



Epidemiological update
10th June 2022

- A total of 5,086 confirmed PCR cases have been reported in the 7 days to 8th June 2022 (cases notified to midnight 7th June 2022), which is a 22% increase from last week when 4,173 PCR positive cases were reported in the 7 days to 1st June.
- There were 6,082 positive antigen test results reported in the 7 days to 8th June 2022 (results uploaded to HSE portal in the week to 7th June 2022), which is a 24% increase from last week when 4,918 positive antigen test results were reported in the 7 days to 1st June.
- As of 8th June 2022, the 14-day incidence rate (PCR) per 100,000 population is 194; an increase of 13% from a week previously (172). 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 55%, demonstrating that there were more confirmed cases identified through PCR testing in laboratories in the 7 days to 8th June, compared with the preceding 7 days.
- The 5-day rolling average of daily reported cases (PCR) is 638 as of 8th June, a 3% increase from that reported on 1st June (621).
- In week 21 (to 28th May), a higher number of wastewater catchment areas had either stable or increasing SARS-CoV-2 viral loads compared to week 20 (to 21st May). In week 21, SARS-CoV-2 viral loads remained stable (within +/- 10%) in 36 wastewater catchment areas, decreased by more than 10% in 25 areas, and increased by 10% or more in four areas.
- There were 355 confirmed COVID-19 cases in hospital this morning (10th June), compared with 210 last week on 3rd June. There have been 74 newly confirmed cases in hospital in the 24 hours preceding this morning. On average, there have been 56 new COVID-19 hospitalisations per day observed in the seven days to 10th June.
- As of 7th June, 51% of hospitalised cases were categorised as hospitalised for COVID-19, with the remaining 49% categorised as asymptomatic COVID-19 cases and potentially infectious.
- As of 7th June 2022, age breakdown of cases hospitalised for COVID-19 (N=179): 69 (39%) aged 80 and older, 57 (32%) aged 65-79, 22 (12%) aged 50-64, 26 (15%) aged 15-49 and 5 (3%) aged 0-14 years old.
- According to the latest HSE data on cases hospitalised for COVID-19 (N=179), as of 7th June 2022, 41% had received booster vaccination, 22% had completed their primary vaccination course and 37% had not completed their primary vaccination course.
- There were 22 confirmed cases in critical care as of this morning (10th June 2022), compared with 22 a week ago (3rd June). There were no 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 increased from 11 on 31st May to 13 on 7th June. The proportion of COVID-19 cases in ICU for whom the primary reason for admission to ICU was COVID-19 remained constant at 50%.
- According to National Office of Clinical Audit (NOCA) data as of 7th June 2022, where vaccination status was known (N=26), 23% of COVID-19 cases in ICU were unvaccinated, 4% were partially

vaccinated, and 73% were fully vaccinated. Of those COVID-19 cases in ICU who were fully vaccinated, 95% were recorded as having received a booster/additional dose.

- As of 7th June, 155 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 19th May 2022). There were 26 hospital acquired COVID-19 infections reported in the week ending 19th May, compared to 36 in the week ending 22nd May, and 55 in the week ending 15th May.
- As of 8th June 2022, there have been 7,416 COVID-19 related deaths reported in Ireland since the outset of the pandemic. As of midnight 7th June 2022, there have been ≤5 COVID-19 related deaths notified in June 2022, 80 in May 2022, 324 in April, and 315 in March.
- In total, approximately 42% of TaqPath assay samples were S-gene target negative (indicating BA.4 and/or BA.5 infection) as of week 22 2022 (week ending 4th June), suggesting approximately 58% of infections were BA.2 (or sub-lineages of same). As of week 21 2022 (28th May), 27 BA.4 cases, 40 BA.5 cases, and 120 BA.2.12.1 cases have been confirmed in Ireland through whole genome sequencing.
- As of 7th June 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 7th June, approximately 64% of the population aged 35-44 years, 57% of those aged 25-34 years, and 50% of those aged 16-24 years have received a first booster vaccine dose.
- As of 7th June, approximately 42% of the population aged 85 years and older, 44% of those aged 75-84 years and 36% of persons aged 65-74 years have received a second booster dose.

Outbreaks for week 22 (29th May– 4th June) are based on those reported up to midnight on 4th June 2022.

There was a total of 35 COVID-19 outbreaks notified in week 22. 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 13 new nursing home and 2 new community hospital/long-stay unit outbreaks reported in week 22. The case range of these outbreaks was 2-9 cases.
- There were 5 new acute hospital outbreaks reported in week 22, with a range of 2-6 cases.
- There were 8 new outbreaks reported in a residential institution setting (5 in mental health facilities, 2 in centres for disabilities and 1 in a homeless centre) in week 22, with 2-6 cases.
- There were 4 new outbreaks in 'other healthcare services' (4 in services for people with disabilities) in week 22, with a range of 2-3 cases.

Noting that national SARS-CoV-2 testing guidance may influence trends, the number of infections detected and reported daily (based on PCR and self-reported antigen tests) has increased over recent 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. After a period of decline, in week

21 (to 28th May), a higher number of wastewater catchment areas had either stable or increasing SARS-CoV-2 viral loads compared to week 20 (to 21st May).

The COVID-19 burden on acute hospital care has increased considerably over recent days, from 167 on 28th May to 355 as of this morning (10th June), while the daily average number of newly confirmed cases in hospital has also increased. Data for COVID-19 cases in hospital on 7th June show that just over half were hospitalised for COVID-19 disease (51%), with the remainder categorised as asymptomatic infectious cases.

As of 9th June, 71% of hospitalised cases were aged 65 and older. According to HSE data on vaccination status of cases hospitalised for COVID-19 as of 7th June, 41% had received a booster vaccination, 22% had completed primary vaccination and 37% had not completed primary vaccination.

The total number of confirmed cases in critical care (22 as of 10th 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 7th June. As of 7th June, 23% of COVID-19 cases in ICU were unvaccinated and 73% 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.

There has been a recent increase in the number of notified outbreaks in some key settings which continues to be monitored. COVID-19 mortality has remained relatively stable.

You will be aware from colleagues in the Department that, with 355 COVID-19 inpatients on 10th June, the acute hospital system remains under considerable pressure. If the recent rising trend in hospitalised cases continues, we are likely to see increased pressure on the hospital system over the coming weeks. This will further reduce hospital capacity to admit patients for scheduled and unscheduled care.

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 lineages, as of epidemiological week 20 (15th to 21st May 2022), BA.2 and its descendent lineages (pooled lineages named BA.2.X) are declining but remain dominant, accounting for 44% and 19% respectively.

As of week 20, BA.2.12.1 (detected in 53 countries) has increased to a prevalence of 28% globally, which may be largely attributed to an initial rapid increase in the Region of the Americas. BA.5 (detected in 47 countries) and BA.4 (detected in 42 countries) account for 4% and 2% of circulating variants globally, respectively. WHO has assessed that accumulating evidence from several countries indicates that there has been no observed increase in severity associated with BA.5 and BA.4, while no evidence is available at the present time on disease severity associated with BA.2.12.1.

WHO has further reported that, in relation to the recombinant variants of SARS-CoV-2 detected in early 2022, including recombinants of known variants of concern, a few had characteristics indicative of potential for increased transmissibility; however, this did not translate into substantial spread of these variants. The number of SARS-CoV-2 recombinant sequences submitted to GISAID (genomic sequencing database) which were being monitored by WHO or which showed an initial rise in the

number of sequences reported (XE, XD and XF) continues to reduce weekly, now representing <0.1% of sequences submitted.

As of week 21 2022 (28th May), 27 BA.4 cases, 40 BA.5 cases, and 120 BA.2.12.1 cases have been confirmed in Ireland through whole genome sequencing. In addition, the prevalence of S-gene target failure amongst samples tested using the TaqPath assay has increased over recent weeks, with data as of week 22 (4th June) suggesting that 42% of SARS-CoV-2 cases are likely to be BA.4 and/or BA.5 (variants which test negative for the S-gene target). These variants appear to be replacing the currently dominant BA.2 variant.

In summary, a number of epidemiological indicators have deteriorated in recent days suggesting that levels of SARS-CoV-2 transmission have increased. The numbers of detected and reported infections and hospitalised cases have increased, while the numbers of COVID-19 cases in ICU and in receipt of advanced respiratory support in hospital settings outside of ICU continue to be broadly stable. The increasing prevalence of the BA.4 and/or BA.5 Omicron sub-lineages in Ireland (which appear to have a growth advantage over the BA.2 sub-lineage) is likely contributing significantly to the current epidemiological profile.

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 in late 2021 and early 2022 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.