

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL SURVEILLANCE UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Weekly Spotlight

Air Pollution

Air pollution is contamination of the indoor or outdoor environment by any chemical, physical or biological agent that modifies the natural characteristics of the atmosphere.

Household combustion devices, motor vehicles, industrial facilities and forest fires are common sources of air pollution. Pollutants of major public health concern include particulate matter, carbon monoxide, ozone, nitrogen dioxide and sulfur dioxide. Outdoor and indoor air pollution cause respiratory and other diseases and are important sources of morbidity and mortality.



WHO data show that almost all of the global population (99%) breathe air that exceeds [WHO guideline limits](#) and contains high levels of [pollutants](#), with low- and middle-income countries suffering from the highest exposures.

Air quality is closely linked to the earth's climate and ecosystems globally. Many of the drivers of air pollution (i.e. combustion of fossil fuels) are also sources of greenhouse

gas emissions. Policies to reduce air pollution, therefore, offer a win-win strategy for both climate and health, lowering the burden of disease attributable to air pollution, as well as contributing to the near- and long-term mitigation of climate change. From smog hanging over cities to smoke inside the home, air pollution poses a major [threat to health](#) and climate.

Ambient (outdoor) air pollution in both cities and rural areas is causing fine particulate matter which result in strokes, heart diseases, lung cancer, acute and chronic respiratory diseases.

Additionally, around 2.1 billion people are exposed to dangerous levels of household air pollution, while using polluting open fires or simple stoves for cooking fuelled by kerosene, biomass (wood, animal dung and crop waste) and coal. The combined effects of ambient air pollution and household air pollution is associated with 7 million premature deaths annually. Sources of air pollution are multiple and context specific. The major outdoor pollution sources include residential energy for cooking and heating, vehicles, power generation, agriculture/waste incineration, and industry. Policies and investments that support sustainable land use, cleaner household energy and transport, energy-efficient housing, power generation, industry, and better municipal waste management can effectively reduce key sources of ambient air pollution.

Taken from WHO website on 18/June/2026

https://www.who.int/health-topics/air-pollution#tab=tab_1

Picture taken from: https://www.who.int/health-topics/air-pollution#tab=tab_1

EPI WEEK 22



Syndromic Surveillance

Accidents

Violence

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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 - 19 to 22 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													
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 (I)	On Time	Late (I)	On Time	On Time	On Time	Late (I)	On Time	On Time	On Time
21	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
22	On Time	On Time	On Time	On Time	On Time	Late (W)	On Time	On Time	On Time	On Time	On Time	On Time	On Time

SYNDROMIC SURVEILLANCE

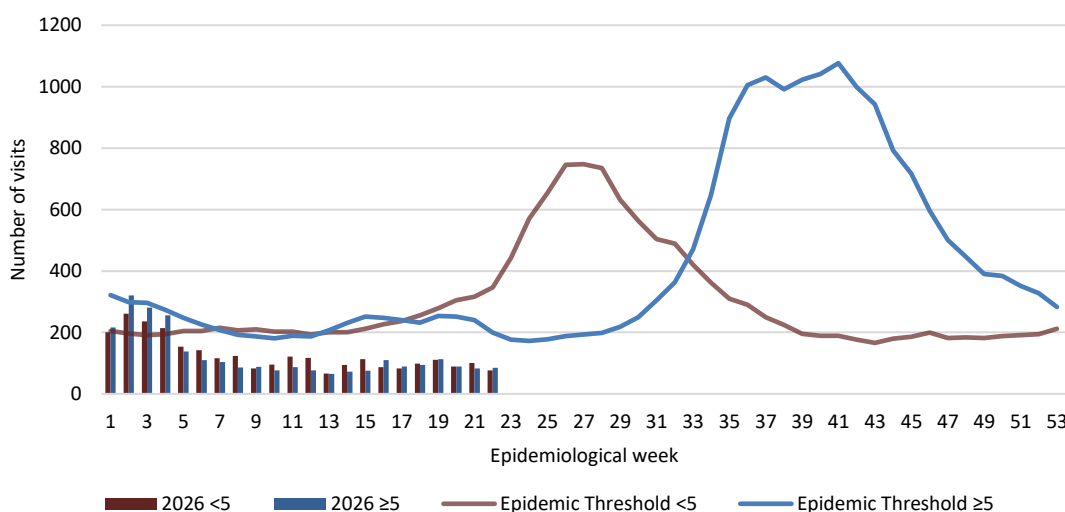
FEVER

UNDIFFERENTIATED FEVER

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



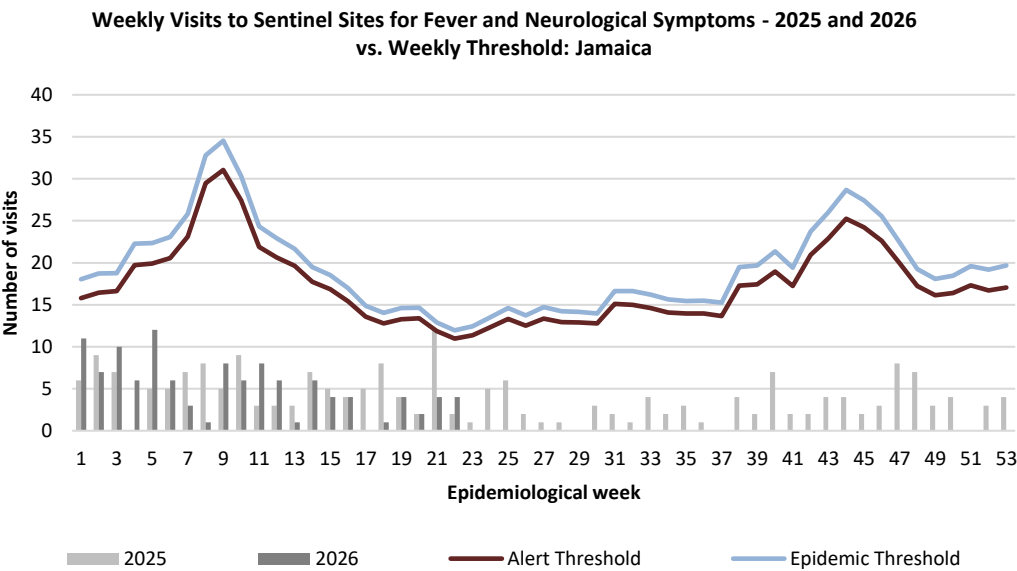
HOSPITAL
ACTIVE
SURVEILLANCE-
30 sites. Actively
pursued



SENTINEL
REPORT- 78 sites.
Automatic reporting

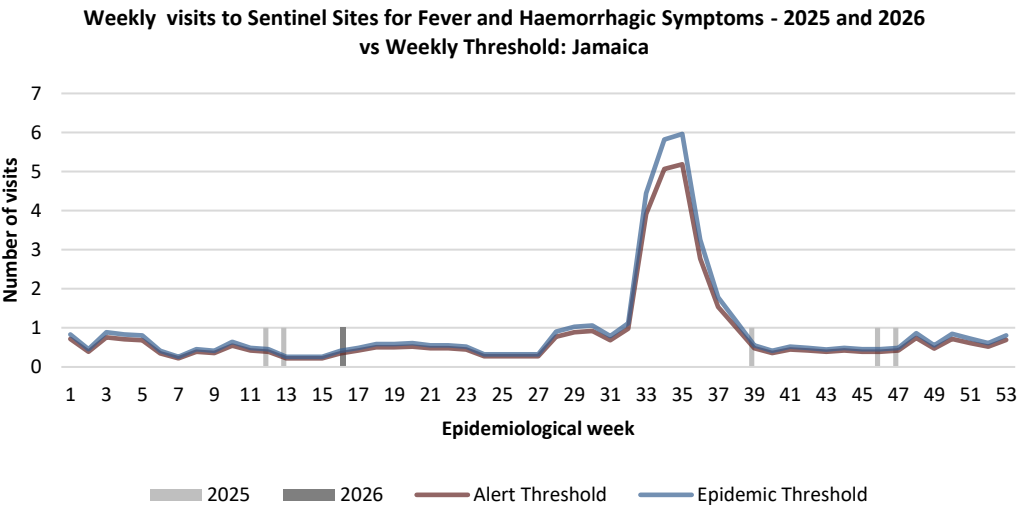
FEVER AND NEUROLOGICAL

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).



FEVER AND HAEMORRHAGIC

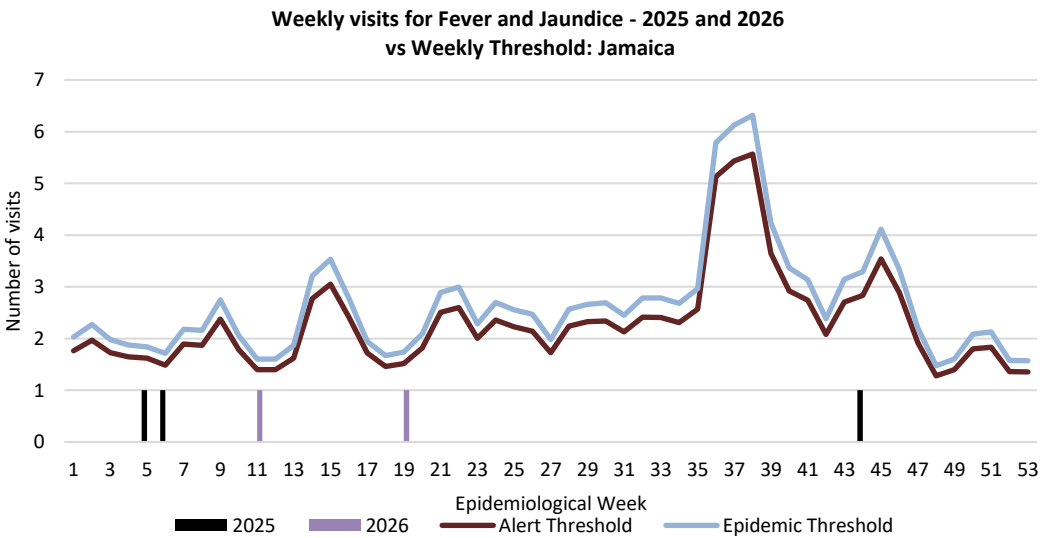
Temperature of $>38^{\circ}\text{C}$ / 100.4°F (or recent history of fever) in a previously healthy person presenting with at least one haemorrhagic (bleeding) manifestation with or without jaundice.



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.



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NOTIFICATIONS-
All clinical
sites



INVESTIGATION
REPORTS- Detailed Follow
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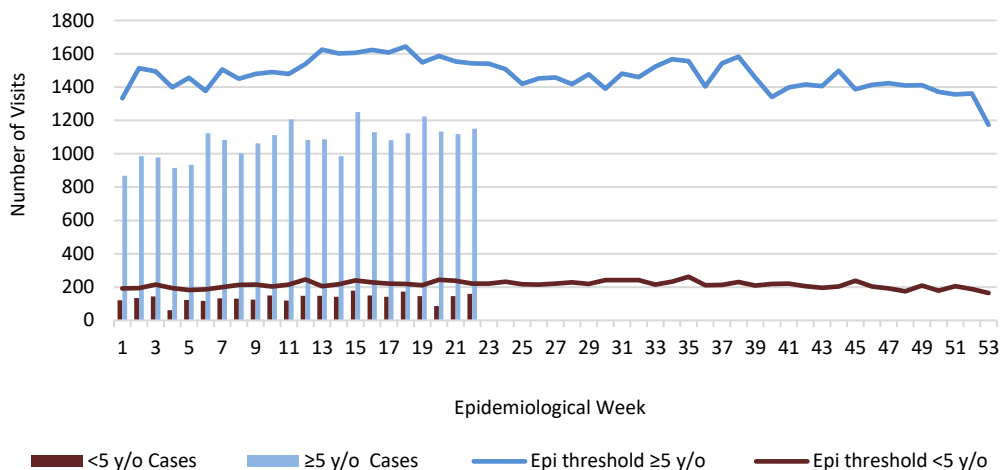
SENTINEL
REPORT- 78 sites.
Automatic reporting

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

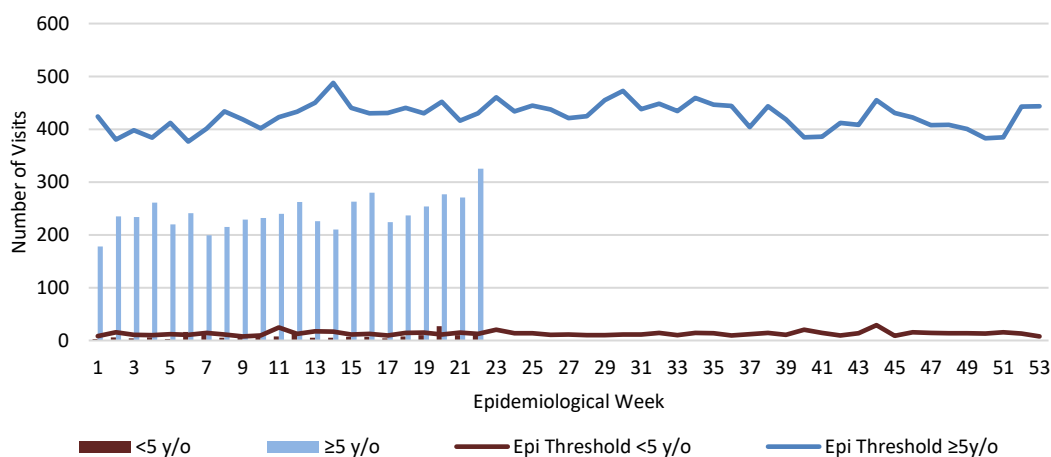


VIOLENCE

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

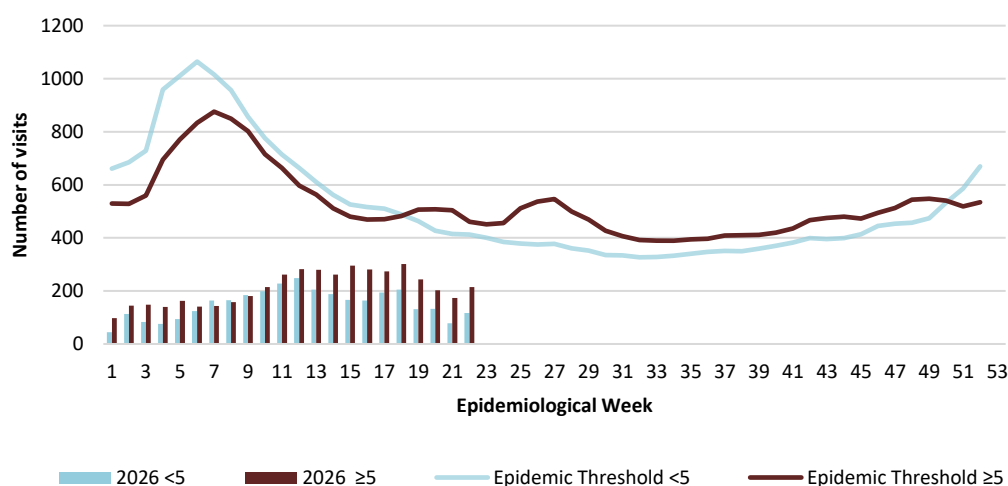


GASTROENTERITIS

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



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NOTIFICATIONS-
All clinical
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CLASS ONE NOTIFIABLE EVENTS					Comments
			Confirmed YTD ^α		
	CLASS 1 EVENTS		CURRENT YEAR 2026	PREVIOUS YEAR 2025	
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning		31 ^β	91 ^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.
	Cholera		0	0	
	Severe Dengue ^γ		See Dengue page below	See Dengue page below	
	COVID-19 (SARS-CoV-2)		4	155	Pertussis-like syndrome and Tetanus are clinically confirmed classifications.
	Hansen’s Disease (Leprosy)		0	0	
	Hepatitis B		3	7	
	Hepatitis C		0	2	γ Dengue Hemorrhagic Fever data include Dengue related deaths;
	HIV/AIDS		NA	NA	
	Malaria (Imported)		0	0	
	Meningitis		3	8	δ Figures include all deaths associated with pregnancy reported for the period.
	Mpox		0	1	
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	α Figures are cumulative totals for all epidemiological weeks year to date.
	Congenital Rubella Syndrome		0	0	
	Congenital Syphilis		0	0	
	Fever and Rash	Measles	0	0	NA- Not Available
		Rubella	0	0	
	Maternal Deaths (notified pregnancy related deaths) ^δ		21	27	
	Ophthalmia Neonatorum		20	40	
	Pertussis-like syndrome		0	0	
	Rheumatic Fever		0	0	
	Tetanus		1	0	
	Tuberculosis		28	34	
	Yellow Fever		0	0	
	Chikungunya ^ε		0	0	
	Zika Virus ^θ		0	0	



5 NOTIFICATIONS-
All clinical
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INVESTIGATION
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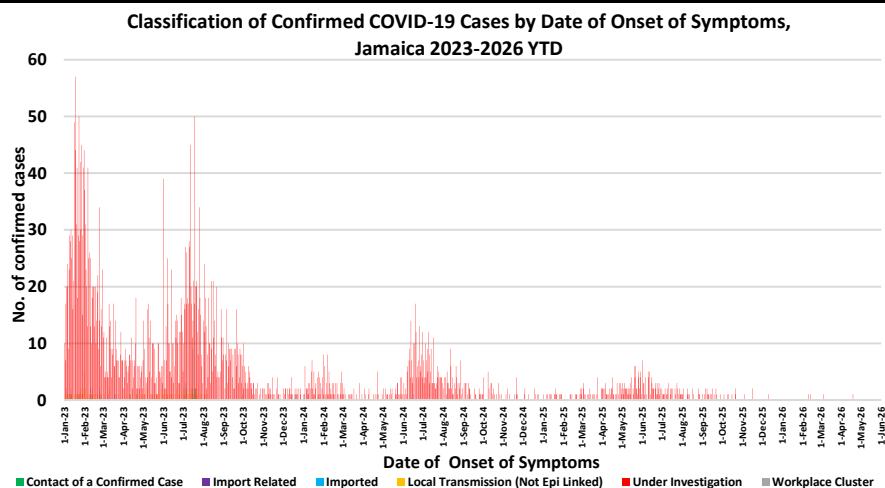
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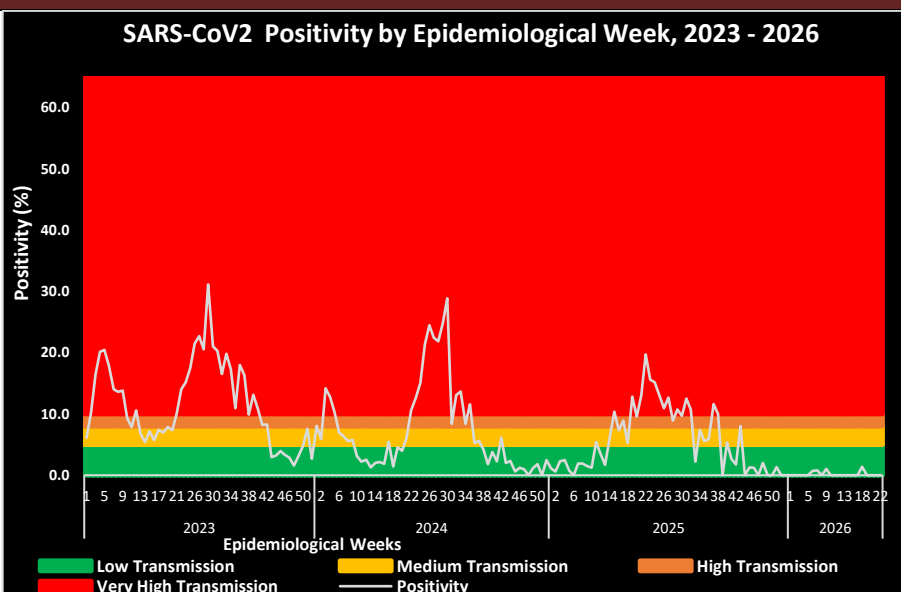
COVID-19 SURVEILLANCE

CASES	EW 22	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.		



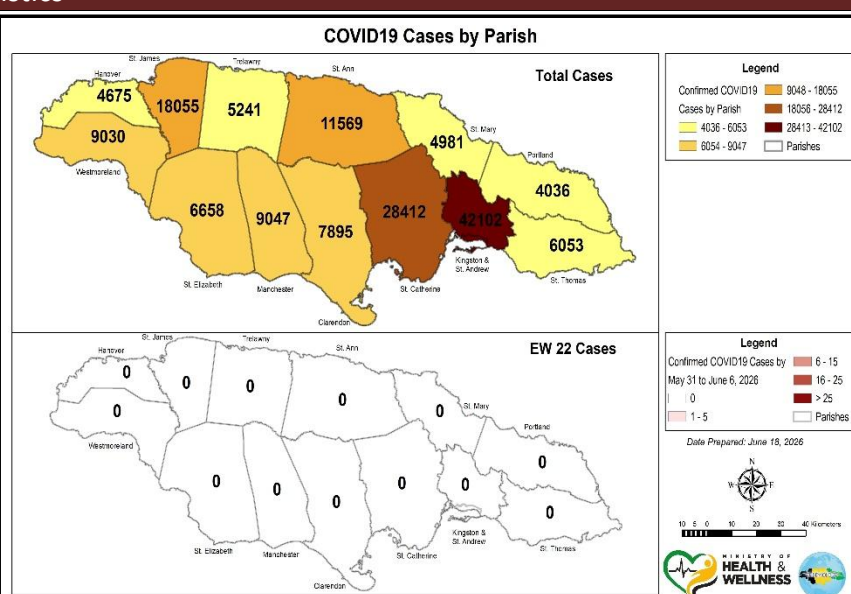
COVID-19 Outcomes

Number of Confirmed COVID-19 cases and deaths, Jamaica 2022-2026						
COVID-19	Year					
	2022	2023	2024	2025	2026	Total (2020-2026)
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 19-22, 2026		
Epi Week	Confirmed Cases	Deaths
19	3,000	101
20	2,900	69
21	2,200	67
22	2,400	50
Total (4weeks)	10,500	287



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NOTIFICATIONS-
All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE-
30 sites. Actively pursued

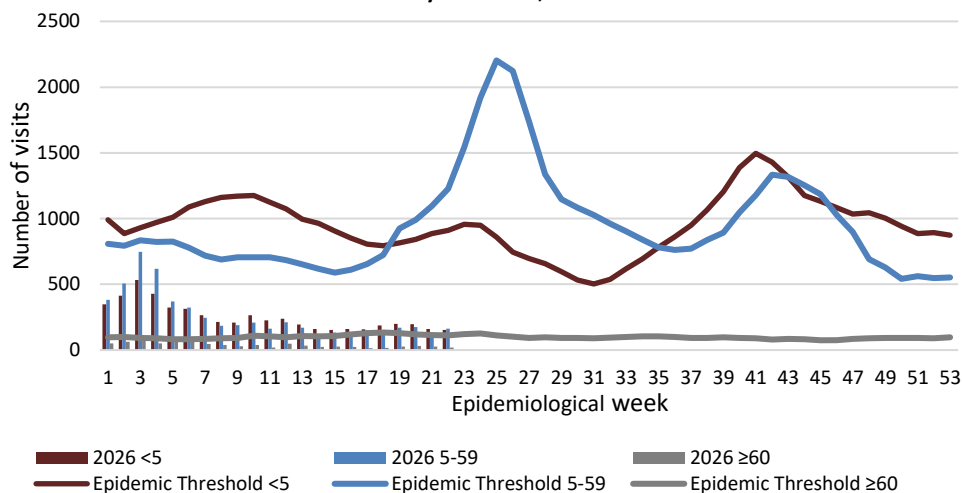


SENTINEL REPORT- 78 sites. Automatic reporting

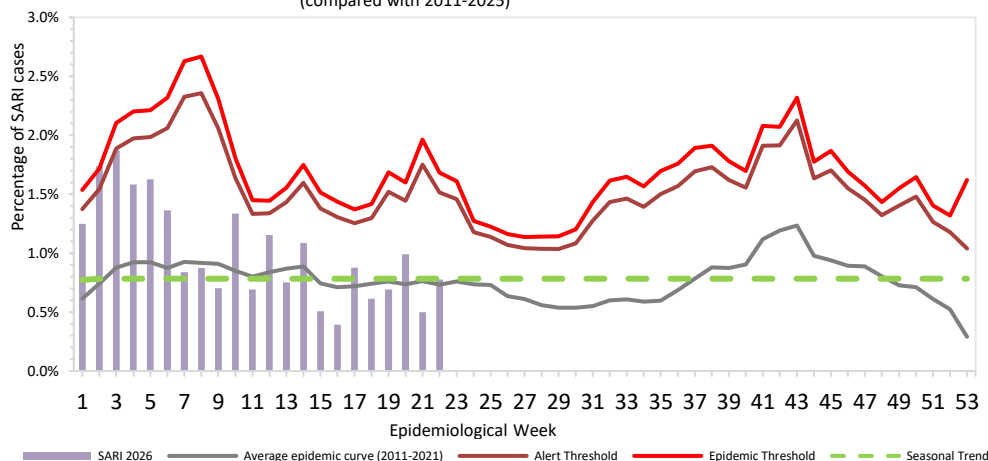
INFLUENZA SURVEILLANCE*EW 22*

May 31, 2026 – June 6, 2026 Epidemiological Week 22

	EW 22	YTD
SARI cases	6	327
Total Influenza positive Samples	0	261
Influenza A	1	234
H1N1pdm09	0	21
H3N2	0	213
Not subtyped	0	0
Influenza B	0	27
B lineage not determined	0	0
B Victoria	0	27
Parainfluenza	0	0
Adenovirus	0	0
RSV	1	45

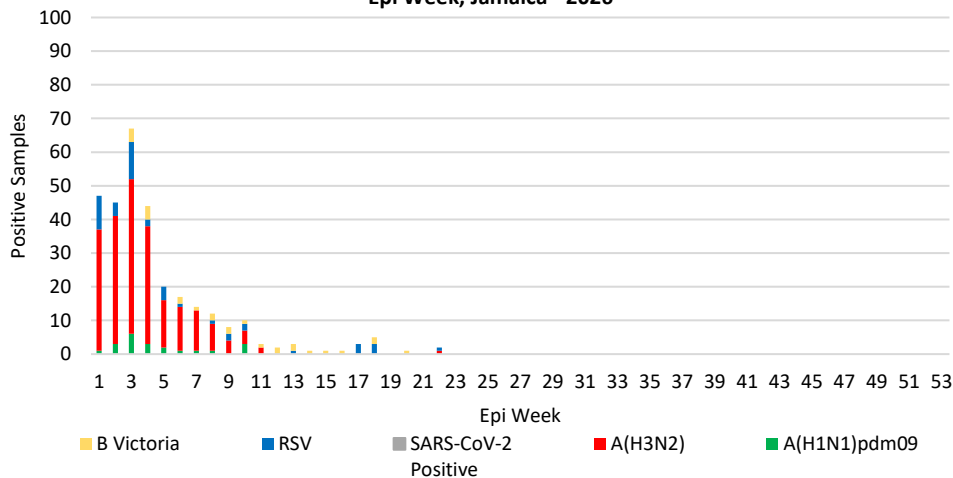
Weekly visits to Sentinel Sites for Influenza-like Illness (ILI) - All Ages 2026 vs Weekly Threshold; Jamaica**Epi Week Summary**

During EW 22, six (6) SARI admissions were reported.

Jamaica: Percentage of Hospital Admissions for Severe Acute Respiratory Illness (SARI 2026) (compared with 2011-2025)**Caribbean Update EW 21****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)pmd09 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>

Distribution of Influenza and Other Respiratory Viruses Under Surveillance by Epi Week, Jamaica - 2026

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

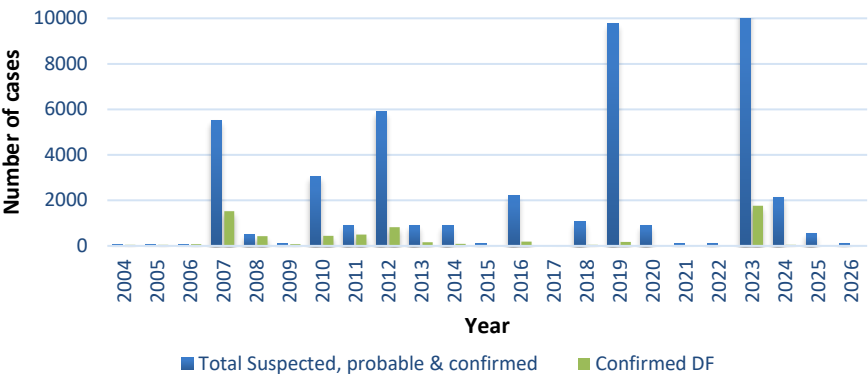
DENGUE SURVEILLANCE

May 31, 2026 – June 6, 2026 Epidemiological Week 22

Epidemiological Week 22



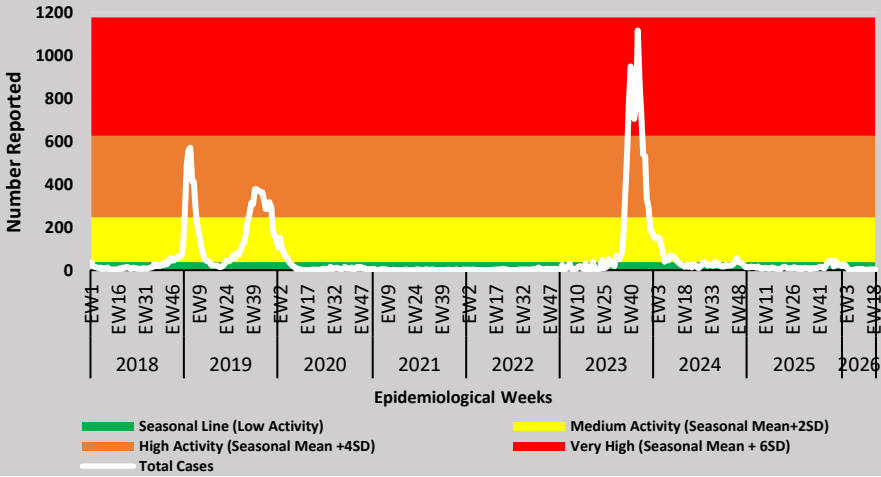
Dengue Cases by Year: 2004-2026, Jamaica



Reported suspected, probable and confirmed dengue with symptom onset in week 22 of 2026

	2026*	
	EW 22	YTD
Total Suspected, Probable & Confirmed Dengue Cases	0	114
Lab Confirmed Dengue cases	0	1
CONFIRMED Dengue Related Deaths	0	0

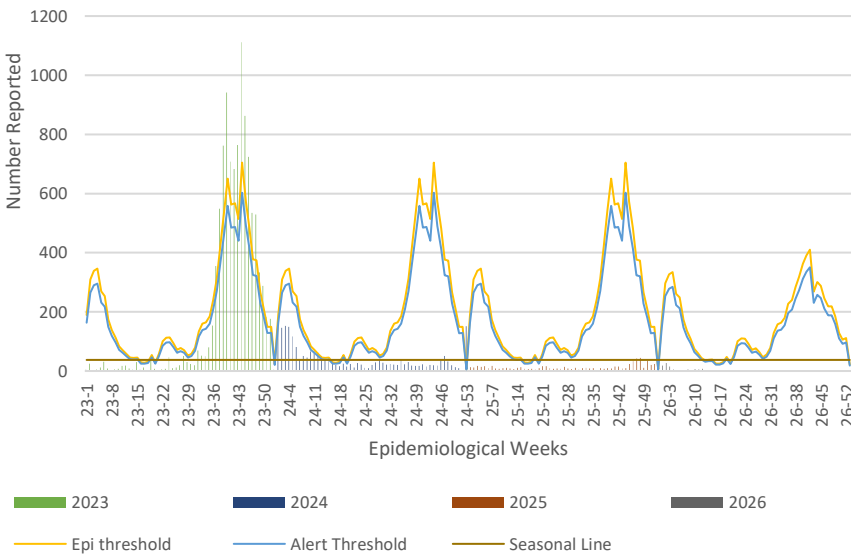
Dengue Cases and Levels of Activity: 2018-2026



Points to note:

- Dengue deaths are reported based on date of death.
- *Figure as at June 11, 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



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Automatic reporting

RESEARCH ABSTRACT

Abstract

NHRC-25-O

Burnout and fatigue: The lived experience of nurse anaesthetists in Jamaica

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¹*The UWI School of Nursing, Mona; University of the West Indies, Mona, Jamaica.*

Objectives: The study objectives were to identify if the three (3) key dimensions of burnout (emotional exhaustion, depersonalization, and reduced personal accomplishment) exist among the participants; describe nurse anaesthetists (NAs) perception of factors contributing to fatigue and burnout among NAs; describe NAs' perception of the impact of fatigue and burnout on personal health and well-being, and on patient care and safety outcomes.

Methods: A descriptive phenomenological research design utilizing six (6) NAs volunteers, who are members of JANA and actively practicing in the parishes of St. Catherine, Kingston, St. Andrew, and St. Thomas. Data collection began following ethical and institutional approval and lasted four (4) months. Data were collected using a personal information datasheet and personal Zoom interviews, which were recorded and transcribed verbatim.

Results: Thematic analysis revealed four (4) main themes which aligned with the 3 key concepts of Maslach's model of burnout. Study results showed that emotional exhaustion, and reduced personal accomplishment existed among the participants, but depersonalization did not. Participants perceived fatigue as excessive, resulting in negative mental and physical consequences. Patient care and safety were not compromised, but rather, prioritized over participants' needs.

Conclusion: NAs should advocate for organizational changes that recognize their contribution and address the risk factors for burnout. At a personal level, NAs must remain highly self-motivated and ensure their mental and physical health through healthy lifestyles and supportive relationships at work. Further research needs to be done to quantify the extent of burnout experienced, and the potential threat to patient safety.

Keywords: Nurse anaesthetists, burnout and fatigue, phenomenology



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9 NOTIFICATIONS-
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