

COVID-19

PAHO JAMAICA CO EOC – COVID-19 SITUATION REPORT #482
30 DECEMBER 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	93,920 (329)	24,790 (26.4%)	107 (0.4%)	2,473 (3)	2.6%	706,582 (13.3%)	Community Transmission
Bermuda ⁱⁱ	6,420 (89)	522 (8.1%)	0 (0%)	110 (0)	1.7%	699,028 (0.9%)	Community Transmission
Cayman Islands ⁱⁱⁱ	8,943 (68)	3,695 (41.3%)	5 (0.1%)	12 (1)	0.1%	Pending	Community Transmission

JAMAICA:

Table 1. Summary as at end of Epidemiological Week 51

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
92,705	653	+127.5%	2,463	22	-19.0%	8.40%	+104.9%

TRENDS IN CASES & DEATHS: As of 30 December 2021, Jamaica had **93,920 confirmed cases** of Coronavirus Disease 2019 (COVID-19) with **329 new cases** confirmed in the past 24 hours. There are currently 24,790 cases (26.4% of confirmed cases) in isolation across the island. New cases have increased by 127.5%, and the number of confirmed deaths decreased by 19.0% during EW 51. There are **2,473 COVID-19 related deaths** as of 30 December 2021. A total of 706,582 samples were tested at the laboratory with a daily positivity rate of 27.0% and a cumulative positivity rate of 13.3%. *The Ministry of Health and Wellness (MOHW) continues investigation of a case of Omicron Variant of Concern (VOC) which was detected in a traveller on return to the United Kingdom (UK) from Jamaica. Notification of this case was provided by the UK IHR National Focal Point (NFP) on 18 December 2021 (Epi Week 50) to the Jamaica IHR NFP.*

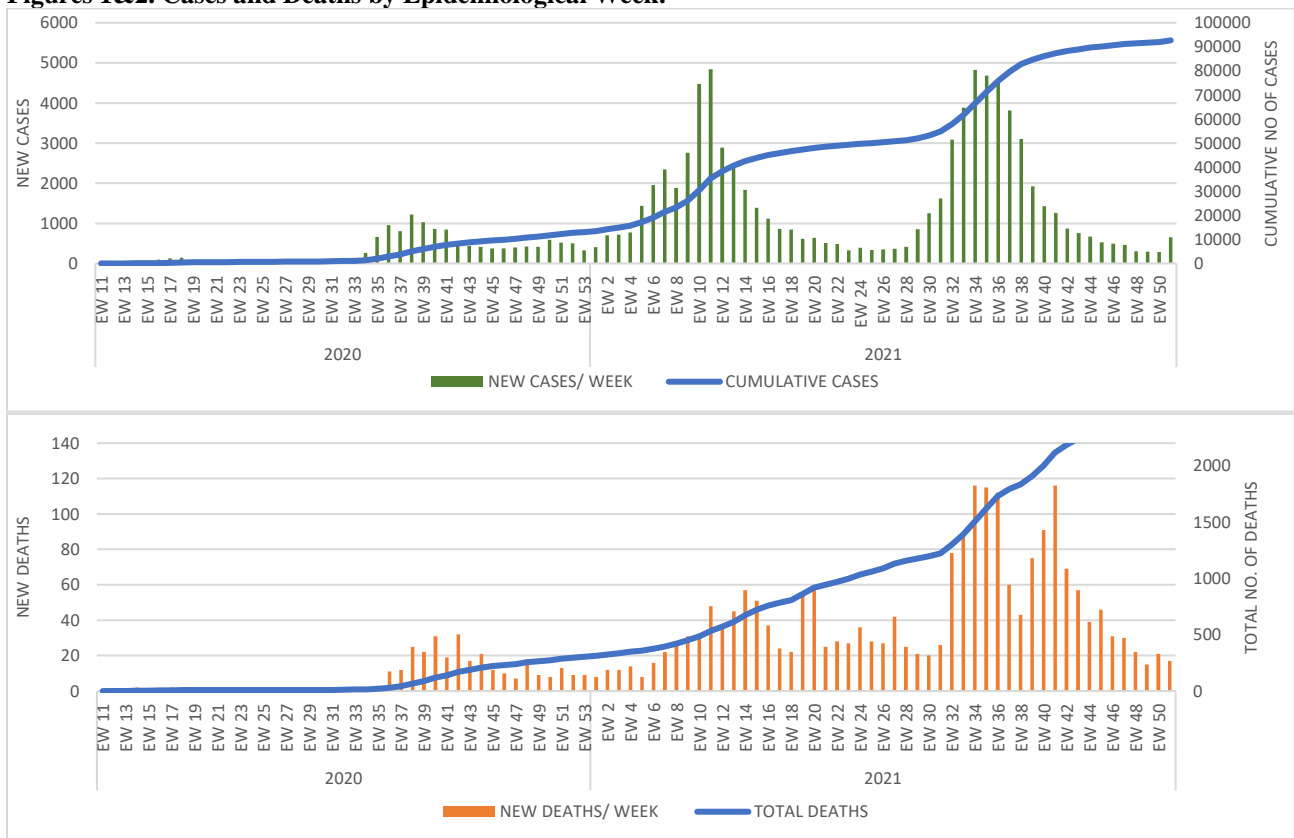
SEX & AGE DISTRIBUTION OF CASES & DEATHS: As of 29 December 2021, the highest burden of total confirmed cases remains within the 20-29 years and 30-39 years age groups, accounting for 18.8% and 17.9% of cases respectively, with the mean age at 41.3±20.7yrs. Females were primarily affected compared to 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 30 Dec 2021.

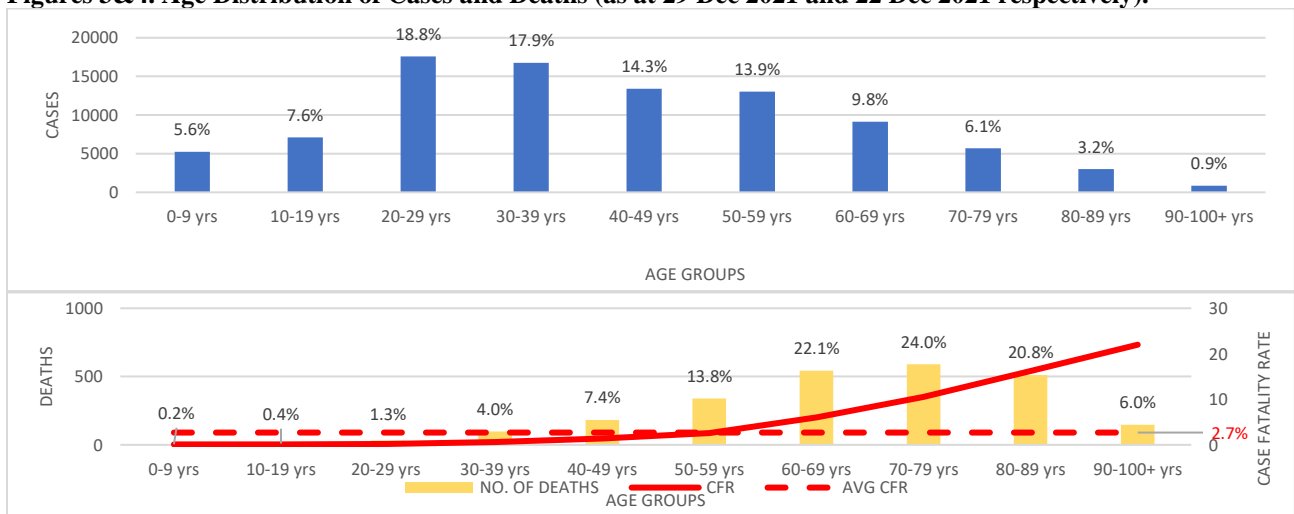
ⁱⁱ Cases and deaths as at 28 Dec 2021, reported 30 Dec 2021.

ⁱⁱⁱ Cases and deaths as at 29 Dec 2021, reported 30 Dec 2021.

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



Figures 3&4. Age Distribution of Cases and Deaths (as at 29 Dec 2021 and 22 Dec 2021 respectively).



GEOGRAPHICAL DISTRIBUTION: Data for 29 December 2021 highlighted that Kingston & St. Andrew (25.0%, n=23,358) and St. Catherine (18.5%, n=17,321) had the highest cumulative number of cases. The highest proportions of active cases for this week, however, were found in the parishes of St. James and St. Ann (15.9% and 15.0% respectively). The total rates of active

infections for this reporting period were highest in the parishes of Hanover (96.7 cases per 100,000 population) and St. James (95.8 cases per 100,000 population). Within the last 24 hours, however most new infections were reported in the parishes of Kingston & St. Andrew and St. James (52.0% and 12.8% respectively).

Figures 5 & 6. COVID-19 Parish Distribution and Rates (cases per 100,000 population) of total and active cases (7 Dec 2021)

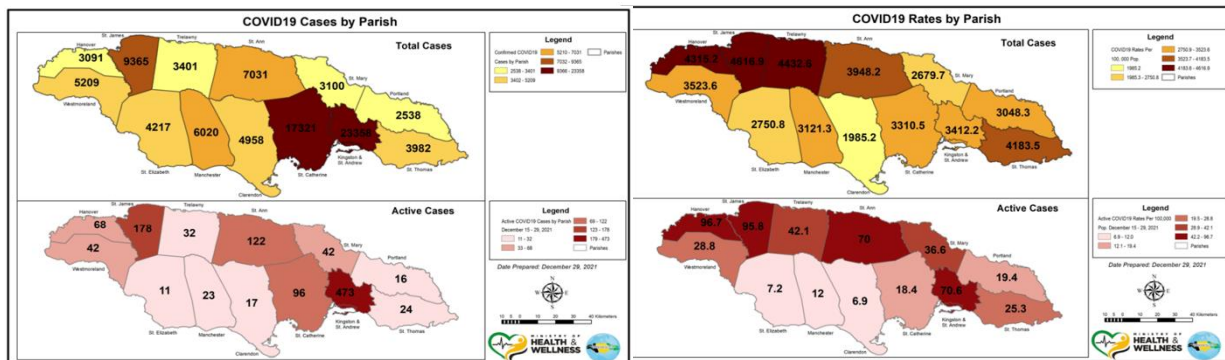
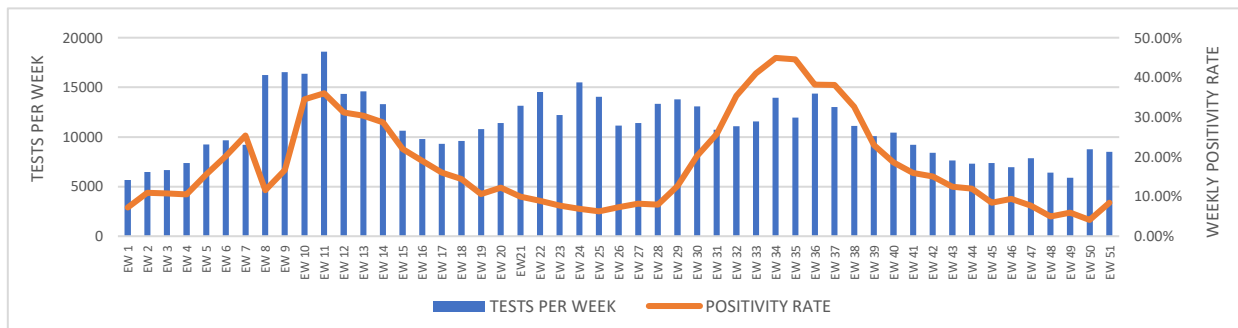


Figure 7. COVID-19 testing and Positivity Data as at 30 Dec 2021.



HOSPITALIZATIONS: As of 30 December 2021, there was a total of 107 hospitalizations (0.4% of active cases) with an average hospital occupancy rate of 29.9%. Of the hospitalized cases, 23.4% (n=25) were moderately ill, 13.1% (n=14) severely ill, and 1.9% (n=2) were critically ill. Disaggregated hospitalization data from 29 December 2021 indicate that 100% of critically ill, 92.9% of severely ill, and 100% of moderately ill cases were unvaccinated.

GOVERNMENT RESPONSE

As of 20 December 2021, Digital Vaccination Cards are available at the MOHW's website. The cards are accessible by a mobile phone or other electronic device and feature a Quick Response (QR) Code to enable the information in the card to be validated.

New measures were introduced from 10 December 2021 – 13 January 2022 and included a reduction in the time of nightly curfew, which will be from 10:00 p.m. to 5:00 a.m., except for the nights of 24 December 2021 and 31 December 2021 when the curfew will last for 4 hours from 1:00 a.m. – 5:00 a.m. Other protocols include a gathering limit of 10 persons, worship

services of 100 persons and handing-over events of 100 persons. Fully vaccinated persons with a negative PCR test within 3 days of travel to Jamaica, no longer have to quarantine on arrival in Jamaica. There are no changes for other arrival protocols.

The Disaster Risk Management (Enforcement Measures) (No. 11) (Amendment) (No. 2) Order, 2021 is in effect since 27 November 2021.

<https://moj.gov.jm/sites/default/files/DRM2021No11A2.pdf>

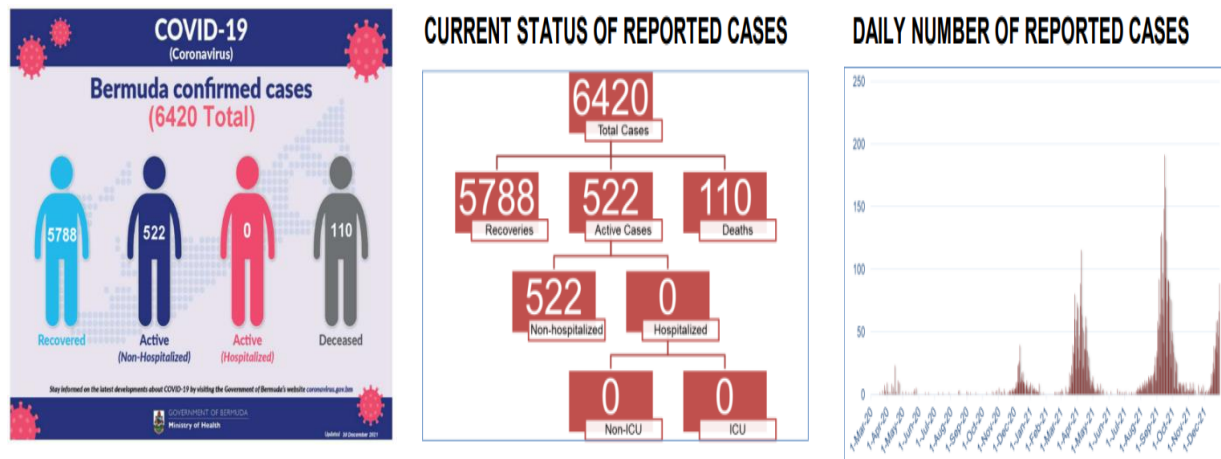
BERMUDA:

TRENDS IN CASES & DEATHS: As of 28 December 2021 (reported on 30 Dec 2021), Bermuda had 6,420 confirmed cases of Coronavirus Disease 2019 (COVID-19) with 89 new cases within the last 24-48hr period. There were 522 active cases (8.1% of total cases) and no hospitalizations.

Table 2. Summary as at end of Epidemiological Week 51.

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
6,217	300	+125.6%	110	4	-	2.3%	+130.0%

Figure 8. Cases and deaths as of 28 Dec 2021 (reported 30 Dec 2021).



The Omicron VOC was first identified in Bermuda from an arrival test on 5 December 2021.

GOVERNMENT RESPONSE:

COVID-19 Vaccination: Up to 30 December 2021, 72.4% of the population has been vaccinated (1 dose) and 71.0% of the population has been immunized (2 doses), with 34.9% having

received a booster dose. Only Pfizer and AstraZeneca vaccines are approved for use in Bermuda.

Effective 23 December 2021:

- Gatherings are restricted to groups of no more than 20 people.
- The Minister of Youth, Culture and Sport may grant a Large Group Exemption permitting more than 20 persons to assemble, provided appropriate physical distancing is maintained and relevant guidance is followed at all times.
- Exemptions will be subject to the [Standard Large Group Conditions](#), including a limit of 50% capacity at any venue to enter the event. Additional conditions may be imposed by the Minister of Youth, Culture and Sport.

Additional information can be found at:

<https://www.gov.bm/covid-19-guidance-events-and-gatherings>

CAYMAN ISLANDS:

TRENDS IN CASES & DEATHS: As of 29 Dec 2021, Cayman had **8,943 confirmed cases** of Coronavirus Disease 2019 (COVID-19) with **68 new cases** reported in the last 24 hrs and a daily positivity rate of 16.2%. Active cases now comprise 41.3% of confirmed cases. A **total of 12 COVID-19 related deaths have been recorded since March 2020**, with one new death occurring within the last 24hrs.

There have been 44 confirmed cases of Omicron VOC as of 29 December 2021. There were 198 probable Omicron cases reported on 29 December 2021

Table 3. Summary as at end of Epidemiological Week 51.

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
8,514	183	-35.8% ^{iv}	11	0	0%	10.9%	Pending

^{iv} There was a reduction of testing and reporting of COVID-19 data during EW 51.

Figure 9. Daily COVID-19 Summary.



GOVERNMENT RESPONSE

COVID-19 Vaccination: Up to 29 December 2021, 83% of the population has received one dose and 80% (57,094) received two doses, with 23% receiving a booster dose.

New travel rules are in effect with the travel testing window being 24 hours. Accepted tests include lateral flow tests.

PAHO CO UPDATE:

PILLAR 1 – COORDINATION, PLANNING, FINANCING, AND MONITORING

- a. PAHO CO provided Ministries of Health of JAM, BMU and CYM with updated information, including the WHO COVID-19 Weekly Epidemiological Update – 28 December 2021
- b. PAHO CO continued to review specifications for items to be procured within the GH-USAID ARP COVID-19 Response project in 2022 - 30 December 2021.
- c. PAHO CO is awaiting feedback on the approval of the EU RESEMBID/Expertise France project proposal for the Cayman Islands. – 30 December 2021.
- d. PAHO CO completed procurement process for priority medical equipment and supplies for WHO Grants. - week of 26 December 2021.
- e. PAHO CO remains embedded in the MOHW, JAM EOC and provides 24-hr technical support and guidance, including at the weekly EOC briefing meeting.
- f. 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 continued to provide reminders to the IHR NFP, JAM on follow-up of information received from PAHO IHR on contacts of travellers after departure from Jamaica and the provision of reports – week of 26 December 2021.

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

- a. PAHO CO in collaboration with MOHW, JAM scheduled a meeting of the IHR Stakeholders Advisory Group for 4 January 2022 to provide an update on COVID-19 and the new proposed revised tool for the IHR State Party Self-Assessment Annual Report.

PILLAR 7 – CASE MANAGEMENT, CLINICAL OPERATIONS AND THERAPEUTICS

- a. Delivery of medical equipment and supplies and HEOC equipment continued based on approved lists received from the Ministry of Health and Wellness. – 30 December 2021.

PILLAR 9: MAINTAINING ESSENTIAL HEALTH SERVICES AND SYSTEMS

- a. For the Santa Cruz Health Centre retrofitting - Smart Health Care Facilities project, PAHO CO, requested the MOHW to provide authorization for the contractor for temporary installations of electricity, water, telephone and internet services. - 29 December 2021.

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 the Health EOC establishment and management