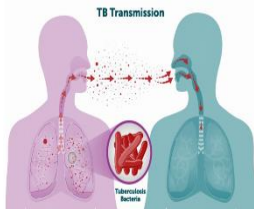


WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL SURVEILLANCE UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Weekly Spotlight

Tuberculosis (Part 2)



Prevention

Follow these steps to help prevent tuberculosis infection and spread:

- Seek medical attention if you have symptoms like prolonged cough, fever and unexplained weight loss as early treatment for TB can help stop the spread of disease and improve your chances of recovery.
- Get screened for TB if you are at increased risk, such as if you have HIV or are in contact with people who have TB in your household or workplace.
- TB preventive treatment (or TPT) prevents infection from becoming disease. If prescribed TPT, complete the full course.
- If you have TB, practice good hygiene when coughing, including avoiding contact with other people and wearing a mask, covering your mouth and nose when coughing or sneezing, and disposing of sputum and used tissues properly.
- Special measures, like respirators and well-ventilated spaces are important to reduce infection in healthcare facilities and other institutions.

Diagnosis

WHO recommends the use of rapid diagnostic tests as the initial diagnostic tests in all persons with signs and symptoms of TB. Rapid diagnostic tests recommended by WHO include biomarker-based point-of-care tests and molecular assays. All these tests are accurate and can provide initial results to guide treatment decisions within 48 hours of sample collection. Use of these tests will lead to major improvements in the early detection of TB and drug-resistant TB. Diagnosing drug-resistant forms of TB, including multidrug-resistant TB, as well as HIV-associated TB and pediatric TB can be complex. WHO recommends specific sample types, tests and strategies to detect these forms of TB to increase the chances of detecting disease early and accurately. A tuberculin skin test (TST), interferon gamma release assay (IGRA) or newer antigen-based skin test (TBST) can be used to identify people with TB infection. The results from these TB infection tests are used to identify which individuals with a high risk of TB will benefit most from TB preventive treatment.

Treatment

Tuberculosis disease is treated with special antibiotics. Treatment is recommended for both TB infection and disease. The most common antibiotics used are:

- rifampicin;
- isoniazid;
- pyrazinamide; and
- ethambutol.

To be effective, medications need to be taken daily for 4–6 months. It is dangerous to stop the medications early or without medical advice as it can prompt TB bacteria in the body to become resistant to the antibiotics. TB that doesn't respond to standard drugs is called drug-resistant TB and requires treatment with different medicines.

Taken from WHO website on 25/Mar/2026
<https://www.who.int/news-room/fact-sheets/detail/tuberculosis>
 Picture taken from <https://www.cdc.gov/tb/causes/index.html>

EPI WEEK 10



Syndromic Surveillance

Accidents

Violence

Pages 2-4



Class 1 Notifiable Events

Page 5



COVID-19 Surveillance

Page 6



Influenza Surveillance

Page 7



Dengue Surveillance

Page 8



Research Abstract

Page 9

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 – 7 to 10 of 2026.

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
	2026												
7	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
8	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
9	On Time	On Time	On Time	On Time	On Time	On Time	On Time	Late (T)	On Time	On Time	On Time	On Time	On Time
10	On Time	On Time	On Time	On Time	On Time	Late (T)	On Time	On Time	On Time	On Time	On Time	On Time	On Time

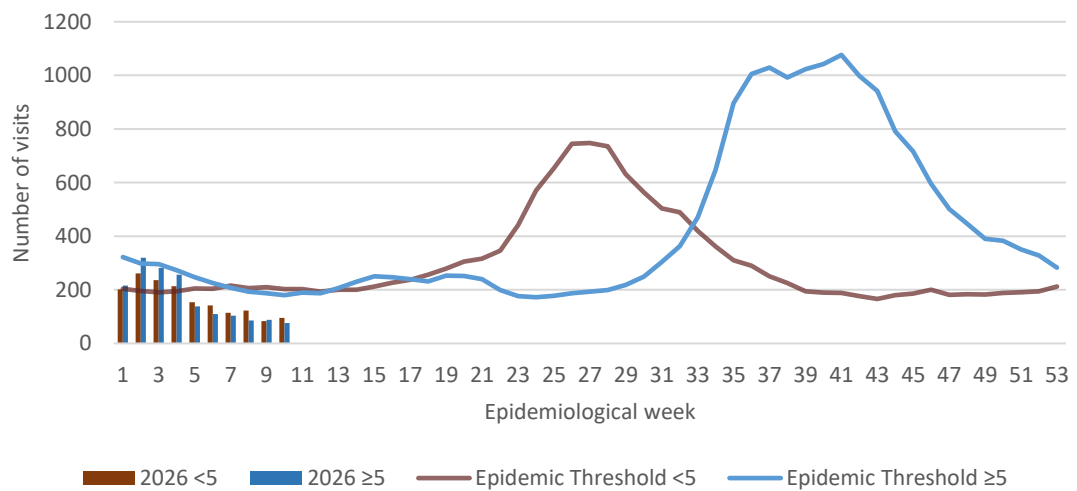
SYNDROMIC SURVEILLANCE

FEVER
 UNDIFFERENTIATED FEVER

Temperature of >38°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 2026



2 NOTIFICATIONS- All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued



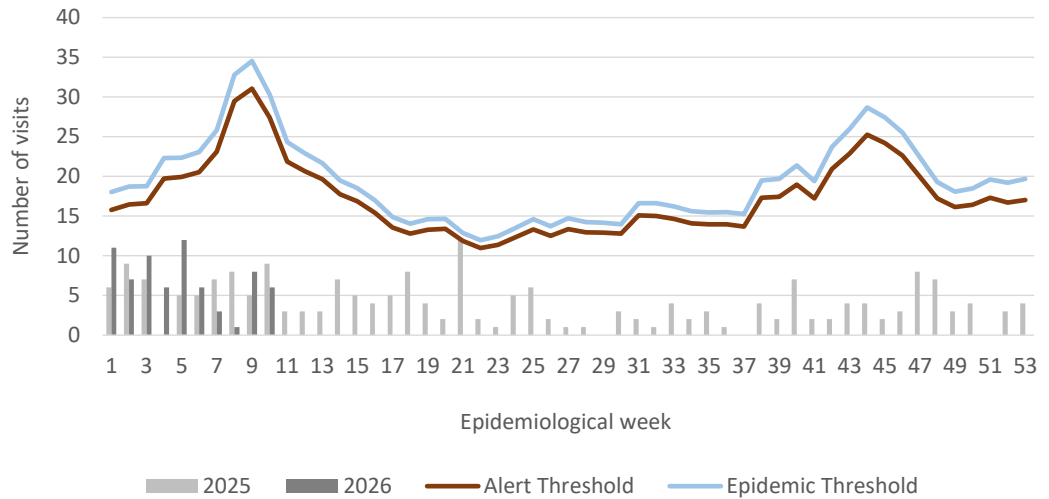
SENTINEL REPORT- 78 sites. Automatic reporting

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 2025 and 2026 vs. Weekly Threshold: Jamaica

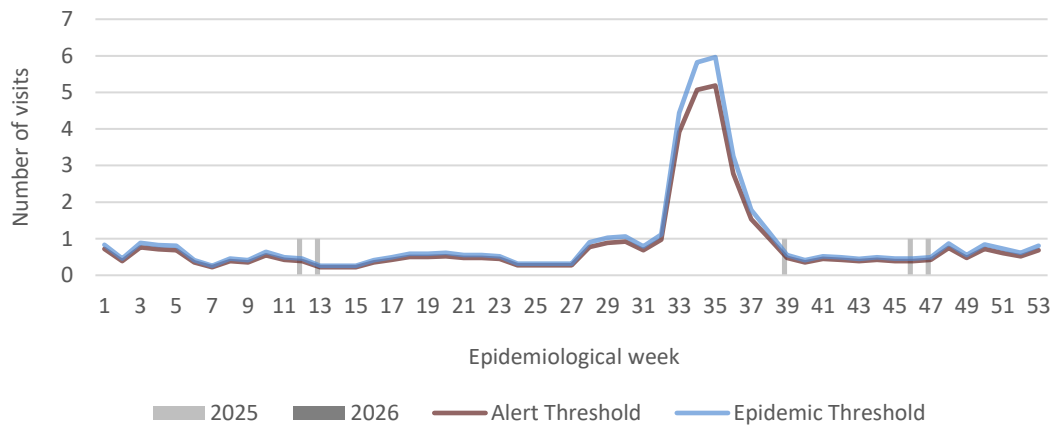


FEVER AND HAEMORRHAGIC

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 2025 and 2026 vs Weekly Threshold; Jamaica



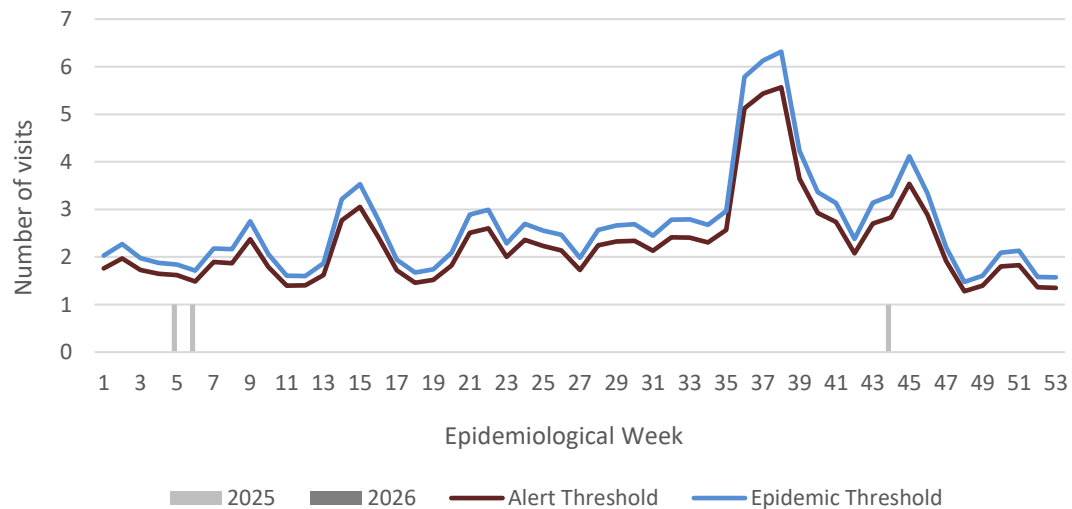
FEVER AND JAUNDICE

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 2025 and 2026



3 NOTIFICATIONS- All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued

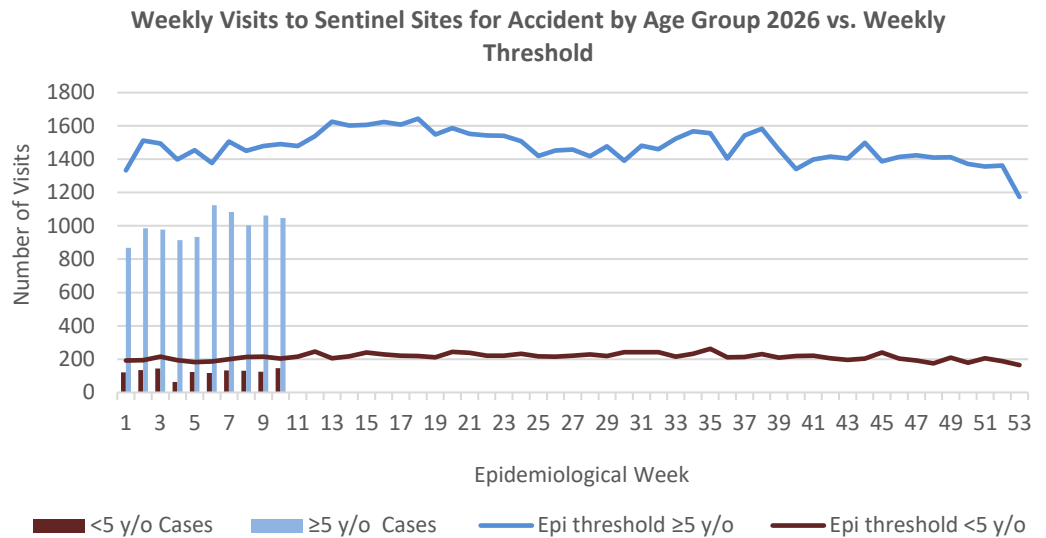


SENTINEL REPORT- 78 sites. Automatic reporting



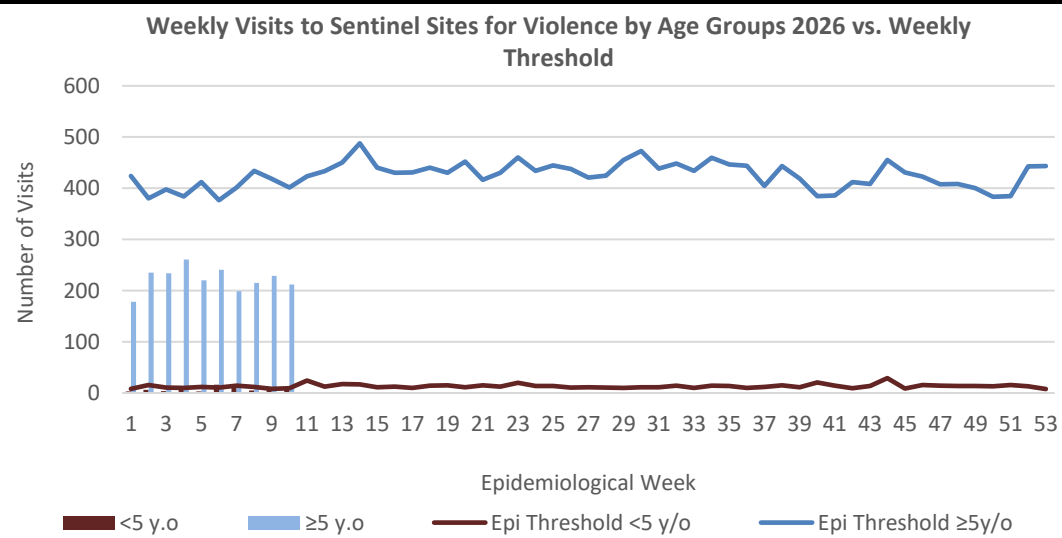
ACCIDENTS

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



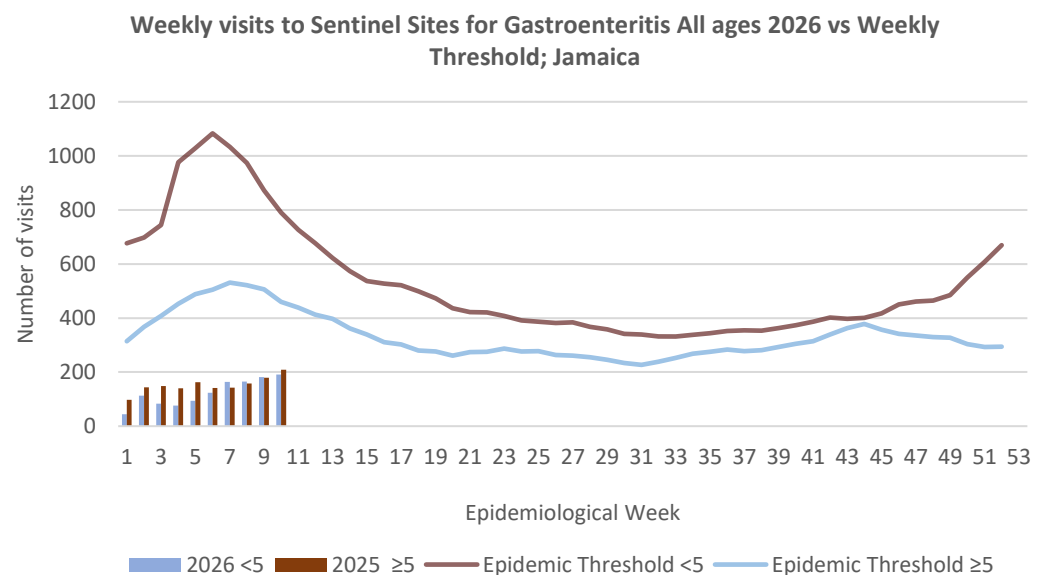
VIOLENCE

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



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events





HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued



SENTINEL REPORT- 78 sites. Automatic reporting

CLASS ONE NOTIFIABLE EVENTS				Comments	
	CLASS 1 EVENTS	Confirmed YTD ^α			
		CURRENT YEAR 2026	PREVIOUS YEAR 2025		
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning	4 ^β	46 ^β	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.	
	Cholera	0	0		
	Severe Dengue ^γ	See Dengue page below	See Dengue page below		
	COVID-19 (SARS-CoV-2)	3	35		
	Hansen’s Disease (Leprosy)	0	0		
	Hepatitis B	1	2		
	Hepatitis C	0	1		
	HIV/AIDS	NA	NA		
	Malaria (Imported)	0	0		
	Meningitis	1	6		
	Mpox	0	0		
EXOTIC/ UNUSUAL	Plague	0	0	^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.	
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 (notified pregnancy related deaths) ^δ	8	13		
	Ophthalmia Neonatorum	0	20		
	Pertussis-like syndrome	0	0		
	Rheumatic Fever	0	0		
	Tetanus	0	0		
	Tuberculosis	4	12		
Yellow Fever	0	0			
Chikungunya ^ε	0	0			
Zika Virus ^θ	0	0			

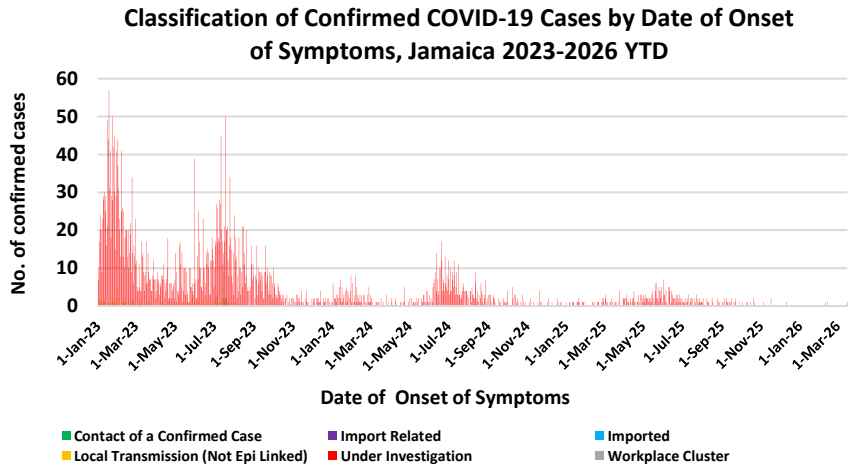
NA- Not Available

 <p>5 NOTIFICATIONS- All clinical sites</p>	 <p>INVESTIGATION REPORTS- Detailed Follow up for all Class One Events</p>	 <p>HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued</p>	 <p>SENTINEL REPORT- 78 sites. Automatic reporting</p>
--	--	--	--

COVID-19 SURVEILLANCE

CASES	EW 10	Total
Confirmed	0	157753
Females	0	90885
Males	0	66865
Age Range	-	1 day to 108 years

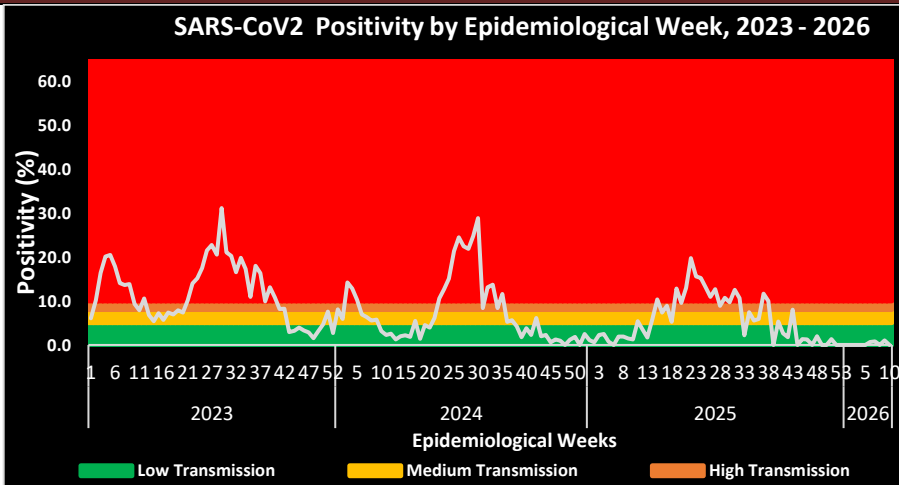
* 3 positive cases had no gender specification
 * PCR or Antigen tests are used to confirm cases
 * Total represents all cases confirmed from 10 Mar 2020 to the current Epi-Week.



COVID-19 Outcomes

Number of Confirmed COVID-19 cases and deaths, Jamaica 2022-2026						
COVID-19	Year					
	2022	2023	2024	2025	2026	Total (2020-2026)
Cases	55,721	3,842	705	315	3	157,753
Deaths	621	116	24	13	0	3,921

*Current positivity rate: 1.0%
 - (positive samples/total samples tested)
 * Low transmission for infection



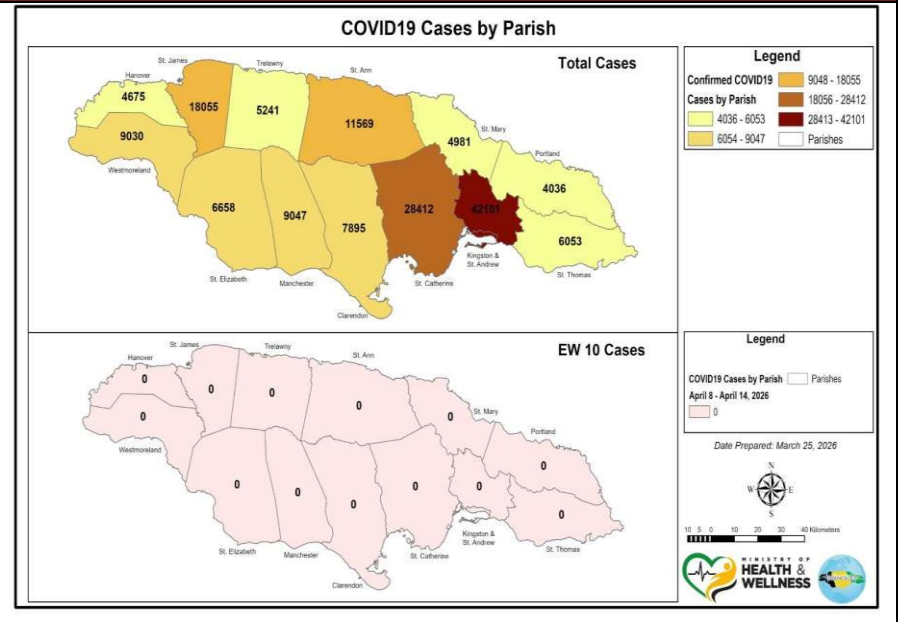
COVID-19 Parish Distribution and Global Statistics

COVID-19 Virus Structure

SARS-CoV-2

COVID-19 WHO Global Statistics EW 7 -10 2026

Epi Week	Confirmed Cases	Deaths
7	13200	374
8	12300	354
9	10400	279
10	7000	151
Total (4weeks)	42900	1158

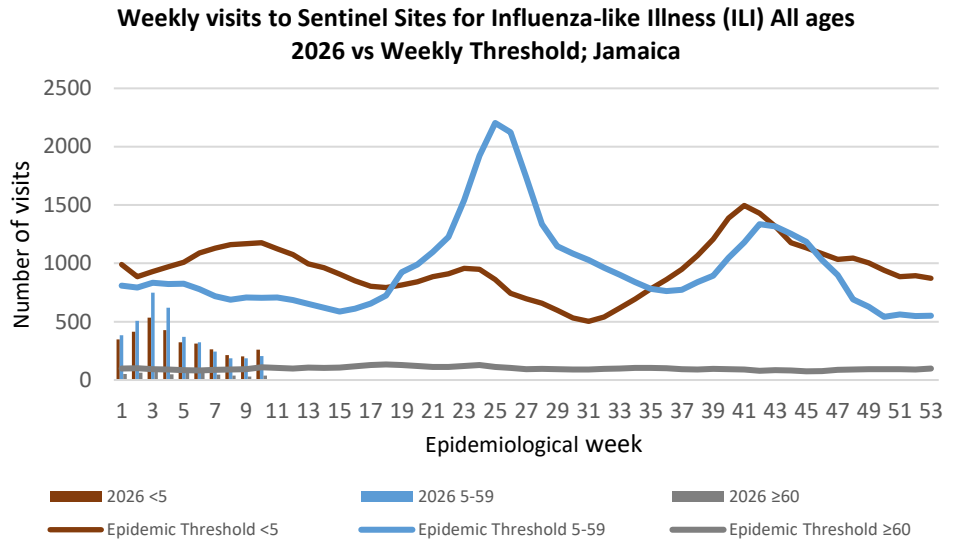


INFLUENZA SURVEILLANCE

<p>6 NOTIFICATIONS- All clinical sites</p>	<p>INVESTIGATION REPORTS- Detailed Follow up for all Class One Events</p>	<p>HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued</p>	<p>SENTINEL REPORT- 78 sites. Automatic reporting</p>
--	---	---	---

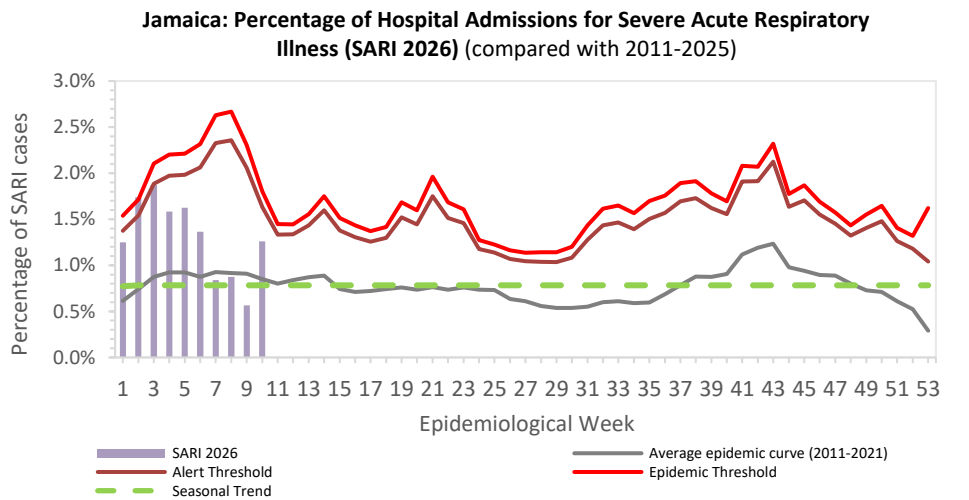
March 8, 2026 – March 14, 2026 Epidemiological Week 10

	<i>EW 10</i>	<i>YTD</i>
SARI cases	17	201
Total Influenza positive Samples	0	192
Influenza A	0	183
H1N1pdm09	0	13
H3N2	0	170
Not subtyped	0	0
Influenza B	0	9
B lineage not determined	0	0
B Victoria	0	0
Parainfluenza	0	0
Adenovirus	0	0
RSV	0	33



Epi Week Summary

During EW 10, seventeen (17) SARI admissions were reported.

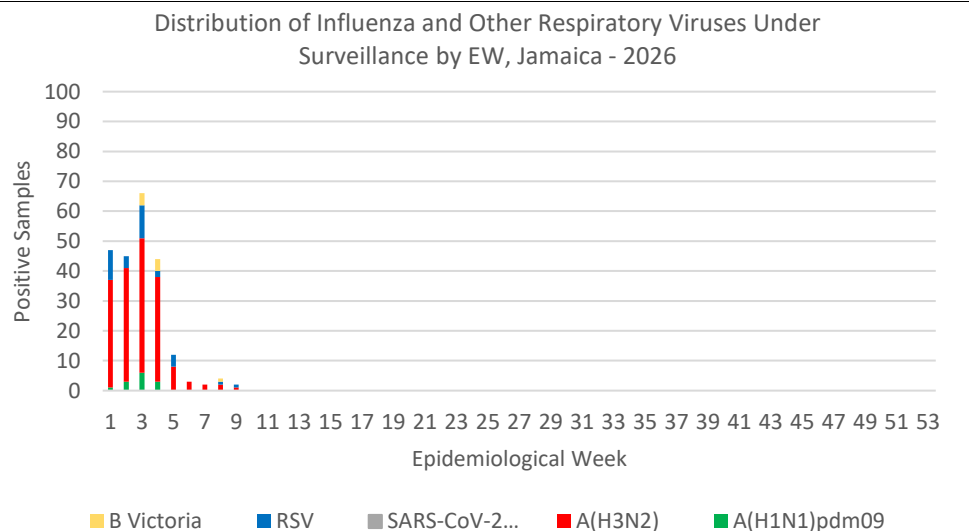


Caribbean Update EW 10

(Updates as at EW 9)

Influenza circulation remained elevated, with a slight increase compared to the previous EW (19.9%), following a sustained decrease in February. Influenza A(H3N2) premoninated over the past four weeks. Both RSV and SARS-CoV-2 showed slight increases, reaching 3.4% and 1.1% positivity, respectively.

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



7 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

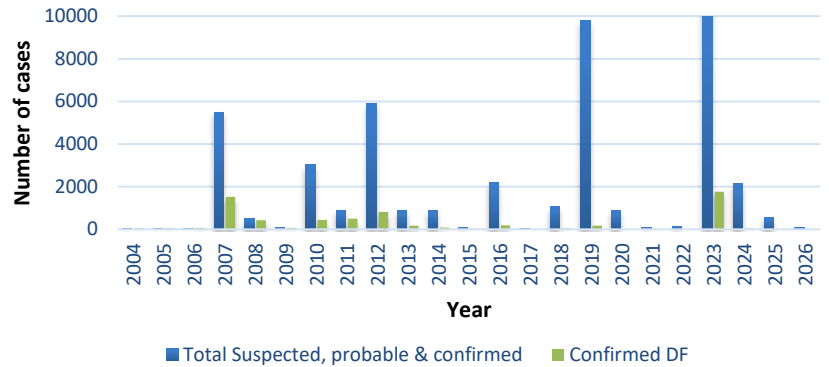
DENGUE SURVEILLANCE

March 8, 2026 – March 14, 2026 Epidemiological Week 10


Epidemiological Week 10



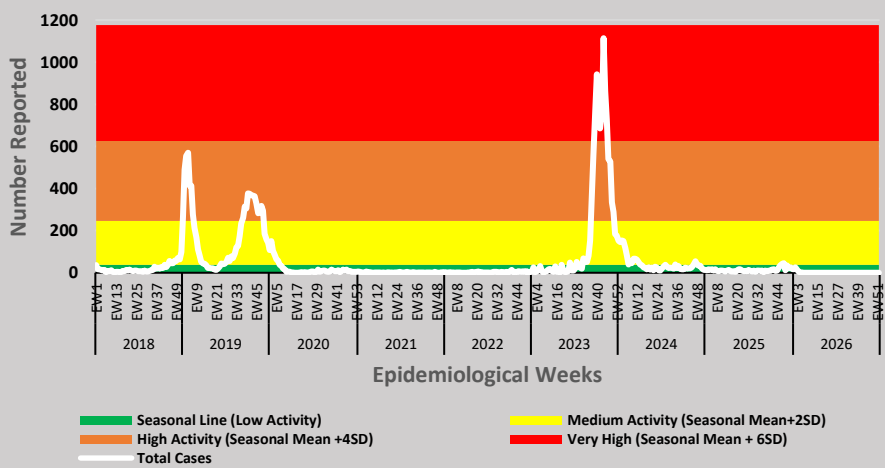
Dengue Cases by Year: 2004-2026, Jamaica



Reported suspected, probable and confirmed dengue with symptom onset in week 10 of 2026

	2026*	
	EW 10	YTD
 Total Suspected, Probable & Confirmed Dengue Cases	1	64
Lab Confirmed Dengue cases	0	1
CONFIRMED Dengue Related Deaths	0	0

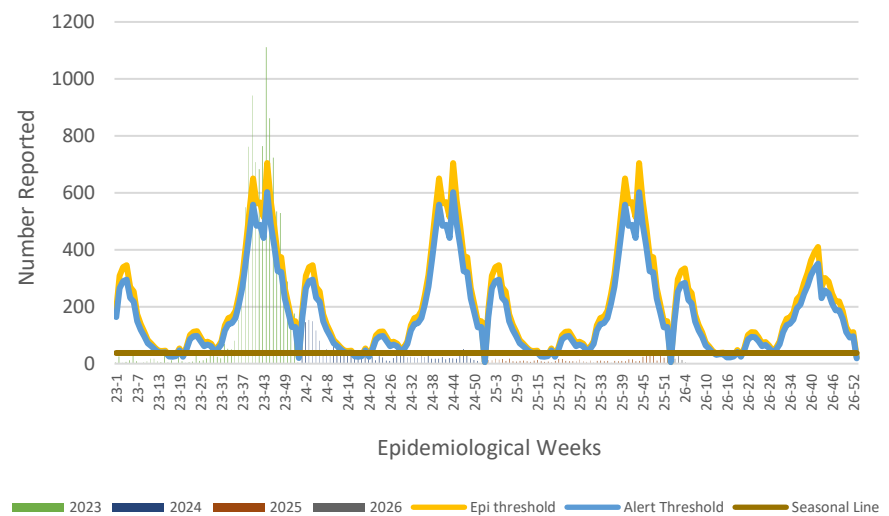
Dengue Cases and Levels of Activity: 2018-2026



Points to note:

- Dengue deaths are reported based on date of death.
- *Figure as at March 27, 2026
- Only PCR positive dengue cases are reported as confirmed.
- IgM positive cases are classified as probable dengue.

Weekly Dengue Cases for 2023 to 2026 versus the Seasonal and Epidemic Thresholds



8 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



RESEARCH ABSTRACT

Abstract

NHRC-24-O-17

Hospital admissions of one to sixteen-year-olds in Jamaica due to intentional interpersonal assault (2015-2024). Preliminary findings on patterns of presentation

Jackson M¹, Pottinger A², Choo Woon Chee C¹, Billett V¹, Passard N³

¹Department of Sociology, Psychology and Social Work, University of the West Indies, Mona, Jamaica, ²Department of Child and Adolescent Health, University of the West Indies, Mona, Jamaica, ³School of Allied Health and Wellness, University of Technology, Papine, Jamaica

Objectives: Interpersonal violence occurring in childhood can cause long term damage physically, mentally, and socially. This research seeks to retrospectively identify socio-demographic and clinical patterns in children's injury presentation at hospital from intentional assault and compare hospital admission rates and patterns of assaults pre and post COVID. The study also sets out to examine prospectively mental health concerns and associations arising from the injuries.

Methods: Chart review of records (2015-2024) of intentional physical and sexual assaults from the Bustamante Hospital for Children and the paediatric wards of the University Hospital of the West Indies (UHWI). Case study approach to explore the psychological needs and concerns of five adolescents admitted to UHWI for recent intentional physical assault. SPSS software will provide descriptive statistics and explanatory analyses at $p < .05$ significance level, and Atlas.ti will qualitatively analyse the case study interviews. Data collection is in progress.

Results: Number of patients' charts meeting study criteria ($n = 835$). Preliminary analyses ($n = 118$) indicate that children < 8 years bear the brunt of assaults (80%), with physical to sexual assault ratio of 3 :1 (M) and 1: 1 (F). Perpetrator was typically a male relative of the child and genital and head injuries were most prevalent. Trend indicated higher repeated admissions for assault post-COVID (75%) than pre-COVID (25%), $p = .18$.

Conclusion: Studying patterns of paediatric admissions due to intentional assaults can help to determine vulnerable children who are at risk. The findings of both retrospective and prospective studies will seek to inform better-targeted support strategies for children.



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



9 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