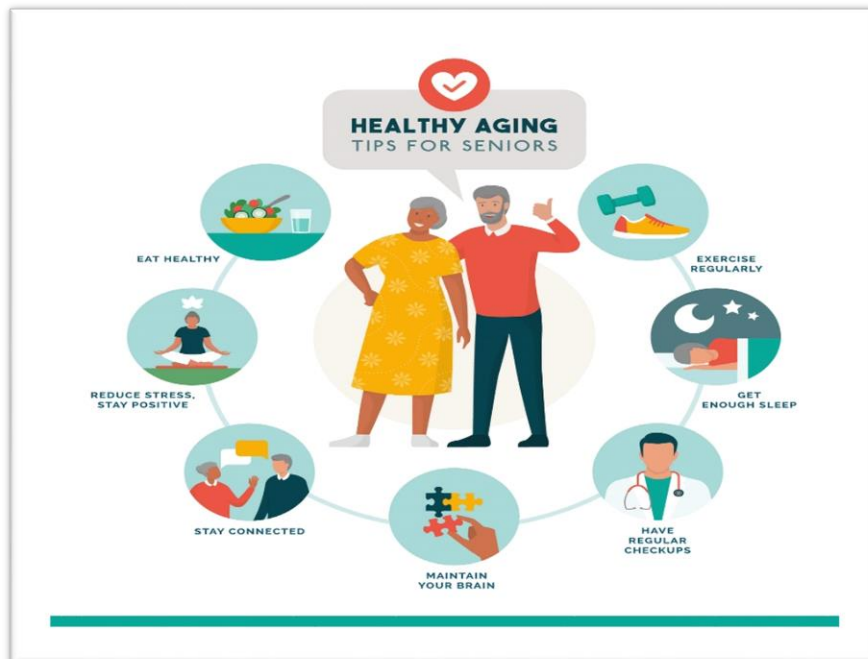


WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL SURVEILLANCE UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Weekly Spotlight

Ageing and health



Overview

People worldwide are living longer. Today most people can expect to live into their sixties and beyond. Every country in the world is experiencing growth in both the size and the proportion of older persons in the population.

By 2030, 1 in 6 people in the world will be aged 60 years or over. At this time the share of the population aged 60 years and over will increase from 1 billion in 2020 to 1.4 billion. By 2050, the world's population of people aged 60 years and older will double (2.1 billion). The number of persons aged 80 years or older is expected to triple between 2020 and 2050 to reach 426 million.

While this shift in distribution of a country's population towards older ages – known as population ageing – started in high-income countries (for example in Japan 30% of the population is already over 60 years old), it is now low- and middle-income countries that are experiencing the greatest change. By 2050, two-thirds of the world's population over 60 years will live in low- and middle-income countries.

Ageing explained

At the biological level, ageing results from the impact of the accumulation of a wide variety of molecular and cellular damage over time. This leads to a gradual decrease in physical and mental capacity, a growing risk of disease and ultimately death. These changes are neither linear nor consistent, and they are only loosely associated with a person's age in years. The diversity seen in older age is not random. Beyond biological changes, ageing is often associated with other life transitions such as retirement, relocation to more appropriate housing and the death of friends and partners.

Common health conditions associated with ageing

Common conditions in older age include hearing loss, cataracts and refractive errors, back and neck pain and osteoarthritis, chronic obstructive pulmonary disease, diabetes, depression and dementia. As people age, they are more likely to experience several conditions at the same time.

Older age is also characterized by the emergence of several complex health states commonly called geriatric syndromes. They are often the consequence of multiple underlying factors and include frailty, urinary incontinence, falls, delirium and pressure ulcers.

Article: <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>

Image: <https://seniorstoday.in/health/your-health-resolutions-for-2025-brain-sleep-and-diet-in-focus>

EPI WEEK 27



Syndromic Surveillance

Accidents

Violence

Pages 2-4



Class 1 Notifiable Events

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COVID-19 Surveillance

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Influenza Surveillance

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Dengue Surveillance

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Research Abstract

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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 - 24 to 27 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													
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
25	On Time	On Time	On Time	On Time	Late (W)	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time
26	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
27	On Time	On Time	On Time	On Time	Late (W)	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time

SYNDROMIC SURVEILLANCE

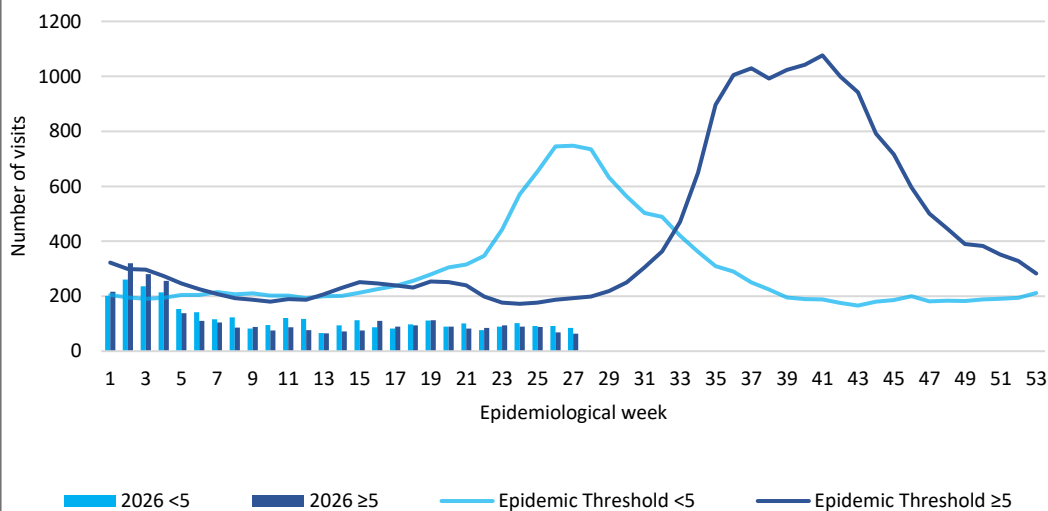
FEVER

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



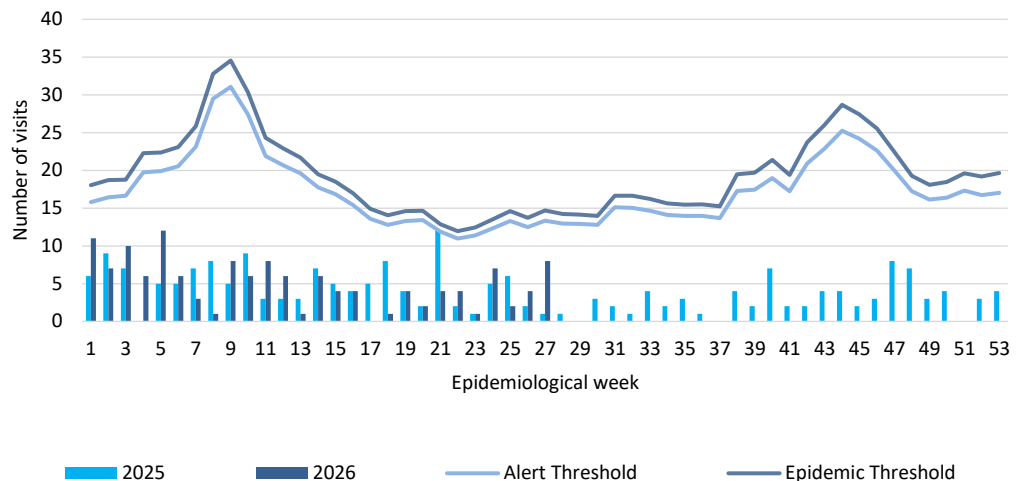
SENTINEL
REPORT- 78 sites.
Automatic reporting

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).



Weekly Visits to Sentinel Sites for Fever and Neurological Symptoms - 2025 and 2026
vs. Weekly Threshold: Jamaica

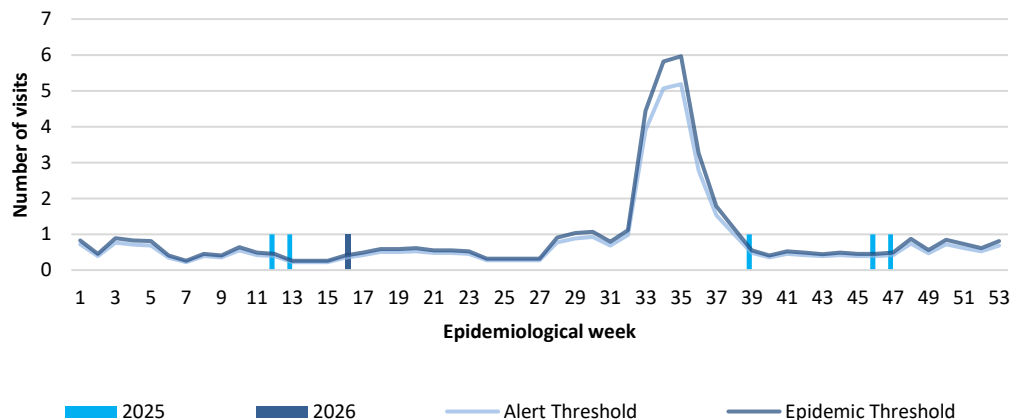


FEVER AND HAEMORRHAGIC

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



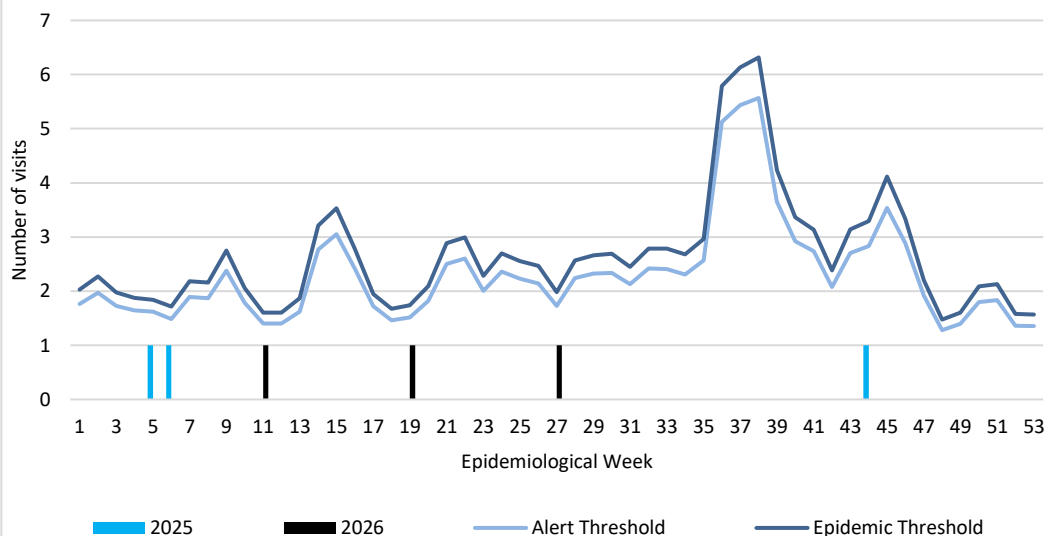
FEVER AND JAUNDICE

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 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



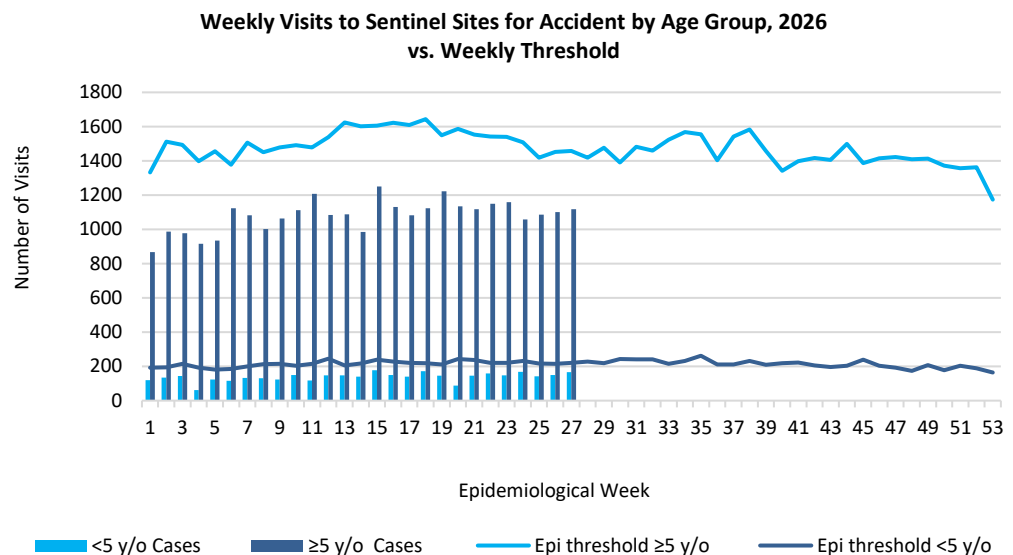
HOSPITAL
ACTIVE
SURVEILLANCE-
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SENTINEL
REPORT- 78 sites.
Automatic reporting

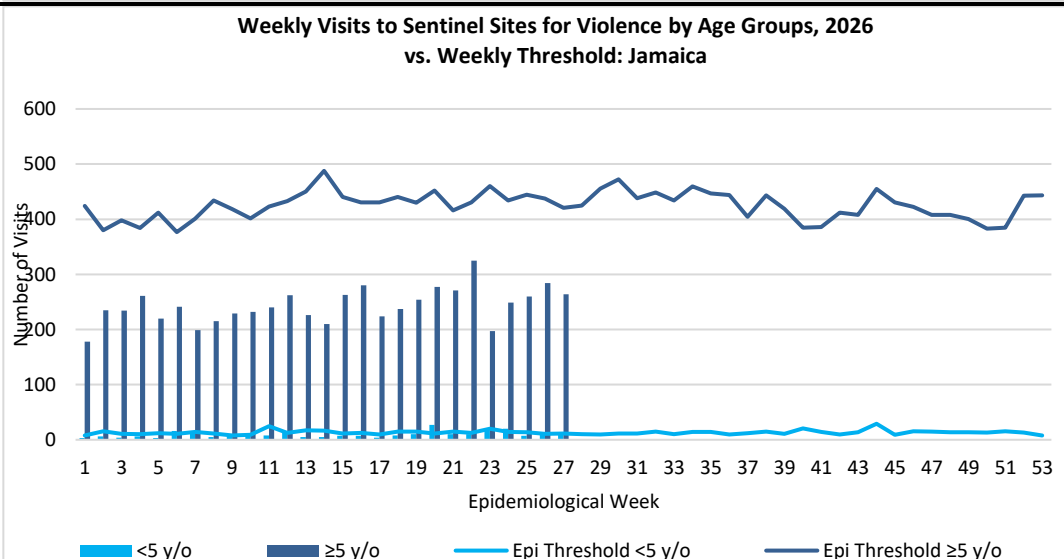
ACCIDENTS

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



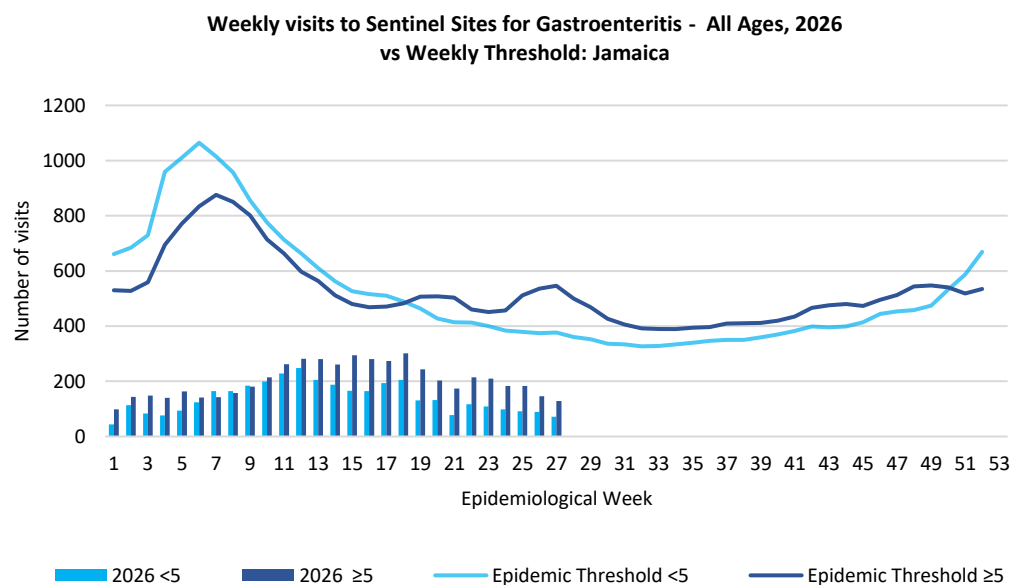
VIOLENCE

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



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

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		43 ^β	114 ^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)		17	240	γ Dengue Hemorrhagic Fever data include Dengue related deaths;	
	Hansen’s Disease (Leprosy)		0	0		
	Hepatitis B		7	8		
	Hepatitis C		0	2	δ Figures include all deaths associated with pregnancy reported for the period.	
	HIV/AIDS		NA	NA		
	Malaria (Imported)		0	0		
	Meningitis		3	10	ε CHIKV IgM positive cases	
	Mpox		0	1		
EXOTIC/ UNUSUAL	Plague		0	0		θ Zika PCR positive cases
HIGH MORBIDITY/ MORTALITY	Meningococcal Meningitis		0	0	β Updates made to prior weeks.	
	Neonatal Tetanus		0	0		
	Typhoid Fever		0	0		
	Meningitis H/Flu		0	0	α Figures are cumulative totals for all epidemiological weeks year to date. NA- Not Available	
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) ^δ		24	33		
	Ophthalmia Neonatorum		22	49		
	Pertussis-like syndrome		0	0		
	Rheumatic Fever		0	0		
	Tetanus		1	1		
	Tuberculosis		43	39		
	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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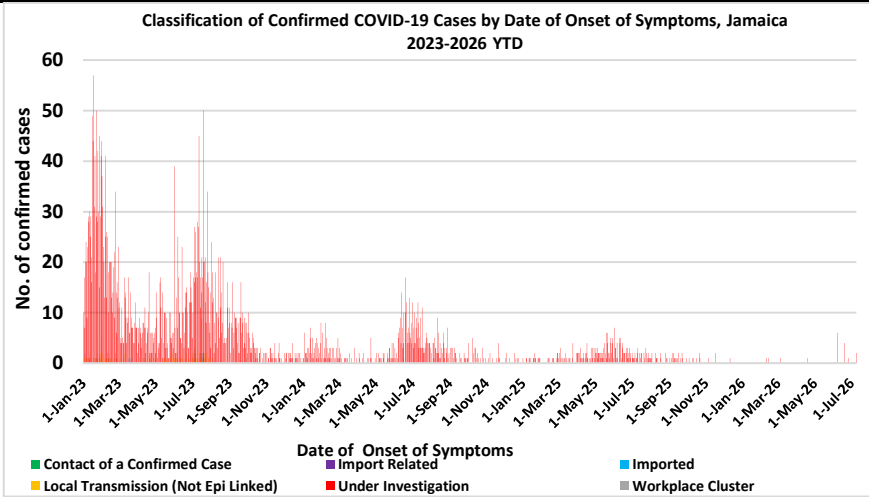
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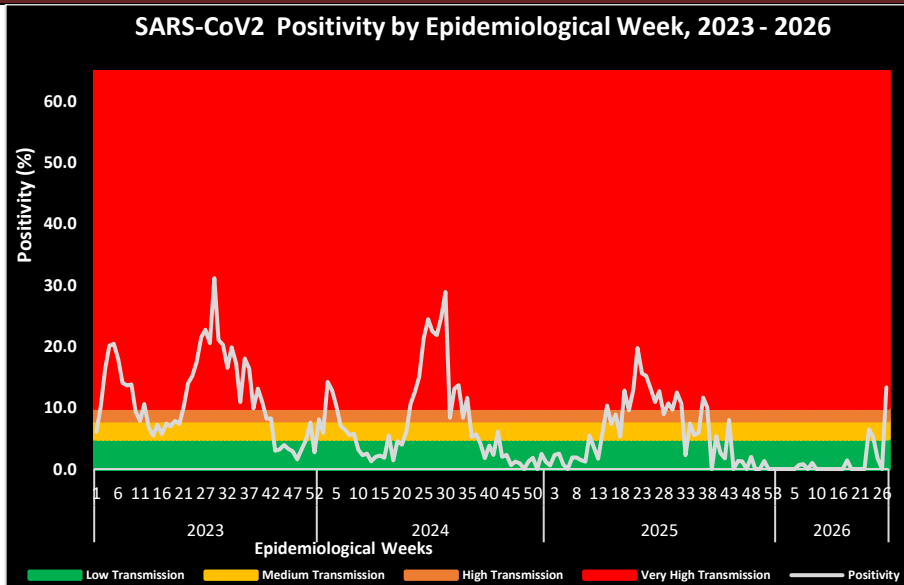
COVID-19 SURVEILLANCE

CASES	EW 27	Total
Confirmed	2	157,767
Females	1	90,890
Males	1	66,874
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.		



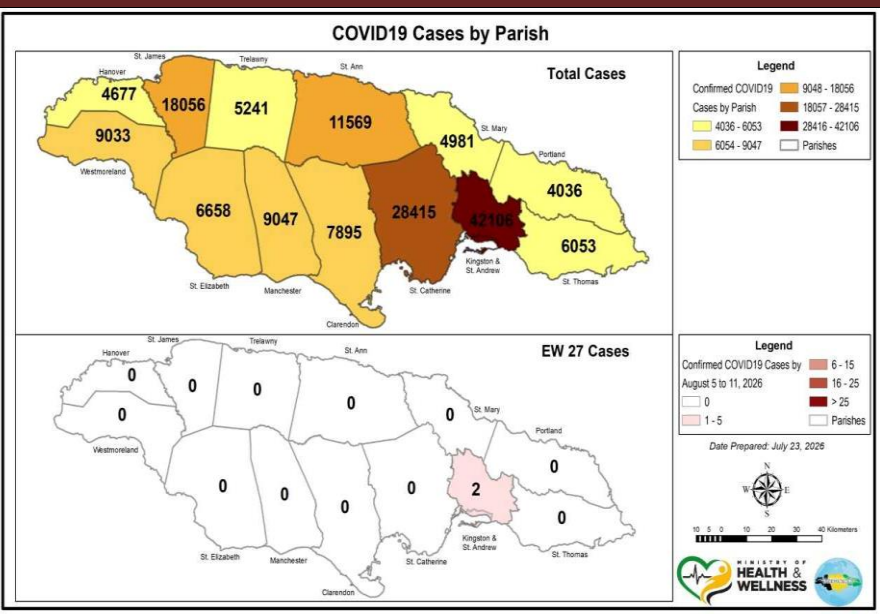
COVID-19 Outcomes

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	17	157,767
Deaths	621	116	24	13	0	3,921
- Current positivity rate: 13.3% - Positivity = (positive samples/total samples tested) - High 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 Epi Week 23-26, 2026		
Epi Week	Confirmed Cases	Deaths
24	3,900	42
25	4,300	46
26	4,600	30
27	5,000	37
Total (4weeks)	17,800	155



6

NOTIFICATIONS-
All clinical
sites



INVESTIGATION
REPORTS- Detailed Follow
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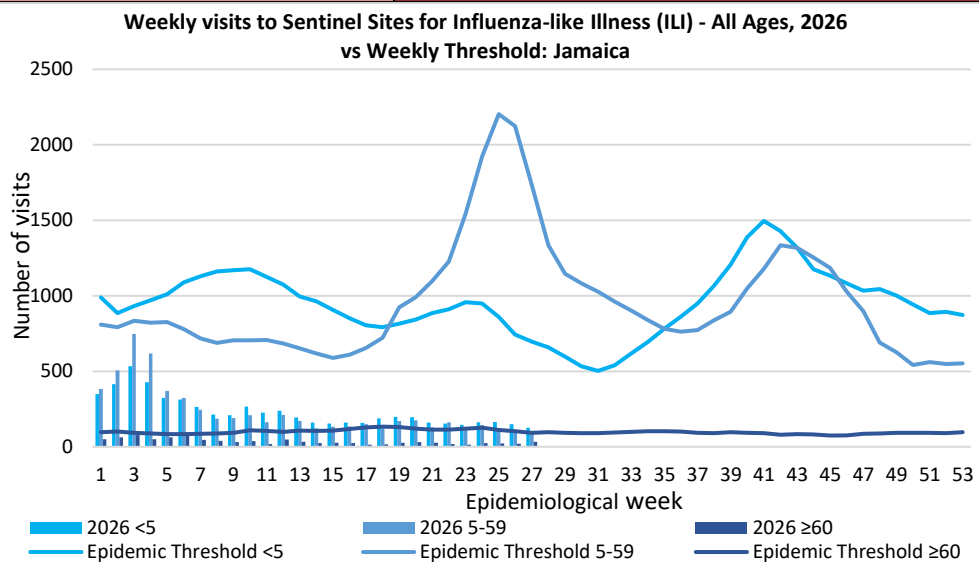


SENTINEL
REPORT- 78 sites.
Automatic reporting

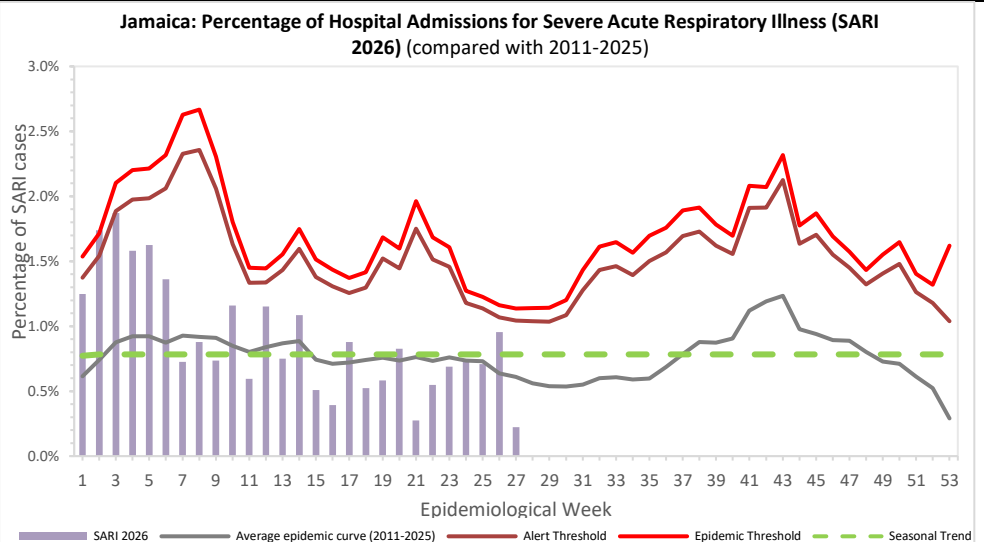
INFLUENZA SURVEILLANCE*EW 27*

July 05, 2026 – July 11, 2026 Epidemiological Week 27

	EW 27	YTD
SARI cases	3	382
Total Influenza positive Samples	0	264
Influenza A	0	234
H1N1pdm09	0	21
H3N2	0	213
Not subtyped	0	0
Influenza B	0	30
B lineage not determined	0	0
B Victoria	0	30
Parainfluenza	0	0
Adenovirus	0	0
RSV	0	50

**Epi Week Summary**

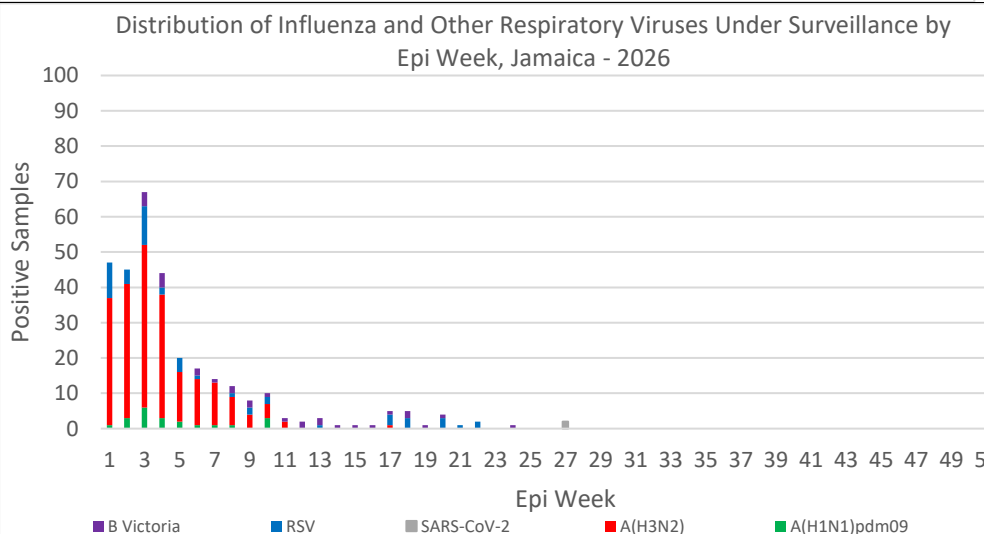
During Epi Week 27, three (3) SARI admissions were reported.

**Caribbean Update Epi Week 27**

Influenza activity shows a slight upward trend, with a regional positivity rate of 5.2% in EW26, with influenza B Victoria predominating (38.7%) and A(H3N2) co-circulating (24%). SARI indicators remain at low levels, while ILI have increased in recent weeks. RSV circulation remains low, while SARS-CoV-2 levels remain high, though trending downward, with a positivity rate of 10.1% for EW26.

*Update as of Epi Week 26

(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



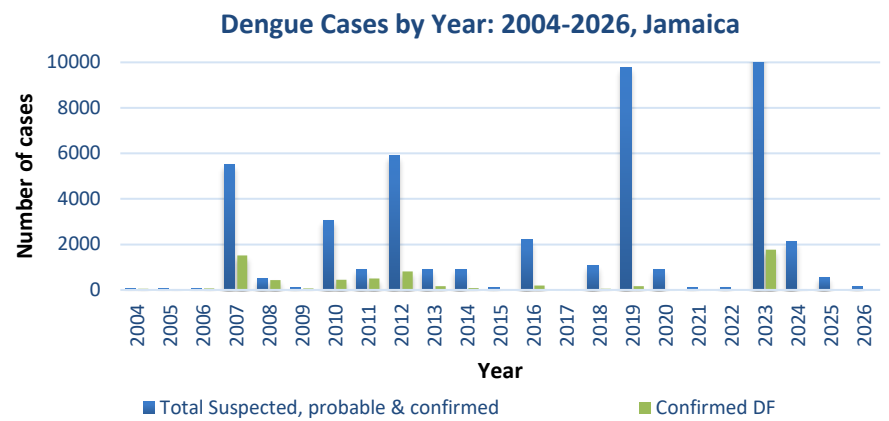
HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued



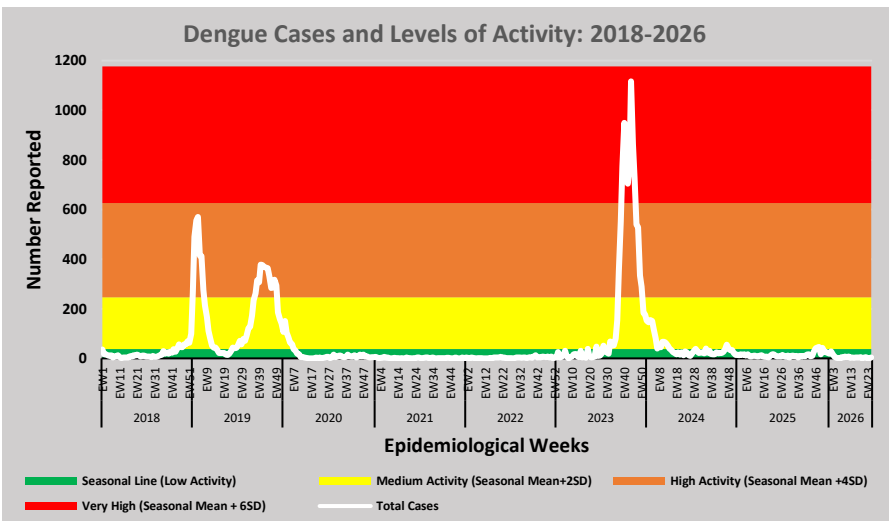
SENTINEL REPORT- 78 sites. Automatic reporting

DENGUE SURVEILLANCE

July 5, 2026 – July 11, 2026 Epidemiological Week 27

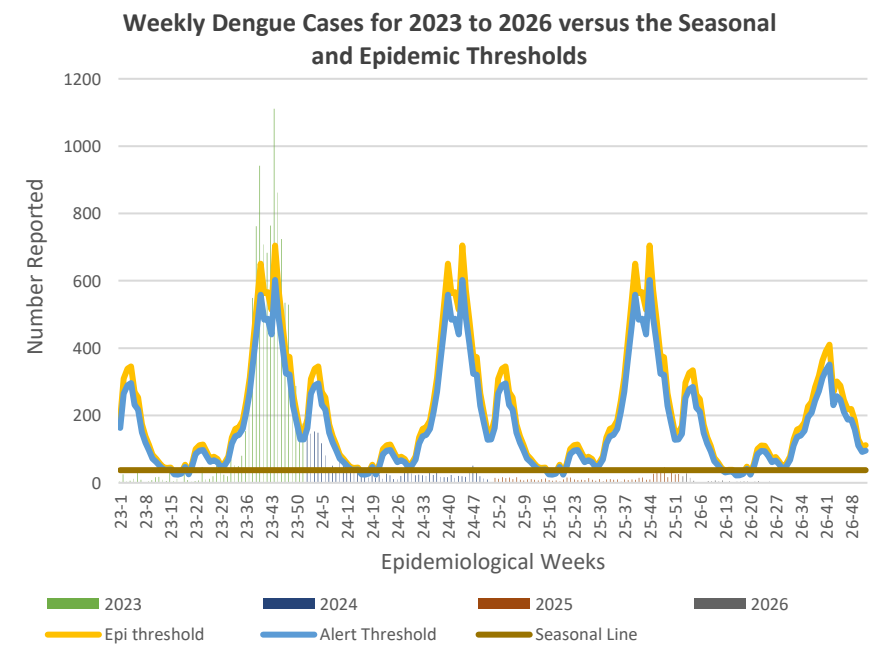


Reported suspected, probable and confirmed dengue with symptom onset in week 27 of 2026		
	2026*	
	Epi Week 27	YTD
Total Suspected, Probable & Confirmed Dengue Cases	0	134
Lab Confirmed Dengue cases	0	1
CONFIRMED Dengue Related Deaths	0	0



Points to note:

- Dengue deaths are reported based on date of death.
- Only PCR positive dengue cases are reported as confirmed.
- IgM positive cases are classified as probable dengue.



RESEARCH ABSTRACT

Abstract

NHRC-25-O

A review of the pattern of disease manifestations, disease activity and outcomes in Paediatric Systemic Lupus Erythematosus at a paediatric referral centre in Jamaica

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¹ Bustamante Hospital For Children

Objective: There is no published data exploring Systemic Lupus Erythematosus (SLE) in Jamaican children. The study aimed to review the manifestations, activity and outcomes of paediatric SLE in a Jamaican cohort.

Method: This was a retrospective study of children diagnosed with paediatric Systemic Lupus Erythematosus (pSLE) over the 10-year period, January 2013 to December 2022, at the Bustamante Hospital for Children. Ethical approval was received from the South East Regional Health Authority and the Mona Research Ethics Committee. Records were reviewed and data collected using a digital data extraction sheet. Descriptive analyses were performed using IBM SPSS Statistics software v 29.0.2.0. Continuous variables were presented as means and categorical variables as frequencies and percentages.

Results: The study included 11 children with a mean age of 10.0 years. The most common clinical features at presentation were constitutional symptoms (fever, lymphadenopathy, anorexia and weight loss). Renal manifestations were common with 45.5% of the cohort having Lupus Nephritis. At diagnosis, 63.7% of the cohort had severe disease with high or very high SLEDAI-2k scores. Higher scores were noted in patients with lupus nephritis and neuropsychiatric lupus when compared to those without major organ involvement ($p < 0.05$). Three patients showed end organ damage at 1-year of follow up. The systems affected by end organ damage were ocular, renal and cerebrovascular.

Conclusion: In an early and middle childhood Afro-Caribbean population, constitutional symptoms were a dominant presenting feature in pSLE. Patients with major organ involvement had greater disease severity indicated by higher SLEDAI-2k scores at diagnosis.

Keywords: Childhood; Paediatric; Systemic Lupus Erythematosus; SLEDAI score; Damage index



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9 NOTIFICATIONS-
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INVESTIGATION
REPORTS- Detailed Follow
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