

COVID-19

PAHO JAMAICA CO EOC – COVID-19 SITUATION REPORT #490
24 FEBRUARY 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	127,856 (57)	779 (0.6%)	159 (20.4%)	2,810 (2)	2.2%	843,866 (15.2%)	Community Transmission
Bermuda ⁱⁱ	11,490 (24)	217 (1.9%)	5 (2.3%)	123 (0)	1.1%	795,082 (1.4%)	Community Transmission
Cayman Islands ⁱⁱⁱ	19,373 (40)	n/a	16 (-)	17 (0)	0.1%	Pending	Community Transmission

JAMAICA:

Table 1. Summary as at end of Epidemiological Week 7 (13 – 19 Feb 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
127,610	556	-47.6%	2,784	45	0%	11.8%	-30.6%

TRENDS IN CASES & DEATHS: As of 24 February 2022, Jamaica had **127,856 confirmed cases** of Coronavirus Disease 2019 (COVID-19) with **57 new cases** confirmed in the past 24 hours. Active cases now account for 0.6% of confirmed cases, and approximately 0.03% of the population in isolation across the island.^{iv} New cases have decreased by 47.6% and new deaths have stabilized during EW 7. There are currently **2,810 COVID-19 related deaths**, with 2 deaths occurring within the last 24 hours. A total of 843,866 samples were tested at the laboratory with a **daily positivity rate of 8.0%** and a cumulative positivity rate of 15.2%.

SEX & AGE DISTRIBUTION OF CASES & DEATHS: Data from 21 February 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 40.6±20.5yrs. Females were primarily affected compared to males, with a male to female ratio (M:F) of 1:1.4; while the males accounted for more deaths, with a M:F ratio of 1:0.7.

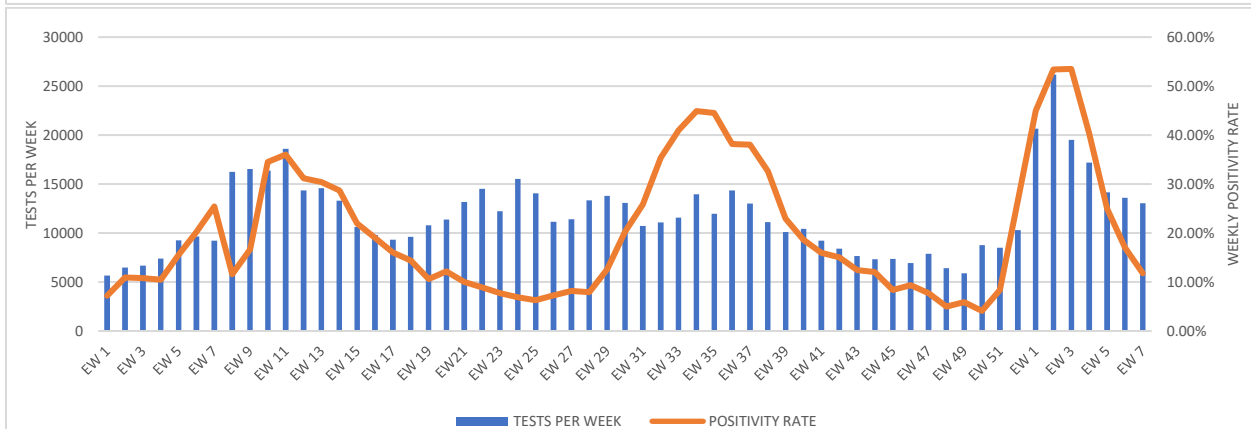
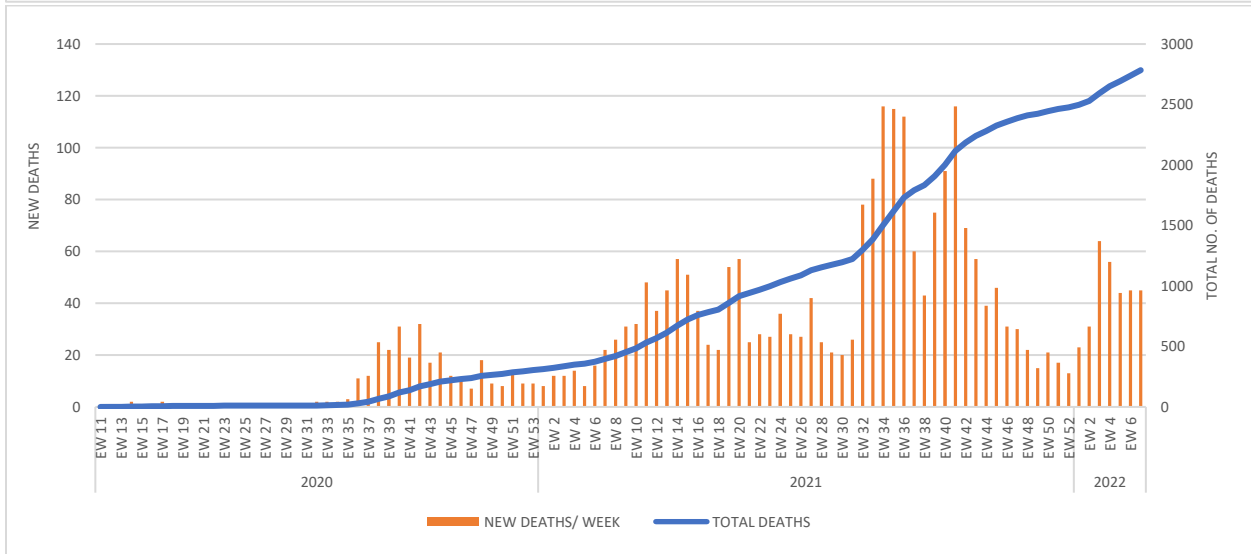
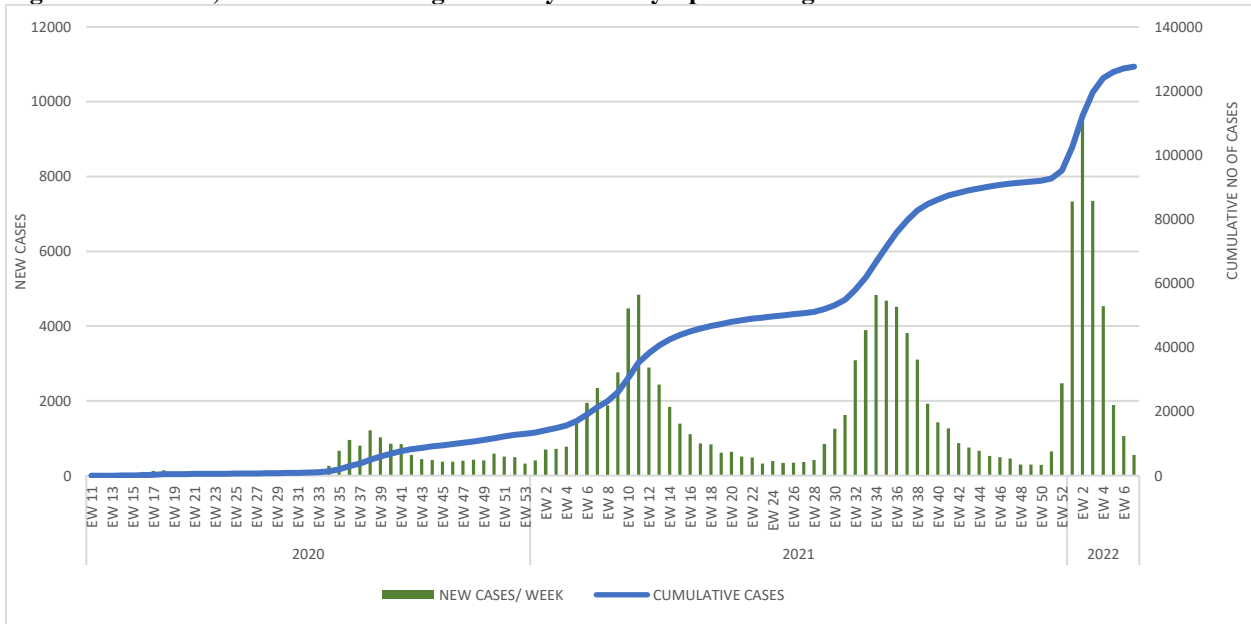
ⁱ Cases and deaths as at 24 Feb 2022, reported 25 Feb 2022.

ⁱⁱ Cases and deaths as at 22 Feb 2022, reported 24 Feb 2022.

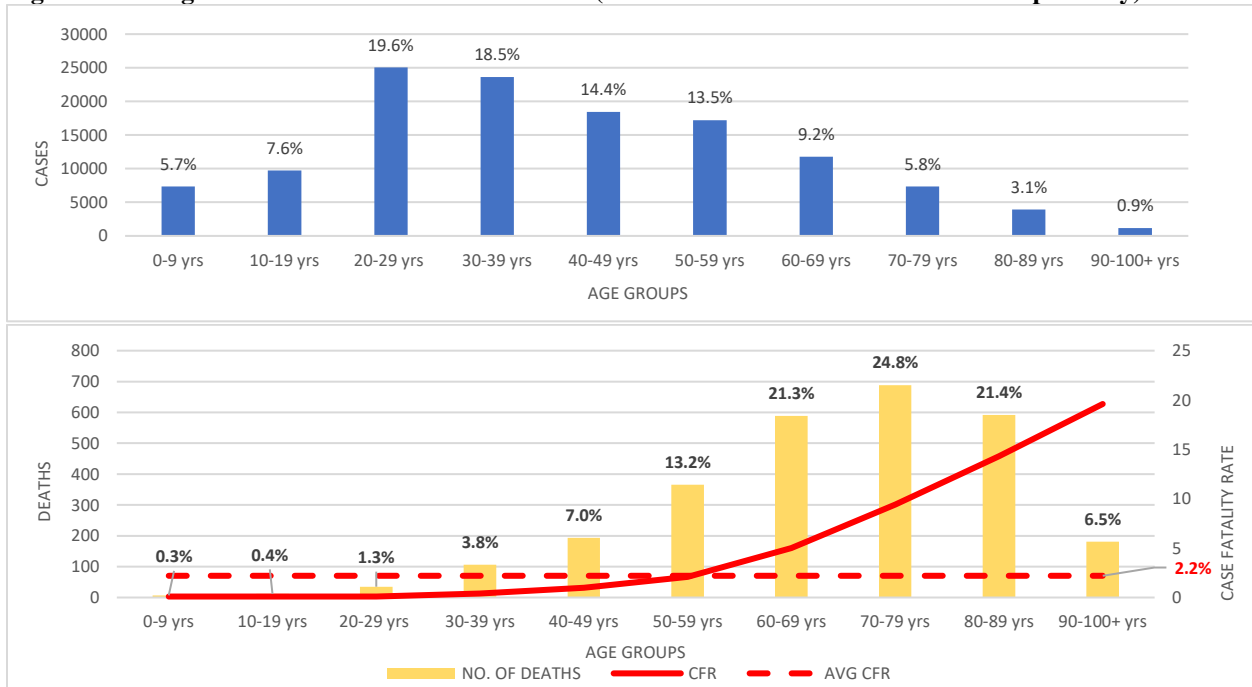
ⁱⁱⁱ Cases and deaths between 13-19 Feb 2022, reported 23 Feb 2022.

^{iv} 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 21 Feb 2022 and 16 Feb 2022 respectively).



GEOGRAPHICAL DISTRIBUTION: Data from 24 February 2022 highlighted that Kingston & St. Andrew (26.7%, n=34,100) and St. Catherine (18.2%, n=23,286) had the highest cumulative number of cases, while the greater proportion of new cases within the last 24 hours were detected in St. James and St. Catherine (26.3% and 17.5% respectively). Data from 21 February 2022 indicated that the highest proportions of active cases were found in the parishes of Kingston & St. Andrew, St. Catherine, and St. James (17.8%, 16.8% and 13.9% respectively). The total rates of active infections were highest in the western parishes of Trelawny (76.3 per 100,000 population), St. James (75.4 per 100,000 population), and Hanover (72.6 per 100,000 population). Fatalities have stabilized during EW 7, however remain a challenge and have not shown a decline commensurate to cases and positivity rates. 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 (21 Feb 2022)

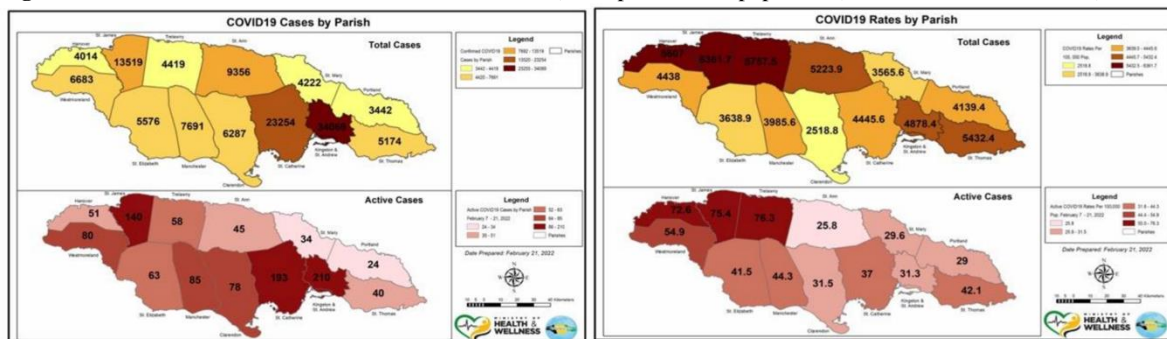
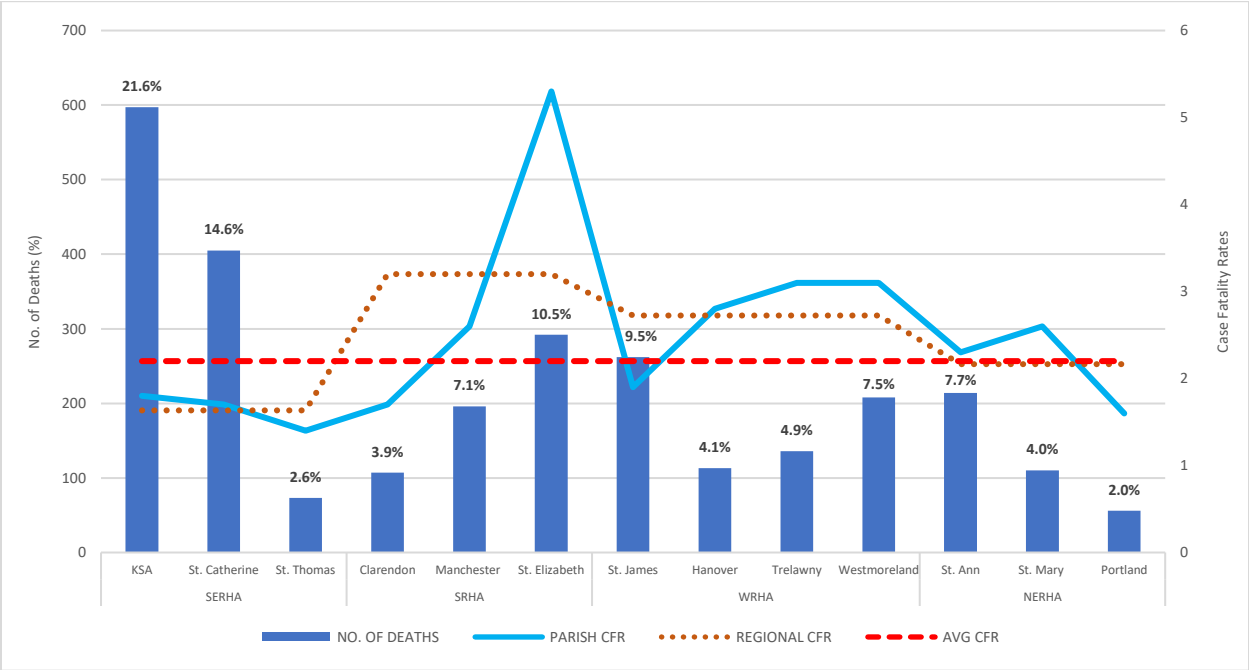


Figure 8. Geographical distribution of deaths (%) by parish & Health Region (21 Feb 22).



HOSPITALIZATIONS: As of 24 February 2022, there was a total of 159 hospitalizations (20.4% of active cases), with **average figures decreasing by 27.5% between EW 6 (n=367) and EW 7 (n=266)**. Of the hospitalized cases, 29.7% (n=34) were moderately ill, 10.2% (n=16) severely ill, and 3.2% (n=5) were critically ill. Disaggregated hospitalization data from 21 February 2022 indicated that children and peripartum females accounted for 6.6% (n=12) and 1.6% (n=3) of admissions respectively. Unvaccinated cases accounted for 83.3% of critically ill, 100% of severely ill, and 92.3% of moderately ill of admissions. The average hospital occupancy rate as at 40.5%, with 100% and 78.6% availability of COVID-19 designated ICU beds and HDU beds, respectively.

GOVERNMENT RESPONSE

On 22 February 2022, the Prime Minister announced that the current COVID-19 containment measures would be adjusted effective 25 February 2022 for a 3-week period, ending 17 March 2022, with nightly curfew hours from 12:00 a.m. to 5:00 a.m.

As of 1 March 2022, the requirement to obtain travel authorization through the JAMCOVID and visit Jamaica platforms will be eliminated. The quarantine requirements have also been ended. Pre-testing remains with PCR or antigen testing required to take place no longer than 3 days prior to arrival in Jamaica. All persons arriving are requested to limit their movements for 5 days after arrival in Jamaica.

The Disaster Risk Management (Enforcement Measures) (No. 3), Order, 2022 is in effect since 11 February 2022, and is available at:

<https://moj.gov.jm/sites/default/files/DRM2022No3.pdf>

BERMUDA:

TRENDS IN CASES & DEATHS: As of 22 Feb 2022 (reported 24 Feb 2022), Bermuda reported **11,490 confirmed cases** of Coronavirus Disease 2019 (COVID-19) with **24 new cases** within the last 24-72hr period. There were 217 active cases (1.9% of total cases and approximately 0.3% of the population)^v, 5 hospitalized cases (2.3% of active cases), and no cases admitted to ICU. New cases have decreased by **5.9%** for EW 7.

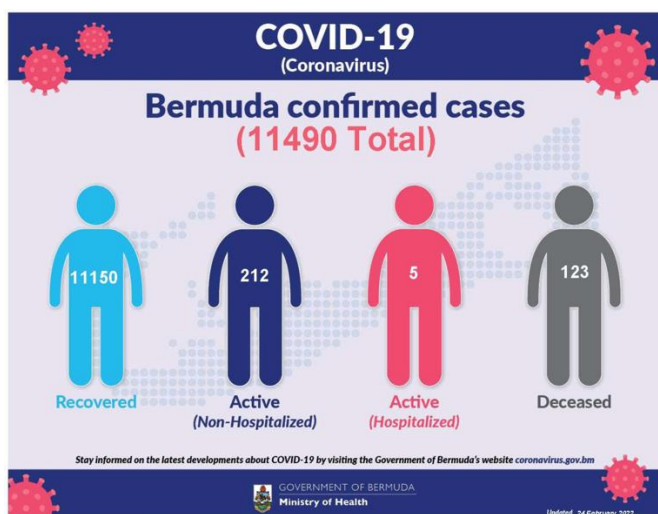


Table 2. Summary as at end of Epidemiological Week 7.

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
11,423	177	-5.9%	123	2	0%	1.8%	-21.7%

GOVERNMENT RESPONSE:

Effective 7 March 2022, all travellers to Bermuda must follow the requirements set out as below:

1. All Bermuda visitors aged 12 years and older must be vaccinated.
2. Unvaccinated children aged 11 years and younger are welcome and will take on the vaccination status of the guardian travelling with them.
3. Unvaccinated cruise ship passengers (aged 12 and older) will not be allowed to disembark the ship while in Bermuda.

^v Based on an estimated population for Bermuda of 63,000 people.

- All visitors aged 2 years and older must have proof of a negative COVID-19 test result (both supervised antigen and PCR tests are accepted).

<https://www.gov.bm/applying-bermuda-travel-authorisation>

CAYMAN ISLANDS:

TRENDS IN CASES & DEATHS: As of 12 Feb 2022, Cayman had **19,373 confirmed cases** of Coronavirus Disease 2019 (COVID-19) with **562 new cases reported during EW 7**. A **total of 17 COVID-19 related deaths were recorded since March 2020**, with no deaths occurring within the last 7 days. There are currently 16 hospitalized cases (with 5 cases in intensive care), of which 69% are unvaccinated. (Data as of 22 February 2022)

Table 3. Summary as at end of Epidemiological Week 7.

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
19,373	562	-39.5%	17	0	-	18.1%	-13.0%

Figures 9 & 10. Trend in daily cases Mar 2020 – Feb 2022, and 13-19 Feb 2022.

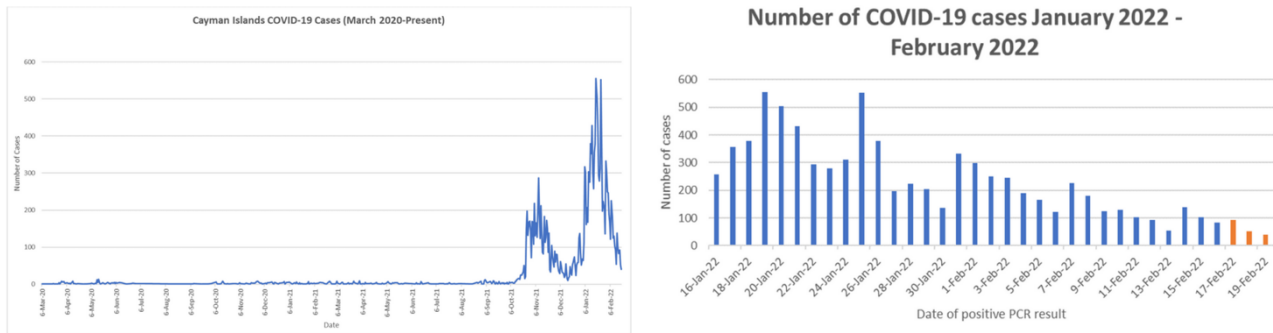
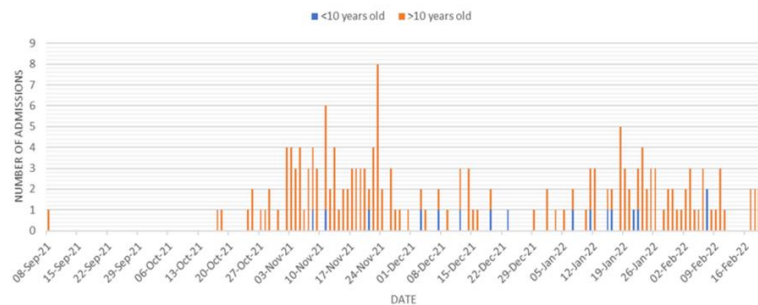


Figure 11. Trend in hospitalizations 8 Sep 2021 – 19 Feb 2022.



GOVERNMENT RESPONSE

Phase 5 of Border Re-opening is in effect, with the following new guidance for persons required to quarantine:

1. Unvaccinated travellers (age 12 and over) along with all unvaccinated members of their household. Vaccination
2. Travellers with non-securely verifiable records who travel from a country with a vaccination rate below 60% for the first dose of the vaccine.
3. 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 continued the procurement of items within the USAID GH-ARP project for case management and waste management for the vaccination programme and finalized employment of the Epidemiologist and Surveillance Officer – 24 February 2022.
- b. PAHO CO reviewed the implementation status of the CDC COAG COVID-19 response project to redefine priorities, while awaiting the carry-over of funds- 24 February 2022
- c. The review of the EU RESEMBID/Expertise France project proposal for the Cayman Islands was completed, based on feedback from the donors – 24 February 2022.
- d. PAHO CO continued dialogue with MOHW and partners on arrangements for handing-over events in February 2022, including items procured with funds from Global Affairs Canada project – 24 February 2022.
- e. PAHO CO remains embedded in the MOHW, JAM EOC and provides 24-hr technical support and guidance, including at the weekly EOC briefing meeting.
- f. 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. PAHO CO in collaboration with MOHW, JAM furthered the finalization of the IHR State Party Self-Assessment Annual Report at a meeting of the IHR Stakeholders Advisory Group on 17 February 2022 and continued to provide technical guidance. The deadline for submission has been extended from 1 March 2022 to 1 April 2022. – 24 February 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 – 24 February 2022.

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. – 24 February 2022.

PILLAR 9: MAINTAINING ESSENTIAL HEALTH SERVICES AND SYSTEMS

- a. Smart Health Care Facilities Project. Activities continued to ensure the completion of retrofitting at the Port Antonio Health Centre in March 2022.
- b. Re-scheduling of the technical cooperation activities requested for core health emergency preparedness and response programmes, including HEOC and MCM capacity building for JAM, continued due to the surge in cases of the Omicron Variant of Concern – 24 February 2022.

PILLAR 10 - VACCINATION

- a. On-going technical guidance was provided for the MOHW, Jamaica on vaccine supply, storage and delivery.

GAPS / CHALLENGES

1. The absorptive capacity within the MOHW for the implementation of multiple projects needs strengthening to ensure enhanced programme and project management.
2. 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.
3. 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.
4. Strategic risk assessment to guide the priorities of the emergency and disaster management programmes has not been achieved in Jamaica, Bermuda and the Cayman Islands and should be addressed with urgency, in 2022.
5. 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. Support for National Laboratory Services long-term development plan.
- d. PPEs, laboratory equipment, reagents, and supplies.
- e. Medical equipment and supplies for isolation and quarantine facilities, wards, and rooms.
- f. 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.

