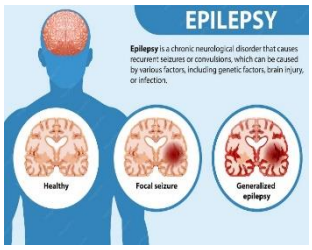
WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL SURVEILLANCE UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Weekly Spotlight

Epilepsy



Causes: Epilepsy is not contagious. Although many underlying disease mechanisms can lead to epilepsy, the cause of the disease is still unknown in about 50% of cases globally. The causes of epilepsy are divided into the following categories: structural, genetic, infectious, metabolic, immune and unknown. Examples include:

- brain damage from prenatal or perinatal causes (e.g. a loss of oxygen or trauma during birth, low birth weight);
- congenital abnormalities or genetic conditions with associated brain malformations;
- a severe head injury;
- a stroke that restricts the amount of oxygen to the brain;
- an infection of the brain such as meningitis, encephalitis or neurocysticercosis,
- certain genetic syndromes; and
- a brain tumour.

Signs and symptoms: Characteristics of seizures vary and depend on where in the brain the disturbance first starts, and how far it spreads. Temporary symptoms occur, such as loss of awareness or consciousness, and disturbances of movement, sensation (including vision, hearing and taste), mood, or other cognitive functions. People with epilepsy tend to have more physical problems (such as fractures and bruising from injuries related to seizures), as well as higher rates of psychological conditions, including anxiety and depression. Similarly, the risk of premature death in people with epilepsy is up to three times higher than in the general population, with the highest rates of premature mortality found in low- and middle-income countries and in rural areas. A great proportion of the causes of death related to epilepsy, especially in low- and middle-income countries, are potentially preventable, such as falls, drowning, burns and prolonged seizures.

Treatment: Seizures can be controlled. Up to 70% of people living with epilepsy could become seizure free with appropriate use of antiseizure medicines. Discontinuing antiseizure medicine can be considered after 2 years without seizures and should take into account relevant clinical, social and personal factors. A documented etiology of the seizure and an abnormal electroencephalography (EEG) pattern are the two most consistent predictors of seizure recurrence.

- In low-income countries, about three quarters of people with epilepsy may not receive the treatment they need. This is called the "treatment gap".
- In many low- and middle-income countries, there is low availability of antiseizure medicines. A recent study found the average availability of generic antiseizure medicines in the public sector of low- and middle-income countries to be less than 50%. This may act as a barrier to accessing treatment.
- It is possible to diagnose and treat most people with epilepsy at the primary health-care level without the use of sophisticated equipment.
- WHO pilot projects have indicated that training primary health-care providers to diagnose and treat epilepsy can effectively reduce the epilepsy treatment gap.
- Surgery might be beneficial to patients who respond poorly to drug treatments

Article:.https://www.who.int/news-room/fact-sheets/detail/epilepsy
Image:.https://www.magnific.com/free-vector/informative-poster-epilepsy_39988458.htm

EPI WEEK 29



Syndromic Surveillance

Accidents

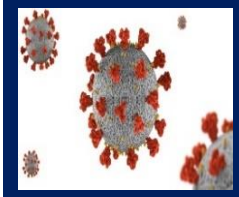
Violence

Pages 2-4



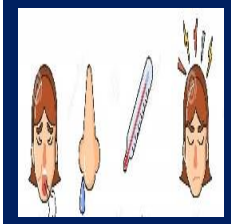
Class 1 Notifiable Events

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.

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

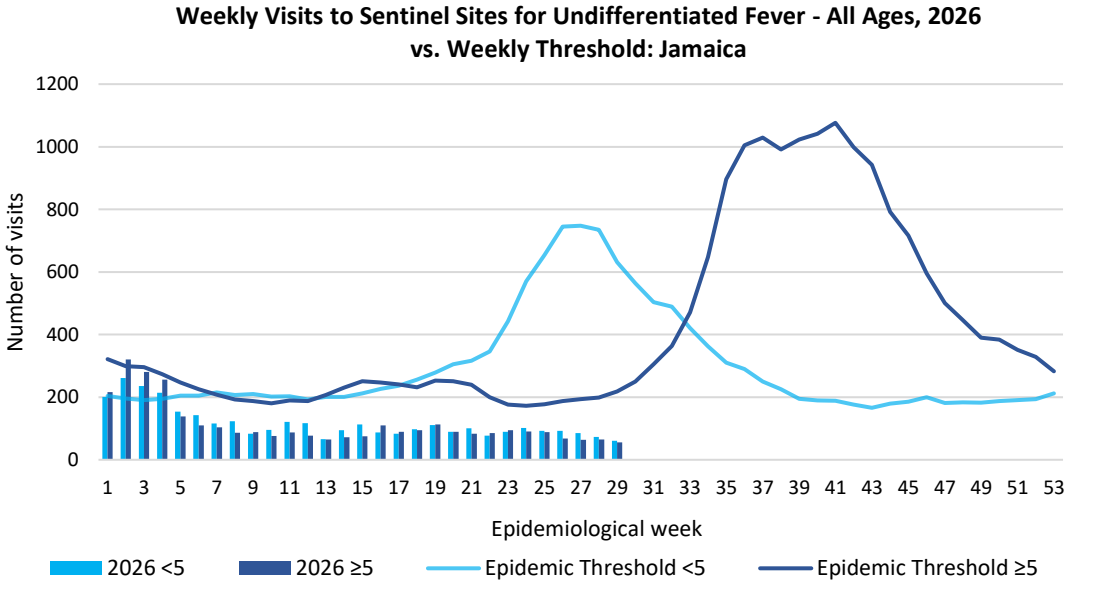
KEY:
Yellow- late submission on Tuesday
Red – late submission after Tuesday
White- No reports received

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													
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
28	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
29	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	On Time	Late (T)	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.



NOTIFICATIONS- All clinical sites

INVESTIGATION REPORTS- Detailed Follow up for all Class One Events

HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued

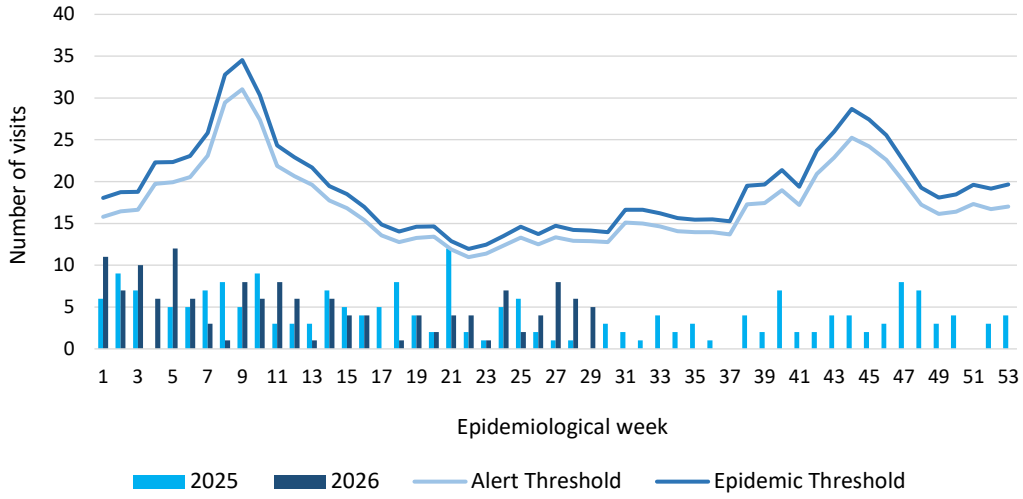
SENTINEL REPORT- 78 sites. Automatic reporting

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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).

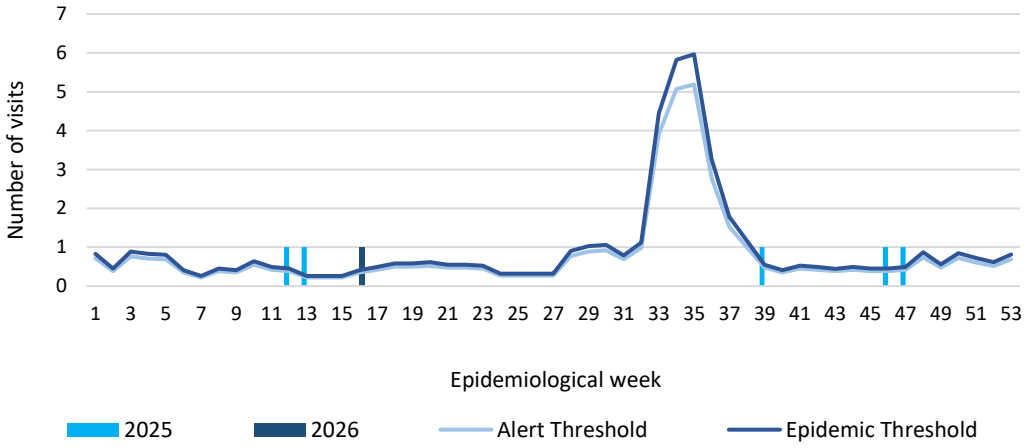
Weekly Visits to Sentinel Sites for Fever and Neurological Symptoms - 2025 and 2026 vs. Weekly Threshold: Jamaica



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.

Weekly visits to Sentinel Sites for Fever and Haemorrhagic Symptoms - 2025 and 2026 vs Weekly Threshold: Jamaica

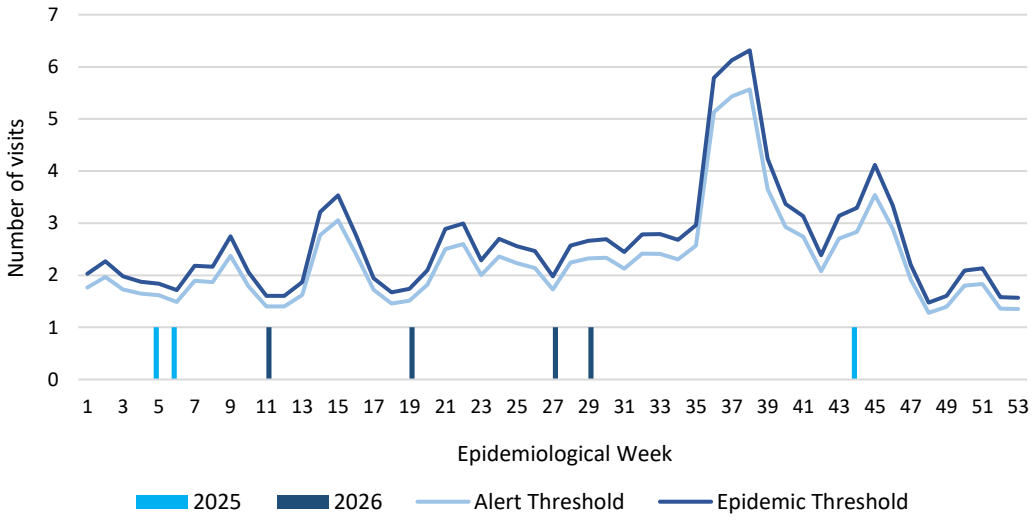


FEVER AND JAUNDICE

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.

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

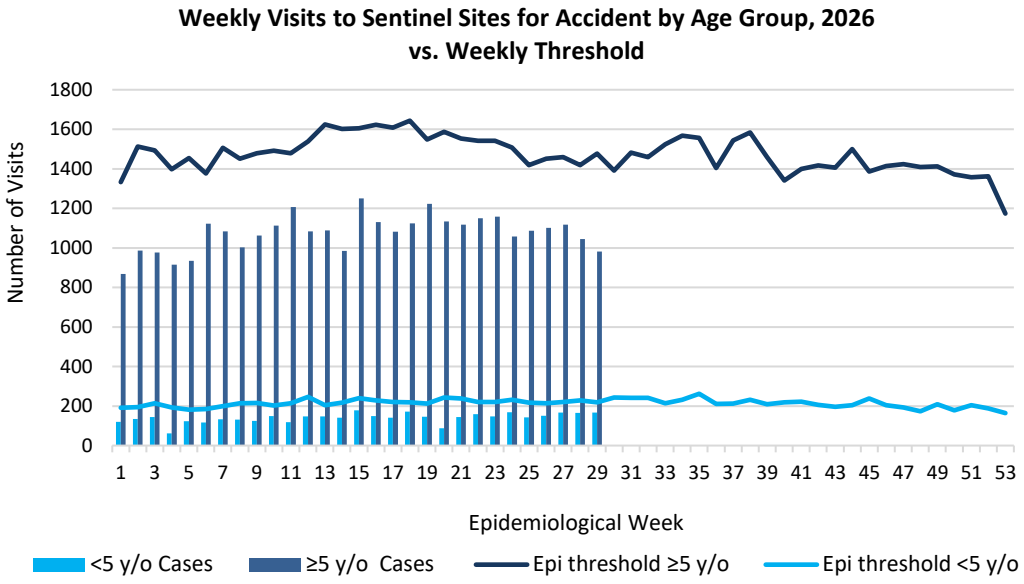
HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued

SENTINEL REPORT- 78 sites. Automatic reporting

ISSN 0799-3927

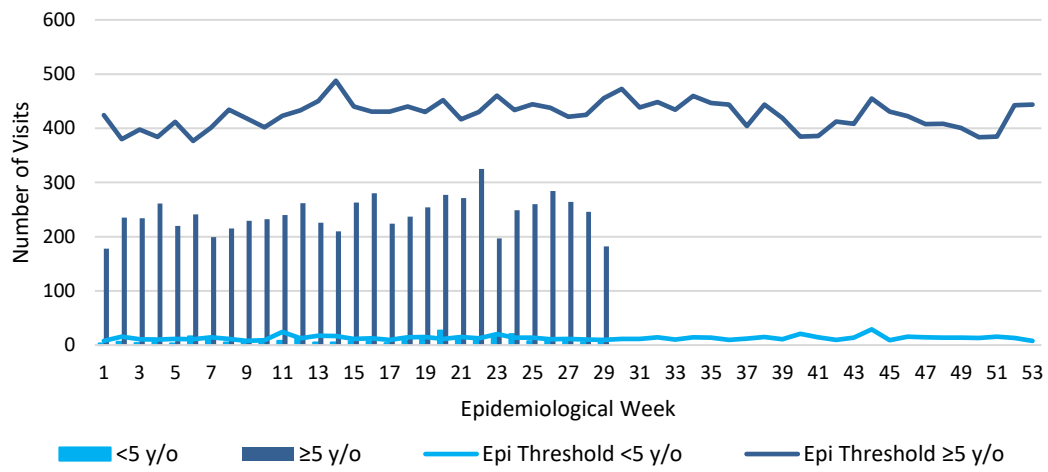
ACCIDENTS

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



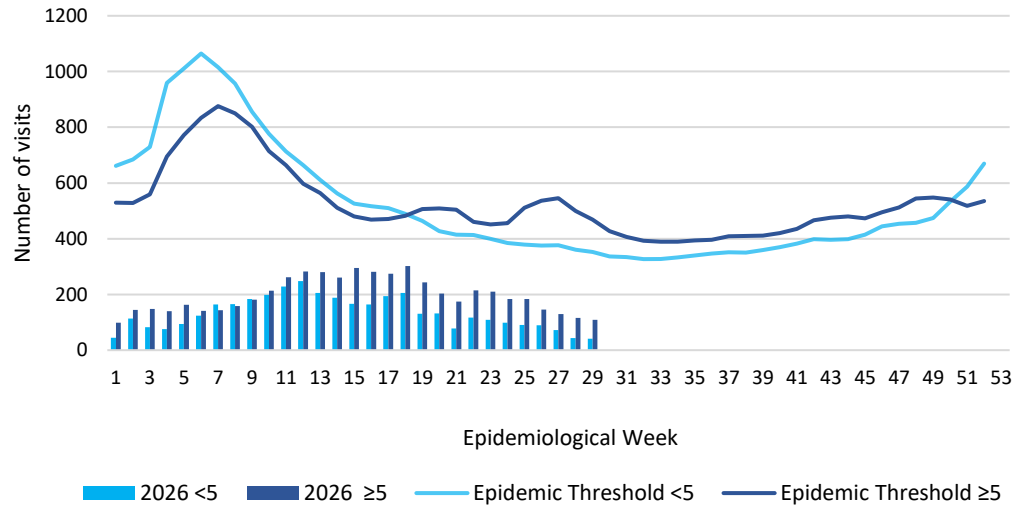
VIOLENCE

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.



NOTIFICATIONS- All clinical sites

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HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued

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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		50[β]	124[β]
	Cholera		0	0
	Severe Dengue[Y]		See Dengue page below	See Dengue page below
	COVID-19 (SARS-CoV-2)		26	256
	Hansen's Disease (Leprosy)		0	0
	Hepatitis B		7	8
	Hepatitis C		0	2
	HIV/AIDS		NA	NA
	Malaria (Imported)		0	0
	Meningitis		4	11
	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
		Rubella	0	0
	Maternal Deaths (notified pregnanacy related deaths)[δ]		29	35
	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

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

INVESTIGATION REPORTS- Detailed Follow up for all Class One Events

HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued

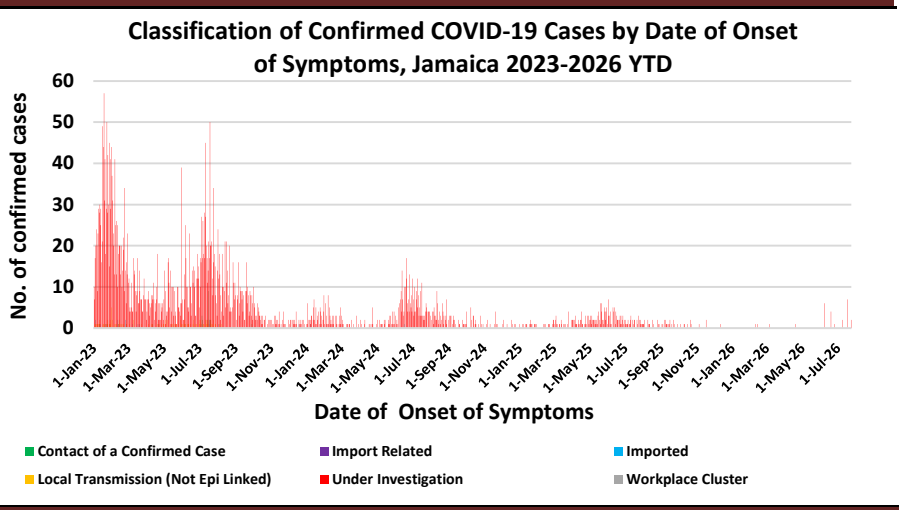
SENTINEL REPORT- 78 sites. Automatic reporting

ISSN 0799-3927

COVID-19 SURVEILLANCE

CASES	EW 29	Total
Confirmed	2	157,776
Females	1	90,895
Males	1	66,878
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.

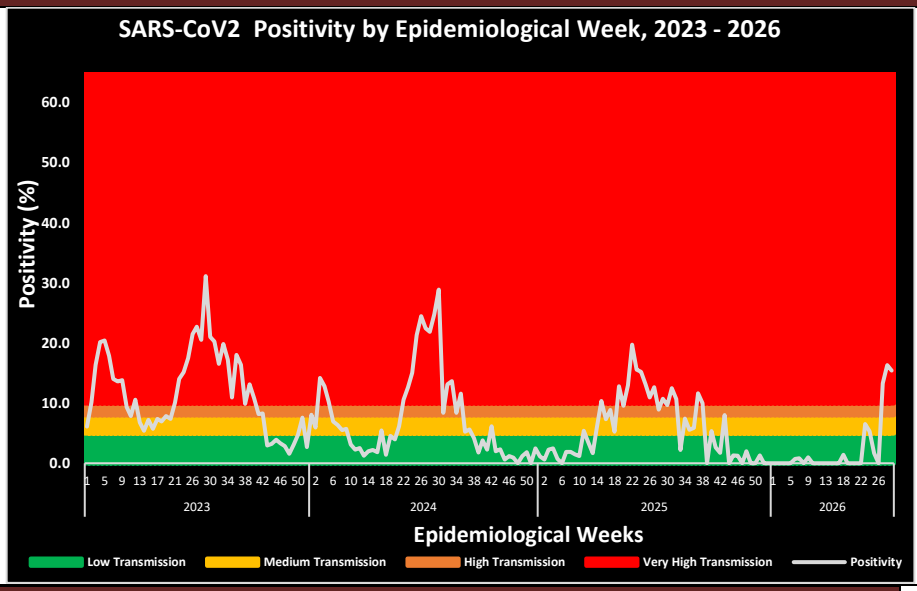


COVID-19 Outcomes

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

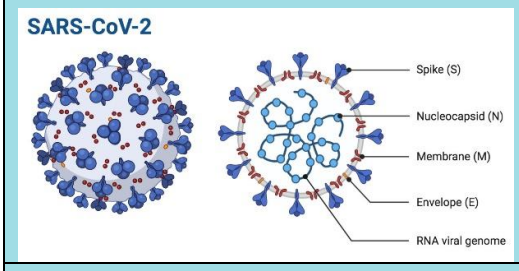
COVID-19	Year					
	2022	2023	2024	2025	2026	Total (2020-2026)
Cases	55,721	3,842	705	315	26	157,776
Deaths	621	116	24	13	0	3,921

- **Current positivity rate: 15.4%**
- **Positivity = (positive samples/total samples tested)**
- **High transmission for infection**



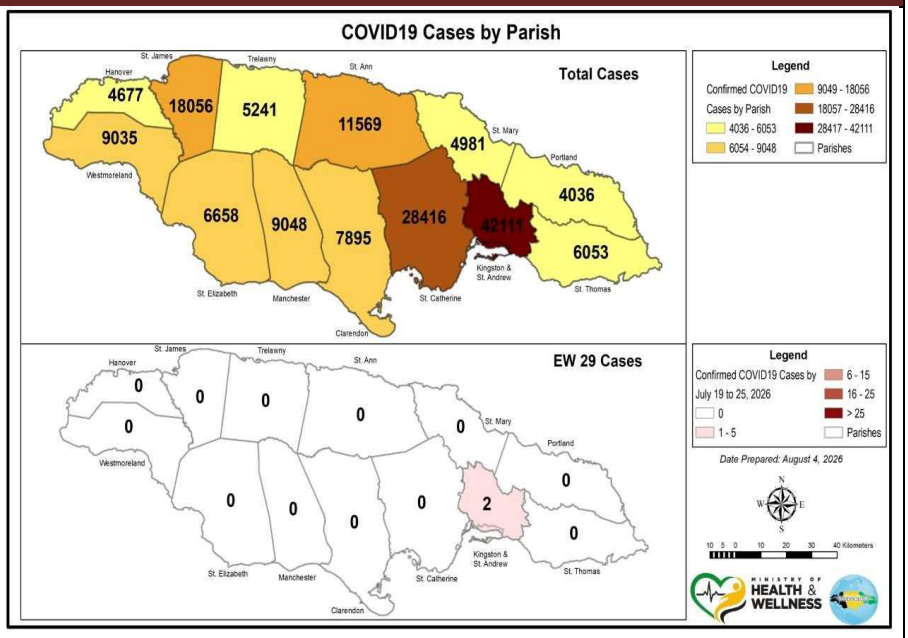
COVID-19 Parish Distribution and Global Statistics

COVID-19 Virus Structure



COVID-19 WHO Global Statistics Epi Week 26-29, 2026

Epi Week	Confirmed Cases	Deaths
26	4900	33
27	5700	42
28	7300	38
29	Not available	Not available
Total (4weeks)		



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

August 7, 2026 ISSN 0799-3927

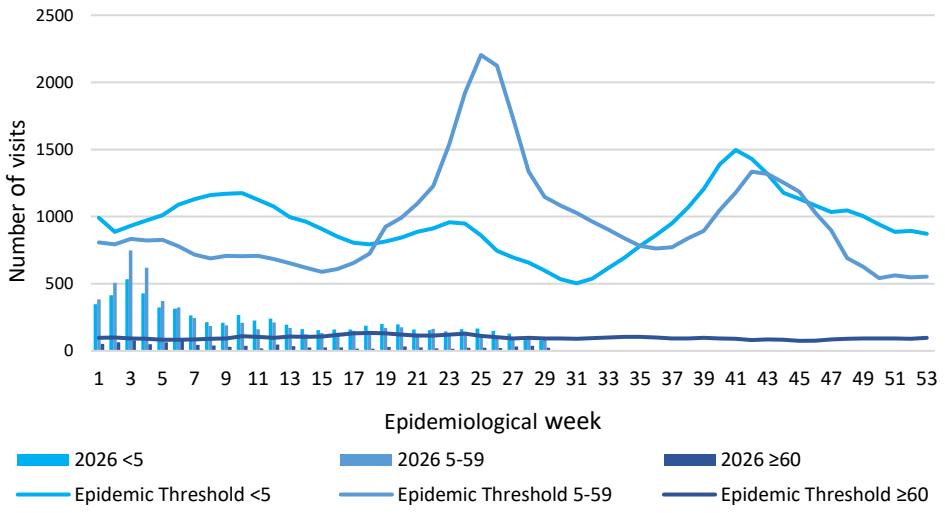
INFLUENZA SURVEILLANCE

EW 29

July 19, 2026 – July 25, 2026 Epidemiological Week 29

	EW 29	*YTD*
SARI cases	2	404
Total Influenza positive Samples	**0**	**269**
Influenza A	**0**	**234**
H1N1pdm09	0	21
H3N2	0	213
Not subtyped	0	0
Influenza B	**0**	**34**
B lineage not determined	0	1
B Victoria	0	34
Parainfluenza	0	0
Adenovirus	0	0
RSV	0	53

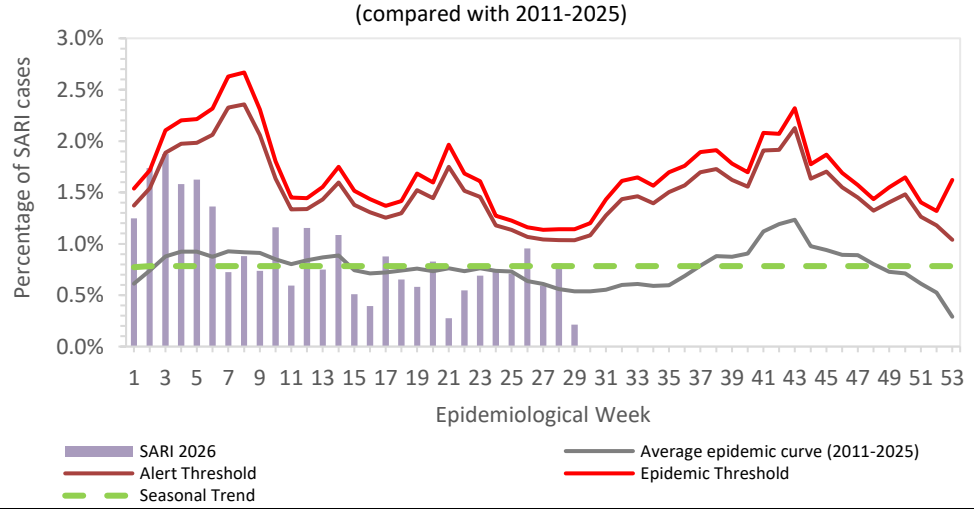
Weekly visits to Sentinel Sites for Influenza-like Illness (ILI) - All Ages, 2026 vs Weekly Threshold: Jamaica



Epi Week Summary

During Epi Week 29, two (2) SARI admissions were reported.

Jamaica: Percentage of Hospital Admissions for Severe Acute Respiratory Illness (SARI 2026) (compared with 2011-2025)



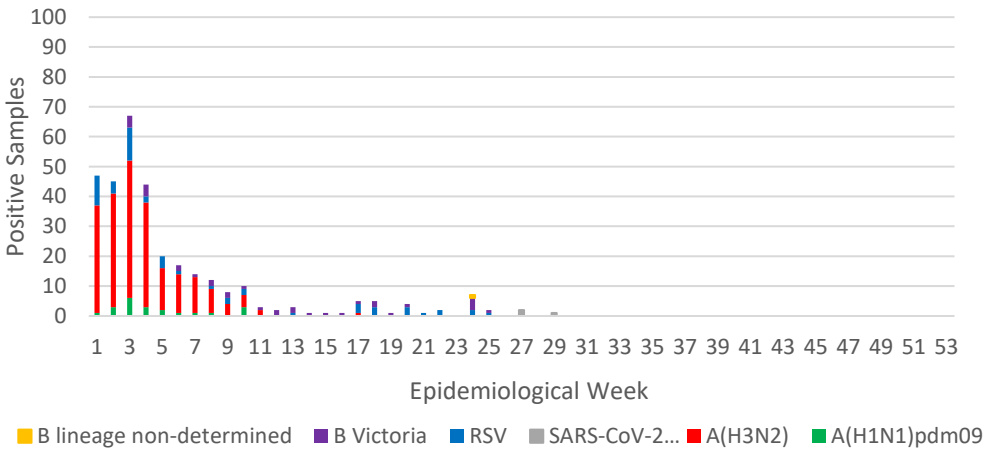
Caribbean Update Epi Week 29

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 ILl 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

Distribution of Influenza and Other Respiratory Viruses Under Surveillance by Epi Week, Jamaica - 2026



7 NOTIFICATIONS- All clinical sites

INVESTIGATION REPORTS- Detailed Follow up for all Class One Events

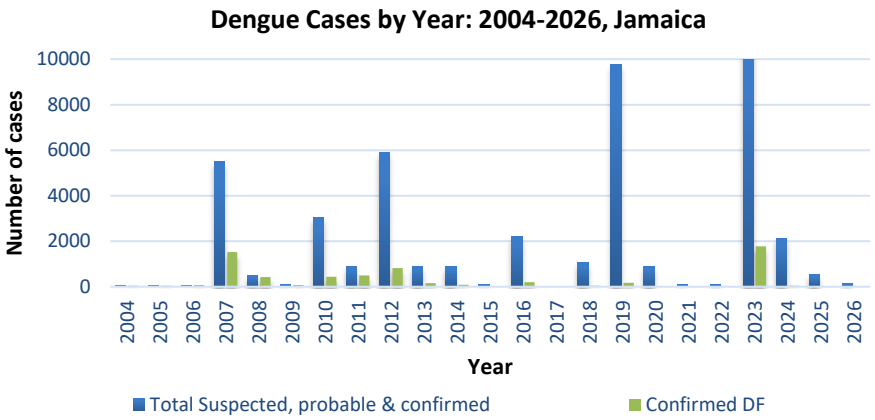
HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued

SENTINEL REPORT- 78 sites. Automatic reporting

DENGUE SURVEILLANCE

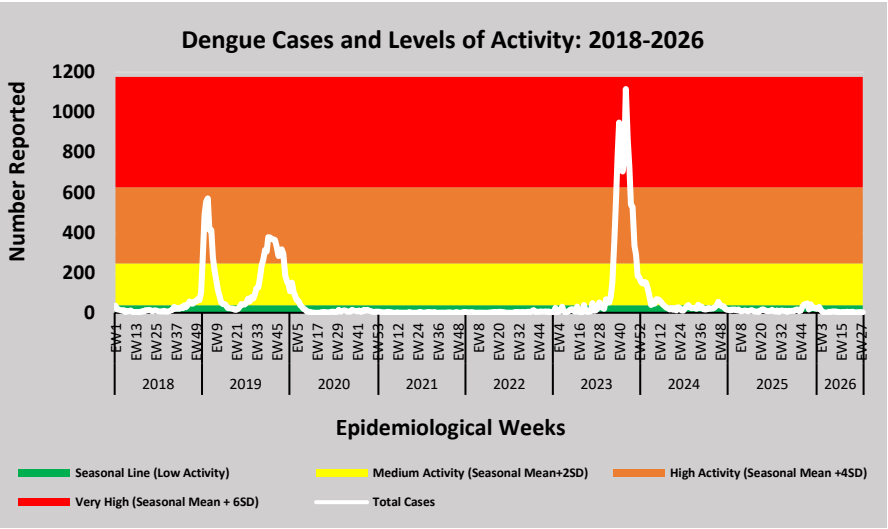
July 19, 2026 – July 25, 2026 Epidemiological Week 29 | Epidemiological Week 29





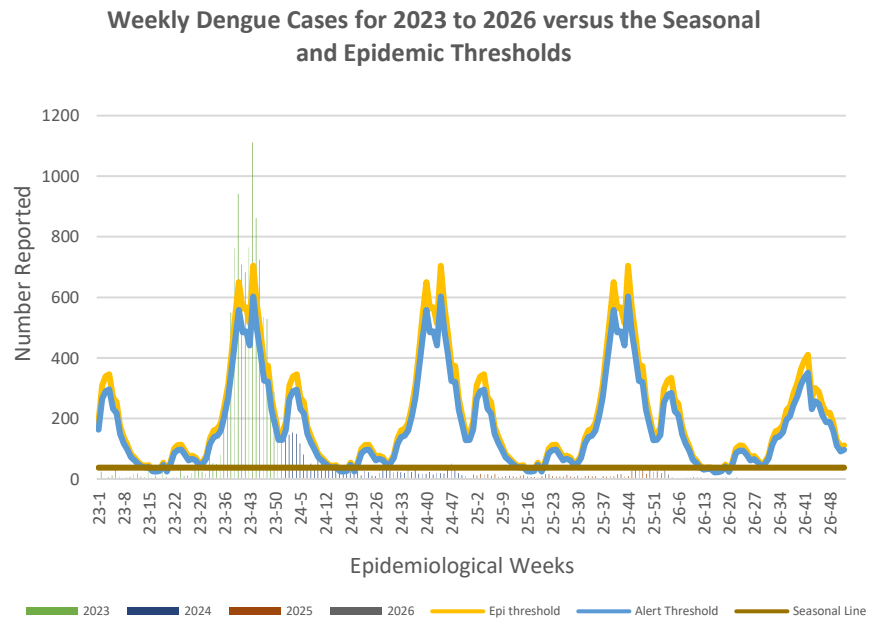
Reported suspected, probable and confirmed dengue with symptom onset in week 29 of 2026

	2026*	
	Epi Week 29	YTD
Total Suspected, Probable & Confirmed Dengue Cases	0	145
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.**



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 ABSTRACT

Abstract

NHRC-25-O

Mental Well-Being and Psychological Distress Among EMS and Fire Personnel in the Caribbean

Smith H[1], Byer D[2], Akogun O[3]

[1] Global Emergency Services Consulting Group, USA/Jamaica, [2] Barbados Ambulance Service, Barbados, [3] Department of Urban and Regional Planning, Nigeria

Objective: To assess the prevalence of psychological distress and overall well-being among Caribbean EMS and fire personnel, and to examine gender and role-based differences to inform evidence-based mental health strategies.

Methods: A cross-sectional survey was conducted using validated instruments: the Kessler Psychological Distress Scale (K10) and WHO Well-Being Index (WHO-5). Eighty-seven participants from Caribbean countries and territories completed the survey. Analyses included chi-square tests for associations between distress and well-being, independent samples t-tests for gender differences, and comparisons between frontline and non-frontline roles.

Results: Chi-square analysis revealed a significant association between psychological distress and poor well-being, $\chi^2(3, N = 84) = 34.55$, $p < .001$. Independent samples t-test demonstrated significant gender differences in distress, $t(61.30) = 2.386$, $p = .020$, with females reporting higher distress ($M = 26.15$, $SD = 10.83$) than males ($M = 21.19$, $SD = 7.52$). Notably, 67% (n = 14) of females versus 33% (n = 7) of males fell in the "likely severe disorder" category. No significant differences emerged in well-being by gender nor between frontline and non-frontline roles.

Conclusion: Psychological distress is significantly associated with poor well-being among Caribbean EMS/fire personnel. Female staff reported notably higher levels of distress compared to males, while no differences were observed between frontline and non-frontline roles. These results underscore the urgent need for tailored mental health interventions, including peer support, counseling, and resilience-building programs, to address the unique psychosocial demands within the Caribbean EMS/Fire context.

Keywords*:* EMS, Firefighters, Mental Health, Gender

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