

WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL SURVEILLANCE UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Weekly Spotlight

Earthquakes



Earthquakes can strike suddenly and without warning. An earthquake is a violent and abrupt shaking of the ground, caused by movement between tectonic plates along a fault line in the earth's crust. Earthquakes can result in the ground shaking, soil liquefaction, landslides, fissures, avalanches, fires and tsunamis. The extent of destruction and harm caused by an earthquake depends on:

- magnitude
- intensity and duration
- the local geology
- the time of day that it occurs
- building and industrial plant design and materials
- the risk-management measures put in place.

Between 1998-2017, earthquakes caused nearly 750 000 deaths globally, more than half of all deaths related to natural disasters. More than 125 million people were affected by earthquakes during this time period, meaning they were injured, made homeless, displaced or evacuated during the emergency phase of the disaster. Health threats due to earthquakes can vary according the magnitude of the earthquake, the nature of the built environment (such as poor housing or urban slums), and the secondary effects of the earthquake, like tsunamis or landslides.

Earthquakes can have immediate and long-term impacts on health.

Immediate health impacts include:

- trauma-related deaths and injuries from building collapse;
- trauma-related deaths and injuries from the secondary effects of the earthquake, like drowning from tsunamis or burns from fires.

Medium-term health impacts include:

- secondary infection of untreated wounds;
- increased morbidity and risk of complications related to pregnancy and childbirth due to interrupted obstetric and neonatal services;
- potential risk of communicable diseases, particularly in areas affected by overcrowding;
- increased morbidity and risk of complications of chronic diseases due to interruption of treatment;
- increased psychosocial needs;
- potential environmental contamination by chemical/radiological agents following destruction of industrial infrastructure.

Earthquakes can also damage health facilities and transportation, which can disrupt service delivery and access to care. Health workers may not be able to reach health facilities that are still functional and medical supplies may be lost.

Taken from WHO website on 22/January/2024
https://www.who.int/health-topics/earthquakes#tab=tab_1
https://www.who.int/health-topics/earthquakes#tab=tab_2

EPI WEEK 2



Syndromic Surveillance

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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 – 51 of 2024 to 2 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												
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
2	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

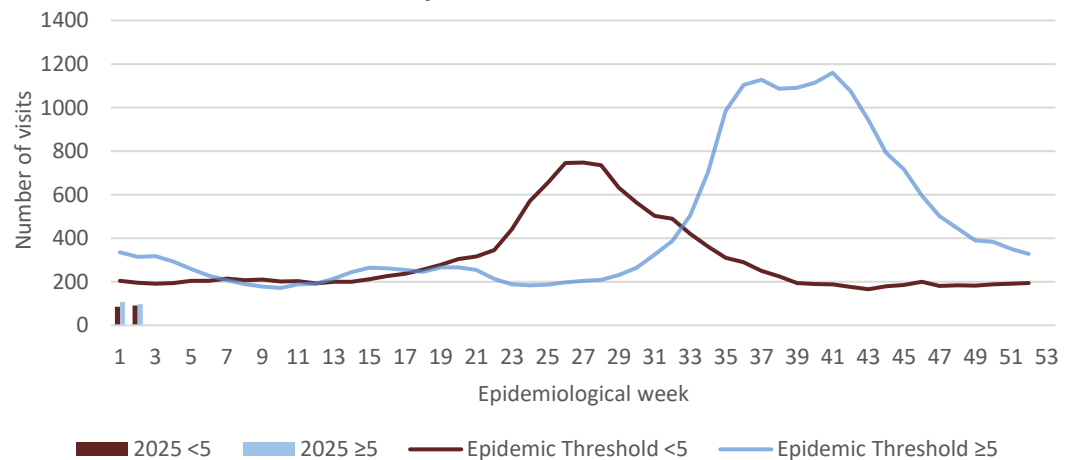
REPORTS FOR SYNDROMIC SURVEILLANCE

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



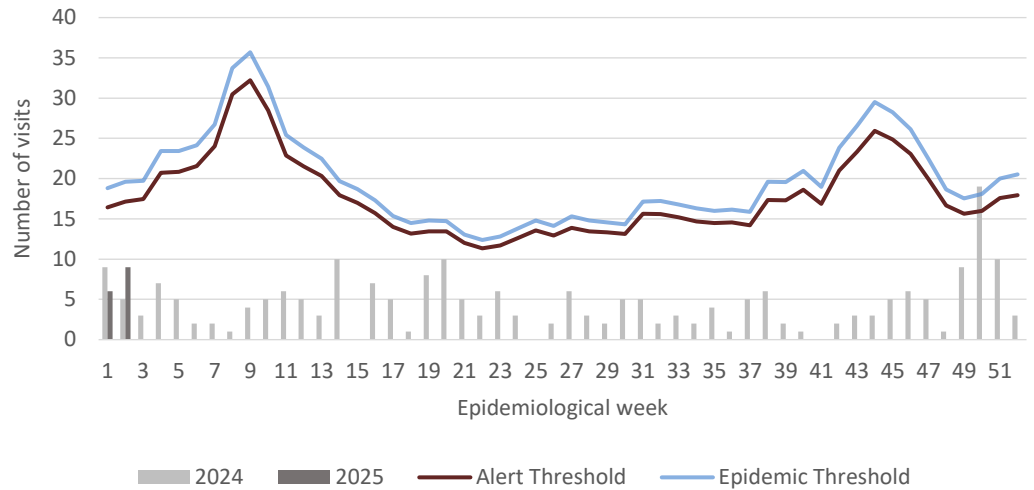
SENTINEL REPORT- 78 sites. Automatic reporting

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

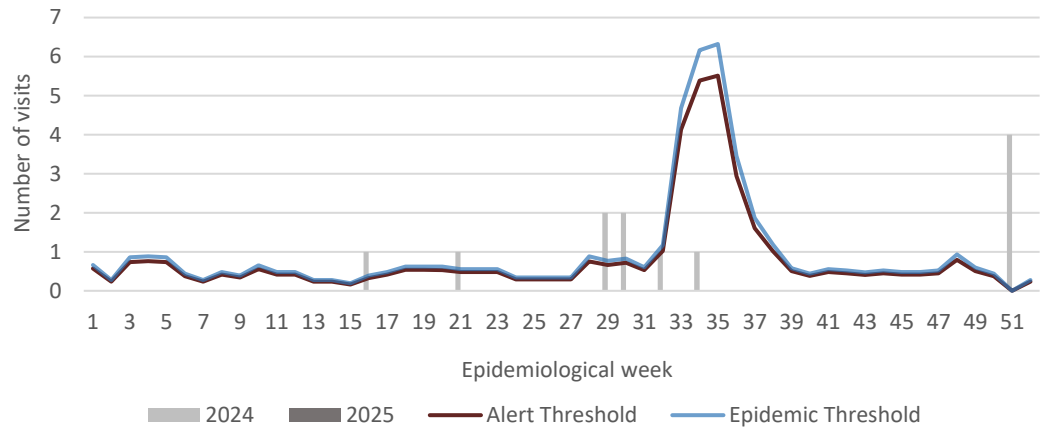


FEVER AND HAEMORRHAGIC

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



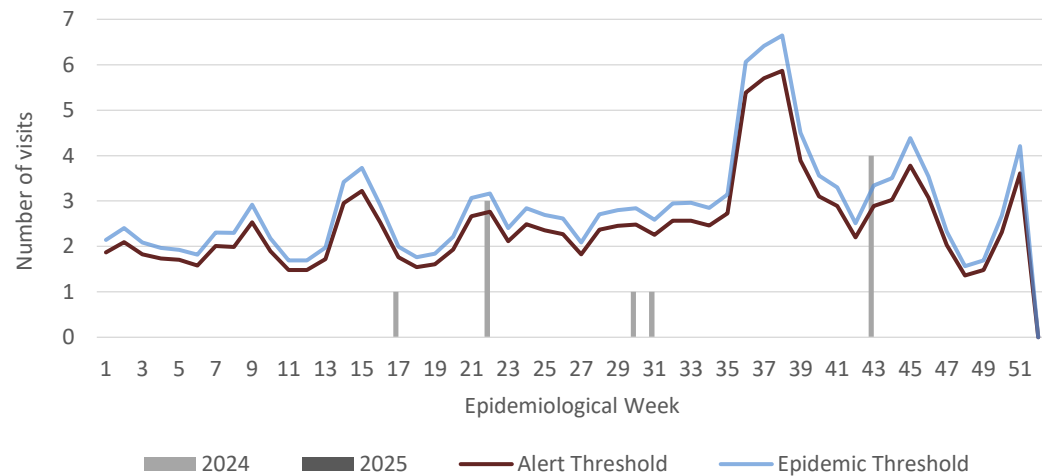
FEVER AND JAUNDICE

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

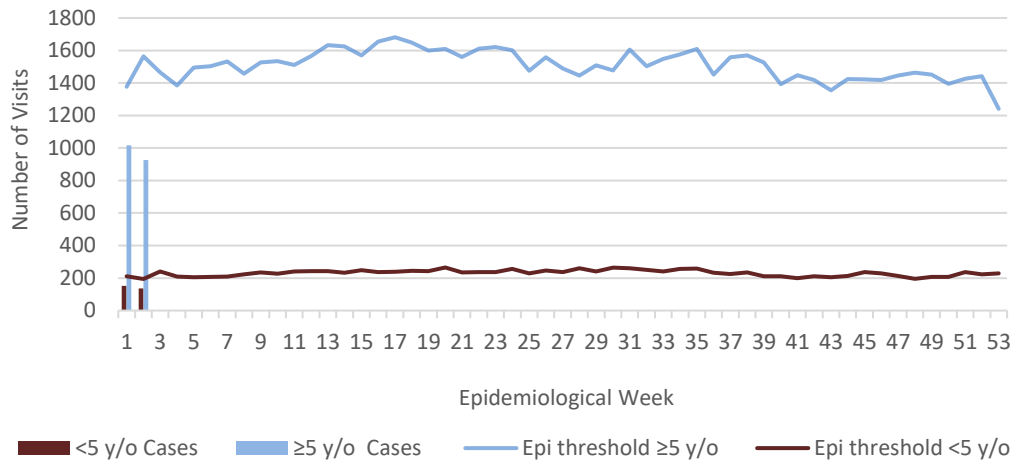


ACCIDENTS

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

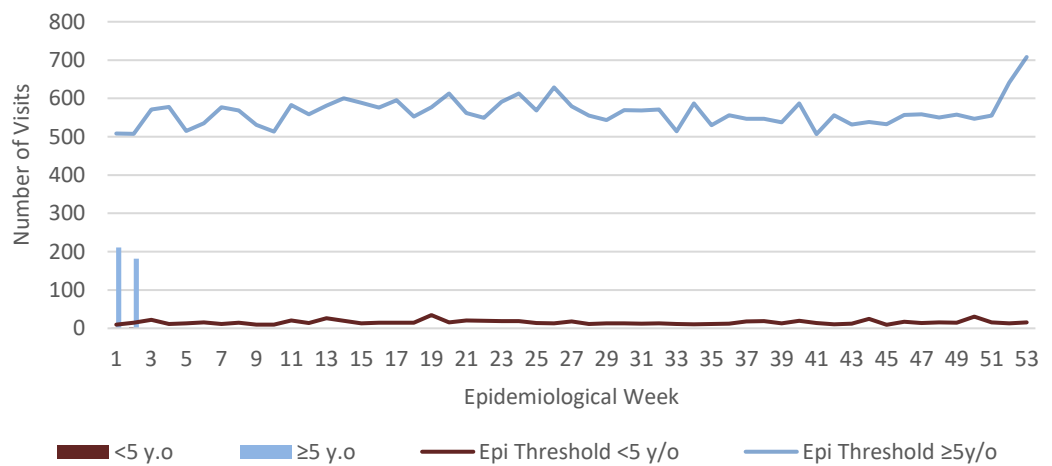


VIOLENCE

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

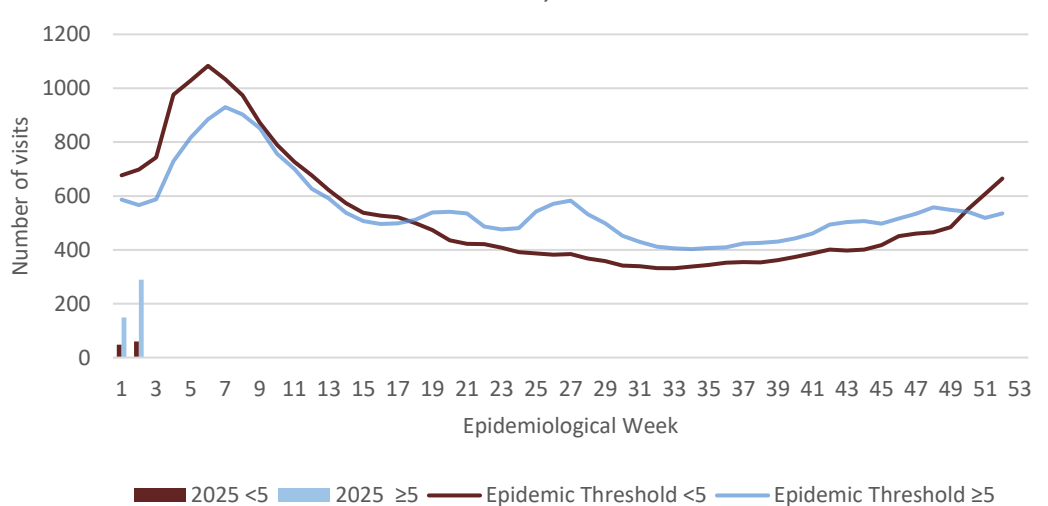


GASTROENTERITIS

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

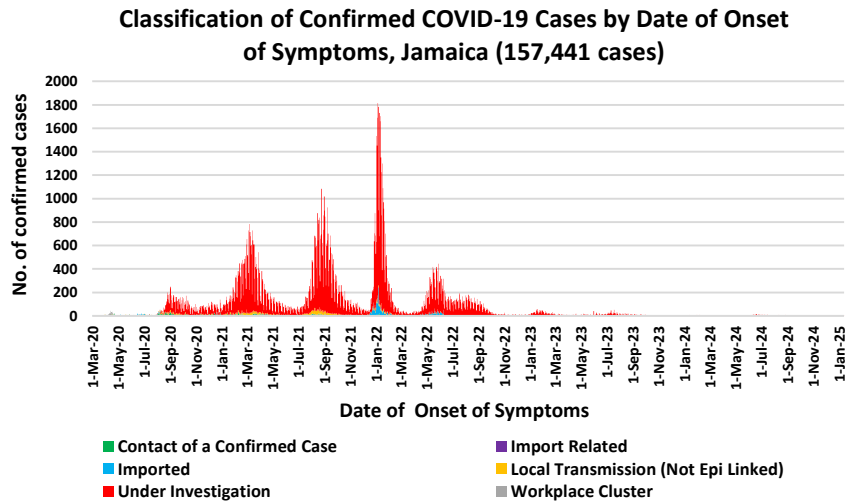
CLASS ONE NOTIFIABLE EVENTS				Comments	
	CLASS 1 EVENTS	Confirmed YTD ^α			
		CURRENT YEAR 2025	PREVIOUS YEAR 2024		
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning	1 ^β	10 ^β	AFP Field Guides from WHO indicate that for an effective surveillance system, detection rates for AFP should be 1/100,000 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)	4	29		
	Hansen’s Disease (Leprosy)	0	0		
	Hepatitis B	0	4		
	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	3	4		
	Ophthalmia Neonatorum	0	9		
	Pertussis-like syndrome	0	0		
	Rheumatic Fever	0	0		
	Tetanus	0	0		
	Tuberculosis	0	2		
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 2	Total
Confirmed	1	157441
Females	0	90715
Males	1	66723
Age Range	71 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.

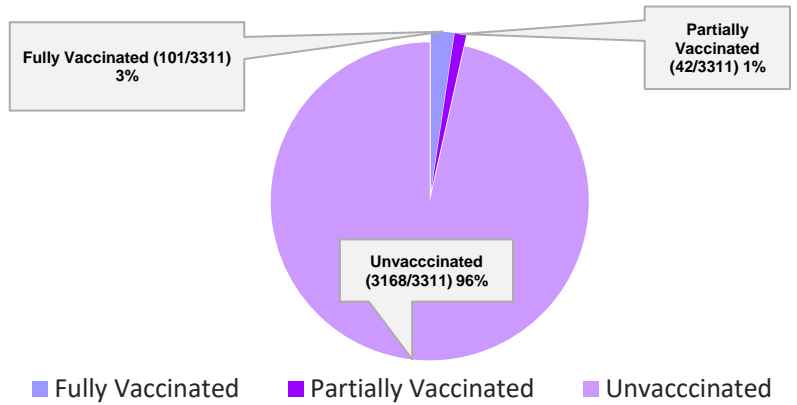


COVID-19 Outcomes

Outcomes	EW 2	Total
ACTIVE *2 weeks*		3
DIED – COVID Related	0	3875
Died - NON COVID	0	394
Died - Under Investigation	0	143
Recovered and discharged	0	103226
Repatriated	0	93
Total		157441

*Vaccination programme March 2021 – YTD
 * Total as at current Epi week

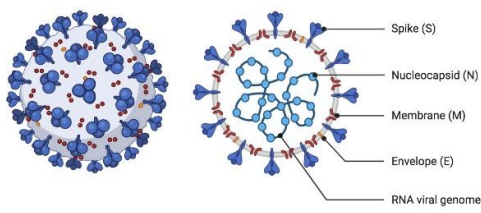
3311 COVID-19 Related Deaths since March 1, 2021 – YTD Vaccination Status among COVID-19 Deaths



COVID-19 Parish Distribution and Global Statistics

COVID-19 Virus Structure

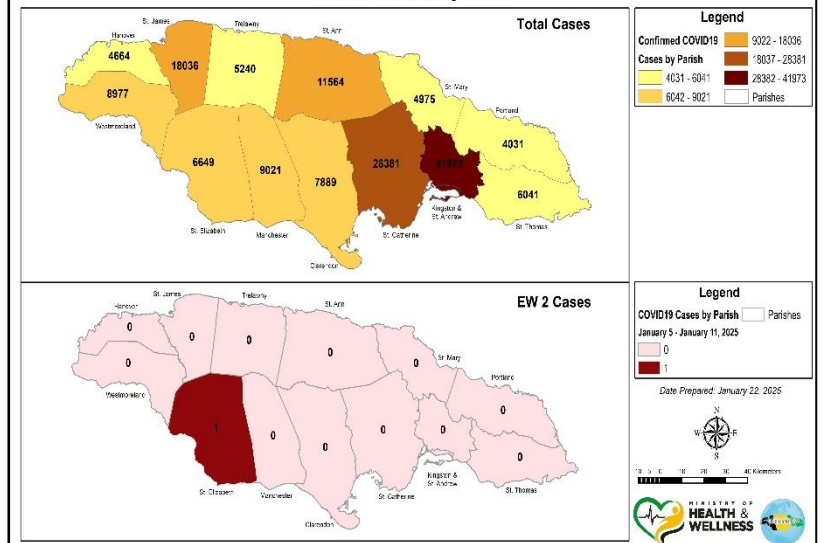
SARS-CoV-2



COVID-19 WHO Global Statistics EW 51, 2024 - 2, 2025

Epi Week	Confirmed Cases	Deaths
51	53700	705
52	47200	743
1	35000	697
2	25300	790
Total (4weeks)	161200	2935

COVID19 Cases by Parish



6 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

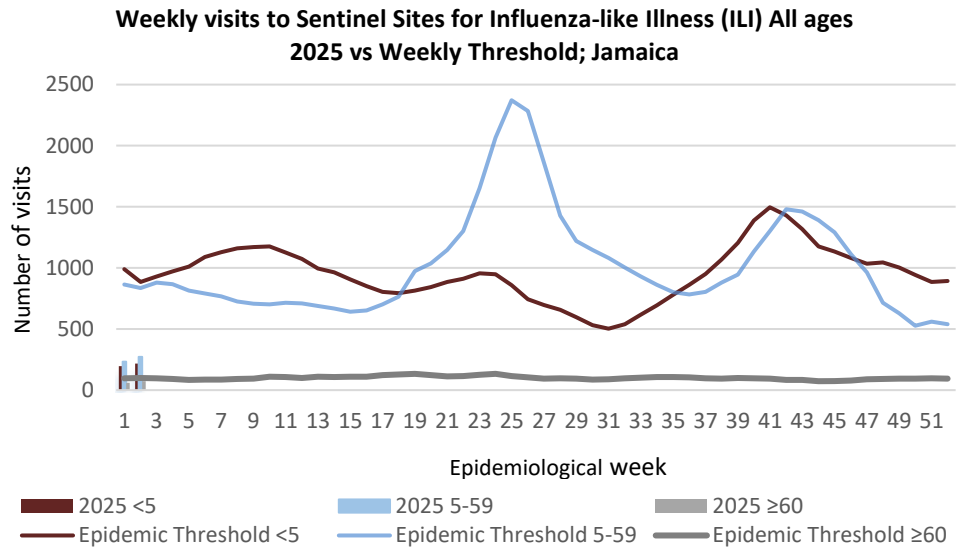


NATIONAL SURVEILLANCE UNIT INFLUENZA REPORT

EW 2

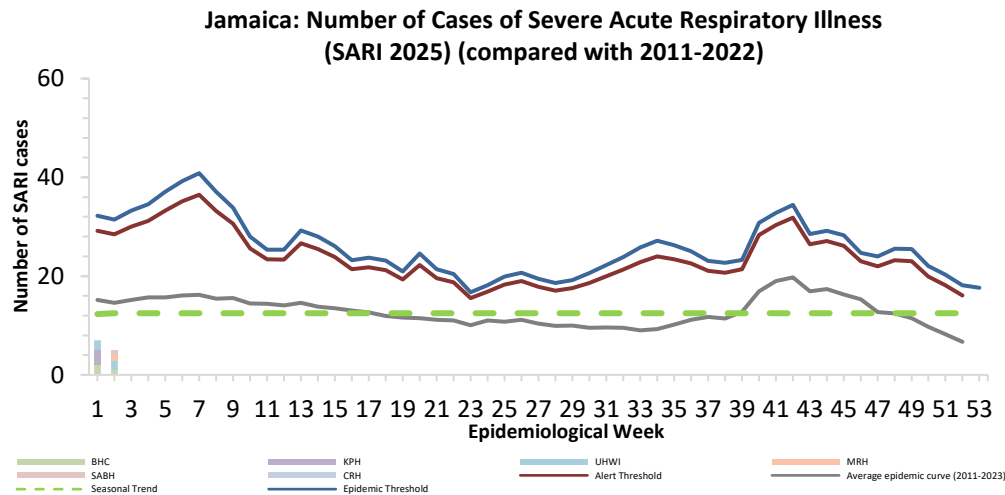
January 5, 2025 – January 11, 2025 Epidemiological Week 2

	EW 2	YTD
SARI cases	5	12
Total Influenza positive Samples	8	23
Influenza A	7	22
H3N2	4	6
H1N1pdm09	3	16
Not subtyped	0	0
Influenza B	1	1
B lineage not determined	0	0
B Victoria	1	1
Parainfluenza	0	0
Adenovirus	0	0
RSV	2	5



Epi Week Summary

During EW 2, five (5) SARI admissions were reported.

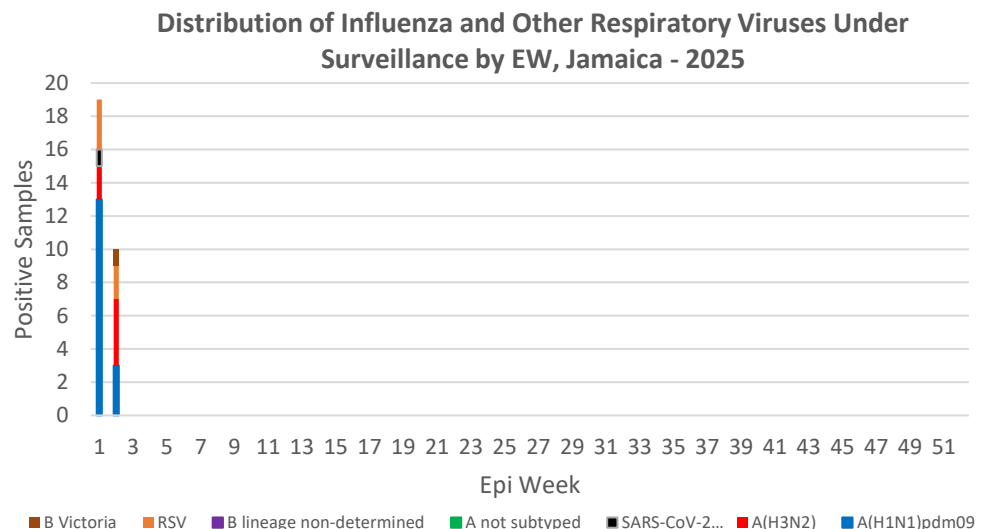


Caribbean Update EW 2

Caribbean: ILI and SARI cases remain at low levels. Influenza activity has increase with circulation observed in sereral countries in he subregion, predominantly A(H1N1)pdm09. RSV activity has been declining over the past four EWs. Meanwhile, SARS-CoV-2 activity remains low.

By country: In the last four EWs, influenza activity has been reported in Belize, Jamaica, Saint Lucia, Barbados, the Cayman Islands, Guyana and Saint Vincent and the Grenadines. RSV activity has been detected in Belize, the Dominican Republic and Suriname. Additionally, SARS-CoV-2 activity has been detected in Haiti during the last four EWs

(taken 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



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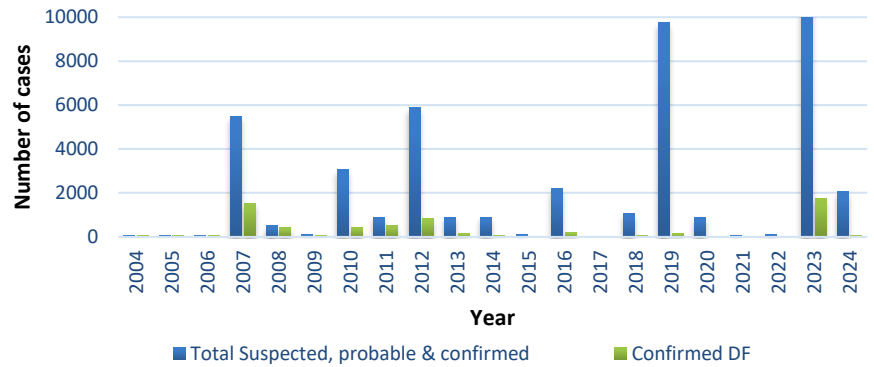
Dengue Bulletin

January 5, 2024 – January 11, 2025 Epidemiological Week 2


Epidemiological Week 2

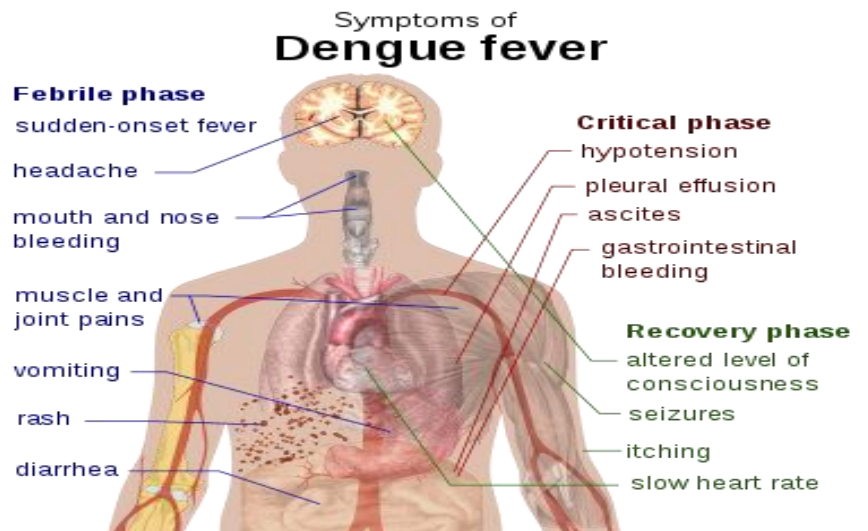


Dengue Cases by Year: 2004-2024, Jamaica



Reported suspected, probable and confirmed dengue with symptom onset in week 2 of 2025

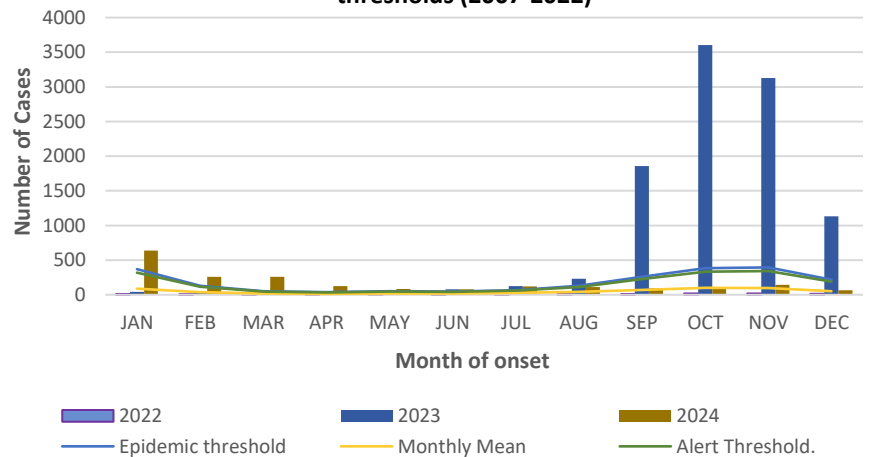
	2025*	
	EW 2	YTD
 Total Suspected, Probable & Confirmed Dengue Cases	0	0
Lab Confirmed Dengue cases	0	0
CONFIRMED Dengue Related Deaths	0	0



Points to note:

- Dengue deaths are reported based on date of death.
- *Figure as at January 23, 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

HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued

SENTINEL REPORT- 78 sites. Automatic reporting

RESEARCH PAPER

Abstract

NHRC-23-P13

Enablers and barriers of public healthcare access for people with serious mental illness and chronic physical illnesses in Jamaica

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Objective: This study explored the enablers and barriers to public healthcare access for people with serious mental illnesses (PWSMI) and chronic physical illnesses (CPI) from the viewpoint of health professionals as well as service users and their caregivers in Jamaica.

Methods: This was a qualitative study, which utilised a constructivist, grounded theory approach to gather and analyse data. Fifty-seven participants were engaged in the study including, health policymakers, primary care physicians, psychiatrists, mental health nurses, PWSMI & CPI, and their caregivers.

Results: Enablers and barriers to healthcare access were present based across a socio-ecological model consisting of five levels, namely the wider society, health system, clinician, family and community, and individual levels. The presence of a free public healthcare system was the most prominent enabler of healthcare access for PWSMI & CPI, while, poverty, stigma, and discrimination were the most pronounced barriers. Factors such as time; clinician beliefs, attitudes and training; social support, and individual characteristics were identified as both enablers and barriers to healthcare access.

Conclusion: The findings of the study revealed that the factors that shape healthcare access for PWSMI & CPI in Jamaica were largely socially based. An improvement in healthcare access for PWSMI & CPI necessitates strategies that incorporate a multi-sectoral approach to address social and environmental factors that bar healthcare access across all levels of the socio-ecological model.



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9 NOTIFICATIONS-
All clinical
sites



INVESTIGATION
REPORTS- Detailed Follow
up for all Class One Events



HOSPITAL
ACTIVE
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30 sites. Actively
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