

COVID-19

PAHO JAMAICA CO EOC – COVID-19 SITUATION REPORT #471
14 OCTOBER 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 ⁱ	86,722 (215)	29,175 (33.6%)	393 (1.3%)	2,059 (6)	2.4%	620,529 (14.0%)	Community Transmission
Bermuda ⁱⁱ	5,548 (9)	474 (8.5%)	37 (7.8%)	95 (3)	1.7%	566,212 (1.0%)	Community Transmission
Cayman ⁱⁱⁱ Islands	1,011 (15)	182 (18.0%)	1 (0.5%)	2 (0)	0.2%	153,427 (0.7%)	Sporadic Cases

JAMAICA:

Table 1. Summary as at end of Epidemiological Week 40

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
86,126	1,425	-25.6%	2,000	91	+21.3%	22.97%	-29.6%

TRENDS IN CASES & DEATHS: As of 13 October 2021, Jamaica had **86,722 confirmed cases** of Coronavirus Disease 2019 (COVID-19) with **215 new cases** confirmed in the past 24 hours. There are currently 29,175 cases (33.6% of confirmed cases) in isolation across the island. New cases have decreased by 25.6% and new deaths have increased by 21.3% during EW 40. There are **2,000 COVID-19 related deaths** as at 13 October 2021. A total of 620,529 samples have been tested at the laboratory with a daily positivity rate of 18.1% and a cumulative positivity rate of 14.0%.

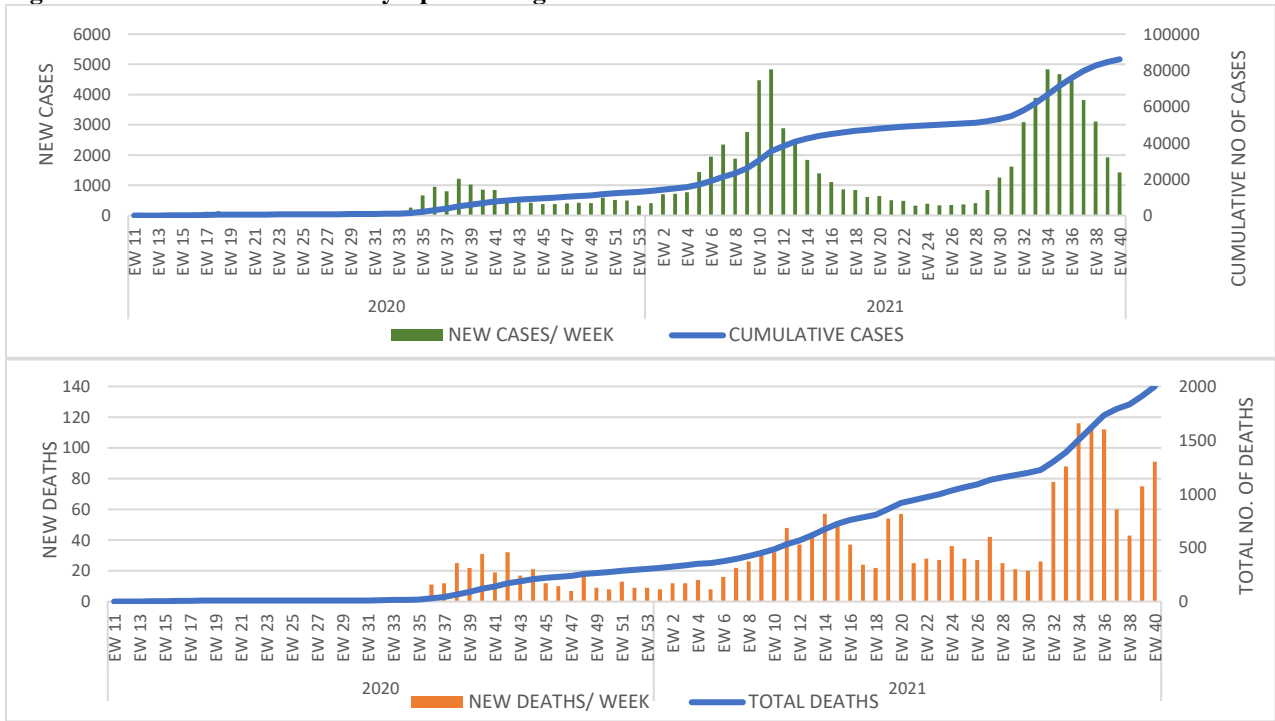
SEX & AGE DISTRIBUTION OF CASES & DEATHS: As of 12 October 2021, the highest burden of total confirmed cases remains within the 20-29 years and 30-39 years age groups, accounting for 18.8% and 18.0% of cases respectively. with the mean age at 41.2±20.6yrs. Females were primarily affected compared to 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 1:0.9.

ⁱ Cases and deaths as at 13 Oct 2021.

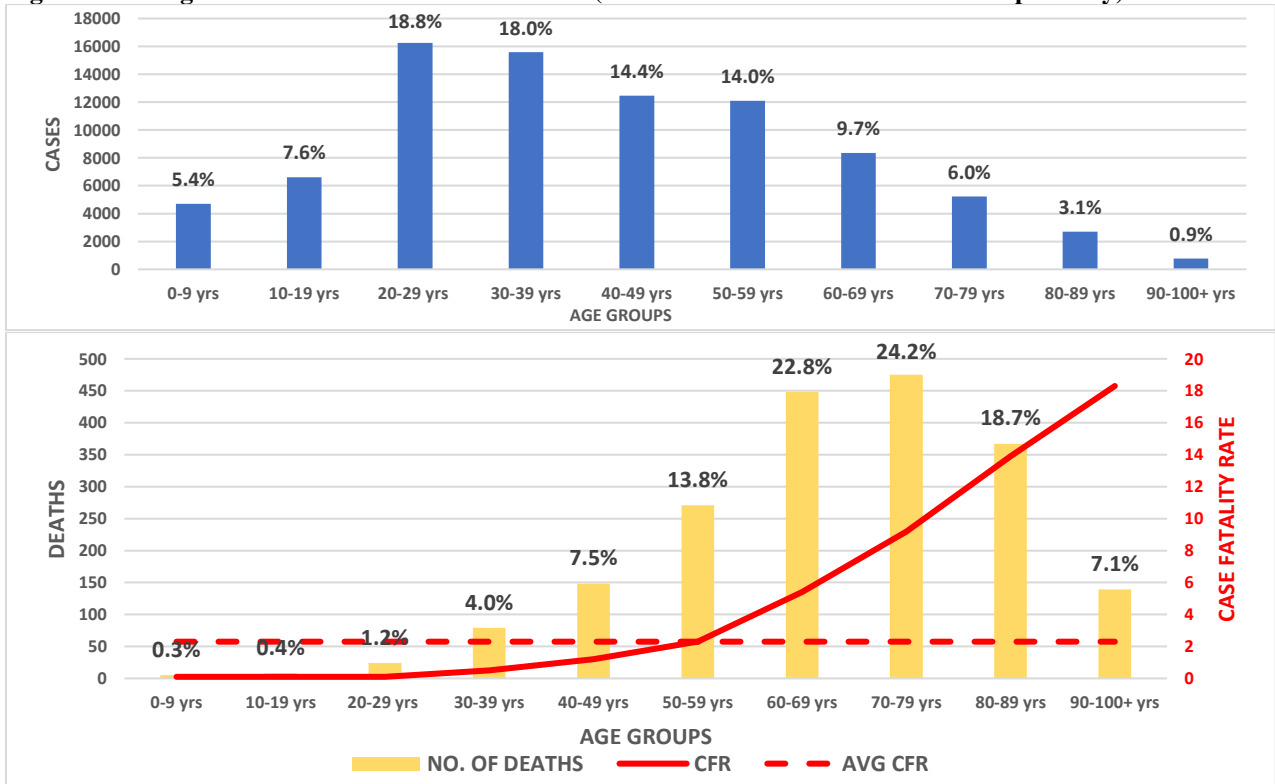
ⁱⁱ Cases and deaths as at 12 Oct 2021.

ⁱⁱⁱ Cases and deaths as at 13 Oct 2021.

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

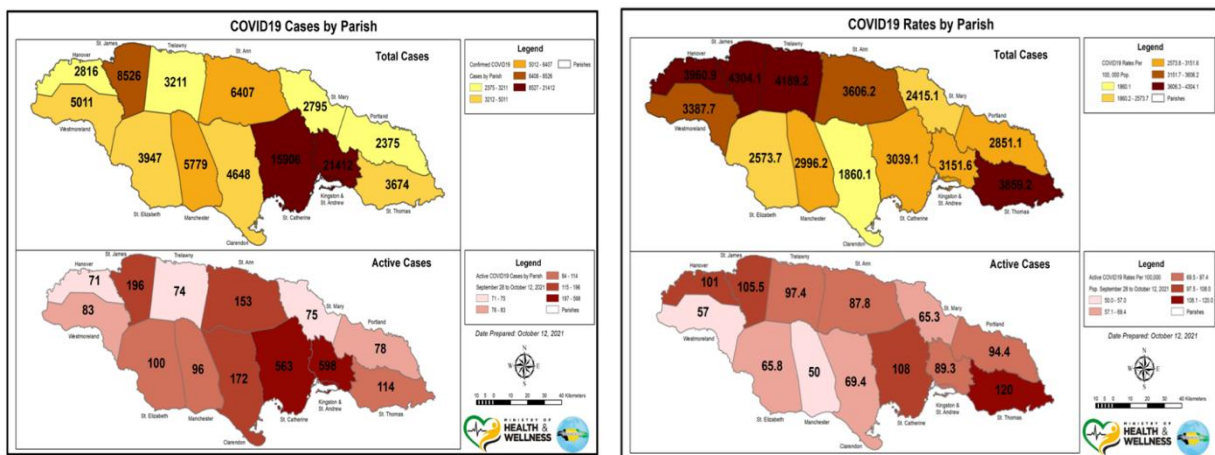


Figures 3&4. Age Distribution of Cases and Deaths (as at 12 Oct 2021 and 6 Oct 2021 respectively)



GEOGRAPHICAL DISTRIBUTION: Data for 12 October 2021 highlighted that Kingston & St. Andrew (24.8%, n=21,412) and St. Catherine (18.4%, n=15,906) had the highest cumulative number of cases. The highest proportions of active cases for this week, however, were found in the parishes of St. Catherine and St. James (15.1% and 13.4% respectively). Total infection rates were the highest in the western parishes of St. James and Trelawny, accounting for 4,590 and 4,225 cases per 100,000 population respectively. The total rates of active infections, however for this reporting period were in the eastern parishes of St. Thomas (120 cases per 100,000 population) and St. Catherine (108 cases per 100,000 population).

Figures 5 & 6. COVID-19 Parish Distribution and Rates (cases per 100,000 population) of total and active cases (12 Oct 2021)



HOSPITALIZATIONS: As of 13 October 2021, hospitalizations decreased by approximately 14.9% since the last reporting period (7 Oct 2021). There was a total of 393 hospitalizations (1.3% of active cases), of which approximately 23.9% (n=94) were moderately ill, 12.2% (n=48) severely ill, and 5.3% (n=21) were critically ill. Critically ill cases ranged from 14 to 80 years of age with a mean age of 50.1 years. Majority (33.3%) of the critically ill cases were between the ages of 50-59 years. The average hospital occupancy rate has improved to 78.9%, however, hospitals in the Northeast Regional Health Authority now have the highest average occupancy rate at 92.4%.

GOVERNMENT RESPONSE

The Disaster Risk Management (Enforcement Measures) (No. 10) (Amendment) Order, 2021 is in effect since 25 September 2021.

<https://moj.gov.jm/sites/default/files/DRM2021No10A.pdf>

All Public Health and Social measures and controlled measures for entry into Jamaica remain in place until 28 October 2021.

Controlled Entry Protocols

- Visitors must complete a Travel Authorization request within 7 days of planned travel at 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 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 12 October 2021, Bermuda reported 5,548 confirmed cases of Coronavirus Disease 2019 (COVID-19) with 9 new cases within the last 24-48hrs. There were 474 active cases of which 37 (7.8%) are hospitalized. Active cases have decreased by approximately 43.6% since the last reporting period (7 Oct 2021). Cases and deaths have decreased by 57.3% and 41.2% respectively between EW 39 and EW 40. The number of active cases has decreased by 43.6% 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 40.

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
5,495	117	-57.3%	78	10	-41.2%	0.9%	-52.6%

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. Gatherings are restricted to no more than 20 persons. Special permission may be granted from Government for larger gatherings. For the work pace guidance, guidance is that:

Training should be provided for all employees and management on Infection Prevention & Control. As a result the Department of Health, has produced the following mandatory training course:

<https://www.gov.bm/infection-prevention-and-control-training>

CAYMAN ISLANDS:

TRENDS IN CASES & DEATHS: As of 13 Oct 2021, Cayman had **1,011 confirmed cases** of Coronavirus Disease 2019 (COVID-19) with **15 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 37.9% since the last reporting period (of

7 October 2021) and now comprise 18.0% of confirmed cases, with symptomatic cases increasing to 57% cases (n=104). A **total of 2 COVID-19 related deaths have been recorded since March 2020**, with no new deaths occurring within the last 24hrs. A total of **153,427** samples were tested for COVID-19, with an **overall positivity rate of 0.7%**.

Table 3. Summary as at end of Epidemiological Week 40.

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
1,011	96	+74.5%	2	0	0%	1.5%	+36.4%

Figure 7. Daily COVID-19 Summary.



GOVERNMENT RESPONSE

On 7 October 2021, the premier advised that there would be early mid-term closure of Government schools in an effort to both mitigate the absence of several secondary school level teachers due to mandatory quarantine requirements and curtail the transmission of the virus within the school community.

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 continued its collaboration with Ministries of Health and partners on the development of work plans for funding for COVID-19 response within the USAID ARP project for Jamaica and the EU RESEMBID/Expertise France project for Cayman islands.

- b. PAHO CO continued to obligate WHO funds for COVID-19 response expiring in December 2021, with a small balance remaining in 3 active Grants. Information on the carry-over of funds within 1 expired Grant has been provided.
- c. PAHO CO remains embedded in the MOHW, JAM EOC and provides 24-hr technical support and guidance, including at the daily EOC briefing meeting.
- d. PAHO CO maintained the technical lead for Health for the COVID-19 response within the UNCT and the Government of Jamaica (GOJ) system.

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. Copies of IHR (2005) publication were received for distribution to Ministries, Departments and Agencies and members of the IHR Stakeholders Advisory Group. – 4 October 2021.

PILLAR 5 – LABORATORIES AND DIAGNOSTICS

- a. PAHO IHR provided an Alert on possible False COVID-19 Rapid Antigen tests (without WHO EUL) being sold in Jamaica and the Bahamas. The Ministries of Health and National Regulatory Authorities were advised – 14 October 2021. PAHO CO will follow-up.

PILLAR 7 – CASE MANAGEMENT, CLINICAL OPERATIONS AND THERAPEUTICS

- a. Medical equipment and supplies were received in keeping with MOHW approved priority list within Canadian Grant # 452013-1313. - 6 October 2021.

PILLAR 9: MAINTAINING ESSENTIAL HEALTH SERVICES AND SYSTEMS

- a. The consultant to facilitate the development of the National Road Safety Policy has been identified and the 2-day Stakeholder Consultation workshop will be held virtually on 21 and 22 October 2021. This policy is being developed as a part of technical cooperation between PAHO and the Ministry of Transport and Mining.

PILLAR 10 - VACCINATION

- a. The Kingston Public Hospital (KPH) has been identified as a sentinel site for the Regional ESAVI Surveillance System. An Epidemiologist and a Surveillance Officer have been recruited to support the ESAVI surveillance.
 - i. Daily training of the team to carry out these activities started on 11 October 2021 and will continue to 15 October 2021. The focal points for Immunization (EPI), pharmacovigilance and information systems from the MOHW are will also participate in this training.
 - ii. Two meetings were held with the senior teams of the KPH and Kingston and St. Andrew Health Department on 12 and 14 October 202 to brief them on the initiative.
- b. On-going technical guidance was provided for the MOHW, Jamaica on vaccine supply and delivery.

GAPS / CHALLENGES

1. 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 in collaboration with the private sector to improve access.
2. While the average hospital occupancy rate has improved to 78.9%, hospitals in the Northeast Regional Health Authority now have the highest average occupancy rate at 92.4%. This has resulted in only emergency services still being offered at hospitals islandwide.
3. 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.