

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL SURVEILLANCE UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Weekly Spotlight

Abuse of Older People (Elder Abuse)

The abuse of older people, also known as elder abuse, is an intentional act, or failure to act, by a caregiver or another person in a relationship involving an expectation of trust that causes harm to an adult 60 years and older. Around 1 in 6 people 60 years and older experienced some form of abuse in community settings during the past year.



Rates in institutional settings, such as nursing homes and long-term care facilities, are higher still, with 2 in 3 staff reporting that they have committed abuse in the past year. Even if rates remain constant, the absolute number of older people experiencing abuse is predicted to increase as the global population of older people increases. Abuse of older people can lead to serious physical injuries and long-term psychological consequences, increased risk of nursing home placement, use of emergency services, hospitalization and premature death.

Promising strategies to prevent and respond to abuse of older people include caregiver interventions, which provide services to relieve the burden of caregiving; money management programmes for older adults vulnerable to financial exploitation; helplines and emergency shelters; and multi-disciplinary teams, as the responses required often cut across many systems, including, for instance, criminal justice, health care, mental health care, adults protective services and long-term care.

Many strategies have been implemented to prevent abuse of older people, take action against it and mitigate its consequences. Interventions that have been implemented – mainly in high-income countries – to prevent abuse include:

- public and professional awareness campaigns
- screening (of potential victims and abusers)
- school-based intergenerational programmes
- caregiver support interventions (including stress management and respite care)
- residential care policies to define and improve standards of care
- caregiver training on dementia
- money management programmes
- multidisciplinary teams.

Efforts to respond to and prevent further abuse include interventions such as:

- mandatory reporting of abuse to authorities
- self-help groups
- safe-houses and emergency shelters
- psychological programmes for abusers
- helplines to provide information and referrals
- caregiver support interventions

EPI WEEK 24



Syndromic Surveillance

Accidents

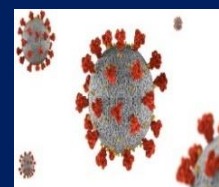
Violence

Pages 2-4



Class 1 Notifiable Events

Page 5



COVID-19 Surveillance

Page 6



Influenza Surveillance

Page 7



Dengue Surveillance

Page 8



Research Abstract

Page 9

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 - 21 to 24 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													
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
24	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

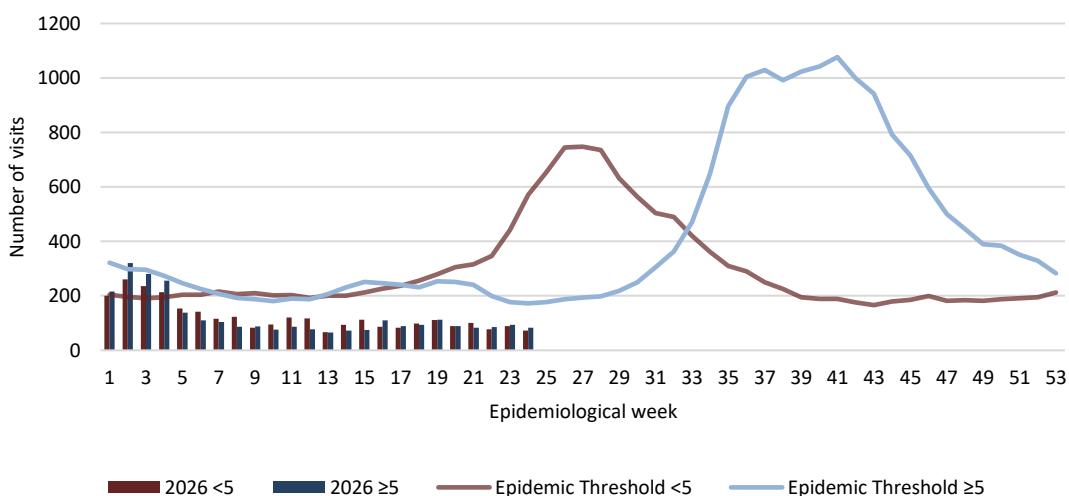
SYNDROMIC SURVEILLANCE

FEVER
UNDIFFERENTIATED FEVER

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



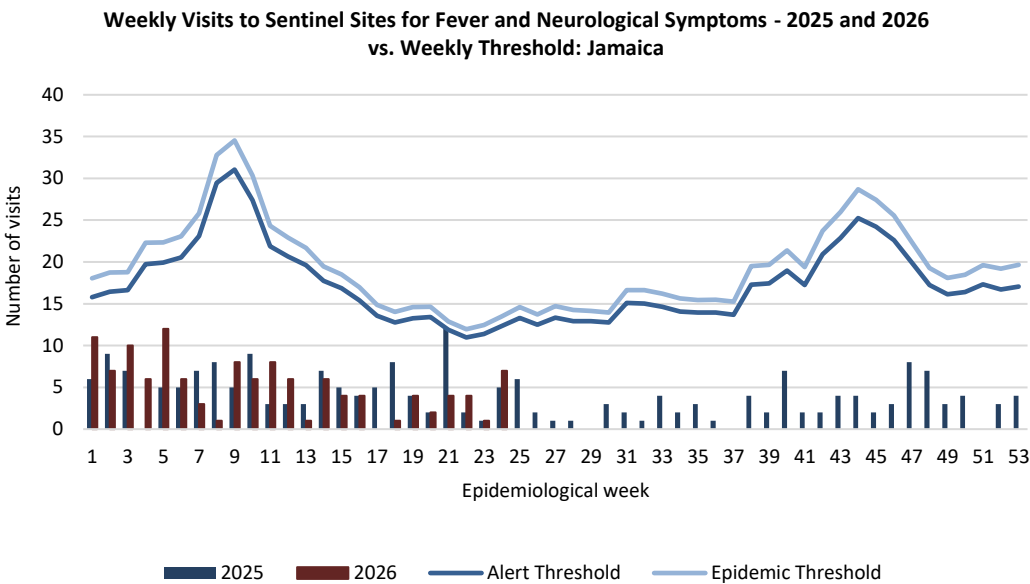
HOSPITAL
ACTIVE
SURVEILLANCE-
30 sites. Actively
pursued



SENTINEL
REPORT- 78 sites.
Automatic reporting

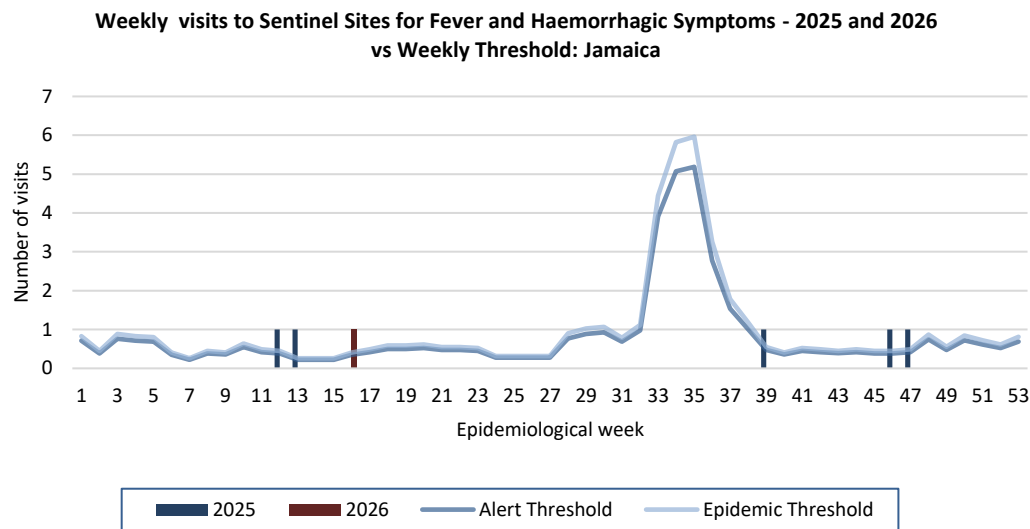
FEVER AND NEUROLOGICAL

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

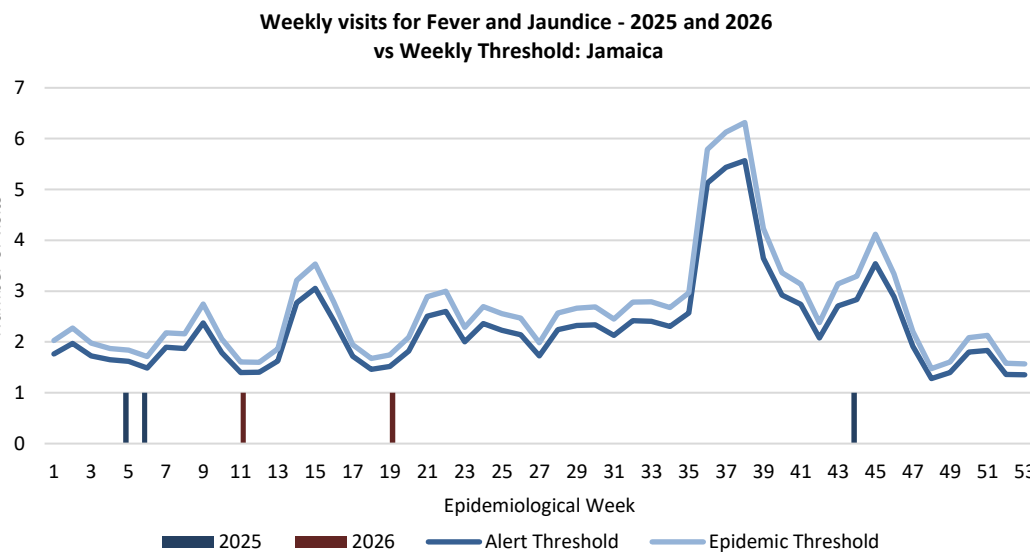
Temperature of $>38^{\circ}\text{C}$ / 100.4°F (or recent history of fever) in a previously healthy person presenting with at least one haemorrhagic (bleeding) manifestation with or without jaundice.



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.



3

NOTIFICATIONS-
All clinical
sites



INVESTIGATION
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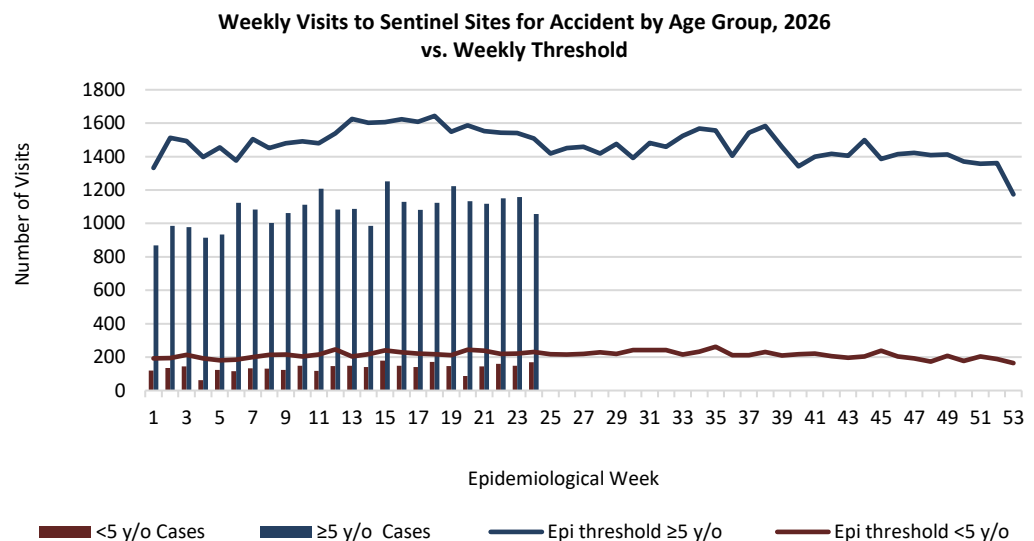
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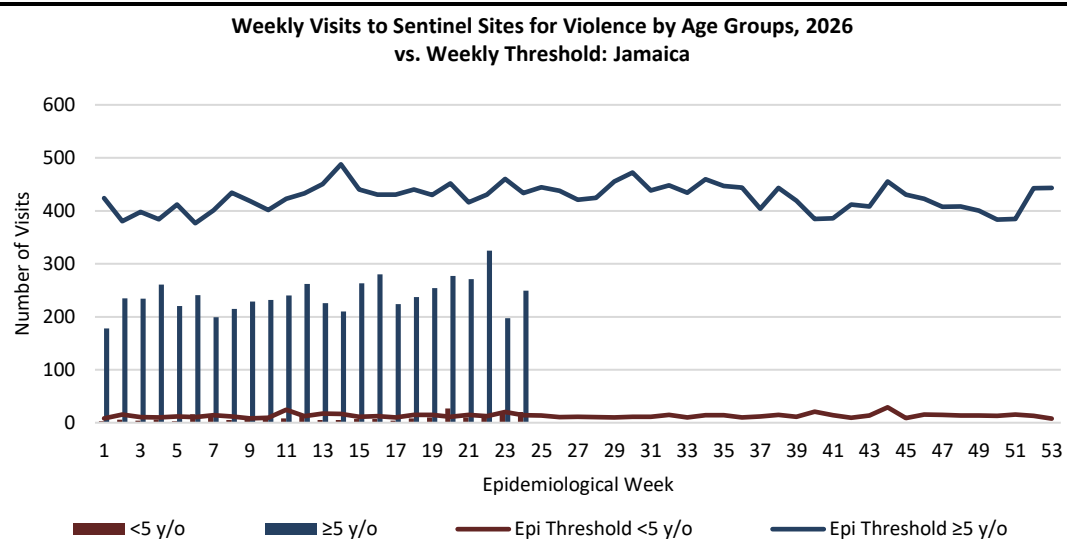
ACCIDENTS

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



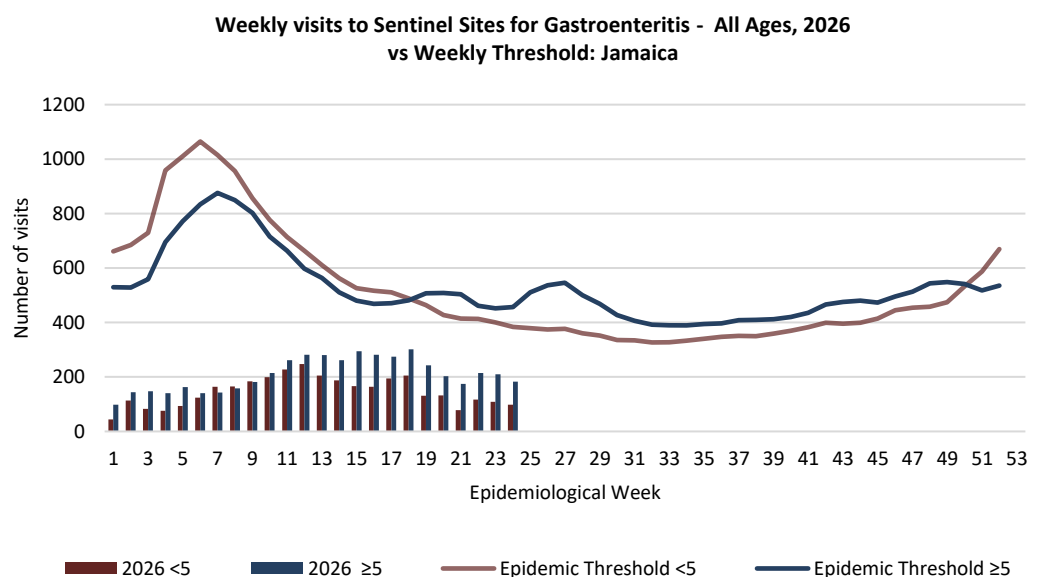
VIOLENCE

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.



4 NOTIFICATIONS-
All clinical
sites



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CLASS ONE NOTIFIABLE EVENTS					Comments
			Confirmed YTD ^α		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.
	CLASS 1 EVENTS		CURRENT YEAR 2026	PREVIOUS YEAR 2025	
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning		34 ^β	103 ^β	Pertussis-like syndrome and Tetanus are clinically confirmed classifications.
	Cholera		0	0	
	Severe Dengue ^γ		See Dengue page below	See Dengue page below	
	COVID-19 (SARS-CoV-2)		14	185	γ Dengue Hemorrhagic Fever data include Dengue related deaths;
	Hansen’s Disease (Leprosy)		0	0	
	Hepatitis B		4	8	
	Hepatitis C		0	2	
	HIV/AIDS		NA	NA	
	Malaria (Imported)		0	0	
	Meningitis		3	9	
	Mpox		0	1	
EXOTIC/ UNUSUAL	Plague		0	0	
HIGH MORBIDITY/ MORTALITY	Meningococcal Meningitis		0	0	ε CHIKV IgM positive cases
	Neonatal Tetanus		0	0	
	Typhoid Fever		0	0	θ Zika PCR positive cases
	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		22	30	
	Ophthalmia Neonatorum		22	40	
	Pertussis-like syndrome		0	0	
	Rheumatic Fever		0	0	
	Tetanus		1	1	
	Tuberculosis		33	34	
	Yellow Fever		0	0	
	Chikungunya ^ε		0	0	
	Zika Virus ^θ		0	0	



5 NOTIFICATIONS-
All clinical
sites



INVESTIGATION
REPORTS- Detailed Follow
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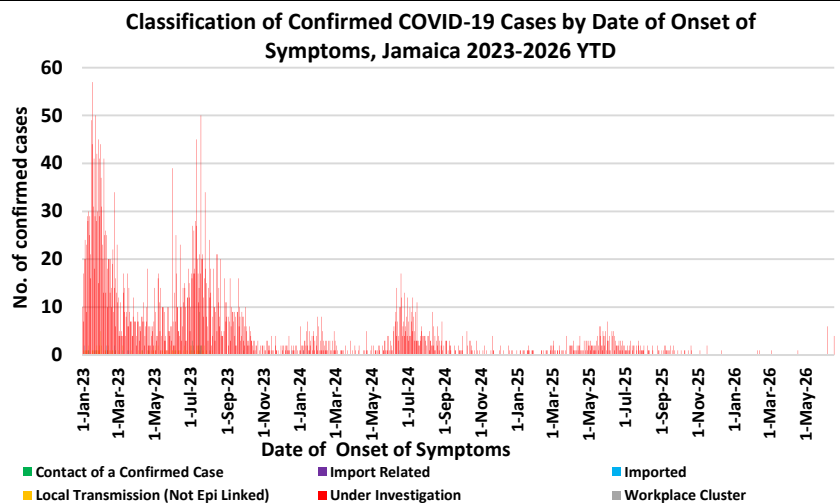
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COVID-19 SURVEILLANCE

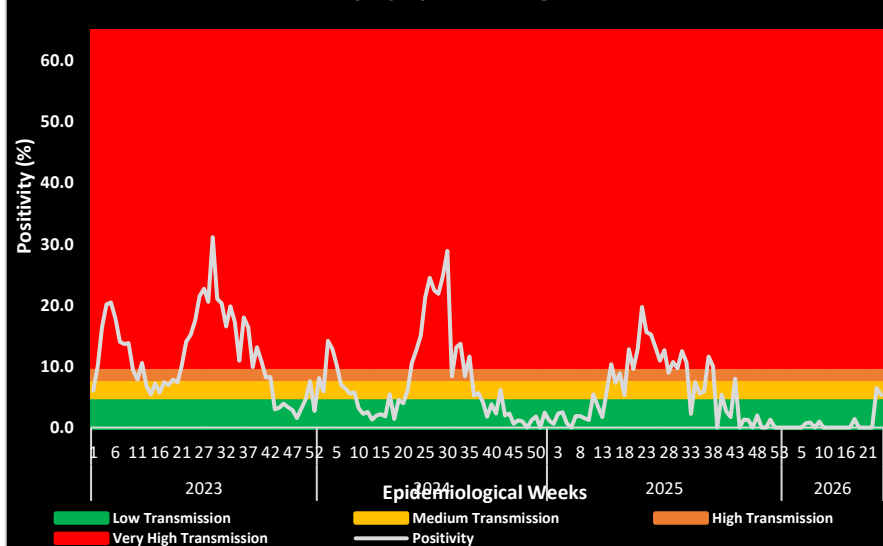
CASES	EW 24	Total
Confirmed	4	157,764
Females	1	90,889
Males	3	66,872
Age Range	-	1 day to 108 years
3 positive cases had no gender specification - PCR or Antigen tests are used to confirm cases - Total represents all cases confirmed from 10 Mar 2020 to the current Epi-Week.		



COVID-19 Outcomes

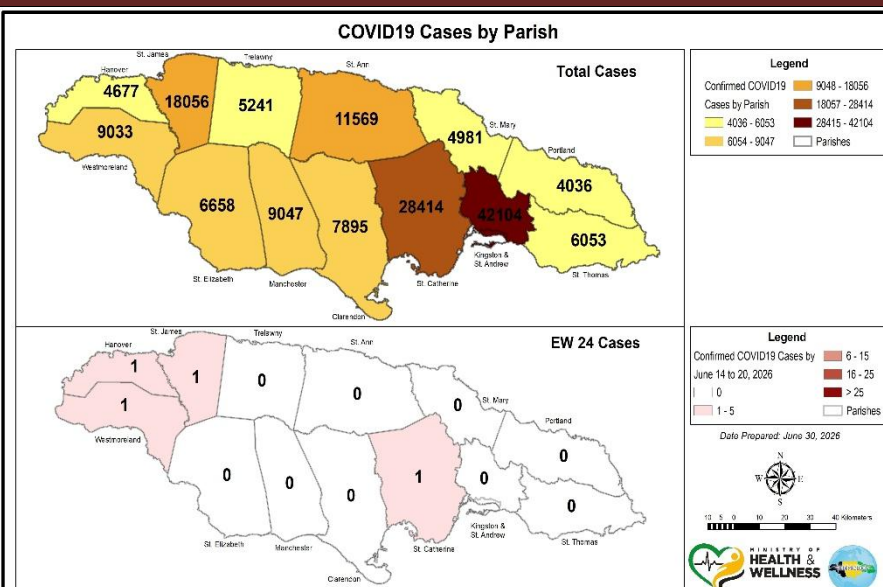
Number of Confirmed COVID-19 cases and deaths, Jamaica 2022-2026						
COVID-19	Year					
	2022	2023	2024	2025	2026	Total (2020-2026)
Cases	55,721	3,842	705	315	14	157,764
Deaths	621	116	24	13	0	3,921
- Current positivity rate: 5.3% - Positivity = (positive samples/total samples tested) - Low transmission for infection						

SARS-CoV2 Positivity by Epidemiological Week, 2023 - 2026



COVID-19 Parish Distribution and Global Statistics

COVID-19 Virus Structure		
COVID-19 WHO Global Statistics EW 21-24, 2026		
Epi Week	Confirmed Cases	Deaths
21	3,000	89
22	3,200	78
23	3,300	53
24	3,400	26
Total (4weeks)	12,900	246



6

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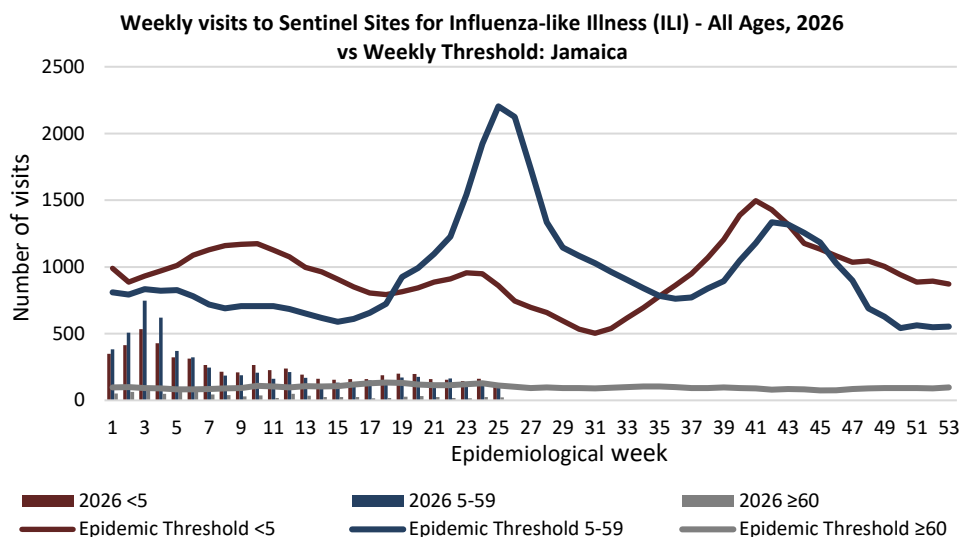
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INFLUENZA SURVEILLANCE

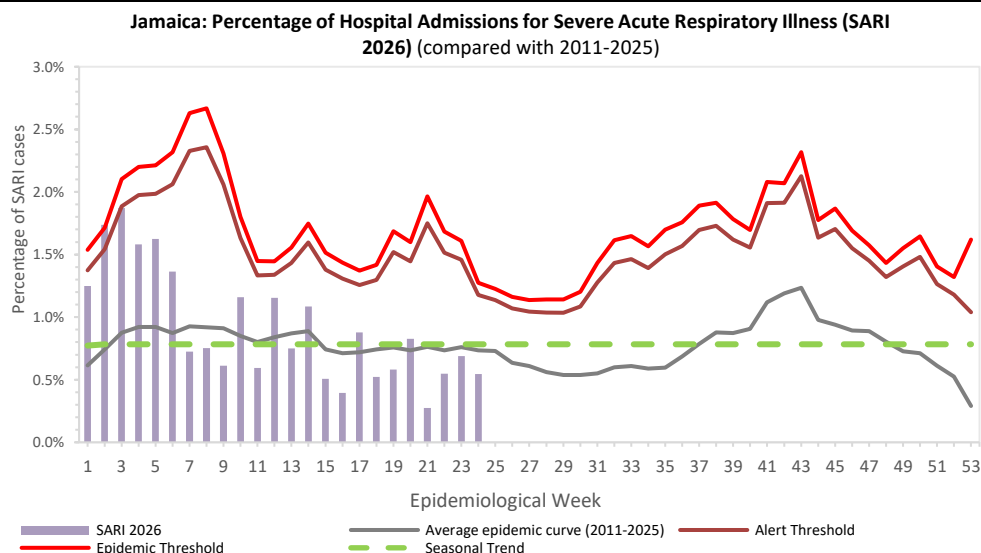
EW 24

June 14, 2026 – June 20, 2026 Epidemiological Week 24

	EW 24	YTD
SARI cases	4	343
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	47

Epi Week Summary

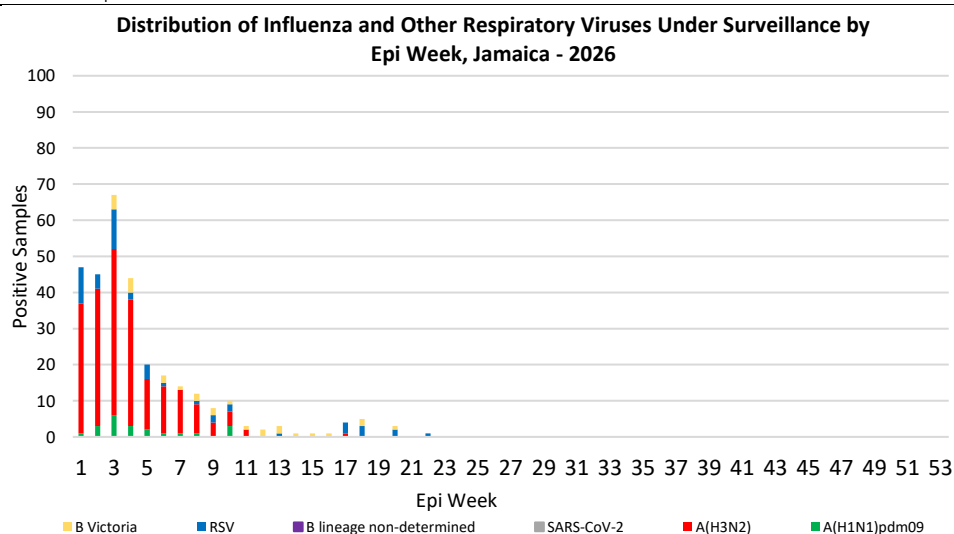
During EW 24, four (4) SARI admissions were reported.

Caribbean Update Epi Week 24

Influenza activity is trending upward, with a regional positivity rate of 3.8% in EW 22, 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.*

*Update as of Epi Week 22

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



7

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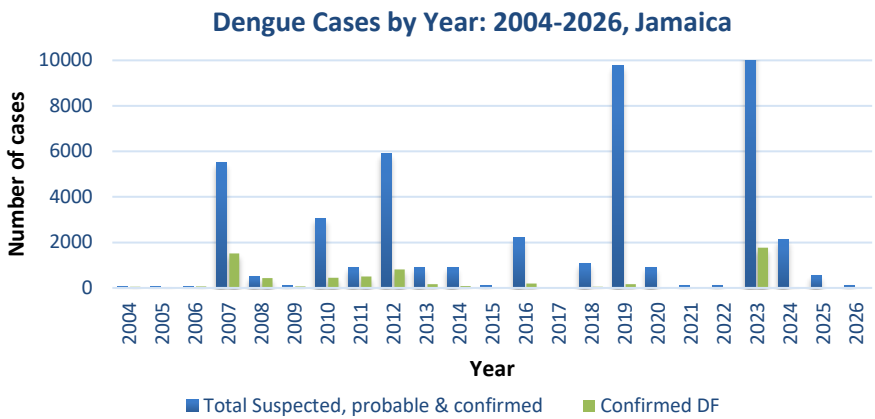
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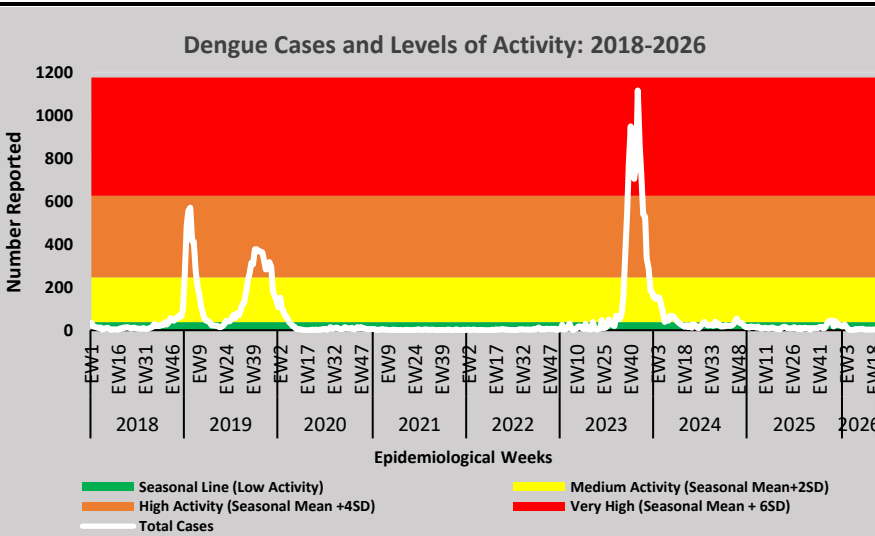
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DENGUE SURVEILLANCE

June 14, 2026 – June 20, 2026 Epidemiological Week 24

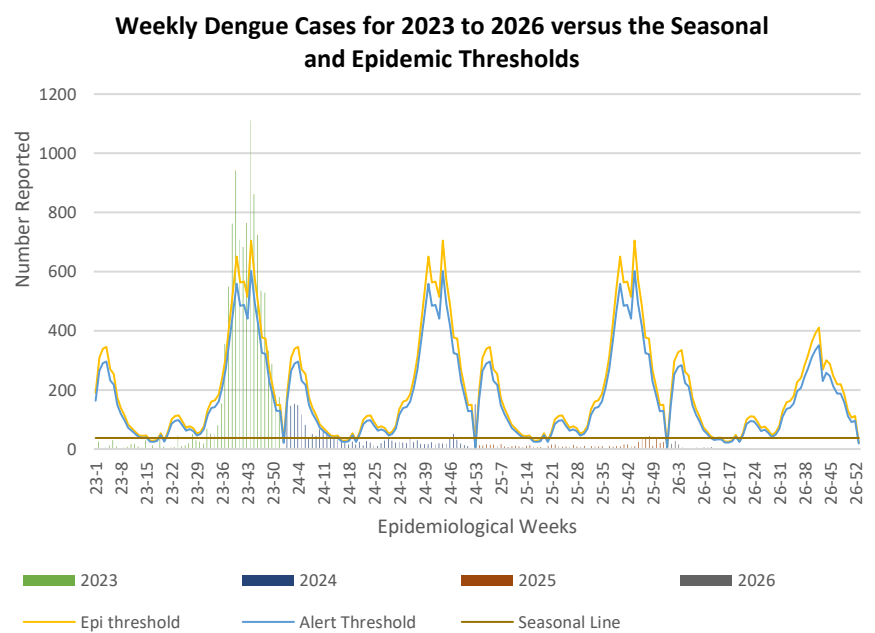


Reported suspected, probable and confirmed dengue with symptom onset in week 24 of 2026		
	2026*	
	EW 24	YTD
Total Suspected, Probable & Confirmed Dengue Cases	0	125
Lab Confirmed Dengue cases	0	1
CONFIRMED Dengue Related Deaths	0	0



Points to note:

- Dengue deaths are reported based on date of death.
- *Figure as at July 3, 2026
- Only PCR positive dengue cases are reported as confirmed.
- IgM positive cases are classified as probable dengue.



RESEARCH ABSTRACT

Abstract

NHRC-25-O

Examining the Sociodemographic Correlates of Self-reported Sickle Cell Status and Risk Perception in Jamaicans

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Objectives: To explore the relationship between self-reported sickle cell status, risk perception, and sociodemographic factors, assess self-report agreement and validity against diagnostic testing, and identify predictors of accurate sickle cell self-reporting from the Jamaica Health and Lifestyle Survey 2016-2017 (JHLS III).

Methods: A secondary analysis was conducted using data from a representative sample of 2,807 Jamaicans 15 years or older, recruited into the JHLS III, employing a multi-stage sampling design. Sickle cell diagnostic results for 1,269 participants were obtained via isoelectric focusing. Bivariate analyses examined associations between sociodemographic variables and sickle cell self-reports and risk perception. Logistic regression models identified predictors of accurate self-reporting, while agreement (Kappa statistic) and validity between self-reports and diagnostic testing were evaluated.

Results: This study analysed data from 2,806 participants (≥ 15 years), representing 2,048,800 Jamaicans (48.7% male, 51.3% female). Among those tested, 85.9% had normal haemoglobin (AA), 10.9% had sickle cell trait (AS), 2.5% had haemoglobin C trait (AC), and 0.7% had sickle cell disease (SCD). SCD self-reports had 66.7% sensitivity, while sickle cell trait (SCT) had 13.6%. Kappa statistics showed poor agreement between self-reports and diagnostic results for sickle cell status ($\kappa=0.26$) and risk perception ($\kappa=0.14$). Logistic regression identified age (OR: 1.02), urban residence (OR: 1.33), and employment (OR: 1.54) as significant predictors of accurate self-reporting.

Conclusion: Sociodemographic disparities exist among Jamaicans self-reporting sickle status and risk perception, with self-reports showing poor agreement and validity. These findings highlight the need to strengthen Jamaica's sickle cell screening programme through improved education and awareness, expanded testing, and targeted interventions.

Keywords: sickle cell disease, sickle cell trait, self-reports, sickle cell status, risk perception



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9 NOTIFICATIONS-
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