

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL SURVEILLANCE UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Weekly Spotlight

Human Immunodeficiency Virus (Part 3)



Prevention

HIV is a preventable disease. Reduce the risk of HIV infection by:

- using a male or female condom during sex
- being tested for HIV and sexually transmitted infections
- having a voluntary medical male circumcision
- using harm reduction services for people who inject and use drugs.

Doctors may suggest medicines and medical devices to help prevent HIV infection, including:

- antiretroviral drugs (ARVs), including oral Pre-Exposure Prophylaxis (PrEP) and long acting products
- dapivirine vaginal rings
- injectable long acting cabotegravir.

ARVs can also be used to prevent mothers from passing HIV to their children. People taking antiretroviral therapy (ART) and who have no evidence of virus in the blood will not pass HIV to their sexual partners. Access to testing and ART is an important part of preventing HIV.

Antiretroviral drugs given to people without HIV can prevent infection

When given before possible exposures to HIV it is called pre-exposure prophylaxis (PrEP) and when given after an exposure it is called post-exposure prophylaxis (PEP). People can use PrEP or PEP when the risk of contracting HIV is high; people should seek advice from a clinician when thinking about using PrEP or PEP.

Treatment

There is no cure for HIV infection. It is treated with antiretroviral drugs, which stop the virus from replicating in the body. Current antiretroviral therapy (ART) does not cure HIV infection but allows a person's immune system to get stronger. This helps them to fight other infections. Currently, ART must be taken every day for the rest of a person's life. ART lowers the amount of the virus in a person's body. This stops symptoms and allows people to live full and healthy lives. People living with HIV who are taking ART and who have no evidence of virus in the blood will not spread the virus to their sexual partners.

Pregnant women with HIV should have access to, and take, ART as soon as possible. This protects the health of the mother and will help prevent HIV transmission to the fetus before birth, or through breast milk.

Advanced HIV disease remains a persistent problem in the HIV response. WHO is supporting countries to implement the advanced HIV disease package of care to reduce illness and death. Newer HIV medicines and short course treatments for opportunistic infections like cryptococcal meningitis are being developed that may change the way people take ART and prevention medicines, including access to injectable formulations, in the future.

Taken from WHO website on 13/January/2024
<https://www.who.int/news-room/fact-sheets/detail/hiv-aids>

EPI WEEK 1



Syndromic Surveillance

Accidents

Violence

Pages 2-4



Class 1 Notifiable Events

Page 5



COVID-19

Page 6



Influenza

Page 7



Dengue Fever

Page 8



Research Paper

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 – 50 of 2024 to 1 of 2025

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

Epi week	Kingston and Saint Andrew	Saint Thomas	Saint Catherine	Portland	Saint Mary	Saint Ann	Trelawny	Saint James	Hanover	Westmoreland	Saint Elizabeth	Manchester	Clarendon
	2025												
50	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
51	Late (T)	Late (T)	Late (T)	Late (T)	On Time	On Time	Late (T)	Late (T)	Late (T)	On Time	On Time	On Time	Late (T)
52	Late (T)	On Time	On Time	On Time	On Time	On Time	Late (T)	On Time	Late (T)	On Time	On Time	On Time	Late (T)
1	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

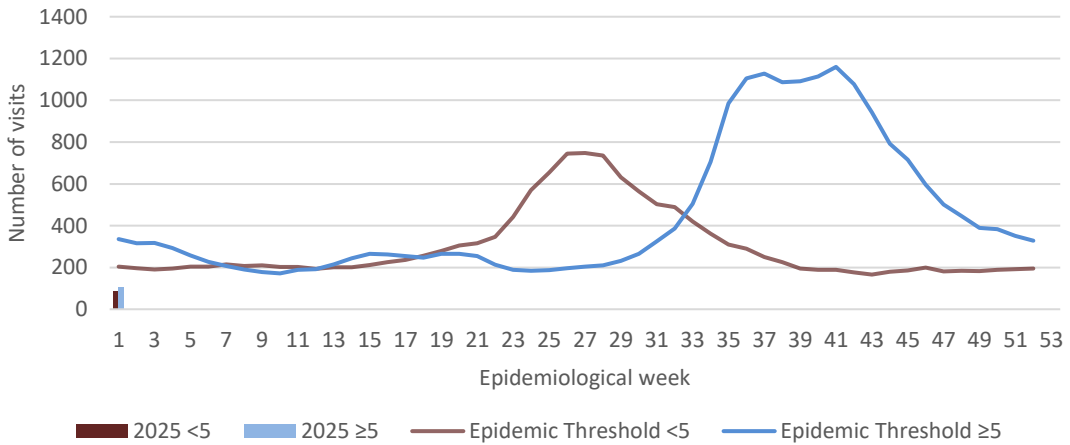
REPORTS FOR SYNDROMIC SURVEILLANCE

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: Jamaica, Weekly Threshold vs Cases 2025



2 NOTIFICATIONS- All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued



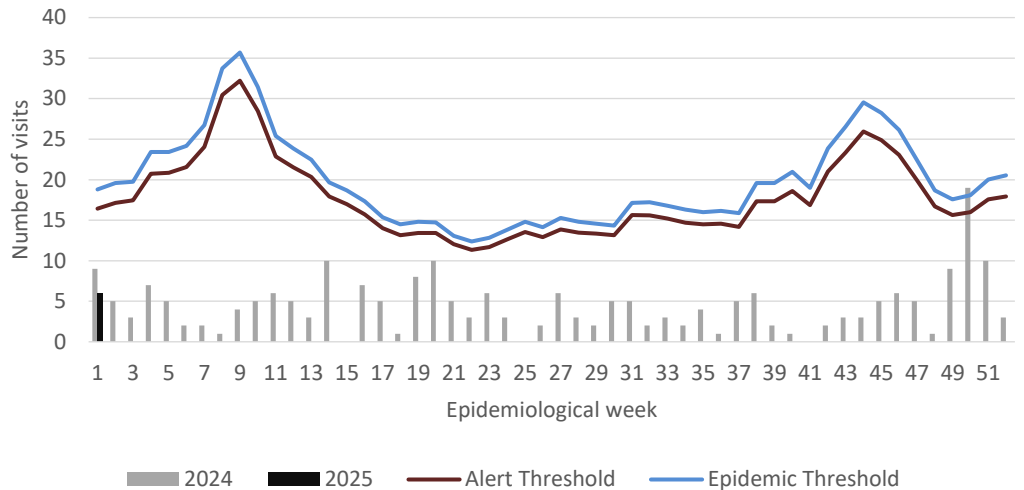
SENTINEL REPORT- 78 sites. Automatic reporting

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 2024 and 2025 vs. Weekly Threshold: Jamaica

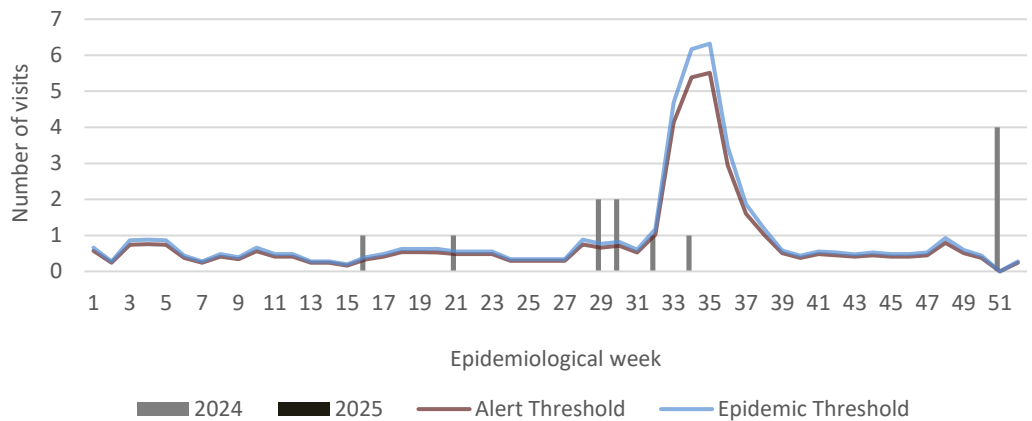


FEVER AND HAEMORRHAGIC

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 2024 and 2025 vs Weekly Threshold; Jamaica



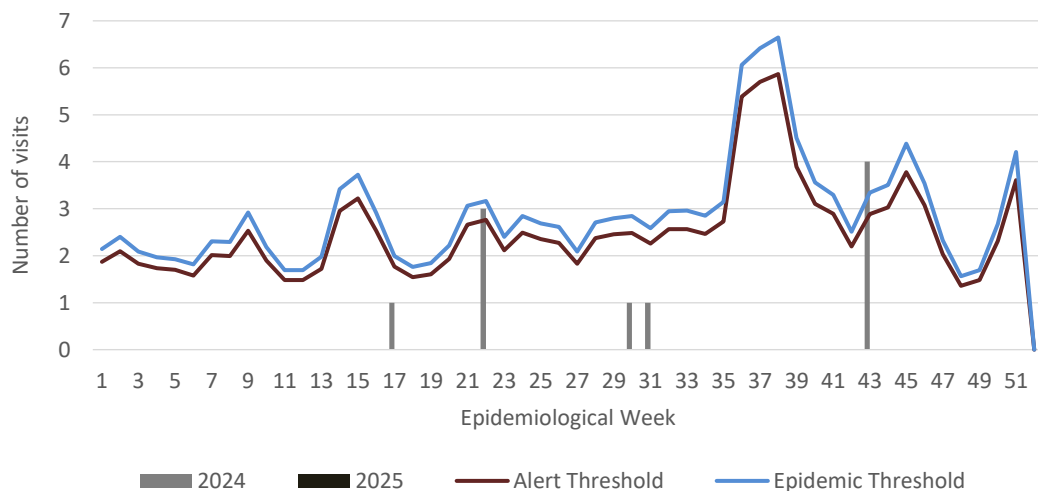
FEVER AND JAUNDICE

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.



Fever and Jaundice cases: Jamaica, Weekly Threshold vs Cases 2024 and 2025



3 NOTIFICATIONS- All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



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SENTINEL REPORT- 78 sites. Automatic reporting

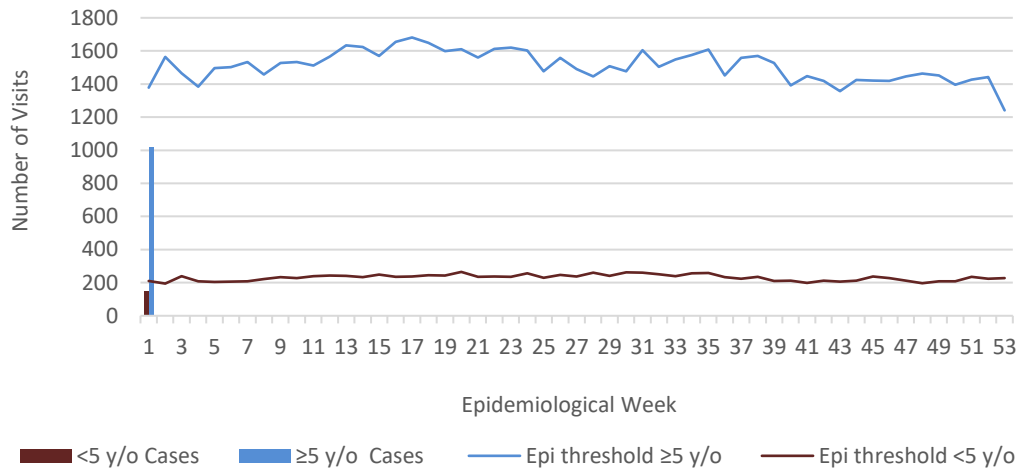


ACCIDENTS

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 2025 vs. Weekly Threshold

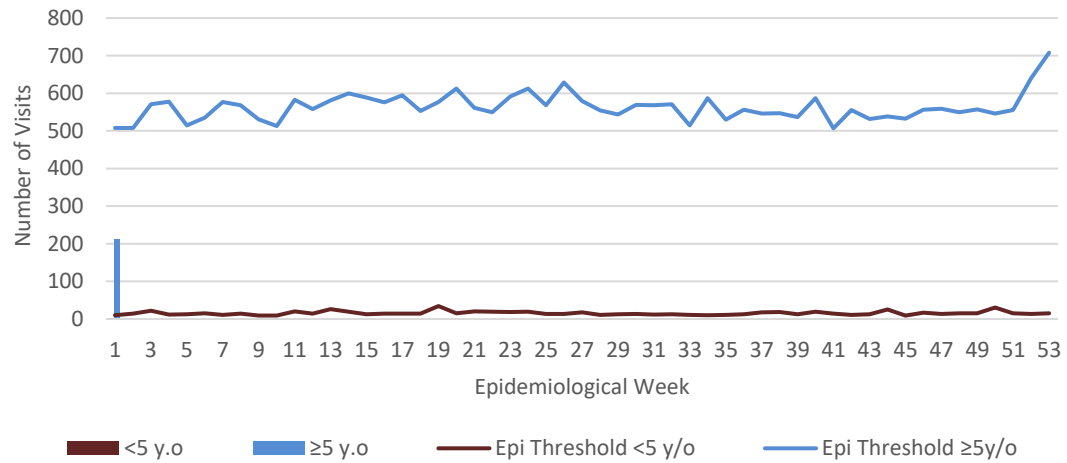


VIOLENCE

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 2025 vs. Weekly Threshold

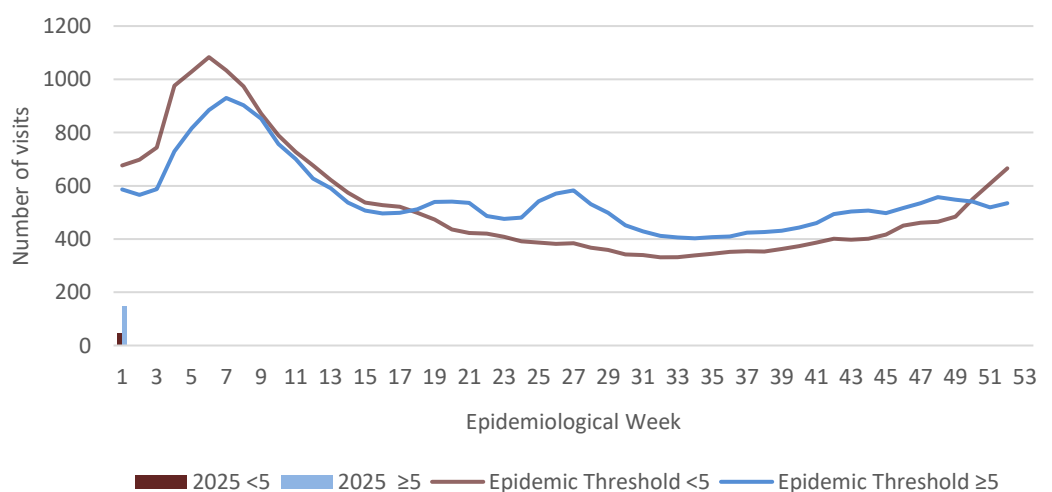


GASTROENTERITIS

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 2025 vs Weekly Threshold; Jamaica



4 NOTIFICATIONS- All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events







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SENTINEL REPORT- 78 sites. Automatic reporting

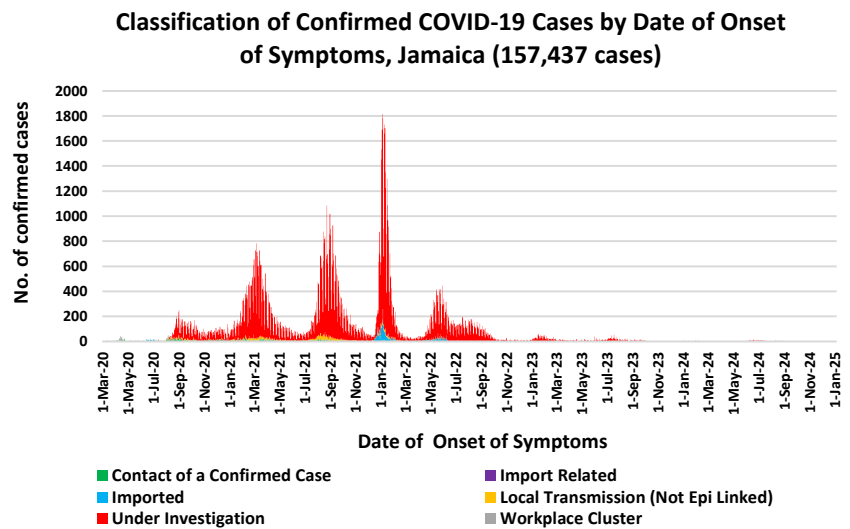
CLASS ONE NOTIFIABLE EVENTS				Comments	
	CLASS 1 EVENTS	Confirmed YTD ^α			
		CURRENT YEAR 2025	PREVIOUS YEAR 2024		
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning	0 ^β	5 ^β	AFP Field Guides from WHO indicate that for an effective surveillance system, detection rates for AFP should be 1/100,000 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)	1	12		
	Hansen’s Disease (Leprosy)	0	0		
	Hepatitis B	0	0		
	Hepatitis C	0	0		
	HIV/AIDS	NA	NA		
	Malaria (Imported)	0	0		
	Meningitis	0	0		
	Monkeypox	0	0		
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.	
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 ^δ	2	3		
	Ophthalmia Neonatorum	0	3		
	Pertussis-like syndrome	0	0		
	Rheumatic Fever	0	0		
	Tetanus	0	0		
	Tuberculosis	0	0		
Yellow Fever	0	0			
Chikungunya ^ε	0	0			
Zika Virus ^θ	0	0	NA- Not Available		

 <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 Update

CASES	EW 1	Total
Confirmed	2	157437
Females	2	90713
Males	0	66721
Age Range	61 to 63 years old	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.

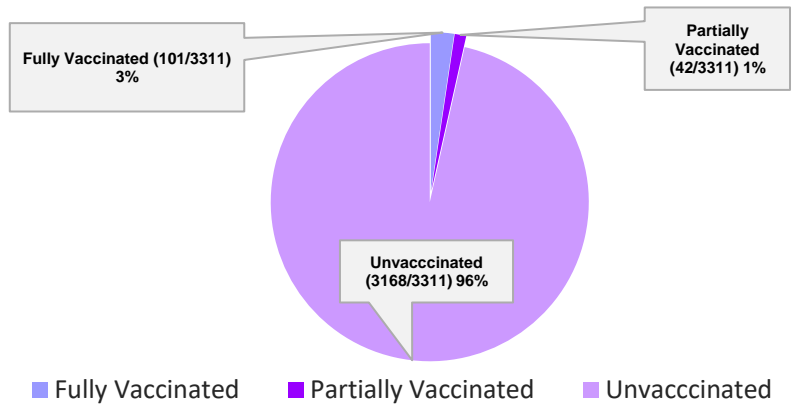


COVID-19 Outcomes

Outcomes	EW 1	Total
ACTIVE *2 weeks*		4
DIED – COVID Related	0	3875
Died - NON COVID	0	394
Died - Under Investigation	0	143
Recovered and discharged	0	103226
Repatriated	0	93
Total		157437

3311 COVID-19 Related Deaths since March 1, 2021 – YTD

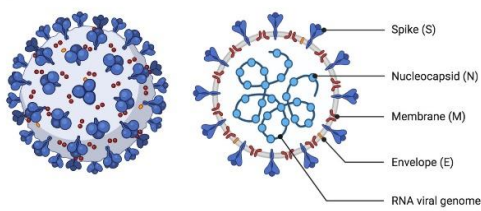
Vaccination Status among COVID-19 Deaths



COVID-19 Parish Distribution and Global Statistics

COVID-19 Virus Structure

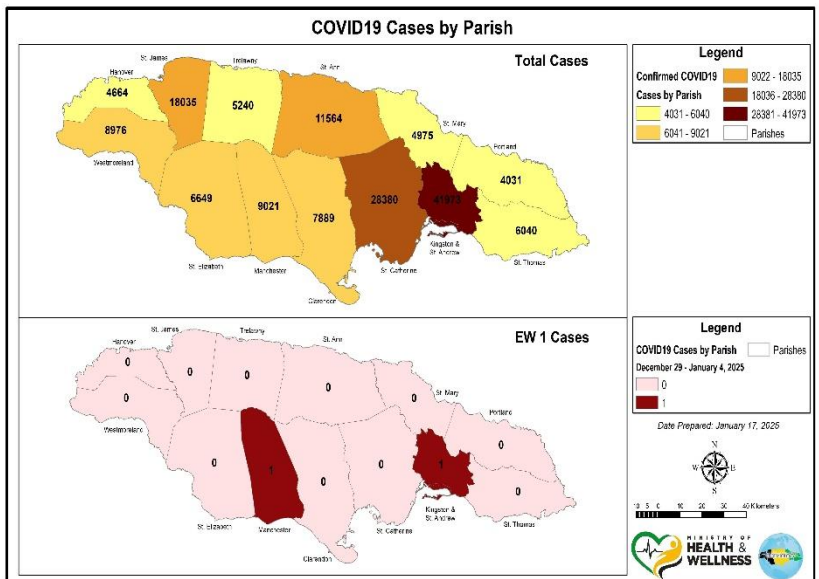
SARS-CoV-2



COVID-19 WHO Global Statistics EW 50, 2024 - 1, 2025

Epi Week	Confirmed Cases	Deaths
50	52300	613
51	50200	581
52	43600	527
1	9300	246
Total (4weeks)	155400	1967

COVID19 Cases by Parish



6 NOTIFICATIONS- All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



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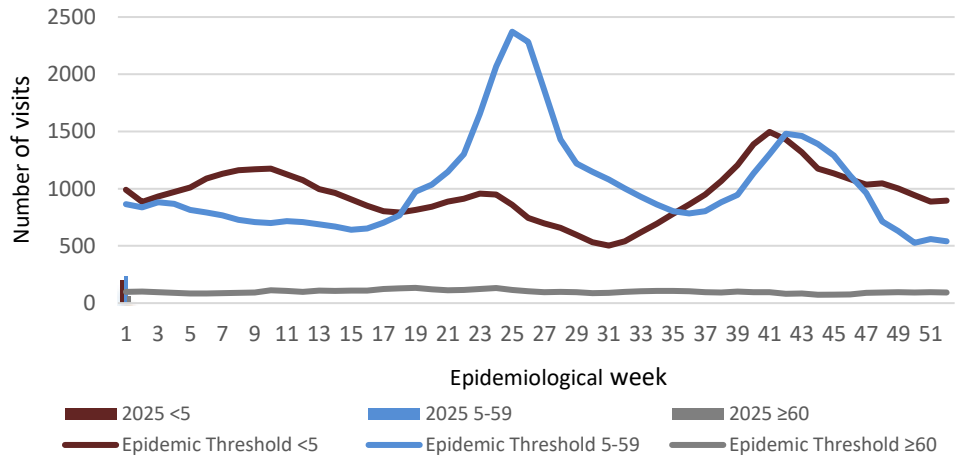
NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 1

December 29, 2024 – January 4, 2025 Epidemiological Week 1

	<i>EW 1</i>	<i>YTD</i>
SARI cases	7	7
Total Influenza positive Samples	6	6
Influenza A	6	6
H3N2	1	1
H1N1pdm09	5	5
Not subtyped	0	0
Influenza B	0	0
B lineage not determined	0	0
B Victoria	0	0
Parainfluenza	0	0
Adenovirus	0	0
RSV	0	0

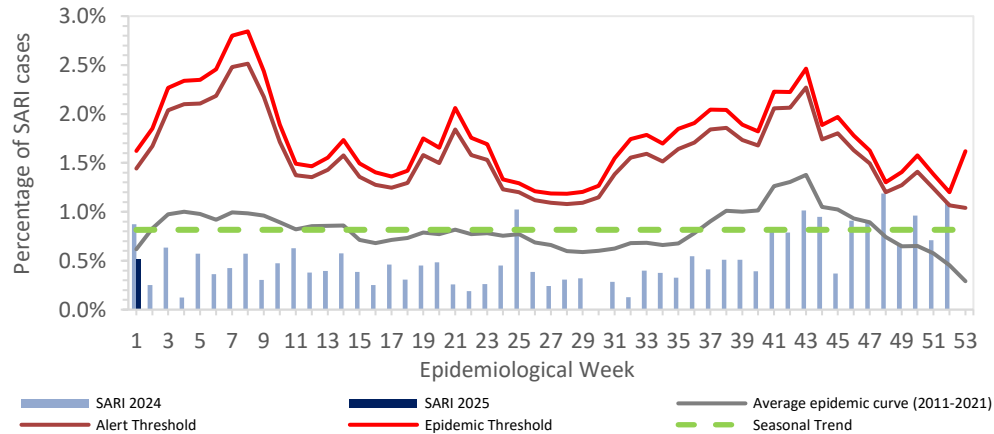
Weekly visits to Sentinel Sites for Influenza-like Illness (ILI) All ages 2025 vs Weekly Threshold; Jamaica



Epi Week Summary

During EW 1, seven (7) SARI admissions were reported.

Jamaica: Percentage of Hospital Admissions for Severe Acute Respiratory Illness (SARI 2025) (compared with 2011-2024)

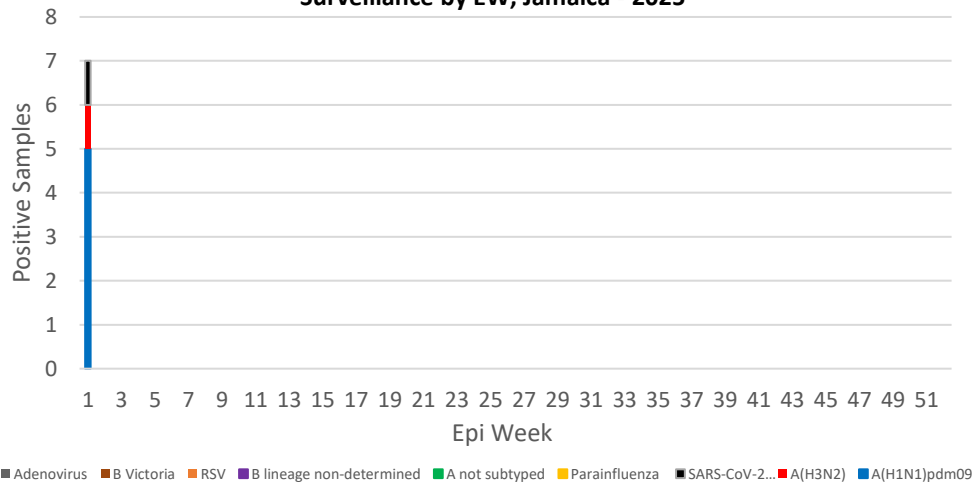


Caribbean Update EW 1

Caribbean: ILI cases have shown a slight increase, while SARI cases remain low. Influenza activity has risen, with reports from several countries in the subregion, predominantly linked to A(H1N1) pdm09. RSV activity has declined over the past four EWs, although it remains elevated. In contrast, SARS-CoV-2 activity continues to stay at low levels. In the past four EWs, influenza activity has been reported in Belize, Jamaica, Saint Lucia, Barbados, the Cayman Islands, Guyana, and Saint Vincent and the Grenadines. Additionally, RSV activity has been detected in Belize, the Dominican Republic, Suriname and Barbados.

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

Distribution of Influenza and Other Respiratory Viruses Under Surveillance by EW, Jamaica - 2025



7 NOTIFICATIONS-
All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



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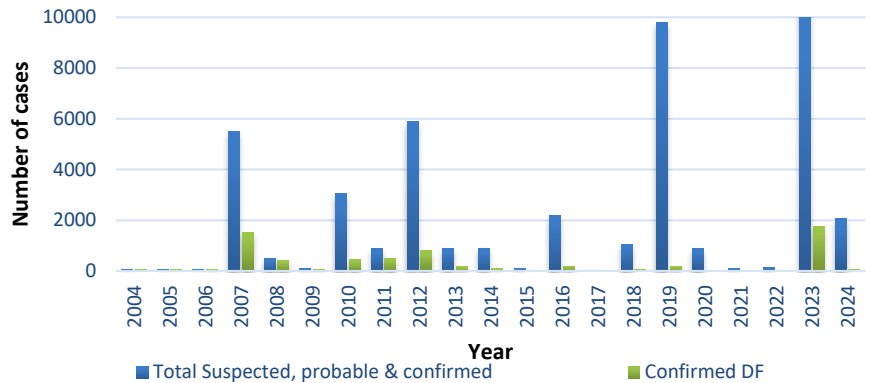
Dengue Bulletin

December 29, 2024 – January 4, 2025 Epidemiological Week 1


Epidemiological Week 1



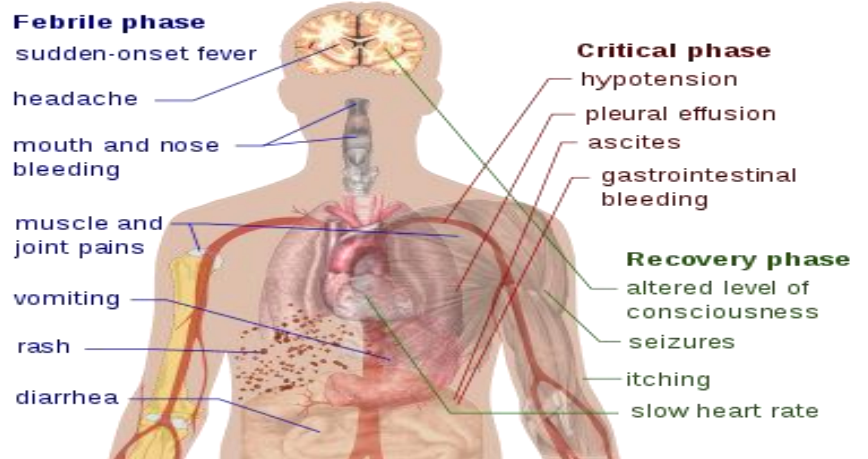
Dengue Cases by Year: 2004-2025, Jamaica



Reported suspected, probable and confirmed dengue with symptom onset in week 1 of 2025

	2025*	
	EW 1	YTD
 Total Suspected, Probable & Confirmed Dengue Cases	0	0
Lab Confirmed Dengue cases	0	0
CONFIRMED Dengue Related Deaths	0	0

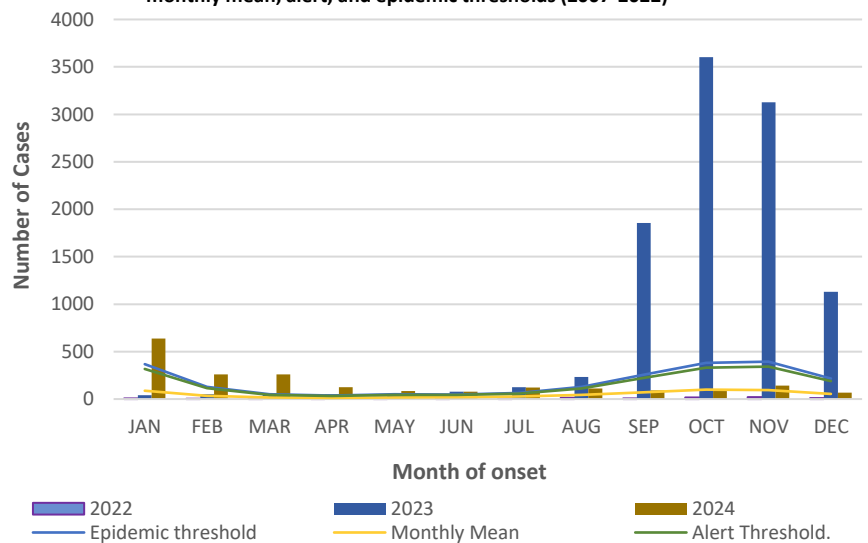
Symptoms of Dengue fever



Points to note:

- Dengue deaths are reported based on date of death.
- *Figure as at January 14, 2025
- Only PCR positive dengue cases are reported as confirmed.
- IgM positive cases are classified as presumed dengue.

Suspected, probable and confirmed dengue cases for 2022 - 2024 versus monthly mean, alert, and epidemic thresholds (2007-2022)



8 NOTIFICATIONS- All clinical sites



INVESTIGATION REPORTS- Detailed Follow up for all Class One Events



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SENTINEL REPORT- 78 sites. Automatic reporting



RESEARCH PAPER

Abstract

NHRC-23-P12

A 5-year Retrospective Analysis of Referral Patterns and Associated Factors among patients on a Consultation-Liaison Psychiatry Service at a General Hospital in Kingston, Jamaica

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¹Spanish Town Health Department, ²The University of the West Indies, Mona, Jamaica

Objectives: To determine the patterns of referrals and associated patient related factors of persons seen on a Consultation-Liaison Psychiatry (CLP) Service in a General Hospital in Kingston, Jamaica.

Methods: Archival review of records for patients referred to the CLP Service between January 1st, 2015 and December 31st, 2019 including demographics, referral time, referring specialty, reasons for referral, initial assessment, and final psychiatric diagnosis.

Results: There was an overall referral rate of 1.08%, with 46% male and 54% female; mean age of 45.55 years. 47.5% of referrals were by Medicine, and 41.5% from Surgery. 49.4% were referred for the evaluation of a psychiatric diagnosis, with 37.9% assessed as Depressive Disorders and 29.7% as Psychotic Disorders ($p=0.01$). Women more likely to be diagnosed by the CLP team with depressive disorders ($p=0.01$). In general, more men were referred to the CLP service compared with previous years; however, no single statistically significant factor was associated with their referral. There was a 61.1% accuracy overall for medical services and final psychiatric diagnosis with 77.3% for Depressive Disorders. No association was found between time from admission to referral, and a final psychiatric diagnosis.

Conclusions: The CLP service is generally underutilised. More women than men being referred; depressive disorders were the most common condition seen and represents a significant disease burden when under-recognised, in addition to an increased cost of care when untreated. Overall improvement needed for recognition of psychiatric conditions and increased screening.



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