



**Ministry of Health
& Wellness**
Cayman Islands Government



Public Health Spotlight

Communicable and Non-Communicable Diseases

Issue 3 | 16 June 2022

COVID-19 - Epidemiological Week 23

5 -11 June 2022 (Data as of 14-06-2022)

International Situation

Internationally, the number of new cases has continued to decline, with a 12% decrease from the previous reporting week. There has also been a decline globally in deaths, by 22%. The dominant variant circulating globally continues to be the Omicron variant, specifically the BA.2 lineage. However, the Omicron lineages BA.2.12.1, BA.5 and BA.4 are increasing in prevalence.

Cayman Islands Local Trends

All key indicators have increased in Epi Week 23, with a testing delay likely due to the Jubilee long weekend. The case rate has increased from 630 cases per 100,000 population to 681 cases per 100,000 population, with an increase in new cases of 8% (from 437 to 472). The test positivity has increased to 28% from 25%, and the number of PCR tests conducted has fallen by 9% (from 1,814 to 1,659). The spike in cases reported on 7th June most likely reflects a delay in individuals coming forward for testing over the bank holiday weekend.

Hospital Admissions

Ten new admissions were registered during Epi. Week 23, again an increase on the previous week where seven new admissions were reported. Of the ten new admissions, seven were specifically caused by COVID-19 morbidity, with only three patients detected on screening. A total of 12 patients required inpatient treatment (no change from the previous week).

Vaccination

During Epi. Week 23, a total of 61 children received the paediatric COVID-19 vaccine (26 first dose and 35 second dose), bringing the total of vaccines administered to children over the last two weeks to 114.

Key Message

The decline in the current wave of infection has stalled with an uptick across many indicators, including COVID-19 new hospitalisations. Vigilance of preventative measures and continuation of testing is required to ensure community transmission decreases.

COVID-19 - Epidemiological Week 23

Statistics

Table 1: COVID-19 case numbers and number of PCR tests conducted

| | Total |
|---|--------|
| Total cases to date (Fig 1) | 26,797 |
| Total number of PCR positives last 30 days (Fig. 2) | 2,539 |
| Total number of PCR tests conducted | 1,659 |
| Total number of new ¹ positives | 472 |
| Daily average of new positives | 67 |
| Test positivity rate ² for EpiWeek | 28% |
| Case Rate ³ | 681 |

¹ Newly confirmed cases (PCR) reported to Public Health between 00:00 to 23:59 on 5 June 2022 –11 June 2022.

² Number of new positive PCR results over total number of PCR tests done (new positive PCR results/total number of PCRs conducted)*100

³Case Rate = proportion of persons who tested positive over population standardized to 100K population (New cases/total population)*100,000

Figure 1: Total COVID-19 cases since March 2020

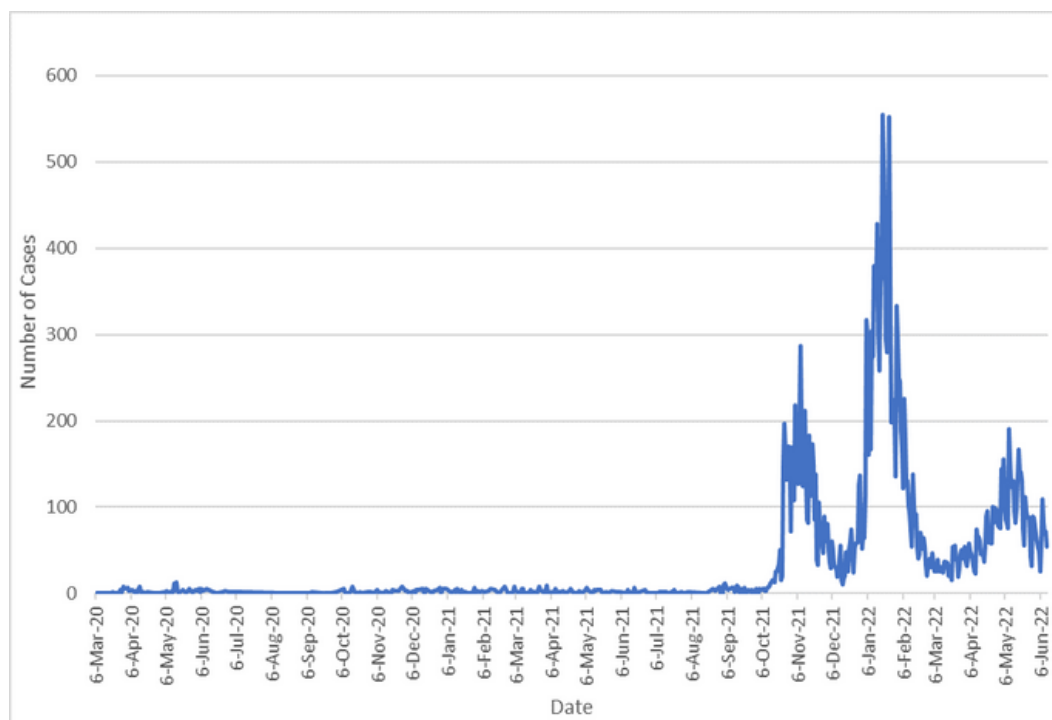
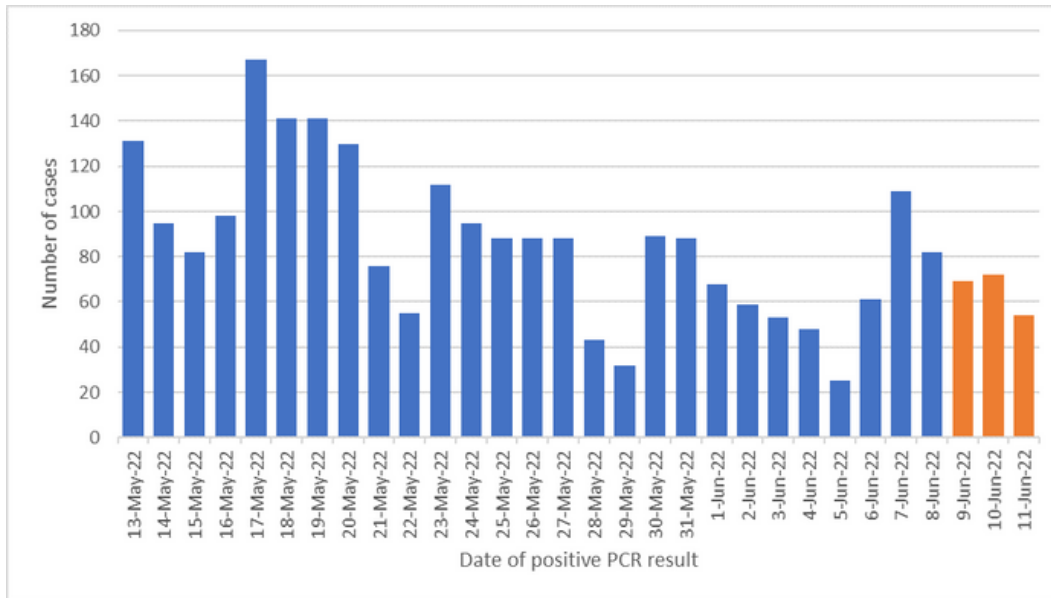
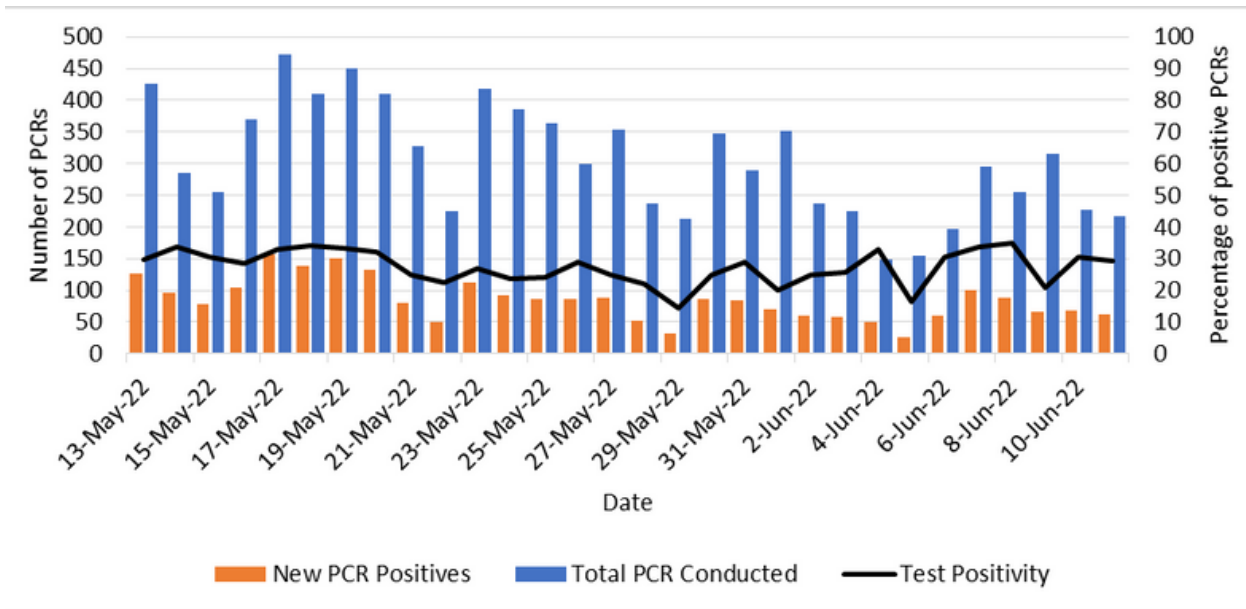


Figure 2: Number of COVID-19 cases May - June 2022



. Orange bars indicate PCR results are pending thus figures may change.

Figure 3: Test Positivity Rate for the last thirty days



Data refers to the percentage of patients who tested positive via PCR in the prior 7-days.

Table 2: COVID-19 hospitalisations

| | Total |
|--|--|
| Total inpatients for reporting period | 12 |
| Percentage of admissions vaccinated(boosted) | (30%) |
| New admissions | 10 (*7/10 in hospital for COVID-19) |
| Number on supplemental oxygen | 1 |
| Number ventilated | 0 |
| Number in intensive care | 0 |
| Number of new deaths | 0 |
| Total COVID-19 inpatients since March 2020 to 11 June 2022 | 305 |
| Total COVID-19 deaths since March 2020 to 11 June 2022 | 28 |
| Number of COVID-19 inpatients 10 and older (8 Sep 21 – 11 June 2022) (Fig. 5) | 257 |
| Number of COVID-19 inpatients below age 10 (8 Sep 21 to 11 June 2022) (Fig. 5) | 25 |

Seven out of the ten new admissions to hospital was for COVID-19 morbidity related issues, and three out of ten tested positive for COVID-19 on PCR as a results of routine in-patient screening.

Figure 4: Hospitalisations and deaths by vaccination status (since 8 September 2021)

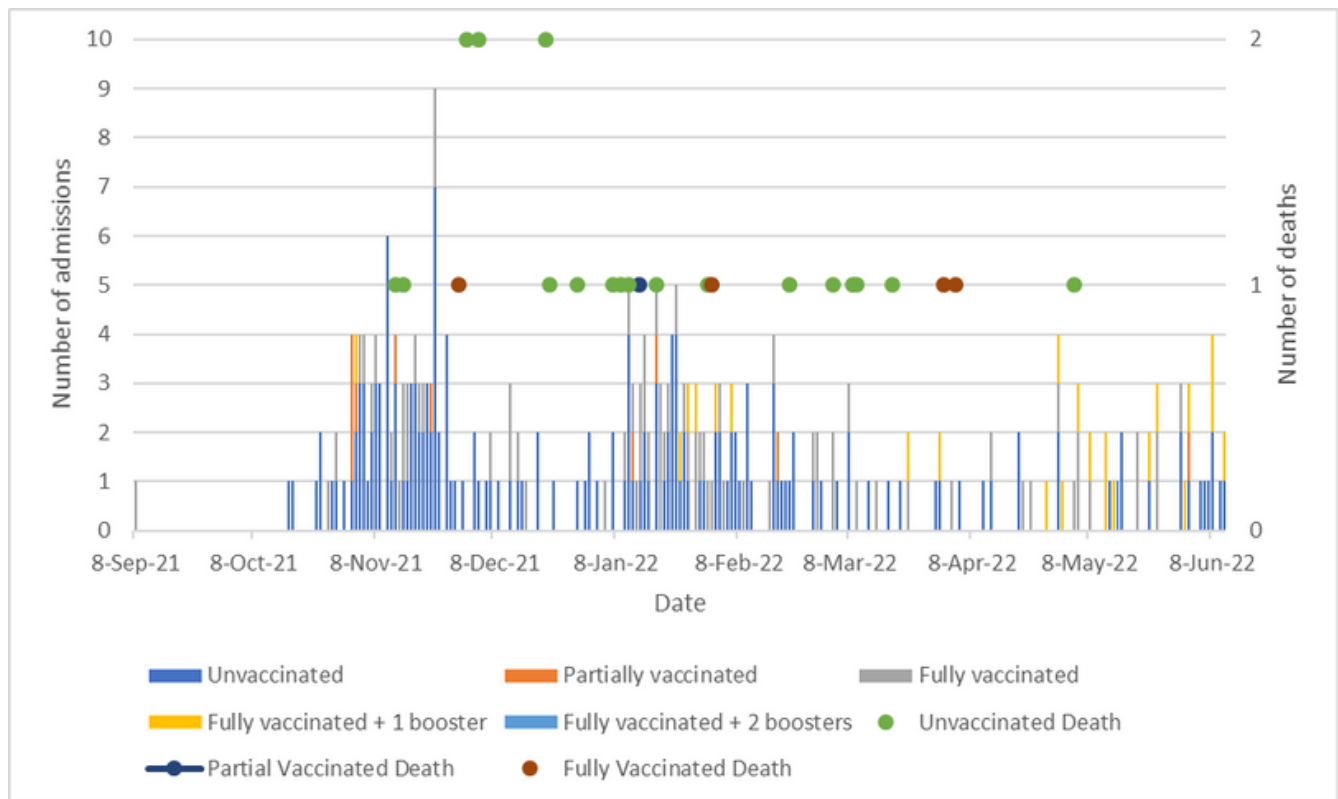
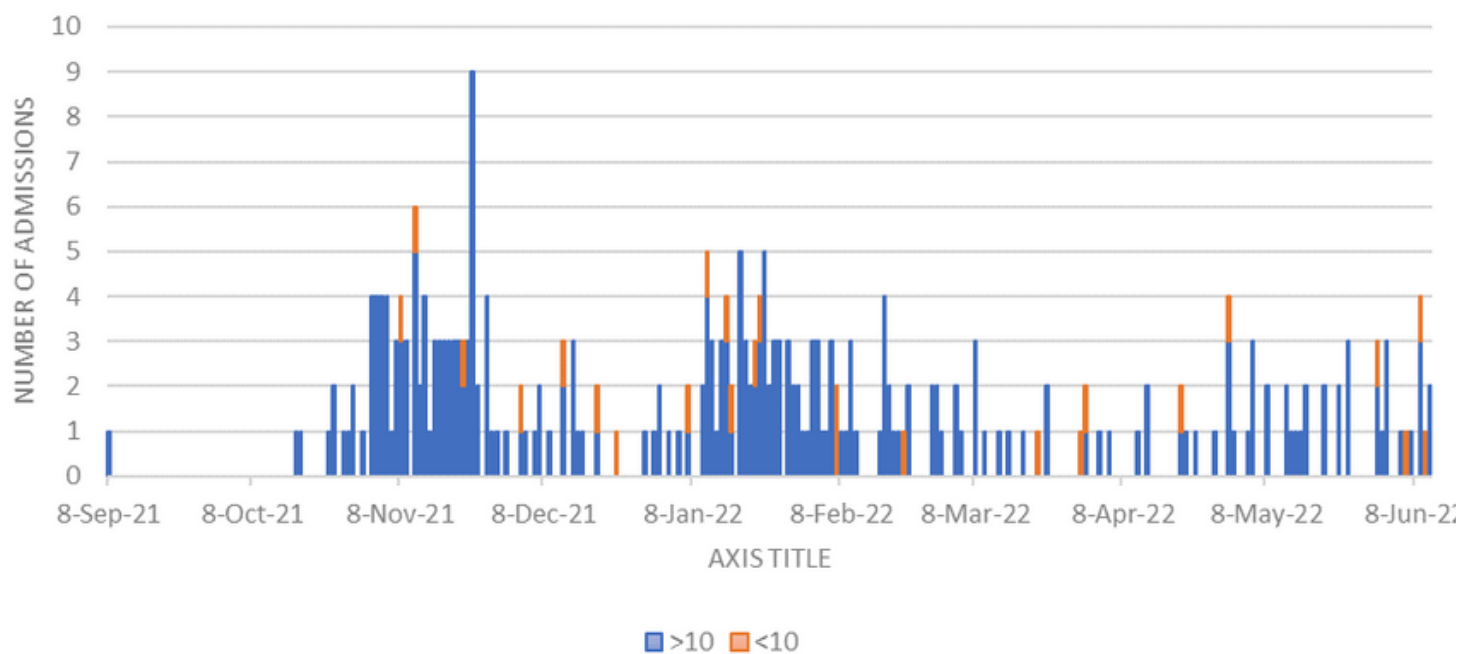


Figure 5: Admissions stratified by those aged above and below the age of 10 (since 8 September 2021*)



*First COVID-19 patient was in March 2020 but represented on Figure 5 as September 2021 for graphical reasons

Table 3: COVID-19 vaccine statistics

| <i>Based on Total Population of 69,350 (Fig. 6)</i> | | | | |
|---|---------------------------------|--------------|----------------------------------|-----------------------------------|
| Dose Number | Number administered in the week | Total Number | Coverage of Total Population (%) | Coverage of population over 5 (%) |
| 1 | 65 | 61,240 | 88.3 | 94.6 |
| 2 | 87 | 59,442 | 85.7 | 91.8 |
| 3 | 29 | 23,467 | 33.8 | 36.2 |
| 4 | 104 | 1,353 | 2.0 | 2.1 |

Table 4: Vaccine statistics for Paediatric Vaccine and 3rd Doses

| | TOTAL |
|---|-------|
| Number of paediatric 1st doses administered within the EpiWeek | 26 |
| Number of paediatric 2nd doses administered within the EpiWeek | 35 |
| Number of children (5-11) immunized with the paediatric vaccine | 703 |
| 3rd dose coverage for population >20 (Fig.7) | 42.7% |

Figure 6: Vaccine Coverage total population

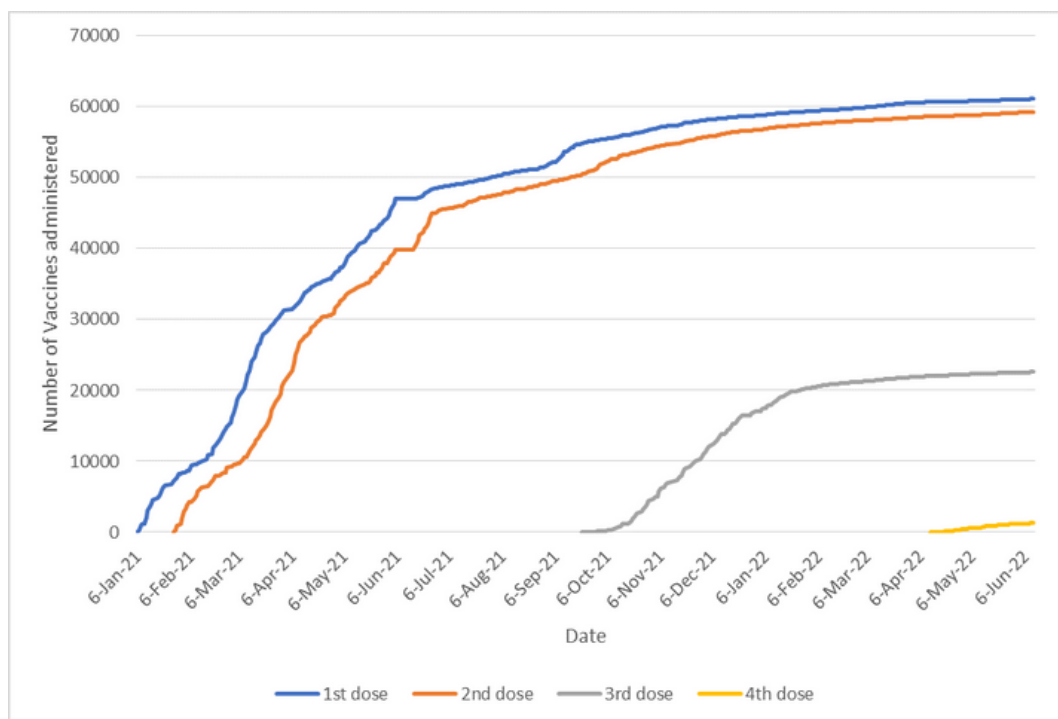
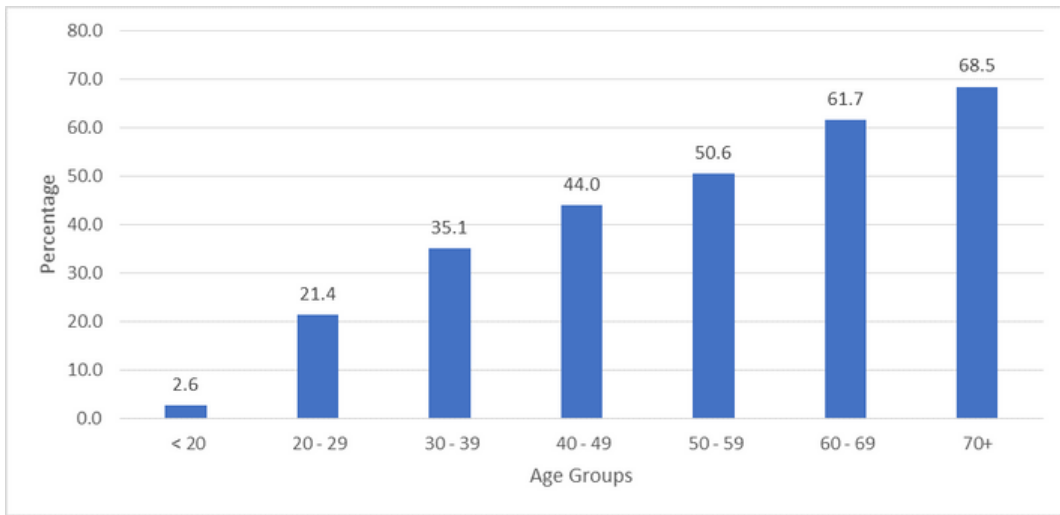


Figure 7: Booster (3rd dose) Vaccine Coverage per Age Group



Monkeypox

Overview

Since 13 May 2022, 1,258 laboratory confirmed cases of monkeypox have been reported to WHO from 28 Member States that are not endemic for monkeypox virus, across four WHO regions (data as of 8 June). There have been no deaths reported in non-endemic countries. The highest number of cases reported in a non-endemic country is the UK, and as of 8 June 321 cases have been reported there.

Most cases reported in non-endemic countries so far have presented through sexual health or other primary health services and have involved mainly, but not exclusively, men who have sex with men (MSM). Most confirmed cases with a travel history have reported travel to countries in Europe and North America, as opposed to countries in West or Central Africa where the virus is endemic.

WHO report that there may have been undetected transmission for several weeks as cases without direct travel links to endemic areas have concurrently and unexpectedly been reported across several regions.

So far, the clinical presentation of monkeypox cases associated with this outbreak has been variable. Many cases are not presenting with the classically described clinical picture. Instead, cases have more presented atypically including presentation of only a few lesions/single lesion; lesions that begin in the genital or perineal/perianal area without further spread, lesions appearing at different developmental stages; and the appearance of lesions before other symptoms.

WHO currently assesses the risk at the global level as moderate, however an emergency committee is convening to assess whether it is a public health emergency of international concern (PHEIC).

Cayman Islands

There are no known cases of monkeypox virus detected in Cayman Islands.

The Public Health Department is still awaiting the result from a sample sent to the Caribbean Public Health Agency (CARPHA), out of an abundance of caution, to be investigated for the monkeypox virus. Cayman Islands now have the capacity to diagnose monkeypox at the Public Health Laboratory.

Cardiovascular Disease

Globally, the leading cause of deaths is cardiovascular diseases, which attributed to 32% of global deaths in 2019. Cardiovascular diseases are a group of disorders of the heart and blood vessels, such as heart attacks and strokes which are mainly caused by a blockage that prevents blood from flowing to the heart or brain.

There are several risk factors for cardiovascular disease, some of which are behavioural. These include physical inactivity, unhealthy diet, tobacco use and harmful use of alcohol. Addressing these risk factors has been shown to reduce the risk of cardiovascular disease with behavioural change such as reduction of salt intake in the diet, cessation of tobacco use, regular physical activity and eating more fruit and vegetables. There are other determinants and factors associated with cardiovascular disease including poverty, stress and hereditary factors.

Last year, in 2021, there were a total of 71 deaths due to Cardiovascular disease in the Cayman Islands.

**The Public Health Spotlight is published weekly by the Ministry of Health and Wellness.
For more information, contact gis@gov.ky**