



## Epidemiological update 8<sup>th</sup> July 2022

- A total of 14,374 confirmed PCR cases have been reported in the 7 days to 6<sup>th</sup> July 2022 (cases notified to midnight 5<sup>th</sup> July 2022), which is a 6% increase from last week when 13,584 PCR positive cases were reported in the 7 days to 29<sup>th</sup> June.
- There were 21,284 positive antigen test results reported in the 7 days to 6<sup>th</sup> July 2022 (results uploaded to HSE portal in the week to 5<sup>th</sup> July 2022), which is a 21% increase from last week when 17,640 positive antigen test results were reported in the 7 days to 29<sup>th</sup> June.
- As of 6<sup>th</sup> July 2022, the 14-day incidence rate (PCR) per 100,000 population is 587; an increase of 17% from a week previously (495). 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 more confirmed cases identified through PCR testing in laboratories in the 7 days to 6<sup>th</sup> July, compared with the preceding 7 days.
- The 5-day rolling average of daily reported cases (PCR) is 1,911 as of 6<sup>th</sup> July, a 3% increase from that reported on 29<sup>th</sup> June (1,678).
- Regarding national SARS-CoV-2 wastewater surveillance, in week 26 (to 2<sup>nd</sup> July), of the 66 catchment areas for which a change from the previous week could be calculated, the viral load remained stable (within +/- 10%) in 37 of them, while none experienced decreases of 10% or more, and 29 saw increases of at least 10%. Of these, 27 had an increase from 10 to 50%, and 2 had an increase of more than 50%. These results are similar to week 25 results.
- There were 905 confirmed COVID-19 cases in hospital this morning (8<sup>th</sup> July), compared with 812 last week on 1<sup>st</sup> July. There have been 135 newly confirmed cases in hospital in the 24 hours preceding this morning. On average, there have been 136 new COVID-19 hospitalisations per day observed in the seven days to 8<sup>th</sup> July. As of 5<sup>th</sup> July, 53% of hospitalised cases were categorised as hospitalised for COVID-19, with the remaining 47% categorised as asymptomatic COVID-19 cases and potentially infectious.
- As of 5<sup>th</sup> July 2022, the age breakdown of cases hospitalised for COVID-19 (N=554): 220 (40%) aged 80 and older, 182 (33%) aged 65-79, 83 (15%) aged 50-64, 54 (10%) aged 15-49 and 15 (3%) aged 0-14 years old.
- According to the latest HSE data on cases hospitalised for COVID-19 (N=554), as of 5<sup>th</sup> July 2022, 43% had received booster vaccination, 23% had completed their primary vaccination course and 34% had not completed their primary vaccination course.
- As of 5<sup>th</sup> July, according to the latest HSE data on cases hospitalised for COVID-19, of the 220 persons aged 80 and older, 20% had received their second booster. Of the 182 cases aged 65-79 years, 12% had received their second booster.
- There were 35 confirmed cases in critical care as of this morning (8<sup>th</sup> July 2022), compared with 32 a week ago (1<sup>st</sup> July). There were 4 new admissions to critical care in the 24 hours preceding this morning. On average, there have been 4 new COVID-19 admissions per day observed in the seven days to 8<sup>th</sup> July. Of the 35 cases in critical care this morning, 8 were invasively ventilated.

- The number of COVID-19 cases in ICU whose primary reason for admission to ICU was COVID-19 has increased from 9 on 28<sup>th</sup> June to 12 on 5<sup>th</sup> July. The proportion of COVID-19 cases in ICU for whom the primary reason for admission to ICU was COVID-19 increased from 32% on 28<sup>th</sup> June to 38% on 5<sup>th</sup> July.
- According to National Office of Clinical Audit (NOCA) data as of 5<sup>th</sup> July 2022, where vaccination status was known (N=31), 3% of COVID-19 cases in ICU were unvaccinated and 97% were fully vaccinated. Of those COVID-19 cases in ICU who were fully vaccinated, 83% were recorded as having received a booster/additional dose.
- As of 5<sup>th</sup> July, 127 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 26<sup>th</sup> June 2022). There were 199 hospital acquired COVID-19 infections reported in the week ending 26<sup>th</sup> June, compared to 195 in the week ending 19<sup>th</sup> June, and 187 in the week ending 12<sup>th</sup> June.
- As of 6<sup>th</sup> July 2022, there have been 7,536 COVID-19 related deaths reported in Ireland since the outset of the pandemic. As of midnight 5<sup>th</sup> July 2022, there have been fewer than 5 COVID-19 related deaths notified which occurred in July 2022, 61 which occurred in June, 119 in May and 340 in April.
- In total, approximately 92% of TaqPath assay samples were S-gene target negative (indicating BA.4 and/or BA.5 infection) as of week 26 2022 (week ending 2<sup>nd</sup> July), suggesting approximately 8% of infections were BA.2 (or sub-lineages of same). As of 28<sup>th</sup> June 2022, 334 BA.4 cases, 741 BA.5 cases, and 566 BA.2.12.1 cases have been confirmed in Ireland through whole genome sequencing (WGS). Recent WGS results indicate BA.5 is the dominant Omicron sub-lineage.
- As of 6<sup>th</sup> July 2022, 71% 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 6<sup>th</sup> July, approximately 64% of the population aged 35-44 years, 58% of those aged 25-34 years, and 51% of those aged 16-24 years have received a first booster vaccine dose.
- As of 6<sup>th</sup> July, approximately 53% of the population aged 85 years and older, 58% of those aged 75-84 years and 48% of those aged 65-74 years have received a second booster dose.

Outbreaks for week 26 (26<sup>th</sup> June – 2<sup>nd</sup> July) are based on those reported up to midnight on 2<sup>nd</sup> July 2022.

There was a total of 98 COVID-19 outbreaks notified in week 26. 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 21 new nursing home and 2 new community hospital/long-stay unit outbreaks reported in week 26. The case range of these outbreaks was 0-20 cases.
- There were 25 new acute hospital outbreaks reported in week 26, with a range of 0-17 cases.
- There were 36 new outbreaks reported in a residential institution setting (27 in centres for disabilities, 6 in mental health facilities, 1 in Children's/TUSLA centres, 1 in a centre for asylum seekers/ refugees and 1 in a prison) in week 26, with 0-16 cases.

- There were 10 new outbreaks in 'other healthcare services' (8 in services for people with disabilities and 2 in other healthcare services) in week 26, with a range of 1-6 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 been stable, while test positivity has continued to rise. 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 28<sup>th</sup> May to 905 as of this morning (8<sup>th</sup> July), while the daily average number of newly confirmed cases in hospital has also continued to increase. Data for COVID-19 cases in hospital on 5<sup>th</sup> July show that just over half were hospitalised for COVID-19 disease (53%), with the remainder categorised as asymptomatic infectious cases.

As of 5<sup>th</sup> July, 73% of cases hospitalised for COVID-19 were aged 65 and older. According to HSE data on cases hospitalised for COVID-19, as of 5<sup>th</sup> July 2022, 43% had received booster vaccination, 23% had completed their primary vaccination course and 34% had not completed their primary vaccination course. In addition, as of 5<sup>th</sup> July, of cases hospitalised for COVID-19 aged 80 and older, 20% had received their second booster dose. Of cases hospitalised for COVID-19 aged 65-79 years, 12% had received their second booster.

The total number of confirmed cases in critical care (35 as of 8<sup>th</sup> July) has slightly increased. The average number of COVID-19 ICU admissions remains broadly stable following a recent increase. The number of ICU COVID-19 cases requiring mechanical ventilation has been broadly stable. The proportion of cases whose primary reason for admission to ICU was COVID-19 was 38% as of 5<sup>th</sup> July. As of 5<sup>th</sup> July, according to NOCA data, where vaccination status was known, 3% of COVID-19 cases in ICU were unvaccinated and 97% were fully vaccinated, of whom 83% 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 vulnerable settings, although the number of outbreaks in healthcare and residential settings has remained stable from week 25 (week ending 25<sup>th</sup> June) to week 26 (week ending 2<sup>nd</sup> July). COVID-19 mortality has remained relatively stable, although it is noted that there can be a lag in reporting of deaths.

You will be aware from colleagues in the Department that, with 905 COVID-19 inpatients on 8<sup>th</sup> July, 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 internationally, among Omicron sequences submitted to GISAID (genomic sequencing database), as of epidemiological week 25 (19<sup>th</sup> to 25<sup>th</sup> June 2022), the proportions of BA.5 and BA.4 continue to increase. BA.5 has been detected in 83 countries, and the proportion of BA.5 among all sequences increased from 37% in week

24 (12<sup>th</sup> to 18<sup>th</sup> June) to 52% in week 25. Although BA.4 is also increasing globally, the rate of increase is not as high as that of BA.5. BA.4 has been detected in 73 countries, and now accounts for 12% of all sequences submitted during week 25 (up from 11% in the previous week). Globally, the proportions of Omicron lineages BA.2 and BA.2.12.1 have decreased as compared to week 23 (5<sup>th</sup> to 11<sup>th</sup> June). WHO continues to advise that there is no evidence yet regarding any change in severity with BA.4, BA.5 or BA.2.12.1 as compared to BA.2. However, WHO further indicates that the rise in prevalence of BA.2.12.1, BA.4 and BA.5 has coincided with an increase in cases in several WHO regions. In some countries, the rise in cases has also resulted in a surge in hospitalisations, ICU admissions and deaths. In countries where the incidence of BA.4, BA.5 or BA.2.12.1 cases is now declining, the rise in cases, hospitalisations, ICU admissions and deaths has been lower as compared to the previous BA.1 and/or BA.2 waves. The differences observed in epidemiological situations is likely influenced by a number of factors, including surveillance, vaccination coverage and the implementation of public health and social measures.

In Ireland, the prevalence of S-gene target failure amongst samples tested using the TaqPath assay has increased over recent weeks, with data as of week 26 (2<sup>nd</sup> July) suggesting that 92% of SARS-CoV-2 cases are likely to be BA.4 and/or BA.5 (variants which test negative for the S-gene target). As of 28<sup>th</sup> June 2022, 334 BA.4 cases, 741 BA.5 cases, and 566 BA.2.12.1 cases have been confirmed in Ireland through whole genome sequencing (WGS). Recent WGS results indicate BA.5 is the dominant Omicron sub-lineage.

In summary, a number of epidemiological indicators have deteriorated in recent weeks suggesting that levels of SARS-CoV-2 transmission have increased, although some indicators may be showing signs of slowing of the week on week increases. The numbers of detected and reported infections and hospitalised cases have continued to increase, while the numbers of COVID-19 cases in ICU have increased slightly. The number of COVID-19 cases in receipt of advanced respiratory support in hospital settings outside of ICU remains broadly stable. The circulation of the BA.4 and BA.5 Omicron sub-lineages in Ireland is likely contributing significantly to the current epidemiological profile, with recent WGS results indicating BA.5 is the dominant sub-lineage.

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. Current hospitalisation data indicates that most cases hospitalised for COVID-19 who are aged 65 years and older have not received a second booster vaccine. The uptake of second booster vaccine in this population is sub-optimal currently and it is strongly recommended that individuals in this age group avail of this dose if they have not yet done so.

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 now as we experience a BA.4/BA.5 surge. 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](https://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.