WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL SURVEILLANCE UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Weekly Spotlight

Oropouche Virus (Part 2)

Symptoms

The incubation period (the time from the bite of an infected insect to first symptoms) of the Oropouche virus is typically 3 to 10 days. Symptoms of disease include fever, headache, joint pain (arthralgia), muscle pain (myalgia), chills, nausea, vomiting and rash.

Most cases recover completely within 7 days after the onset of symptoms. However, recovery can take weeks in some patients, and severe complications like aseptic meningitis may occasionally occur. Though deaths from OROV infection were not previously described, in 2024 there were two reports of deaths in previously healthy young adults with Oropouche virus infection.

Diagnosis

Given the similar clinical presentation to other arboviruses like dengue and chikungunya, Oropouche virus disease is often unrecognized or misdiagnosed. Diagnosis of Oropouche virus disease is made by reverse transcription polymerase chain reaction (RT-PCR) and real-time RT-PCR. Serologic assays can be used to aid diagnosis; however, they should be conducted by highly trained personnel and in laboratories equipped with appropriate containment facilities. There are no available commercial diagnostic or rapid tests based on antigens or immunoassays (e.g. ELISA, immunochromatography) available.

Treatment

There is no specific treatment available for Oropouche virus disease. Treatment is primarily supportive and focuses on relieving symptoms.

Complications

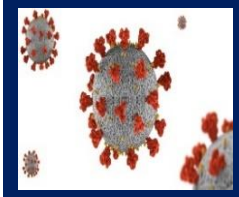
The understanding of complications from Oropouche virus disease is limited. Occasionally, aseptic meningitis may occur. Recently, there were reports from Brazil describing five cases of possible Oropouche virus transmission during pregnancy (four stillbirth and one spontaneous miscarriage) as well as four cases of newborns with microcephaly detected via retrospective investigations. Despite the detection of viral RNA by reverse transcription polymerase chain reaction (RT-PCR) testing of fetal tissues, it cannot be concluded that OROV infection was the cause of fetal deaths, and investigations are still ongoing.

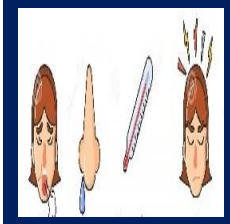
Prevention and control

There is no vaccine available to prevent Oropouche virus disease. Vector control and personal protective measures are key in reducing the spread of the virus. Standard bed nets are less effective against the biting midge, as these insects are small and can pass through the netting. In contrast, fine mesh bed nets and chemical insecticides used as residual spray on internal and external walls of infested premises have been shown to be effective. Personal protective measures, such as wearing protective clothing and using insect repellents containing DEET, IR3535 or icaridin, are recommended to minimize the risk of infection.

Taken from WHO website on 23/Sep/2025
https://www.who.int/news-room/fact-sheets/detail/oropouche-virus-disease
https://www.cdc.gov/oropouche/outbreaks/2024/index.html (picture)

EPI WEEK 37





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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 – 34 to 37 of 2025

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

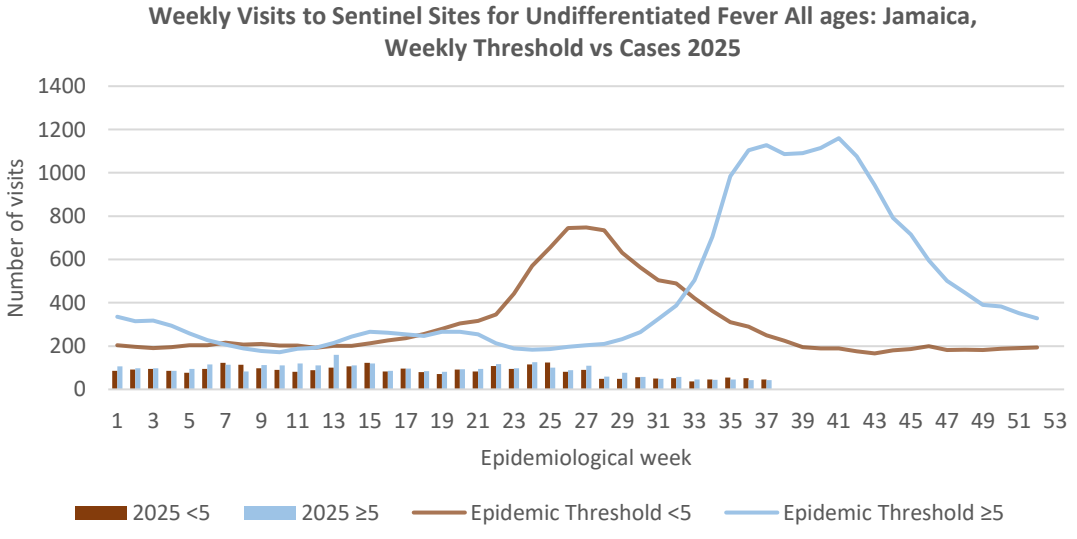
KEY:
Yellow- late submission on Tuesday
Red – late submission after Tuesday

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													
34	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
35	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
36	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
37	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

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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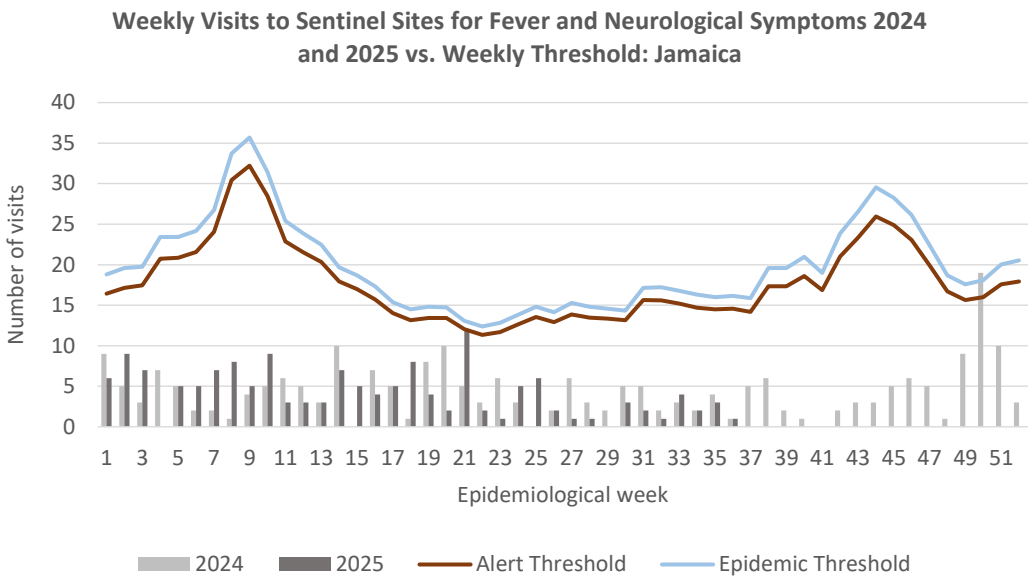
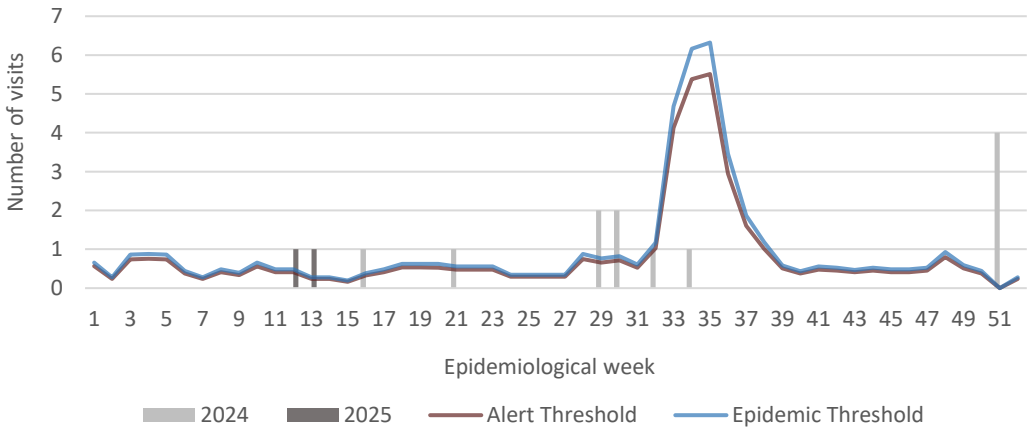
FEVER AND NEUROLOGICAL

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

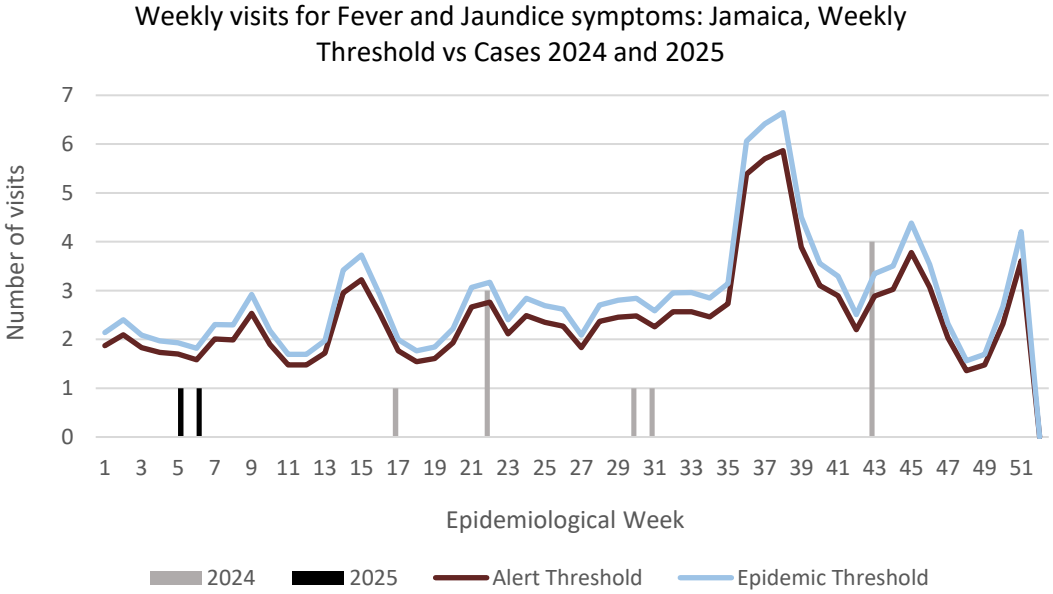
Temperature of >38^0C /100.4^0F (or recent history of fever) in a previously healthy person presenting with at least one haemorrhagic (bleeding) manifestation with or without jaundice.



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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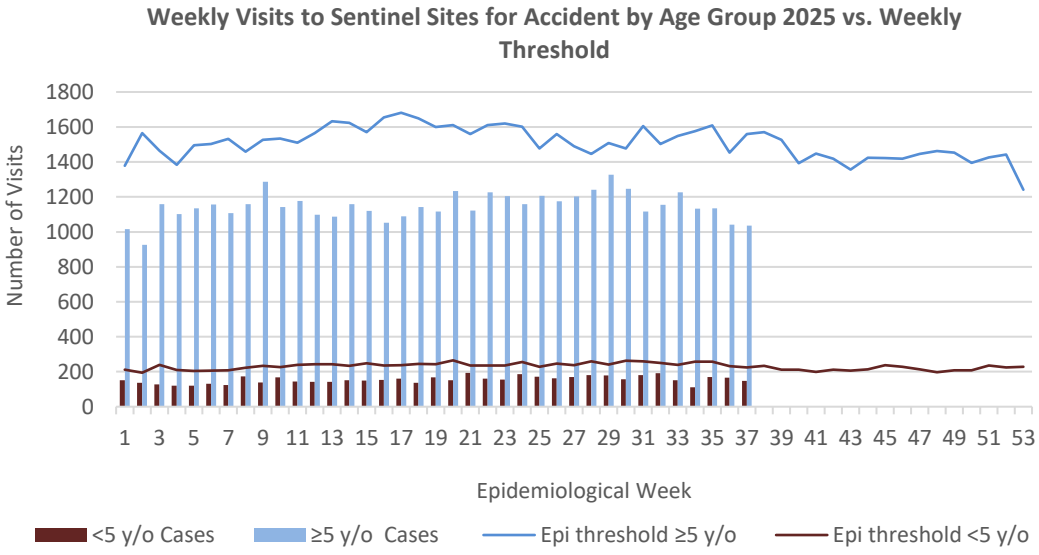
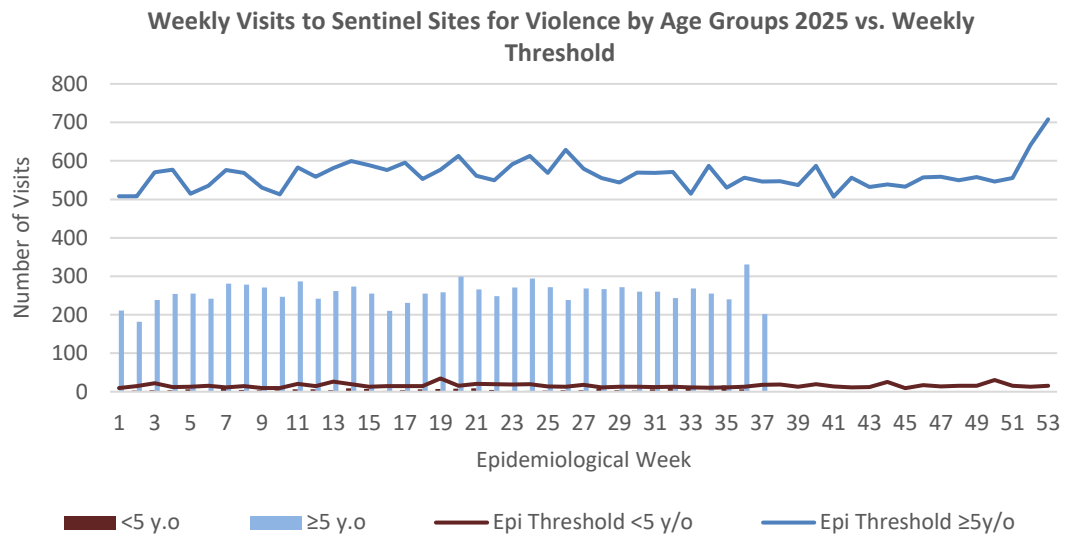
ACCIDENTS

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



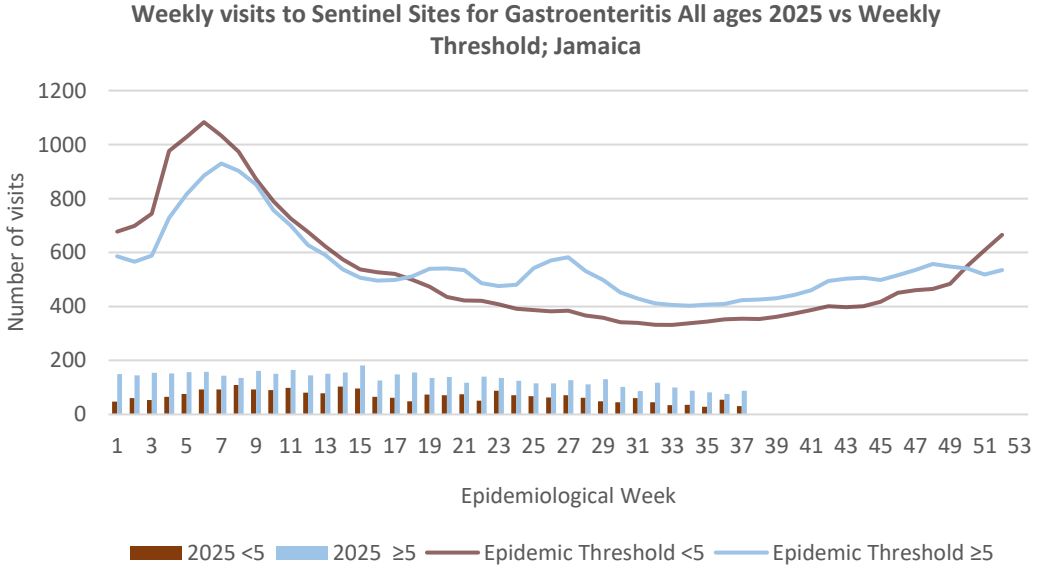
VIOLENCE

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.



4 NOTIFICATIONS- All clinical sites

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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		92[β]	252[β]
	Cholera		0	0
	Severe Dengue[Y]		See Dengue page below	See Dengue page below
	COVID-19 (SARS-CoV-2)		295	647
	Hansen's Disease (Leprosy)		0	0
	Hepatitis B		5	35
	Hepatitis C		1	9
	HIV/AIDS		NA	NA
	Malaria (Imported)		0	0
	Meningitis		11	16
	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]		42	49
	Ophthalmia Neonatorum		35	144
	Pertussis-like syndrome		0	0
	Rheumatic Fever		0	0
	Tetanus		2	0
	Tuberculosis		27	35
	Yellow Fever		0	0
	Chikungunya[ε]		0	0
	Zika Virus[θ]		0	0

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

NOTIFICATIONS- All clinical sites

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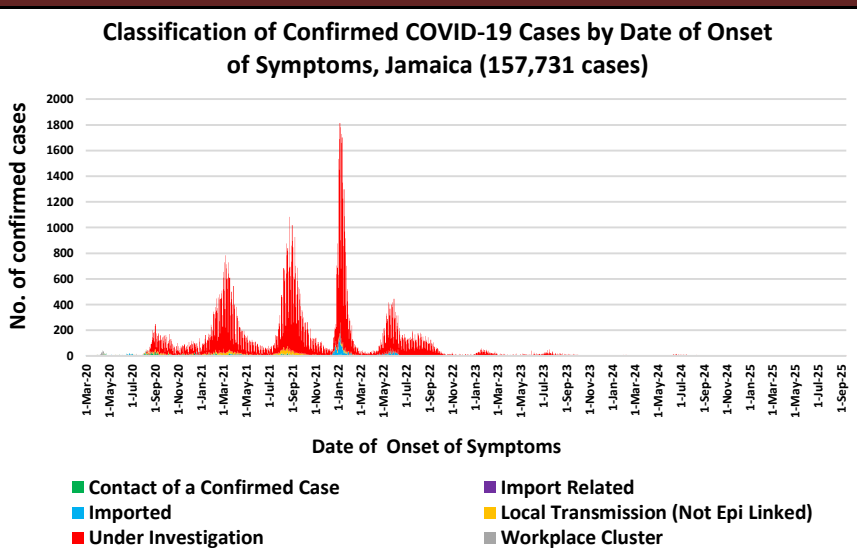
COVID-19 SURVEILLANCE

CASES	EW 37	Total
Confirmed	5	157731
Females	3	90872
Males	2	66852
Age Range	11 months to 66 years	1 day to 108 years

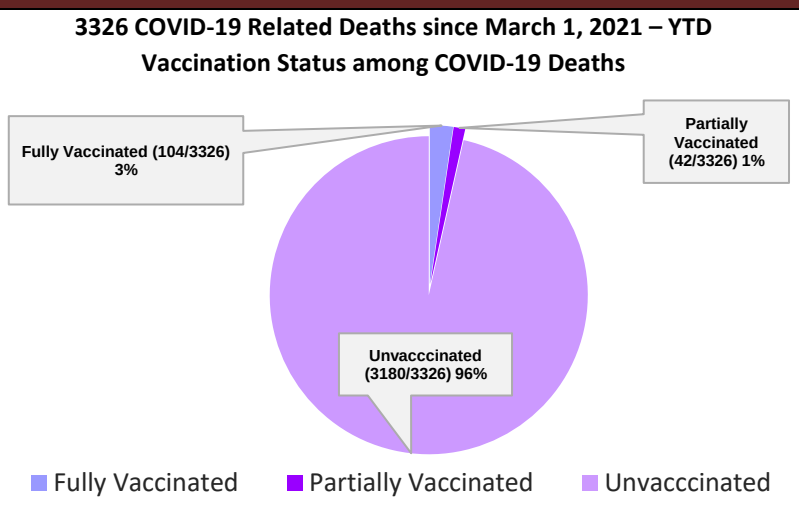
* 3 positive cases had no gender specification
* PCR or Antigen tests are used to confirm cases
* Total represents all cases confirmed from 10 Mar 2020 to the current Epi-Week.



COVID-19 Outcomes

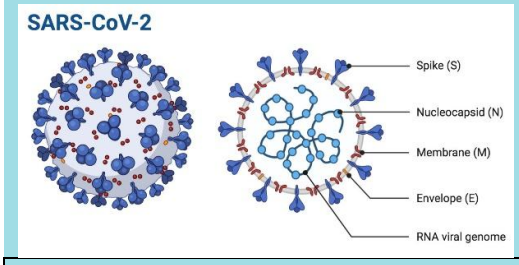
Outcomes	EW 37	Total
ACTIVE *2 weeks*		7
DIED – COVID Related	0	3890
Died - NON COVID	0	403
Died - Under Investigation	0	142
Recovered and discharged	0	103226
Repatriated	0	93
Total		157731

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



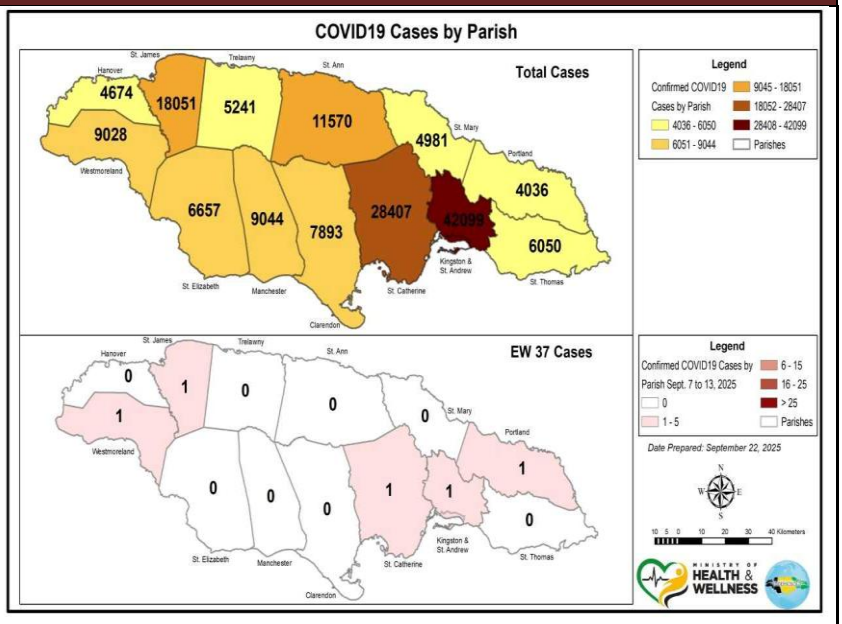
COVID-19 Parish Distribution and Global Statistics

COVID-19 Virus Structure



COVID-19 WHO Global Statistics EW 34 -37 2025

Epi Week	Confirmed Cases	Deaths
34	22100	339
35	27300	373
36	28100	387
37	37400	395
Total (4weeks)	**114900**	**1494**



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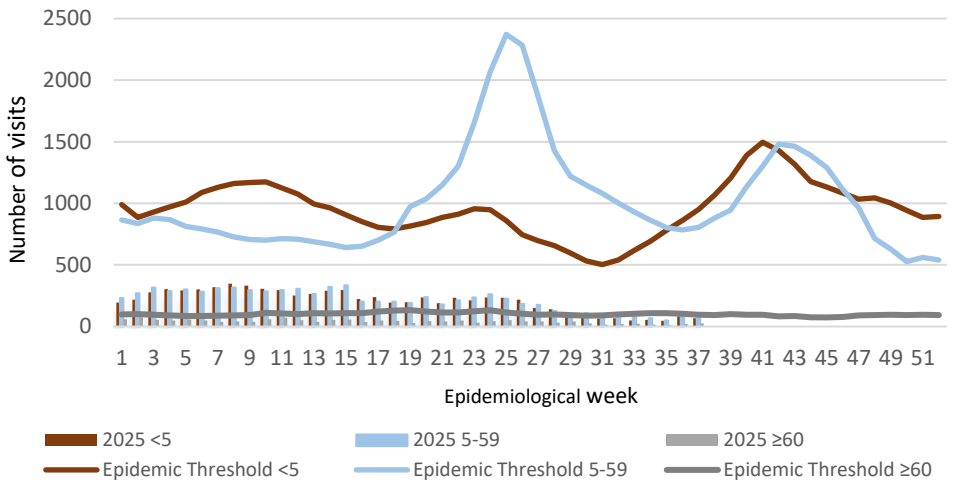
INFLUENZA SURVEILLANCE

EW 37

September 7, 2025 – September 13, 2025 Epidemiological Week 37

	EW 37	*YTD*
SARI cases	2	313
Total Influenza positive Samples	**0**	**173**
Influenza A	**0**	**148**
H1N1pdm09	0	79
H3N2	0	69
Not subtyped	0	0
Influenza B	**0**	**25**
B lineage not determined	0	0
B Victoria	0	25
Parainfluenza	0	0
Adenovirus	0	0
RSV	0	30

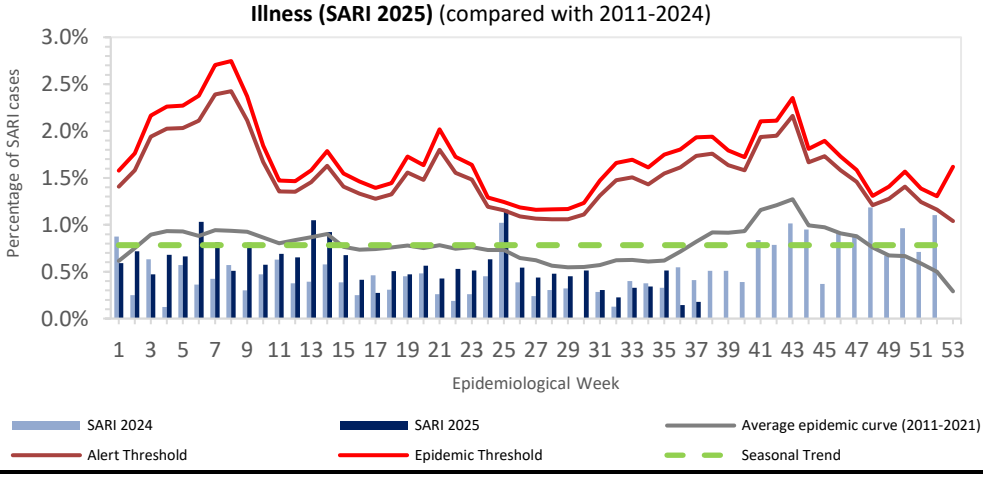
Weekly visits to Sentinel Sites for Influenza-like Illness (ILI) All ages 2025 vs Weekly Threshold; Jamaica



Epi Week Summary

During EW 37, two (2) SARI admissions was reported.

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

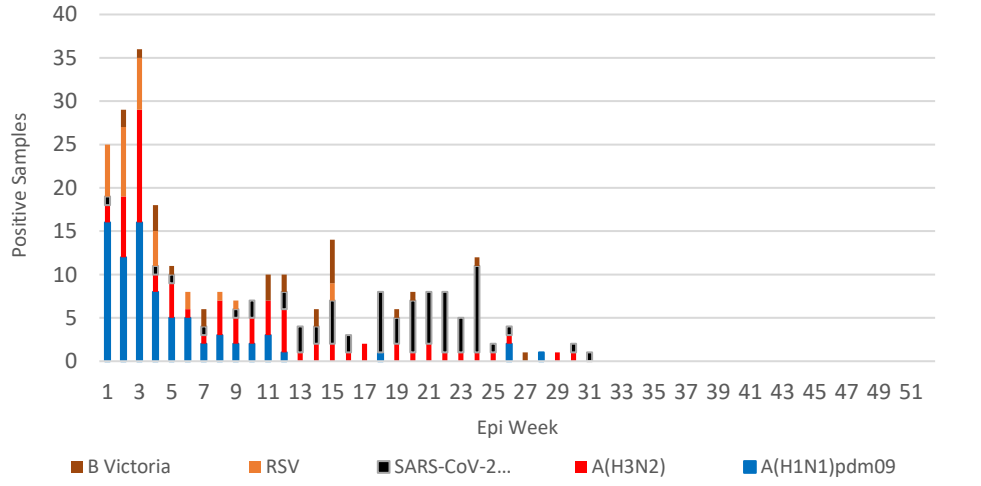


Caribbean Update EW 37

Influenza activity, mainly driven by A(H1N1)pdm09, decreased in the last EW, with a subregional positivity rate of 7.6%. In Haiti, Belize and Saint Lucia, influenza activity remains at epidemic levels. In contrast, in Jamaica, Suriname and the Dominican Republic, it remains at interseasonal levels. In Barbados, Guyana, the Cayman Islands, and Saint Vincent and the Grenadines, influenza activity remains low. In Cuba, activity decreased compared to the previous EW, with a positivity rate of 5.5%. RSV circulation in the subregion increased compared to the previous EW with a positivity rate of 6.6%. In Barbados, and the Cayman Islands, circulation decreased compared to the previous EW. In Belize and Haiti, circulation remains low. Sars-CoV-2 activity decreased this EW compared to the previous one, with a subregional positivity rate of 10%. In Cuba, the Dominican Republic, Haiti, Saint Vincent and the Grenadines, activity decreased. Barbados maintains high level of circulation, but with a stable trend and a positivity rate of 28.2%. Belize maintained low and stable levels. Guyana shows increased circulation compared to the previous EW.

(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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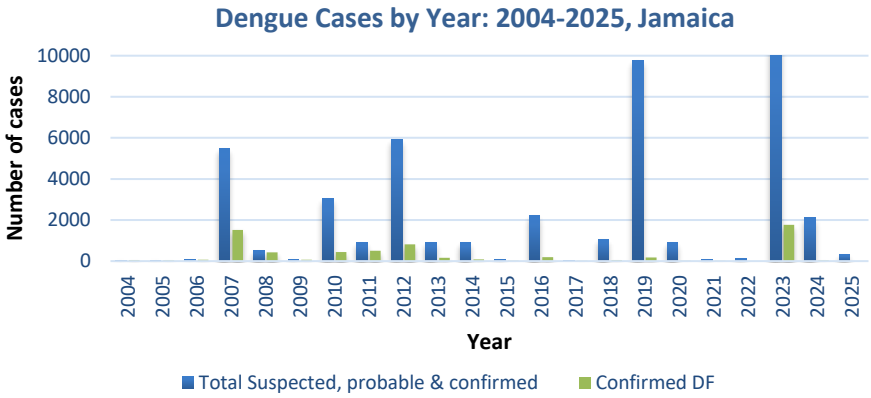
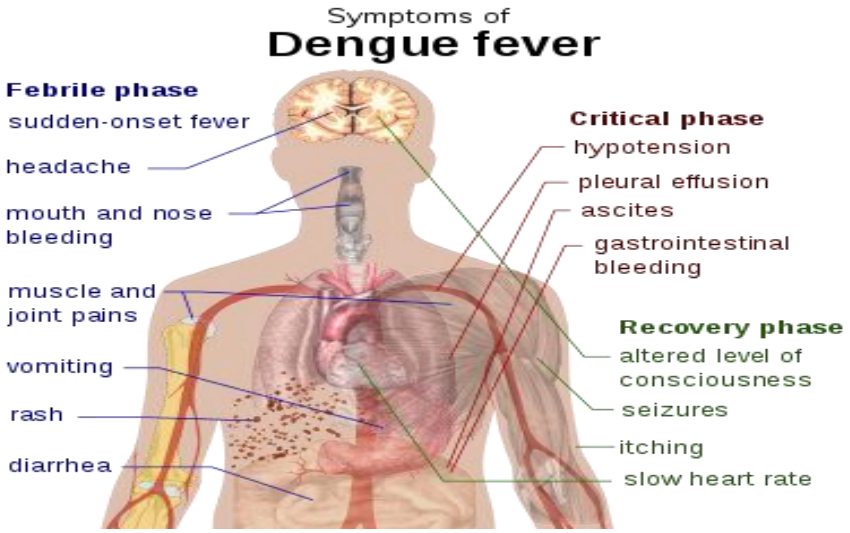
DENGUE SURVEILLANCE

September 7, 2025 – September 13, 2025 Epidemiological Week 37 | Epidemiological Week 37



Reported suspected, probable and confirmed dengue with symptom onset in week 37 of 2025

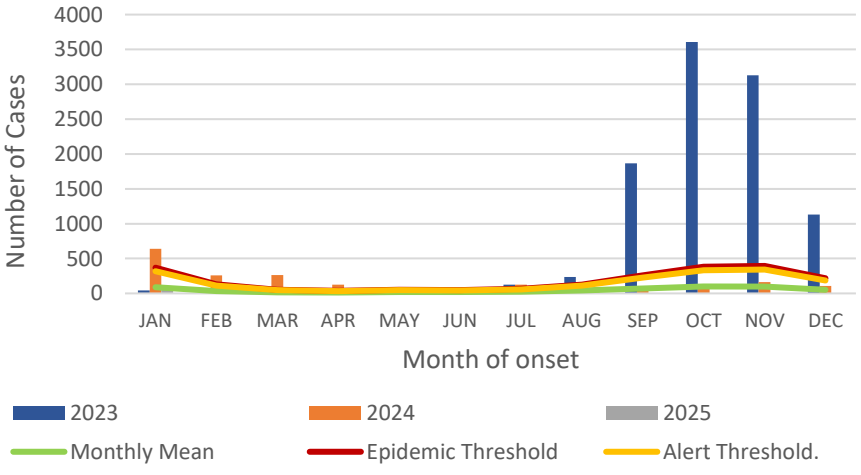
	2025*	
	EW 37	YTD
Total Suspected, Probable & Confirmed Dengue Cases	0	335
Lab Confirmed Dengue cases	0	0
CONFIRMED Dengue Related Deaths	0	0



Points to note:

- **Dengue deaths are reported based on date of death.**
- ***Figure as at September 26, 2025**
- **Only PCR positive dengue cases are reported as confirmed.**
- **IgM positive cases are classified as probable dengue.**

Suspected, probable and confirmed dengue cases for 2023-2025 versus monthly mean, alert and epidemic threshold (2007-2022)



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RESEARCH ABSTRACT

Abstract

NHRC-23-O10

Fruit and vegetable intake among Jamaican school-aged children

Gray Brown A[1], Findlay L[1], Soares-Wynter S.[1]

[1]*Caribbean Institute for Health Research, The University of the West Indies, Kingston, Jamaica.*

Objective: To describe the weekday fruit and vegetable intakes of Jamaican school-aged children.

Methods: A cross-sectional survey of children (n=729), aged 7-11 years, from 30 primary schools in Kingston and St. Andrew was conducted in 2019. Fruit and vegetable intakes were reported using a modified 24-hour recall administered by trained nutrition personnel with the aid of food models. Intake estimates were converted to grams and compared to World Health Organization (WHO) requirements. Data were presented as means and frequencies where appropriate.

Results: Fruits and vegetables were consumed by 35% (262) and 52% (377) of children, respectively. Among the consumers, fruits eaten were obtained mostly from home (174, 66%), street vendors (50, 19%), school (45, 17%), or other locations (27, 10%). Vegetables were also obtained from home (229, 61%), school (197, 52%) or other locations (15, 4%). The most frequently reported items were ripe bananas, otaheite apples, and oranges; and cabbage, lettuce, and mixed vegetables (green peas, carrot, corn). Most fruits were consumed at breakfast meals (111, 42%) or as snacks throughout the day (117, 45%). In contrast, vegetables were consumed mostly for lunch (209, 55%) and dinner (203, 54%) meals. The mean amounts consumed were 38.4±63.4g fruits and 76.3±140.8g vegetables, and only 9% of children met their age-specific WHO fruit and vegetable requirement.

Conclusion: Many Jamaican school children report eating fruits and vegetables but intakes are inadequate. A comprehensive school nutrition policy provides a unique opportunity to incorporate fruits and vegetables in school meal programmes.

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