



Epidemiological report of SARS-CoV-2 on the Dutch Caribbean CAS- and BES-islands:

October 2022 (week 39-43)

Produced by the National Institute for Public Health and the Environment of the Netherlands - RIVM
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Summary of SARS-CoV-2 epidemiological surveillance on the CAS-BES islands

More positive test results were reported in October (545) than in September (450) in the Caribbean part of the Kingdom of the Netherlands. The COVID-19-related hospital admissions increased on Curaçao (from <5 in September to 15 in October), but not to such an extent that there was a threat of an overload on hospital capacity. The COVID-19 related mortality increased slightly in October on the CAS islands (11 in October compared to <5 in September).

On Curaçao, the number of positive test results and COVID-19-related hospital admissions increased in October compared to the previous month. This mainly concerned patients who were admitted for a short period (<72 hours). There has also been more testing in recent weeks. The island reported 121 new positive SARS-CoV-2 test results last month, nearly double compared to in September (66). In calendar week 43 (24-30 October 2022), 13 people per 100,000 inhabitants (number of inhabitants approx. 164,000) received a positive SARS-CoV-2 test result and the test positivity rate was 9%. 15 COVID-19 related hospital admissions were reported in October, the majority of which were >60 years old (93%), <5 were tourist and <5 died during hospitalization. In total, 6 deaths (all >60 years old) were reported in October on the island.

On Aruba, 249 positive test results, 21 COVID-19-related hospitalizations and <5 COVID-19-related deaths were reported in October. This is almost the same as the number of cases (244) and hospital admissions in September (19). On Aruba this also mainly concerns patients who were admitted for a short period (<72 hours). In week 43 (22-28 October 2022), 36 people per 100,000 inhabitants (number of inhabitants approx. 125,000) received a positive SARS-CoV-2 test result and the test positivity rate was 19%.

Sint Maarten reported 66 positive test results, <5 COVID-19-related hospitalizations and <5 COVID-19-related deaths in October. The number of positive test results rose sharply compared to in September (15). One outbreak was detected in a nursing home; most patients had mild symptoms. In week 42 (19-25 October 2022), 19 people per 100,000 inhabitants (number of inhabitants approx. 62,000) received a positive SARS-CoV-2 test result and the test positivity rate was 18%.

112 SARS-CoV-2 infections were reported on Bonaire in October, a small increase as compared to September (92). More testing was done on Bonaire during the month, partly due to the increased tourism from the European Netherlands. There were <5 COVID-19-related hospitalizations and no COVID-19-related deaths reported in October. In calendar week 43 (24-30 October 2022), 65 people per 100,000 inhabitants (number of inhabitants approx. 23,000) received a positive SARS-CoV-2 test result and the test positivity rate was 46%.

On St. Eustatius, the number of cases increased in October compared to September. Last month 8 positive test results were reported, in September there were <5. Seven individuals had no recent travel history, suggesting local transmission. In week 43 (October 25-31, 2022), 64 people per 100,000 inhabitants (number of inhabitants approx. 62,000) received a positive SARS-CoV-2 test result and the test positivity rate was 5%. No COVID-19-related hospitalizations or deaths were reported on the island in October.

On Saba, the number of reports has actually decreased in the past month. <5 positive test results were reported in October, compared to 16 in September. In calendar week 42 (October 17-23, 2022), no new infections were detected. No COVID-19-related hospitalizations or deaths were reported on the island in October.

Variants

To date, the omikron variant has five subvariants that are followed with extra attention: the so-called BA.1, BA.2 (including subvariant BA.2.75 and BA.2.12.1), BA.3, BA.4 (including subvariant BA.4.6) and BA.5 variants (including subvariants BF.7 and BQ.1/BQ.1.1). In Aruba, the sub-variant BF.7 is most common in October (50% in week 42). In addition, the sub-variants BA.4.6 (5% week 42), BQ.1/BQ.1.1 (18% week 40, 5% week 42) and BA.2.75 (3% week 38) are circulating on the island. The subvariant BA.5.1/BA.5.2 is most common on Bonaire (71% week 41). In addition, the sub-variants BA.4.6 (12% week 41), BF.7 (6% week 41), BQ.1/BQ.1.1 (6% week 41) and XBB.1 (6% week 41) are circulating on the island. On Curaçao, the BA.5 subvariant is most common in October (57% week 41). In addition, the sub-variants BF.7 (29% week 41), BA.4.6 (14% week 41) are circulating on the island. No samples were sent from Sint Maarten in October. The BA.2.75 subvariant (100%) was circulating on the island at week 37 and the BA.4.6 subvariant (100%) at week 36. The BF.7 subvariant (100%) was circulating on Saba in weeks 40 and 41. No samples were sent from Sint Eustatius in October. At week 27, the BA.2.12.1 subvariant (36%), the BA.4.1 subvariant (36%) and BA.5.1/5.2 subvariants (23%).

Information on COVID-19 surveillance 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 2 November 2022. 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. It is not known from all positive cases if they were admitted to the hospital or have passed away. This is due to the mainland Netherlands, the CAS-, and the BES-islands not being obligated to report on hospital admissions and deaths from persons with a positive test result for SARS-CoV-2. The actual numbers are therefore (probably) higher than the reported numbers.

Changed reporting of COVID-19 surveillance for Curaçao and Dutch St Maarten

Since the start of the COVID-19 outbreak, the testing policies on the islands have undergone various changes. Not all persons with SARS-CoV-2 are getting tested. The number of SARS-CoV-2 infections is likely to be higher than what is reported here.

Until May 31, 2022, the local GGD on Curacao did contact tracing. Until June 4, 2022, Curacao offered free large-scale SARS-CoV-2 tests. From June 5, 2022, on wards this policy changed and tests for SARS-CoV-2 are no longer free. People who want to be tested (or are recommended to be tested by their general practitioner) can be reimbursed by their health care provider from June 5, 2022, on wards. Due to this policy change the number of people that will be tested at local labs will drop. Surveillance data dating from June 5, 2022, onwards will have to be interpreted differently than before. The percentage of positive tests from June 5, 2022, on wards cannot be compared to before in a straight-forward matter, mostly due to a change in group-composition of the people that are tested. The group-composition of future tests will be mostly travelers, (insured) people with symptoms and clinical test results.

Until March 26 2022, the local GGDs on St. Maarten did contact tracing. Until April 26 2022, St. Maarten offered free large-scale SARS-CoV-2 tests. From April 27 2022 onwards this policy changed and tests for SARS-CoV-2 are no longer free. People who want to be tested (or are recommended to be tested by their general practitioner) can be reimbursed by their health care provider from 27 April 2022 on wards. Due to this policy change the number of people that will be tested at local labs will drop. Surveillance data dating from April 27 2022 on wards will have to be interpreted differently than before. The percentage of positive tests from April 27 2022 cannot be compared to before in a straight-forward matter, mostly due to a change in group-composition of the people that are tested. The group-composition of future tests will be mostly travelers, (insured) people with symptoms and clerical test results.

Information on COVID-19 vaccination monitoring on the CAS and BES islands

The COVID-19 vaccination campaign on the CAS-BES islands started in February 2021. Each island has their own vaccination campaign. The actual implementation of these vaccination campaigns depends on, among other things, the approval, operation, delivery and distribution of the vaccines, and on people's willingness to vaccinate.

In week 39-40 (2022), the fall campaign of COVID-19 vaccination started for the Caribbean part of the Kingdom. Persons aged 60 years and older, in medical risk groups, and healthcare workers with patient or client contact were the first to be invited. People are eligible for the repeat vaccination from 3 months after their last corona vaccination or 3 months after a SARS-CoV-2 infection.

In this report we report the estimated total number of vaccinated persons and the vaccination coverage on the CAS-BES islands. The current report is based on data on vaccinations administered up to and including 2 November 2022 using monitoring data received by the RIVM from the CAS-BES islands. The course of the autumn round on the islands will be reported in the next report.

Disclaimer

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

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1 Overview of reported SARS-CoV-2 infections on the CAS- and BES-islands

Table 1: Number of laboratory confirmed cases with a positive SARS-CoV-2 test result, number of hospital admissions and number of deceased cases, cumulative and for the previous week, on the CAS- and BES-islands, as reported to RIVM^{1,2}

Island	Last updated on	Total cumulative			Past 4 weeks ⁵		
		Number of cases	Hospital admissions	Deceased	Number of cases	Hospital admissions	Deceased
Aruba	2022-10-31	43394	1608	234	249	21	<5
Curaçao ³	2022-10-31	45489	1117	293	121	15	6
Saba	2022-10-31	733	7	<5	<5	0	0
Sint Eustatius	2022-10-31	1204	21	5	8	0	0
Sint Maarten ⁴	2022-10-31	10931	394	88	68	<5	<5
Bonaire	2022-10-31	9531	138	31	112	<5	0

¹ Actual number of hospitalised COVID-19 patients or (probable) COVID-19 deaths may be higher than the number of admitted or deceased patients reported in the surveillance. This is because there is no reporting obligation for hospital admissions in the European Netherlands as well as on the CAS and BES islands

² Due to privacy reasons, numbers smaller than 5 will not be specified in this table.

³ Until May 31, 2022, the local GGD on Curacao did contact tracing. Until June 4, 2022, Curacao offered free large-scale SARS-CoV-2 tests. From June 5, 2022, onwards this policy changed and tests for SARS-CoV-2 are no longer free. Due to this policy change the number of people that will be tested at local labs will drop. Surveillance data dating from June 5, 2022, onwards will have to be interpreted differently than before.

⁴ These have been reported to the RIVM between 26 September 2022 and 31 October 2022 .

⁵ Until March 26 2022, the local GGDs on St. Maarten did contact tracing. Until April 26 2022, St. Maarten offered free large-scale SARS-CoV-2 tests. From April 27 2022 onwards this policy changed and tests for SARS-CoV-2 are no longer free. People who want to be tested (or are recommended to be tested by their general practitioner) can be reimbursed by their health care provider from 27 April 2022 onwards. Due to this policy change the number of people that will be tested at local labs will drop. Surveillance data dating from April 27 2022 onwards will have to be interpreted differently than before.

Table 2: 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-islands¹

Island	Period	Number of tests	Number of laboratory confirmed positive test results	Positivity rate %
Aruba ²	17 until 23 October 2022	197	38	19.3
Aruba	24 until 30 October 2022	234	52	22.2
Bonaire	17 until 23 October 2022	48	17	35.4
Bonaire	24 until 30 October 2022	33	15	45.5
Curaçao ^{3,4}	17 until 23 October 2022	245	33	13.5
Curaçao	24 until 30 October 2022	237	22	9.3
Saba	17 until 23 October 2022	13	-	-
Saba	24 until 30 October 2022	16	1	6.2
Sint Eustatius	18 until 24 October 2022	57	6	10.5
Sint Eustatius	25 until 31 October 2022	41	2	4.9
Sint Maarten ⁵	12 until 18 October 2022	105	11	10.5
Sint Maarten	19 until 25 October 2022	67	12	17.9

¹ A '-' sign indicates there is insufficient data available at the RIVM to present in this table.

² This estimate concerns a crude positivity rate for Aruba. The Directie Volksgezondheid Aruba reports a corrected positivity rate through: <https://www.facebook.com/desparuba>.

³ The Public Health Department on Curaçao estimates a corrected positivity rate. Therefore, estimates presented here may differ from positivity rates reported by Curaçao.

⁴ Until May 31, 2022, the local GGD on Curacao did contact tracing. Until June 4, 2022, Curacao offered free large-scale SARS-CoV-2 tests. From June 5, 2022, onwards this policy changed and tests for SARS-CoV-2 are no longer free. Due to this policy change the number of people that will be tested at local labs will drop. Surveillance data dating from June 5, 2022, onwards will have to be interpreted differently than before.

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Table 3: SARS-CoV-2 incidence rate per 100,000 residents on the CAS- and BES-islands, as reported to RIVM¹

Island	Period	Number of positive cases	Incidence per 100.000 inhabitants
Aruba	17 until 23 October 2022	38	30.3
Aruba	24 until 30 October 2022	52	41.5
Bonaire	17 until 23 October 2022	17	73.4
Bonaire	24 until 30 October 2022	15	64.7
Curaçao ²	17 until 23 October 2022	33	20.1
Curaçao	24 until 30 October 2022	22	13.4
Saba	17 until 23 October 2022	0	0.0
Saba	24 until 30 October 2022	1	52.1
Sint Eustatius	18 until 24 October 2022	6	191.0
Sint Eustatius	25 until 31 October 2022	2	63.7
Sint Maarten ³	12 until 18 October 2022	11	17.6
Sint Maarten	19 until 25 October 2022	12	19.3

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

² Until May 31, 2022, the local GGD on Curacao did contact tracing. Until June 4, 2022, Curacao offered free large-scale SARS-CoV-2 tests. From June 5, 2022, onwards this policy changed and tests for SARS-CoV-2 are no longer free. Due to this policy change the number of people that will be tested at local labs will drop. Surveillance data dating from June 5, 2022, onwards will have to be interpreted differently than before.

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Table 4: Number of residents and acreage of the CAS- and BES-islands¹

Island	Capital city	Residents	Acreage	Political status
Aruba	Oranjestad	125.282	180 km ²	Country within the Kingdom of The Netherlands
Bonaire	Kralendijk	23.173	288 km ²	Dutch municipality
Curaçao	Willemstad	164.223	444 km ²	Country within the Kingdom of The Netherlands
Saba	The Bottom	1.918	13 km ²	Dutch municipality
Sint Maarten	Philipsburg	62.323	34 km ²	Country within the Kingdom of The Netherlands
Sint Eustatius	Oranjestad	3.142	21 km ²	Dutch municipality

¹ These numbers refer to the 2021 population sizes. Each island counts a substantial population of undocumented migrants. The reported incidence rates include the estimated population of undocumented migrants. On Aruba, Curaçao, and Dutch St Maarten the population size is estimated to be between 8,000 and 20,000 migrants in 2021. On Bonaire the population size is estimated around 1,400 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

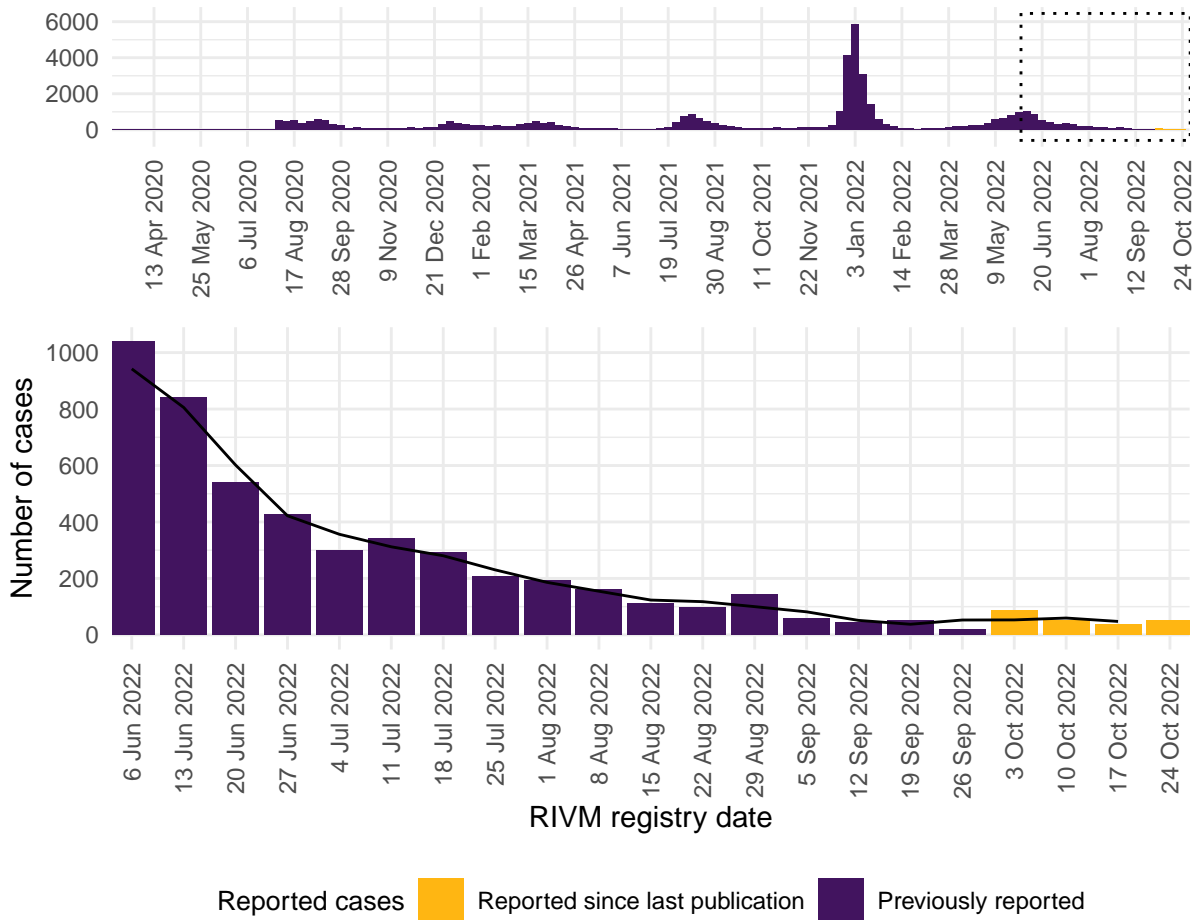


Figure 1: Number of weekly reported positive SARS-CoV-2 test results on Aruba, presented by RIVM registry date¹⁻⁴.

¹ These data show the weekly number of new SARS-CoV-2 infections by registration date at the RIVM. The black line in the epicurve represents the 3-week average in the number of newly detected SARS-CoV-2 infections.

² Due to underlying differences between the islands in the number of reported infections differ on the Y axes of these figures. 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 As of March 8, 2022, SARS-CoV-2 positive test results will no longer be reported by the islands on a daily basis. It is possible that SARS-CoV-2 positive test results of more than one day are reported by an island within one reporting date. Data presented in this report may therefore be underreported if the update falls within an incomplete calendar week. Missing data does not mean that there are no positive SARS-CoV-2 test results, but that those data are reported by the island cumulatively at a later time, for example in the form of weekly data.

⁴ If the number of reports in a week is equal to '0', no SARS-CoV-2 positive test results were detected among the number of tests performed in that particular week.

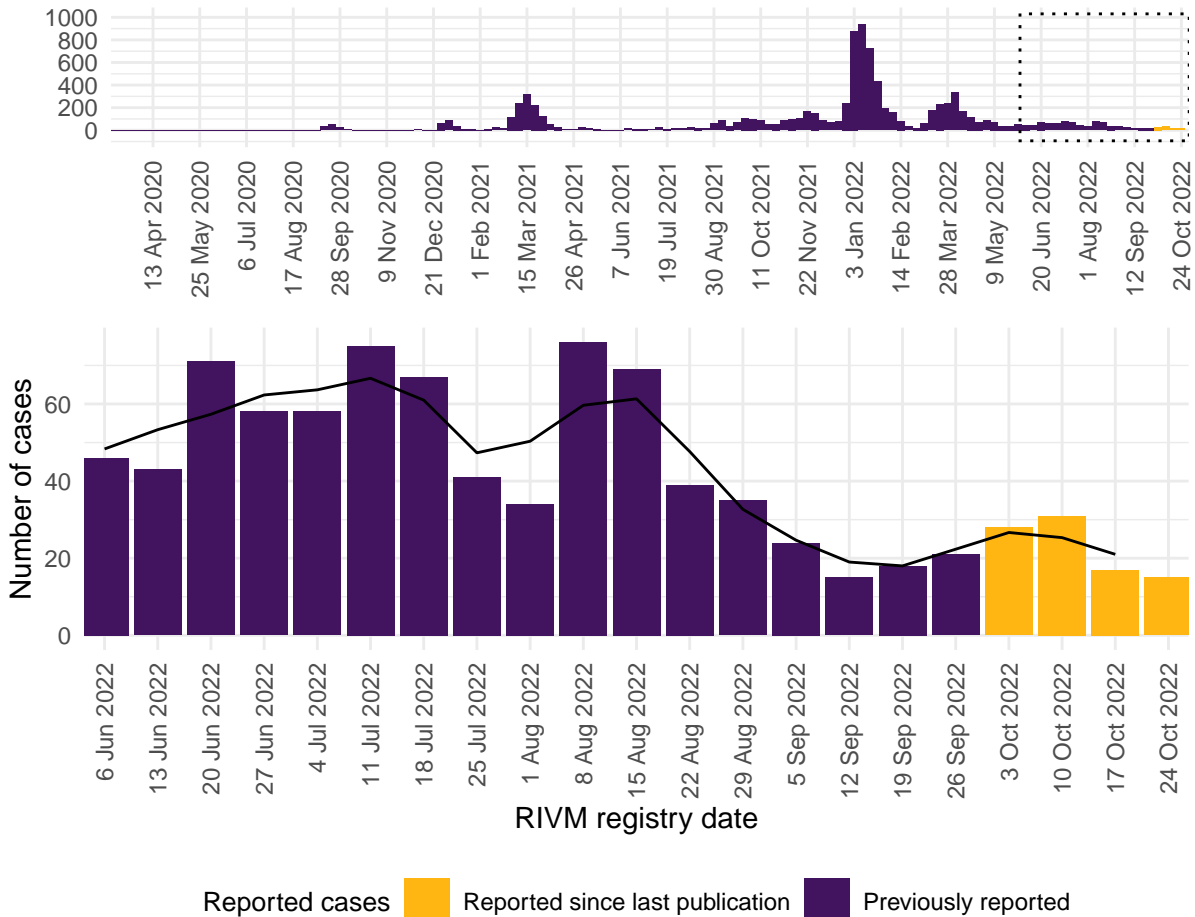


Figure 2: Number of weekly reported positive SARS-CoV-2 test results on Bonaire, presented by RIVM registry date¹⁻⁴.

¹ These data show the weekly number of new SARS-CoV-2 infections by registration date at the RIVM. The black line in the epicurve represents the 3-week average in the number of newly detected SARS-CoV-2 infections.

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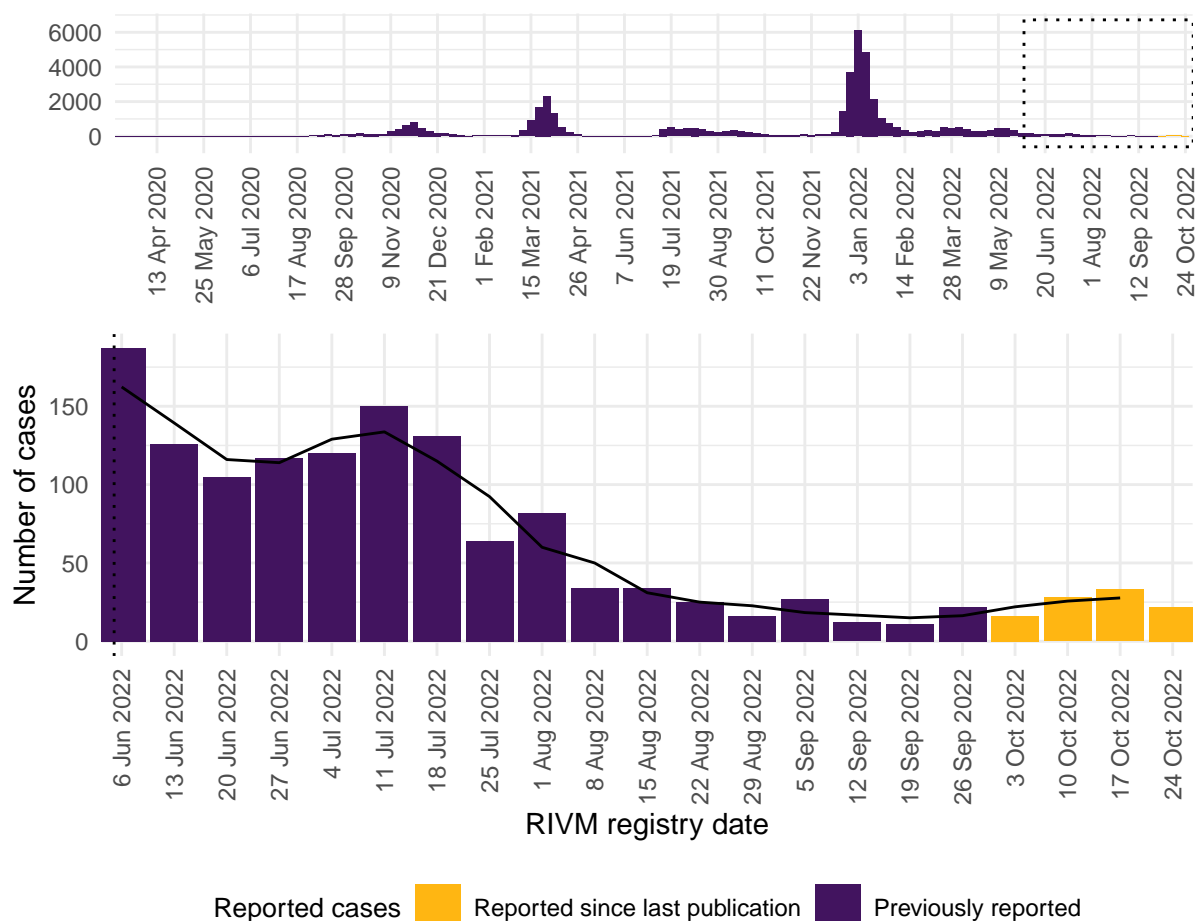


Figure 3: Number of weekly reported positive SARS-CoV-2 test results on Curaçao, presented by RIVM registry date¹⁻⁵.

¹ These data show the weekly number of new SARS-CoV-2 infections by registration date at the RIVM. The black line in the epicurve represents the 3-week average in the number of newly detected SARS-CoV-2 infections.

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⁴ Until May 31, 2022, the local GGDs on Curacao conducted contact tracing. Until June 4, 2022, Curacao offered free large-scale SARS-CoV-2 tests. From June 5, 2022, onwards this policy changed and tests for SARS-CoV-2 are no longer free. Due to this policy change the number of people that will be tested at local labs will drop. Surveillance data dating from June 5, 2022, onwards will have to be interpreted differently than before. The trend in positive test results on Curacao as shown in Figure 4 from June 5, 2022, onwards cannot be compared to the trend prior to June 5, 2022, due to a change in group-composition of the people that are tested. The group-composition of future tests will be mostly travelers, (insured) people with symptoms and clinical test results. For this reason we added a vertical line on June 5, 2022, in the graph above.

⁵ If the number of reports in a week is equal to '0', no SARS-CoV-2 positive test results were detected among the number of tests performed in that particular week.

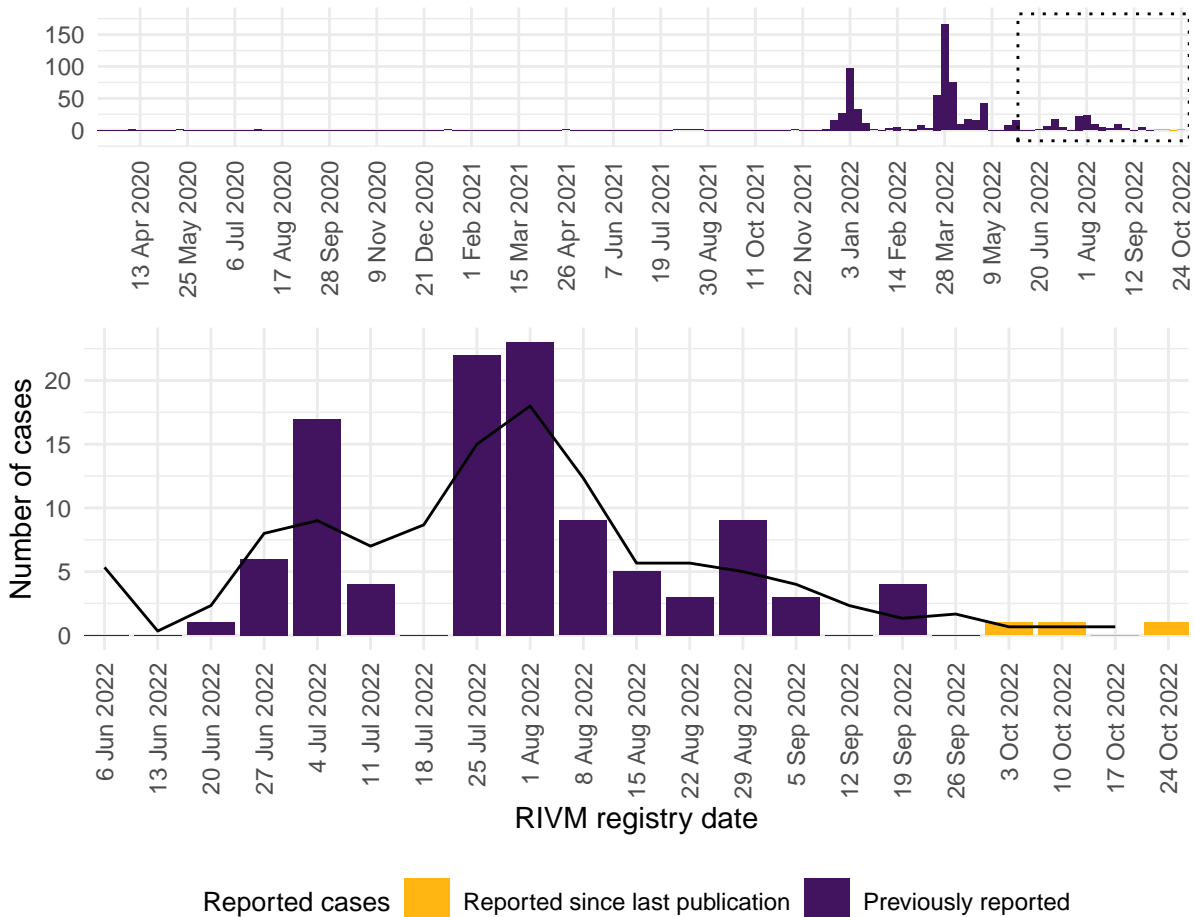


Figure 4: Number of weekly reported positive SARS-CoV-2 test results on Saba, presented by RIVM registry date¹⁻⁴.

¹ These data show the weekly number of new SARS-CoV-2 infections by registration date at the RIVM. The black line in the epicurve represents the 3-week average in the number of newly detected SARS-CoV-2 infections.

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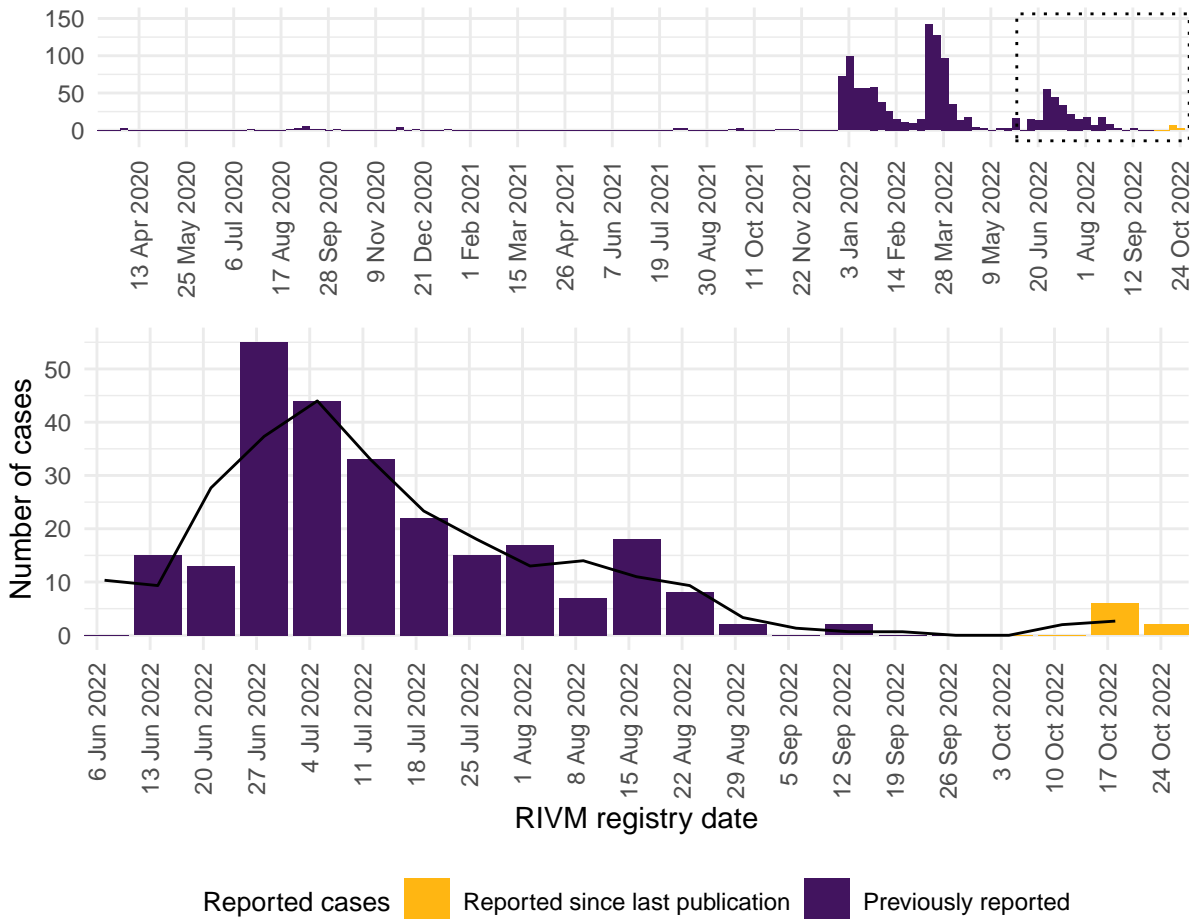


Figure 5: Number of weekly reported positive SARS-CoV-2 test results on St Eustatius, presented by RIVM registry date¹⁻⁴.

¹ These data show the weekly number of new SARS-CoV-2 infections by registration date at the RIVM. The black line in the epicurve represents the 3-week average in the number of newly detected SARS-CoV-2 infections.

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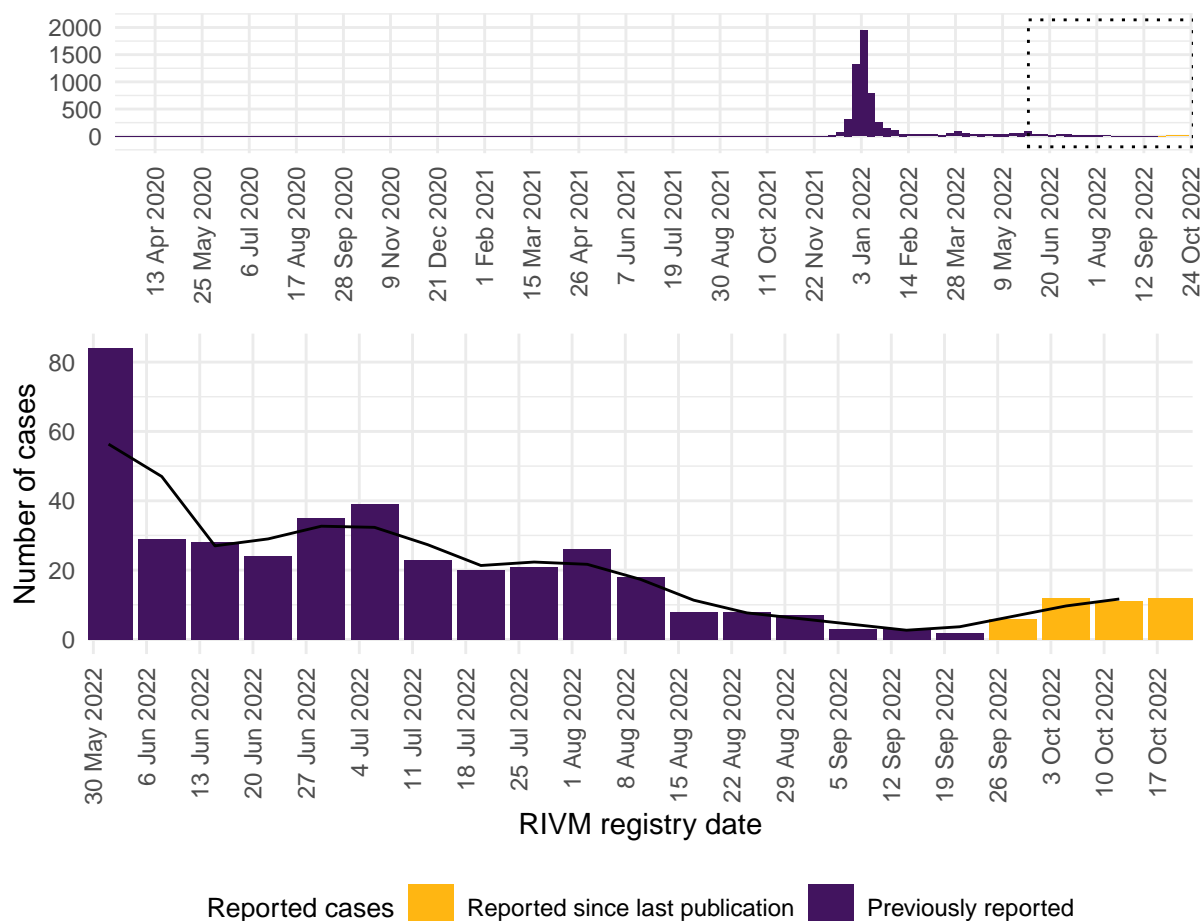


Figure 6: Number of weekly reported positive SARS-CoV-2 test results on Dutch St Maarten, presented by RIVM registry date¹⁻⁴.

¹ These data show the weekly number of new SARS-CoV-2 infections by registration date at the RIVM. The black line in the epicurve represents the 3-week average in the number of newly detected SARS-CoV-2 infections.

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3 SARS-CoV-2 three week average incidence rate, progression over time

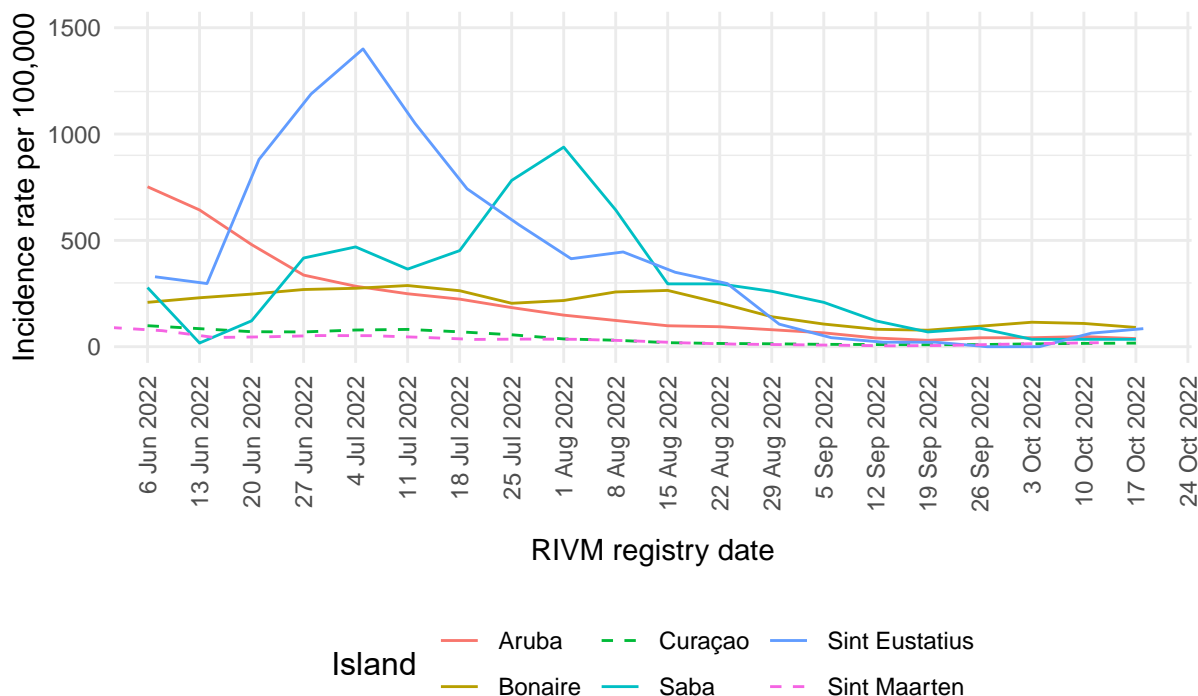


Figure 7: Three week¹ average number of reported cases per 100,000 residents by RIVM registry date, on Curaçao², Aruba, Dutch St Maarten³, Saba, Sint Eustatius, and Bonaire.

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.

² Until May 31, 2022, the local GGDs on Curacao conducted contact tracing. Until June 4, 2022, Curacao offered free large-scale SARS-CoV-2 tests. From June 5, 2022, onwards this policy changed and tests for SARS-CoV-2 are no longer free. Due to this policy change the number of people that will be tested at local labs will drop. Surveillance data dating from June 5, 2022, onwards will have to be interpreted differently than before. The incidence on Curacao as shown in Figure 8 from June 5, 2022, onwards cannot be compared to the trend prior to June 5, 2022, due to a change in group-composition of the people that are tested. The group-composition of future tests will be mostly travelers, (insured) people with symptoms and clinical test results. For this reason the incidence as of June 5, 2022, continues in a dotted line in the graph above.

³ Until March 26 2022, the local GGDs on St. Maarten conducted contact tracing. Until April 26 2022, St. Maarten offered free large-scale SARS-CoV-2 tests. From April 27 2022 onwards this policy changed and tests for SARS-CoV-2 are no longer free. People who want to be tested (or are recommended to be tested by their general practitioner) can be reimbursed by their health care provider from 27 April 2022 onwards. Due to this policy change the number of people that will be tested at local labs will drop. Surveillance data dating from April 27 2022 onwards will have to be interpreted differently than before. The incidence on St. Maarten as shown in Figure 8 from April 27 2022 onwards cannot be compared to the trend prior to April 27, 2022, due to a change in group-composition of the people that are tested. The group-composition of future tests will be mostly travelers, (insured) people with symptoms and clinical test results. For this reason the incidence as of April 27, 2022 continues in a dotted line in the graph above.

4 Number of COVID-19 vaccine doses administered on the CAS-BES islands

Table 5: Number of COVID-19 vaccine administered per island until 31 October 2022¹.

	Aruba	Bonaire	Curaçao	Saba	Sint Eu- statius	Sint Maarten ²
Number of persons who have received their first dosis (aged 5+ years)	89988	17144	108447	1687	1704	28911
Number of persons who have received their first and second dosis (aged 5+ years)	83814	15919	100576	1657	1604	26658
Number of fully vaccinated persons (aged 5+ years) ³	83814	15919	100576	1657	1604	26658
Number of persons with a booster or third dose	35209	8158	42758	1127	759	9069
Number of persons with a repeat vaccination	3758	1151	4051	198	53	368

¹ The vaccination coverage data presented here is reported by the islands to the RIVM on a weekly basis. These data may lag behind from the vaccination coverage data presented by the island officials.

² These data refer to the numbers of vaccinated persons on the Dutch side of St Maarten. Vaccination coverage on the French side of St Martin is reported by Santé Publique France on a weekly basis.

³ The number of fully vaccinated persons is defined as the number of completed vaccinations. This also includes persons who only require one dose of vaccine to be considered as fully vaccinated, due to having a history of SARS-CoV-2 infection. Both Aruba and Curaçao are reporting these data separately from the number of persons who have received two doses of vaccine. Dutch St Maarten and the BES-islands are currently not reporting these data. The number of completed vaccinations on those islands may therefore be an underestimation.

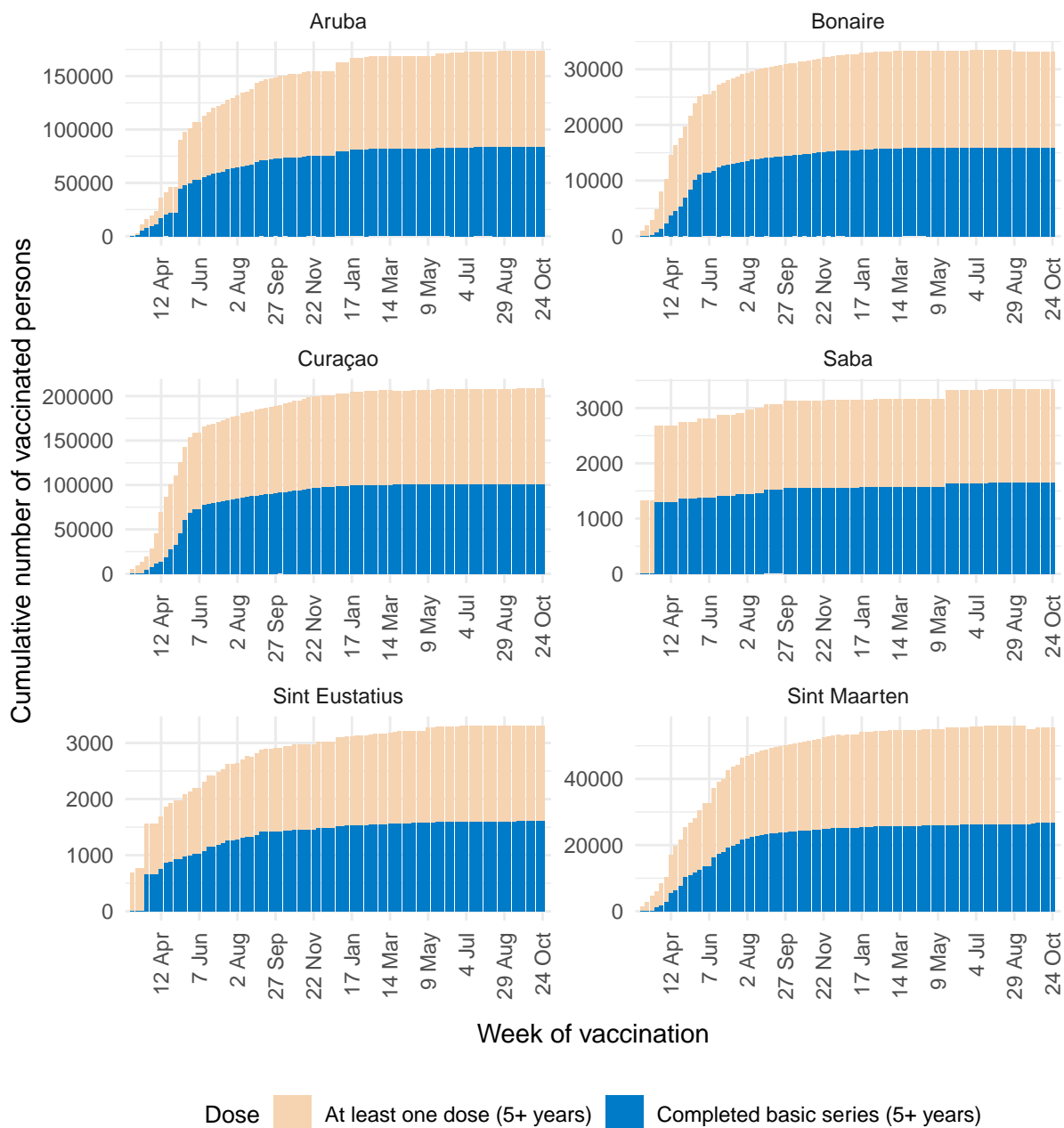


Figure 8: Number of first and second doses of COVID-19 vaccine administered, cumulative by vaccination date, until 31 October 2022^{1,2,3}.

¹ The vaccination coverage data presented here is reported by the islands to the RIVM on a weekly basis. These data may lag behind from the vaccination coverage data presented by the island officials.

² These data refer to the numbers of vaccinated persons on the Dutch side of St Maarten. Vaccination coverage on the French side of St Martin is reported by Santé Publique France on a weekly basis.

³ The number of fully vaccinated persons is defined as the number of completed vaccinations. This also includes persons who only require one dose of vaccine to be considered as fully vaccinated, due to having a history of SARS-CoV-2 infection. Both Aruba and Curaçao are reporting these data separately from the number of persons who have received two doses of vaccine. Dutch St Maarten and the BES-islands are currently not reporting these data. The number of completed vaccinations on those islands may therefore be an underestimation.

5 Vaccination coverage on the CAS-BES islands

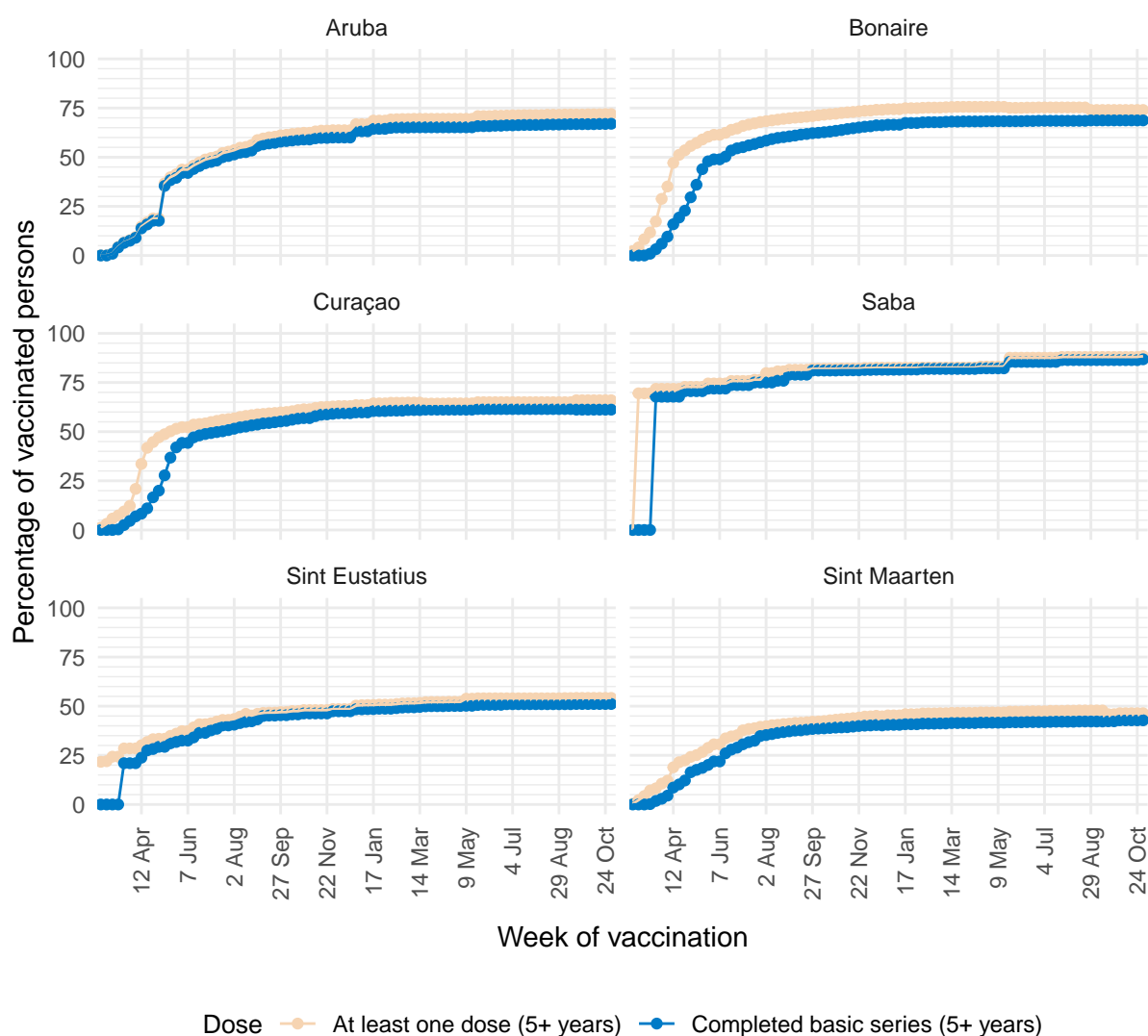


Figure 9: Estimated turnout for at least one dose and vaccination coverage for the basic series of COVID-19 vaccination¹⁻⁴.

¹ The vaccination coverage data presented here is reported by the islands to the RIVM on a weekly basis. These data may lag behind from the vaccination coverage data presented by the island officials.

² These data refer to the numbers of vaccinated persons on the Dutch side of St Maarten. Vaccination coverage on the French side of St Martin is reported by Santé Publique France on a weekly basis.

³ The term ‘turnout’ is used to indicate what percentage of the population has received at least one dose in a vaccination series. The term ‘vaccination coverage for the basic series’ is used to indicate the percentage of the population that has completed the basic series of COVID-19 vaccinations.

⁴ The number of fully vaccinated persons is defined as the number of completed vaccinations. This also includes persons who only require one dose of vaccine to be considered as fully vaccinated, due to having a history of SARS-CoV-2 infection. Both Aruba and Curaçao are reporting these data separately from the number of persons who have received two doses of vaccine. Dutch St Maarten and the BES-islands are currently not reporting these data. The number of completed vaccinations on those islands may therefore be an underestimation.