

Epidemiological report of SARS-CoV-2 on the Dutch Caribbean CAS- and BES-islands: Week 12 (March 16th - March 22nd, 2021)

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For general information on surveillance of COVID-19 on the CAS-BES-islands, see the next page.

Summary

The number of SARS-CoV-2 infections continues to rise on Aruba, Bonaire, and Curaçao. Between March 16th and March 22nd, 2021, 1,615 new COVID-19 cases have been reported on the CAS- and BES-islands: 379 on Aruba, 413 on Bonaire, 903 on Curaçao, and 19 on Dutch St Maarten.

Increased local transmission and circulation of variants play a strong role in the recent rise of infections. Surveillance of circulation of variants on Aruba shows 114 cases of the VOC 202012/B.1.1.7 (UK) variant on the island, 3 cases of the Brazilian P.1 variant, 2 cases of the VOC B.1.351 (South African) variant, and 8 cases of the VOI B.1.429/B.1.427 (California). The incidence rate increased to 299 cases per 100,000 persons in week 11. The number of active cases has increased to 426, of which 56 are tourists.

On Bonaire and Curaçao, an increased circulation of variants is also noticeable, which is likely the driving force behind the rapid increase in the number of new infections on these islands. Surveillance of variants on Bonaire shows 35 cases of the B.1.1.7 (UK) variant. The proportion VOC has increased to 87.5%. Since last week, the number of active infections in Bonaire has increased to 464 and the incidence rate has increased to 1,434 cases per 100,000 persons in week 11. As of March 18th, 2021, Bonaire has gone into lockdown to reduce transmission. As of March 17th, there is a negative travel advice for Bonaire (code orange).

Surveillance of circulation of variants on Curaçao shows 70 cases of the VOC B.1.1.7 (UK) variant on the island. Samples dating between February 16th and March 1st showed the proportion of VOC has increased substantially (proportion VOC: 78.6%). The incidence rate has increased to 491 cases per 100,000 persons in week 11. As of March 24th, Curaçao has gone into a lockdown for a minimum period of two weeks.

COVID-related mortality has been increasing on Aruba, Bonaire, and Curaçao. Since last week, both Aruba and Bonaire reported three new deaths. Curaçao reported two new deaths since last week. Since the start of the epidemic, 82 persons have died due to or with COVID-19 in Aruba, 27 in Dutch St Maarten, 24 in Curaçao, and 9 in Bonaire. With hospital admissions increasing, Aruba, Bonaire, and Curaçao are seeing a rise in COVID-morbidity. Admitted patients are requiring ICU-care more rapidly, as compared to the first wave last year. On Curaçao, 16 patients are currently admitted to the general hospital ward, and 12 patients to the ICU. Aruba has been seeing a larger amount of patients requiring hospitalization in the past few weeks. Currently there are 36 hospitalized patients, of which 12 are admitted to the ICU. In Bonaire, there are currently 13 patients admitted to the general hospital ward and 3 to the ICU. Additionally, 4 Bonairean patients have been transferred to receive care in Curaçao and 1 in Aruba. The hospital admissions place a large burden on the capacity of care and availability of healthcare professionals on the three islands. Elective care has been scaled down on Bonaire and Curaçao. Healthcare personnel from Dutch St Maarten has flown in to assist on the islands.

The number of new SARS-CoV-2 infections in Dutch St Maarten have remained low since the end of January. On March 22nd, 19 active cases were registered on the island. The incidence rate has increased to 30 cases per 100,000 persons in week 11. Surveillance of variants on Dutch St Maarten shows 1 case of the VOI B.1.429 (Californian) variant, 1 case of the Brazilian P.2 variant, and 2 cases of the B.1.526 (New York) variant with E484K mutation, none of which a VOC. Both St Eustatius and Saba have not reported active COVID-19 cases since January 28th.

Information on surveillance of COVID-19 on the CAS- and BES-islands

The Caribbean part of the Kingdom of the Netherlands entails the countries Curaçao, Aruba, and Dutch St Maarten (CAS-islands), as well as the overseas municipalities Bonaire, St Eustatius, and Saba (BES-islands). Surveillance data of SARS-CoV-2 cases is collected on each island in collaboration with local medical professionals, laboratories, and public health departments. These surveillance data are shared by the CAS- and BES-islands through daily updates and stored in the SARS-CoV-2 IHR Daily Overview Dutch Caribbean; an overview of the spread of SARS-CoV-2 on the CAS- and BES-islands.

This report has been generated using surveillance data registered at the RIVM between March 22nd 2020 and 22 March 2021. Sometimes surveillance data is reported to the RIVM one or multiple days later than documented on the islands. The data presented in this report are based on the date of registration at the RIVM. Because islands retrospectively correct surveillance data, the crude estimates in this report may differ slightly from the data shared by each island. The data reported here may lag behind in case more recent data has not yet been reported to the RIVM by respective islands.

Everyone with symptoms of COVID-19 can get tested. However, it is plausible that not all individuals with a SARS-CoV-2 infection are tested. The actual numbers of cases can therefore be higher than the numbers reported here. The CAS- and BES-islands also register when individuals with a positive SARS-CoV-2 test result have recovered. These data are used to report the current number of active cases in Table 3. The number of active cases refers to the number of individuals who tested positive for SARS-CoV-2 and who have not yet recovered at the time of producing this report.

Disclaimer

Though this weekly report has been produced with the utmost care, it could possibly contain errors. Feedback on this overview is welcome.

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Overview of reported SARS-CoV-2 cases on the CAS- and BESislands

Table 1: Number of laboratory confirmed cases with a positive test result for SARS-CoV-2 over the past 2 weeks, as reported to the RIVM by the CAS- and BES-islands

| Island | Date: from-until | Number of performed tests | Number of laboratory confirmed tests with positive test result | Positivity rate % |
|---------------------------|-------------------------|---------------------------------|--|-------------------|
| Aruba ¹ | 08-03-2021 - 14-03-2021 | 4160 | 285 | 6.9 |
| | 15-03-2021 - 21-03-2021 | 4800 | 376 | 7.8 |
| Bonaire | 08-03-2021 - 14-03-2021 | 731 | 223 | 30.5 |
| | 15-03-2021 - 21-03-2021 | 775 | 308 | 39.7 |
| $Curaçao^2$ | 08-03-2021 - 14-03-2021 | 2525 | 303 | 12 |
| | 15-03-2021 - 21-03-2021 | 6376 | 887 | 13.9 |
| Saba^3 | 08-03-2021 - 14-03-2021 | - | 0 | - |
| | 15-03-2021 - 21-03-2021 | - | 0 | - |
| Sint Eustatius | 08-03-2021 - 14-03-2021 | 48 | 0 | 0 |
| | 15-03-2021 - 21-03-2021 | 59 | 0 | 0 |
| Sint Maarten ⁴ | 08-03-2021 - 14-03-2021 | - | - | _ |
| | 15-03-2021 - 21-03-2021 | - | - | |

¹ This estimate concerns a crude positivity rate for Aruba. The Directie Volksgezondheid Aruba reports a corrected positivity rate through: https://www.facebook.com/desparuba.

Table 2: Number of laboratory confirmed cases with a positive SARS-CoV-2 test result, number of hospital admissions¹ and number of deceased cases, cumulative and for the previous week, on the CAS- and BES-islands, as reported to RIVM

| | | Cumulative | | Previous week ² | | |
|----------------|-----------------|---------------------|-------------------|----------------------------|-------------------|--|
| Island | Number of cases | Hospital admissions | Deceased patients | Number of cases | Deceased patients | |
| Aruba | 8800 | 291 | 82 | 379 | 3 | |
| Bonaire | 1092 | 15 | 9 | 314 | 3 | |
| Curação | 6041 | 172 | 24 | 903 | 2 | |
| Saba | 6 | 1 | 0 | 0 | 0 | |
| Sint Eustatius | 20 | 0 | 0 | 0 | 0 | |
| Sint Maarten | 2104 | 126 | 27 | 19 | 0 | |
| Total | 18063 | 605 | 142 | 1615 | 8 | |

¹ The number of hospital admissions cannot be displayed for the previous week due to a delay in reporting these data. The current number of hospitalized COVID-19 patients is reported in Table 3.

² The Public Health Department on Curação estimates a corrected positivity rate. Therefore, estimates presented here may differ from positivity rates reported by Curaçao. 3 A '-' value indicates insufficient data was reported to the RIVM to report in this table.

⁴ The positivity rate for Dutch St Maarten has been estimated using public data of the weekly number of tests analyzed. Therefore, estimates presented here may differ from positivity rates reported by Dutch St Maarten.

² These have been reported to the RIVM between March 16th and March 22nd, 2021.

Table 3: Current number of active SARS-CoV-2 cases and status of COVID-19 hospital admissions on the CAS- and BES-islands, as reported to ${\rm RIVM}^{1,2}$

| Island | Number of active cases | Number of hospitalized patients on general hospital ward | Number of patients hospitalized in the ICU |
|----------------|------------------------|--|--|
| Aruba | 426 | 24 | 12 |
| Bonaire | 464 | 10 | 3 |
| Curação | 1160 | 16 | 12 |
| Saba | 0 | 0 | 0 |
| Sint Eustatius | 0 | 0 | 0 |
| Sint Maarten | 19 | 1 | 0 |
| Total | 2069 | 51 | 27 |

 $^{^{\}rm 1}$ These have been reported to the RIVM between March 16th and March 22nd, 2021.

² The number of active cases is defined as the number of COVID-19 infected persons who have not been confirmed to have recovered from COVID-19 infection at the time of reporting these data to RIVM. These data may lag behind when islands have limited public health capacity to confirm recovery among infected cases.

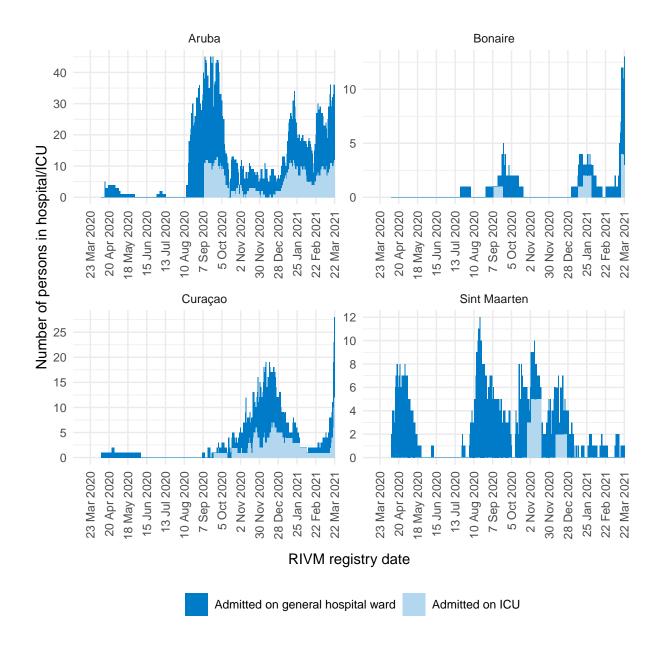


Figure 1: Progression of COVID-related hospital occupation over time ^{1,2,3}

 $^{^{1}}$ This figure presents the number of reported persons who have tested positive for SARS-CoV-2 during or before admission on the general hospital ward and/or ICU.

² The light blue data represent the ICU-occupation over time, per island. The dark blue data represent the occupation of the general hospital ward over time, per island.

³ Due to the low number of hospitalised patients on Saba en St Eustatius, these islands have not been included in this graph.

Table 4: SARS-CoV-2 incidence rate per 100,000 residents on the CAS- and BES-islands¹, as reported to RIVM

| | Incidence per 100,000 residents | | |
|----------------|---------------------------------|---------------------------------|--|
| Island | Previous week ² | Previous two weeks ³ | |
| Aruba | 250.8 | 491.3 | |
| Bonaire | 1150.7 | 2424.7 | |
| Curaçao | 436.2 | 657.8 | |
| Saba | 0.0 | 0.0 | |
| Sint Eustatius | 0.0 | 0.0 | |
| Sint Maarten | 25.0 | 43.8 | |

 $^{^{1}}$ The calculated incidence rates include the estimated number of undocumented migrants on each island, see Table 5.

 $^{^2}$ The incidence rate per 100,000 persons, for the previous week, has been calculated from 16 maart 2021 until 22 maart 2021.

 $^{^3}$ The incidence rate per 100,000 residents, for the previous two weeks, has been calculated from 9 maart 2021 until 22 maart 2021.

Table 5: Number of residents and acreage of the CAS- and BES-islands¹

| Island | Capital city | Residents | Acreage | Political status |
|----------------|--------------|-----------|------------------------|---|
| Aruba | Oranjestad | 106.800 | $180~\mathrm{km^2}$ | Country within the Kingdom of The Netherlands |
| Bonaire | Kralendijk | 20.900 | 288 km^2 | Dutch municipality |
| Curação | Willemstad | 164.100 | $444 \; \mathrm{km^2}$ | Country within the Kingdom of The Netherlands |
| Saba | The Bottom | 1.915 | $13 \mathrm{~km^2}$ | Dutch municipality |
| Sint Maarten | Philipsburg | 44.000 | $34~\mathrm{km^2}$ | Country within the Kingdom of The Netherlands |
| Sint Eustatius | Oranjestad | 3.138 | $21~{\rm km^2}$ | Dutch municipality |

¹ Each island counts a substantial population of undocumented migrants. The reported incidence rates include the estimated population of undocumented migrants. On Aruba, Curação, and Dutch St Maarten the population size is estimated around 20,000 migrants. On Bonaire the population size is estimated around 1,000 migrants. These data are relevant to include as these populations are difficult to reach for local public health services and often have less access to curative care.

2 SARS-CoV-2 progression over time

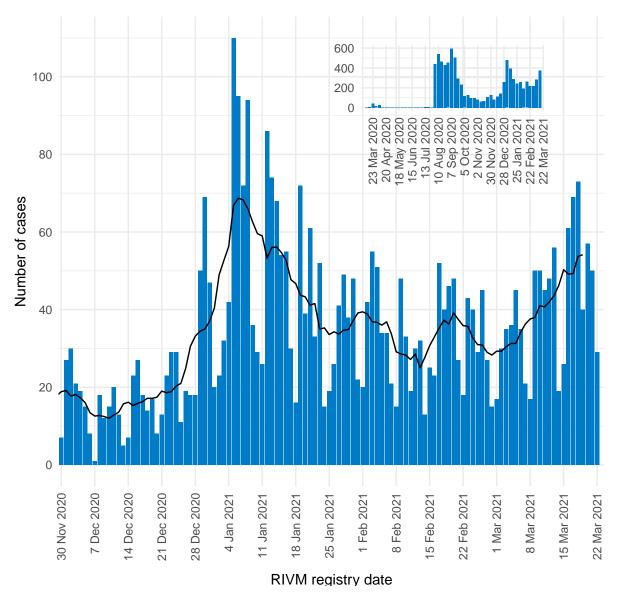


Figure 2: Number of daily reported SARS-CoV-2 cases on Aruba, presented by RIVM registry date^{1,2}.

¹ This figure displays the daily number of new SARS-CoV-2 by date of reporting to the RIVM The black line represents the 7-day moving average of new infections. The vertical axes of figures 1-6 differ due to dissimilarities in the quantity of cases between the islands.

 $^{^2}$ The reported data has been presented by the date of reporting to the RIVM. These numbers can lag behind when the most recent data has not yet been reported to the RIVM.

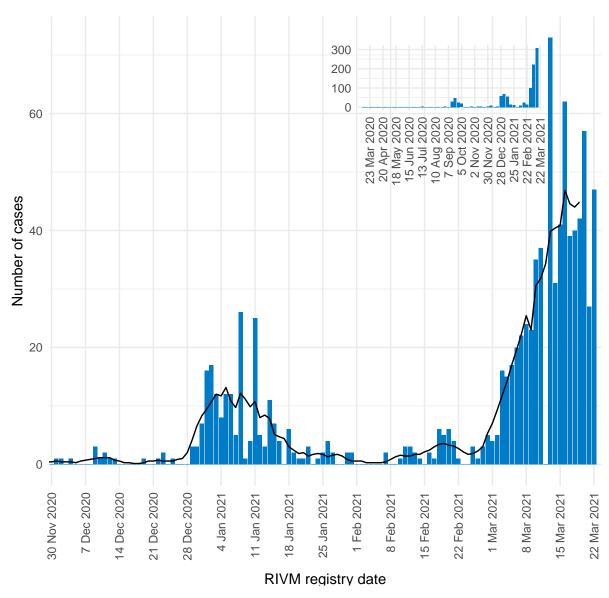


Figure 3: Number of daily reported SARS-CoV-2 cases on Bonaire, presented by RIVM registry $date^{1,2}$.

¹ This figure displays the daily number of new SARS-CoV-2 by date of reporting to the RIVM The black line represents the 7-day moving average of new infections. The vertical axes of figures 1-6 differ due to dissimilarities in the quantity of cases between the islands.

² The reported data has been presented by the date of reporting to the RIVM. These numbers can lag behind when the most recent data has not yet been reported to the RIVM.

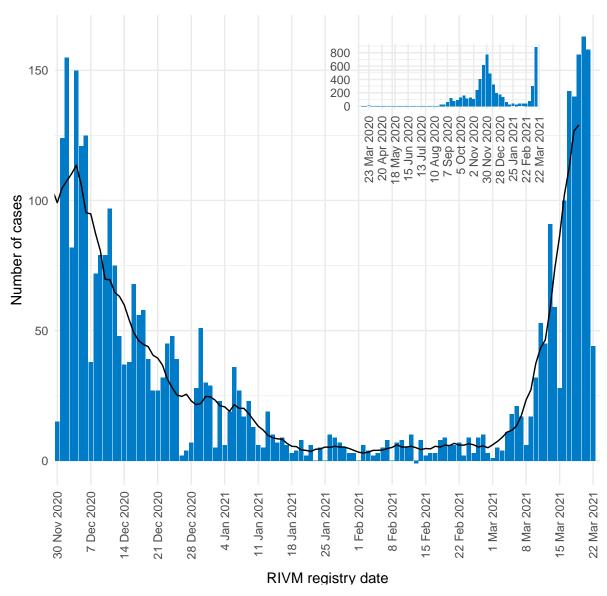


Figure 4: Number of daily reported SARS-CoV-2 cases on Curaçao, presented by RIVM registry ${\rm date}^{1,2}$.

¹ This figure displays the daily number of new SARS-CoV-2 by date of reporting to the RIVM The black line represents the 7-day moving average of new infections. The vertical axes of figures 1-6 differ due to dissimilarities in the quantity of cases between the islands.

² The reported data has been presented by the date of reporting to the RIVM. These numbers can lag behind when the most recent data has not yet been reported to the RIVM.

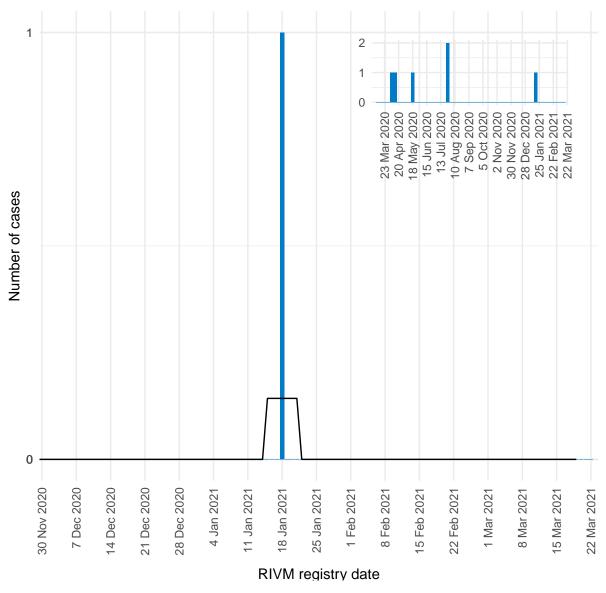


Figure 5: Number of daily reported SARS-CoV-2 cases on Saba, presented by RIVM registry date 1,2 .

¹ This figure displays the daily number of new SARS-CoV-2 by date of reporting to the RIVM The black line represents the 7-day moving average of new infections. The vertical axes of figures 1-6 differ due to dissimilarities in the quantity of cases between the islands.

² The reported data has been presented by the date of reporting to the RIVM. These numbers can lag behind when the most recent data has not yet been reported to the RIVM.

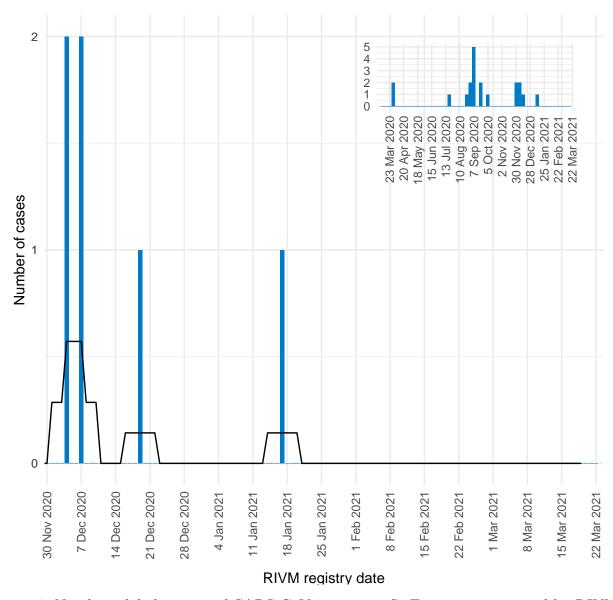


Figure 6: Number of daily reported SARS-CoV-2 cases on St Eustatius, presented by RIVM registry ${\rm date}^{1,2}$.

¹ This figure displays the daily number of new SARS-CoV-2 by date of reporting to the RIVM The black line represents the 7-day moving average of new infections. The vertical axes of figures 1-6 differ due to dissimilarities in the quantity of cases between the islands.

² The reported data has been presented by the date of reporting to the RIVM. These numbers can lag behind when the most recent data has not yet been reported to the RIVM.

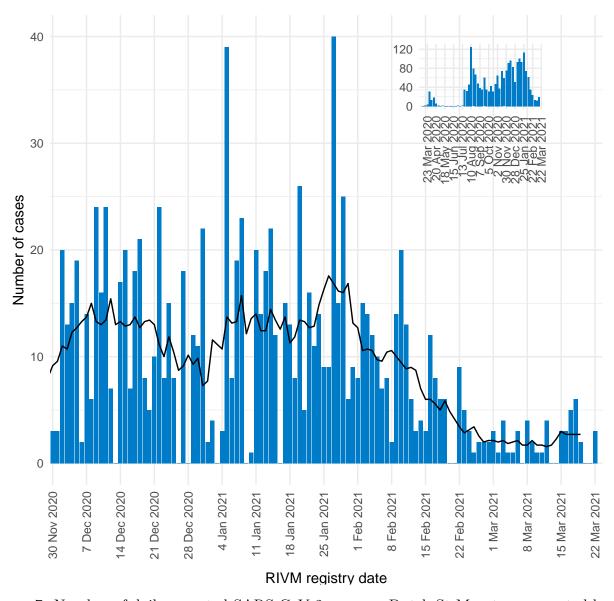


Figure 7: Number of daily reported SARS-CoV-2 cases on Dutch St Maarten, presented by RIVM registry ${\rm date}^{1,2}$.

¹ This figure displays the daily number of new SARS-CoV-2 by date of reporting to the RIVM The black line represents the 7-day moving average of new infections. The vertical axes of figures 1-6 differ due to dissimilarities in the quantity of cases between the islands.

² The reported data has been presented by the date of reporting to the RIVM. These numbers can lag behind when the most recent data has not yet been reported to the RIVM.

3 SARS-CoV-2 incidence rate progression over time

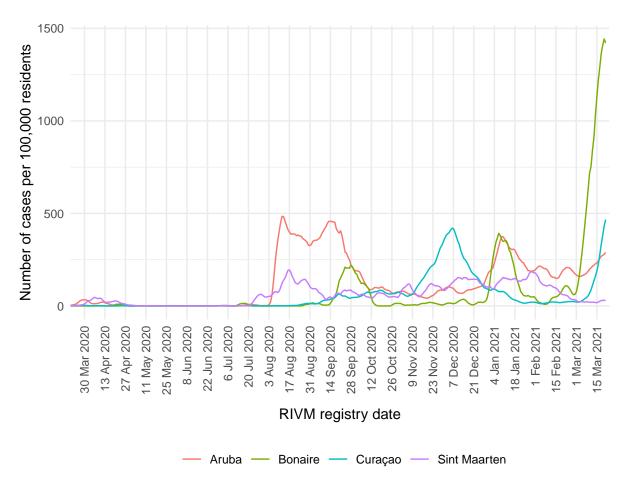


Figure 8: Number of reported cases per 100,000 residents by RIVM registry date, on Curaçao, Aruba, Dutch St Maarten, and Bonaire^{1,2}.

¹ This figure displays the 3-week average incidence rate per island per 100,000 residents, including the population of undocumented migrants on each island. Each line on the vertical axis indicates a weekly average of the incidence rate (defined as the number of new cases per 100,000 persons per week, over the total population) over a period of three weeks. For example: the reported value on January 4th 2021, is the weekly average of the incidence rate between December 28th, 2020 and January 11th, 2021.

² Due to the small number of reported cases on Saba and St Eustatius, these islands have not been included in this figure.