

COVID-19

PAHO JAMAICA CO EOC – COVID-19 SITUATION REPORT #488
10 FEBRUARY 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	126,589 (152)	2,805 (2.2%)	394 (14.0%)	2,708 (2)	2.1%	816,101 (14.9%)	Community Transmission
Bermuda ⁱⁱ	11,146 (38)	272 (2.4%)	12 (4.4%)	120 (0)	1.1%	772,573 (1.4%)	Community Transmission
Cayman ⁱⁱⁱ Islands	17,687 (156)	-	26 (-)	16 (1)	0.1%	Pending	Community Transmission

JAMAICA:

Table 1. Summary as at end of Epidemiological Week 5 (30 Jan – 5 Feb 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
125,993	1,891	-58.3%	2,694	44	-21.4%	25.0%	-38.0%

TRENDS IN CASES & DEATHS: As of 9 February 2022, Jamaica had **126,589 confirmed cases** of Coronavirus Disease 2019 (COVID-19) with **152 new cases** confirmed in the past 24 hours. During this reporting period, active cases reduced by approximately 52.3% to 2,805 cases (2.2% of confirmed cases, and approximately 0.1% of the population) in isolation across the island.^{iv} New cases and deaths have decreased by 58.3% and 21.4%, respectively during EW 5. There are currently **2,708 COVID-19 related deaths**, with 2 deaths occurring within the last 24 hours. A total of 816,101 samples were tested at the laboratory with a **daily positivity rate of 14.9%** and a cumulative positivity rate of 15.5%.

SEX & AGE DISTRIBUTION OF CASES & DEATHS: Data from 8 February 2022 indicated that the highest burden of total confirmed cases remains within the 20-29 years and 30-39 years age groups, accounting for 19.7% and 18.5% of total cases respectively, with a mean age of 40.6±38.0yrs. 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.

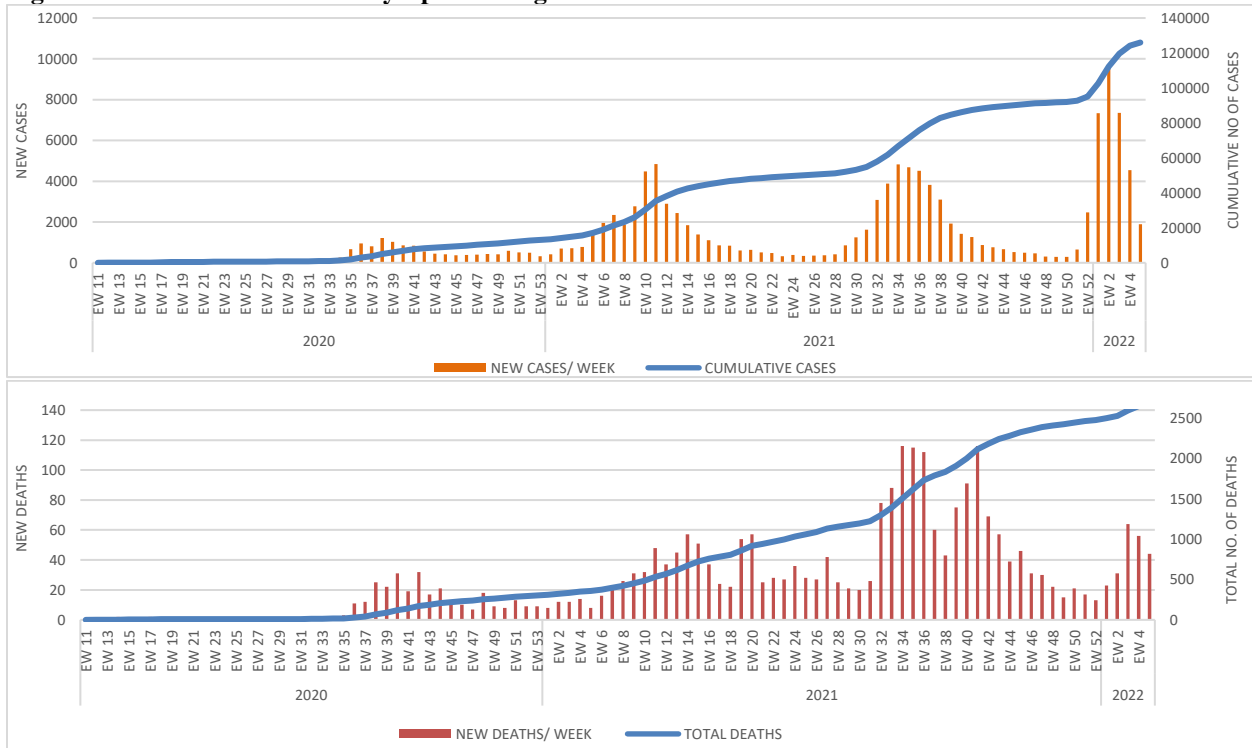
ⁱ Cases and deaths as at 9 Feb 2022, reported 10 Feb 2022.

ⁱⁱ Cases and deaths as at 8 Feb 2022, reported 10 Feb 2022.

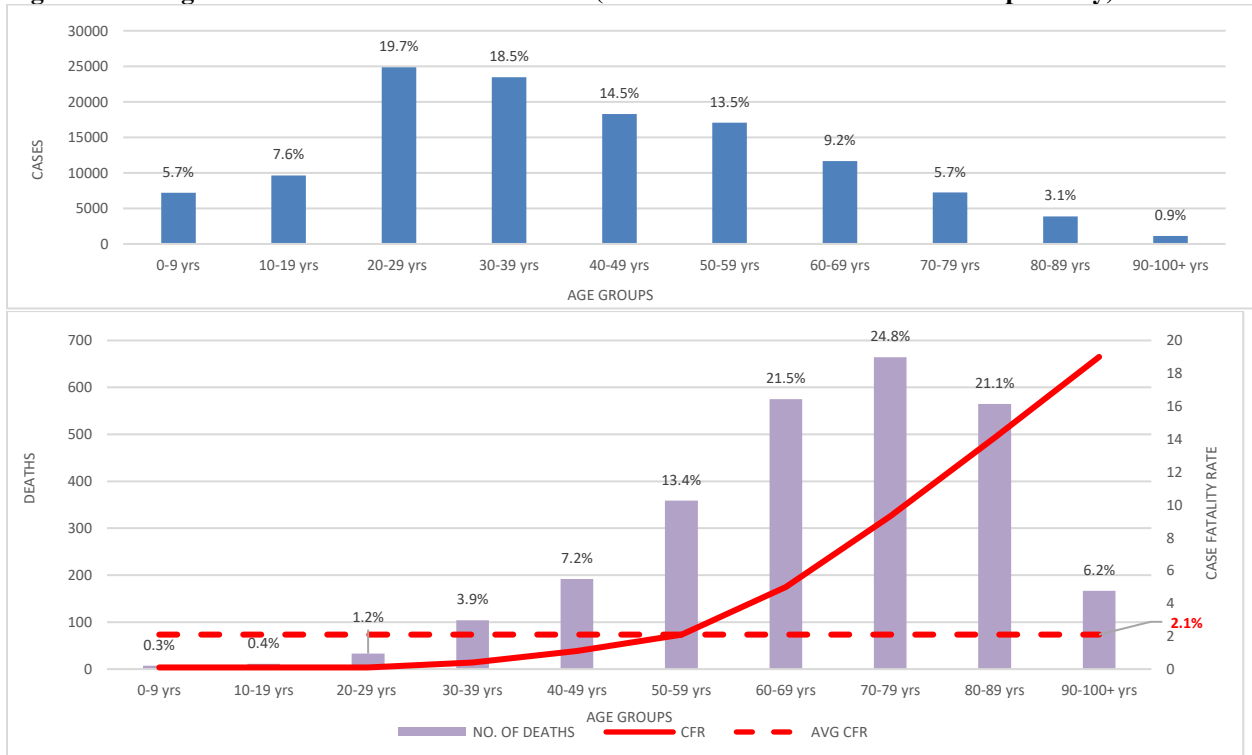
ⁱⁱⁱ Cases and deaths between 30 Jan – 5 Feb 2022, reported 5 Feb 2022.

^{iv} Based on total population estimate of 2.9 million for Jamaica.

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



Figures 3&4. Age Distribution of Cases and Deaths (as at 8 Feb 2022 and 2 Feb 2022 respectively).



GEOGRAPHICAL DISTRIBUTION: Data for 9 February 2022 highlighted that Kingston & St. Andrew (26.8%, n=33,8171) and St. Catherine (18.2%, n=23,077) had the highest cumulative number of cases and new cases within the last 24 hours (34.9% and 17.1% respectively). Data from 8 February 2022 indicated that the highest proportions of active cases were found in the parishes of Kingston & St. Andrew, St. Catherine, and St. James (21.3%, 16.1% and 13.1% respectively). The total rates of active infections were highest in the parishes of St. James (175.0 per 100,000 population) and Trelawny (163.1 per 100,000 population).

Figures 5 & 6. COVID-19 Parish Distribution and Rates (cases per 100,000 population) of total and active cases (8 Feb 2022)

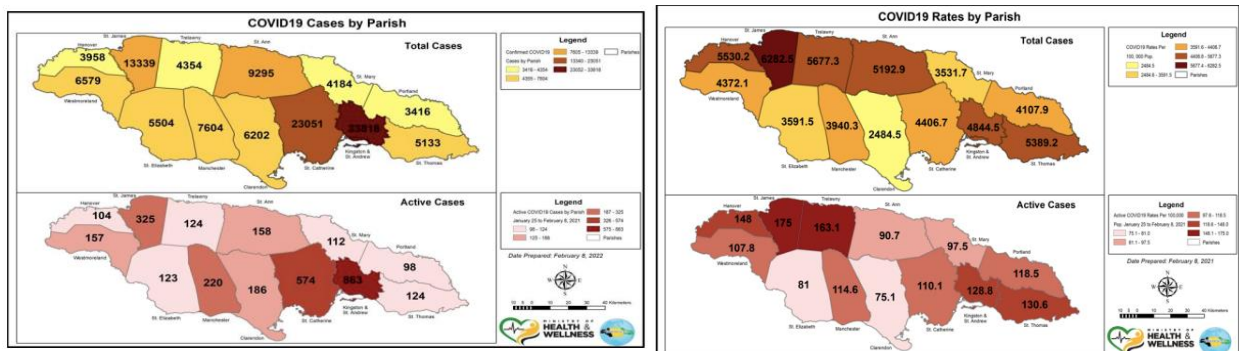
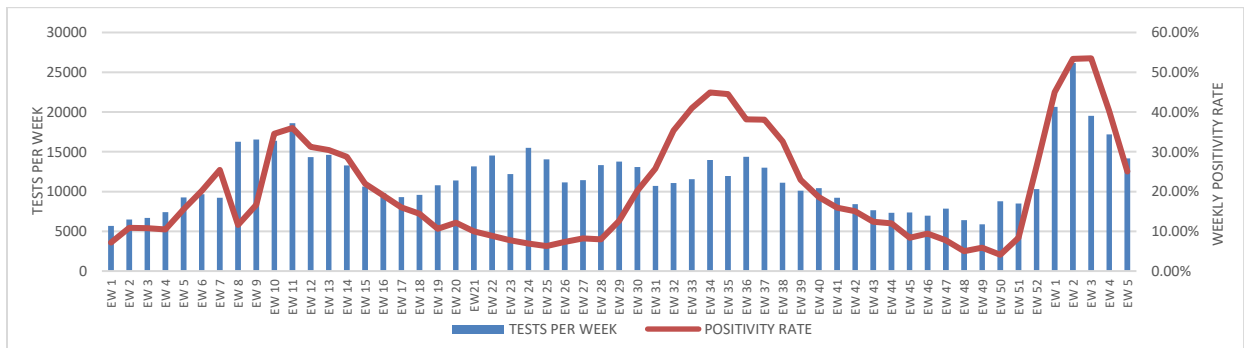


Figure 7. COVID-19 testing and Positivity Data by Epidemiological Week (EW1, 2021 to EW5, 2022).



HOSPITALIZATIONS: As of 9 February 2022, there was a total of 394 hospitalizations (14.0% of active cases), with **average figures decreasing by 18.5% between EW 4 (n=552) and EW 5 (n=450)**. Of the hospitalized cases, 21.3% (n=84) were moderately ill, 12.7% (n=50) severely ill, and 3.0% (n=12) were critically ill. Disaggregated hospitalization data from 8 February 2022 indicated that children accounted for 8.7% (n=32) of admissions. Unvaccinated cases accounted for 90% of critically ill, 88.4% of severely ill, and 96.6% of moderately ill of admissions. The average hospital occupancy rate as at 62.6%, with 100% availability of COVID-19 designated ICU and HDU beds.

GOVERNMENT RESPONSE

On 10 February 2022, the Prime Minister announced that the current COVID-19 containment measures would be adjusted effective 11 February 2022, with the nightly curfew hours from 11:00 p.m. to 5:00 a.m. the following morning, until 5:00 a.m. on 25 February 2022.

Worship services no longer have a 100 person limit, but capacity will be calculated based on 36 square feet per person. All other protocols remain the same, including for Public Health and Social Measures and arrival protocols.

The Disaster Risk Management (Enforcement Measures) Order, 2022 is in effect since 14 January 2022.

<https://moj.gov.bm/sites/default/files/DRM2022.pdf>

BERMUDA:

TRENDS IN CASES & DEATHS: As of 8 Feb 2022 (reported 10 Feb 2022), Bermuda reported **11,146 confirmed cases** of Coronavirus Disease 2019 (COVID-19) with **38 new cases** within the last 24-72hr period. There were 272 active cases (2.4% of total cases and approximately 0.4% of the population)^v, 12 hospitalized cases (4.4% of active cases), and no cases admitted to ICU. New cases and deaths decreased by 50.1% and 33.3%, respectively for EW 5.

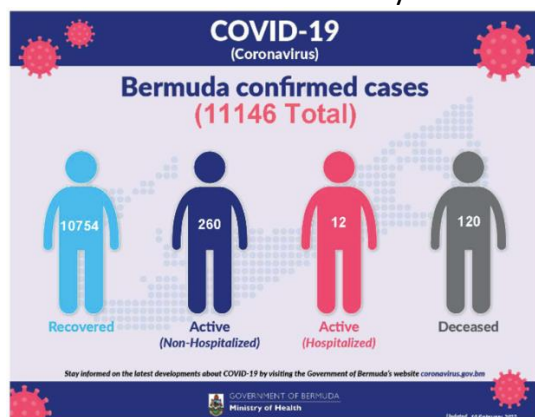


Table 2. Summary as at end of Epidemiological Week 5.

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
11,058	265	-50.1%	119	2	-33.3%	2.8%	-44.0%

GOVERNMENT RESPONSE:

There is no curfew in effect.

Effective 20 January 2022:

^v Based on an estimated population for Bermuda of 63,000 people.

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All Travellers to Bermuda must follow the requirements set-out in the [Quarantine \(COVID-19\) \(No. 3\) Order 2020](#).

Additional information can be found at:

<https://www.gov.bm/applying-bermuda-travel-authorisation>

Persons must wear a mask when:

- outdoors when 6ft of physical distancing between persons cannot be maintained;
- at home;
- with members of your household;
- immunised (*received 2 doses of the COVID-19 vaccine + 2 weeks have passed*) and you're with other immunised persons only
- eating or drinking;
- doing high exertion exercise (see [guidance](#)); or
- A child under the age of 2yrs

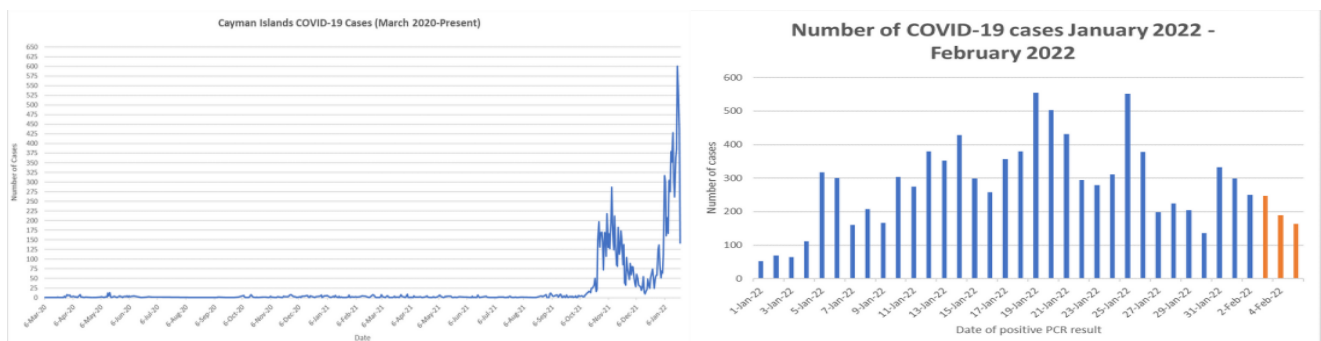
CAYMAN ISLANDS:

TRENDS IN CASES & DEATHS: As of 5 Feb 2022 (end of EW 5), Cayman had **17,687 confirmed cases** of Coronavirus Disease 2019 (COVID-19) with **156 new cases**. A **total of 16 COVID-19 related deaths have been recorded since March 2020**, with one death occurring within the last 24-72hrs.

Table 3. Summary as at end of Epidemiological Week 5.

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
17,687	1,617	-24.7%	16	1	-	25.7%	-5.2%

Figures 8 & 9. Trend in daily cases Mar 2020 – Feb 2022, and 30 Jan 2021 – 5 Feb 2022.



GOVERNMENT RESPONSE

Phase 5 of Border Re-opening is in effect, with the following new guidance for persons required to quarantine:

1. Unvaccinated travellers (age 12 and over) along with all unvaccinated members of their household. Vaccination
2. Travellers with non-securely verifiable records who travel from a country with a vaccination rate below 60% for the first dose of the vaccine.
3. Unaccompanied unvaccinated children who travel from a country with a vaccination rate below 60% for the first dose of the vaccine.

Additional information is available at: <https://www.explore.gov.ky/reopening-plan>

PAHO CO UPDATE:

PILLAR 1 – COORDINATION, PLANNING, FINANCING, AND MONITORING

- a. PAHO CO provided a status update on the implementation of the CDC COAG for COVID-19 response to the local Mission Team – 9 February 2022.
- b. PAHO CO reviewed the plans for a vaccine hesitancy study being conducted by a partner agency and provided recommendations for implementation. – 4 February 2022
- c. PAHO CO continued the procurement of items within the USAID GH-ARP project for case management and waste management for the vaccination programme and advertised key positions for the vaccination programme – 10 February 2022.
- d. PAHO CO started the review of the EU RESEMBID/Expertise France project proposal for the Cayman Islands, based on feedback from the donors – 10 February 2022.
- e. PAHO CO continued dialogue with MOHW and partners on arrangements for handing-over events in February 2022, including items procured with funds from Global Affairs Canada project – 10 February 2022.
- f. PAHO CO remains embedded in the MOHW, JAM EOC and provides 24-hr technical support and guidance, including at the weekly EOC briefing meeting.
- g. PAHO CO maintained the technical lead for Health for the COVID-19 response within the UNCT and the Government of Jamaica (GOJ) system.

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

- a. PAHO CO in collaboration with MOHW, JAM furthered the finalization of the IHR State Party Self-Assessment Annual Report at a meeting of the IHR Stakeholders Advisory Group – 10 February 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 – 3 February 2022.

PILLAR 7 – CASE MANAGEMENT, CLINICAL OPERATIONS AND THERAPEUTICS

- a. Arrangements for distribution of medical equipment and supplies and HEOC equipment for JAM, BMU and CYM continued based on approved lists. – 10 February 2022.

PILLAR 9: MAINTAINING ESSENTIAL HEALTH SERVICES AND SYSTEMS

- a. Facilitation of the planning and implementation of the Technical Consultation meeting for the Integration of the Final Report for the Plan of Action for Disaster Risk Reduction 2016 – 2022 from 7 – 9 February 2022 and participation of JAM.
- b. Re-scheduling of the technical cooperation activities requested for core health emergency preparedness and response programmes, including HEOC and MCM capacity building for JAM, continued due to the surge in cases of the Omicron Variant of Concern – 3 February 2022.

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 Health EOC establishment and management.