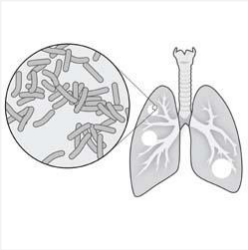
WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL SURVEILLANCE UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Weekly Spotlight

Tuberculosis (Part 3)



Treatment

Tuberculosis disease is treated with special antibiotics. Treatment is recommended for both TB infection and disease. The most common antibiotics used are: isoniazid, rifampicin, pyrazinamide and ethambutol.

To be effective, medications need to be taken daily for 4–6 months. It is dangerous to stop the medications early or without medical advice as it can prompt TB bacteria in the body to become resistant to the drugs. TB that doesn't respond to standard drugs is called drug-resistant TB and requires treatment with different medicines.

Multidrug-resistant TB (MDR-TB)

Drug resistance emerges when TB medicines are used inappropriately, through incorrect prescription by health care providers, poor quality drugs, or patients stopping treatment prematurely. MDR-TB is a form of TB caused by bacteria that do not respond to isoniazid and rifampicin, the two most effective first-line TB drugs. MDR-TB is treatable and curable by using other drugs, which tend to be more expensive and toxic.

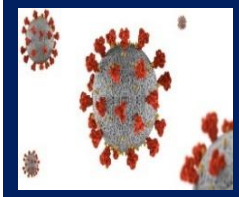
In some cases, extensively drug resistant TB or XDR-TB can develop. TB caused by bacteria that do not respond to the most effective drugs in MDR-TB treatment regimens can leave patients with very limited treatment options. MDR-TB remains a public health crisis and a health security threat. Only about 2 in 5 people with multidrug resistant TB accessed treatment in 2023.

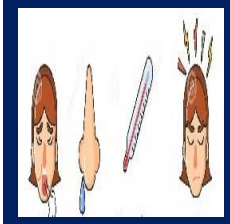
In accordance with WHO guidelines, detection of MDR-TB requires bacteriological confirmation of TB and testing for drug resistance using rapid molecular tests or culture methods. In 2022, new WHO guidelines prioritized a short 6-month all-oral regimen known as BPaLM/BPaL as a treatment of choice for eligible patients.

Globally in 2023, 5646 people with MDR/RR-TB were reported to have been started treatment on the BPaLM/BPaL regimen, up from 1744 in 2022. The shorter duration, lower pill burden and high efficacy of this novel regimen can help ease the burden on health systems and save precious resources to further expand the diagnostic and treatment coverage for all individuals in need. In the past, MDR-TB treatment used to last for at least 9 months and up to 20 months. WHO recommends expanded access to all-oral regimens.

Taken from WHO website on 3/Jul/2025
https://www.who.int/news-room/fact-sheets/detail/tuberculosis
picture from https://www.cdc.gov/tb/causes/index.html

EPI WEEK 26





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 – 23 to 26 of 2025

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

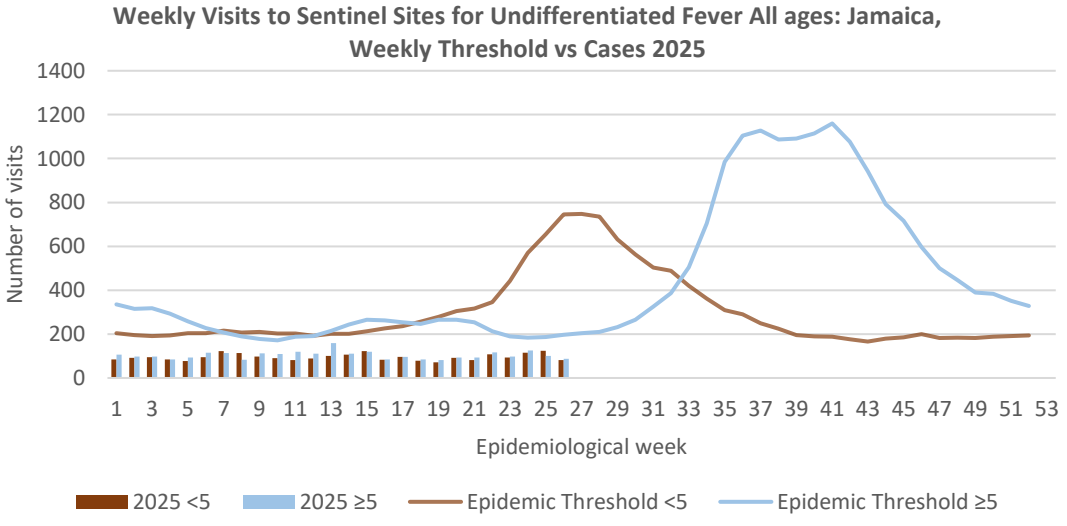
KEY:
Yellow- late submission on Tuesday
Red – late submission after Tuesday

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													
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
25	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
26	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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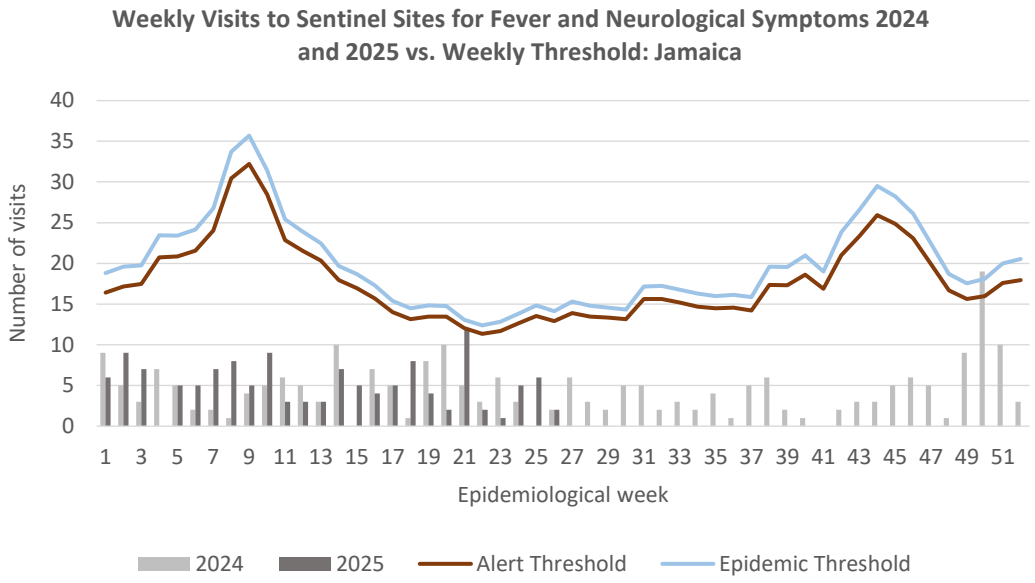
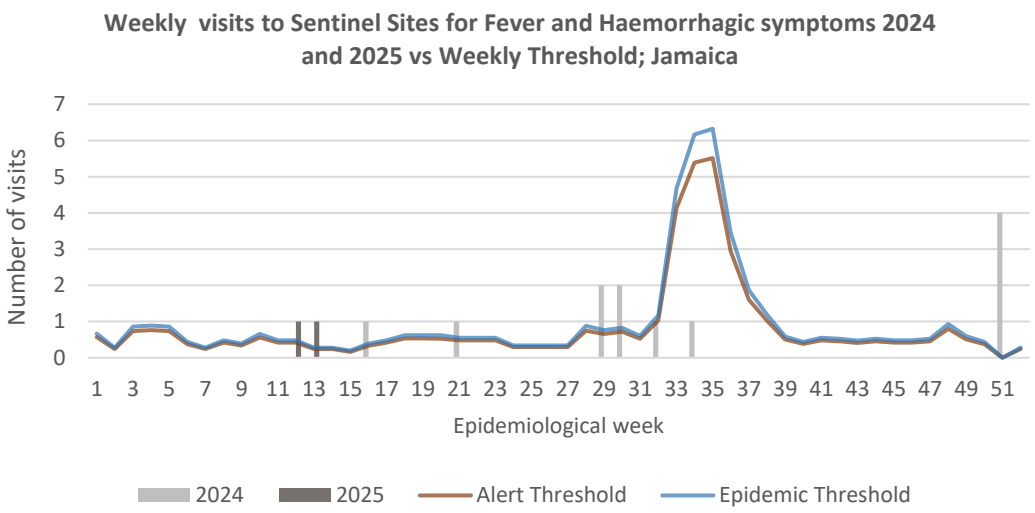
FEVER AND NEUROLOGICAL

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

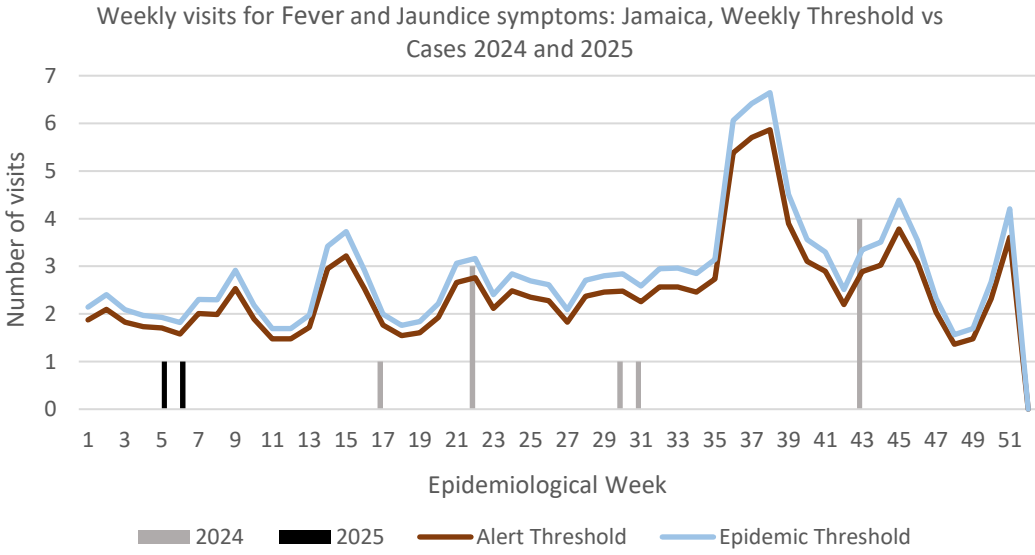
Temperature of >38^0C /100.4^0F (or recent history of fever) in a previously healthy person presenting with at least one haemorrhagic (bleeding) manifestation with or without jaundice.



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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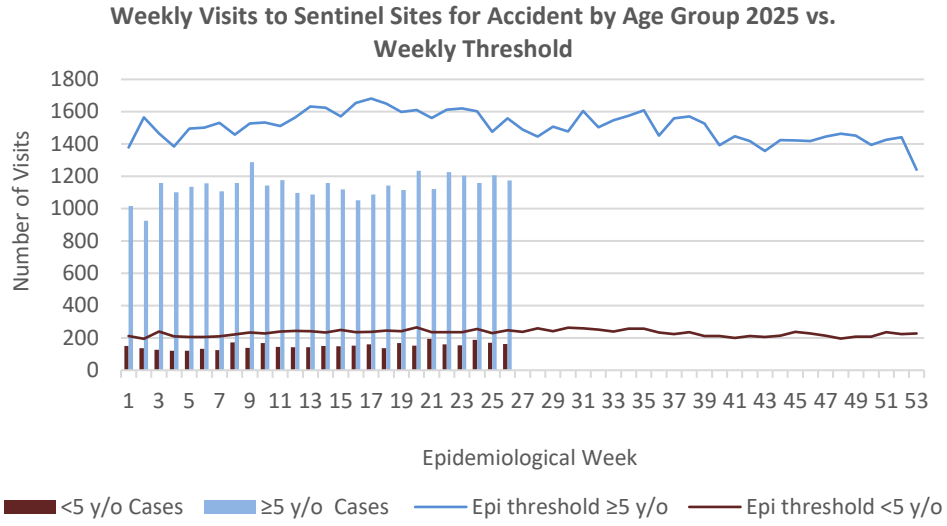
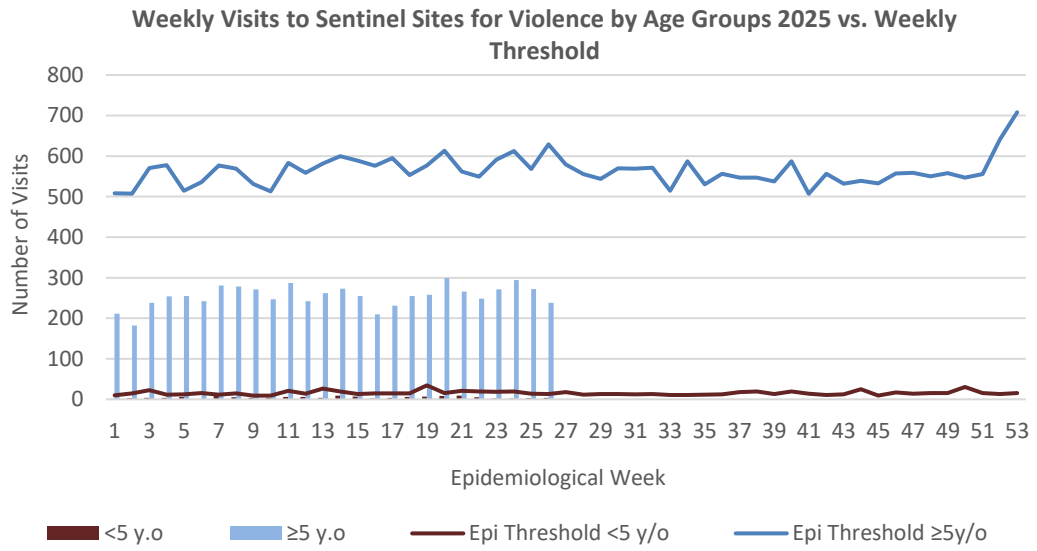
ACCIDENTS

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



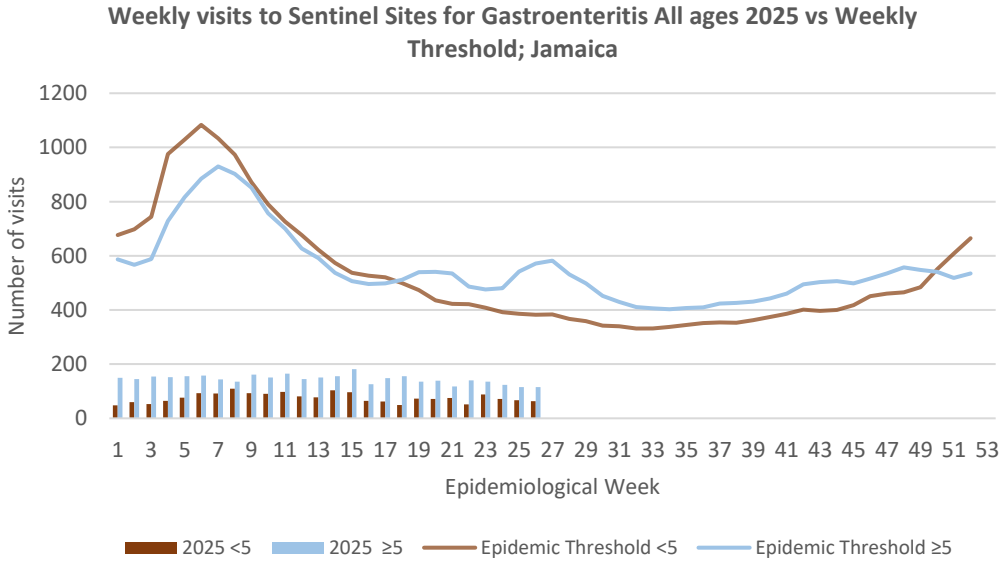
VIOLENCE

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		53[β]	208[β]
	Cholera		0	0
	Severe Dengue[Y]		See Dengue page below	See Dengue page below
	COVID-19 (SARS-CoV-2)		230	380
	Hansen's Disease (Leprosy)		0	0
	Hepatitis B		3	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]		31	33
	Ophthalmia Neonatorum		19	93
	Pertussis-like syndrome		0	0
	Rheumatic Fever		0	0
	Tetanus		1	0
	Tuberculosis		20	30
	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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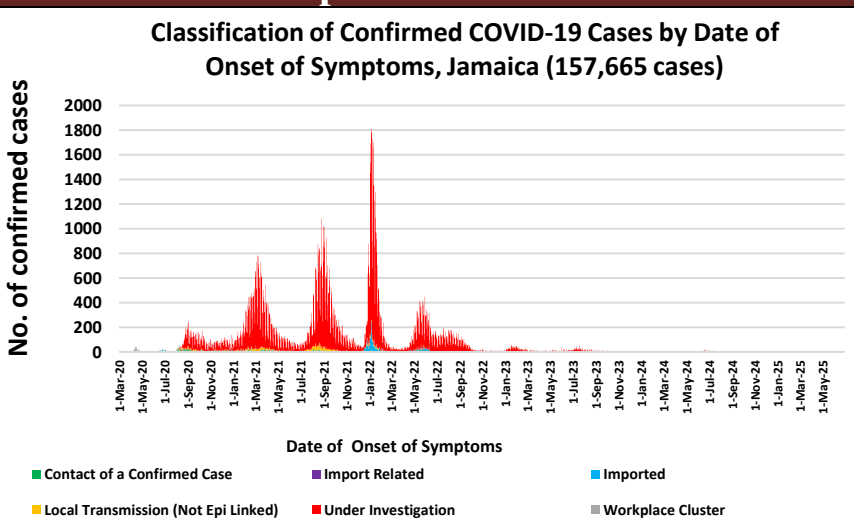
COVID-19 Surveillance Update

CASES	EW 26	Total
Confirmed	15	157665
Females	5	90840
Males	10	66822
Age Range	1 to 74 years	1 day to 108 years

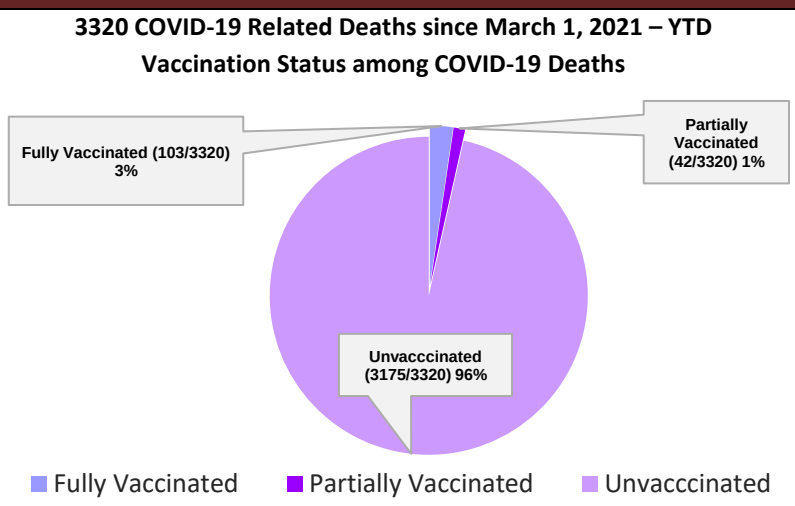
* 3 positive cases had no gender specification
* PCR or Antigen tests are used to confirm cases
* Total represents all cases confirmed from 10 Mar 2020 to the current Epi-Week.



COVID-19 Outcomes

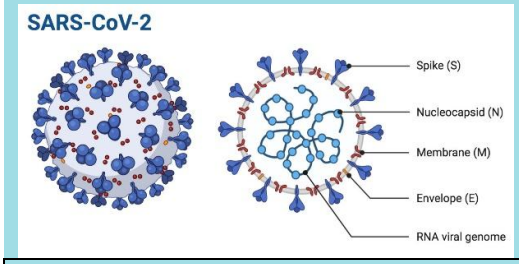
Outcomes	EW 26	Total
ACTIVE *2 weeks*	39	49924
DIED – COVID Related	0	3883
Died - NON COVID	0	397
Died - Under Investigation	0	142
Recovered and discharged	0	103226
Repatriated	0	93
Total		157665

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



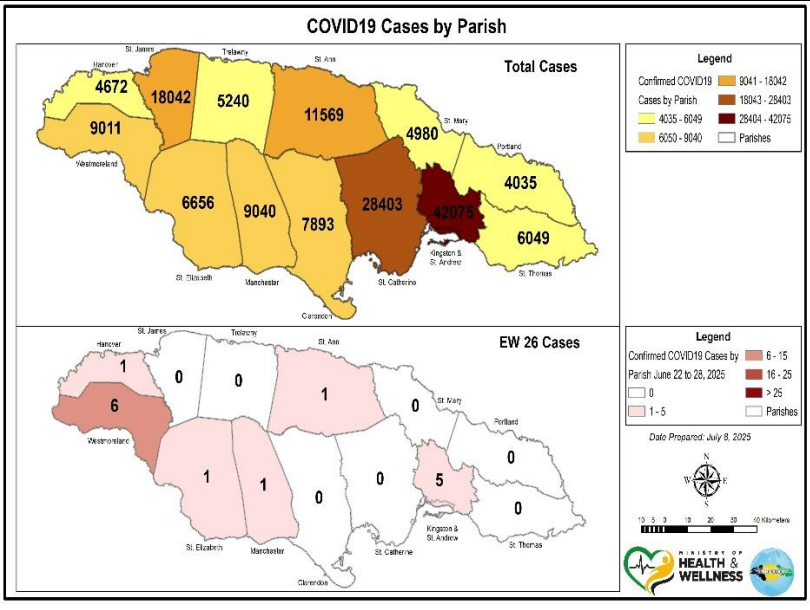
COVID-19 Parish Distribution and Global Statistics

COVID-19 Virus Structure



COVID-19 WHO Global Statistics EW 23 -26 2025

Epi Week	Confirmed Cases	Deaths
23	98700	271
24	144000	288
25	43100	249
26	7600	193
Total (4weeks)	**293400**	**1001**



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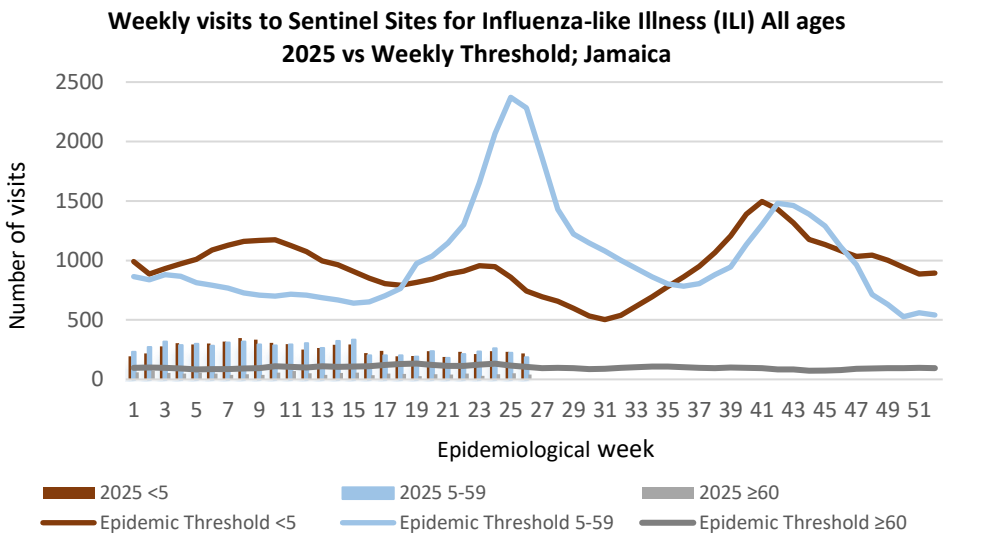
July 11, 2025 ISSN 0799-3927

NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 26

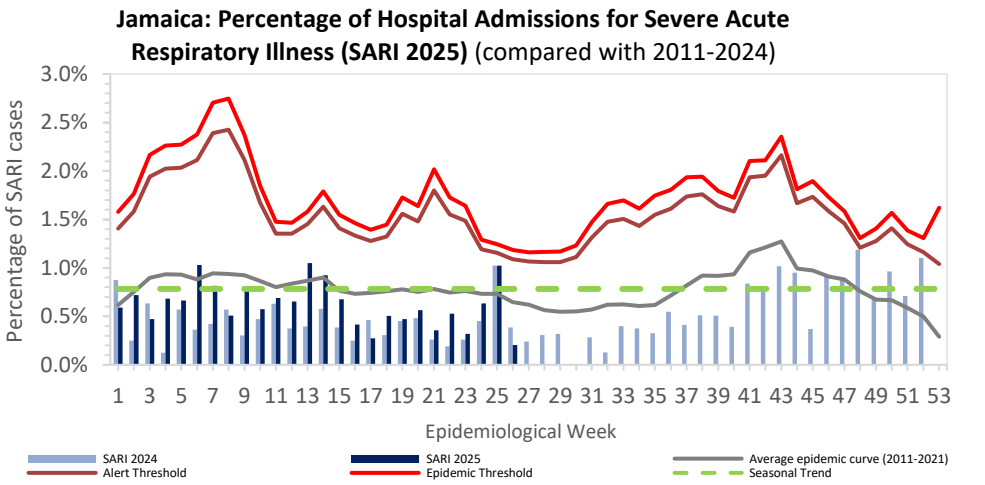
June 22, 2025 – June 28, 2025 Epidemiological Week 26

	EW 26	*YTD*
SARI cases	3	246
Total Influenza positive Samples	**1**	**166**
Influenza A	**1**	**142**
H1N1pdm09	1	77
H3N2	0	65
Not subtyped	0	0
Influenza B	**0**	**24**
B lineage not determined	0	0
B Victoria	0	24
Parainfluenza	0	0
Adenovirus	0	0
RSV	0	30



Epi Week Summary

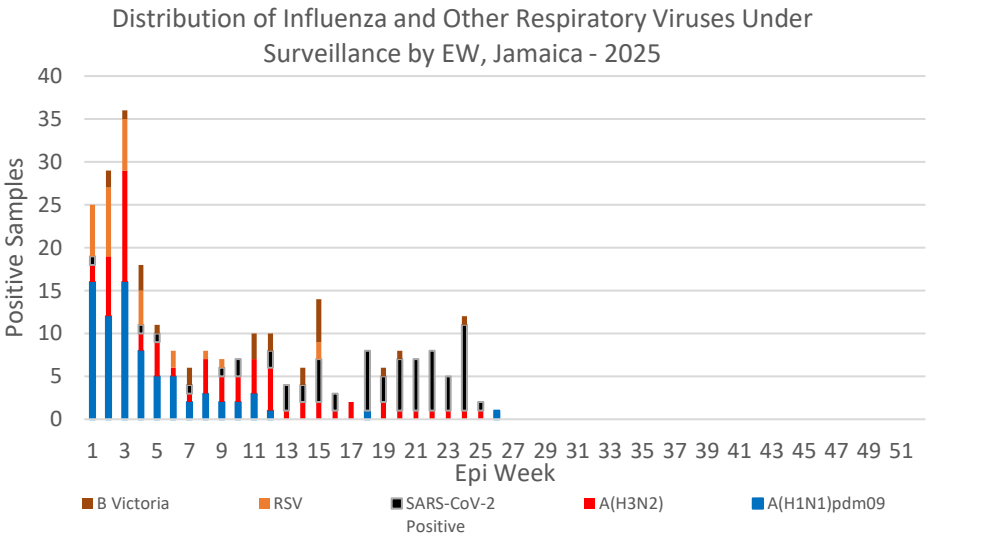
During EW 26, three (3) SARI admissions were reported.



Caribbean Update EW 26

Caribbean: Influenza activity, primarily driven by A(H1N1)pdm09, decreased compared to the previous EW, with a positivity rate of 9.8%. In Haiti, influenza activity is at moderate levels, continuing its upward trend, while remaining at interseasonal levels in Belize, Jamaica and the Dominican Rebulic. However, the positivity rate increased compared to the previous week in the latter. RSV positivity remains low throughout the subregion. SARS-CoV-2 activity remains elevated but stable overall, with a positivity rate of 9.0%. In Belize, Saint Lucia and Suriname, SARS-CoV-2 activity has increased in recent weeks, reaching positivity rates of 23. 2% and 25.0% respectively, and remains elevated in Jamaica, Saint Lucia and Barbados, Guyana and the Cayman Islands. In Dominacan Republic, SARS-CoV-2 activity decreased compared to previous week, reachinga positivity rate of 6.0% - As at EW 25.

(taken from PAHO Respiratory viruses weekly report) https://www.paho.org/en/influenza-situation-report



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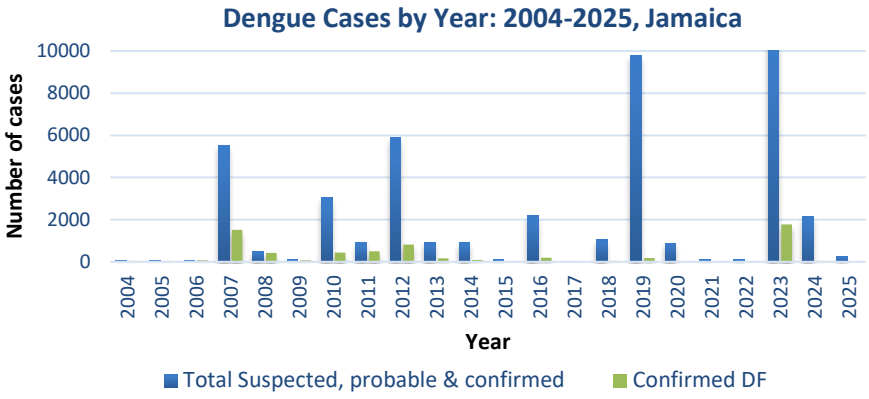
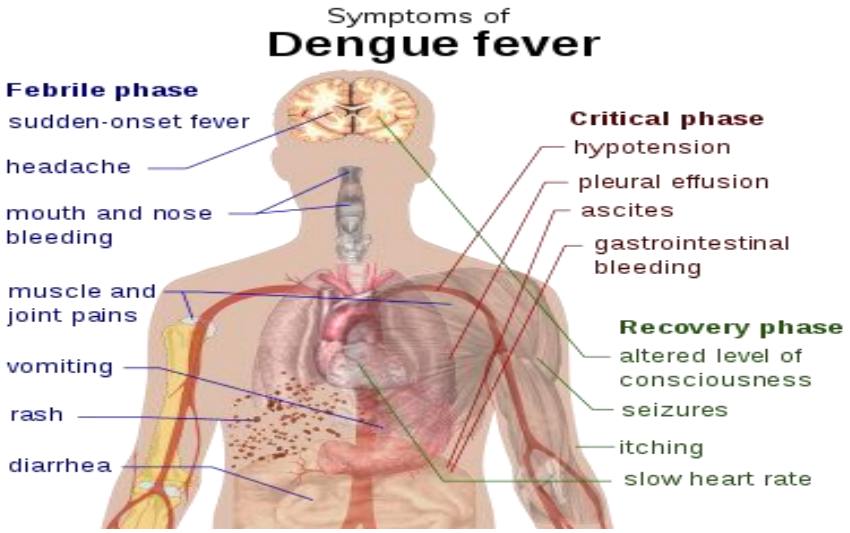
Dengue Bulletin

June 22, 2025 – June 28, 2025 Epidemiological Week 26 | Epidemiological Week 26



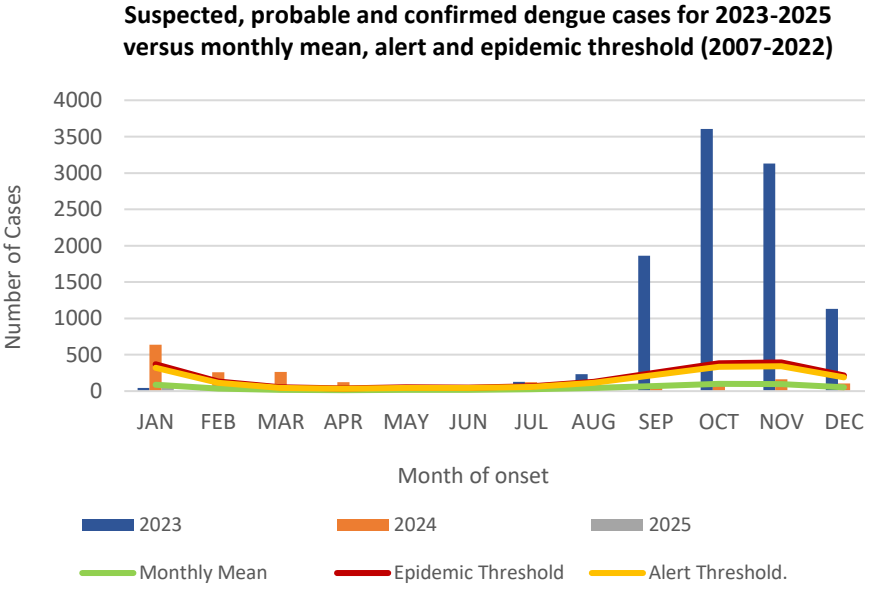
Reported suspected, probable and confirmed dengue with symptom onset in week 26 of 2025

	2025*	
	EW 26	YTD
Total Suspected, Probable & Confirmed Dengue Cases	4	255
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 July 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-P02

Age and Sex Differences in Adult Diabetic and Hypertensive Diagnoses in Urban Jamaica

Brown M[1]
[1]*University of the West Indies, Mona, Jamaica*

Objective: To examine age and sex differences in adult diabetic and hypertensive diagnosis in urban Jamaica.

Methods: The research data was taken from the monthly clinical summary report for 2022. The study focused on the age-sex differences in diagnosis of diabetes mellitus, hypertension or having both illnesses in Kingston and St. Andrew (KSA). The statistical analysis of the observed age-sex differences were calculated using the mean, 95% confidence interval and Mann-Whitney U test statistical significance at $p<.05$.

Results: The overall mean age of NCD diagnosis within the sample was 55.2(95% CI 54.5-55.8). The Mann Whitney U test indicated more women than men were diagnosed as diabetic (387 females to 146 males, $p<.05$). Women were observed to be diabetic at a younger age than men (female mean age 52.5, 95% CI 51.4-53.5 compared to male mean age 56.8, 95% CI 55.5-58.8, $p <.05$). Notably, females were determined to have both chronic illnesses at an older age (mean age 56.6, 95% CI 54.7-58.4, $p<.05$) than those diabetic only. This reveals a gradual progression for women within the study. Males had an earlier mean age of diagnosis for hypertension 56.8, 95% CI 55.5-58, $p<.05$ compared to diabetes only 57.2, 95% CI 5A5.0-59.3, $p<.05$.

Conclusion: More females than males were diagnosed with diabetes mellitus. Females were identified diabetic at a younger age than males. They were also discovered to be diabetic before determined to have both illnesses. However, males were identified as being hypertensive at a younger age than those known as diabetic only.

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