WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL SURVEILLANCE UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Weekly Spotlight

Drought

Drought is a prolonged dry period in the natural climate cycle that can occur anywhere in the world. It is a slow-onset disaster characterized by the lack of precipitation, resulting in a water shortage. Drought can have a serious impact on health, agriculture, economies, energy and the environment. An estimated 55 million people globally are affected by droughts every year, and they are the most serious hazard to livestock and crops in nearly every part of the world. Drought threatens people's livelihoods, increases the risk of disease and death, and fuels mass migration. Water scarcity impacts 40% of the world's population, and as many as 700 million people are at-risk of being displaced as a result of drought by 2030.

Rising temperatures caused by climate change are making already dry regions drier and wet regions wetter. In dry regions, this means that when temperatures rise, water evaporates more quickly, and thus increases the risk of drought or prolongs periods of drought. Between 80-90% of all documented disasters from natural hazards during the past 10 years have resulted from floods, droughts, tropical cyclones, heat waves and severe storms.

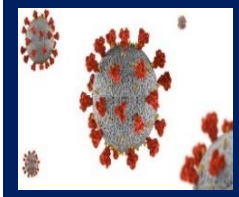
When drought causes water and food shortages there can be many impacts on the health of the affected population, which may increase the risk of disease and death. Drought may have acute and chronic health effects, including:

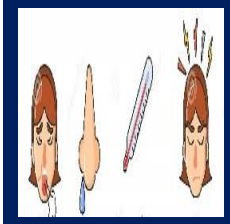
- malnutrition due to the decreased availability of food, including micronutrient deficiency, such as iron-deficiency anaemia;
- increased risk of infectious diseases, such as cholera, diarrhoea, and pneumonia, due to acute malnutrition, lack of water and sanitation, and displacement;
- psycho-social stress and mental health disorders;
- disruption of local health services due to a lack of water supplies, loss of buying power, migration and/or health workers being forced to leave local areas.

Severe drought can also affect air quality by making wildfires and dust storms more likely, increasing health risk in people already impacted by lung diseases, like asthma or chronic obstructive pulmonary disease (COPD), or with heart disease.

Taken from WHO website on 30/Jul/2025
https://www.who.int/health-topics/drought#tab=tab_1
https://www.who.int/health-topics/drought#tab=tab_2

EPI WEEK 29





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 – 26 to 29 of 2025

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

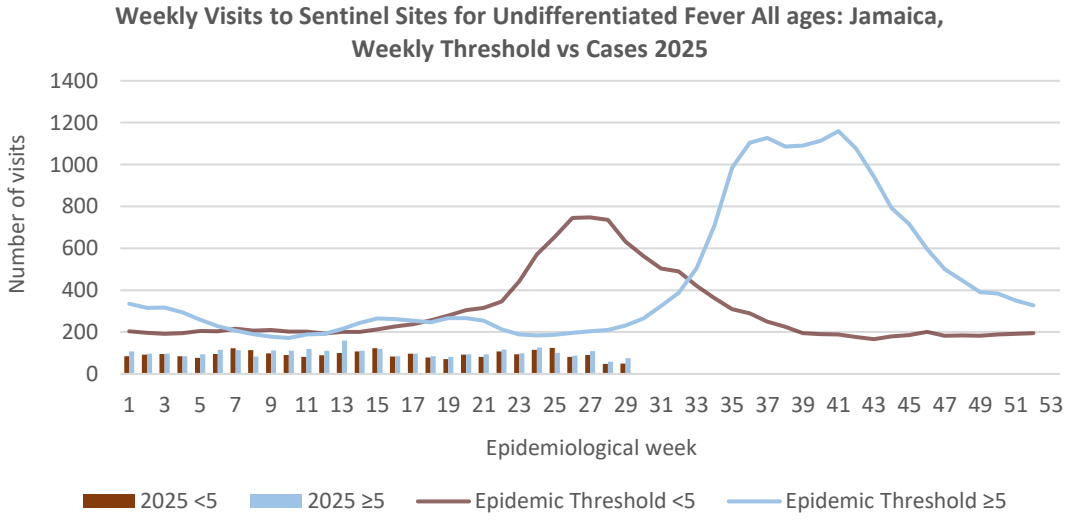
KEY:
Yellow- late submission on Tuesday
Red – late submission after Tuesday

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													
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
27	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
28	Late (T)	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time
29	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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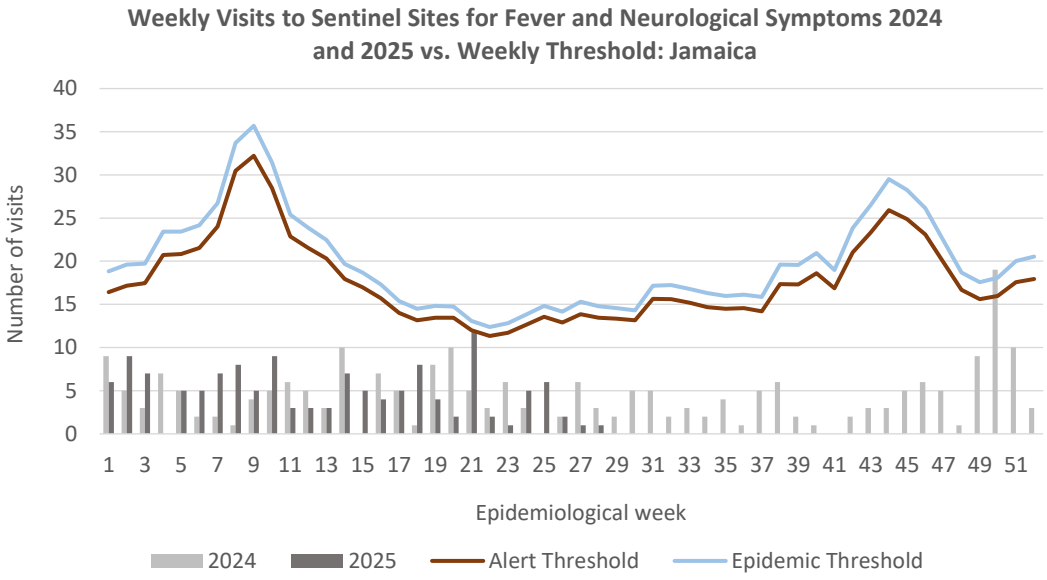
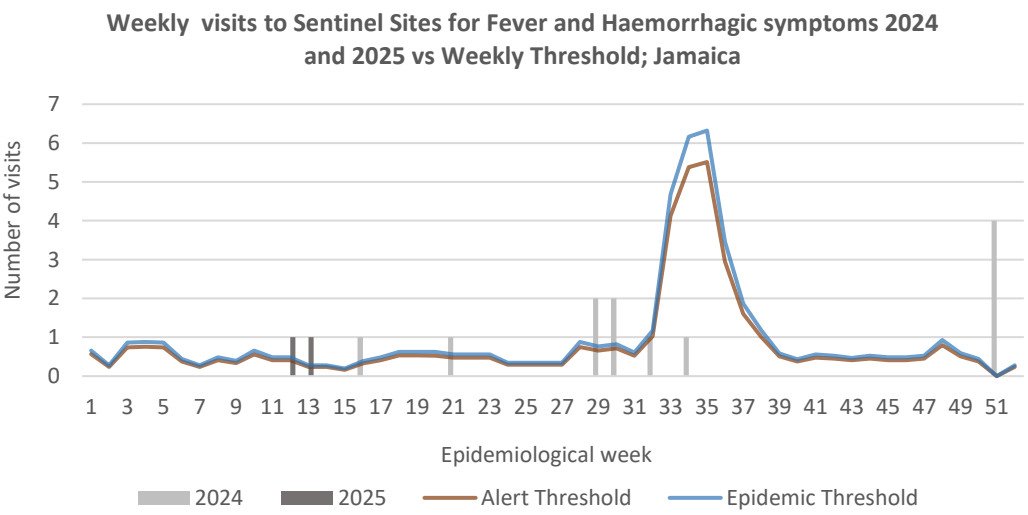
FEVER AND NEUROLOGICAL

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

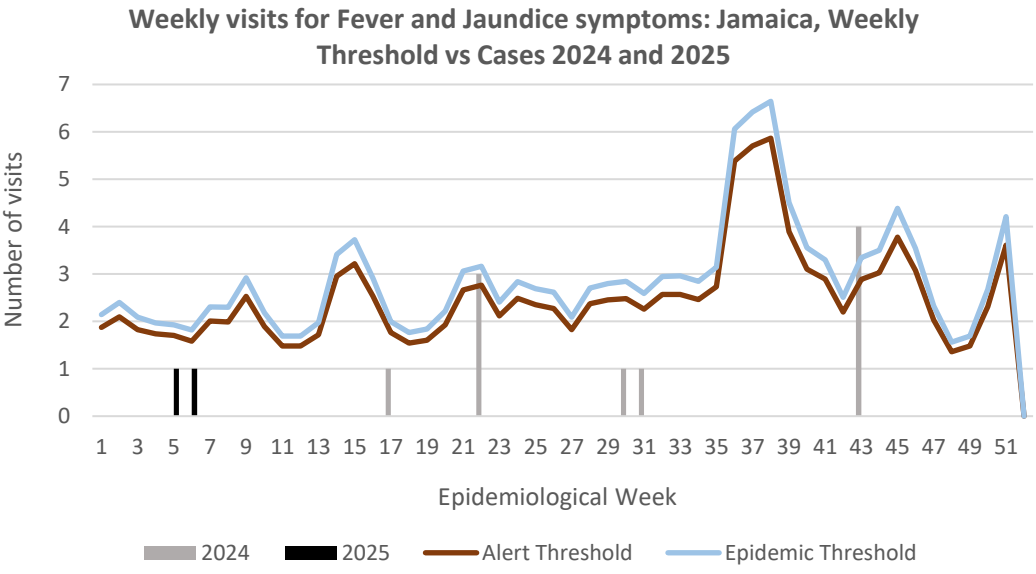
Temperature of >38^0C /100.4^0F (or recent history of fever) in a previously healthy person presenting with at least one haemorrhagic (bleeding) manifestation with or without jaundice.



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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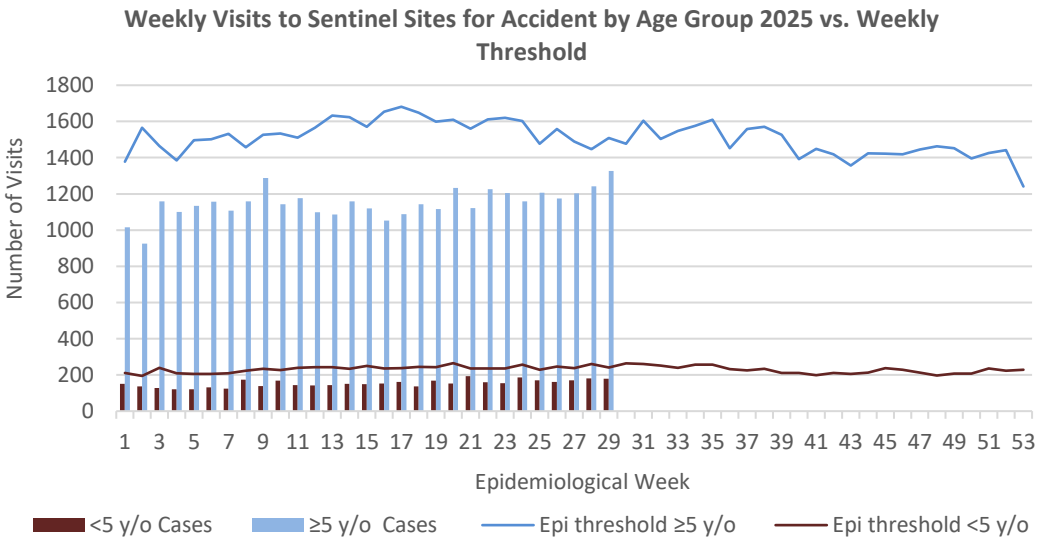
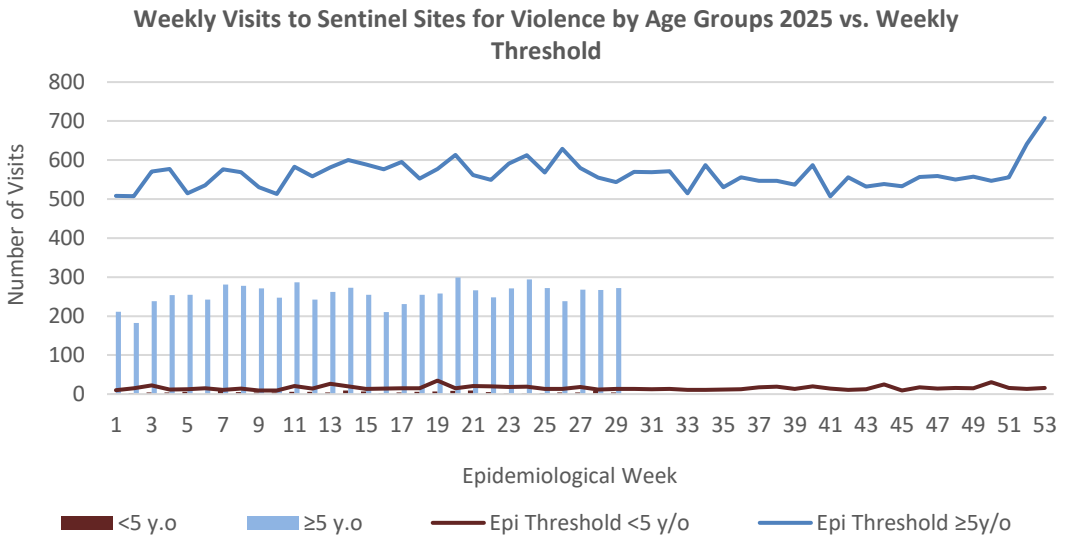
ACCIDENTS

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



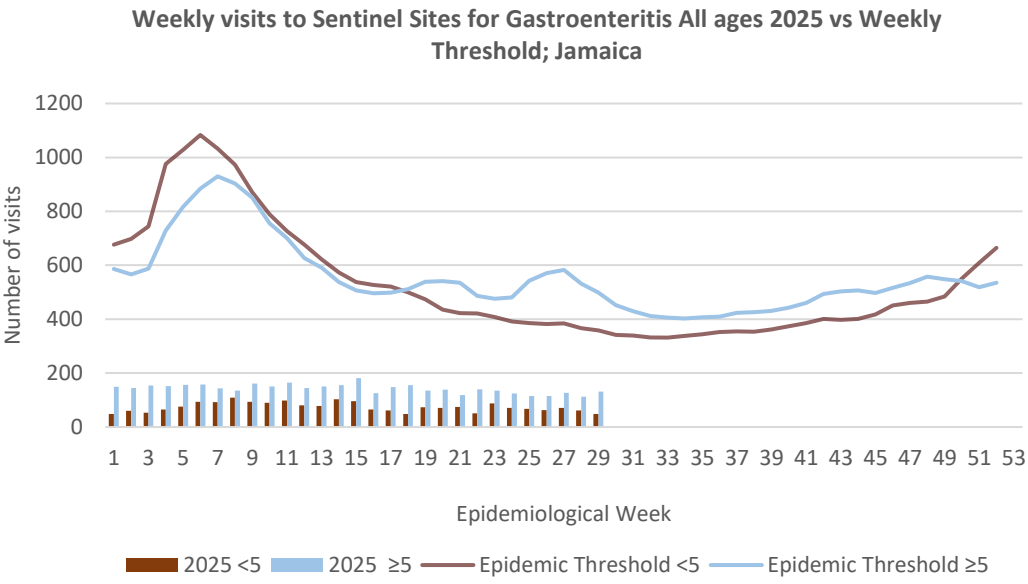
VIOLENCE

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		64[β]	219[β]
	Cholera		0	0
	Severe Dengue[Y]		See Dengue page below	See Dengue page below
	COVID-19 (SARS-CoV-2)		255	507
	Hansen's Disease (Leprosy)		0	0
	Hepatitis B		3	25
	Hepatitis C		1	8
	HIV/AIDS		NA	NA
	Malaria (Imported)		0	0
	Meningitis		8	13
	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]		32	38
	Ophthalmia Neonatorum		19	104
	Pertussis-like syndrome		0	0
	Rheumatic Fever		0	0
	Tetanus		2	0
	Tuberculosis		21	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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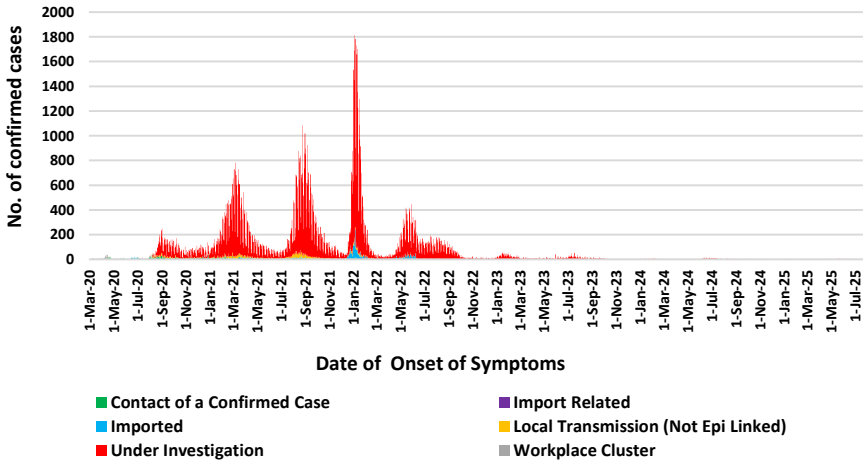
COVID-19 Surveillance Update

CASES	EW 29	Total
Confirmed	9	157692
Females	5	90853
Males	4	66836
Age Range	7 years to 82 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.

Classification of Confirmed COVID-19 Cases by Date of Onset of Symptoms, Jamaica (157,692 cases)



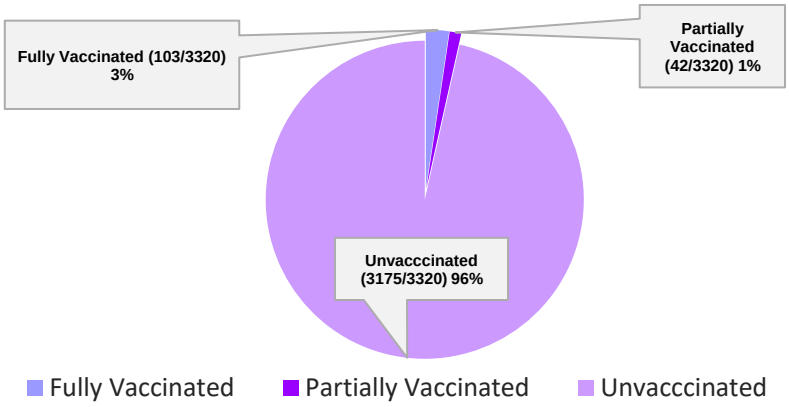
COVID-19 Outcomes

Outcomes	EW 29	Total
ACTIVE *2 weeks*		19
DIED – COVID Related	0	3885
Died - NON COVID	0	400
Died - Under Investigation	0	142
Recovered and discharged	0	103226
Repatriated	0	93
Total		157692

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

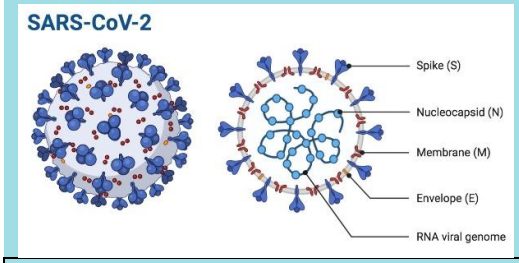
3320 COVID-19 Related Deaths since March 1, 2021 – YTD

Vaccination Status among COVID-19 Deaths



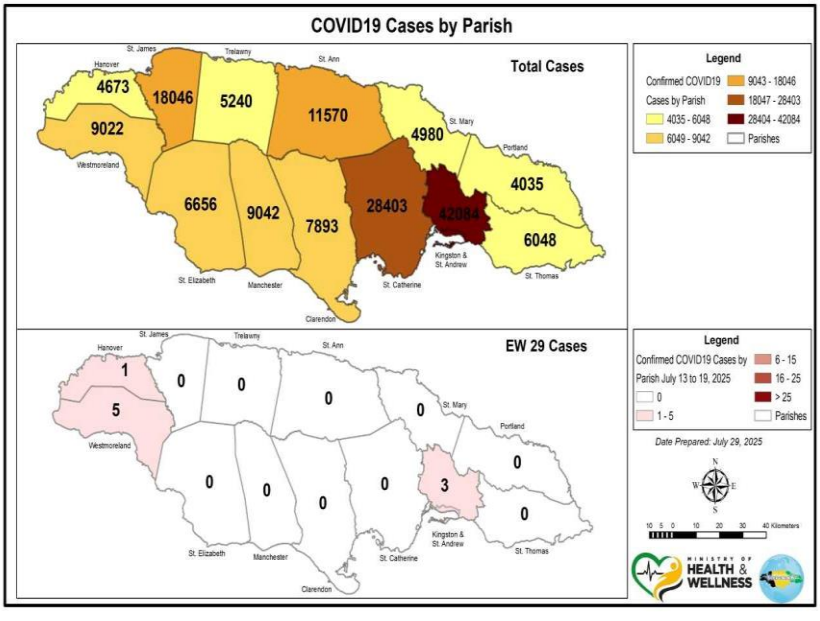
COVID-19 Parish Distribution and Global Statistics

COVID-19 Virus Structure



COVID-19 WHO Global Statistics EW 26 -29 2025

Epi Week	Confirmed Cases	Deaths
26	42500	290
27	32600	238
28	39300	209
29	8400	169
Total (4weeks)	**122800**	**906**



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July 31, 2025 ISSN 0799-3927

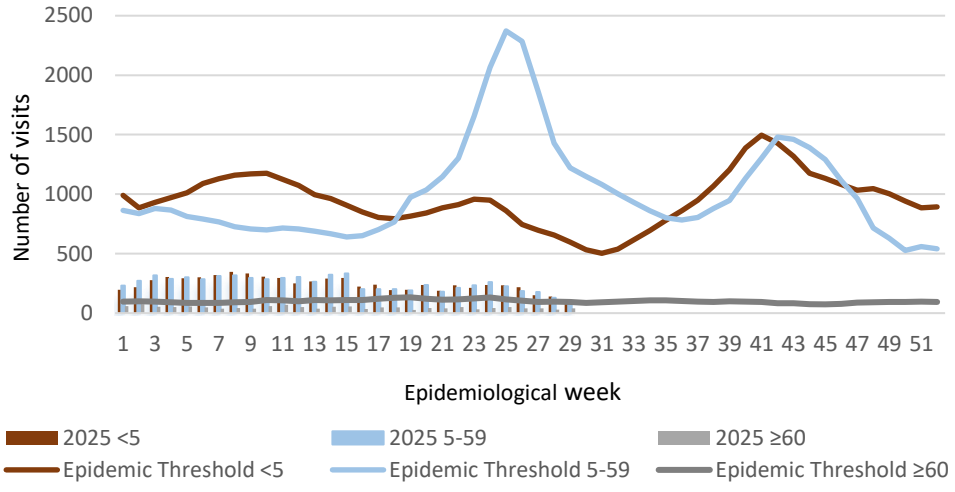
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 29

July 13, 2025 – July 19, 2025 Epidemiological Week 29

	EW 29	*YTD*
SARI cases	4	272
Total Influenza positive Samples	**0**	**169**
Influenza A	**0**	**145**
H1N1pdm09	0	78
H3N2	0	67
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

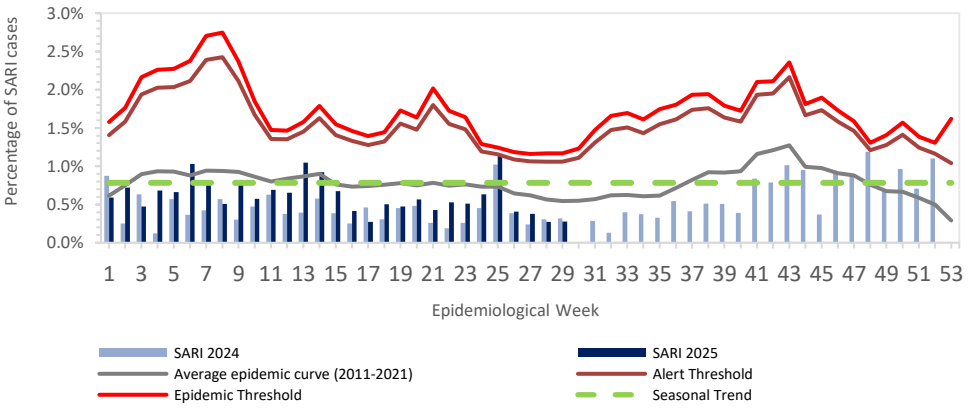
Weekly visits to Sentinel Sites for Influenza-like Illness (ILI) All ages 2025 vs Weekly Threshold; Jamaica



Epi Week Summary

During EW 29, four (4) SARI admissions were reported.

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

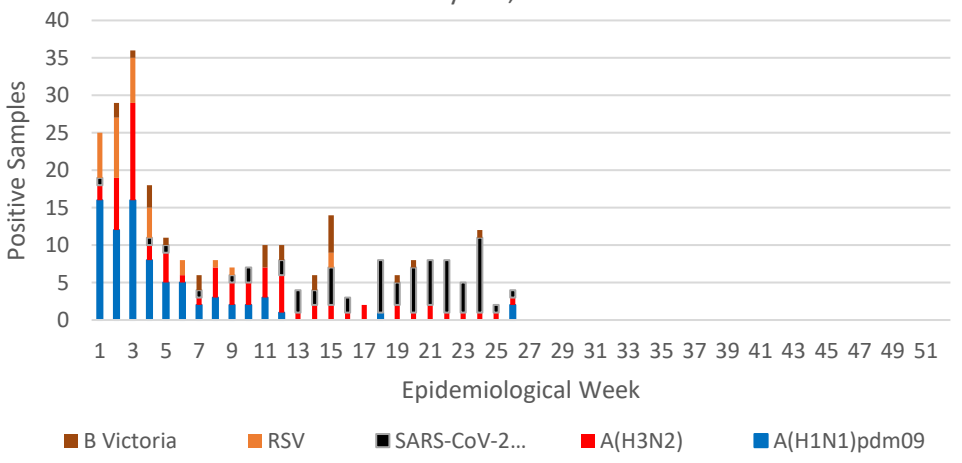


Caribbean Update EW 29

Influenza activity primarily driven by A(H1N1)pdm09, declined in the latest EW, with a subregional positivity rate of 13.3%. In Haiti, influenza activity continues at epidemic levels. In constrast, activity remains at interseasonal levels in Belize, Cuba, Jamaica, Barbados and the Dominican Republic. In the Cayman Island and Guyana, influenza activity increased compared to the previous EW. RSV circulation is stable across most of the subregion with a positivity rate of 8.4%. However, Saint Lucia continues to report elevated RSV activity and both Cuba and Guyana have shown an increase circulation for the second consecutive week. In the Dominican Republic, RSV positivity declined compared to the previous EW, reaching 2.3%. SARS-Cov-2 activity decreased compared to previous EW, with a subregional positivity rate 8.3%. Barbados, Cuba, Guyana and the Dominican Republic reported declining activity, reaching a positivity rate of 10.5%, 14.9%, 2% and 8.6% respectively. In Belize, Saint Lucia, the Cayman Islands and Suriname, positivity rates increased.

(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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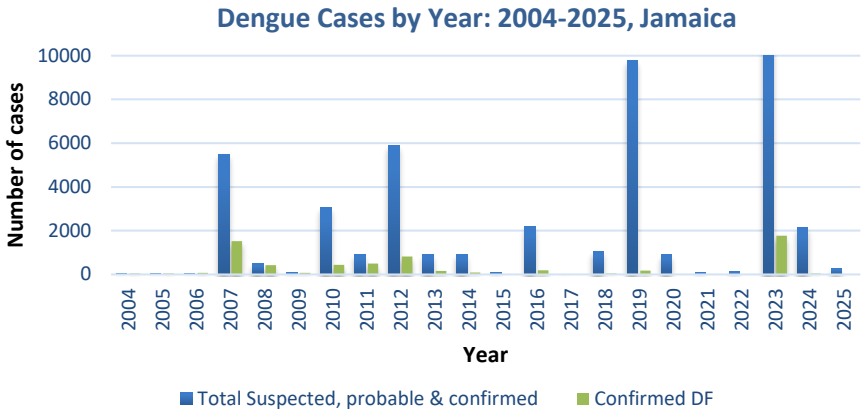
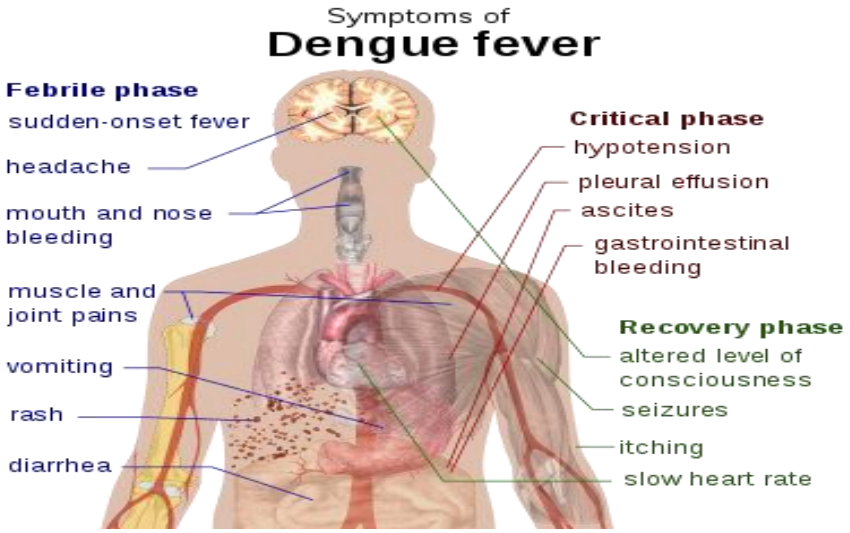
Dengue Bulletin

July 13, 2025 – July 19, 2025 Epidemiological Week 29 | Epidemiological Week 29



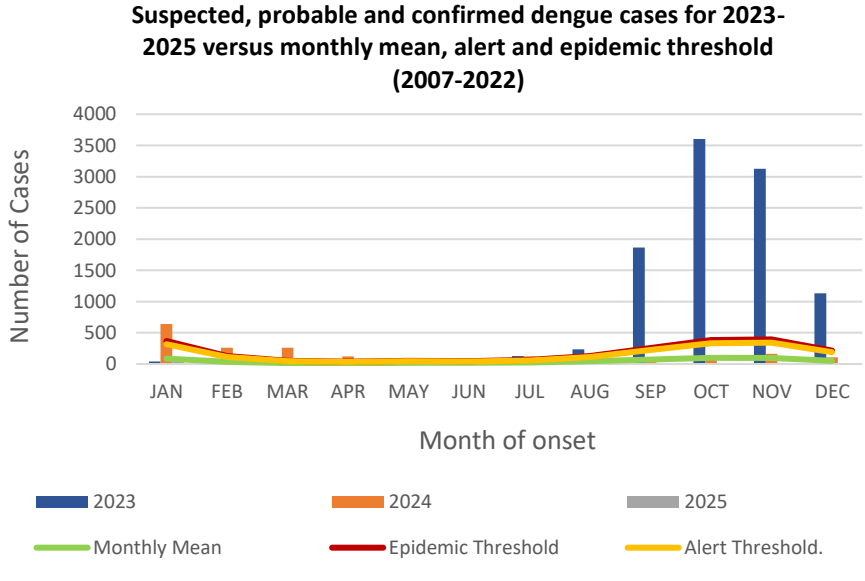
Reported suspected, probable and confirmed dengue with symptom onset in week 29 of 2025

	2025*	
	EW 29	YTD
Total Suspected, Probable & Confirmed Dengue Cases	0	269
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 24 , 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-O02

Chronic Kidney Disease in Jamaica: Updated National Prevalence Estimates and Associated Factors using the CKD-EPI 2021 Formula

Fisher L-A[1, 2], Ferguson TS[2], Rocke K[3], Younger-Coleman N[2], Guthrie-Dixon N[2], Tulloch-Reid MK[2], McFarlane SR[4], Bennett NR[2], Cunningham-Myrie C[5], Aiken W[6], Wiggan J[7], Grant A[7], Davidson T[7], Webster-Kerr K[7], Wilks RJ[2], and the Jamaica Health and Lifestyle Survey III Investigators*

[1]Department of Medicine, The University of the West Indies, Mona, Jamaica, [2]Epidemiology Research Unit, Caribbean Institute for Health Research, The University of the West Indies, Mona, Jamaica, [3]George. Alleyne Chronic Disease Research Centre, Caribbean Institute for Health Research, The University of the West Indies, Cave Hill, Barbados, [4]Tropical Metabolism Research Unit, Caribbean Institute for Health Research, The University of the West Indies, Mona, Jamaica, [5]Department of Community Health & Psychiatry, The University of the West Indies, Mona, Jamaica, [6]Department of Surgery, The University of the West Indies, Mona, Jamaica, [7]Ministry of Health and Wellness, Jamaica, [8]Chronic Disease and Injury Department, Surveillance, Disease Prevention & Control Division, Caribbean Public Health Agency

Objectives: Little is known of the prevalence of Chronic Kidney Disease (CKD) in Jamaica. We aimed to estimate the prevalence of CKD and explore associations with known risk factors in a nationally representative population based survey.

Methods: A cross-sectional analysis of 1189 Jamaican residents aged ≥15 years from the Jamaica Health and Lifestyle Survey 2016-2017, was performed. CKD was defined as an estimated glomerular filtration rate (eGFR) <60mL/min/1.73m^2, using the race-free CKD-EPI-2021 and Schwartz-Lyon equations. Associated factors included age, sex, socio-economic status, education level, smoking habits, body mass index (BMI), hypertension, diabetes mellitus, and self-reported sickle cell trait. Weighted prevalence estimates were determined and logistic regression models were used to evaluate associations.

Results: Of 1189 participants, 446 males and 743 females (mean[±SD] age was 49.1±18.3 years). Based on weighted estimates, the prevalence of CKD was 7.6% [95%CI 6.1%-9.6%]. The majority was CKD Stage 3a (6.0%), Stage 3b 1.0%, Stage 4 0.2%, and Stage 5 0.4%. Compared to persons with normal eGFR, CKD participants were older (mean age 65.6 versus 46.8 years, p<0.001), with no significant male: female difference (7.3% vs 8.0%, p=0.667), and had higher mean systolic blood pressure (142.0 versus 130.7 mmHg, p<0.001). In a multivariable logistic regression model adjusting for a priori risk factors, age (OR[95CI] 1.07, [1.05-1.10]), sickle cell trait (OR[95CI] 4.87 [1.08-21.94]) and diabetes mellitus (OR[95CI]1.85,[1.00-3.42] but not hypertension (OR[95CI]:1.0, 0.54-1.90) were associated with CKD.

Conclusion: Based on reduced eGFR, national CKD prevalence is approximately 8%. This may translate to increased health care burden on the Jamaican public system.

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