



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



# Public Health Spotlight

## Communicable and Non-Communicable Diseases

Issue 2 | 9 June 2022

# COVID-19 - Epidemiological Week 22

29 May - 4 June 2022

## International Situation

Internationally, the number of new COVID-19 cases and deaths is decreasing since the peak in January 2022. Regionally, between 30 May and 5 June there was an increase in the number of new weekly cases in the Eastern Mediterranean (+19%) Region and South East Asia Region (+1%), and an increase in new weekly deaths in the Western Pacific Region (+7%). Overall, the global pandemic is improving however the regional variation indicates that continued efforts are still required.

## Cayman Islands Local Trends

The key indicators continue to decrease in the Cayman Islands, however, there is also a decline in the number of tests conducted. The number of new cases reported in Week 22 decreased by 23% from 566 to 437 cases. The daily new average of new positives fell to 62 from 81, a reduction of 23%. Whilst the number of new cases has fallen, the test positivity rate has remained stable at 25% in Epi. Week 22 as the number of PCR tests conducted has decreased by 20% from 2,279 to 1,814.

## Hospital Admissions

Seven new admissions to the two local hospitals were registered during Epi. Week 22, a slight increase on the previous week where five new admissions were reported. A total of 12 patients required inpatient treatment (two more than the previous week).

## Vaccination

During Epi. Week 21, a total of 53 children received the paediatric COVID-19 vaccine (19 first doses and 34 second doses), bringing the total of vaccines given to children over these last 2 weeks to 182.

## Key Message

There continue to be encouraging signals of decline in the current wave of infection, however the level of testing will need to remain sufficient in the coming weeks to confirm this.

# COVID-19 - Epidemiological Week 22

## Statistics

Table 1: COVID-19 case numbers (29 May - 4 June)

Data as of 07-06-22

	Total
<b>Total cases to date (Fig 1)</b>	26,325
<b>Total number of PCR positives last 30 days (Fig. 2)</b>	2,903
<b>Total number of PCR tests conducted</b>	1,814
<b>Total number of new<sup>1</sup> positives</b>	437
<b>Daily average of new positives</b>	62
<b>Test positivity rate <sup>2</sup> (Fig. 3)</b>	25%
<b>Case Rate<sup>3</sup></b>	630

<sup>1</sup>Newly confirmed cases (PCR) reported to Public Health between 00:00 to 23:59 on 29 May 2022 –4 June 2022.

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

<sup>3</sup>Case 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

Data as of 07-06-22

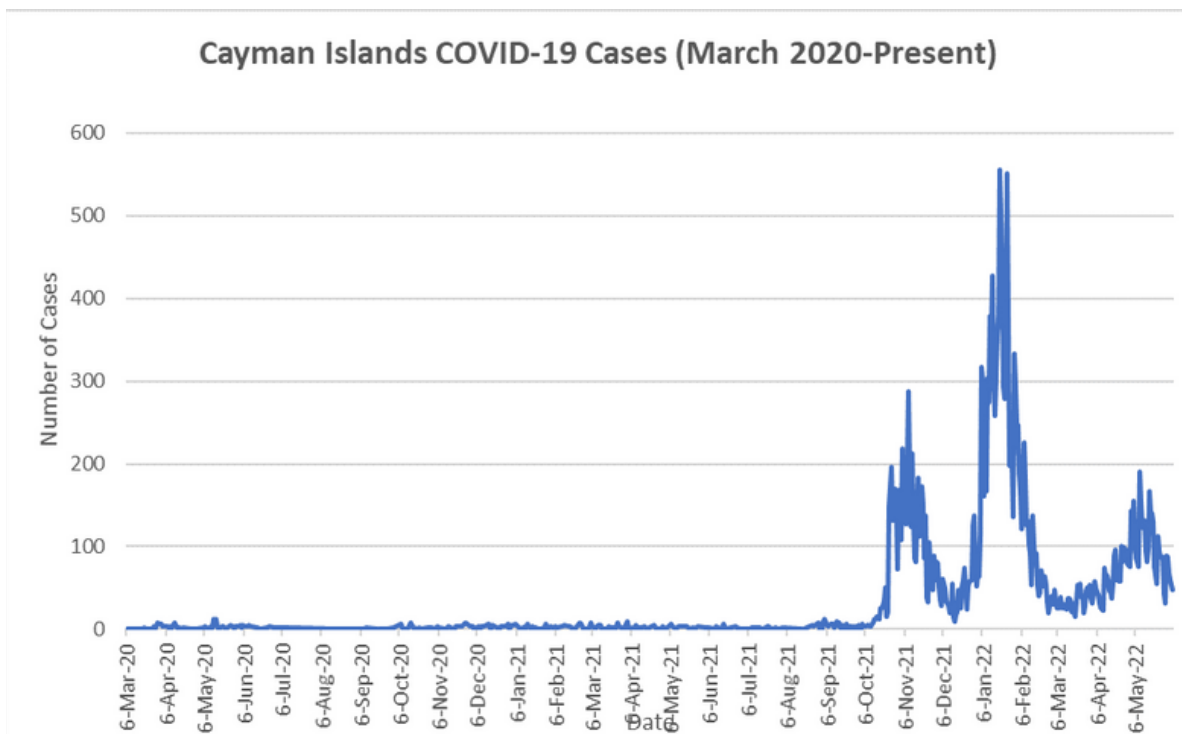


Figure 2: Number of COVID-19 cases in April - May 2022

Data as of 07-06-22

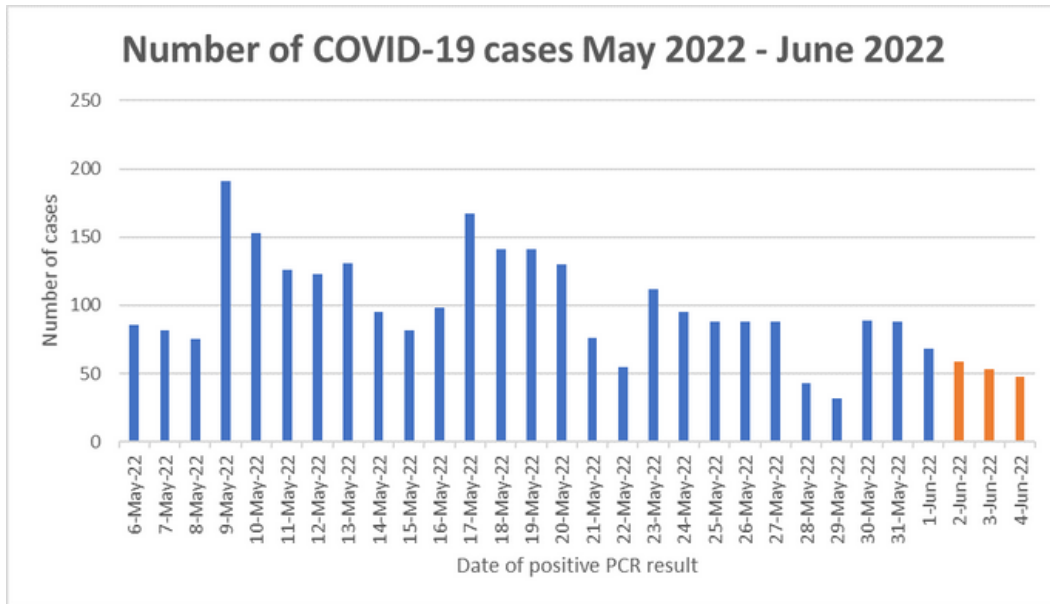


Figure 2: Data as of 07-06-2022. Orange bars indicate PCR results are pending thus figures may change.

Figure 3: Test Positivity Rate (29 May - 4 June 2022)

Data as of 07-06-22

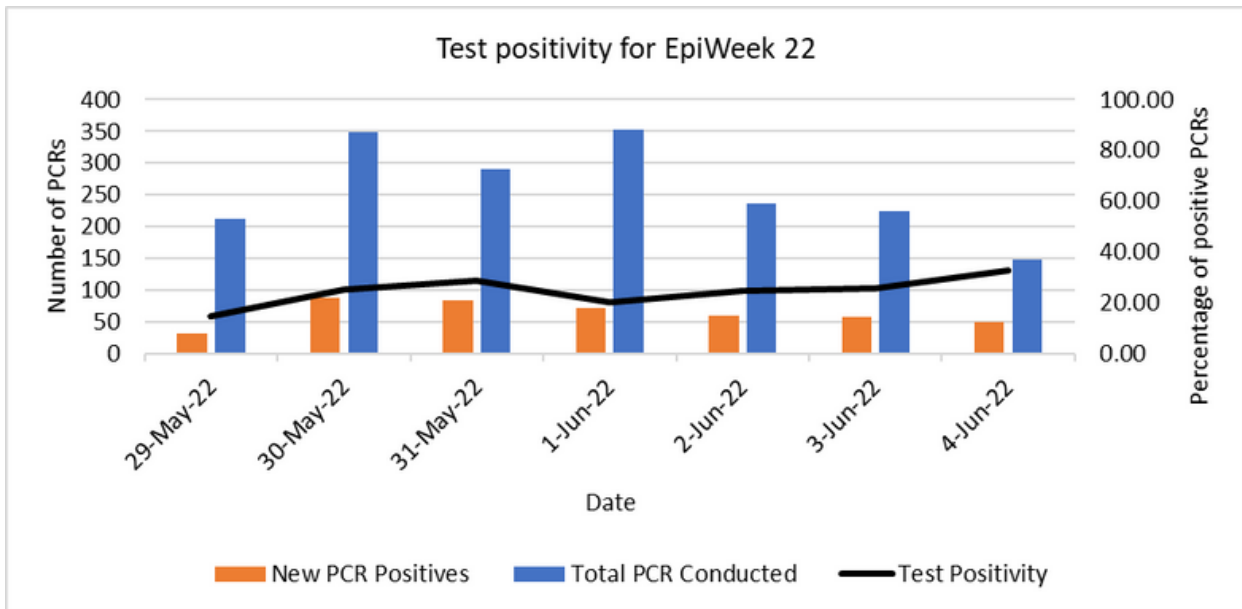


Figure 3: Data as at 07-06-2022

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

Table 2: COVID-19 hospitalisations (29 May - 4 June 2022)

Data as of 07-06-22

	Total
Total inpatients for reporting period	12
Percentage of admissions vaccinated(boosted)	14%(29%)
New admissions	7 (*2/7 in hospital for COVID-19)
Number on supplemental oxygen	0
Number ventilated	0
Number in intensive care	0
Number of new deaths	0
Total COVID-19 inpatients since March 2020 to 4 June 2022	295
Total COVID-19 deaths since March 2020 to 4 June 2022	28
Number of COVID-19 inpatients 10 and older (8 Sep 21 – 4 June 2022) (Fig. 5)	250
Number of COVID-19 inpatients below age 10 (8 Sep 21 to 4 June 2022) (Fig. 5)	22

Two out of the seven new admissions to hospital was for COVID-19 morbidity related issues; 5/7 tested positive to PCR for COVID-19 as a result of routine in-patient screening.

Figure 4: Current hospitalisations (since 8 September 2021 to 4 June 2022)

Data as of 07-06-22

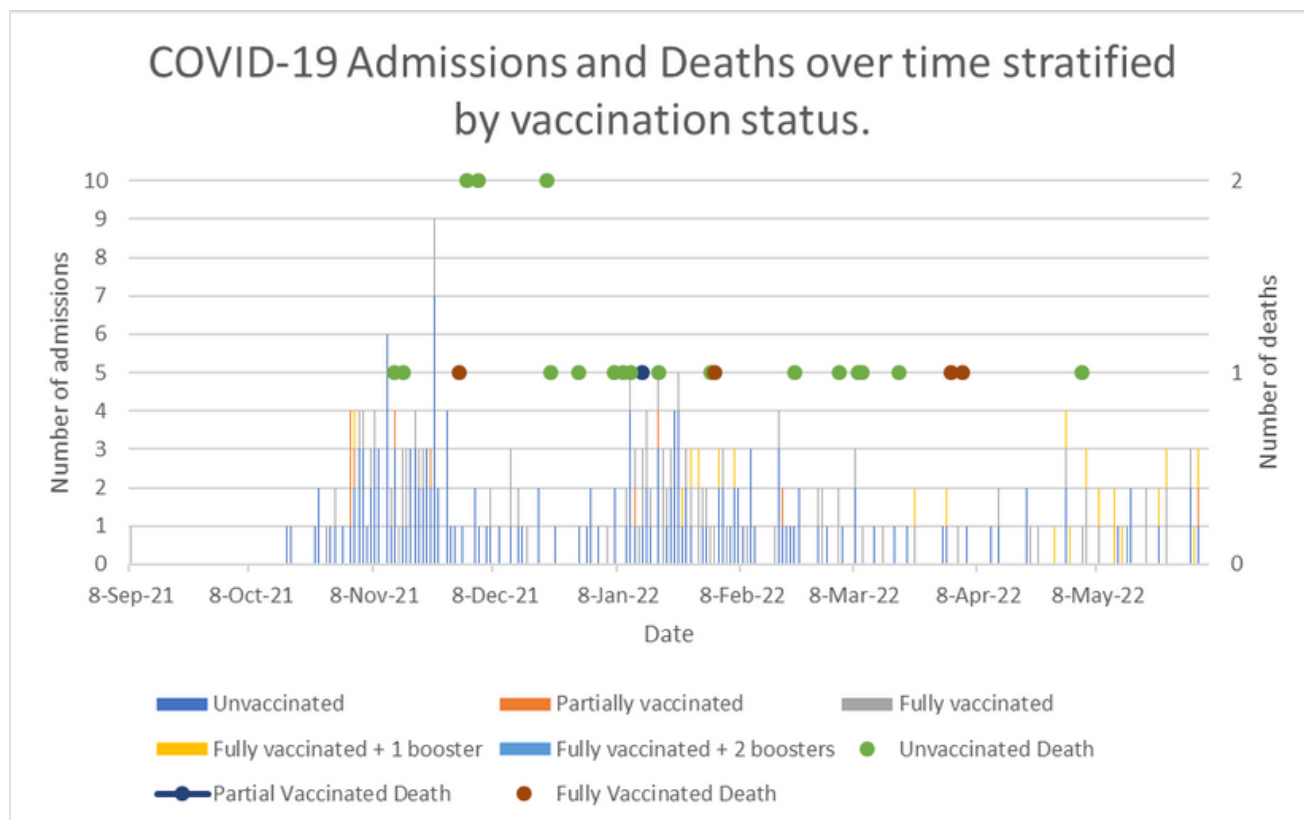
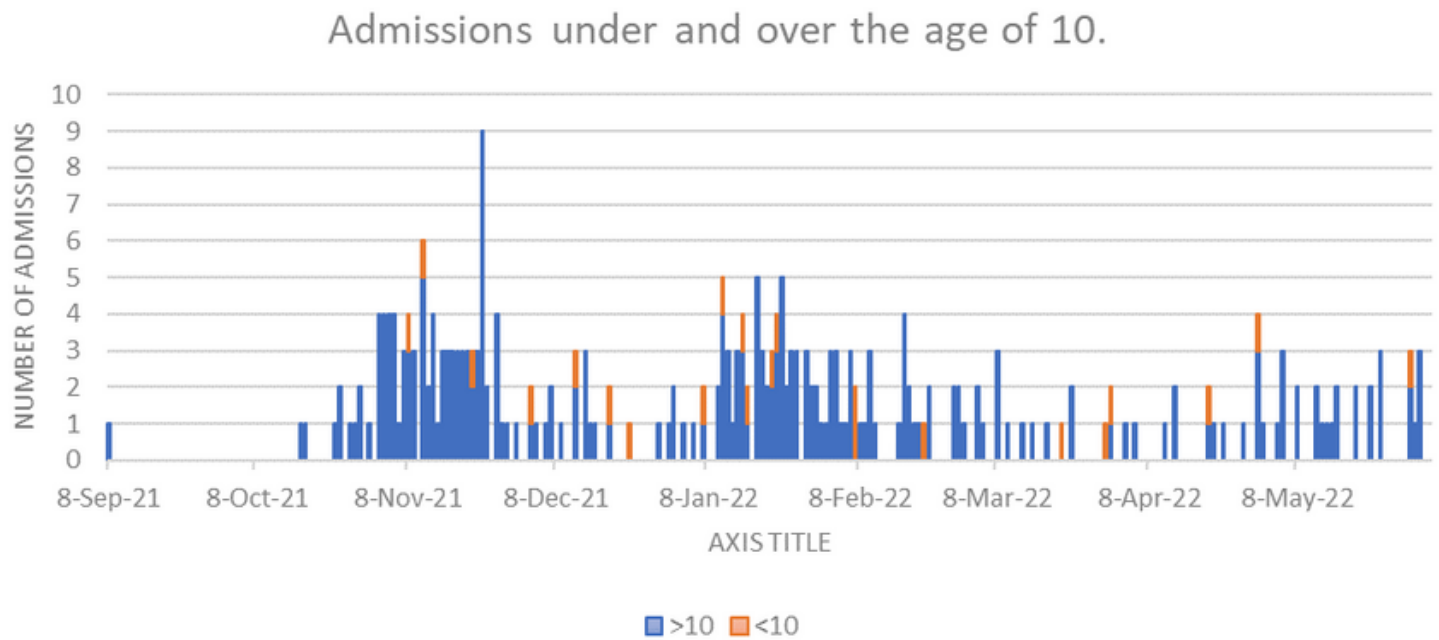


Figure 5: Admissions stratified by age (since 08-09-2021)

Data as of 07-06-22



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

Table 3: COVID-19 vaccines administered (29 May - 4 June 2022)

Data as of 07-06-22

Dose Number	Count
1	56
2	63
3	35
4	85
<b>Total</b>	<b>239</b>

Table 4: CUMULATIVE COVID-19 VACCINE STATS (4 June 2022)

Data as of 07-06-22

Based on Total Population of 69,350 (Fig. 6)			
Dose Number	Count	Percentage of Total Population	Percentage of vaccine coverage of population over 5
1	61,175	88.2	94.5
2	59,355	85.6	91.7
3	23,438	33.8	36.2
4	1,249	1.8	1.9

Table 5: Vaccine stats for Paediatric Vaccine and Third Doses

Data as of 07-06-22

3rd dose coverage for population >20 (Fig.7).	42.6%
Number of children (5-11) vaccinated with the paediatric vaccine	677

Figure 6: Vaccine Coverage total population

Data as of 07-06-22

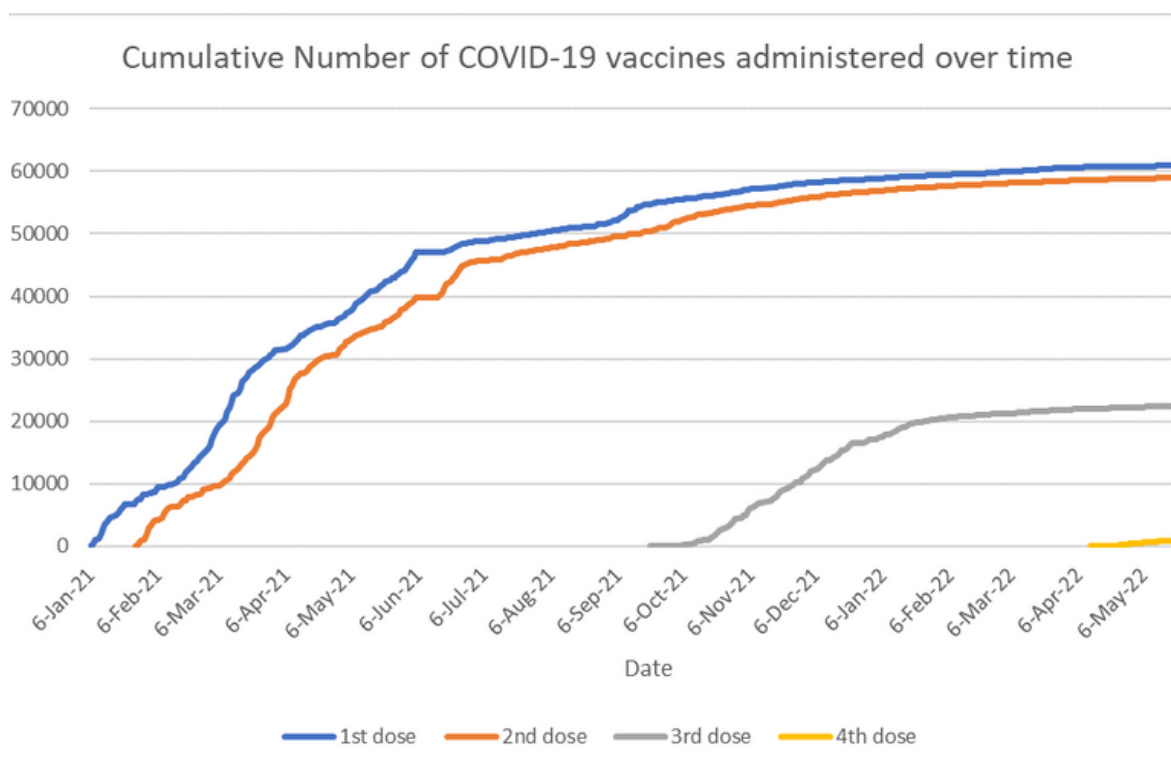
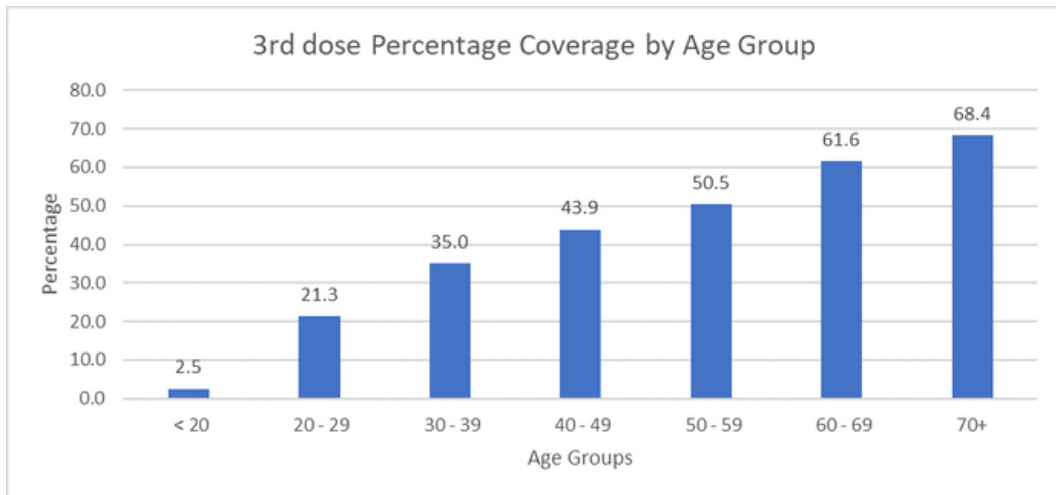


Figure 7: Booster (3rd dose) Vaccine Coverage per Age Groups

Data as of 07-06-22





# Monkeypox

## Overview

Since 13 May 2022, over 700 cases of monkeypox have been reported to WHO from 27 Member States that are not endemic for monkeypox virus, across four WHO regions (data as of 4 June). There have been no deaths reported in non-endemic countries. Most cases reported 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.

The highest number of cases reported in a non-endemic country is the UK, and as of 7 June 321 cases have been reported there.

WHO assesses the risk at the global level as moderate, considering this is the first time that many monkeypox cases are reported concurrently in non-endemic and endemic countries.

## Cayman Islands

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

The Public Health Department is currently investigating a case of a young patient with rash and fever that medical officials have diagnosed as chickenpox.

As part of this process officials will send a sample from the patient to the Caribbean Public Health Agency (CARPHA), out of an abundance of caution, to be investigated for the monkeypox virus. Monkeypox, which has recently been confirmed as circulating in countries where it is not endemic, has symptoms similar to chickenpox. Commenting that CARPHA will process the sample within one to two weeks, Chief Medical Officer, Dr Autilia Newton, noted that as chickenpox is an infectious disease Public Health had promptly isolated the patient and completed contact tracing.

This case is among an outbreak of 8 cases of chickenpox detected at the Detection Centre. Investigation is ongoing to identify any new cases among other exposed individuals and prevention measures have been taken to prevent onward transmission.

## Symptoms

Monkeypox begins with fever, headache, muscle aches, and exhaustion. The incubation period (time from infection to symptoms) for monkeypox is usually 7–14 days but can range from 5–21 days.

The illness begins with:

- Fever
- Headache
- Muscle aches
- Backache
- Swollen lymph nodes
- Chills
- Exhaustion

Within 1 to 3 days (sometimes longer) after the appearance of fever, the patient develops a rash, often beginning on the face then spreading to other parts of the body.

Lesions progress through the following stages before falling off:

- Macules
- Papules
- Vesicles
- Pustules
- Scabs

# New Epidemiologist Joins MHW



Rachel Corbett  
Epidemiologist

The Ministry of Health and Wellness welcomes Epidemiologist Rachel Corbett, who recently arrived from the UK. Rachel will be supporting the monitoring and reporting of infectious diseases in the Cayman Islands, and is working here for the next 6 months.

Rachel has previously studied at the London School of Hygiene and Tropical Medicine and worked as an Epidemiologist in the UK for over 6 years. She has experience at the local, national and international level.

During the pandemic, Rachel led the International Travel Risk Assessment team within the UK COVID-19 Incident Response to assess the risk of COVID-19 travellers faced when travelling abroad to any country in the world and inform government policy.

Rachel is looking forward to getting settled and supporting the work here in the Cayman Islands to protect and enrich public health.

**The Public Health Spotlight is published weekly by the Ministry of Health and Wellness.  
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