

## Regional Situation Report – Hurricane Season 2025

### Hurricane Melissa

Sitrep No. 5,  
 4 December 2025

Data as of 3 December 2025, 11:00 EST (UTC-05:00). Information in this document is subject to change.

Country	Deaths	Missing	Injured	Displaced	Sheltered	Damaged Health Facilities	Data as of
<b>TOTAL</b>	<b>88</b>	<b>28 ↑</b>	<b>274 ↑</b>	<b>5,397 ↓</b>	<b>3,460 ↑</b>	<b>785*</b>	(varies)
<b>Jamaica</b>	45	21 ↑	340 ↑		1,441 ↑	134	3 Dec
<b>Haiti</b>	43	13	21	1,500	0 ↓	9	3 Dec
<b>Cuba</b>	0		0	3,897** ↓	2,019 ↑	642	3 Dec

**Notes:** Definitions of “displaced” and “sheltered” may vary by country; totals are approximate. \*The sum of damaged health facilities reported in PAHO Regional SitRep No.4 included an error and should have reflected 785.; \*\*Previous SitReps reported 53,000 for Cuba as reported for evacuated; this has been updated to the latest data received on displaced.

## 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. The storm heavily disrupted health systems, resulting in damaged health facilities, power and water outages, and limiting access to essential health services (1).

The **PAHO/WHO** Regional Incident Management Support Team (IMST) remains activated continues to coordinate closely with Ministries of Health and other partners for the health response.

- Coordination:** PAHO published the Strategic Response Plan for Hurricane Melissa 2025 outlining the overall goal to provide technical and operational support to the Ministries of Health of *Jamaica*, *Haiti*, and *Cuba* restore health service delivery and substantially contribute to minimize public health risks following Hurricane Melissa. Priority health needs are set out in the Strategic Response Plan, available [online](#). (2)
- Surveillance:** Technical and operational support for digitized case detection and laboratory confirmation of leptospirosis and arboviruses provided in *Jamaica* with PCR primers and probes deployed. Cholera and diphtheria surveillance ongoing in *Haiti*. Enhanced arbovirus surveillance and vector control, including laboratory supplies procured for chikungunya sequencing in *Cuba*.
- Community Protection:** New phase of WASH assessments launched for 97 remaining health facilities in *Jamaica*. Hygiene promotion and WASH interventions ongoing in IDP sites to prevent waterborne diseases in *Haiti*.

- **Clinical Care:** Restoration of essential health services through Emergency Medical Teams (EMT) deployment, facility repairs, WASH assessments, and expanded Mental Health and Psychosocial Support (MHPSS) support for health workers and communities in *Jamaica*. 200 severe dengue clinical management guides distributed to strengthen care in affected health clinics in *Cuba*.
- **Logistics / Countermeasures:** Delivery of emergency health items to major hospitals; procurement of 9,750 mosquito nets and 10,000 drum covers for vector control; comprehensive health needs list compiled for MOHW in *Jamaica*. Multiple supply shipments delivered under CERF Anticipatory Action project in *Cuba*. Additional supplies positioned at Panama Strategic Reserve for onward distribution to *Jamaica and Haiti*.

## Executive Summary

**Jamaica:** 15 EMT are operational, including two EMTs Type 2 and 13 EMTs Type 1, supporting affected hospitals and health centers in the Western and Southern Regions (3-6). A multilayered Mental Health and Psychosocial Support (MHPSS) response with tailored interventions is being developed and implemented. Water supply remains a critical issue, only 13 of the 54 National Water Commission (NWC) centers are functional in Western Region. New WASH assessments phase to cover the 97 remaining health facilities, aiming to strengthen resilience and maintain safe conditions in health institutions (3, 6).

- **Key health systems update:** 5 major hospitals report significant damage, of which Black River Hospital is destroyed, and the others report a 40% decrease in available bed capacity. Of the 101 primary health centers assessed in the five most affected parishes, 58 report major damage, while three report moderate damage, 18 report minor damage, and 8 report no damage (6, 7).
- **Surveillance status:** Marked increase in leptospirosis consistent with post-flood transmission patterns. 45 cases were reported, of which 21 were laboratory-confirmed and 12 related deaths, including 6 confirmed by RT-PCR. Upward trends in diarrheal diseases and respiratory complaints warrant continued surveillance. Two tetanus cases were reported, one of which was fatal (3, 5).

**Haiti:** No temporary shelters set up for Hurricane Melissa remain in use as of 3 December 2025 and no additional deaths, missing, or injured reported in the last two weeks.

- **Surveillance Status:** Monitoring ongoing cholera outbreak since January 2025; fewer suspected cases in epidemiological week (EW) 47 vs. EW 46, Ouest and Sud-Est Departments remain high-risk. Specimen transport issues continue. 781 suspected diphtheria cases and 22 confirmed cases in 2025 (up to EW 47), along with two confirmed deaths, with additional fatal cases under investigation; at least one diphtheria related death linked to an IDP site (1, 3, 8, 9).

**Cuba:** Damage reported to more than 155,000 homes and 158,000 hectares of crops. 3,897 displaced persons receiving government assistance and remain sheltered in evacuation shelters, temporary structures, and the homes of family or friends.

- **Key health systems update:** Basic and vital health services have been restored across affected eastern provinces as of 26 November, with some repairs to partially damaged roofs ongoing.
- **Surveillance status:** Chikungunya and dengue transmission is ongoing in Cuba, with 37,101 suspected and 241 confirmed chikungunya cases and 25,995 suspected and 351 confirmed dengue cases reported as of EW 48. Cuba has reported 21 deaths associated with chikungunya among confirmed cases, predominantly among individuals under 18 years of age, and 12 deaths associated with dengue (3, 8, 10).

## Jamaica

45	21	340	1,441
Deaths	Missing	Injured	Sheltered

### Jamaica - Affected areas

The parishes most impacted by Hurricane Melissa are Saint Elizabeth, Trelawny, Saint James, Hanover, and Westmoreland (1). Ongoing efforts have restored electricity supply to 79% of the affected population, 97% of major hospitals, and 76% of National Water Commission (NWC) water pumps. However, some affected communities in the Western parishes might not be reconnected until February of the next year (11). As of 27 November 2025, about 154,000 people remain without power supply, and about 97,000 people remain without NWC water supply (12). Telecommunications restoration efforts have similarly progressed, with 95% of pre-hurricane mobile traffic operational (13).

As of 17 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, Hanover, and Clarendon have reported multiple areas where rising groundwater or surface water has affected communities, flooded houses, and blocked roads (**Table 1**). Water in limestone aquifers in Manchester has risen over a cumulative total of 300ft underground. Monitoring has recorded groundwater rising above surface at over 1 foot per day (14).

**Table 1.** Areas inundated with groundwater or surface water flooding in Jamaica, as of 17 November 2025 (14)

Parish	Areas inundated with groundwater or surface water flooding
<b>Manchester</b>	Content district, Williamsfield; Evergreen, Comfort Hall, Harmons
<b>Saint Elizabeth</b>	Brighton, New Market into New River, Santa Cruz
<b>Hanover</b>	Chigwell
<b>Clarendon</b>	Bog
<b>Saint Ann</b>	Pedro River, Douglas Castle, Thatch Walk
<b>Trelawney</b>	Martha Brae – Perth Town Road, Moorefield to Wakefield, Fontabel Main Road

### Jamaica - Affected population

As of 27 November 2025, approximately 191,000 buildings have been damaged, with about 90,000 households displaced; additionally, 21 persons are reported as missing, representing an increase since the previous PAHO Regional Situation Report (1, 4). 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 (1). An estimated 2,619 healthcare workers were impacted by the hurricane, affecting service delivery in addition to the damage to health infrastructure (6).

An increase in injured people has been reported, with a national total of 340, no new deaths reported in the last two weeks, and 45 deaths reported in total (6). As of 25 November 2025, 113 shelters remained active across seven parishes (of 881 total shelters), housing 1,441 people, representing an increase since the last two weeks (**Table 2**). Saint Elizabeth, Saint James, and Westmoreland parishes report the highest number of active shelters and sheltered people (4).

**Table 2. Number of active shelters and occupancy by Parish, Jamaica, as of 27 November 2025 (4)**

Parish	Clarendon	Hanover	Manchester	Portland	Saint Ann	Saint Catherine	Saint Elizabeth	Saint James	Trelawny	Westmoreland	Total
Active Shelters	12	2		4		26	29	7	33	113	
Occupancy	103	3		22		266	214	222	611	1,441	

The population is at increased risk of water and vector-borne diseases due to widespread flooding and water-system disruption. The WRHA recorded increases in respiratory and gastrointestinal syndromes, particularly fever with cough and watery diarrhea, possibly linked to water quality challenges and environmental exposures. While no severe or alarming syndromic spikes were detected, the upward trends in diarrheal diseases and respiratory complaints warrant continued surveillance, health messaging, and environmental health interventions (15).

Environmental Health teams remain active, conducting surveillance in food safety, water quality, vector control, wastewater, and solid waste management (6). Of the 54 NWC centers present in the Western Region, only 13 were functional, with multiple major systems in Saint James offline. Pump failures in Westmoreland resulted in crude chlorination measures being undertaken. Multiple hospitals have had the NWC water connections restored (4).

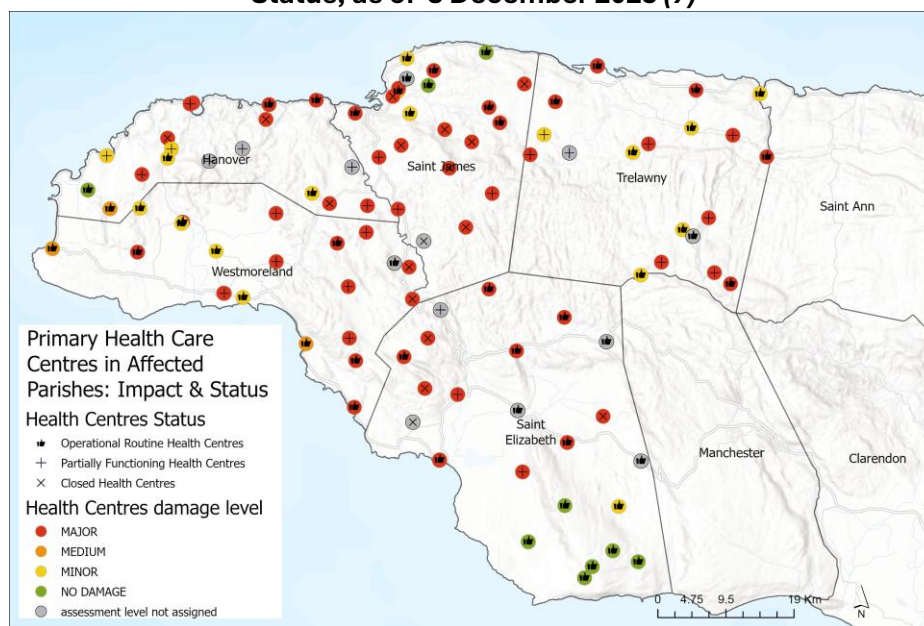
Community WASH assessments across four parishes including Westmoreland, and Saint James report that while the majority of respondents (76%) have access to potable water, 8% rely on rivers and springs, and another 4% harvest rainwater. Multiple residences lacked sanitary conveniences, and solid waste disposal remained problematic. Complaints of pests (mosquitoes, rodents, and flies) were reported; debris is acting as a harborage for rodents (3, 6). Environmental Teams commenced field activities for increasing access to potable water through coordination of the installation of water purification stalls and distribution of chlorine tablets (4).

Solid waste management has been a reported issue in multiple parishes. Multiple wastewater treatment facilities remain non-functional, primarily in Westmoreland, Saint James, and Trelawny. Issues remain in power and water supplies, impacting housing and markets (4).

## Jamaica - Health systems impact

As of 28 November 2025, of the 101 assessed primary health centers out of 134 reported, 58 report major damage, while three 3 report medium damage, 18 report minor damage, and 8 report no damage. 17 health centers remain closed, while 28 are partially operational (Map 1). Only 55% of assessed health centers operate at full capacity (1, 6) (**Table 3**).

**Map 1: Primary health care centres in the five most affected parishes of Jamaica: Impact and Status, as of 3 December 2025 (7)**



**Table 3: Operational primary health centers in the five most affected parishes, Jamaica, 28 November 2025 (6, 7)**

Parish	Operational Primary Health Centers (%)	Partially operational Primary Health Centers (%)	Closed Primary Health Centers (%)	Total Primary Health Centers assessed
Westmoreland	12	6	2	20
Saint Elizabeth	16	3	4	23
Saint James	11	3	8	22
Hanover	6	8	3	17
Trelawny	11	8	0	19

Rapid assessment of the five major hospitals with severe damage found that Black River Hospital, Saint Elizabeth Parish, was completely destroyed, and the other partially functional hospitals had lost up to 40% of the existing bed capacity (4, 6, 7). The Santa Cruz Health Center, a SMART facility with full retrofitting, in Saint Elizabeth Parish had remained operational (1). The PAHO dashboard on Jamaica Primary Health Care Centres in Affected Parishes: Impact & Status (Hurricane Melissa 2025), continues to be updated as ongoing assessments are completed and is available from: [dashboard link](#) (7).

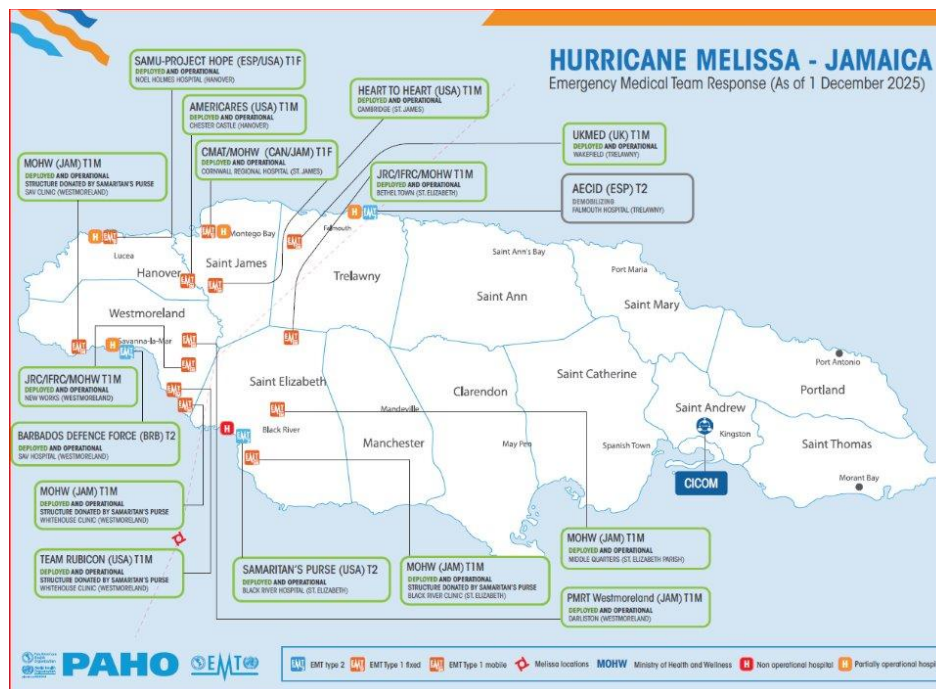


Multiple hospitals report that despite resumption of collection, significant backlogs of medical waste remain, creating risks to infection prevention and control, and community tension, requiring urgent reinforcement of collection and storage (15). Almost all major hospitals have had their power supply restored, while a few continue to rely on trucked water from the NWC (4). Communication has been mostly restored with access to satellite-based internet in areas with limited telephone or mobile service (4).

Lab services at the affected major hospitals report varying levels of functionality. Critical operations have been restored, but all of them report reduced capacity (15).

With regard to the Emergency Medical Team (EMT) response activities, as of 3 December 2025, out of 16 total EMTs that were deployed and functional, 15 remain, while one Type 2 EMT (Falmouth Hospital, Trelawny) is in the process of demobilizing (**Map 2**) (3). Two Type 2 EMTs (Primary care and Inpatient Services with Operating theater capabilities) remain set up and functional, one at Saint Elizabeth, supporting the Black River Hospital, and the other at Westmoreland, supporting the Savanna la Mar Hospital. The 13 additional EMTs are Type 1 supporting affected hospitals and health centers in the Western and Southern Regions (3, 4, 6).

**Map 2. Locations and status of Emergency Medical Team response in Jamaica, as of 1 December 2025 (3)**



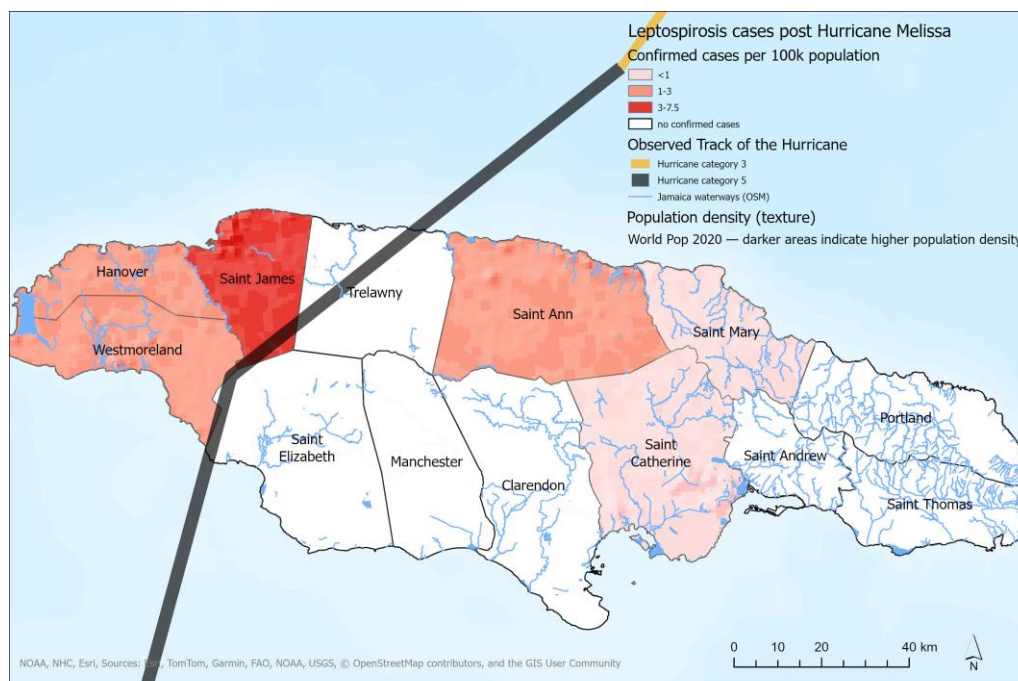
The Health Cluster, jointly coordinated by the Ministry of Health and Wellness (MOHW) and PAHO, has identified a total of 32 partner organizations (including non-governmental organizations, civil society actors, UN Agencies, and donors) actively carrying out support operations across the most affected parishes in Jamaica. This robust support includes 18 EMT and mobile-clinic partners deployed or on standby; 14 organizations delivering Mental Health and Psychosocial Support (MHPSS) interventions; 15 partners providing logistics, medical supplies, and equipment; 10 partners supporting health teams and staffing; 5 organizations assisting with the rehabilitation of health facilities; 5 organizations supporting

Water, Sanitation, and Hygiene (WASH) and environmental health interventions; 2 organizations supporting Epidemiology and Surveillance; and 2 partners providing Health-service delivery interventions. For more comprehensive details on the specific assistance provided by each partner, the Health Cluster - Mapping of Response Capabilities is available from: <https://shiny.paho-phe.org/melissa-partners> (16).

## Jamaica - Epidemiological updates

Jamaica has detected a marked increase in leptospirosis consistent with post-flood transmission patterns. As of 27 November 2025, the country reported 45 suspected, probable, or confirmed cases post Hurricane Melissa, of which 21 were laboratory-confirmed. Twelve related deaths have been documented, including six confirmed by RT-PCR. The rise in cases began shortly after the flooding, with most confirmed infections occurring in the post-Melissa period (5).

**Map 3. Leptospirosis cases post Hurricane Melissa, Jamaica, as of 3 December 2025 (3)**



As of 27 November 2025, Jamaica reported 452 suspected cases of dengue, with no confirmed cases in 2025. Two suspected dengue-related deaths were reported, but neither was laboratory confirmed. Dengue activity for 2025 has been low, according to weekly and monthly reports (6).

Respiratory surveillance for influenza-like illness (ILI) at sentinel sites reports clinic visits and hospital admissions for severe acute respiratory illness (SARI) were below alert and epidemic thresholds. Between epidemiological week (EW) 44 and EW 47 (ending on 22 November 2025), two cases of respiratory syncytial virus (RSV) and three cases of COVID-19 had been reported. There have been no reported cases of Influenza A or B (6).

Surveillance data also indicate two tetanus cases reported after the hurricane, one of which resulted in death (6).

### Jamaica - Country response <sup>(1, 4-6, 11-13)</sup>

- **National Reconstruction and Resilience Authority (NARA)** being established by the government to lead, coordinate, fast track and oversee national rebuilding efforts in the aftermath of Hurricane Melissa.
- **Technology Recovery Task Force** established to restore and modernize critical services.
- Post Melissa **Health Promotion and Protection Plan** has now been finalized and is being implemented.
- **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.
- **Electricity supply restoration:** As of 1 December 2025, about 79% of the affected population had their power supply restored, along with 97% of major hospitals, and 76% of NWC water pumps.
- **Mobile telecommunications restoration:** About 95% of Flow and 93% of Digicel networks' pre-hurricane mobile traffic have been restored, along with 81% of fixed network services. Efforts are being made to continue satellite-based internet services beyond November.
- **Maternal Outreach programs** were conducted in Saint Elizabeth, Westmoreland, and Trelawny from 21 to 25 November 2025, to provide essential maternal care, including antenatal checkups, psychosocial support, health education, nutritional counselling, and linkage to ongoing care.
- **Public Service Announcements** ongoing use of the Jamaica Information Service to share information on health center reopenings, injury prevention, mental health, vector control measures, and food safety and flood water precautions. Broadcast channels utilized include radio, television, and social media.
- **Shelter health visits** to assess general conditions (tarpaulin roofs, bedding, tables, benches, etc.), adequate food, and water availability. Unsatisfactory shelters had issues with clean water supply and solid waste management. Multiple shelters report unsatisfactory residual chlorine levels.
- **Nursing home inspections** by MOHW focusing on adequate water storage and chlorine treatment, food safety, and respiratory symptoms among residents.
- **Food safety and inspection of food and tourist establishments:** Food establishments and restaurants continue to be under inspection across all parishes (including 32 in Saint James, and 90 in Westmoreland), with multiple unsatisfactory facilities reporting lack of potable water, pest infestations, and structural damage. Over 100kg of food and 200 litres of beverages were condemned. Several hotels and tourist establishments have been temporarily closed pending repair and restoration of electricity. Health education sessions were conducted at all inspected properties.
- **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. Patmore Funeral Home in Trelawny, storing about 30 bodies, was found operating only on generator power, and with untreated water supply.
- **Vector control measures.** 950 vector control workers have been deployed to high-risk communities.



- **Leptospirosis surveillance:** Enhanced clinical and syndromic surveillance for leptospirosis has been implemented across all health centres, hospitals, tourist establishments, and shelters. Rapid response teams have been deployed to investigate any reported clusters or deaths. Clinician sensitization on the clinical management of leptospirosis and tetanus was conducted through an MOHW-led webinar, supported by PAHO, along with discussions on doxycycline chemoprophylaxis for high-risk groups (cleanup workers, rescuers, farmers). Strengthened health promotion and community education activities were conducted through local media, press releases, and MOHW press conferences.
- **Rodent control measures:** Intensified rodent control and waste management activities were implemented in flood-affected communities. A leptospirosis sensitization training for sanitation workers was planned in Western Parks and Markets, the week of 24 November 2025. Coordination with Veterinary Public Health and local Municipal Corporations to improve animal inspection, sanitation control, potable water availability, and garbage collection.
- **Veterinary Health:** Health promotion activities conducted generally, and through one-to-one engagements, along with distribution of animal care packages containing vitamins, anti-stress medications, chlorine tablets, and other essential supplies. A Farmer's Clinic was held on 18 November 2025, in Anchovy, Saint James, with veterinarians, and other health officials.
- **Healthcare Workers:** Staff Welfare Plan is being implemented across the physical, psychological, financial, and environmental domains, providing immediate relief support, accommodation support, and linking healthcare workers to care and support services. Outreach activities are also being undertaken.
- **Mental Health and Psychosocial Support (MHPSS):**
  - 156 persons have been trained thus far from the MOHW, PAHO, University of the West Indies (UWI), and the Ministry of Education (MOE).
  - As of 25 November 2025, 1,138 persons in the affected communities have been offered some form of MHPSS, 18% are children and 18% are Health Care Workers and First Responders.
  - The Community Mental Health Team has begun operations at assigned clinics in addition to conducting home visits. More than 775 cases have been attended as of 27 November 2025, in St. James, Hanover, Westmoreland, and Trelawny parishes.
  - Healthcare workers attended psychosocial support sessions held by a joint team from the SERHA Community Mental Health team, National Mental Health Unit, and PAHO. A total of 213 healthcare workers received support, in addition to 506 people via Jamaica Red Cross, and 368 persons via C-Tech.
  - The MHPSS sub-cluster group is active, meeting every Tuesday at 3:00 pm, allowing for coordination at the service delivery levels. An MHPSS Technical Working Group meeting is held every Friday at 1:00 pm.
  - MOHW and PAHO are finalizing a weekly SitRep form (digital) aligned with the indicators established in the MHPSS Plan of Action. Information generated will be included in the partner dashboard.
  - The NEW LIFE 24/7 helpline (888-NEW-LIFE) is operational to receive hurricane-related calls.

## PAHO Response (1, 3, 6, 15, 17, 18)

Since the PAHO Regional Situation Report – Hurricane Melissa, Sitrep No. 4 publication (PAHORSR4), these additional and continued response actions have taken place:

### Coordination:

- PAHO continues to co-chair with the MOHW the Health Cluster Coordination meetings on Hurricane Melissa featuring partner updates from 45 agencies carrying out field responses in western Jamaica.
- The PAHO-supported platform for coordinating Emergency Medical Teams was activated on 5 November 2025 and is accessible at <https://www.virtualcicom.org>.
- Members of the PAHO Regional Response Team continue to support incident management, health cluster support coordination, EMT coordination, support for epidemiologic surveillance and laboratory, environmental health, MHPSS, and logistic.
- Members of the PAHO Regional Response Team are currently supporting incident management, health cluster support coordination, epidemiology, EMT coordination, environmental health, MHPSS, logistics, and emergency administration.
- PAHO Deployment for WASH damage assessment 30 October to 20 November; Coordination, Health Cluster support, Jamaica Country Office EOC support 4 November to 24 November.
- The new EMT sub-group of the Health Cluster Coordination group had its 1st meeting on 18 November 2025 and have shared the MOHW-approved Minimum Data Set for all EMTs to use for reporting.
- 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.

### Surveillance:

- PAHO provided reagents to the national laboratory to support confirmation of leptospirosis, and supporting MOHW in evaluating the health information system to identify gaps, strengthen data quality, and improve timely leptospirosis reporting.
  - Technical assistance is being provided to MOHW to review the investigation form and offered recommendations for laboratory testing.
  - Support is also being provided to MOHW in assessing the transportation of specimens to ensure timely, safe, and reliable delivery to the national laboratory for confirmatory testing.
  - A field visit to St. Elizabeth was conducted with officials from the Ministry of Health to support the response in areas reporting cases.
- PAHO continues to provide targeted technical cooperation to the MOWH to strengthen routine and emergency surveillance. 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.
- On 18 November, PAHO shipped the following primers and probes for PCR: 1 set for triplex detection of DENV/CHIKV/ZIKV; 1 set for DENV serotyping; 1 set for Leptospira detection.

## Community protection:

- PAHO, in collaboration with MOHW and UNICEF, is launching a new phase of WASH assessments to cover the 97 remaining health facilities, aiming to strengthen resilience and maintain safe conditions in health institutions after recent disruption.

## Clinical care:

- Procurement of roof materials to 7 damaged primary health centres. PAHO is collaborating with MSF to get contractors hired, oversee logistics and supervise on-site repairs.
- PAHO, in collaboration with MOHW and UNICEF, is advancing efforts to ensure comprehensive coverage of all health care facilities for WASH assessments. A new phase of evaluations has been prepared, targeting the 97 remaining facilities that have not yet been assessed, utilizing an adapted rapid assessment tool. This initiative aims to strengthen resilience and maintain safe conditions in health institutions following recent disruptions. This collaboration is also extending for further support on vector control.
- Support was provided to transport health counsellors to visit Health Care workers and offer PFA and MHPSS.
- PAHO is planning on providing technical support to the MOHW related to addressing anticipated mold-related issues in facilities.
- Supported the MOHW to develop a comprehensive needs list for WASH and environmental health interventions.
- Advised the MOHW on the design and adaptation of a multilayered MHPSS response and provide guidance on appropriate interventions tailored to different target groups and levels of intervention (community, Primary Health Centers, Specialized Mental Health Care, etc.)
- PAHO supported establishing and coordinating the MHPSS Working Group with weekly meetings; mapped activities from 14 member organizations; and formed a technical MHPSS committee to provide guidance to the MOHW.
- Provided assistance to the MOHW in designing key indicators and data collection tools to evaluate the impact and implementation of MHPSS activities; and assist in the development of communication strategies and materials.
- Supported the deployment of 26 psychosocial support volunteers trained in “PM+”, a PAHO/WHO MHPSS intervention to provide MHPSS interventions in shelters and communities:
- Provided MHPSS support to approximately 200 health workers across 11 facilities in four parishes through individual and group sessions, as part of PAHO-supported deployment.
- PAHO continues to update the [Jamaica Health Facilities: Impact & Status \(Hurricane Melissa\)](#), showing hurricane affected health facilities, the damage level and their status. The map also includes layers showing hurricane wind strength and path, as well as population density.
- PAHO is working closely with Team Rubicon during field assessments in Westmoreland, with a particular focus on Savanna-la-Mar Hospital and nearby health facilities. Joint teams visited the hospital to review service availability, patient flow, and critical gaps in infrastructure, WASH, supplies, and staffing.
- 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 was set up to discuss operational details on field hospitals and EMTs and PAHO is carrying out field visits.

- 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."
- As of 30 November, the deployed EMTs performed 7,560 consultations, 257 admissions, 105 major surgeries and 214 minor surgeries, 21 births, 9 amputations (distal and diabetes related), among other procedures.

### Logistics / Countermeasures:

- Purchasing 9,750 mosquito nets and 10,000 drum covers to be distributed within MOHW health facilities.
- As of 28 November 2025, health emergency items purchased by PAHO were delivered to Savanna-la-Mar Hospital, Falmouth Hospital, Cornwall Regional Hospital, Mandeville Health Centre, and to the National Health Fund, Ministry of Health and Wellness. The complete list is available through Annex 1 of the PAHO Jamaica Hurricane Situation Report No. 21.
- PAHO, with MOHW approval, compiled a list of identified health needs detailing the items, description and quantities sought under each of the following categories: Medical equipment & accessories (including operating theatre equipment), Medical facility (hospital) furniture and fixtures, Medical sundries and supplies (including infusion & medication delivery and respiratory & airway management), Laboratory equipment, Communication equipment and supplies, Patient transport & other vehicles, Personal protective equipment (PPE) & Linen, Pharmaceuticals, Water, Sanitation & Hygiene, Vector Control, Emergency Response Equipment, Dental Equipment, Nutrition, Tools & Supplies, and Waste management. The complete details are available in the PAHO Jamaica Hurricane Situation Report No. 21.

### Gaps and challenges (3, 4, 6, 8)

- Growing epidemiological risks and limited diagnostic capacity in Jamaica.
- Challenges in timely delivery of specimens to the laboratory for leptospirosis confirmation within the recommended optimal period of 4–5 days (or up to 7 days). As of 26 November, many of the specimens tested were reported to have arrived outside the optimal window for PCR testing. However, discussions are ongoing to address this challenge, including the incorporation of ELISA for convalescent samples (>7 days post-onset).
- Healthcare workers have been severely affected by the hurricane (n= 2,619), including displacement, impacting the availability of skilled workforce for service delivery.
- Severe damage to health infrastructure and biomedical equipment: water intrusion and wind damage impacted biomedical devices, records, and critical equipment, resulting in major service disruptions across the Southern Regional Health Authority (SRHA) and Western Regional Health Authority (WRHA). Recovery efforts ongoing.
- Extensive infrastructural losses requiring rebuilding, re-equipping, temporary service relocation, and large-scale debris removal.
- Primary care delivery remains strained in the five most affected parishes with continued primary care facilities remaining non-functional, especially in SRHA and WRHA, causing heavy dependence on mobile clinics and emergency outreach and only 55% of facilities providing full services.

- Unreliable communication systems hindering operations: disrupts epidemiological reporting, coordination of referrals and transfers, and logistical planning for health services; this is also impacting MHPSS access to established help lines.
- Unsafe water supply and sanitation in health facilities: inconsistent access to potable water, damaged storage systems, and reliance on tankers or temporary desalination sources.
- Wastewater treatment systems remain non-functional in multiple parishes (markets, health facilities, housing schemes), increasing risks of waterborne disease transmission.
- Unsatisfactory sanitary conditions in shelters impacting health: reports of insufficient water, damaged latrines, accumulated solid waste, and overcrowding, with incidents of minor injuries, untreated chronic disease, and gastrointestinal conditions.
- Vector control capacity overstretched: Extremely high *Aedes* indices (up to 34.5% in Hanover), limited staff turnout, limited transport available, inadequate equipment and fuel, and large numbers of breeding sites following flooding.
- Significant post-disaster environmental hazards are emerging, including mass poultry mortality (>740 birds), disinterred graves due to flooding, and wildlife incursions. These conditions increase biological and safety risks for communities and response teams and complicate environmental health operations.
- Security concerns have emerged, including pilferage and looting of relief supplies, fuel, food, and water storage from health facilities in SRHA and WRHA, affecting continuity of operations and requiring reinforced security measures.

## Haiti

43	13	21	0
Deaths	Missing	Injured	Sheltered

### Haiti - Affected areas/population

As of 11 November, at least 43 deaths, 21 injuries, and 13 missing persons had been reported in Haiti in relation to Hurricane Melissa, with no changes reported as of 3 December (1). As of 25 November, there are no temporary shelters linked to Hurricane Melissa that remain in use (8).

### Haiti - Health systems impact

As of 3 December, there were no further updates to the health systems impact reported previously: 0 hospitals, 5 health centers, and 4 dispensaries affected (1).

### Haiti - Epidemiological update

Haiti continues to face a persistent cholera outbreak that began in January 2025 and remains a public health concern. Close monitoring continues given Hurricane Melissa's impact on water and sanitation systems (1). As of epidemiological week (EW) 47, a total of 4,191 suspected cases, 241 confirmed cases,



2,594 hospitalizations, and 77 deaths (including 43 at the community level) have been reported (9). Fewer suspected cholera cases were reported in epidemiological week (EW) 47 (64 cases) compared to EW 46 (122 cases); however, the situation remains concerning in the Ouest and Sud-Est Departments (8). Difficulties persist in specimen transport for laboratory confirmation (8, 9).

In addition to the ongoing cholera outbreak, Haiti is reporting 781 suspected diphtheria cases and 22 confirmed cases, along with two confirmed deaths, with additional fatal cases under investigation. The highest numbers of suspected cases have been recorded in Sud-Est (228 cases), Nord-Est (118 cases), Nord (82 cases), and Artibonite (99 cases), while confirmed cases have been detected in Nord, Nord-Est, Ouest, Artibonite, Sud, Nord-Ouest, Centre, and Nippes (9). At least one death attributed to diphtheria has been linked to an internally displaced persons (IDP) site (8).

Among IDP sites, specifically in Ouest Department, 7 suspected cholera cases and 9 suspected COVID-19 cases have been reported (8).

### Haiti - Country response <sup>(1)</sup>

- **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 <sup>(1, 3)</sup>

Since the PAHO Regional Situation Report – Hurricane Melissa, Sitrep No. 4 publication, these response actions have taken place:

#### Coordination:

- Coordinating with UN security structures and national authorities to facilitate safe access for outbreak investigation teams and specimen transport from high-risk communes.

## 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.
- Two shipments of cholera rapid diagnostic test reagents successfully received.
- Shipment of fecal swabs and transport media remains pending due to supplier backlog.
- Strengthening community-based surveillance networks and training community volunteers in early detection and referral of cholera and diphtheria cases.

## Logistics / Countermeasures:

- Medical kits from Dubai have arrived at PAHO's Strategic Reserve Center in Panama and shipping documentation is being finalized for delivery to Haiti.

## Gaps and challenges <sup>(1, 3)</sup>

- Fragile health and humanitarian context in Haiti 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 since departmental laboratories lack diagnostic capacity and specimens must be transported by air, except for the metropolitan area of Ouest.
- Security constraints continue to severely restrict access to several high-incidence communes, limiting early detection, outbreak investigation, and rapid response missions. Insecurity also delays specimen transport, restricts supervisory visits and field verification of suspected cholera and diphtheria clusters, and hinders the delivery of essential medical and WASH supplies to isolated areas.
- Underreporting and delayed case detection persist due to weak community-based surveillance systems and limited diagnostic capacity for diphtheria at departmental level, contributing to late identification of clusters and incomplete epidemiological data.
- Resource shortages and very limited donor presence constrain national capacity to sustain cholera and diphtheria response operations, including maintenance of supply chains for antitoxins, antibiotics, and essential outbreak control materials.
- Insufficient multisectoral coordination limits comprehensive outbreak control efforts; while the health sector remains the most structured, engagement with WASH, education, municipal services, and community networks remains inadequate for the scale of needs.
- Gaps in routine immunization and limited capacity for rapid, reactive diphtheria vaccination campaigns in high-risk communes hinder interruption of transmission, especially in settings with persistent insecurity and low community awareness.

## Cuba

0	0	2,019	3,897
Deaths	Injured	Sheltered	Displaced

### Cuba- Affected areas

Since the PAHO Regional Situation Report – Hurricane Melissa, Sitrep No. 4 publication (1), the affected areas in Cuba remained the same with Granma, Santiago de Cuba, Holguín, Las Tunas, and Guantánamo being the most affected areas.

Electricity, telecommunications, and water supply were significantly disrupted in the affected eastern provinces. As of 21 November, power has been restored for 66.7% of the population in Santiago de Cuba and 96.43% of the population in Granma (19), and as of 18 November, power had been restored for 93.54% of the population in Holguín, 99.05% in Guantánamo, and 100% in Las Tunas (1). Ninety-nine percent of telecommunication services have been restored in Granma, while in Santiago de Cuba, 56.8% of fixed telephone services, 59.7% of mobile phone services, and 91.3% of fiber optic services are operational (19). Water supply remains a critical concern, with only 66.6% of the water supply restored in Santiago de Cuba (19).

As reported in the PAHO Regional Situation Report – Hurricane Melissa, Sitrep No. 4, fishing equipment, food preservation and storage equipment, and 158,000 hectares of crops were damaged in the eastern region, straining food security and leaving fishing and farming families in economic hardship (1). As of 21 November, damage has been reported to 40,353 hectares of crops in Santiago de Cuba, of which 7,473 hectares (primarily bananas) were salvaged (19). Rice growing regions of Granma faced significant crop damage and loss of cattle, and 540 hectares dedicated to urban agriculture in Holguín were impacted (19, 20).

### Cuba - Affected population

Hurricane Melissa affected more than 3.5 million people in Cuba, prompting the evacuation of 735,000 people at peak (1). As of 2 December, 3,897 displaced persons are receiving government assistance: 2,019 are residing in shelters, 1,680 are staying with family or friends, and 198 are living in temporary structures across Holguín, Granma, Santiago de Cuba, and Guantánamo (3).

**Table 4. Number of displaced persons receiving government assistance by Province, 2 December 2025 (3)**

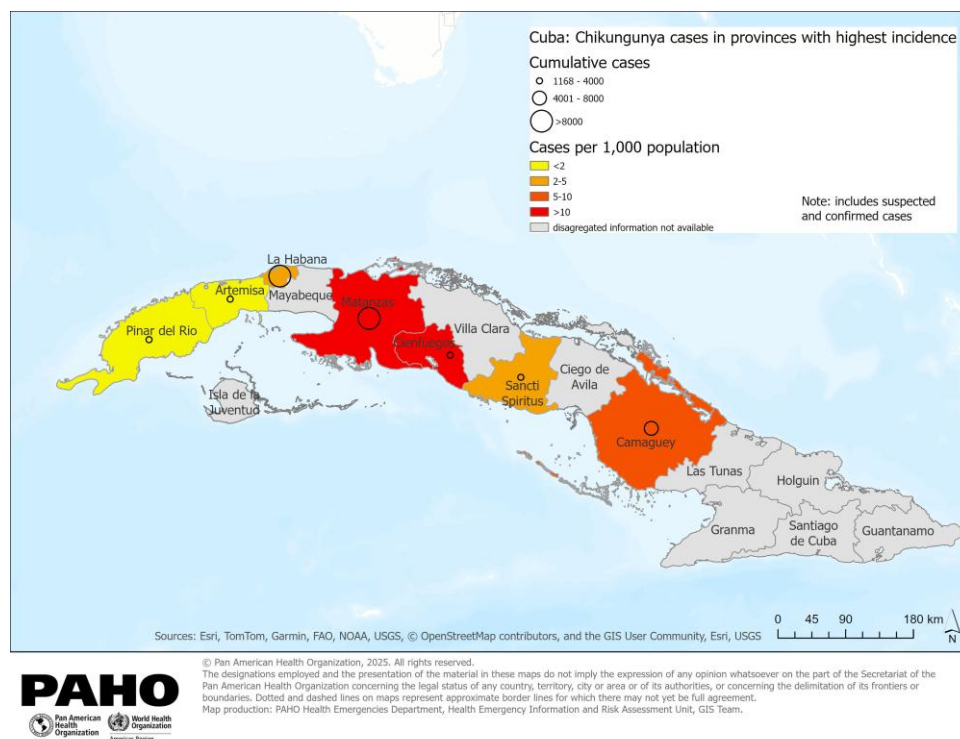
Location	Holguín	Granma	Santiago de Cuba	Guantánamo	Total
Shelters	306	1,499	157	57	2,019
Homes of family or friends	910	-	-	770	1,680
Temporary structures	198	0	0	0	198
<b>Total</b>	<b>1,414</b>	<b>1,499</b>	<b>157</b>	<b>827</b>	<b>3,897</b>

Additionally, Hurricane Melissa has damaged more than 155,000 homes (10). In Santiago de Cuba, 110,764 homes were damaged, including 3,324 completely collapsed homes and 2,950 partially collapsed homes, and in Granma, 30,000 homes were damaged (19).

## Cuba - Epidemiological updates

Cuba reports ongoing transmission of chikungunya across 15 provinces, 113 municipalities, and 199 health areas, with 38,342 cumulative cases as of epidemiological week (EW) 48 of 2025 (**Map 4**). Of these, 37,101 are suspected and 241 laboratory-confirmed. The provinces with the highest incidence include Matanzas (12,721), La Habana (8,095), Camagüey (5,824), Cienfuegos (3,992), Sancti Spíritus (1,976), Artemisa (1,256), and Pinar del Río (1,168). A total of 500 cases have been classified as severe, and 21 deaths have been reported, 52.3% of them in individuals under 18 years of age. Circulation of the East/Central/South African (ECSA) lineage has been confirmed (3).

**Map 4: Chikungunya cases in provinces with highest incidence, Cuba. 3 December 2025 (3).**



Dengue transmission also continues, with 25,995 suspected cases and 351 confirmed cases reported as of epidemiological week 48. The circulating serotypes include DENV-2, DENV-3, and DENV-4. A total of 500 cases have been classified as severe dengue, and 12 associated deaths have been recorded (3).

## Cuba - Health systems impact

As reported in the PAHO Regional Situation Report – Hurricane Melissa, Sitrep No. 4, 642 healthcare facilities sustained damage in Las Tunas (n= 16), Guantánamo (n= 124), Holguín (n= 127), Granma (n=

144), and Santiago de Cuba (n= 231) (1). As of 26 November, basic and vital services had been restored in all affected eastern provinces. Authorities are still working to address partial roof damage to some facilities, such as pharmacies (8).

## Cuba - Country response (1, 8)

- **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 is intensifying vector control measures (fumigation, focal treatment, and adulticide) to prevent increases in arbovirus transmission.

## PAHO Response (1, 3, 8, 21)

Since the PAHO Regional Situation Report – Hurricane Melissa, Sitrep No. 4 publication, these additional response actions have taken place:

### Coordination:

- PAHO has mobilized funding from ECHO and is working to mobilize funds from the Mormon Church (to support strengthening vital health services and emergency response) and the Republic of Korea (to support recovery of essential services).
- PAHO is organizing a field visit between 2 December and 8 December to monitor response activities in the Holguín, Guantánamo, and Santiago de Cuba provinces.

### Surveillance:

- PAHO continues to support surveillance, vector control, and risk communication for the arbovirus situation in Cuba, with particular focus on the chikungunya situation (IMST26Nov, IMST3Dec). Additionally, coordination is ongoing for a technical meeting on vector-control in the country.
- PAHO is procuring laboratory supplies to support sequencing of severe, neurological, and fatal cases of chikungunya.
- PAHO is facilitating coordination between Cuban and Mexican authorities regarding future cooperation and implementation of new vector control Technologies.



## Clinical care:

- PAHO developed a resource titled *Guidelines for the Management of Severe Dengue Cases* and is sending 200 printed clinical management guides to Cuba for distribution to health clinics.

## Logistics / Countermeasures:

- As of 26 November, two PAHO supply shipments have been distributed to healthcare facilities and provincial facilities in Santiago de Cuba, including 25 kits of medicines, renewables, and medical equipment, 10 emergency backpacks, 42,000 DPD chlorine tablets, 8,280 water purification tablets (Aquatabs), two electrical generators, two water tanks, two tents, and protective tarps. Both shipments were acquired as part of the CERF Anticipatory Action project; the second shipment was delivered to Santiago de Cuba with support from ECHO.
- On 21 November, a PAHO supply shipment with 5.1 tons of equipment (14 generators, 14 fuel pumps, and 3 tents) was delivered to Cuba. These supplies were acquired as part of the CERF Anticipatory Action project and were transported to Santiago de Cuba with support from Cubana de Aviación on 25 November.
- PAHO positioning additional supplies at the Panama Strategic Reserve for distribution to Cuba, including a donation from Direct Relief of medicine and renewables.
- PAHO has received a supply shipment from the WHO Dubai Hub to the Panama Strategic Reserve at the end of November, and is preparing supplies for onward shipment to Haiti and Cuba.

## Gaps and challenges (1, 10, 19)

- Housing damage caused by Hurricane Melissa increases people's vulnerability to the ongoing arbovirus outbreak and exacerbates existing housing shortages, particularly in Santiago de Cuba where more than 110,000 homes have been damaged.
- Vector control measures remain critical to control mosquito breeding and disrupt ongoing transmission of arboviral diseases.
- Water quality is an ongoing concern, with only 66.6% of the water supply restored in Santiago de Cuba, increasing the risk of arboviral transmission, waterborne illnesses, and hygiene-related infections.
- Damage to the agriculture and fishing sectors has increased economic vulnerability and food insecurity, particularly among households with farming or fishing livelihoods.

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

**For previous PAHO Regional Situation Reports:**

[PAHO Sitrep No.4 \(20NOV2025\)](#)

[PAHO Sitrep No. 3 \(13NOV2025\)](#)

[PAHO Sitrep No.2 \(7 NOV 2025\)](#)

[PAHO Sitrep No. 1 \(30 OCT 2025\)](#)