WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL SURVEILLANCE UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Weekly Spotlight

Maternal Morality (Part 1)

Maternal mortality is unacceptably high. About 260 000 women died during and following pregnancy and childbirth in 2023. Approximately 92% of all maternal deaths occurred in low- and lower-middle-income countries in 2023, and most could have been prevented.

Why do women die?

Women die as a result of complications during and following pregnancy and childbirth. Most of these complications develop during pregnancy and most are preventable or treatable. Other complications may exist before pregnancy but are worsened during pregnancy, especially if not managed as part of the woman's care. The major complications that account for around 75% of all maternal deaths are:

- severe bleeding (mostly bleeding after childbirth)
- infections (usually after childbirth)
- high blood pressure during pregnancy (pre-eclampsia and eclampsia)
- complications from delivery
- unsafe abortion.

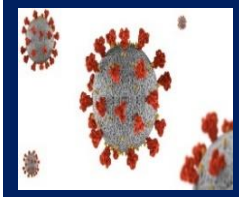
How can women's lives be saved?

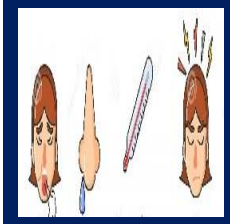
To avoid maternal deaths, it is vital to prevent unintended pregnancies. All women, including adolescents, need access to contraception, safe abortion services to the full extent of the law, and quality post-abortion care. Most maternal deaths are preventable, as the health-care solutions to prevent or manage complications are well known. All women need access to high quality care in pregnancy, and during and after childbirth. Maternal health and newborn health are closely linked. It is particularly important that all births are attended by skilled health professionals, as timely management and treatment can make the difference between life and death for the women as well as for the newborns.

- Severe bleeding after birth can kill a healthy woman within hours if she is unattended. Injecting oxytocics immediately after childbirth effectively reduces the risk of bleeding.
- Infection after childbirth can be eliminated if good hygiene is practised and if early signs of infection are recognized and treated in a timely manner.
- Pre-eclampsia should be detected and appropriately managed before the onset of convulsions (eclampsia) and other life-threatening complications. Administering drugs such as magnesium sulfate for pre-eclampsia can lower a woman's risk of developing eclampsia.

Taken from WHO website on 22/Dec/2025
https://www.who.int/news-room/fact-sheets/detail/maternal-mortality
Picture taken from https://unsplash.com/s/photos/maternity

EPI WEEK 50





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 – 47 to 50 of 2025.

***Timeliness of submission from EW 43 onward is likely impacted by passage of Hurricane Mellissa.**

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

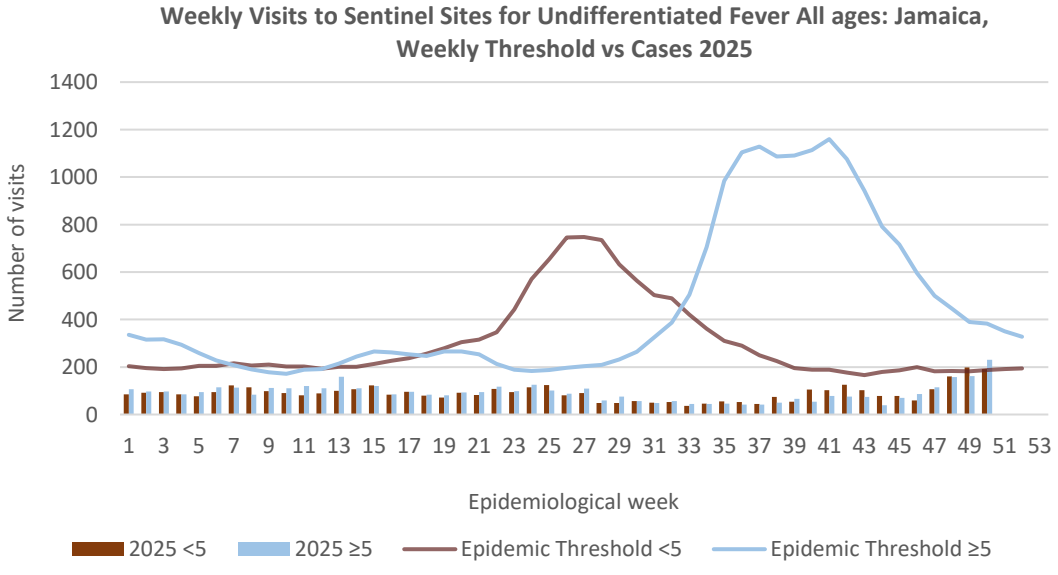
KEY:
Yellow- late submission on Tuesday
Red – late submission after Tuesday
White- No reports received

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													
47	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
48	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time		On Time	On Time	On Time	On Time
49	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
50	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	Late (T)	On Time	On Time	On Time

SYNDROMIC SURVEILLANCE

FEVER
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

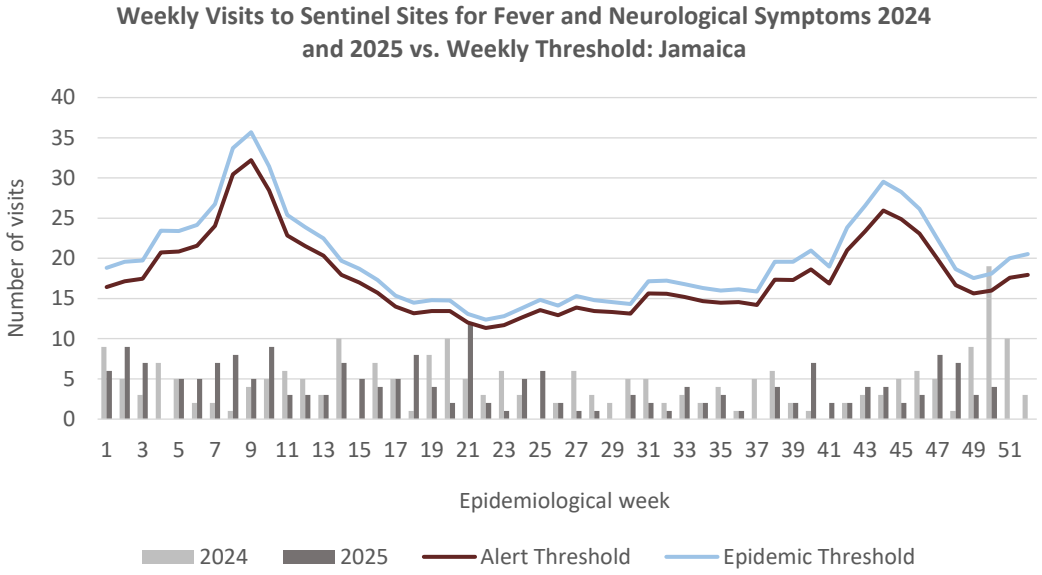
INVESTIGATION REPORTS- Detailed Follow up for all Class One Events

HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued

SENTINEL REPORT- 78 sites. Automatic reporting

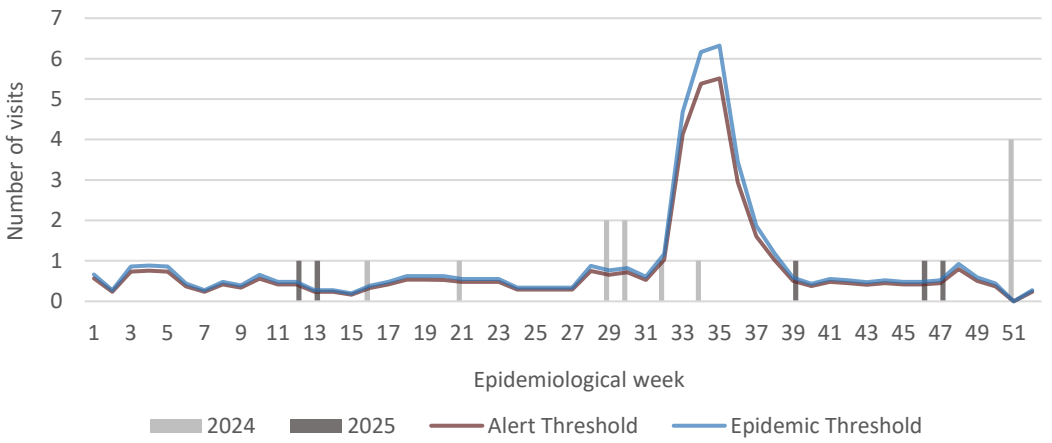
FEVER AND NEUROLOGICAL

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

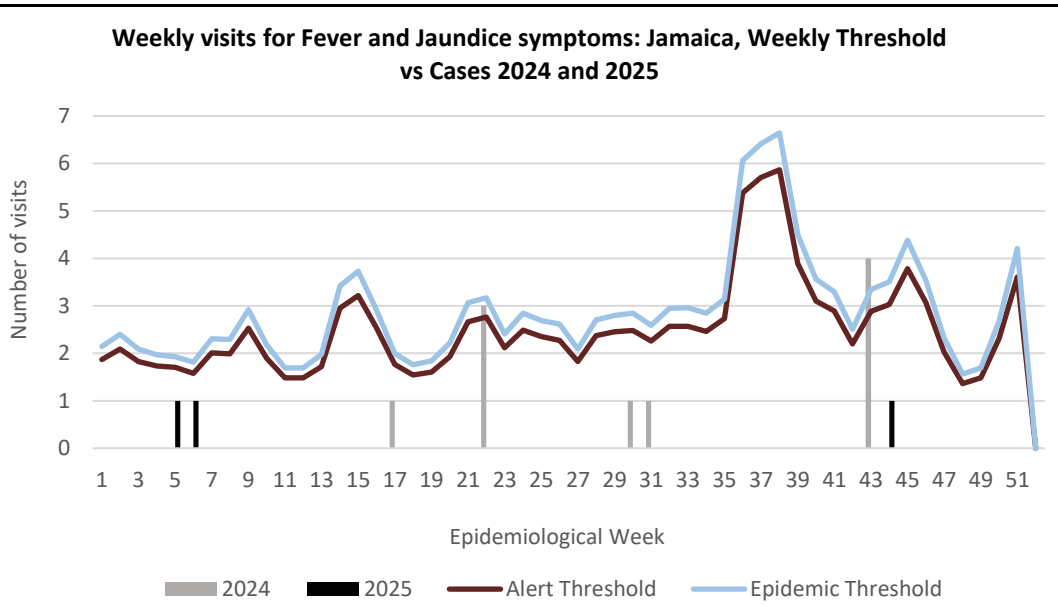
Temperature of >38^0C /100.4^0F (or recent history of fever) in a previously healthy person presenting with at least one haemorrhagic (bleeding) manifestation with or without jaundice.



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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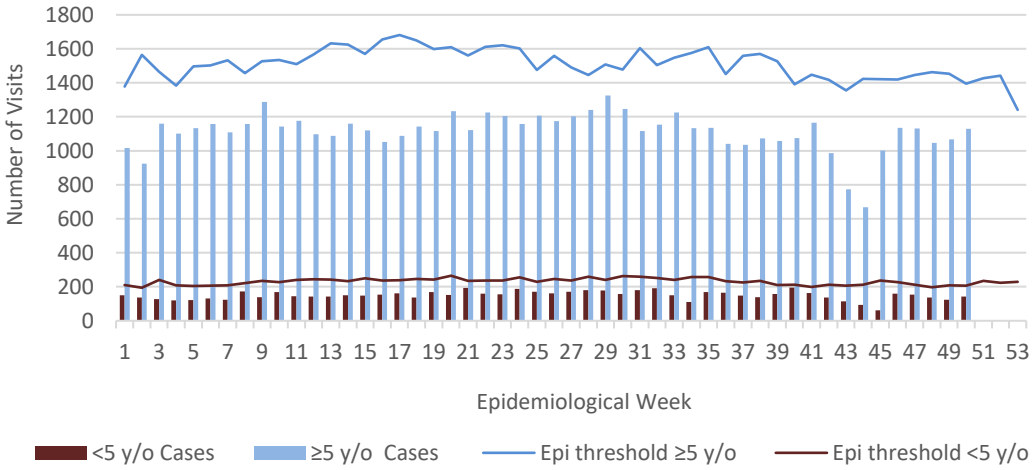
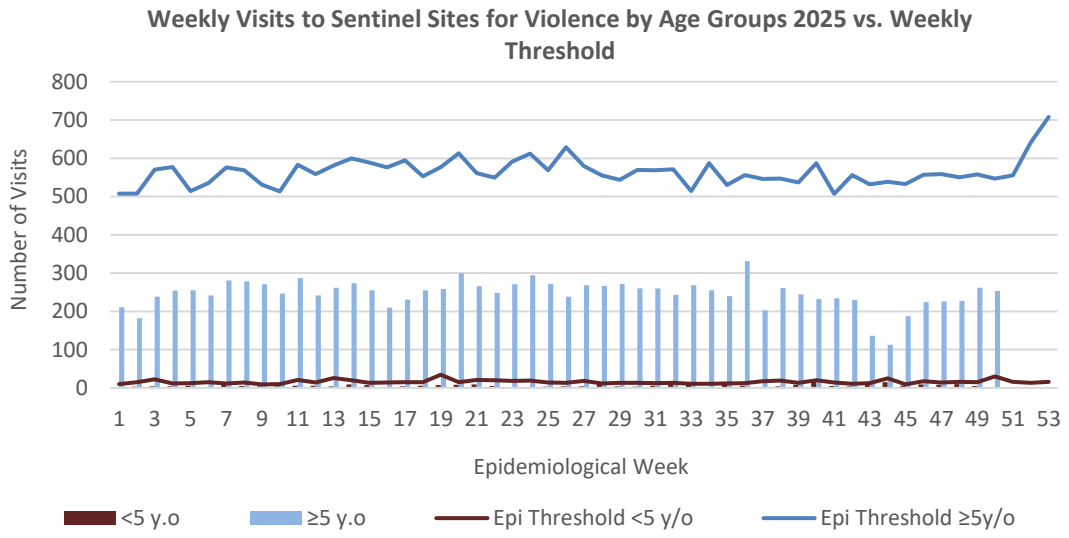
ACCIDENTS

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



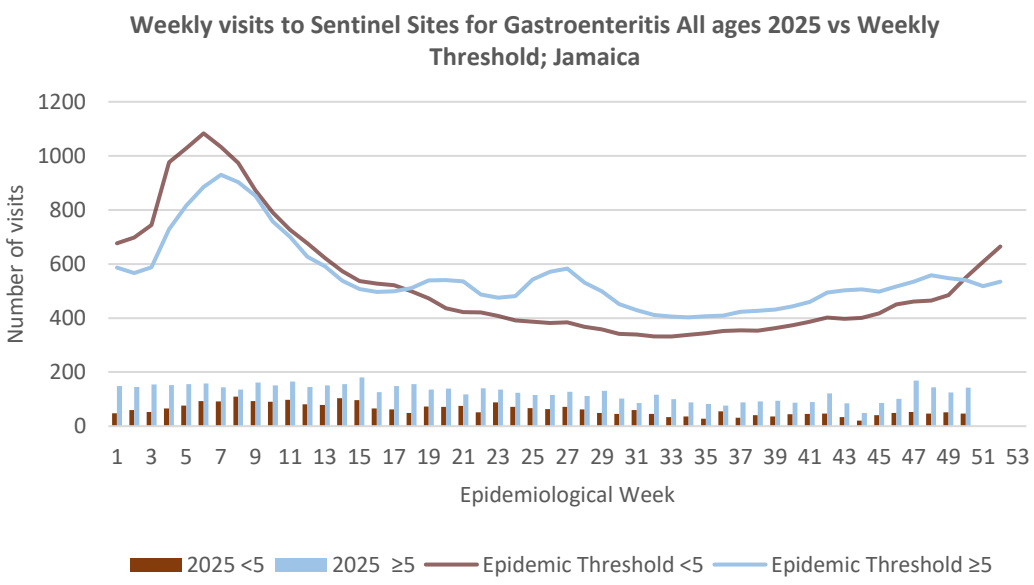
VIOLENCE

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	127[β]	272[β]
	Cholera	0	0
	Severe Dengue[Y]	See Dengue page below	See Dengue page below
	COVID-19 (SARS-CoV-2)	314	700
	Hansen's Disease (Leprosy)	0	1
	Hepatitis B	8	51
	Hepatitis C	1	10
	HIV/AIDS	NA	NA
	Malaria (Imported)	1	3
	Meningitis	12	21
	Mpox	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
	Fever and Rash – Rubella	0	0
	Maternal Deaths[δ]	54	69
	Ophthalmia Neonatorum	41	159
	Pertussis-like syndrome	0	0
	Rheumatic Fever	0	0
	Tetanus	3	0
	Tuberculosis	47	59
	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

NOTIFICATIONS- All clinical sites

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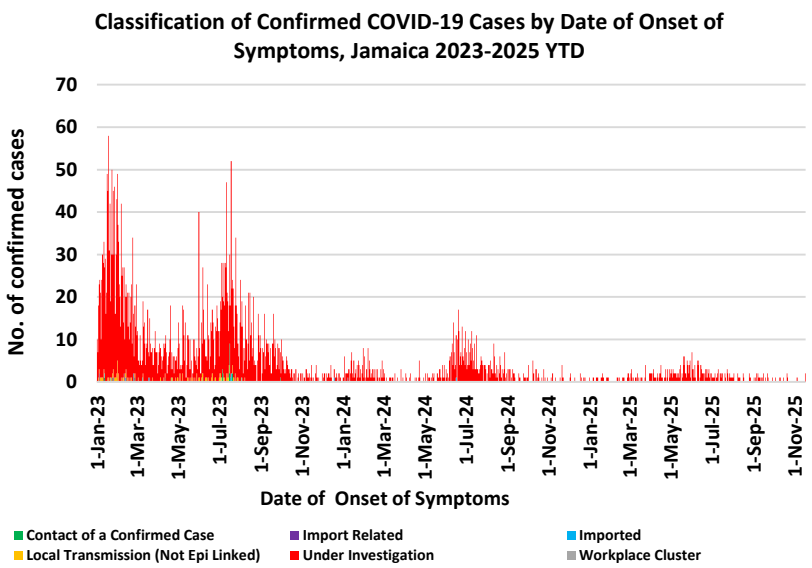
COVID-19 SURVEILLANCE

CASES	EW 50	Total
Confirmed	0	157750
Females	0	90883
Males	0	66864
Age Range	-	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.

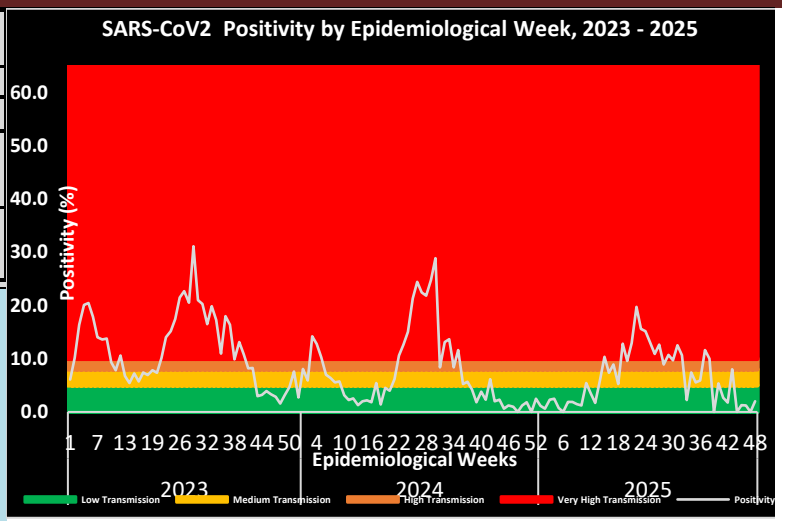


COVID-19 Outcomes

Number of Confirmed COVID-19 cases and deaths, Jamaica 2020-2025

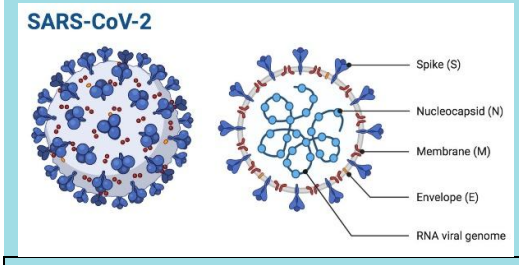
COVID-19	Year						
	2020	2021	2022	2023	2024	2025	Total
Cases	13,352	83,815	55,721	3,842	705	314	157,750
Deaths	332	2,815	621	116	24	13	3,921

*Current positivity rate: 0.0%
- (positive samples/total samples tested)
* Low transmission for infection



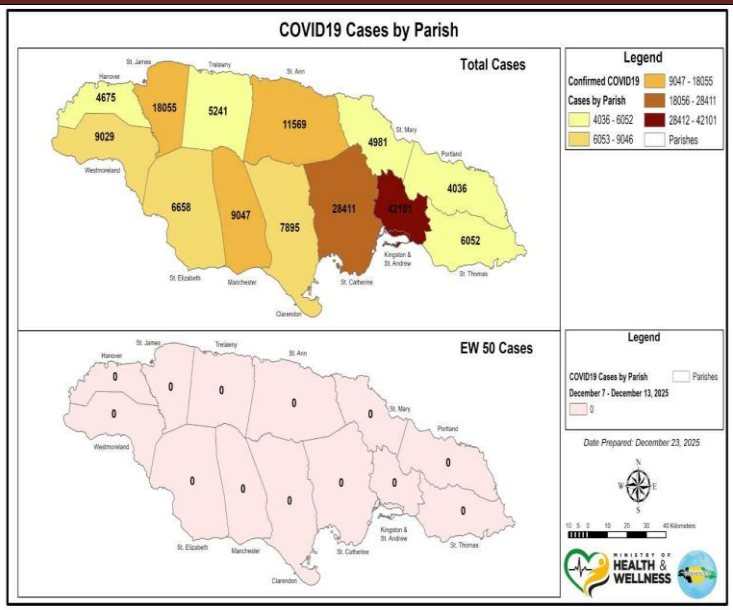
COVID-19 Parish Distribution and Global Statistics

COVID-19 Virus Structure



COVID-19 WHO Global Statistics EW 47 -50 2025

Epi Week	Confirmed Cases	Deaths
47	18600	228
48	15400	225
49	11900	172
50	10900	185
Total (4weeks)	**56800**	**810**



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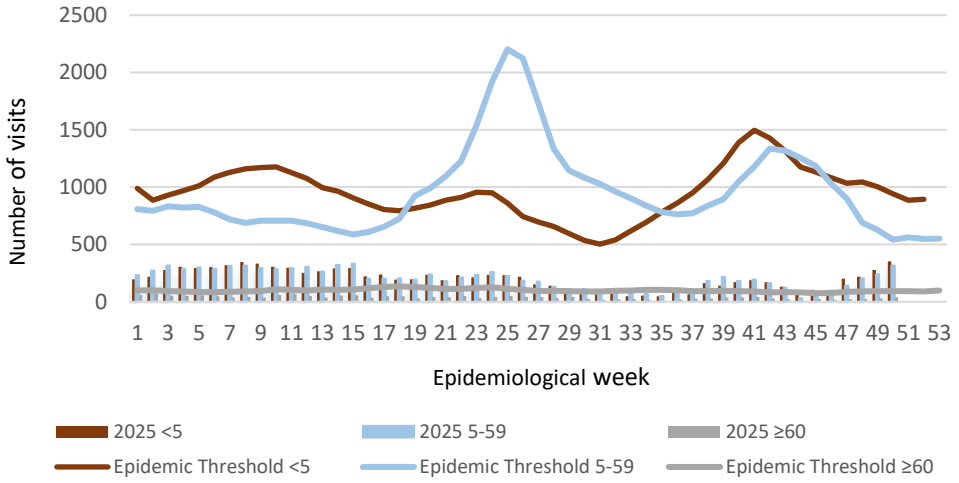
INFLUENZA SURVEILLANCE

EW 50

December 7, 2025 – December 13, 2025 Epidemiological Week 50

	EW 50	*YTD*
SARI cases	7	434
Total Influenza positive Samples	**0**	**196**
Influenza A	**0**	**166**
H1N1pdm09	0	90
H3N2	0	75
Not subtyped	0	1
Influenza B	**1**	**30**
B lineage not determined	0	0
B Victoria	1	30
Parainfluenza	0	0
Adenovirus	0	0
RSV	1	53

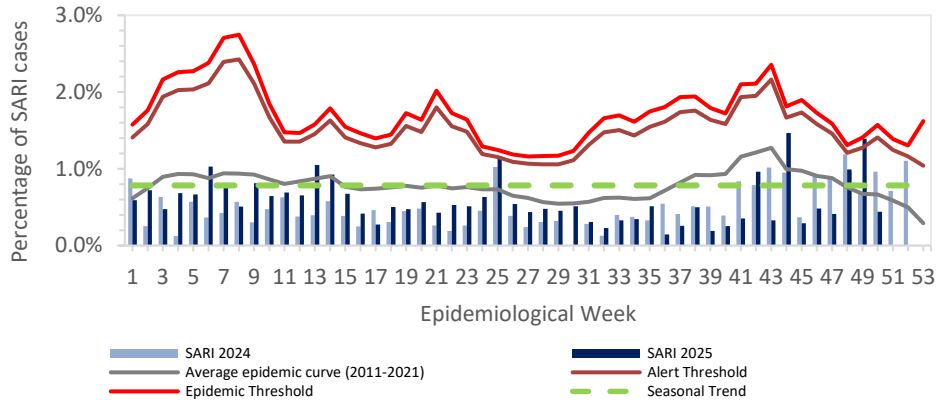
Weekly visits to Sentinel Sites for Influenza-like Illness (ILI) All ages 2025 vs Weekly Threshold; Jamaica



Epi Week Summary

During EW 50, seven (7) SARI admissions were reported.

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



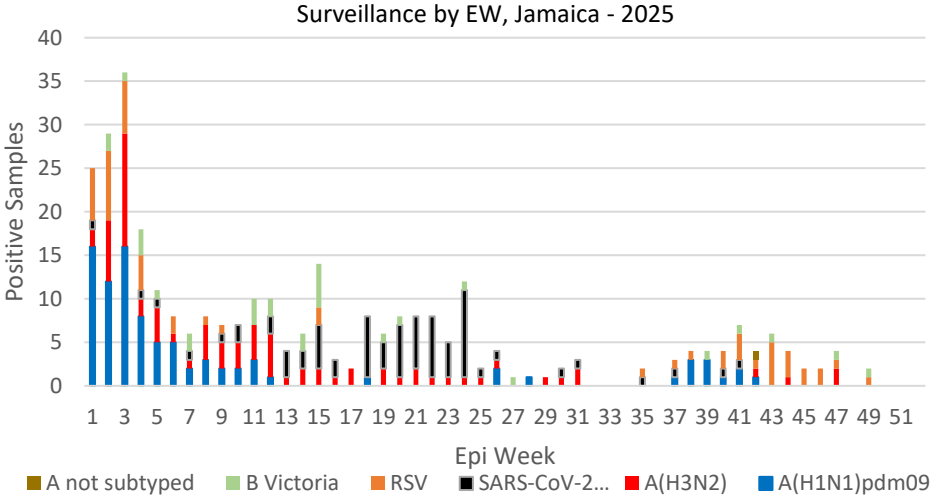
Caribbean Update EW 50

*Update at EW 49 Remains.

Influenza activity increased over recent EWs, reaching a subregional positivity of 18.7%, with influenza A(H3N2) accounting for 66% of subtyped samples. RSV circulation decreased compared with the previous two EWs, reaching a positivity of 15.7%, while SARS-CoV-2 activity also decreased, with a subregional positivity of 0.2%. SARI and ILI cases show a downward trend.

(Retrieved 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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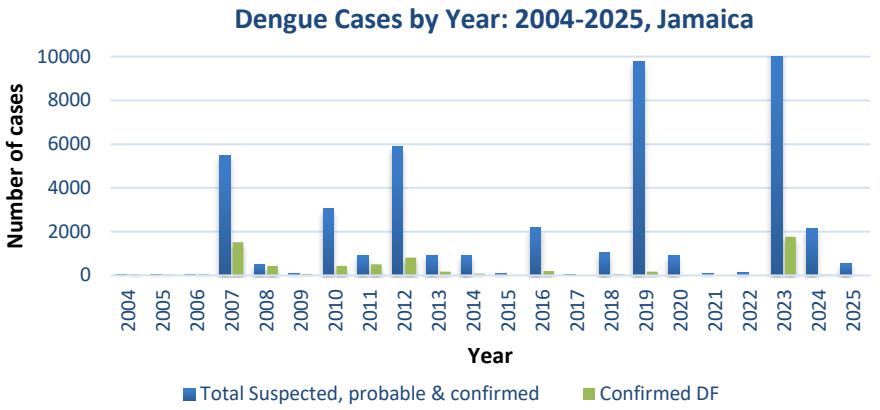
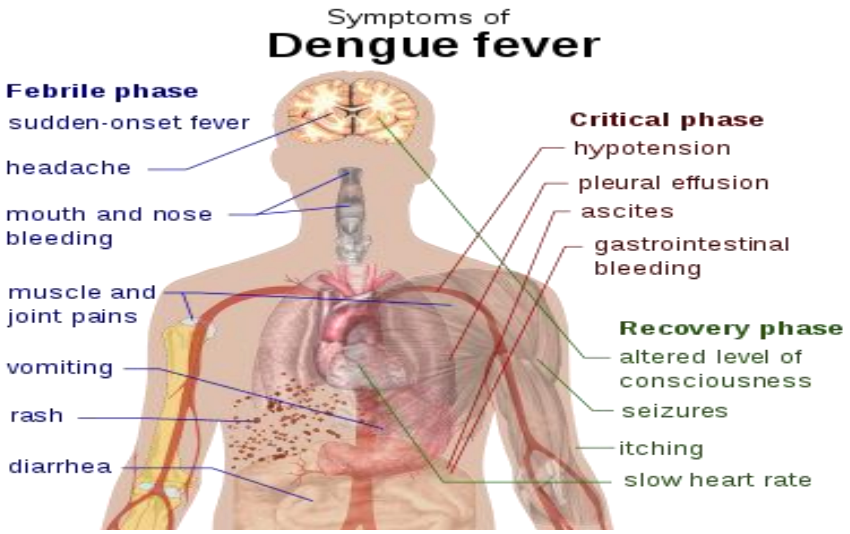
DENGUE SURVEILLANCE

December 7, 2025 – December 13, 2025 Epidemiological Week 50 | Epidemiological Week 50



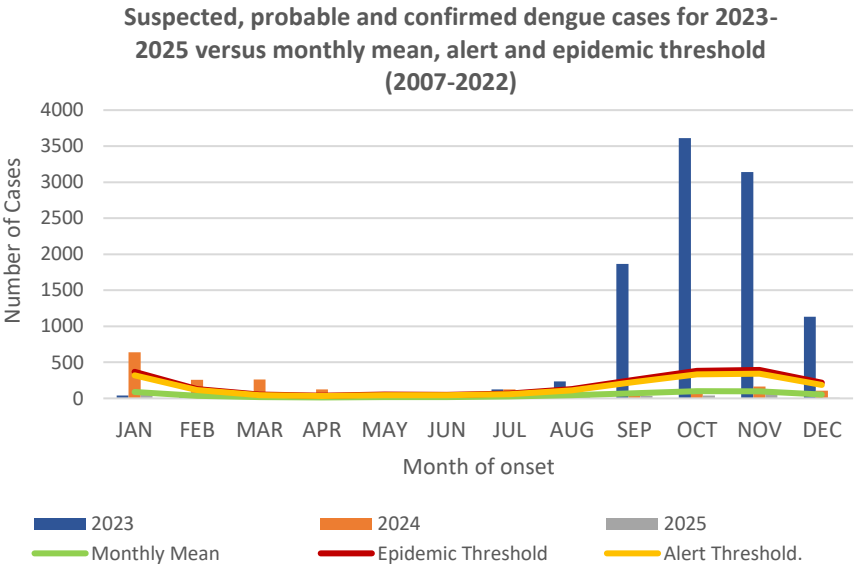
Reported suspected, probable and confirmed dengue with symptom onset in week 50 of 2025

	2025*	
	EW 50	YTD
Total Suspected, Probable & Confirmed Dengue Cases	0	544
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 December 24, 2025**
- **Only PCR positive dengue cases are reported as confirmed.**
- **IgM positive cases are classified as probable dengue.**



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RESEARCH ABSTRACT

Abstract

NHRC-24-O-05

Sodium and potassium consumption in Jamaica: Updated estimates from the Jamaica Salt Consumption Study 2022-2023

Ferguson T[1], Bennett N[1], McNeil S[1], Webster-Kerr K[3], Tulloch-Reid, M[1], Soares-Wynter S[2], Davidson T[3], Grant A[3], Gordon-Johnson K[4], McKenzie J[1], Walker E[1], Blake A[5], Anderson S[6], Spence S[3], Younger-Coleman N[1]

[1]Epidemiology Research Unit, Caribbean Institute for Health Research, University of the West Indies, Mona, Jamaica, [2]Tropical Metabolism Research Unit, Caribbean Institute for Health Research, University of the West Indies, Mona, Jamaica, [3]Ministry of Health and Wellness, Kingston, Jamaica, [4]United States Centers for Disease Control and Prevention, Caribbean Office, Kingston, Jamaica, [5]School of Clinical Medicine and Research, Faculty of Medical Sciences, University of the West Indies, Nassau, Bahamas, [6]George Alleyne Chronic Disease Research Centre, Caribbean Institute for Health Research, University of the West Indies, Cave Hill, Barbados

Objective: To obtain updated estimates of sodium and potassium consumption among Jamaicans using spot urine analyses.

Design and methods: We conducted a cross-sectional analysis of data from the Jamaica Salt Consumption Study collected in 2022-2023. Participants were ≥18 years old from 60 nationally representative enumeration districts. Trained staff collected sociodemographic and health data, and spot urine samples. Formulae from the Pan American Health Organization and INTERSALT Study were used to estimate 24-hour urine sodium and potassium excretion. Sodium values were reported as the mean of values from the two formulae. High sodium was defined as ≥2000 mg/day and low potassium as <3510 mg/day. Associations with sociodemographic and health characteristics were explored in multivariable models.

Results: Data were from 448 participants (171 males, 277 females; mean age 45.0 years). Mean sodium excretion was 2735 mg/day (males, 3012 mg/day; females, 2501 mg/day; p=0.001). Mean potassium excretion was 1821 mg/day (males, 1889 mg/day; females, 1764 mg/day; p=0.287). The prevalence of high sodium consumption was 67.5% (males, 72.7%; female, 63.2%; p=0.022) and low potassium intake was 93.8% (90.9% males, 96.2% females, p=0.030). In multivariable models, high sodium consumption was associated with male sex (prevalence ratio [PR] 1.41, p<0.001), overweight (PR 1.34, p=0.001) and obesity (PR 1.54, P<0.001). Low potassium was associated with underweight (PR 1.14, p=0.030) and obesity (PR 1.09, p=0.036) among men and lower prevalence of obesity (0.94, p=0.004) among women.

Conclusion: Prevalence of high sodium and low potassium remain high in Jamaica. Public health efforts to address these concerns should be intensified.

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