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

Epidemiological update
17th June 2022

- A total of 8,751 confirmed PCR cases have been reported in the 7 days to 15th June 2022 (cases notified to midnight 14th June 2022), which is a 72% increase from last week when 5,086 PCR positive cases were reported in the 7 days to 8th June.
- There were 10,799 positive antigen test results reported in the 7 days to 15th June 2022 (results uploaded to HSE portal in the week to 14th June 2022), which is a 76% increase from last week when 6,082 positive antigen test results were reported in the 7 days to 8th June.
- As of 15th June 2022, the 14-day incidence rate (PCR) per 100,000 population is 291; an increase of 49% from a week previously (194). 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 63%, demonstrating that there were more confirmed cases identified through PCR testing in laboratories in the 7 days to 15th June, compared with the preceding 7 days.
- The 5-day rolling average of daily reported cases (PCR) is 1,177 as of 15th June, an 85% increase from that reported on 8th June (638).
- In week 22 (to 4th June), of the 67 wastewater catchment areas for which a change from the previous week could be calculated, the SARS-CoV-2 viral load remained stable (within +/- 10%) in 34, while 27 experienced decreases of 10% or more, and 6 saw increases of 10-50% with none having an increase of more than 50%.
- There were 508 confirmed COVID-19 cases in hospital this morning (17th June), compared with 355 last week on 10th June. There have been 69 newly confirmed cases in hospital in the 24 hours preceding this morning. On average, there have been 72 new COVID-19 hospitalisations per day observed in the seven days to 17th June.
- As of 14th June 2022, 55% of hospitalised cases were categorised as hospitalised for COVID-19, with the remaining 45% categorised as asymptomatic COVID-19 cases and potentially infectious.
- As of 14th June 2022, the age breakdown of cases hospitalised for COVID-19 (N=300): 114 (38%) aged 80 and older, 101 (34%) aged 65-79, 34 (11%) aged 50-64, 37 (12%) aged 15-49 and 14 (5%) aged 0-14 years old.
- According to the latest HSE data on cases hospitalised for COVID-19 (N=300), as of 14th June 2022, 46% had received booster vaccination, 19% had completed their primary vaccination course and 35% had not completed their primary vaccination course.
- There were 28 confirmed cases in critical care as of this morning (17th June 2022), compared with 22 a week ago (10th June). There were 3 new admissions to critical care in the 24 hours preceding this morning. Of the 28 cases in critical care this morning, 15 were invasively ventilated.
- The number of COVID-19 cases in ICU whose primary reason for admission to ICU was COVID-19 has decreased from 13 on 7th June to 10 on 14th June. The proportion of COVID-19 cases in ICU for whom the primary reason for admission to ICU was COVID-19 declined from 50% to 43%.
- According to National Office of Clinical Audit (NOCA) data as of 14th June 2022, where vaccination status was known (N=19), 21% of COVID-19 cases in ICU were unvaccinated and 79% were fully

Bloc 1, Plaza Míseach, 50 - 58 Sráid Bhagóid Íochtarach, Baile Átha Cliath 2, D02 XW14
Block 1, Miesian Plaza, 50 - 58 Lower Baggot Street, Dublin 2, D02 XW14
T +353 1 635 4251 | info@health.gov.ie
www.health.gov.ie

vaccinated. Of those COVID-19 cases in ICU who were fully vaccinated, 80% were recorded as having received a booster/additional dose.

- As of 14th June, 165 patients were in receipt of non-invasive ventilation/Continuous Positive Airway Pressure (CPAP) or High-Flow Oxygen in non-critical care settings, of whom 24 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 5th June 2022). There were 61 hospital acquired COVID-19 infections reported in the week ending 5th June, compared to 26 in the week ending 29th May, and 36 in the week ending 22nd May.
- As of 15th June 2022, there have been 7,442 COVID-19 related deaths reported in Ireland since the outset of the pandemic. As of midnight 14th June 2022, there have been 9 COVID-19 related deaths notified which occurred in June 2022, 92 in May 2022, 332 in April, and 317 in March.
- In total, approximately 61.5% of TaqPath assay samples were S-gene target negative (indicating BA.4 and/or BA.5 infection) as of week 23 2022 (week ending 11th June), suggesting approximately 38.5% of infections were BA.2 (or sub-lineages of same). As of week 22 2022 (4th June), 91 BA.4 cases, 178 BA.5 cases, and 257 BA.2.12.1 cases have been confirmed in Ireland through whole genome sequencing.
- As of 14th 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 14th June, approximately 64% of the population aged 35-44 years, 58% of those aged 25-34 years, and 50% of those aged 16-24 years have received a first booster vaccine dose.
- As of 14th June, approximately 45% of the population aged 85 years and older, 48% of those aged 75-84 years and 39% of those aged 65-74 years have received a second booster dose.

Outbreaks for week 23 (5th – 11th June) are based on those reported up to midnight on 11th June 2022.

There was a total of 53 COVID-19 outbreaks notified in week 23. 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 12 new nursing home and 3 new community hospital/long-stay unit outbreaks reported in week 23. The case range of these outbreaks was 2-13 cases.
- There were 15 new acute hospital outbreaks reported in week 23, with a range of 2-17 cases.
- There were 16 new outbreaks reported in a residential institution setting (11 in centres for disabilities, 2 in centres for older people, 2 in mental health facilities, and 1 in a facility for asylum seekers/refugees) in week 23, with 0-7 cases.
- There were 7 new outbreaks in 'other healthcare services' (6 in services for people with disabilities and 1 in a not specified service) in week 23, with a range of 0-4 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 weeks. PCR testing volumes have increased, while test positivity has risen substantially. A significant proportion of detected infections continues to be identified in older age groups.

The COVID-19 burden on acute hospital care has increased considerably over recent weeks, from 167 on 28th May to 508 as of this morning (17th June), while the daily average number of newly confirmed cases in hospital has also increased. Data for COVID-19 cases in hospital on 14th June show that over half were hospitalised for COVID-19 disease (55%), with the remainder categorised as asymptomatic infectious cases.

As of 14th June, 72% of cases hospitalised for COVID-19 were aged 65 and older. According to HSE data on vaccination status of cases hospitalised for COVID-19 as of 14th June, 46% had received a booster vaccination, 19% had completed primary vaccination and 35% had not completed primary vaccination.

The total number of confirmed cases in critical care (28 as of 17th 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 43% as of 14th June. As of 14th June, where vaccination status was known, 21% of COVID-19 cases in ICU were unvaccinated and 79% were fully vaccinated, of whom 80% 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 broadly 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 508 COVID-19 inpatients on 17th 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 European Centre for Disease Prevention and Control (ECDC) has published (14th June 2022) an epidemiological update in relation to Omicron sub-lineages BA.4 and BA.5 "Implications of the emergence and spread of the SARS-CoV-2 variants of concern BA.4 and BA.5 for the EU/EEA". BA.4 and BA.5 were first identified in South Africa in January and February 2022, respectively. They became the dominant variants in that country in May 2022 and a parallel increasing trend in epidemiological indicators, such as case and test positivity rates, indicated that these variants were responsible for the infection surge observed in South Africa in April−May 2022.

ECDC reports that most European Union/European Economic Area (EU/EEA) countries have detected low proportions of BA.4 and BA.5, although many have seen an increase in recent weeks. BA.4 and BA.5 were first detected in the EU/EEA in March 2022. In Portugal, BA.5 has become the dominant SARS-CoV-2 variant (estimated proportion approximately 87% as of 30th May 2022) and the increasing prevalence of BA.5 has been associated with a surge in COVID-19 cases. Severity indicators in Portugal (hospitalisation, ICU admissions and deaths) as of 1st June are below the levels reached in the previous Omicron peak, however, week-on-week increases continue to be observed. Over the past six weeks, both hospitalisation and ICU admission increases have mainly been among those aged 60 years and

older. Between weeks 19 (week ending 15th May) and 20 (week ending 22nd May), case numbers in Portugal declined and became stable, indicating that the peak of a BA.5 wave in Portugal may have been reached.

In recent weeks (week 17−21 of 2022), an increase in the proportion of BA.4 and BA.5 infections was observed in many EU/EEA countries including Austria, Belgium, Denmark, France, Germany, Ireland, Italy, the Netherlands, Spain and Sweden. In particular, in Belgium BA.5 reached an estimated proportion of 19% and BA.4 accounted for 7.5% of the sequenced genomes during weeks 21 (29th May) – week 22 (5th June). In Spain, BA.4 and BA.5 accounted for more than 10% of the samples analysed by variant-specific PCR in 10 autonomous communities during weeks 21−22, with a wide variation between the communities. In the Netherlands, BA.5 reached a proportion of 8% in week 20, while the proportion of BA.4 was close to 5%.

ECDC assesses that the current growth advantage for the BA.4 and BA.5 variants (mainly observed in South Africa and Portugal) compared to the dominant variant BA.2, is probably due to their ability to evade immune protection against infection induced by prior infection and/or vaccination, particularly if this has waned over time. ECDC indicates that the growth advantage reported for BA.4 and BA.5 suggests that these variants will become dominant throughout the EU/EEA, probably resulting in an increase in COVID-19 cases in the coming weeks, with the extent of the rise in COVID-19 cases depending on a range of factors, including immune protection against infection influenced by the timing and coverage of COVID-19 vaccination regimes, and the extent, timing and variant landscape of previous SARS-CoV-2 pandemic waves. Based on limited data, there is no evidence that BA.4 and BA.5 are associated with increased disease severity compared to BA.1 and BA.2. Notwithstanding this, as in previous waves of infection, an increase in COVID-19 cases overall can result in an increase in hospitalisations, ICU admissions and deaths.

ECDC advises continued vigilance for signals of BA.4 and BA.5, strengthened sentinel surveillance systems, and monitoring of a range of epidemiological indicators. These include case rates, particularly amongst people aged 65 and older, as well as severity indicators such as hospitalisations, ICU admissions, ICU occupancy and mortality. ECDC also advises that improving COVID-19 vaccine uptake of the primary course and first booster dose in populations who are yet to receive them remains a priority, and further indicates that it is expected additional booster doses will be needed for those groups most at risk of severe disease, in anticipation of future waves.

As of week 22 2022 (4th June), 91 BA.4 cases, 178 BA.5 cases, and 257 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 23 (11th June) suggesting that 61.5% 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 previously dominant BA.2 variant. While a number of cases of BA.2.12.1 (which tests S-gene positive) have been detected in Ireland, the extent to which this variant may be contributing to the current epidemiological profile is currently uncertain.

In summary, a number of epidemiological indicators have deteriorated in recent weeks suggesting that levels of SARS-CoV-2 transmission have increased. The numbers of detected and reported infections and hospitalised cases have continued to increase, while the numbers of COVID-19 cases in ICU and in receipt of advanced respiratory support in hospital settings outside of ICU remain 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.

The National Immunisation Advisory Committee (NIAC) is actively reviewing the available evidence in relation to the duration of protection given by COVID-19 vaccines (including booster doses) and the epidemiology of SARS-CoV-2 including as relates to emerging variants, to assess the benefit from and optimal timing of further booster doses in people who are currently up to date with COVID-19 vaccination. It is expected that the Committee will make recommendations in relation to the Autumn vaccination programme in the coming weeks.

Engagement between officials in the Department and the HSE and National Virus Reference Laboratory (NVRL) on setting out future state plans in relation to SARS-CoV-2 testing, tracing, and surveillance is progressing. In broad terms, and notwithstanding the recent increase in viral circulation, the path of direction continues to be one that moves away from extensive testing, case finding and tracing aimed at reducing SARS-CoV-2 transmission for which there is no longer a public health rationale, to one that is focused on mitigation of severe impacts of COVID-19 based on public health and clinical need. It is anticipated that updated plans for testing, tracing and surveillance will be provided to you for your consideration in the coming weeks.

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. In consideration of any implications for personal protective measures arising from the current epidemiological situation including as relates to emerging SARS-CoV-2 variants, there is no indication for any change in the current public health advice. However, the recently observed deterioration in the disease profile further emphasises the importance of communicating the existing key public health advice to the general public so that individuals may optimally protect themselves from severe health outcomes associated with COVID-19. It is particularly important that eligible groups for primary and booster doses (both first and second) continue to be encouraged to avail of vaccination in order to confer optimal protection against the risk of severe disease as well as against other potential long-term consequences of infection.

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.