

# COVID-19

PAHO JAMAICA CO EOC – COVID-19 SITUATION REPORT #494  
24 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 <sup>i</sup>	128,628 (21)	212 (0.2%)	30 (14.2%)	2,875 (1)	2.2%	910,544 (14.1%)	Community Transmission
Bermuda <sup>ii</sup>	12,354 (46)	277 (2.2%)	11 (4.0%)	127 (1)	1.0%	832,485 (1.5%)	Community Transmission
Cayman Islands <sup>iii</sup>	20,606 (24)	n/a	13 (n/a)	24 (1)	0.1%	Pending	Community Transmission

### JAMAICA:

Table 1. Summary as at end of Epidemiological Week 11 (13 – 19 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
128,539	160	-20.0%	2,867	22	+22.2%	3.9%	-13.3%

**TRENDS IN CASES & DEATHS:** As of 24 March 2022, Jamaica had **128,628 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.<sup>iv</sup> New cases have decreased by 20.0%, while deaths have increased by 22.2% during EW 11. There are currently **2,875 COVID-19 related deaths**, with 1 death occurring within the last 24 hours. A total of 910,544 samples were tested at the laboratory with a **daily positivity rate of 2.5%** and a cumulative positivity rate of 14.1%.

**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 1:0.9.

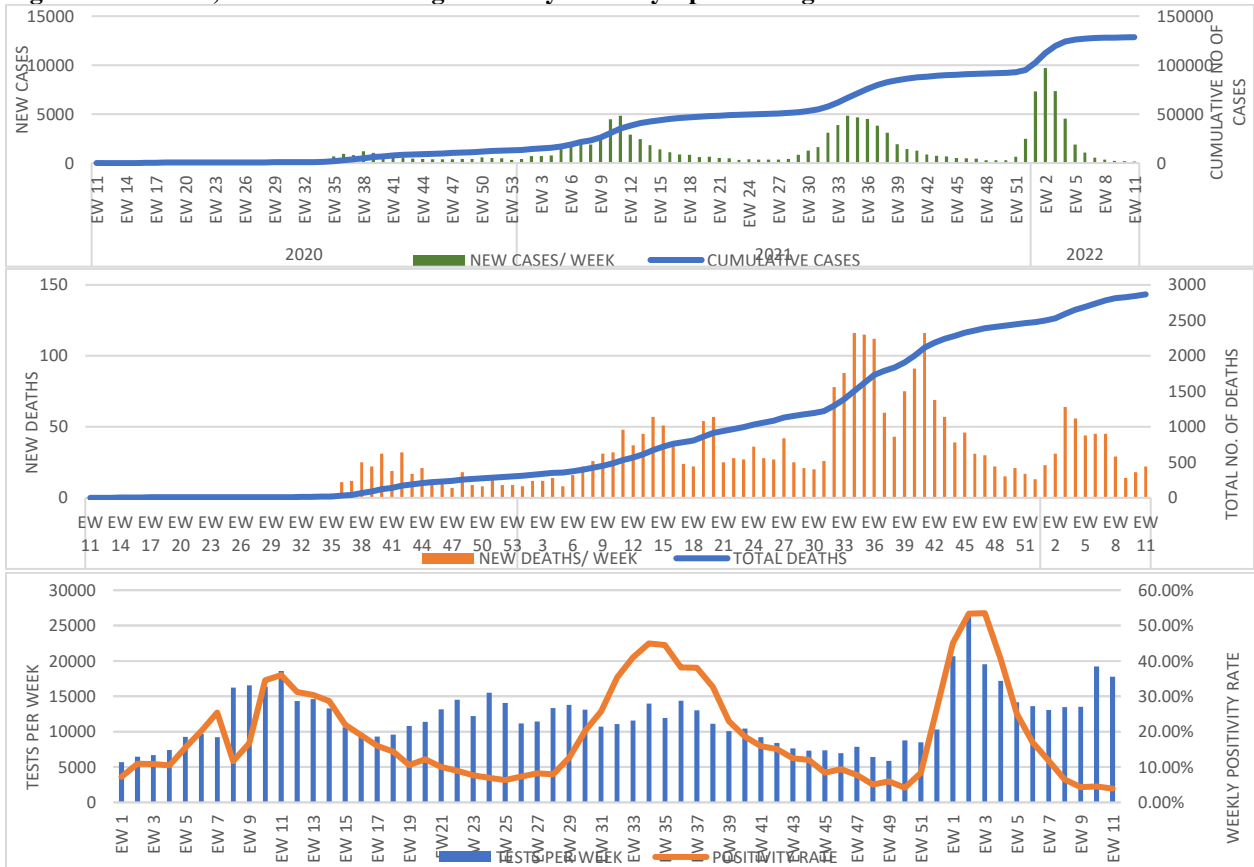
<sup>i</sup> Cases and deaths as at 24 Mar 2022, reported 25 Mar 2022.

<sup>ii</sup> Cases and deaths as at 22 Mar 2022, reported 24 Mar 2022.

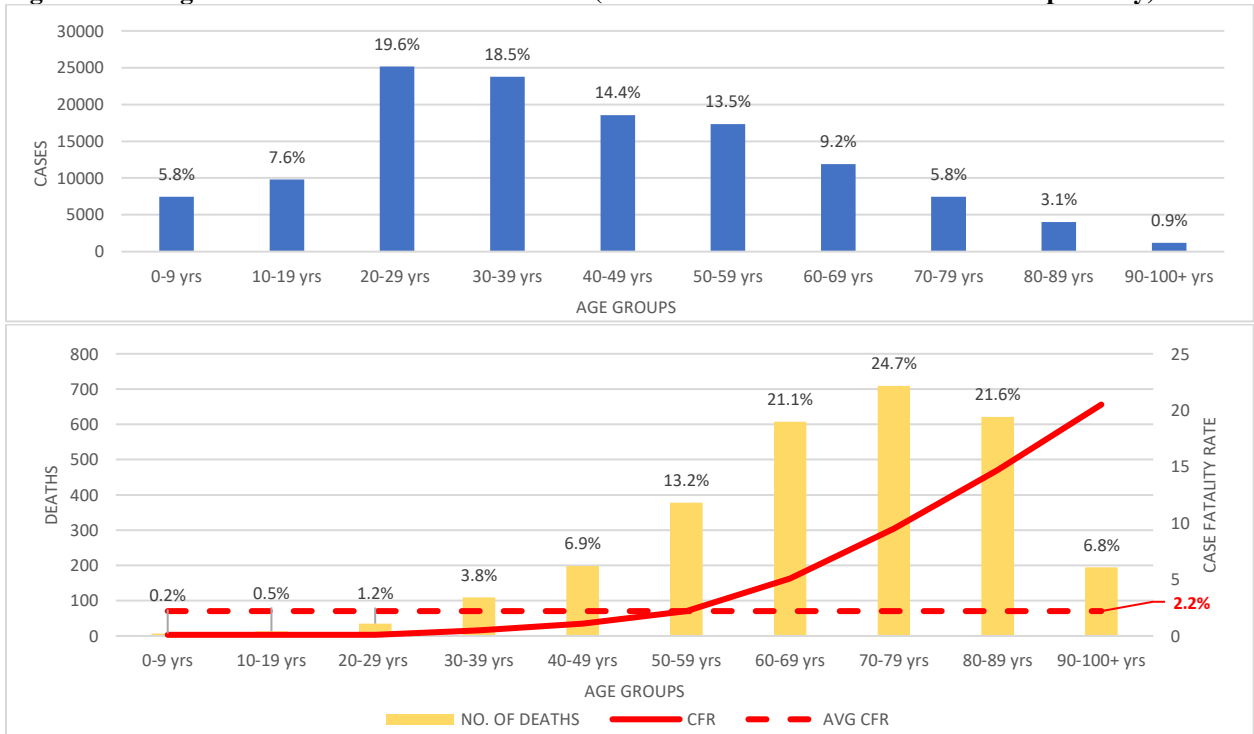
<sup>iii</sup> Represents data as at end of EW 11 (19 Mar 2022).

<sup>iv</sup> 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 23 Mar 2022 and 22 Mar 2022 respectively).**



**GEOGRAPHICAL DISTRIBUTION:** Data from 23 March 2022 highlighted that Kingston & Andrew (26.6%, n=34,221) and St. Catherine (18.2%, n=23,384) had the highest cumulative number of cases, while the greater proportion of new cases within the last 24 hours were detected in Kingston & St. Andrew (38.5%). The highest proportions of active cases were found in the parishes of St. Catherine and St. James, accounting for 18.4% and 15.5% of cases respectively. The total rates of active infections were highest in the western parishes of St. James (17.1 per 100,000 population) and Hanover (16.7 per 100,000 population). Higher than average case fatality rates continue to be 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 (23 Mar 2022).

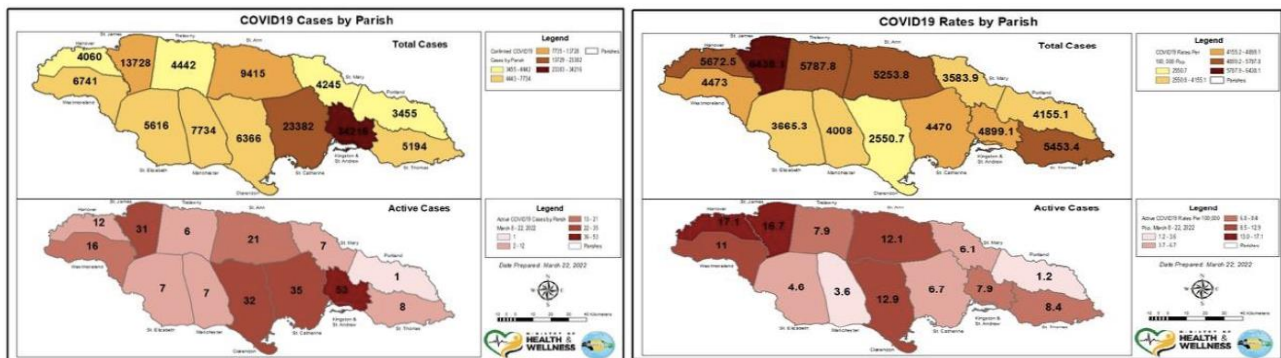
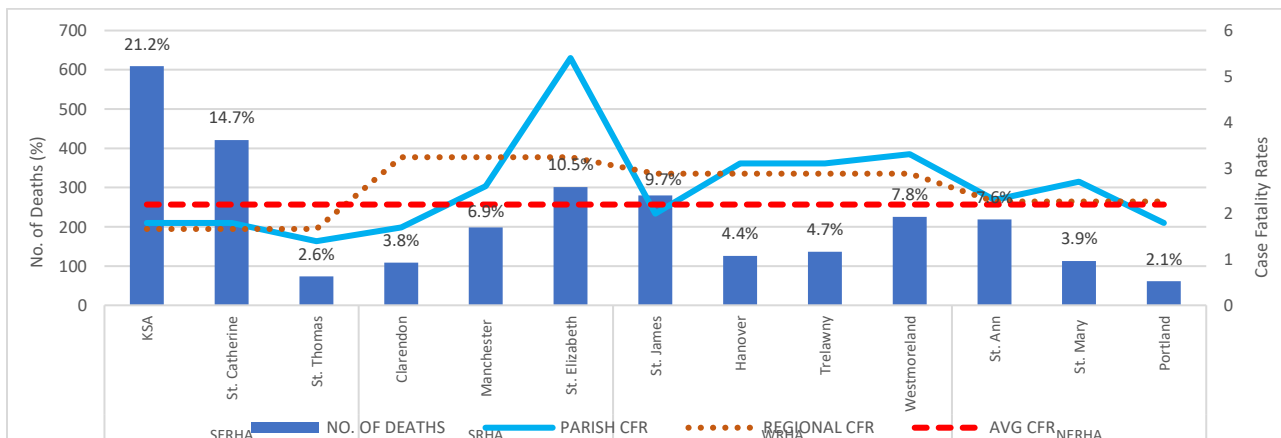


Figure 8. Geographical distribution of deaths (%) by parish & Health Region (23 Mar 22).



**HOSPITALIZATIONS:** As of 24 March 2022, there was a total of 30 hospitalizations (14.2% of active cases), with average figures decreasing by 24.1% between EW 10 (n=79) and EW 11 (n=60). Of the hospitalized cases, 33.3% (n=10) were moderately ill, 13.3% (n=4) severely ill, and there were no critically ill cases. Unvaccinated cases accounted for 100% of severely and moderately ill admissions. The average hospital occupancy rate as at 16.8%, 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 was also 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 22 Mar 2022 (reported 24 Mar 2022), Bermuda confirmed **12,354 cases** of Coronavirus Disease 2019 (COVID-19) with **46 new cases** within the last 24-72hr period. There were 277 active cases (2.2% of total cases and approximately 0.4% of the population)<sup>v</sup>, 11 hospitalized cases (4.0% of active cases), and one case admitted to ICU. New cases and deaths have decreased by 1.6% and 50.0% respectively for EW 11.

**Table 2. Summary as at end of Epidemiological Week 11.**

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
12,231	242	-1.6%	126	1	-50.0%	2.9%	0%

#### GOVERNMENT RESPONSE:

On 17 March 2022, the Minister of Health announced that Cabinet has agreed to make the following adjustments to the public health regulations:

1. The current COVID-19 Regulations, which were set to expire on 20th March 2022, will be extended until 30th April 2022;
2. The public health emergency will be extended a further 60 days through 29th May 2022.
3. After 31st March 2022, there will be a mandatory indoor mask mandate for the following settings:
  - a. For those in healthcare or institutional settings, such as healthcare facilities, nursing homes, rest homes and Corrections facilities.
  - b. For those providing transportation for the public, which includes the indoor spaces of ferries, as well as on buses, taxis and minibuses.
  - c. Inside at the airport.

#### CAYMAN ISLANDS:

**TRENDS IN CASES & DEATHS:** As of 19 March 2022, Cayman had **20,606 confirmed cases** of Coronavirus Disease 2019 (COVID-19) with **34 new cases reported within the last 24-72hrs**. A total of **24 COVID-19 related deaths were recorded since March 2020, with one (1) death occurring within EW11**. There are currently 13 hospitalized cases, of which 67% are unvaccinated. There one (1) case receiving treatment in the Intensive Care Unit (ICU).

**Table 3. Summary as at end of Epidemiological Week 11.**

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
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<sup>v</sup> Based on an estimated population for Bermuda of 63,000 people.

20,606	207	+1.0%	24	1	-50.0%	16.5%	-6.25%
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Figures 9 & 10. Trend in daily cases Mar 2020 – Mar 2022.

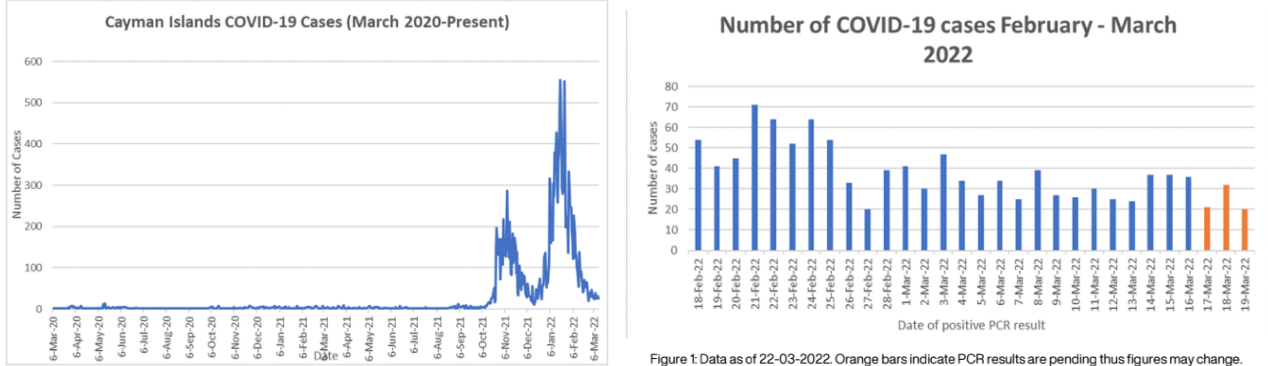
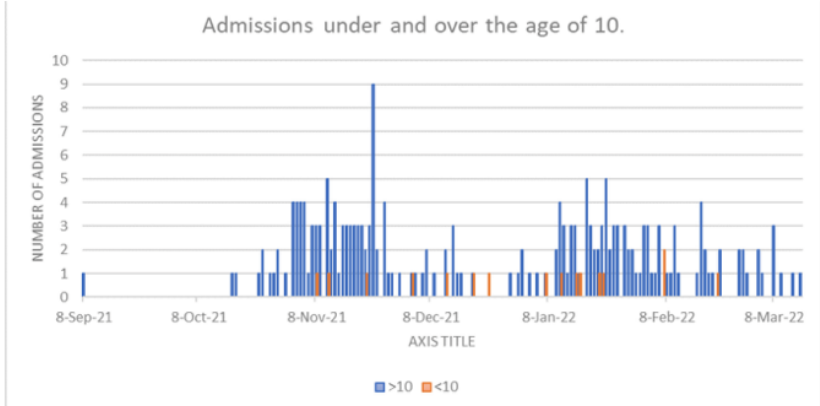


Figure 1: Data as of 22-03-2022. Orange bars indicate PCR results are pending thus figures may change.

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



**GOVERNMENT RESPONSE**

Phase 5 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 are 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 continued the implementation of COVID-19 response activities within 8 COVID-19 Awards / Grants and Contributions.
  - i. Canada Caribbean project: Support was provided to the case management aspect of COVID-19 response with procurement of medical and laboratory equipment and supplies valued at over US\$128,000.00. The Handover was held on 24 March 2022 with the Canadian High Commissioner and Minister of State in the Ministry of Health and Wellness in attendance.



[https://www.jamaicaobserver.com/latestnews/Canadian\\_govt\\_donates\\_medical\\_equipment\\_for\\_COVID-19\\_recovery](https://www.jamaicaobserver.com/latestnews/Canadian_govt_donates_medical_equipment_for_COVID-19_recovery)

<https://www.paho.org/en/news/25-3-2022-canada-donates-medical-equipment-covid-19-recovery->

[jamaica#:~:text=The%20equipment%20and%20supplies%20that,to%20acute%20COVID%2D19%20patients](https://www.paho.org/en/news/25-3-2022-canada-donates-medical-equipment-covid-19-recovery-jamaica#:~:text=The%20equipment%20and%20supplies%20that,to%20acute%20COVID%2D19%20patients)

- ii. USG Contributions: Dialogue continued with counterparts at PAHO HQ and MOHW to develop work plans. - 24 March 2022
- iii. USAID GH-ARP: Procurement of key equipment to strengthen the vaccination programme and case management continued. – 24 March 2022.
- iv. US CDC COAG: Specifications were reviewed and the procurement process started for the genomic sequencing machine with assistance from PRO, HQ. – 24 March 2022.
- b. PAHO CO remains embedded in the MOHW, JAM EOC and provides 24-hr technical support and guidance, including at the weekly EOC briefing meeting.
- c. 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 facilitated the JAM IHR NFP to prepare the final draft of the 2021 IHR State Party Self-Assessment Annual Report (SPAR) – 22 March 2022.

- b. PAHO CO facilitated the participation of JAM IHR NFP in the training session on the New Tool and use of the e-SPAR platform. – 21 March 2022.

#### **PILLAR 9: MAINTAINING ESSENTIAL HEALTH SERVICES AND SYSTEMS**

- a. PAHO CO facilitated the participation of JAM in the Caribbean Health Disaster Risk Reduction (CHDRR) Committee / Project Steering Committee meeting for the Canada Caribbean Disaster Risk Reduction with a review of progress in achieving the 4 strategic lines of action for the Plan of Action for DRR 2016 - 2021. – 22 March 2022.
- b. 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
- c. Smart Health Care Facilities Project.
  - a. A review of energy and water usage continued to determine savings at facilities which were retrofitted or received Smart Interventions.
- d. 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 – 23 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. 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.