

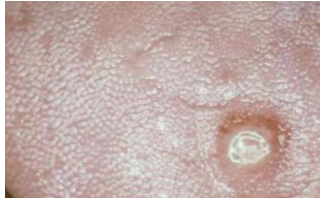
WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL SURVEILLANCE UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Weekly Spotlight

Syphilis (Part 1)

Syphilis is a preventable and curable bacterial sexually transmitted infection (STI).



If untreated, it can cause serious health issues. Many people with syphilis do not have symptoms or do not notice them. Syphilis is transmitted during oral, vaginal and anal sex, in pregnancy and through blood transfusion. Syphilis in pregnancy may lead to stillbirth, newborn death and babies born with syphilis (congenital syphilis). Correct and consistent use of condoms during sex can prevent syphilis. Rapid tests can provide results in a few minutes, which allows treatment initiation on the same clinic visit.

Symptoms

Many people with syphilis do not notice any symptoms. They can also go unnoticed by healthcare providers. Untreated, syphilis lasts many years. Syphilis has several stages.

Primary syphilis (first stage):

- usually lasts around 21 days
- a round, painless, usually hard sore (chancre) appears on the genitals, anus or elsewhere
- the chancre may not be noticed and will heal in 3–10 days
- progresses to the second stage if untreated.

Syphilis can be transmitted through chancres if they are not properly covered by a condom during sexual contact.

Secondary syphilis:

- includes a non-itchy rash, usually on the palms and soles of the feet
- white or grey lesions appear in warm and moist areas, such as the labia or anus, at the site of the chancre (given their infectious nature, it is essential to avoid direct contact with these lesions; condom use is a key measure to reduce partner transmission)
- symptoms will go away without treatment.



Latent syphilis:

- often has no symptoms
- progresses to the third and final stage of syphilis (tertiary) after years if untreated
- tertiary syphilis can lead to brain and cardiovascular diseases, among other conditions.

Babies born with syphilis can experience:

- rashes
- inflammation in the organs
- anaemia
- bone and joint problems
- neurological conditions including blindness, deafness, meningitis
- developmental delays
- seizures.

Some of these symptoms may only be noticed later in life.

Taken from WHO website on 9/Apr/2026

<https://www.who.int/news-room/fact-sheets/detail/syphilis>

Picture taken from <https://www.mdsau.de/en/infectious-disease/syphilis-pics/>

EPI WEEK 12



Syndromic Surveillance

Accidents

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Class 1 Notifiable Events

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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 – 9 to 12 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												
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
11	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
12	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

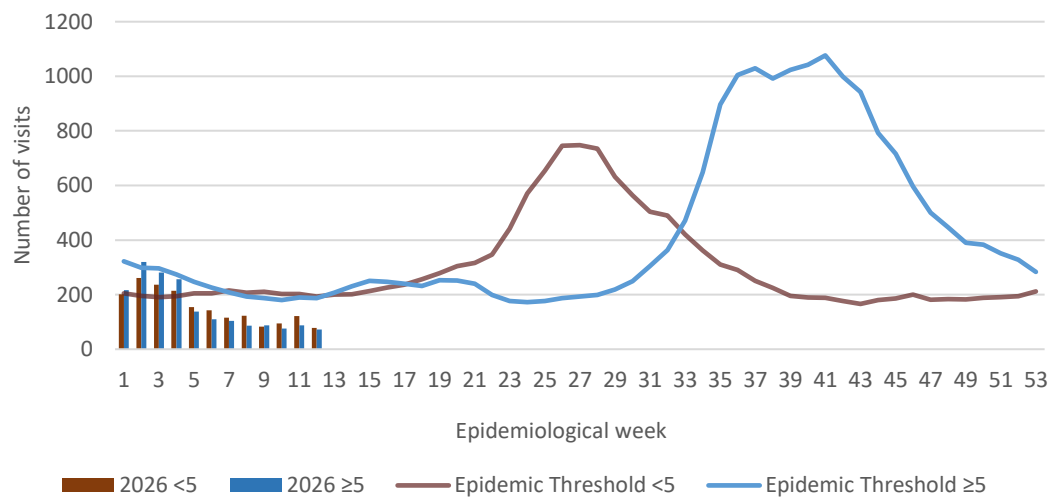
SYNDROMIC SURVEILLANCE

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



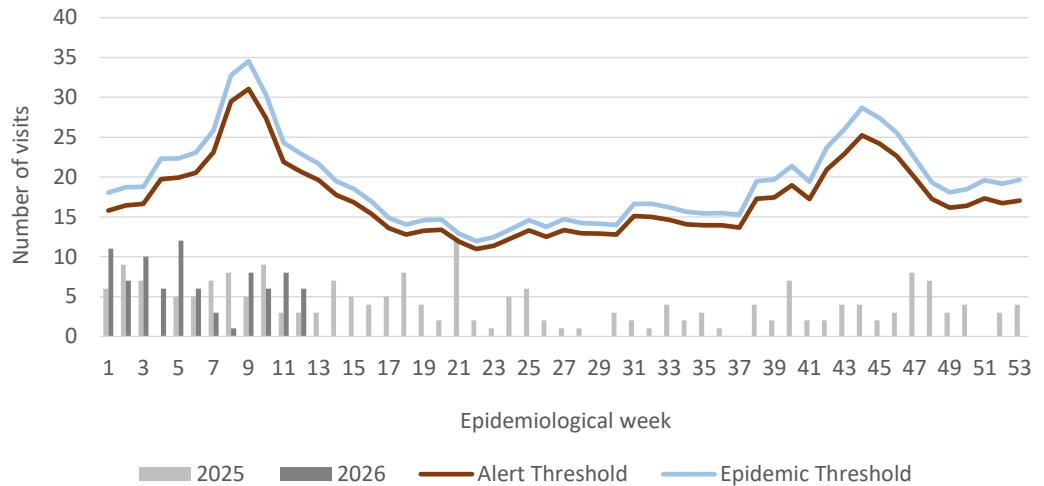
SENTINEL REPORT- 78 sites. Automatic reporting

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

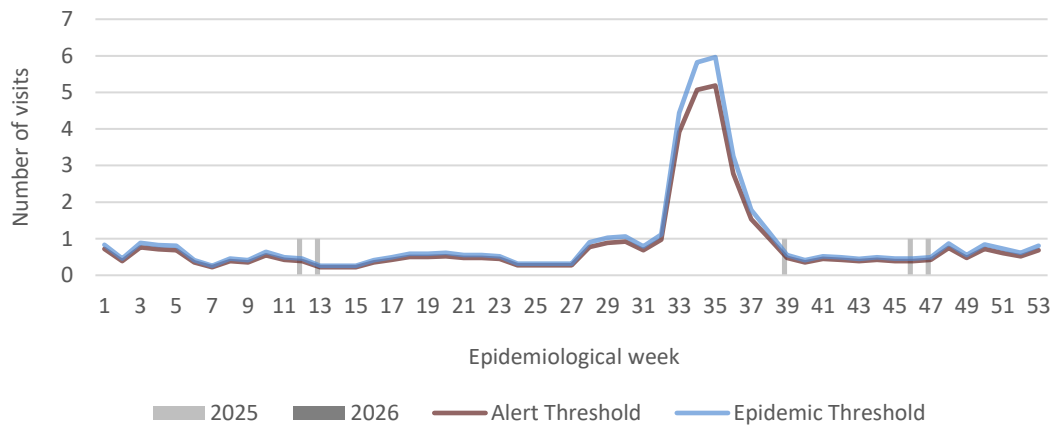


FEVER AND HAEMORRHAGIC

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



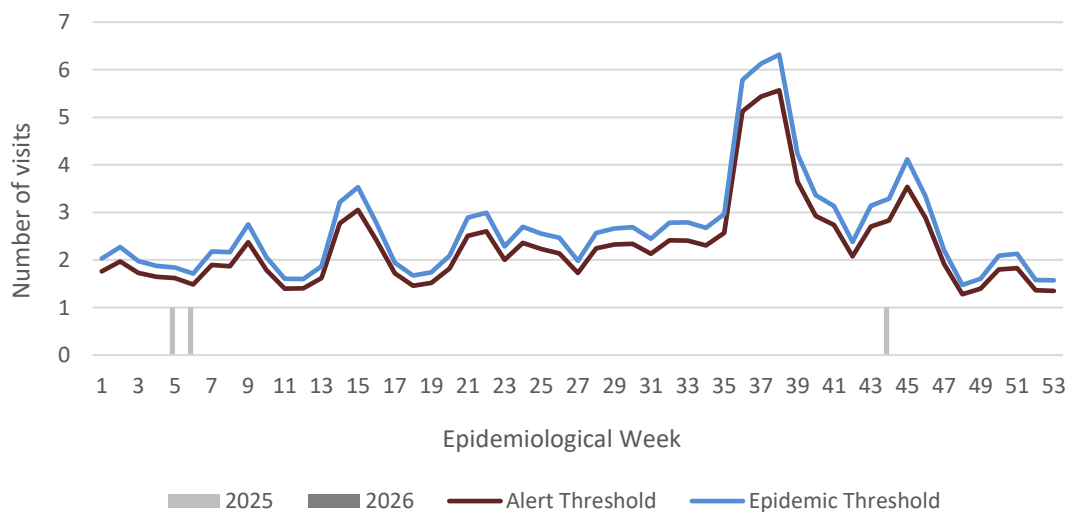
FEVER AND JAUNDICE

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

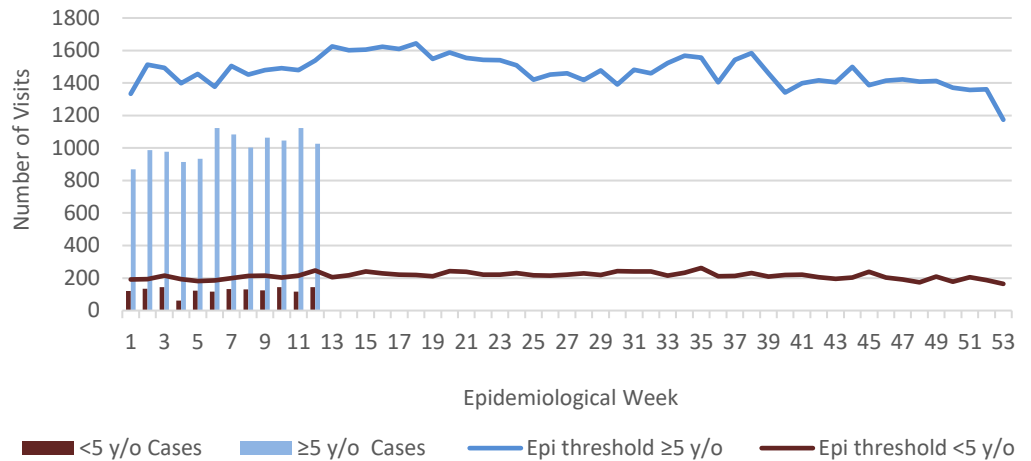


ACCIDENTS

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



Weekly Visits to Sentinel Sites for Accident by Age Group 2026 vs. Weekly Threshold

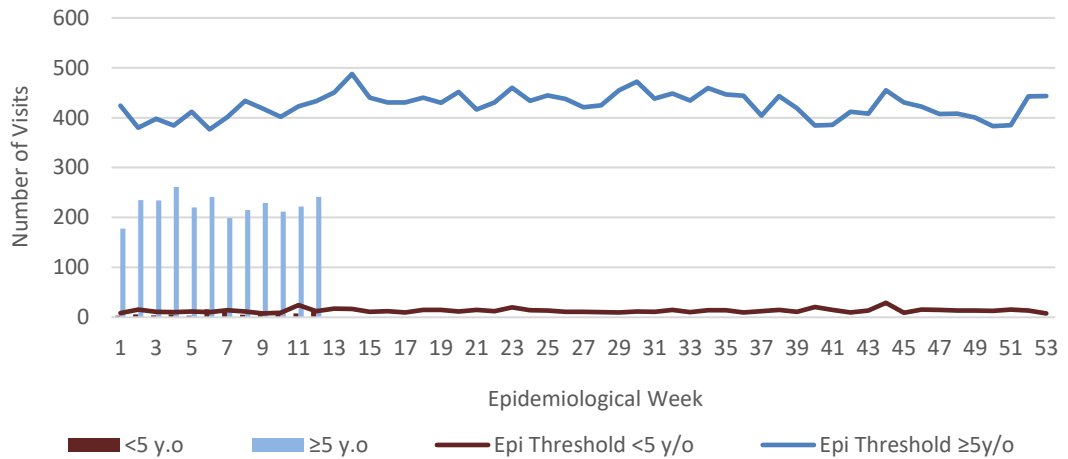


VIOLENCE

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 2026 vs. Weekly Threshold

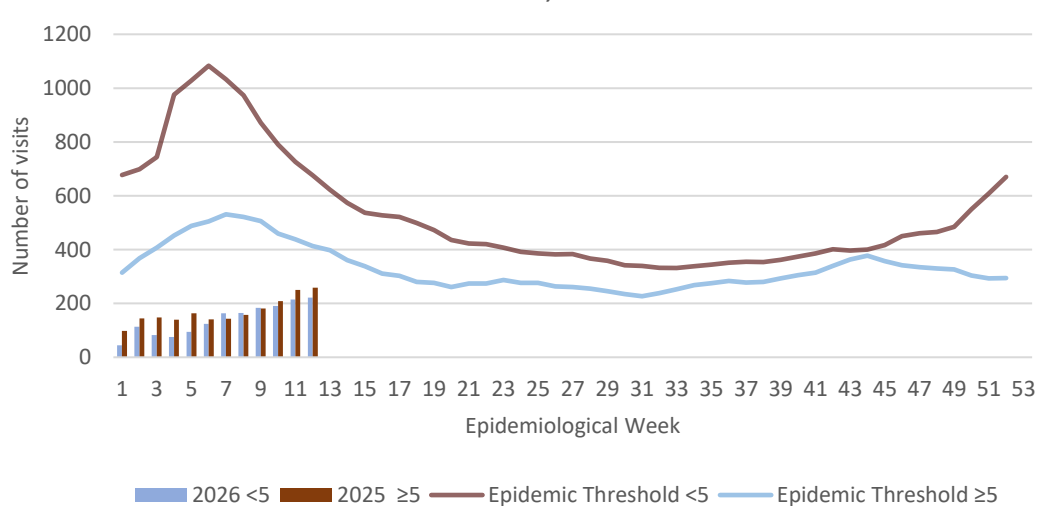


GASTROENTERITIS

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 2026 vs Weekly Threshold; Jamaica



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
			Confirmed YTD ^α	
	CLASS 1 EVENTS		CURRENT YEAR 2026	PREVIOUS YEAR 2025
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning		5 ^β	52 ^β
	Cholera		0	0
	Severe Dengue ^γ		See Dengue page below	See Dengue page below
	COVID-19 (SARS-CoV-2)		3	43
	Hansen’s Disease (Leprosy)		0	0
	Hepatitis B		2	2
	Hepatitis C		0	2
	HIV/AIDS		NA	NA
	Malaria (Imported)		0	0
	Meningitis		1	6
	Mpox		0	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 <small>(notified pregnancy related deaths)</small> ^δ		8	15
	Ophthalmia Neonatorum		0	21
	Pertussis-like syndrome		0	0
	Rheumatic Fever		0	0
	Tetanus		0	0
	Tuberculosis		4	14
	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.

^γDengue 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




5 NOTIFICATIONS-
All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued

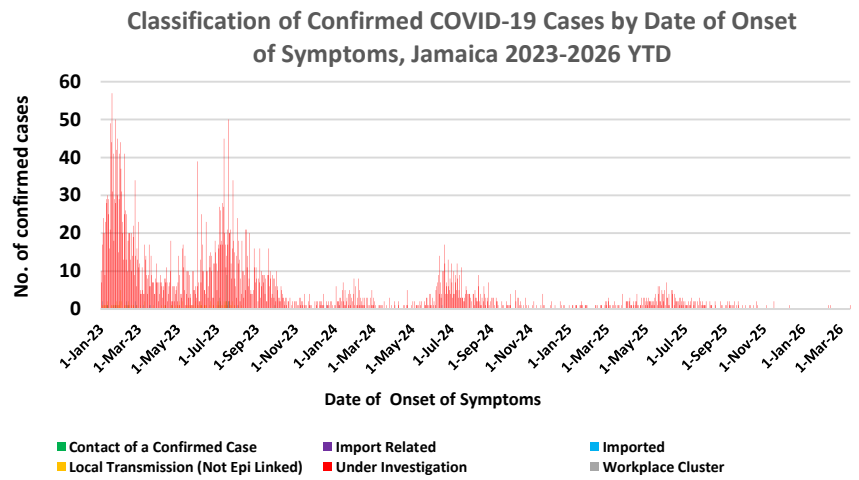


SENTINEL REPORT- 78 sites. Automatic reporting

COVID-19 SURVEILLANCE

CASES	EW 12	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.

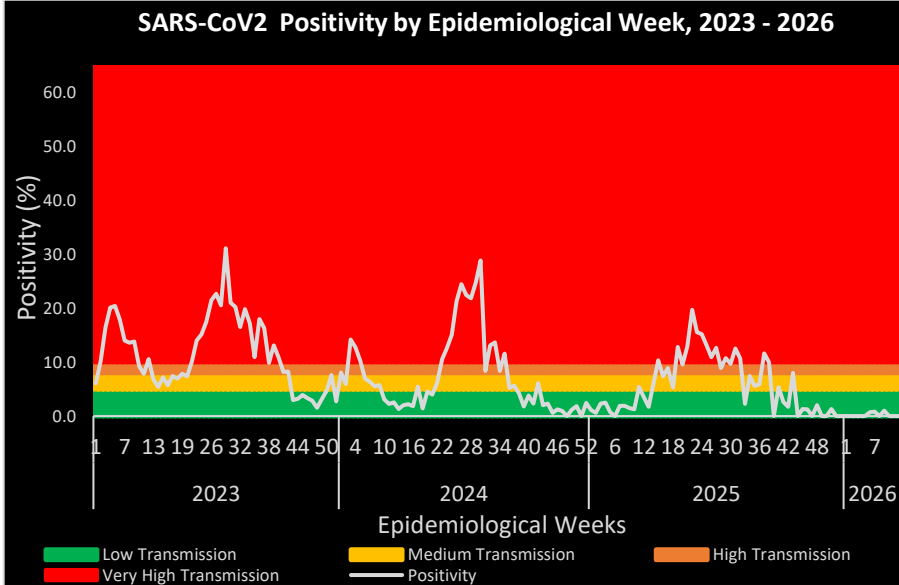


COVID-19 Outcomes

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: 0 %
 - (positive samples/total samples tested)
 * Low transmission for infection

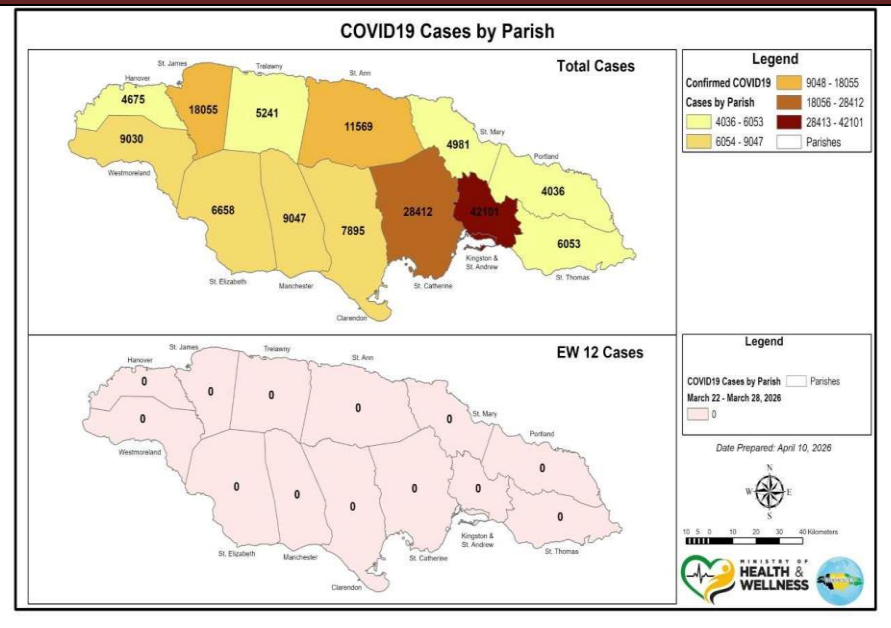


COVID-19 Parish Distribution and Global Statistics

COVID-19 Virus Structure

COVID-19 WHO Global Statistics EW 9 -12 2026

Epi Week	Confirmed Cases	Deaths
9	10900	358
10	9700	295
11	5500	205
12	Not available	Not available
Total (4weeks)		



6 NOTIFICATIONS-
All clinical sites

INVESTIGATION REPORTS- Detailed Follow up for all Class One Events

HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued

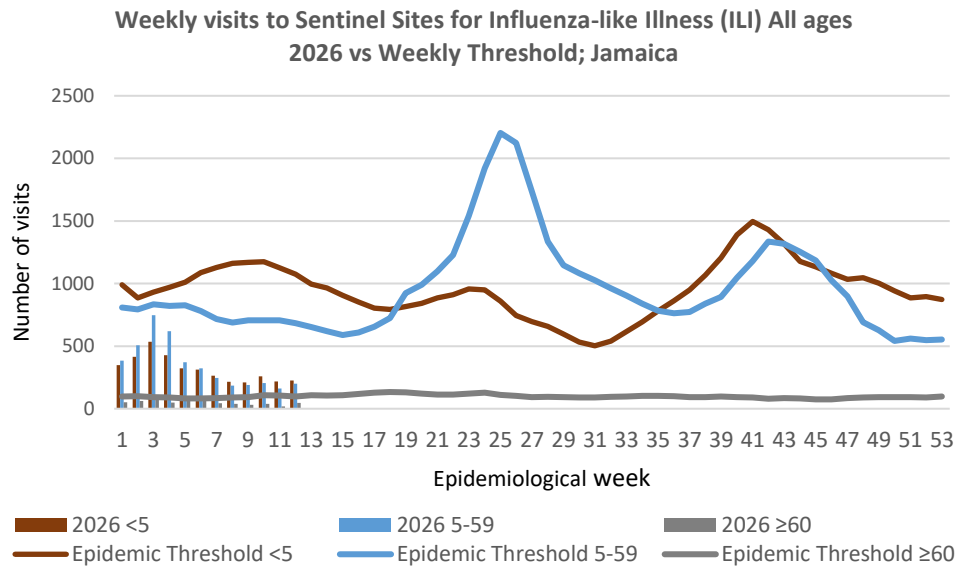
SENTINEL REPORT- 78 sites. Automatic reporting

INFLUENZA SURVEILLANCE

EW 12

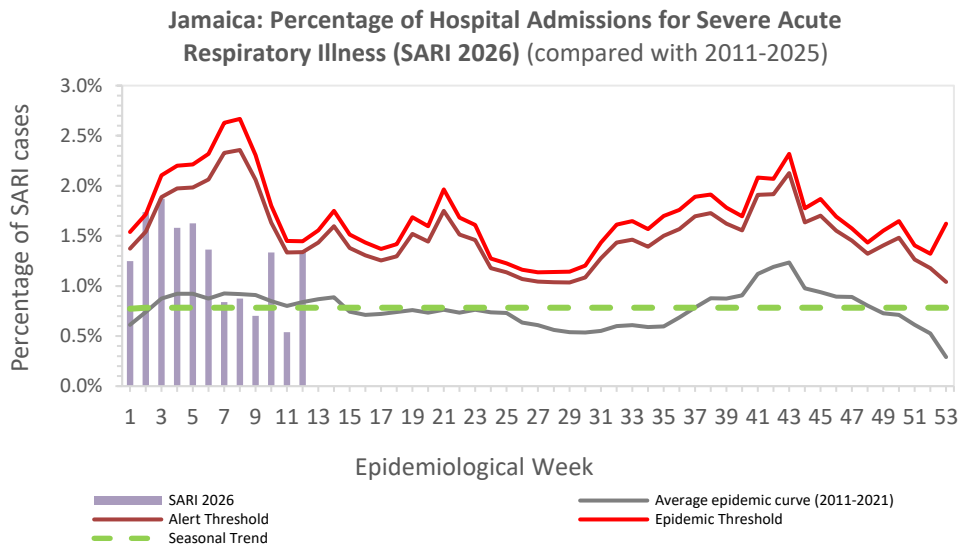
March 22, 2026 – March 28, 2026 Epidemiological Week 12

	<i>EW 12</i>	<i>YTD</i>
SARI cases	11	223
Total Influenza positive Samples	0	244
Influenza A	0	201
H1N1pdm09	0	15
H3N2	0	186
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	34



Epi Week Summary

During EW 12, eleven (11) SARI admissions were reported.

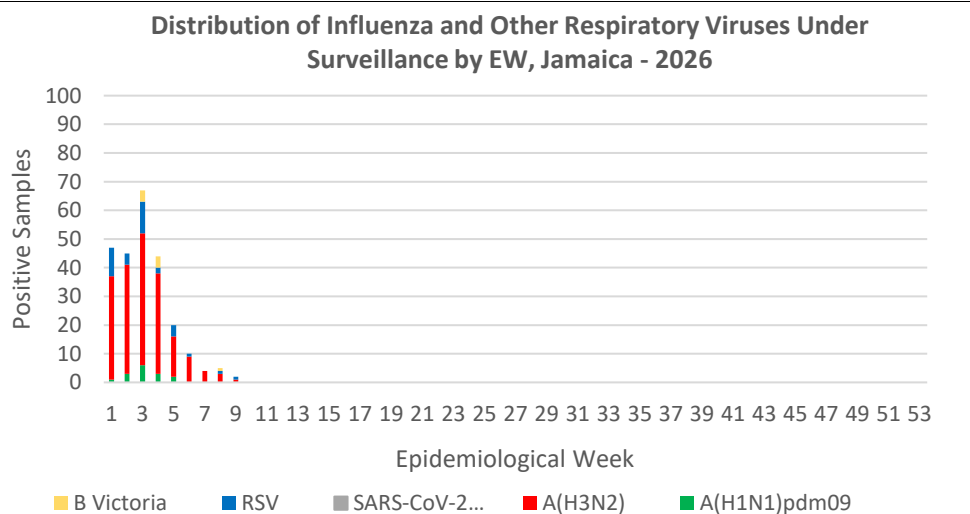


Caribbean Update EW 12

(Updates as at EW 11)

In the Caribbean, influenza activity is trending downward with a regional positivity rate of 7.8%. RSV and SARS-CoV-2 circulation remain low and stable in most countries in the subregion with positivity rates of 1.7% and 0.2% respectively. At the national level influenza activity remains high, though with a downward trend in the Cayman Islands (13.3%), Belize (12.5%), the Dominican Republic (14.6%) and Saint Lucia (39.7%).

(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

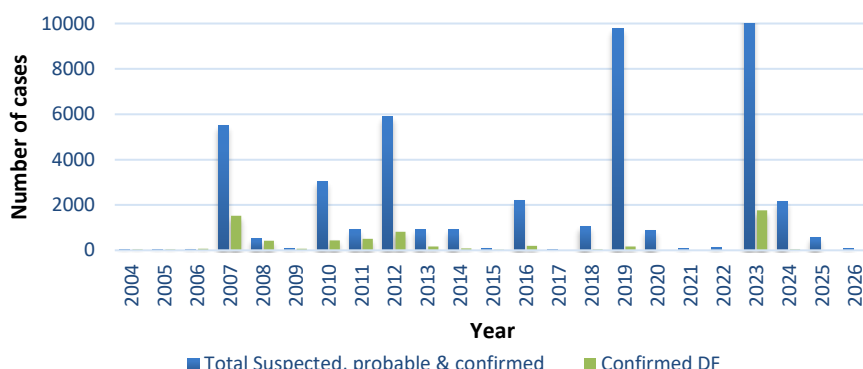
DENGUE SURVEILLANCE

March 22, 2026 – March 28, 2026 Epidemiological Week 12

Epidemiological Week 12



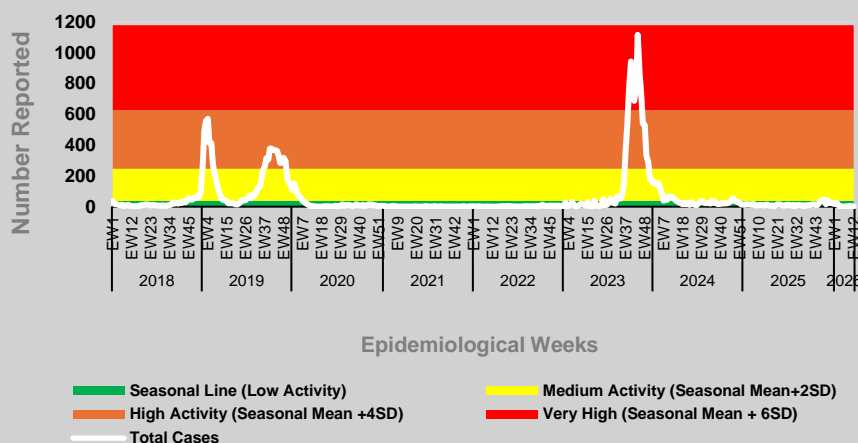
Dengue Cases by Year: 2004-2026, Jamaica



Reported suspected, probable and confirmed dengue with symptom onset in week 12 of 2026

	2026*	
	EW 12	YTD
Total Suspected, Probable & Confirmed Dengue Cases	2	77
Lab Confirmed Dengue cases	0	1
CONFIRMED Dengue Related Deaths	0	0

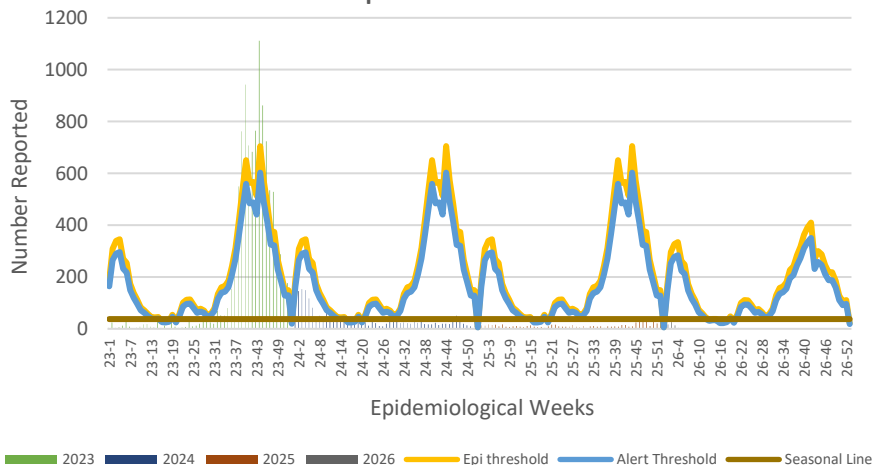
Dengue Cases and Levels of Activity: 2018-2026



Notes to note:

- Dengue deaths are reported based on date of death.
- *Figure as at April 9, 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



ESEARCH ABSTRACT

Abstract

NHRC-24-O-19

Examining recent trends in fatal suicide attempts in Jamaica

Barton K¹, Lalwani K², Frazier Jr. G³, Abel W², Sewell C²

¹Bellevue Hospital, Kingston, Jamaica, ²University of the West Indies, Mona, Jamaica, ³Western Michigan University, Michigan, USA

Objectives: This study examines temporal variations in suicide rates, sociodemographic profile and method of fatal suicide attempts (FSA) in Jamaica for the years 2010-2019.

Methods: This study utilised data from the Jamaica Constabulary Force Statistics and Information Database and examined records of individuals who died by suicide from January 2010 to December 2019, extracting relevant information including age, sex, employment, occupation description, geographical location, parish, season, and method of suicide. For comparison of trends over time, age adjusted rates were generated using the 2011 Census population of Jamaica as the standard. Mean values and prevalence estimates were computed and aided by tables, graphs and bar charts.

Results: For the period under review, there were 459 FSA. The mean annual age-adjusted incidence of male and female FSA was 3.13 and 0.48 per 100,000 respectively. Overall, the mean annual age-adjusted incidence of FSA in the population was 1.80 per 100,000. In 2010, the average age of FSA was 33.29 and 43.67 in 2019. The male to female ratio was approximately 9:1. Most individuals were young adults between 18 and 35 years (40.5%), lived in rural areas (57.1%), were employed (56.3%) and worked as trade workers and farmers (40%). Among parishes, St. Catherine and St. Andrew recorded the highest percentage of FSA, while Hanover had the least. Hanging was the most frequent method (75.4%), and most (29.4%) were reported in the spring (March-May).

Conclusion: The findings indicate that Jamaica's national FSA prevention strategies ought to target the male and young adult population.



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9 NOTIFICATIONS-
All clinical
sites



INVESTIGATION
REPORTS- Detailed Follow
up for all Class One Events



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