

# COVID-19

PAHO JAMAICA CO EOC – COVID-19 SITUATION REPORT #470  
7 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 <sup>i</sup>	85,680 (205)	29,168 (34.0%)	462 (1.6%)	1,980 (16)	2.2%	612,544 (14.0%)	Community Transmission
Bermuda <sup>ii</sup>	5,455 (30)	841 (15.4%)	49 (5.8%)	87 (5)	1.6%	554,337	Community Transmission
Cayman <sup>iii</sup> Islands	939 (9)	132 (14.0%)	2	2 (0)	0.2%	149,190 (0.6%)	Sporadic Cases

## JAMAICA:

Table 1. Summary as at end of Epidemiological Week 39

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
85,680	1,923	-38.1%	1,909	75	+74.4%	22.97%	-29.6%

**TRENDS IN CASES & DEATHS:** As of 7 October 2021, Jamaica had **85,680 confirmed cases** of Coronavirus Disease 2019 (COVID-19) with **205 new cases** confirmed in the past 24 hours. There are currently 29,168 cases (34.0% of confirmed cases) in isolation across the island. New cases have decreased by 38.1% and new deaths have increased by 74.4% during EW 39. There are **1,980 COVID-19 related deaths** as at 7 October 2021. A total of 612,544 samples have been tested at the laboratory with a daily positivity rate of 17.7% and a cumulative positivity rate of 14.0%.

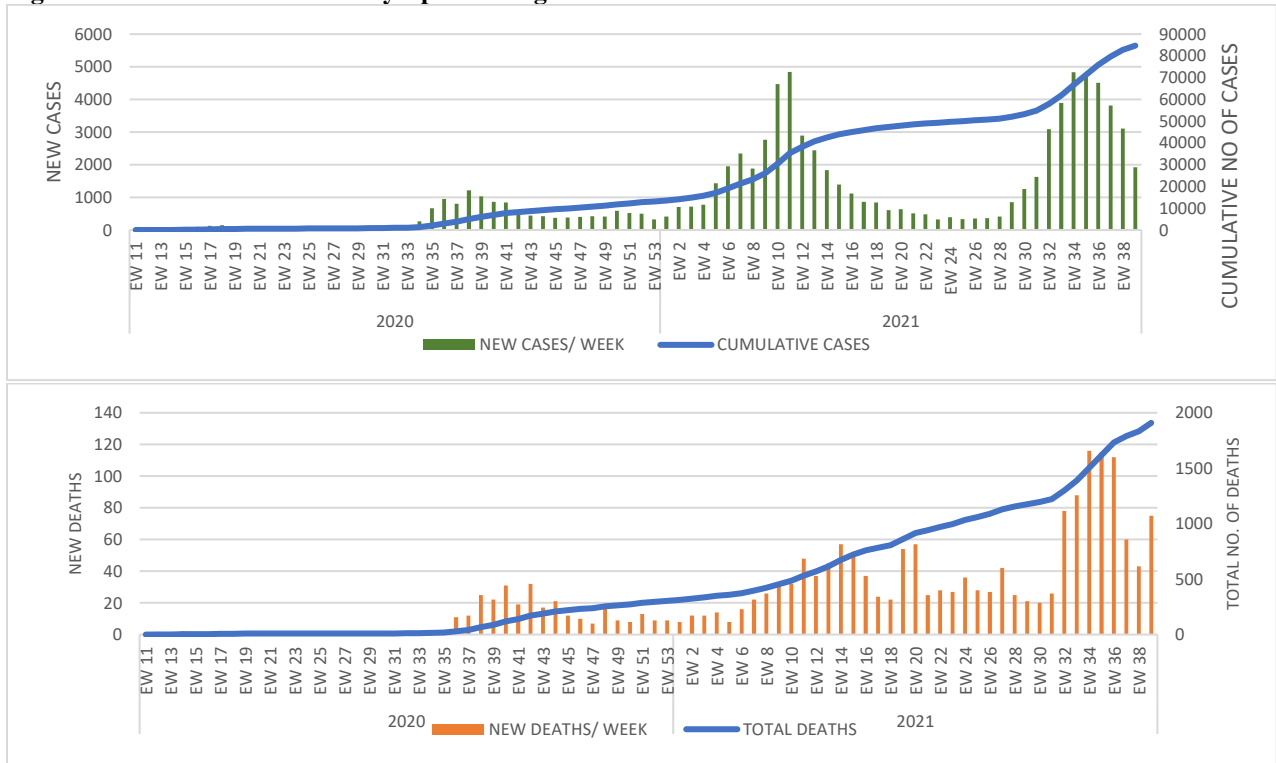
**SEX & AGE DISTRIBUTION OF CASES & DEATHS:** As of 6 October 2021, the highest burden of total confirmed cases remains within the 20-29- and 30-39-years age group, accounting for 18.8% and 18.0% of cases respectively. with the mean age at 41.2±20.6yrs. Females were primarily affected compared to males, 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.

<sup>i</sup> Cases and deaths as at 7 Oct 2021.

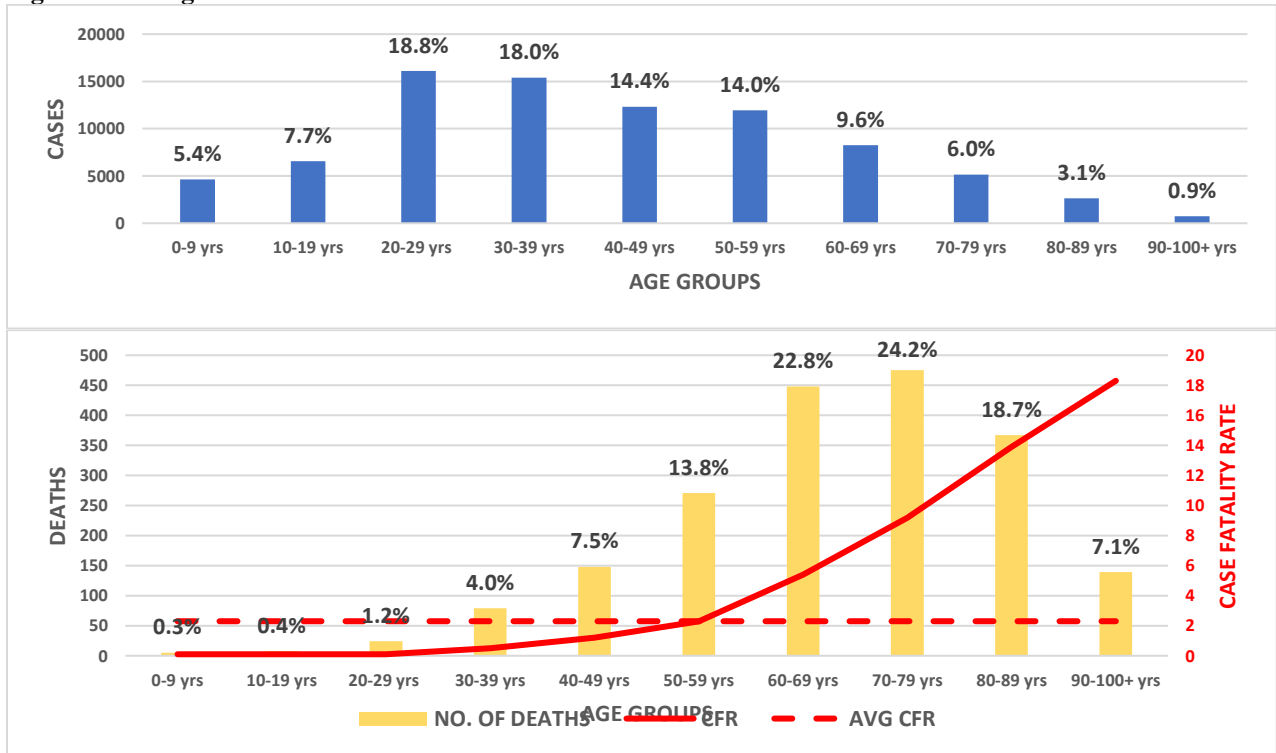
<sup>ii</sup> Cases and deaths as at 4 Oct 2021.

<sup>iii</sup> Cases and deaths as at 7 Oct 2021.

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

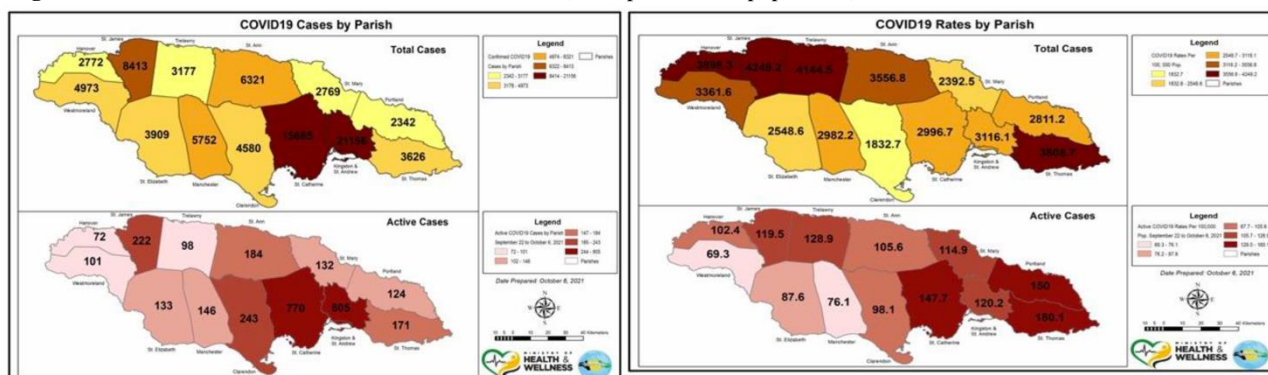


**Figures 3&4. Age Distribution of Cases and Deaths.**



**GEOGRAPHICAL DISTRIBUTION:** Data for 6 October 2021 highlighted that Kingston & St. Andrew (24.8%, n=21,156) and St. Catherine (18.4%, n=15,685) 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 (15.0% and 13.0% respectively). Total infection rates were the highest in the western parishes of St. James and Trelawny, accounting for 4,529 and 4,180 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 (180 cases per 100,000 population) and Portland (150 cases per 100,000 population).

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



**HOSPITALIZATIONS:** As of 7 October 2021, hospitalizations decreased by approximately 22.0% since the last reporting period (30 Sep 2021). There was a total of 462 hospitalizations (1.6% of active cases), of which approximately 25.8% (n=119) were moderately ill, 12.8% (n=59) severely ill, and 7.1% (n=33) were critically ill. Critically ill cases ranged from 14 to 91 years of age with a mean age of 56.5 years. Majority (33.4%) of the critically ill cases were between the ages of 40-49 years. The average hospital occupancy rate has improved to 79.7%, however, hospitals in the Southern Regional Health Authority continue to exceed their COVID-19 isolation bed capacity with an occupancy rate of 170.6%.

## 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 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.

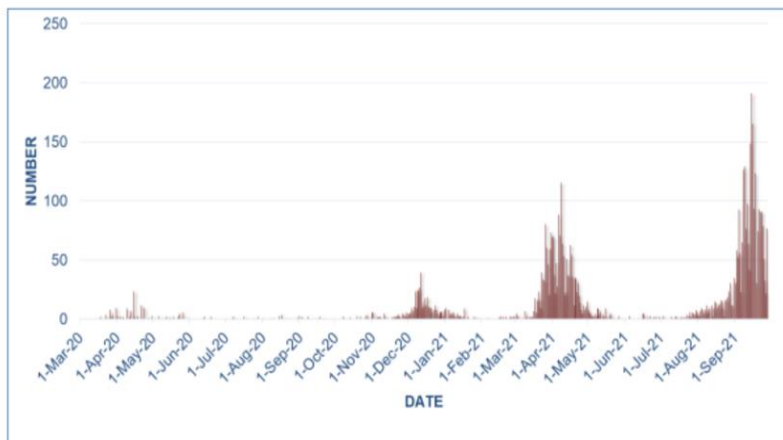
**BERMUDA:**

**TRENDS IN CASES & DEATHS:** As at 4 October 2021, Bermuda reported 5,455 confirmed cases of Coronavirus Disease 2019 (COVID-19) with 30 new cases within the last 24-48hrs. There were 841 active cases of which 49 (5.8%) are hospitalized, a decrease since the last reporting period (30 Sep 2021). Cases and deaths have decreased by 46.5% and 10.5% respectively between EW 38 and EW 39. 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%).

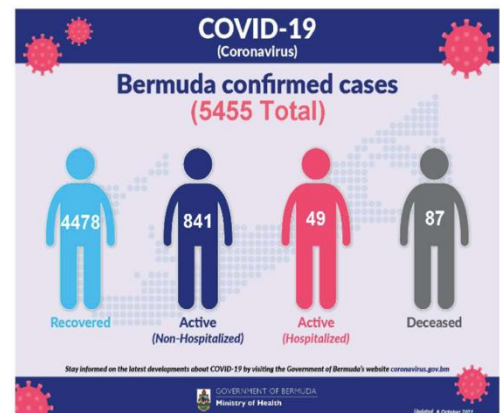
**Table 2. Summary as at end of Epidemiological Week 39**

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
5,378	274	-46.5%	68	17	-10.5%	1.9%	-42.4%

**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. Gatherings are restricted to no more than 20 persons. Special permission may be granted from Government for larger gatherings.

## CAYMAN ISLANDS:

**TRENDS IN CASES & DEATHS:** As of 7 Oct 2021, Cayman had **939 confirmed cases** of Coronavirus Disease 2019 (COVID-19) with **9 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 significantly by 94% since the last reporting period (of 30 September 2021) and now comprise 14.0% of confirmed cases, with symptomatic cases increasing to 47% cases (n=62). 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 **149,190** samples were tested for COVID-19, with an **overall positivity rate of 0.6%**.

Table 3. Summary as at end of Epidemiological Week 39

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
861	55	+189.5%	2	0	0%	1.1%	+83.3%

Figure 9. 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 hosted the first in a series of hand-over events on 7 October 2021 for items procured within the PAHO-USA CDC COVID-19 Response in Jamaica grant to the MOHW, including one 16-seater minibus for rapid response and contact tracing teams, sampling and laboratory supplies (80 GeneXpert kits x 10 tests each, 39,700 nitrile gloves, 7,500 bottles Universal Transport medium and 15,000 swabs) and communication equipment for contact tracers – 6 satellite phones, 70 cellular phones, 30 VHF radios and 10 laptops).

<https://nam12.safelinks.protection.outlook.com/?url=https%3A%2F%2Fjamaica-gleaner.com%2Farticle%2Fnews%2F20211007%2Fgovt-gets-donation-medical-supplies-other-items-valued-54-million&data=04%7C01%7Cbullockmar%40paho.org%7C329c7fd042534eefb65f08d98aa1c539%7Ce610e79c2ec04e0f8a141e4b101519f7%7C0%7C1%7C637693249686396157%7CUnknown%7CTWFpbGZsb3d8eyJWljiMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6Ikh1haWwiLCJXVCi6Mn0%3D%7C1000&sdata=QwX3kV3W2KUSbt4VzZUgcET4LiMJ67C8ZZRhQUM%2FXe0%3D&reserved=0>

- b. PAHO CO continued to obligate 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 2021.
- 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 and USAID convened a review meeting with MOHW on a waste management proposal for COVID-19 vaccination programme conducted by the World Bank to inform the draft Work Plan for the US\$2.8M approved for the USAID GH-ARP COVID-19 response project. – 8 October 2021

- e. 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 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.
- b. The Kingston Public Hospital 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. The training of the team to carry out these activities is planned for 11 to 15 October 2021. The focal points for Immunization (EPI), pharmacovigilance and information systems from the MOHW will also participate in this training.

### **PILLAR 10 - VACCINATION**

- a. 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. Some hospitals in Jamaica are overwhelmed with bed occupancy rates in the Southern Region at 170%. The national average occupancy improved to 79.7%. As a result, only COVID-19 and emergency services are being offered at all hospitals.
3. Dialogue continued with the private sector and other partners to bolster the supply of medical equipment and supplies and oxygen.
4. 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.