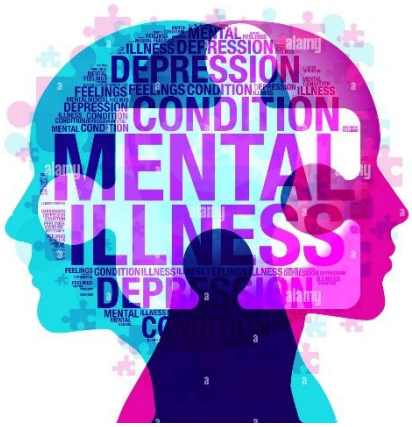
WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL SURVEILLANCE UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Weekly Spotlight

Mental Health

Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It has intrinsic and instrumental value and is integral to our well-being.



At any one time, a diverse set of individual, family, community and structural factors may combine to protect or undermine mental health. Although most people are resilient, people who are exposed to adverse circumstances – including poverty, violence, disability and inequality – are at higher risk of developing a mental health condition.

Many mental health conditions can be effectively treated at relatively low cost, yet health systems remain significantly under-resourced and treatment gaps are wide all over the world. Mental health care is often poor in quality when delivered. People with mental health conditions often also experience stigma, discrimination and human rights violations.

Mental health conditions include mental disorders and psychosocial disabilities as well as other mental states associated with significant distress, impairment in functioning or risk of self-harm.
In 2019, 970 million people globally were living with a mental disorder, with anxiety and depression the most common.

Mental health conditions can cause difficulties in all aspects of life, including relationships with family, friends and community. They can result from or lead to problems at school and at work.
Globally, mental disorders account for 1 in 6 years lived with disability. People with severe mental health conditions die 10 to 20 years earlier than the general population. Having a mental health condition increases the risk of suicide and experiencing human rights violations.
The economic consequences of mental health conditions are also enormous, with productivity losses significantly outstripping the direct costs of care.

June is now globally recognized as Men's Mental Health Month and aims to break societal stigmas, highlighting the fact that seeking help is a sign of strength not weakness.

Taken from WHO website on 23/June/2026
https://www.who.int/health-topics/mental-health#tab=tab_1
Picture taken from: https://www.alamy.com/stock-photo/mental-illness-depression.html?imgt=8&sortBy=relevant

EPI WEEK 23

ISSN 0799-3927

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 – 20 to 23 of 2026.

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

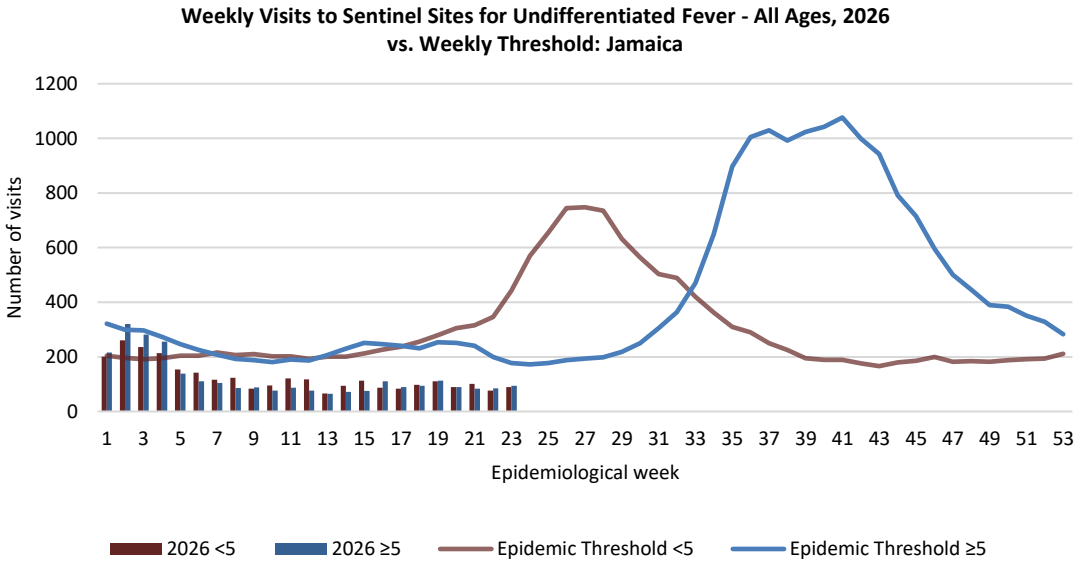
KEY:
Yellow- late submission on Tuesday
Red – late submission after Tuesday
White- No reports received

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													
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
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	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time
23	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 >38^0C /100.4^0F (or recent history of fever) with or without an obvious diagnosis or focus of infection.



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

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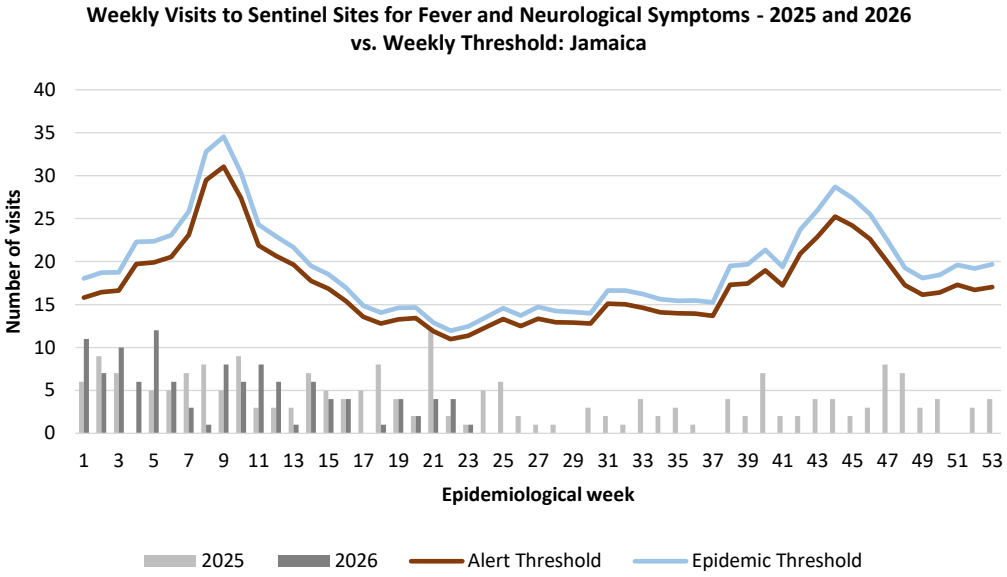
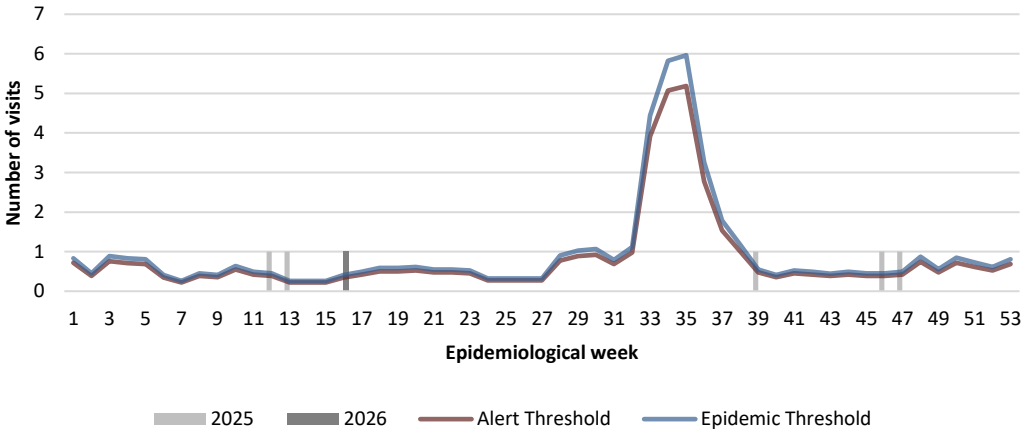
FEVER AND NEUROLOGICAL

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

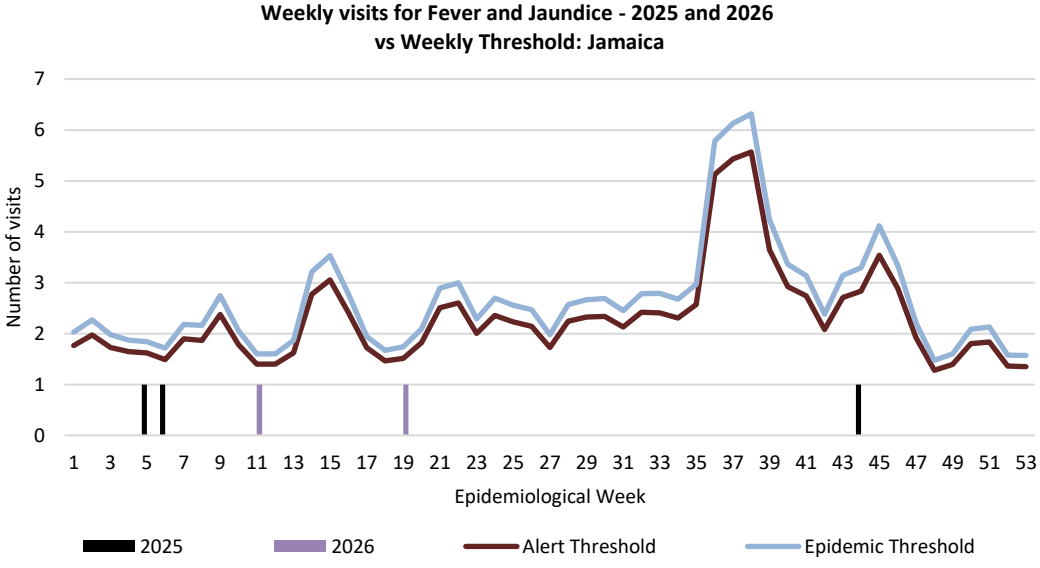
Temperature of >38^0C /100.4^0F (or recent history of fever) in a previously healthy person presenting with at least one haemorrhagic (bleeding) manifestation with or without jaundice.



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.



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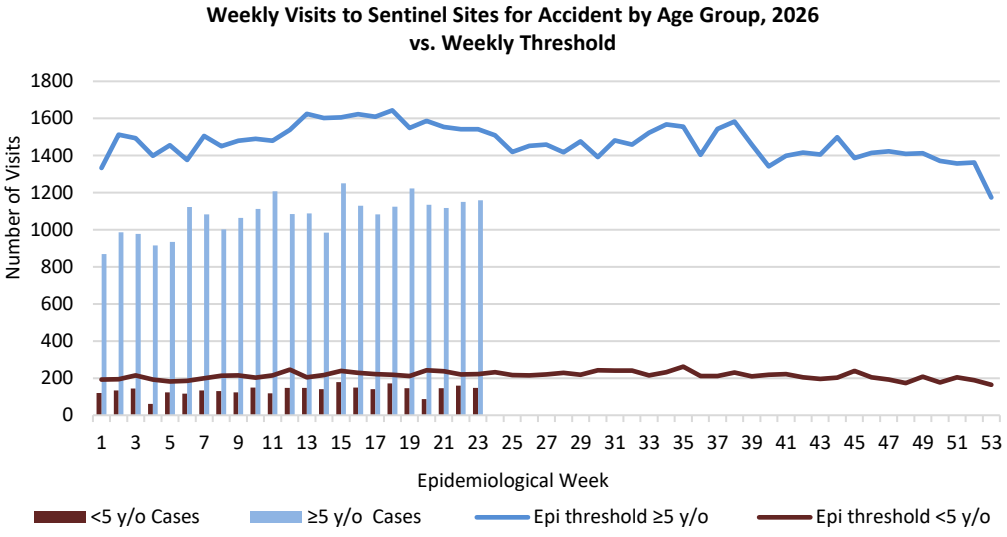
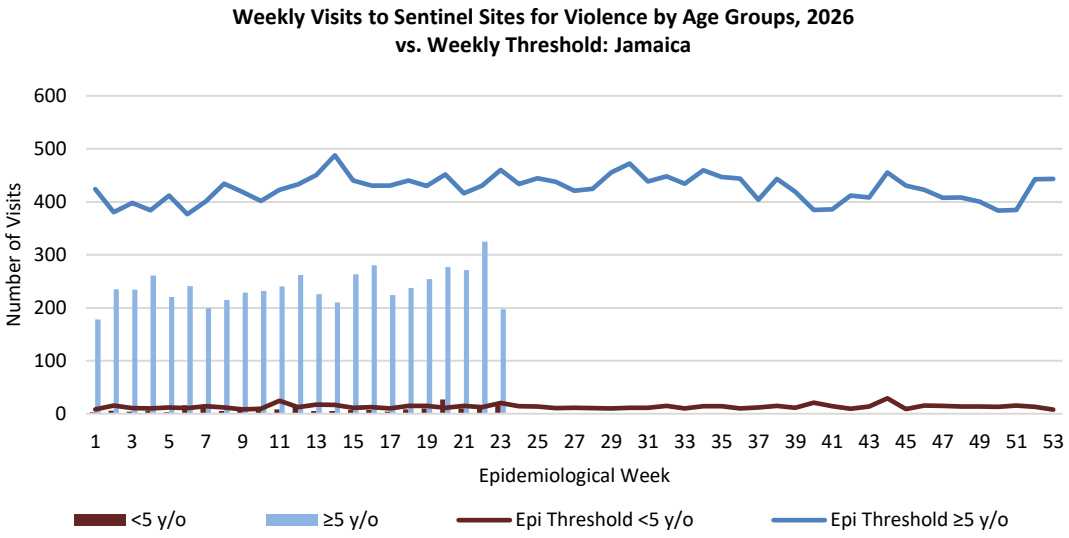
ACCIDENTS

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



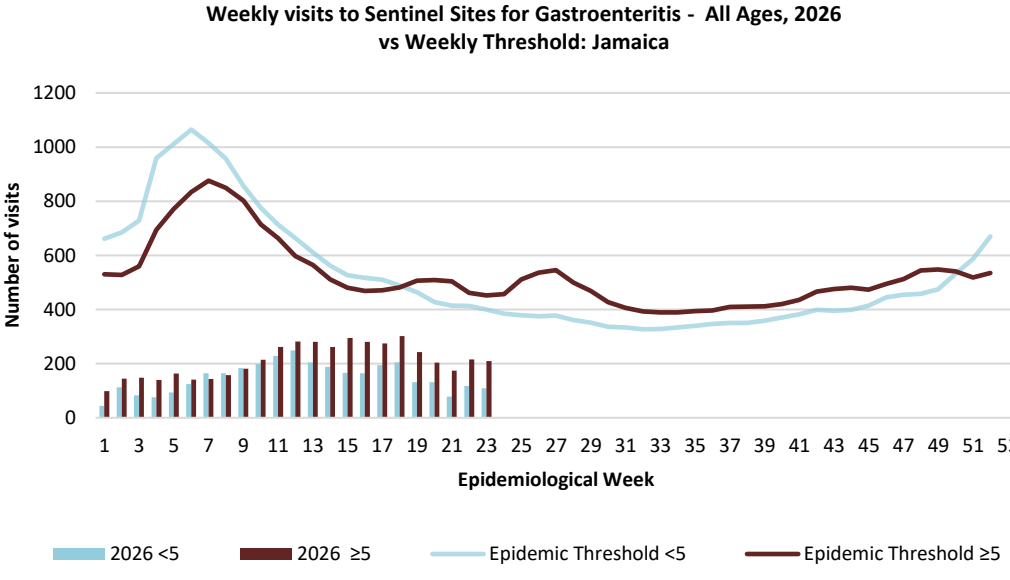
VIOLENCE

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.



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CLASS ONE NOTIFIABLE EVENTS

	CLASS 1 EVENTS	Confirmed YTD[α] CURRENT YEAR 2026	PREVIOUS YEAR 2025
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning	34[β]	98[β]
	Cholera	0	0
	Severe Dengue[Y]	See Dengue page below	See Dengue page below
	COVID-19 (SARS-CoV-2)	10	185
	Hansen's Disease (Leprosy)	0	0
	Hepatitis B	4	8
	Hepatitis C	0	2
	HIV/AIDS	NA	NA
	Malaria (Imported)	0	0
	Meningitis	3	8
	Mpox	0	1
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]	22	29
	Ophthalmia Neonatorum	22	40
	Pertussis-like syndrome	0	0
	Rheumatic Fever	0	0
	Tetanus	1	0
	Tuberculosis	33	34
	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

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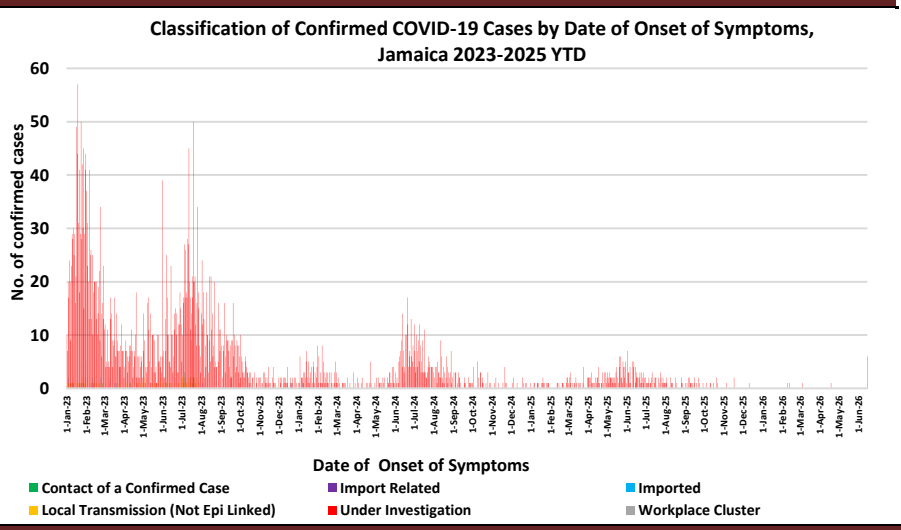
June 26, 2026 ISSN 0799-3927

COVID-19 SURVEILLANCE

CASES	EW 23	Total
Confirmed	6	157,760
Females	3	90,888
Males	3	66,869
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.

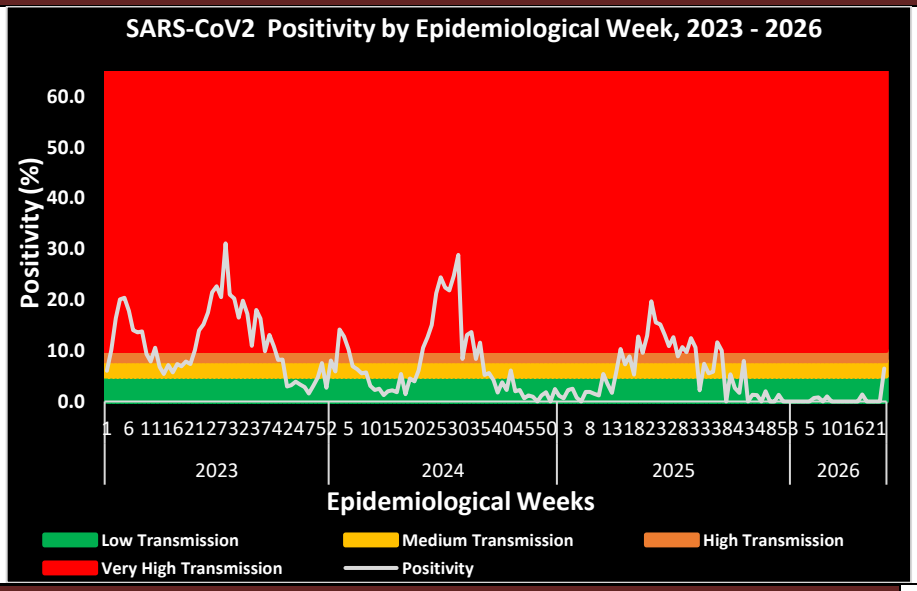


COVID-19 Outcomes

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

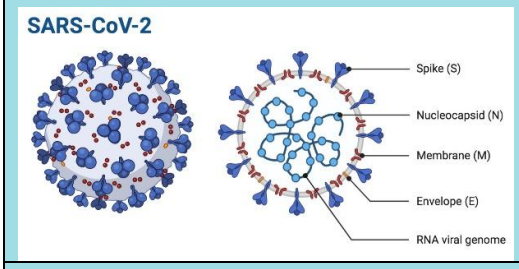
COVID-19	Year					
	2022	2023	2024	2025	2026	Total (2020-2026)
Cases	55,721	3,842	705	315	10	157,760
Deaths	621	116	24	13	0	3,921

- Current positivity rate: 6.5%
- Positivity = (positive samples/total samples tested)
- Low transmission for infection



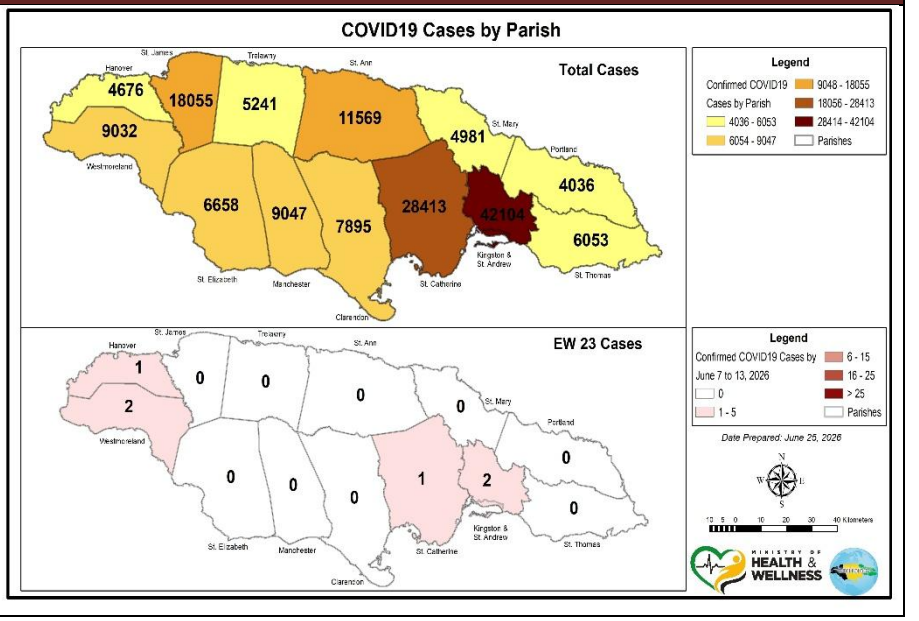
COVID-19 Parish Distribution and Global Statistics

COVID-19 Virus Structure



COVID-19 WHO Global Statistics EW 20-23, 2026

Epi Week	Confirmed Cases	Deaths
20	3,000	71
21	2,500	70
22	2,800	55
23	2,700	29
Total (4weeks)	11,000	225



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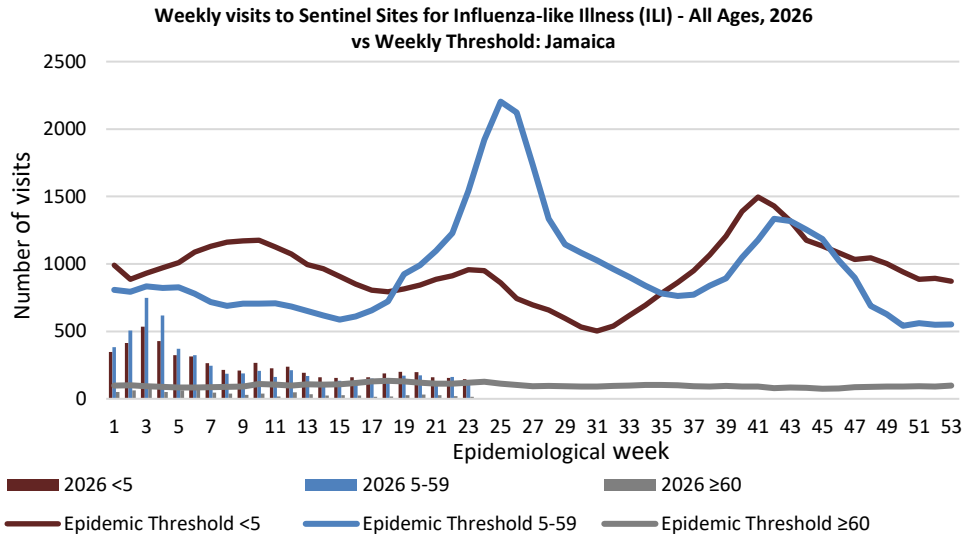
INFLUENZA SURVEILLANCE

EW 23

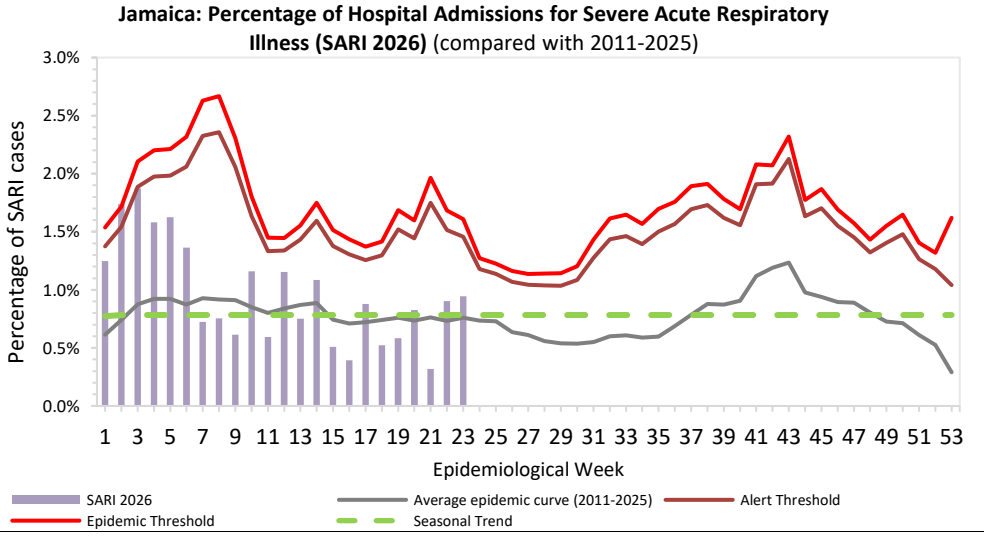
June 7, 2026 – June 13, 2026 Epidemiological Week 23

	EW 23	*YTD*
SARI cases	7	335
Total Influenza positive Samples	**0**	**261**
Influenza A	**0**	**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	0	45



Epi Week Summary

During EW 23, seven (7) SARI admissions were reported.

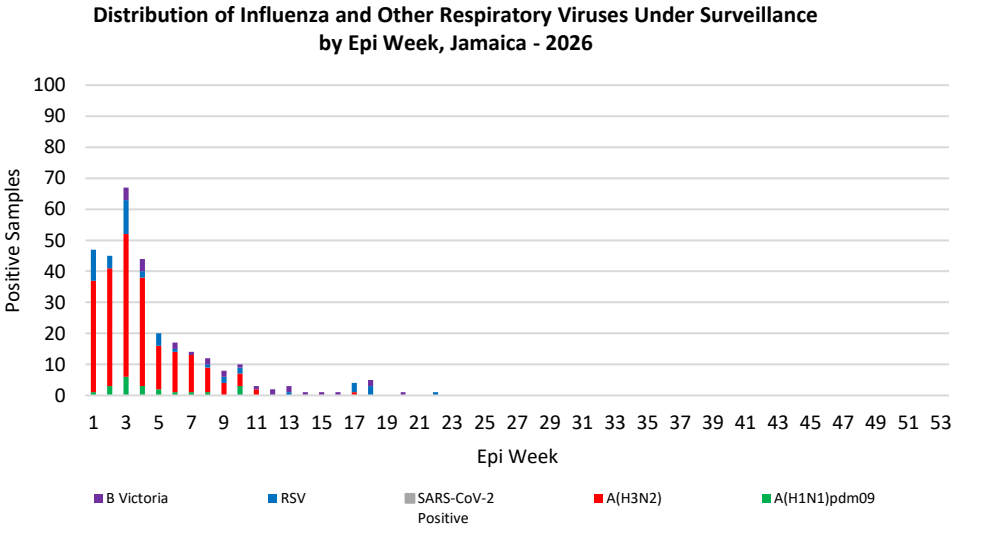


Caribbean Update EW 23

Update as of EW 22

Influenza activity is trending upward, with a regional positivity rate of 3.8% in EW22, with Influenza B Victoria predominating (61.9%) and A(H3N2) co-circulating (30.9%). Indicators for SARI and ILI remain at low levels. The circulation of RSV and SARS-CoV-2 remains low but is trending upward, with positivity rates of 7.5% and 4.9% respectively.

(Retrieved from PAHO Respiratory viruses weekly report)
https://www.paho.org/en/influenza-situation-report



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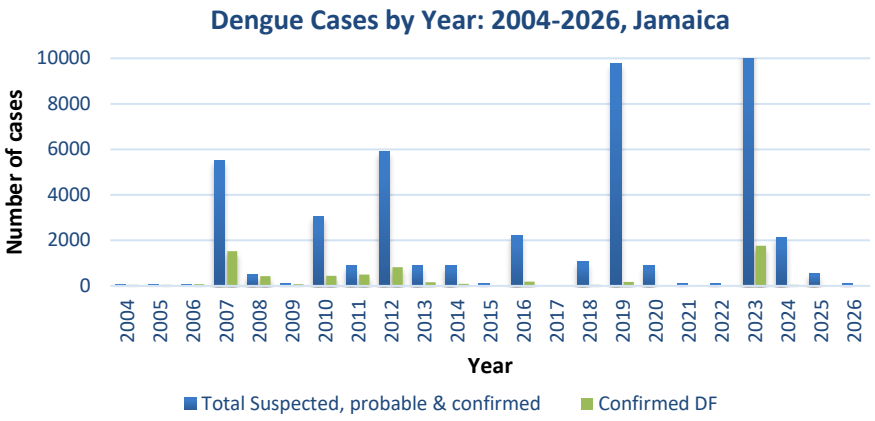
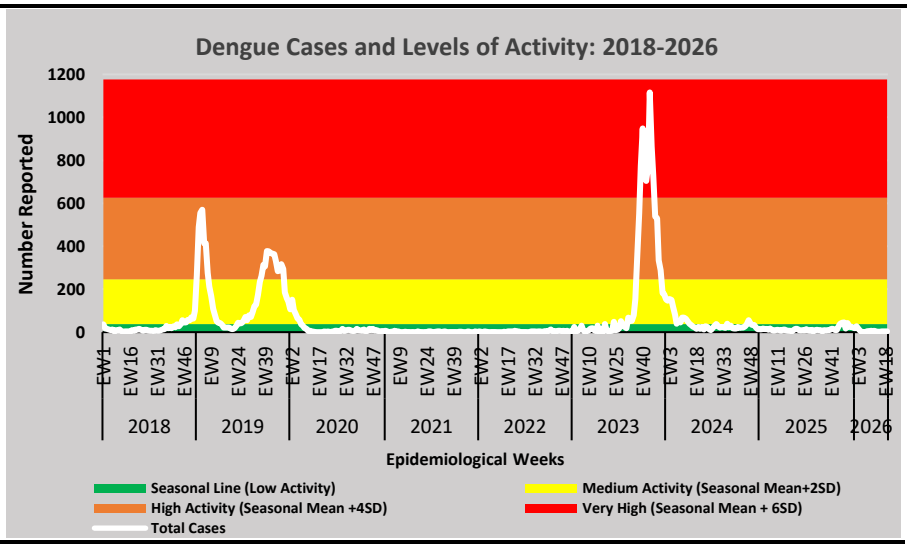
DENGUE SURVEILLANCE

June 7, 2026 – June 13, 2026 Epidemiological Week 23 | Epidemiological Week 23



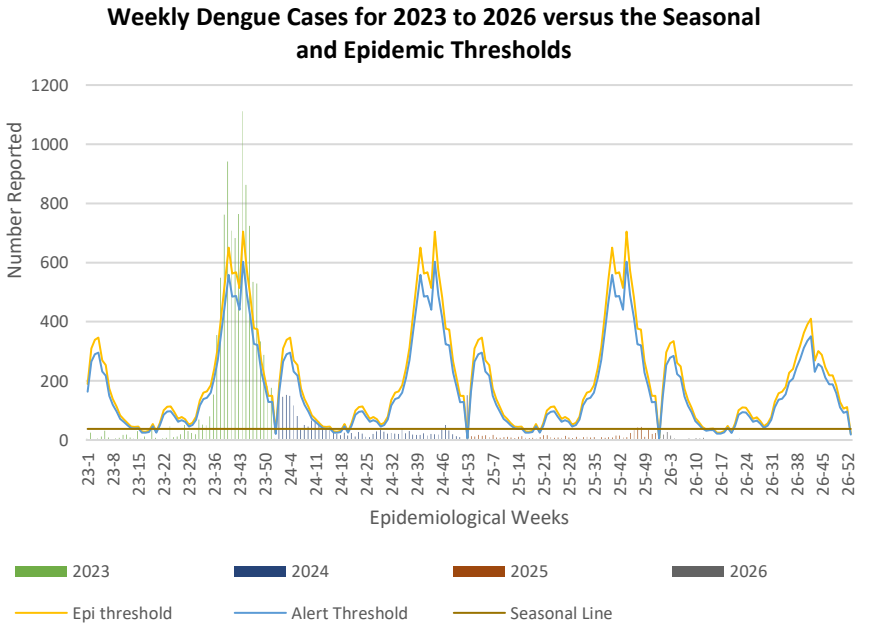
Reported suspected, probable and confirmed dengue with symptom onset in week 23 of 2026

	2026*	
	EW 23	YTD
Total Suspected, Probable & Confirmed Dengue Cases	0	125
Lab Confirmed Dengue cases	0	1
CONFIRMED Dengue Related Deaths	0	0



Points to note:

- **Dengue deaths are reported based on date of death.**
- ***Figure as at June 26, 2026**
- **Only PCR positive dengue cases are reported as confirmed.**
- **IgM positive cases are classified as probable dengue.**



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RESEARCH ABSTRACT

Abstract

NHRC-25-O

The adherence to physical activity recommendations and the barriers to and facilitators of physical activity in older persons attending public health centres in Westmoreland, Jamaica

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[1] Department of Community Health and Psychiatry, University of the West Indies, Mona, Jamaica, [2] Mona Ageing and Wellness Centre, University of the West Indies, Mona, Jamaica

Objectives: To determine the proportion of persons 60 years and older, receiving care at public health centres in Westmoreland, Jamaica who report performing at least 150 minutes of moderate and vigorous physical activity (MVPA) per week and, to identify some of the internal and external factors influencing physical activity.

Methods: The study was a cross-sectional, observational study. The sample comprised 375 participants recruited from the Negril, Grange Hill and Savanna La Mar health centres in March 2025 using convenience sampling. Data was collected using interviewer-administered questionnaires. Statistical analysis was performed using linear regression analysis, Kruskal-Wallis tests and chi-square tests of association.

Results: Mean participant age was 68.3 years and 59.5% of participants performed ≥ 600 METmins of MVPA per week. Regression analysis showed total weekly physical activity did not vary significantly with age (p= 0.27). An inverse relationship between age and transport-related physical activity (p=0.025) and moderate-intensity recreational activities (p= < 0.001) was found. Males performed more work-related vigorous intensity physical activity (p=0.04) and more transport-related physical activity (p=0.01) than females. No significant association was found between having a positive depression screen or a diagnosis of a chronic illness and performing ≥ 600 METmins of weekly MVPA. Older persons engage in active commuting however 64% of participants reported no sidewalks in their community and 45% of participants reported concerns about road traffic safety.

Conclusion: Programs which engage older persons in recreational physical activity and support active commuting may reduce inactivity and promote healthy ageing.

Keywords: physical activity; older persons; elderly; Jamaica

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