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Public Health Spotlight

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#EMBRACE EQUITY

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-From The Desk Of-

Hon. Sabrina Turner, MP

Minister for Health & Wellness

The month of March in the Cayman Islands is designated as Honouring Women Month (HWM).

While many countries around the world celebrate International Women's Day (IWD) on March 8, for the past 24 years our community has chosen to dedicate the entire month to the contributions, achievements, gains and hardships which women experience.

The theme of this year's IWD and HWM is #EmbraceEquity. Over the course of this month, the Family Resource Centre (Department of Counselling Services) will be working to not only raise awareness of HWM but will also be working to educate our community on what equity actually means and how it translates to individual's every day lives.

In an effort to do our part, and help connect the dots for our community when it comes to equity and health, a great deal of this month's issue of the Public Health Spotlight is dedicated explaining the concepts of equity and equality, how these show up in access to health care services and health outcomes, as well as the external factors which determine the health context from which individuals come that better highlights why equality is often not enough.

Our hope is that, as you develop your own equity lens, you'll be able to see ways which you can #embraceequity within your own spheres of influence.

Lastly, our Epidemiology Corner continues to provide local COVID-19 surveillance data. Given the public interest in local influenza data, that too has been added to this month's issue, along with some regional information of importance on the rise of chikungunya cases and deaths in the Americas.

We remain at your service.

#EmbraceEquity:

Understanding the Rallying Cry for HWM

March 2023 marks the 24th year in which the Cayman Islands has been celebrating Honouring Women Month (HWM).

HWM is a month long extension of International Women's Day (IWD), which works to commemorate the social, economic, political and cultural contributions of women to society.

HWM and IWD are also a call to action when it comes to issues relating to women's equity, and addressing gender-specific issues that affect them.

The theme for this year's HWM and IWD is #EmbraceEquity. Equity and equality are often used interchangeably, but the meaning of each is as different as their application in real life.

Equality speaks simply to all things being equal. In other words, equality asks only that individuals or groups are afforded the same resources and opportunities.

Equity, on the other hand, recognises the different context or circumstances that each individual has, and, in so doing, allocates the necessary resources and opportunities are needed for that individual to reach an equal outcome.

Thus the push to #EmbraceEquity is a push to move the dialogue beyond that of equality, and to recognise that equality is simply not enough.

Equity impacts every aspect of our lives, not least of which is our health. This means that

inequity can have significant, and often devastating impact on individuals.

The gender health gap is a global challenge that begins from the way which research is conducted and extends all the way to the doctor's office.

For example, Harvard Health shares that 70% of those affected by chronic pain conditions are women, whereas 80% of pain research is conducted on males, meaning that there is a sizeable gap on how we understand the female body.

The issue of pain is an important one, as research has shown that men in chronic pain are seen as "stoic" while women are more likely to be considered "emotional or hysterical".

Cardiovascular disease is the number one cause of death of women not only in the Cayman Islands but globally, causing 1 in 3 deaths each year. However, cardiovascular disease in women is understudied, under-recognised, under-diagnosed and under-treated.

The American Heart Association's "Go Red For Women" movement indicates that only 38% of participants in clinical cardiovascular trials are women.

And in speaking of gaps, stigma surrounding menopause has led to a knowledge gap within this area, with some research indicating that many women are suffering through menopause

without basic knowledge of symptoms. This lack of knowledge can have a negative impact on their health and affect their overall quality of life.

For example, while menopause does not cause cardiovascular disease, the approach to menopause marks a point in a woman's life where the risk factors for cardiovascular disease can accelerate. Yet stigma surrounding menopause has limited women's

understanding of the impact which menopause can have on their heart health.

This stigma also seems to follow women to health care services providers as research from the Menopause Foundation of Canada shows that, while perimenopausal and menopausal women see their family physician as the most trusted source for information and advice, only 27% reported that their physicians proactively discussed menopause with them.

WHAT IS HEALTH EQUITY?

Equity is the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification.

-World Health Organization

Health equity means that everyone has a fair and just opportunity to be healthier.

This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

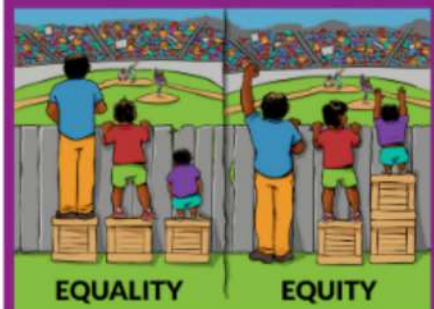
-Robert Wood Johnson Foundation

The route to achieving equity will not be accomplished through treating everyone equally. It will be achieved by treating everyone justly according to their circumstances.

-Paula Dressel,
Race Matters Institute

Research shows that problems like poverty, unemployment, low educational attainment, inadequate housing, lack of public transportation, exposure to violence, and neighborhood deterioration (social or physical) shape health and contribute to health inequities.

-National Academy of Sciences



Interaction Institute for
Social Change
Artist: Angus Maguire

One final point to highlight the issues of inequity as it relates to cardiovascular health: women are often less likely to receive bystander CPR because rescuers often fear accusation of inappropriate touching, sexual assault or injuring the victim.

Early CPR with chest compressions and ventilation is a critical component of the cardiac chain of survival because it provides small but critical amount of blood to the heart and brain while waiting for the arrival of a defibrillator.

Without the necessary interventions of the cardiac chain of survival, 95% of victims of sudden cardiac arrest die before reaching the hospital. With bystander intervention using the chain of survival that number goes up to a **75% survival rate**.

Given the tangible, real life consequences of inequity, #EmbraceEquity is more than a slogan for a day or a month. It is a process and a goal that must be engaged in and aimed for if we are to ensure the health and wellness of the entire nation.

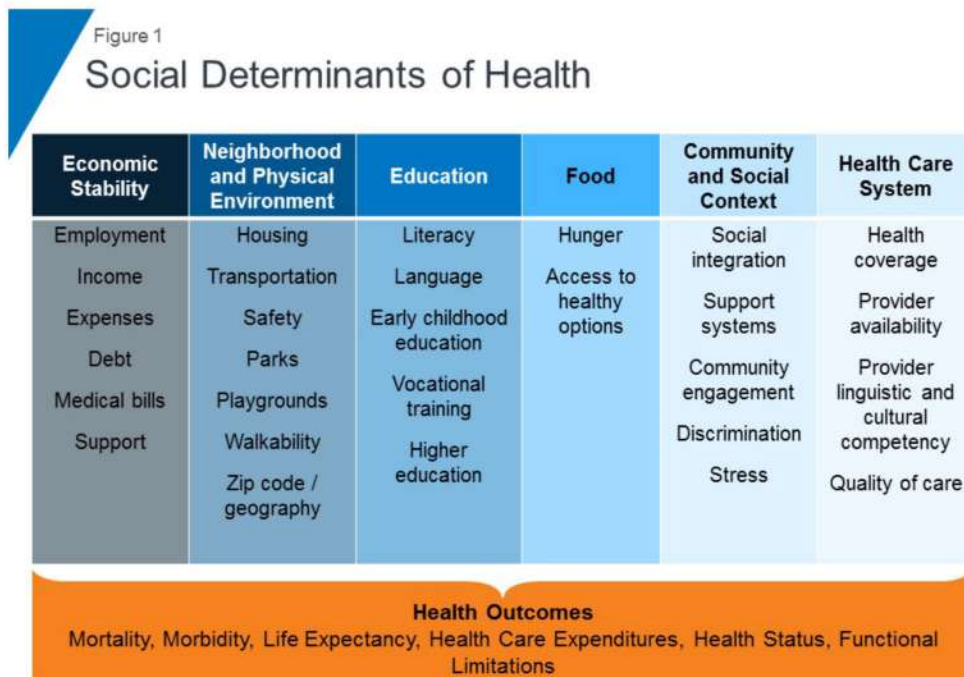


Image source: Robert Wood Johnson Foundation

Excerpt from: "Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity"

By: Samantha Artiga and Elizabeth Hinton

Social determinants of health are the conditions in which people are born, grow, live, work and age.¹ They include factors like socioeconomic status, education, neighborhood and physical environment, employment, and social support networks, as well as access to health care (Figure 1).



Addressing social determinants of health is important for improving health and reducing health disparities.² Though health care is essential to health, it is a relatively weak health determinant.³ Research shows that health outcomes are driven by an array of factors, including underlying genetics, health behaviors, social and environmental factors, and health care. While there is currently no consensus in the research on the magnitude of the relative contributions of each of these factors to health, studies suggest that health behaviors, such as smoking, diet, and exercise, and social and economic factors are the primary drivers of health outcomes, and social and economic factors can shape individuals' health behaviors.

For example, children born to parents who have not completed high school are more likely to live in an environment that poses barriers to health such as lack of safety, exposed garbage, and substandard housing. They also are less likely to have access to sidewalks, parks or playgrounds, recreation centers, or a library.⁴ Further, evidence shows that stress negatively affects health across the lifespan⁵ and that environmental factors may have multi-generational impacts.⁶ Addressing social determinants of health is not only important for improving overall health, but also for reducing health disparities that are often rooted in social and economic disadvantages.

Full text can be found on Kaiser Family Foundation's website: <https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>

CISDUS 2022: KEY RESULTS

The Cayman Islands Student Drug Survey is administered to all students enrolled in years 7-13 in the Cayman Islands.

1

Most students continue choosing NOT to use drugs



2

Alcohol, e-cigarettes, and marijuana remain the top 3 substances used by students

3

1 in 3

Students have used an e-cigarette/vape



4

Students reported great risk of use relating to smoking 1+ cigarette packs daily, drinking alcohol daily, and regularly smoking marijuana



5

62%

Of students want more drug education, especially in relation to vapes, alcohol, & marijuana in their schools



KNOW THE FACTS

email: research@ndc.ky
or call: 949-9000

COVID-19 Surveillance Data

February 2023 (data as of 3 March 2023)

Key points

Locally:

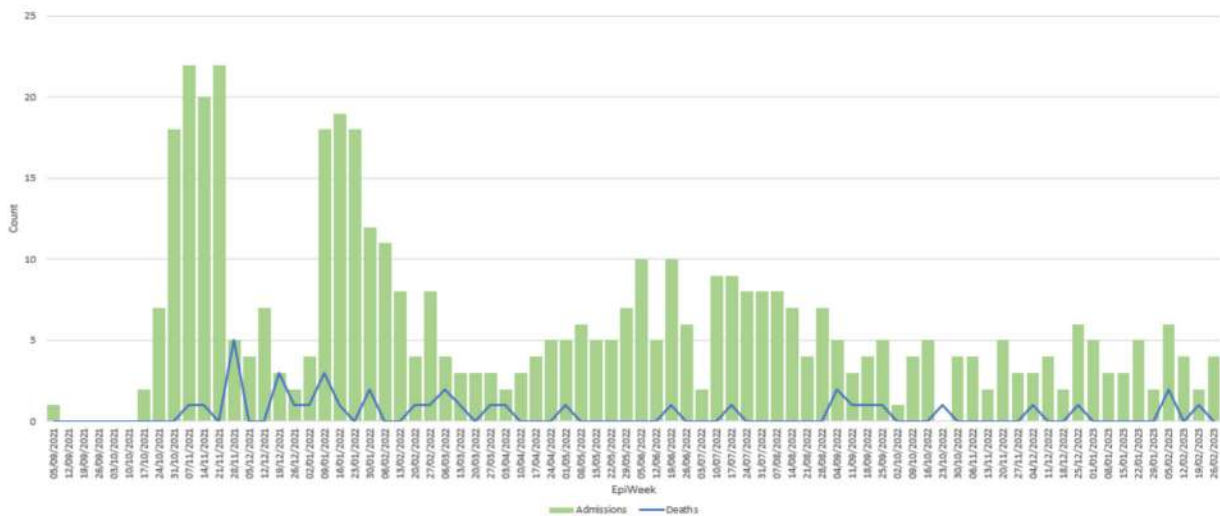
During February 2023, COVID-19 hospitalisations remained stable with 17 COVID-19 hospital admissions in the Cayman Islands. This includes both individuals admitted for morbidity relating to their SARS-CoV-2 infection, and those who test positive for COVID-19 when screened on admission and receiving care for other medical needs. There were three COVID-19 deaths during February, all of whom had underlying comorbidities.

Genomic sequencing* data shows that of 217 SARS-CoV-2 samples sequenced which were identified as positive from mid-December to mid-January, only the Omicron variant is detected to be circulating in the Cayman Islands. The largest proportion of the sequences were BA.5 subtypes (47%), followed by BA.2 subtypes (41%) and 10% of sequences could not be classified. Among the BA.5 sub-group, the most commonly detected lineage in the sample was BQ.1.1 (36%, 37/103), followed by BQ.1.3 (20%, 21/103) and BQ.1 (13%, 13/103). Among the BA.2 sub-group, the most commonly detected lineages in the sample were XBB.1.5 (52%, 46/88), XBB.1 (26%, 23/88) and XBB (15%, 13/88). This is the first indication of XBB.1.5 to be circulating on island, and the proportion identified has risen fairly quickly. This aligns to international reporting and analysis in the variant technical briefing from the UK Health Security Agency[i], stating XBB.1.5 to have the most competitive growth rate, alongside XBB.1.9.1 which has not yet been identified in the Cayman Islands.

[i] UK Health Security Agency, 2023, SARS-CoV-2 variants of concern and variants under investigation in England. Technical briefing 51. 10 March 2023. Available online: <https://www.gov.uk/government/publications/investigation-of-sars-cov-2-variants-technical-briefings>

** On the 1st March the Public Health Department announced that confirmation PCR testing will no longer be required and that the COVID-19 testing centres will close. As such, the amount COVID-19 PCR tests being processed will reduce, and therefore the number of samples available to conduct genomic sequencing will also reduce. Consequently, the reporting of SARS-CoV-2 genomic sequencing data in the Spotlight report will be less frequent going forwards and provided on a quarterly basis.*

Figure 1: Weekly hospitalisations and deaths (since 8 September 2021^a)



^a 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	February 2023	January 2023	Percentage change
New COVID-19 patients admitted ^b	17	17	0%
New admissions with ≥ 2 doses of a COVID-19 vaccine	11	14	-21%
COVID-19 patients discharged	11	15	-27%
Supplemental O2 inpatients ^c	3	6	-50%
Ventilated inpatients ^c	0	0	0%

^b Admissions include patients who are detected as being COVID-positive on screening.

^c Inpatient indicators are based on data received at the point of admission.

Table 2: COVID-19 vaccine uptake and coverage within the previous month.

Dose Number	Number administered in the month	Total Count	Coverage of Total Population ^d	Coverage of population over 5 ^d
Primary course 1	50	62,023	86.8%	95.8%
Primary course 2	57	60,627	84.0%	93.6%
2021/22 Booster	0	23,180	32.5%	35.8%
2022 Booster	0	2,759	3.9%	4.3%
Autumn 2022/2023 Booster	188	2,143	3.0%	3.3%

^d Based on a Total Population of 71,432.

Figure 2: Vaccine uptake over time

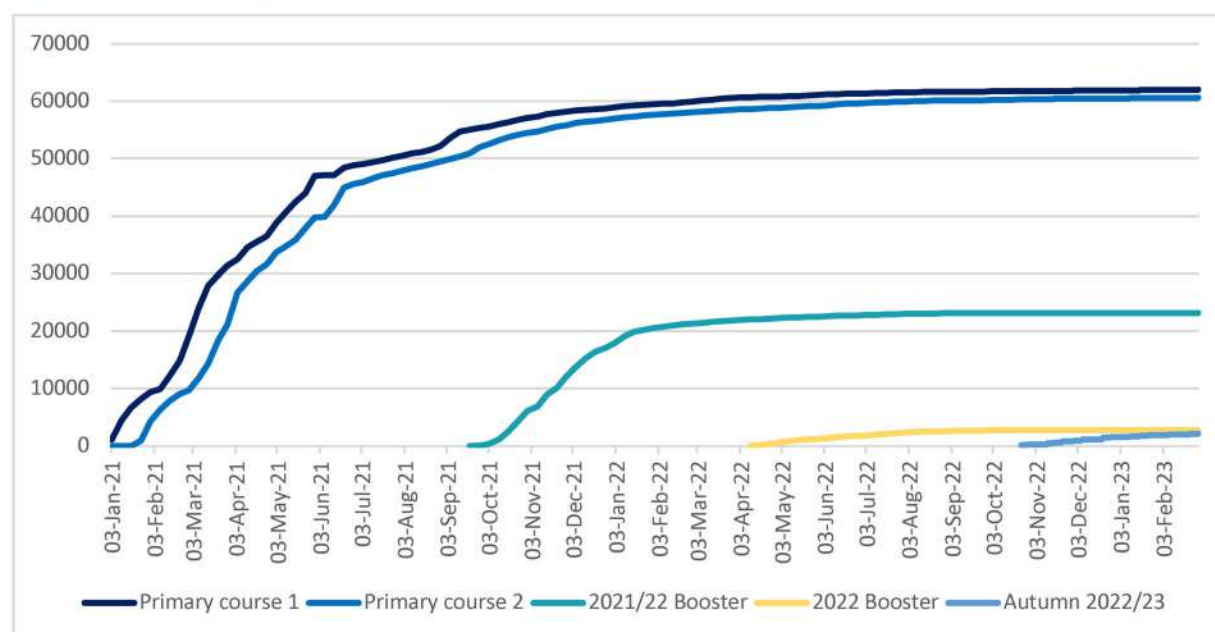
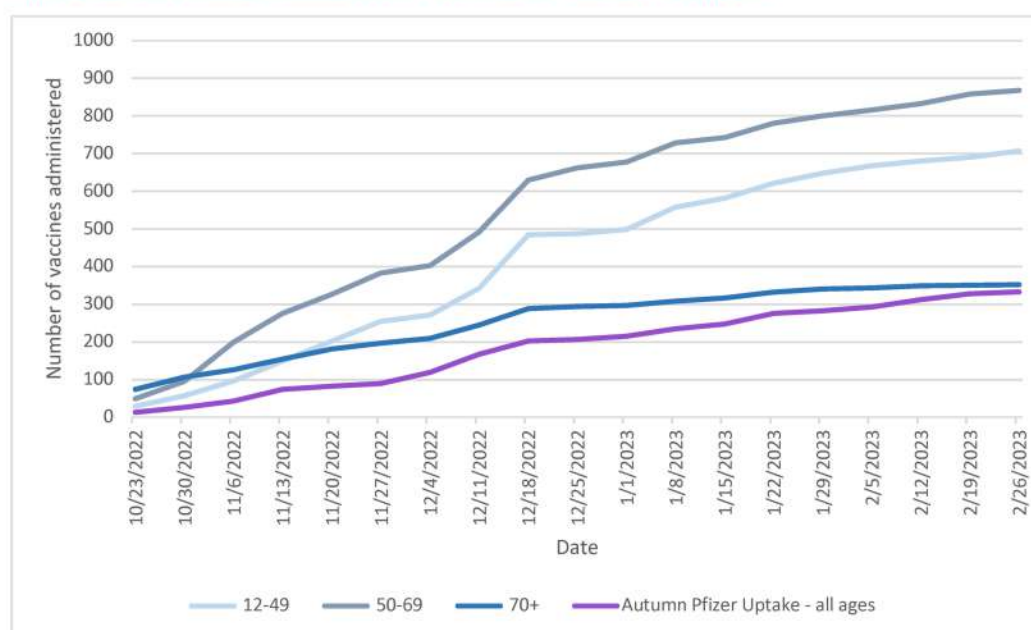


Figure 3: Cumulative Autumn booster uptake over time by age group.



Influenza in the Cayman Islands

The testing capacity in the Cayman Islands for influenza has recently been developed to not only identify whether it is influenza A or B, but to also identify the sub-strain. During the recent winter season both influenza A and B have been identified, and since the new year an increasing proportion of influenza B has been reported. Results from 35 Influenza A samples identified from late November 2022 to early January 2023, present H3N2 as 80% (28/35) of the samples typed and H1N1 to be a smaller proportion of 20% of the samples typed (7/35). As this is a small number of samples typed, and from a particular sub group in the population attending hospital, these proportions will not reflect the prevalence of these strains in the whole population. A(H1N1) and A(H3N2) are the two main global strains of Influenza A circulating, reported in the US, UK and Europe[i],[ii].

The syndromic surveillance of influenza-like-illness (ILI) in the Cayman Islands shows a decline during February, with ILI reporting presented to be lower than usual at this time of the year.

[i] Centers for Disease Control and Prevention, 2023. Weekly U.S. Influenza Surveillance Report, updated March 10 2023. Available online:

<https://www.cdc.gov/flu/weekly/index.htm#:~:text=Eight%20influenza%2Dassociated%20pediatric%20deaths,and%2018%2C000%20deaths%20from%20flu.>

[ii] UK Health Security Agency, 2023. National flu and COVID-19 surveillance reports: 2022 to 2023 season, 9 March 2023 (week 10). Available online: <https://www.gov.uk/government/statistics/national-flu-and-covid-19-surveillance-reports-2022-to-2023-season>

Chikungunya in the Region of the Americas

Pan American Health Organization[i] (PAHO) have reported an increase in the number of reported chikungunya cases and deaths compared to previous years in the Region of the Americas. The highest incidence rates are reported to be in Paraguay and Brazil. The last large outbreak of chikungunya in the region was in 2014, therefore it is likely that more people are now susceptible.

No cases of chikungunya have been reported in the Cayman Islands since 2019.

[i] PAHO, 2023. Epidemiological Alert: Increase in cases and deaths from chikungunya in the Region of the Americas, 8 March 2023. Available online: <https://www.paho.org/en/documents/epidemiological-alert-increase-cases-and-deaths-chikungunya-region-americas>