An Roinn Sláinte
Department of Health
Office of the Chief Medical Officer

Epidemiological update
20th May 2022

- A total of 4,217 confirmed PCR cases have been reported in the 7 days to 18th May 2022 (cases notified to midnight 17th May 2022), which is a 17.5% decrease from last week when 5,110 PCR positive cases were reported in the 7 days to 11th May.
- There were 4,996 positive antigen test results reported in the 7 days to 18th May 2022 (results uploaded to HSE portal in the week to 17th May 2022), which is a 13% decrease from last week when 5,773 positive antigen test results were reported in the 7 days to 11th May.
- As of 18th May 2022, the 14-day incidence rate (PCR) per 100,000 population is 196; this compares with 221 a week previously, an 11% decrease. Incidence rates are likely to be underestimates.
- Nationally, the 7-day incidence (PCR) per 100,000 population as a proportion of 14-day incidence (PCR) per 100,000 population is 45%, demonstrating that there have been fewer confirmed cases identified through PCR testing in laboratories in the 7 days to 18th May, compared with the preceding 7 days.
- The 5-day rolling average of daily reported cases (PCR) is 588 as of 18th May, a 4% decrease from that reported on 11th May (614).
- There were 231 confirmed COVID-19 cases in hospital this morning (20th May), compared with 235 last week on 13th May. There have been 39 newly confirmed cases in hospital in the 24 hours preceding this morning. On average, there have been 38 new COVID-19 hospitalisations per day observed in the seven days to 20th May.
- As of 17th May, 52% of hospitalised cases were categorised as hospitalised for COVID-19, with the remaining 48% categorised as asymptomatic COVID-19 cases and potentially infectious. Of hospitalised cases aged 0-14 years old (N=13), 54% were categorised as hospitalised for COVID-19, with the remaining 46% categorised as asymptomatic COVID-19 cases and potentially infectious.
- As of 17th May 2022, age breakdown of cases hospitalised for COVID-19 (N=199): 69 (35%) aged 80 and older, 74 (37%) aged 65-79, 26 (13%) aged 50-64, 23 (12%) aged 15-49, and 7 (4%) aged 0-14 years old.
- According to the latest HSE data on cases hospitalised for COVID-19 (N=199), as of 17th May 2022, 33% had received booster vaccination, 26% had completed their primary vaccination course and 41% had not completed their primary vaccination course.
- There were 22 confirmed cases in critical care as of this morning (20th May), compared with 28 a week ago (13th May 2022). There was 1 new admission to critical care in the 24 hours preceding this morning. Of the 22 cases in critical care this morning, 13 were invasively ventilated.
- The number of COVID-19 cases in ICU whose primary reason for admission to ICU was COVID-19 has decreased from 16 on 10th May to 14 on 17th May. The proportion of COVID-19 cases in ICU for whom the primary reason for admission to ICU was COVID-19 has increased from 50% on 10th May to 54% on 17th May.
- According to HSE data as of 17th May 2022, where vaccination status was known, 15% of COVID-19 cases in ICU were unvaccinated, 8% were partially vaccinated, and 77% were fully vaccinated.

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Of those COVID-19 cases in ICU who were fully vaccinated, 95% were recorded as having received a booster/additional dose.

- As of 18th May, 149 patients were in receipt of non-invasive ventilation/Continuous Positive Airway Pressure (CPAP) or High-Flow Oxygen in non-critical care settings, of whom 28 patients were COVID-19 cases.
- There continues to be a significant number of cases of hospital acquired infection (note this is based on data to the week ending 8th May 2022). There were 88 hospital acquired COVID-19 infections reported in the week ending 8th May, compared to 57 in the week ending 1st May, and 80 in the week ending 24th April.
- As of 18th May 2022, there have been 7,244 COVID-19 related deaths reported in Ireland since the outset of the pandemic. As of midnight 17th May 2022, there have been 25 COVID-19 related deaths notified in May 2022, 256 in April, and 296 in March.
- In total, approximately 7% of TaqPath assay samples were S-gene target negative as of week 19 2022 (week ending 14th May), suggesting approximately 93% of infections were BA.2.
- Most indicators of influenza activity continued to decline and were at low levels in Ireland during week 19 2022 (9th May – 15th May 2022). Influenza A(H3) viruses are the predominant influenza viruses circulating in Ireland during the 2021/2022 season. There were 18 laboratory confirmed influenza cases notified in week 19 2022, a decrease from 103 in the previous week. There were 3 laboratory confirmed hospitalised influenza cases notified in week 19, compared with 35 in the previous week.
- As of 20th May 2022, approximately 63% of the population aged 35-44 years, 57% of those aged 25-34 years, and 48% of those aged 16-24 years have received a first booster vaccine dose.
- As of 20th May 2022, approximately 22% of the population aged 65-74 years, 29% of those aged 75-84 years, and 29% of those aged 85 years and older have received a second booster dose.
- As of 19th May 2022, 72% of children aged 12-15 years have received their primary course of vaccination. Of those aged 5-11 years, 25% have received one dose of their primary course of vaccination.

Outbreaks for week 19 (8th – 14th May) are based on those reported up to midnight on 14th May 2022.

There was a total of 57 COVID-19 outbreaks notified in week 19. This includes 17 outbreaks which were late notifications from December 2020-February 2021. Regional departments of public health are currently prioritising the reporting of outbreak investigations in settings that would benefit most from public health and clinical intervention.

Healthcare setting outbreaks:

- There were 9 new nursing home and 2 new community hospital/long-stay unit outbreaks reported in week 19. The case range of these outbreaks was 0-11 cases.
- There were 13 new acute hospital outbreaks reported in week 19, with a range of 2-15 cases.
- There were 11 new outbreaks reported in residential institution settings (1 was a late notification) (3 in centres for disabilities, 1 in a mental health facility, 1 in a facility for persons with addictions, 1 in a centre for older people, 3 in other settings and 1 in a not specified setting) in week 19, with a range of 2-13 cases.
- There were 3 new outbreaks in 'other healthcare services' for people with disabilities in week 19, with <=5 cases.

- There was 1 outbreak associated with a childcare facility in week 19, with < 5 cases.

Outbreaks among vulnerable groups:

- There was 1 new outbreak among the asylum seeker/refugee population notified in week 19, with a range of <5 cases.
- There was 1 new outbreak among the Irish Traveller community notified in week 19, with a range of <5 cases.

Noting that national SARS-CoV-2 testing guidance may influence trends, the number of infections detected and reported per day (based on PCR and self-reported antigen tests) remains high but has continued to decrease. PCR testing volumes and test positivity have remained stable. A significant proportion of detected infections continues to be identified in older age groups.

The COVID-19 burden on acute hospital care remains significant but stable (231 hospitalised cases as of 20th May) following a substantial reduction over previous weeks, while the daily average number of newly confirmed cases in hospital also remains stable. Data for COVID-19 cases in hospital on 17th May show that slightly over half were hospitalised for COVID-19 disease (52%), with the remainder categorised as asymptomatic infectious cases.

As of 17th May, 73% of hospitalised cases were aged 65 and older. According to HSE data on vaccination status of cases hospitalised for COVID-19 as of 17th May, 33% had received a booster vaccination, 26% had completed primary vaccination and 41% had not completed primary vaccination.

The total number of confirmed cases in critical care (22 as of 20th May) has reduced, while the average number of COVID-19 ICU admissions and the number requiring mechanical ventilation have been broadly stable. The proportion of cases whose primary reason for admission to ICU was COVID-19 was 54% as of 17th May. As of 17th May, 15% of COVID-19 cases in ICU were unvaccinated and 77% were fully vaccinated, of whom 95% were recorded as having received a booster/additional dose. The number of COVID-19 patients in receipt of advanced respiratory support in hospital settings outside of ICU remains stable.

While there continues to be a significant number of outbreaks reported in vulnerable populations, following a reduction over previous weeks, the number of notified outbreaks remains broadly stable across most key settings. COVID-19 mortality has remained relatively stable.

You will be aware from colleagues in the Department that, although the COVID-19 burden has recently reduced, with 231 COVID-19 patients in hospital on 20th May, the acute hospital system remains under considerable pressure, with few available beds and with COVID-19 continuing to impact on acute capacity and operational effectiveness in some locations.

We continue to closely monitor emerging SARS-CoV-2 variants and assess any potential threat to population health. The World Health Organization (WHO) has reported that there has been a recent increase in prevalence of Omicron sub-lineages BA.4, BA.5 and BA.2.12.1 within the countries in which they were first detected (South Africa and the United States of America, respectively), as well as spread to a number of other countries.

WHO reports that BA.4 and BA.5 appear to be driving an increase in cases in South Africa, accounting for 89% and 7% of sequences submitted as of 13th May 2022, respectively. South Africa has also reported a moderate increase in COVID-19 hospitalisations, although this has been significantly lower than the rise observed during the emergence of Omicron in late 2021. There has also been an increase in the number of cases reported in Portugal, which recently confirmed circulation of BA.5, although COVID-19 hospital and ICU admissions remained stable as of 13th May. In the United States of America, where the prevalence of BA.2.12.1 is 48%, the numbers of cases and hospitalisations have been rising since April 2022, with a 33% increase in cases and a 19% increase in admissions during the week of 9th May, respectively, compared to the previous week.

Preliminary modelling by WHO based on sequences submitted to GISAID (genomic sequencing database) indicates that BA.4, BA.5 and BA.2.12.1 have a higher growth rate than other circulating variants, such as Delta, BA.1 and BA.2, that may be attributable to increased immune evasion and/or intrinsic transmissibility.

WHO has advised that BA.4, BA.5, and BA.2.12.1 remain lineages being monitored under the umbrella of the Omicron variant of concern given their current low prevalence at a global level and the insufficient evidence of a change in diseases characteristics, such as severity, associated with these Omicron lineages.

The European Centre for Disease Prevention and Control (ECDC) has reported that the Portuguese National Institute of Health has estimated that, as of 15 May 2022, BA.5 Omicron sub-lineage represented approximately 64% of positive cases. Portugal has recently observed a rise in case numbers and test positivity in all age groups. Spain, Austria and the Netherlands have also identified BA.5 but reported much lower numbers. As per the ECDC, within the European Union (EU)/European Economic Area (EEA), the highest number of BA.4 Omicron sub-lineage cases have been reported from Austria. No changes have been observed in the epidemiological situation in Austria, with case rates and severity indicators continuing to decrease. ECDC has advised that little specific information is currently available regarding the immune escape or severity characteristics of BA.4 and BA.5, noting that it is well established that Omicron exhibits considerable immune escape. No changes in severity indicators are currently observed for either sub-lineage. Excepting Portugal and Austria, ECDC has reported that the proportion of BA.4 and BA.5 in EU/EEA countries is currently very low, although further spread of these variants is likely in the coming weeks and months. In Ireland, as of week 19 (week ending 14th May), 4 cases of BA.4 and 23 cases of BA.2.12.1 have been identified. No BA.5 cases have been detected.

In summary, the overall epidemiological situation in Ireland currently provides a broadly positive outlook, albeit we will need to continue to monitor developments with emerging variants over the coming weeks. Although there continue to be high levels of infection and a significant number of cases receiving general hospital care, the numbers of detected infections and hospitalised cases have reduced considerably over recent weeks. In addition, the number of COVID-19 cases in ICU has reduced, while the number in receipt of advanced respiratory support in hospital settings outside of ICU continues to be stable.

While uptake rates of first booster vaccine dose are higher in older age groups in the population, there remains a significant proportion of eligible younger age groups who have not as yet taken up the opportunity of receiving booster vaccination. As of 20th May 2022, approximately 37% of the population aged 35-44 years, 43% of those aged 25-34 years, and 52% of those aged 16-24 years have not received a first booster vaccine dose. In addition, in relation to older age groups who are particularly vulnerable to severe disease, as of 20th May 2022, approximately 78% of the population aged 65-74 years, 71% of those aged 75-84 years, and 71% of those aged 85 years and older have not received a second booster dose. It is important that these eligible groups continue to be encouraged to avail of booster vaccination in order to confer optimal protection against the risk of severe disease, as well as against other potential long-term consequences of infection.

Evidence with regard to any waning of immunity against severe disease will continue to be assessed, including by the National Immunisation Advisory Committee (NIAC) as part of their ongoing examination of the evidence in respect of COVID-19 vaccination.

Work is continuing between officials in the Department and the HSE and National Virus Reference Laboratory (NVRL) to further consider advice in relation to testing, isolation of positive cases and other aspects relevant to the public health management of COVID-19.

It remains important to provide clear guidance and communication with the public on the evolving disease profile and a cultural shift towards embedding individual and collective personal behaviours to mitigate against COVID-19 and other respiratory infections.

The current key public health advice is as follows:

- Anyone who has symptoms of COVID-19 should self-isolate until 48 hours after symptoms have substantially or fully resolved – please do not attend any social events, work, school or college if you have symptoms.

- Anyone diagnosed with COVID-19 should self-isolate for 7 days from date of onset of symptoms, or if asymptomatic, date of first positive test. Anyone exiting self-isolation at day seven should continue to adhere to other public health protective measures.

- Mask wearing is advised on public transport and in healthcare settings. Mask wearing is also advised based on individual risk assessment, particularly while disease incidence is high. Anyone who wishes to wear a mask should not be discouraged from doing so. Individuals who are vulnerable to COVID-19 are further advised to be aware of the risk associated with activities they may choose to engage in and to take measures to optimally protect themselves. Vulnerable individuals are advised to consider wearing masks in crowded indoor settings, such as may relate, for example, to social gatherings or other activities and events.

- Continue to practise good hand and respiratory hygiene by washing and sanitising hands regularly and coughing/sneezing into your elbow. Maintain a physical distance where possible.

- Meet up outdoors if possible. When meeting indoors, avoid poorly ventilated spaces and keep windows open.

- Many people who were infected with COVID-19 over the Christmas period will now be eligible for a first booster dose of COVID-19 vaccine. Book a first booster appointment on www.hse.ie if you are 12 years or older. People aged 65 years and over are now eligible for their second COVID-19 booster vaccine. Those with a weak immune system aged 12 and over can also get their second booster, when it is due. It is not too late to receive a primary dose of COVID-19 vaccine. Vaccines remain the most effective way of protecting ourselves from the worst effects of COVID-19.