

# COVID-19

PAHO JAMAICA CO EOC – COVID-19 SITUATION REPORT #474  
4 NOVEMBER 2021 (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>	89,466 (117)	27,856 (31.1%)	243 (0.9%)	2,272 (15)	2.5%	646,311 (13.9%)	Community Transmission
Bermuda <sup>ii</sup>	5,665 (5)	48 (0.8%)	9 (18.8%)	106 (2)	1.9%	603,361 (0.9%)	Community Transmission
Cayman <sup>iii</sup> Islands	2,482 (126)	1,497 (60.3%)	11 (0.7%)	2 (0)	0.1%	170,034 (1.4%)	Sporadic Cases

## JAMAICA:

Table 1. Summary as at end of Epidemiological Week 43

Confirmed Cases	New Cases	% Change in New Cases in last 7 days	Deaths	New Deaths	% Change in New Cases in last 7 days	Weekly Positivity Rate	% Change in Weekly Positivity Rate
89,014	755	-13.2%	2,242	57	-17.4%	12.43%	-17.5%

**TRENDS IN CASES & DEATHS:** As of 04 November 2021, Jamaica had **89,466 confirmed cases** of Coronavirus Disease 2019 (COVID-19) with **117 new cases** confirmed in the past 24 hours. There are currently 27,856 cases (31.1% of confirmed cases) in isolation across the island. New cases and deaths have decreased by 13.2% and 17.4% during EW 43 respectively. There are **2,272 COVID-19 related deaths** as at 04 November 2021. A total of 646,311 samples have been tested at the laboratory with a daily positivity rate of 11.5% and a cumulative positivity rate of 13.9%.

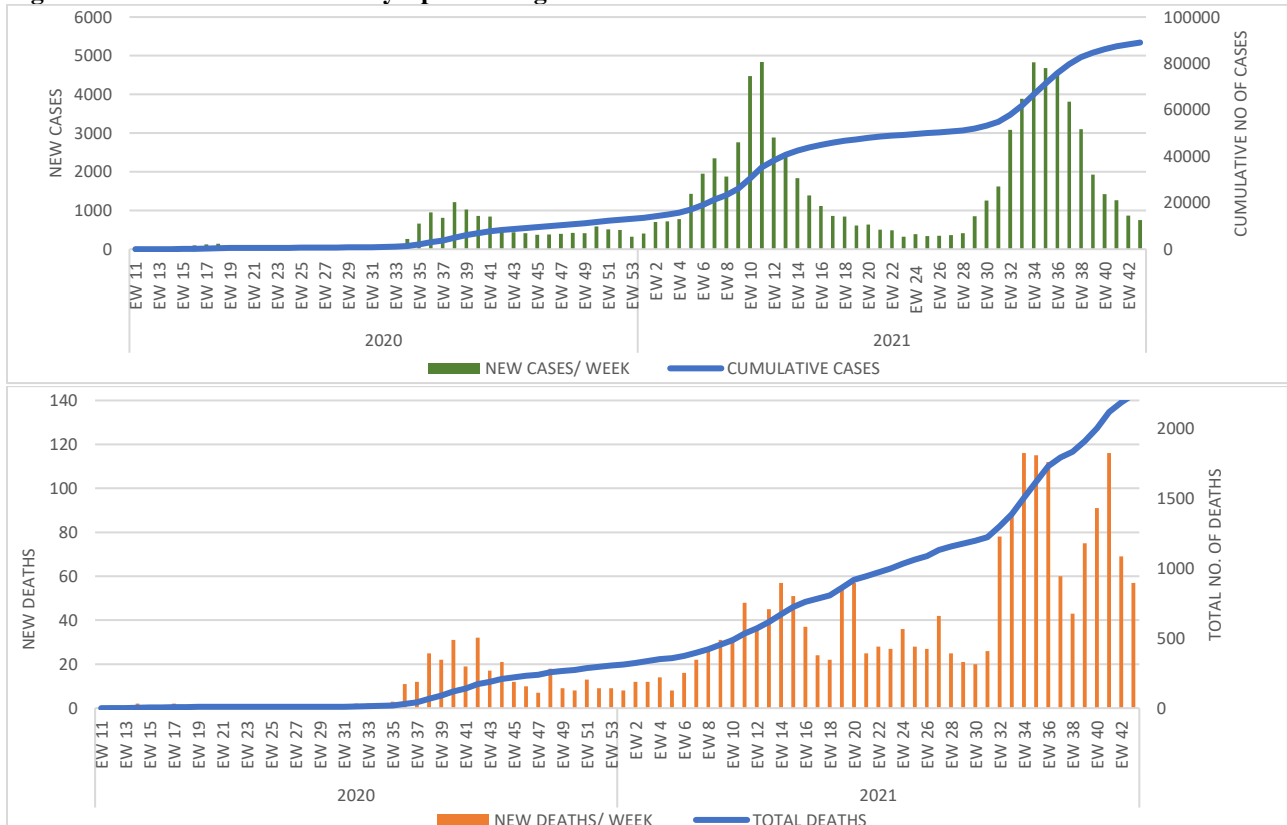
**SEX & AGE DISTRIBUTION OF CASES & DEATHS:** As of 03 November 2021, the highest burden of total confirmed cases remains within the 20-29 years and 30-39 years age groups, accounting for 18.7% and 18.0% of cases respectively, with the mean age at 41.2±20.6yrs. Females were primarily affected compared 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 4 Nov 2021.

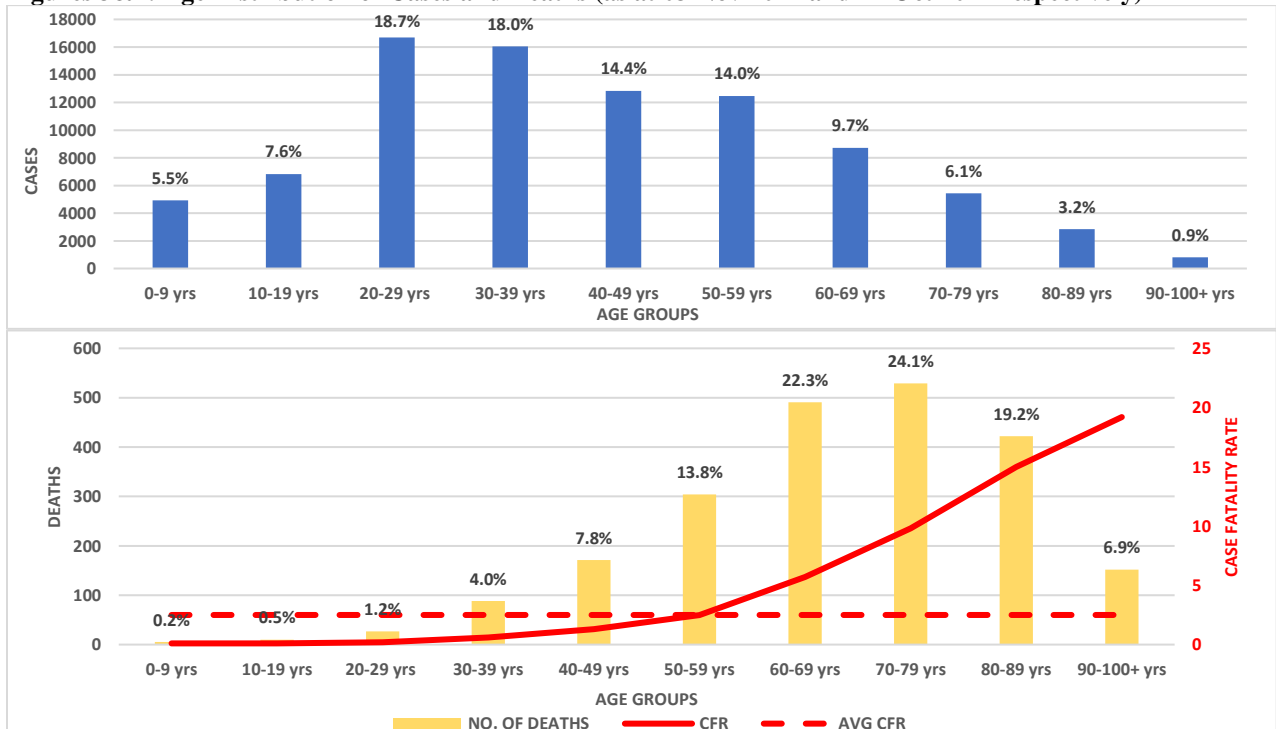
<sup>ii</sup> Cases and deaths as at 1 Nov 2021, reported 3 Nov 2021.

<sup>iii</sup> Cases and deaths as at 3 Nov 2021.

**Figures 1&2. Cases and Deaths by Epidemiological Week.**

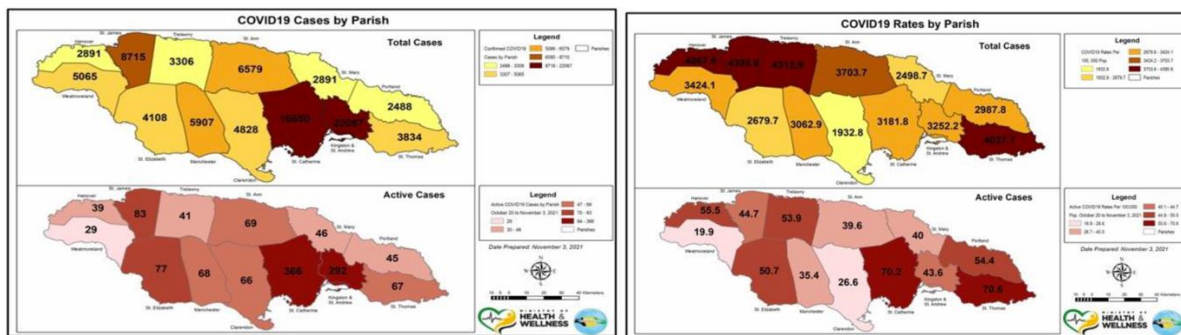


**Figures 3&4. Age Distribution of Cases and Deaths (as at 03 Nov 2021 and 27 Oct 2021 respectively)**



**GEOGRAPHICAL DISTRIBUTION:** Data for 3 November 2021 highlighted that Kingston & St. Andrew (24.7%, n=22,087) and St. Catherine (18.6%, n=16,650) had the highest cumulative number of cases. The highest proportions of active cases for this week, however, were found in the parishes of St. James and St. Catherine (14.5% and 13.5% respectively). The total rates of active infections for this reporting period were in the eastern parishes of St. Thomas (70.6 cases per 100,000 population) and St. Catherine (70.2 cases per 100,000 population).

**Figures 5 & 6.** COVID-19 Parish Distribution and Rates (cases per 100,000 population) of total and active cases (03 Nov 2021)



**HOSPITALIZATIONS:** As of 04 November 2021, hospitalizations decreased by approximately 16.5% since the last reporting period (28 Oct 2021). There was a total of 243 hospitalizations (0.9% of active cases), of which approximately 16.4% (n=40) were moderately ill, 11.1% (n=27) severely ill, and 7.4% (n=18) were critically ill. The average hospital occupancy rate as of 26 October 2021 has improved to 53.8%.

**GOVERNMENT RESPONSE**

The Disaster Risk Management (Enforcement Measures) (No. 10) (Amendment) Order, 2021 is in effect since 25 September 2021.

<https://moj.gov.jm/sites/default/files/DRM2021No10A.pdf>

As of 11 October 2021, the Disaster Risk Management (Enforcement Measures) (No.10) (Amendment) (no.2) Order, 2021 is also in effect.

<https://moj.gov.jm/sites/default/files/DRM2021No10A2.pdf>

New measures introduced in November 2021, include the removal of Sundays as a no movement day. The curfew is now from 8:00 p.m. to 5:00 a.m. daily.

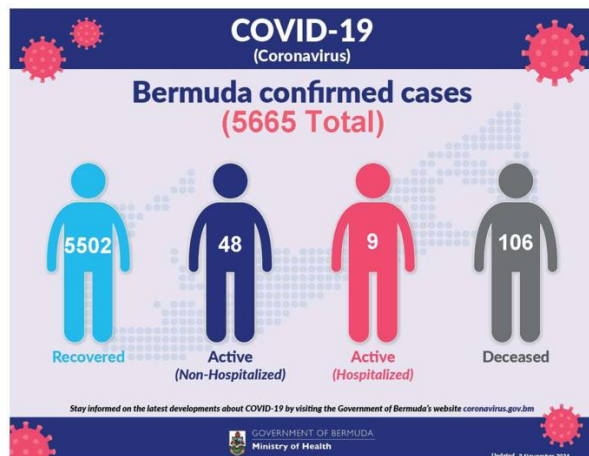
**BERMUDA:**

**TRENDS IN CASES & DEATHS:** As of 01 November 2021, Bermuda reported 5,665 confirmed cases of Coronavirus Disease 2019 (COVID-19) with 5 new cases within the last 24-48hr period. There were 48 active cases (0.8% of total cases), a reduction of 42.9% since the last report (28 Oct 2021). Of the active cases, 9 (18.8%) are hospitalized, with this proportion remaining relatively stable since the last reporting period (28 Oct 2021). New cases and deaths have decreased by 18.4% and 100% respectively between EW 40 and EW 41.

**Table 2. Summary as at end of Epidemiological Week 43.**

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
5,616	32	-20.0%	87	3	+100.0%	0.2%	-33.3%

**Figures 7.** Cases and deaths as of 01 Nov 2021 (updated 03 Nov 2021).



**GOVERNMENT RESPONSE:**

All travellers to Bermuda must follow the requirements set out in the Quarantine (COVID-19) (No.3) Order 2020.

[http://www.bermulaws.bm/laws/Consolidated%20Laws/Quarantine%20\(COVID-19\)%20\(No.%203\)%20Order%202020.pdf](http://www.bermulaws.bm/laws/Consolidated%20Laws/Quarantine%20(COVID-19)%20(No.%203)%20Order%202020.pdf)

Training should be provided for all employees and management on Infection Prevention & Control. As a result the Department of Health, has produced the following mandatory training course:

<https://www.gov.bm/infection-prevention-and-control-training>

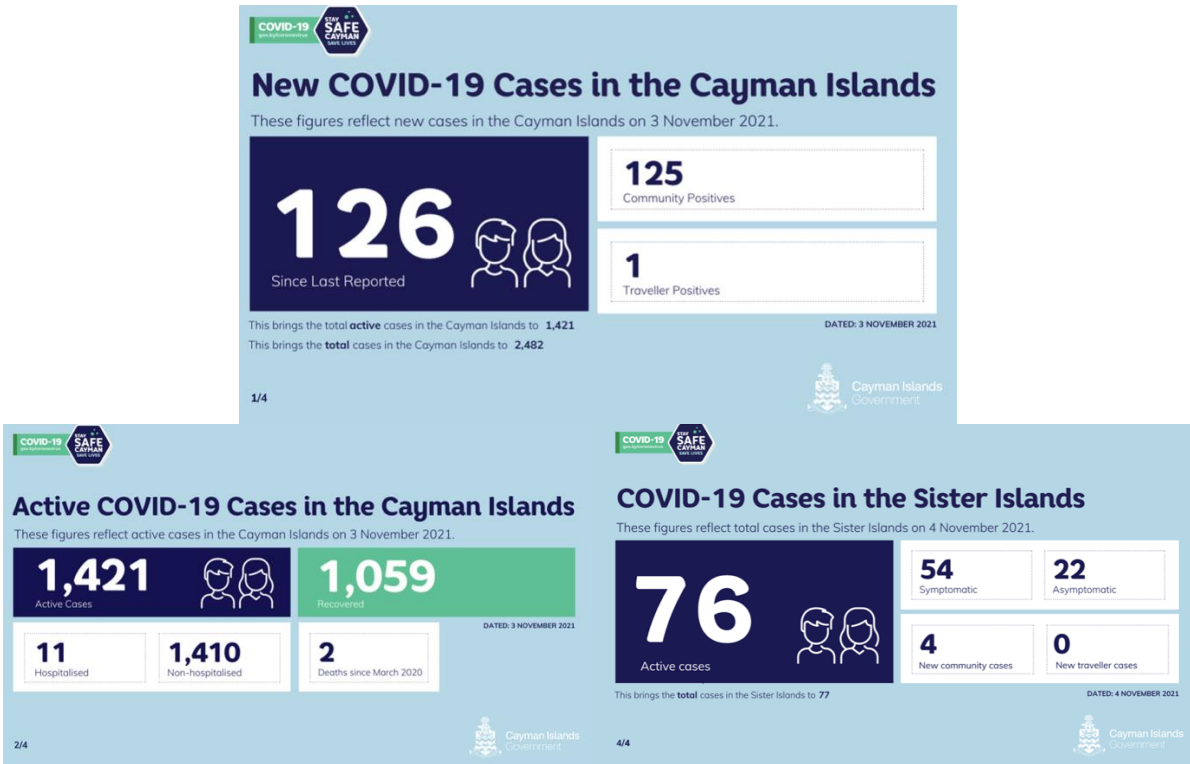
**CAYMAN ISLANDS:**

**TRENDS IN CASES & DEATHS:** As of 03 Nov 2021, Cayman had **2,482 confirmed cases** of Coronavirus Disease 2019 (COVID-19) with **126 new cases** reported in the last 24 hrs. Cases ranged between 6 to 85 years of age, with a male to female distribution of 53% and 47% respectively (M:F ratio of 1:0.9). Active cases have increased by **187.3%** since the last reporting period (of 28 October 2021) and now comprise 60.3% of confirmed cases. A **total of 2 COVID-19 related deaths have been recorded since March 2020**, with no new deaths occurring within the last 24hrs. A total of **170,034** samples were tested for COVID-19, with a new **overall positivity rate of 1.4%**.

**Table 3. Summary as at end of Epidemiological Week 43.**

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
2,101	809	+264.4%	2	0	0%	9.8%	+145.0%

Figure 8. Daily COVID-19 Summary.



**GOVERNMENT RESPONSE**

On 7 October 2021, the premier advised that there would be early mid-term closure of Government schools in an effort to both mitigate the absence of several secondary school level teachers due to mandatory quarantine requirements and curtail the transmission of the virus within the school community.

On 24 September 2021, the Control and Management of COVID-19 Regulations, 2021 under the Public Health Act came into Force.

<http://gazettes.gov.ky/portal/pls/portal/docs/1/13108558.PDF>

**PAHO CO UPDATE:**

**PILLAR 1 – COORDINATION, PLANNING, FINANCING, AND MONITORING**

- a. PAHO CO continued its updating of the proposal for Jamaica for the COVID-19 response funding through the USAID American Rescue Plan, based on feedback from the donors. Dialogue was held with MOHW counterparts to obtain additional information on one priority component of the proposal. A response is expected by 12 November 2021 – 5 November 2021.
- b. PAHO CO prepared and submitted the detailed budget and justification to PAHO, WDC for the EU RESEMBID/Expertise France project proposal for the Cayman Islands– 5 November 2021.
- c. PAHO CO continued the finalization of obligations of PAHO Assessed Contributions for COVID-19 response expiring in December 2021. Preparations for carry-over of funds to 2022 was completed as determined by Grant agreements – 4 November 2021.
- d. PAHO CO remains embedded in the MOHW, JAM EOC and provides 24-hr technical support and guidance, including at the daily EOC briefing meeting.
- e. PAHO CO maintained the technical lead for Health for the COVID-19 response within the UNCT and the Government of Jamaica (GOJ) system.

**PILLAR 3 – SURVEILLANCE, EPIDEMIOLOGICAL INVESTIGATION, CONTACT TRACING & ADJUSTMENT OF PUBLIC HEALTH AND SOCIAL MEASURES**

- a. PAHO CO provided reminders to the IHR NFP, JAM on follow-up of information received from PAHO IHR on contacts of travellers after departure from Jamaica and the provision of reports – during the week.

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

- a. Dates were re-scheduled with the MOHW IHR Director for the IHR Assessments of the Contingent Designated Points of Entry, from 22 - 24 November 2021 and the meeting of the IHR Stakeholders Advisory Group on 25 November 2021. – 2 November 2021.

**PILLAR 7 – CASE MANAGEMENT, CLINICAL OPERATIONS AND THERAPEUTICS**

- a. Procurement of medical equipment and supplies and HEOC equipment was finalized utilizing MOHW approved priority list – 5 November 2021.

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

- a. PAHO CO contributed to the VII Regional Platform on Disaster Risk Reduction in the Americas and Caribbean, 1 – 4 November 2021 through participation on the PAHO WDC team which was lead for High Level Session 4: Strengthening Disaster Risk Governance: lessons from COVID-19 and Parellel Session 2: Enhancing Resilient Infrastructure; as well as co-organizer for other sessions.

**PILLAR 10 - VACCINATION**

- a. PAHO CO provided information to MOHW on the delivery of COVID-19 vaccines during the week-3 November 2021
- a. Terms of Reference were revised for a Health Records Technician (Medical Coder) to facilitate data retrieval at the KPH for a retrospective study.
- b. On-going technical guidance was provided for the MOHW, Jamaica on vaccine supply and delivery.

## **GAPS / CHALLENGES**

1. Vaccine hesitancy remains a challenge in Jamaica including among health care workers. Access to vaccination sites has been improved this week with hospitals being designated as vaccination sites and house to house vaccination.
2. The
3. The MOHW, Jamaica needs to update the health sector COVID-19 program, protocols, and budget to guide support for the response.

## **NEEDS**

### **1. JAMAICA**

- a. Technical and other support for COVID-19 vaccination programme
- b. Health EOC strengthening.
- 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.

### **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.