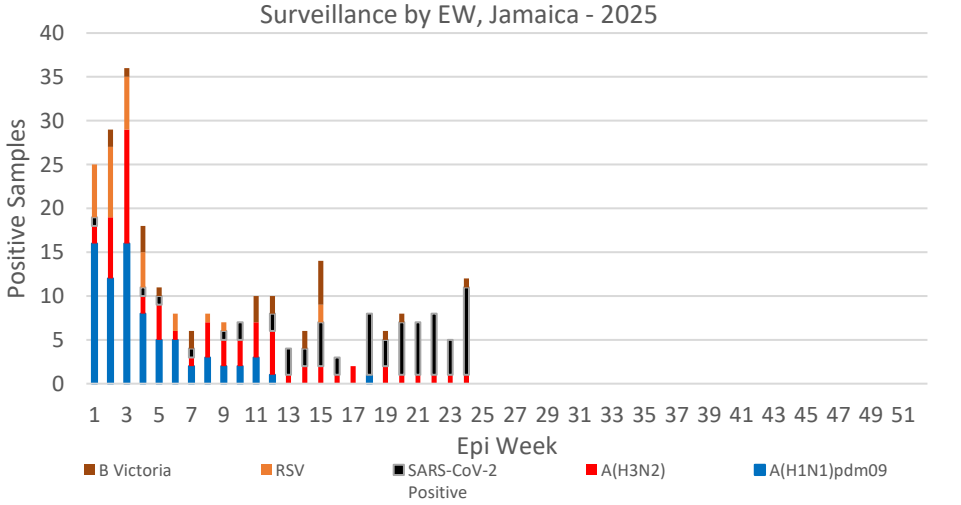


Caribbean Update EW 24

Caribbean: Influenza activity, primarily driven by A(H1N1)pdm09, has increased over the past two weeks, with a positivity rate of 11.7%, along with rising numbers of ILI and SARI cases associated with influenza across the subregion. In Haiti, influenza activity continued its upward trend, reaching a positivity rate of 28.3%, while remaining at interseasonal levels in Belize and the Dominican Republic. RSV positivity remains low throughout the subregion. SARS-CoV-2 activity remains elevated but stable overall, with positivity rates of 23. 2% and 25% respectively, and remains elevated in the Dominican Republic, Jamaica, Saint Lucia and Barbados. In Guyana, SARS-CoV-2 activity also continued to rise with a positivity rate of 13.3%, along with an increased proportion of ILI and SARI cases associated with SARS-CoV-2.

(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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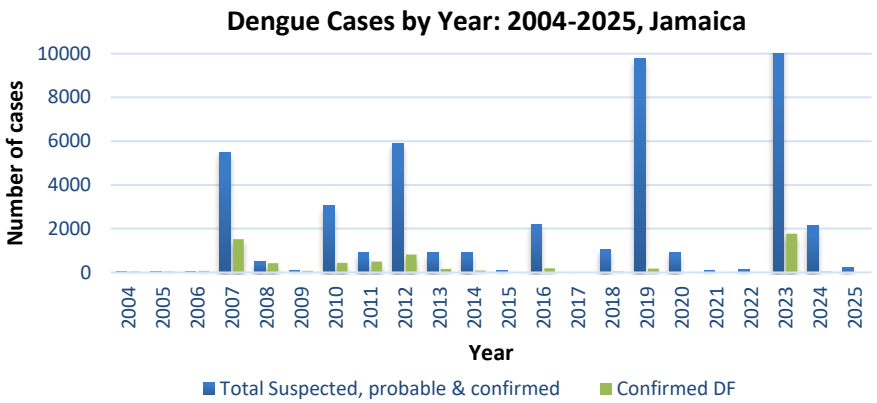
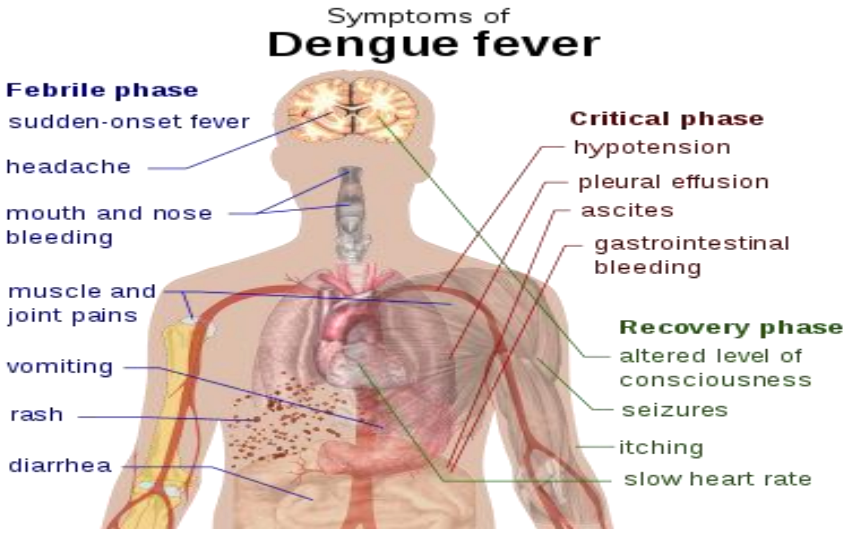
Dengue Bulletin

June 8, 2025 – June 14, 2025 Epidemiological Week 24 | Epidemiological Week 24



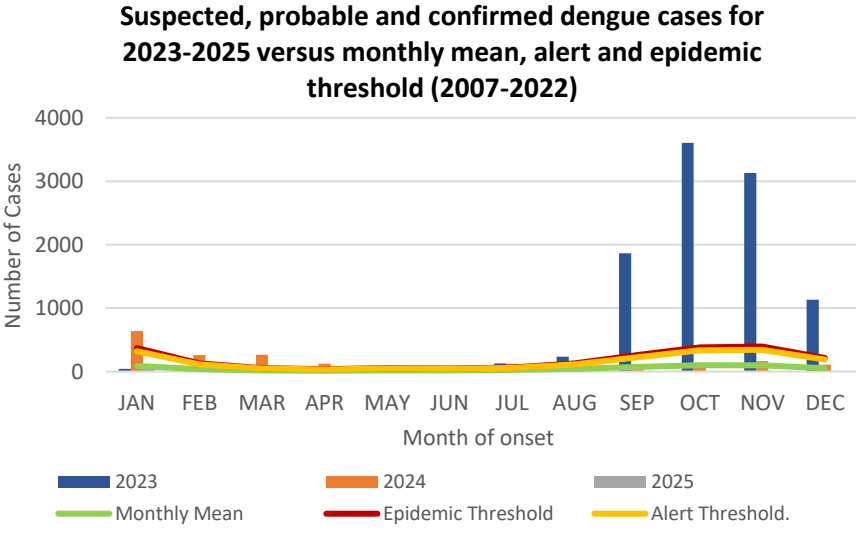
Reported suspected, probable and confirmed dengue with symptom onset in week 24 of 2025

	2025*	
	EW 24	YTD
Total Suspected, Probable & Confirmed Dengue Cases	1	218
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 June 27, 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-O21

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

Linton S[1], Burke-Grant T[1], Wright S[1], Lynch L[1], Holder C[1], Thompson C[1]

[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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