

Regional Situation Report – Hurricane Season 2025

Hurricane Melissa

Sitrep No. 7, 27 January 2026

Data as of 26 January 2026, 11:00 EST (UTC-05:00). Information in this document is subject to change.

Country	Deaths	Missing	Displaced	Sheltered	Damaged Health Facilities	Data as of
TOTAL	45	11↓	2,760↑	2,411 ↓	776	(varies)
Jamaica	45	11 ↓		392 ↓	134	16 Dec
Cuba	0		2,760 ↑	2,019	642	17 Dec

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

The Pan American Health Organization (PAHO) is providing ongoing support to the countries facing disruption of their health systems, including damaged health care facilities, and increased vulnerability to health risks following the passage of Hurricane Melissa in the Caribbean in the final days of October 2025, making landfall in Jamaica on 28 October as a *Category 5 storm (1)*. The **PAHO/WHO** Regional Incident Management Support Team (IMST) remains activated and continues to coordinate closely with Ministries of Health and other partners for the health response in Jamaica and Cuba.

Executive Summary

JAMAICA: Key health systems update: Services restored at 89% (n= 299/336 facilities) of affected facilities. Power and water supplies restored at all major hospitals, while some health centers continue to rely on backup systems, including water storage tanks and generator power. Repairs have commenced and are nearing completion at some of the ten health centers identified and prioritized for urgent repairs by Parish managers. The national hospital bed capacity is at 90%, with several major hospitals under strain (2). **Surveillance Status:** 124 suspected, probable, or confirmed cases of leptospirosis have been reported post-Hurricane Melissa, of which 40 were laboratory-confirmed. 14 related deaths, including nine confirmed by RT-PCR were documented. While there is a decreasing trend in cases, a corresponding rise in case positivity has been observed during the same recent period, cautioning review of existing case reporting, sample collection and sample processing procedures. There have been decreases in mosquito indices, attributed to intensified vector control activities, including widespread fogging and community- level interventions. Between epidemiological week (EW) 50 and EW 53 (week ending 3 January 2026), three cases of respiratory syncytial virus (RSV), eight cases of influenza A(H3N2) and one case of influenza B (Victoria lineage) have been reported (2, 3).

CUBA: Key health systems update: All health facilities are operational, with essential services restored across affected eastern provinces. Ongoing repair works to address remaining hurricane-related damage (1, 3). **Surveillance status:** Widespread transmission of chikungunya continues, with 51,217 cumulative cases reported across 15 provinces, including 1,959 confirmed cases and 46 deaths. Circulation of the East/Central/South African (ECSA) lineage has been confirmed. Dengue transmission also persists, with 30,652 suspected cases, 441 confirmed cases, 770 severe cases, and 19 deaths reported in 2025. The circulating serotypes include DENV-2, DENV-3, and DENV-4 (3).

Jamaica

45	11	392
Deaths	Missing	Sheltered

Jamaica - Affected areas and population

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, including an estimated 2,619 healthcare workers. The five most affected parishes are Saint Elizabeth, Trelawny, Saint James, Hanover, and Westmoreland (1).

As of 23 January 2026, 11 persons were reported as missing, representing a decrease since the PAHO Regional Situation Report – Hurricane Melissa, Sitrep No. 6, while reported deaths remained at 45 (1, 2). Additionally, as of 16 January 2026, approximately 215,000 buildings had been damaged, with about 90,000 households displaced (4).

Nationally, as of 16 January 2026, about 8% of the population remained without power supply, while electricity supply has been restored for 92% of the affected population; the restoration includes 85% of critical sites for utilities like the National Water Commission (NWC) water pumps and Telecom sites (4). Approximately 6.1% of the population (33,746 people) remained without NWC water supply, while restoration was reported for 93.9% of customers. Water supply restoration is 68% for Westmoreland, 58% for Hanover, and 56% for Saint Elizabeth (2). Telecommunications restoration efforts have achieved 95-100% of pre-hurricane mobile traffic and fixed network services operational, while broadband connectivity is at 74% so far (4).

Environmental Health teams remain active, conducting surveillance in food safety, water quality, vector control, wastewater, and solid waste management (2). Multiple communities report residual chlorine and bacteriological levels not yet at adequate levels for domestic water systems. Multiple parishes report unsatisfactory for solid waste management (4).

As of 16 January 2026, 50 shelters remained active across seven parishes (of 881 total shelters), housing 392 people (**Table 1**). Westmoreland, Saint Elizabeth, and Saint James parishes report the highest number of active shelters and sheltered people. Key issues reported in shelters include limited or absent water supply, accumulated solid waste, and sanitary defects. Across affected parishes, 21 schools remain in use as emergency shelters (2, 4).

Table 1. Active shelters and occupancy by Parish. Jamaica, as of 16 January 2026 (3)

Parish	Active Shelter	Total Occupancy	Last updated
Westmoreland	21	244	14 Jan. 2026
Saint Elizabeth	11	75	14 Jan. 2026
Saint James	11	33	14 Jan. 2026
Hanover	4	26	14 Jan. 2026
Saint Ann	1	7	14 Jan. 2026
Trelawny	1	5	14 Jan. 2026
Manchester	1	2	14 Jan. 2026
Total	50	392	16 Jan. 2026

Jamaica - Health systems impact

As of 22 January 2026, health service restoration efforts have reached 89% of affected facilities. 299 (of 336 total) have had services restored. Initial assessments of the five most affected parishes are complete, with 92 of 101 health centers and all 5 hospitals sustaining various levels of damage. Detailed assessments are ongoing, while information on their status as of 3 December 2025 is shown in the PAHO dashboard on Jamaica Primary Health Care Centres in Affected Parishes: Impact & Status (Hurricane Melissa 2025), available from: [dashboard link](#) (2, 5).

As of 22 January 2026, all major hospitals have had their power and water supplies restored, while some health centers continue to rely on backup systems, including water storage tanks and generator power (2).

The national hospital bed capacity is at 90%, with several major hospitals under strain. The surge is likely driven by the destruction of the Black River Hospital and the increase in admissions associated with leptospirosis in affected Parishes. Cornwall Hospital is operating at 149% capacity, Mary Pen Hospital at 145%, and Mandeville Regional Hospital at 143% capacity respectively (2).

The Ministry of Health and Wellness (MOHW) has been implementing the health centre repair programme outlined under the Health Hurricane Melissa Response Programme (HHRP); the plan's objective are to restore health services to the population in the most affected areas, build back better and to mitigate the outbreak of any disease within the population post hurricane; it is structured under 3 phases – Phase 1: Relief, Phase 2- Rehabilitation, and Phase 3 – Reconstruction (6). The Damage and Loss Assessment Report for the Health Sector (DaLa) conducted by the United Nations Economic Commission for Latin America and the Caribbean (UN-ECLAC) and a preliminary report was submitted to the MOHW for review on 9 January 2026. Repairs to damaged operating theaters at affected hospitals are expected to be completed by February 2026. Ten health centers, two in each of the five affected parishes were identified and prioritized for urgent repairs by Parish managers. Repairs at some of these facilities have commenced and are nearing completion, while others are in the process of negotiations with potential contractors (2).

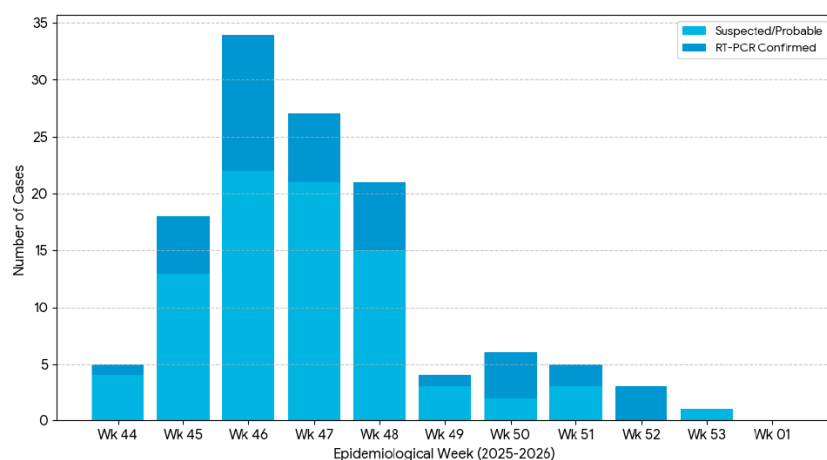
A total of 17 Emergency Medical Teams (EMT) were deployed throughout the course of the response – 12 international and five national EMTs. As of 21 January 2026, eight EMTs remained operational, following the demobilization of most teams. The Type 2 EMT assisting Savanna-la-Mar hospital, supported by the Barbados Defence Force is still operational, and is preparing handover to the MOHW. The remaining EMTs

include the JRC/IFRC/MOHW mobile EMT, SAMU Type 1 fixed EMT at Holmes hospital, Project Hope EMT at Trelawny, and four national EMTs, 3 Type 1 at Saint Elizabeth and Westmoreland, and a Type 2 EMT at Black River, Saint Elizabeth) (2).

Jamaica - Epidemiological updates

Jamaica has detected a marked increase in leptospirosis consistent with post-flood transmission patterns. As of 22 January 2026, the country reported 124 suspected, probable, or confirmed cases post-Hurricane Melissa, of which 40 were laboratory-confirmed. There were 14 related deaths documented, including nine confirmed by RT-PCR. The rise in cases began shortly after the flooding, with most confirmed infections occurring in the post-Melissa period. The highest number of cases was reported in the Parishes of Saint James (n= 19), Saint Catherine (n= 19), and Manchester (n=13). Reported numbers of cases have been on a decreasing trend in the last two weeks, with no leptospirosis case reported in epidemiological week (EW) 1 of 2026 (week ending 10 January 2026); cases are reported by week of onset of symptoms. However, a corresponding rise in case positivity has been observed during the same period, cautioning review of existing case reporting, sample collection and sample processing procedures. The MOHW launched an intensified rodent control program, targeting garbage removal, baiting, and efforts to limit irregular waste collection in specific parishes (Saint Mary and Saint James) (2, 3).

Figure 1. Leptospirosis cases by epidemiological week of onset, as of 13 January 2026 (2, 3)



As of the end of 2025, Jamaica had reported 544 suspected dengue cases, with no confirmed cases in 2025. Dengue activity for 2025 has been low, according to weekly and monthly reports. Decreases in mosquito indices have been reported by the Westmoreland Health Department, attributed to intensified vector control activities, including widespread fogging and community-level interventions (2).

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 EW 50 and EW 53 (week ending 3 January 2026), three cases of respiratory syncytial virus (RSV) were reported. There have been eight cases of influenza A(H3N2) and one case of influenza B (Victoria lineage) reported during the same period (3).

Surveillance data also indicate two tetanus cases reported after the hurricane, one of which was clinically diagnosed and resulted in death (3).

Jamaica - Country response (1-5, 7-9)

- The **National Emergency Operations Center (NEOC)** remains activated at level 2 to maintain national coordination and mobilize resources to affected areas in all parishes
- **Partner mapping:** The Health Cluster, jointly coordinated by the Ministry of Health and Wellness (MOHW) and PAHO, response capacities and partner mapping dashboard reflects 43 partners organizations (including non-governmental organizations, civil society actors, UN Agencies, and donors) actively carrying out support operations across the most affected parishes in Jamaica, and is available from: <https://shiny.paho-phe.org/melissa-partners/>.
- The Post Melissa **Health Promotion and Protection Plan** continues to be implemented.
- **Health Hurricane Melissa Response Programme** established and structured under 3 phases – Phase 1: Relief, Phase 2- Rehabilitation, and Phase 3 - Reconstruction. Implementation of phase 1 – relief is ongoing. Parish managers with PAHO support identified ten priority healthcare facilities, two in each of the five most affected parishes, and repairs have commenced and are nearing completion at some, while others are in the process of negotiations with potential contractors.
- **Electricity supply restoration:** As of 16 January 2026, ongoing efforts have restored electricity supply to 92% of the affected population, including 85% of critical sites for utilities like the National Water Commission (NWC) water pumps and Telecom sites.
- **Mobile telecommunications restoration:** Flow and Digicel report 95-100% of pre-hurricane mobile traffic and fixed network services operational, while broadband connectivity is at 74% so far. Digicel restoration teams are working to install and upgrade fibre optic cables along highways and aim to complete work before the 2026 Hurricane season. Some sites are still using Starlink systems for connectivity.
- **Solid Waste Management:** The National Solid Waste Management Authority (NSWMA) is implementing waste separation at source to reduce cleanup and transportation costs related to Hurricane Melissa debris.
- **Nutrition:**
 - Nutrition services in the affected area, including assessments of children and pregnant women, and distribution of high-nutrient feeds and snacks, are being provided through field clinics and shelter visits.
 - Home visits for high-risk babies are difficult because of the dislocation caused by the hurricane. Malnutrition screening for children, lactating mothers, and the elderly is ongoing.
 - Terms of Reference for the Jamaica Nutrition Sector have been drafted, aiming to ensure clear leadership, predictability, and accountability in international responses to humanitarian emergencies.
 - Training is planned for healthcare workers – training committee and curriculum have been determined. With support from PAHO, trainings are to be held from late January to early March 2026, focusing on identification and management of wasting in children under 5 years of age, nutrition in emergencies, and infant and young child feeding counselling.
- **Vector control measures:** Intensified vector control activities, including widespread fogging and community-level interventions, have led to decreased vector indices.
- **Leptospirosis surveillance:** Enhanced clinical and syndromic surveillance for leptospirosis continues to be implemented across all health centres, hospitals, tourist establishments, and

shelters. The MOHW launched an intensified rodent control program, targeting garbage removal, baiting, and efforts to limit irregular waste collection in specific parishes (Saint Mary and Saint James).

- **Healthcare Workers:** Ongoing support to health staff impacted by Hurricane Melissa. Staff Welfare Plan has been implemented across the physical, psychological, financial, and environmental domains, providing immediate relief support, accommodation support, and linking healthcare workers to care and support services. Grants for home repairs and replacement of documentation (Passport, Birth certificate etc.) underway for health care workers.
- **Shelters:** The MOHW continues to monitor conditions at shelters and provide WASH, medical and psychosocial services. The Government is prioritizing prefabricated housing sites to relocate displaced households from schools. On 15 January 2026, the Government launched the Shelter Recovery Programme, marking the transition from immediate hurricane relief to long-term recovery to support reconstruction, rehabilitation, and relocation of homes damaged by Hurricane Melissa.
- **Mental Health and Psychosocial Support (MHPSS):** The MOHW has trained over 3,000 people and training is ongoing in Psychological First Aid (PFA), to deliver over 200,000 psychosocial sessions over the next few months in 2026. The target audience includes teachers, guidance counsellors, security forces, church groups/members and community leaders and workers. A referral system will be in place to identify and address needs for psychosocial support. MOHW teams have provided 7,784 Mental Health and Psychosocial Support (MHPSS) interventions to date.
- **After Action Review.** National authorities have initiated the process to carry out an After Action Review (AAR), this is conducted to review actions undertaken at each phase of managing a public health event, to identify what worked well, what worked less well and why; to demonstrate the functionality of national capacities in preparing for, detecting and responding to a public health event; to identify the corrective actions needed to institutionalize any lessons emerging from the management of public health events; and to address the challenges made evident through the AAR.

PAHO Response *(1-3, 5, 7)*

Since the PAHO Regional Situation Report – Hurricane Melissa, Sitrep No. 6 publication, these additional and continued response actions have taken place:

Coordination:

- PAHO continues to co-chair with the MOHW the Health Cluster Coordination meeting; as of 22 January, 15 meetings have been convened. 43 partners on the Partners Platform (<https://shiny.paho-phe.org/melissa-partners/>) are active as teams complete their deployments. The dashboard is also accessible on the PAHO website. Weekly meetings are planned to facilitate coordination of partner activities and alignment with national health sector priorities.
- PAHO continues to co-facilitate the four health sub-clusters: Health Services/EMTs, MHPSS; Infrastructure Rehabilitation and WASH. MHPSS sub-cluster meetings continued weekly during the reporting period. The sub-cluster meetings for Health service Delivery/EMTs and Health Infrastructure Rehabilitation are anticipated to take place in January 2026.
- PAHO is organizing the After Action Review (AAR) of the health response to Hurricane Melissa, following a request from the Ministry of Health. This activity is expected to be conducted in February.

Surveillance:

- The PAHO Country Office has deployed a National Epidemiologist and three Field Epidemiologists to specifically bolster post-hurricane surveillance and early warning functions.
- PAHO continues to support the MOHW in strengthening the lab logistics system, overhauling the surveillance information system, hiring field epidemiologists and lab personnel, and increasing sample transport capacity.
 - PAHO continues to monitor and support the transport of clinical specimens from high-impact areas (Western and North East Regions) to the national reference laboratory. As of 12 January 2026, 223 specimens, primarily serum, have been successfully transported to ensure diagnostic continuity. These efforts ensure that clinical management of outbreaks is guided by timely laboratory results despite local infrastructure damage.
 - PAHO continues to hold internal laboratory meetings to finalize reagents and budgeting for leptospirosis testing. Additionally, PAHO is coordinating the shipment of Yellow Fever test kits from Germany to ensure full diagnostic readiness.
 - PAHO has collaborated with the MOHW to facilitate training of field officers in the Saint Elizabeth Parish and Western Region, on the post-hurricane public health information system, to streamline disaster reporting.
- PAHO, in collaboration with MOHW's Environmental Health Unit, hosted a webinar on "Evaluation of Fungal Contamination in Indoor Buildings" (17 – 18 December 2025), engaging over 170 participants (many health care workers), to address mold growth in health facilities, building material issues, and challenges with storing patient records on paper.
- PAHO organized a Webinar on Leptospirosis – Epidemiological surveillance, control, and prevention in the context of outbreaks held on 17 December 2025 with over 190 participants, including PAHO and partner presentations with the objective to review and update strategies for leptospirosis detection, prevention, and control during outbreak response, focusing on epidemiological surveillance, laboratory detection (including diagnostic algorithms), infection prevention and control, and rodent control.

Community protection:

- A specialist on Environmental Health and WASH has joined the PAHO team to provide support on drying plans, mold remediation and Infection Control and Risk Assessment (ICRA) for health facilities from January to March 2026; a workshop on ICRA 2.0 for water and air components is being organized for February.
- PAHO is collaborating with UNAIDS to conduct a capacity building activity for civil society organizations in HIV response.

Clinical care:

- PAHO is collaborating with United Nations Population Fund (UNFPA) in procuring Reproductive Health (RH) kits for health facilities. The kits contain: (a) clinical delivery assistance: medicines and disposable equipment to perform normal deliveries and to stabilize patients with obstetric complications (e.g., eclampsia or hemorrhage) before referring to higher level care, and (b) referral level for RH: medicines and disposable equipment for caesarean sections and other obstetric surgical interventions, resuscitation of mothers and babies and intravenous treatment.

Logistics / Countermeasures:

- A total of 9,750 mosquito bed nets procured by PAHO were cleared from customs and is to be distributed to hospitals. PAHO has started procurement for support on WASH and vector control supplies, including chlorine tablets, larvicides, adulticides, and rodenticides, among others.
- Procurement and delivery of essential health emergency items to ensure continuity of health services; items list is set out in the PAHO Jamaica Situation Report #22, available from: [link](#).

Gaps and challenges (1, 2, 4)

- Surge capacity: The MOHW continues to rely on temporary surge capacity while permanent infrastructure is being restored. However, with an imminent demobilization window as many EMTs approach their end dates, there is a significant risk to maintaining this capacity—making continued EMT support, alongside a smooth transition back to national systems, imperative. 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.
- Solid waste management is a growing public health risk, with many parishes reporting irregular disposal of solid waste and debris. The national incinerator is non-functional.
- Ongoing reports of unsafe water supply and sanitation among health facilities, including reliance on tankers, and wastewater treatment systems, which remain non-functional in multiple parishes.
- Continued extensive infrastructural losses requiring rebuilding, re-equipping, temporary service relocation, and large-scale debris removal. 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 are ongoing.
- Authorities have expressed concerns that there remain people in need of shelter outside of those inside emergency shelters. Separately, there are reports of refusals or unwillingness of some people sheltered in educational facilities to relocate to other designated facilities, impacting resumption of school activities.
- Security issues have been reported, including multiple repeated incidents of food, water, and fuel pilferage at Falmouth Hospital and Southern Regional Health Authority facilities.
- 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) remain a concern. As of 17 December, many of the specimens tested had been reported as arriving outside the optimal window for PCR testing – all confirmed cases were tested after optimal window. Discussions and support to address these challenges have been ongoing.

Cuba

0	0	2,760	2,019
Deaths	Injured	Displaced	Sheltered

Cuba- Affected areas

Since the PAHO Regional Situation Report – Hurricane Melissa, Sitrep No. 6 publication (1), recovery activities have continued, with a particular focus on the rehabilitation of damaged housing (3). All affected provinces, Santiago de Cuba, Granma, Holguín, Guantánamo, and Las Tunas, have transitioned into a phase of normality, as declared by the Civil Defense (3).

The hurricane also caused extensive damage to social and productive infrastructure, with 1,860 educational institutions damaged, of which more than 1,000 still require rehabilitation as of 23 December. Agricultural losses were reported across 185,000 hectares, including damage to crops, storage facilities, markets, and livestock facilities (10).

Cuba - Affected population

Over 215,000 homes were damaged by Hurricane Melissa, affecting approximately 645,000 people (11). As of 17 December 2025, 2,760 people remained displaced, including those in shelters, temporary facilities, or with host families (11); earlier reports indicated 2,019 persons were in shelters as of 2 December 2025 (1).

As of 23 December, nearly 500,000 people continue being reliant on tanker deliveries of water, due to ongoing disruption of water supply services, and in Santiago de Cuba, 50 water supply systems remain out of service (10). Water safety remains a primary concern. Ongoing power outages and network damage have limited the availability of safe drinking water, and emergency purification plans are unable to meet needs of all affected populations (1). Efforts to restore electrical services are ongoing (1).

Cuba - Epidemiological updates

As of epidemiological week (EW) 52 of 2025, Cuba reports ongoing transmission of chikungunya across 15 provinces, 113 municipalities, and 199 health areas, with 51,217 cumulative cases, including 49,258 suspected and 1,959 confirmed cases. The highest incidence has been reported in the provinces of Matanzas (n= 12,854), Camagüey (n= 9,299), La Habana (n= 8,796), Cienfuegos (n= 5,609), Pinar del Río (n= 2,989), Santiago de Cuba (n= 2,377), Sancti Spíritus (n= 2,224), Artemisa (n= 2,066), Holguín (n= 1,505), and Villa Clara (n= 1,495). A total of 46 deaths have been reported, including 30 among individuals under 18 years of age. Circulation of the East/Central/South African (ECSA) lineage has been confirmed (3). Vector control activities and active house-to-house epidemiological investigations are being conducted by health authorities and students (1).

Transmission of dengue continues, with 30,652 suspected cases and 441 confirmed cases reported as of EW 52 of 2025. A total of 770 severe cases and 19 deaths have been reported in 2025 (3). The circulating serotypes include DENV-2, DENV-3, and DENV-4 (3).

Cuba - Health systems impact

As of 21 January 2026, all health centers are operational, and repairs are ongoing for remaining damage (3). Basic and vital services had been restored in all affected eastern provinces as of 26 November 2025 (1).

Cuba - Country response ^(1, 12, 13)

- **Infrastructure response:** National authorities and emergency brigades continue to remove debris, reopen roads, and restore electrical services.
- **Housing recovery:** National and provincial authorities are prioritizing the rehabilitation and reconstruction of damaged housing. As of mid-January 2026, more than 15,000 dwellings have been fully rehabilitated, mainly addressing partial and total roof collapses, and 106,500 damaged homes have been confirmed following post-disaster assessments.
- **Health awareness campaigns:** Healthcare workers, professors, and fifth-year medical students have been conducting disease research and disseminating health education messaging to affected communities.
- **Disease surveillance:** Health authorities increased surveillance for arboviral diseases among individuals in high-risk groups, including pregnant women, newborns, infants, individuals over age 65, and individuals with comorbidities.
- **Vector control:** MINSAP has been intensifying vector control measures (fumigation, focal treatment, and adulticide) to prevent increases in arbovirus transmission.

PAHO Response ^(1, 3)

Since the PAHO Regional Situation Report – Hurricane Melissa, Sitrep No. 6 publication, these additional response actions have taken place:

Coordination:

- PAHO has completed field visits in the Holguín, Guantánamo, and Santiago de Cuba provinces:
 - Between 11 and 17 November 2025, PAHO conducted field missions to assess hurricane-related impacts in health facilities and to verify the implementation and impact of anticipatory actions and early response measures.
 - Distribution of supplies was verified in 16 hospitals, as well as the delivery of Primary Health Care (PHC) backpacks to medical offices in hard-to-reach areas and to the provincial integrated emergency medical system.
 - Between 2 and 8 December 2025, follow-up missions confirmed progress in the distribution of second and third shipments and identified additional priority needs.

Surveillance:

- Given the ongoing arboviral situation on the island, including chikungunya and dengue, PAHO is organizing, in coordination with the Ministry of Health, a technical cooperation mission planned for February 2026. The mission is expected to include one management expert, one clinical diagnosis and case management expert, one virologist, one entomologist, and one epidemiologist, and will aim

to review protocols and interventions for the care of adult and pediatric chikungunya cases, as well as to support the country's comprehensive response for the prevention and control of arboviral diseases.

- PAHO continues to support surveillance, vector control, and risk communication for the arbovirus situation in Cuba, with particular focus on the chikungunya situation and reagents have been procured to support sequencing of severe chikungunya cases.
- PAHO is also supporting the introduction of new technologies for entomological surveillance and vector control.

Logistics / Countermeasures:

- PAHO has coordinated multiple shipments to Cuba between November 2025 and December 2025, including 20 pneumonia kits and 4 Interagency Emergency Health Kits (IEHKs), medical field backpacks, donated medicines from Direct Relief (10 units), one generator, 16 kVA power plants (4 units), 14 electrical generators (16.4kVA, 12 kVA), 14 portable 100l fuel pumps, and three tents (42m²).
- In January 2026, two additional shipments were delivered to Cuba, including two power generators (45 kVA), donated medicines from Direct Relief, and water purification tablets (Aquatabs). Additional procurement activities are currently ongoing.
- PAHO has received funding from multiple donors that will support future procurement of items for the rehabilitation of health facilities in hurricane-affected areas, and equipment and materials to strengthen epidemiological surveillance to contribute to the early detection and timely management of infectious disease outbreaks, including diagnosis, infection prevention and control, vector control, and access to safe water and emergency sanitation measures in health institutions.

Gaps and challenges ⁽¹⁾

- Access to safe drinking water remains a concern, with prior reports of 500,000 people reliant on water tankers for safe drinking water due to disrupted water supply services. Poor water quality increases the risk of arboviral transmission, waterborne illnesses, and hygiene-related infections.
- Slow reconstruction timelines and housing shortages that pre-date the passage of Hurricane Melissa have left people vulnerable to the ongoing arbovirus outbreak and future severe weather events.
- Heavy rainfall, disruption to supply chains and essential services, lack of vector control equipment, low community awareness, and limited training on early case detection, has highlighted the need for heightened vector control efforts, evidenced through surges in transmission of arboviral diseases.

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

For previous PAHO Regional Situation Reports:

[PAHO Sitrep No.6 \(18DEC2025\)](#)

[PAHO Sitrep No.5 \(4 DEC 2025\)](#)

[PAHO Sitrep No.4 \(20 NOV 2025\)](#)

[PAHO Sitrep No. 3 \(13 NOV 2025\)](#)

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

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