

# COVID-19

PAHO JAMAICA CO EOC – COVID-19 SITUATION REPORT #495  
31 MARCH 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 <sup>i</sup>	128,786 (29)	192 (0.1%)	22 (11.5%)	2,889 (1)	2.2%	929,300 (13.9%)	Community Transmission
Bermuda <sup>ii</sup>	12,564 (34)	238 (1.9%)	7 (2.9%)	128 (1)	1.0%	841,380 (1.5%)	Community Transmission
Cayman Islands <sup>iii</sup>	20,975 <sup>iv</sup> (52)	556 (2.7%)	4 (0.7%)	26 (1)	0.1%	Pending	Community Transmission

## JAMAICA:

Table 1. Summary as at end of Epidemiological Week 12 (20 – 26 Mar 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
128,679	140	-12.5%	2,879	12	-45.5%	3.3%	-15.4%

**TRENDS IN CASES & DEATHS:** As of 31 March 2022, Jamaica had **128,786 confirmed cases** of Coronavirus Disease 2019 (COVID-19) with **29 new cases** confirmed in the past 24 hours. Active cases now account for 0.1% of confirmed cases, and approximately 0.01% of the population in isolation across the island.<sup>v</sup> New cases and deaths have decreased by 12.5% and 45.5%, respectively during EW 12. There are currently **2,889 COVID-19 related deaths**, with 1 death occurring within the last 24 hours. A total of 929,300 samples were tested at the laboratory with a **daily positivity rate of 3.8%** and a cumulative positivity rate of 13.9%.

**SEX & AGE DISTRIBUTION OF CASES & DEATHS:** Data from 31 March 2022 indicated that the highest burden of total confirmed cases remains within the 20-29 years and 30-39 years age groups, accounting for 19.5% and 18.5% of total cases respectively, with a mean age of 40.7±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 31 Mar 2022, reported 1 Apr 2022.

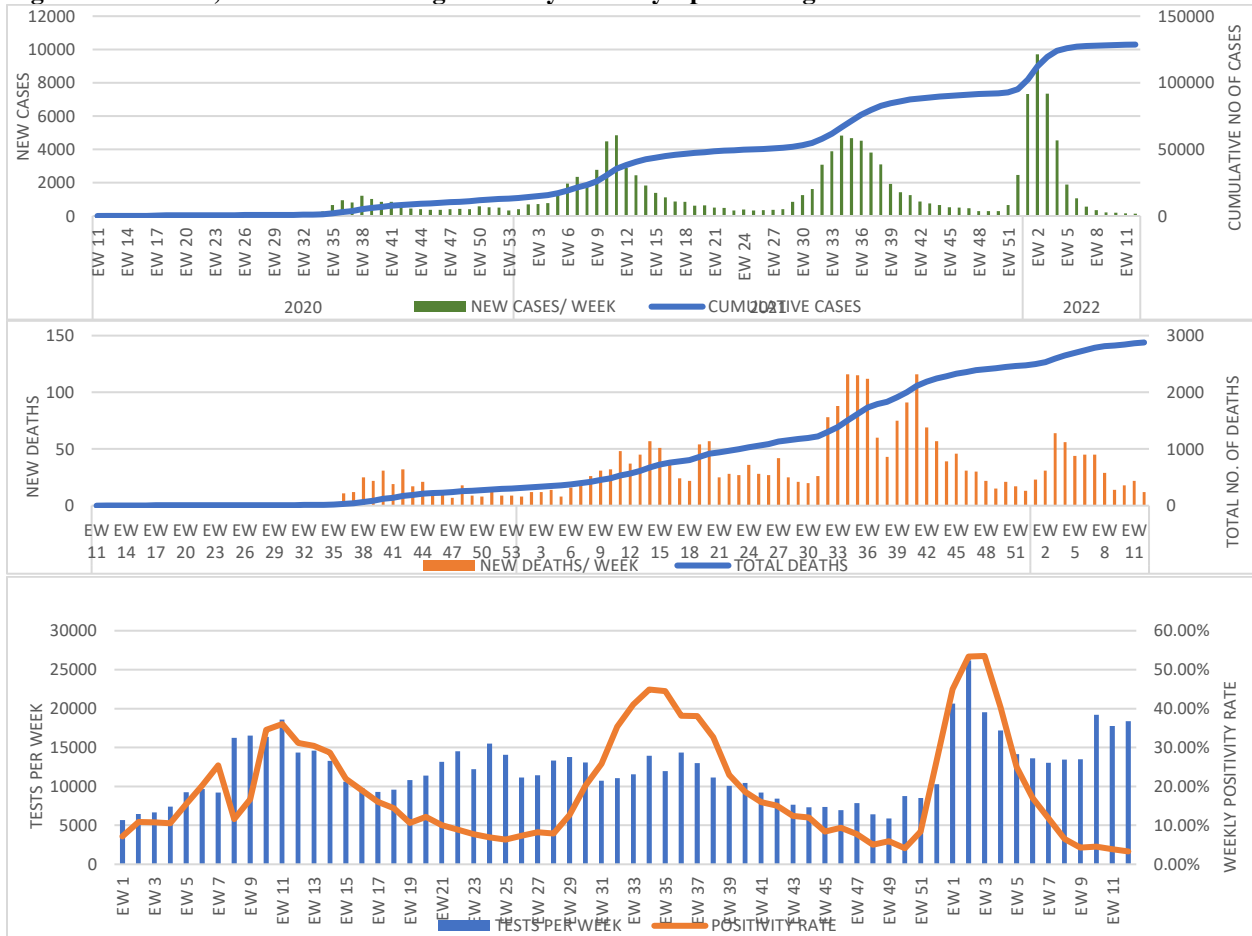
<sup>ii</sup> Cases and deaths as at 29 Mar 2022, reported 31 Mar 2022.

<sup>iii</sup> Cases and deaths as at 31 Mar 2022, reported 1 Apr 2022.

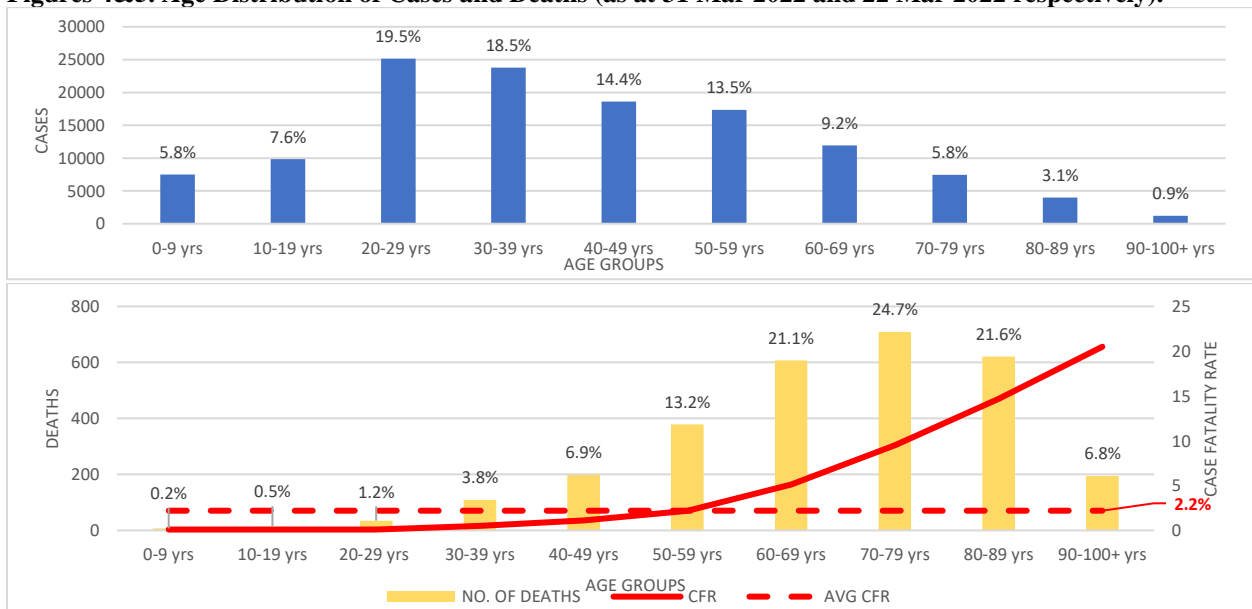
<sup>iv</sup> Represents a total of cumulative cases as at end of EW12 (26 Mar 2022) and new cases between 29-31 Mar 2022.

<sup>v</sup> Based on total population estimate of 2.9 million for Jamaica.

**Figures 1-3. Cases, Deaths and Testing/Positivity Rates by Epidemiological Week.**



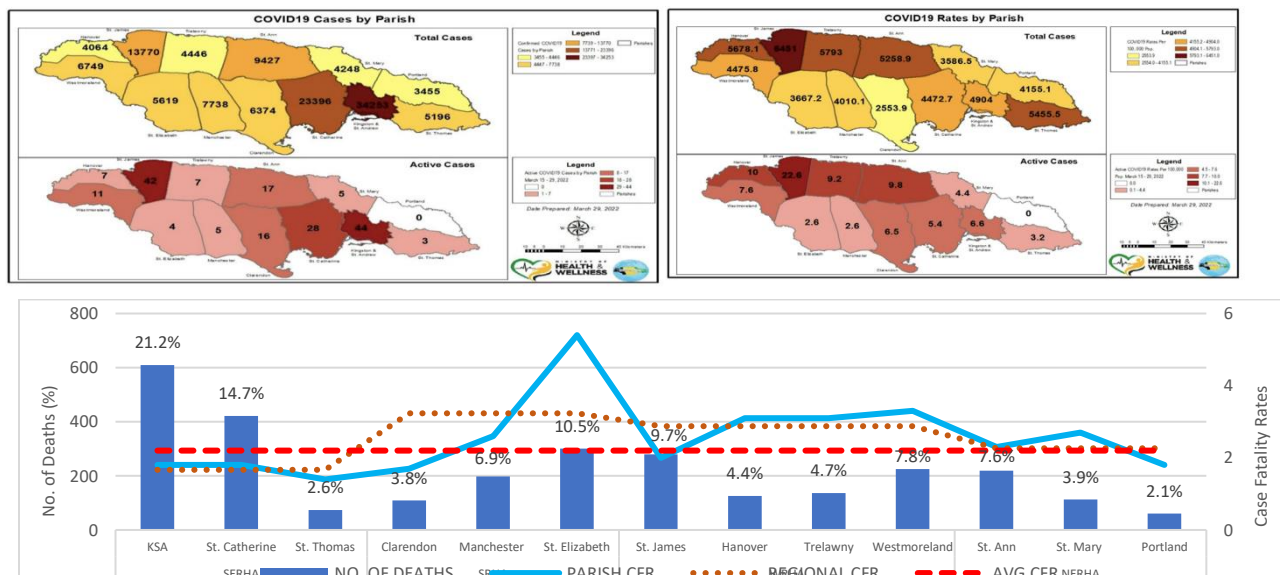
**Figures 4&5. Age Distribution of Cases and Deaths (as at 31 Mar 2022 and 22 Mar 2022 respectively).**



**GEOGRAPHICAL DISTRIBUTION:** Data from 31 March 2022 highlighted that Kingston & St. Andrew (26.7%, n=34,266) and St. Catherine (18.2%, n=23,398) had the highest cumulative number of cases, while the greater proportion of new cases within the last 24 hours were detected in St. Ann (37.9%). The highest proportions of active cases were found in the parishes of St. Catherine and St. James, accounting for 18.5% and 15.8% of cases respectively. The total rate of active infections was the highest in the western parish of St. James (22.6 per 100,000 population), with its rate being 2-3 times higher than other parishes in the region. Fatality data for 22 Mar 2022 indicated that higher than average case fatality rates were observed in the Southern and Western Regional Health Authorities, most notably in the parish of St. Elizabeth.

**Figure 8.** Geographical distribution of deaths (%) by parish & Health Region (23 Mar 22).

**Figures 6 & 7.** COVID-19 Parish Distribution and Rates (cases per 100,000 population) of total and active cases (31 Mar 2022).



**HOSPITALIZATIONS:** As of 31 March 2022, there was a total of 22 hospitalizations (11.5% of active cases), with average figures decreasing by 40.0% between EW 11 (n=60) and EW 12 (n=36). Of the hospitalized cases, 18.2% (n=4) were moderately ill, 13.6% (n=3) severely ill, and there were no critically ill cases. Children accounted for 9% (n=2) of hospitalized cases. Unvaccinated cases accounted for 66.7% of severely and 75% of moderately ill admissions. The average hospital occupancy rate during that period was 16.2%, with 100% availability of COVID-19 designated ICU beds and HDU beds.

**GOVERNMENT RESPONSE**

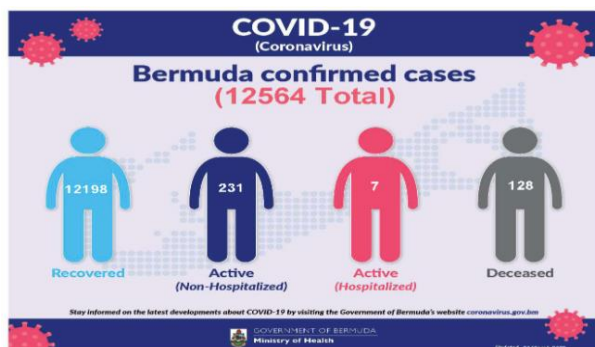
The legislation that currently governs measures for the containment of COVID-19 is the Public Health Act, specifically the Public Health (Enforcement Measures) (Coronavirus COVID-19) Order, 2022, 18 March 2022, at:

<https://opm.gov.jm/news/public-health-enforcement-measures-covid19-order-2022/>

This replaced the measures within the Disaster Risk Management Act (DRMA) which was withdrawn with effect from 18 March 2022.

**BERMUDA:**

**TRENDS IN CASES & DEATHS:** As of 29 Mar 2022 (reported 31 Mar 2022), Bermuda confirmed **12,564** cases of Coronavirus Disease 2019 (COVID-19) with **34 new cases** within the last 24-72hr period. There were 238 active cases (1.9% of total cases and approximately 0.4% of the population)<sup>vi</sup>, 7 hospitalized cases (2.9% of active cases), and no cases admitted to ICU. New cases have decreased by **7.0%** during EW 12.



**Table 2. Summary as at end of Epidemiological Week 12.**

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
12,456	225	-7.0%	127	1	0%	2.6%	-10.3%

**GOVERNMENT RESPONSE:**

Effective 1 April 2022, mask requirements in Bermuda will change and will only need to be worn in specific settings, with businesses having the discretion to set mask requirements for entry to their premises and for access to services that are appropriate for their respective establishments. All persons entering Government buildings, however, will be required to wear a mask covering the nose and mouth. This policy will be reviewed on 18 April 2022.

**CAYMAN ISLANDS:**

**TRENDS IN CASES & DEATHS:** As of 31 March 2022, Cayman had **20,976 confirmed cases** of Coronavirus Disease 2019 (COVID-19) with **52 new cases reported within the last 24hrs**. A total of **26 COVID-19 related deaths were recorded since March 2020**, with one (1) death occurring within the last 24-48hrs. There are currently 5 hospitalized cases, with one case receiving treatment in the Intensive Care Unit (ICU).

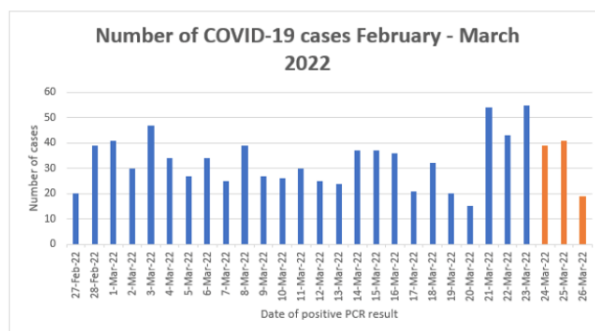
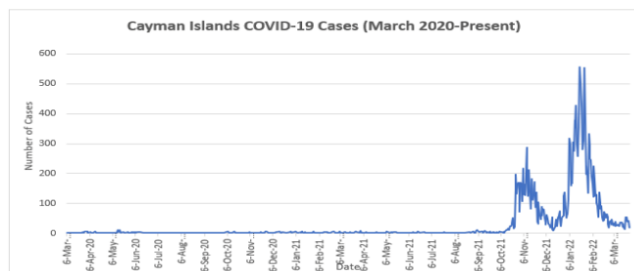


<sup>vi</sup> Based on an estimated population for Bermuda of 63,000 people.

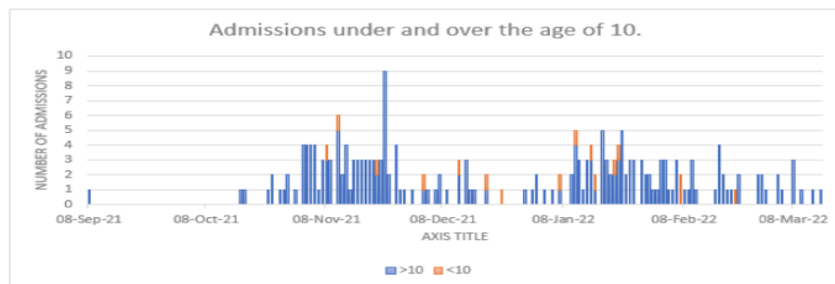
**Table 3. Summary as at end of Epidemiological Week 12.**

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
20,833	266	+28.5%	25	1	0%	22.6%	+37.0%

**Figures 9 & 10. Trend in daily cases Mar 2020 – Mar 2022.**



**Figure 11. Trend in hospitalizations 8 Sep 2021 – 8 Mar 2022.**



**GOVERNMENT RESPONSE**

Phase 5 of Border Re-opening remains in effect, with the reintroduction of cruise tourism on Monday, 21 March 2022.

Control and Management of COVID-19 (No.2) Regulations, 2022 and Control of COVID-19 (Travel) (No. 3) Regulations, 2022 are in effect as of 21 March 2022.

<http://gazettes.gov.ky/portal/pls/portal/docs/1/13150577.PDF>

<http://gazettes.gov.ky/portal/pls/portal/docs/1/13150578.PDF>

**PAHO CO UPDATE:**

**PILLAR 1 – COORDINATION, PLANNING, FINANCING, AND MONITORING**

- a. PAHO CO continued the implementation of COVID-19 response activities within 8 COVID-19 Awards / Grants and Contributions.
  - i. USG Contributions: Planning was initiated with MOHW counterparts and PAHO HQ team. Funds expire in December 2022.
  - ii. USAID GH-ARP: Procurement of key equipment for vaccination and case management continues and Terms of References finalized for consultants for enhancement of oxygen supply. Pharmacovigilance officers started work based on their contracts on 28 March 2022.

- iii. US CDC COAG: PAHO CO advised MOHW and CDC counterparts in Jamaica that the supplier selected to provide 2 ambulances is unable to do so by the end of September 2022 due to chip shortages and other supply chain limitations. Information is awaited from CDC team if a 12 – 14 month delivery lead time is possible for another type of vehicle – 31 March 2022..
- iv. Canada Caribbean project: Medical equipment was procured with additional funds allocated to Jamaica on 29 March 2022, prior to expiry of funds on 31 March 2022.
- v. The EU RESEMBID Focal Point in CYM advised of the approval by the Government of the updated workplan and budget, via e-mail of 30 March 2022.
- b. PAHO CO remains embedded in the MOHW, JAM EOC and provides 24-hr technical support and guidance, including at the weekly EOC briefing meeting.
- c. 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 facilitated the JAM IHR NFP to ensure on-time submission of the 2021 IHR State Party Self-Assessment Annual Report (SPAR) – 28 March 2022.
- b. PAHO CO received a copy of the BMU 2021 IHR SPAR which was submitted to UK IHR NFP – 31 March 2022.
- c. 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 – 31 March 2022.

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

- a. PAHO CO advised MOHW counterparts to provide their expression of interest to receive supplies of Tocilizumab due date 5 April 2022.ion of medical equipment and supplies and HEOC equipment for JAM, BMU and CYM continued based on approved lists. – 17 March 2022.

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

- a. PAHO CO continued to work on strategic areas for strengthening resilient health systems, including:
  - a. Health Financing: MOHW Budget Analysis, Capacity Building on Budget Analysis Techniques, National Health Accounts and Fiscal Space Study.
  - b. Human Resources: Development of Strategic Directions for Nursing and Midwifery in Jamaica
  - c. Information Systems for Health: Development of IS4H Programme Structure in the MOHW
  - d. Health Technology Assessment and Management: List of Priority Health Technologies and Capacity Building on Technology Management
- b. Smart Health Care Facilities Project.
  - a. PAHO sent a letter of invitation to MOHW to nominate its representative to the 10<sup>th</sup> Smart Technical Implementation Team meeting in Barbados from 4 – 6 May 2022.
  - b. Meetings were held with contractors, Design Firms and MOHW team to facilitate the start of works at Mandeville Health Centre in early April 2022 and to ensure that works at Santa Cruz Health Centre are carried out as planned – 31 March 2022.
- c. Re-scheduling continues for the technical cooperation activities requested for core health emergency preparedness and response programmes, including HEOC and MCM capacity building for JAM – 31 March 2022.

**PILLAR 10 - VACCINATION**

- a. The PAHO CO convened meetings with MOHW counterparts to facilitate strengthening of ESAVI active and passive surveillance, including reviewing information on the CommCare digital vaccination data system, with the view to supporting expansion to include the ESAVI component that exists in the DHIS 2 system.
- b. On-going technical guidance was provided for the MOHW, Jamaica on vaccine supply, storage and delivery.

## **GAPS / CHALLENGES**

1. 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.
2. 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.
3. 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. Laboratory and medical equipment and supplies.
- d. 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.