

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL SURVEILLANCE UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Weekly Spotlight

Influenza (avian and other zoonotic) (Part 1)



There are 4 types of influenza viruses, types A, B, C and D. Influenza A and B viruses circulate and cause seasonal epidemics of disease in humans although only type A viruses can cause global pandemics based on current knowledge and understanding. Influenza A viruses are established in many animal species. The emergence of an influenza A virus, with the ability to infect people and sustain human-to-human transmission, could cause an influenza pandemic.

Influenza type A viruses are classified into subtypes according to the combinations of the proteins on the surface of the virus. When animal influenza viruses infect their host species, they are named according to the host – as avian influenza viruses, swine influenza viruses, equine influenza viruses, canine influenza viruses, etc. These animal influenza viruses are distinct from human influenza viruses and do not easily transmit to and among humans. Wild aquatic birds are the primary natural reservoir for most subtypes of influenza A viruses. Avian influenza outbreaks in poultry can have immediate and severe consequences for the agricultural sector.

Signs and symptoms in humans

Exposure to avian influenza viruses can lead to infection and disease in humans, ranging from mild, flu-like symptoms or eye inflammation to severe, acute respiratory disease and/or death. Disease severity will depend upon the virus causing the infection and the characteristics of the infected individual. Rarely, gastrointestinal and neurological symptoms have been reported. The case fatality rate for A(H5) and A(H7N9) subtype virus infections among humans is higher than that of seasonal influenza infections.

Taken from WHO website on 29/Sep/2025

[https://www.who.int/news-room/fact-sheets/detail/influenza-\(avian-and-other-zoonotic\)](https://www.who.int/news-room/fact-sheets/detail/influenza-(avian-and-other-zoonotic))
<https://www.who.int/news-room/fact-sheets/detail/influenza-%28avian-and-other-zoonotic%29> (picture)

EPI WEEK 38



Syndromic Surveillance

Accidents

Violence

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Class 1 Notifiable Events

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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 – 35 to 38 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													
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
38	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

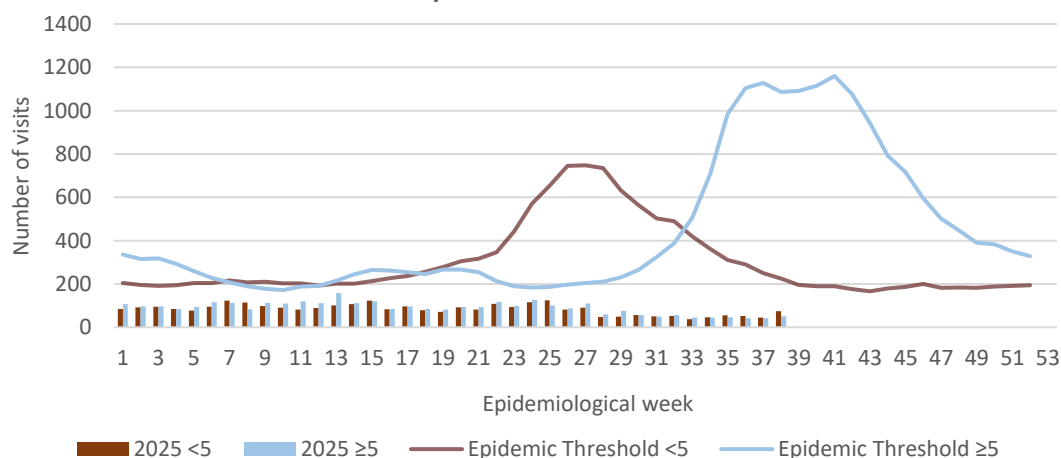
SYNDROMIC SURVEILLANCE

UNDIFFERENTIATED FEVER

Temperature of $>38^{\circ}\text{C}$ / 100.4°F (or recent history of fever) with or without an obvious diagnosis or focus of infection.



Weekly Visits to Sentinel Sites for Undifferentiated Fever All ages: Jamaica, Weekly Threshold vs Cases 2025



2 NOTIFICATIONS- All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued



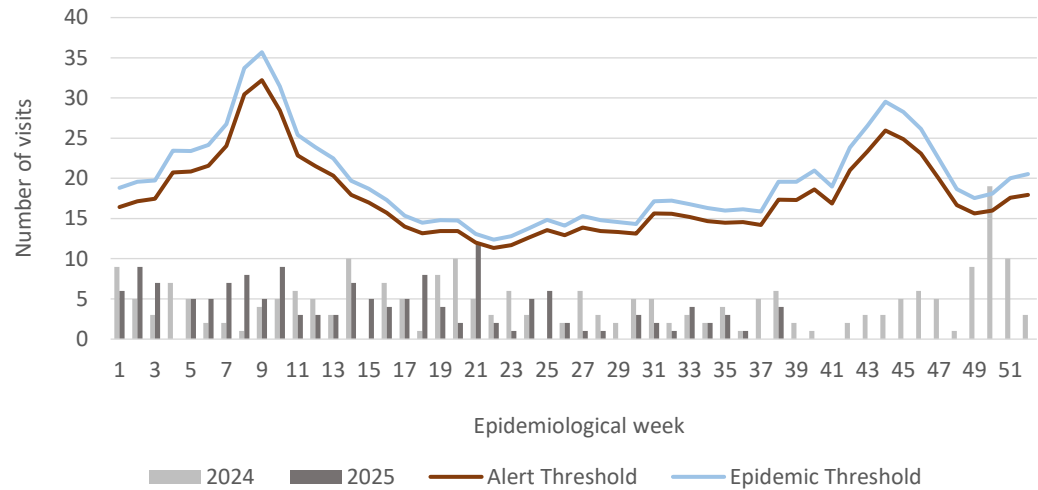
SENTINEL REPORT- 78 sites. Automatic reporting

FEVER AND NEUROLOGICAL

Temperature of $>38^{\circ}\text{C}$ / 100.4°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).



Weekly Visits to Sentinel Sites for Fever and Neurological Symptoms 2024 and 2025 vs. Weekly Threshold: Jamaica

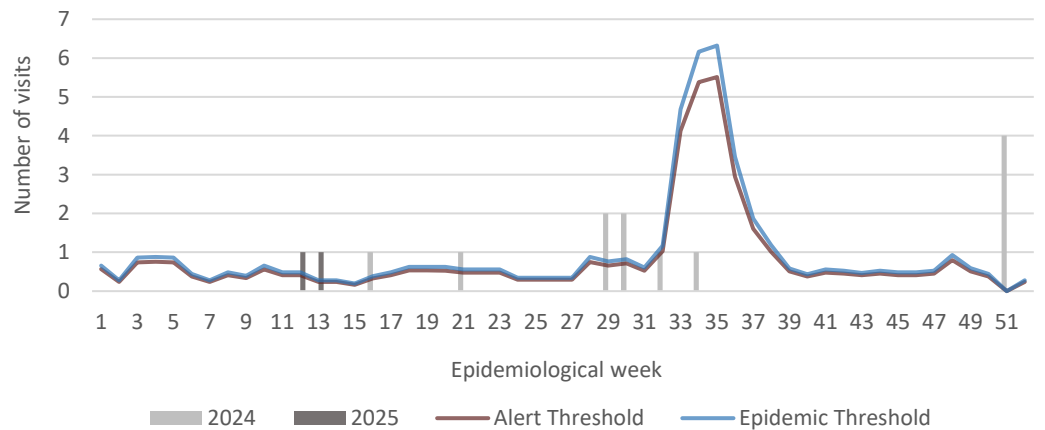


FEVER AND HAEMORRHAGIC

Temperature of $>38^{\circ}\text{C}$ / 100.4°F (or recent history of fever) in a previously healthy person presenting with at least one haemorrhagic (bleeding) manifestation with or without jaundice.



Weekly visits to Sentinel Sites for Fever and Haemorrhagic symptoms 2024 and 2025 vs Weekly Threshold; Jamaica



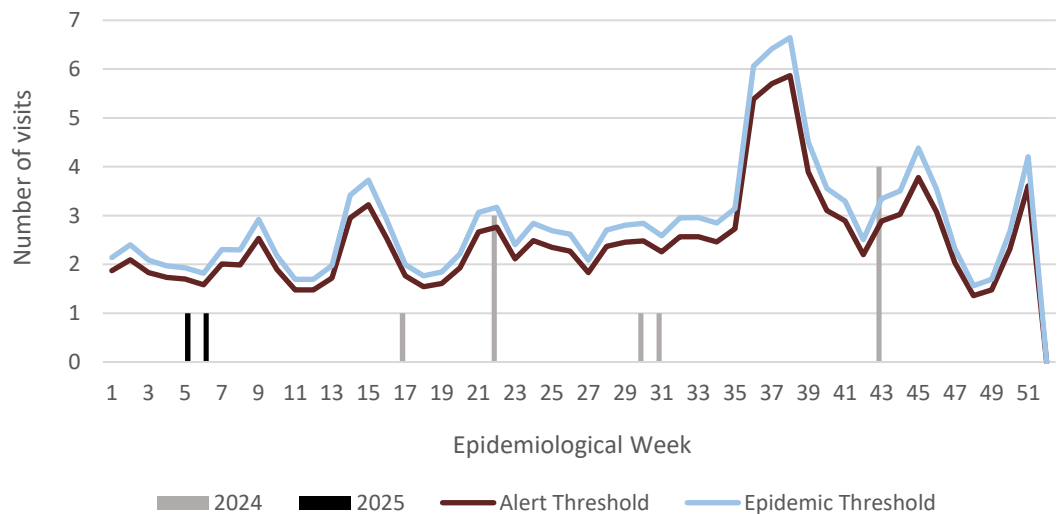
FEVER AND JAUNDICE

Temperature of $>38^{\circ}\text{C}$ / 100.4°F (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.



Weekly visits for Fever and Jaundice symptoms: Jamaica, Weekly Threshold vs Cases 2024 and 2025



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NOTIFICATIONS-
All clinical
sites



INVESTIGATION
REPORTS- Detailed Follow
up for all Class One Events



HOSPITAL
ACTIVE
SURVEILLANCE-
30 sites. Actively
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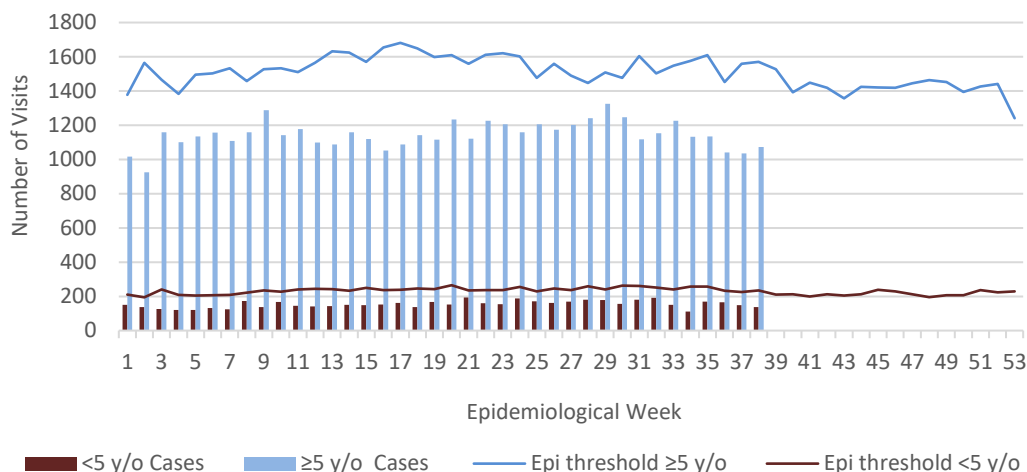
SENTINEL
REPORT- 78 sites.
Automatic reporting

ACCIDENTS

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



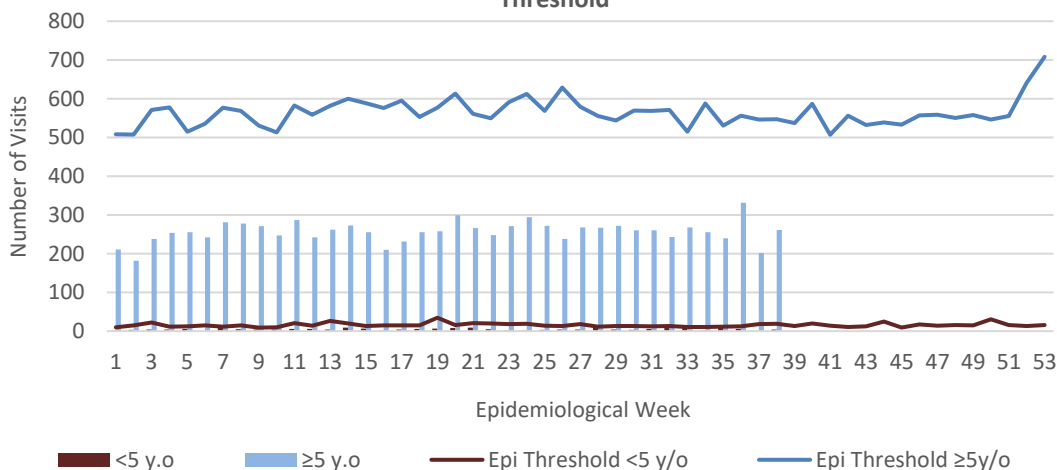
Weekly Visits to Sentinel Sites for Accident by Age Group 2025 vs. Weekly Threshold

**VIOLENCE**

Any injury for which the cause is intentional, e.g. gunshot wounds, stab wounds, etc.



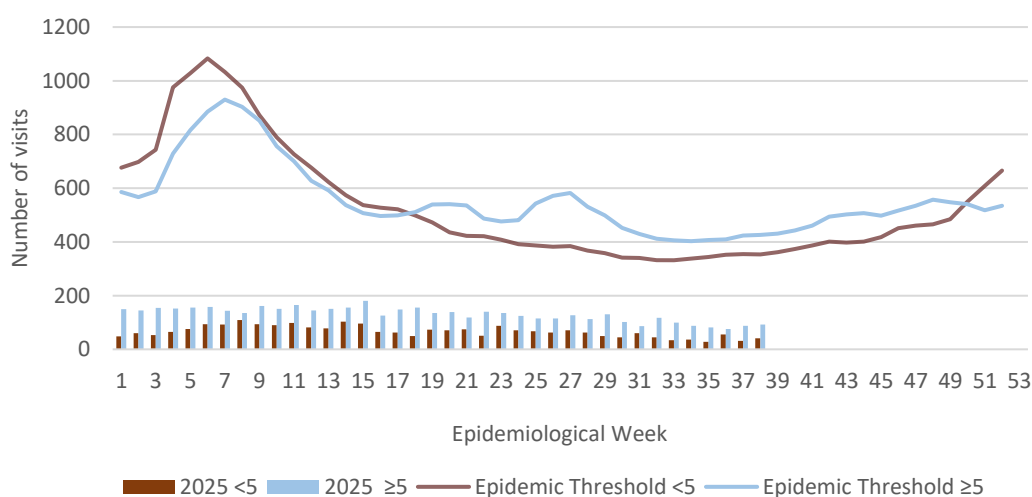
Weekly Visits to Sentinel Sites for Violence by Age Groups 2025 vs. Weekly Threshold

**GASTROENTERITIS**

Inflammation of the stomach and intestines, typically resulting from bacterial toxins or viral infection and causing vomiting and diarrhoea.



Weekly visits to Sentinel Sites for Gastroenteritis All ages 2025 vs Weekly Threshold; Jamaica



4

NOTIFICATIONS-
All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



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CLASS ONE NOTIFIABLE EVENTS					Comments
			Confirmed YTD ^α		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. γ 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.
	CLASS 1 EVENTS		CURRENT YEAR 2025	PREVIOUS YEAR 2024	
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning		92 ^β	252 ^β	
	Cholera		0	0	
	Severe Dengue ^γ		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	
HIGH 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		43	50	
	Ophthalmia Neonatorum		35	148	
	Pertussis-like syndrome		0	0	
	Rheumatic Fever		0	0	
	Tetanus		2	0	
	Tuberculosis		34	38	
	Yellow Fever		0	0	
	Chikungunya ^ε		0	0	
	Zika Virus ^θ		0	0	NA- Not Available



5 NOTIFICATIONS-
All clinical
sites



INVESTIGATION
REPORTS- Detailed Follow
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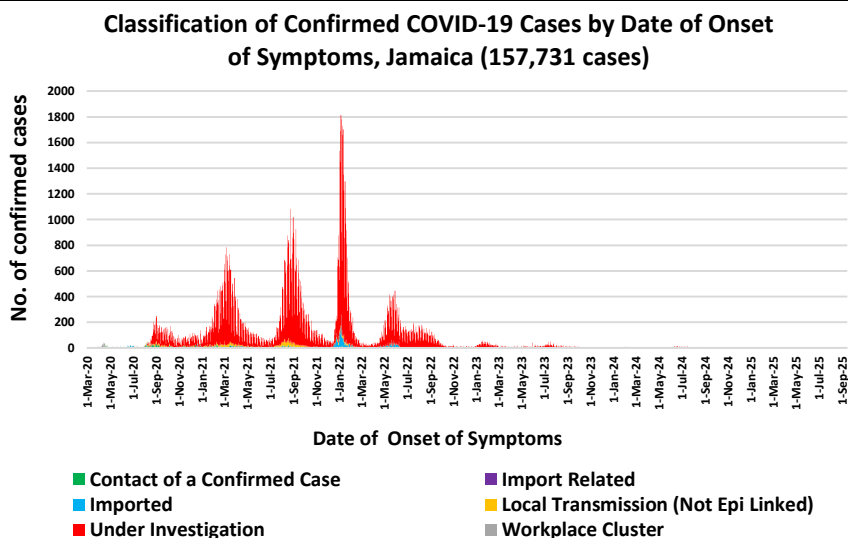
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COVID-19 SURVEILLANCE

CASES	EW 38	Total
Confirmed	4	157731
Females	3	90872
Males	1	66856
Age Range	56 days to 40 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.		



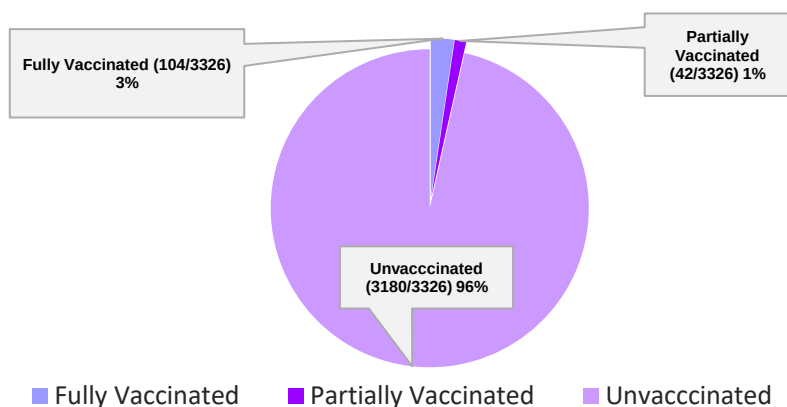
COVID-19 Outcomes

Outcomes	EW 38	Total
ACTIVE *2 weeks*		9
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

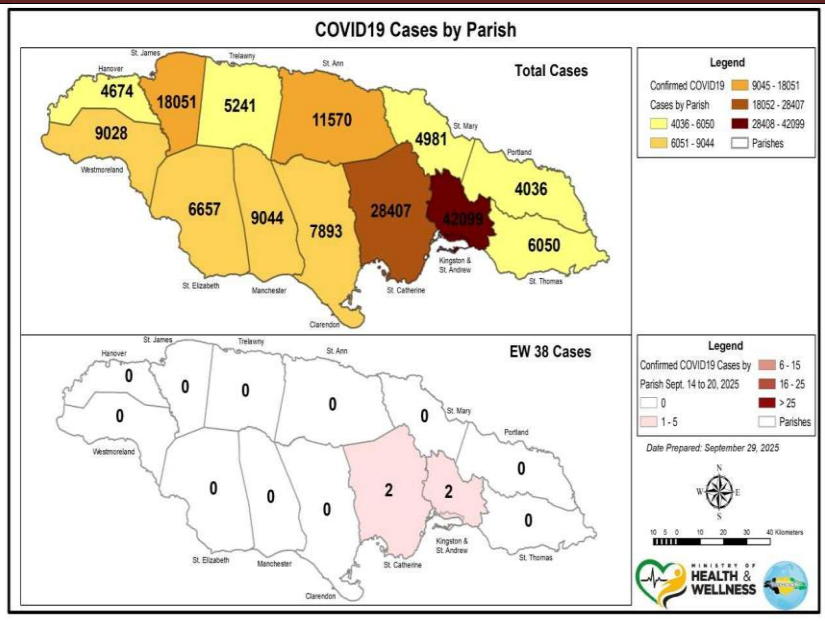
3326 COVID-19 Related Deaths since March 1, 2021 – YTD

Vaccination Status among COVID-19 Deaths



COVID-19 Parish Distribution and Global Statistics

COVID-19 Virus Structure		
COVID-19 WHO Global Statistics EW 35 -38 2025		
Epi Week	Confirmed Cases	Deaths
35	27300	373
36	28100	387
37	37400	395
38	35900	399
Total (4weeks)	128700	1554



6 NOTIFICATIONS-
All clinical sites

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INFLUENZA SURVEILLANCE

EW 38

September 14, 2025 – September 20, 2025 Epidemiological Week 38

	EW 38	YTD
SARI cases	6	322
Total Influenza positive Samples	1	176
Influenza A	1	151
H1N1pdm09	1	80
H3N2	0	71
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

Epi Week Summary

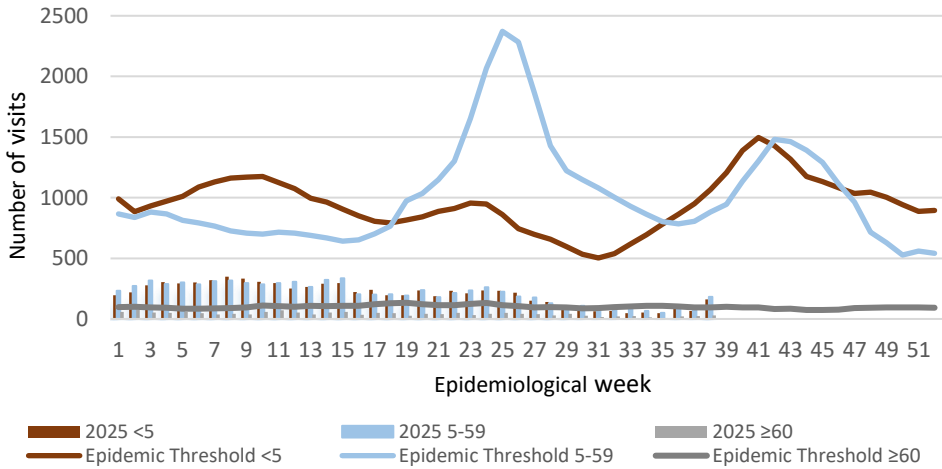
During EW 38, six (6) SARI admissions was reported.

Caribbean Update EW 38

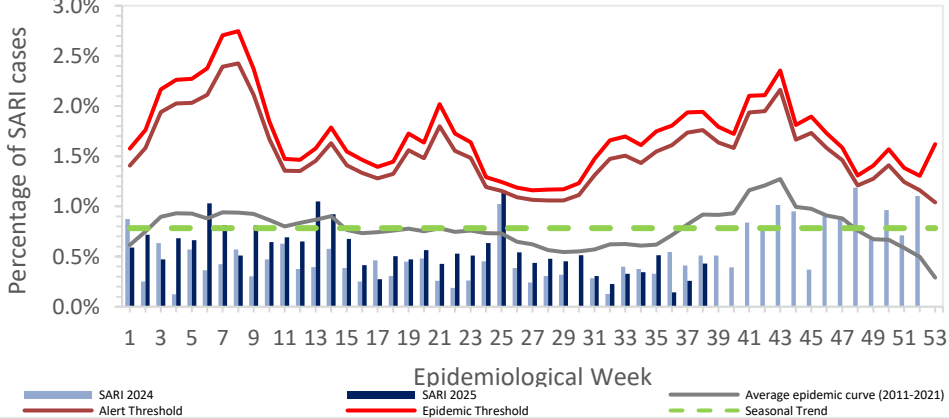
Influenza activity, primarily driven by A(H1N1)pdm09, decreased during the last EW, with a subregional positivity rate of 6%. RSV circulation also declined compared to the previous EW reaching a positivity rate of 3.9%. Meanwhile, Sars-CoV-2 activity continues to decrease., with a subregional positivity of 9.2%. SARI cases show a downward trend, mainly associated with influenza. In contrast, ILI cases present a slight increase, also predominantly linked to influenza. At the country level, influenza activity remains at epidemic levels in Haiti and Belize, while Jamaica and the Dominican Republic report interseasonal levels. In Cuba, activity increased compared to previous EW, with a positivity rate of 6.4%. Barbados, Guyana, the Cayman Islands, and Saint Vincent and the Grenadines report low levels of circulation. Regarding RSV, circulation decreased in Cuba, the Dominican Republic and Saint Lucia compared to the Previous EW. In Barbados, Belize, Haiti, Suriname, and Saint Vincent and the Grenadines, circulation remains low, while Guyana and the Cayman Islands show an increase.As for SARS-CoV-2, activity declined in Belize, the Dominican Republic, Saint Lucia, and the Cayman Islands during the last EW.

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

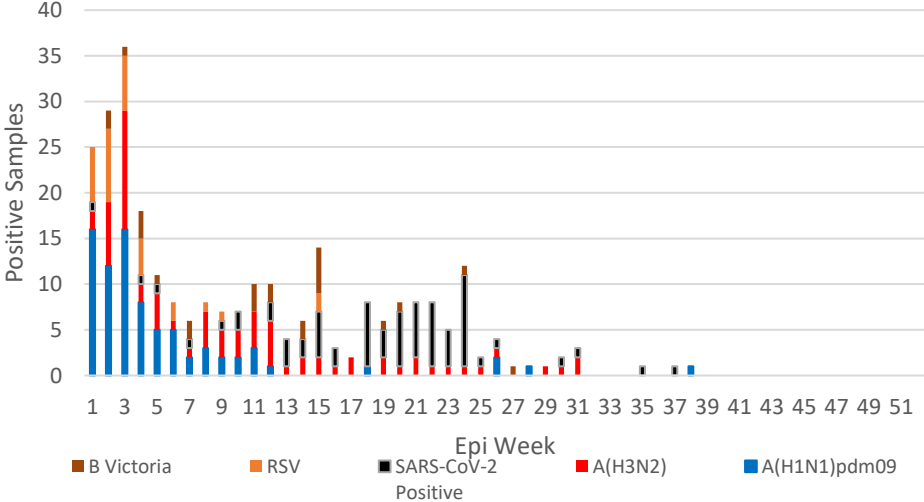
Weekly visits to Sentinel Sites for Influenza-like Illness (ILI) All ages
2025 vs Weekly Threshold; Jamaica



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



Distribution of Influenza and Other Respiratory Viruses Under Surveillance by EW, Jamaica - 2025



7 NOTIFICATIONS-
All clinical
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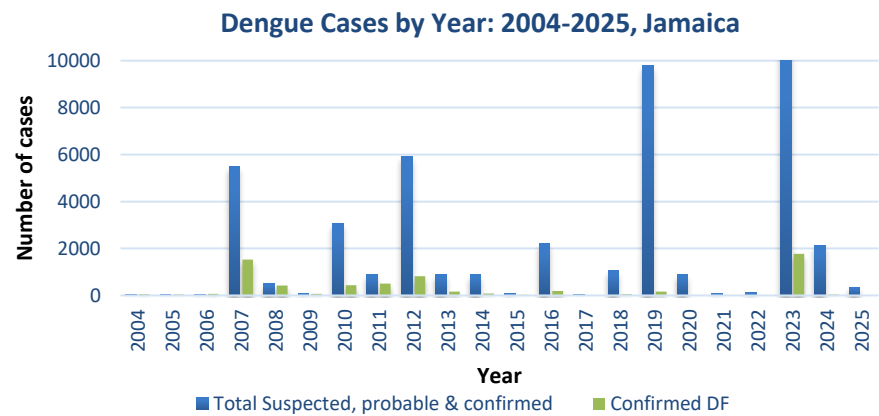
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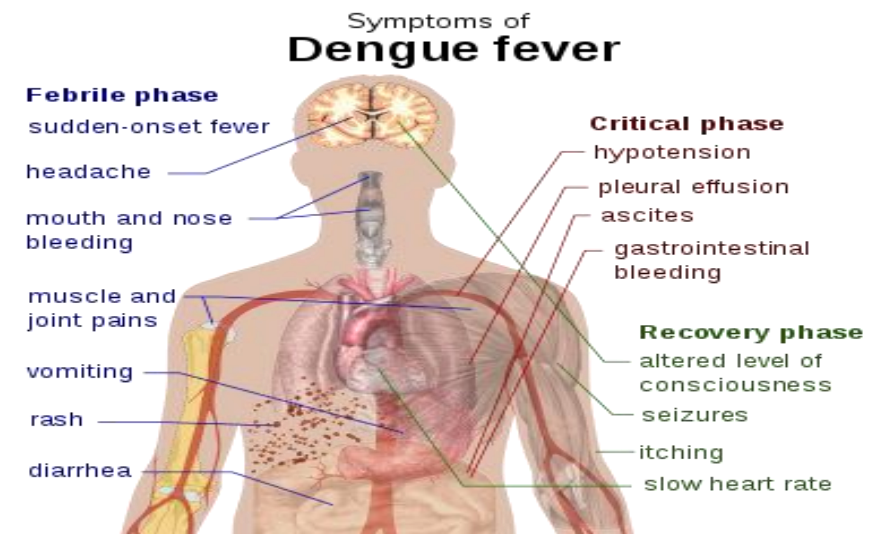
DENGUE SURVEILLANCE

September 14, 2025 – September 20, 2025 Epidemiological Week 38

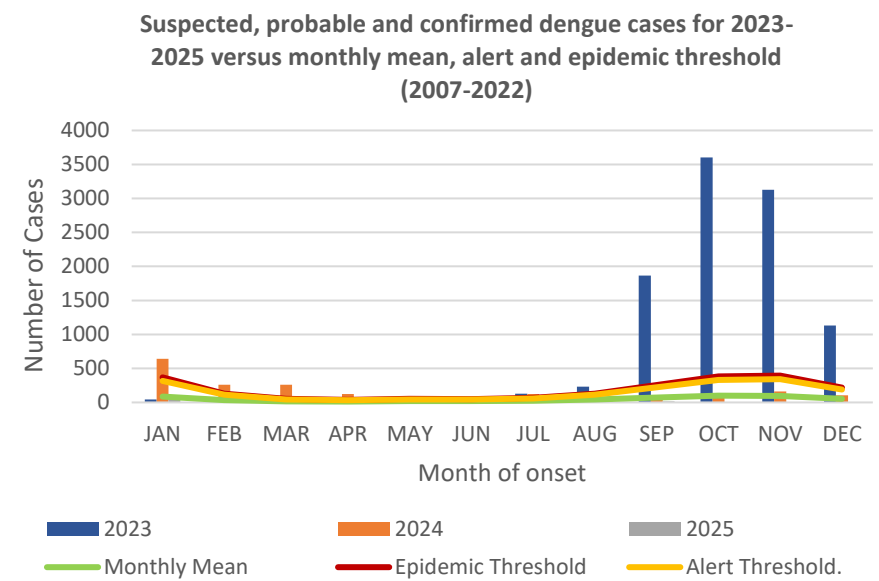


Reported suspected, probable and confirmed dengue with symptom onset in week 38 of 2025

	2025*	
	EW 38	YTD
Total Suspected, Probable & Confirmed Dengue Cases	5	358
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 October 3, 2025
 - Only PCR positive dengue cases are reported as confirmed.
 - IgM positive cases are classified as probable dengue.



RESEARCH ABSTRACT

Abstract

NHRC-23-O11

Food marketing and health promotion exposures in Jamaican primary and secondary schools

Findlay L¹, Homi Levee L², Gray Brown A¹, Soares-Wynter S¹

¹Caribbean Institute for Health Research, The University of the West Indies, Kingston, Jamaica, ²The University of the West Indies Global Campus, Kingston, Jamaica

Objectives: To assess food and beverage industry (FB) marketing, and health promotions (HP) exposures in Jamaican schools.

Methods: All occurrences of FB marketing (including reported donations) and HP elements were captured during an environmental audit of 54 primary and secondary schools located in Kingston in 2022. Photographs of elements (n=241) were coded to describe product categories and marketing techniques utilized. Data were presented as frequencies and means, with tests for differences using Chi-square and student's t-test (p<0.05).

Results: Overall, there were 29.3 elements per school, with all schools displaying HP and 48 (89%) having FB marketing. FB donations were received by 35 (65%) schools (2.5 per school), mostly for school meals (19, 35%), education (15, 28%), and foodservice equipment (12, 22%). FB branded foodservice equipment was present in 41 (76%) schools. Photographed elements described COVID-19 or sanitation protocols (129, 54%), healthy or mixed-quality foods (13, 5%) and healthy lifestyle behaviours (6, 2%), and unhealthy foods (86, 36%). The latter comprised mostly non-essential foods (42, 17%), sweetened beverages (34, 14%) and fast foods (10, 4%); with most located near tuck-shops (72, 73%). Of the 99 FB elements, most had company logos (97, 98%), appeals to flavour/texture (52, 50%) and coolness/fun (26, 25%). There were 63 (61%) of elements with child appealing techniques, with an average of 3.2 per element.

Conclusion: Children in Jamaican schools are exposed to unhealthy FB marketing especially at sale locations and via industry donations. Including food marketing safeguards in a comprehensive school nutrition policy is recommended.



The Ministry of Health and Wellness
15 Knutsford Boulevard, Kingston 5, Jamaica
Tele: (876) 633-7924
Email: surveillance@moh.gov.jm



9 NOTIFICATIONS-
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