WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL SURVEILLANCE UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Weekly Spotlight

Safe Water Better Health

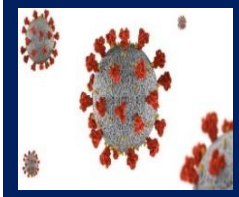
Ensuring the access of all people to sufficient, safe water and adequate sanitation and encouraging personal, domestic and community hygiene will improve the health and quality of life of millions of individuals. Adequate WASH (water, sanitation and hygiene) is essential not only to reduce the large burden of disease from, for example diarrhoea, respiratory infections and malnutrition, but also for the control and elimination of many neglected tropical diseases, which affect over 1 billion people in 149 tropical and subtropical countries. Furthermore, cholera is still endemic in at least 47 countries, with an estimated 2.9 million cases and 95 000 deaths per year worldwide.

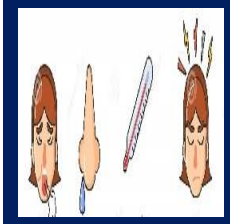
Antimicrobial resistance (AMR) can have devastating consequences on health and the cost of treatment. In communities, access to adequate WASH contributes to reducing the risk of infectious diseases and overuse of antibiotics. Health care facilities and pharmaceutical industries that do not adequately manage their waste also contribute to AMR, and lack of adequate WASH services in health care facilities increases the risks of patients, caretakers and health care workers for infection.

Better management of water resources to reduce the transmission of vector-borne diseases, such as viral diseases carried by mosquitoes, and to make water bodies safe for recreational and other users can save many lives and also has direct and indirect economic benefits, from the level of households to national economies. The global importance of adequate WASH for development, poverty reduction and health is reflected in the Sustainable Development Goals (SDGs). SDG 6, “Ensure access to water and sanitation for all” is entirely devoted to improved WASH.

Taken from WHO website on 07/Aug/2025
https://www.who.int/publications/i/item/9789241516891
Picture taken from https://www.who.int/news-room/fact-sheets/detail/sanitation

EPI WEEK 30





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SENTINEL SYNDROMIC SURVEILLANCE

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 – 27 to 30 of 2025

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

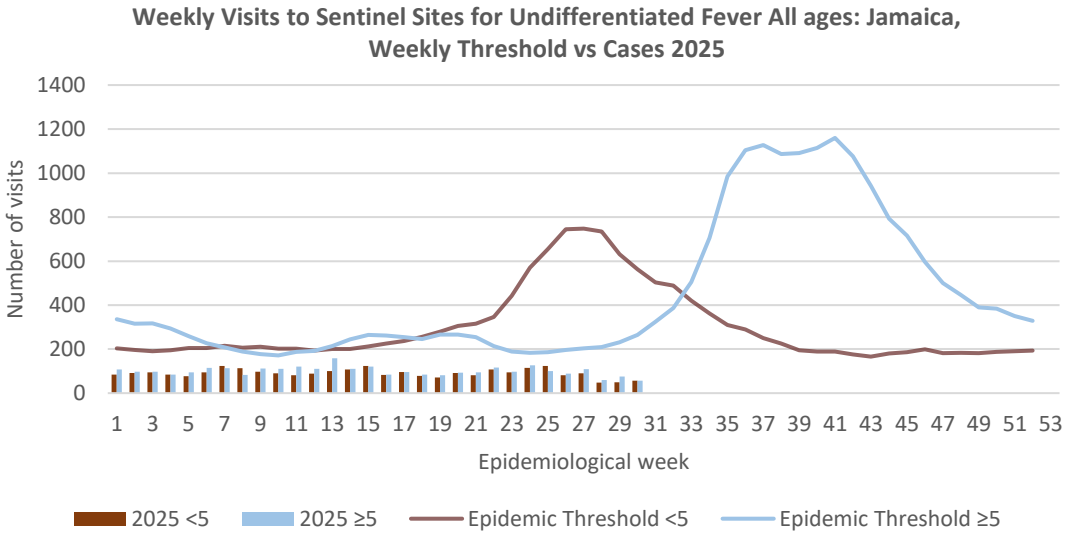
KEY:
Yellow- late submission on Tuesday
Red – late submission after Tuesday

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													
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
30	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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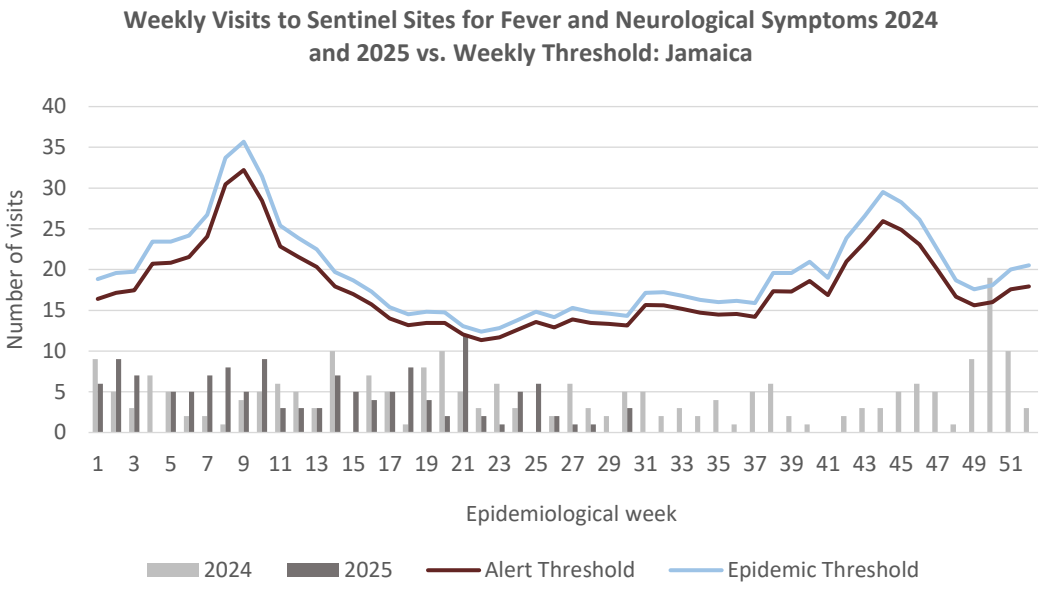
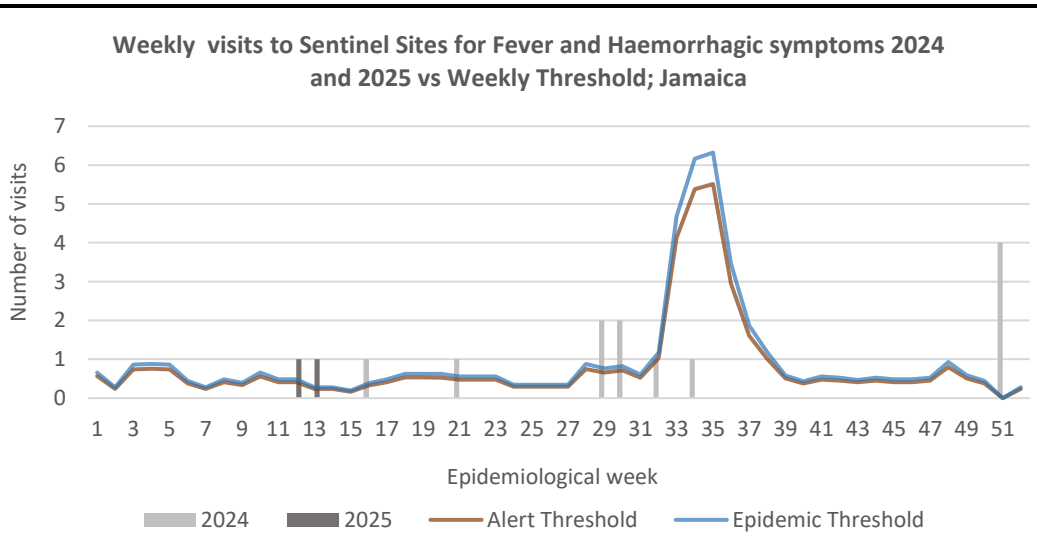
FEVER AND NEUROLOGICAL

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

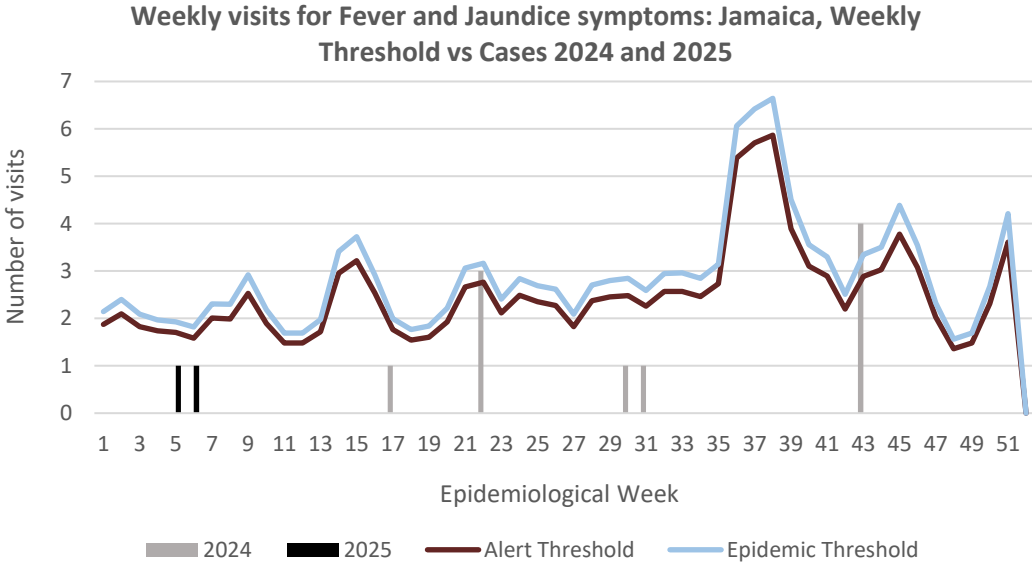
Temperature of >38^0C /100.4^0F (or recent history of fever) in a previously healthy person presenting with at least one haemorrhagic (bleeding) manifestation with or without jaundice.



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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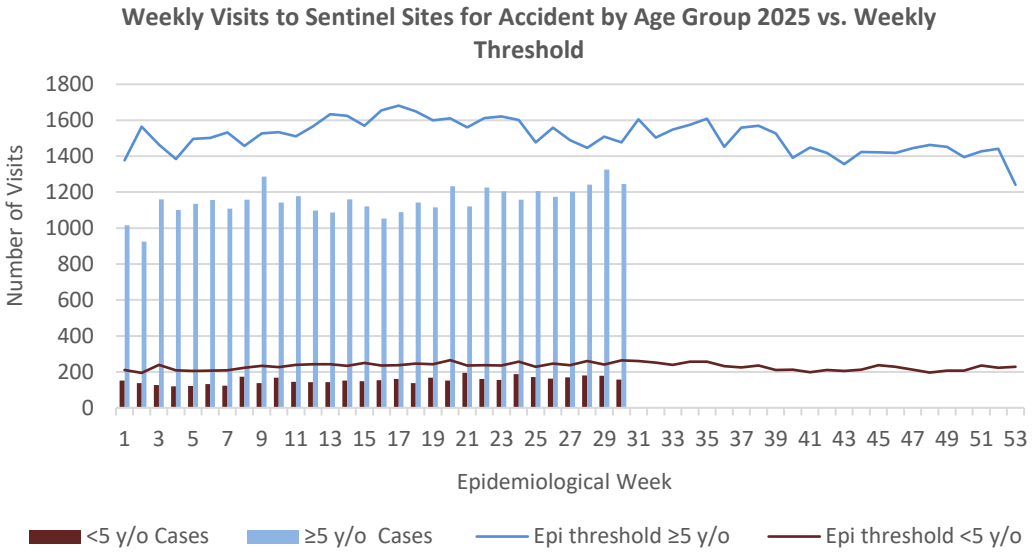
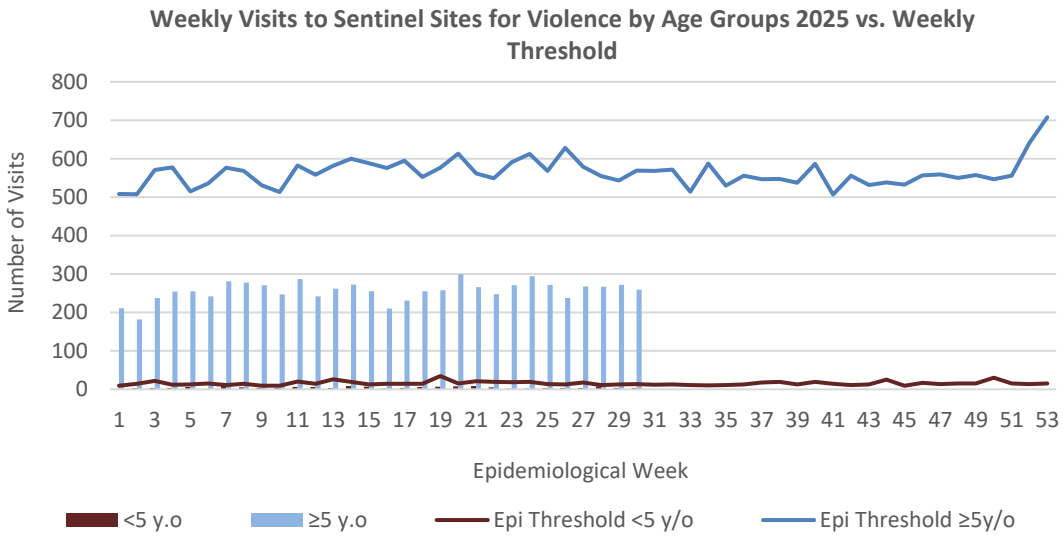
ACCIDENTS

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



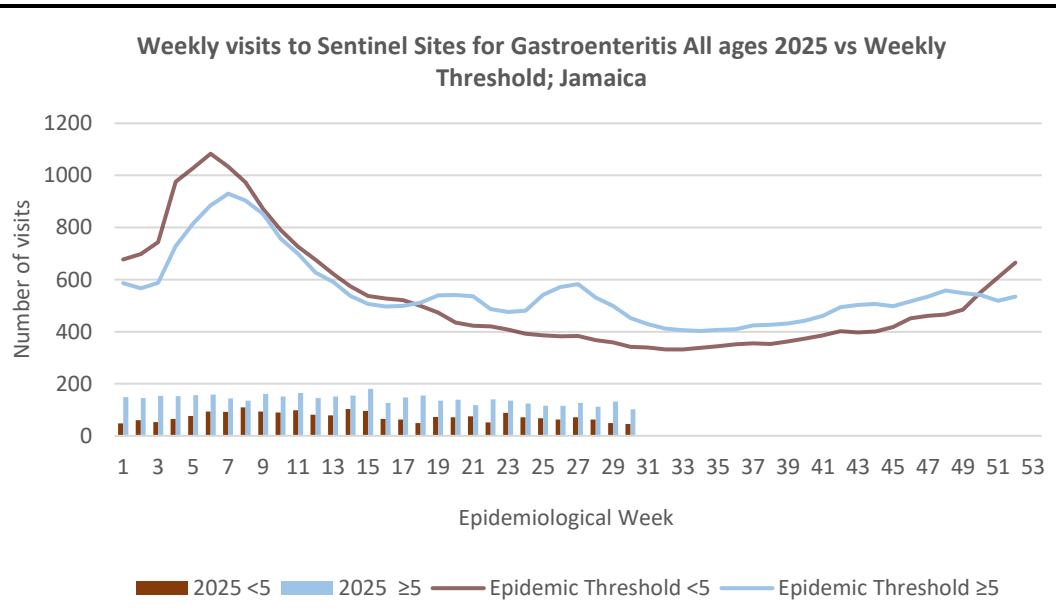
VIOLENCE

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		84[β]	225[β]
	Cholera		0	0
	Severe Dengue[Y]		See Dengue page below	See Dengue page below
	COVID-19 (SARS-CoV-2)		263	531
	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]		33	40
	Ophthalmia Neonatorum		19	115
	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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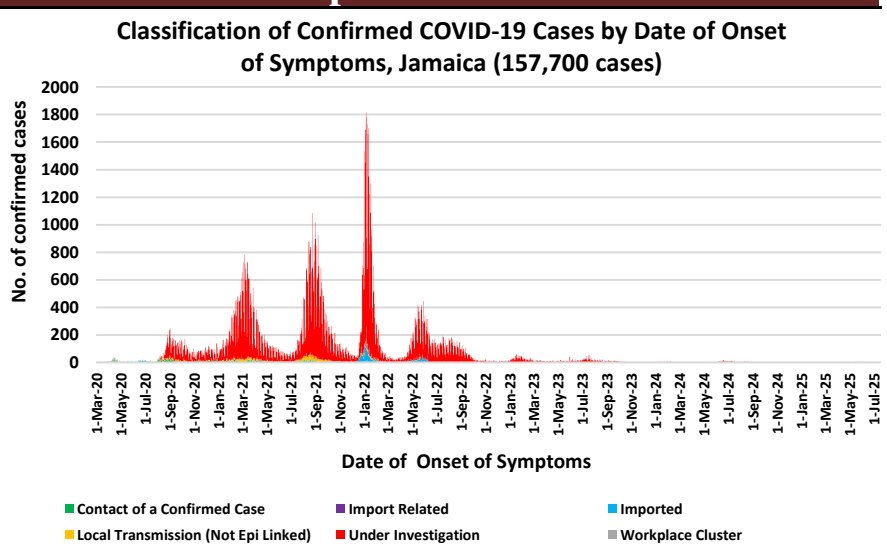
COVID-19 Surveillance Update

CASES	EW 30	Total
Confirmed	6	157700
Females	1	90854
Males	5	66843
Age Range	1 years to 71 years	1 day to 108 years

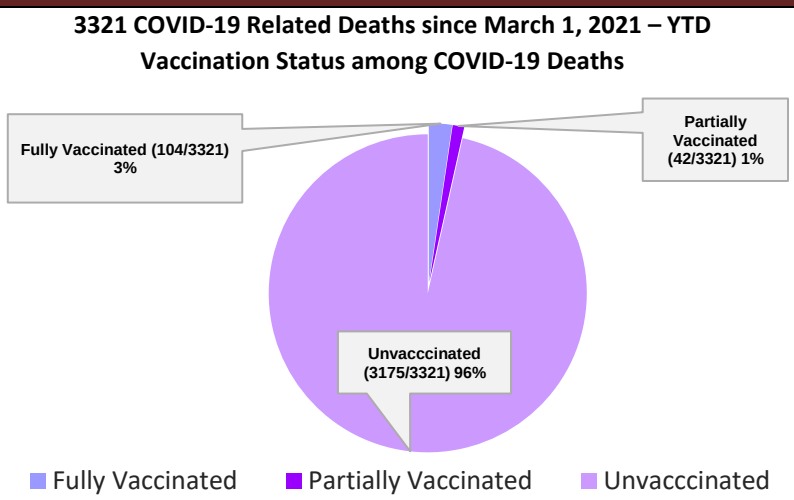
* 3 positive cases had no gender specification
* PCR or Antigen tests are used to confirm cases
* Total represents all cases confirmed from 10 Mar 2020 to the current Epi-Week.



COVID-19 Outcomes

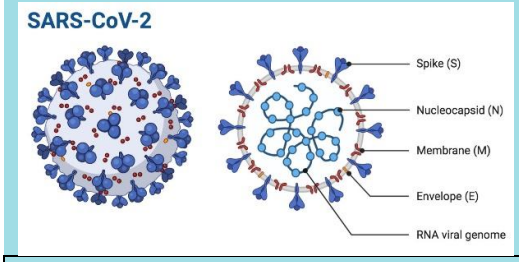
Outcomes	EW 30	Total
ACTIVE *2 weeks*		15
DIED – COVID Related	0	3885
Died - NON COVID	0	400
Died - Under Investigation	0	142
Recovered and discharged	0	103226
Repatriated	0	93
Total		157700

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



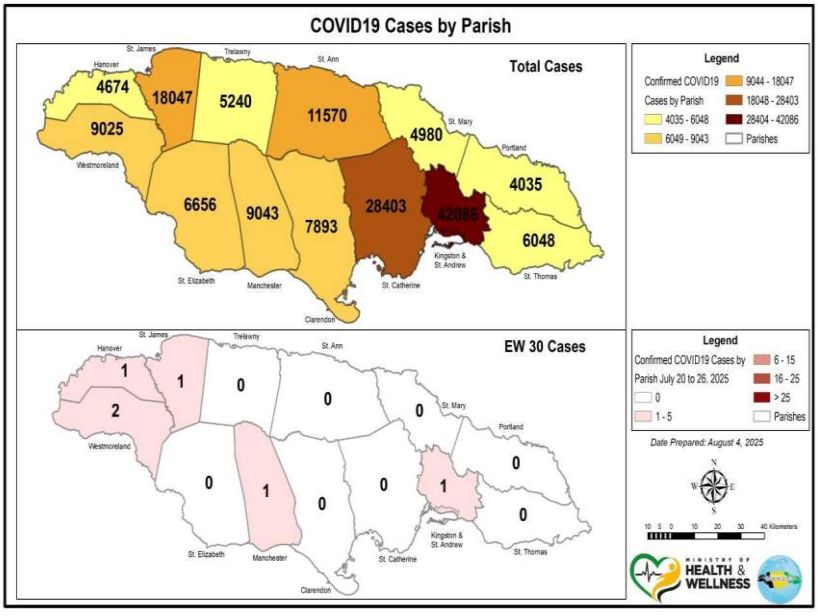
COVID-19 Parish Distribution and Global Statistics

COVID-19 Virus Structure



COVID-19 WHO Global Statistics EW 27 -30 2025

Epi Week	Confirmed Cases	Deaths
27	32800	244
28	39700	237
29	9000	209
30	8900	168
Total (4weeks)	**90400**	**858**



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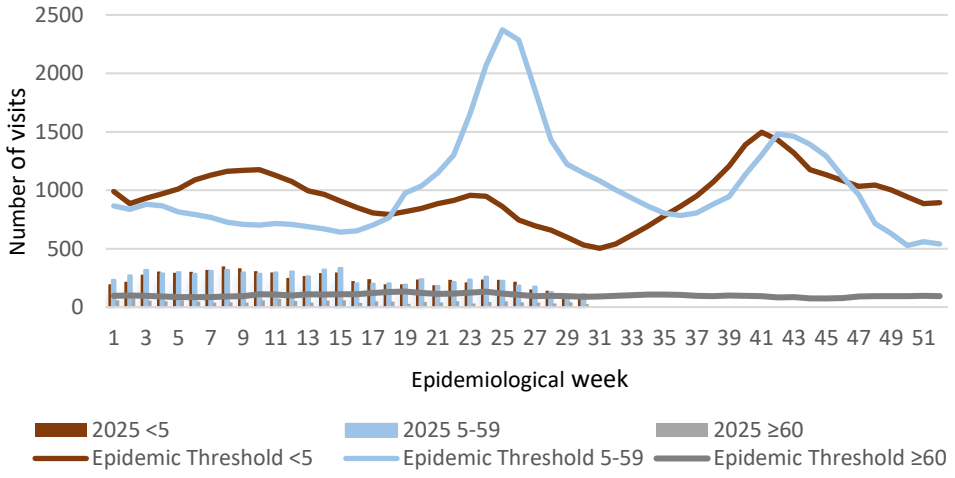
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 30

July 20, 2025 – July 26, 2025 Epidemiological Week 30

	EW 30	*YTD*
SARI cases	5	276
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

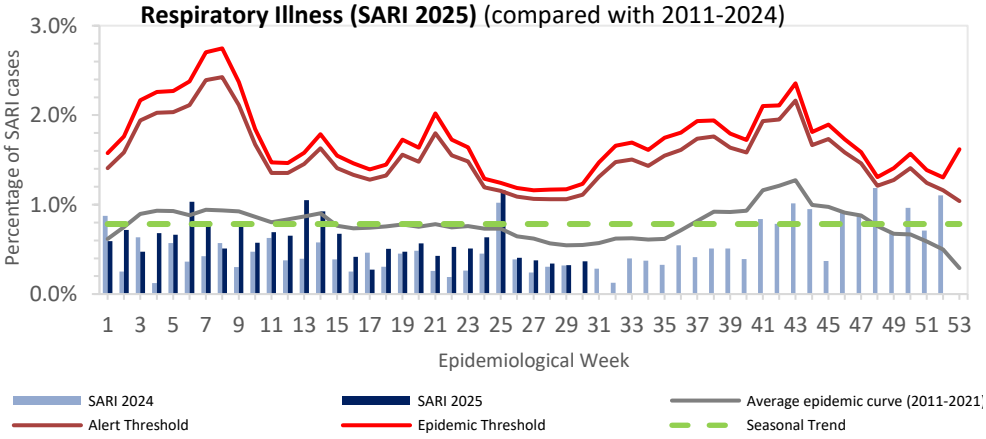
Weekly visits to Sentinel Sites for Influenza-like Illness (ILI) All ages 2025 vs Weekly Threshold; Jamaica



Epi Week Summary

During EW 30, five (5) SARI admissions were reported.

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

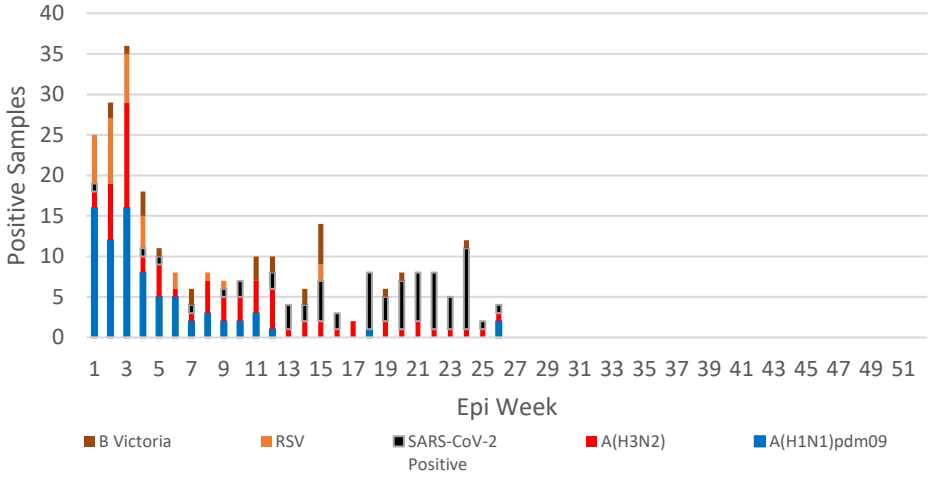


Caribbean Update EW 30

Influenza activity, primarily driven by A(H1N1)pdm09, declined in the latest EW, with a subregional positivity rate of 12.1%. In Haiti, influenza activity remains at epidemic levels. In constrast, in Belize, Cuba, Jamaica, Barbados, and the Dominican Republic, it remains at interseasonal levels. In Guyana, influenza activity remains unchanged compared to the previous EW. RSV circulation is increasing in the subregion, with a positivity rate 10.8%, especially in Belize, Cuba and the Dominican Republic. SARS-CoV-2 activity increased compared to the previous weeks, with a subregional positivity rate of 11.9%. In Barbados, Cuba and Guyana activity decreased. In Belize, the Dominican Republic, Saint Vincent and the Grenadines and Suriname, positivity 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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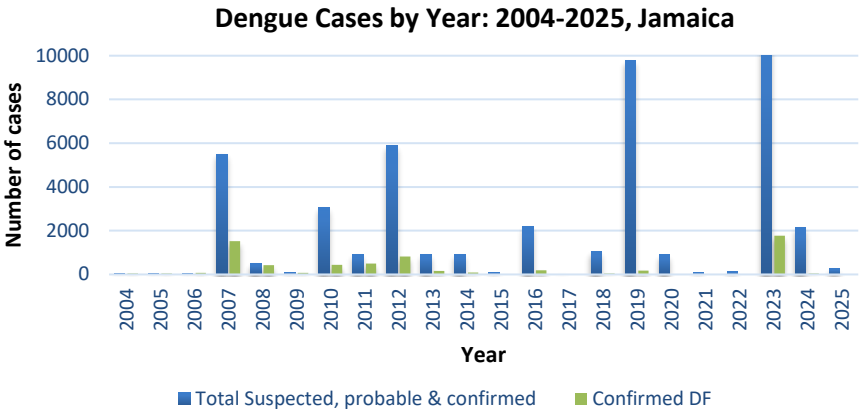
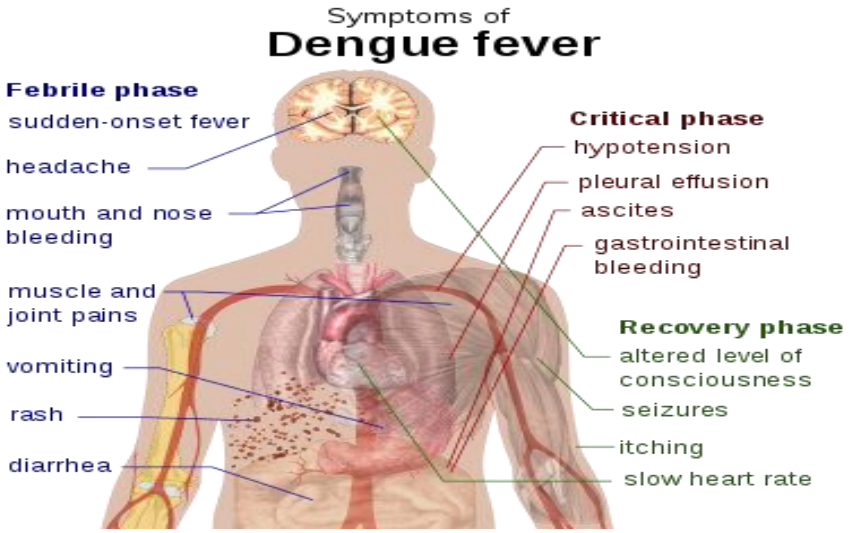
Dengue Bulletin

July 20, 2025 – July 26, 2025 Epidemiological Week 30 | Epidemiological Week 30



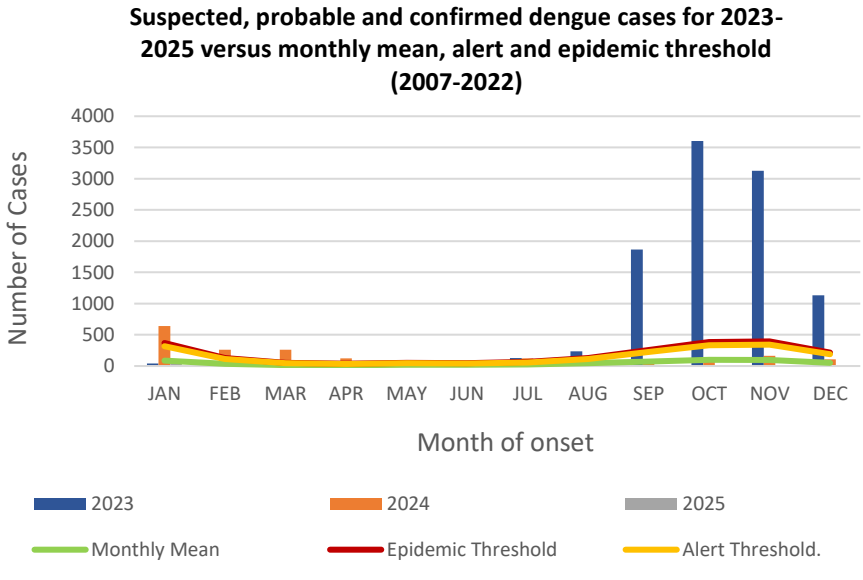
Reported suspected, probable and confirmed dengue with symptom onset in week 30 of 2025

	2025*	
	EW 30	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-O03

The prevalence of elevated blood pressure and hypertension in adolescents 10-14 years old in Kingston and St. Andrew, Jamaica–a pilot study

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[1]Bustamante Hospital for Children, Kingston, Jamaica [2]Caribbean Institute for Health Research, University of the West Indies, Mona, Jamaica [3]Department of Child and Adolescent Health, Faculty of Medical Sciences, University of the West Indies, Mona, Jamaica

Objectives: This study aimed to determine the prevalence of elevated blood pressure (EBP) and hypertension (HTN) in early adolescents (10-14 years) in the Kingston metropolitan area and investigate associated sociodemographic and anthropometric factors.

Methods: A cross-sectional study was conducted in randomly selected schools in the Kingston metropolitan region. Requisite consent and assent were obtained with institution approvals. Participants completed self-administered questionnaires collecting sociodemographic data, medical and family histories. Participants' weight, height, and blood pressure were measured using standardized procedures. Logistic regression was used to evaluate factors associated with prevalent EBP (SBP and/or DBP ≥ 90th < 95th percentile for sex, age, and height). Obesity is defined as a BMI ≥95th percentile. Statistical significance was at the 5% level.

Results: Two hundred and seventy-six adolescents participated (male: n=123, 44.6%, mean (SD) age 11.34 (1.20) y; female: n=153, 55.4%; mean (SD) age 11.67 (1.20) y). Most participants (n=213, 77.7%) visited the doctor or nurse in the past year; 39% (n=106) had checked their BP in the past 12 months. Participants' nutritional status was categorised as underweight (n=6, 2.2%); normal weight (n=165, 59.8%); overweight (n=46, 16.7%); and obesity (n=59, 21.4%).
Five participants (n=3 males, 2 females; 1.8%) met criteria for systolic hypertension (4th report). Overweight/obesity was the only variable significantly associated with hypertension (OR 4.1, 95%CI 1.42-11.91; p<0.01) in early adolescents.

Conclusion: Elevated blood pressure and hypertension are health concerns for early Jamaican adolescents and are positively correlated with overweight or obesity. Suboptimal screening of BP by health care providers occurs and should be encouraged.

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