

# COVID-19

PAHO JAMAICA CO EOC – COVID-19 SITUATION REPORT #469  
30 SEPTEMBER 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>	84,069 (332)	28,657 (34.0%)	592 (2.1%)	1,877 (8)	2.2%	602,206 (13.9%)	Community Transmission
Bermuda <sup>ii</sup>	5,244 (50)	1,392 (26.5%)	61 (4.4%)	72 (3)	1.4%	541,307 (1.0%)	Community Transmission
Cayman <sup>iii</sup> Islands	842 (5)	68 (8.0%)	1 (1.5%)	2 (0)	0.2%	144,200 (0.6%)	Sporadic Cases

## JAMAICA:

Table 1. Summary as at end of Epidemiological Week 38

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
82,778	3,105	-18.6%	1,834	43	-28.3%	32.64%	-14.3%
79,673	3,816	-15.4%	1,791	60	-46.4%	38.07%	-0.24%

**TRENDS IN CASES & DEATHS:** As of 30 September 2021, Jamaica had **84,069 confirmed cases** of Coronavirus Disease 2019 (COVID-19) with **332 new cases** confirmed in the past 24 hours. There are currently 28,657 cases (34.0% of confirmed cases) in isolation across the island. New cases and deaths have decreased by 18.6% and 28.3% respectively in EW 38 compared to the previous week (EW 37). There are **1,877 COVID-19 related deaths** as at 30 September 2021. A total of 602,206 samples have been tested at the laboratory with a daily positivity rate of 23.9% and a cumulative positivity rate of 13.9%.

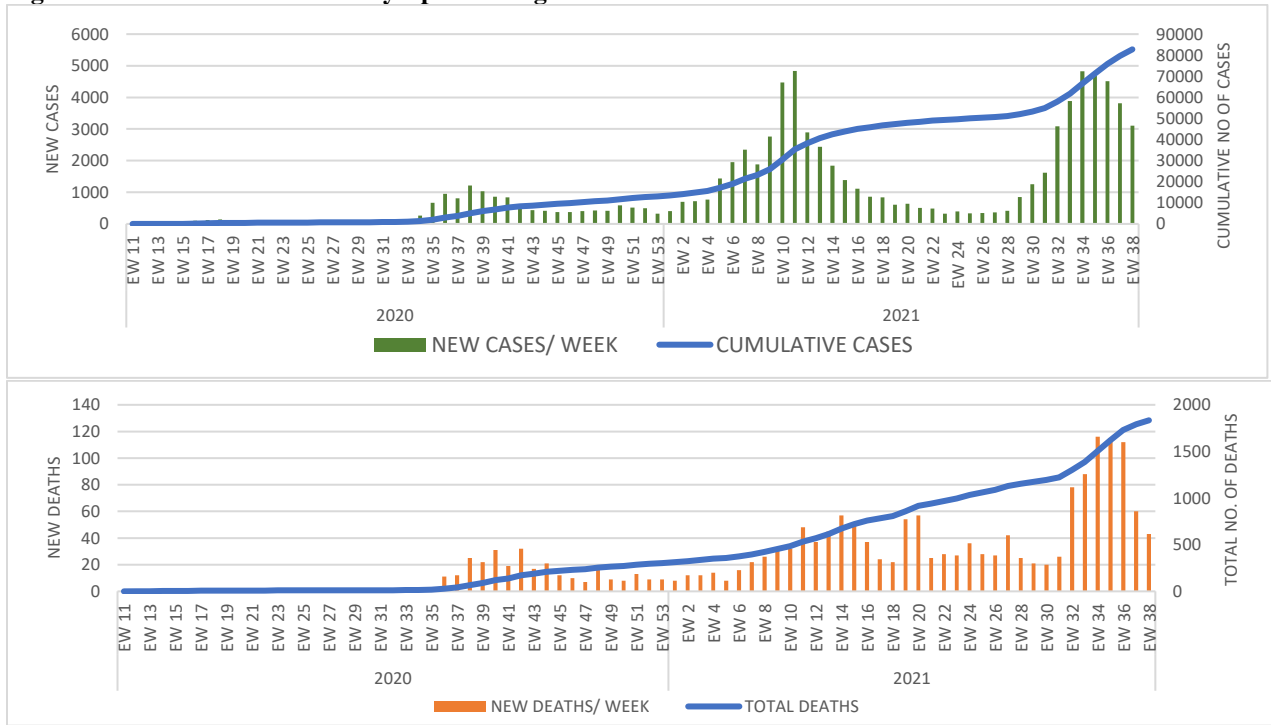
**SEX & AGE DISTRIBUTION OF CASES & DEATHS:** The highest burden of total confirmed cases remains within the 20-29 and 30-39 years age group, accounting for 18.9% and 18.1% of cases respectively. with the mean age at 41.1±20.5yrs. Females were primarily affected compared to males, with a male to female ratio (M:F) of 1:1.3; while the males accounted for more deaths, with a M:F ratio of 1:0.8.

<sup>i</sup> Cases and deaths as at 30 Sep 2021.

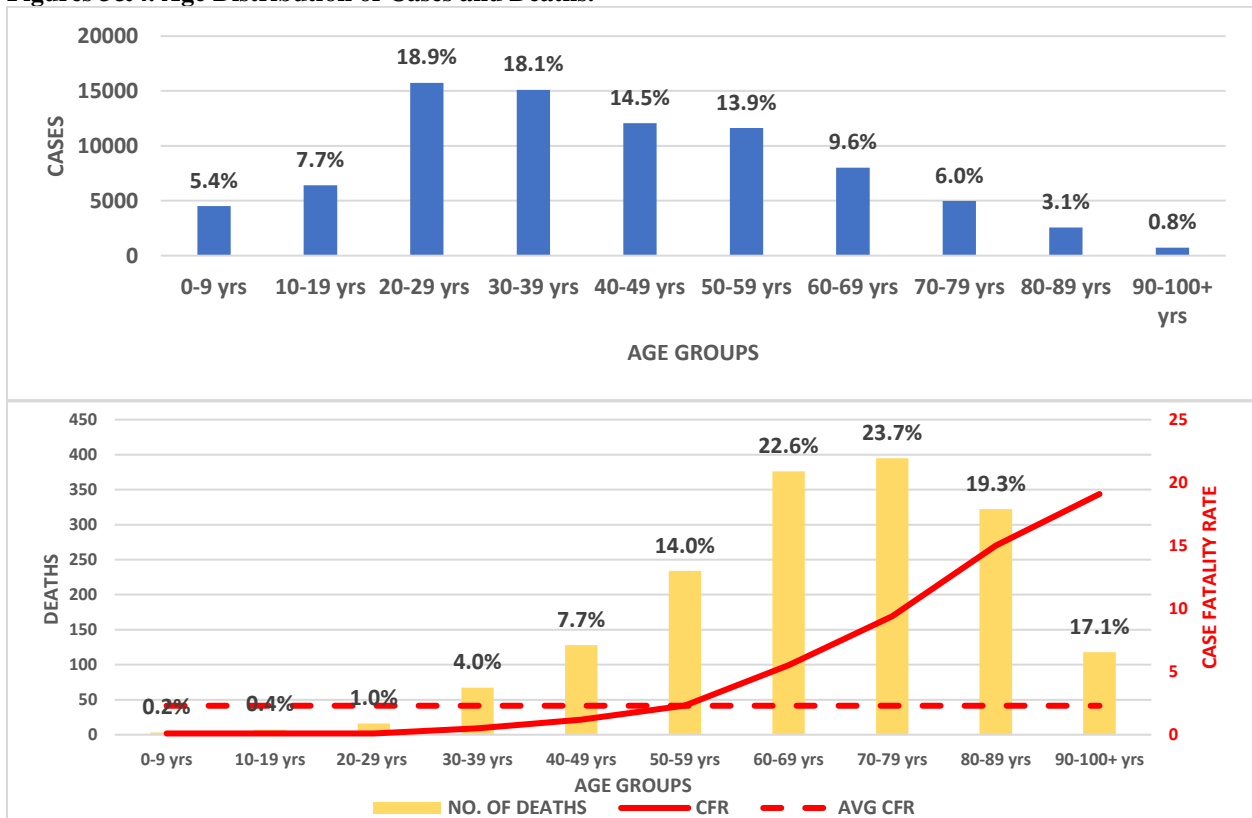
<sup>ii</sup> Cases and deaths as at 29 Sep 2021.

<sup>iii</sup> Cases and deaths as at 30 Sep 2021.

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

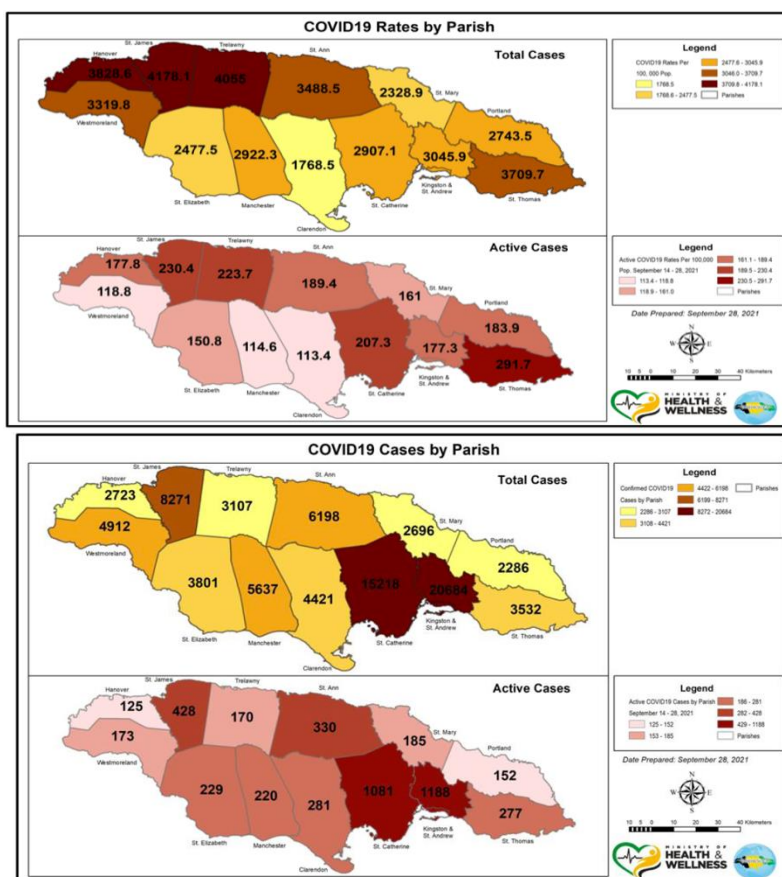


**Figures 3&4. Age Distribution of Cases and Deaths.**



**GEOGRAPHICAL DISTRIBUTION:** As of 28 September 2021, Kingston & St. Andrew (24.8%, n=20,684) and St. Catherine (18.2%, n=15,218) had the highest cumulative number of cases. These parishes also had the highest absolute proportions of active cases (13.3% and 14.7% respectively). Total infection rates were the highest in the western parishes of St. James and Trelawny, accounting for 4,453 and 4,088 cases per 100,000 population respectively. The total rates of active infections, however for this reporting period were in the eastern parish of St. Thomas (292 cases per 100,000 population) and the western parish of St. James (230 cases per 100,000 population).

**Figures 5 & 6.** COVID-19 Parish Distribution and Rates (cases per 100,000 population) of total and active cases (as at 28 Sep 2021).



**HOSPITALIZATIONS:** As of 30 September 2021, hospitalizations decreased by approximately 11.6% since the last reporting period (23 Sep 2021). There was a total of 592 hospitalizations (2.1% of active cases), of which approximately 21.6% (n=128) were moderately ill, 14.4% (n=85) severely ill, and 6.4% (n=38) were critically ill. Critically ill cases ranged from 27 to 87 years of age with a mean age of 63.2 years. Majority (30.9%) of the critically ill cases were between the ages of 60-69 years. Hospitals across two (2) health regions (North-East and Southern Regional Health Authorities continue to exceed their COVID-19 isolation bed capacity, with Southern Regional Health Authority (though

improved by 20%) being the worst affected with an occupancy rate of 177.8%. There was an average occupancy rate of 103.3% across all four regions, a 20.2% decrease from the previous week.

## GOVERNMENT RESPONSE

The Disaster Risk Management (Enforcement Measures) (No. 10) Order, 2021 is in effect since 18 September 2021.

<https://moj.gov.jm/sites/default/files/DRM2021No10.pdf>

On 30 September 2021, the Ministry of Health and Wellness announced that a Digital COVID-19 Vaccination Card will be introduced within 2 – 3 months.

All Public Health and Social measures remain in place until 28 October 2021, with amendments in recognition of the importance of allowing in person and not only virtual church worship effective Saturday, 25 September 2021 from no more than 20 persons to:

1. Where more than 20 persons can be accommodated at the place of worship, while maintaining physical distancing requirement of 6 feet between persons, no more than 50 persons.

Additional amendments are available at:

<https://jis.gov.jm/amendment-to-order-under-the-drma-to-facilitate-increased-attendance-at-worship-services/>

#### a. Controlled Entry Protocols

- All measures which are in place remain and are extended up to 28 October 2021.
- Visitors must complete a Travel Authorization request within 7 days of planned travel at [www.visitjamaica.com/travelauthorization](http://www.visitjamaica.com/travelauthorization) and submit a negative COVID-19 test, taken no earlier than 3 days prior to departure to Jamaica.
- Persons ordinarily resident in Jamaica must complete a Travel Authorization request within 7 days of planned travel at [www.jamcovid19.moh.gov.jm/immigration](http://www.jamcovid19.moh.gov.jm/immigration) and submit a negative COVID-19 test (currently RT-PCR test), taken no earlier than 3 days prior to departure to Jamaica.

## BERMUDA:

**TRENDS IN CASES & DEATHS:** As at 29 Sep 2021, Bermuda reported 5,244 confirmed cases of Coronavirus Disease 2019 (COVID-19) with 50 new cases within the last 24-48hrs. There were 1,392 active cases of which 61 (4.4%) are hospitalized. Of note, hospitalizations have marginally increased since the last reporting period (23 Sep 2021) and deaths have increased significantly between EW 37 and EW 38 (by over 200%). The number of active cases has decreased by 10% since the last reporting period. Adults between 30-39yrs accounted for most active cases (approximately 20%).

**Table 2. Summary as at end of Epidemiological Week 38**

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
5,104	512	-35.8%	51	19	+216.7%	3.3%	-10.8%

Figure 7. Daily Cases.

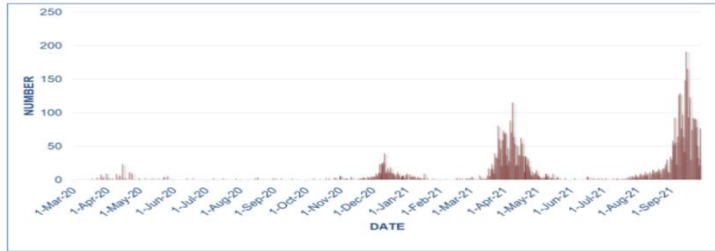
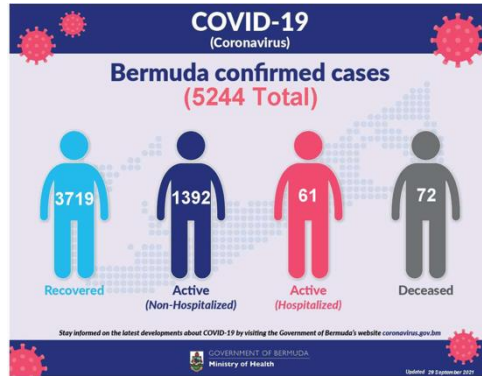


Fig. 8. Distribution of Active Cases



**GOVERNMENT RESPONSE:**

As of 16 September 2021, curfew is from 12:30 a.m. to 5:00 a.m. daily. On 23 September 2021, the Minister of Health announced that unvaccinated travellers will need to quarantine for 14 days at home and will wear electronic and red wristbands. Testing will be on arrival and Day 14.

**CAYMAN ISLANDS:**

**TRENDS IN CASES & DEATHS:** As of 30 Sep 2021, Cayman had **842 confirmed cases** of Coronavirus Disease 2019 (COVID-19) with **5 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 26% since the last reporting period (of 23 September 2021) and now comprise 8.0% of confirmed cases, with 63% cases (n=43) being asymptomatic. A **total of 2 COVID-19 related deaths** were recorded, with no new deaths occurring within the last 24hrs. A total of **144,200** samples were tested for COVID-19, with an **overall positivity rate of 0.6%**.

Table 3. Summary as at end of Epidemiological Week 37

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
806	19	-57.8%	2	0	0%	0.6%	-25.0 %

Figure 9. Daily COVID-19 Summary.



## **GOVERNMENT RESPONSE**

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 carried out obligation by 30 September 2021 of WHO funds for COVID-19 response expiring in December 2021, with a small balance remaining in 1 active Grant. Carry-over of funds within 1 expired Grant is to be requested in October 2022.
- b. PAHO CO remains embedded in the MOHW, JAM EOC and provides 24-hr technical support and guidance, including at the daily EOC briefing meeting.
- c. PAHO CO finalized the draft Work Plan for the US\$2.8M approved for the USAID GH-ARP COVID-19 response project. This was submitted to USAID and PAHO, WDC for comments. USAID will share same with the MOHW. PAHO CO EOC is awaiting details of items and specifications from the MOHW to finalize the work plan – 30 September 2021.
- d. PAHO CO maintained the technical lead for Health for the COVID-19 response within the UNCT and the Government of Jamaica (GOJ) system.
- e. The handing-over ceremony will take place on 7 October 2021 for items procured within the PAHO/US CDC CoAg for COVID-19 response, including a minibus, laptops, satellite phones, cellular phones and VHF radios for field teams. A planning meeting was held on 1 October 2021.

#### **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 – during the week.

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

- a. Plans were finalized for IHR Points of Entry Audits and assessments and IHR Stakeholders Advisory Group meetings in October and November 2021 – 30 September 2021.

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

- a. The procurement process is underway utilizing the MOHW approved list for medical equipment and supplies with deliveries scheduled for October 2021.

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

- a. Continued the support for the passage of the Comprehensive Tobacco Control Bill that will enable Jamaica to meet its obligations under the FCTC. The bill is still before the Joint Select Committee of Parliament. Advertisements were placed in the print and

electronic versions of the national newspapers and on various of our collaborators' websites (MOHW, National Council for Drug Abuse).

#### **PILLAR 10 - VACCINATION**

- a. On-going technical guidance was provided for the MOHW, Jamaica on vaccine supply and delivery.

#### **GAPS / CHALLENGES**

1. MOHW vaccine delivery mechanisms are not able to utilize donations of COVID-19 with relatively limited time to expiry dates, resulting in expiry of vaccines during this week.
2. Vaccine hesitancy remains a challenge in Jamaica including among health care workers. Community engagement has been heightened this week with additional vaccination sites being opened to improve access.
3. Hospitals in Jamaica are overwhelmed as bed occupancy rates average 130%. As a result, only COVID-19 and emergency services are being offered at all hospitals.
4. Dialogue continued with the private sector and other partners to bolster the supply of oxygen.
5. 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. Health EOC strengthening.
- b. Support for National Laboratory Services long-term development plan.
- c. PPEs, laboratory equipment, reagents, and supplies.
- d. Medical equipment and supplies for isolation and quarantine facilities, wards, and rooms.
- e. 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.