WEEKLY EPIDEMIOLOGY BULLETIN

NATIONAL SURVEILLANCE UNIT, MINISTRY OF HEALTH & WELLNESS, JAMAICA

Weekly Spotlight

HIV and AIDS



HIV remains a major global public health issue, having claimed an estimated 44.2 million lives to date. Human immunodeficiency virus (HIV) is a virus that attacks the body's immune system. Acquired immunodeficiency syndrome (AIDS) occurs at the most advanced stage of infection.HIV targets the body's white blood cells, weakening the immune system. This makes it easier to get sick with diseases like tuberculosis, infections and some cancers.

HIV is spread from the body fluids of an infected person, including blood, breast milk, semen and vaginal fluids. It is not spread by kisses, hugs or sharing food. It can also spread from a mother to her baby.HIV can be prevented and treated with ART. Untreated HIV can progress to AIDS, often after many years.WHO now defines Advanced HIV Disease (AHD) as a CD4 cell count of less than 200 cells/mm3 or WHO stage 3 or 4 event in adults and adolescents. All children younger than 5 years of age living with HIV are considered to have advanced HIV disease, regardless of clinical or immunological status.

Signs and symptoms

The signs and symptoms of HIV vary depending on the stage of infection. HIV spreads more easily in the first few months after a person is infected, but many are unaware of their status until the later stages. In the first few weeks after being infected people may not experience symptoms. Others may have an influenza-like illness including:

- fever
- headache
- rash
- sore throat.

The infection progressively weakens the immune system. This can cause other signs and symptoms:

- swollen lymph nodes
- weight loss
- fever
- diarrhoea
- cough.

Without treatment, people living with HIV infection can also develop severe illnesses:

- tuberculosis (TB)
- cryptococcal meningitis
- severe bacterial infections
- cancers such as lymphomas and Kaposi's sarcoma.

Article:.https://www.who.int/news-room/fact-sheets/detail/hiv-aids
Image:https://antehdispensary.com/index.php/2026/06/04/fast-confidential-and-accurate-hiv-testing-in-singapore/

EPI WEEK 36



Syndromic Surveillance

Accidents

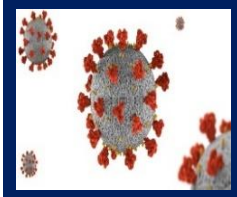
Violence

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

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.

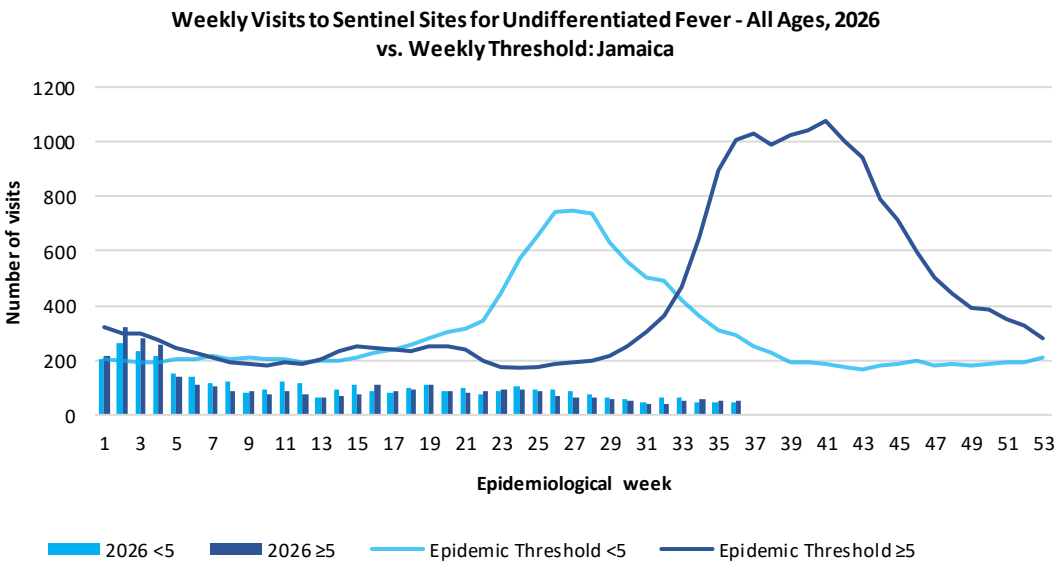
KEY:
Yellow- late submission on Tuesday
Red – late submission after Tuesday
White- No reports received

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													
33	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
34	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
35	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
36	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 $>38^0C$ $/100.4^0F$ (or recent history of fever) with or without an obvious diagnosis or focus of infection.



NOTIFICATIONS- All clinical sites

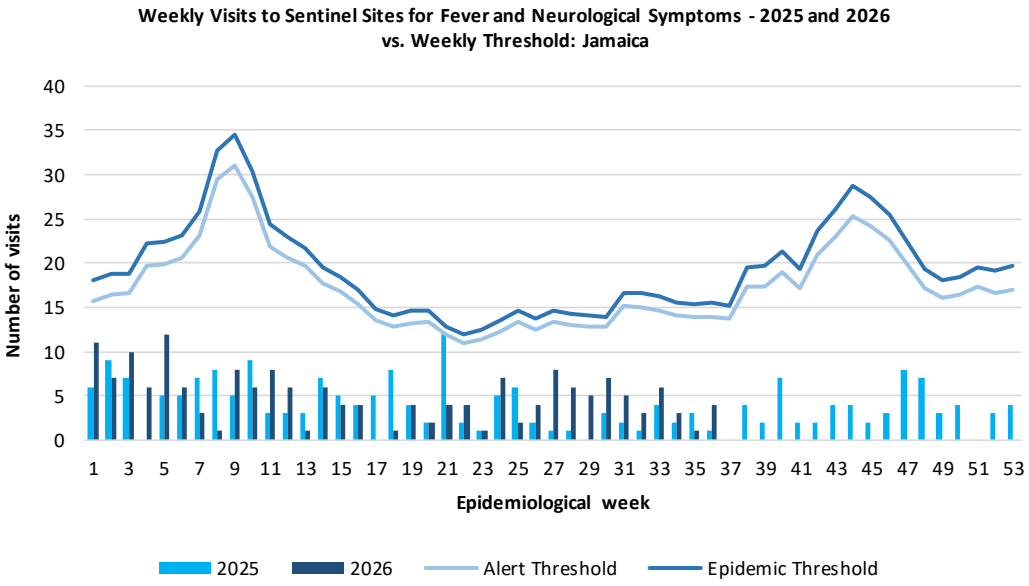
INVESTIGATION REPORTS- Detailed Follow up for all Class One Events

HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued

SENTINEL REPORT- 78 sites. Automatic reporting

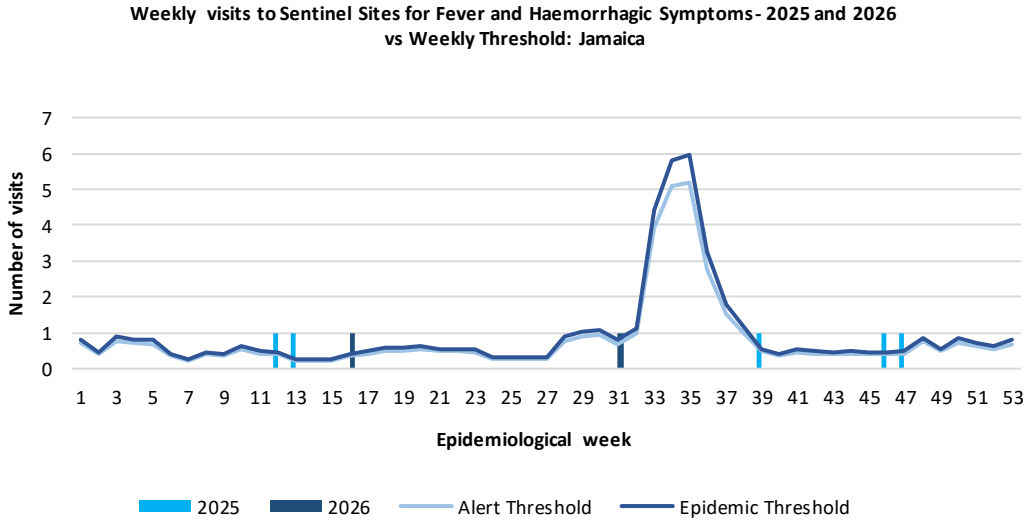
FEVER AND NEUROLOGICAL

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).



FEVER AND HAEMORRHAGIC

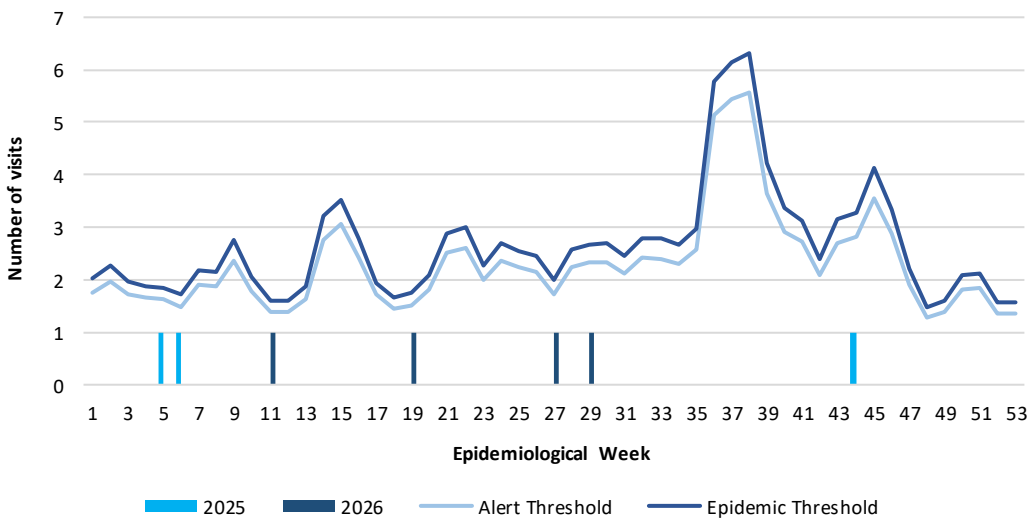
Temperature of >38^0C /100.4^0F (or recent history of fever) in a previously healthy person presenting with at least one haemorrhagic (bleeding) manifestation with or without jaundice.



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.



3 NOTIFICATIONS- All clinical sites

INVESTIGATION REPORTS- Detailed Follow up for all Class One Events

HOSPITAL ACTIVE SURVEILLANCE- 30 sites. Actively pursued

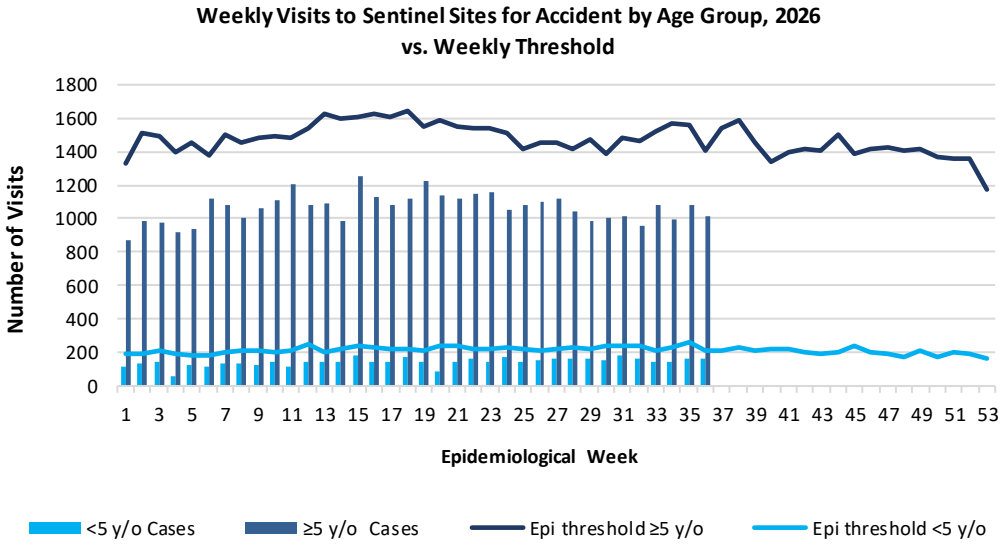
SENTINEL REPORT- 78 sites. Automatic reporting

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ACCIDENTS

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

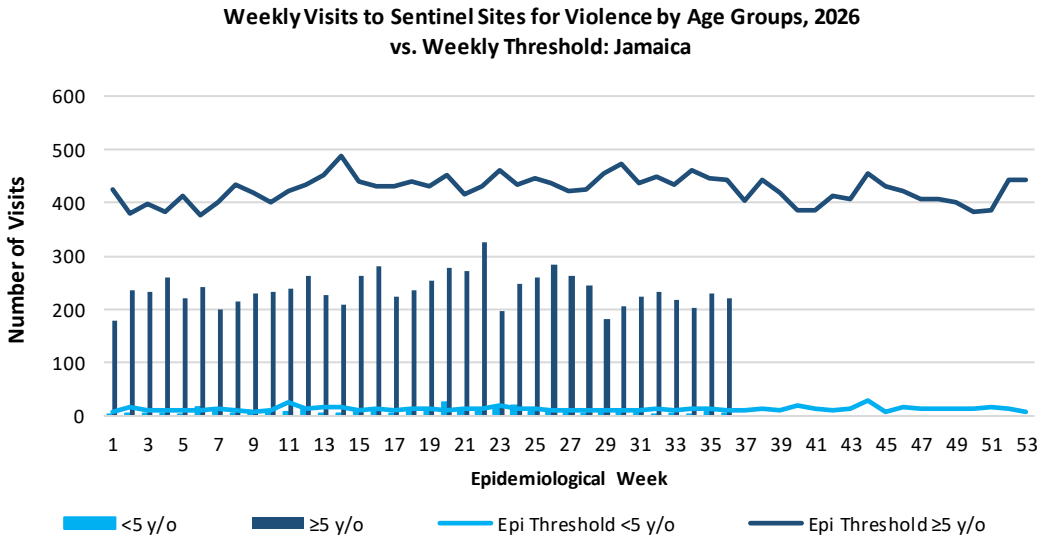




VIOLENCE

Any injury for which the cause is intentional, e.g. gunshot wounds, stab wounds, etc.

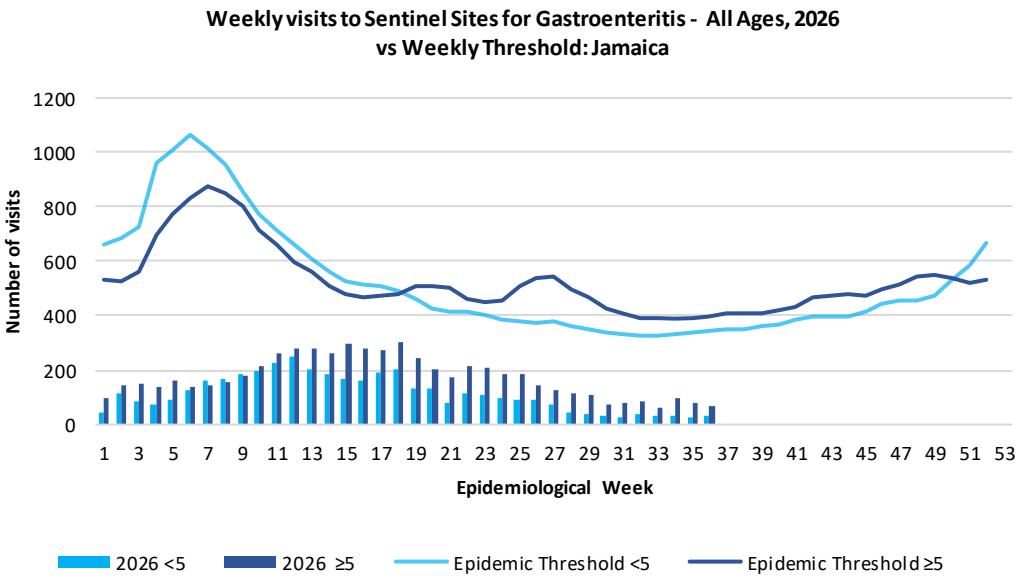




GASTROENTERITIS

Inflammation of the stomach and intestines, typically resulting from bacterial toxins or viral infection and causing vomiting and diarrhoea.





4 NOTIFICATIONS- All clinical sites

INVESTIGATION REPORTS- Detailed Follow up for all Class One Events

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SENTINEL REPORT- 78 sites. Automatic reporting

CLASS ONE NOTIFIABLE EVENTS

	CLASS 1 EVENTS		Confirmed YTD[α] CURRENT YEAR 2026	PREVIOUS YEAR 2025
NATIONAL /INTERNATIONAL INTEREST	Accidental Poisoning		59[β]	146[β]
	Cholera		0	0
	Severe Dengue[γ]		See Dengue page below	See Dengue page below
	COVID-19 (SARS-CoV-2)		40	290
	Hansen's Disease (Leprosy)		0	0
	Hepatitis B		10	11
	Hepatitis C		0	2
	HIV/AIDS		NA	NA
	Malaria (Imported)		0	1
	Meningitis		8	15
	Mpox		1	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]		35	42
	Ophthalmia Neonatorum		55	68
	Pertussis-like syndrome		0	0
	Rheumatic Fever		0	0
	Tetanus		1	3
	Tuberculosis		56	51
	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.

[γ] 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

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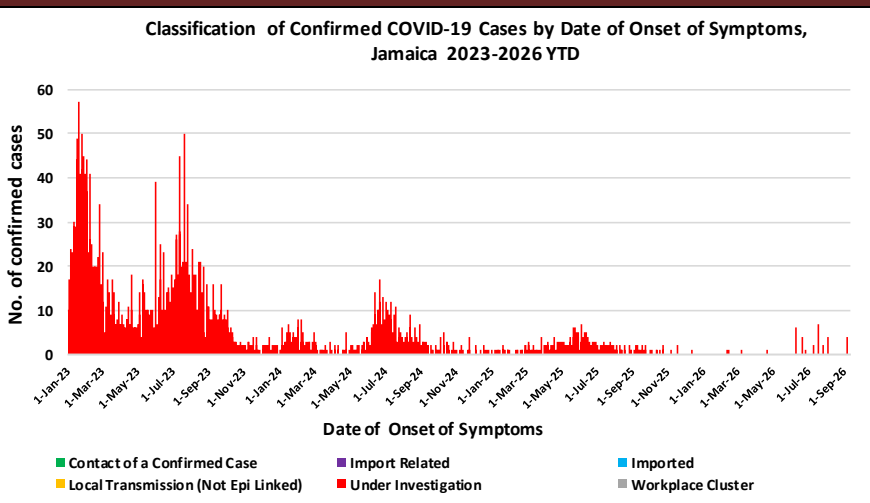
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COVID-19 SURVEILLANCE

CASES	EW 36	Total
Confirmed	0	157,790
Females	0	90902
Males	0	66885
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.

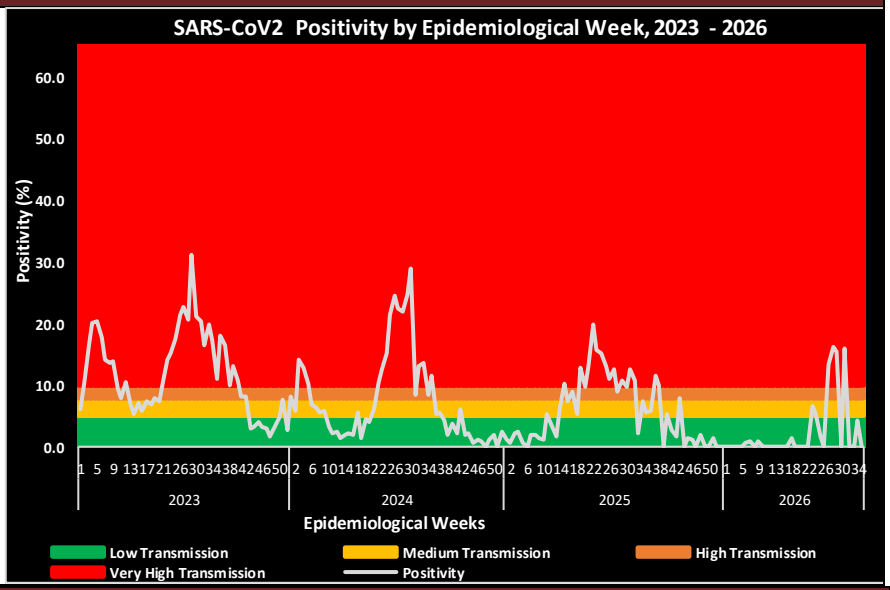


COVID-19 Outcomes

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

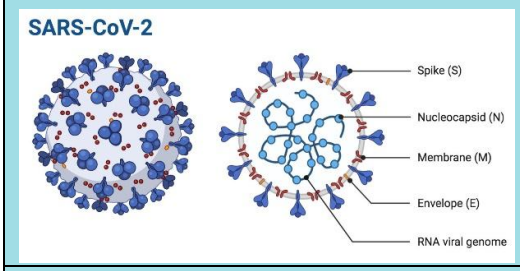
COVID-19	Year					
	2022	2023	2024	2025	2026	Total (2020-2026)
Cases	55,721	3,842	705	315	40	157,790
Deaths	621	116	24	13	0	3,921

- Current positivity rate: 0.0%
- Positivity = (positive samples/total samples tested)
- Low transmission for infection



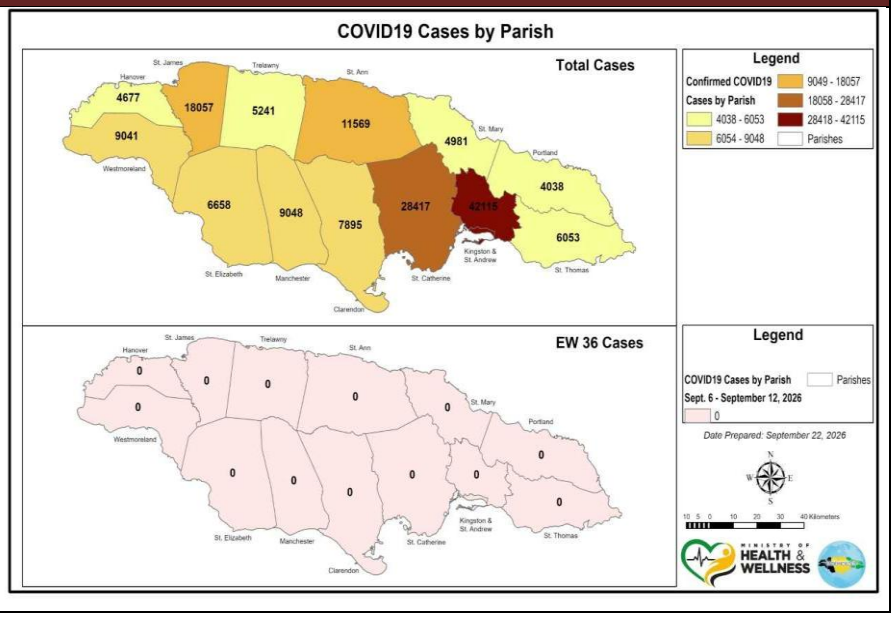
COVID-19 Parish Distribution and Global Statistics

COVID-19 Virus Structure



COVID-19 WHO Global Statistics Epi Week 33-36, 2026

Epi Week	Confirmed Cases	Deaths
33	15,500	72
34	15,800	84
35	18,900	90
36	19,300	75
Total (4weeks)	69,500	321



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

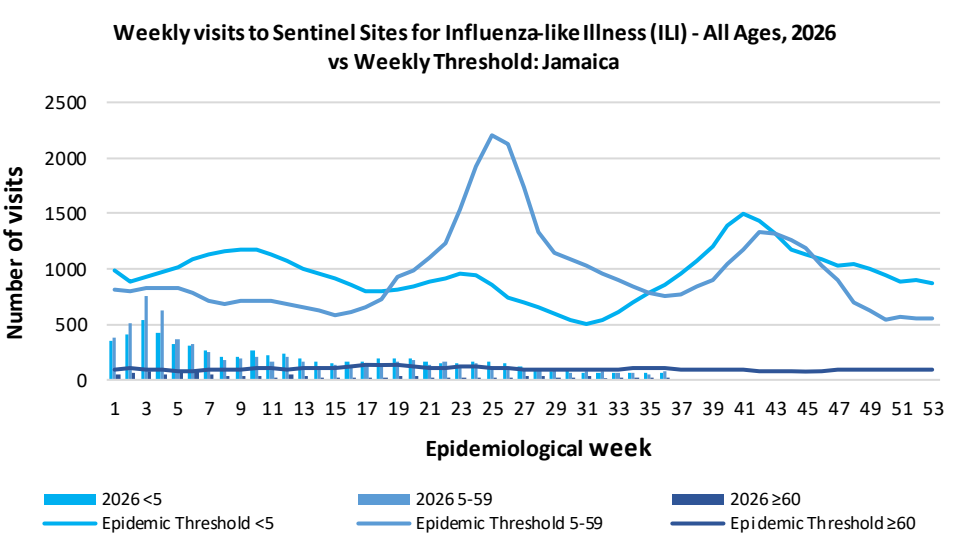
September 25, 2026 ISSN 0799-3927

INFLUENZA SURVEILLANCE

EW 36

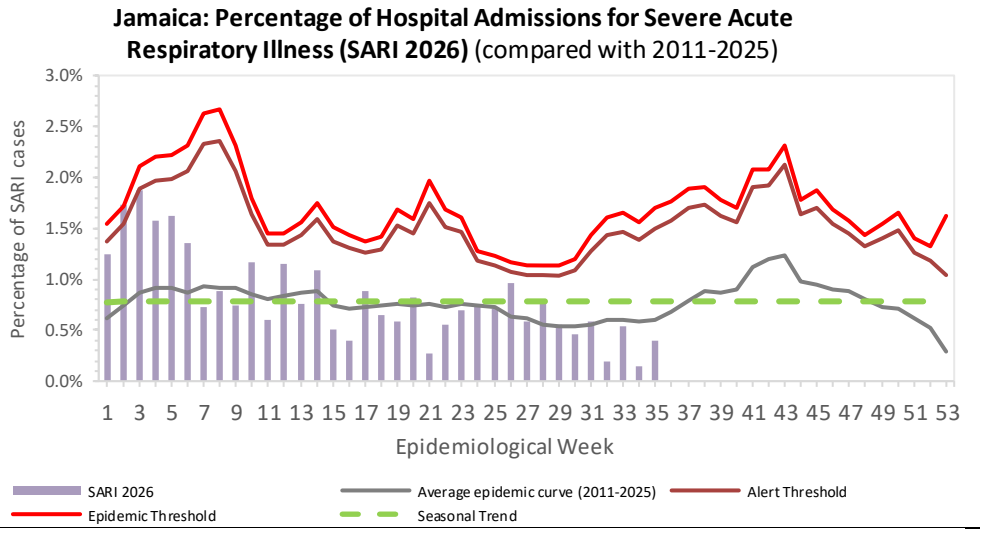
September 06, 2026 – September 12, 2026 Epidemiological Week 36

	EW 36	*YTD*
SARI cases	0	444
Total Influenza positive Samples	**0**	**270**
Influenza A	**0**	**234**
H1N1pdm09	0	21
H3N2	0	213
Not subtyped	0	0
Influenza B	**0**	**36**
B lineage not determined	0	1
B Victoria	0	35
Parainfluenza	0	0
Adenovirus	0	0
RSV	0	56



Epi Week Summary

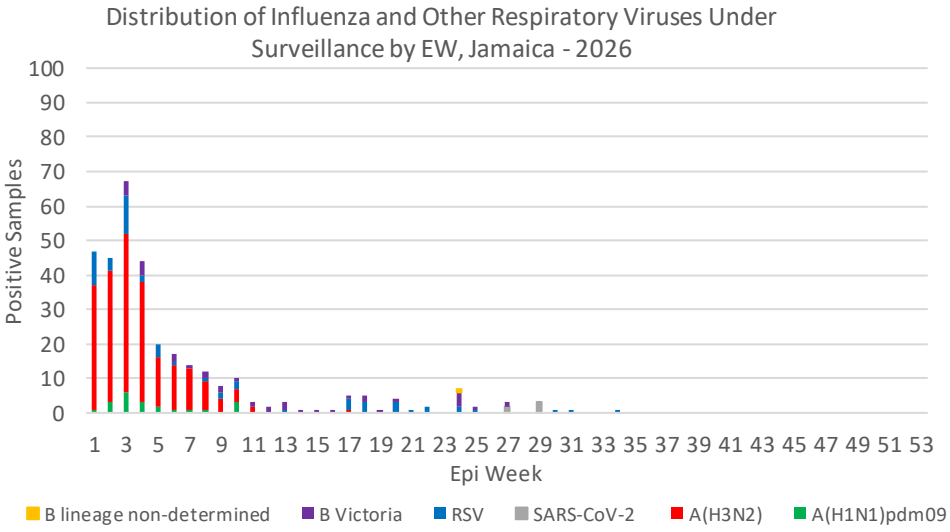
During Epi Week 36, zero (0) SARI admissions were reported.



Caribbean Update Epi Week 36

Caribbean: Laboratory surveillance indicates an increasing trend in SARS-CoV-2 activity, reaching an overall positivity of 17.1%. Influenza displays a decreasing trend reaching 5.4% in EW 35.

*Update as of Epi Week 35
(Source: 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

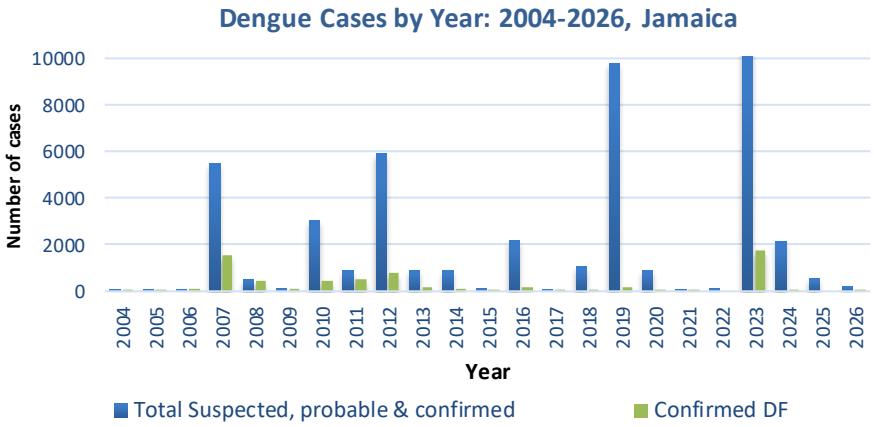
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DENGUE SURVEILLANCE

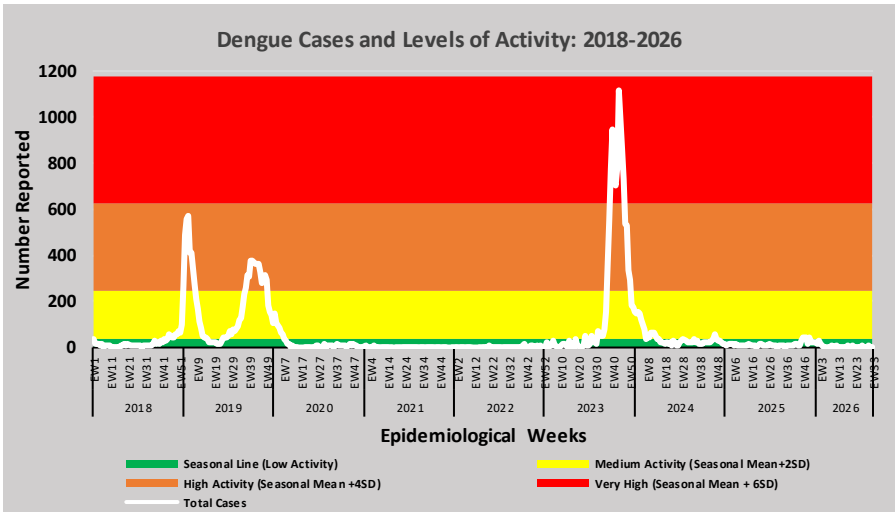
September 06, 2026 – September 12, 2026 Epidemiological Week 36 | Epidemiological Week 36





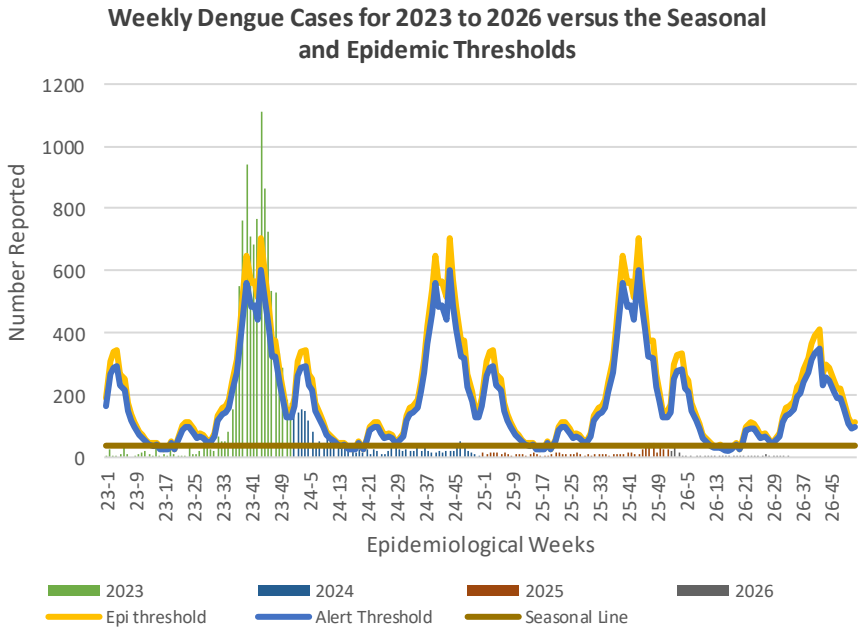
Reported suspected, probable and confirmed dengue with symptom onset in week 36 of 2026

	2026*	
	Epi Week 36	YTD
Total Suspected, Probable & Confirmed Dengue Cases	1	184
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

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RESEARCH ABSTRACT

Abstract

Menstrual Health Crisis among Women with Sickle Cell Disease: Investigating the Associations between Menstrual Abnormalities and the Risk of Depression and Anxiety

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[1]Caribbean Institute for Health Research – Sickle Cell Unit, The University of the West Indies Mona Campus, Kingston 7, Jamaica; [2]Division of Transfusion Medicine, Department of Pathology, Microbiology and Immunology, Vanderbilt University Medical Center, Nashville, TN, USA; [3]Division of Hematology-Oncology, Department of Medicine, Vanderbilt University Medical Center, Nashville, TN, USA; [4]Department of Obstetrics and Gynecology, Faculty of Medical Sciences, The University of the West Indies Mona Campus, Kingston 7, Jamaica

Aims/Objectives: Women with sickle cell disease (SCD) often experience higher prevalence of depression and anxiety than men with SCD and healthy women; and frequently report abnormal menses. This study investigated if heavy menstrual bleeding (HMB) and dysmenorrhea are associated with increased risk of major depression and generalized anxiety disorder (GAD) among these women.

Methods: This study recruited women with SCD aged 18 years and older with regular menses and without acute illness, pregnancy, oophorectomy, or recent hormonal contraceptive use. Prospective follicular and luteal phase study visits were conducted to identify participants at risk of major depression and GAD using the Patient Health Questionnaire-9 and Generalized Anxiety Disorder-7, respectively. The Adult Sickle-Cell Quality-of-Life Measurement Information System, Menstrual Bleeding Questionnaire, and Menstrual Symptom Questionnaire measured quality-of-life, HMB, and dysmenorrhea, respectively.

Results: Among 125 women (mean age 29.0±7.6), 56 (44.8%) met criteria for major depression risk and 49 (39.2%) for GAD risk, without significant differences between menstrual phases. Forty women (32%) reported passive suicidal or self-harm ideations. In mixed-effects models, worse dysmenorrhea was associated with higher odds of major depression risk (odds ratio, OR=1.1), while better quality-of-life in pain (OR=0.9) and sleep (OR=0.8) domains were associated with lower odds. Severe genotypes (OR=0.1) and better quality-of-life in stiffness (OR=0.9) and sleep (OR=0.9) were associated with lower odds of GAD risk.

Conclusion: Women with SCD and severe dysmenorrhea are at significant risk of major depression. Routine screening and multidisciplinary treatment may improve outcomes in this vulnerable population.

Keywords: menstrual health, depression, anxiety, dysmenorrhea, sickle cell disease

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