



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

May 2022 (week 17-22)

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

The number of positive test results on the CAS-BES islands increased in the month of May (week 17-22). In May 4,949 positive test results were reported from the CAS and BES islands, of which more than half from Aruba (2,610). In April there were 4,058 cases that tested positive. The COVID-19-related hospital occupancy and mortality increased slightly in Curaçao, Aruba, and Saba as compared to the preceding month. The VOC “Omicron L” (subvariant BA.2) caused the majority of the infections on the islands in May (data available up to week 22). The first infections with Omicron C (subvariant BA.2.12.1) and Omicron 22B (subvariant BA.5) were also detected during the month. The share of these variants is expected to rise in the course of this summer.

Curaçao reported 1,683 new positive SARS-CoV-2 test results last month. This is almost the same as the number of reports in April (1,664). The high number of positive SARS-CoV-2 test results is probably due to the various festivities in the past period (King’s Day, Easter). Large-scale testing was also carried out until 1 June. In week 21 (May 23-30, 2022), 202 people per 100,000 inhabitants in Curaçao (number of inhabitants approx. 164,000) received a positive SARS-CoV-2 test result and the test positivity rate was 18%. Hospital occupancy on the island increased again after some time last month: 17 COVID-19 related hospitalizations and three deaths were reported in May. All the deceased were aged 75+ and two of them were hospitalized.

In Aruba, the incidence and the 7-day average have been increasing, partly attributable to an intensified local transmission due to festivities such as Kingsday and Easter, as well as diagnostics among outgoing travelers to the USA. Hospital occupancy also increased last month. There were 2,610 positive test results, 26 COVID-19-related hospitalizations, and three new COVID-19-related deaths reported by the island in May. In April, 874 positive test results were reported. In week 21 (May 23-30, 2022), 629 people per 100,000 inhabitants in Aruba (number of inhabitants approx. 125,000) received a positive SARS-CoV-2 test result. This incidence includes tourists as well as residents. Among locals, the incidence in week 21 was 386 people per 100,000 inhabitants and the test positivity rate among locals was 47%.

On St. Maarten, the number of new positive test results received during May results was stable. The island reported 288 positive test results, no COVID-19-related hospitalizations, and no new COVID-19-related deaths in May. In week 21 (May 23-30, 2022), 119 people per 100,000 inhabitants on Sint Maarten (number of inhabitants approx. 62,000) received a positive SARS-CoV-2 test result and the test positivity rate was 4%. The first case of the VOC Omicron 22B (subvariant BA.5) was detected on the island in a week 14 sample. It concerned an unvaccinated traveler from South Africa who was later hospitalized. The subvariant has not been detected in samples sent from the island since then.

On Bonaire, the downward trend of new positive test results continued. 310 positive test results, no COVID-19-related hospitalizations and one COVID-19-related death were reported by the island in May. In week 21 (May 23-30, 2022), 168 people per 100,000 inhabitants on Bonaire (number of inhabitants approx. 23,000) received a positive SARS-CoV-2 test result and the test positivity rate was 44%.

Last month, 10 new positive test results were reported on St. Eustatius. All cases were younger than 65 years old, and eight cases were vaccinated with at least one dose. The trend in the number of positive test results also remained stable in May. The incidence in week 21 (May 23-30, 2022) was 159 people per 100,000 inhabitants (number of inhabitants approx. 3,000). The island reported no new COVID-19-related admissions or deaths in May. Since May 11, the COVID-19 related travel restrictions have been removed.

Last month, 50 new positive test results were reported on Saba. The incidence in week 21 (May 23-30, 2022) was 417 people per 100,000 inhabitants (population approx. 1,900) and the test positivity rate was 15%. The increase in the number of reports is mainly due to the Carnival festivities on the neighboring island of St. Maarten and clusters within households and among children. Most of the infections reported in May concern people aged 0-17 years (34%) and people aged 40-69 (26%).

15% of adults with a pre-acquired infection were vaccinated with 2 shots and 76% with 2 shots and a booster. On Saba, three people with comorbidities were hospitalized in May. One of them died after being transferred to St. Maarten, but not as a result of COVID-19.

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 31 May 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. 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.

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 this document 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 31 May 2022 using monitoring data received by the RIVM from the CAS-BES islands.

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 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	16-05-2022 - 22-05-2022	3706	659	17.8
Aruba	23-05-2022 - 29-05-2022	3831	765	20
Bonaire	16-05-2022 - 22-05-2022	93	40	43
Bonaire	23-05-2022 - 29-05-2022	-	-	-
Curaçao ³	16-05-2022 - 22-05-2022	2301	478	20.8
Curaçao	23-05-2022 - 29-05-2022	1905	335	17.6
Saba	16-05-2022 - 22-05-2022	-	-	-
Saba	23-05-2022 - 29-05-2022	-	-	-
Sint Eustatius	16-05-2022 - 22-05-2022	43	2	4.7
Sint Eustatius	23-05-2022 - 29-05-2022	-	-	-
Sint Maarten ⁴	16-05-2022 - 22-05-2022	1349	45	3
Sint Maarten	23-05-2022 - 29-05-2022	1935	65	3

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/desaruba>.

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 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. Ook het percentage positieve testen is vanaf 27 april 2022 niet eenduidig te vergelijken met de periode ervoor, 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 clinical test results.

Table 2: 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 RIVM¹⁻³

Island	Last updated on	Total cumulative			Past 4 weeks ⁵		
		Number of cases	Hospital admissions	Deceased ¹	Number of cases	Hospital admissions	Deceased
Aruba	2022-05-31	37490	1438	215	2610	26	3
Bonaire	2022-05-31	8606	86	30	322	0	1
Curaçao	2022-05-31	43971	1020	277	1683	17	3
Saba	2022-05-31	605	3	1	48	3	1
Sint Eustatius	2022-05-31	931	14	5	10	0	0
Sint Maarten ⁴	2022-05-31	10353	357	86	288	3	0

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 persons hospitalized due to or with COVID-19 is reported in Table 3.

² 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.

³ 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

⁴ 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. Ook het percentage positieve testen is vanaf 27 april 2022 niet eenduidig te vergelijken met de periode ervoor, 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 clinical test results.

⁵ These have been reported to the RIVM between 24 April 2022 and 31 May 2022 .

Table 3: Number of active SARS-CoV-2 infections and current status¹ of hospital occupancy of COVID-19 patients reported to RIVM by the CAS-BES islands^{2,3}

Island	Last updated on	Active cases	General care local	ICU local	Gynaecology
Aruba	2022-05-31	537	7	2	0
Bonaire ⁴	2022-05-31	30	0	0	0
Curaçao	2022-05-31	268	2	1	0
Saba	2022-05-31	8	0	0	0
Sint Eustatius	2022-05-31	4	0	0	0
Sint Maarten ^{5,6}	2022-05-31	42	1	0	1

¹ As of March 8, 2022, SARS-CoV-2 positive test results will no longer be reported by the islands on a daily basis. The last reporting date for data presented in this report may therefore per island.

² Number of active SARS-CoV-2 infections is defined as the number of persons with a SARS-CoV-2 infection of which the recovery has not been registered by the local public health department at the time of registration by the RIVM. These numbers can also be delayed if the contact tracing capacity at the public health department is limited.

³ 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

⁴ Covid patients admitted to the Special Care unit on Bonaire are mentioned under the column ICU-local.

⁵ Per September 1, 2021, admissions to the OB/GYN and pediatric wards are reported separately for St Maarten. The other islands are currently not reporting these data separately.

⁶ 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. Ook het percentage positieve testen is vanaf 27 april 2022 niet eenduidig te vergelijken met de periode ervoor, 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 clinical test results.

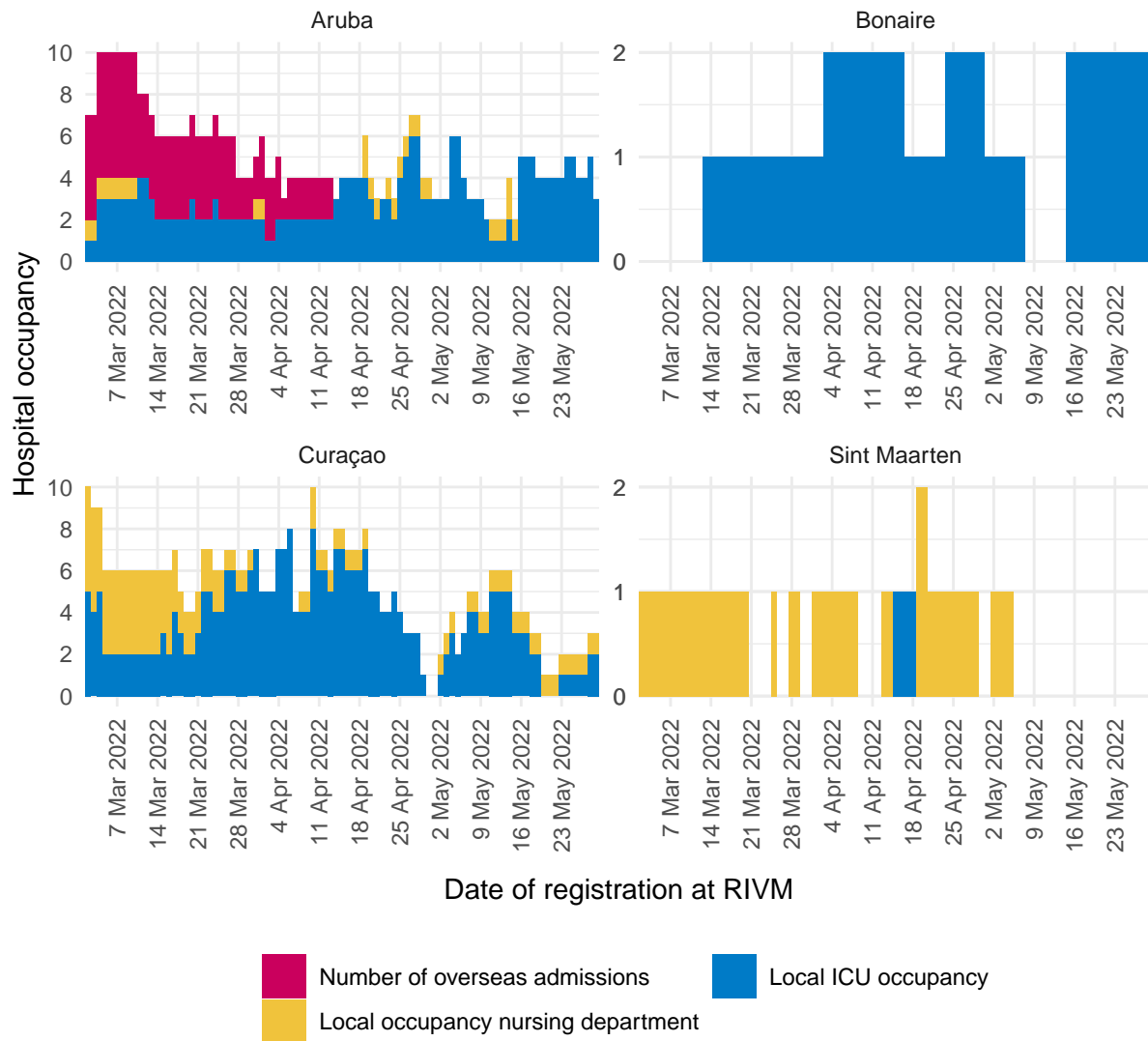


Figure 1: Total COVID-19 related hospital occupancy over time ¹⁻⁶

¹ There is no distinction made in the COVID-19 surveillance on the islands between people who have been hospitalized due to COVID-19 and already admitted patients who later tested positive for SARS-CoV-2. For this reason, in this figure, COVID-19 related hospital occupancy is understood to mean: 'The number of SARS-CoV-2 positive people who have been admitted due to or with COVID-19 complaints, as well as the number of people who were admitted due to another indication and then tested positive for SARS-CoV-2.'

² This refers to the number of reported COVID-19 related hospital admissions and deaths that are publicly reported. However, the date of notification to the local Public Health Department or date of death registry may fall in a different week. The actual number of COVID-19 related hospital admissions or deaths is (likely) higher than the number of admitted or deceased patients reported through the surveillance. This is because in both the European and Caribbean Netherlands there is no reporting obligation for hospitalizations or deaths of persons with a positive SARS-CoV-2 test result.

³ The pink bars in the graph illustrate the local IC occupancy over time, per island. The blue bars illustrate the hospital occupancy on the local nursing wards over time, per island.

⁴ Due to the low numbers of hospital admissions on Saba and Sint Eustatius, these islands are not included in the above figure.

⁵ For 234 people who have tested positive for SARS-CoV-2 since January 2021 on Bonaire, their hospitalization status is unknown. These data are not included in the figure above.

⁶ The data presented above are presented by date of registration at the RIVM. The above figures may lag be behind if the most recent data have not yet been reported to RIVM.

Table 4: SARS-CoV-2 incidence rate per 100,000 residents on the CAS- and BES-islands, as reported to RIVM ¹

Island	Last updated on	Incidence per 100,000	
		Previous week ³	Previous two weeks ⁴
Aruba	2022-05-31	627	1173
Bonaire	2022-05-31	203	341
Curaçao	2022-05-31	164	441
Saba	2022-05-31	417	1356
Sint Eustatius	2022-05-31	159	159
Sint Maarten ²	2022-05-31	80	250

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

² 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. Ook het percentage positieve testen is vanaf 27 april 2022 niet eenduidig te vergelijken met de periode ervoor, 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 clicical test results.

³ The incidence rate per 100,000 persons, for the previous week, has been calculated from 24 May 2022 until 31 May 2022.

⁴ The incidence rate per 100,000 residents, for the previous two weeks, has been calculated from 20 May 2022 until 31 May 2022.

Table 5: 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

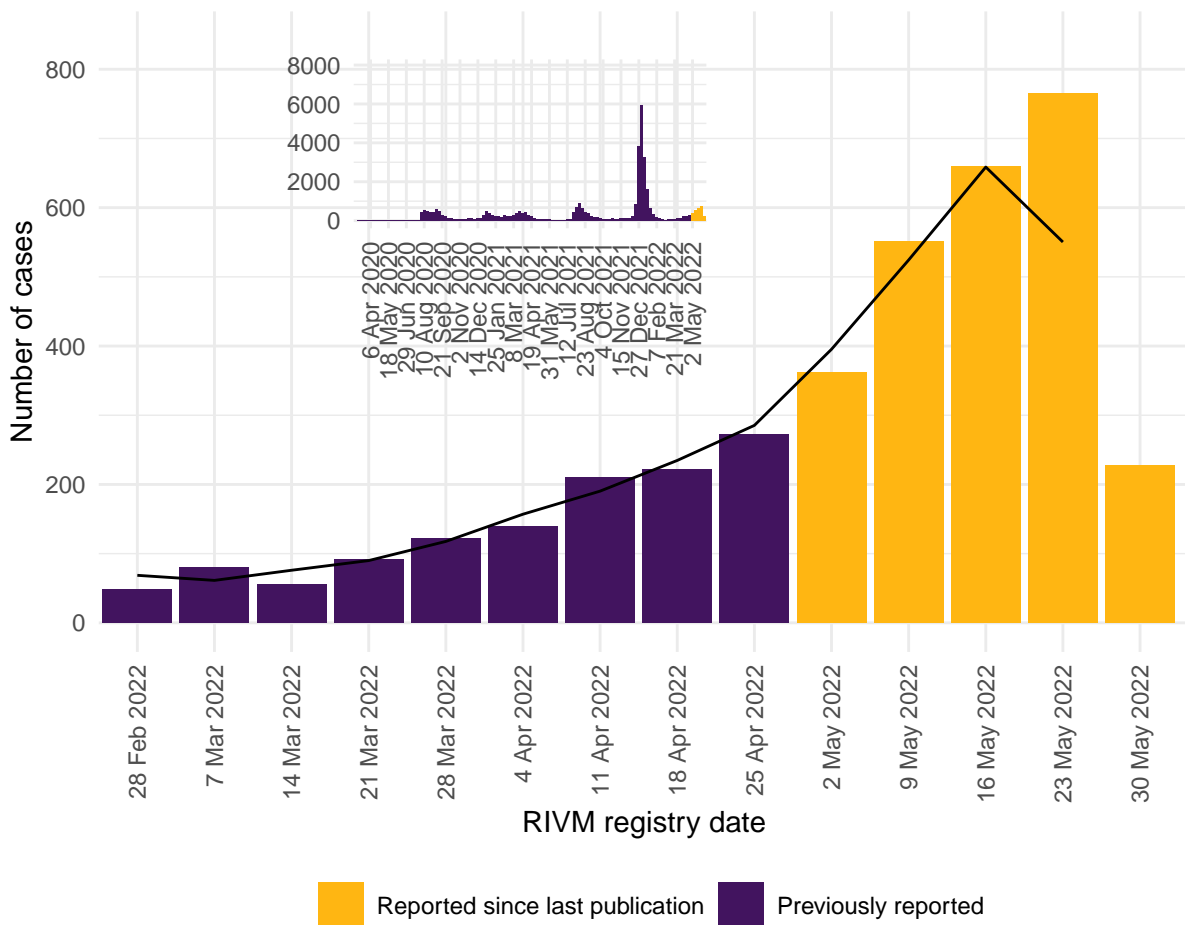


Figure 2: Number of weekly reported positive SARS-CoV-2 test results on Aruba, presented by RIVM registry date¹⁻³.

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.

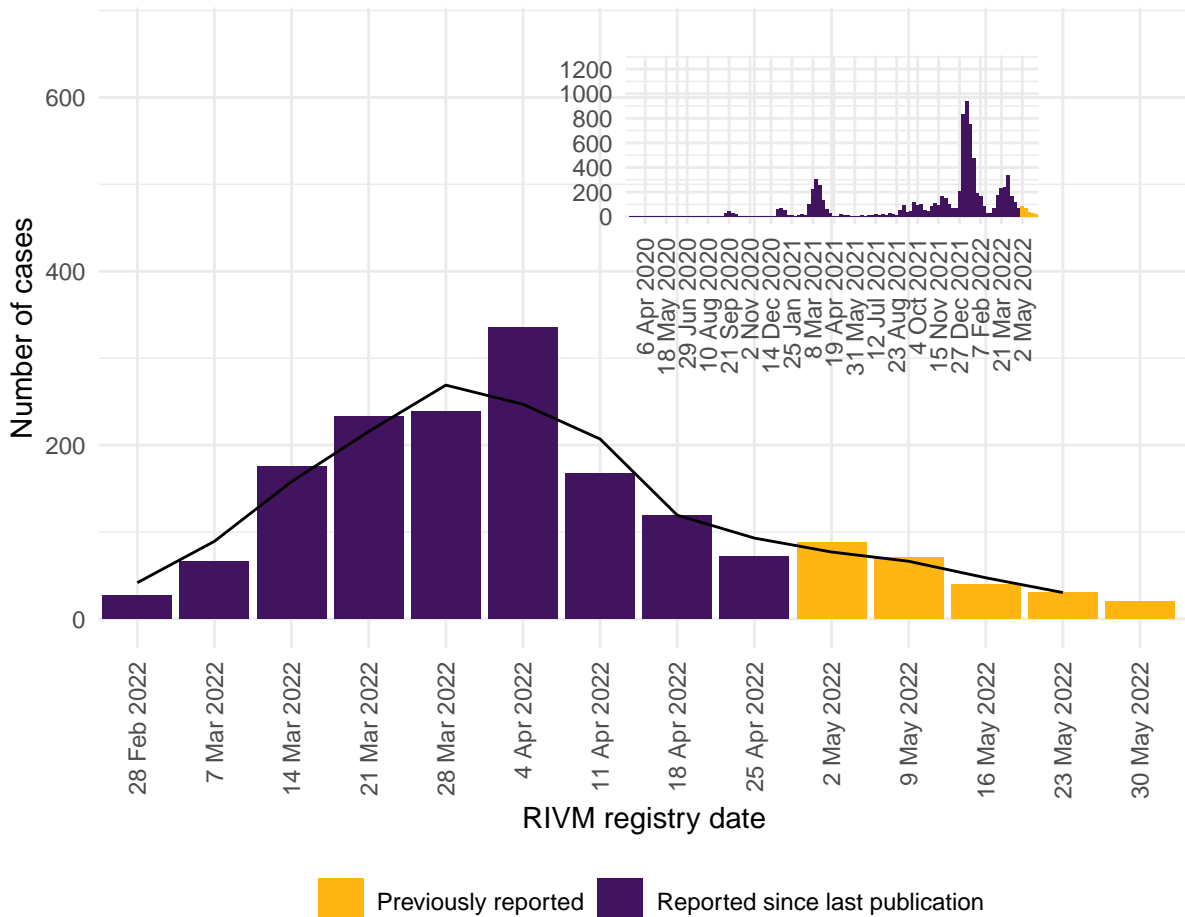


Figure 3: Number of weekly reported positive SARS-CoV-2 test results on Bonaire, presented by RIVM registry date¹⁻³.

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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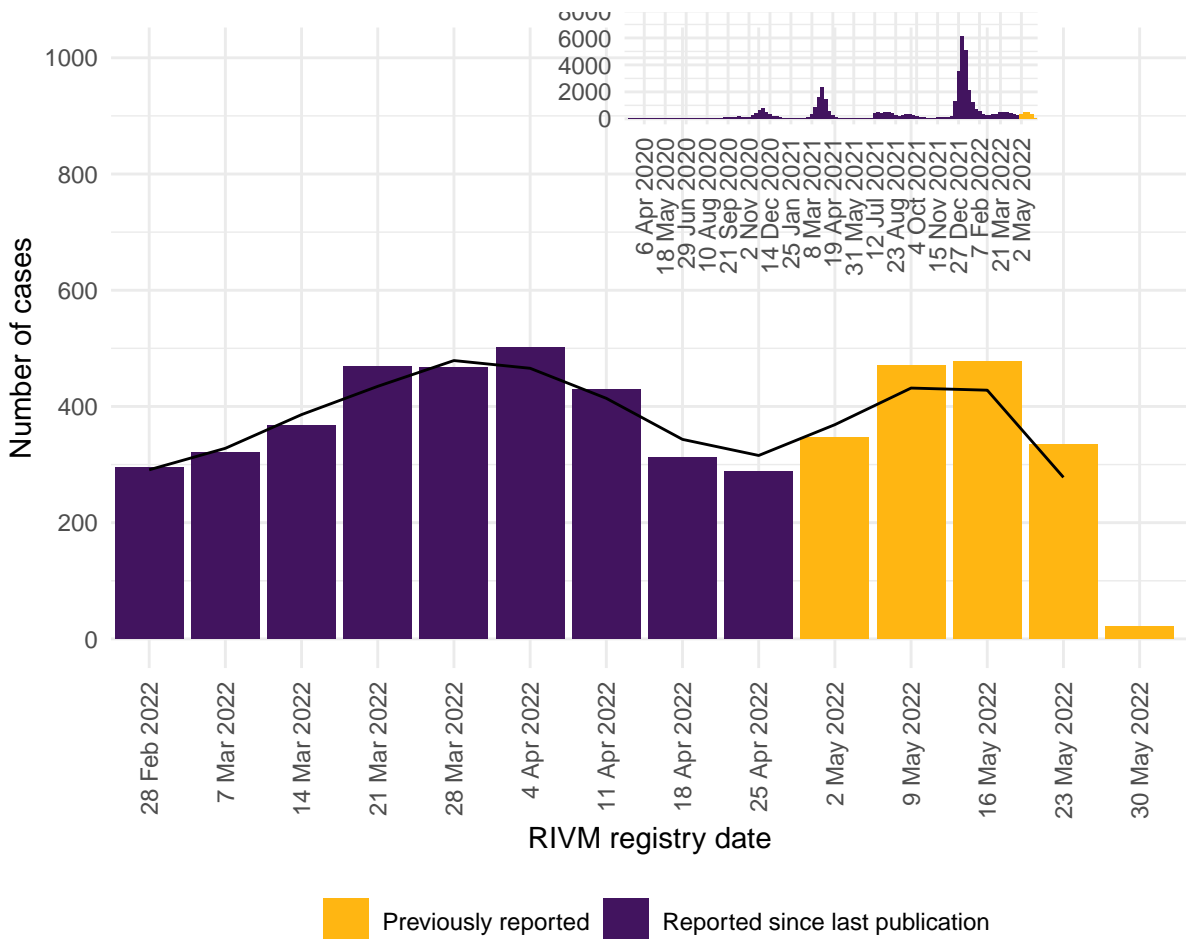


Figure 4: Number of weekly reported positive SARS-CoV-2 test results on Curaçao, presented by RIVM registry date¹⁻³.

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.

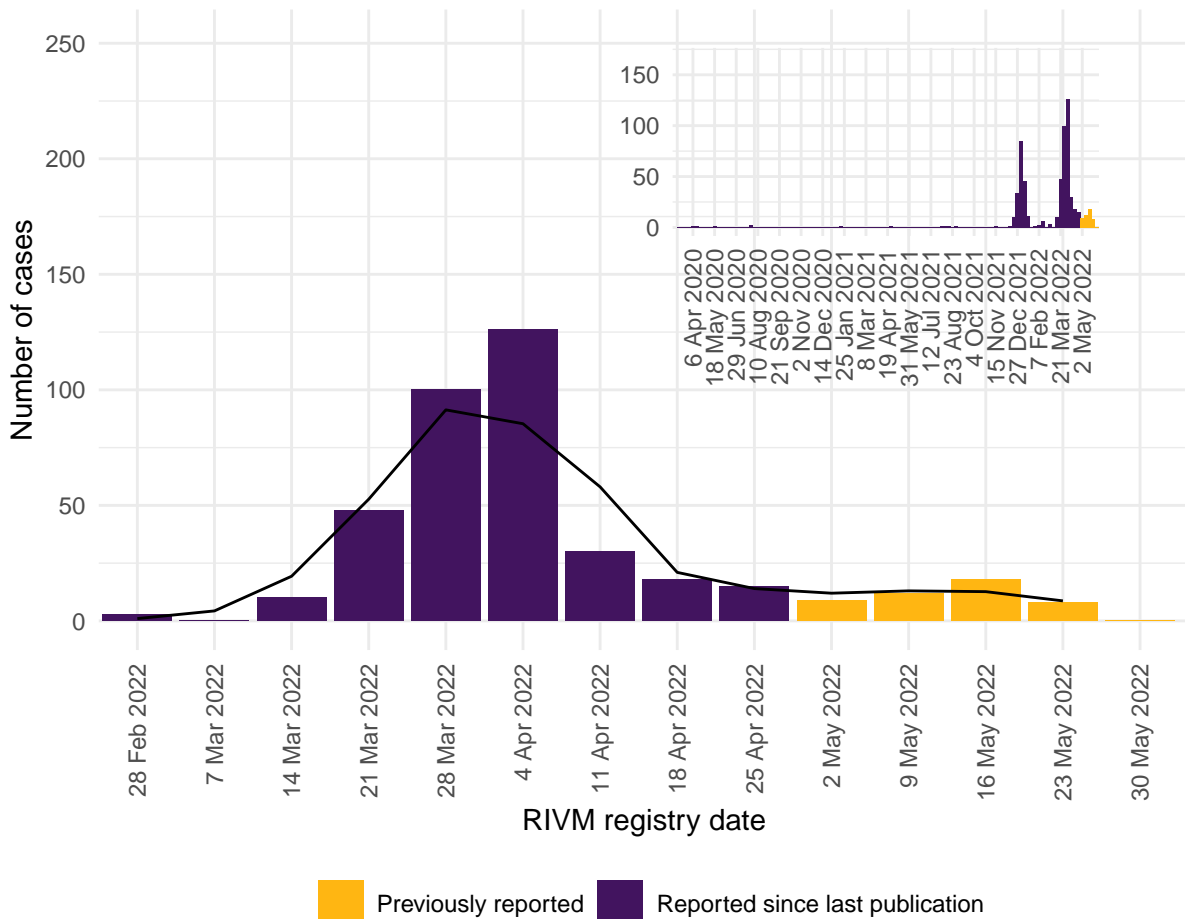


Figure 5: Number of weekly reported positive SARS-CoV-2 test results on Saba, presented by RIVM registry date¹⁻³.

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.

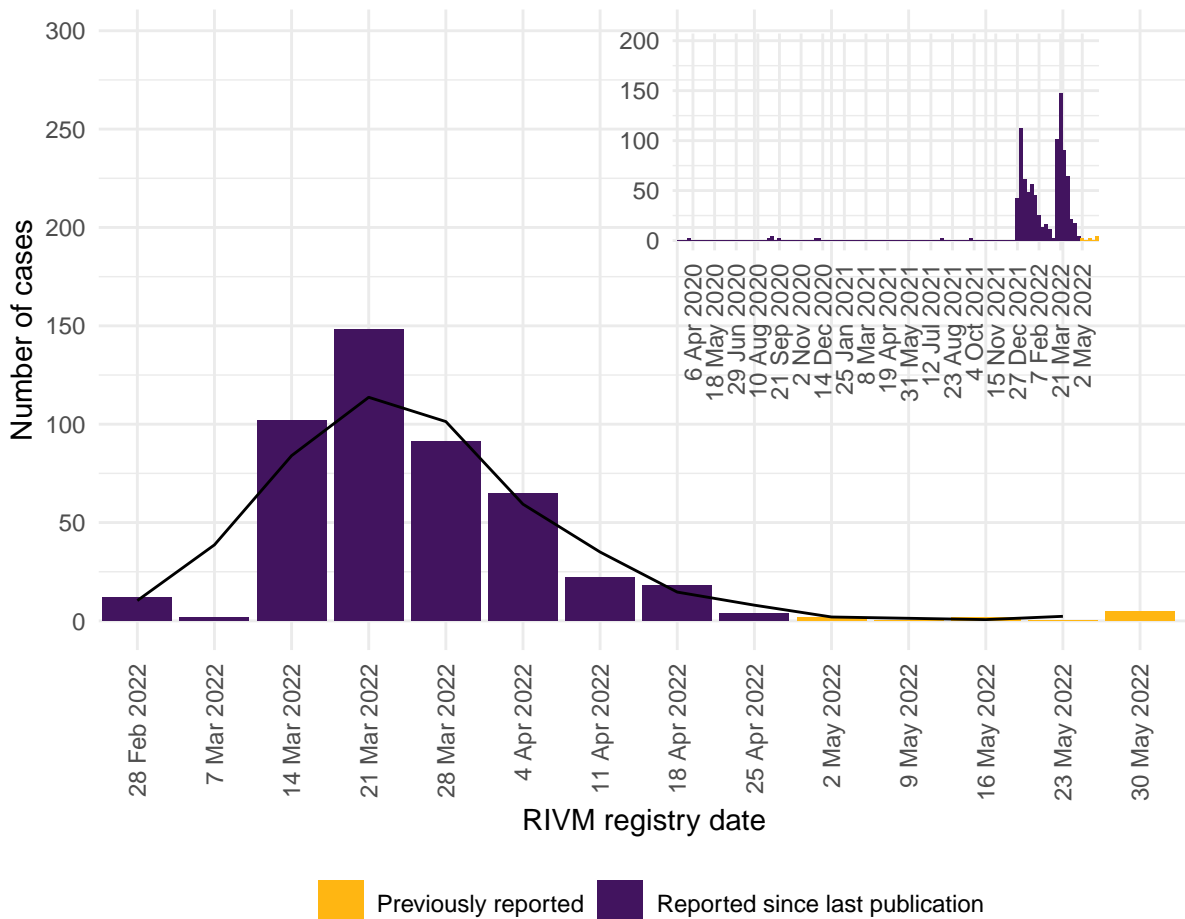


Figure 6: Number of weekly reported positive SARS-CoV-2 test results on St Eustatius, presented by RIVM registry date¹⁻³.

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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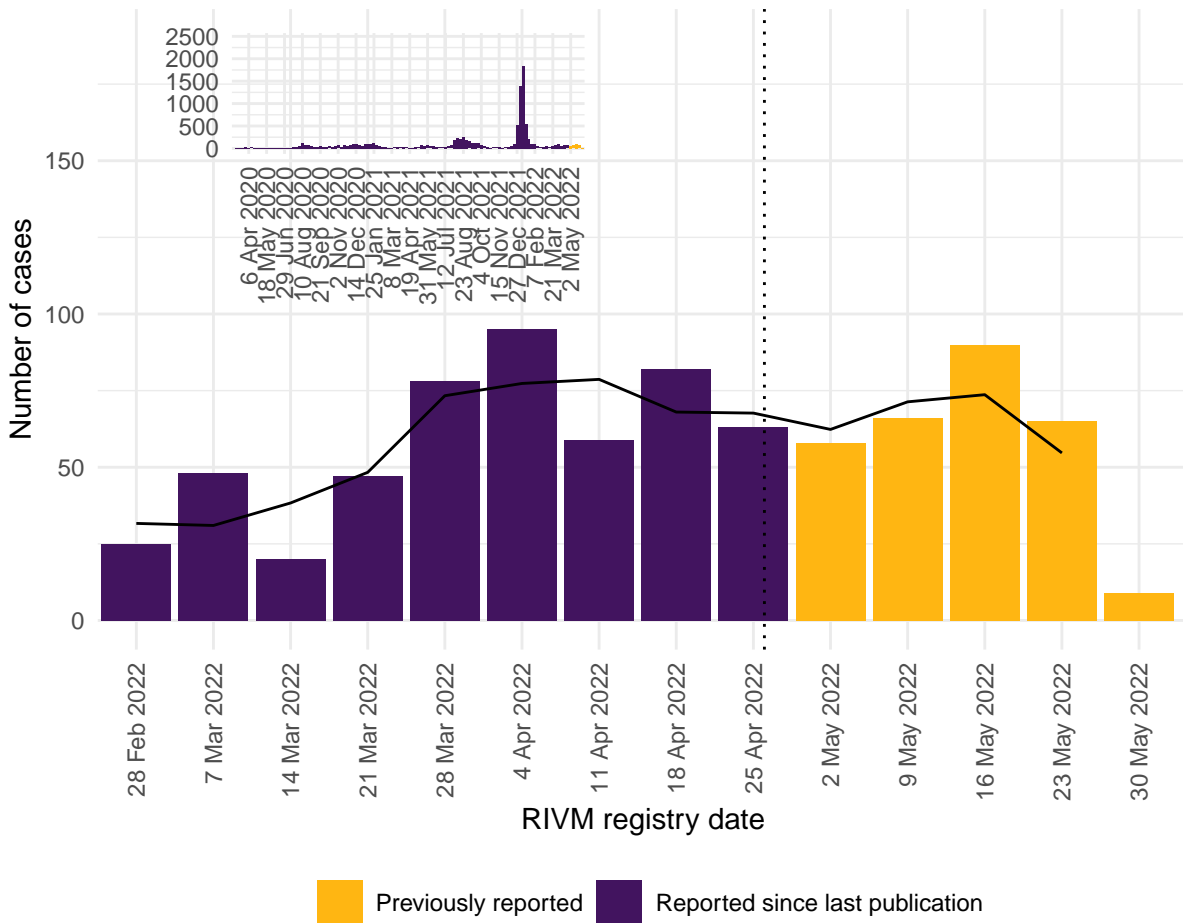


Figure 7: Number of weekly reported positive SARS-CoV-2 test results on Dutch St Maarten, presented by RIVM registry date¹⁻³.

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 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 trend in positive test results on St. Maarten as shown in Figure 7 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 we added a vertical line on April 27, 2022, in the graph above.

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.

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

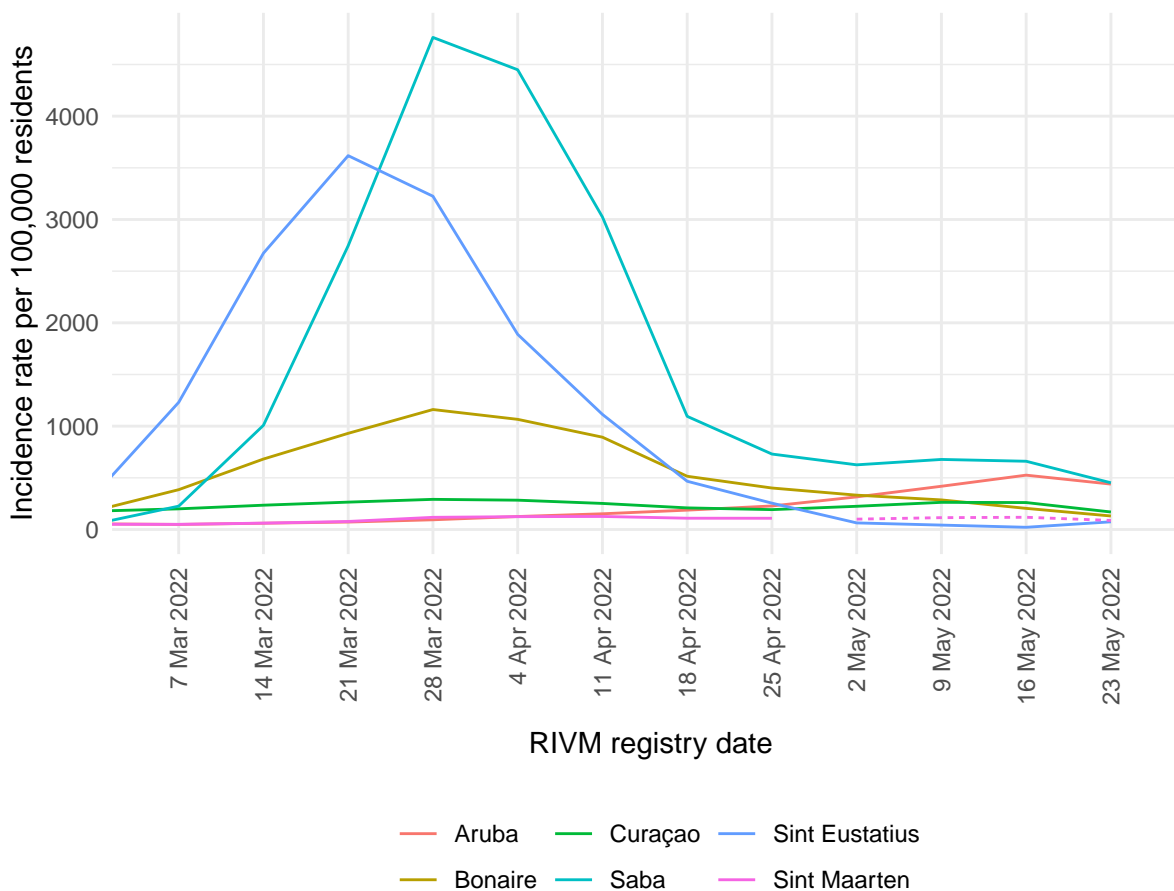


Figure 8: Three week¹ average number of reported cases per 100,000 residents by RIVM registry date, on Curaçao, Aruba, Dutch St Maarten², Saba, Sint Eustatius, and Bonaire.

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 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 6: Number of first and second doses of COVID-19 vaccine administered until 30 May 2022^{1,2}.

	Aruba	Bonaire	Curaçao	Saba	Sint Eu- statius	Sint Maarten ³
Number of persons who have received their first dosis (aged 12+ years)	88866	17414	106757	1680	1791	29525
Number of persons who have received their first and second dosis (aged 12+ years)	82409	15835	99354	1639	1686	26031
Number of fully vaccinated persons (aged 12+ years) ⁴	82409	15835	100922	1639	1686	26031
Number of persons with a booster or third dose	32897	7892	44769	1100	780	8716

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.

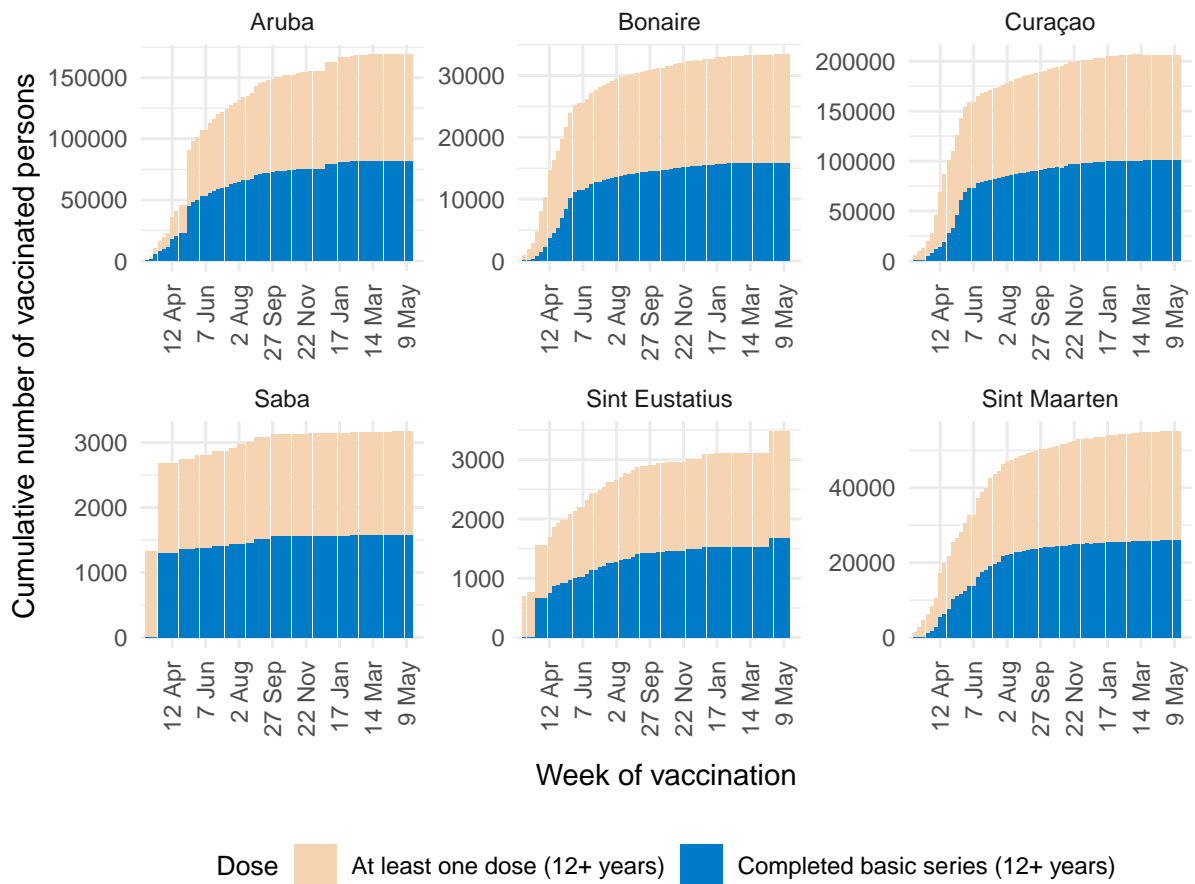


Figure 9: Number of first and second doses of COVID-19 vaccine administered, cumulative by vaccination date, until 30 May 2022^{1,2,3}.

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

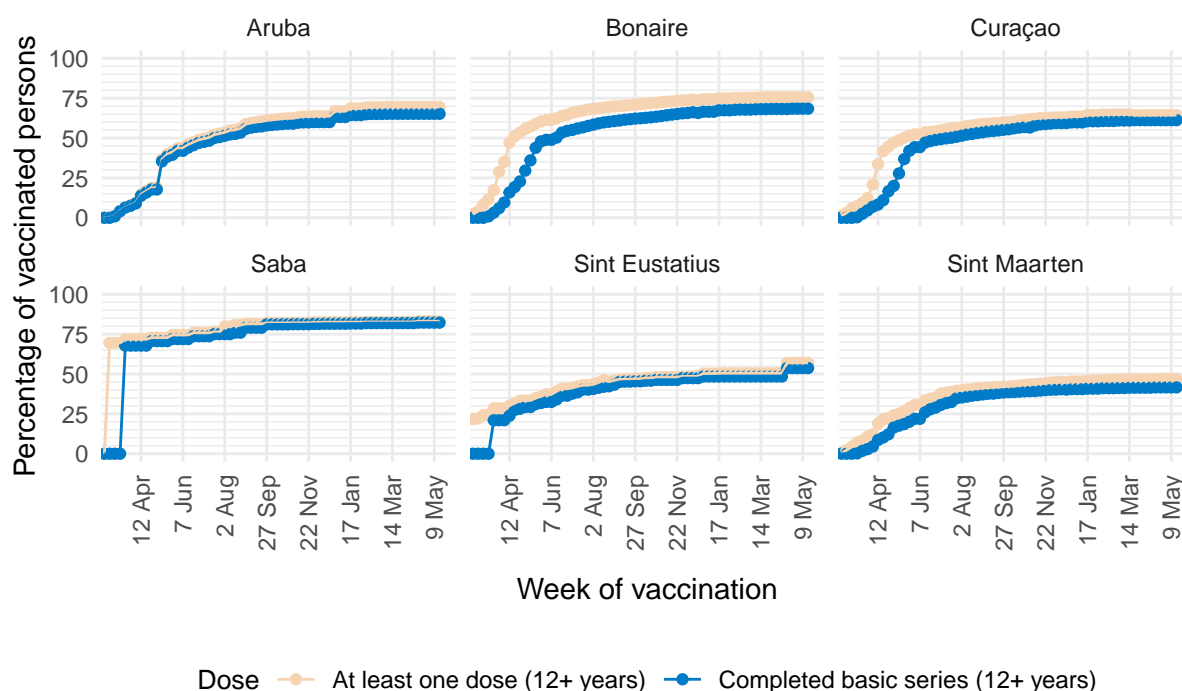


Figure 10: Percentage of residents aged 12 years or older who have received at least one vaccination dose and the percentage of residents aged 12 or older who have been fully vaccinated according to the current vaccination schedule of the vaccines used¹⁻⁴.

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 vaccination coverage is defined as: Persons aged 12+ who have received at least one dose. A one-dose schedule is sufficient for persons who have indicated that they have demonstrably experienced COVID-19 in the past six months. They are included in the 'fully vaccinated' percentages presented in this figure. These numbers are reported separately per week 21 by Curaçao and week 22 by Aruba.

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.