

COVID-19

PAHO JAMAICA CO EOC – COVID-19 SITUATION REPORT #497
14 APRIL 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	129,168 (35)	270 (0.2%)	10 (3.7%)	2,924 (3)	2.3%	961,699 (13.4%)	Community Transmission
Bermuda ⁱⁱ	12,901 (37)	207 (1.6%)	3 (1.4%)	131 (1)	1.0%	848,416 (1.5%)	Community Transmission
Cayman Islands ⁱⁱⁱ	21,121 ^{iv} (40)	637 (0.3%)	4 (0.6%)	27 (0)	0.1%	Pending	Community Transmission

JAMAICA:

Table 1. Summary as at end of Epidemiological Week 14 (3 – 9 Apr 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
129,020	177	+7.9%	2,914	18	+5.9%	3.9%	+11.4%

TRENDS IN CASES & DEATHS: On 14 April 2022, Jamaica had **129,168 confirmed cases** of Coronavirus Disease 2019 (COVID-19) with **35 new cases** confirmed in the past 24 hours. Active cases accounted for 0.2% of confirmed cases, and approximately 0.01% of the population in isolation across the island.^v New cases and deaths have increased by 7.9% and 5.9%, respectively during EW 14, with an approximate doubling of the rate of increase of the positivity rate. There are currently **2,924 COVID-19 related deaths**, with 3 deaths occurring within the last 24 hours. Since 1 March 2021, unvaccinated cases accounted for 97.7% of deaths (n=2,325). As of 14 April 2022, 961,699 samples were tested at the laboratory with a **daily positivity rate of 6.4%** and a cumulative positivity rate of 13.4%.

SEX & AGE DISTRIBUTION OF CASES & DEATHS: Persons within the 20-29 years and 30-39 years age groups accounted for the highest burden of total confirmed cases. These groups accounted 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.

ⁱ Cases and deaths as at 14 Apr 2022, reported 15 Apr 2022.

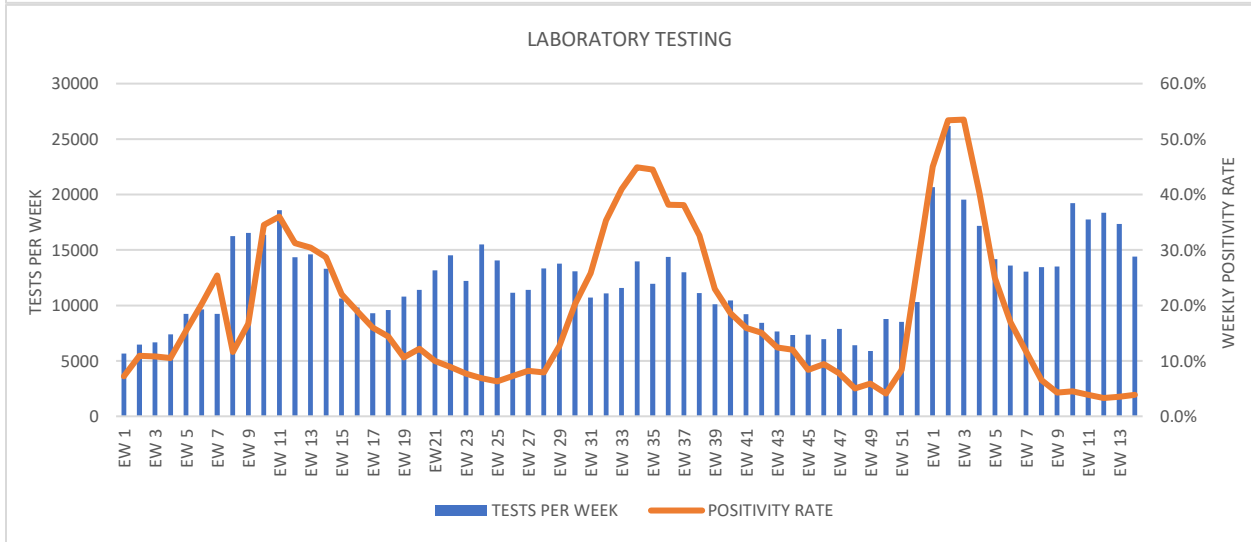
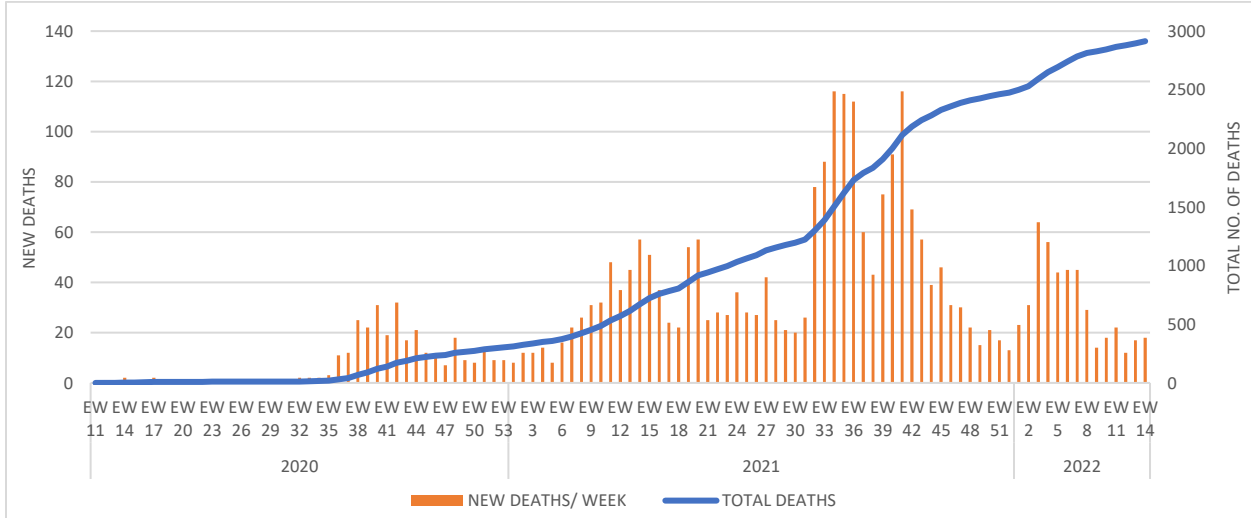
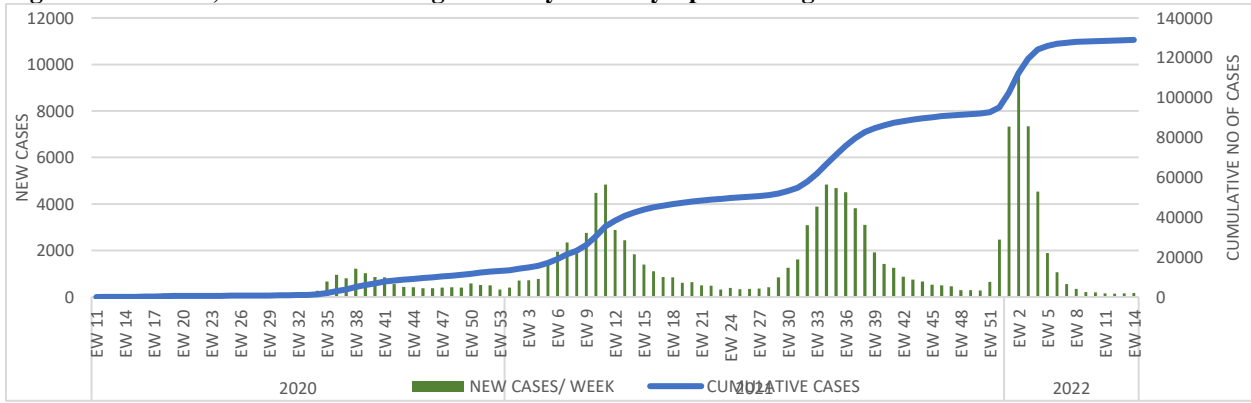
ⁱⁱ Cases and deaths as at 11 Apr 2022, reported 13 Apr 2022.

ⁱⁱⁱ Cases and deaths as at 2 Apr 2022, reported 6 Apr 2022.

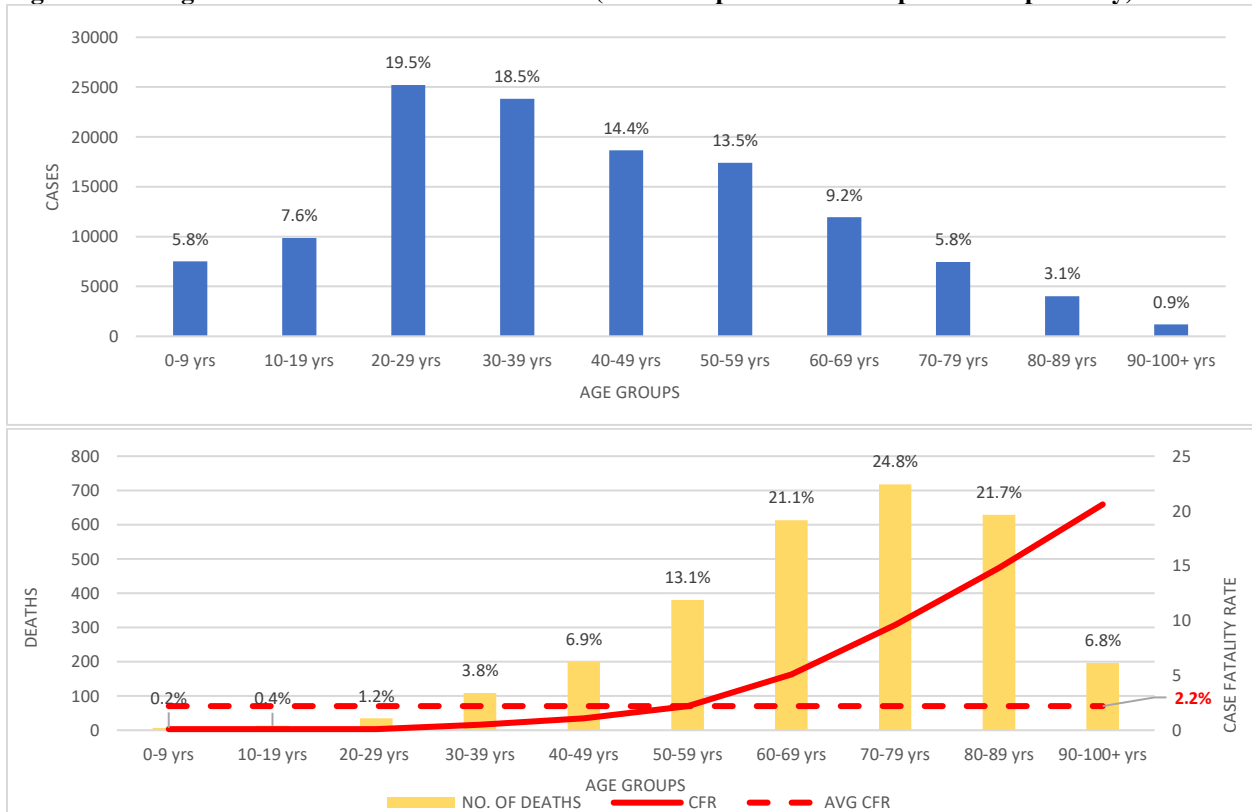
^{iv} Represents a total of cumulative cases as at end of EW13 (2 Apr 2022) and new cases as at 6 Apr 2022.

^v 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 11 Apr 2022 and 5 Apr 2022 respectively).



GEOGRAPHICAL DISTRIBUTION: Data for 14 April 2022 highlighted that Kingston & St. Andrew (26.6%, n=34,334) and St. Catherine (18.1%, n=23,432) had the highest cumulative number of cases, while the greater proportion of new cases within 24 hours were detected in St. James (42.9%) and Kingston & St. Andrew (22.9%). The highest proportions of active cases as of 10 April 2022 were found in the parishes of St. James and Kingston & St. Andrew, accounting for 22.5% and 21.3% of cases respectively. Rates of active infections were the highest in St. James (30.7 per 100,000 population) and St. Ann (22.4 per 100,000 population), being 2-3 times higher than other parishes in the region. Fatality data for 5 April 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.

Figures 6 & 7. COVID-19 Parish Distribution and Rates (cases per 100,000 population) of total and active cases (10 April 2022).

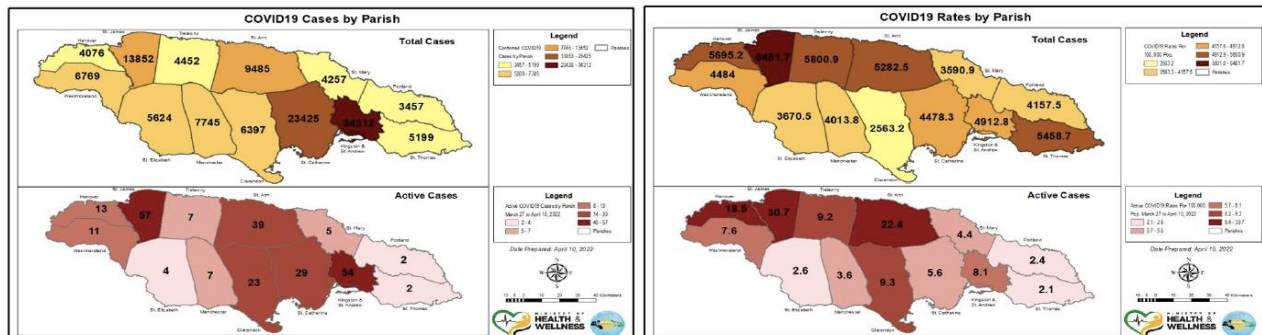
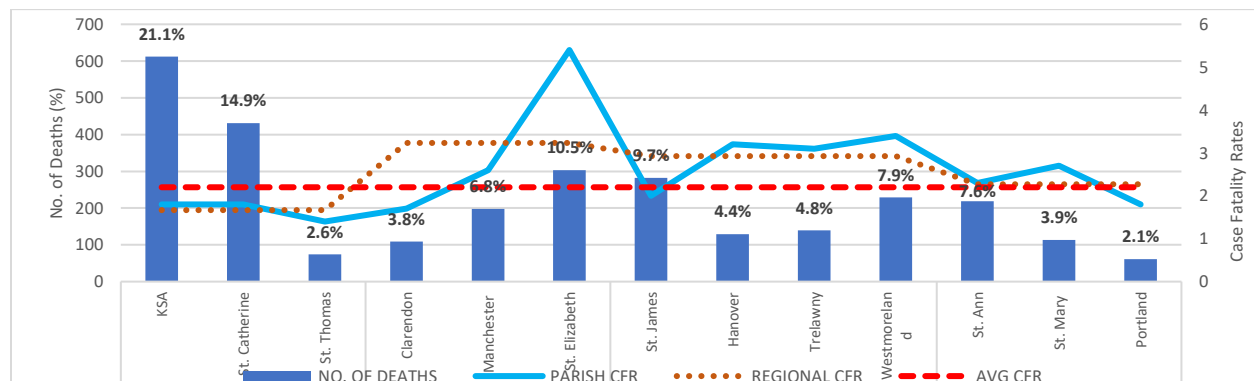


Figure 8. Geographical distribution of deaths (%) by parish & Health Region (5 April 22).



HOSPITALIZATIONS: On 14 April 2022, there were 10 hospitalized cases (3.7% of active cases), four (4) of which were children under the age of 18 years. Of the hospitalized cases, 20% were moderately ill and 6.7% were critically ill. All moderately and critically ill cases were unvaccinated. **Average hospitalization figures decreased by 33.3% between EW 13 (n=24) and EW 14 (n=16),** and the average hospital occupancy rate was 12.8%. The availability of COVID-19 designated ICU beds and HDU beds was 100% and 92.9%, respectively.

GOVERNMENT RESPONSE

On 13 April 2022, the Prime Minister announced that effective 15 April 2022, there will no longer be a requirement for persons traveling to Jamaica to present a negative COVID-19 test certificate. There will also no longer be a requirement for each person to wear a mask in enclosed spaces to which the public has access.

All other measures under the Public Health Enforcement Measures (Coronavirus COVID-19) Order 2022 currently remain unchanged. These include:

- A requirement for persons who test positive from COVID-19 to isolate until they are recovered.
- A requirement for owners or operators of businesses, places of worship, educational institutions, or other establishments to which the public has access to ensure that handwashing stations, or hand sanitizing equipment, are placed and maintained at the entrance of the premises, as well as a requirement for persons entering these premises to wash or otherwise sanitize their hands upon entry.

BERMUDA:

TRENDS IN CASES & DEATHS: On 11 Apr 2022 (reported 13 Apr 2022), Bermuda confirmed **12,901 cases** of Coronavirus Disease 2019 (COVID-19) with **37 new cases** within the last 24-72hr period. There were 207 active cases (1.6% of total cases and approximately 0.3% of the population)^{vi}, 3 hospitalized cases (1.4% of active cases), and no cases admitted to ICU. New cases have decreased by **13.4%** during EW 14.

^{vi} Based on an estimated population for Bermuda of 63,000 people.

Figure 9. Overview of Cases and Deaths

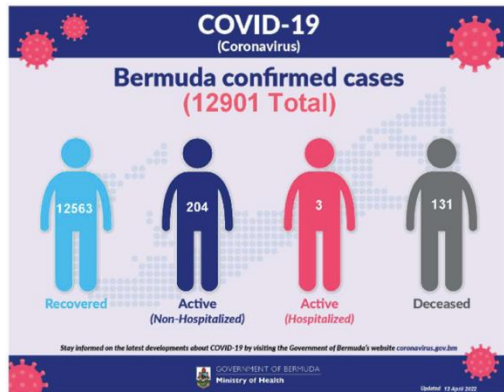


Figure 10. Active Cases by Age Group

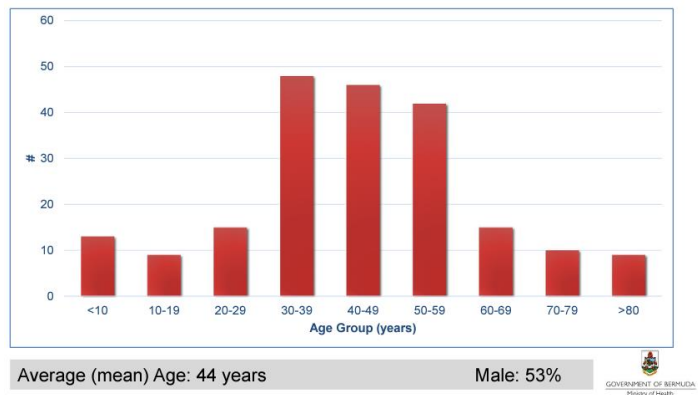
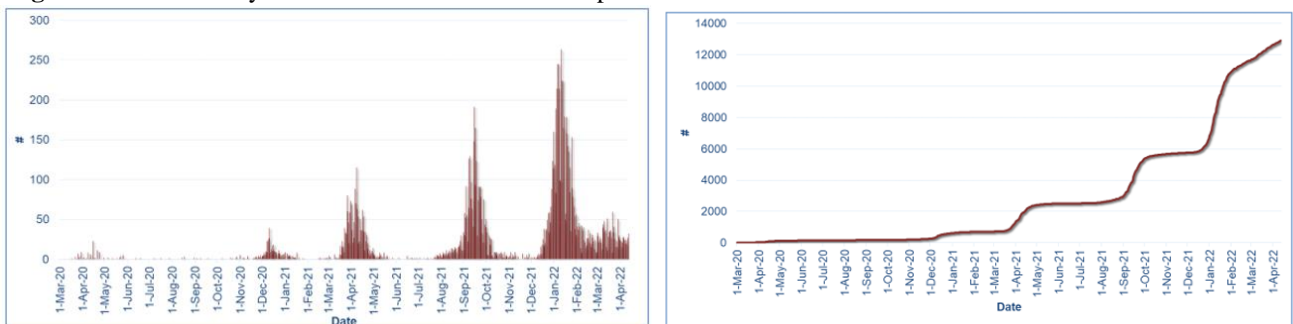


Table 2. Summary of Cases and Deaths for Epidemiological Week 14 (3 – 9 April 2022).

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
12,833	175	-13.4%	131	2	0%	2.1%	-4.5%

Figures 11 & 12. Daily and Cumulative Number of Reported Cases.



GOVERNMENT RESPONSE:

Effective 1 April 2022, masks 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.

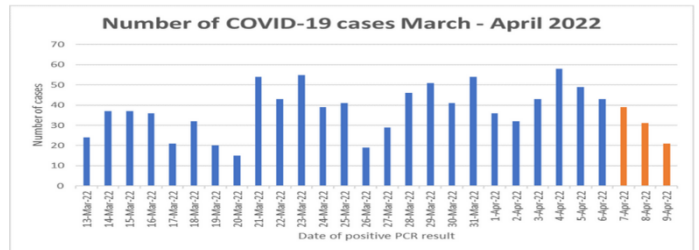
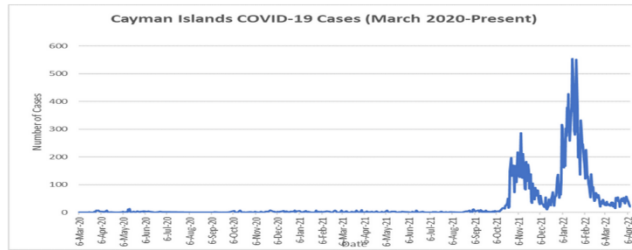
CAYMAN ISLANDS:

TRENDS IN CASES & DEATHS: At the end of Epidemiological Week (EW) 14 (3-9 April 2022), Cayman had **21,406 confirmed cases** of Coronavirus Disease 2019 (COVID-19) with **284 new cases** being reported during that period. A total of **27 COVID-19 related deaths** was recorded since **March 2020**, with one (1) new death occurring during EW 14. There were 7 hospitalized cases, with two (2) new admissions. There were no cases receiving care in the Intensive Care Unit (ICU). Unvaccinated cases accounted for 50% of hospital admissions.

Table 3. Summary as at end of Epidemiological Week 14 (3 – 9 April 2022).

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 PCR test Positivity Rate
21,406	284	-1.4%	27	1	-	20.9%	+4.0%

Figures 13 & 14. Trend in daily cases Mar 2020 – Apr 2022.



GOVERNMENT RESPONSE

As of 8 April 2022, new regulations permit any vaccinated person to travel to the Cayman Islands without being subject to quarantine on arrival under certain conditions. Additional information can be found at the link below.

<https://www.gov.ky/news/press-release-details/Press-Releases/CORE18266934525447269CBBA87E912485AA/visitor-restrictions-further-amended>

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 furthered for support to COVID-19 vaccination programme, and procurement of equipment for establishing a Type 1 Emergency Medical Team initiated with MOHW counterparts and PAHO HQ team. Funds expire in December 2022.
 - ii. USAID GH-ARP: Handover of items -10 laptops and cases and 10 monitors – for the national COVID-19 immunization programme took place on 11 April 2022.



Minister of State in the Ministry of Health and Wellness, Hon. Juliet Cuthbert Flynn (second left), in discussion with Country Representative (Ag) with the United States Agency for International Development (USAID), Alex Gainer, during the handover of 10 laptop computers and other items from the Pan American Health Organization/World

Health Organization, and USAID, to the National Vaccination Programme, on Monday (April 11), at PAHO offices in St. Andrew. Others pictured (from left) are PAHO Representative to Jamaica, Ian Stein, and Health Team Lead at USAID, Wendy Benzerga.

iii. US CDC COAG: PAHO CO is awaiting the items to be procured with re-directed funds originally allocated for the procurement of 2 ambulances – 31 March 2022.

iv. Canada Vaccination project 452029: PAHO CO provided guidance to MOHW to finalize priorities for cold chain equipment and identified sources of funding. – 13 April 2022

v. CYM - EU RESEMBID / Expertise France project – The project is awaiting approval from the donors and PAHO Legal Team.

- 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 in collaboration with JAM IHR NFP finalized plans for 2022 for strengthening IHR core capacities, including two training sessions for Port Health staff from 18 – 20 May 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 – 13 April 2022.

PILLAR 7 – CASE MANAGEMENT, CLINICAL OPERATIONS AND THERAPEUTICS

- a. PAHO CO continues to provide guidance to MOHW counterparts to secure supplies of Tocilizumab – 14 April 2022.

PILLAR 10 - VACCINATION

- a. PAHO CO collaborated with MOHW, JAM to plan for support of the Cold Chain and other activities related to COVID-19 vaccines. – 14 April 2022.
- 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.