

**Cc:** [redacted]@rivm.nl; [redacted]@rivm.nl  
**To:** [redacted]@rivm.nl  
**From:** [redacted]  
**Sent:** Fri 3/26/2021 3:12:18 AM  
**Subject:** Re: Time for a chat?  
**Received:** Fri 3/26/2021 3:14:08 AM

Hi [redacted]

Great, see you then.

Best wishes,

[redacted]

On 25 Mar 2021, at 20:56, [redacted] <[redacted]@rivm.nl> wrote:

Hey [redacted]

Thank you for getting back to us so quickly and also for sharing your thoughts with us!

I'll send an invite for a webex meeting for tomorrow at 8:00

Best,

[redacted]

**From:** [redacted] <[redacted]@gmail.com>  
**Date:** 25 March 2021 at 20:34:22 CET  
**To:** [redacted] <[redacted]@rivm.nl>  
**Cc:** [redacted] <[redacted]@rivm.nl>, [redacted] <[redacted]@rivm.nl>  
**Subject:** Re: Time for a chat?

Hi [redacted]

Nice to hear from you - yes, all is well.

Happy to check-in with you all to discuss. 0800 SXM time would be good for me. 26th, 30th or 31st would be fine with me. Some thoughts below.

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I have to say I am pleasantly surprised by the numbers. We certainly had a peak over the Christmas period (15 per day, instead of 5 per day long-term average), which in itself was not surprising. Perhaps more surprising that this didn't seed a larger outbreak. Note that the increased incidence over the holiday period disproportionately affected low-risk demographics, which would explain absence of hospitalisations during the same period. This will have built up some herd immunity among the low-risk groups (e.g. 30-39yrs).

The more recent drop (Feb onwards) correlates with the end of the holiday season+reasonable lag. Though we are now slightly below our long-term average, which could be explained by the presence of the vaccination campaign (people less likely to come forward for testing as the narrative is more vaccine focussed?). Covid cases currently 3-5 per day.

Data and population reporting biases have remained fairly consistent since November, so I don't think they account for the large fluctuation in cases over the same time period. However positivity rate is now less useful than

before, due to the large increase in tourist testing as a result of mandatory PCR-negative for those returning to the US (as of Jan). Was trending at 12%, since stabilised at 3%.

I have attached the headline results of a population survey we ran during the last 3 weeks of December. This might help provide a little more context, as I think anxiety is playing a role (and by extension shielding among high-risk groups). Compliance with NPIs also appears to be high. We recently published an article (attached) with the following conclusion that might somewhat corroborate the picture on Sint Maarten:

"Driven by anxiety, high perceived severity and knowledge, Hong Kong conducted widespread preventive measures early and en masse. Together with early government actions [33], the strategies adopted by the Hong Kong community were successful during the initial phase of the pandemic."

From an epi perspective, our messaging has been consistent. We have not deviated from 14-day isolation/ quarantine period (but we do use a negative test to release on Day 10 of quarantine). We have acted early in terms of recommending closure of nightlife and other state-led interventions, and all contacts are traced by the end of the working day. Even now, schools are only operating at half capacity, which is a contentious point for some - understandably so.

Also, I think we should not underestimate the importance of continued economic support for those people affected, meaning that low-income and marginalised communities are still able to isolate/ quarantine.

Nevertheless, even with all of the above, I am still concerned that multiple seeds of the UK variant would produce the same result as on the Leeward Islands. Due to this, on Monday we recommended temporarily closing the border to Aruba, Bonaire and Curaçao.

The main problem we have at present is that people are just as afraid of the vaccine as they are the virus...

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Best wishes,

5.1.2e

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