

COVID-19

PAHO JAMAICA CO EOC – COVID-19 SITUATION REPORT #491
3 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	128,142 (34)	507 (0.4%)	97 (19.1%)	2,825 (10)	2.2%	859,477 (14.9%)	Community Transmission
Bermuda ⁱⁱ	11,634 (30)	173 (1.5%)	7 (4.0%)	123 (0)	1.1%	805,308 (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 8 (20 – 26 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
127,961	351	-36.9%	2,813	29	-35.6%	6.5%	-44.9%

TRENDS IN CASES & DEATHS: As of 3 March 2022, Jamaica had **128,142 confirmed cases** of Coronavirus Disease 2019 (COVID-19) with **34 new cases** confirmed in the past 24 hours. Active cases now account for 0.4% of confirmed cases, and approximately 0.02% of the population in isolation across the island.^{iv} New cases and deaths have decreased by 36.9% and 35.6%, respectively during EW 8. There are currently **2,825 COVID-19 related deaths**, with 10 deaths occurring within the last 24 hours. A total of 859,477 samples were tested at the laboratory with a **daily positivity rate of 5.0%** and a cumulative positivity rate of 14.9%.

SEX & AGE DISTRIBUTION OF CASES & DEATHS: Data from 28 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 40.7±20.6yrs. 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.

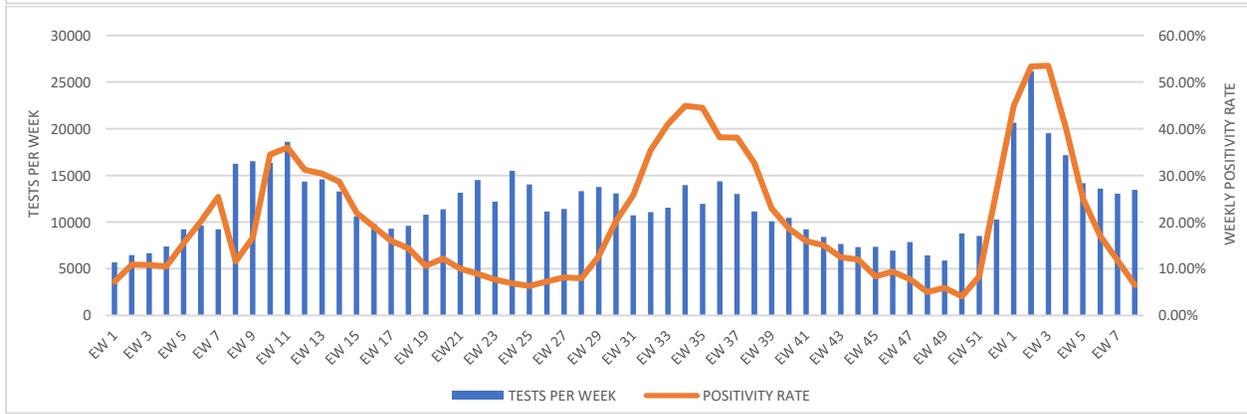
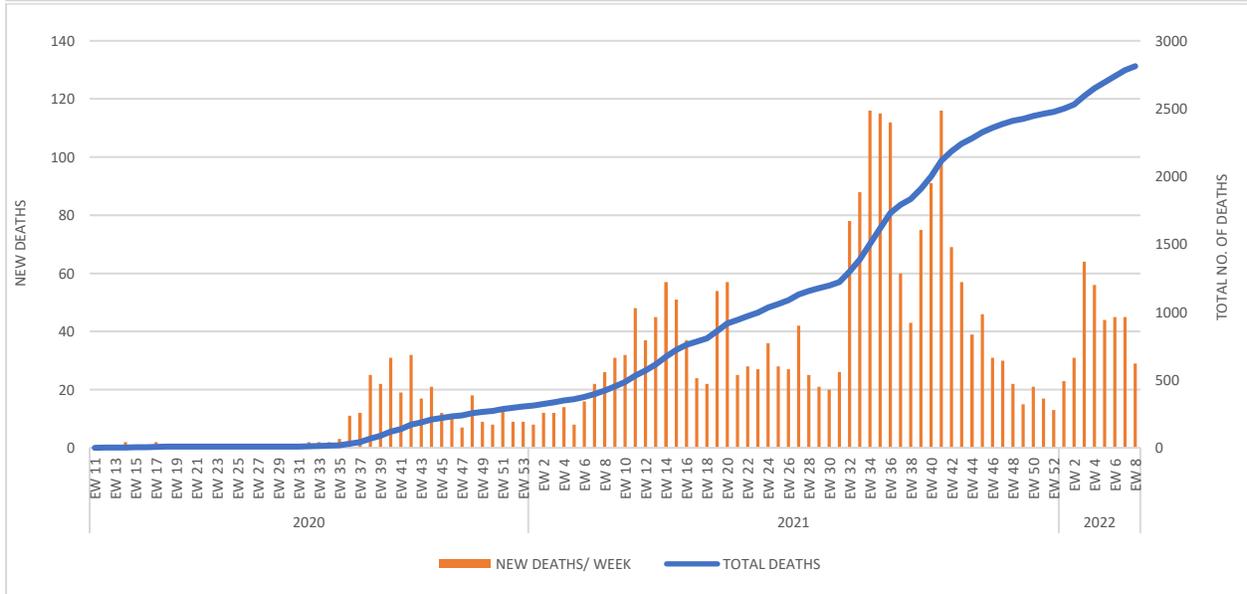
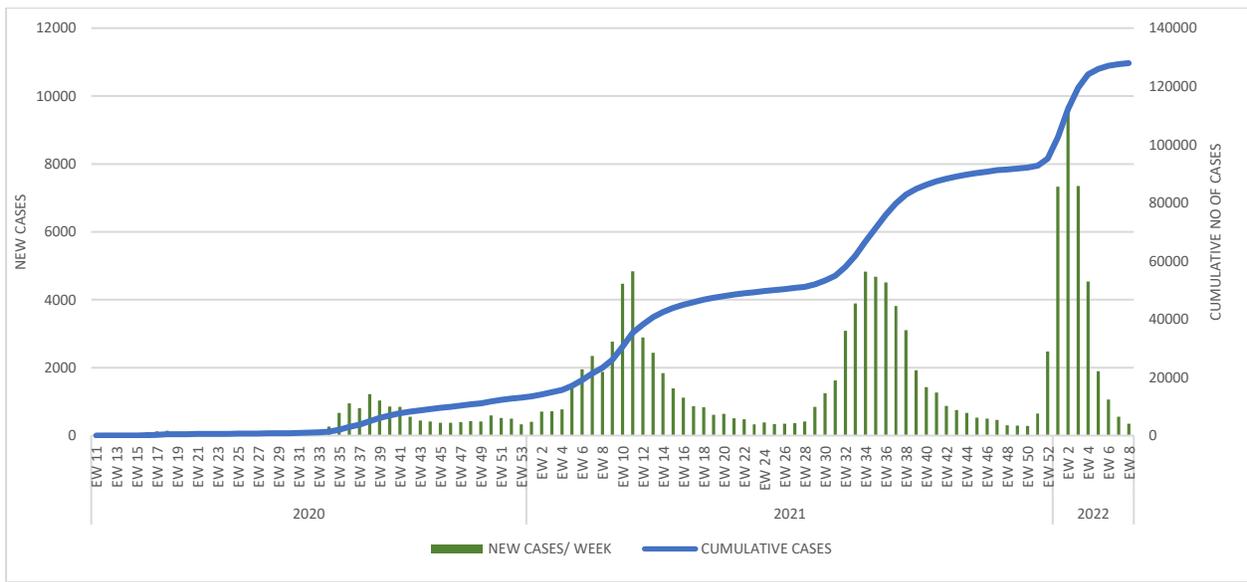
Figures 1-3. Cases, Deaths and Testing/Positivity Rates by Epidemiological Week.

ⁱ Cases and deaths as at 3 Mar 2022, reported 4 Mar 2022.

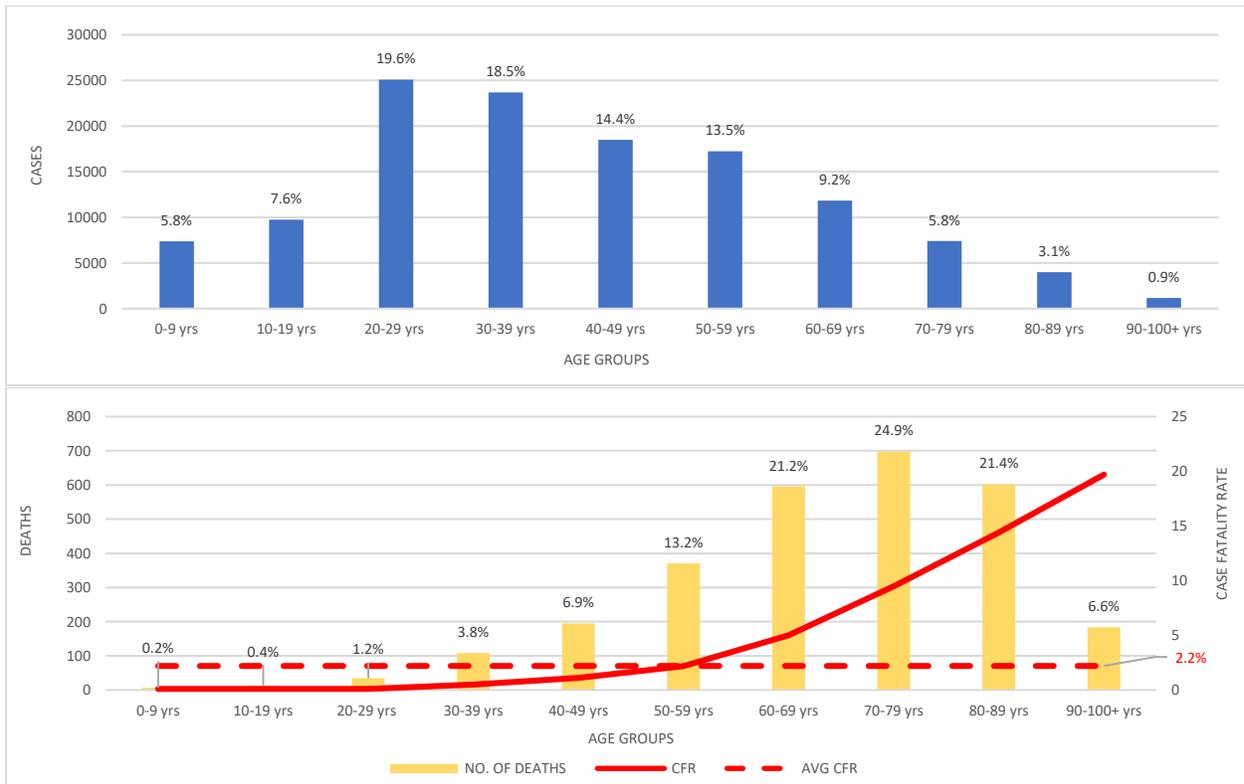
ⁱⁱ Cases and deaths as at 1 Mar 2022, reported 3 Mar 2022.

ⁱⁱⁱ There have been no further updates received since the last report. Data represents 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 4&5. Age Distribution of Cases and Deaths (as at 28 Feb 2022 and 23 Feb 2022 respectively).



GEOGRAPHICAL DISTRIBUTION: Data from 3 March 2022 highlighted that Kingston & St. Andrew (26.6%, n=34,134) and St. Catherine (18.2%, n=23,322) had the highest cumulative number of cases, while the greater proportion of new cases within the last 24 hours were detected in St. Catherine and St. James (23.6% and 20.6% respectively). Data from 28 February 2022 indicated that the highest proportions of active cases were found in the parishes of St. Catherine, Kingston & St. Andrew, and St. James (17.3%, 15.2% and 14.5% respectively). The total rates of active infections were highest in the western parishes of St. James (53.3 per 100,000 population), Hanover (42.7 per 100,000 population), and Westmoreland (39.1 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 (28 Feb 2022)

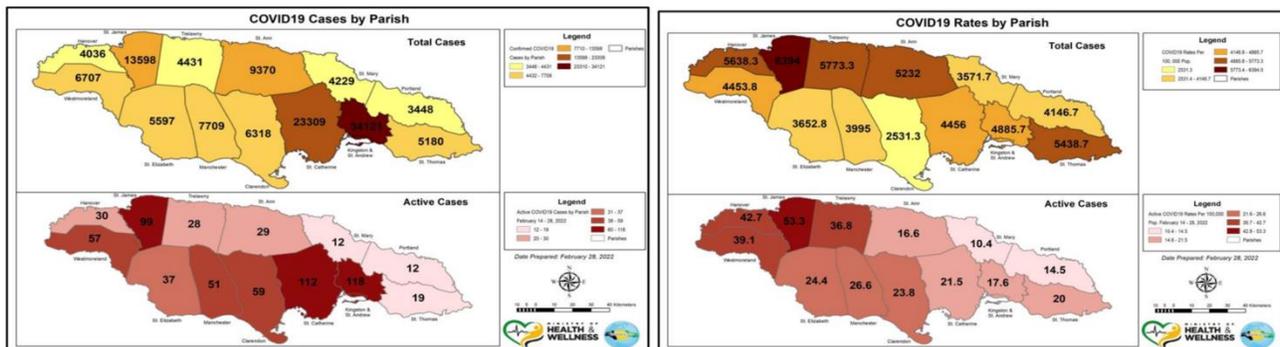
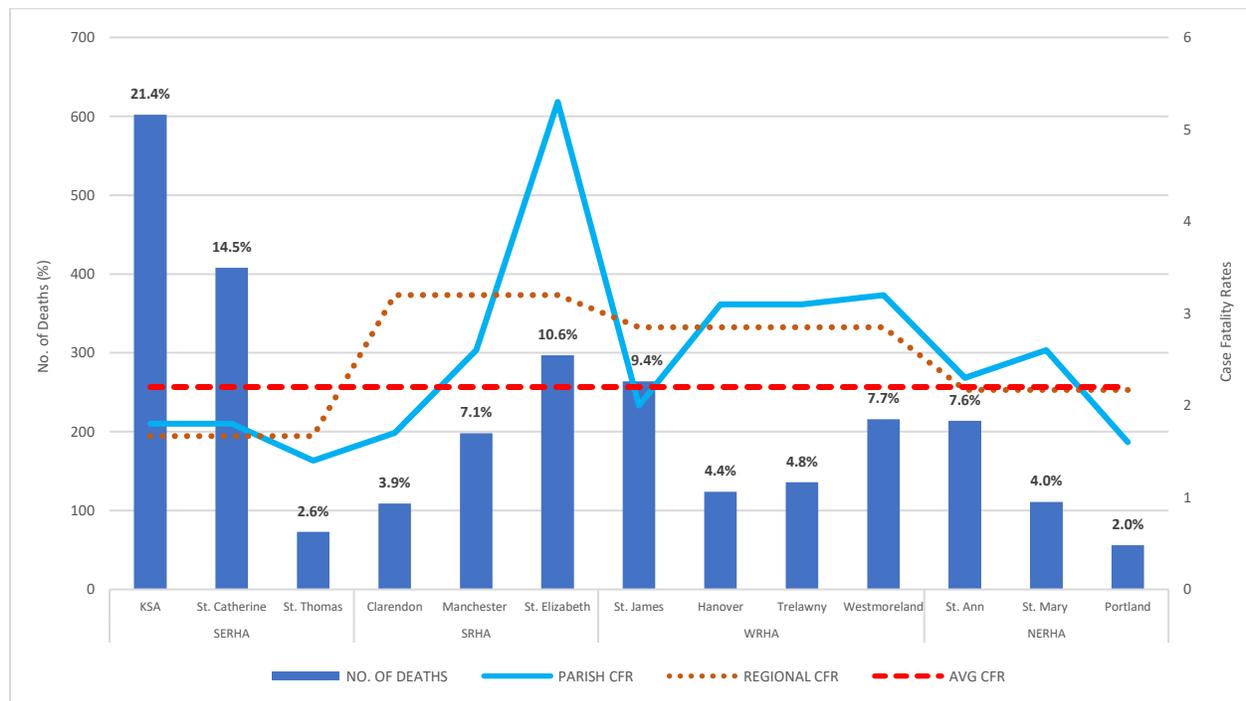


Figure 8. Geographical distribution of deaths (%) by parish & Health Region (28 Feb 22).



HOSPITALIZATIONS: As of 3 March 2022, there was a total of 97 hospitalizations (19.1% of active cases), with **average figures decreasing by 36.5% between EW 7 (n=266) and EW 8 (n=169)**. Of the hospitalized cases, 25.8% (n=25) were moderately ill, 7.2% (n=7) severely ill, and 7.2% (n=7) were critically ill. Disaggregated hospitalization data from 28 February 2022 indicated that children and peripartum females accounted for 4.1% and 1.7% of admissions respectively. Unvaccinated cases accounted for 90% of critically ill, 92.3% of severely ill, and 90% of moderately ill of admissions. The average hospital occupancy rate as at 27.3%, with 90% and 85.7% availability of COVID-19 designated ICU beds and HDU beds, respectively.

GOVERNMENT RESPONSE

Effective Monday, 7 March 2022, the Ministry of Education and Youth has approved the full resumption of face-to-face learning at schools.

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 ended. 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 1 Mar 2022 (reported 3 Mar 2022), Bermuda reported **11,634 confirmed cases** of Coronavirus Disease 2019 (COVID-19) with **30 new cases** within the last 24-72hr period. There were 173 active cases (1.5% of total cases and approximately 0.3% of the population)^v, 7 hospitalized cases (4.0% of active cases), and no cases admitted to ICU. New cases have decreased by **22.0%** for EW 8.

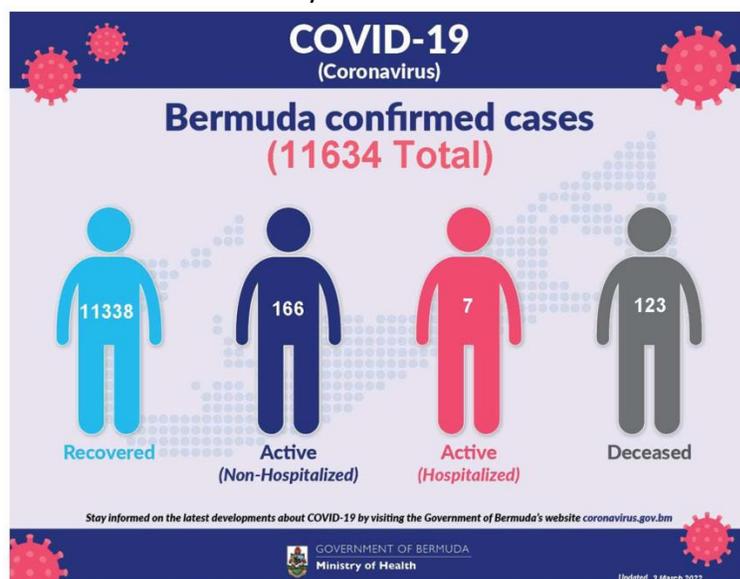


Table 2. Summary as at end of Epidemiological Week 8.

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
11,561	138	-22.0%	123	0	-100%	1.1%	-38.9%

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.

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

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.
4. 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: Information for EW 8 (20-26 Feb 2022) is still pending. As of 19 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.

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.

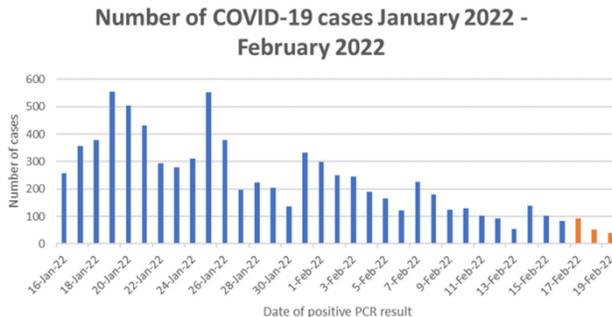
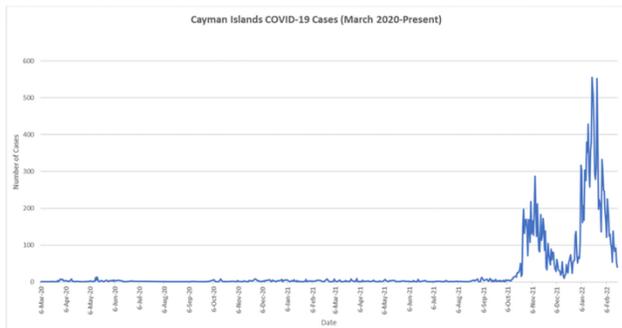
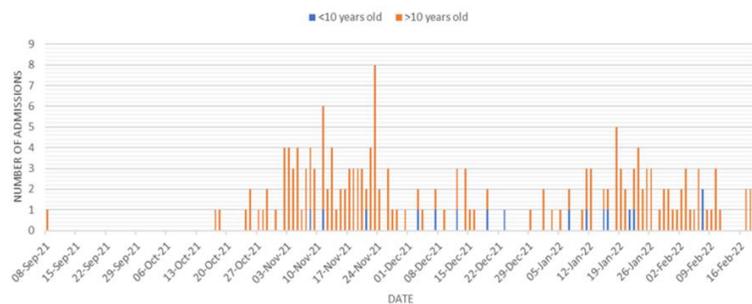


Figure 11. Trend in hospitalizations 8 Sep 2021 – 19 Feb 2022.



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.
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 held a planning meeting with CMO, BMU and team to address priority areas for COVID-19 response and Health Systems Strengthening – 3 March 2022
- b. 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 – 3 March 2022.
- c. PAHO CO continued the implementation status of the CDC COAG COVID-19 response project to redefine priorities, while awaiting the carry-over of funds- 4 March 2022
- d. The review of the EU RESEMBID/Expertise France project proposal for the Cayman Islands was completed, based on feedback from the donors. A response is awaited – 3 March 2022.
- e. 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 – 3 March 2022 February 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. 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 –3 March 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. – 3 March 2022.

PILLAR 9: MAINTAINING ESSENTIAL HEALTH SERVICES AND SYSTEMS

- a. The Emergency Health Planning Committee of the National Disaster Risk Management Council was briefed on 3 March 2022 on the PAHO/WHO Strategic Tool for Assessing Risk and the results of the Plan of Action for Disaster Risk Reduction 2016 – 2021.
- b. Smart Health Care Facilities Project. Retrofitting of the Mandeville and Santa Cruz Health Centres continued, with practical completion activities continuing at the Port Antonio Health Centre – 3 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 - 3 March 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.