

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL SURVEILLANCE UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Weekly Spotlight

Heatwaves

Heatwaves, or heat and hot weather that can last for several days, can have a significant impact on society, including a rise in heat-related deaths. Heatwaves are among the most dangerous of natural hazards, but rarely receive adequate attention because their death tolls and destruction are not always immediately obvious.

A [study](#) found that from 2000–2019 approximately 489,000 heat-related deaths occurred each year, including more than 70,000 who died during the 2003 heatwave in Europe. Population exposure to heat is increasing due to climate change. Globally, extreme temperature events are observed to be increasing in their frequency, duration, and magnitude. Between 2000 and 2016, the number of people exposed to heatwaves increased by around 125 million.



While the effects of heat may be exacerbated in cities due to the urban heat island (UHI) effect, the livelihoods and well-being of non-urban communities can also be severely disrupted during and after periods of unusually hot weather.

Heatwaves can burden health and emergency services and also increase strain on water, energy and transportation resulting in power shortages or even blackouts. Food and livelihood security may also be strained if people lose their crops or livestock due to extreme heat. The health impact of a heatwave depends on the intensity and duration of the temperature, the acclimatization and adaptation of the population, and the infrastructure and preparedness.

Exposure to heat causes severe symptoms, such as heat exhaustion and heat stroke – a condition which causes faintness, as well as dry, warm skin, due to the inability of the body to control high temperatures. Other symptoms include swelling in the lower limbs, heat rash on the neck, cramps, headache, irritability, lethargy and weakness. Heat can cause severe dehydration, acute cerebrovascular accidents and contribute to thrombogenesis (blood clots).

People with chronic diseases that take daily medications have a greater risk of complications and death during a heatwave, as do older people and children.

Reactions to heat depend on each person’s ability to adapt, and serious effects can appear suddenly. This is why it is important to pay attention to the alerts and recommendations of local authorities.

Taken from WHO website on 03/June/2026
https://www.who.int/health-topics/heatwaves#tab=tab_1
 Picture taken from: <https://www.kauveryhospitalsbangalore.com/blog/effects-of-heat-wave>

EPI WEEK 20



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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 - 17 to 20 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												
17	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
18	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
19	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
20	On Time	On Time	On Time	Late (T)	On Time	Late (T)	On Time	On Time	On Time	Late (T)	On Time	On Time	On Time

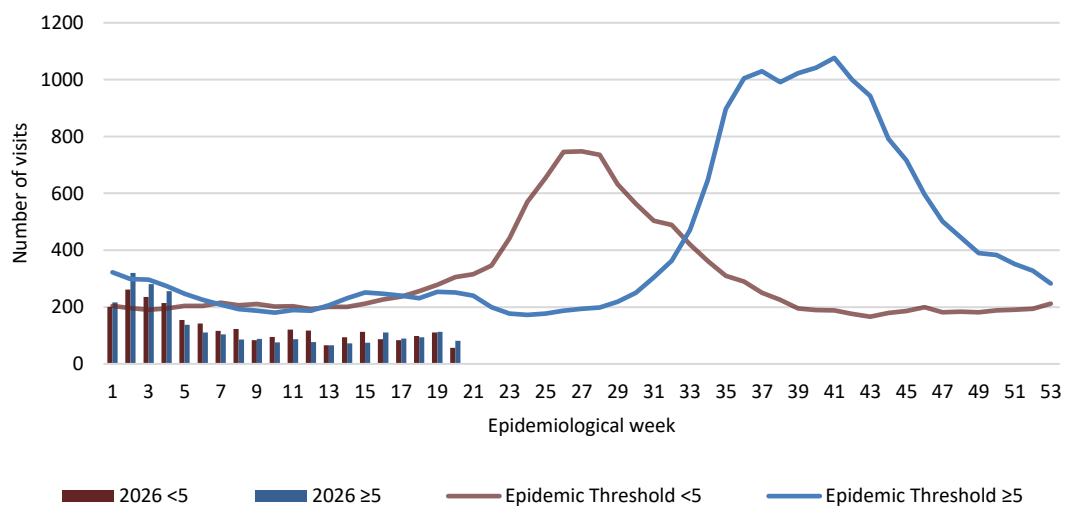
SYNDROMIC SURVEILLANCE

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, 2026 vs. Weekly Threshold: Jamaica



2 NOTIFICATIONS- All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued



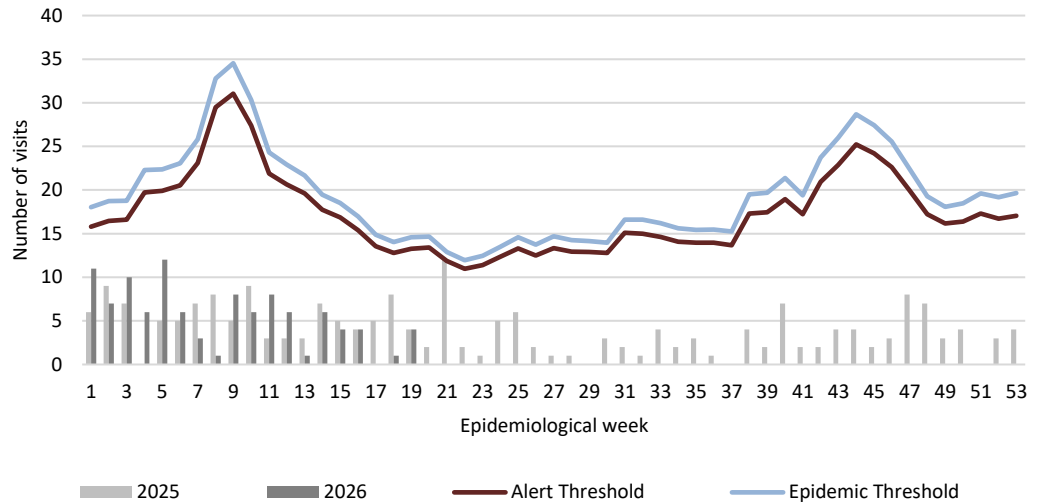
SENTINEL REPORT- 78 sites. Automatic reporting

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

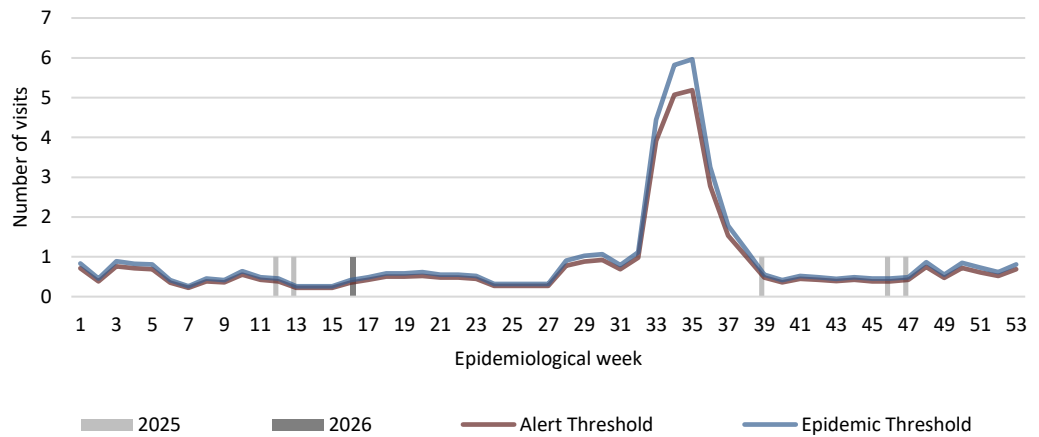


FEVER AND HAEMORRHAGIC

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



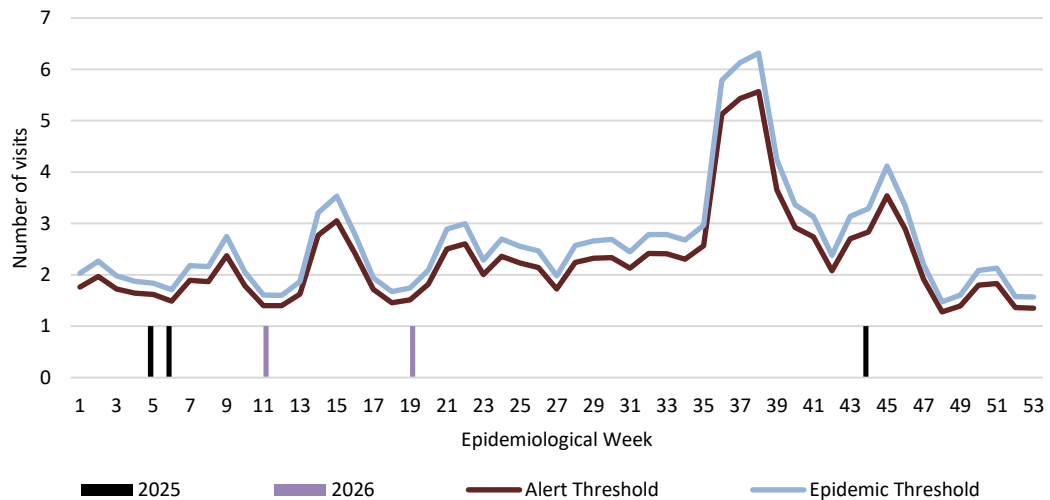
FEVER AND JAUNDICE

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 to Sentinel Sites for Fever and Jaundice - 2025 and 2026 vs Weekly Threshold: Jamaica



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

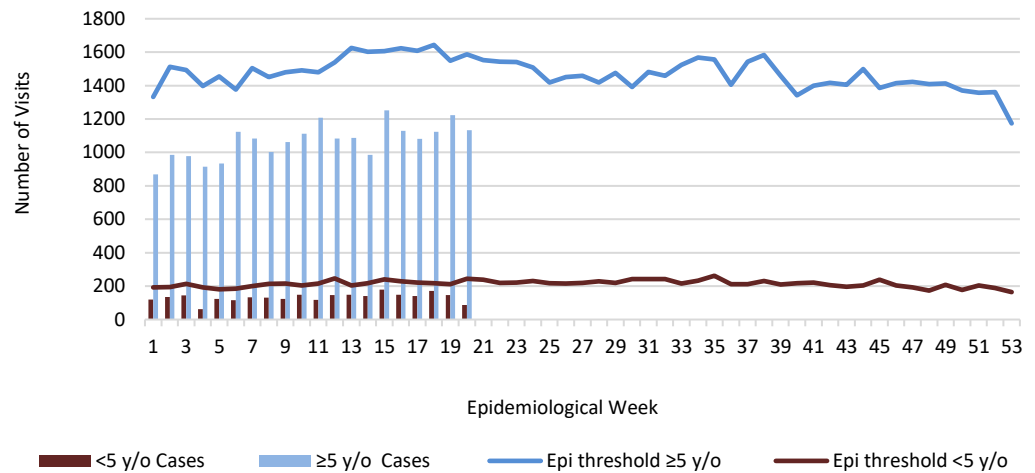


ACCIDENTS

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

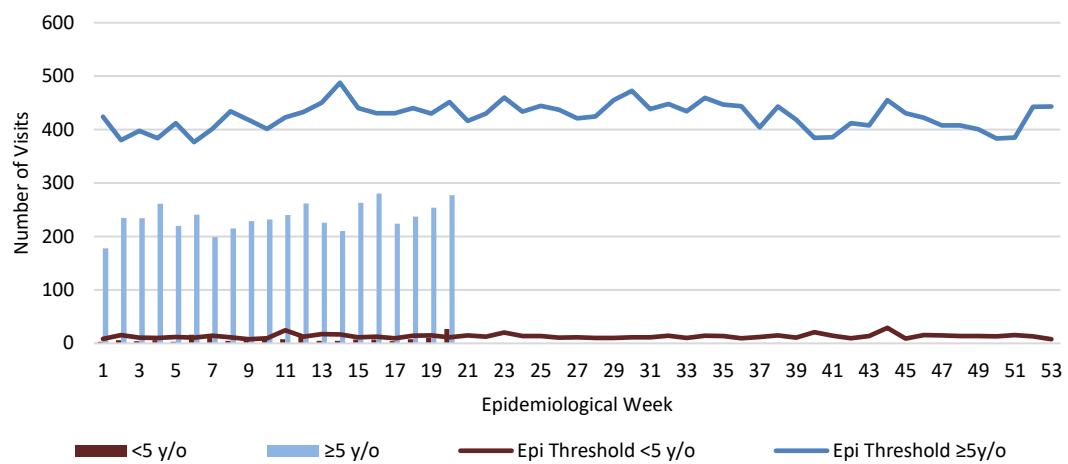


VIOLENCE

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: Jamaica

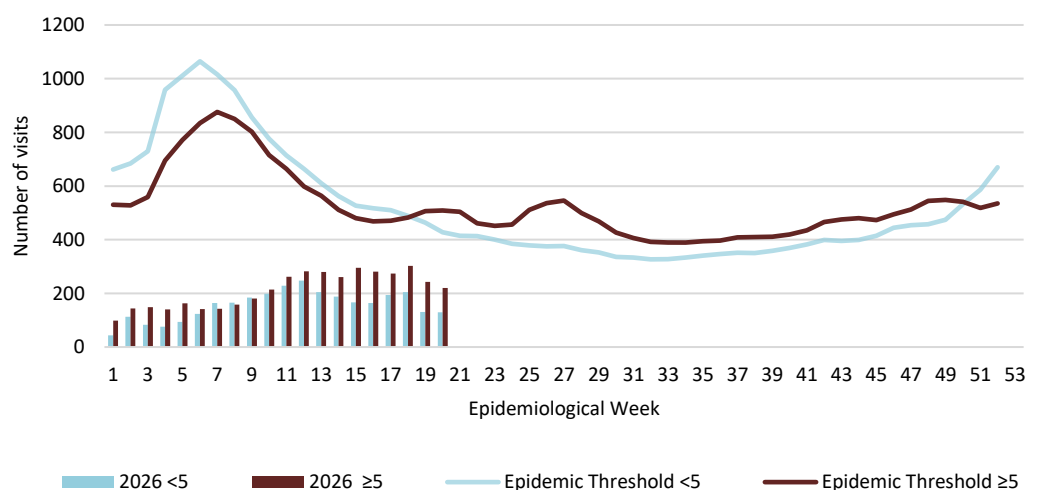


GASTROENTERITIS

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

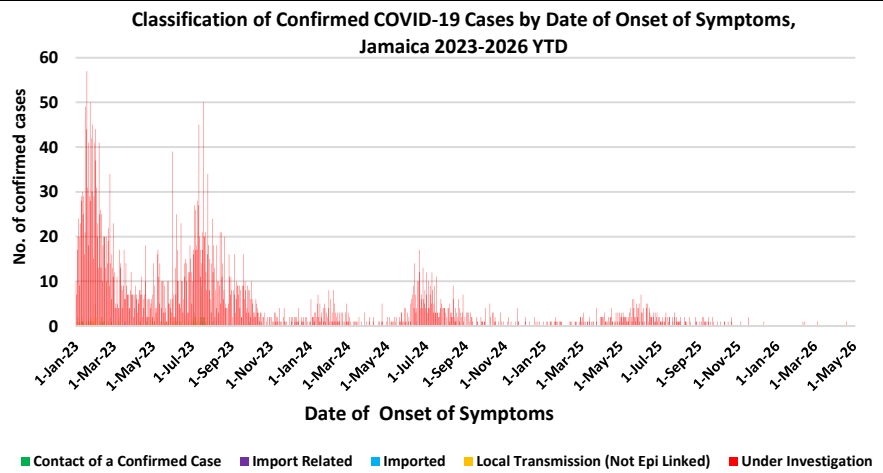
CLASS ONE NOTIFIABLE EVENTS				Comments	
	CLASS 1 EVENTS	Confirmed YTD ^α			
		CURRENT YEAR 2026	PREVIOUS YEAR 2025		
NATIONAL/INTERNATIONAL INTEREST	Accidental Poisoning	15 ^β	85 ^β	AFP Field Guides from WHO indicate that for an effective surveillance system, detection rates for AFP should be 1/100,000 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)	4	113		
	Hansen’s Disease (Leprosy)	0	0		
	Hepatitis B	3	6		
	Hepatitis C	0	2		
	HIV/AIDS	NA	NA		
	Malaria (Imported)	0	0		
	Meningitis	2	7		
	Mpox	0	1		
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. NA- Not Available	
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	16	25		
	Ophthalmia Neonatorum	20	30		
	Pertussis-like syndrome	0	0		
	Rheumatic Fever	0	0		
	Tetanus	1	0		
	Tuberculosis	24	28		
Yellow Fever	0	0			
Chikungunya ^ε	0	0			
Zika Virus ^θ	0	0			

 <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>
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COVID-19 SURVEILLANCE

CASES	EW 20	Total
Confirmed	0	157,754
Females	0	90,885
Males	0	66,866
Age Range	-	1 day to 108 years

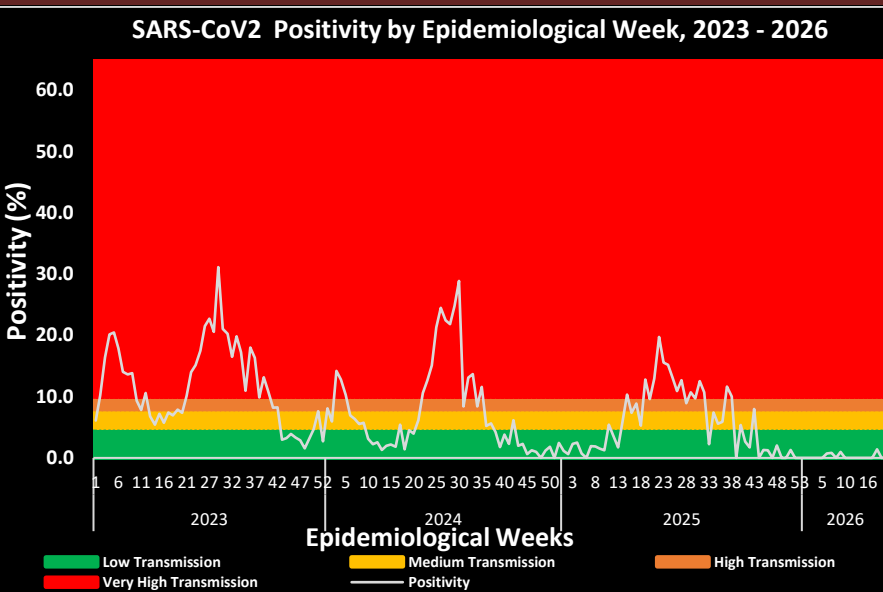
- 3 positive cases had no gender specification
- PCR or Antigen tests are used to confirm cases
- Total represents all cases confirmed from 10 Mar 2020 to the current Epi-Week.



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	4	157,754
Deaths	621	116	24	13	0	3,921

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

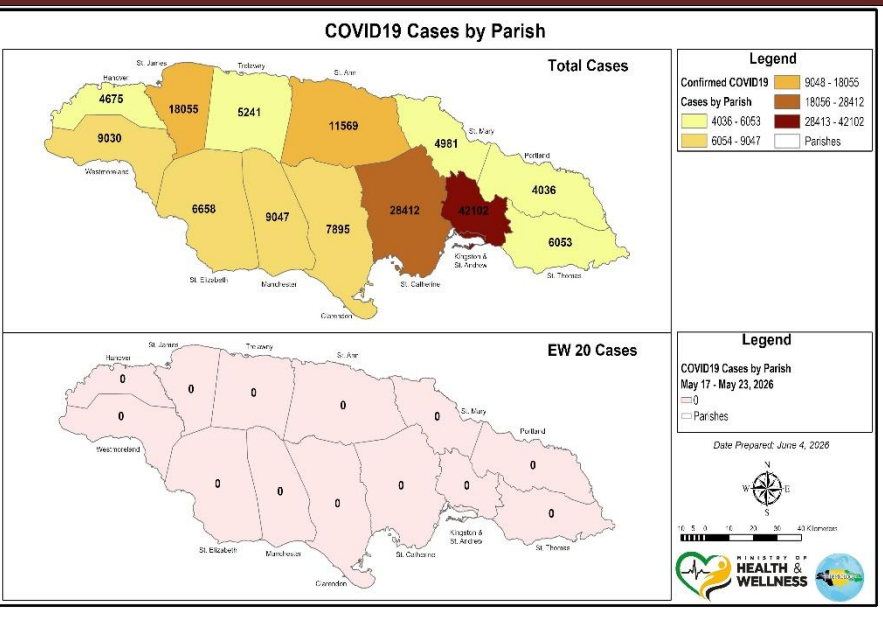


COVID-19 Parish Distribution and Global Statistics

COVID-19 Virus Structure

COVID-19 WHO Global Statistics EW 17 -20 2026

Epi Week	Confirmed Cases	Deaths
17	3,500	132
18	2,800	107
19	2,800	93
20	2,500	51
Total (4weeks)	11,600	383



6 NOTIFICATIONS-
All clinical sites

INVESTIGATION REPORTS- Detailed Follow up for all Class One Events

HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued

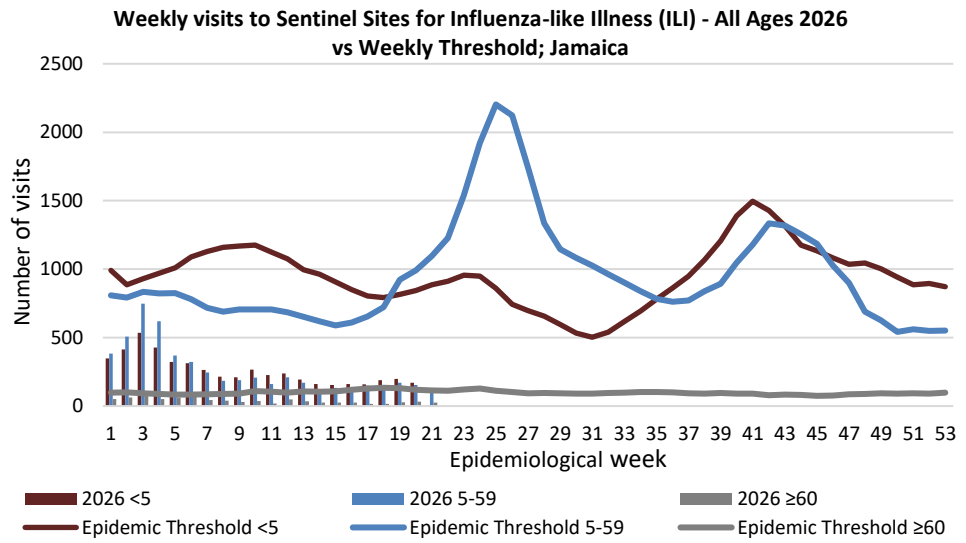
SENTINEL REPORT- 78 sites. Automatic reporting

INFLUENZA SURVEILLANCE

EW 20

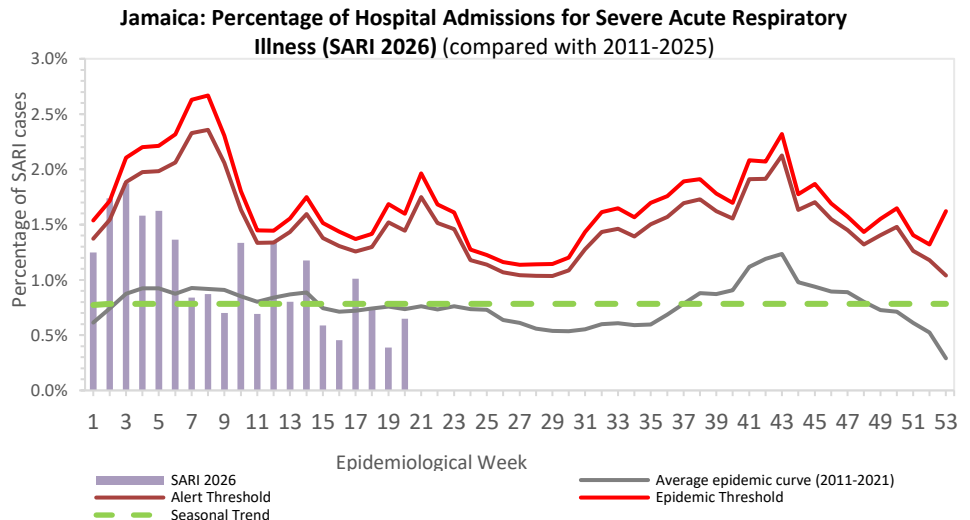
May 17, 2026 – May 23, 2026 Epidemiological Week 20

	<i>EW 20</i>	<i>YTD</i>
SARI cases	4	299
Total Influenza positive Samples	0	258
Influenza A	0	233
H1N1pdm09	0	21
H3N2	0	212
Not subtyped	0	0
Influenza B	0	25
B lineage not determined	0	0
B Victoria	0	25
Parainfluenza	0	0
Adenovirus	0	0
RSV	0	38



Epi Week Summary

During EW 20, four (4) SARI admissions were reported.

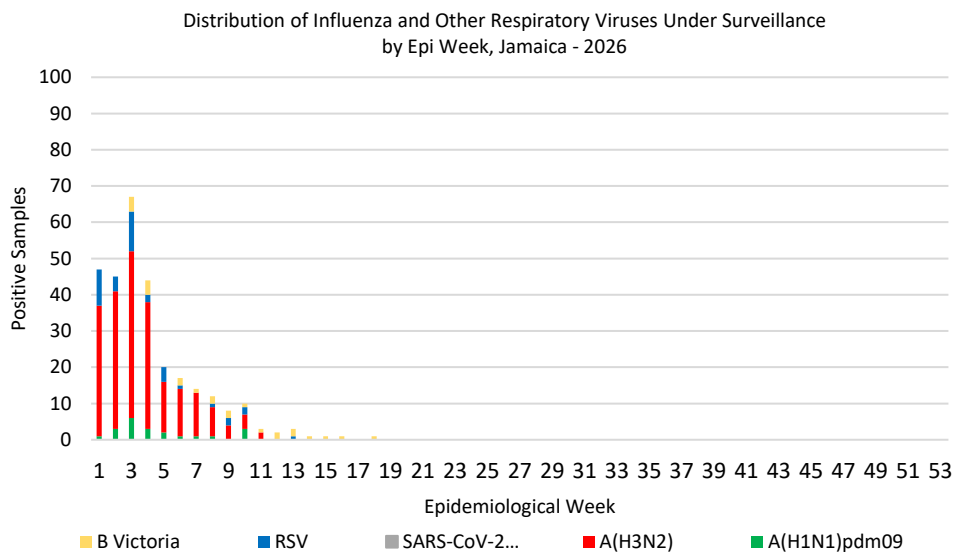


Caribbean Update EW 20

Update as of EW 19

The subregion is consolidating the end of the Northern Hemisphere season, with subregional influenza positivity stabilised at low levels. In continuity with the post-peak decline (2.3%) and close to interseasonal levels. In the last 4 weeks, the cocirculation characteristics of the subregion persists, with B Victoria and A(H3N2) as the majority components and A(H1N1)pdm09 in a smaller proportion. SARI and ILI indicators maintain the decline consistent with the end of the season. RSV and SARS-CoV-2 remain at low interseasonal levels. The low volume of samples notified by the countries of the subregion (in several cases, between 1 and 3 positive samples per country, or with data reflecting residual circulation) limits the specificity of the analysis at the country level; trends should be interpreted in an aggregate manner and with caution.

(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

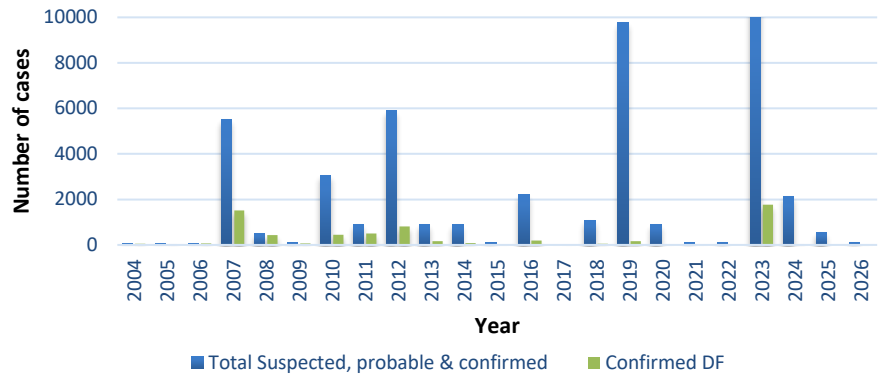
DENGUE SURVEILLANCE

May 17, 2026 – May 23, 2026 Epidemiological Week 20


Epidemiological Week 20



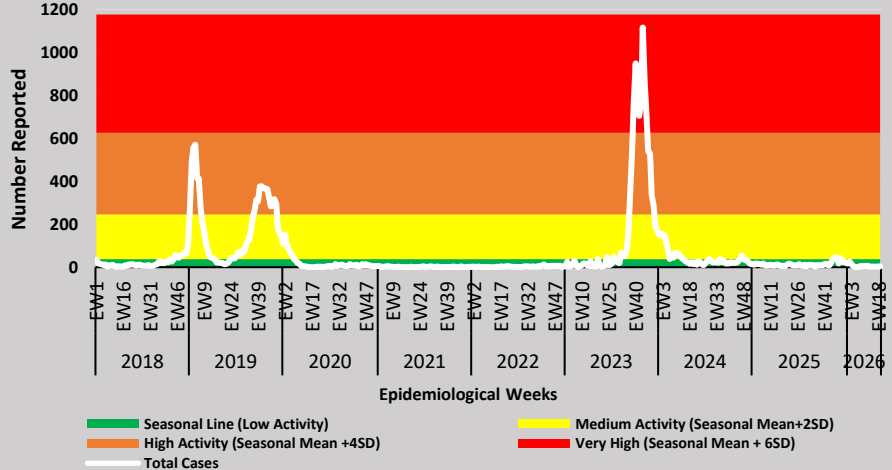
Dengue Cases by Year: 2004-2026, Jamaica



Reported suspected, probable and confirmed dengue with symptom onset in week 20 of 2026

	2026*	
	EW 20	YTD
 Total Suspected, Probable & Confirmed Dengue Cases	0	113
Lab Confirmed Dengue cases	0	1
CONFIRMED Dengue Related Deaths	0	0

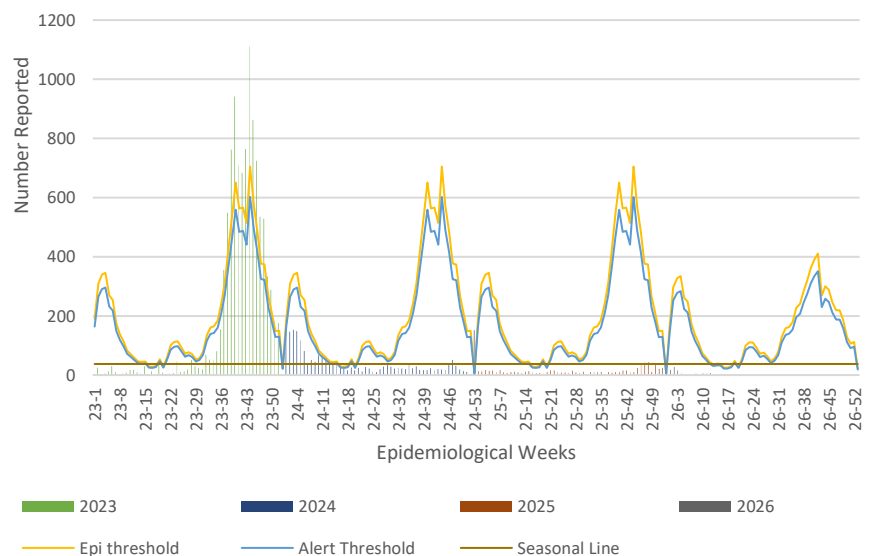
Dengue Cases and Levels of Activity: 2018-2026



Points to note:

- Dengue deaths are reported based on date of death.
- *Figure as at June 5, 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-25-O

Transforming Caribbean Healthcare: A Framework for Digital Maturity Using an AI-Powered EHR Platform

Pencle, F.¹, Gayle, C.², Christian, J.³ ¹Elecare, Kingston, Jamaica. ²Gizzada Software, Kingston, Jamaica. ³Gizzada Software, Kingston, Jamaica.

Aims/Objectives: To evaluate the capacity of an AI-powered Electronic Health Record (EHR) platform to accelerate digital maturity in Caribbean healthcare systems, using the Pan American Health Organization (PAHO) IS4H maturity model. Specific objectives were to map system capabilities against PAHO benchmarks and quantify projected efficiency gains in clinical and operational workflows.

Methods: A comparative systems analysis mapped Elecare's platform features—including unified EHR, AI-driven clinical intelligence, and administrative automation—against the five-level PAHO IS4H maturity model. Projections were generated by applying AI-enabled automation impacts to a baseline fragmented system operating at Level 2–3 maturity. Key domains assessed included Data Management and Information Technologies (DMIT) and Innovation (INNO).

Results: Analysis indicated the platform could advance national health systems from “Developing/Defined” (Level 2–3) to “Integrated/Optimized” (Level 4+). AI-enabled voice transcription and automated clinical note generation projected a 60–80% reduction in documentation time. Comprehensive automation of billing, scheduling, and inventory management projected a 20% reduction in operational costs and a 40% improvement in patient throughput.

Conclusion: An AI-powered EHR offers a strategic pathway for the Caribbean to overcome systemic fragmentation and administrative burden while accelerating digital maturity. Its adoption could inform national policy, enabling Jamaica and the wider region to rapidly strengthen healthcare efficiency, resilience, and quality of care.

Keywords: AI in Healthcare, Electronic Health Records, Digital Transformation, PAHO, Caribbean Health Systems



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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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REPORT- 78 sites.
Automatic reporting