

COVID-19

PAHO JAMAICA CO EOC – COVID-19 SITUATION REPORT #502
19 MAY 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	133,904 (366)	2,719 (2.0%)	74 (2.7%)	3,021 (3)	2.3%	1,051,098 (13.2%)	Community Transmission
Bermuda ⁱⁱ	14,442 (45)	360 (2.5%)	5 (1.4%)	137 (0)	1.0%	903,163 ⁱⁱⁱ (1.6%)	Community Transmission
Cayman ^{iv} Islands	24,477 (n/a)	n/a	12 (n/a)	28 (0)	0.1%	Pending	Community Transmission

JAMAICA:

Table 1. Summary as at end of Epidemiological Week 19 (8 – 14 May 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
132,614	1,453	+46.0%	2,914	27	+145.5%	22.2%	+34.5%

TRENDS IN CASES & DEATHS: On 19 May 2022, Jamaica had **133,904 confirmed cases** of Coronavirus Disease 2019 (COVID-19) with **366 new cases** confirmed in the past 24 hours. Active cases accounted for 2.0% of confirmed cases, and approximately 0.09% of the population in isolation across the island.^v New cases and deaths have increased by 46.0% and 145.5%, respectively during EW 19. There are currently **3,021 COVID-19 related deaths**, with 3 deaths occurring within the last 24 hours. Since 1 March 2021, unvaccinated cases accounted for 97.7% of deaths (n=2,471). A total of 1,051,098 samples were tested at the laboratory with a **daily positivity rate of 37.9%** and a cumulative positivity rate of 13.2%.

SEX & AGE DISTRIBUTION OF CASES & DEATHS: Persons within the 20-29 years and 30-39 years age groups accounted for the highest burden of total confirmed cases. These groups accounted for 19.5% 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 1:1.4; while the males accounted for more deaths, with a M:F ratio of 1:0.9.

ⁱ Cases and deaths as at 19 May 2022, reported 20 May 2022.

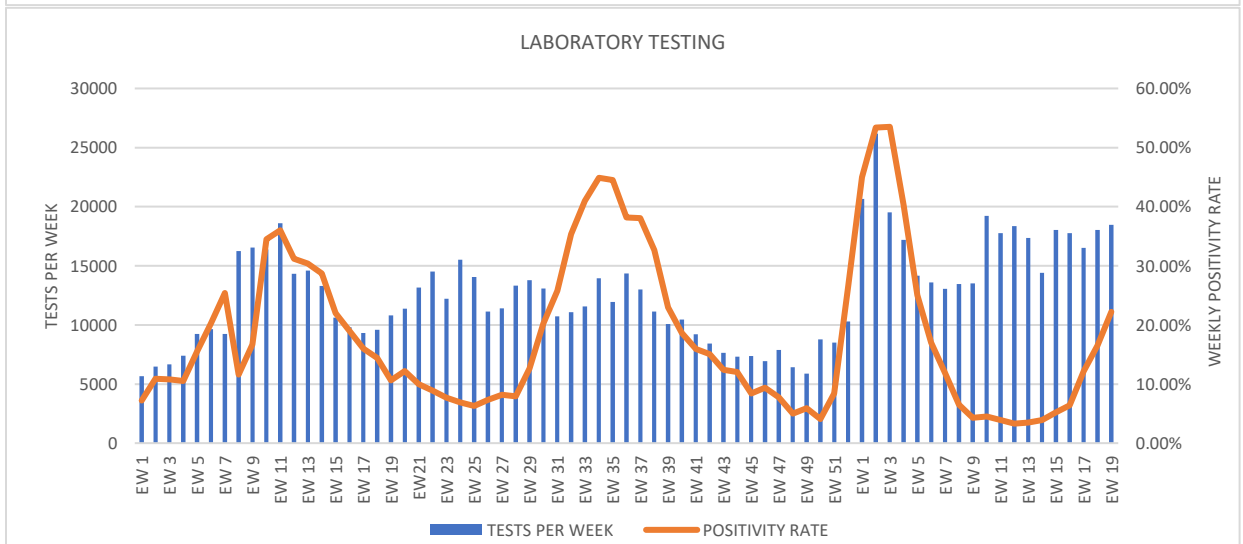
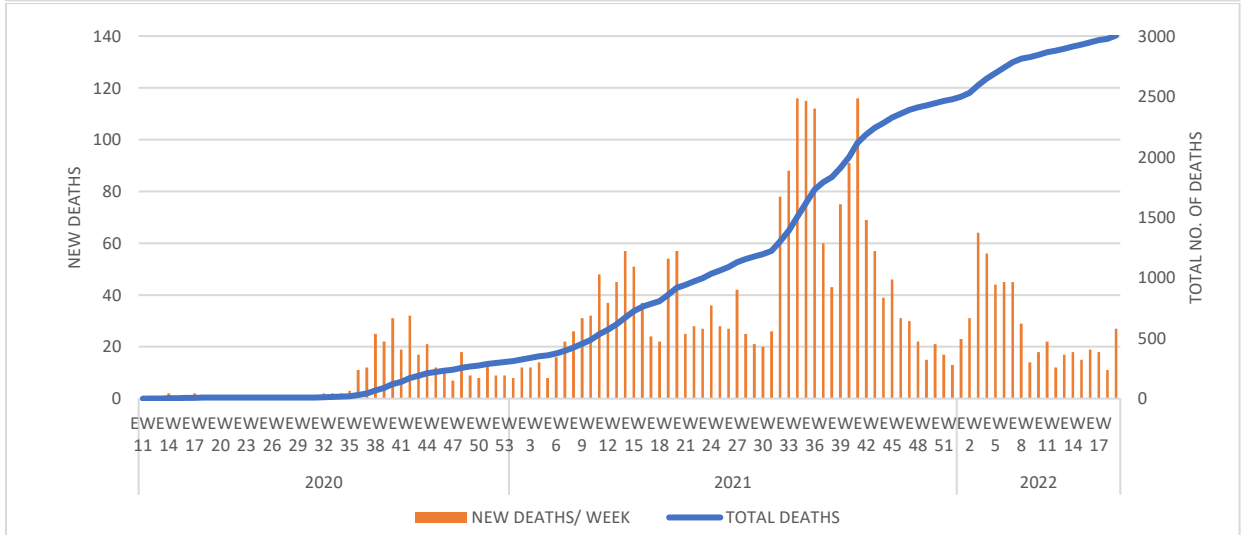
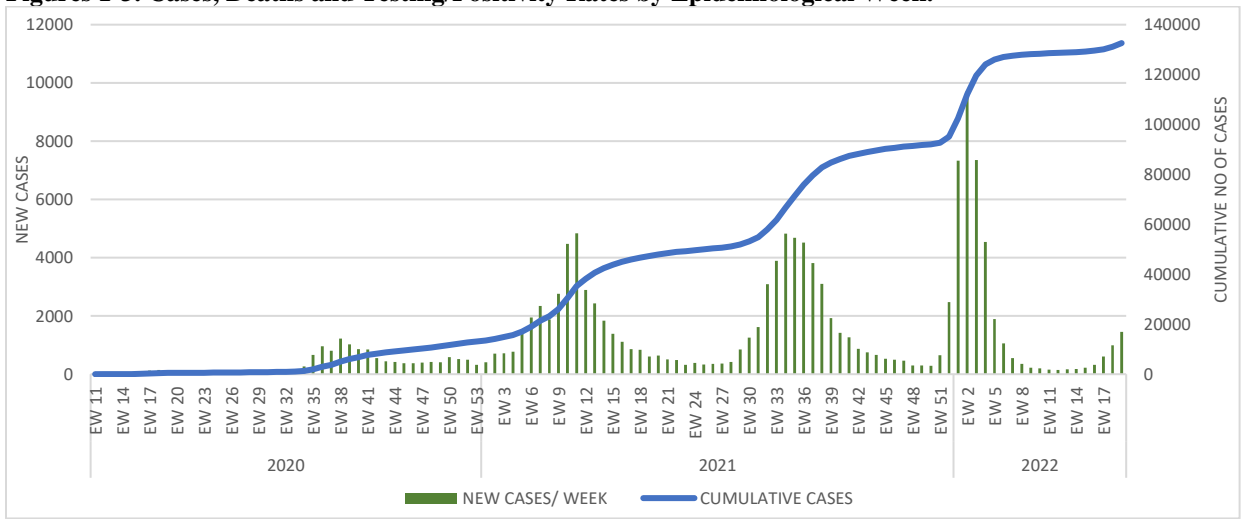
ⁱⁱ Cases and deaths as at 16 May 2022, reported 18 May 2022.

ⁱⁱⁱ Testing data as at 18 May 2022.

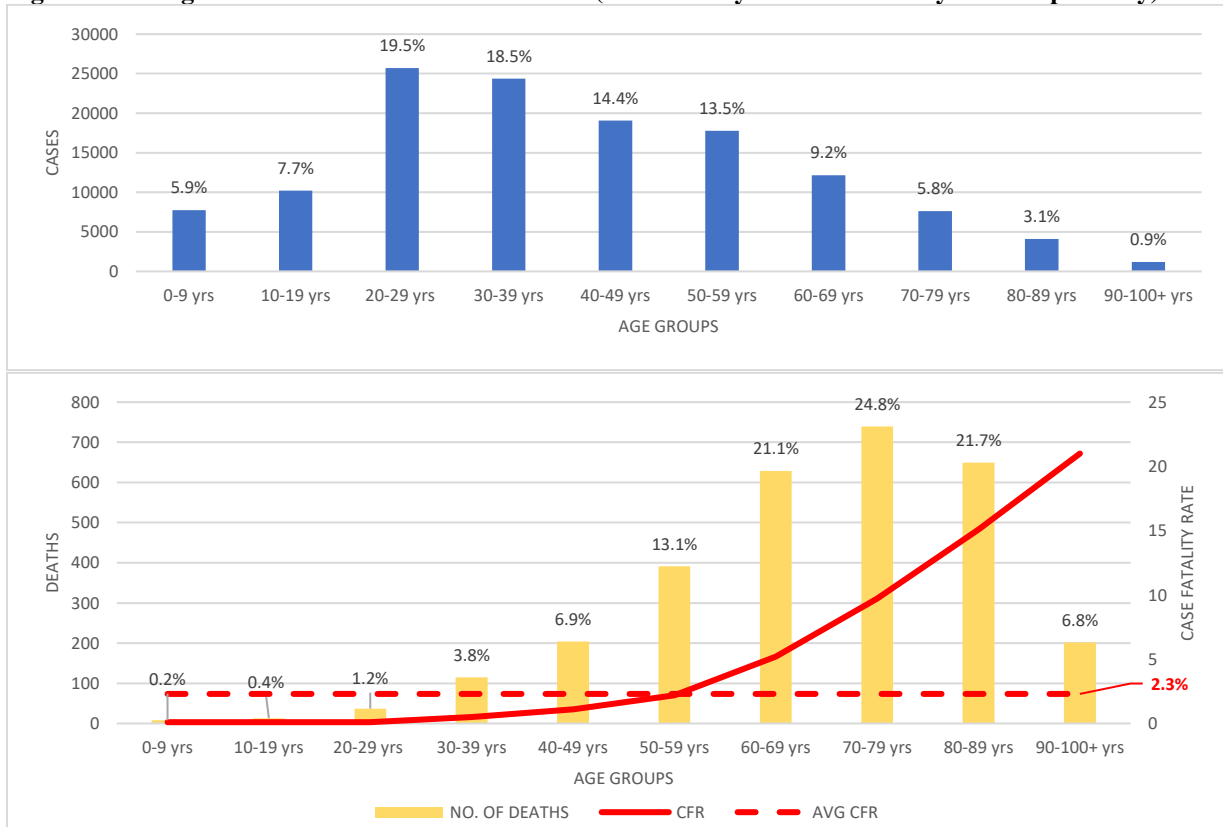
^{iv} Cases and deaths as at 14 May 2022, reported 19 May 2022.

^v 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 12 May 2022 and 10 May 2022 respectively).



GEOGRAPHICAL DISTRIBUTION: Data for 19 May 2022 highlighted that Kingston & St. Andrew (26.4%, n=35,412) and St. Catherine (17.9%, n=24,023) had the highest cumulative number of cases, while the greater proportion of new cases within 24 hours were detected in St. James (25.7%) and Kingston & St. Andrew (22.4%). The highest proportions of active cases as of 12 May 2022 were found in the parishes of St. James and St. Catherine, accounting for 17.8% and 17.0% of cases respectively. Rates of active infections were the highest in St. James (173.9 per 100,000 population) and St. Ann (102.1 per 100,000 population). Fatality data for 10 May 2022 indicated that higher than average case fatality rates were 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 (12 May 2022).

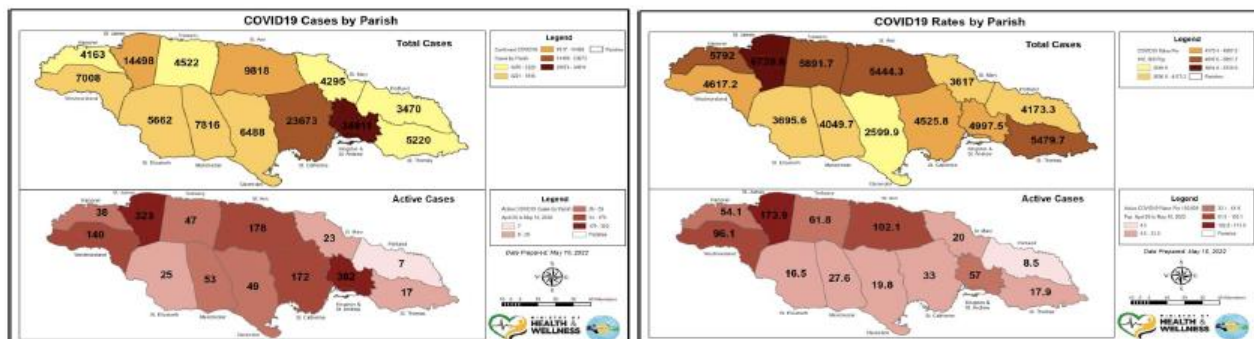
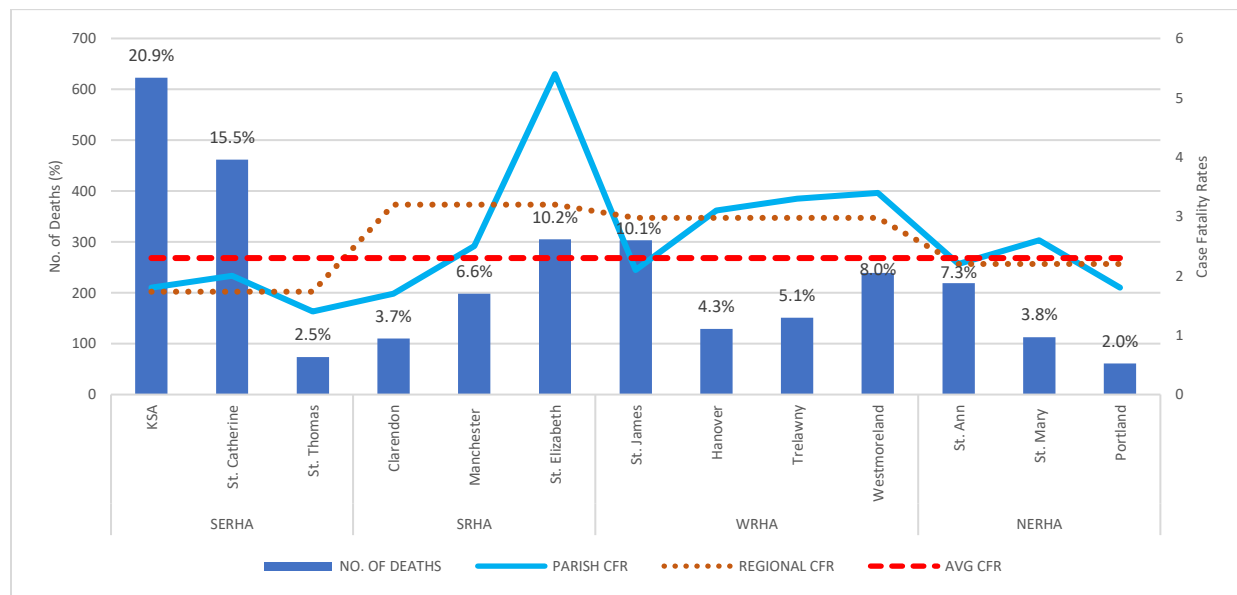


Figure 8. Geographical distribution of deaths (%) by parish & Health Region (10 May 22).



HOSPITALIZATIONS: On 19 April 2022, there were 74 hospitalized cases (2.7% of active cases), of which 76.1% were unvaccinated. Of the hospitalized cases, 23% were moderately ill and 2.7% were severely ill, and 1.4% were critically ill. **Average hospitalization figures increased by 62.5% between EW 18 (n=40) and EW 19 (n=65).** The average hospital occupancy rate was 20.9% as at 12 May 2022 with 100% and 92.9% availability of COVID-19 designated ICU beds and HDU beds, respectively.

GOVERNMENT RESPONSE

On 18 May 2022, the Minister of Health and Wellness advised that Jamaica was in its 5th wave of the COVID-19 pandemic and that the inflection point for this increase in cases was around 20 April 2022. The population was reminded of their personal responsibility to ensure that all Public Health and Social Measures were adhered to. Jamaicans were also advised that vaccination remains the best protection against the virus and were urged to get vaccinated.

<https://jis.gov.jm/health-minister-implores-jamaicans-to-get-vaccinated-in-light-of-fifth-wave/>

BERMUDA:

TRENDS IN CASES & DEATHS:

On 18 May 2022, Bermuda confirmed **14,442 cases** of Coronavirus Disease 2019, with **81 new cases** within the last 24-72hr period. There were 360 active cases (2.5% of total cases), 5 hospitalized cases (1.4% of active cases), and no cases admitted to ICU. New cases have increased by 4.9% during EW 19.



Table 2. Summary as at end of Epidemiological Week 19 (8 – 14 May 2022)

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
14,361	320	+4.9%	137	2	-33.3%	3.8%	+11.8%

Figure 9. Daily Cases.

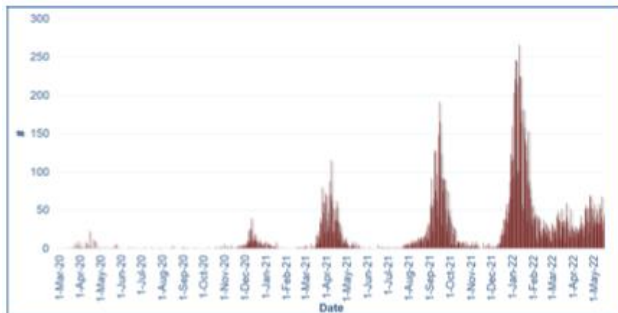
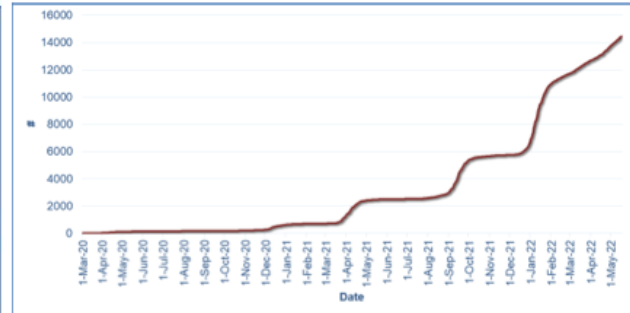


Figure 10. Cumulative Number of Reported Cases.



GOVERNMENT RESPONSE:

Starting March 7 2022, Travel Authorisation Applications can be purchased for \$40 up to a month before travel to permit review by the Quarantine Authority. **Early application is strongly recommended.** To avoid being denied boarding, apply for your Travel Authorisation at least 24hrs before your day of departure. Travel documents are reviewed daily between 8am and 8pm.

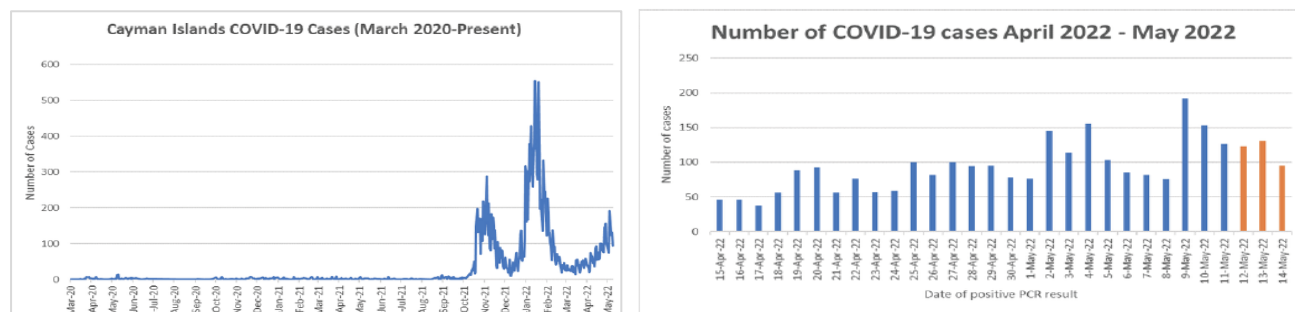
CAYMAN ISLANDS:

TRENDS IN CASES & DEATHS: On 14 May 2022 (reported 19 May 2022), Cayman had **24,477 confirmed cases** of Coronavirus Disease 2019 (COVID-19) with **895 new cases being reported between 8 – 14 May 2022**. A **total of 28 COVID-19 related deaths were recorded since March 2020, with no deaths occurring within the last 24-48hrs**. There are currently 12 hospitalized cases, with no case receiving treatment in the Intensive Care Unit (ICU).

Table 3. Summary as at end of Epidemiological Week 19 (8 – 14 May 2022).

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
24,477	895	+16.0%	28	0	0%	35.0%	+2.0%

Figures 11 & 12. Trend in daily cases Mar 2020 – May 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 – 19 May 2022.

PILLAR 7 – CASE MANAGEMENT, CLINICAL OPERATIONS AND THERAPEUTICS

- a. PAHO CO collaborated with MOHW and received acceptance of the allocation of Tocilizumab - 19 May 2022.

PILLAR 9: MAINTAINING ESSENTIAL HEALTH SERVICES AND SYSTEMS

- a. Smart Health Care Facilities Project.
 - a. Port Antonio Health Centre: Follow-up continued with Smart project team and MOHW on the priority activities determined during the meeting of 13 May 2022 to review progress within the Defects Liability Period. – 19 May 2022
- b. Re-scheduling continues for the technical cooperation activities requested for core health emergency preparedness and response programmes, including for the COVID-19 IHR Intra-Action Review scheduled for 19 – 21 July 2022.– 18 May 2022.

PILLAR 10 - VACCINATION

- a. PAHO CO collaborated with MOHW, JAM to plan for support of the Cold Chain and other activities related to COVID-19 vaccines. – 19 May 2022.
- b. 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 second 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.