

COVID-19

PAHO JAMAICA CO EOC – COVID-19 SITUATION REPORT #493
17 MARCH 2022 (as at 6:00 p.m.)
JAMAICA, BERMUDA AND THE CAYMAN ISLANDS

EPIDEMIOLOGICAL SUMMARY

| Country | Confirmed Cases (New within 24hrs) | Active Cases (% of Total Cases) | Hospitalized (% Active Cases) | Deaths (New within 24hrs) | Case Fatality Rate (%) | Total Tests (Cum. Positivity Rate) | Transmission |
|-------------------------------|------------------------------------|---------------------------------|-------------------------------|---------------------------|------------------------|------------------------------------|------------------------|
| Jamaica ⁱ | 128,477 (21) | 256 (0.2%) | 57 (22.3%) | 2,858 (1) | 2.2% | 892,366 (14.4%) | Community Transmission |
| Bermuda ⁱⁱ | 12,094 (33) | 271 (2.2%) | 6 (2.2%) | 126 (1) | 1.0% | 823,671 (1.5%) | Community Transmission |
| Cayman Islands ⁱⁱⁱ | 20,393 ^{iv} (33) | 479 (2.4%) | 5 (1.0%) | 23 (2) | 0.1% | Pending | Community Transmission |

JAMAICA:

Table 1. Summary as at end of Epidemiological Week 10 (6 – 12 Mar 2022)

| Confirmed Cases | New Cases | % Change in New Cases in last 7 days | Deaths | New Deaths | % Change in New Deaths in last 7 days | Weekly Positivity Rate | % Change in Weekly Positivity Rate |
|-----------------|-----------|--------------------------------------|--------|------------|---------------------------------------|------------------------|------------------------------------|
| 128,379 | 200 | -8.3% | 2,845 | 18 | +28.6% | 4.5% | +4.7% |

TRENDS IN CASES & DEATHS: As of 17 March 2022, Jamaica had **128,477 confirmed cases** of Coronavirus Disease 2019 (COVID-19) with **21 new cases** confirmed in the past 24 hours. Active cases now account for 0.2% of confirmed cases, and approximately 0.01% of the population in isolation across the island.^v New cases have decreased by 8.3%, while deaths have increased by 28.6% during EW 10. There are currently **2,858 COVID-19 related deaths**, with 1 death occurring within the last 24 hours. A total of 892,366 samples were tested at the laboratory with a **daily positivity rate of 3.0%** and a cumulative positivity rate of 14.4%.

SEX & AGE DISTRIBUTION OF CASES & DEATHS: Data from 14 March 2022 indicated that the highest burden of total confirmed cases remains within the 20-29 years and 30-39 years age groups, accounting for 19.6% and 18.5% of total cases respectively, with a mean age of 40.5±20.4yrs. Females were primarily affected compared to males, with a male to female ratio (M:F) of 1:1.3; while the males accounted for more deaths, with a M:F ratio of 1:09.

ⁱ Cases and deaths as at 17 Mar 2022, reported 18 Mar 2022.

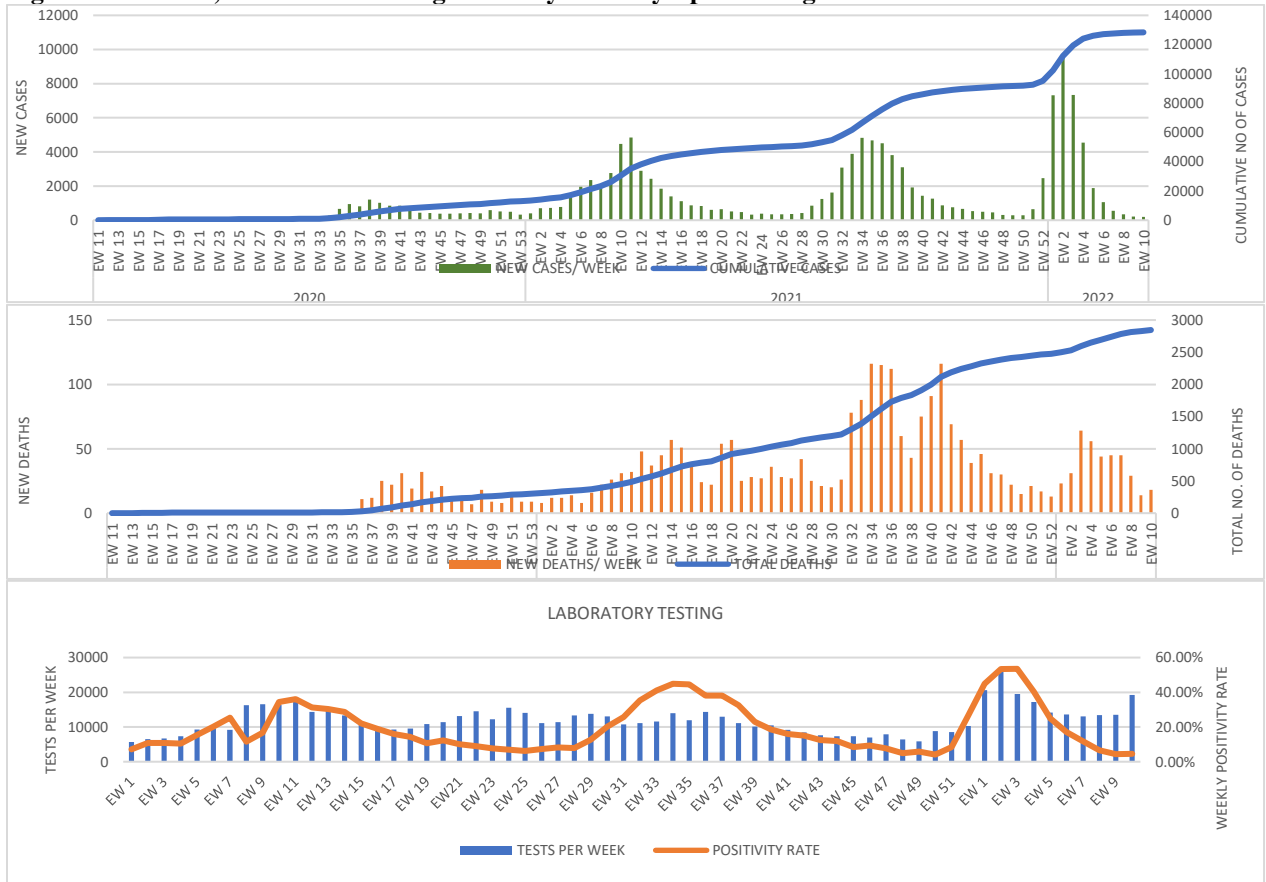
ⁱⁱ Cases and deaths as at 15 Mar 2022, reported 17 Mar 2022.

ⁱⁱⁱ Represents data (except new and total confirmed cases) as at end of EW 10 (12 Mar 2022).

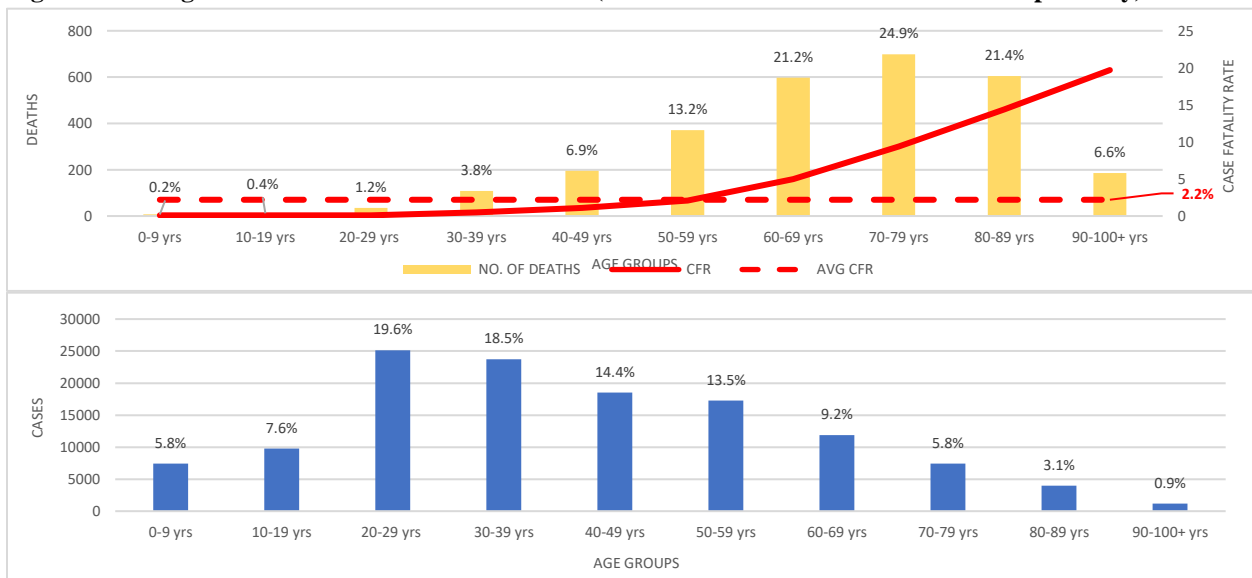
^{iv} Status as at 14 Mar 2022, reported 15 Mar 2022.

^v Based on total population estimate of 2.9 million for Jamaica.

Figures 1-3. Cases, Deaths and Testing/Positivity Rates by Epidemiological Week.



Figures 4&5. Age Distribution of Cases and Deaths (as at 14 Mar 2022 and 3 Mar 2022 respectively).



GEOGRAPHICAL DISTRIBUTION: Data from 17 March 2022 highlighted that Kingston & St. Andrew (26.7%, n=34,200) and St. Catherine (18.2%, n=23,366) had the highest cumulative number of cases, while the greater proportion of new cases within the last 24 hours were detected in St. Ann and St. James (38.1% and 33.3% respectively). Data from 14 March 2022 indicated that the highest proportions of active cases were found in the parishes of St. Catherine, St. James, and Kingston & St. Andrew (18.2%, 15.2% and 12.4% respectively). The total rates of active infections were highest in the western parishes of St. James (24.8 per 100,000 population) and Hanover (22.8 per 100,000 population). Higher than average case fatality rates were observed in the Southern and Western Regional Health Authorities, most notably in the parish of St. Elizabeth.

Figures 6 & 7. COVID-19 Parish Distribution and Rates (cases per 100,000 population) of total and active cases (14 Mar 2022).

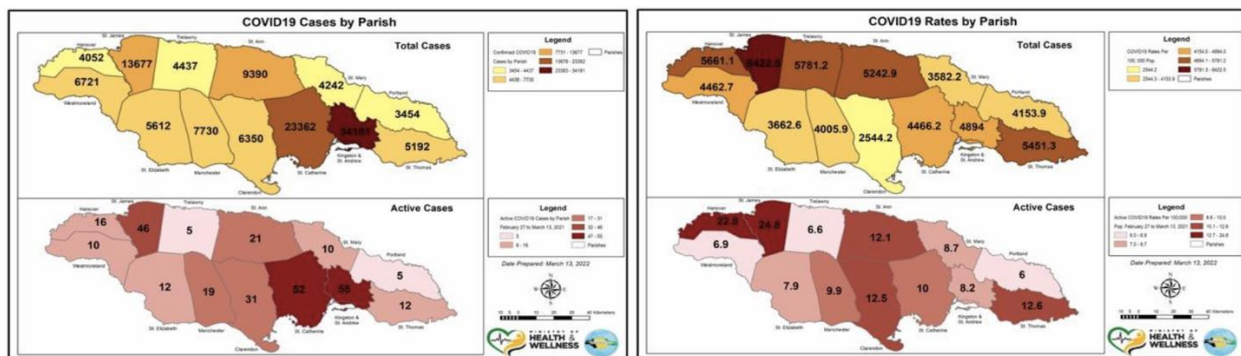
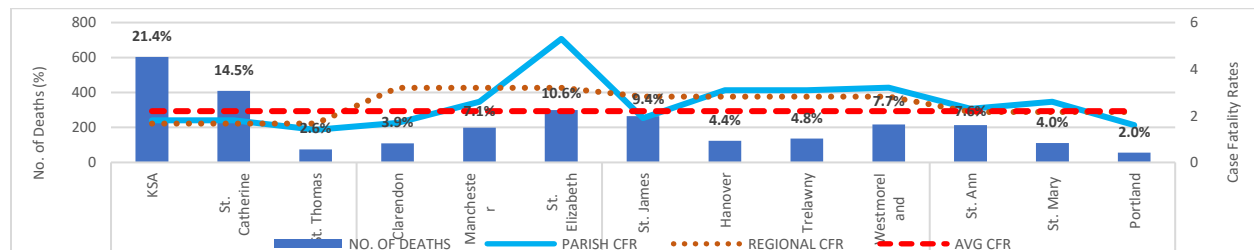


Figure 8. Geographical distribution of deaths (%) by parish & Health Region (3 Mar 22).



HOSPITALIZATIONS: As of 17 March 2022, there was a total of 57 hospitalizations (22.3% of active cases), with **average figures decreasing by 27.5% between EW 9 (n=109) and EW 10 (n=79)**. Of the hospitalized cases, 14.0% (n=8) were moderately ill, 8.8% (n=5) severely ill, and 3.5% (n=2) were critically ill. Unvaccinated cases accounted for 100% of critically ill, severely ill, and moderately ill of admissions. The average hospital occupancy rate as at 19.8%, with 100% and 92.9% availability of COVID-19 designated ICU beds and HDU beds, respectively.

GOVERNMENT RESPONSE

On 17 March 2022, the Prime Minister announced that the current COVID-19 containment measures under the Disaster Risk Management Act (DRMA) will be withdrawn with effect from 18 March 2022. The prohibition on entertainment will also be lifted as of 18 March 2022. Venue numbers must be 70% of capacity until 15 April 2022, after which time it will be reviewed. Some measures will be incorporated into existing Acts until 15 April 2022, which will include requirements for persons testing positive for COVID-

19 to isolate and mask wearing in enclosed spaces. Mask wearing in food establishments will not be mandated but recommended.

BERMUDA:

TRENDS IN CASES & DEATHS: As of 15 Mar 2022 (reported 17 Mar 2022), Bermuda confirmed **12,094** cases of Coronavirus Disease 2019 (COVID-19) with **33 new cases** within the last 24-72hr period. There were 271 active cases (2.2% of total cases and approximately 0.4% of the population)^{vi}, 6 hospitalized cases (2.2% of active cases), and no cases admitted to ICU. New cases have increased by **35.2%** for EW 10.

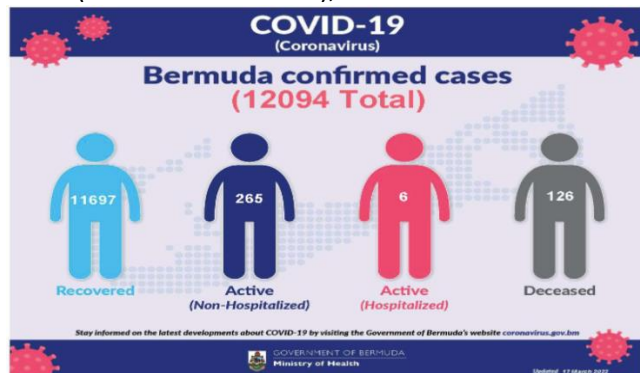


Table 2. Summary as at end of Epidemiological Week 10.

| Confirmed Cases | New Cases in last 7 days | % Change in New Cases in last 7 days | Deaths | New Deaths in last 7 days | % Change in Deaths in last 7 days | Positivity Rate | % Change in Positivity Rate in last 7 days |
|-----------------|--------------------------|--------------------------------------|--------|---------------------------|-----------------------------------|-----------------|--|
| 11,989 | 246 | +35.2% | 125 | 2 | - | 2.9% | +81.3% |

GOVERNMENT RESPONSE:

Effective 7 March 2022, instructions for persons testing positive and close contacts are as below:

Positive cases must isolate immediately.

Use the [Isolation Guidance Tool \(forms.gov.bm\)](https://forms.gov.bm) for the instructions that apply to you or a person you are caring for, by answering two questions.

Close contacts must quarantine.

Use the [Close Contact Quarantine Guidance Tool \(forms.gov.bm\)](https://forms.gov.bm) for the instructions that apply to you or a person you are caring for, by answering three questions.

CAYMAN ISLANDS:

TRENDS IN CASES & DEATHS: As of 14 March 2022, Cayman had **20,393 confirmed cases** of Coronavirus Disease 2019 (COVID-19) with **33 new cases reported within the last 24hrs**. A **total of 23 COVID-19 related deaths were recorded since March 2020, with two (2) deaths occurring within EW10**. There are currently 5 hospitalized cases, of which 80% are unvaccinated. There are 3 cases receiving treatment in the Intensive Care Unit (ICU).

^{vi} Based on an estimated population for Bermuda of 63,000 people.



Table 3. Summary as at end of Epidemiological Week 10.

| Confirmed Cases | New Cases in last 7 days | % Change in New Cases in last 7 days | Deaths | New Deaths in last 7 days | % Change in Deaths in last 7 days | Positivity Rate of PCR tests | % Change in Positivity Rate in PCR tests in the last 7 days |
|-----------------|--------------------------|--------------------------------------|--------|---------------------------|-----------------------------------|------------------------------|---|
| 20,336 | 205 | -13.1% | 23 | 2 | -33.3% | 17.6% | +6.7% |

Figures 9 & 10. Trend in daily cases Mar 2020 – Mar 2022.

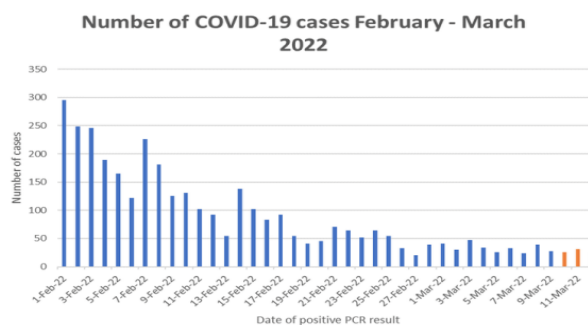
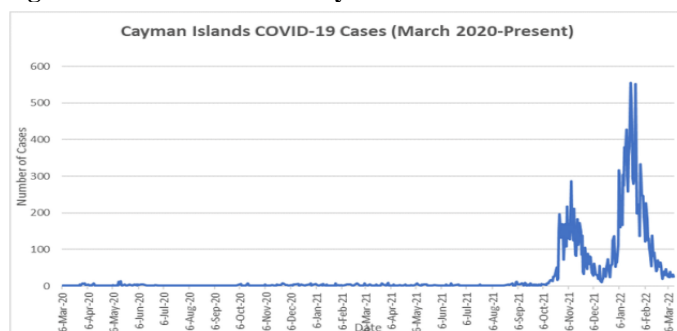
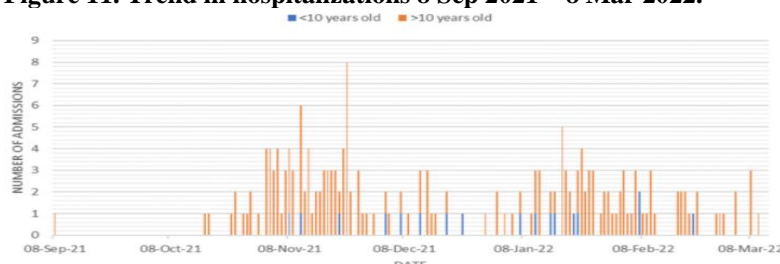


Figure 11. Trend in hospitalizations 8 Sep 2021 – 8 Mar 2022.



GOVERNMENT RESPONSE

Phase 6 of Border Re-opening will take effect on Friday, 18 March 2022 with the reintroduction of cruise tourism on Monday, 21 March 2022. The following new guidance is as follows:

1. Any person disembarking a cruise ship (including captains and crew members) must have completed an approved vaccine course at least 14 days prior to embarking.
2. Unvaccinated children under 12yrs can only disembark when accompanied by a fully vaccinated adult.
3. Seven (7) days quarantine will be required for the following persons:
 - a. Unvaccinated travellers (age 12 and over) along with all unvaccinated members of their household.
 - b. Travellers with non-securely verifiable records who travel from a country with a vaccination rate below 60% for the first dose of the vaccine.

- c. Unaccompanied unvaccinated children who travel from a country with a vaccination rate below 60% for the first dose of the vaccine.

Additional information is available at: <https://www.explore.gov.ky/reopening-plan>

PAHO CO UPDATE:

PILLAR 1 – COORDINATION, PLANNING, FINANCING, AND MONITORING

- a. PAHO CO initiated planning for the implementation of activities with MOHW counterparts within the US Government project funds for COVID-19 response, which will expire in December 2022.
- b. PAHO CO continued the procurement of items and recruitment of pharmacovigilance officers for the USAID GH-ARP project for case management and vaccination programme-17 March 2022.
- c. PAHO CO continued the implementation of the CDC COAG COVID-19 response project, while awaiting the carry-over of funds- 17 March 2022
- d. Feedback was received on the EU RESEMBID/Expertise France project proposal for the Cayman Islands, with additional dialogue required to ensure approval of the updated work plan by the EU RESEMBID Focal Point – 17 March 2022.
- e. PAHO CO held a planning meeting on 18 March 2022 with MOHW and Canadian High Commission teams for the handing-over event scheduled for 24 March 2022 – 18 March 2022.
- f. PAHO CO remains embedded in the MOHW, JAM EOC and provides 24-hr technical support and guidance, including at the weekly EOC briefing meeting.
- g. PAHO CO maintained the technical lead for Health for the COVID-19 response within the UNCT and the Government of Jamaica (GOJ) system.

PILLAR 4 – POINTS OF ENTRY, INTERNATIONAL TRAVEL AND TRANSPORT, AND MASS GATHERINGS

- a. The draft IHR SPAR for Jamaica was received for review – 17 March 2022
- b. PAHO CO continued to provide reminders to the IHR NFP, JAM on follow-up of information received from PAHO IHR on travellers after departure from Jamaica and the provision of reports –18 March 2022.

PILLAR 6: INFECTION PREVENTION AND CONTROL, AND PROTECTION OF THE HEALTH WORKFORCE

- a. Participation of Jamaica at the Respiratory Protection meeting on 17 March 2022, with presentation on the status of implementation of respiratory protection measures at health care facilities, as gaps and challenges faced.

PILLAR 7 – CASE MANAGEMENT, CLINICAL OPERATIONS AND THERAPEUTICS

- a. Arrangements for distribution of medical equipment and supplies and HEOC equipment for JAM, BMU and CYM continued based on approved lists. – 17 March 2022.

PILLAR 9: MAINTAINING ESSENTIAL HEALTH SERVICES AND SYSTEMS

- a. PAHO CO continued to work on strategic areas for strengthening resilient health systems, including:
 - a. Health Financing: MOHW Budget Analysis, Capacity Building on Budget Analysis Techniques, National Health Accounts and Fiscal Space Study.
 - b. Human Resources: Development of Strategic Directions for Nursing and Midwifery in Jamaica
 - c. Information Systems for Health: Development of IS4H Programme Structure in the MOHW

- d. Health Technology Assessment and Management: List of Priority Health Technologies and Capacity Building on Technology Management
- b. Smart Health Care Facilities Project. A Technical Consultant was hired for the rest of 2022 to provide oversight of the retrofitting of the Santa Cruz Health Centre which is on-going and Mandeville Health Centre which will start by April 2022. – 15 March 2022.
- c. Re-scheduling continues for the technical cooperation activities requested for core health emergency preparedness and response programmes, including HEOC and MCM capacity building for JAM - 17 March 2022.

PILLAR 10 - VACCINATION

- a. The PAHO CO convened meetings with the 4 named Focal Points from MOHW, JAM for the strengthening of ESAVI active and passive surveillance, including reviewing information on the CommCare digital vaccination data system, with the view to supporting expansion to include the ESAVI component that exists in the DHIS 2 system. Surveillance Focal Points at the surveillance site for the PAHO regional system were briefed on the revised protocol for ESAVI surveillance.
- b. On-going technical guidance was provided for the MOHW, Jamaica on vaccine supply, storage and delivery.

GAPS / CHALLENGES

1. Vaccine coverage remains low in Jamaica with a lack of evidence of the causation for various population groups, whether vaccine hesitancy, access and/or other reasons.
2. The COVID-19 pandemic has delayed review, strengthening and implementation of the health emergency / disaster risk management programmes, including plans for Health EOC capacity building to include the Medical Information and Coordination Cell (CICOM) for the Emergency Medical Team, for Jamaica, Bermuda and Cayman.
3. Intra Action Reviews have not been conducted in JAM, BMU and CYM and will be arranged for the first semester in 2022 to ensure that recommendation for strengthening pandemic preparedness and response can be provided based on lessons identified for the COVID-19 response.

NEEDS

1. JAMAICA

- a. Health EOC strengthening.
- b. Assessment of causation for low COVID-19 vaccination coverage to guide implementation of appropriate strategies
- c. Laboratory and medical equipment and supplies.
- d. Strengthening of pandemic preparedness planning.

2. BERMUDA

- a. Strengthening of the Health Disaster Management Programme and Health EOC establishment and management

3. CAYMAN ISLANDS

- a. Strengthening of the Health Disaster Management Programme and surveillance were noted as priorities to enhance the COVID-19 and any other responses for health emergencies.
- b. Strengthening of Health EOC establishment and management.