

# COVID-19

PAHO JAMAICA CO EOC – COVID-19 SITUATION REPORT #487  
3 FEBRUARY 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>	125,250 (283)	5,878 (4.7%)	455 (7.7%)	2,677 (2)	2.1%	802,621 (25.4%)	Community Transmission
Bermuda <sup>ii</sup>	10,921 (42)	471 (4.3%)	18 (3.8%)	118 (1)	1.1%	764,368 (1.4%)	Community Transmission
Cayman <sup>iii</sup> Islands	15,934 (200)	5,708 (35.8%)	35 (0.6%)	15 (0)	0.1%	Pending	Community Transmission

## JAMAICA:

Table 1. Summary as at end of Epidemiological Week 4 (23 – 29 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
124,102	4,537	-38.3%	2,650	56	-12.5%	40.3%	-24.7%

**TRENDS IN CASES & DEATHS:** As of 2 February 2022, Jamaica had **125,250 confirmed cases** of Coronavirus Disease 2019 (COVID-19) with **283 new cases** confirmed in the past 24 hours. During this reporting period, active cases reduced by approximately 45% to 5,878 cases (4.7% of confirmed cases, and approximately 0.2% of the population) in isolation across the island.<sup>iv</sup> New cases and deaths have decreased by 38.3% and 12.5%, respectively during EW 4. There are currently **2,677 COVID-19 related deaths**, with 2 deaths occurring within the last 24 hours. A total of 802,621 samples were tested at the laboratory with a **daily positivity rate of 25.4%** and a cumulative positivity rate of 15.6%.

**SEX & AGE DISTRIBUTION OF CASES & DEATHS:** Data from 1 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 19.7% and 18.6% of total cases respectively, with a mean age of 40.6±38.0yrs. 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.

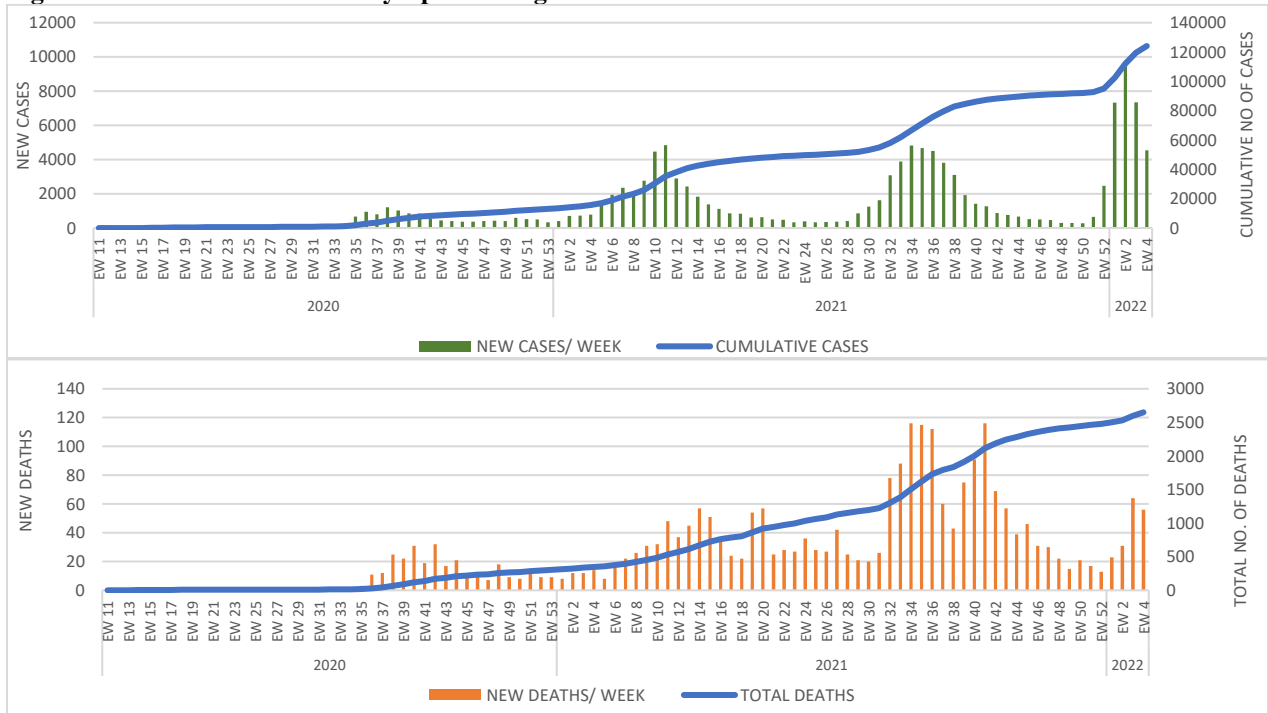
<sup>i</sup> Cases and deaths as at 2 Feb 2022, reported 3 Feb 2022.

<sup>ii</sup> Cases and deaths as at 1 Feb 2022, reported 3 Feb 2022.

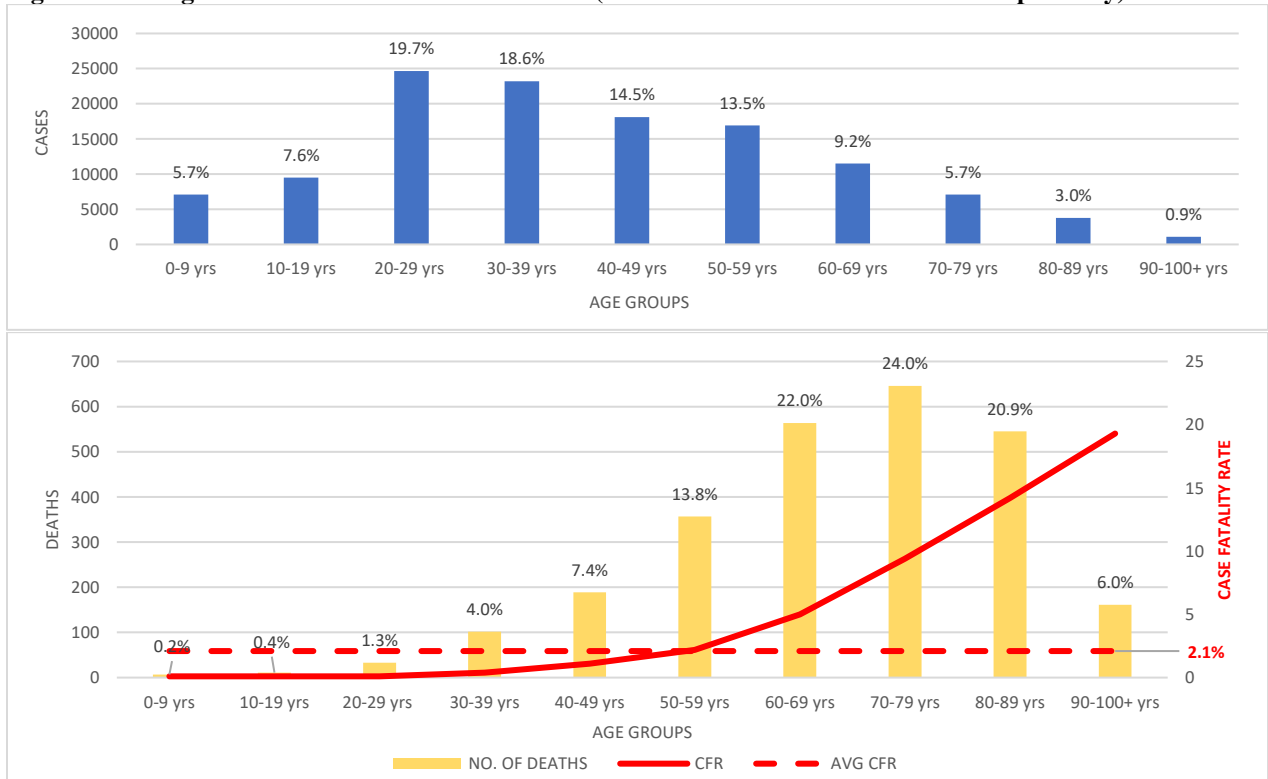
<sup>iii</sup> Cases and deaths between 29-31 Jan 2022, reported 2 Feb 2022.

<sup>iv</sup> Based on total population estimate of 2.9 million for Jamaica.

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

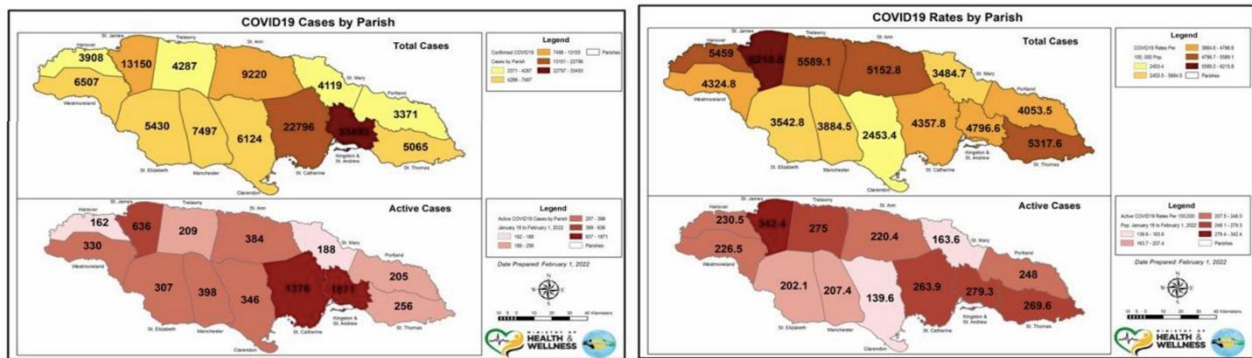


**Figures 3&4. Age Distribution of Cases and Deaths (as at 1 Feb 2022 and 25 Jan 2022 respectively).**

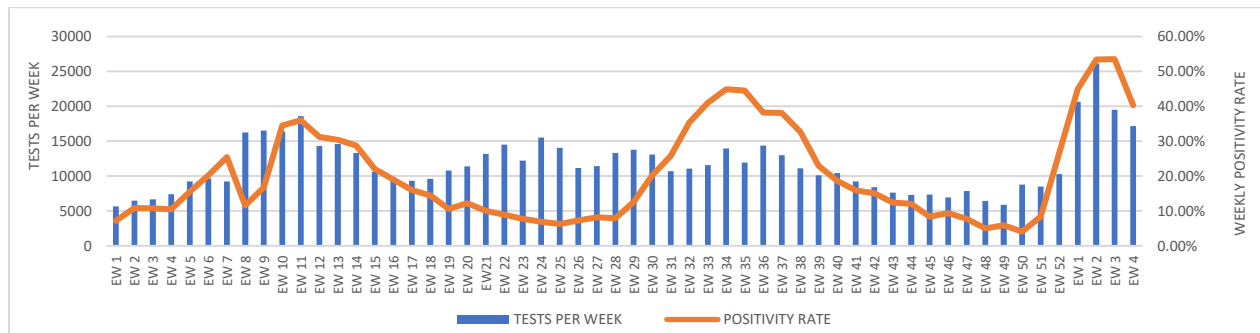


**GEOGRAPHICAL DISTRIBUTION:** Data for 1 February 2022 highlighted that Kingston & St. Andrew (26.8%, n=33,493) and St. Catherine (18.2%, n=22,796) had the highest cumulative number of cases and new cases within the last 24 hours (19.3% and 28.0% respectively). The highest proportions of active cases were found in the parishes of Kingston & St. Andrew, St. Catherine, and St. James (23.2%, 15.8% and 12.7% respectively). The total rates of active infections were highest in the parishes of St. James (342.4 per 100,000 population), Kingston & St. Andrew (279.3 per 100,000 population) and St. Thomas (269.6 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 (EW1, 2021 to EW4, 2022).



**HOSPITALIZATIONS:** As of 2 February 2022, there was a total of 455 hospitalizations (7.7% of active cases), with average figures increasing by 2.8% between EW 3 (n=537) and EW 4 (n=552). Of the hospitalized cases, 17.8% (n=81) were moderately ill, 11.0% (n=50) severely ill, and 3.7% (n=17) were critically ill. Disaggregated hospitalization data from 1 February 2022 indicated that 95.0% of critically ill, 98.2% of severely ill, and 92.6% of moderately ill cases were unvaccinated. The average hospital occupancy rate as at 77.8%, with 100% and 71.4% availability COVID-19 designated ICU and HDU beds, respectively.

## GOVERNMENT RESPONSE

On 2 February 2022, the Minister of Health and Wellness officially opened a 50-bed field hospital to accommodate patients diagnosed with COVID-19, on the grounds of the Savanna-La-

Mar hospital. The facility was built at a cost of J\$35.4 million dollars, through donations from the private sector.

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.

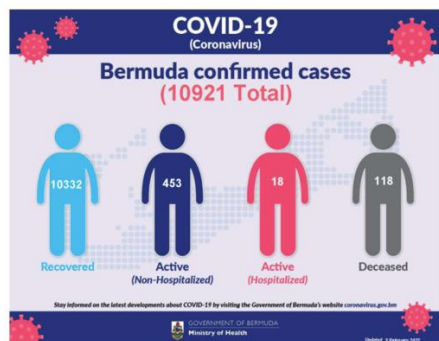
The Disaster Risk Management (Enforcement Measures) (No. 12) Order, 2021 is in effect since 10 December 2021.

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

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 1 Feb 2022 (reported 3 Feb 2022), Bermuda reported **10,921 confirmed cases** of Coronavirus Disease 2019 (COVID-19) with **42 new cases** within the last 24-72hr period. There were 471 active cases (4.3% of total cases and approximately 0.75% of the population)<sup>v</sup>, 18 hospitalized cases (3.8% of active cases), and three cases admitted to ICU. New cases and deaths decreased by 39.8% and 25.0%, respectively for EW 4.



**Table 2. Summary as at end of Epidemiological Week 4.**

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
10,793	531	-39.8%	117	3	-25.0%	5.0%	-34.2%

## GOVERNMENT RESPONSE:

There is no curfew in effect.

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

### Effective 20 January 2022:

All Travellers to Bermuda must follow the requirements set-out in the [Quarantine \(COVID-19\) \(No. 3\) Order 2020](#).

#### Quarantine wristbands

All travellers over 10 years old will be fitted with a red wristband upon arrival. The wristbands must be worn until a traveller's quarantine exit negative test result is received.

#### Positive Visitors

Should a visitor test positive at any point during their stay in Bermuda, they will be expected to isolate away from others until they depart Bermuda at the end of their quarantine, per the travel authorization waiver they have signed.

Additional information can be found at:

<https://www.gov.bm/applying-bermuda-travel-authorisation>

### CAYMAN ISLANDS:

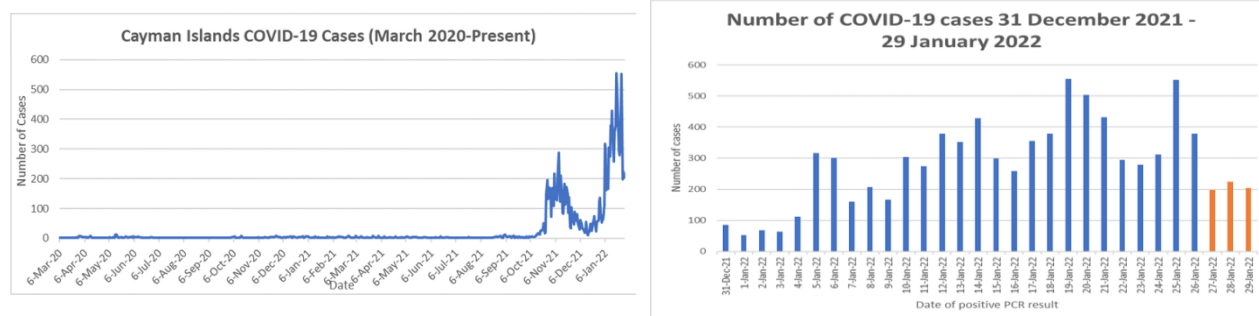
**TRENDS IN CASES & DEATHS:** As of 29 Jan 2022 (end of EW 4), Cayman had **15,934 confirmed cases** of Coronavirus Disease 2019 (COVID-19) with **200 new cases**. Active cases now comprise 35.8% of confirmed cases, and approximately 9.4% of the total population.<sup>vi</sup> A **total of 15 COVID-19 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 4.

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
15,934	2,146	-21.7%	15	0	-	27.1%	-31.9%

<sup>vi</sup> Based on estimated population of 61,000 for Cayman Islands.

**Figures 8 & 9. Trend in daily cases Mar 2020 – Jan 2022, and 1 Dec 2021 – 29 Jan 2022.**



## GOVERNMENT RESPONSE

Phase 5 of Border Re-opening is in effect, with the following new guidance for children travelling to the Cayman Islands:

All children, Caymanians, residents or visitors, arriving as travellers, will now take on the vaccination status of the adult they are travelling with, resulting in no need to quarantine for the majority of travellers. The children of unvaccinated parents will continue to have to quarantine, upon arrival, albeit all for a recently reduced shorter period of time (now for 10 days instead of 14).

All travellers exempt from quarantine age 5 and over are required to undergo a certified lateral flow test on Days 2, 5, and 7 (3 tests in total) at an authorised provider.

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 provided an update on the implementation status of the USAID GH-ARP project at the meeting with USAID, MOHW and implementing partners – 4 February 2022
- b. PAHO CO provided Ministries of Health of JAM, BMU and CYM with updated information, including the WHO Epidemiological Update on Omicron and WHO COVID-19 Weekly Epidemiological Update – 4 February 2022.
- c. 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 Terms of Reference for the vaccination programme – 3 February 2022.
- d. PAHO CO started the review of the EU RESEMBID/Expertise France project proposal for the Cayman Islands, based on feedback from the donors – 4 February 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 - 20 January 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 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 – 3 February 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 – 3 February 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 February 2022.

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

- a. A site visit was conducted to the Port Antonio Health Centre to review the retrofitting works within the Smart Health Care Facilities Project and discuss a potential visit of a VIP, with the Jamaica Government State Protocol Planning Committee. – 31 January 2022.
- b. A briefing meeting was held UN partners and CSOs with updating on key aspects of the National Trans Health Strategy Advocacy Plan and identification of priorities, including PAHO serving as
- c. Planning continued for the participation of JAM, BMU and CYM in the Technical Consultation meeting for the Integration of the Final report for the Plan of Action for Disaster Risk Reduction 2016 – 2022.
- d. 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 – 3 February 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.