

COVID-19

PAHO JAMAICA CO EOC – COVID-19 SITUATION REPORT #483
6 JANUARY 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	98,194 (1,128)	28,302 (28.8%)	204 (0.72%)	2,486 (3)	2.6%	718,585 (13.6%)	Community Transmission
Bermuda ⁱⁱ	7,191 (180)	1,111 (15.4%)	4 (0.4%)	110 (0)	1.5%	712,807 (1.0%)	Community Transmission
Cayman ⁱⁱⁱ Islands	10,186 (466)	3,372 (33.1%)	4 (0.1%)	12 (0)	0.1%	Pending	Community Transmission

JAMAICA:

Table 1. Summary as at end of Epidemiological Week 52

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
95,177	2,472	+278.6%	2476	13	-23.5%	26.6%	+216.7%

TRENDS IN CASES & DEATHS: As of 5 January 2022, Jamaica had **98,194 confirmed cases** of Coronavirus Disease 2019 (COVID-19) with **1,128 new cases** confirmed in the past 24 hours. There are currently 28,302 cases (28.8% of confirmed cases) in isolation across the island. New cases have increased by 278.6%, and the number of confirmed deaths decreased by 23.5% during EW 52. There are **2,486 COVID-19 related deaths** as of 5 January 2022, with 3 deaths occurring within the last 24 hours. A total of 718,585 samples were tested at the laboratory with a **daily positivity rate of 46.8%** and a cumulative positivity rate of 13.6%. *The Ministry of Health and Wellness (MOHW) continues investigation of a case of Omicron Variant of Concern (VOC) which was detected in a traveller on return to the United Kingdom (UK) from Jamaica. Notification of this case was provided by the UK IHR National Focal Point (NFP) on 18 December 2021 (Epi Week 50) to the Jamaica IHR NFP.*

SEX & AGE DISTRIBUTION OF CASES & DEATHS: As of 4 January 2022, the highest burden of total confirmed cases remains within the 20-29 years and 30-39 years age groups, accounting for 19.1% and 18.0% of cases respectively with the mean age falling marginally to 41.0±20.6yrs (from 41.3±20.7yrs during the previous reporting period of 30 December 2021). Females were primarily

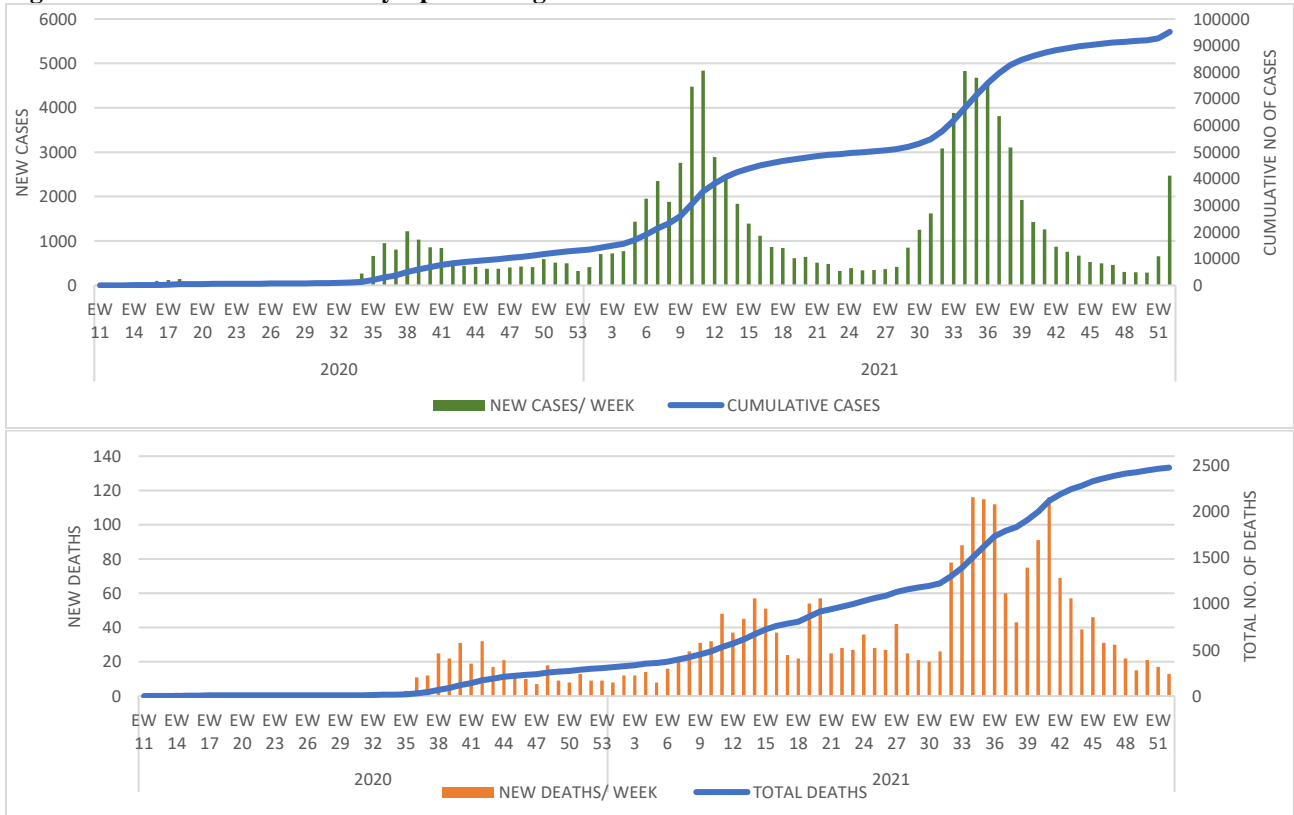
ⁱ Cases and deaths as at 5 Jan 2022, reported 6 Jan 2022.

ⁱⁱ Cases and deaths as at 3 Jan 2022, reported 6 Jan 2022.

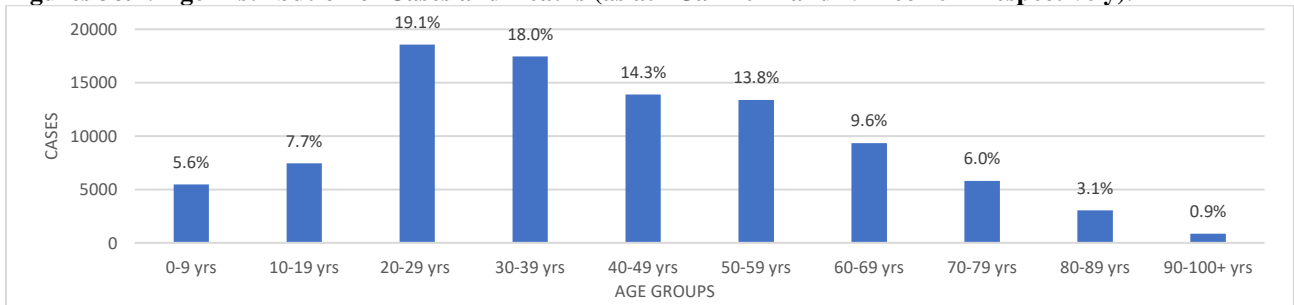
ⁱⁱⁱ Cases and deaths as at 5 Jan 2022, reported 6 Jan 2022.

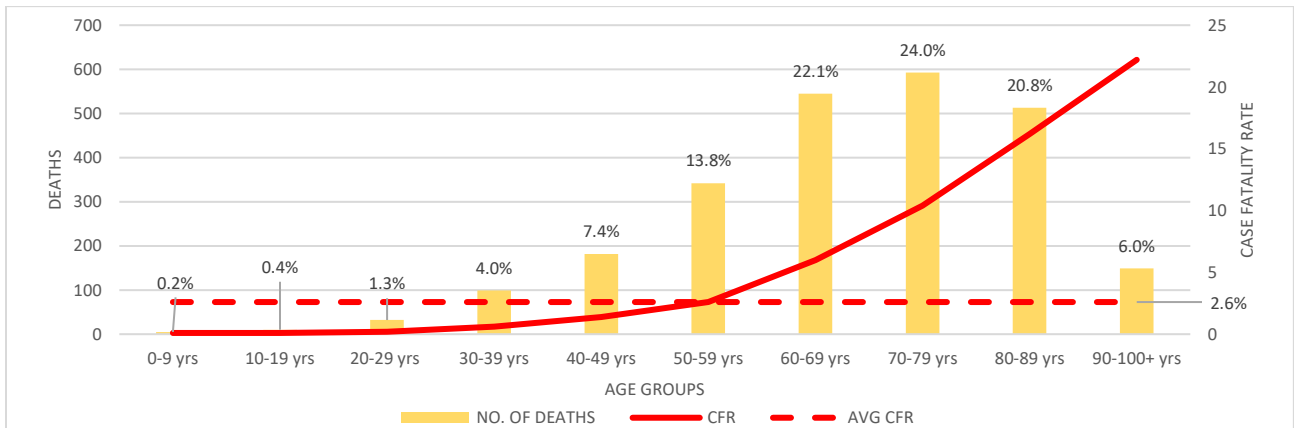
affected compared to males, with a male to female ratio (M:F) of 1:1.3; while the males accounted for more deaths, with a M:F ratio of 1:0.9.

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



Figures 3&4. Age Distribution of Cases and Deaths (as at 4 Jan 2022 and 29 Dec 2021 respectively).





GEOGRAPHICAL DISTRIBUTION: Data for 4 January 2022 highlighted that Kingston & St. Andrew (25.7%, n=24,932) and St. Catherine (18.3%, n=17,750) had the highest cumulative number of cases. The highest proportions of active cases for this week were found in the parishes of Kingston & St. Andrew, St. Ann, and St. James (14.3%, 14.2% and 13.9% respectively). The total rates of active infections for this reporting period were highest in the parishes of Kingston & St. Andrew (279.3 per 100,000 population) and St. James (200.3 cases per 100,000 population). Within the last 24 hours, however most new infections were reported in the parishes of Kingston & St. Andrew and St. Catherine (42.6% and 18.7% respectively).

Figures 5 & 6. COVID-19 Parish Distribution and Rates (cases per 100,000 population) of total and active cases (4 Jan 2022)

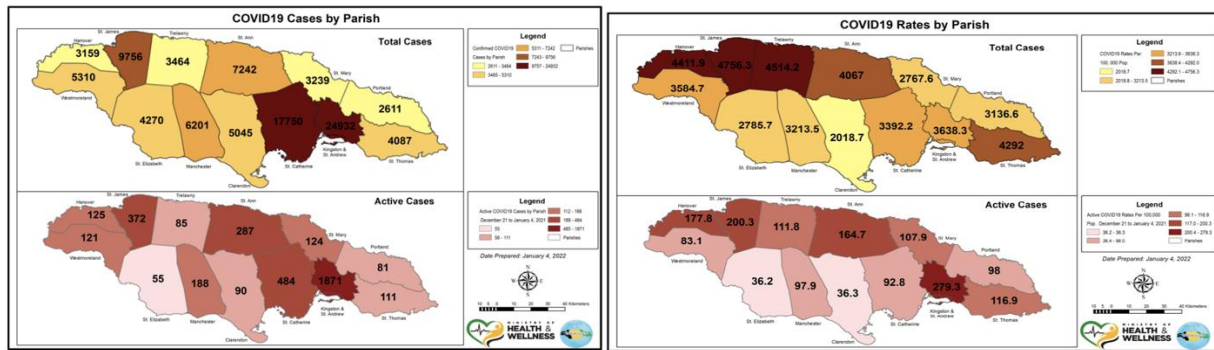
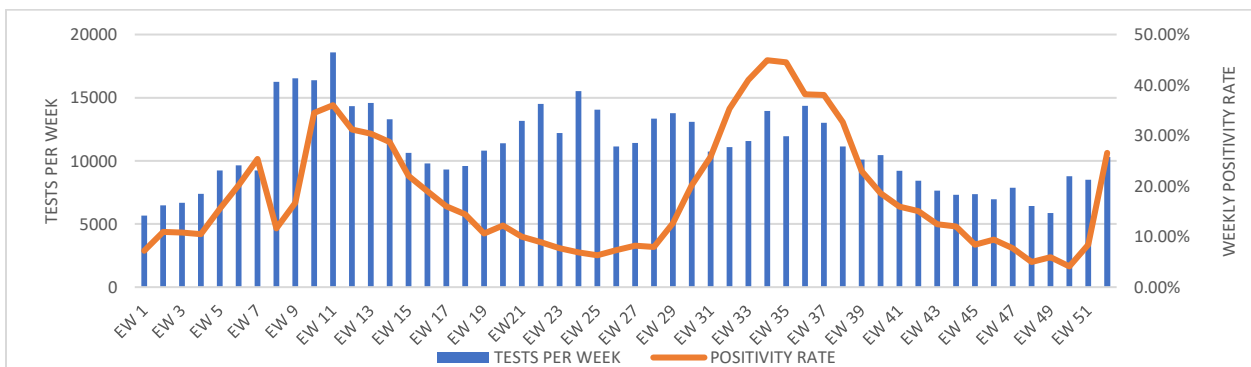


Figure 7. COVID-19 testing and Positivity Data as at 5 Jan 2022.



HOSPITALIZATIONS: As of 5 January 2022, there was a total of 204 hospitalizations (0.72% of active cases), **an increase of 90.7% since the last report** with an average hospital occupancy rate of 45.7%. Of the hospitalized cases, 17.2% (n=35) were moderately ill, 11.3% (n=23) severely ill, and 1.5% (n=3) were critically ill. Disaggregated hospitalization data from 4 January 2022 indicate that 100% of critically ill, 81.4% of severely ill, and 91% of moderately ill cases were unvaccinated.

GOVERNMENT RESPONSE

All public primary and secondary schools were officially re-opened by Government on 3 January 2022, though the majority had not achieved the target of 65% vaccination of the school population.

New measures were introduced from 10 December 2021 – 13 January 2022 with the nightly curfew continuing in 2022 from 10:00 p.m. to 5:00 a.m. All other protocols remain the same, including for Public Health and Social Measures and arrival protocols.

The Disaster Risk Management (Enforcement Measures) (No. 11) (Amendment) (No. 2) Order, 2021 is in effect since 27 November 2021.

<https://moj.gov.jm/sites/default/files/DRM2021No11A2.pdf>

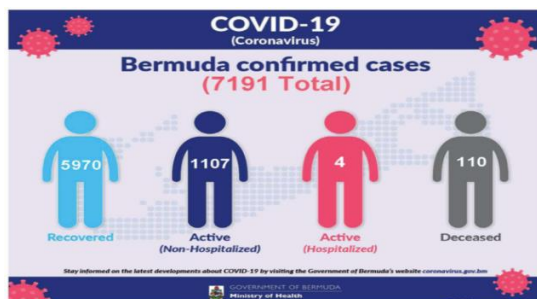
BERMUDA:

TRENDS IN CASES & DEATHS: As of 5 Jan 2022, (reported on 6 Jan 2022), Bermuda had 7,191 confirmed cases of Coronavirus Disease 2019 (COVID-19) with 180 new cases within the last 24-48hr period. There were 1,111 active cases (15.4% of total cases) and 4 hospitalized cases (0.4% of active cases). New cases decreased by 50.0% and there were no new deaths for EW 48.

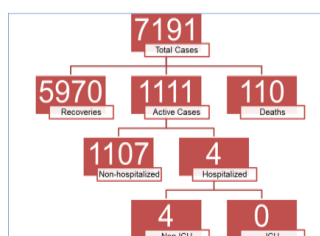
Table 2. Summary as at end of Epidemiological Week 52.

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
6,936	719	+139.7%	110	0	-100.0%	4.7%	+104.3%

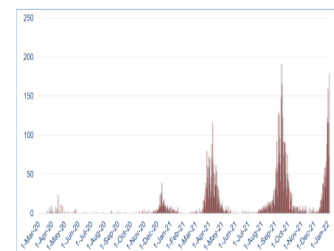
Figure 8. Cases and deaths as of 3 Jan 2022 (reported 6 Jan 2022).



CURRENT STATUS OF REPORTED CASES



DAILY NUMBER OF REPORTED CASES



GOVERNMENT RESPONSE:

COVID-19 Vaccination: Up to 30 December 2021, 72.4% of the population has been vaccinated (1 dose) and 71.0% of the population has been immunized (2 doses), with 34.9% having received a booster dose. Only Pfizer and AstraZeneca vaccines are approved for use in Bermuda.

Effective 23 December 2021:

- Gatherings are restricted to groups of no more than 20 people.
- The Minister of Youth, Culture and Sport may grant a Large Group Exemption permitting more than 20 persons to assemble, provided appropriate physical distancing is maintained and relevant guidance is followed at all times.
- Exemptions will be subject to the **Standard Large Group Conditions**, including a limit of 50% capacity at any venue to enter the event. Additional conditions may be imposed by the Minister of Youth, Culture and Sport.

Additional information can be found at:

<https://www.gov.bm/covid-19-guidance-events-and-gatherings>

CAYMAN ISLANDS:

TRENDS IN CASES & DEATHS: As of 5 Jan 2022, Cayman had **10,186 confirmed cases** of Coronavirus Disease 2019 (COVID-19) with **466 new cases** reported in the last 24 hrs. Active cases now comprise 33.1% of confirmed cases. A **total of 12 COVID-19 related deaths have been recorded since March 2020**, with no new deaths occurring within the last 24hrs.

Table 3. Summary as at end of Epidemiological Week 52.

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
9,080	566	+209.3%	12	1	-	20.9%	Pending

Figure 9. Daily COVID-19 Summary.



GOVERNMENT RESPONSE

COVID-19 Vaccination: Up to 6 January 2022, 82% of the population has received one dose (58,939) and 80% (57,377) received two doses, with 24% (17,681) receiving a booster dose.

New travel rules are in effect with the travel testing window being 24 hours. Accepted tests include lateral flow tests.

PAHO CO UPDATE:

PILLAR 1 – COORDINATION, PLANNING, FINANCING, AND MONITORING

- a. PAHO CO provided Ministries of Health of JAM, BMU and CYM with updated information, including the WHO COVID-19 Weekly Epidemiological Update – 6 January 2022.
- b. PAHO CO finalized approved specifications for procurement of items for waste management for the vaccination programme and initiated the procurement process – 6 January 2022.
- c. PAHO CO is awaiting feedback on the approval of the EU RESEMBID/Expertise France project proposal for the Cayman Islands. – 6 January 2022.
- d. PAHO CO continued dialogue with MOHW and partners to finalize arrangements for handing-over events in January 2022 – 5 January 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 convened a meeting of the IHR Stakeholders Advisory Group on 4 January 2022 to provide an update on COVID-19 and the new proposed revised tool for the IHR State Party Self-Assessment Annual Report- 4 January 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 – week of 2 January 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. – 6 January 2022.

PILLAR 9: MAINTAINING ESSENTIAL HEALTH SERVICES AND SYSTEMS

- a. For the Santa Cruz Health Centre retrofitting - Smart Health Care Facilities project, PAHO CO, provided MOHW with the Scope of Works programme which was revised on 3 January 2022 – 4 January 2022.
- b. MOHW, JAM provided a request for technical cooperation and support for core health emergency preparedness and response programmes, including HEOC and MCM capacity

building, following a planning meeting with PAHO CO in December 2021–6 January 2022.

PILLAR 10 - VACCINATION

- a. PAHO/WHO provided recommendations to the MOHW on use of vaccines following a temperature excursion in December 2021. – 4 January 2022 and on-going.
- b. 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 the Health EOC establishment and management.