# Current situation

<table>
<thead>
<tr>
<th>01-Oct</th>
<th>26-Oct (peak 14 day inc.)</th>
<th>06-Nov</th>
<th>09-Nov</th>
<th>12-Nov</th>
<th>15-Nov</th>
<th>18-Nov</th>
<th>21-Nov</th>
<th>24-Nov</th>
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</thead>
<tbody>
<tr>
<td>14-day incidence</td>
<td>96.12</td>
<td>307.23</td>
<td>195.2</td>
<td>160.04</td>
<td>134.74</td>
<td>126.46</td>
<td>119.79</td>
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<tr>
<td>5-day average cases</td>
<td>407.2</td>
<td>924.0</td>
<td>516.6</td>
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<td>411</td>
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<td>Total weekly cases</td>
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<th>01-Oct</th>
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<th>15-Nov</th>
<th>18-Nov</th>
<th>21-Nov</th>
<th>24-Nov</th>
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<tbody>
<tr>
<td>No. in ICU (6.30 P.M)</td>
<td>22</td>
<td>40</td>
<td>38</td>
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<th>01-Oct</th>
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<th>12-Nov</th>
<th>15-Nov</th>
<th>18-Nov</th>
<th>21-Nov</th>
<th>24-Nov</th>
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<tbody>
<tr>
<td>Positivity rate (7 day average)</td>
<td>3.0%</td>
<td>6.1%</td>
<td>4.4%</td>
<td>3.9%</td>
<td>3.5%</td>
<td>3.6%</td>
<td>4.0%</td>
<td>3.6%</td>
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<thead>
<tr>
<th></th>
<th>August</th>
<th>September</th>
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<tr>
<td>Total Deaths</td>
<td>5</td>
<td>37</td>
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<tr>
<td>Deaths associated with NH outbreaks</td>
<td>3</td>
<td>12</td>
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<table>
<thead>
<tr>
<th>October</th>
<th>November</th>
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<tbody>
<tr>
<td>119</td>
<td>94</td>
</tr>
<tr>
<td>48</td>
<td>37</td>
</tr>
</tbody>
</table>

* Data refers to latest available information at 11am 24th Nov
* ICU figures from 6:30pm previous day
Cases, numbers in hospital and intensive care

Case numbers increased from late June to late October, decreased for three weeks from 21 October, but have not decreased further over the last week. Hospitalisations admissions to ICU and deaths increased a number of weeks after the rise in cases. The number of people in hospital was decreasing, but has increased in the last week, and numbers in ICU and deaths per day are not decreasing.

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<thead>
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</thead>
<tbody>
<tr>
<td>Cases confirmed per day</td>
<td>547</td>
<td>18</td>
<td>487</td>
<td>802</td>
<td>1161</td>
<td>857</td>
<td>579</td>
<td>403</td>
<td>412</td>
<td>324</td>
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<tr>
<td>14-day incidence per 100,000 population</td>
<td>157</td>
<td>5.6</td>
<td>124</td>
<td>190</td>
<td>287</td>
<td>297</td>
<td>211</td>
<td>145</td>
<td>120</td>
<td>108</td>
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<tr>
<td>Hospital in-patients</td>
<td>858</td>
<td>11</td>
<td>136</td>
<td>204</td>
<td>279</td>
<td>325</td>
<td>322</td>
<td>288</td>
<td>270</td>
<td>284</td>
</tr>
<tr>
<td>Hospital admissions per day</td>
<td>56</td>
<td>2</td>
<td>14</td>
<td>19</td>
<td>23</td>
<td>20</td>
<td>19</td>
<td>21</td>
<td>20</td>
<td>18</td>
</tr>
<tr>
<td>ICU confirmed cases</td>
<td>147</td>
<td>5</td>
<td>22</td>
<td>30</td>
<td>32</td>
<td>38</td>
<td>43</td>
<td>39</td>
<td>34</td>
<td>33</td>
</tr>
<tr>
<td>ICU admissions per day</td>
<td>8</td>
<td>&lt; 1</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
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<tr>
<td>Deaths confirmed per day</td>
<td>32</td>
<td>&lt; 1</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>6</td>
</tr>
</tbody>
</table>

Data are 7-day averages (the indicated day and the preceding 6 days, rounded to the nearest whole number) with the exception of 14 day cumulative incidence, which is the total number of cases in the preceding 14 days per 100,000 population. NPHET monitors 5-day moving average and 14-day cumulative incidence on a day-by-day basis, as indicators of rate of change of incidence and overall burden of infection. 7-day averages are used here to limit day-of-week effects. The historic incidence data may change due to denotification of cases.
Confirmed cases each day

Daily and weekly count and 5-day rolling average – case counts have been decreasing since 21 October; the 5-day average peaked at 1186, and is now 292.

Daily count (bars) 5-day average (line) and weekly counts of the number of laboratory confirmed new cases by date on which they were confirmed by HPSC. Case counts may change due to denotification of cases. Sporadic cases are those cases not associated with outbreaks, nor close contacts of confirmed cases, nor acquired in the healthcare setting.

Cases
confirmed each week

Sporadic cases

Date of confirmation

New cases per day

Confirmed cases each day

Daily and weekly count and 5-day rolling average – case counts have been decreasing since 21 October; the 5-day average peaked at 1186, and is now 292.

Daily count (bars) 5-day average (line) and weekly counts of the number of laboratory confirmed new cases by date on which they were confirmed by HPSC. Case counts may change due to denotification of cases. Sporadic cases are those cases not associated with outbreaks, nor close contacts of confirmed cases, nor acquired in the healthcare setting.
National 7 and 14 day Incidence rates

Highest 14-day incidence: 307 (25 Oct)

Highest 7-day incidence: 171 (20 Oct)

Source: HPSC CIDR Extract 24112020
7-day incidence rate per 100,000 as % of the 14-day incidence

Source: HPSC CIDR Extract 24112020
Recent trend in positivity rate

Source: HPSC Cumulative Report on Lab Results, 23112020

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Up to 23/10/2020 tests which could not be linked to a County (Not Mapped) are not included in the data for total tests.

Updated 24/11/2020
Source: Lab data, HPSC Daily Cumulative Report; CRM data, HSE Contact and Tracing Team.
Up to 23/10/2020 tests which could not be linked to a County (Not Mapped) are not included in the data for total tests.

Updated 24/11/2020
Source: HSE Contact and Tracing Team.
% Positivity Rate Past 7 Days (inc./ex. serial testing) by County as at 24/11/20
(data from County Positivity Rate data provided by HSE Contact and Tracing Team)

Location is based on location of Community Test Centre or Acute Hospital and not on patient's address
Incidence across different age groups (excluding HCW and LTRC)

When incidence started to rise again in July, cases increased first in younger age groups, especially in the 19-24 age group, with a delayed increase in incidence in older (≥65) adults. There has been a very significant decrease in incidence in younger adults in recent weeks. While incidence in the 65-84 age group has decreased from the peak, it remains high especially in the 85+ age group.

Heat map shows age-specific incidence (cases per week per 100,000 population). Healthcare workers and cases associated with outbreaks in long-term residential care are excluded, so that the analysis reflects the pattern of cases in the community. Cases dated by date of specimen collection.

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<th>13-18</th>
<th>19-24</th>
<th>25-39</th>
<th>40-64</th>
<th>65-74</th>
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</table>
Incidence by age

This analysis focuses on the older age cohort, compared with the population as a whole.

Data 5-day rolling average: Age specific incidence per 100,000 population, excluding healthcare workers and those associated with outbreaks in long-term residential care.
Total No. of Confirmed Covid Cases in ICU at 11.30AM &
No. of New Confirmed Covid Admissions to ICU in past 24 hrs since 01/09/20
(includes all reporting public and private hospitals and may differ from no. reported by HSE in public hospital ICUs)

Updated to 11.30AM 24/11/2020

Confirmed Cases in ICU: Daily count of number of COVID-19 confirmed cases in public and private hospital ICUs.

New Covid admissions: New COVID-19 confirmed admissions to ICU and new laboratory confirmations of suspected cases in ICU.

Morning census from NOCA, ICU - BIS
Excess mortality in Europe (week 46)

- The latest weekly pooled EuroMOMO estimates show a substantial excess all-cause mortality overall for the participating European countries, coinciding with a reported increase in COVID-19 cases in several countries.

- This excess mortality is driven by a very substantial excess mortality in some countries, while other countries see normal mortality levels.

- The excess all-cause mortality is seen primarily in the age group of 65 years and above, but also in the age groups of 15-44 and 45-64 years.

- Data from 26 participating European countries or regions were included in this week’s pooled analysis of all-cause mortality.

Situation in Ireland

- No recent excess mortality noted in weekly mortality report as of wk 47 (HPSC)

- No recent excess mortality as per CSO experimental analysis (October 2019 – September 20)

- Limitations: delayed registration of deaths regarding HPSC data, data only up Sep 20 for CSO

Source: EuroMOMO Bulletin, Week 46, 2020
Publication by CSO of data relating to the underlying causes of deaths in Ireland, including from Covid-19, for the period January – October 2020

Publication is the first official statistics published based on causes of death, including deaths due to Covid-19, registered with the General Registrar's Office (GRO) and notified to the CSO for the period. CSO report cannot be used to estimate excess mortality. On Friday 27th November, CSO will release the results of the number of death registrations for the period January-June 2020. This report should be used for any calculations on excess mortality for the first 6 months of this year, compared with the same period in previous years.

Results

• There were 1,462 Covid-19 related deaths in the period January – October 2020 registered with the General Registrar's Office and subsequently notified to the CSO.

• Deaths due to Covid-19 was the 4th highest cause of death in the period after cancer, diseases of the circulatory system and diseases of the respiratory system. They accounted for 6.5% of all deaths registered in the period.

• Covid-19 was the 5th highest underlying cause of death in the 65-79 and 80+ age categories.

• On the 1st of November, the Department of Health had been notified of 1,915 Covid-19 related deaths. This is 453 higher than reported by the CSO for deaths registered by the end of October.

Several reasons for the difference in these figures:

1. The CSO note that the data in their publication is based on deaths that occurred between 1 Jan 2020 and end October 2020, have been registered with the General Registrar's Office and subsequently notified to the Central Statistics Office (CSO). They also note that these figures are provisional.

2. Due to the death registration period in Ireland being 3 months, it can be assumed that deaths for the months August-October registered with the GRO and subsequently notified to the CSO are incomplete.

3. The GRO previously estimated that approximately 80% of the deaths are notified within 3 months.

4. The CSO estimates that approximately 2,500 to 3,500 deaths remain to be registered covering the period of analysis in this output.

5. According to the WHO international guidelines, persons with COVID-19 may die due to other conditions such as myocardial infarction. Such cases are not deaths due to COVID-19 and will not be reported as such by the CSO.

6. Deaths notified to the HPSC and Department of Health are recorded for confirmed, probable, possible and suspect Covid-19 cases. A person can be classified as a probable or possible COVID-19 death without laboratory confirmation of COVID-19 based on the criteria for probable and possible cases of COVID-19 as outlined in the case definition.
Cases by outbreak type since beginning of pandemic. It is easier to detect linkages between cases in residential, workplace and educational settings than in social community and hospitality settings. Community transmission will be amplified in the household/family setting.

The number of cases that are isolated (not associated with an outbreak) and that are associated with different types of outbreak. 5-day moving average, cases dated by date of specimen collection. A significant number of recent cases classified as isolated will, upon further investigation, be linked to outbreaks.
COVID-19 outbreaks by key outbreak locations, week 47 and overall, 2020 Ireland

- Since March 1\textsuperscript{st} 2020, 9,062 outbreaks have been notified to CIDR
- In week 47, 772 outbreaks were notified; 652 in private houses, 120 in other locations

<table>
<thead>
<tr>
<th>Key outbreak locations</th>
<th>Week 47</th>
<th>Weeks 10-47</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workplace</td>
<td>20</td>
<td>293</td>
</tr>
<tr>
<td>Direct Provision Centre</td>
<td>0</td>
<td>35</td>
</tr>
<tr>
<td>Vulnerable groups*</td>
<td>3</td>
<td>105</td>
</tr>
<tr>
<td>Prisons</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Nursing Home/Community Hospital</td>
<td>7</td>
<td>383</td>
</tr>
<tr>
<td>Acute hospitals</td>
<td>15</td>
<td>179</td>
</tr>
<tr>
<td>School(^{\text{^}})</td>
<td>19</td>
<td>202</td>
</tr>
<tr>
<td>Childcare facility</td>
<td>2</td>
<td>80</td>
</tr>
</tbody>
</table>

*Includes Irish Travellers, Roma, homeless and addiction service population

\(^{\text{^}}\)These outbreaks are associated with school children +/or school staff. Transmission of COVID-19 within the school has not necessarily been established in these outbreaks

Data source: CIDR November 17\textsuperscript{th} 2020 – data to midnight 16/11/2020
Weekly Summary

- **Total** number of outbreaks week 47 n=772 compared with week 46 n=1,057
- **Vulnerable groups**
  - Irish Traveller outbreaks (since 20/09/2020)
    - 68 outbreaks (2 outbreaks since the previous report)
    - 1142 cases in Irish Travellers
  - Two new outbreaks in vulnerable populations; both in prisons with 10 linked cases
- **Workplace outbreaks**
  - Twenty new outbreaks in workplaces in week 47
  - 65 cases notified linked to workplace outbreaks in week 47
  - Outbreaks occurred across a variety of sectors
- **Residential institution outbreaks**
  - 225 outbreaks in residential institutions with 1,268 linked cases
  - Four have been notified since last week’s report, with 3 linked cases
- **Nursing Homes & Community Hospitals**
  - 52/384 outbreaks remain open with 1126 linked cases
  - 5 new outbreaks with 19 linked cases since last week’s report
  - Five largest ‘open’ outbreaks have between 62 and 84 linked cases
  - Since August 1st, 91 deaths have occurred in cases linked to NH/CH outbreaks
- **Acute hospitals**
  - 53 open outbreaks, 746 linked cases (range 1-131)
  - Eight new outbreaks since last week’s report with 28 linked cases
- **Schools**
  - 19 new outbreaks since last week’s report with 53 linked cases
  - 18 outbreaks ≥ 2 linked cases (range 2-5)
- **Childcare facilities**
  - Two new outbreaks since last week’s report with three linked cases
- **Third level institutions**
  - 73 outbreaks since 01/09/2020 – 765 linked cases
  - 47 outbreaks - student accommodation – 406 linked cases

All data in this slide-set is CIDR data to midnight 21/11/2020 unless otherwise stated
Workplace outbreaks

- 293 workplace outbreaks reported week 10-week 47
- 20 new outbreaks in week 47
  - 6 occurred in food/beverage industry, 5 in the commercial sector, 4 in offices, 2 in manufacturing and 1 each in construction, justice/defence, other

<table>
<thead>
<tr>
<th>Workplace outbreaks</th>
<th>Number of outbreaks notified</th>
<th>Laboratory confirmed cases linked to outbreaks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Week 47 2020</td>
<td>Week 10-47 2020</td>
</tr>
<tr>
<td>Workplace - Meat/poultry/fish</td>
<td>4</td>
<td>58</td>
</tr>
<tr>
<td>processing plant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workplace - Construction industry</td>
<td>1</td>
<td>44</td>
</tr>
<tr>
<td>Workplace - other</td>
<td>15</td>
<td>191</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>293</td>
</tr>
</tbody>
</table>

Data source: CIDR November 23rd 2020 - data to midnight 21/11/2020
Workplace outbreaks

Number of COVID-19 Workplace Outbreaks (n=293)

- Workplace - Other
- Workplace - Meat/poultry plant
- Workplace - Construction industry

Week of notification

Number of COVID-19 outbreaks notified

Data source: CIDR November 17th 2020 - data to midnight 16/11/2020
Workplace outbreaks week 46-47, n=40

Table 1 Number of workplace outbreaks of COVID-19 by work category, notified in weeks 46-47

<table>
<thead>
<tr>
<th>Workplace category</th>
<th>Number of outbreaks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>week 46</td>
</tr>
<tr>
<td>Food &amp; beverage</td>
<td>3</td>
</tr>
<tr>
<td>Construction</td>
<td>5</td>
</tr>
<tr>
<td>Commercial</td>
<td>4</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>4</td>
</tr>
<tr>
<td>Office</td>
<td>2</td>
</tr>
<tr>
<td>Health &amp; Dental</td>
<td>1</td>
</tr>
<tr>
<td>Defence/Justice</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
</tr>
</tbody>
</table>
Nursing Homes and Community Hospital/Long Stay Units: to midnight November 23rd 2020

March-November 23rd 2020

• 384 outbreaks in Nursing Homes and Community Hospital/Long Stay Units

1st August - November 23rd 2020

• 83 outbreaks notified

• 1460 linked confirmed cases, of whom 583 were HCWs (40%)

• Figure shows distribution of linked cases since Aug 1st 2020 by HCW status

Data source: CIDR November 24th 8:30 am
Deaths linked to outbreaks in Nursing Home and Community Hospital/Long Stay Units among confirmed COVID-19 cases notified August 1st to midnight November 23rd 2020

Of 91 deaths among confirmed COVID-19 cases notified since August 1st linked to outbreaks in Nursing Home and Community Hospital/Long Stay Units

- 85 (93%) were >75 years
- 48 (53%) were male

Data source: CIDR November 24th 8:30 am
Hospital outbreaks to midnight 21st November 2020 (n=179)

Overview

• 179 outbreaks in acute hospitals
• 53 ‘open’ acute hospital outbreaks (all occurring since 14th September 2020)
  • in all of the 8 HSE areas
• 746 confirmed cases linked to 50 of the open outbreaks (range 1-131)

Update

• 8 new outbreaks since reporting on 17/11/2020
• 28 confirmed cases linked these outbreaks (range 1-8)
• One previously notified hospital outbreak was de-re-classified to ‘other healthcare service’ since last week
• The status of five previously “open” outbreaks was updated to “closed”

<table>
<thead>
<tr>
<th>Outbreak status</th>
<th>Number of outbreaks</th>
<th>Confirmed linked cases</th>
<th>Number admitted to ICU</th>
<th>Number Died</th>
<th>Number HCWs</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>179</td>
<td>2038</td>
<td>49</td>
<td>156</td>
<td>1125</td>
</tr>
<tr>
<td>Open</td>
<td>53</td>
<td>746</td>
<td>11</td>
<td>35</td>
<td>326</td>
</tr>
</tbody>
</table>
Epi curve of cases linked to outbreaks associated with schools* and childcare facilities to midnight 21st November 2020 (n=1,152)

*These outbreaks are outbreaks associated with school children +/- school staff. Transmission of COVID-19 within the school has not necessarily been established in these outbreaks.

Data source: CIDR November 23rd 2020
Data to midnight 21/11/2020
Cases in school outbreaks
Cases in the community drive, after a delay, school outbreaks

Daily case counts (grey, primary y-axis) and cases per day in school outbreaks (red, secondary y-axis). Cases dated by notification (event creation) date.
Outbreaks associated with third-level institutions/students to midnight 23rd November 2020 (n=73)

Overview
- To date there have been 73 confirmed notified outbreaks
- Median number confirmed linked cases = 3 (range 2 to 137)
- Outbreaks occurred in 7 HSE areas with 16 in HSE E and 15 in both HSE S and HSE M
  - 765 confirmed linked cases to these outbreaks
  - Majority of outbreaks occurred in student accommodation (n=47, 406 linked cases)

Figure 1 Epidemic curve for outbreak cases by outbreak location, as of midnight November 22nd

Data source: CIDR November 23rd 2020 9:30am
Persistence in healthcare workers and settings

While overall incidence decreased rapidly, there has been persistent and delayed incidence in healthcare workers and in LTRC, hospital and other healthcare outbreaks.

HCW: cases identified as healthcare workers. LTRC outbreaks: cases associated with outbreaks in long-term residential care that are not HCW. Hospital outbreaks: cases associated with hospital and other healthcare outbreaks that are not HCW. Cases dated by event date.
Persistence in healthcare workers and settings

Cases in healthcare workers and settings have increased from about 5% of cases to almost 20% of cases – the 5 day moving average excluding these cases is 50–75 cases per day lower than the overall figure.

Cases excluding healthcare excludes healthcare workers, cases associated with outbreaks in long-term residential care and cases associated with hospital and other healthcare outbreaks. Cases dated by event date.
Sentinel GP ILI consultation rates per 100,000 population & number NVRL influenza positive specimens by week (Wk 46)

Figure 1: Sentinel GP Influenza-like illness (ILI) consultation rates per 100,000 population, baseline ILI threshold, medium and high intensity ILI thresholds and number of positive influenza A and B specimens tested by the NVRL, by influenza week and season. Source: ICGP and NVRL

* Influenza testing has been minimal since March 2020 due to the COVID pandemic and caution is advised in interpreting laboratory influenza detections from March-November 2020
Age specific sentinel GP ILI consultation rates per 100,000 population by week and age specific thresholds

Note: Moving Epidemic Method (MEM) threshold levels are colour coded – the MEM method is recommended internationally and by ECDC to establish thresholds for influenza-like illness (ILI)/influenza

<table>
<thead>
<tr>
<th>Sentinel GP ILI Consultation/100,000 pop.</th>
<th>35</th>
<th>36</th>
<th>37</th>
<th>38</th>
<th>39</th>
<th>40</th>
<th>41</th>
<th>42</th>
<th>43</th>
<th>44</th>
<th>45</th>
<th>46</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Ages</td>
<td>23.1</td>
<td>24.4</td>
<td>31.0</td>
<td>40.5</td>
<td>35.2</td>
<td>23.0</td>
<td>35.0</td>
<td>32.9</td>
<td>36.9</td>
<td>16.4</td>
<td>17.6</td>
<td>15.1</td>
</tr>
<tr>
<td>&lt;15 yrs</td>
<td>23.1</td>
<td>45.9</td>
<td>68.0</td>
<td>77.0</td>
<td>52.3</td>
<td>18.4</td>
<td>25.6</td>
<td>27.7</td>
<td>31.6</td>
<td>9.9</td>
<td>16.0</td>
<td>21.6</td>
</tr>
<tr>
<td>15-64 yrs</td>
<td>26.1</td>
<td>19.2</td>
<td>21.4</td>
<td>34.3</td>
<td>31.9</td>
<td>25.0</td>
<td>41.9</td>
<td>36.8</td>
<td>40.3</td>
<td>18.6</td>
<td>18.9</td>
<td>12.3</td>
</tr>
<tr>
<td>≥65 yrs</td>
<td>7.8</td>
<td>16.1</td>
<td>19.3</td>
<td>13.5</td>
<td>24.5</td>
<td>20.4</td>
<td>18.2</td>
<td>21.8</td>
<td>28.9</td>
<td>15.6</td>
<td>14.0</td>
<td>18.4</td>
</tr>
</tbody>
</table>

Table 1: Age specific sentinel GP ILI consultation rate per 100,000 population by week (weeks 35-46 2020), colour coded by sentinel GP ILI age specific Moving Epidemic Method (MEM) threshold levels. Source: ICGP.
### Laboratory Completed Tests during Last 7 Days (17 - 23 Nov 2020) by LGD

<table>
<thead>
<tr>
<th>Local Government District</th>
<th>+ve Cases Last 7 Days</th>
<th>Last 7 Day Rate per 100K</th>
<th>Individuals Tested Last 7 Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antrim and Newtownabbey</td>
<td>152</td>
<td>106.5</td>
<td>2,466</td>
</tr>
<tr>
<td>Ards and North Down</td>
<td>108</td>
<td>67.1</td>
<td>2,585</td>
</tr>
<tr>
<td>Armagh City, Banbridge and Cra...</td>
<td>318</td>
<td>148.6</td>
<td>3,772</td>
</tr>
<tr>
<td>Belfast</td>
<td>437</td>
<td>128.1</td>
<td>5,652</td>
</tr>
<tr>
<td>Causeway Coast and Glens</td>
<td>194</td>
<td>134.5</td>
<td>2,246</td>
</tr>
<tr>
<td>Derry City and Strabane</td>
<td>282</td>
<td>187.2</td>
<td>2,728</td>
</tr>
<tr>
<td>Fermanagh and Omagh</td>
<td>133</td>
<td>113.8</td>
<td>2,190</td>
</tr>
<tr>
<td>Lisburn and Castlereagh</td>
<td>127</td>
<td>87.5</td>
<td>2,498</td>
</tr>
<tr>
<td>Mid and East Antrim</td>
<td>175</td>
<td>126.5</td>
<td>2,293</td>
</tr>
<tr>
<td>Mid Ulster</td>
<td>287</td>
<td>194.5</td>
<td>2,573</td>
</tr>
<tr>
<td>Newry, Mourne and Down</td>
<td>149</td>
<td>82.7</td>
<td>2,464</td>
</tr>
<tr>
<td>Not Known</td>
<td>90</td>
<td></td>
<td>1,301</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,452</strong></td>
<td><strong>130.3</strong></td>
<td><strong>32,676</strong></td>
</tr>
</tbody>
</table>

#### Confirmed COVID-19 patients (All Trusts)

- Donegal 114.3
- Monaghan 60.3
- Cavan 38.1
- Louth 107.1
- Ireland 47.6
Testing and contact tracing NPHET update

**Testing**

Over the past seven days, 16\textsuperscript{th} – 22\textsuperscript{nd} of November, there has been approximately 80,906 swabs taken for COVID-19 testing.

Of these:

- 37,085 (46%) of these were taken in the community
- 22,893 (28%) swabs were taken in acute settings.
- 20,928 (26%) swabs taken were taken as part of the Serial Testing programmes of staff in nursing homes and staff in food production facilities.

**Contact Tracing**

Last week, a total of 11,468 calls were made in the Contact Tracing Centres.

Over the past seven days, the average number of close contacts per case was 3.8.

HSE is introducing active surveillance of all contacts and cases this coming week. In addition to the daily active surveillance texts HSE has been sending since May HSE will call people daily or every second day to check in.

HSE piloting Source Identification (Retrospective Tracing). Aim to implement this fully by mid December

Source: HSE
Turnaround Times (16th – 22nd of November)

**End-to-end turnaround time**

- The median end-to-end turnaround time, from referral to SMS, for **not detected** tests in the **community setting** was **1.4 days**.

- The median turnaround time for time, from referral to communication of a **detected result** by SMS, in **community settings** was **1.8 days**.

- The median end-to-end turnaround time, from referral to the end of contact tracing, for **detected cases** in the **community setting** was **2.1 days**.

**Overall Swab to laboratory result communicated - Medians:** 26 hours in Acute, 28 hours in Serial Testing, 28 hours in Community.

**Referral to appointment**

In the community, the median time from referral to appointment was 0.2 days.

92% of GP referrals are provided with a COVID-19 test appointment within 24 hours.

**Contact Tracing:**

The median time to complete all calls, from the 16th – 22nd of November was 0.8 days, the average is **1.1 days**.

Source: HSE
Growth rate for case numbers

When the pandemic in Ireland grew very rapidly in early March, at over 30% per day. The national restrictions introduced in late March suppressed transmission, with daily incidence decreasing at -5% to -10% per day. This was sustained until the end of June, after which case numbers started to grow, on average at 4% to 5% per day. A period of very rapid growth can be seen in early August associated with the outbreaks in Kildare-Laois-Offaly. Level 3 measures in Dublin reduced growth rate to zero for a period (data not shown). Incidence was decreasing at -5% to -7% per day, but the average percentage change in case numbers over the last 14 days is close to zero.

Growth rate calculated as the average growth rate over a 14-day trailing window; cases dated by notification (event) date.
# Estimates of effective reproduction number (R)

Reproduction number is difficult to estimate as it is probably increasing – it is currently estimated at 0.7 to 1.0.

<table>
<thead>
<tr>
<th>Method</th>
<th>Estimate</th>
<th>95% confidence interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEIR model-inferred</td>
<td>0.41</td>
<td>0.26 – 0.56</td>
</tr>
<tr>
<td>Bayesian model</td>
<td>0.78</td>
<td>0.41 – 1.26</td>
</tr>
<tr>
<td>Time-dependent R</td>
<td>0.94</td>
<td>0.80 – 1.09</td>
</tr>
<tr>
<td>GAM estimate 16 Nov 2020</td>
<td>0.81</td>
<td>0.66 – 0.96</td>
</tr>
<tr>
<td>GAM estimate 23 Nov 2020</td>
<td>0.77</td>
<td>0.57 – 0.97</td>
</tr>
</tbody>
</table>

Estimates generated 24 November 2020, refer to IEMAG technical notes for methodology. Estimates are unreliable when case numbers are low or variable. SEIR-inferred estimate is slow to respond to changes in R. These R estimates relate to viral transmissions and infections that occurred approximately 7-14 days ago. The estimate of R is influenced by different patterns of transmission in large outbreaks, smaller clusters, and individual transmission.
Situation analysis 24 November 2020

• We have made great progress over four weeks with significant suppression of viral transmission
  • Daily average case counts down from 1200 to 300
  • 14-day incidence down from 307 per 100,000 to 108 per 100,000

• While the decline in case numbers stalled between 11 and 19 November, daily case counts are falling again
  • Nonetheless, most estimates of R and growth rate reflect the recent stasis
    • growth rate close to zero
    • R estimated at 0.7 to 1.0
      • caution in interpreting R number – it’s an estimate that lags changes in viral transmission

• Persistent and delayed incidence in healthcare workers and outbreaks
• Numbers in hospital and intensive care, and deaths per day are not decreasing
• A persistently high incidence in older persons
• Measures of mobility and contact similar unchanged, in general higher than April but significantly reduced from
• We estimate 75-150 cases per day by 9 December if current trends continue.
ECDC data
<table>
<thead>
<tr>
<th>EU/EEA and the UK</th>
<th>14 day incidence</th>
<th>Previous 14 day incidence</th>
<th>% change in 14 day incidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estonia</td>
<td>279.74</td>
<td>137.53</td>
<td>103%</td>
</tr>
<tr>
<td>Lithuania</td>
<td>804.21</td>
<td>529.89</td>
<td>52%</td>
</tr>
<tr>
<td>Latvia</td>
<td>262.97</td>
<td>178.65</td>
<td>47%</td>
</tr>
<tr>
<td>Finland</td>
<td>73.38</td>
<td>52.86</td>
<td>39%</td>
</tr>
<tr>
<td>Portugal</td>
<td>791.91</td>
<td>606.1</td>
<td>31%</td>
</tr>
<tr>
<td>Greece</td>
<td>324.66</td>
<td>248.88</td>
<td>30%</td>
</tr>
<tr>
<td>Austria</td>
<td>1027.25</td>
<td>825.89</td>
<td>24%</td>
</tr>
<tr>
<td>Romania</td>
<td>596.78</td>
<td>486.75</td>
<td>23%</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>657</td>
<td>554.91</td>
<td>18%</td>
</tr>
<tr>
<td>Croatia</td>
<td>905.61</td>
<td>774.44</td>
<td>17%</td>
</tr>
<tr>
<td>Cyprus</td>
<td>325.27</td>
<td>281.08</td>
<td>16%</td>
</tr>
<tr>
<td>Hungary</td>
<td>644.27</td>
<td>565.61</td>
<td>14%</td>
</tr>
<tr>
<td>Sweden</td>
<td>484.37</td>
<td>429.04</td>
<td>13%</td>
</tr>
<tr>
<td>Italy</td>
<td>781.02</td>
<td>691.83</td>
<td>13%</td>
</tr>
<tr>
<td>Denmark</td>
<td>271.47</td>
<td>249.39</td>
<td>9%</td>
</tr>
<tr>
<td>Germany</td>
<td>307.74</td>
<td>286.59</td>
<td>7%</td>
</tr>
<tr>
<td>Poland</td>
<td>811.62</td>
<td>801.12</td>
<td>1%</td>
</tr>
<tr>
<td>United_Kingdom</td>
<td>471.34</td>
<td>478.15</td>
<td>-1%</td>
</tr>
<tr>
<td>Slovenia</td>
<td>968.47</td>
<td>1035.37</td>
<td>-6%</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>1284.26</td>
<td>1409.36</td>
<td>-9%</td>
</tr>
<tr>
<td>Malta</td>
<td>266.84</td>
<td>337.55</td>
<td>-21%</td>
</tr>
<tr>
<td>Spain</td>
<td>429.08</td>
<td>602.72</td>
<td>-29%</td>
</tr>
<tr>
<td><strong>Ireland</strong></td>
<td><strong>103.01</strong></td>
<td><strong>154.8</strong></td>
<td><strong>-33%</strong></td>
</tr>
<tr>
<td>Netherlands</td>
<td>433.83</td>
<td>653.84</td>
<td>-34%</td>
</tr>
<tr>
<td>Slovakia</td>
<td>374.28</td>
<td>567.24</td>
<td>-34%</td>
</tr>
<tr>
<td>France</td>
<td>503.16</td>
<td>958.32</td>
<td>-47%</td>
</tr>
<tr>
<td>Czechia</td>
<td>711.4</td>
<td>1432</td>
<td>-50%</td>
</tr>
<tr>
<td>Belgium</td>
<td>401.13</td>
<td>1240.89</td>
<td>-68%</td>
</tr>
</tbody>
</table>
### ECDC data for EU/UK ranked by 14 day incidence (24th November)

<table>
<thead>
<tr>
<th>EU/EEA and the UK</th>
<th>14 day incidence</th>
<th>Previous 14 day incidence</th>
<th>% change in 14 day incidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Luxembourg</td>
<td>1284.26</td>
<td>1409.36</td>
<td>-9%</td>
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<td>1027.25</td>
<td>825.89</td>
<td>24%</td>
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<td>968.47</td>
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<td>801.12</td>
<td>1%</td>
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<td>529.89</td>
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<td>565.61</td>
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<td>486.75</td>
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<tr>
<td>Germany</td>
<td>307.74</td>
<td>286.59</td>
<td>7%</td>
</tr>
<tr>
<td>Estonia</td>
<td>279.74</td>
<td>137.53</td>
<td>103%</td>
</tr>
<tr>
<td>Denmark</td>
<td>271.47</td>
<td>249.39</td>
<td>9%</td>
</tr>
<tr>
<td>Malta</td>
<td>266.84</td>
<td>337.55</td>
<td>-21%</td>
</tr>
<tr>
<td>Latvia</td>
<td>262.97</td>
<td>178.65</td>
<td>47%</td>
</tr>
<tr>
<td><strong>Ireland</strong></td>
<td><strong>103.01</strong></td>
<td><strong>154.8</strong></td>
<td><strong>-33%</strong></td>
</tr>
<tr>
<td>Finland</td>
<td>73.38</td>
<td>52.86</td>
<td>39%</td>
</tr>
</tbody>
</table>
ECDC 14 day incidence rates (24th November)
## ECDC data for EU/UK ranked by 7 day percentage change (24th November)

<table>
<thead>
<tr>
<th>EU/EEA and the UK</th>
<th>7 day incidence</th>
<th>Previous 7 day incidence</th>
<th>% change in 7 day incidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finland</td>
<td>45.62</td>
<td>27.76</td>
<td>64%</td>
</tr>
<tr>
<td>Cyprus</td>
<td>189.75</td>
<td>135.52</td>
<td>40%</td>
</tr>
<tr>
<td>Estonia</td>
<td>159.12</td>
<td>120.62</td>
<td>32%</td>
</tr>
<tr>
<td>Lithuania</td>
<td>440.74</td>
<td>363.47</td>
<td>21%</td>
</tr>
<tr>
<td>Croatia</td>
<td>494.87</td>
<td>410.75</td>
<td>20%</td>
</tr>
<tr>
<td>Denmark</td>
<td>143.35</td>
<td>128.12</td>
<td>12%</td>
</tr>
<tr>
<td>Latvia</td>
<td>135.42</td>
<td>127.55</td>
<td>6%</td>
</tr>
<tr>
<td>Slovenia</td>
<td>491.8</td>
<td>476.67</td>
<td>3%</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>331.37</td>
<td>325.63</td>
<td>2%</td>
</tr>
<tr>
<td>Romania</td>
<td>296.89</td>
<td>299.88</td>
<td>-1%</td>
</tr>
<tr>
<td>Germany</td>
<td>152.91</td>
<td>154.84</td>
<td>-1%</td>
</tr>
<tr>
<td>Netherlands</td>
<td>214.48</td>
<td>219.36</td>
<td>-2%</td>
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<tr>
<td>Luxembourg</td>
<td>626</td>
<td>658.26</td>
<td>-5%</td>
</tr>
<tr>
<td>Portugal</td>
<td>380.77</td>
<td>411.15</td>
<td>-7%</td>
</tr>
<tr>
<td>Italy</td>
<td>374.28</td>
<td>406.74</td>
<td>-8%</td>
</tr>
<tr>
<td>Greece</td>
<td>154.81</td>
<td>169.85</td>
<td>-9%</td>
</tr>
<tr>
<td>Ireland</td>
<td><strong>48.02</strong></td>
<td><strong>54.99</strong></td>
<td><strong>-13%</strong></td>
</tr>
<tr>
<td>Hungary</td>
<td>299.01</td>
<td>345.26</td>
<td>-13%</td>
</tr>
<tr>
<td>Poland</td>
<td>375.39</td>
<td>436.23</td>
<td>-14%</td>
</tr>
<tr>
<td>Austria</td>
<td>467.51</td>
<td>559.74</td>
<td>-16%</td>
</tr>
<tr>
<td>France</td>
<td>228.95</td>
<td>274.21</td>
<td>-17%</td>
</tr>
<tr>
<td>Slovakia</td>
<td>168.72</td>
<td>205.56</td>
<td>-18%</td>
</tr>
<tr>
<td>United_Kingdom</td>
<td>205.28</td>
<td>266.06</td>
<td>-23%</td>
</tr>
<tr>
<td>Spain</td>
<td>182.7</td>
<td>246.39</td>
<td>-26%</td>
</tr>
<tr>
<td>Czechia</td>
<td>292.17</td>
<td>419.24</td>
<td>-30%</td>
</tr>
<tr>
<td>Sweden</td>
<td>178</td>
<td>306.37</td>
<td>-42%</td>
</tr>
<tr>
<td>Belgium</td>
<td>134.59</td>
<td>266.54</td>
<td>-50%</td>
</tr>
<tr>
<td>Malta</td>
<td>85.7</td>
<td>181.13</td>
<td>-53%</td>
</tr>
</tbody>
</table>

Source: ECDC
Trends in ECDC data since start September (14 day incidence)
Trends in ECDC data since start September (7 day incidence)
Compliance data
Apple mobility

Note separate stepwise impact of Level 3 and Level 5 in Dublin, but progressive reduction in mobility across the country as a whole from mid-September up to step change at national Level 5. Mobility remains higher than April. Note that these data are based on requests for directions using the stated mode of transport.
Google community mobility

These data show time spent in residential areas and attendance at workplaces for those who enable location sharing on their Google account; each day of the week is compared with the average for that day of the week over January and February 2020. Attendance at workplaces is high compared to April, especially on weekdays. Note the impact of the mid-term break.
Daily Traffic Flow

Car flow at selected points in network
7 per. Mov. Avg. (Car flow at selected points in network)
Google Mobility Ireland % change from baseline

- retail and recreation
- grocery and pharmacy
- transit stations
Amarach data
Safe Behaviours – II
Which of the following are you doing more often as a result of the Coronavirus?

- Staying at home rather than going out
- Contacting older relatives and friends to see they are okay
- Disposing of used tissues immediately
- Sitting further apart from others

Source: Amárach Public Opinion Tracker for Department of Health