

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF PUERTO RICO

ZULAY RODRÍGUEZ VÉLEZ, et al.

CIVIL NO. 21-1366 (PAD)

Plaintiffs,

v.

HON. PEDRO R. PIERLUISI URRUTIA,

Defendant.

INFORMATIVE MOTION IN COMPLIANCE WITH ORDER AT DOCKET NO. 27
INDICATING THE SOURCES AND SECTIONS IN THE "WHEREAS" SECTIONS OF
EXECUTIVE ORDER 2021-058

TO THE HONORABLE COURT:

COME NOW Pedro R. Pierluisi Urrutia, in his official capacity as Governor of the Commonwealth of Puerto Rico, through the undersigned counsel, without waiving any right, objection or defense arising from the Title III of Puerto Rico Oversight, Management and Economic Stability Act (“PROMESA”), 48 U.S.C. §§2101 et seq., the Commonwealth’s Petition under said Title or under this case, and respectfully allege and pray as follows:

1. On September 1, 2021, this Honorable Court ordered Defendant to file an informative motion indicating “the source(s) and section(s) therein of the empirical, statistical and scientific data included in the ‘Whereas’ sections of Executive Order 2021-058”, no later than September 7, 2021. *See* Docket No. 27.

2. In compliance with the Court’s Order, Defendant hereby provides in this Motion the empirical, statistical, and scientific data included in the “Whereas” sections of Executive Order 2021-058. However, Defendant considers necessary to reiterate his position that a statistical analysis of the Government’s data is unnecessary, as set forth in the Motion to Dismiss (Docket

No. 20), in light of the unquestionable spike in COVID-19 cases¹ and the broad police powers of the Governor of Puerto Rico to safeguard the health and safety of the residents of Puerto Rico during an emergency.

3. The Commonwealth of Puerto Rico oversees the public health policy, as that matter falls within the sole responsibility and discretion of elected officers and a team of public health experts. “Our Constitution principally entrusts ‘[t]he safety and the health of the people’ to the politically accountable officials of the States ‘to guard and protect. [...] Where [public officials’] broad limits are not exceeded, they should not be subject to second-guessing by an ‘unelected federal judiciary,’ which lacks the background, competence, and expertise to assess public health and is not accountable to the people.” *See S. Bay United Pentecostal Church v. Newsom*, 140 S. Ct. 1613 (2020) (Roberts, C.J., concurring opinion).

4. Defendant brings to this Court’s attention, for its persuasive value, a recent case whereby the Northern District Court of Indiana concluded that “Reasonable social policy is for the state legislatures and its authorized arms, and for the People to demand through their representatives. *Klaassen v. Trustees of Indiana U.*, 1:21-CV-238 DRL, 2021 WL 3073926, at *46 (N.D. Ind. July 18, 2021).

5. In light of the foregoing and in compliance with the Court’s Order, Defendant hereby tenders the following information:

- a. As to the positivity rate that has been reported in Puerto Rico, from June 6, 2021 to September 3, 2021, see page 1 and 2 of the Executive Summary regarding the COVID-19 Epidemic in Puerto Rico, updated to September 4, 2021. This data

¹ Pursuant to Rule 201 (b) (2) of Federal Rules of Evidence, this Court can take judicial notice of the data provided by the Department of Health regarding the spike of COVID-19 cases and deaths resulting from COVID-19 in Puerto Rico, as well as the Center for Disease Control and Prevention (“CDC”) declaration that Puerto Rico is a high-risk destination for non-vaccinated persons.

includes two (2) graphics, where there is a specific indicator as to the positivity rate and the incidence, as measured only with molecular tests, for the date in which Executive Order 2021-058 was promulgated. Exhibits A and F.

- b. As to the hospitalization rates, including ICU, from June 6, 2021 to September 3, 2021, see page 3 of Exhibit A, in which there is a specific indicator of the amounts of hospitalizations for the date in which Executive Order 2021-058 was promulgated. Exhibit A.
- c. As to the death rates caused by COVID-19, from June 6, 2021 to September 3, 2021, see page 4 of Exhibit A, in which there is a specific indicator for the date in which Executive Order 2021-058 was promulgated. Exhibits A and G.
- d. As to the amount of people in Puerto Rico that have been fully vaccinated, see https://www.salud.gov.pr/estadisticas_v2#vacunacion. The Department of Health's website indicates that by July 28, 2021, there was a total of 2,205,096 persons 12 years old and over, able to be vaccinated, who had at least one dose of the vaccine; and 1,942,150 persons 12 years old and over, able to be vaccinated, who had the complete series of vaccines. Exhibit B.
- e. As to the scientific data regarding the Delta variant, including: (1) it being more easily transmitted; (2) unvaccinated people being the greatest concern; (3) fully vaccinated people appear to spread the virus for a shorter time; and (4) vaccines in the US being highly effective, including against the Delta variant, see <https://www.cdc.gov/coronavirus/2019-ncov/variants/delta-variant.html>. Exhibit C.

- f. As to the scientific data and data regarding the administration of over 300 million [vaccine] doses indicating that the benefits outweigh the risks and that the probability of developing serious adverse events is very low, see <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/safety-of-vaccines.html>. Exhibit D.
- g. As to the amount of [vaccine] doses administered in Puerto Rico, as reported by the CDC, see https://covid.cdc.gov/covid-data-tracker/#vaccinations_vacc-total-admin-rate-total. Exhibit E.
- h. As to the data regarding the amount of people infected by COVID-19 worldwide, see <https://worldhealthorg.shinyapps.io/covid/>. Exhibit H.

WHEREFORE, Defendant respectfully requests that this Honorable Court take notice of the above and, deem him in compliance with Order at Docket No. 27.

I HEREBY CERTIFY that on this same date, I electronically filed the foregoing with the Clerk of the Court using CM/ECF system which will send notification of such filing to all attorneys of record.

RESPECTFULLY SUBMITTED.

In San Juan, Puerto Rico, on September 7, 2021.

DOMINGO EMANUELLI-HERNÁNDEZ
Secretary of Justice

SUSANA I. PEÑAGARÍCANO-BROWN
Deputy Secretary in Charge of Litigation

Idza Diaz Rivera
IDZA DÍAZ RIVERA
Director of Legal Affairs
Federal Litigation and Bankruptcy Division

DEPARTMENT OF JUSTICE OF PUERTO RICO
Federal Litigation Division
PO Box 9020192
San Juan, PR 00902-0192

/s/Joel Torres Ortiz
JOEL TORRES ORTIZ
USDC-PR No. 302311
San Juan, PR 00902-0192
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joeltorres@justicia.pr.gov



Resumen Ejecutivo

Situación de la Epidemia de COVID-19 en Puerto Rico

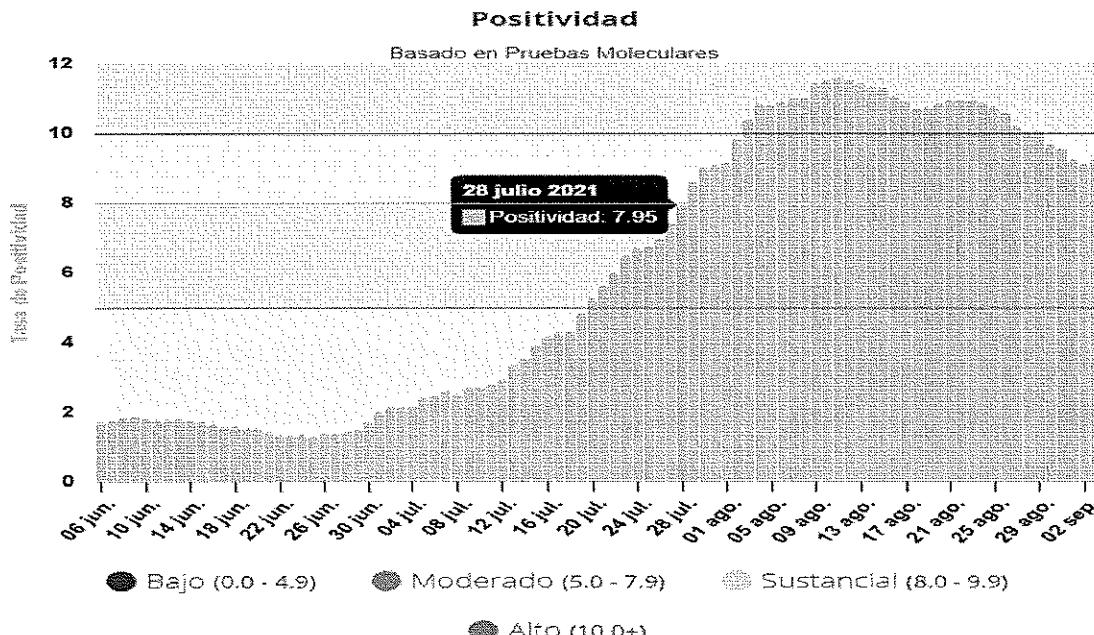
Actualizado al 4 de septiembre de 2021

Este resumen ejecutivo incluye los indicadores de incidencia, severidad y mortalidad del COVID-19 en Puerto Rico durante el periodo del 6 de junio al 3 de septiembre de 2021. Los datos presentados son recopilados y analizados por el Departamento de Salud de Puerto Rico.

Incidencia COVID-19 en Puerto Rico del 6 de junio al 3 de septiembre de 2021

En la gráfica 1, se presenta la positividad basada en pruebas moleculares para el periodo de este informe. El indicador de positividad muestra el número de pruebas moleculares positivas entre la totalidad de pruebas moleculares realizadas en un periodo determinado. Los Centros para la Prevención y el Control de Enfermedades de Estados Unidos (CDC, por sus siglas en inglés), establecen para la clasificación de nivel baja transmisión comunitaria, una positividad menor a 4.9%¹. En la gráfica 1 se refleja el aumento en positividad a partir del 25 de junio de 2021, donde la positividad estimada fue 1.3%. A partir de esa fecha, los datos sobre positividad comenzaron su aumento, llegando a un valor máximo de 11.61% para el 11 de agosto de 2021. Al momento de la OE 2021-058, Puerto Rico se encontraba en una tendencia de aumento y una positividad estimada en 7.95%, encontrándose en el nivel moderado.

Gráfica 1. *Positividad basada en pruebas moleculares en Puerto Rico para el periodo de 6 de junio al 3 de septiembre de 2021*



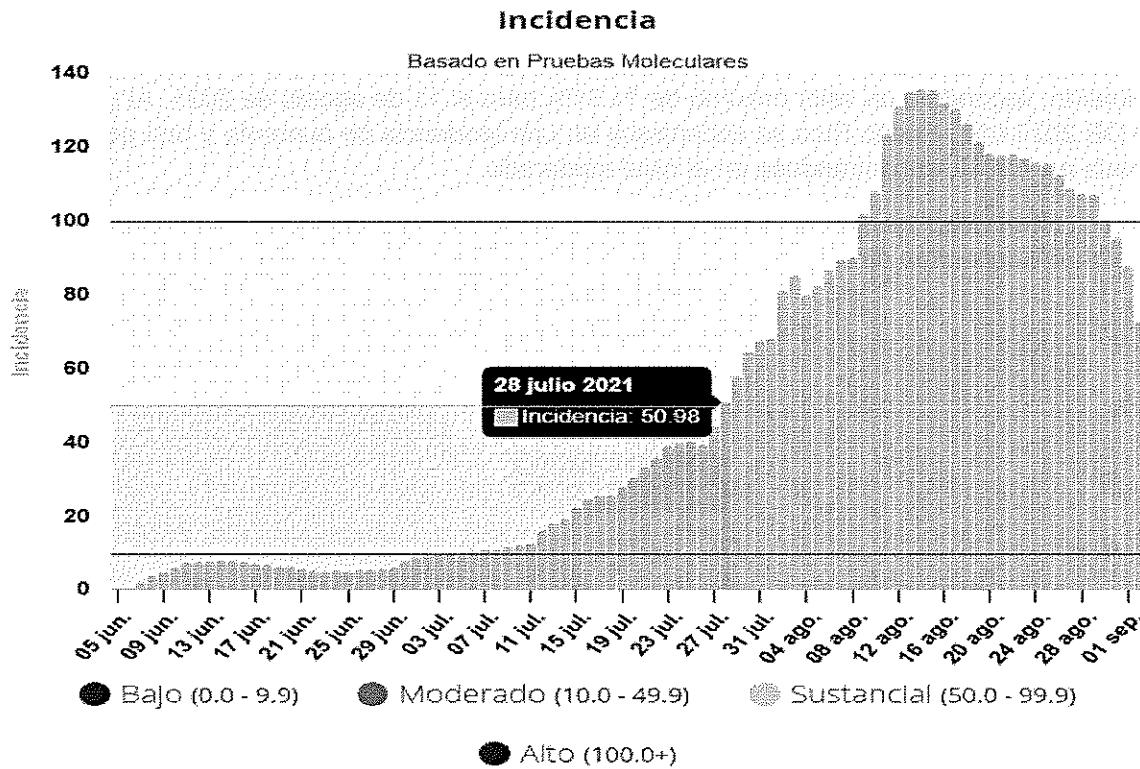
Fuente: Departamento de Salud de Puerto Rico (2021). Disponible en: [Estadísticas V2 \(salud.gov.pr\)](https://salud.gov.pr). Ver Nota 1.

¹ CDC (2021). Nivel de transmisión comunitaria. Disponible en: https://covid.cdc.gov/covid-data-tracker/#cases_community



En la gráfica 2, se presenta la tasa de casos por cada 100,000 personas para el periodo de este informe. La tasa de casos muestra el número de casos (confirmados y probables no duplicados) entre la totalidad de la población en un periodo determinado. Los Centros para la Prevención y el Control de Enfermedades de Estados Unidos (CDC, por sus siglas en inglés), establecen para la clasificación de nivel baja transmisión comunitaria, cuando una tasa de casos es menor a 10 casos por cada 100,000 personas². En la gráfica 2 se refleja el aumento en la tasa de casos a partir del 6 de julio de 2021, donde la tasa de casos fue 10.52 casos por cada 100,000 personas y una tendencia de aumento. Para ese momento, Puerto Rico ya se encontraba en la clasificación de nivel moderado. A partir de esa fecha, la tasa de casos comenzó 137.77 casos por cada 100,000 personas el 14 de agosto de 2021. Al momento de la OE 2021-058, Puerto Rico se encontraba en una tendencia de aumento y una tasa de casos en 50.98 casos por cada 100,000 personas, encontrándose en el nivel sustancial.

Gráfica 2. Tasa de Casos por cada 100,000 personas en Puerto Rico para el periodo de 6 de junio al 3 de septiembre de 2021



Fuente: Departamento de Salud de Puerto Rico (2021). Disponible en: [Estadísticas V2 \(salud.gov.pr\)](https://estadisticas.v2.salud.gov.pr). Ver Nota 2.

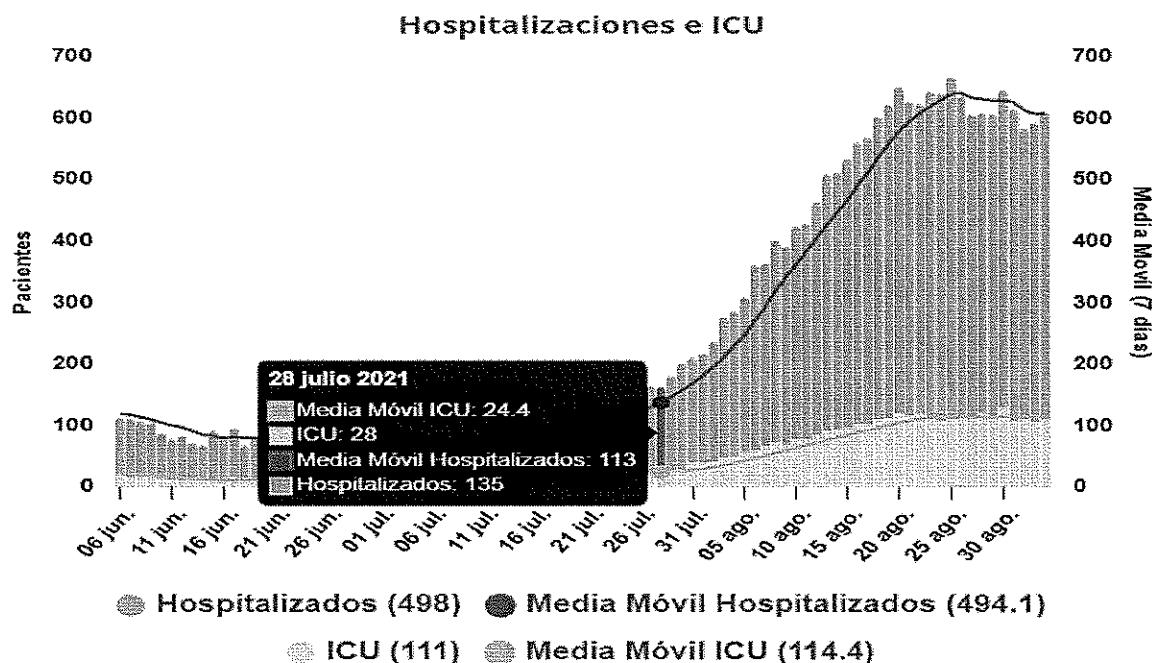
² CDC (2021). Nivel de transmisión comunitaria. Disponible en: https://covid.cdc.gov/covid-data-tracker/#cases_community



Severidad COVID-19 en Puerto Rico del 6 de junio al 3 de septiembre de 2021

En la gráfica 3, se presenta el número de hospitalizaciones y uso de Unidades de Cuidado Intensivo (ICU, por sus siglas en inglés) para el periodo de este informe. En la gráfica se refleja el aumento en hospitalizaciones a partir del 8 de julio de 2021, donde el número de hospitalizaciones 55, con una media móvil a 7 días de 44.4 hospitalizaciones. Las personas hospitalizadas en ICU para este día fueron 8 con una media móvil a 7 días de 6.6 personas en ICU. A partir de esa fecha, el número de personas hospitalizadas alcanzó 556 con una media móvil a 7 días de 524.3 hospitalizaciones el 25 de agosto de 2021. Para camas en ICU, el día 30 de agosto de 2021, alcanzó 131 personas con una media móvil a 7 días de 116.3 personas en ICU. Al momento de la OE 2021-058, Puerto Rico se encontraba en una tendencia de aumento con 113 hospitalizados y 28 personas en ICU.

Gráfica 3. Hospitalizaciones y Uso de Unidades de Cuidado Intensivo por COVID-19 en Puerto Rico para el periodo de 6 de junio al 3 de septiembre de 2021



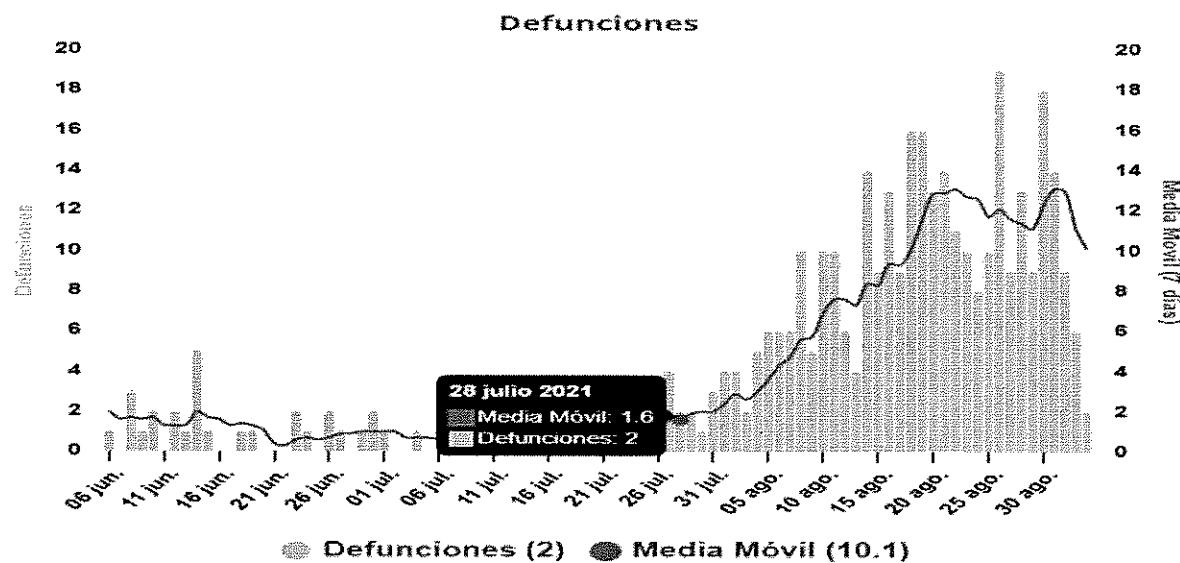
Fuente: Departamento de Salud de Puerto Rico (2021). Disponible en: [Estadísticas V2 \(salud.gov.pr\)](http://Estadísticas V2 (salud.gov.pr)). Ver Nota 3.



Mortalidad COVID-19 en Puerto Rico del 6 de junio al 3 de septiembre de 2021

En la gráfica 4, se presenta las defunciones para el periodo de este informe. La gráfica presenta el aumento en la tasa de casos a partir del 24 de julio de 2021, donde el número de defunciones fue 3, con una media móvil a 7 días de 1.1 muerte. A partir de esa fecha, el 26 de agosto de 2021 alcanzó 19 defunciones con una media móvil a 7 días de 12.2 defunciones. Al momento de la OE 2021-058, Puerto Rico se encontraba en una tendencia de aumento con 2 defunciones para ese día y una media móvil a 7 días de 1.6 defunciones.

Gráfica 4. Defunciones por COVID-19 en Puerto Rico para el periodo de 6 de junio al 3 de septiembre de 2021



Fuente: Departamento de Salud de Puerto Rico (2021). Disponible en: [Estadísticas V2 \(salud.gov.pr\)](http://Estadísticas V2 (salud.gov.pr)). Ver Nota 4.

DEPARTAMENTO DE
SALUD

GOBIERNO DE PUERTO RICO

Departamento de Salud

Oficina de la Principal Oficial de Epidemiología

Notas

Nota gráfico 1: Los datos aquí presentados son un resumen de los últimos 3 meses. Esta gráfica, en específico, nos muestra el porcentaje de todas las pruebas de RT-PCR positivas por fecha de toma de muestra. Es decir, de todas las pruebas realizadas de RT-PCR, ¿cuántas pruebas fueron positivas en un periodo de 7 días? *Numerador:* número pruebas positivas de RT-PCR. *Denominador:* número total de pruebas de RT-PCR realizadas (pruebas de RT-PCR positivas + pruebas de RT-PCR negativas) x (100). Los datos pasan por un proceso que requiere que el personal del Departamento de Salud de Puerto Rico revise, importe y asigne casos (ejemplo: adjuntar a un registro existente o crear un registro nuevo). Nos esforzamos por lograr transparencia y precisión en nuestros datos. A medida que los resultados individuales se procesan en el sistema en vivo y son investigados por el personal, puede haber correcciones en el estado y los detalles de la información que resulten en cambios en estos datos.

Nota gráfico 2: Los datos presentados son un resumen de los últimos 3 meses. La Incidencia aquí presentada es el número de casos nuevos confirmados notificados durante un periodo de 7 días por fecha de toma de muestra. *Numerador:* Casos nuevos positivos a COVID-19 confirmados por prueba de RT-PCR. *Denominador:* población a riesgo de contraer COVID-19 al 1ro de julio del 2019 (según estimados intercensales del 2019) x (100,000). Los datos pasan por un proceso que requiere que el personal del Departamento de Salud de Puerto Rico revise, importe y asigne casos (ejemplo: adjuntar a un registro existente o crear un registro nuevo). Nos esforzamos por lograr transparencia y precisión en nuestros datos. A medida que los resultados individuales se procesan en el sistema en vivo y son investigados por el personal, puede haber correcciones en el estado y los detalles de la información que resulten en cambios en estos datos.

Nota gráfico 3: Los datos presentados son un resumen de los últimos 3 meses. Esta gráfica muestra el total de camas de adultos ocupadas. Este total es la suma de las hospitalizaciones (azul) + las camas ocupadas en unidad de cuidados intensivos (amarillo), por día. Adicional, se presenta la curva para la media móvil (7 días) por fecha de reporte. Los datos pasan por un proceso que requiere que el personal del Departamento de Salud de Puerto Rico revise, importe y asigne casos (ejemplo: adjuntar a un registro existente o crear un registro nuevo). Nos esforzamos por lograr transparencia y precisión en nuestros datos. A medida que los resultados individuales se procesan en el sistema en vivo y son investigados por el personal, puede haber correcciones en el estado y los detalles de la información que resulten en cambios en estos datos.

Nota gráfico 4: Los datos presentados son un resumen de los últimos 3 meses. Este gráfico de barras nos muestra el conteo diario de defunciones por COVID-19 y curva para la media móvil (7 días) por fecha de defunción. Los datos pasan por un proceso que requiere que el personal del Departamento de Salud de Puerto Rico revise, importe y asigne casos (ejemplo: adjuntar a un registro existente o crear un registro nuevo). Nos esforzamos por lograr transparencia y precisión en nuestros datos. A medida que los resultados individuales se procesan en el sistema en vivo y son investigados por el personal, puede haber correcciones en el estado y los detalles de la información que resulten en cambios en estos datos.

Comentario Final: Este resumen es actualizado al 4 de septiembre de 2021, las fechas más recientes (últimos 7 días) incluidas en este informe están sujetas a actualización de datos y no deben ser tomadas como una tendencia.



COVID-19 EN CIFRAS EN PUERTO RICO

martes, 07 de septiembre de 2021

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ACTUALIZACIÓN DIARIA

[Resumen de datos diarios de COVID-19](#)



RESUMEN EJECUTIVO

[Resumen de datos ejecutivos de COVID-19](#)



PRUEBAS

[Datos de las pruebas de COVID-19](#)



CASOS

[Datos de los casos positivos de COVID-19](#)



DEFUNCIONES

[Datos de las defunciones por COVID-19](#)



SISTEMA DE SALUD

[Datos de los Sistemas de Salud relacionados al COVID-19](#)



VACUNACIÓN

Datos del proceso de vacunación contra el COVID-19



VIGILANCIA GENÓMICA

[Datos de la vigilancia genómica del COVID-19](#)



ARCHIVO DIGITAL

[Informes sobre el COVID-19](#)



DATOS

[Descargar los datos del tablero](#)

Vacunación

Actualizado el 09/06/2021

Datos del proceso de vacunación contra el COVID-19





ENLACES ▾

2,205,096

PERSONAS APTAS (12 AÑOS O MÁS) CON AL MENOS UNA DOSIS

Datos recogidos al 2021-07-28

[*Definición de Medida ▾](#)**1,942,150**

PERSONAS APTAS (12 AÑOS O MÁS) CON SERIE DE DOSIS COMPLETADA

Datos recogidos al 2021-07-28

[*Definición de Medida ▾](#)**77.4%**

PORCIENTO DE PERSONAS APTAS (12 AÑOS O MÁS) CON AL MENOS UNA DOSIS

Datos recogidos al 2021-07-28

[*Definición de Medida ▾](#)

¿Quiénes se han vacunado?

12/02/2020

07/28/2021



12/02/2020

Datos de Puerto Rico

Datos reportados al 06/09/2021

09/06/2021



Personas aptas (12 años o más) con al menos una dosis

2,205,096

77.4% de 2,848,293

Manufacturero**Personas aptas (12 años o más) con al menos una dosis**

Janssen	115,131
Moderna	887,462
Pfizer	1,202,503
Total	2,205,096

¿QUÉ VEO EN ESTE DIAGRAMA?

Personas aptas (12 años o más) con serie de vacunas completadas

1,942,150

68.2% de 2,848,293

Datos obtenidos del Puerto Rico Electronic Immunization System (PREIS)

¿QUÉ VEO EN ESTE DIAGRAMA?



Grupo de edad	Personas aptas (12 años o más) con al menos una dosis de vacunas
12 - 15	102,693
16 - 19	116,682
20 - 29	292,612
30 - 39	281,690
40 - 49	330,044
50 - 59	357,713
60 - 69	335,086
70 - 79	256,164
80 +	131,535
No Definido	877
Total	2,205,096

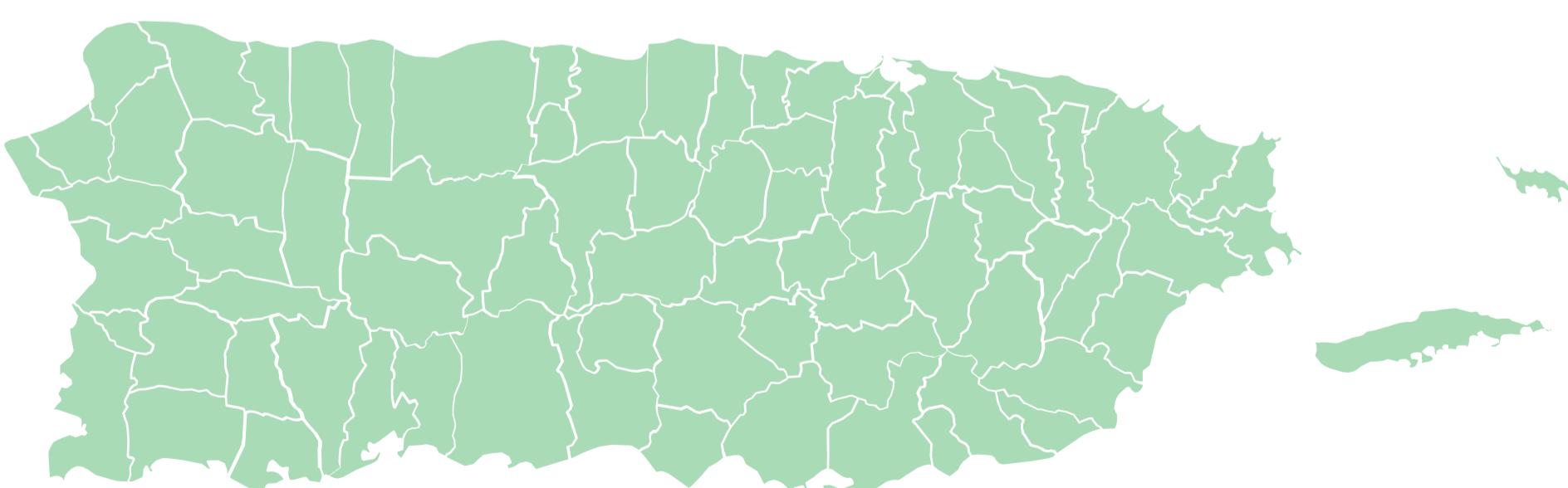
Datos obtenidos del Puerto Rico Electronic Immunization System (PREIS)

[¿QUÉ VEO EN ESTAS TABLAS?](#)



Mapa Interactivo de Vacunación por Municipio

Presione sobre un municipio para actualizar los indicadores y gráficas.



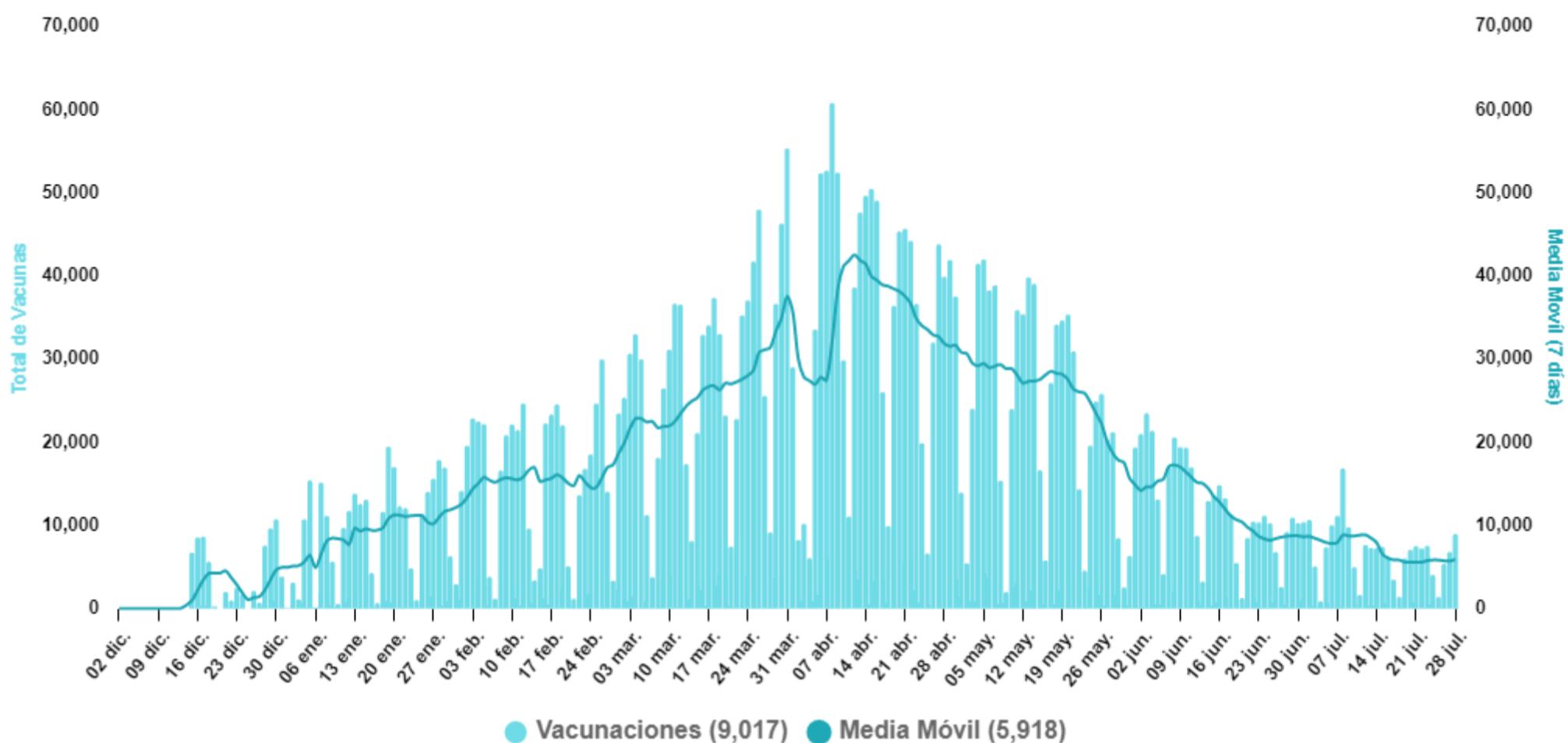
[¿QUÉ VEO EN ESTE MAPA?](#)





Conteo diario de dosis administradas a través del tiempo

Vacunación en Puerto Rico

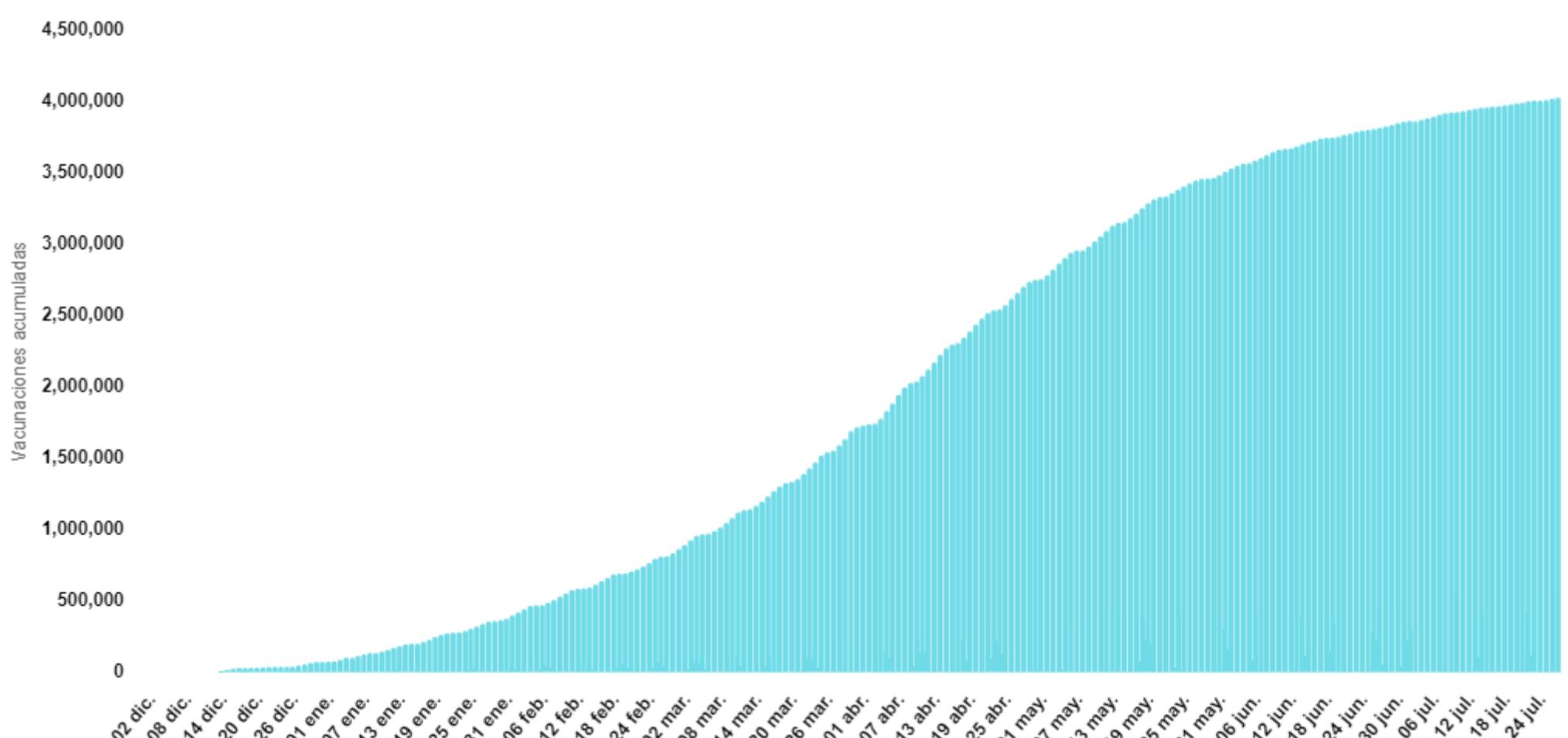


[¿QUÉ VEO EN ESTA GRÁFICA?](#)



Conteo acumulado de dosis administradas a través del tiempo

Vacunación en Puerto Rico

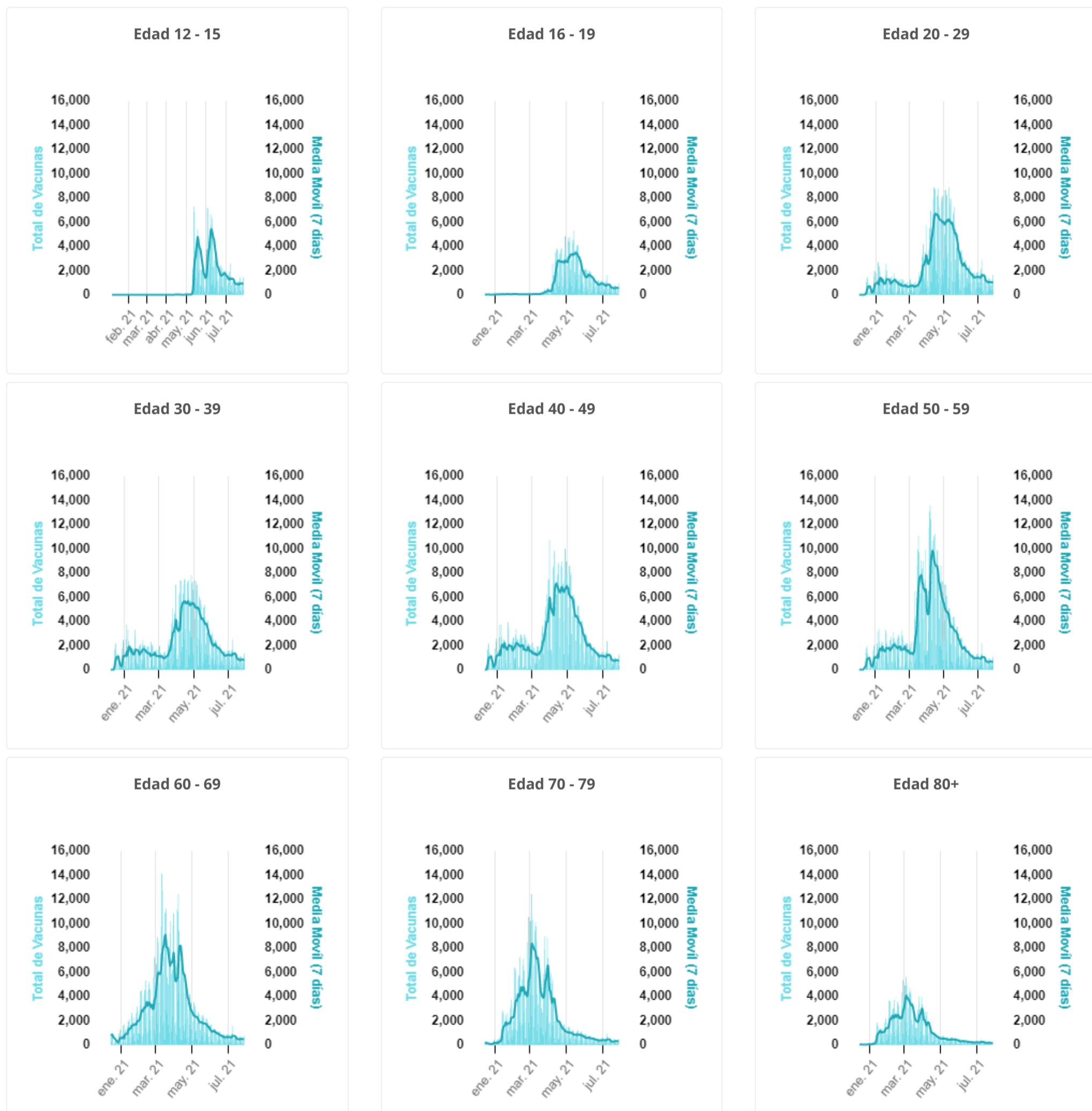


[¿QUÉ VEO EN ESTA GRÁFICA?](#)





Dosis administradas a través del tiempo por grupo edad

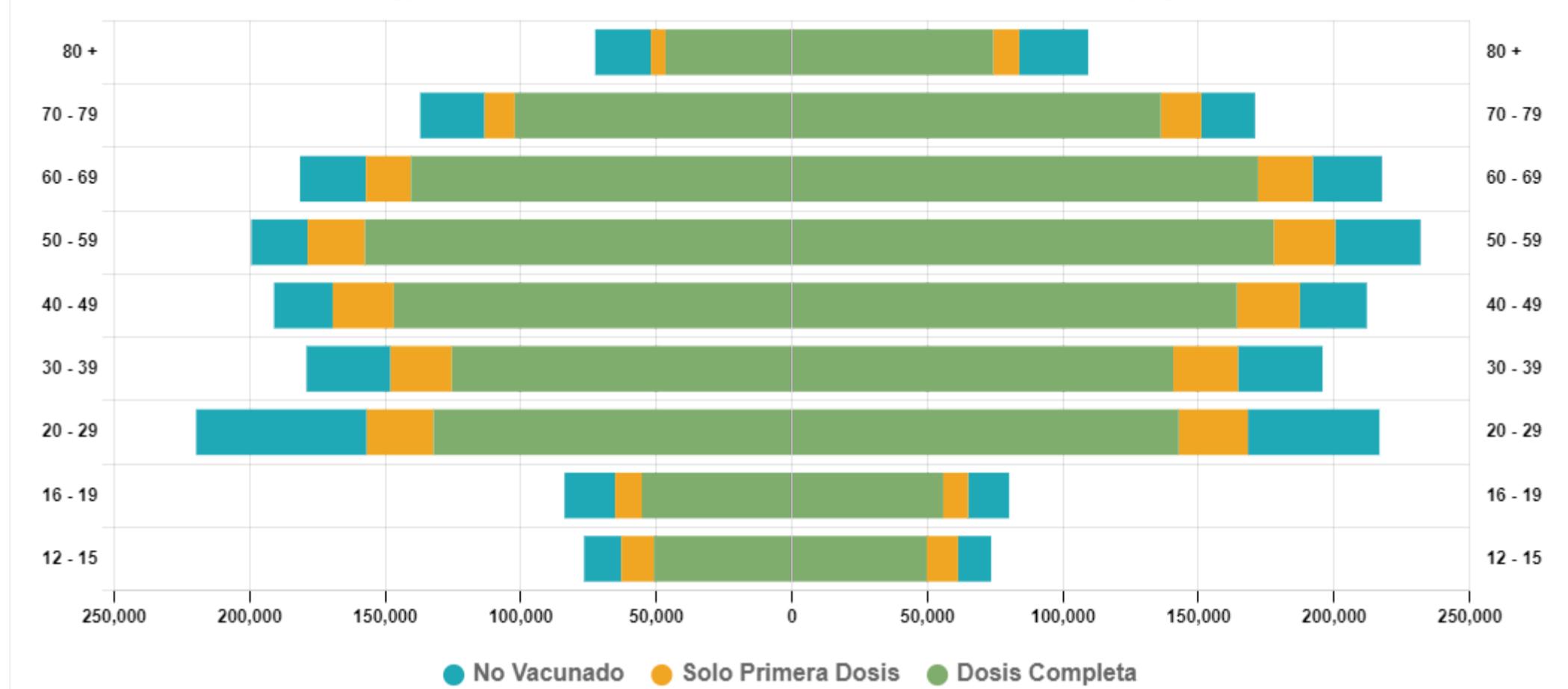


¿QUÉ VEO EN ESTAS GRÁFICAS?





ESTADÍSTICAS V2

¿QUÉ VEO EN ESTAS GRÁFICAS?
[Población Aptas](#) [Población Total](#)

Población vacunada sobre la población apta

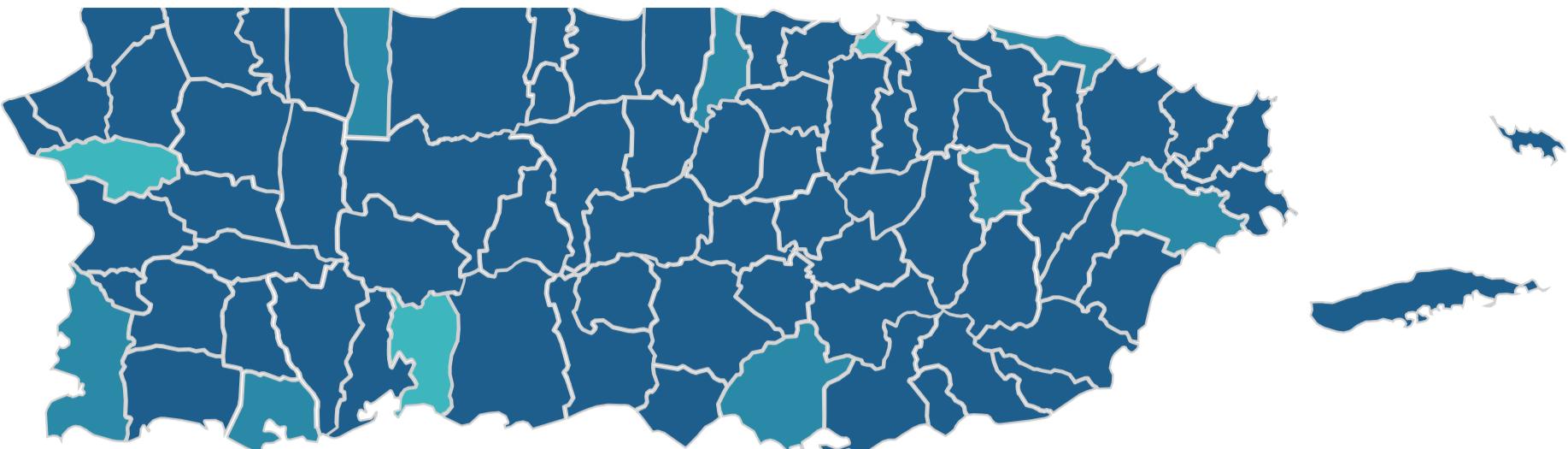
Porcentaje de la población vacunada con al menos una dosis por Municipio

Municipio ↑↓	Población* ↑↓	Vacunados ↑↓	Porciento* ↑↓
Adjuntas	15,333	11,968	78%
Aguada	33,029	25,998	79%
Aguadilla	44,841	33,766	75%
Aguas Buenas	22,238	17,979	81%
Aibonito	19,693	17,890	91%
Arecibo	73,309	52,824	72%
Arroyo	15,166	11,911	79%
Añasco	23,550	12,514	53%
Barceloneta	21,050	16,097	77%
Total	2,848,293	2,379,889	83.6%

* Datos basados en estimados intercensales del 2019



ENLACES ▾



0% - 10%

31% - 40%

61% - 70%

11% - 20%

41% - 50%

71% +

21% - 30%

51% - 60%

¿QUÉ VEO EN ESTA TABLA Y MAPA?

▼

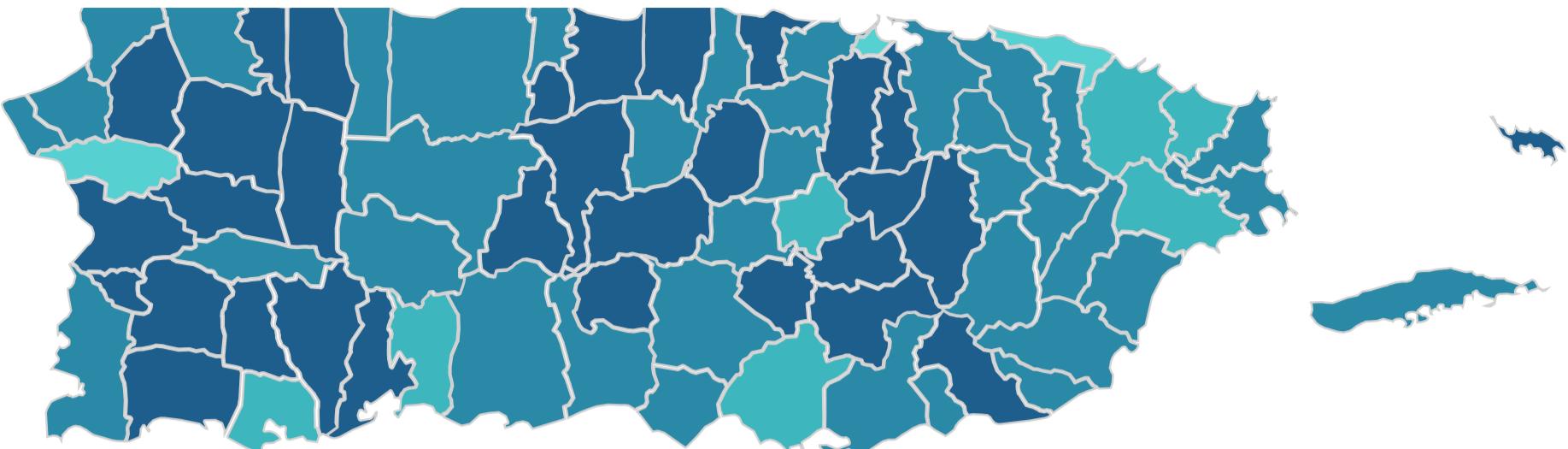
Porcentaje de la población vacunada con serie completada por Municipio

Municipio ↑↓	Población* ↑↓	Vacunados ↑↓	Porcentaje* ↑↓
Adjuntas	15,333	10,549	69%
Aguada	33,029	22,009	67%
Aguadilla	44,841	29,614	66%
Aguas Buenas	22,238	15,851	71%
Aibonito	19,693	16,429	83%
Arecibo	73,309	47,455	65%
Arroyo	15,166	10,666	70%
Añasco	23,550	11,150	47%
Barceloneta	21,050	14,236	68%
Total	2,848,293	2,071,904	72.7%

* Datos basados en estimados intercensales del 2019



ENLACES ▾



0% - 10%

31% - 40%

61% - 70%

11% - 20%

41% - 50%

71% +

21% - 30%

51% - 60%

¿QUÉ VEO EN ESTA TABLA Y MAPA?

▼

[Descargar](#)[Compartir ▾](#)

Disclaimers

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1-800-222-1212
- Línea PAS
1-800-981-0023
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DEPARTAMENTO DE
SALUD



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ENLACES ▾





COVID-19

To maximize protection from the [Delta variant](#) and prevent possibly spreading it to others, get vaccinated as soon as you can and wear a mask indoors in public if you are in [an area of substantial or high transmission](#).

Delta Variant: What We Know About the Science

Updated Aug. 26, 2021

[Print](#)

On July 27, 2021, CDC released [updated guidance](#) on the need for urgently increasing COVID-19 vaccination coverage and a recommendation for everyone in areas of [substantial or high transmission](#) to wear a mask in public indoor places, even if they are fully vaccinated. CDC issued this new guidance due to several concerning developments and newly emerging data signals.

First, a significant increase in new cases reversed what had been a steady decline since January 2021. In the days leading up to our guidance update, CDC saw a rapid and alarming rise in the COVID-19 case and hospitalization rates around the country.

- In late June, the 7-day moving average of reported cases was around 12,000. On July 27, the 7-day moving average of cases reached over 60,000. This case rate looked more like the rate of cases we had seen before the vaccine was widely available.

Second, new data began to emerge that the Delta variant was more infectious and was leading to increased transmissibility when compared with other variants, even in some vaccinated individuals. This includes recently published data from CDC and our public health partners, unpublished surveillance data that will be publicly available in the coming weeks, information included in CDC's updated [Science Brief on COVID-19 Vaccines and Vaccination](#), and ongoing outbreak investigations linked to the Delta variant.

Delta is currently [the predominant variant](#) of the virus in the United States. Below is a high-level summary of what CDC scientists have recently learned about the Delta variant. More information will be made available when more data are published or released in other formats.

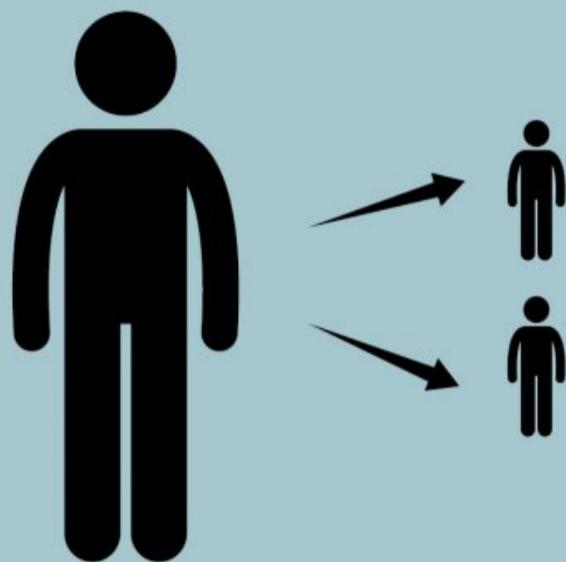
Infections and Spread

The Delta variant causes more infections and spreads faster than early forms of SARS-CoV-2, the virus that causes COVID-19

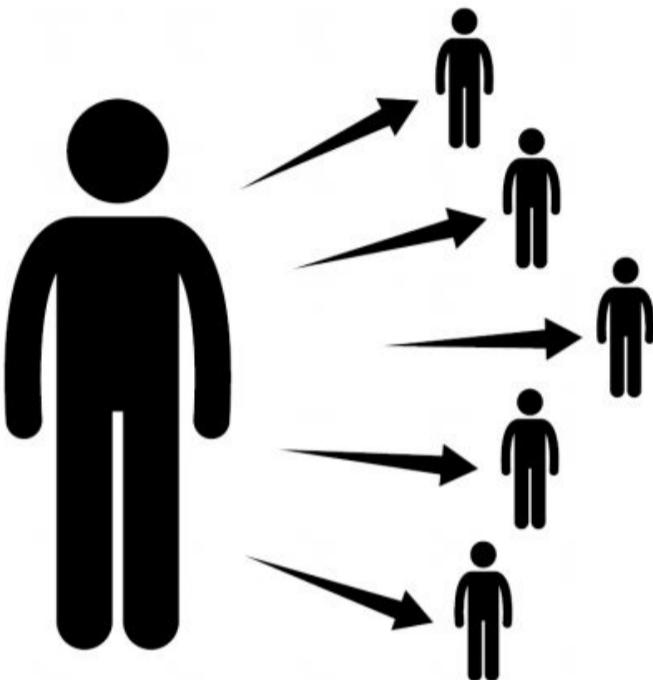
- **The Delta variant is more contagious:** The Delta variant is highly contagious, more than 2x as contagious as previous variants.
- **Some data suggest the Delta variant might cause more severe illness than previous variants in unvaccinated people.** In two different studies from Canada and Scotland, patients infected with the Delta variant were more likely to be hospitalized than patients infected with Alpha or the original virus that causes COVID-19. Even so, the vast majority of hospitalization and death caused by COVID-19 are in unvaccinated people.
- **Unvaccinated people remain the greatest concern:** The greatest risk of transmission is among unvaccinated people who are much more likely to get infected, and therefore transmit the virus. Fully vaccinated people get COVID-19 (known as [breakthrough infections](#)) less often than unvaccinated people. People infected with the Delta variant, including fully vaccinated people with symptomatic breakthrough infections, can transmit the virus to others. CDC is continuing to assess data on whether fully vaccinated people with asymptomatic breakthrough infections can transmit the virus.
- **Fully vaccinated people with Delta variant breakthrough infections can spread the virus to others. However, vaccinated people appear to spread the virus for a shorter time:** For prior variants, lower amounts of viral genetic material were found in samples taken from fully vaccinated people who had breakthrough infections than from unvaccinated people with COVID-19. For people infected with the Delta variant, similar amounts of viral genetic material have been found among both unvaccinated and fully vaccinated people. However, like prior variants, the amount of viral genetic material may go down faster in fully vaccinated people when compared to unvaccinated people. This means fully vaccinated people will likely spread the virus for less time than unvaccinated people.

The Delta variant spreads more easily than previous variants—it may cause more than 2x as many infections

ORIGINAL COVID-19 STRAIN



DELTA VARIANT



Vaccines protect you from hospitalization, severe infections, and death



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

CS 322041-AA 08/25/2021

[View Larger](#)

Vaccines

Vaccines in the US are highly effective, including against the Delta variant

- The COVID-19 vaccines approved or authorized in the United States are highly effective at preventing severe disease and death, including against the Delta variant. But they are not 100% effective, and some fully vaccinated people will become infected (called a breakthrough infection) and experience illness. For all people, the vaccine provides the best protection against serious illness and death.
- Vaccines are playing a crucial role in limiting spread of the virus and minimizing severe disease. Although vaccines are highly effective, they are not perfect, and there will be vaccine breakthrough infections. Millions of Americans are vaccinated, and that number is growing. This means that even though the risk of breakthrough infections is low, there will be thousands of fully vaccinated people who become infected and able to infect others, especially with the surging spread of the Delta variant. [Low vaccination coverage](#) in many communities is driving the current rapid surge in cases involving the Delta variant, which also increases the chances that even more concerning variants could emerge.
- Vaccination is the best way to protect yourself, your family, and your community. High vaccination coverage will reduce spread of the virus and help prevent new variants from emerging. CDC recommends that everyone aged 12 years and older get vaccinated as soon as possible.

Masks

Given what we know about the Delta variant, vaccine effectiveness, and current vaccine coverage, layered prevention strategies, including wearing masks, are needed to reduce the transmission of this variant

- At this time, as we build the level of vaccination nationwide, we must also use all the prevention strategies available, including masking indoors in public places, to stop transmission and stop the pandemic. Everyone who is able, including fully vaccinated people, should wear masks in public indoor places in areas of [substantial or high transmission](#).

References

- Bernal JL, Andrews N, Gower C, et al. Effectiveness of Covid-19 Vaccines against the B.1.617.2 (Delta) Variant. *N Engl J Med.* 2021 Jul 21;doi:10.1056/NEJMoa2108891 [\[link\]](#).
- Brown CM, Vostok J, Johnson H, et al. Outbreak of SARS-CoV-2 Infections, Including COVID-19 Vaccine Breakthrough Infections, Associated with Large Public Gatherings — Barnstable County, Massachusetts, July 2021. *MMWR Morb Mortal Wkly Rep.* ePub: 30 July 2021; <https://www.cdc.gov/mmwr/volumes/70/wr/mm7031e2.htm>
- Chia PY, Ong SWX, Chiew CJ, et al. Virological and serological kinetics of SARS-CoV-2 Delta variant vaccine-breakthrough infections: a multi-center cohort study. 2021;doi:doi.org/10.1101/2021.07.28.21261295 [\[link\]](#).
- Fisman DN, Tuite AR. Progressive Increase in Virulence of Novel SARS-CoV-2 Variants in Ontario, Canada. *medRxiv.* 2021 Jul 12; <https://doi.org/10.1101/2021.07.05.21260050> [\[link\]](#).
- Li B, Deng A, Li K, et al. Viral Infection and Transmission in a Large Well-Traced Outbreak Caused by the Delta SARS-CoV-2 Variant. *medRxiv.* 2021 Jul 12; <https://doi.org/10.1101/2021.07.07.21260122> [\[link\]](#).
- Mlcochova P, Kemp S, Dhar S, et al. SARS-CoV-2 B.1.617.2 Delta Variant Emergence and Vaccine Breakthrough. Research Square Platform LLC. 2021 Jun 22; doi:10.21203/rs.3.rs-637724/v1 [\[link\]](#)
- Musser JM, Christensen PA, Olsen RJ, et al. Delta Variants of SARS-CoV-2 Cause Significantly Increased Vaccine Breakthrough COVID-19 Cases in Houston, Texas. *medRxiv.* 2021 Jul 22; <https://org/10.1101/2021.07.07.21260122>.
- Nasreen S, Chung H, He S, et al. Effectiveness of COVID-19 vaccines against variants of concern in Ontario, Canada. *medRxiv.* 2021 Jul 16;doi:doi.org/10.1101/2021.06.28.21259420 [\[link\]](#).
- Ong SWX, Chiew CJ, Ang LW, et al. Clinical and Virological Features of SARS-CoV-2 Variants of Concern: A Retrospective Cohort Study Comparing B.1.1.7 (Alpha), B.1.315 (Beta), and B.1.617.2 (Delta). *SSRN Journal.* 2021 Jun 7; <https://doi.org/10.2139/ssrn.3861566> [\[link\]](#).
- Riemersma KA, Grogan BE, Kirta-Yarbo A, et al. Vaccinated and Unvaccinated Individuals Have Similar Viral Loads in Communities with a High Prevalence of the SARS-CoV-2 Delta Variant. *medRxiv.* 2021 Jul 31; <https://doi.org/10.1101/2021.07.31.21261387> [\[link\]](#).
- SARS-CoV-2 variants of concern and variants under investigation in England, Technical briefing 19 Public Health England Technical Briefing 19. 2021 Jul 23; https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1005517/Technical_Briefing_19.pdf [\[link\]](#)
- Sheikh A, McMenamin J, Taylor B, Robertson C. SARS-CoV-2 Delta VOC in Scotland: demographics, risk of hospital admission, and vaccine effectiveness. *The Lancet.* 2021;397(10293):2461-2462. doi:10.1016/s0140-6736(21)01358-1 [\[link\]](#).
- Stowe J, Andrews N, Gower C, et al. Effectiveness of COVID-19 vaccines against hospital admission with the Delta (B.1.617.2) variant. 2021. https://khub.net/web/phe-national/public-library/-/document_library/v2WsRK3ZIeg/view_file/479607329 [\[link\]](#).
- Thompson MG, Burgess JL, Naleway AL, et al. Prevention and Attenuation of COVID-19 with the BNT162b2 and mRNA-1273 Vaccines. *N Engl J Med.* 2021 Jul 22;385(4):320-329. doi: 10.1056/NEJMoa2107058 [\[link\]](#). Epub 2021 Jun 30. PMID: 34192428; PMCID: PMC8262622.
- Dagpunar J. Interim estimates of increased transmissibility, growth rate, and reproduction number of the Covid-19 B.1.617.2 variant of concern in the United Kingdom. *medRxiv.* 2021;doi:doi.org/10.1101/2021.06.03.21258293 [\[link\]](#)

Last Updated Aug. 26, 2021



COVID-19

Safety of COVID-19 Vaccines

Updated Aug. 30, 2021

[Print](#)

What You Need to Know

- COVID-19 vaccines are **safe and effective**.
- Millions of people in the United States have received COVID-19 vaccines under the most intense safety monitoring in U.S. history.
- CDC recommends you [get a COVID-19 vaccine](#) as soon as possible.
- If you are fully vaccinated, you can resume activities that you did prior to the pandemic. Learn more about what you can do [when you have been fully vaccinated](#).

Millions of People Have Safely Received a COVID-19 Vaccine

Over 369 million doses of COVID-19 vaccine have been given in the United States from December 14, 2020, through August 30, 2021.

COVID-19 vaccines are **safe and effective**. COVID-19 vaccines were evaluated in tens of thousands of participants in clinical trials. The vaccines met the Food and Drug Administration's (FDA) rigorous scientific standards for safety, effectiveness, and manufacturing quality needed to support approval or authorization of a vaccine.

Millions of people in the United States have received COVID-19 vaccines since they were authorized for emergency use by FDA. These vaccines have undergone and will continue to undergo the most intensive safety monitoring in U.S. history. This monitoring includes using both [established and new safety monitoring systems](#) [PDF – 83 KB] to make sure that COVID-19 vaccines are safe.

Results Are Reassuring

Results from vaccine safety monitoring efforts are reassuring. Some people have no side effects. Others have reported common [side effects after COVID-19 vaccination](#), like

- swelling, redness, and pain at injection site
- fever
- headache
- tiredness
- muscle pain
- chills
- nausea

Serious Safety Problems Are Rare

SERIOUS SIDE EFFECTS ARE RARE

To date, the systems in place to monitor the safety of these vaccines have found only two serious types of health problems after vaccination, both of which are rare. These are anaphylaxis and thrombosis with thrombocytopenia syndrome (TTS) after vaccination with J&J/Janssen COVID-19 Vaccine.

Anaphylaxis

A small number of people have had a [severe allergic reaction](#) (called “anaphylaxis”) after vaccination, but this is **rare**. Anaphylaxis can occur after any vaccination. If this occurs, vaccination providers have medicines available to effectively and immediately treat the reaction.

After you get a COVID-19 vaccine, you will be asked to stay for 15–30 minutes so you can be observed in case you have a severe allergic reaction and need immediate treatment.

Thrombosis with Thrombocytopenia Syndrome (TTS) after Vaccination with J&J/Janssen COVID-19 Vaccination

After receiving the J&J/Janssen COVID-19 Vaccine, there is risk for a rare but serious adverse event—blood clots with low platelets (thrombosis with thrombocytopenia syndrome, or TTS). Women younger than 50 years old should especially be aware of their increased risk for this rare adverse event. There are other COVID-19 vaccines available for which this risk has not been seen.

This adverse event is rare, occurring at a rate of about 7 per 1 million vaccinated women between 18 and 49 years old. For women 50 years and older and men of all ages, this adverse event is even more rare.

Cases of myocarditis and pericarditis in adolescents and young adults have been reported more often after getting the second dose than after the first dose of one of the two mRNA COVID-19 vaccines, Pfizer-BioNTech or Moderna. **These reports are rare and the known and potential benefits of COVID-19 vaccination outweigh the known and potential risks, including the possible risk of myocarditis or pericarditis.**

Long-Term Side Effects Are Unlikely

Serious side effects that could cause a long-term health problem are extremely unlikely following any vaccination, including COVID-19 vaccination. Vaccine monitoring has historically shown that side effects generally happen within six weeks of receiving a vaccine dose. For this reason, the FDA required each of the authorized COVID-19 vaccines to be studied for at least two months (eight weeks) after the final dose. Millions of people have received COVID-19 vaccines, and no long-term side effects have been detected.

CDC continues to closely monitor the safety of COVID-19 vaccines. If scientists find a connection between a safety issue and a vaccine, FDA and the vaccine manufacturer will work toward an appropriate solution to address the specific safety concern (for example, a problem with a specific lot, a manufacturing issue, or the vaccine itself).

Have you experienced a side effect following COVID-19 vaccination?

You can [report it to VAERS](#).

More Information

[ACIP COVID-19 Vaccines Safety Technical Sub-Group \(VaST\)](#)

[VaST Subgroup Technical Report](#)

Last Updated Aug. 30, 2021



COVID Data Tracker

United States at a Glance

Collapse

United States At a Glance

Deaths Total
Last 30 Days

Cases Total
Last 30 Days

75.0% of Adults with At Least
One Vaccination

Community Transmission

[Data Tracker Home](#)

[COVID Data Tracker Weekly Review](#)

[Your Community](#)

[County View](#)

[Forecasting](#)

COVID-19 Vaccinations in the United States

Overall US COVID-19 Vaccine | Deliveries and Administration; Maps, charts, and data provided by CDC, updates daily by 8 pm ET[†]

Represents all vaccine partners including jurisdictional partner clinics, retail pharmacies, long-term care facilities, dialysis centers, Federal Emergency Management Agency and Health Resources and Services Administration partner sites, and federal entity facilities.

On August 13th, 2021, CDC recommended that people who are moderately to

severely immunocompromised receive an additional dose of the COVID-19 vaccine.

[Who is recommended for an additional dose?](#)

Vaccinations in the US

Community Profile Report

State Profile Report

Pandemic Vulnerability Index

Health Equity Data

Pediatric Data

Vaccinations



Cases, Deaths, and Testing



Demographic Trends



Health Care Settings



Genomic Surveillance



Seroprevalence



[How Do I Find a COVID-19 Vaccine?](#)

Total Vaccine Doses

Delivered **450,122,155**

Administered **375,995,378**

**Learn more about the
distribution of
vaccines.**

176.7M

People fully vaccinated

1.44M

People received an
additional dose since
August 13th, 2021

People Vaccinated	At Least One Dose	Fully Vaccinated
Total	207,589,611	176,659,496
% of Total Population	62.5%	53.2%
Population ≥ 12 Years of Age	207,360,315	176,527,402
% of Population ≥ 12 Years of Age	73.1%	62.3%

People at Increased Risk +

Multisystem Inflammatory Syndrome in Children (MIS-C)

Prevention Measures and Social Impact +

Additional COVID-related Data

Communications Resources

COVID-19 Home

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[What's this?](#)

CDC COVID Data Tracker

Population ≥ 18 Years of Age	193,798,688	165,947,460
% of Population ≥ 18 Years of Age	75%	64.3%
Population ≥ 65 Years of Age	50,560,914	44,911,114



About these data

CDC | Data as of: September 7, 2021 6:00am ET. Posted: Tuesday, September 7, 2021 2:27 PM ET

View:

- Total Doses
- People

Show:

- Administered
- Delivered

Metric:

- Count
- Rate per 100,000

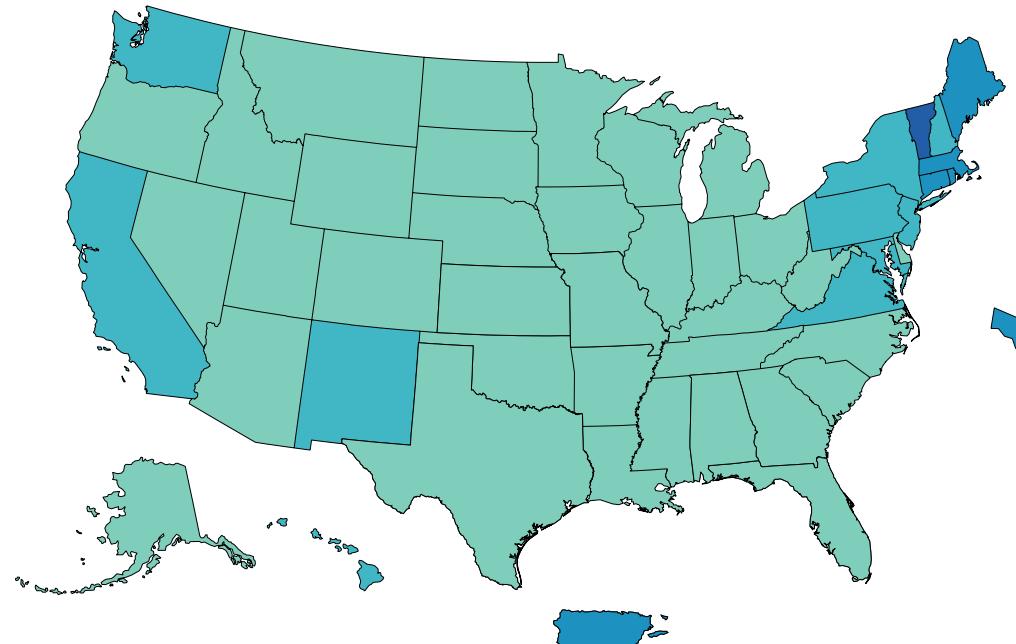
Population:

- Total Population
- Population ≥ 12 Years of Age
- Population ≥ 18 Years of Age
- Population ≥ 65 Years of Age

This shows the number of doses administered within the state or territory for every 100,000 people of the total population. It does not reflect the residency of the person receiving the vaccine, but where they received it.

Total Doses Administered Reported to the CDC by State/Territory and for Select

Federal Entities per 100,000 of the Total Population



Territories

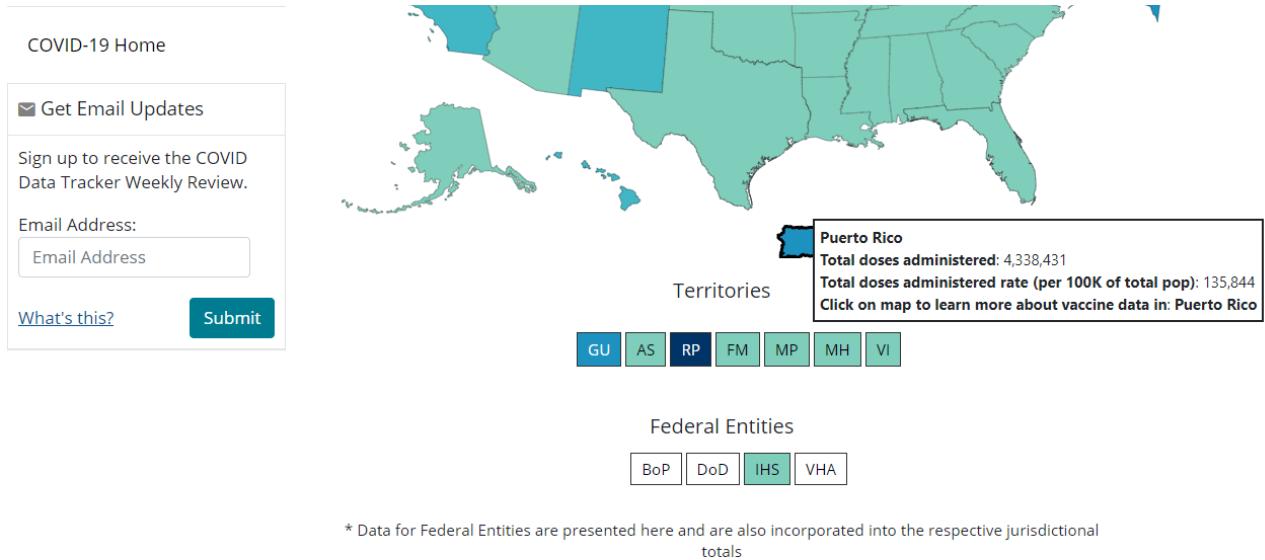


Federal Entities



* Data for Federal Entities are presented here and are also incorporated into the respective jurisdictional totals

Total Doses Administered per 100,000



TOTAL DOSES Administered per 100,000

No Data 0 1 - 120,000 120,001 - 130,000

130,001 - 140,000 140,001 - 150,000 150,001 +

[Download Map](#)

[Download](#) ▾

[Download](#) ▾

[Download](#) ▾

[View Historic Vaccination Data](#)

Data Table for COVID-19 Vaccinations in the United States +

Footnotes +

Dialysis Vaccination Data Dashboard

Dialysis facilities report weekly COVID-19 vaccination data for patients and healthcare personnel to CDC's National Healthcare Safety Network (NHSN).

Looking for Long-Term Care Facility vaccination data?

See the [latest data](#) for the [Federal Pharmacy Partnership for Long-Term Care \(LTC\) Program](#).

Want to know more about trends in COVID-19 US vaccinations?

See the [latest trends](#) in the number of COVID-19 vaccinations given in the United States.

HAVE QUESTIONS?

-  Visit CDC-INFO
-  Call 800-232-4636
-  Email CDC-INFO
-  Open 24/7

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COVID-19 EN CIFRAS EN PUERTO RICO

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martes, 07 de septiembre de 2021

-  **ACTUALIZACIÓN DIARIA**
[Resumen de datos diarios de COVID-19](#)
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[Resumen de datos ejecutivos de COVID-19](#)
-  **PRUEBAS**
[Datos de las pruebas de COVID-19](#)
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-  **DEFUNCIONES**
[Datos de las defunciones por COVID-19](#)
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DATOS
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Casos

Actualizado el 09/06/2021

Datos de los casos positivos de COVID-19



233 ↗

PROMEDIO DIARIO DE CASOS CONFIRMADOS

Datos recogidos al 2021-07-28

[*Definición de Medida](#) ▾

126,859

CASOS CONFIRMADOS ACUMULADOS

[*Definición de Medida](#) ▾

Casos a través del tiempo con media móvil

Confirmados Probables

03/01/2020

07/28/2021



03/01/2020

09/05/2021

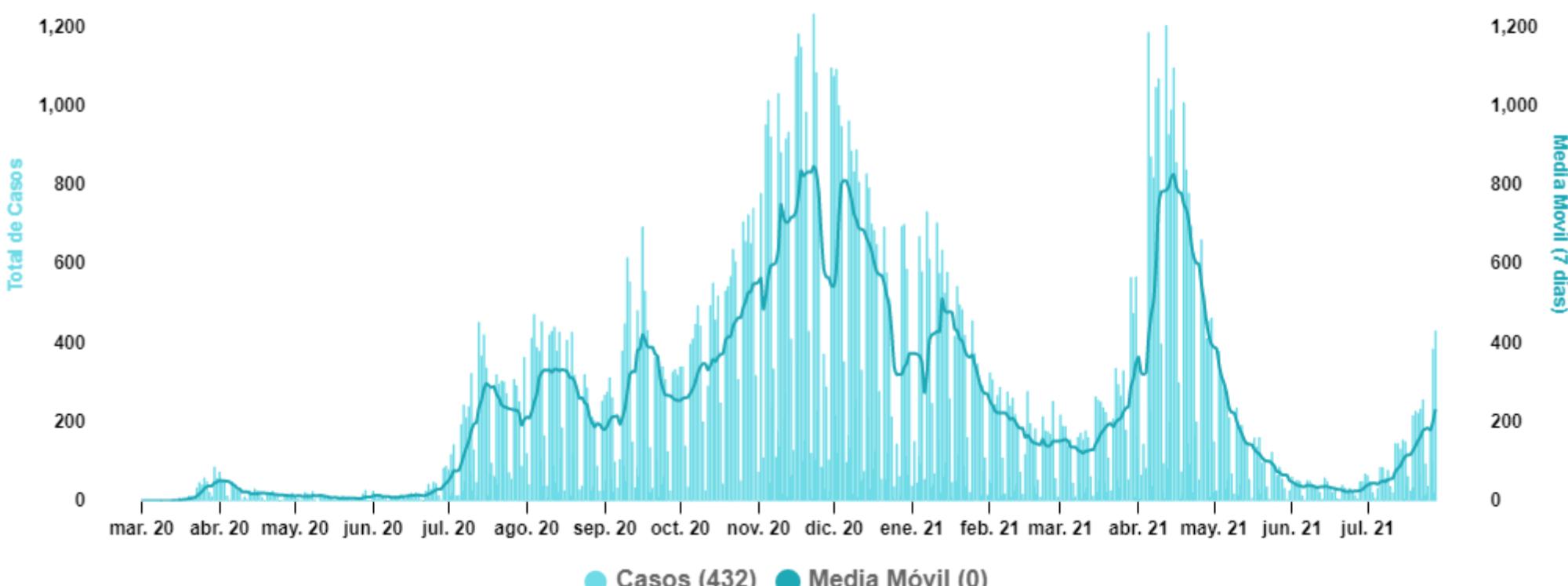
Casos Confirmados en Puerto Rico

[Diario](#) [Acumulado](#)

Conteo diario de casos confirmados (PCR) para COVID-19 notificadas por fecha de toma de muestra



[ENLACES](#) ▾



[¿QUÉ VEO EN ESTA GRÁFICA?](#)



Casos Confirmados diarios a través del tiempo por grupo edad



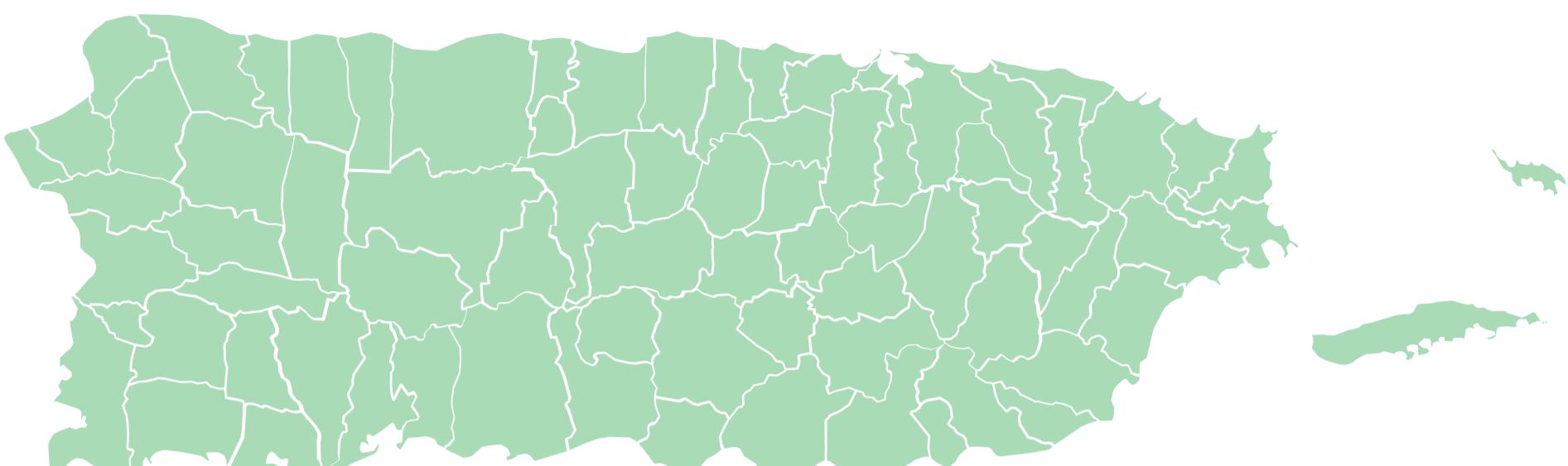
¿QUÉ VEO EN ESTAS GRÁFICAS?

▼

Mapa Interactivo de Casos por Municipio

Presione sobre un municipio para actualizar los indicadores y gráficas.



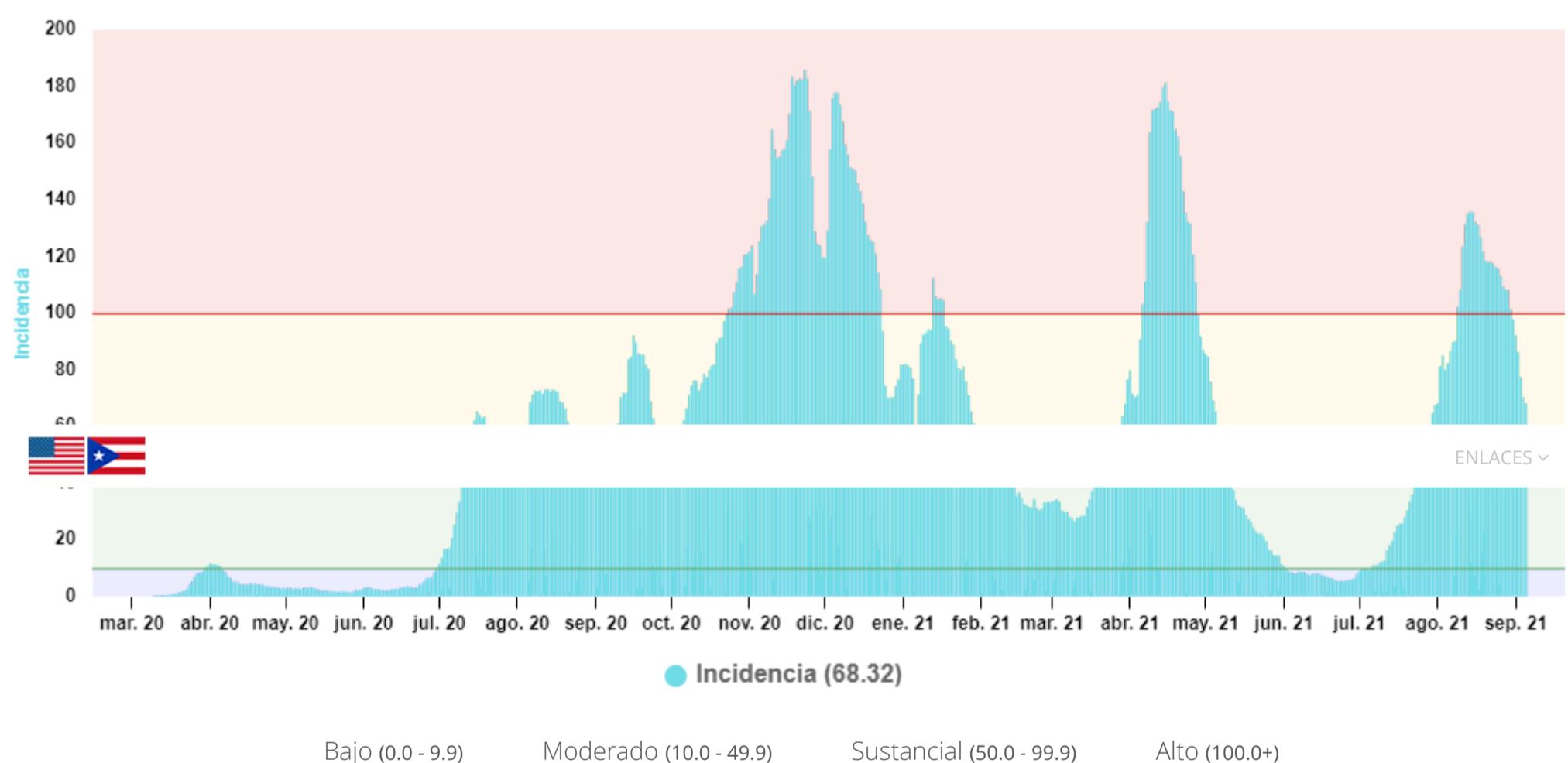


[¿QUÉ VEO EN ESTE MAPA?](#)



Incidencia

Tasa de Incidencia de Casos Confirmados por 100,000 habitantes a través del tiempo en Puerto Rico



[¿QUÉ VEO EN ESTA GRÁFICA?](#)



[DATO IMPORTANTE](#)



Tasa de Incidencia de Casos Confirmados por 100,000 habitantes

Por Región

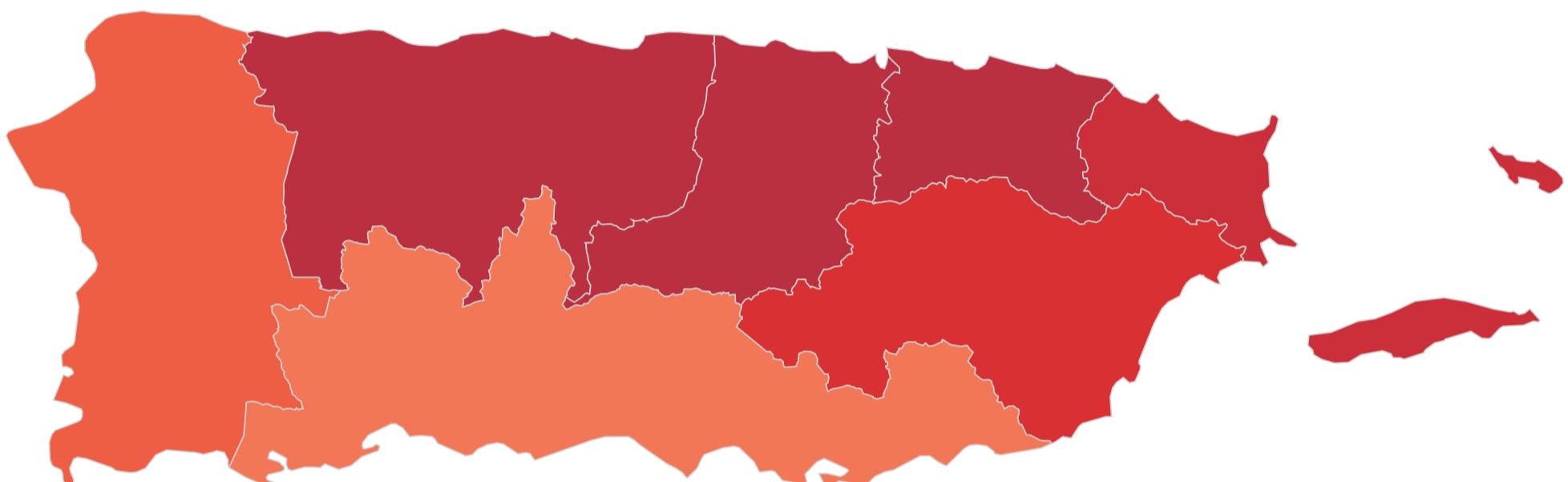
Periodo del 2021-08-24 al 2021-08-30



Región	Casos	Población	↑↓	Confirmados	↑↓	Incidencia	↑↓
--------	-------	-----------	----	-------------	----	------------	----



Metropolitano	682,054	1,007	147.64
Bayamón	537,123	668	124.37
Caguas	529,505	406	76.68
Arecibo	394,774	383	97.02
Mayagüez	459,487	284	61.81
Ponce	474,603	266	56.05
Desconocido		132	0.00
Fajardo	116,148	96	82.65
Total	3,193,694	3,242	101.51



Nivel de transmisión comunitaria de COVID-19 basado en la Incidencia:

0

50

100+

¿QUÉ VEO EN ESTA TABLA Y MAPA?

DATO IMPORTANTE



ENLACES ▾

Por Municipio

Periodo del 2021-08-24 al 2021-08-30

Municipio	Casos			173.03
	↑↓	Población ↑↓	Confirmados ↑↓	
San Juan			318,441	551
Bayamón			169,269	262
Carolina			146,984	193
Caguas			124,606	130
Desconocido				130
Guaynabo			83,728	125
Toa Baja			74,271	119
Ponce			131,881	113
Arecibo			81,966	104

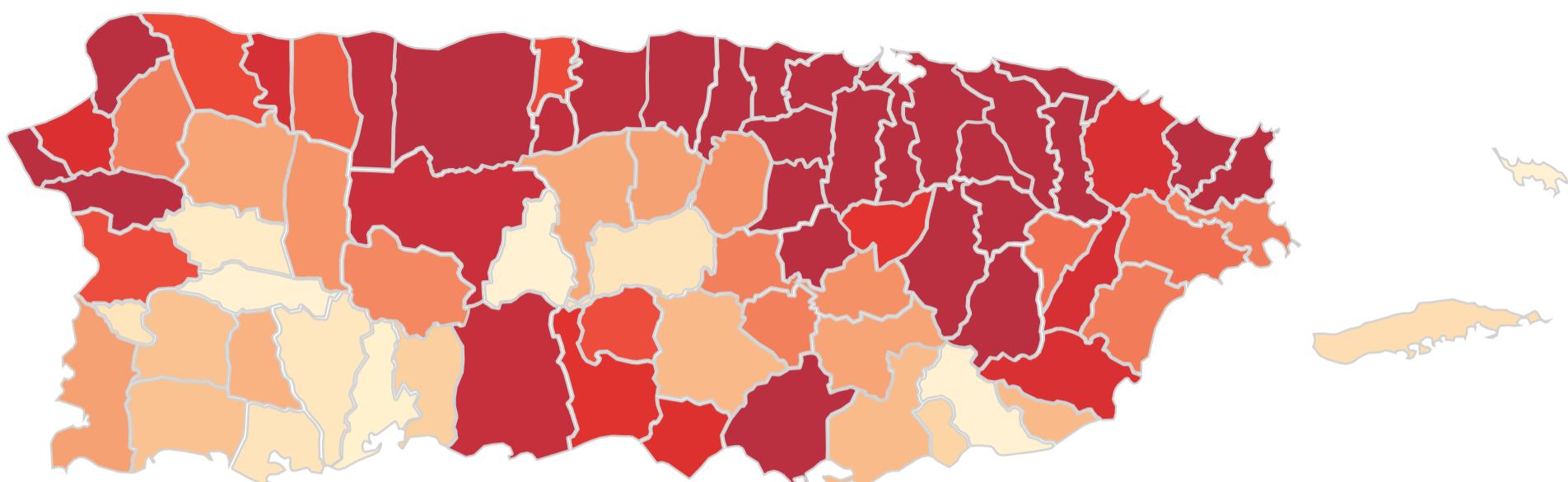
Vega Baja

50,023

91

181.92

Total	3,193,694	3,242	101.51
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Nivel de transmisión comunitaria de COVID-19 basado en la Incidencia:

0

50

100+

[¿QUÉ VEO EN ESTA TABLA Y MAPA?](#)

[DATO IMPORTANTE](#)

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(787) 765-2285

- Línea Control de Envenenamiento
1-800-222-1212

- Línea PAS
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1-888-672-7622 TDD

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Calle Periferal Interior,
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- Outlook WEB
- Biblioteca Virtual en Salud de Puerto Rico
- Registro de Facturas en Hacienda

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DATOS

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ENLACES ▾

Defunciones

Actualizado el 09/06/2021

Datos de las defunciones por COVID-19



5 ↗

TOTAL DE DEFUNCIONES NUEVAS

Datos recogidos al 2021-07-28

[*Definición de Medida](#) ▾

2

PROMEDIO DIARIO DE DEFUNCIONES

Datos recogidos al 2021-07-28

[*Definición de Medida](#) ▾

2,581

DEFUNCIONES ACUMULADAS

[*Definición de Medida](#) ▾

Defunciones por COVID-19 a través del tiempo con media móvil

03/17/2020

07/28/2021



03/17/2020

09/06/2021

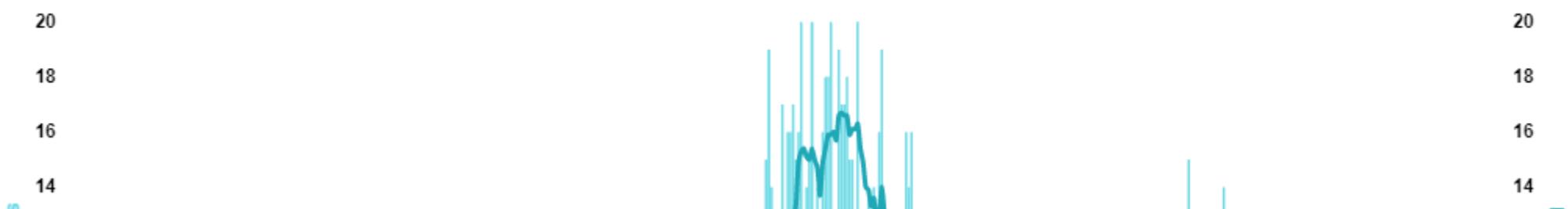
Defunciones por COVID-19 en Puerto Rico

[Diario](#) [Acumulado](#)



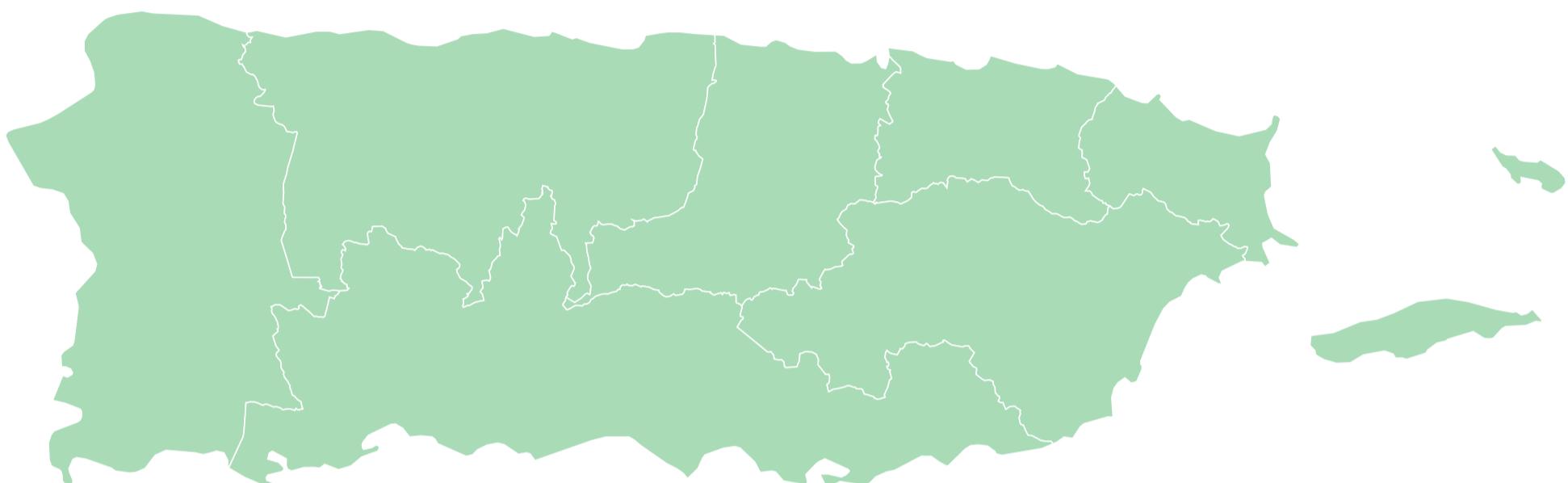
ENLACES ▾

Conteo diario de defunciones por COVID-19 notificadas por fecha de defunción



Mapa Interactivo de Defunciones por Región

Presione sobre una región para actualizar los indicadores y gráfica.

¿QUÉ VEO EN ESTE MAPA?

Pirámide de defunciones por COVID-19 por grupos de edad y sexo

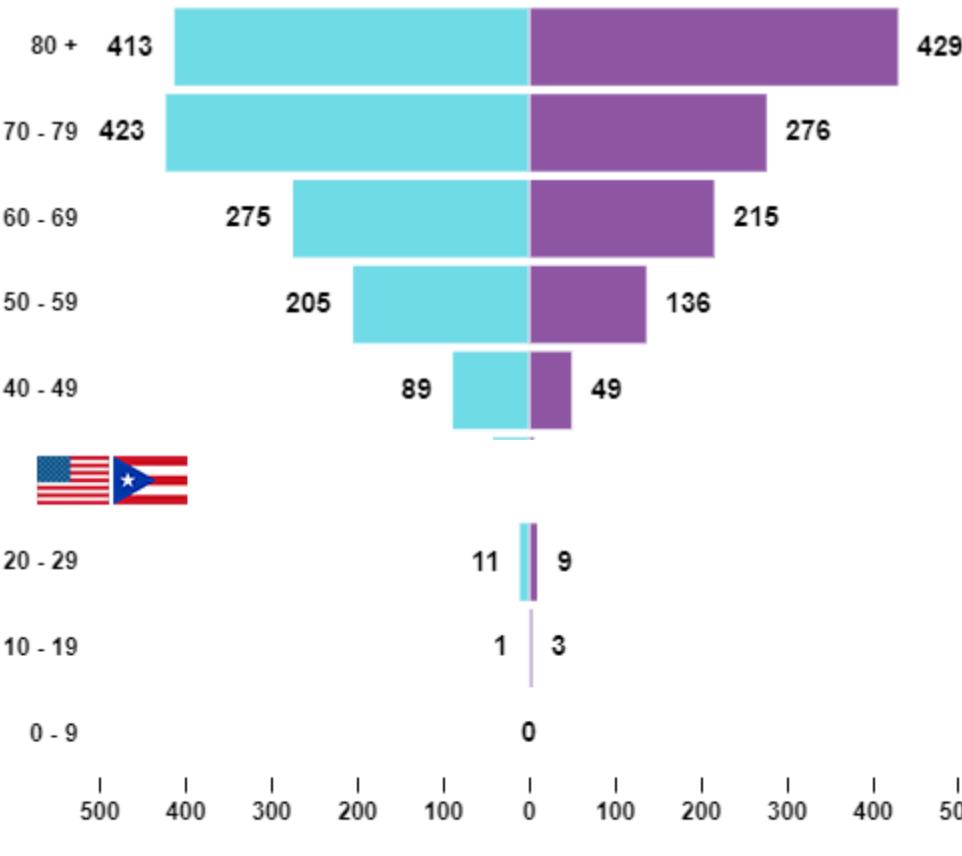


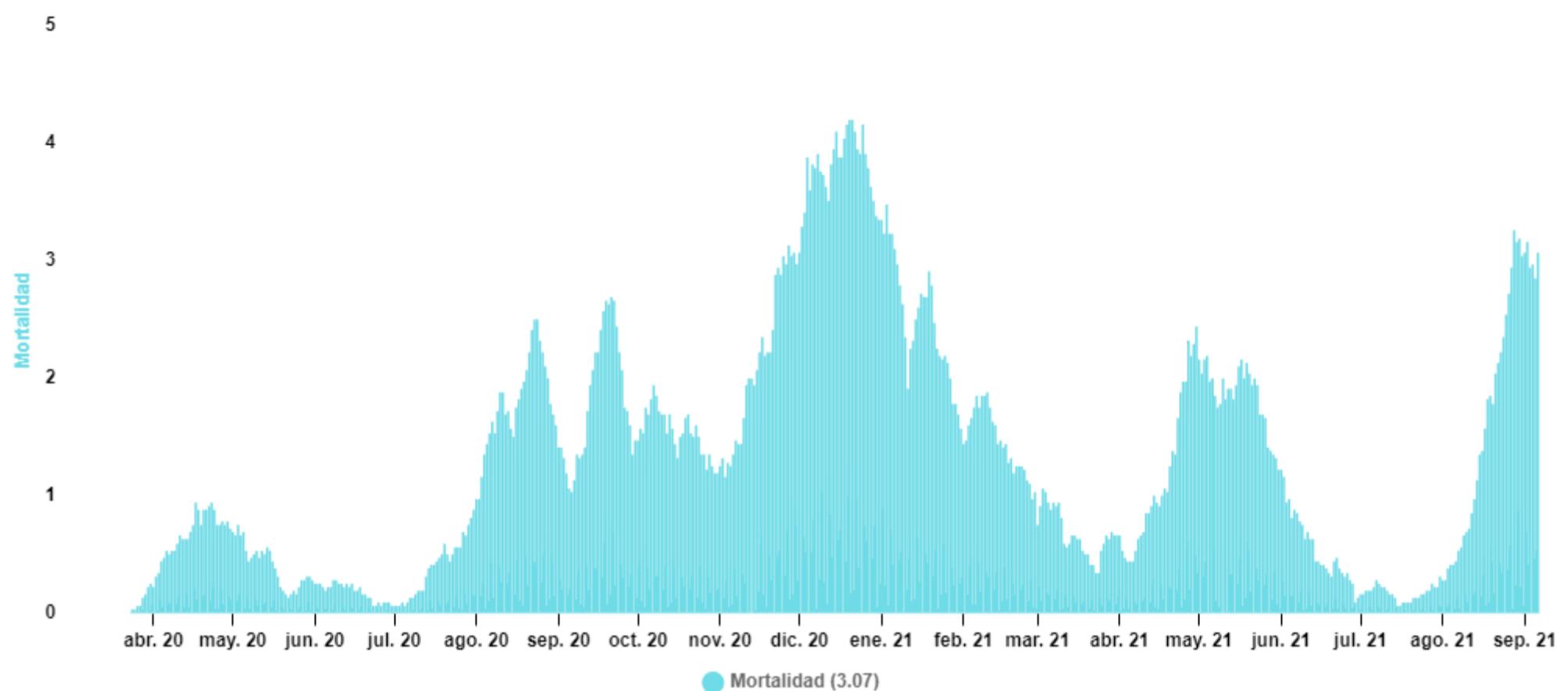
Tabla de defunciones por COVID-19 por grupos de edad y sexo

Edades	Masculino	Femenino	Total
80 +	413 (16%)	429 (16.6%)	842 (32.6%)
70 - 79	423 (16.4%)	276 (10.7%)	699 (27.1%)
60 - 69	275 (10.7%)	215 (8.3%)	490 (19%)
50 - 59	205 (7.9%)	136 (5.3%)	341 (13.2%)
40 - 49	89 (3.4%)	49 (1.9%)	138 (5.3%)
20 - 29	11 (0.4%)	9 (0.3%)	20 (0.8%)
10 - 19	1 (0%)	3 (0.1%)	4 (0.2%)
0 - 9	0 (0%)	0 (0%)	0 (0%)
Total	1,459 (56%)	1,122 (43%)	2,581 (100%)

¿QUÉ VEO EN ESTA TABLA?¿QUÉ VEO EN ESTA GRÁFICA?

Mortalidad

Tasa de Mortalidad por 100,000 habitantes a través del tiempo



¿QUÉ VEO EN ESTA GRÁFICA?

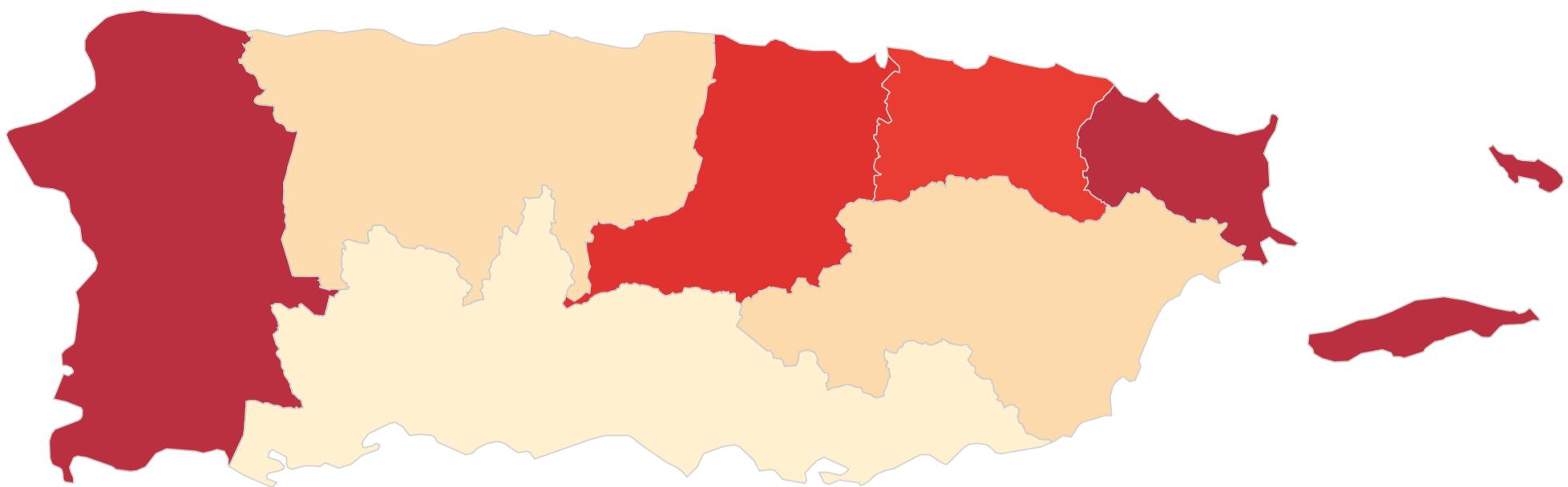
DATO IMPORTANTE

Tasa de Mortalidad por 100,000 habitantes

Por Región

Periodo del 2021-08-24 al 2021-08-30

Región	Defunciones	Población	Mortalidad
Metropolitano	24	682,054	3.52
Mayagüez	23	459,487	5.01
Bayamón	20	537,123	3.72
Caguas	7	529,505	1.32
			ENLACES ▾
Arecibo	5	394,774	1.27
Ponce	1	474,603	0.21
Total	86	3,193,694	3.07



Nivel de Mortalidad por COVID-19:

0

3

5+

[¿QUÉ VEO EN ESTA TABLA Y MAPA?](#)

[DATO IMPORTANTE](#)

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LÍNEAS INFORMATIVAS

- VIH\Enfermedades de transmisión sexual
(787) 765-1010
- Línea de Cesación de Fumar
1-877-335-2567
- Línea de Ayuda para Víctimas de Violación
(787) 765-2285
- Línea Control de Envenenamiento
1-800-222-1212
- Línea PAS
1-800-981-0023
1-888-672-7622 TDD
- Organización Panamericana de la Salud
- Outlook WEB
- Biblioteca Virtual en Salud de Puerto Rico
- Registro de Facturas en Hacienda

CONTÁCTANOS

- 📞 787-765-2929
- ✉️ contactus@salud.pr.gov
- 📍 Centro Médico Norte
Calle Periferal Interior,
Bo. Monacillos Río Piedras, PR



ENLACES ▾

DEPARTAMENTO DE
SALUD





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New confirmed cases, by date of report (n = 221,134,742)

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