



Epidemiological update
5th August 2022

- A total of 3,461 confirmed PCR cases have been reported in the 7 days to 3rd August 2022 (cases notified to midnight 2nd August 2022), which is a 29% decrease from last week when 4,870 PCR positive cases were reported in the 7 days to 27th July.
- There were 4,582 positive antigen test results reported in the 7 days to 3rd August 2022 (results uploaded to HSE portal up to 2nd August 2022), which is a 25% decrease from last week when 6,095 positive antigen test results were reported in the 7 days to 27th July.
- As of 3rd August 2022, the 14-day incidence rate (PCR) per 100,000 population is 175: a decrease of 47% from a week previously (329). 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 42%, demonstrating that there were fewer confirmed cases identified through PCR testing in laboratories in the 7 days to 3rd August, compared with the preceding 7 days.
- The 5-day rolling average of daily reported cases (PCR) is 359 as of 3rd August, which is 38% lower than that reported on 27th July (575).
- Regarding national SARS-CoV-2 wastewater surveillance, in week 30 (to 30th 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 4 experienced decreases of 10% or more, and 25 saw increases of at least 10%. Of these, 25 had an increase from 10 to 50%, and none had an increase of more than 50%. When data across catchments areas is pooled and normalised for the population, the weekly distribution of SARS-CoV-2 viral load continued to show an increasing trend.
- There were 380 confirmed COVID-19 cases in hospital this morning (5th August), compared with 470 last week on 29th July. There have been 53 newly confirmed cases in hospital in the 24 hours preceding this morning. On average, there have been 57 new COVID-19 hospitalisations per day observed in the seven days to 5th August.
- As of 2nd August, 37% of hospitalised cases were categorised as hospitalised for COVID-19, with the remaining 63% categorised as asymptomatic COVID-19 cases and potentially infectious.
- As of 2nd August 2022, the age breakdown of cases hospitalised for COVID-19 (N=232): 83 (35.8%) aged 80 and older, 78 (33.6%) aged 65-79, 35 (15.1%) aged 50-64, 28 (12.1%) aged 15-49 and 8 (3.4%) aged 0-14 years old.
- According to the latest HSE data on cases hospitalised for COVID-19 (N=416), as of 2nd August 2022, 37% had received at least one booster vaccination, 28% had completed their primary vaccination course and 35% had not completed their primary vaccination course.
- According to the latest (2nd August) HSE data on cases hospitalised for COVID-19, of the 83 persons aged 80 and older, 25% had received their second booster. Of the 78 cases aged 65-79 years, 15% had received their second booster.
- There were 34 confirmed cases in critical care as of this morning (5th August 2022), compared with 30 a week ago (29th July). There were 5 new admissions to critical care in the 24 hours preceding this morning. On average, there have been approximately 3 new COVID-19 admissions per day

observed in the seven days to 5th August. Of the 34 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 17 on 29th July to 16 on 5th August. The proportion of COVID-19 cases in ICU for whom the primary reason for admission to ICU was COVID-19 decreased from 56% on 29th July to 47% on 5th August.
- According to National Office of Clinical Audit (NOCA) data as of 2nd August 2022, where vaccination status was known (N=27), 19% of COVID-19 cases in ICU were unvaccinated. Of those COVID-19 cases in ICU who had completed their primary course of vaccination (N=18), 67% were recorded as having received one booster/additional dose and none were recorded as having received multiple boosters.
- As of 4th August, 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 22 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 24th July 2022). There were 113 hospital acquired COVID-19 infections reported in the week ending 24th July, compared to 234 in the week ending 17th July, and 312 in the week ending 10th July.
- As of 3rd August 2022, there have been 7,700 COVID-19 related deaths reported in Ireland since the outset of the pandemic. As of midnight 2nd August 2022, there have been 100 COVID-19 related deaths notified which occurred in July 2022, 100 which occurred in June and 122 in May.
- In total, approximately 99.5% of TaqPath assay samples were S-gene target negative (indicating BA.4 and/or BA.5 infection) as of week 30 2022 (up to 27th July), suggesting approximately 0.5% of infections were BA.2 (or sub-lineages of same). As of 25th July 2022, 600 BA.4 cases, 855 BA.5 cases, and 800 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 3rd August 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 3rd August, approximately 65% of the population aged 35-44 years, 59% of those aged 25-34 years, and 51% of those aged 16-24 years have received a first booster vaccine dose.
- As of 3rd August, approximately 62% of the population aged 85 years and older, 68% of those aged 75-84 years and 57% of those aged 65-74 years have received a second booster dose.

Outbreaks for week 30 (24th to 30th July) are based on those reported up to midnight on 30th July 2022.

There was a total of 24 COVID-19 outbreaks notified in week 30. 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 6 new nursing home and 5 new community hospital/long-stay unit outbreaks reported in week 30. The case range of these outbreaks was 1-21 cases.
- There were 7 new acute hospital outbreaks reported in week 30, with a range of 0-7 cases.
- There were 6 new outbreaks reported in a residential institution setting (4 in centres for disabilities, 2 in mental health facilities) in week 30, with 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 reduced in the last week compared to the previous week. PCR testing volumes and test positivity have continued to reduce. 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 has reduced from a recent peak of 1,055 on 11th July, to 470 a week ago (29th July), and to 380 as of this morning. The daily average number of newly confirmed cases in hospital has also continued to reduce. Data for COVID-19 cases in hospital as of 2nd August show that 37% were hospitalised for COVID-19 disease, with the remainder categorised as asymptomatic infectious cases.

The total number of confirmed cases in critical care (34 as of 5th August) remains broadly stable while the average number of ICU admissions has reduced. 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 47% as of 5th August. The number of COVID-19 patients in receipt of advanced respiratory support in hospital settings outside of ICU has reduced.

The number of notified outbreaks has decreased across a number of key vulnerable settings. 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 the acute hospital system remains under considerable pressure, with COVID-19 continuing to impact on acute capacity (380 COVID-19 inpatients on 5th August).

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, based on a comparison of sequences submitted to GISAID (genomic sequencing database) in epidemiological week 29 (17th to 23rd July 2022) and week 28 (10th to 16th July 2022), BA.5 and BA.4 Omicron sub-lineages continued to be dominant globally, with a weekly prevalence that increased from 63.8% to 69.6%, and from 10.9% to 11.8%, respectively. Conversely, during the same time period, prevalence of BA.2.12.1 and BA.2 sequences reduced from 4.4% to 1.9% and from 2% to 1.5%, respectively.

In Ireland, the prevalence of S-gene target failure amongst samples tested using the TaqPath assay has been broadly stable over recent weeks, with data as of week 30 (27th July) suggesting that 99.5% of SARS-CoV-2 cases are likely to be BA.4 and/or BA.5 (variants which test negative for the S-gene target). Recent WGS results indicate BA.5 is the dominant Omicron sub-lineage.

In summary, the overall epidemiological situation indicates continuing high levels of infection and a significant number of cases receiving general hospital care, although this figure has continued to fall over recent days. In addition, the total number of confirmed cases in critical care 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, it is important that the existing key public health advice continues to be communicated 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. 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.