



Epidemiological update
3rd June 2022

- A total of 4,173 confirmed PCR cases have been reported in the 7 days to 1st June 2022 (cases notified to midnight 31st May 2022), which is a 4% increase from last week when 4,003 PCR positive cases were reported in the 7 days to 25th May.
- There were 4,912 positive antigen test results reported in the 7 days to 1st June 2022 (results uploaded to HSE portal in the week to 31st May 2022), which is a 10% increase from last week when 4,447 positive antigen test results were reported in the 7 days to 25th May.
- As of 1st June 2022, the 14-day incidence rate (PCR) per 100,000 population is 172; this compares with 173 a week previously. 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 51%, demonstrating that there were slightly more confirmed cases identified through PCR testing in laboratories in the 7 days to 1st June, compared with the preceding 7 days.
- The 5-day rolling average of daily reported cases (PCR) is 621 as of 1st June, a 7% increase from that reported on 25th May (581).
- There were 210 confirmed COVID-19 cases in hospital this morning (3rd June), compared with 183 last week on 27th May. There have been 50 newly confirmed cases in hospital in the 24 hours preceding this morning. On average, there have been 39 new COVID-19 hospitalisations per day observed in the seven days to 3rd June.
- As of 31st May, 46% of hospitalised cases were categorised as hospitalised for COVID-19, with the remaining 54% categorised as asymptomatic COVID-19 cases and potentially infectious.
- As of 31st May 2022, age breakdown of cases hospitalised for COVID-19 (N=128): 49 (38%) aged 80 and older, 40 (31%) aged 65-79, 19 (15%) aged 50-64, and 20 (16%) aged 0-49 years old.
- According to the latest HSE data on cases hospitalised for COVID-19 (N=128), as of 31st May 2022, 42% had received booster vaccination, 22% had completed their primary vaccination course and 36% had not completed their primary vaccination course.
- There were 22 confirmed cases in critical care as of this morning (3rd June 2022), compared with 20 a week ago (27th May). There were 5 new admissions to critical care in the 24 hours preceding this morning. Of the 22 cases in critical care this morning, 12 were invasively ventilated.
- The number of COVID-19 cases in ICU whose primary reason for admission to ICU was COVID-19 has declined from 15 on 24th May to 11 on 31st May. The proportion of COVID-19 cases in ICU for whom the primary reason for admission to ICU was COVID-19 decreased from 52% on 24th May (15 out of 29) to 50% (11 out of 22) on 31st May.
- According to National Office of Clinical Audit (NOCA) data as of 31st May 2022, where vaccination status was known (N=22), 23% of COVID-19 cases in ICU were unvaccinated, 5% were partially vaccinated, and 73% were fully vaccinated. Of those COVID-19 cases in ICU who were fully vaccinated, 94% were recorded as having received a booster/additional dose.
- As of 31st May, 139 patients were in receipt of non-invasive ventilation/Continuous Positive Airway Pressure (CPAP) or High-Flow Oxygen in non-critical care settings, of whom 17 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 22nd May 2022). There were 36 hospital acquired COVID-19 infections reported in the week ending 22nd May, compared to 55 in the week ending 15th May, and 77 in the week ending 8th May.
- As of 1st June 2022, there have been 7,381 COVID-19 related deaths reported in Ireland since the outset of the pandemic. As of midnight 31st May 2022, there have been 65 COVID-19 related deaths notified in May 2022, 311 in April, and 318 in March.
- In total, approximately 28% of TaqPath assay samples were S-gene target negative as of week 21 2022 (week ending 28th May), suggesting approximately 72% of infections were BA.2 (or sub-lineages of same). As of week 20 2022 (21st May), 9 BA.4 cases, <5 BA.5 cases, and 56 BA.2.12.1 cases have been confirmed in Ireland through whole genome sequencing.
- As of 31st May 2022, 70% of children aged 12-15 years have received their primary course of vaccination. Of those aged 5-11 years, 26% have received one dose of their primary course of vaccination.
- As of 31st May, approximately 64% of the population aged 35-44 years, 57% of those aged 25-34 years, and 49% of those aged 16-24 years have received a first booster vaccine dose.
- As of 31st May, approximately 39% of the population aged 85 years and older, 41% of those aged 75-84 years and 33% of persons aged 65-74 years have received a second booster dose.

Outbreaks for week 21 (22nd – 28th May) are based on those reported up to midnight on 28th May 2022.

There was a total of 22 COVID-19 outbreaks notified in week 21. Six of the outbreaks were late notifications from 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 5 new nursing home and 1 new community hospital/long-stay unit outbreaks reported in week 21. The case range of these outbreaks was 2-7 cases.
- There were 6 new acute hospital outbreaks reported in week 21, with a range of 2-5 cases.
- There was 1 new outbreak reported in a residential institution setting (1 in centre for disabilities) in week 21, with ≤5 cases.
- There was 1 new outbreak in 'other healthcare services' (1 in services for people with disabilities) in week 21, with ≤5 cases.

Outbreaks among vulnerable groups:

- There was 1 outbreak among Irish Travellers in week 21, with 6 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) has been broadly stable, although there has been an increase in positive antigen tests reported through the HSE portal in the last few days. PCR testing volumes have decreased while test positivity has increased. 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 (210 hospitalised cases as of 3rd June) following a considerable 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 31st May show that just under half were hospitalised for COVID-19 disease (46%), with the remainder categorised as asymptomatic infectious cases.

As of 31st May, 70% of hospitalised cases were aged 65 and older. According to HSE data on vaccination status of cases hospitalised for COVID-19 as of 31st May, 42% had received a booster vaccination, 22% had completed primary vaccination and 36% had not completed primary vaccination.

The total number of confirmed cases in critical care (22 as of 3rd June), 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 50% as of 31st May. As of 31st May, 23% of COVID-19 cases in ICU were unvaccinated and 73% were fully vaccinated, of whom 94% 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 stable across 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 210 COVID-19 patients in hospital on 3rd June, 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, among Omicron sub-lineages, BA.2 remains the dominant variant globally, despite declining from 78% to 75% of Omicron sequences submitted to GISAID (genomic sequencing database) in the 30 days to 29th May 2022. BA.2.12.1 has increased from 11% to 16%, BA.4 has increased from 2% to 3%, and BA.5 has increased from 1% to 2%. WHO has advised that these trends should be interpreted with due consideration of the limitations of surveillance systems, which include differences in sequencing capacity and sampling strategies between countries. The European Centre for Disease Prevention and Control (ECDC) has reported an increasing trend of Omicron sub-lineages BA.4 and BA.5 sequencing proportions in the past four weeks for most countries in the European Union (EU)/European Economic Area (EEA). ECDC has also reported that the Portuguese National Institute of Health estimates that, as of 30th May 2022, BA.5 is the dominant sub-lineage in Portugal at the relative frequency of 87%. Omicron sub-lineage BA.2 with the amino-acid substitution L452X has also increased to significant proportions in a number of European countries in the past weeks.

As of week 20 2022 (21st May), 9 BA.4 cases, <5 BA.5 cases, and 56 BA.2.12.1 cases have been confirmed in Ireland through whole genome sequencing. In addition, the prevalence of S-gene target positivity amongst samples tested using the TaqPath assay has reduced over recent weeks (approximately 72% as of week 21 – 28th May), suggesting that the prevalence of BA.4 and/or BA.5 (variants which test negative for the S-gene target) has increased.

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 been broadly stable. In addition, the numbers of COVID-19 cases in ICU and in receipt of advanced respiratory support in hospital settings outside of ICU continue to be stable.

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.