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REGIONAL OFFICE FOR THE
Americas

HURRICANE MELISSA

Donor Alert - Jamaica

4 November 2025

Ms. Pamela Foster stands amid debris in Black River on 30 October. Matt Nighswander, NBC News.



Highlights

Hurricane Melissa made landfall on Jamaica's southwestern coast on 28 October 2025 as a **Category 5 hurricane**, bringing sustained winds exceeding 185 mph, torrential rainfall of up to 30 inches, and storm surges reaching 13 feet. It is the **strongest hurricane to ever hit Jamaica** and among the most powerful Atlantic storms on record. The slow-moving system hovered over Jamaica for hours and caused catastrophic flooding, landslides, and widespread destruction across the Caribbean Island.

Jamaica, Cuba, Haiti and the Dominican Republic have been severely affected, with more than **50 fatalities** and over **1 million people displaced** regionally.

In Jamaica, approximately **2.8 million people were exposed to the destructive winds and floods**, with **19 confirmed deaths** as of 31 October, 94 injuries treated, and over **25,000 persons in shelters** at peak. Power outages have affected 77% of the island.

- **Health system:** Five major hospitals – Black River, Cornwall Regional, Noel Holmes, Savanna La Mar and Falmouth – sustained severe damage. Black River Hospital is nonfunctional and patient evacuations are ongoing. Two major hospitals, Savanna-la-Mar and Mandeville, are functional but overwhelmed with demand and over capacity. Further infrastructure assessments are needed to determine the full extent of the impact on the health service network.
- **Public health risks:** Over 70 water systems remain inoperable and overcrowding in shelters increases the risk of disease outbreaks such as water-and food-borne diseases, respiratory illnesses as well as cholera, dengue, and leptospirosis outbreaks. Mental health needs are escalating among affected populations and health workers.
- **PAHO response:** PAHO has dispatched over **5.5 tons of essential medical supplies** and trauma kits and deployed a dozen technical experts in health services, WASH, coordination, logistics, environmental health and mental health from its Regional Response Team to support continuity of care and disease surveillance.

**IMMEDIATE DONOR SUPPORT IS CRITICAL
TO SUSTAIN LIFESAVING HEALTH OPERATIONS AND PREVENT OUTBREAKS**

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Situation Update in Jamaica

Hurricane Melissa's slow-moving nature caused **catastrophic flooding, landslides, and widespread infrastructure damage, isolating communities and disrupting essential services**. The storm has heavily disrupted health systems, resulting in damaged hospitals, power and water outages, and limited access to essential health services.

Response operations remain constrained by blocked roads and flooding. Airports have reopened and flight activities started to resume, but telecommunications remain limited in several parishes, and fuel shortages threaten generator operations at health facilities.

- **SHELTERS:** 513 shelters were activated islandwide. While the number of individuals in shelters reached 25,000+ at its peak, it has significantly decreased with 3,218 persons remaining in shelters as of October 31.
- **UTILITIES:** Power has been restored for approximately 70% of customers, but water supply remains critical with 70 systems inoperable.
- **HEALTH SERVICES:** Emergency and primary care services are under significant strain. All secondary hospitals remain in emergency-only mode, prioritizing critical and urgent cases. **Five major hospitals sustained severe damage**, with Black River Hospital inoperable, and several hospitals functioning over capacity (up to 135%). Most hospitals continue to be functioning on generators with fuel supply ranging from 2 to 40 days depending on facility, directly impacting critical services like imaging, operating theaters, and vaccine cold chains. Elective surgeries remain suspended, and out-patient services are largely unavailable. A Type 2 Emergency Medical Team (EMT) has been deployed to Black River, St. Elizabeth, following the destruction of the local hospital, and two additional EMTs are being mobilized to reinforce overstretched facilities.
- **ENVIRONMENTAL HEALTH:** Several food establishments experienced significant flooding, resulting in the contamination of a large quantity of food items. Vector control operations are ongoing; 41 communities were treated with larvicides. Stocks include 290L malathion and 130L deltamethrin.
- **COORDINATION:** Jamaica activated its National Emergency Operations Centre at Level 3. CDEMA deployed a 17-member Rapid Needs Assessment Team. The first Health Cluster meeting was convened on 1 November 2025 as more international assistance partners arrive to support the response.



Damaged female surgical ward at Falmouth Hospital.
PAHO/WHO



Urgent Public Health Issues

Main health concerns

- **Continuity of essential health-care delivery**—especially for children, pregnant women, elderly and persons with chronic conditions—is under severe strain due to widespread infrastructure damage and disrupted service delivery.
 - **Psychological support** and community-based intervention are urgent needs to preserve mental health among the population.
 - The heightened **risk of water-borne and food-borne diseases** and **outbreaks of mosquito-borne and respiratory diseases** is substantial due to extensive flooding, sanitation breakdown and person displacement.
 - **Logistics difficulties** to access communities to conduct damage assessment and ensure effective and timely distribution of relief items persist.
 - Health human resources available and **proper rotation of healthcare worker is critical** to ensure proper clinical case management.
- With **over 3,000 hospitals beds impacted**, sustained infrastructural damage and multiple hospital over capacity, **continuity of essential healthcare delivery**, especially to the most vulnerable groups such as children and pregnant women, is a priority concern. **Supporting the recuperation of health services vital lines is paramount**. Prior to landfall, 18% of hospitals in the Western Region reported generator failures and 15% in the Southeastern Region required expanded fuel storage, leaving key facilities vulnerable to power outages that threaten imaging services, surgical capacity, and vaccine integrity. Post-Melissa, 58% of hospitals are operating partially, often limited to emergency services only with water being supplies by tanks and electricity by generators. The network of primary health centers was also significantly impacted, particularly in the Western Region. Further **infrastructure assessment of all health facilities in affected areas** are urgently required to fully understand the extent to damage and operational limitations of the full health service network.
 - **The health network faces important challenges in reorganizing service delivery and referral pathways** following the severe damage to five major hospitals across affected parishes. Beyond the impact on critical health infrastructure, the MOHW is monitoring **burn-out among health staff**, with rotation and surge support now critical to maintain service continuity. Simultaneously, the demand for **mental health and psychosocial support** is rising among both affected communities and frontline responders.
 - There is a **heightened risk of transmission of endemic vector-borne diseases as well as spread of respiratory, food-borne and water-borne diseases** due to the impacts on running water, pooling of water, lack of electricity, displacement of persons, and disruptions to health interventions and service provision. MOHW is closely monitoring the response of laboratory systems that remain mostly functional but **epidemiological surveillance requires increased attention**.
 - Only **34 percent** of vaccine storage units are currently reporting temperatures, highlighting the urgent need for **cold-chain stabilization and power-backup solutions**. Logistical bottlenecks and damaged road networks continue to delay the distribution of medical supplies and relief goods.
 - **Urgent support is needed** to assist the MOHW is scaling up emergency operations in WASH, mental-health, nutrition, laboratory and surveillance strengthening, and the rapid restoration and reorganization of essential health services. Support to coordination through established mechanisms is also paramount to help channel and distribute assistance efficiently.



Widespread destruction at the Falmouth Hospital (Type C), which lost 70% of its roof and suffered extensive flooding. PAHO/WHO



Priority Health Response Interventions

General Objective: provide technical and operational support to the MOHW and partners to restore health service delivery and substantially contribute to minimize public health risk in Jamaica following Hurricane Melissa.

Based on available information and preliminary field assessments, the main health priorities identified are:

1. Restore health care delivery capacity and access to health services in the most affected areas

- Structural damage and functional assessments of all affected health facilities.
- Urgent repairs, clean up, and rehabilitation works in damaged health structures to reestablish full functionality of essential services.
- Mobilization of replacement health personnel with specific expertise from neighboring countries to support the delivery of health services.
- Procurement and distribution of critical medical and health supplies for essential care delivery, including the diagnosis and treatment of waterborne, foodborne, and vector-transmitted diseases.
- Procurement of sterilization and cold chain equipment.
- Strengthening access to health protection services focusing on mental health and psychosocial support, gender-based violence and sexual and reproductive health.

2. Increase epidemiological surveillance to support early detection and timely management of disease outbreaks

- Procurement and distribution of essential epidemiological surveillance equipment and supplies to the public health laboratories for disease detection and control.
- Strengthening of epidemiological surveillance teams for disease outbreak risk assessment and investigation, standardized data collection and reporting, and mitigation and control measures in communities and shelters.

3. Ensure access to safe water, emergency sanitation measures and vector control

- Procurement of equipment and supplies for clean water and proper sanitation in the affected communities, active shelters, and health centers, including water tanks, chlorine tablets, water testing kits, solid waste management.
- Monitoring of water quality within health facilities and shelters.
- Procurement and distribution of essential equipment and supplies for food safety surveillance and vector control.
- Risk communication and dissemination of good hygiene practices, including food and water safety and sanitation promotion, in shelters and affected communities.
- Support to community cleanup campaigns and environmental health checks.

4. Support efficient coordination of humanitarian assistance and management of information to effectively address the most urgent humanitarian needs

- Deployment of members of the Regional Response Team to assist with damage and needs assessment, health coordination, MHPSS, information management, logistics and other critical functions for the health response.
- Technical and operational support for the reception of external assistance, including coordination of international emergency medical teams (EMTs) as well as management of supplies and equipment.
- Assistance to health authorities in the development and implementation of a short-term emergency response plan as well as medium- and long-term recovery plans for the health sector.
- Management of national and local health coordination mechanisms, as well as coordination with other sectors involved in response operations.
- Support to local and regional logistics operations for timely delivery of humanitarian health assistance.



Surge capacity

- Emergency declaration and Standard Emergency Procedures by PAHO/WHO and emergency contingency plan and business continuity plans activated
- 12 international staff under deployment to assist with psychological support, EMTs coordination, health sector coordination, information management, logistics and WASH.
- Daily coordination with the national Health Emergency Operations Center
- Participation in daily coordination meetings with the United Nations Country Team
- Sectorial coordination of the health sector and participation in the WASH coordination.
- Logistics support and mobilization of critical medical and health supplies from PAHO's Regional Strategic Reserve in Panama and Caribbean emergency hub in Barbados.

PAHO/WHO Response Actions

Prior to Hurricane Melissa, PAHO/WHO activated its Regional and Caribbean Emergency Operations Hubs and its country office incident management team and contingency plan. Members of the Regional Response Team (RRT) were activated and placed on stand-by for immediate deployment.

Twelve (12) members of the PAHO Regional Response Team were cleared for deployment and are presently en route to Kingston. Focus areas include coordination, logistics, water and sanitation, mental health and psychosocial support, damage assessment and information management. The Regional Response Team remains activated for the Caribbean Region and all Response team members are on standby.

Over 5.5 tons of essential supplies were dispatched from PAHO's Regional Strategic Reserve in Panama and additional emergency response items were shipped on 31 October from PAHO's Caribbean hub in Barbados with the operational support of the Dutch vessel Pelikaan and WFP.

EMTs Coordination: As the Regional Emergency Medical Team (EMT) secretariat, PAHO rapidly activated the EMTAmericas Network and the EMT Medical Information and Coordination Cell (CICOM) to channel offers of assistance to the Government and deployment of EMTs. As of 4 November 2025, 21 EMTs formally offered support to Government and the following EMTs have either deployed or confirmed readiness for deployment:

EMT Name	EMT Type	Status
Samaritan's Purse	Type 2	Deployed & operational
AECID	Type 2 + Type 1 (Fixed)	Deployed
Team Rubicon	Type 1 (Mobile)	Ready to Deploy
Heart to Hearth	Type 1 (Mobile)	Ready to Deploy
Americares	Type 1 (Fixed)	Ready to Deploy
Samu -Project HOPE	Type 1 (Fixed)	Ready to Deploy
SHEBA	Type 2	Ready to Deploy

In partnership with the **Government of Jamaica**, PAHO is collaborating closely with **CDEMA, CARPHA, WFP, UNICEF**, and other UN and humanitarian organizations to coordinate response efforts, align sectoral priorities, and channel life-saving assistance to affected communities. This joint approach ensures complementarity across health, WASH, logistics, and protection interventions under national leadership.



Funding requirements

PAHO/WHO funding requirement to support urgent health priorities highlighted above for the first six months of the response is estimated at **US\$ 14.2 million**. Funding requirement per priority is as follows:

<u>Urgent Priorities</u>	<u>Cost US\$</u>
1. Restore health care delivery capacity and access to health services in the most affected area , including the provision of mental health and psychological support	10,200,000
2. Increase epidemiological surveillance to support early detection and timely management of disease outbreaks	950,000
3. Ensure safe access to water, emergency sanitation measures and vector control	1,700,000
4. Support efficient coordination of humanitarian assistance and management of information to effectively address the most urgent humanitarian needs	1,350,000
Total	14,200,000



Residents walk through Lacovia Tombstone, Jamaica, in the aftermath of Hurricane Melissa.

NBC News, Matias Delacroix / AP