

# Regional Situation Report – Hurricane Season 2025

## Hurricane Melissa

### Sitrep No. 3

Data as of 12 November 2025, 11:00 EST (UTC-05:00). Information in this document is subject to change.

Deaths	Damaged Health Facilities	In Shelters
<b>88 ↑</b>	<b>758 ↑</b>	<b>4,628 ↓</b>
Jamaica: 45	Jamaica: 106	Jamaica: 814
Haiti: 43	Haiti: 10	Haiti: 1,255
Cuba: 0	Cuba: 642	Cuba: 2,065

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## Highlights

Hurricane Melissa made landfall in **Jamaica** on 28 October as a *Category 5 storm*, impacting **Haiti, the Dominican Republic, Cuba, the Bahamas, and Bermuda**, with the Pan American Health Organization supporting ongoing response efforts in the most affected countries: Jamaica, Haiti, and Cuba.

The storm heavily disrupted health systems, resulting in damaged health facilities, power and water outages, and limiting access to essential health services.

**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:** Critical lab supplies identified to support testing for waterborne, respiratory, and arboviral diseases in Jamaica; Cuba, technical support is ongoing for situation analysis and identification of response priorities; Haiti ongoing surveillance for cholera, COVID-19, malaria, and diphtheria; Sud-Est cholera outbreak under monitoring, downward trend in Ouest.
- **Community Protection:** WASH assessments conducted in key hospitals with supplies delivered for water testing and sanitation monitoring in Jamaica; cholera prevention activities ongoing in shelters in Haiti.
- **Clinical care:** Jamaica Rapid damage assessments of health facilities underway; multiple hospitals severely damaged; PAHO supporting mental health response in coordination with MoHW, EMT deployment (2 Type 2 and 4 Type 1 operational); Haiti, field teams are assessing health facilities; Cuba, shipments mobilized to restore power in health facilities and support vector control after flooding.
- **Logistics / Countermeasures:** Delivered critical response supplies, including medical kits, generators, and water testing equipment to Jamaica; Assisted Haiti MSPP in relocating vaccines to maintain the cold chain and mobilized emergency kits, medical supplies, tents, and mosquito nets; prepositioned kits at PROMESS; multiple shipments to Cuba delivered medical supplies, medicines, fumigation kits, mosquito nets, and generator, further mobilization of medical supplies is in progress.

## Executive Summary

- Jamaica:** Severe damage is being reported at 5 major hospitals, and damage is also being reported at health centers (n= 101), with power outages, and impacts to water systems affecting emergency services, inpatient care, surgical capacity, and imaging and laboratory services; 45 deaths confirmed, with 814 people in shelters (1-3).
- Haiti:** Approximately 1,255 people remain in four temporary shelters in Ouest and Sud (4). 43 deaths reported, mainly in Petit-Goâve, Ouest Department (5-8). Water systems damage is increasing risk of waterborne diseases in shelters and impacted communities (7). Prevention and awareness campaigns to limit cholera spread, ongoing outbreak preceding Hurricane Melissa, with 2,900 cases of cholera, including 20 community deaths and seven institutional deaths since January 2025 (9).
- Cuba:** Widespread destruction, flooding, and landslides were reported, with 735,000 people evacuated and 2,065 remain in shelters (10, 11). Essential services have been disrupted across the affected eastern provinces, with damage reported to 642 healthcare facilities (10). Electrical services remain significantly disrupted in Santiago de Cuba (12).

Country	Deaths	Missing	Injured	Displaced	Sheltered	Data as of
Jamaica	45		210		814	11 Nov
Haiti	43	13	21	1,500	1,255	10 Nov
Cuba	0		0	735,000	2,065	12 Nov
<b>TOTAL</b>	<b>88</b>	<b>13</b>	<b>231</b>	<b>736,500</b>	<b>4,134</b>	(varies)

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

	Key Health-System Impacts	Surveillance Status
<b>Jamaica</b>	5 hospitals and ~101 health centres damaged; more than 40 % of facilities on generators; unstable water supply.	Facility and shelter surveillance ongoing; heightened risk of respiratory, vector-borne, water-borne, food-borne illnesses.
<b>Haiti</b>	10 facilities damaged (flooding / medicine loss in Sud & Grand-Anse). MSPP crisis cell remains active	Field epi teams and EBS active; PAHO/MSPP joint assessments in shelters; no new cholera outbreaks in storm-hit departments.
<b>Cuba</b>	642 health facilities damaged (↑ from 461); 34.01% of population with power in Santiago de Cuba.	Health care continuing in shelters; sanitation and vector control brigades operational; Disease surveillance and technical support for situation analysis continue.

## Jamaica

45	210	814
Deaths	Injured	Sheltered

### Affected areas

Over 21 communities islandwide have been affected by landslides and flooding and were isolated. Rising water levels in Manchester Parish have led to flooding and displacement of residents. Severe damage to infrastructure includes more than 130 major roads blocked, widespread power-grid failures, and communication disruption throughout the island (2). Catastrophic winds, heavy rainfall (15-30 inches), and storm surges up to 13 feet affected the Southern and Western Regions of the country (13-15). The most impacted parishes remain Saint Elizabeth, Trelawny, Saint James, Hanover, and Westmoreland (13, 14). Damage assessments and response measures, including to and of health infrastructure, remain underway (10). Telecommunications have been impacted in almost half of the country, with a connectivity loss of about 55% in the country when the hurricane impacted (16).

### Affected population

As of 10 November, approximately 122,530 houses require repair or reconstruction, affecting about 490,000 people (11). 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 (7).

The number of injured reported is 210, and there have been 45 deaths reported nationally, with the parishes of Saint Elizabeth and Westmoreland being the hardest hit (**Table 1**) (1, 2).

**Table 1.** Deaths reported by Parish, Jamaica, as of 11 November 2025 (1)

Parish	Deaths reported*
Hanover	2
Portland	1
Saint Ann	1
Saint Elizabeth	18
Saint James	6
Trelawney	2
Westmoreland	15
<b>Total</b>	<b>45</b>

\*Note: Deaths reported include those related to injuries sustained during hurricane preparedness activities.

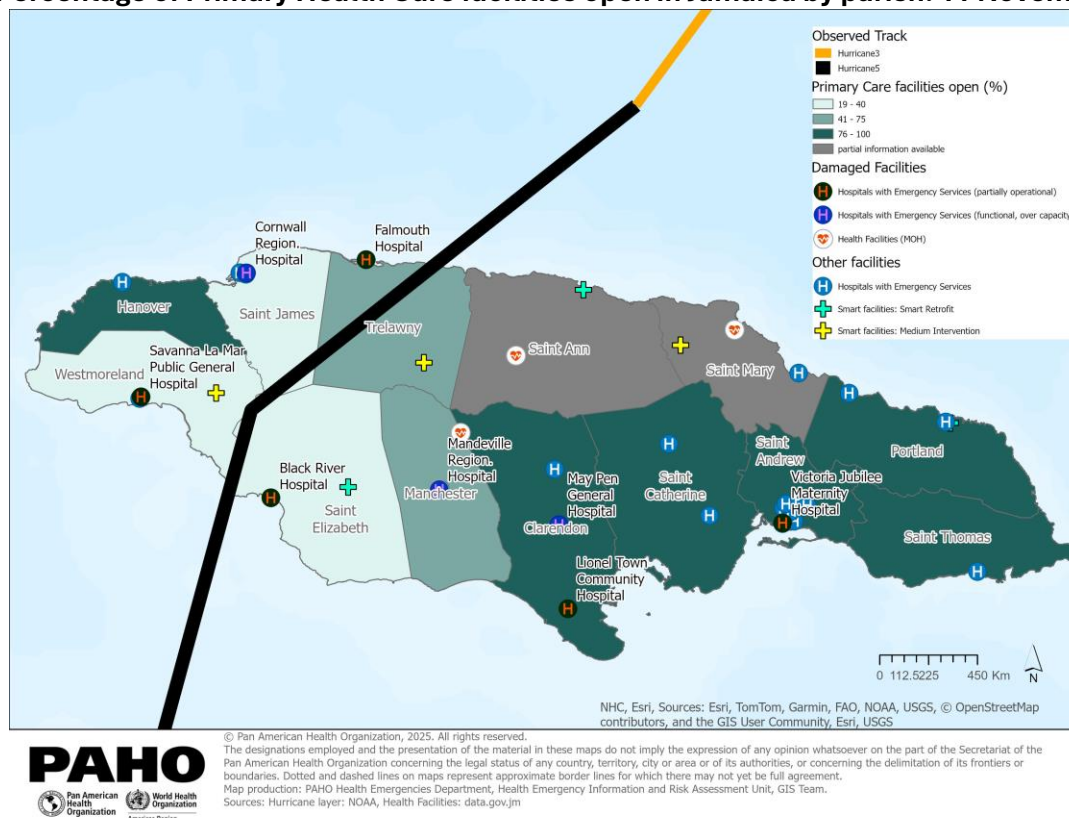
As of 6 November, 75 shelters remained active (of 881 total shelters), housing 814 persons; at peak on 29 October 513 shelters had been activated housing 7,208 people (2, 13, 14).

Estimates report 98,000-359,000 people may need food assistance and are a priority need in 12 parishes (13, 17).

Mental health needs are a priority, with rising needs especially among children and healthcare workers (18).

## Health systems impact

**Map 1: Percentage of Primary Health Care facilities open in Jamaica by parish. 11 November 2025.**



The Jamaica Ministry of Health and Wellness (MoHW) reports Hurricane Melissa has severely impacted the country's health infrastructure and service delivery. Damage has been reported in 5 major hospitals and over 100 health centers across the country, with 47 health centers unable to offer services as of 9 November 2025 (2, 3, 14).

As of 6 November 2025, primary health services were resuming in multiple affected parishes, while over 50% of health facilities remain closed in Saint Elizabeth (1 of 23 health facilities open), Saint James (4 of 21 health centers open), Westmoreland (6 of 20 health centers open), and Trelawny (11 of 22 health centers open) (**Map1**) (2, 10). Public hospitals have been operating in emergency mode across all Regional Health Authorities, with an average 93% staffing level nationally (2, 17).

Emergency services and routine care have resumed in most affected hospitals following relief efforts, supported by the setting up of Emergency Medical Teams (EMT) Type 2 facilities, and transfer of patients to functional hospitals. Kingston Public, Mandeville Regional, and Mary Pen Hospitals report being more than 100% over capacity (17).

Restoration of electricity supply is ongoing, with connections resumed at Falmouth Hospital in Trelawny, and most facilities in the South-Eastern Regional Health Authority, but most hospitals in the Western, Southern, and North-Eastern Health Authorities still depend on generators for power supply. Water reserves still have an ongoing issue, with all hospitals and health centers in Saint Elizabeth, and multiple health centers in Saint Catherine, Kingston & Saint Andrew, Saint Thomas, and Portland report no stable water

connection. Most hospitals still function using water supplied from trucks. Severe disruptions in communication systems persist in the Southern and Western regions, while in the South-East and North-East, services have resumed. Emergency radio systems are in use as a backup measure, while Starlink systems were deployed to the hardest hit areas, including Falmouth, Savanna-la-Mar, and Noel Holmes hospitals (2, 17).

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 (2).

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 (2, 17).

Assessment of the impacts of the hurricane on the health system and health service delivery is ongoing (Table 2).

**Table 2: Major Hospital Impact Assessment – Jamaica (as of 11 November 2025) (2, 17)**

Facility	Status	Key Impacts and Operational Notes	PAHO Response
<b>Black River Hospital (St Elizabeth)</b>	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.
<b>Falmouth Hospital (Trelawny)</b>	Partially functional	Operating theater flooded, catastrophic damage to roof (60-70% loss). 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. EMT Type 2 set up and operational
<b>Cornwall Regional Hospital (St James)</b>	Functional	Flooding; major damage to roof, lab equipment. Facility operational but overcrowded. Emergency surgeries, dialysis, and radiotherapy resumed	Conducted a WASH and damage assessment. Supplied repair materials, galvanized sheets, procured dialysis machines
<b>Noel Holmes Hospital (Hanover)</b>	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
<b>Savanna-la-Mar Hospital (Westmoreland)</b>	Partially functional	Significant loss of medical equipment, water leaks, severe damage to staff housing. Emergency and out-patient surgeries resumed; lab services outsourced to Noel Holmes Hospital	Conducted a WASH assessment. Providing a tent for outpatient services

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

## Country response *(2, 14, 16, 19)*

- The activation of the National Emergency Operations Center (NEOC) remains at Level 3 status.
- Municipal Corporations and the National Works Agency have been mobilized to respond to impacted areas.
- Restoration of electricity supply is ongoing, and as of 10 November 2025, 64% of consumers (representing about 300,000 people) had their power supply restored, after the hurricane impact left more than 70% of the island without power.
- Mobile telecommunications are being restored, with Digicel reporting 76%, and Flow reporting 80% of their networks resuming operations.
- About 70% of the population have stable internet connectivity using satellite-based internet services.
- Potable water supply has been restored in 54% of systems (382 of 700), but turbidity and power issues remain a concern; water trucking and purification tools are urgently needed.
- The Environmental Health Team is targeting 5 critical areas in response to threats from hurricane impact: food safety, general sanitation, water quality, shelter, and vector control:
- Disease surveillance is ongoing at all health facilities and shelters, no adverse health conditions had been reported among people in shelters as of 7 November.
- The Western Regional Health Authority has resumed the environmental health monitoring and vector control activities in the less affected parishes.
- National Laboratory Services are fully operational, with the necessary staff, supplies, and power backup to provide uninterrupted lab services.
- The Mental Health team leads have submitted a needs assessment, and a technical working group has been planned to take place during the week. JAMPSYCH (Jamaica Psychologists) and the JPA (Jamaica Psychiatric Association) are approached to provide care to healthcare workers and provide specialist services. Mental Health and Psychosocial Support (MHPSS) 3-Month Action Plan and the complementary 1-Month Operational Plan are available and being implemented, as of 10 November 2025.

## PAHO Response *(2, 10, 13, 17)*

### Coordination:

- The 4<sup>th</sup> Health Sector Group Coordination Meeting was held on 8 November 2025, with PAHO as the Co-Chair with the MOHW, and had partners and organizations share their capacity and commitments.
- 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.
- Deployment of PAHO's Regional Response Team Experts to the PAHO Jamaica Country Office to support areas, including health services, water, sanitation, and hygiene (WASH), mental health and psychosocial support (MHPSS), structural engineering, EMT Coordination, Health Cluster and HEOC Coordination, Information Management, Logistics and Environmental Health.



- PAHO is represented at UN meetings, including the United Nations Emergency Technical Team (UNETT) which is held every other day.
- PAHO is represented at the Caribbean Development Partner Group – Disaster management meetings.

### Surveillance:

- Critical laboratory supplies have been identified for purchase to support testing for waterborne diseases (including cholera), respiratory illnesses, and arboviral infections.

### Community protection:

- WASH assessments have been carried out at Falmouth Hospital, Cornwall Regional Hospital, Santa Cruz Heath Center and at Black River Hospitals to evaluate water availability, access, and the condition of water and sanitation infrastructure. The PAHO team is planning to conduct similar assessments in other health care facilities in the coming week, focusing on the most affected areas and the SMART Health Care Facilities.
- WASH supplies arrived in Jamaica – potable water testing kits, multi-parameter meters for pH, turbidity, chlorine, salinity, coliform test kits, and incubators

### Clinical care:

- Structural engineering support provided for rapid damage assessments of health facilities; an island-wide action plan for damage assessments is being prepared in collaboration with MoHW and will include health facilities.
- On 7 November 2025, a PAHO team conducted a rapid assessment of the damage to infrastructure and equipment at the Savanna la Mar Hospital, Bluefield, and Whitehouse Health Centers, identifying needs in infrastructure, human resources, medical equipment, supplies, and pharmaceuticals. Whitehouse and Bluefield Health Centers sustained extensive damage, rendering it inoperable, and a recommendation was made to establish a field hospital near Whitehouse.
- PAHO, in collaboration with the MoHW and the USG-led Disaster Assistance Response Team, visited the Lamb's River Health Center, located in a community marooned by the hurricane, and assisted the clean-up and rehabilitation efforts.
- Providing support to MoHW in coordinating the technical group on Mental Health and Psychosocial Support. Workshops on assessing mental health needs of affected populations and healthcare workers are underway. Communication materials development support underway.
- Joint PAHO-MoHW visit of Black River Hospital and Health Center with efforts to maintain provision of weekly Community Mental Health Services and continuity of psychiatric treatment for patients with pre-existing mental disorders
- PAHO continues to support the MoHW with the deployment of Emergency Medical Teams (EMT):
  - MoHW has established the Medical Coordination and Information Cells (CICOM) with PAHO's support within their Emergency Operations Center (EOC) to facilitate the request, offers and deployment of emergency medical teams.
  - Two Type 2 EMTs (Samaritan's Purse and Spanish Cooperation) have been deployed and are operational—one to Black River Hospital and one to Falmouth Hospital (*IMSTNov12*). Four Type 1 EMTs have been set up to support primary care services (Black River clinic, Whitehouse clinic and

two for Sav Clinic). An additional one Type 2 EMT (Barbados Defense Force) and four Type 1 EMTs are being mobilized.

- PAHO prepared the draft Medical Needs List for the response on 1 November 2025, awaiting review and approval by the MOHW.

### Logistics / Countermeasures:

- A consignment of essential medical and response supplies (trauma backpacks, emergency medical kits, gloves, deployment bags, a generator, and water testing equipment) was cleared on 6 November, to support disaster response teams, prioritized to strengthen field response capacity and ensure continuity of critical health services in affected areas.
- PAHO previously delivered 5.5 tons of supplies, including Interagency Emergency Health Kit (IEHK), Non-communicable disease Kit (NCDK) capable of reaching 20,000 people over 3 months, a trauma kit for 100 interventions, generators, and medical backpacks.
- In coordination with the Royal Netherlands Navy, the PAHO Subregional Office in Barbados was able to send support and supplies including, water analysis kits, first responder backpacks, and other key emergency response supplies.

### Gaps and challenges *(2, 10, 13, 17, 20)*

- Connectivity and access to parts of the Western and Southern regions, including parts of Saint Ann are impeding relief and response efforts
- Healthcare delivery is impacted by lack of uninterrupted power and water supply, with multiple hospitals running on generators with limited fuel and receiving water supply from trucks.
- There is an increasing demand for mental health and psychosocial support among affected communities and frontline responders, requiring additional staff and resources to ensure timely access to care.
- Need to deploy additional surge support from the PAHO Regional Response Team (RRT) to reinforce priority technical areas (emergency operations, EMTs, health services, epidemiology, WASH, logistics, and information management), ensuring adequate capacity to implement the response plan and effectively utilize the funds already identified for the Melissa emergency.
- Activities that need to be further intensified, with strengthened epidemiology and laboratory functions for the early detection and investigation of leptospirosis, diarrheal diseases, and respiratory infections, alongside expanded support for shelter-based interventions—including WASH, water quality monitoring, epidemiological surveillance, environmental health, sanitation and hygiene promotion, and gender-based violence considerations.
- Challenges in reorganizing the health service delivery network in Jamaica, and a stronger linkage is needed between the completed hospital assessments and the next operational steps — including planning for repairs, EMT, and humanitarian health support and service coverage, restructuring service delivery pathways, and ensuring the timely reopening and continuity of essential health services.



## Haiti

43	13	21	1,255
Deaths	Missing	Injured	Sheltered

### Affected areas

Heavy rainfall and strong winds particularly impacted several departments in northern and southern Haiti, including the departments of Grand-Anse and Nord-Ouest (11). Torrential rain, flooding and landslides have caused damage to roads, homes, and public infrastructure; the Sud, Grand-Anse, Nippes, and Ouest Departments were hit hardest (11, 21). Localized flooding and blocked routes have been hampering recovery distributions (11).

### Affected population

As of 11 November, at least 43 deaths, 21 injuries, and 13 missing persons have been reported in Haiti (4, 21). As of 10 November, the International Organization of Migration reports approximately 1,500 people remain displaced, with at least 980 homes damaged within Grand-Anse Department and Nord-Ouest Department and over 1,000 total homes damaged across the country (11).

Approximately 1,255 people remain in four temporary shelters among two departments, Ouest and Sud (4) (Table 3). The number of people in temporary shelters has continued to decrease since 6 November (10).

**Table 3: Population in shelters, by Department, Haiti. As of 11 November 2025 (4, 5)**

Department	Number of shelters	Population in shelters
Ouest	2	600
Sud	2	655
<b>Total</b>	<b>4</b>	<b>1,255</b>

Water systems damage at varying levels has been reported, increasing the risk of waterborne diseases in shelters and impacted communities (7).

There has been an ongoing cholera outbreak in Haiti since January 2025, prior to Hurricane Melissa, with 2,900 cases of cholera, including 20 community deaths and seven institutional deaths reported by the Ministry of Public Health and Population (MSPP), and the government is prioritizing prevention and awareness campaigns to limit the spread of cholera. Included among identified risks are potential increases in diarrheal diseases, typhoid, and malaria following the passage of Hurricane Melissa (9).

## Health systems impact

As of 6 November, there are no major damages to health facilities related to Hurricane Melissa (4). However, minor damage was reported at several health facilities affected by heavy rains and flooding. In Sud Department, of 28 contacted health facilities, 4 had reported water infiltrations from the roof as of 30 October, leading to loss of medicines and medical supplies; separately, minor damage was reported to hospitals in Les Cayes, Sud Department (8). In Sud-Est, out of 28 facilities contacted by PAHO health teams, 3 had reported minor ceiling damage, with no major structural impact (6). In Jeremie, Grand-Anse Department and in Port-de-Paix, Nord-Ouest Department, some minor damage to hospitals has been reported as of 3 November (8). In Artibonite Department, assessment efforts are impacted in parts that remain under gang control (6). In Nippes Department, no health facilities reported any damage (6).

## Country response (6, 9, 11, 22-24)

- The crisis cell of the Ministry of Public Health and Population (MSPP) was activated to coordinate the national health response.
- Departmental authorities continue to assess needs through Rapid Damage Assessments (EDABs) before planning larger-scale distributions.
- The General Directorate of Civil Protection (DGPC), in coordination with IOM, has reached nearly 3,000 families with cash assistance and 3,100 shelter kits.
- The National Committee for Risk and Disaster Management remains in permanent session, coordinating actions among ministries in collaboration with local authorities and humanitarian partners.
- The Haiti Ministry of Public Health and Population (MSPP) had prepositioned kits of medicines and health supplies in the Ouest Department for immediate deployment to affected areas.
- The government of Haiti is prioritizing prevention and awareness campaigns in communities to limit the spread of cholera, in light of the ongoing outbreak.

## PAHO Response (4, 6, 9, 10, 22-24)

### Coordination:

- The health cluster was convened with key partners to organize the health response.
- PAHO/WHO remains in direct and constant contact with MSPP and health facilities across affected departments to monitor service continuity and infrastructure conditions. Joint MSPP-PAHO completion of preparedness checklists prior to the storm ensured continuity of essential health services.
- PAHO conducted rapid assessments of cholera treatment centers (CTC) and health facilities in the affected departments.
- PAHO/WHO supported coordination of partners to respond to the cholera outbreak in the Sud-Est Department.
- Response teams have been deployed to the field (Sud-Est Department) with support from PAHO/WHO and UNICEF.
- PAHO, in coordination with MSPP and IOM, conducted rapid assessments in IDP sites and shelters across affected areas.

## Surveillance:

- 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.
- No new cholera outbreaks have been reported so far in the departments affected by the storm. However, there has been an ongoing cholera outbreak in the Sud-Est Department (Grand-Gosier, Belle-Anse, Marigot), that remains under surveillance. While a downward trend in cholera cases in the Ouest Department has been noted, but surveillance remains essential.
- Surveillance activities are also monitoring COVID-19 trends, malaria trends, and diphtheria trends by Department and at the national level.
- Labomoto strategy is supporting the sample collection and transportation of suspected cases of epidemic diseases

## Community protection:

- IDPs and people in shelters were sensitized on cholera prevention, and awareness materials were distributed.
- Medical and WaSH supplies for treatment of cholera are to be deployed to strengthen capacity in all departments.
- IDPs are being sensitized for cholera awareness and prevention messages are being distributed.

## Clinical care:

- Additional medical and WaSH supplies have been prepositioned to strengthen cholera response capacity.
- Nearly 2 tons of medical supplies were delivered to the Health Directorate of the Ouest at the Minister's request.
- Field teams are visiting shelters to assess needs and conducting rapid assessments in health facilities in all departments.
- About 2 tons of medical supplies were delivered to the Health Directorate with the support of ECHO and IMANA to support health facilities in all departments.
- PAHO deployed kit of medicines and medical supplies to Notre Dame Hospital in Petit-Goâve (Ouest Department) to support response to people wounded.

## Logistics / Countermeasures:

- PAHO support was provided to the MSPP to relocate vaccines to maintain the cold chain due to disruptions by power outages affecting solar-powered refrigerators.
- PAHO has mobilized additional supplies to replenish medical kits and other essential items, including: 1 Interagency Emergency Health Kits (IEHK) and 1 Non Communicable Disease Kit (NCDK) providing 10,000 treatments x 3months each, 1 Hurricane Kit, 10 First responders Backpack, 24 primary care backpacks, 4 tents 24mt2, 1 Bladder tank 10mt3, 1 PPE kit, 300 mosquito nets.
- Prepositioned emergency kits at PROMESS (Tabarre), including two Interagency Emergency Health Kits (IEHK), one trauma kit, and one cyclone kit, capable of reaching 11,100 people.

## Gaps and challenges (6, 10, 11, 22, 23)

- Increased surveillance and WASH interventions in IDP sites (*PHEMonthlyMeetingSlide, IMSTNov12*).
- Difficulties to deliver essential medical and WASH supplies to certain areas in need due to gang-related activity.
- Difficulties to transport laboratory samples from localities to decentralized laboratories and the centralized lab at Laboratoire National de Santé Publique (LNSP) and shortage of reagents and transport mediums.
- Increase surveillance and response to diphtheria and other vaccine-preventable diseases, where limited access to affected areas due to insecurity and violence continues to hinder case detection, sample transport, vaccination activities, and timely outbreak response
- Access constraints and pre-existing vulnerabilities related to insecurity and infrastructure continue to limit aid delivery in parts of the northwest and south.
- Intermittent communications across several departments, including Port-au-Prince, due to prolonged lack of sunlight affected solar-powered systems, complicating coordination and information flow between the MSPP, PAHO/WHO, and field teams.
- Humanitarian access remains constrained by flooded roads, landslides, and debris. Ground transport to affected areas is severely limited, forcing reliance on UNHAS air operations.

## Cuba

0	0	2,065	735,000
Deaths	Injured	Sheltered	Evacuated

### Affected areas

The eastern provinces of Granma, Santiago de Cuba, Holguín, Las Tunas, and Guantánamo have faced significant flooding, landslides, and infrastructure damage, with Granma and Santiago de Cuba being the hardest hit since the passage of Hurricane Melissa (11, 25).

Flooding, blocked roads, and collapsed structures continue to complicate recovery and response efforts (11). In Santiago de Cuba, the municipalities of Guamá, Contramaestre, and Palma Soriano had sustained critical damage and residents were isolated by road damage and the collapse of Uvero Bridge (26). Flooding from the La Yaya dam impacted the route between Santiago de Cuba and Guantánamo, isolating over 478,000 residents (27). In Holguín, 30 homes in the town of Cueto were completely submerged, while in Granma, all rivers had overflowed (27).

In total, 103,213 hectares of crops have been damaged, including grains, cassava, plantains, and coffee (25). The Granma province has lost over 28,000 cattle, hundreds of small livestock, and 110,000 liters of uncollected milk (26, 28). Crop damage has severely impacted the agricultural sector, particularly in the provinces of Granma, Santiago de Cuba, Holguín, and Guantánamo. Damage to boats, fish storage

facilities, and collection centers has impacted the fishing sector (26). Ongoing flooding in Santiago de Cuba has complicated damage assessment (25).

Telecommunication and electrical services were significantly disrupted (29). According to the Ministry of Energy and Mines, as of 11 November, power has been restored for 100% of the population in Las Tunas, 96.88% in Guantánamo, 81.66% in Holguín, and 78.24% in Granma. Only 34.01% of the population in Santiago de Cuba has power (12).

## Affected population

More than 3.5 million people in Cuba were affected by Hurricane Melissa. The government of Cuba has provided assistance to 1,312,000 affected persons by providing shelter, food, and clothing, and evacuating 735,000 people. 2,065 people remain sheltered across 19 evacuation centers among four provinces (10).

**Table 4. Number of evacuation centers (shelters) and persons by most affected Province (10)**

	Holguín	Granma	Santiago de Cuba	Guantánamo	Total
Evacuation centers (shelter)	6	9	3	3	19
Number of persons evacuated (in shelters)	402	1,499	153	11	2,065

An additional 965 people in Holguín and Santiago de Cuba are receiving state assistance, in some instances including shelter; assessment is ongoing for Granma and Guantánamo (10).

**Table 5: Persons receiving state assistance in affected Provinces (10)**

	Holguín	Granma	Santiago de Cuba	Guantánamo	Total
Number of persons receiving assistance	849	-	116	-	965

No deaths or injuries have been reported (30).

Hurricane Melissa has caused damage to more than 90,000 homes (10). This includes 4,743 completely damaged homes, 10,311 partially damaged homes, 12,056 homes with complete roof damage, and 47,753 homes with partial roof damage (10, 30). Of the homes with partial roof damage, 2,190 have been repaired (10).

## Health systems impact

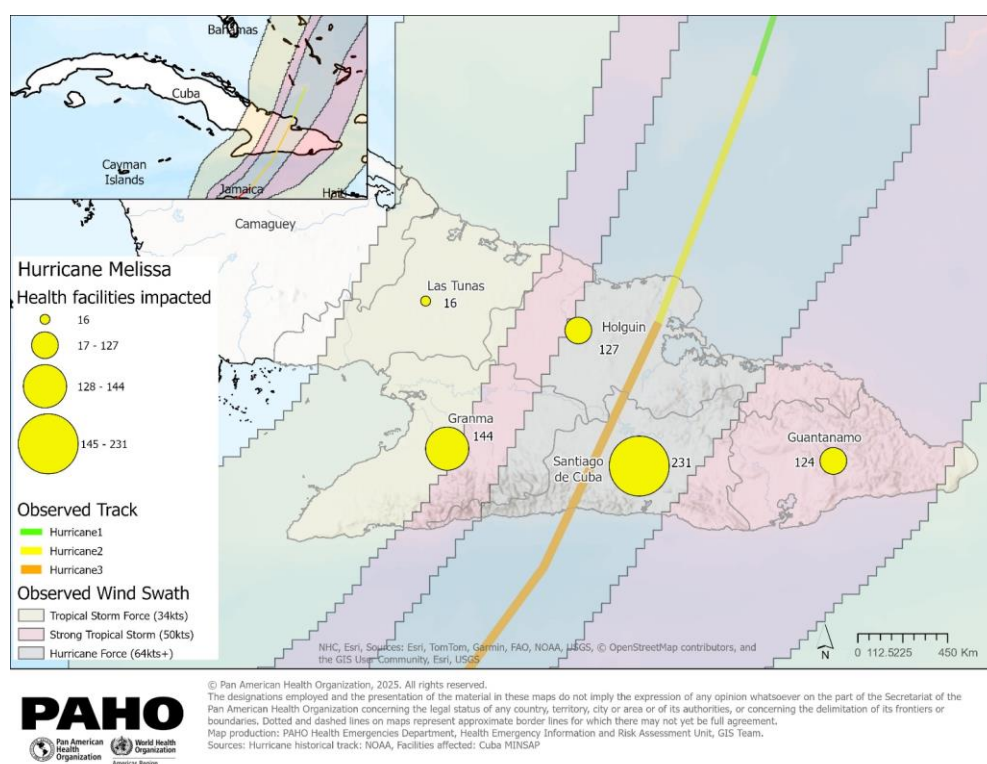
642 healthcare facilities sustained damage from Hurricane Melissa, in Santiago de Cuba (n= 231), Granma (n= 144), Holguín (n= 127), Guantánamo (n= 124), and Las Tunas (n= 16), including leaks, partial or total collapse of structures and access roads, loss of medical supplies, and damage to roofs, walls, windows, lights, telephone and electrical cables, hydraulic tanks and installations, and medical equipment (10). The Juan Bruno Zayas Alfonso Hospital in Santiago de Cuba, which provides critical services including care for

pregnant women and dialysis services, sustained damage (27). As of 12 November, 152 of the 642 damaged healthcare facilities have been rehabilitated (10).

**Table 6: Health Facility Damage from Hurricane Melissa in Five Affected Provinces (10)**

Health Facility	Las Tunas	Holguín	Granma	Santiago de Cuba	Guantánamo	Total
Hospitals	3	10	8	16	4	41
Polyclinics	1	23	16	31	8	79
Primary care offices	2	56	72	70	63	263
Pharmacies	7	7	13	44	14	85
Social services	1	13	12	29	12	67
Other	2	18	23	41	23	107
<b>Total</b>	<b>16</b>	<b>127</b>	<b>144</b>	<b>231</b>	<b>124</b>	<b>642</b>
<b>Rehabilitated</b>	<b>10</b>	<b>54</b>	<b>41</b>	<b>15</b>	<b>32</b>	<b>152</b>

**Map 2: Damage to Health facilities in Cuba by province. 11 November 2025 (25).**



No outbreaks of communicable diseases have been reported and vector control efforts are underway to mitigate the expected increase in mosquito populations following flooding in the eastern provinces, as the



arrival of Hurricane Melissa coincided with a period of increased arbovirus transmission across the country, particularly dengue and chikungunya (30-32).

### Country response (10, 26, 27, 29, 30, 33)

- The Minister of Public Health (MINSAP) called for a detailed survey of the damage to healthcare infrastructure, services, and resources caused by Hurricane Melissa. Damage assessments of affected areas being conducted by Provincial and National Defense Councils.
- National response efforts are focused on restoring access to water, electricity, and telecommunication services.
- National authorities are procuring fuel for resource distribution and distributing food and hygiene kits to affected individuals.
- More than 2,500 brigades of electrical and telecommunication workers were deployed to affected areas and water pumping stations and micro power generation have been established to power hospitals and evacuation centers. Medical brigades continue to work on recovering damaged medical equipment to support vital hemodialysis treatment and maternal and childcare.
- Thirty-three medical-surgical brigades remain deployed in several eastern provinces.
- Brigades of child and adult mental health experts are providing psychological support to affected persons.
- Evacuation centers are providing differentiated medical care to infants, pregnant women, and the elderly.
- MINSAP has established a surveillance system to track data from daily screenings conducted by doctors, nurses, and 5<sup>th</sup> and 6<sup>th</sup> year medical students, with particular focus on surveillance of fevers.
- Pharmacies and local production centers are distributing sodium hypochlorite.
- Vector control, epidemiology, and hygiene teams are working to monitor water quality and food processing and prevent diarrheal disease.
- MINSAP is implementing vector control measures, including fumigation, focal treatment, and adulticide treatment in high-risk blocks and evacuation centers.
- Cuba announced support for families whose homes were damaged by Hurricane Melissa, in the form of subsidies and bank loans for low-income households, and financing of 50% of the cost of materials for re-construction.

### PAHO Response (10, 25, 30, 31)

#### Coordination:

- PAHO is meeting with MINSAP and other UN agencies (UNICEF, UNFPA, OCHA) to coordinate response, and is meeting with regional teams to advise on response strategies.
- PAHO is mobilizing funds from ECHO, the Mormon Church, and the Embassy of the Republic of Korea. Funding from the Republic of Korea will support Cuba's arbovirus response.

## Surveillance:

- Indicator and event-based disease surveillance are ongoing.
- 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).
- Support for the development of a national proposal for the mobilization of resources for the response to arboviruses.

## Clinical care:

- Shipments mobilized to help restore power in healthcare facilities and support vector control efforts, as mosquito populations are expected to increase following the flooding in the eastern provinces.

## Logistics / Countermeasures:

- A shipment of medical supplies acquired through CERF Anticipatory Action Financing has been transferred to Cuba.
- A second shipment has been prepared and is expected to arrive next week with 4 tons of medicine, supplies, and equipment, including 600 mosquito nets, four fumigation kits with thermal foggers and protective gear, four additional thermal foggers, and four generators.
- A donation from Global Link containing 1,600 boxes of expendable medical supplies is in progress.
- On 28 October, PAHO airlifted 2.6 tons of medical supplies to Cuba, including emergency health kits with sufficient medicines, medical and surgical supplies to treat 5,000 people for three months, 42,000 chlorine tablets to purify approximately eight million liters of water, generators, emergency backpacks, and water tanks.

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**For more information:** <https://www.paho.org/en/hurricane-melissa>