WEEKLY EPIDEMIOLOGY BULLETIN

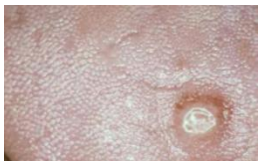
NATIONAL SURVEILLANCE UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Weekly Spotlight

Syphilis (Part 2)

Syphilis is a Class 3 condition – reporting is monthly in aggregate numbers
Congenital syphilis is Class 1 – reporting is on suspicion within 24 hours of consultation using the Class 1 notification form

Syphilis is a preventable disease. Using condoms consistently and correctly



is the best way to prevent syphilis and many other STIs. Syphilis can also spread through contact with other areas of the body not covered by a condom, including genitals, anus and mouth. People at higher risk of infection should be tested at least once a year. Pregnant women should be tested for syphilis at the first prenatal care visit and treated right away if the test result is positive. Congenital syphilis can only be prevented by diagnosing and treating the mother with penicillin. People diagnosed with syphilis should notify their sexual partners to prevent new infections.

Diagnosis

Syphilis diagnosis is based on the person's clinical and sexual history, physical examination, laboratory testing and sometimes radiology, as symptoms are not common or noticeable. Syphilis is caused by the bacterium *Treponema pallidum*. Laboratory tests for syphilis include direct detection of *T. pallidum* through a microscope or indirect methods such as blood tests. Rapid tests are also available and can provide results in minutes, facilitating immediate treatment initiation. Identifying asymptomatic infection through laboratory or rapid tests and providing adequate treatment of positive cases will prevent further transmission and complications, as well as adverse pregnancy outcomes, including congenital syphilis.

Congenital syphilis

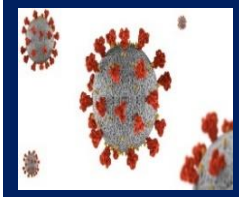
There are currently no diagnostic tests for congenital syphilis. All live or stillborn infants of women with syphilis should be examined for evidence of congenital syphilis. For live-born infants, clinical examination, radiology (if available) and laboratory tests at birth and follow up tests will help to define treatment.

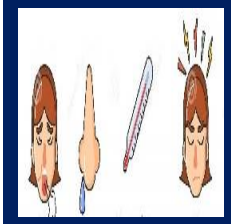
Treatment

Syphilis is treatable and curable. People who suspect they may have syphilis should speak to their health-care provider. The early stage of syphilis is treated with a benzathine penicillin (BPG) injection. BPG is the first line treatment for syphilis and the only WHO-recommended treatment for pregnant women with syphilis. As second line treatment, doctors may also use doxycycline, ceftriaxone or azithromycin, which are antibiotic medicines. BPG is also used to treat later stages of syphilis, but more doses are required. Doses are usually given once per week for three weeks, including when it is not possible to identify the stage of infection. BPG is the only medicine that can prevent syphilis from being passed from a mother to baby. Babies born with syphilis (congenital syphilis), or babies whose mother had untreated syphilis, need to be treated right away to avoid serious health problems.

Taken from WHO website on 14/Apr/2026
https://www.who.int/news-room/fact-sheets/detail/syphilis
Picture taken from https://www.mdsaude.com/en/infectious-disease/syphilis-pics/

EPI WEEK 13





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 – 10 to 13 of 2026.

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

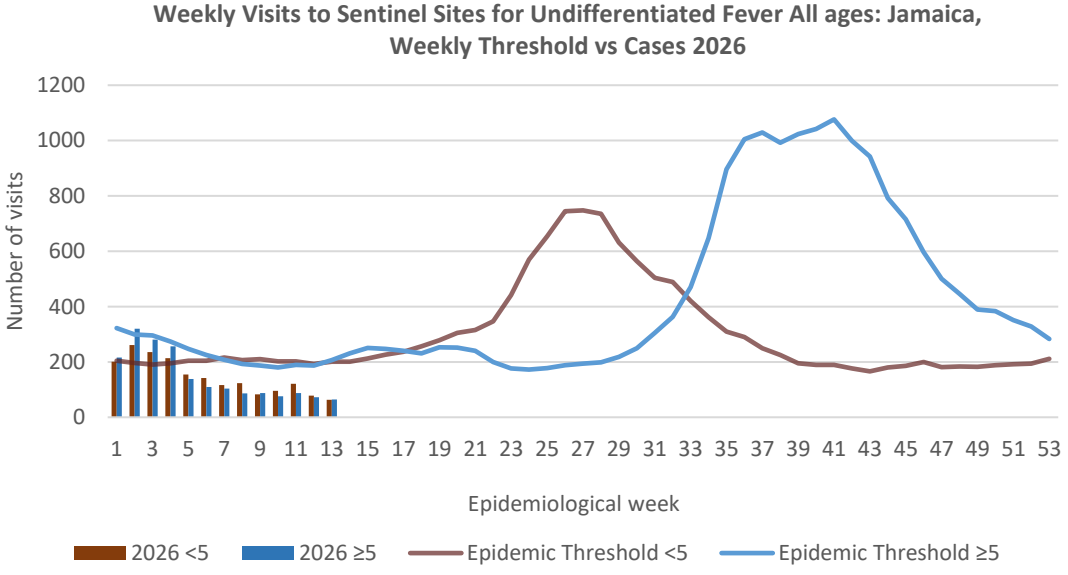
KEY:
Yellow- late submission on Tuesday
Red – late submission after Tuesday
White- No reports received

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													
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
13	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 >38^0C /100.4^0F (or recent history of fever) with or without an obvious diagnosis or focus of infection.



NOTIFICATIONS- All clinical sites

INVESTIGATION REPORTS- Detailed Follow up for all Class One Events

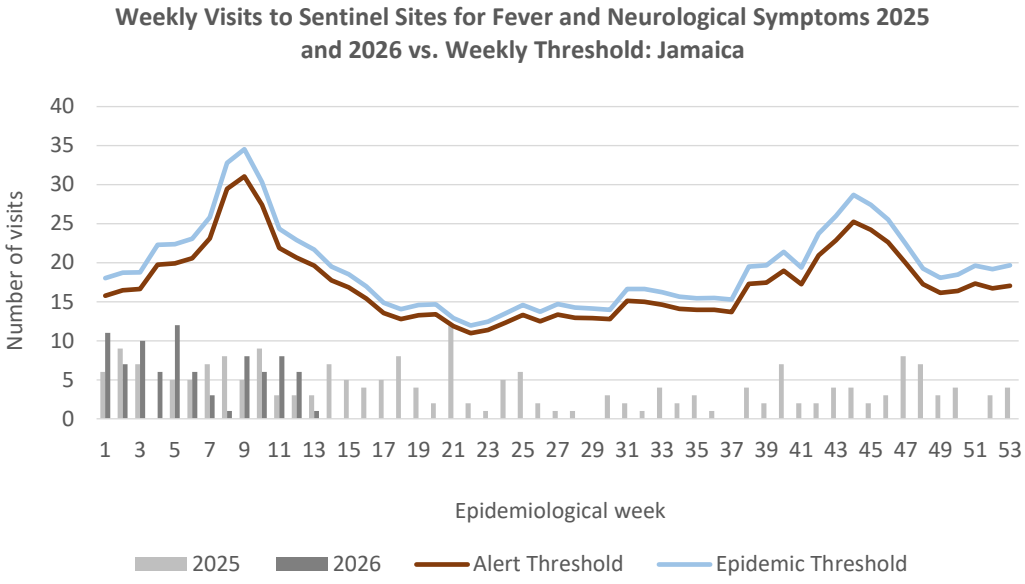
HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued

SENTINEL REPORT- 78 sites. Automatic reporting

ISSN 0799-3927

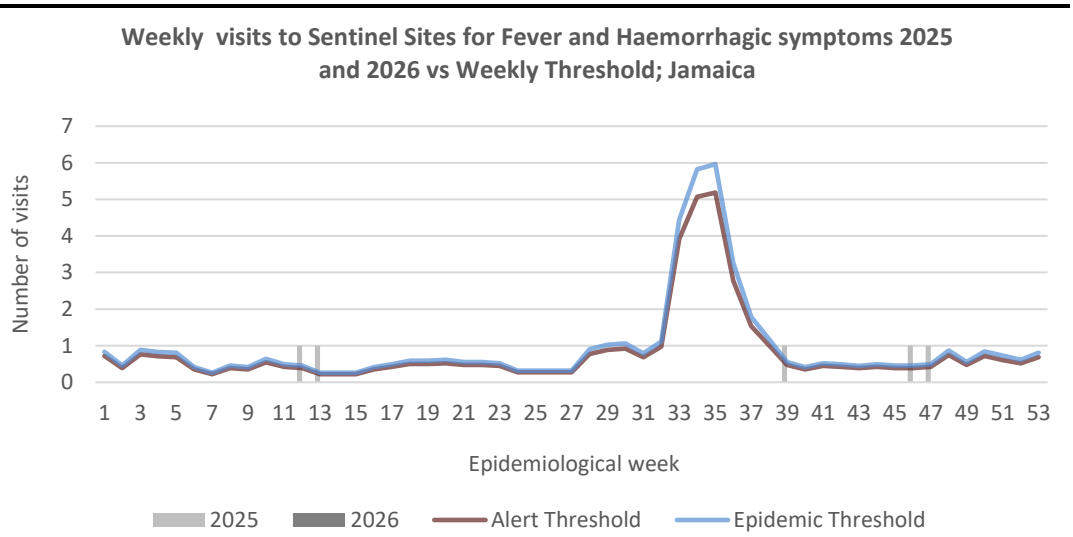
FEVER AND NEUROLOGICAL

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

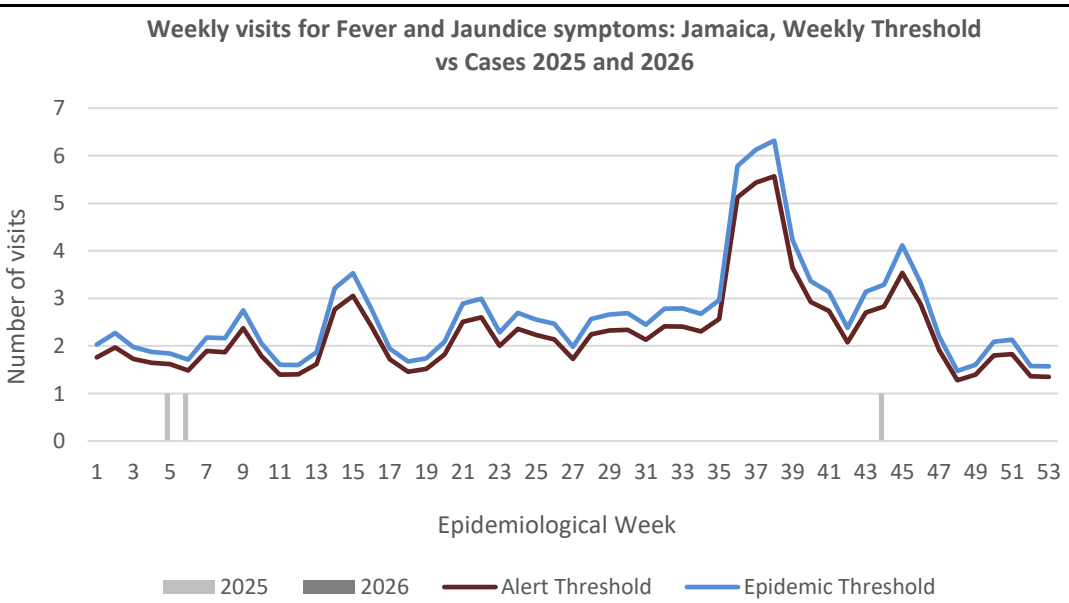
Temperature of >38^0C /100.4^0F (or recent history of fever) in a previously healthy person presenting with at least one haemorrhagic (bleeding) manifestation with or without jaundice.



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.



NOTIFICATIONS- All clinical sites

INVESTIGATION REPORTS- Detailed Follow up for all Class One Events

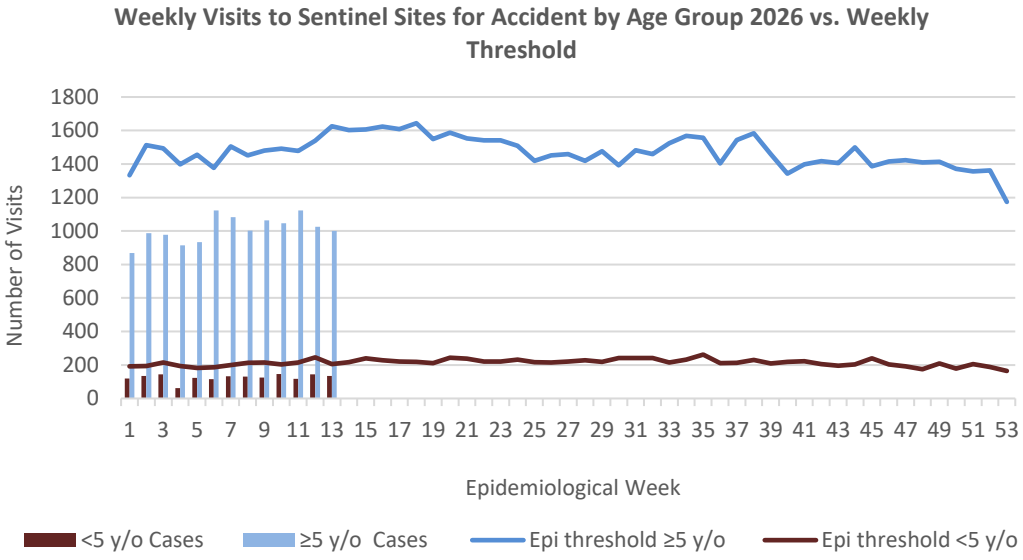
HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued

SENTINEL REPORT- 78 sites. Automatic reporting

ISSN 0799-3927

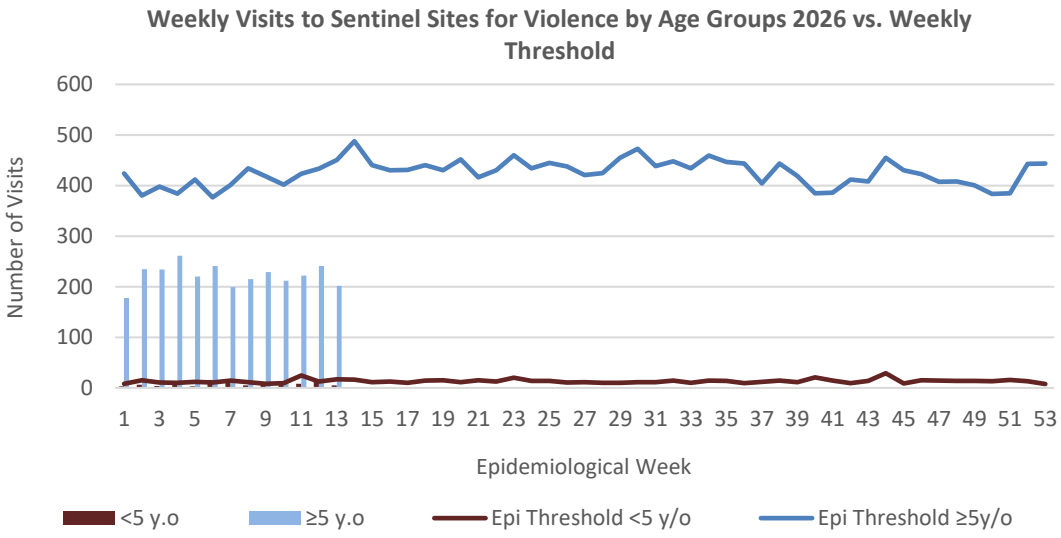
ACCIDENTS

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



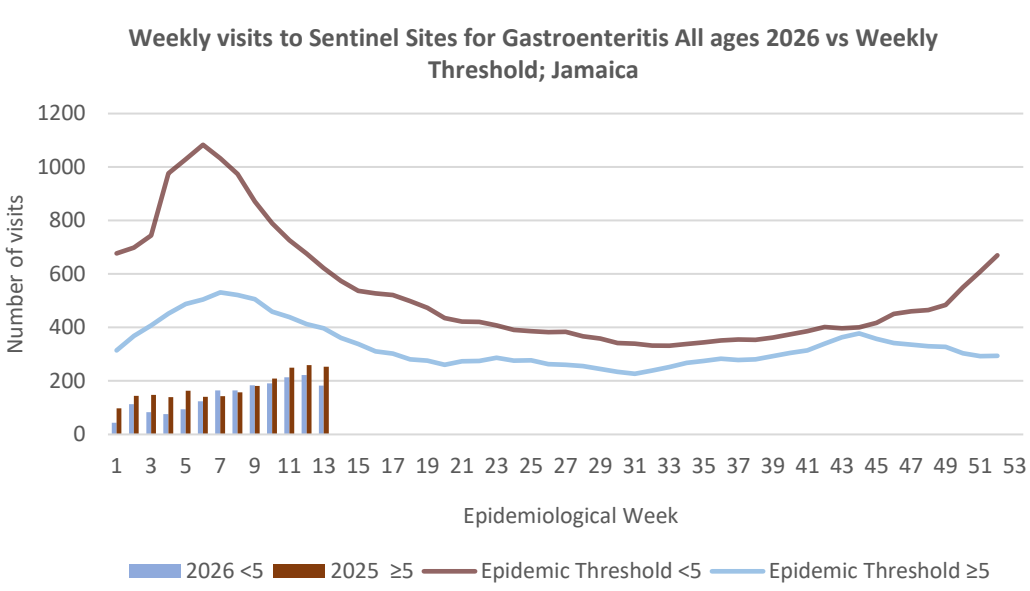
VIOLENCE

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

ISSN 0799-3927

CLASS ONE NOTIFIABLE EVENTS

	CLASS 1 EVENTS	Confirmed YTD[α] CURRENT YEAR 2026	Confirmed YTD[α] PREVIOUS YEAR 2025
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning	12[β]	57[β]
	Cholera	0	0
	Severe Dengue[Y]	See Dengue page below	See Dengue page below
	COVID-19 (SARS-CoV-2)	3	48
	Hansen's Disease (Leprosy)	0	0
	Hepatitis B	2	2
	Hepatitis C	0	2
	HIV/AIDS	NA	NA
	Malaria (Imported)	0	0
	Meningitis	2	6
	Mpox	0	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 (notified pregnanacy related deaths)[δ]	8	20
	Ophthalmia Neonatorum	0	21
	Pertussis-like syndrome	0	0
	Rheumatic Fever	0	0
	Tetanus	0	0
	Tuberculosis	7	15
	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

INVESTIGATION REPORTS- Detailed Follow up for all Class One Events

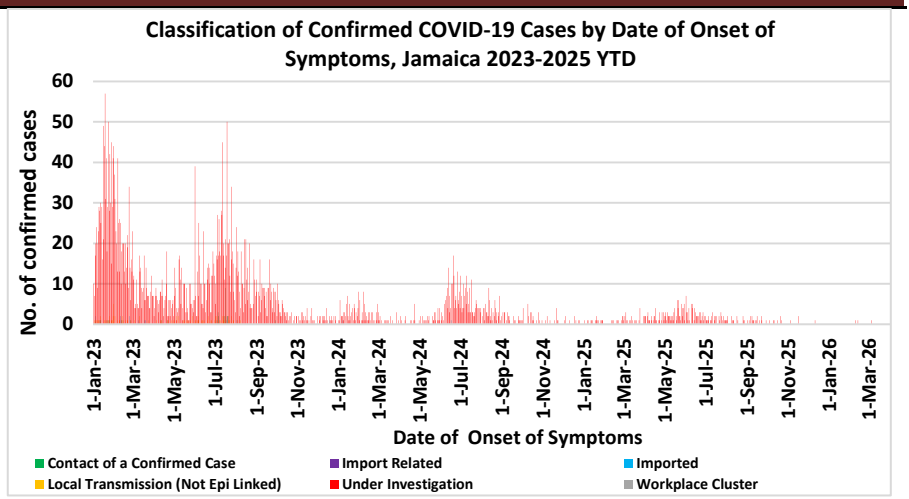
HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued

SENTINEL REPORT- 78 sites. Automatic reporting

COVID-19 SURVEILLANCE

CASES	EW 13	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.

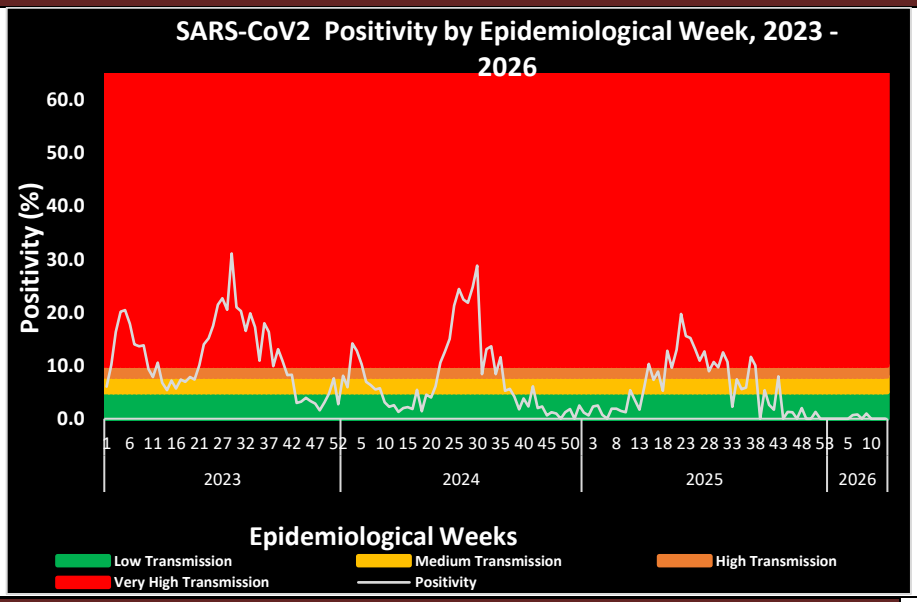


COVID-19 Outcomes

Number of Confirmed COVID-19 cases and deaths, Jamaica 2022-2026

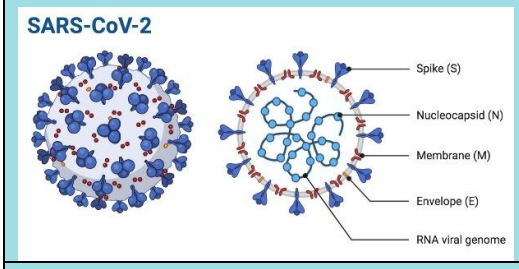
COVID-19	Year					
	2022	2023	2024	2025	2026	Total (2020-2026)
Cases	55,721	3,842	705	315	3	157,753
Deaths	621	116	24	13	0	3,921

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



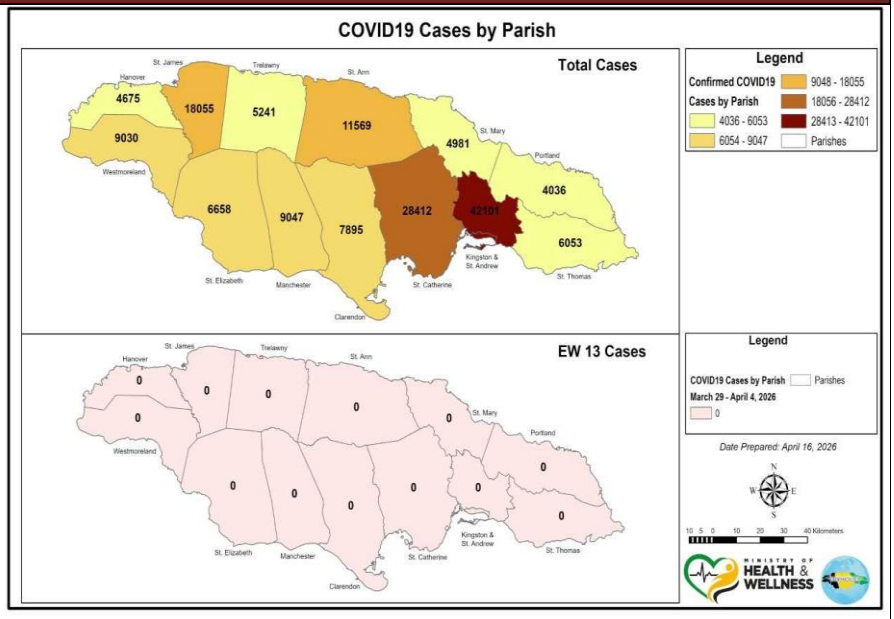
COVID-19 Parish Distribution and Global Statistics

COVID-19 Virus Structure



COVID-19 WHO Global Statistics EW 10 -13 2026

Epi Week	Confirmed Cases	Deaths
10	9700	295
11	5500	205
12	Not available	Not available
13	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

April 17, 2026 ISSN 0799-3927

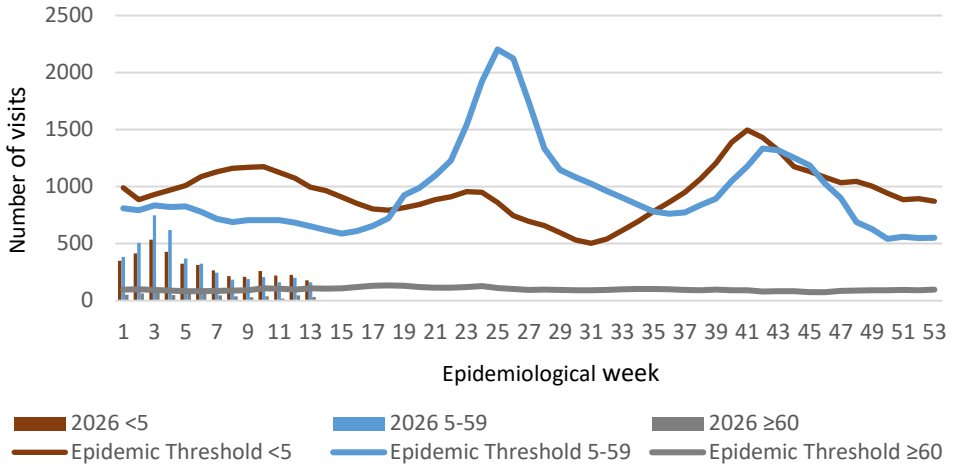
INFLUENZA SURVEILLANCE

EW 13

March 29, 2026 – April 4, 2026 Epidemiological Week 13

	EW 13	*YTD*
SARI cases	11	240
Total Influenza positive Samples	**0**	**257**
Influenza A	**0**	**212**
H1N1pdm09	0	15
H3N2	0	197
Not subtyped	0	0
Influenza B	**0**	**11**
B lineage not determined	0	0
B Victoria	0	11
Parainfluenza	0	0
Adenovirus	0	0
RSV	0	34

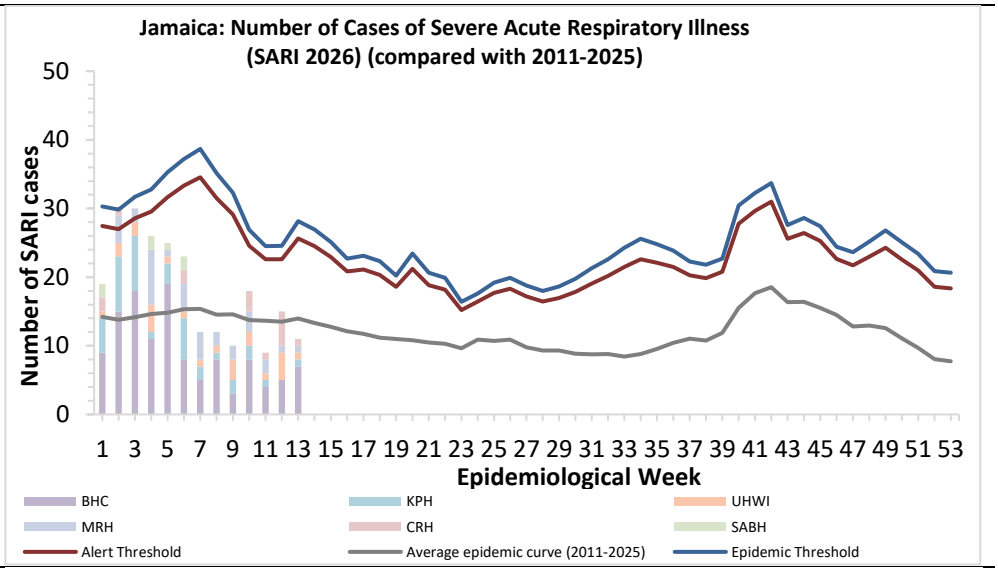
Weekly visits to Sentinel Sites for Influenza-like Illness (ILI) All ages 2026 vs Weekly Threshold; Jamaica



Epi Week Summary

During EW 13, eleven (11) SARI admissions were reported.

Jamaica: Number of Cases of Severe Acute Respiratory Illness (SARI 2026) (compared with 2011-2025)



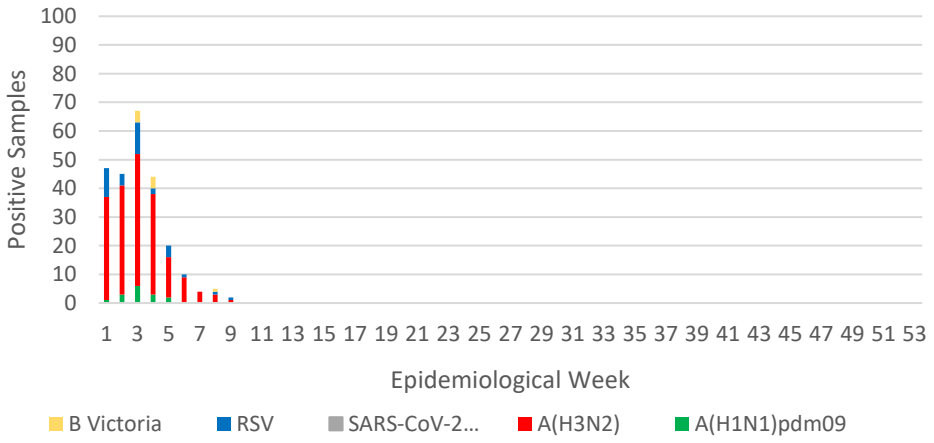
Caribbean Update EW 13

(Updates as at EW 12)

The downward trend in influenza circulation continues, with a positivity of 6.7%, and influenza A9H3N2) predominating over the past four weeks. Both RSV and SARS-CoV-2 circulation reached interseasonal levels. Influenza A(H3N2) was the predominant virus in Belize, cuba, the Dominican Republic, Haiti, Barbados and Guyana, while influenza A(H1N1)pdm09 predominated in the Cayman Islands.

(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 - 2026



NOTIFICATIONS- All clinical sites

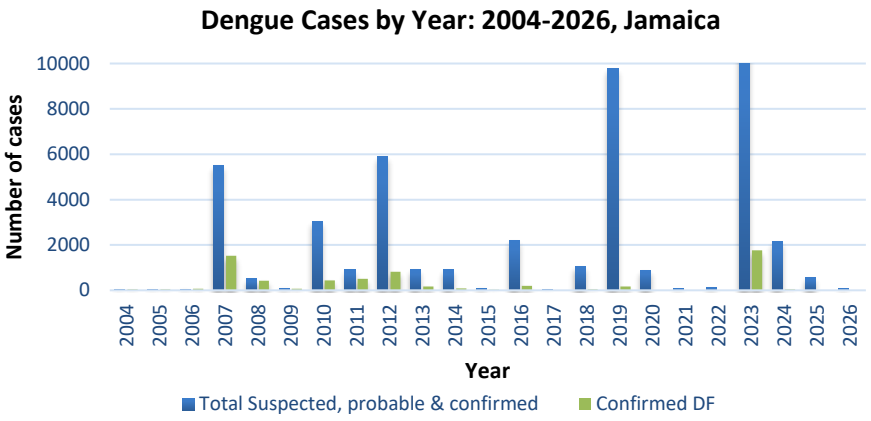
INVESTIGATION REPORTS- Detailed Follow up for all Class One Events

HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued

SENTINEL REPORT- 78 sites. Automatic reporting

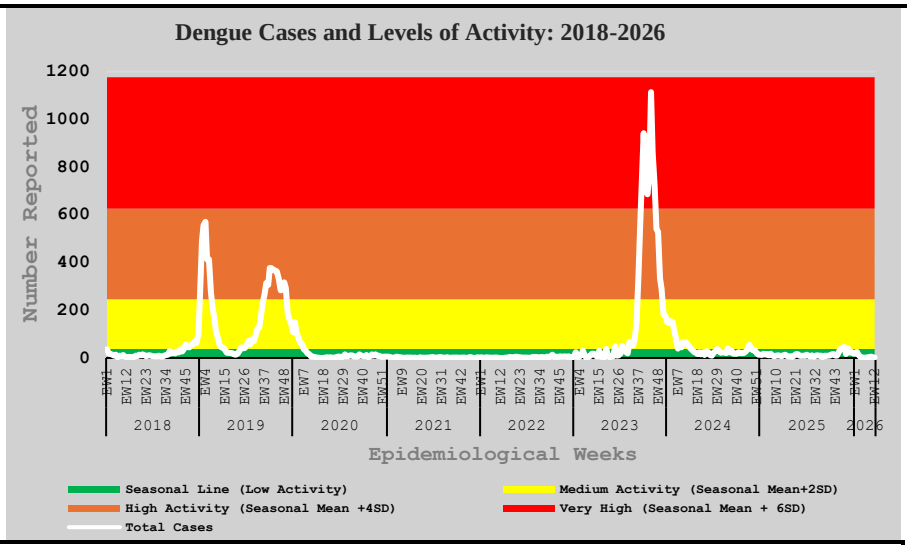
DENGUE SURVEILLANCE

March 29, 2026 – April 4, 2026 Epidemiological Week 13 | Epidemiological Week 13



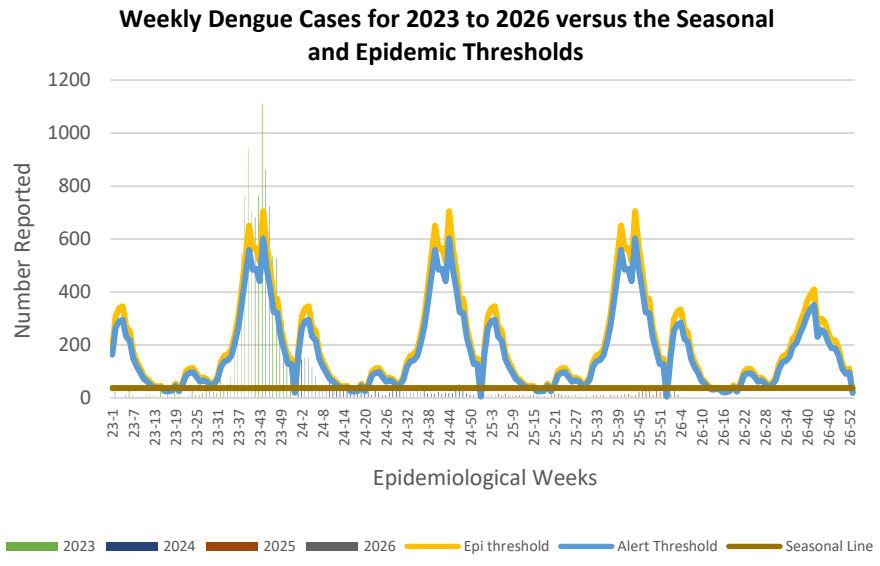
Reported suspected, probable and confirmed dengue with symptom onset in week 13 of 2026

	2026*	
	EW 13	YTD
Total Suspected, Probable & Confirmed Dengue Cases	0	77
Lab Confirmed Dengue cases	0	1
CONFIRMED Dengue Related Deaths	0	0



nts to note:

- **Dengue deaths are reported based on date of death.**
- ***Figure as at April 13, 2026**
- **Only PCR positive dengue cases are reported as confirmed.**
- **IgM positive cases are classified as probable dengue.**



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-20

The prevalence of depression and its relationship with substance use and internet gaming addiction in a Jamaican high school

Thomas J[1], De La Haye W[1]

[1]*University Hospital of the West Indies, Mona, Jamaica*

Objective: To identify the prevalence of depression and its relationship with substance use and internet gaming addiction in a Jamaican high school.

Methods: A cross-sectional study was conducted within grades 7-13 in a high school population in Jamaica. The questionnaire was done online in the school's computer lab. It comprised demographic information and screening tools - the PHQ-9, CRAFFT 2.1+ N, and GASA. The prevalence and relationship between the demographics, depressive symptoms, and other data were assessed using frequencies, chi-squared tests, and multiple linear regression analysis.

Results: A sample of 358 participants was obtained, the mean age being 14.89 (SD± 2.098). The prevalence of depression based on the PHQ-9 criteria (mild to severe) was 80.2%, moderate to severe depression was 46.7% and internet gaming addiction was 9.2%. Analysis revealed an association between depression and their correlates; grade level, gender, living arrangements, alcohol use, and internet gaming. Logistic regression analysis revealed the odds of depressive symptoms were increased in female gender (OR: 2.1; 95% CI 1.36 - 3.31; p<0.001), those living in a single-mother family (OR: 1.94; 95% CI 1.26 - 3.0; p = <0.003) and those with an internet gaming addiction (OR: 2.93; 95% CI 1.35 - 6.37; p= <0.007).

Conclusion: This study demonstrated that there has been an increase in depressive symptoms since COVID-19, with correlations of grade level, gender, single-parent households, alcohol use, and internet gaming. Two-parent households was a protective factor. Interventional programs and additional research to address these findings are needed.

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