



Ministry of Health  
& Wellness  
Cayman Islands Government

# MEN'S HEALTH

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Monthly Issue 2- October 2022

## Public Health Spotlight

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-FromThe Desk Of-

*Hon. Sabrina Turner, MP*

Minister for Health & Wellness

It is my pleasure to present to you the second monthly issue of our Public Health Spotlight.

As this publication evolves, our aim is to not only continue to make relevant information and data readily available to our community, but also to ensure that we draw the connection between the services and efforts offered by our departments and Statutory Authorities and Government Companies (SAGCs) and our broader goal of protecting and strengthening public health nationally.

In this issue we highlight the important public health issues that impact our men and boys specifically, given that the month of November highlights two observances focused on the health and wellness of boys and men.

While we are transitioning to living safely and responsibly with COVID-19, there is still much interest in the community about the COVID-19 related deaths.

For this reason, additional information on the COVID-19 related deaths has been provided to give the community more information on how COVID-19 deaths are recorded, the medical conditions present in COVID-19 related deaths which are known to have a higher mortality, and those medical conditions which are unlikely to have affected the outcome.

Our aim is to inform, educate and empower.

At your service.

# International Men's Day, 'Mo'vember, and Public Health: Connecting the Dots.

Over the past few years Cayman's community has become well acquainted with the growing number of events that take place in November that focus on the health and wellness of men and boys.

'Mo'vember is a month long awareness, education and fundraising effort that focuses on men's mental health, suicide prevention, prostate and testicular cancer.

International Men's Day (IMD), November 19, celebrates the positive value men bring to the world, their families and communities, while highlighting men's well-being.

While traditional social and cultural norms are better understood within the context of how they impact the health, wellness and safety of women and girls, these efforts serve to highlight how such norms also have a detrimental effect on men and boys.

Suicide prevention is a key concern for both Movember and IMD due to the fact that globally the suicide rate for men is twice as high as for women, even though women are more likely than men to attempt suicide. How is this possible? Research has shown that male suicide methods are often more violent, which makes it more likely they can be completed before anyone can intervene and offer assistance.

Men also have a shorter life expectancy than women. Globally men tend to live for an average of 70 years, whereas women live for an average of 75 years.

Research also suggests that men could be less aware of their own symptoms and well being, which is why in some nations men are twice as likely to suffer from illnesses like lung cancer and heart disease than women.

The economic and human cost to individuals, families, communities and society of suicidal behaviours, heart disease, lung cancer, and shorter life expectancy make all of these issues serious public health problems that need to be acknowledged, understood and addressed.

The Department of Counselling Services, via both The Counselling Centre (TCC) and the Family Resource Centre (FRC), offer mental health support to all residents of the Cayman Islands free of cost.

Additional mental health support services are offered via:

The Mental Health Helpline:  
1-800-534-6463

Cayman Islands Crisis Centre 24 Hour Crisis Line:  
1-800-534-2422

The Family Resource Centre will also be observing IMD via a series of events between November 12-25:

November 12:  
Men & Boys' Basketball Tournament

November 19:  
Men & Boys' Football Tournament  
IMD Dress for a Cause

November 22:  
Raising Resilient Boys- parenting seminar

November 25:  
The State of Men and Boys Forum

For more information, log on to  
[www.dcs.gov.ky/frc](http://www.dcs.gov.ky/frc).



# HEALTHY BODIES HEALTHY MINDS

Healthy Bodies Healthy Minds is a virtual campaign to raise awareness and urge educators, counsellors, students and families help to develop and reinforce healthy habits to keep their minds, bodies and souls active.

Healthy Bodies Healthy Minds is free of cost and available to schools, early education centres, youth serving organisations, and individual families.

Healthy Bodies Healthy Minds is a month long virtual calendar which offers participants with activities for each day to promote nutrition, movement, mindfulness and awareness.

Healthy Bodies Healthy Minds is an important precursor to drug prevention education and programmes.

By learning how the body is supposed to work, children are equipped to better identify how drugs and alcohol impair the bodies functions.

Healthy Bodies Healthy Minds is the first in a series of building blocks that tackle drug prevention education and programming more holistically.

For more information or to access the calendar of activities, log on to [www.ndc.ky](http://www.ndc.ky)

# Well Aware

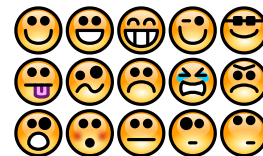


Things we need to normalise for men and boys:



## Mental health issues

It is important to recognise that mental health issues can impact anyone and to reduce the stigma around mental ill health.



## Showing emotions

Humans have emotions. Boys and men are human. Showing emotions is human and normal no matter what one's sex or gender identity is.



## Not being okay

Sometimes things are simply not okay, and that is no one's fault. There is no need to grin and bear it, or put on a brave face. It's okay to not be okay.



## Going to therapy

Everyone can benefit from counselling and therapy, and that includes boys and men.



## Asking for help

Everyone needs help from time to time. It is not a sign of weakness or failure.

# Epidemiological Alert- Regional

The Pan American Health Organization (PAHO) has reported that as of 1 November 2022, Haiti reported 3,429 suspected cases of cholera including 399 confirmed cases. There have also been 89 registered deaths[1]. Cholera is a bacterial disease caused by *Vibrio cholerae*, and is transmitted through consumption of contaminated food or water.

In response to the outbreak in the region, the Cayman Islands will continue surveillance efforts to monitor for any suspected cholera cases. Currently, no cases have been detected.

[1] Pan American Health Organization. 2022. Epidemiological Update – Cholera – 1 November 2022. Available: Epidemiological Update - Cholera - 1 November 2022 - PAHO/WHO | Pan American Health Organization

## Monkeypox Update

In the Cayman Islands, there remain to have been no detected cases of monkeypox.

Globally, there have been 77,934 laboratory confirmed monkeypox reported to WHO since the beginning of 2022 (data as of 2 November 2022). Over the past two months there has been a continual decline in reported cases to WHO. This year, there have been 36 monkeypox deaths reported to WHO[1].

[1] World Health Organization, 2022. 2022 Monkeypox Outbreak: Global Trends. Produced 02 November 2022. Available: [https://worldhealthorg.shinyapps.io/mpx\\_global/](https://worldhealthorg.shinyapps.io/mpx_global/)

## COVID-19 Surveillance Data

October 2022 (data as of 1 November 2022)

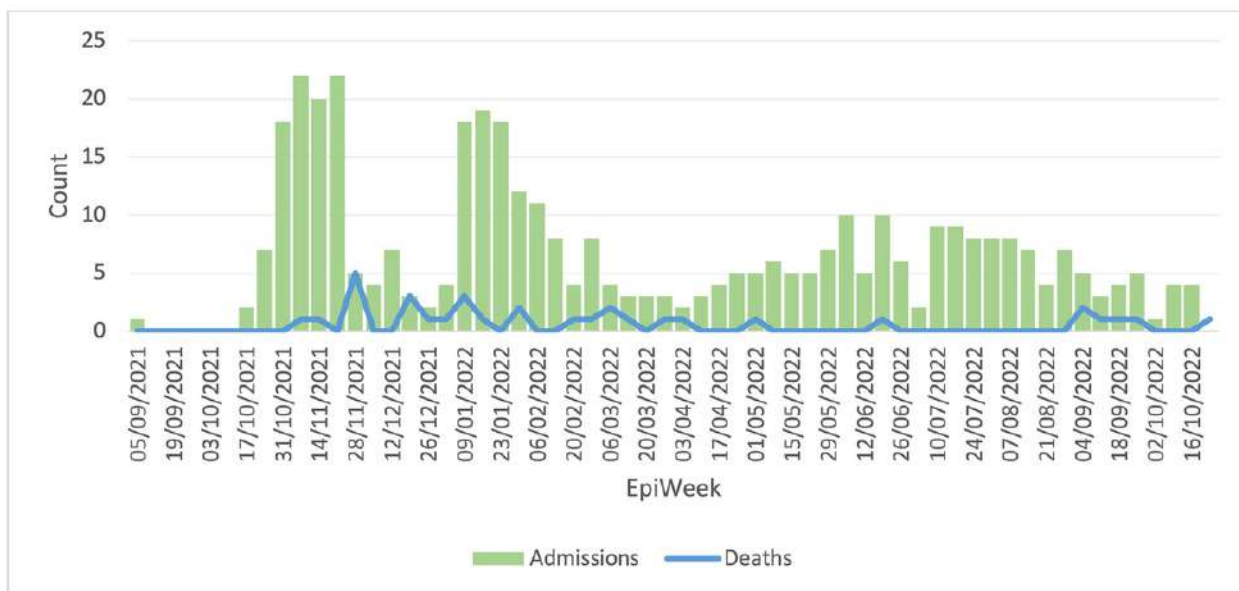
### Key points

Internationally: The number of COVID-19 cases reported to WHO has continued to decline over the past month, however as testing globally has declined this will be an underestimate.

Local trends: In the Cayman Islands, hospitalisations have continued to decline since the summer. There were a total of 10 COVID-19 patients admitted in October 2022, a 56% decrease from the 22 admissions during September. Reported admissions includes both patients admitted due to COVID-19 morbidity and patients admitted for other health reasons who were detected to have COVID-19 on admission screening.

One COVID-19 death has been reported during October 2022. The individual had underlying co-morbidities and had received their complete primary course of the vaccine but not received any boosters.

**Figure 1: Weekly hospitalisations and deaths (since 8 September 2021<sup>a</sup>)**



<sup>a</sup> First COVID-19 patient was in March 2020, but hospitalisation figures begin September 2021 for graphical reasons.

**Table 1: COVID-19 patients admitted to hospital**

Indicator	Current Month	Previous Month	Percentage change
New COVID-19 patients admitted <sup>b</sup>	10	22	-56%
New admissions with ≥ 2 doses of a COVID-19 vaccine	3	12	-75%
COVID-19 patients discharged	14	22	-36%
Number of inpatients	24	26	-8%
Supplemental O2 inpatients <sup>c</sup>	0	7	-100%
ICU inpatients <sup>c</sup>	1	0	-
Ventilated inpatients <sup>c</sup>	1	1	0%

<sup>b</sup> Admissions include patients who are detected as being COVID positive on screening.

<sup>c</sup> inpatient indicators are based on data received at the point of admission.

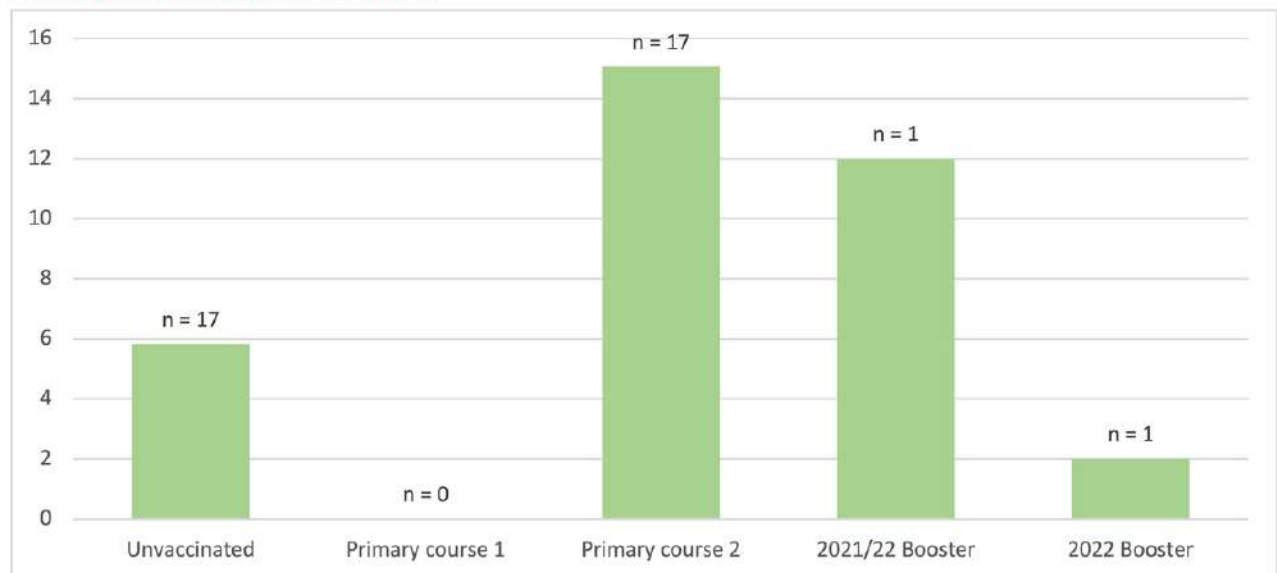


**Table 2: Hospitalisation and Death statistics March 2020 – Present.**

Vaccination Status	Hospitalisations	Proportion	Deaths	Proportion
Unvaccinated	235	57%	25	71%
Partially Vaccinated	12	3%	1	3%
Fully vaccinated	132	32%	9	23%
Fully vaccinated +1 Booster	33	8%	1	3%
Fully vaccinated +2 Boosters	2	0%	0	0%
<b>Total</b>	<b>414</b>	<b>100%</b>	<b>36<sup>d</sup></b>	<b>100%</b>

<sup>d</sup> A recent retrospective review identified an additional death that occurred in July which meets the public health surveillance death definition that was not reported at the time.

**Figure 2: Average length of hospital stay stratified by the number of COVID-19 vaccine doses received for the past two months<sup>e</sup>**



<sup>e</sup> Representing 36 inpatients

Please note: The numbers above the bars represent the number of inpatients by number of COVID-19 doses received.

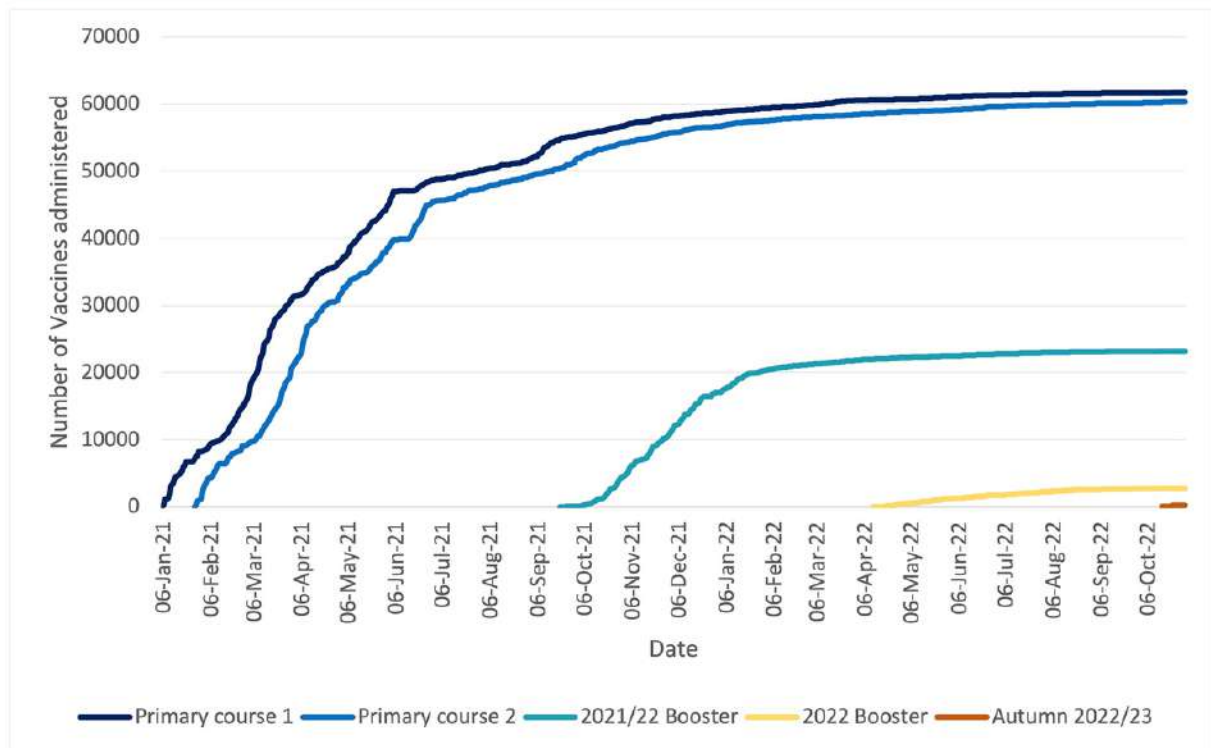
Observing a high number of vaccinated inpatients is expected as national vaccination coverage is high.

**Table 3: COVID-19 vaccine uptake and coverage within the previous month.**

Dose Number	Number administered in the month	Total Count	Coverage of Total Population <sup>f</sup>	Coverage of population over 5 <sup>f</sup>
Primary course 1	32	61,818	86.5%	95.5%
Primary course 2	158	60,499	84.7%	93.4%
2021/22 Booster	27	24,064	33.7%	37.2%
2022 Booster	54	2,772	3.9%	4.3%
Autumn 2022/2023 Booster	217	217	0.3%	0.3%

<sup>f</sup>Based on a Total Population of 71,432.

**Figure 3: Vaccine uptake over time**





## Fall 2022/23 COVID-19 Booster

The COVID-19 Autumn booster has been available in the Cayman Islands for priority risk groups. This has initially focused on residents and staff in elderly care homes, health care workers and those over the age of 70. So far, 285 individuals have received their Autumn booster.

As of 1st November 2022, the Chief Medical Officer has approved for the rollout to be expanded to all eligible persons 18 years and older. An individual is required to have had their previous COVID-19 vaccination or booster more than 3 months ago to be eligible.

## In Depth: COVID-19 Deaths

As part of the COVID-19 public health surveillance all COVID-19 deaths are reported. There is no internationally agreed definition of a COVID-19 death. The same definition for reporting is used for COVID-19 deaths as in the UK, which is any death in which the patient had a positive COVID-19 result in the 28 days prior to the date of death. During the pandemic, there have been 36 deaths which meet this definition reported by the COVID-19 national public health surveillance.

In addition to this, the Cayman Islands General Registry holds a record of all deaths on island, including those which have COVID-19 mentioned on the death certificate. During the pandemic, there have been 31 deaths recorded on the death registry where COVID-19 is mentioned on the death certificate.

Comparing these two data sources:

- o There are 29 deaths which are included in both the death registry with COVID-19 on the death certificate and the COVID-19 national public health surveillance.
- o There are an additional seven deaths which are reported by the COVID-19 public health surveillance which do not have COVID-19 detailed on the death certificate.
- o There are two deaths which have COVID-19 recorded on the death certificate, but do not meet the definition of a COVID-19 death in the public health surveillance.

Individuals who have been reported as COVID-19 deaths in the public health surveillance often had other medical conditions, commonly referred to as underlying co-morbidities. Some of these conditions may mean the patient is more likely to have a severe infection if infected with COVID-19.

The following tables present the frequency of other medical conditions that the COVID-19 reported deaths had. A patient may have more than one condition present. Two medical conditions have been removed to ensure patient confidentiality. Where the frequency of the medical condition across all reported deaths is less than five, this has been masked to prevent the risk of identifying individuals.

**Table 4: Medical conditions present in COVID-19 reported deaths (N=36) which are known to have a higher risk of mortality**

<b>Medical condition</b>	<b>Frequency</b>
Diabetes	12
Chronic Kidney Disease	10
Congenital abnormality	8
Chronic Lung Disease	6
Obesity	<5
Cancer	<5
Dementia	<5
Haemodialysis	<5
Cerebrovascular accident	<5
Chronic Obstructive Pulmonary Disease	<5
Pneumonia	<5
Pulmonary Embolism	<5
ST-elevation myocardial infarction (Heart attack)	<5
Autoimmune condition	<5
Peripheral Artery Disease	<5
Obstructive Uropathy	<5
History of Deep Vein Thrombosis	<5
Stroke	<5



**Table 5: Medical conditions present in COVID-19 reported deaths (N=36) which are unlikely to have affected the outcome**

<b>Medical condition</b>	<b>Frequency</b>
Hypertension	23
Anaemia	<5
Benign Prostatic Hyperplasia	<5
Chronic Hyperkalemia	<5
Dyslipidemia	<5
Hypothyroidism	<5
Mood disorder	<5
Pacemaker	<5
Seizures	<5
Wolf-Parkinson-White syndrome	<5
Epilepsy	<5
Osteoarthritis	<5
Lumbago	<5
Bandemia	<5
Lichenified	<5
Viral hepatitis B	<5