

COVID-19

PAHO JAMAICA CO EOC – COVID-19 SITUATION REPORT #486
27 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	122,463 (500)	10,696 (8.7%)	562 (5.3%)	2,617 (2)	2.1%	788,072 (15.5%)	Community Transmission
Bermuda ⁱⁱ	10,552 (95)	1,404 (13.3%)	7 (0.5%)	116 (0)	1.1%	754,000 (1.4%)	Community Transmission
Cayman Islands ⁱⁱⁱ	13,788 (444)	5,220 (37.9%)	21 (0.4%)	15 (0)	0.1%	Pending	Community Transmission

JAMAICA:

Table 1. Summary as at end of Epidemiological Week 3 (16 – 22 Jan 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
119,565	7,357	-24.3%	2,594	64	+106.5%	53.5%	+0.2%

TRENDS IN CASES & DEATHS: As of 26 January 2022, Jamaica had **122,463 confirmed cases** of Coronavirus Disease 2019 (COVID-19) with **562 new cases** confirmed in the past 24 hours. There are currently 10,696 active cases (8.7% of confirmed cases, and approximately 0.4% of the population) in isolation across the island. New cases have decreased by 24.3% and deaths have increased significantly by 106.5% during EW 3. There are currently **2,617 COVID-19 related deaths**, with 2 deaths occurring within the last 24 hours. A total of 788,072 samples were tested at the laboratory with a **daily positivity rate of 36.5%** and a cumulative positivity rate of 15.5%.

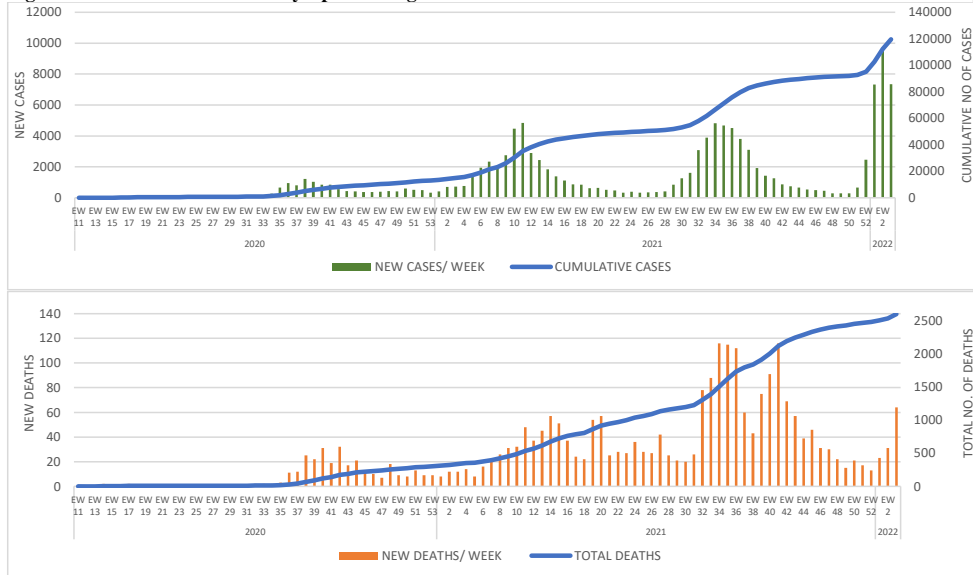
SEX & AGE DISTRIBUTION OF CASES & DEATHS: Data from 24 January 2022 indicated that the highest burden of total confirmed cases remains within the 20-29 years and 30-39 years age groups, accounting for 19.8% and 18.6% of total cases respectively, with a mean age of 40.5±20.4yrs. Females were primarily affected compared to males, with a male to female ratio (M:F) of 1:1.4; while the males accounted for more deaths, with a M:F ratio of 1:0.9.

ⁱ Cases and deaths as at 26 Jan 2022, reported 27 Jan 2022.

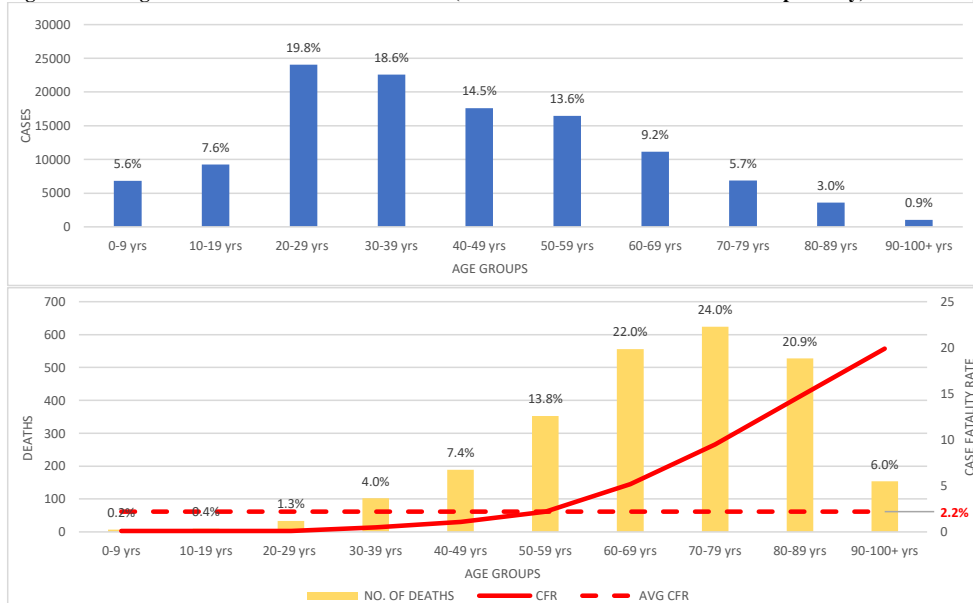
ⁱⁱ Cases and deaths as at 25 Jan 2022, reported 27 Jan 2022.

ⁱⁱⁱ Cases and deaths as at 22 Jan 2022, reported 26 Jan 2022.

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



Figures 3&4. Age Distribution of Cases and Deaths (as at 24 Jan 2022 and 18 Jan 2022 respectively).



GEOGRAPHICAL DISTRIBUTION: Data for 26 January 2022 highlighted that Kingston & St. Andrew (26.8%, n=32,826) and St. Catherine (18.3%, n=22,430) had the highest cumulative number of cases and new cases within the last 24 hours (23.4% and 22.6% respectively). Additional data from 24 January 2022 indicate that the highest proportions of active cases were found in the parishes of Kingston & St. Andrew, St. Catherine, and St. James (22.1%, 15.3% and 12.3% respectively). The total rates of active infections were highest in the parishes of St. James (651.4 per 100,000 population), Kingston & St. Andrew (560.9 per 100,000 population) and St. Thomas (561.2 per 100,000 population).

Figures 5 & 6. COVID-19 Parish Distribution and Rates (cases per 100,000 population) of total and active cases (24 Jan 2022)

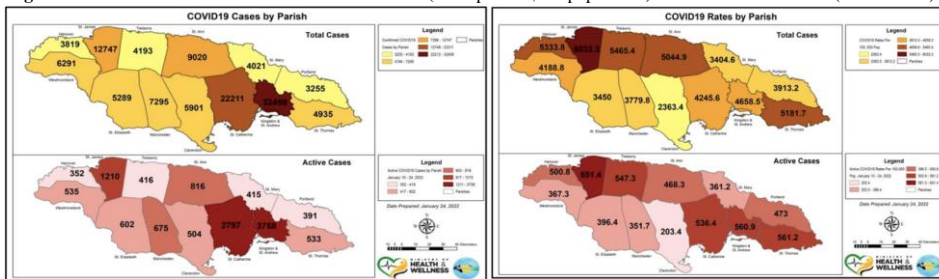
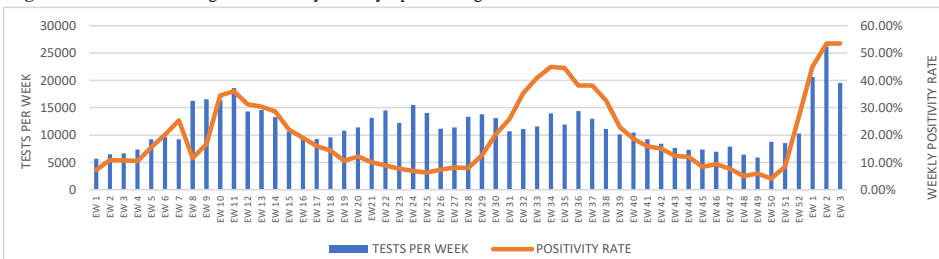


Figure 7. COVID-19 testing and Positivity Data by Epidemiological Week.



HOSPITALIZATIONS: As of 26 January 2022, there was a total of 562 hospitalizations (5.3% of active cases), with **average figures increasing by 44.0% between EW 2 (n=373) and EW 3 (n=537)**. Of the hospitalized cases, 23.5% (n=132) were moderately ill, 11.2% (n=63) severely ill, and 3.7% (n=21) were critically ill. Disaggregated hospitalization data from 24 January 2022 indicated that 83.3% of critically ill, 100% of severely ill, and 94.9% of moderately ill cases were unvaccinated. The average hospital occupancy rate was 97.2%, with hospitals within three out of four regions either at or exceeding their COVID-19 isolation bed capacity,^{iv} utilizing their surge capacity and isolation units in field hospitals. Occupancy of COVID-19 designated ICU and HDU beds were at 10% and 35.7% respectively.

^{iv} Hospitals in Southern Regional Health Authority (106.4%), Western Regional Health Authority (167.1%), and North-East Regional Health Authority (100%).

GOVERNMENT RESPONSE

On 25 January 2022, the Prime Minister announced that the current COVID-19 containment measures have been extended for a further two weeks until 10 February 2022. The nightly curfew remains 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. 12) Order, 2021 is in effect since 10 December 2021.

<https://moi.gov.jm/sites/default/files/DRM2021No12.pdf>

Jamaica’s public hospitals continue to function in emergency services only mode, since 19 January 2022, due to the on-going high occupancy rates for confirmed and suspected COVID-19 cases creating pressure on service delivery and the increased number of health care workers in isolation or quarantine due to COVID-19 infections or contacts with confirmed cases.

<https://jis.gov.jm/emergency-care-services-now-the-focus-at-hospitals/>

Field Code Changed

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.

BERMUDA:

TRENDS IN CASES & DEATHS: As of 25 January 2022 (reported 27 January 2022), Bermuda reported **10,552 confirmed cases** of Coronavirus Disease 2019 (COVID-19) with **95 new cases** within the last 24-72hr period. There were 1,404 active cases (13.3% of total cases and approximately 2% of the population), 7 hospitalized cases (0.5% of active cases), and two cases admitted to ICU. New cases decreased marginally by 4.0% and there were no new deaths for EW 2.

Table 2. Summary as at end of Epidemiological Week 3.

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
10,262	882	-26.3%	114	4	-	7.6%	-8.4%



GOVERNMENT RESPONSE:

There is no curfew in effect.

Effective 20 January 2022:

Vaccination Requirements for entry into Bermuda

All visitors arriving by air or sea to Bermuda must be fully vaccinated as defined [here](#) except for persons younger than 18 years and working crew.

Residents do not have a vaccination requirement.

Vaccinated Travellers:

Upon arrival to Bermuda, vaccinated travellers are required to get an arrival PCR test and a Day 4 antigen test (arrival day=Day 0).

Your arrival test will happen at your port of entry. Post-arrival tests will automatically be set for you after your arrival and you will be notified of test date and location by email.

Unvaccinated Travellers:

Unvaccinated travellers are required to get an arrival PCR test and a Day 10 antigen test (arrival day=Day 0) and must quarantine on arrival until their day 10 negative test result is received. [Click here](#) for pre-arrival test requirements.

Additional information can be found at:

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

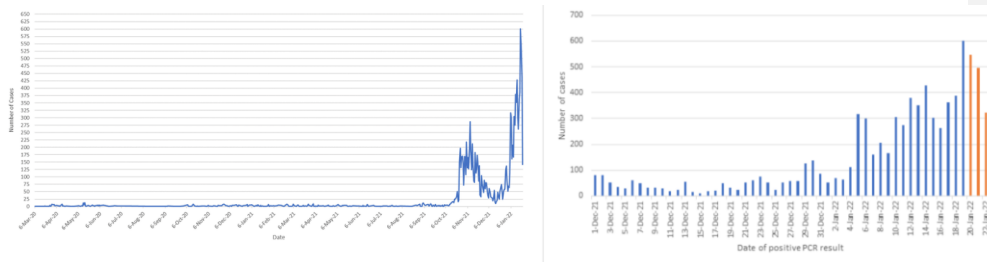
CAYMAN ISLANDS:

TRENDS IN CASES & DEATHS: As of 22 Jan 2022 (end of EW 3), Cayman had **13,788 confirmed cases** of Coronavirus Disease 2019 (COVID-19) with **444 new cases** reported in the last 24 hrs. Active cases now comprise 37.9% of confirmed cases, and approximately 8% of the total population. A **total of 15 COVID-19 related deaths have been recorded since March 2020**, with no new deaths occurring within the last 24-72hrs.

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

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
13,788	2,739	+20.3%	15	0	-100%	39.8%	+11.2%

Figures 8 & 9. Trend in daily cases Mar 2020 – Jan 2022, and 1 Dec 2021 – 22 Jan 2022.



GOVERNMENT RESPONSE

Phase 5 of Border Re-opening is in effect, with the following new guidance for travellers on who can travel to the Cayman Islands:

- All vaccinated travellers (securely and non-securely verifiable)
- Unvaccinated children age 11 and younger
- Caymanians, Residents and Work Permit Holders
- Visitors who have close ties to the country (Persons who own local properties and businesses, or who are a spouse, civil partner, parent, step-parent, child, grandchild, step-child, or grandparent of a Caymanian or Resident)
- Travellers below the age of 18 that are vaccinated with one dose when travelling from jurisdictions that only allow one dose for this age group

Additional information is available at: <https://www.explore.gov.ky/coronavirus/travel>

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 Technical Brief on Omicron, WHO SAGE on Immunization Background Evidence and WHO COVID-19 Weekly Epidemiological Update – 25 January 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 – 26 January 2022.
- c. PAHO CO is awaiting feedback on the approval of the EU RESEMBID/Expertise France project proposal for the Cayman Islands. – 26 January 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 - 20 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 arranged for three additional meetings of the IHR Stakeholders Advisory Group in February 2022 to complete the IHR State Party Self-Assessment Annual Report for submission at the end of February 2022 – 26 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 – 26 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. – 26 January 2022.

PILLAR 9: MAINTAINING ESSENTIAL HEALTH SERVICES AND SYSTEMS

- a. The Handing-Over Ceremony for nine Health Centres which completed retrofitting in 2021 within the Smart Health Care Facilities project was held at the St. Ann’s Bay Health Centre on 27 January 2022. (See documentation, pictures and links at the end of the report.)
- 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 – 26 January 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.

HAND-OVER CEREMONY – Smart Health Care Facilities Project - Nine Health Centres

<https://jamaica-gleaner.com/article/news/20220128/nine-upgraded-health-facilities-officially-handed-over-moh>



Minister of Health and Wellness, Dr. The Hon. Christopher Tufton (at the podium) and Her Excellency Judith Slater, British High Commissioner to Jamaica (seated)

SMART HEALTH CARE FACILITIES PROJECT IN JAMAICA

Providing safer, greener health facilities to deliver care in disasters

