

Regional Situation Report – Hurricane Season 2025

Hurricane Melissa

Sitrep No. 4

Data as of 19 November 2025, 11:00 EST (UTC-05:00). Information in this document is subject to change.

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Highlights

The Pan American Health Organization (PAHO) is providing ongoing support following the landfall of Hurricane Melissa in **Jamaica** on 28 October as a **Category 5 storm** and its passage through Cuba as Category 3 the following day; Hurricane Melissa also impacted neighboring countries including **Haiti**, with more than 5 million people impacted (1). The storm heavily disrupted health systems, resulting in damaged health facilities, power and water outages, and limiting access to essential health services (2-4).

Country	Deaths	Missing	Injured	Displaced	Sheltered	Damaged Health Facilities	Data as of
TOTAL	88	28 ↑	274 ↑	54,500 ↓	2,586 ↑	757 ↓	(varies)
Jamaica	45	15 ↑	253 ↑		1,358 ↑	134 ↑	19 Nov
Haiti	43	13	21	1,500	600 ↓	9 ↓	19 Nov
Cuba	0		0	53,000 ↓	628 ↓	642	19 Nov

Note: Definitions of “displaced” and “sheltered” may vary by country; totals are approximate.

PAHO/WHO has activated its Regional Incident Management Support Team (IMST) and is coordinating closely with Ministries of Health and other partners for the health response.

- **Surveillance:** *Jamaica*: PCR testing kits deployed for vector-borne disease surveillance; *Haiti*: cholera surveillance, early detection, and response ongoing; *Cuba*: technical collaboration on chikungunya monitoring and clinical management and DENV-4 surveillance.
- **Community Protection:** *Jamaica*: WASH assessments completed in healthcare facilities and water testing kits and sanitation supplies delivered; *Haiti*: cholera prevention and hygiene promotion activities underway in shelters and communities.
- **Clinical Care:** *Jamaica*: focus on restoring essential health services with rapid facility damage assessments, deployment of EMTs, and strengthened mental health support; *Haiti*: prepositioning emergency medical supplies and contingency stocks to sustain life-saving services; *Cuba*: shipments mobilized to support power restoration in health facilities and vector control.
- **Logistics / Countermeasures:** *Jamaica*: emergency health and WASH supplies ready for distribution; *Haiti*: cholera kits, medicines, and hygiene supplies delivered, WASH assessments and water quality monitoring ongoing; *Cuba*: multiple supply shipments delivered, with additional supplies en route.

Executive Summary

- **Jamaica:** Severe damage continues being reported at 5 major hospitals, with 134 health facilities damaged nationwide. Electricity, water supply, and communications are being restored, but intermittent connectivity, water supply remain problems in the Western and Southern regions. Biomedical waste storage and disposal remain problems in multiple health facilities (5, 6).
- **Haiti:** Approximately 600 people remain in two temporary shelters in Ouest Department (1, 7, 8). 43 deaths have been reported, mainly in Petit-Goâve, Ouest Department (5-8). A cholera outbreak that began in January 2025 persists, with localized cases in Belle-Anse and Grand-Gosier; specimen transport delays to LNSP continue (9). 9 health facilities affected (5 health centers, 4 dispensaries) (8).
- **Cuba:** Ongoing rainfall, blocked roads, and collapsed bridges complicating recovery efforts, with 53,000 people still evacuated and 628 people remaining in shelters (10, 11). Essential services have been disrupted across the affected eastern provinces, with damage reported to 642 healthcare facilities (11, 12). Flooding in affected areas has limited access to safe water and increased risk of water-borne and vector-borne illness (8, 11). No disease outbreaks have been reported (11).

	Key Health-System Impacts	Surveillance Status
Jamaica	134 health facilities including 5 major hospitals damaged; biomedical waste management issues reported. Healthcare workers severely affected, with more than 1,600 reporting damage to homes	Facility and shelter surveillance ongoing; heightened risk of respiratory, vector-borne, water-borne, food-borne illnesses. 11 confirmed leptospirosis cases and 1 suspected tetanus case reported
Haiti	9 facilities affected (5 health centers, 4 dispensaries). Specimen transport to LNSP faces delays; cold chain not consistently maintained. MSPP crisis cell remains active.	Cholera outbreak ongoing; no hurricane-related surge. Localized cases in Belle-Anse & Grand-Gosier; specimen transport delays to LNSP. Surveillance and community response reinforced with partners
Cuba	642 health facilities damaged; 60.07% of population in Santiago de Cuba remains without power. Ongoing risk of water-borne and vector-borne disease transmission; mobile field hospital established to support rapid evaluation and management of suspected cases	Health care continuing in shelters; sanitation and vector control brigades operational; Disease surveillance and technical support for situation analysis continue.

Jamaica

45	15	253	1,358
Deaths	Missing	Injured	Sheltered

Affected areas

The parishes most impacted by Hurricane Melissa are Saint Elizabeth, Trelawny, Saint James, Hanover, and Westmoreland. More than two weeks after the impact, recovery efforts are continuing. Preliminary damage assessments and rapid infrastructure assessments of healthcare facilities are underway, and reports are being received (13). Efforts to restore electricity have restored supply to more than half of the affected population, but over 35% of the country is still without power. Similarly, telecommunications blackouts impacted more than half the country, and repair efforts have restored service to more than 85% of customers (14).

As of 15 November 2025, multiple reports of groundwater flooding and surface water inundation have been received, flooding low-lying areas flood prone areas. Manchester, Saint Elizabeth, Trelawny, Saint Ann, and Clarendon have reported multiple areas where rising groundwater or surface water has affected communities, flooded houses and blocked roads (5).

Affected population

As of 16 November 2025, more than 360,000 people remain affected, with 182 communities affected nationwide, and approximately 191,000 buildings have been damaged, with about 90,000 households displaced; additionally, 15 persons are reported as missing (5, 15). The entire population of Jamaica (2.8 million people) was exposed to Hurricane Melissa, with more than 1.5 million people impacted by housing damage, power, and water outages (13). Among the affected, there are more than 1,600 health workers, with more than 200 reporting complete loss of housing, while others report varying levels of damage to homes or property (5, 6).

An increase in injured people has been reported with a national total of 253, and no new deaths were reported in the last week, there are 45 deaths reported in total (4). Saint Elizabeth and Westmoreland parishes remain the hardest hit (4, 5). As of 16 November 2025, 100 shelters remained active (of 881 total shelters), housing 1,358 people, representing an increase since previous week (Table1). Saint Elizabeth, Saint James, Westmoreland, and Trelawny parishes report the highest number of active shelters and sheltered people (5).

Table 1. Number of active shelters and occupancy by Parish, Jamaica, as of 16 November 2025 (5)

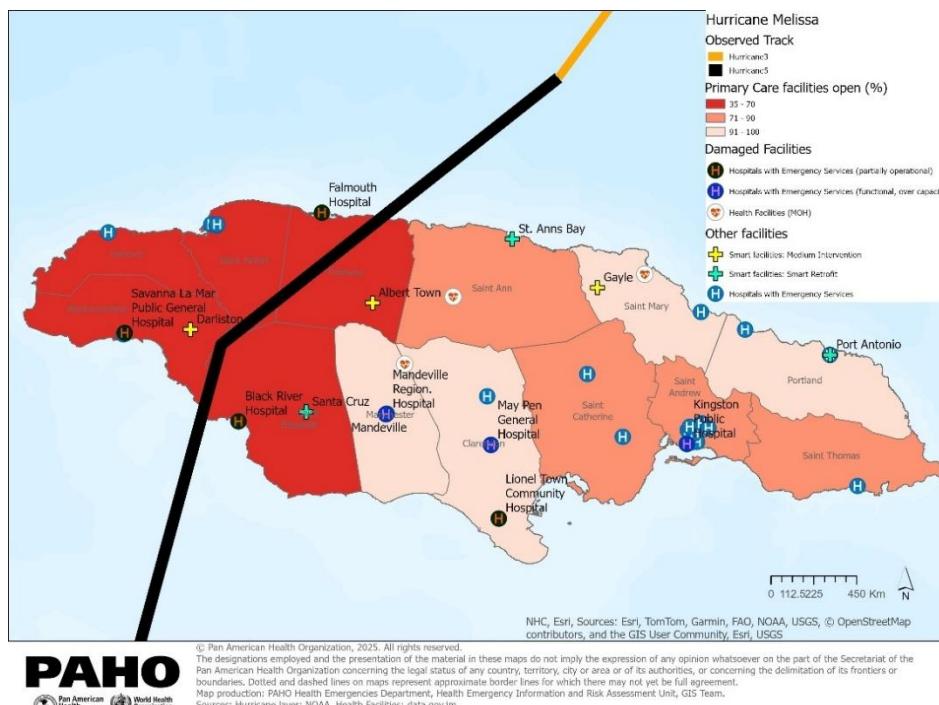
Parish	Clarendon	Hanover	Manchester	Portland	Saint Ann	Saint Catherine	Saint Elizabeth	Saint James	Trelawny	Westmoreland	Total
Active Shelters	2	10	4	2	4	1	25	23	14	15	100
Occupancy	2	71	22	13	22	2	286	240	304	396	1,358

The population is at increased risk of water and vector-borne diseases due to widespread flooding and water-system disruption. Syndromic surveillance reflects recurrent watery diarrhea, fever, and cough, though no major outbreaks have emerged (13). About 50% of National Water Commission (NWC) and municipal water samples (from about 500 assessments) lack adequate residual chlorine content. The South-eastern Health Authority shows a better performance (92% adequate), with the Southern (50% adequate) and Western (52% adequate) Health Authorities remaining vulnerable (13). Nationwide, 11 confirmed cases of leptospirosis have been reported from St. James, Hanover, Saint Elizabeth, and Saint Ann, with clustering observed in Catherine Hall; additionally, media is reporting two suspected leptospirosis related deaths under investigation (8, 16). One suspected case of tetanus was reported in Westmoreland parish (5). Vector-control capacity is severely reduced, with more than 70% of staff affected, raising dengue risk, although no dengue cases were reported in epidemiological week (EW) 44 of 2025, ending on 2 November 2025 (17). Respiratory viruses persist, with 15 severe acute respiratory illness (SARI) admissions and one respiratory syncytial virus (RSV) case in EW44 (17).

Unrefrigerated food and produce affected by flooding pose a risk of food-borne illnesses, highlighting the need for vigilance in food safety (1, 18).

Health systems impact

Map 1: Health Care facilities status, Jamaica. 17 November 2025.



As of 17 November 2025, 75 health centers offering primary care facilities, out of 134 health facilities reporting damage across the country, are unable to offer services, with the majority in the Southern (31% of total health centers inoperable) and Western (12% of total) Regional Health Authorities, with <5% of health centers in the North-eastern and South-eastern Health Authorities closed (5, 6). As of 16 November 2025, primary health services have resumed, while the most affected parishes - Saint Elizabeth, Saint James, Trelawny, Hanover, and Westmoreland have 40% or more health centers inoperable (Table 2) (5, 13).

Public hospitals have been operating in emergency mode across all Regional Health Authorities, with an average 94% staffing level nationally (5).

Table 2: Closed Primary Health Centers in the five most affected parishes, Jamaica, 16 November 2025 (5, 6, 13)

Parish	Closed Primary Health Centers (%)	Total Primary Health Centers present
Westmoreland	13 (65%)	20
Saint Elizabeth	13 (54%)	24
Saint James	12 (54%)	22
Hanover	9 (47%)	19
Trelawny	8 (40%)	20

Rapid assessment of the 5 major hospitals with severe damage found that 40% of the existing bed capacity in these hospitals was lost. In addition to infrastructural damage to service delivery and patient care areas, 64% of the available biomedical equipment was unserviceable and required replacement (Table 1) (5, 19).

Table 1: Major Hospital Impact Assessment – Jamaica (as of 17 November 2025) (5, 13, 19)

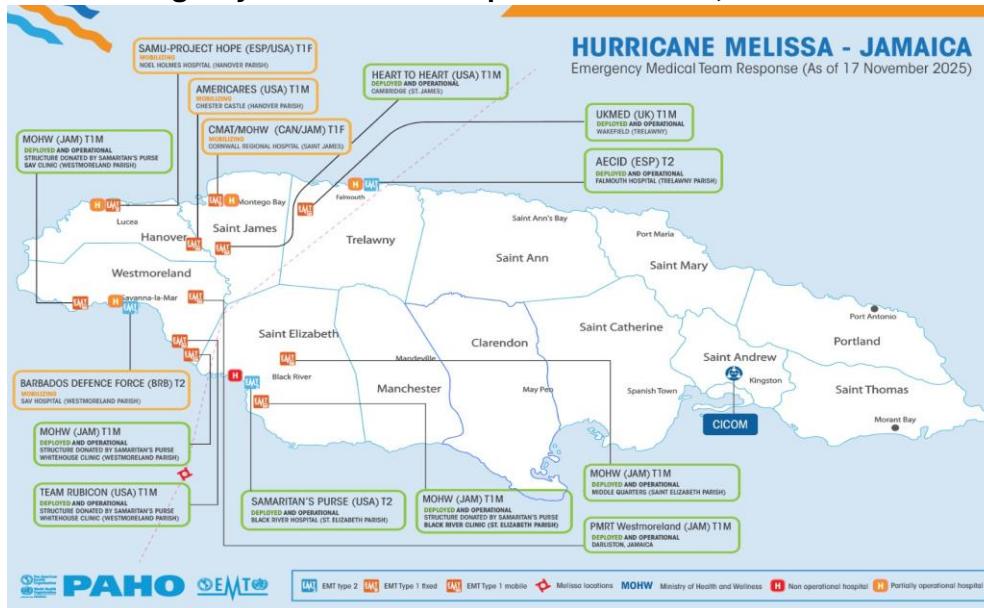
Facility	Status	Key Impacts and Operational Notes	PAHO Response
Black River Hospital (St Elizabeth)	Non-functional	Roof collapse, wall destruction, extensive flooding, operating theater unusable, laboratory destroyed, imaging facility damaged. Only accident and emergency buildings currently intact.	Conducted WASH and damage assessment, which informed the MOHW's request to the UK High Commission for military support in debris removal. EMT Type 2 set up and operational.
Falmouth Hospital (Trelawny)	Partially functional	Operating theater flooded, catastrophic damage to roof (60-70% loss, including the A&E, surgery, and pediatric blocks), dietary and storage areas destroyed. Emergency surgeries possible; lab partially functional	Conducted WASH and damage assessment. Supporting clean-up and emergency repairs to COVID, dental, lab, laundry, and dental buildings. Purchased computers, 1,000-gallon water tank, and mosquito repellent. EMT Type 2 set up and operational
Cornwall Regional Hospital (St James)	Functional	Flooding; major damage to roof, lab equipment. Facility operational but overcrowded. Inpatient capacity reduced by 50%	Conducted a WASH and damage assessment. Supplied repair materials, galvanized sheets for roof repairs, procured dialysis machines
Noel Holmes Hospital (Hanover)	Functional	Flooding and wind damage to roof. Lab services resumed; pharmacy operational. Receiving referrals for lab services. Main generator failure, using small temporary ones.	Conducted a WASH and damage assessment. Delivered 40 bottles of insect repellent

Facility	Status	Key Impacts and Operational Notes	PAHO Response
Savanna-la-Mar Hospital (Westmoreland)	Partially functional	Significant loss of medical equipment, water leaks, severe damage to outpatient block, and staff housing. Emergency and outpatient surgeries resumed; lab services outsourced to Noel Holmes Hospital	Conducted a WASH assessment. Providing a tent for outpatient services. Supporting roof repair with roofing sheets, lumber, and screws

Note: Table reflects initial findings from available reports; comprehensive health-facility assessments are still underway.

Emergency services and routine care have resumed in most affected hospitals following relief efforts, supported by the setting up of Emergency Medical Teams (EMT) facilities, and transfer of patients to functional hospitals. Kingston Public, Mandeville Regional, and Mary Pen Hospitals report being more than 100% over capacity (13). Type 2 EMTs, offering inpatient services, with operating theater facilities, have been set up in Saint Elizabeth and Trelawny. Type 1 EMTs offering primary care services have been set up in multiple locations to support health centers (Map 2) (5, 15).

Map 2. Locations of Emergency Medical Team response in Jamaica, as of 17 November 2025 (8)



The four SMART facilities with full retrofitting remain operational. Three —Saint Ann's Bay, Mandeville, and Santa Cruz Health Center— were in the hurricane's path and sustained at most minor damage. Port Antonio, outside the path, is fully operational (4).

Multiple hospitals report problems with medical waste storage and disposal (5).

Despite ongoing power restoration efforts, most health facilities in the Southern, Western, and South-eastern Health Authorities have no continuous power supply. All health centers in Saint Elizabeth, 13 in Clarendon, 10 in Manchester, 10 in Trelawny, and 7 in Saint Catherine are without continuous Jamaica Power Service (JPS) supply. While most hospitals and health centers have available generators, fuel is in

continuous demand, with failures in backup power reported in multiple health centers in these parishes. More than 50% of health centers in Saint Elizabeth (95%), Saint Catherine (60%), and Clarendon (40%) have no National Water Commission (NWC) water connections, while most health centers in Manchester, Hanover, Westmoreland, and most of the Western and Southern Regions depend on tanks and trucked water supply (13).

The National Laboratory Service is fully operational with adequate power and water supplies; however, the Western and Southern Health Authorities report disruptions to laboratory capacity with no further updates as of 11 November. Sufficient supplies of reagents available to remain operational for the next three months (5).

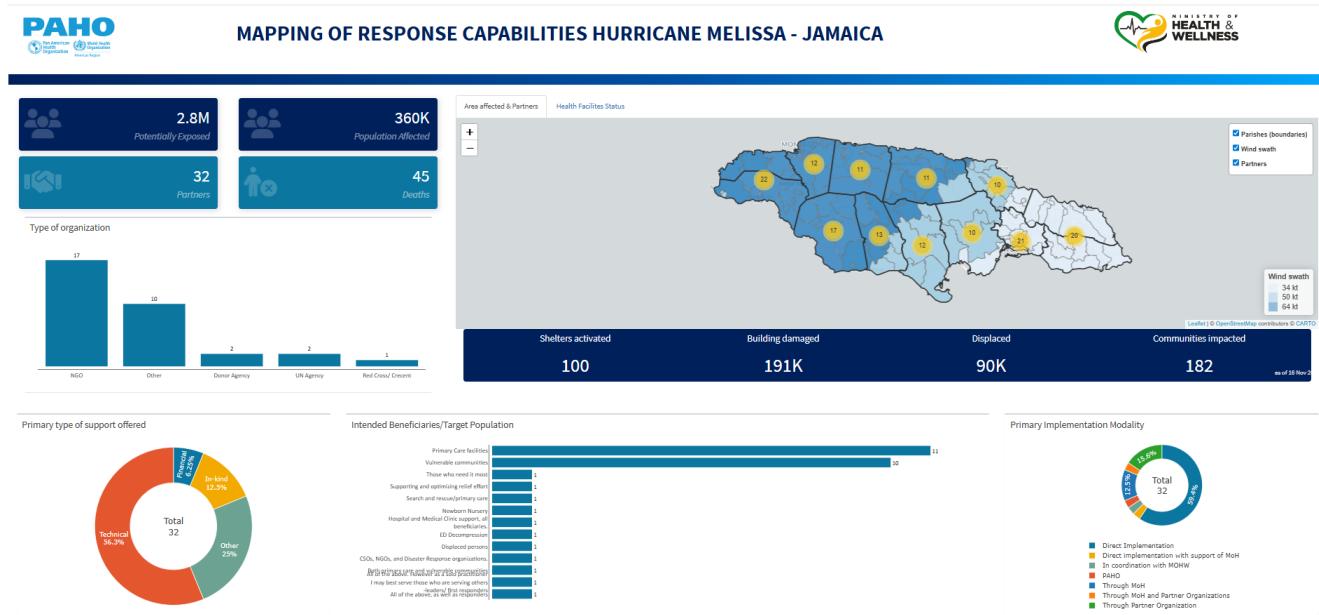
Communication is intermittent across all the affected regions, with Starlink systems operational in some Emergency centers. 216 Very High Frequency (VHF) radios have been installed under the JICA-ODPEM DECOM Project (Japan International Cooperation Agency-Jamaica Office of Disaster Preparedness and Emergency Management Disaster-Emergency Communication System) across MOHW facilities, including 42 base stations, 102 mobile, and 72 handheld units. Restoration of telephone, mobile, and internet coverage is underway, with a priority given to healthcare services (13).

Table 2).

According to the Health Cluster - Mapping of Response Capabilities dashboard (<https://shiny.paho-phe.org/melissa-partners>) for Hurricane Melissa, a total of 32 partner organizations are currently supporting operations across the most affected parishes in Jamaica (**Figure 1**) (20). The response is driven primarily by non-governmental organization (NGOs) (n= 17) and other civil-society actors, followed by donor agencies, UN entities, and the Red Cross. Most partners provide technical support (56.3%), along with financial assistance (25%) and in-kind contributions (12.5%).

- Seven EMT and mobile-clinic partners are deployed or on standby, supporting priority areas such as Savanna-la-Mar Hospital, Black River, Montego Bay, St. Elizabeth, and St. James, with coverage by Heart to Heart International, Project HOPE, UK-MED, Canadian Medical Assistance Teams, Team Rubicon, IFRC, and Samaritan's Purse.
- Ten organizations are delivering Mental Health and Psychosocial Support (MHPSS) across the country, including in the five most affected parishes, national-level services, and high-priority communities, led by entities such as IsraAID, UNAIDS, CiWiL, C-TECH, CVC, and the Jamaica Defence Force.
- Rehabilitation of health facilities is being supported by Caring for Miracles Foundation, Build Health International, and the Jamaica Defence Force at both national level and in Black River and Kingston.
- WASH and environmental-health activities are more limited, currently led by Unto in the Hague area near Falmouth.
- Ten partners are providing logistics, medical supplies, and equipment, including UNFPA, CORE, Cayman Islands Health Services, Bicol Foundation, Beowulf AI, and others covering national and high-impact priority zones.
- Ten partners are supporting health teams and staffing, with coverage ranging from national deployments to remote and rural areas across Manchester, Saint Elizabeth, Clarendon, Saint Ann, and Westmoreland.
- Health-service delivery interventions are supported by UNAIDS in the five most affected parishes and Elecare.ai nationally (20).

Figure 1. Mapping of response capabilities Hurricane Melissa – Jamaica, as of 19 November 2025 (20)



Country response (5, 13, 14, 15, 21, 22)

- Hurricane Melissa Relief and Rehabilitation Programme established** as part of the government of Jamaica response to guide the restoration and strengthening of the health system, structured under 3 phases – Relief, Rehabilitation, and Reconstruction.
- Preliminary rapid infrastructure damage assessment released** by MOHW released indicating a total estimation of damages at JMD \$10,322,458,373.48.
- Electricity supply restoration:** 65% of consumers (~300,000 people) had their power supply restored as of 17 November 2025.
- Mobile telecommunications restoration:** 89% Digicel and 87% Flow networks resumed operations. Satellite-based internet services providing approximately 70% of the population with stable internet connection.
- Solid waste cleanup:** more than 700 truckloads of solid waste removed in Saint James parish by the National Solid Waste Management Authority.
- Desalination vessel deployment approved** by MOHW: the MV Dawn desalination vessel to feed the NWC network in Lucea and surrounding areas, with UNICEF and other partners supporting by installing water treatment plants and hospitals and distributing chlorine tablets in communities.
- Deployment of mobile primary care teams** as of 10 November 2025, in addition to outreach services offered through Community-Based Public Health Services.
- Maternal Outreach programs** planned in Saint Elizabeth, Westmoreland, and Trelawny, to provide essential maternal care, including antenatal checkups, psychosocial support, health education, nutritional counselling, and linkage to ongoing care.
- Public Service Announcements** have been sent to the Jamaica Information Service on the topics of health center reopening, injury prevention, mental health, vector control measures, and food safety

and flood water precautions, for radio broadcasting. Similar broadcasts have been made through television interviews and social media messaging.

- **Shelter health visits** to assess general conditions (tarpaulin roofs, bedding, tables, benches, etc.), adequate food, and water availability.
- **Nursing home inspections** by MOHW focusing on adequate water storage and chlorine treatment, food safety, and respiratory symptoms among residents.
- **Inspections and assessments of funeral homes:** MOHW public health teams focusing on non-functional refrigeration units, inadequate water supply, and lack of chlorine residuals, which pose serious biohazard risks.
- **Vector control measures** have been planned and implementation started: 400 out of 700 expected temporary vector control workers have been mobilised. Completed planned interventions in over 195 communities out of 500 planned, includes oiling of water bodies and fogging.
- **Rodent control measures** planned and implemented: Saint Mary Parish launched a 14-week rodent control program across 6 communities, combining intensive baiting (500 premises per locality), school-based health education, and systematic carcass collection and disposal.
- **Mental Health and Psychosocial Support (MHPSS)** Post Melissa Action Plan has been drafted and is under review and the rapid needs assessment for MHPSS has been completed across the affected health authorities. Planning for online training sessions on MHPSS are in progress with the MOHW and a data collection tool for MHPSS was field tested and updated.
 - The Ministry announced a call for volunteers with MHPSS response experience to support health care workers and the community with emotional resilience, coping, and recovery.
 - MHPSS sessions are ongoing in the Western Regional Health Authority targeting healthcare workers and patients attending outpatient clinics at hospitals and health centers.
 - The Community Mental Health Team has begun operations at assigned clinics in addition to conducting home visits. More than 490 cases have been attended as of 17 November 2025, in St. James, Hanover, Westmoreland, and Trelawny parishes.
 - The NEW LIFE 24/7 helpline (888-NEW-LIFE) has been set up and has begun to receive hurricane-related calls, and professional associations such as JAMPSYCH and the Jamaica Psychiatric Association are mobilizing approximately 35 psychologists to provide targeted support to health-care workers and communities in Black River and Whitehouse.

PAHO Response (8, 13, 23, 24)

Coordination:

- PAHO continues to support the MOHW in coordinating the health cluster as the primary mechanism for all health actors. Hosted the seventh health cluster coordination meeting, created an online form for rapid collection of key information from partners on actors, actions, and support for affected populations and facilities. PAHO dashboard to visualize the health partners' response is available from: shiny.paho-phe.org/melissa-partners/.
- PAHO continues deployment of Regional Response Team Experts in water, sanitation, and hygiene (WASH), structural engineering, mental health and psychosocial support (MHPSS), EMT coordination and CICOM, Health Cluster and HEOC coordination, information management, logistics and

environmental health, epidemiology, rapid response teams mobilization and damage and loss assessment (DaLa).

- Ongoing provision of technical guidance to the MoHW; maintaining dialogue with the Health Disaster Coordinator (HDC) and technical support in critical areas including surveillance, community protection, clinical care, and logistics.
- PAHO published layered [Jamaica Health Facilities: Impact & Status \(Hurricane Melissa\)](#), showing hurricane wind strength and path, affected health facilities, and population density.

Surveillance:

- PAHO is providing targeted technical cooperation to the MOWH to strengthen routine and emergency surveillance, including expert consultation on ArcGIS-based solutions and other digital tools. Support focuses on reinforcing early warning, alert, and response capacities for both indicator- and event-based surveillance in shelters and health facilities. PAHO is also assisting with the enhancement of data-capture and analytical tools to enable digitized case detection, follow-up, and targeted public health investigations, including for leptospirosis and other priority post-disaster health risks.
- PAHO has shipped testing kits (primers and probes for PCR) for surveillance of vector-borne diseases at shelters and health centers
 - 1 set of Triplex detection of DENV/CHIK/ZIKV (Dengue, Chikungunya, Zika viruses)
 - 1 set of DENV serotyping
 - 1 set of Leptospira detection
 - Additional support for immunology laboratories is forthcoming (ELISA reader, printer, and pipettes)

Community protection:

- Ongoing WASH assessments have been conducted at multiple hospitals—including Falmouth, Cornwall, Mandeville, Black River, Noel Holmes, and Savanna-la-Mar—and at health centers such as Santa Cruz, Whitehouse, Bluefields, Lambs River, Albert Town, Mandeville Smart, Green Island and Negril. Evaluation of water availability and access, as well as the condition of water and sanitation infrastructure and waste management systems. Assessments identified needs including mosquito nets, drum covers, fogging machines, and testing kits for leptospirosis and dengue prevention.
- WASH supplies arrived in Jamaica – potable water testing kits, multi-parameter meters for pH, turbidity, chlorine, salinity, coliform test kits, and incubators. Final delivery arrangements to MOHW is in process.

Clinical care:

- MOHW and PAHO emphasized the shift from assessment to action in the post-Hurricane Melissa response, underscoring the urgent need to restore essential health services in the most affected areas. The Permanent Secretary, MOHW, highlighted the scale of system strain, the severity of the disaster, and the importance of strengthened coordination through PAHO, as partners transition toward medium-term rehabilitation support.
- Ongoing structural engineering support provided for rapid damage assessments of health facilities: damage to roofs, electrical, sewage, water, drainage, and patient-care areas identified. Assessed facilities include: Black River Hospital, Cornwall Regional Hospital, Falmouth Hospital, Noel Holmes

Hospital, Savanna-la-Mar Hospital, Santa Cruz Smart Health Center, Mandeville Health Center, and Saint Ann's Bay Health Center.

- PAHO continues to support the MOHW in coordinating the technical group on Mental Health and Psychosocial Support (MHPSS). On 13 November 2025, the MOHW in collaboration with PAHO visited four parishes – Hanover, Westmoreland, Trelawny and Saint James – to deliver an MHPSS intervention with health care workers. The team of approximately 20 health personnel from the Southeast Regional Health Authority, met with health care professionals and provided individual and group counselling.
- The MHPSS response is being strengthened by the deployment of a PAHO-supported MHPSS expert (from 3 November) to work with the MOHW on national coordination and surge. Field missions launched in Saint Elizabeth and Westmoreland to support public health response and MHPSS.
- Medical Needs List prepared for the response including medical facility furniture and fixtures, medical equipment and accessories, emergency response equipment, laboratory equipment, medical supplies, patient transport and other vehicles, nutrition, dental, pharmaceuticals, vector control, water and sanitation, waste management, communication equipment and supplies, personal protective equipment (PPE), among others. The list was sent to MOHW for review and approval.
- PAHO continues to support the MOHW with the deployment of Emergency Medical Teams (EMT) and its coordination through the Medical Coordination and Information Cells (CICOM). Additionally, a sub-cluster is being set up to discuss operational details on field hospitals and EMTs
 - Two Type 2 EMTs (Samaritan's Purse and Spanish Cooperation) were deployed and are operational—one to Black River Hospital and one to Falmouth Hospital. An additional one Type 2 EMT (Barbados Defense Force) is mobilizing and expected to set up at Westmoreland Parish within the next days (**Map 2**).
 - Eight Type 1 EMTs have been set up to support primary care services (Black River, Whitehouse, Darliston, Cambridge, Wakefield, Middle Quarters health centers and two for Sav Clinic) (**Map 2**).
 - MOHW approved the use of EMT Minimum Data Set developed with PAHO's support to report all activities from deployed EMTs. PAHO has also provided a "Guidance for Medical license registration" and the "Guidance for Custom Procedures during EMT Deployments."

Logistics / Countermeasures:

- The shipment of supplies sent in coordination with the Royal Netherlands Navy and the PAHO Subregional Office in Barbados which included water analysis kits, first responder backpacks, and other key emergency response supplies was cleared by customs. All items to be transported to the National Health Fund (NHF) warehouses for distribution.

Gaps and challenges (5, 6, 15, 19)

- Growing epidemiological risks and limited diagnostic capacity: Increasing numbers of suspected leptospirosis cases, including two suspected deaths, are being investigated across several parishes, alongside a suspected tetanus case reported in Westmoreland. Health facilities continue to monitor rising trends in fever, gastroenteritis, and vector-borne disease risks following extensive flooding.
- Laboratory capacity remains severely constrained due to damage to equipment and facilities, limiting timely confirmation of suspected outbreaks and delaying clinical decision-making.

- Severe damage to health infrastructure and biomedical equipment: Hurricane Melissa caused catastrophic structural damage to multiple hospitals and health centers—roof loss, flooding, collapsed wards, and destruction of laboratories and operating theatres. Water intrusion damaged over 150 biomedical devices, records, and critical equipment, resulting in major service disruptions across the Southern Regional Health Authority (SRHA) and Western Regional Health Authority (WRHA).
- Extensive infrastructural losses in SRHA requiring reconstruction: Preliminary rapid damage assessment found widespread destruction across Saint Elizabeth, Manchester, and Clarendon, including hospitals, health centers, staff residences, boundary fencing, access roads, and water/electrical systems. Multiple structures in Saint Elizabeth require complete reconstruction; overall repair and recovery needs are estimated at JMD 6.1 billion, including rebuilding, re-equipping, temporary service relocation, and large-scale debris removal.
- Greatly reduced hospital capacity and overcrowding: Several major hospitals operate far below normal capacity. Cornwall Regional Hospital is overcrowded with extreme pressure on Accident & Emergency (A&E) services; Black River, Falmouth, and Savanna-la-Mar have lost inpatient wards, surgical capacity, and laboratory services, requiring reliance on field hospitals.
- Collapse of primary care delivery: More than 47 primary care facilities remain non-functional, especially in SRHA and WRHA, causing heavy dependence on mobile clinics and emergency outreach.
- Unreliable communication systems hindering operations: Intermittent or absent communication in affected parishes disrupts epidemiological reporting, coordination of referrals and transfers, and logistical planning for health services.
- Unsafe water supply and sanitation in health facilities: Hospitals and health centers face inconsistent access to potable water, damaged storage systems, and reliance on tankers or temporary desalination sources, increasing risks of healthcare-associated infections.
- Unsatisfactory sanitary conditions in shelters impacting health: Multiple shelters report insufficient water, damaged latrines, accumulated solid waste, and overcrowding, with incidents of minor injuries, untreated chronic disease, and gastrointestinal conditions.
- Food safety and environmental health concerns: Over 13,000 kg of spoiled or contaminated food condemned; increased risk of foodborne illness in communities and shelters. Dead animal carcasses and environmental debris pose additional health hazards.
- Vector control capacity overstretched: Extremely high Aedes indices (up to 30% in some areas), limited staff turnout, inadequate equipment and fuel, and large numbers of breeding sites following flooding.
- Healthcare workers have been severely affected by the hurricane, with more than 1,600 reporting loss of or damage to homes, affecting the availability of skilled workforce for service delivery.
- Incidents of looting and pilfering have been reported in the Southern and Western Regions, mainly targeted at food and water supplies, generators and fuel, including at hospitals and health centers, highlighting security risks

Haiti

43	13	21	600
Deaths	Missing	Injured	Sheltered

Affected areas

Heavy rainfall and strong winds impacted the South, Grand-Anse, South-East, Nippes, West, Artibonite, and North-West departments, causing widespread destruction of homes, collapsed bridges, and major disruptions to water systems (1, 7). Several areas in Grand'Anse remain isolated, limiting humanitarian access (1).

Affected population

As of 11 November, at least 43 deaths, 21 injuries, and 13 missing persons were reported in Haiti, with no changes reported as of 19 November (8, 25, 26). Approximately 600 people remain in two temporary shelters in Ouest Department (8).

Haiti continues to face a persistent cholera outbreak that began in January 2025 and remains a public health concern (9). Current epidemiological trends show no significant hurricane-related surge, but close monitoring continues given Hurricane Melissa's impact on water and sanitation systems (9). Transmission has declined in previously affected areas such as Pétion-Ville; however, localized outbreaks persist in Belle-Anse and Grand Gosier, where community deaths remain a critical concern (9). Despite laboratory transport constraints, all confirmed samples tested positive for *Vibrio cholerae* by culture (9).

Health systems impact

As of 19 November, the following health facilities are affected: 0 hospitals, 5 health centers, and 4 dispensaries (8). The health system faces challenges in specimen transport to the Laboratoire National de Santé Publique (LNSP) in Port-au-Prince, particularly from remote departments, where cold chain requirements are not consistently met (27).

Country response (1, 4)

- Coordination:** The crisis cell of the Ministry of Public Health and Population (MSPP) has been activated to coordinate the national health response.
- State of Emergency:** The Government of Haiti declared a three-month state of emergency (3 November 2025 – 3 February 2026) in six departments to accelerate assistance, reinforce security, and restore essential services.
- Damage Assessment & Initial Relief:** Direction Générale de la Protection Civile (DGPC) published a Damage Assessment and Needs Analysis dashboard. Humanitarian partners distributed over 3,000 tarpaulins and 2,000 hygiene kits, with ongoing interventions in water, health, education, and protection.

- **Prepositioned kits of medicines and health supplies** in the Ouest Department for deployment to affected areas by MSPP.
- **Cholera response:** The government of Haiti is prioritizing prevention and awareness campaigns in communities to limit the spread of cholera, in light of the ongoing outbreak.
- **Health Services:** United Nations Population Fund (UNFPA) strengthened sexual and reproductive health services by delivering kits and supplies to hospitals and clinics, enabling 4,200 safe deliveries and treatment for obstetric and gender-based violence cases.
- **Logistics Support:** United Nations Humanitarian Air Service (UNHAS) expanded operations by opening five new access points to improve humanitarian reach in hard-to-access areas.

PAHO Response (4, 8, 27)

Coordination:

- PAHO/WHO, in coordination with UNICEF, is supporting partner coordination and has deployed response teams to address the ongoing cholera outbreak in Ouest and Sud-Est Departments.
- Support national health authorities to strengthen the Health Cluster and improve information management.
- Facilitate joint investigations with MSPP for suspected outbreaks and ensure prompt response activation.

Surveillance:

- Epidemiological surveillance and community response strengthened in Belle-Anse and Grand-Gosier communes (Sud-Est Department) to address the cholera outbreak, supported by PAHO/WHO, UNICEF, and ALIMA.
- Nurses trained on cholera specimen collection techniques by the Labomoto project team to improve rapid detection and confirmation of cases.
- Reinforce epidemiological surveillance and early detection in shelters, IDP sites, and communities.
- Providing support for data collection, analysis, alerting and communication in active case finding and evaluating use of EWARS-in-a-Box and other alternatives for deployment and training surveillance teams.
- Support LNSP and departmental labs in confirming samples and logistics for specimen transport.
- Surveillance is ongoing for waterborne diseases including cholera for populations in shelters and affected communities, and increased WASH interventions have been implemented in IDP sites.
- Labomoto strategy is supporting the sample collection and transportation of suspected cases of epidemic diseases.

Community protection:

- Mobilize and train community health workers to deliver hygiene and cholera prevention messages.
- Disseminate information via radio, social media, and local networks to counter misinformation and promote early care-seeking.

- Integrate prevention of sexual exploitation and abuse (PRSEA) and gender-based violence (GBV) awareness into hygiene promotion and community sensitization sessions.
- IDPs and people in shelters continue being sensitized on cholera prevention, and awareness materials were distributed.

Clinical care:

- Procure and preposition emergency medical supplies (IV fluids, antibiotics, trauma kits, obstetric kits) for hospitals and cholera treatment centers (CTC).
- Establish contingency stocks for rapid deployment in floods or outbreaks, prioritizing hard-to-reach areas.
- Sustain access to life-saving health services in affected areas.

Logistics / Countermeasures:

- Strengthen supply chain management and customs clearance for health and WASH supplies.
- Distribute cholera kits, essential medicines, and hygiene kits to affected departments.
- Maintain transport support via air, land, and sea routes, leveraging UNHAS and local partners.
- Conduct rapid WASH/IPC assessments and implement corrective measures in CTCs and shelters.
- Support water quality monitoring with Ministère de la Santé Publique et de la Population (MSPP) and Direction Nationale De L'eau Potable et de L'Assigissement (DINEPA).

Gaps and challenges (8, 9, 27)

- Fragile health and humanitarian context exacerbated by Hurricane Melissa and chronic insecurity; need increased surveillance and WaSH interventions in internally displaced persons (IDP) sites and shelters.
- Laboratory confirmation for cholera remains a challenge due to delays in specimen transport to the National de Santé Publique (LNSP) in most departments since specimens can only be transported to the LNSP by air, except for the metropolitan area of Ouest.
- Limited access and difficulty for delivery of essential medical and WaSH supplies to isolated areas due to security constraints.

Cuba

0 Deaths	0 Injured	628 Sheltered	53,000 Evacuated
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Affected areas

In Cuba, the eastern provinces of Granma and Santiago de Cuba were the hardest hit since the passage of Hurricane Melissa, while Holguín, Las Tunas, and Guantánamo also faced significant flooding, landslides, and infrastructure damage (7, 28). Blocked roads and collapsed bridges continue to complicate recovery and response efforts in the Granma and Santiago de Cuba provinces; efforts also hindered in Holguín province (10). In Granma, 53 communities remain inaccessible by road (11). Alternative routes have been established to facilitate response efforts in affected areas (10).

Electricity and hydraulic systems were damaged by the hurricane, disrupting electrical services and leaving approximately 450,000 people without access to safe drinking water (29). Water quality remains a concern due to flooding in the affected provinces and officials are leveraging pipe systems and alternative strategies to guarantee safe water to affected populations (8). Reservoirs in Santiago de Cuba are undergoing sanitation and chlorine tables are being distributed (8). As of 18 November, power has been restored for 60.07% of the population in Santiago de Cuba, 93.54% in Holguín, 96.25% in Granma, 99.05% in Guantánamo, and 100% in Las Tunas (30, 31).

Agricultural losses covering 158,000 hectares of crops and hundreds of cattle have left thousands of farming families in economic hardship and strained the country's food supply (10). Food storage, preparation, and preservation systems and fishing equipment have also been damaged, further impacting livelihoods and food security (29, 32).

Affected population

More than 3.5 million people in Cuba were affected by Hurricane Melissa. As of 14 November, 53,000 people remain evacuated and 628 people remain sheltered across 13 evacuation centers (10, 11). The government of Cuba has provided assistance to 1,312,000 affected persons by providing shelter, food, and clothing, and had evacuated 735,000 people at peak (12). There continue to be no deaths or injuries reported (8, 33).

Table 4. Number of evacuation centers (shelters) and persons by most affected Province (11)

	Holguín	Granma	Santiago de Cuba	Guantánamo	Total
Evacuation centers (shelter)	5 ↓	8 ↓	0 ↓	0 ↓	13 ↓
Number of persons evacuated (in shelters)	298 ↓	330 ↓	0 ↓	0 ↓	628 ↓

In the Granma province, 91 families were transferred to state facilities for long-term shelter, where they will be provided with comprehensive care (11). Heavy rains brought in by a cold front caused additional evacuations in Granma and Holguín; 280 people were relocated in Granma as a result (1, 11).

Of the 149,000 homes damaged, 95,000 damaged homes are located in Santiago de Cuba, including 2,300 completely collapsed homes and 6,000 homes with completely collapsed roofs (10). This damage exacerbates housing challenges in Santiago de Cuba, where nearly 6,900 families displaced by Hurricane Sandy still lack permanent housing (10).

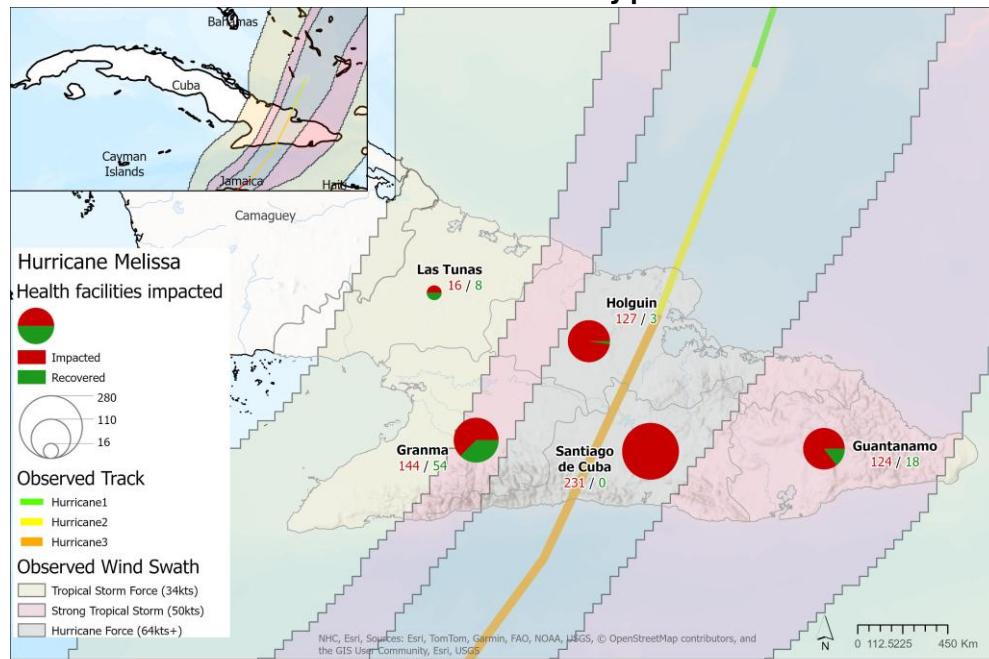
Health systems impact

Of the 642 damaged healthcare facilities reported, 235 have been rehabilitated (8, 12). Damages include leaks, partial or total collapse of structures and access roads, loss of medical supplies, and damage to roofs, walls, windows, lights, telephone and electrical cables, hydraulic tanks and installations, and medical equipment (11, 12).

Table 6: Health Facility Damage from Hurricane Melissa in Five Affected Provinces (12)

Health Facility	Las Tunas	Holguín	Granma	Santiago de Cuba	Guantánamo	Total
Damaged	16	127	144	231	124	642
Rehabilitated	18 ↑	57 ↑	95 ↑	15	50 ↑	235 ↑

Map 2: Impacted and recovered Health facilities in Cuba by province. 18 November 2025 (28).



The arrival of Hurricane Melissa coincided with a period of increased arbovirus transmission across the country, particularly dengue and chikungunya, with health authorities estimating that 30% of the population has recently contracted an arboviral disease (10, 34). No outbreaks have been reported to date, however, environmental conditions remain favorable for water-borne and vector-borne transmission (11).

Country response (1, 11)

- **Infrastructure response:** National authorities and emergency brigades are working to remove debris, reopen roads, and restore electrical services. In Granma and Santiago de Cuba, the Provincial Defense Councils are overseeing cleanup operations, restoration of essential services, and aid distribution.
- **Psychosocial support:** Four brigades of child and adult psychiatrists continue to provide psychological support to affected persons.
- **Medical care:** People in evacuation centers and affected communities continue to receive medical care. A mobile field hospital in Granma is supporting rapid evaluation and management of suspected infectious cases.
- **Health awareness campaigns:** Healthcare workers, professors, and fifth-year medical students are conducting disease research and disseminating health education messaging to affected communities.
- **Disease surveillance:** Authorities maintain heightened surveillance for communicable diseases, with active house-to-house screening for fever, respiratory symptoms and diarrheal disease in affected municipalities and evacuation centers.
- **Vector control:** MINSAP continues to implement vector control measures (fumigation, focal treatment, and adulticide) in high-risk blocks and evacuation centers to prevent increases in dengue and other arboviruses .

PAHO Response (8, 11, 12, 28, 33, 35)

Coordination:

- PAHO continues meeting with MINSAP and other UN agencies (UNICEF, UNFPA, OCHA) to coordinate response, and with regional teams to advise on response strategies.
- PAHO has mobilized funding from ECHO and is working to mobilize funds from the Mormon Church (to support strengthening vital health services) and the Republic of Korea (to support arboviral response).

Surveillance:

- A dashboard has been developed to monitor the arbovirus situation in Cuba, particularly the high prevalence of DEN-4. Laboratory testing is also being leveraged to monitor detections of DEN-4.
- PAHO is engaging in technical dialogue with national health authorities to assess the current chikungunya situation in the country and will facilitate a targeted webinar and information exchange regarding chikungunya clinical management.
- Technical support ongoing for situation analysis and identification of response priorities, including a technical mission assessment of clinical management, vector control, epidemiology, and laboratory services, as deemed necessary by MINSAP.

- Support in identifying a list of critical supplies for vector control (insecticides and fumigation equipment) and for the care of Chikungunya and dengue patients, focusing on the prevention of severe cases and deaths from these diseases (medicines for severely ill patients, sphygmomanometers, and others).

Clinical care:

- Ongoing mobilization of shipments to support power restoration and vector control activities.

Logistics / Countermeasures:

- Supplies from the 28 October shipment of 2.6 tons of medical supplies (emergency health kits, surgical supplies, chlorine tablets, generators and emergency backpacks and water tanks) have been distributed to healthcare facilities in the Santiago de Cuba province.
- On 16 November, a 4-ton supply shipment acquired as part of the CERF Anticipatory Action project was delivered to Cuba, including a generator, 16 kVA power plants, medical field backpacks, and Direct Relief supplies.
- PAHO has prepared an additional shipment for Cuba with 5.2 tons of equipment, including 14 electrical generators, 14 portable fuel pumps, and 3 tents. This shipment is expected to arrive on 21 November.
- PAHO positioning additional supplies at the Panama Strategic Reserve for distribution to Cuba.
- PAHO expects to receive supplies procured from the WHO Dubai Hub to the Panama Strategic Reserve by the end of November, with planned distribution to Haiti and Cuba in December.

Gaps and challenges (10, 29, 32)

- Hurricane Melissa has exacerbated existing housing shortages, particularly in Santiago de Cuba where 95,000 homes have been damaged, increasing people's vulnerability to ongoing rainfall and future storms.
- Loss of crops, livestock, and fishing equipment has increased economic vulnerability and food insecurity, particularly among households with farming or fishing livelihoods.
- Damage to healthcare institutions, electrical systems, and water infrastructure, paired with flooding and heavy rainfall, poses challenges for healthcare delivery and increases the risk of arboviral transmission, waterborne illnesses, and hygiene-related infections. These conditions also heighten the need for vector control measures to control mosquito breeding and disrupt ongoing transmission of arboviral diseases.

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