

# WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL SURVEILLANCE UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

## Weekly Spotlight

### Syphilis (Part 3)

**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**

#### Transmission

Syphilis is transmitted during oral, anal or vaginal sex through contact with infectious lesions, and also during pregnancy through the placenta. Transmission typically occurs during early stages of the disease, i.e., up to 2 years after infection.

#### Possible complications

##### Syphilis and HIV infection

Syphilis increases the risk of acquiring HIV infection by approximately two-fold, as well as of other STIs, such as gonorrhoea, chlamydia, genital herpes, among others.

#### Severe disease

Without treatment, the tertiary phase of syphilis may lead to several complications decades after infection. At this stage, syphilis can affect multiple organs and systems, including brain, nerves, eyes, liver, heart, blood vessels, bones and joints. Tertiary syphilis can also cause death.



#### Neurosyphilis, ocular syphilis and otosyphilis

Neurosyphilis, ocular syphilis and otosyphilis can occur at any stage of the disease. Neurosyphilis can cause strong headache, serious muscular problems and mental health issues, including dementia. Ocular syphilis can cause pain in the eye, blurry vision, sensitivity to light or blindness. Otosyphilis affects the person's hearing and/or balance.

#### Congenital syphilis

Untreated syphilis in pregnancy may lead to severe negative consequences, such as stillbirth, neonatal death, prematurity, low birth weight and life-long health problems to the infected infant.

Taken from WHO website on 22/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 14



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 - 11 to 14 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												
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
14	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

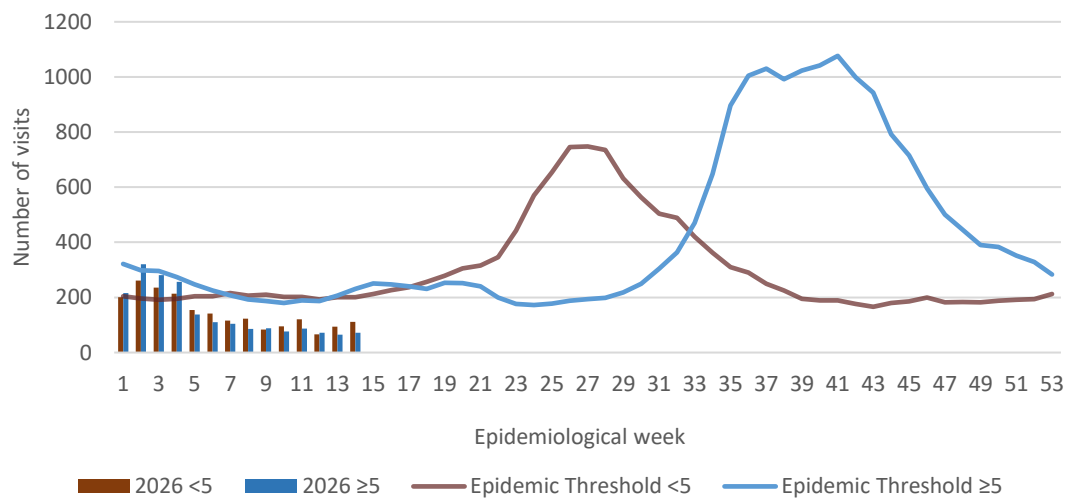
SYNDROMIC SURVEILLANCE

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



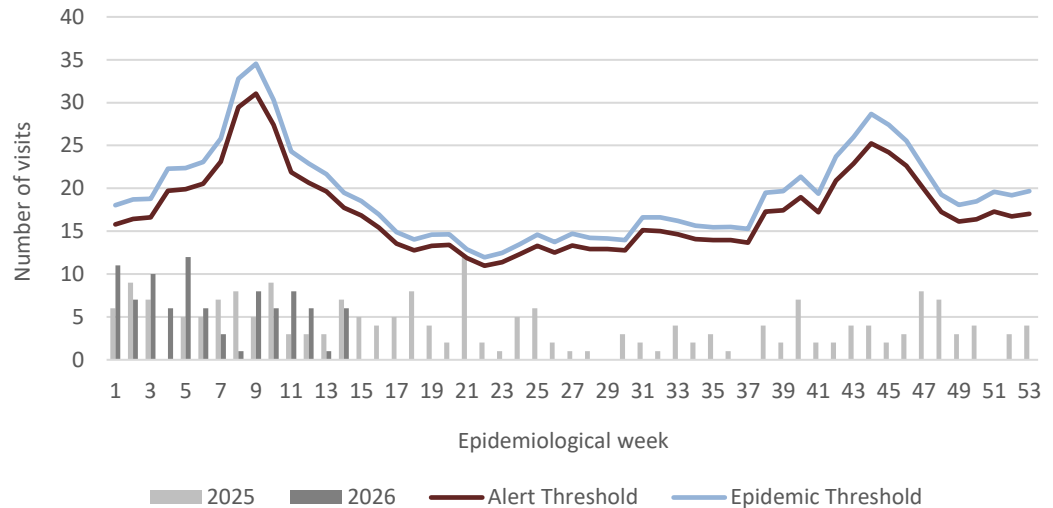
SENTINEL REPORT- 78 sites. Automatic reporting

**FEVER AND NEUROLOGICAL**

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

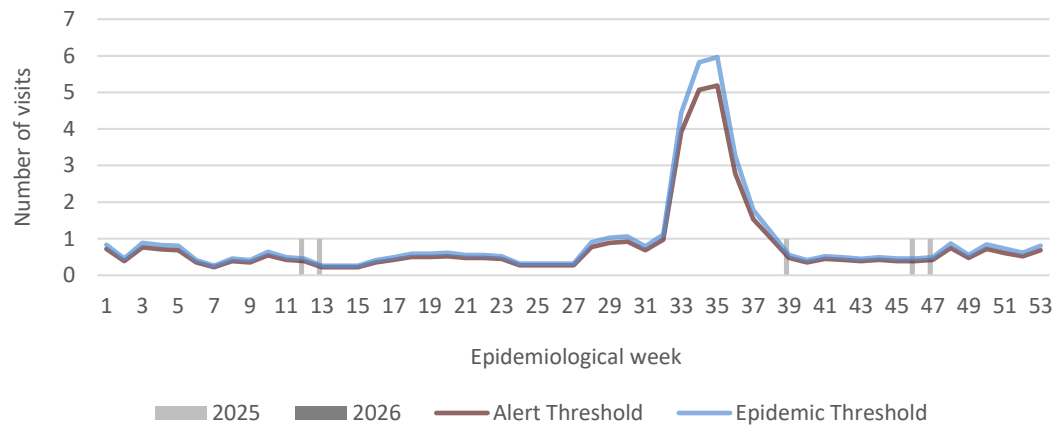


**FEVER AND HAEMORRHAGIC**

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



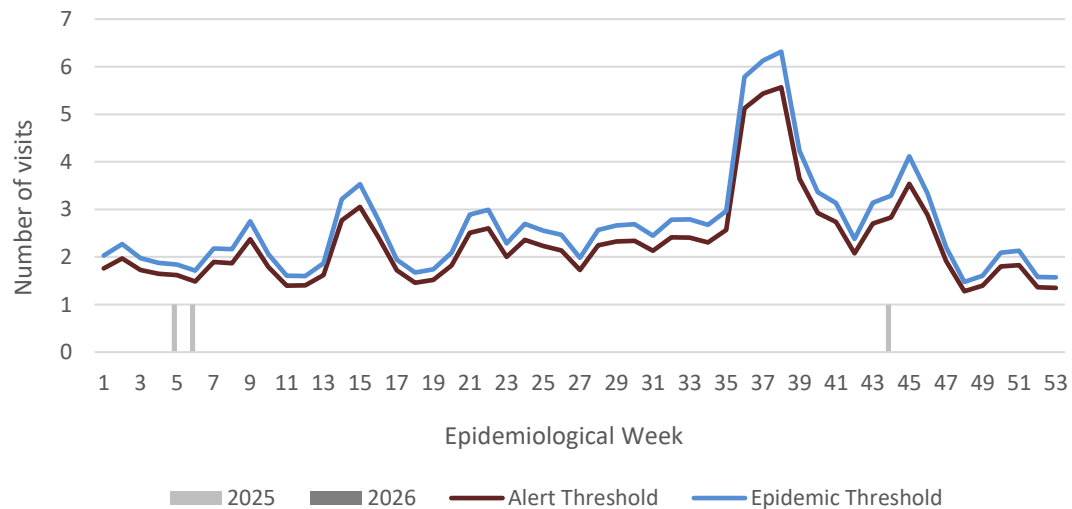
**FEVER AND JAUNDICE**

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

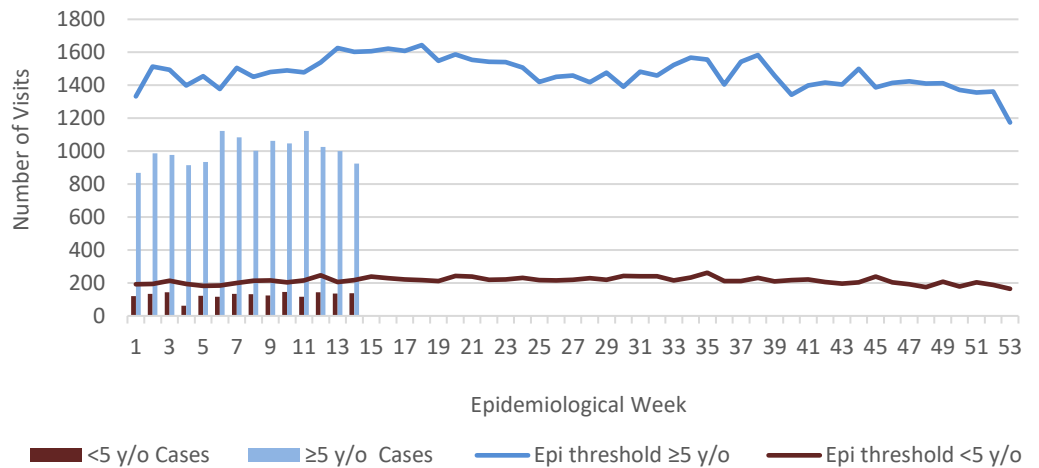


**ACCIDENTS**

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**

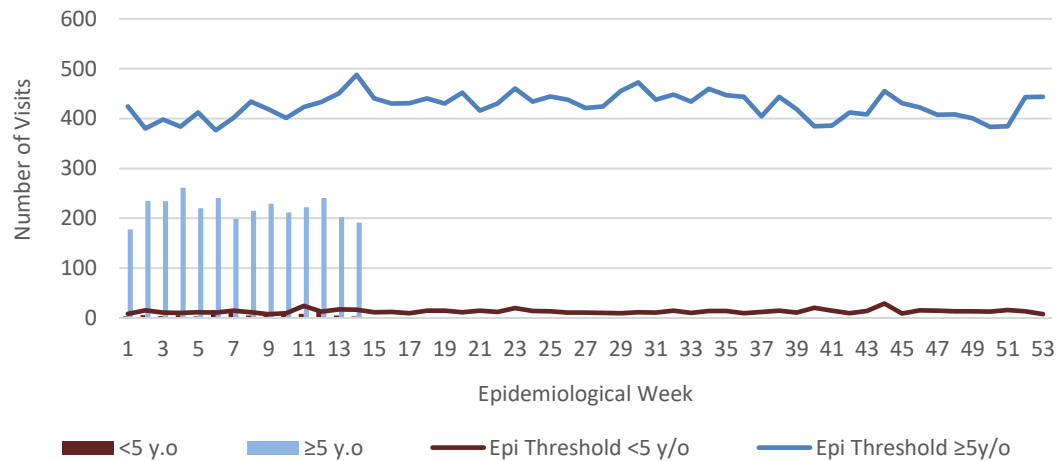


**VIOLENCE**

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**

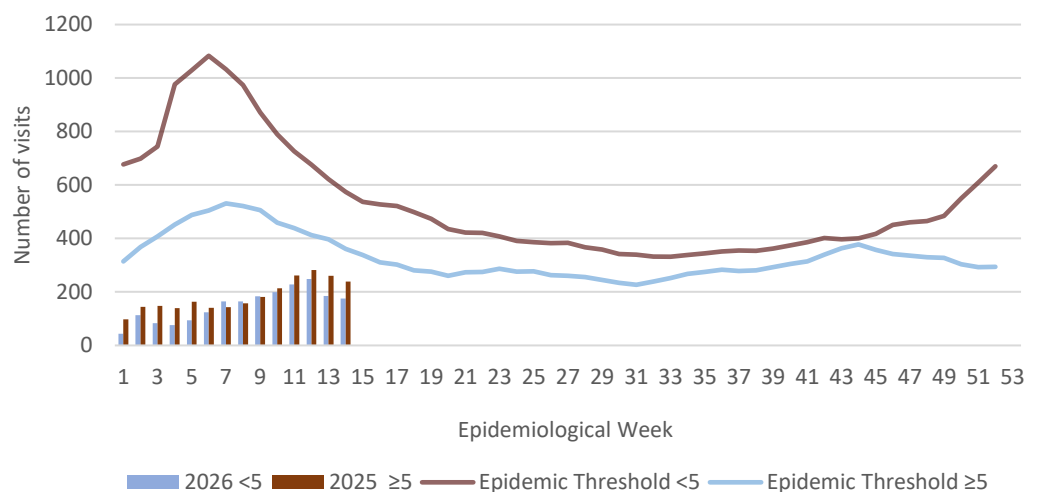


**GASTROENTERITIS**

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

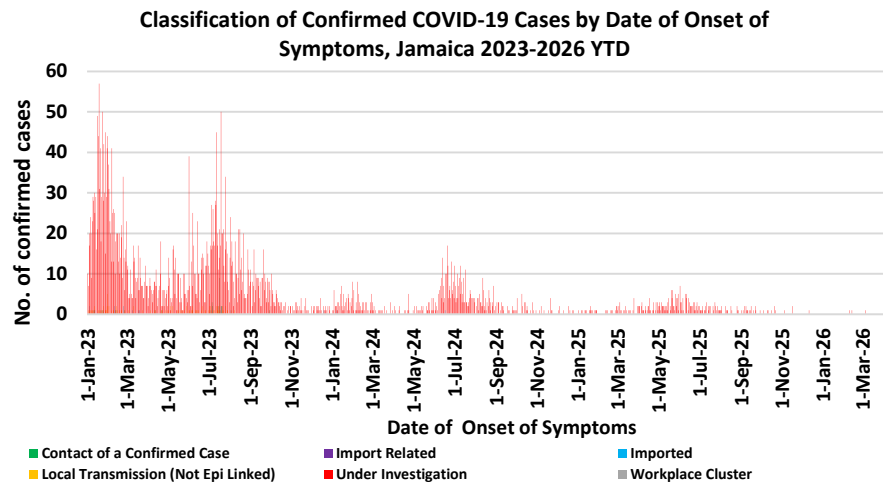
CLASS ONE NOTIFIABLE EVENTS				Comments	
	CLASS 1 EVENTS	Confirmed YTD <sup>α</sup>			
		CURRENT YEAR 2026	PREVIOUS YEAR 2025		
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning	12 <sup>β</sup>	60 <sup>β</sup>	AFP Field Guides from WHO indicate that for an effective surveillance system, detection 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.  <sup>γ</sup> Dengue Hemorrhagic Fever data include Dengue related deaths;  <sup>δ</sup> Figures include all deaths associated with pregnancy reported for the period.	
	Cholera	0	0		
	Severe Dengue <sup>γ</sup>	See Dengue page below	See Dengue page below		
	COVID-19 (SARS-CoV-2)	3	58		
	Hansen’s Disease (Leprosy)	0	0		
	Hepatitis B	2	5		
	Hepatitis C	0	2		
	HIV/AIDS	NA	NA		
	Malaria (Imported)	0	0		
	Meningitis	2	6		
	Mpox	0	0		
EXOTIC/ UNUSUAL	Plague	0	0	<sup>ε</sup> CHIKV IgM positive cases <sup>θ</sup> Zika PCR positive cases  <sup>β</sup> Updates made to prior weeks.  <sup>α</sup> 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) <sup>δ</sup>	8	20		
	Ophthalmia Neonatorum	0	21		
	Pertussis-like syndrome	0	0		
	Rheumatic Fever	0	0		
	Tetanus	0	0		
	Tuberculosis	7	21		
Yellow Fever	0	0			
Chikungunya <sup>ε</sup>	0	0			
Zika Virus <sup>θ</sup>	0	0	NA- Not Available		

 <p><b>5 NOTIFICATIONS-</b> All clinical sites</p>	 <p><b>INVESTIGATION REPORTS-</b> Detailed Follow up for all Class One Events</p>	 <p><b>HOSPITAL ACTIVE SURVEILLANCE-</b> 30 sites. Actively pursued</p>	 <p><b>SENTINEL REPORT-</b> 78 sites. Automatic reporting</p>
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# COVID-19 SURVEILLANCE

CASES	EW 14	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.

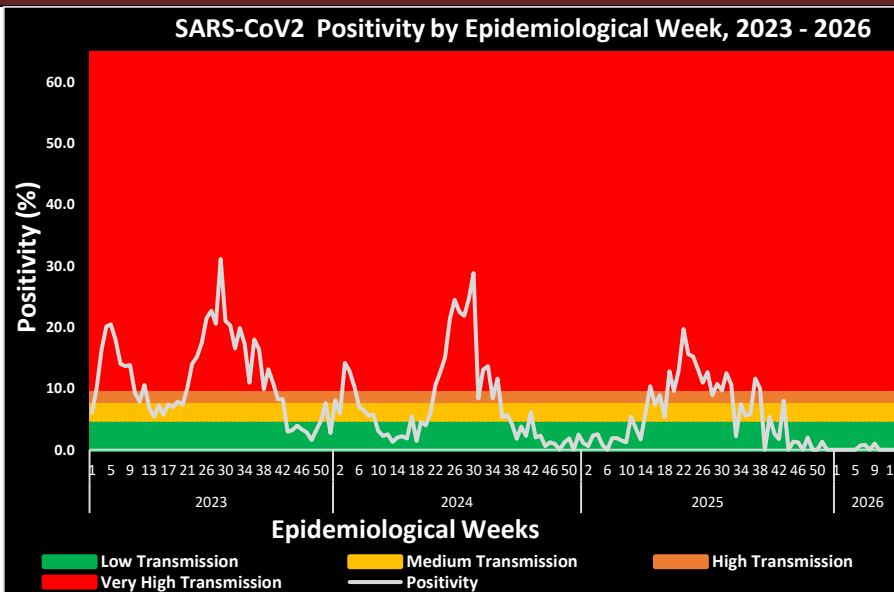


## COVID-19 Outcomes

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

COVID-19	Year					Total (2020-2026)
	2022	2023	2024	2025	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

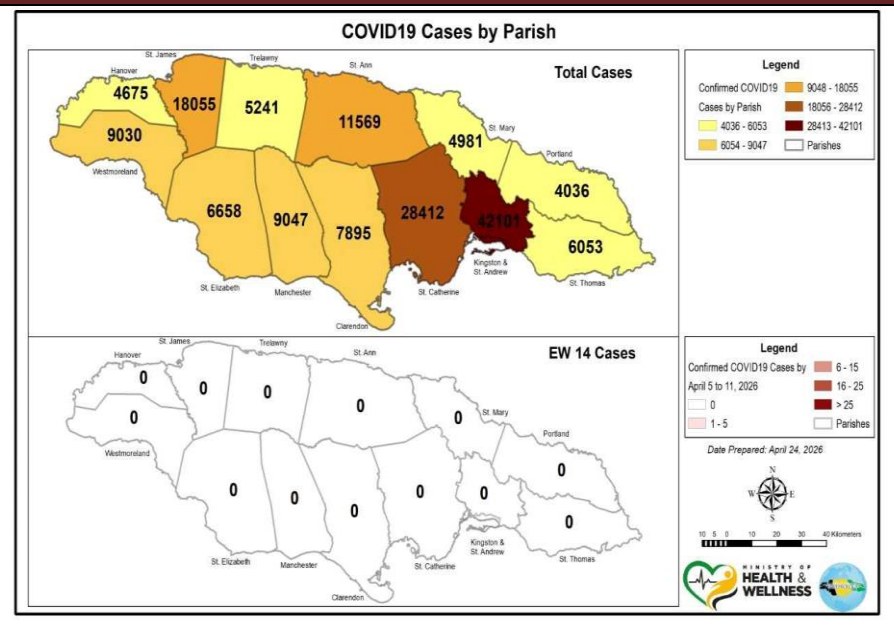


## COVID-19 Parish Distribution and Global Statistics

**COVID-19 Virus Structure**

SARS-CoV-2

- Spike (S)
- Nucleocapsid (N)
- Membrane (M)
- Envelope (E)
- RNA viral genome



**COVID-19 WHO Global Statistics EW 11 -14 2026**

Epi Week	Confirmed Cases	Deaths
11	8700	261
12	6800	216
13	4800	153
14	3700	154
<b>Total (4weeks)</b>	<b>24000</b>	<b>784</b>

**6 NOTIFICATIONS-**  
All clinical sites

**INVESTIGATION REPORTS-** Detailed Follow up for all Class One Events

**HOSPITAL ACTIVE SURVEILLANCE-** 30 sites. Actively pursued

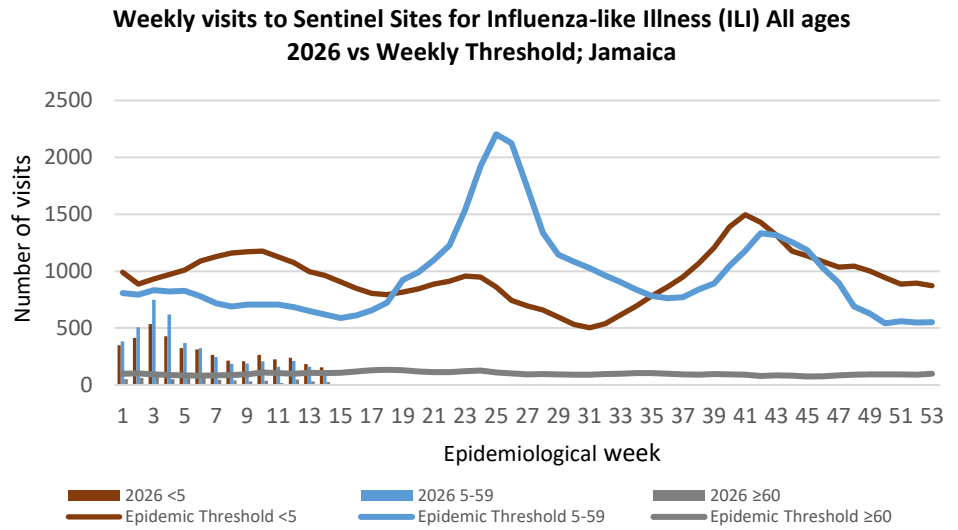
**SENTINEL REPORT-** 78 sites. Automatic reporting

# INFLUENZA SURVEILLANCE

# EW 14

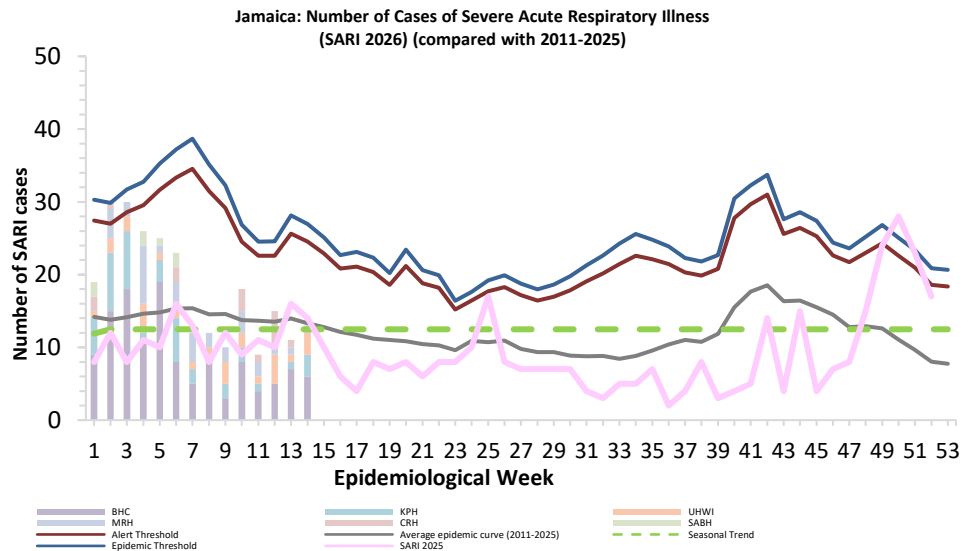
April 5, 2026 – April 11, 2026 Epidemiological Week 14

	EW 14	YTD
SARI cases	13	253
<b>Total Influenza positive Samples</b>	<b>0</b>	<b>231</b>
<b>Influenza A</b>	<b>0</b>	<b>217</b>
H1N1pdm09	0	17
H3N2	0	200
Not subtyped	0	0
<b>Influenza B</b>	<b>0</b>	<b>14</b>
B lineage not determined	0	0
B Victoria	0	14
<b>Parainfluenza</b>	<b>0</b>	<b>0</b>
<b>Adenovirus</b>	<b>0</b>	<b>0</b>
<b>RSV</b>	<b>0</b>	<b>34</b>



## Epi Week Summary

During EW 14, thirteen (13) SARI admissions were reported.

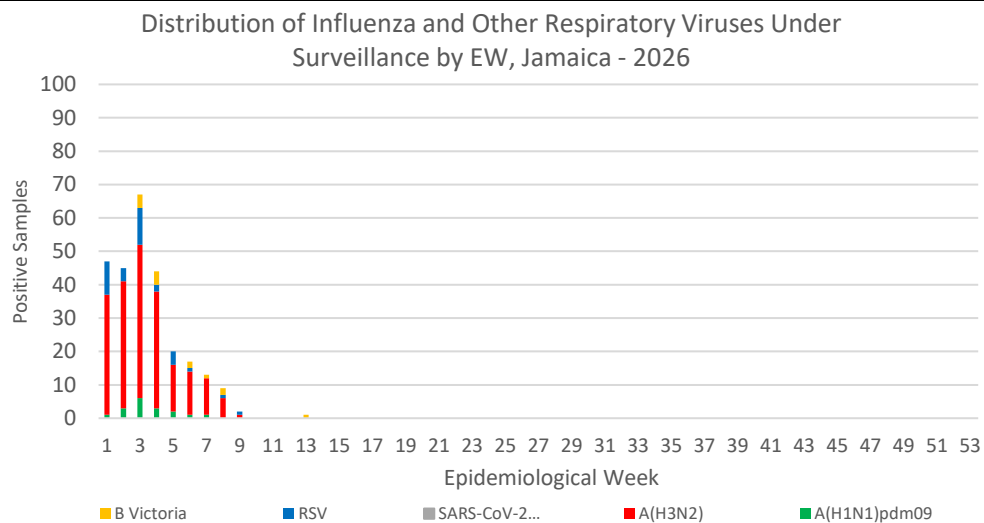


## Caribbean Update EW 14

(Updates as at EW 13)

Influenza activity continues to decrease reaching a 3.9% positivity rate, remaining heterogenous across countries with ongoing circulation at moderate levels. Influenza A(H3N2) remains as the predominant virus, with a slight increase in the proportion of influenza A(H1N1), RSV activity remains low and stable over the past weeks with positivity around 1%. SARS-CoV-2 circulation has remained low, reaching interseasonal levels.

(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

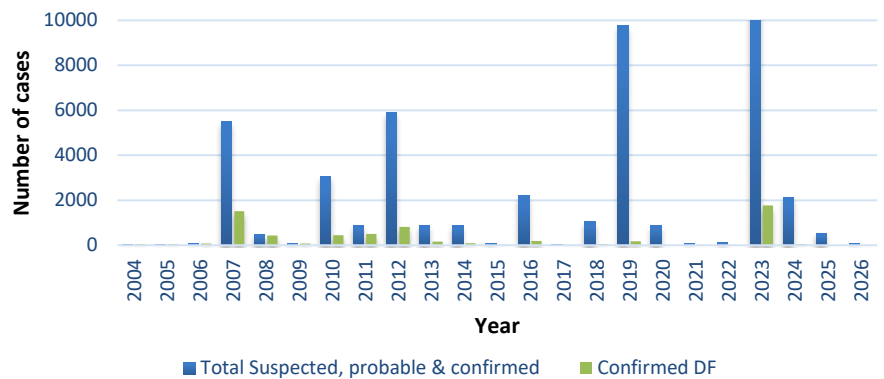
# DENGUE SURVEILLANCE

April 5, 2026 – April 11, 2026 Epidemiological Week 14


Epidemiological Week 14



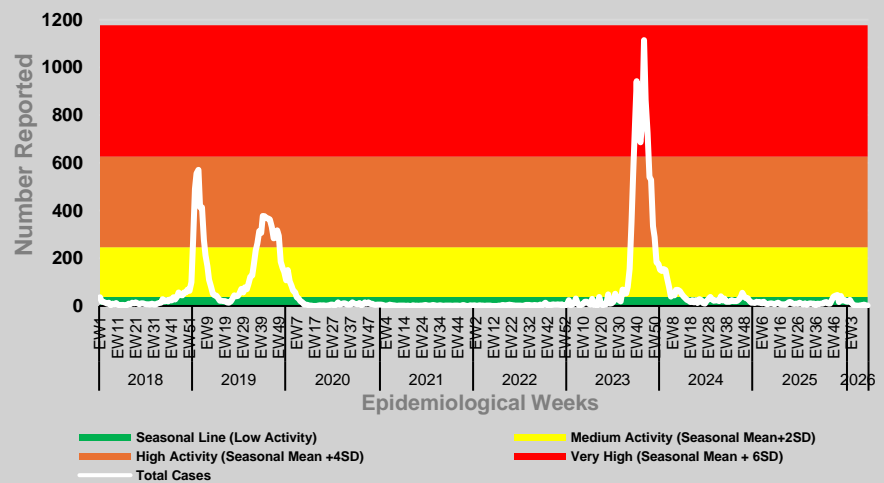
Dengue Cases by Year: 2004-2026, Jamaica



Reported suspected, probable and confirmed dengue with symptom onset in week 14 of 2026

	2026*	
	EW 14	YTD
 Total Suspected, Probable & Confirmed Dengue Cases	0	78
Lab Confirmed Dengue cases	0	1
CONFIRMED Dengue Related Deaths	0	0

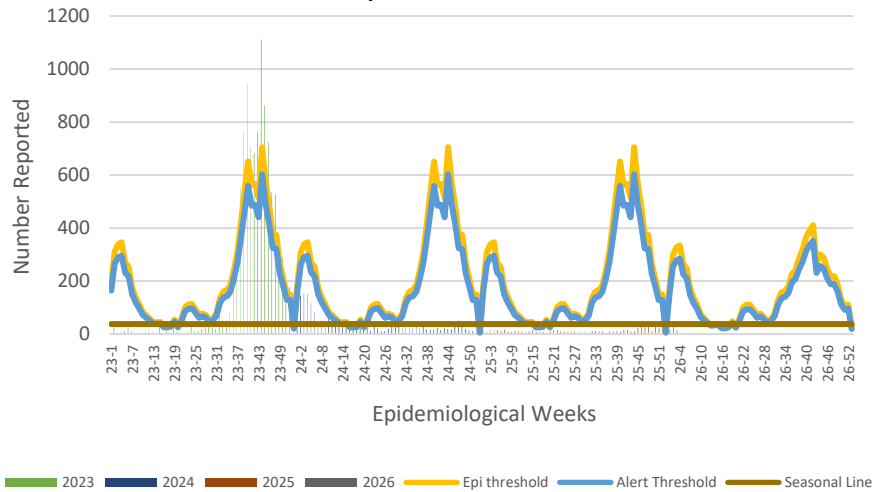
Dengue Cases and Levels of Activity: 2018-2026



**Notes to note:**

- Dengue deaths are reported based on date of death.
- \*Figure as at April 20, 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-21

### Factors associated with severe cannabis addiction in Jamaica

*Lalwani K<sup>1</sup>, De La Haye W<sup>1</sup>, Kerr K<sup>1</sup>, Abel W<sup>1</sup>, Sewell C<sup>1</sup>*

<sup>1</sup>*University of the West Indies, Mona, Jamaica*

**Objective:** To determine the correlates of severe cannabis addiction among Jamaicans.

**Methods:** Secondary analysis of the latest National Drug Prevalence Survey, involving 786 chronic cannabis users who completed the Cannabis Abuse Screening Test (CAST). It is validated against the Diagnostic and Statistical Manual of Mental Disorders, with scores  $\geq 7$  indicating severe addiction. CAST scores were analysed using SPSS version 25 and a p-value of  $<0.05$  was statistically significant.

**Results:** 53.3% of chronic cannabis users had a CAST score  $\geq 7$  and smoked an average of 62.21 joints per month. Males were likelier (OR 2.149,  $p<0.001$ ) to report severe addiction than females. Young (OR 3.663,  $p=0.013$ ), middle (OR 5.279,  $p=0.002$ ), and older (OR 3.435,  $p=0.037$ ) adults were likelier to report severe addiction compared to adolescents. Participants beginning cannabis use under 11 (OR 5.056,  $p=0.016$ ), at 12-17 (OR 7.309,  $p=0.003$ ), and 18-25 (OR 7.219,  $p=0.005$ ) years, were more likely to report severe addiction than those 26 years and older. Respondents who reported cannabis access was easy (OR 2.943,  $p=0.047$ ), a high perceived need for drug treatment (OR 2.705,  $p=0.024$ ), that national drug use prevalence had increased (OR 3.131,  $p=0.003$ ), and that they were aware of the national drug control and prevention agency (OR 1.766,  $p=0.014$ ), had increased odds of severe addiction.

**Conclusion:** More than 50% of chronic cannabis users have a severe cannabis addiction, typically smoking about two joints daily. Early cannabis use raises the risk of developing addiction, highlighting the need for a multi-sector public health approach to offering treatment options.



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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