Rialtas na hÉireann
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Health in Ireland

Key Trends 2021

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Introduction

The 2021 edition of Health in Ireland: Key Trends provides summary statistics on health and health care over the past ten years. It highlights selected trends and topics and includes data from newly available sources. There are also several tables and graphs comparing Ireland with other countries in the EU or the OECD, to provide context for national performance and assess progress. The booklet is divided into seven chapters covering topics from population growth, life expectancy and health status and the current state of the Covid-19 pandemic. More than anything, this volume of Key Trends provides an opportunity to assess the impact of the Covid-19 pandemic on the health service, and the extent of the resources deployed in response.

Hospital activity was extensively affected by the pandemic, with total discharges (inpatient and daycase) falling over 14% in 2020, and ED attendances falling over 15%. The effects on hospital waiting lists are significant: In October 2021, there were over 28,000 adults and almost 4,000 waiting more than 6 months on a waiting list.

The response to the pandemic is very evident in staff figures. There are over 1,700 more nurses, and almost 900 more doctors, working in the HSE by the end of 2020, compared to the end of 2019. The increase in healthcare workers contributed to an expenditure increase of over €3bn between 2019 and 2020. Prior to the pandemic, it should be noted that health expenditure increased by a third between 2011 and 2019.

This volume of Key Trends is the first in a series that will chart the longer-term impacts of the pandemic on the health service and demographics. For example, the ultimate indicator for any health service is life-expectancy. Recent OECD data suggests falling life expectancy in 2020 due to the pandemic has been observed in most OECD countries where data is available. Irish life expectancy data will not be available until the coming months.

Even if the focus is naturally on the pandemic, lifestyle factors such as smoking, drinking, levels of physical activity and obesity continue to be issues which have the potential to jeopardise many of the health gains achieved in recent years. However, inequalities in health are closely linked with wider social determinants including living and working conditions, issues of service access, and cultural and physical environments. Taken together with an ageing population, adverse trends, if not addressed now, will lead to an unhealthy and costly future. Equally, Ireland's changing demographics will remain the singular challenge we face when planning our health service into the future. It has been evident in previous publications, but it bears repeating that the largest proportional increases in the population in Ireland will continue to be in the category of those aged 85 years and older. The number of people aged 65 and over will grow from one-fifth to over one-third of the working population over the next two decades which will have implications on how we fund our health services. It is good that people are living longer, but we need to ensure that more of these years, particularly in later life, are spent in good health.

The Sláintecare implementation Plan published in 2018 states that the successful implementation of the Sláintecare vision will require robust knowledge and information drawing on good quality, timely and relevant data sources. Key Trends 2021 contributes to this vision, underlying the importance of a clear evidence base for what is currently happening in our health service. The annual publication is a resource that supports Sláintecare's ongoing programme of evaluation and assess the contribution of the reform programme to the performance of the health system during the 10-year implementation period. Effective management will mean decision-making and planning based on the best possible evidence at all levels.

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1. Population and Life Expectancy

The demographic data presented in this section shows rapidly changing population structures, both in Ireland and the European Union. Understanding the trends in fertility, demographics and mortality is vital for the planning and delivery of health care services now and into the future.

Based on the results of the 2016 Census, population estimates and projections have been updated in this year's publication with the latest information. The population in 2021 has grown by an estimated 6% since the 2016 Census. Since 2012, the population has increased by 9.1% to a figure of 5.01 million. The population is growing across all regions and age groups, with the most significant growth seen in the older age groups (Table 1.2). The population aged 65 and over has increased by 35% since 2012, which is considerably higher than the EU average increase of 15.7%.

The latest population projections released by the Central Statistics Office indicate that this population growth is set to continue for at least the next two decades. Assuming moderate changes in migration and fertility rates, the total population is projected to reach 5.74 million by 2041.

The total fertility rate has continued to decrease and is now at its lowest in the last decade, however Ireland still has the third highest fertility rate in the EU behind France and Romania (Figure 1.4). Since 2010 there has been a gradual decrease in the number of live births (Table 1.3).

Population ageing clearly has major implications for the planning and provision of health services; it is also a measure of improvement in health and life expectancy. Life expectancy is continuing to increase, currently standing at 84.7 years for women and 80.8 years for men (Table 1.6). Life expectancy for women is higher than for men, as in most countries (Figure 1.6). However, this gap has narrowed in the past decade, and male life expectancy in 2019 was 3.9 years below female life expectancy compared to 5.5 years in 1999 (Table 1.6).

The greatest gains in life expectancy have been achieved in the older age groups reflecting decreasing mortality rates from major diseases (Section 2). In addition to living longer, women in Ireland typically experience a slightly higher number of healthy life years than men, however men at 65 experience a slightly higher proportion of their life expectancy in good health. The proportion of life expectancy at age 65 to be lived in good health is higher for both men and women in Ireland compared with the EU average (Figure 1.8).

Overall, there are more people in Ireland and we are living longer lives than before. These trends are set to continue into the coming decades. The effects of the pandemic on life-expectancy in Ireland will not be known for some months but recent OECD data suggests falling life expectancy in 2020 due to the pandemic has been observed in most OECD countries where data is available.

Table 1.1
Population Estimates ('000s) for Regional Authority Areas by Age Group, 2021

	Border	Midland	West	Dublin	Mid-East	Mid-West	South-East	South-West	Ireland
Male	206.5	153.8	234.6	699.4	366.2	245.8	219.7	355.2	2481.1
Female	206.1	153.4	237.7	726.6	372.5	245.3	223.7	365	2530.3
Total	**412.6**	**307.2**	**472.3**	**1,426.0**	**738.7**	**491.1**	**443.4**	**720.2**	**5,011.5**
Age Groups:									
0-14	84.9	67.9	92.9	261.2	161.7	95.6	89.7	141.6	995.6
15-24	53.2	39.2	58.6	180.9	94.8	63.1	57.7	88.1	635.6
25-34	43.1	33.5	52.1	218	79.8	52.7	46.6	82.9	608.8
35-44	57.9	46.5	69.4	246.1	115.7	69.8	62.6	109.9	777.8
45-54	56	41.9	64.3	187.1	108.7	68.4	62.1	99.9	688.4
55-64	49	34.6	55.8	145	81.6	59.3	53.3	84.6	563.1
65-74	39.1	25.7	44.6	105	57.1	46.7	40.6	64.6	423.5
75-84	21.6	13.5	24.7	60.1	29.3	26	22.8	36	234.2
85+	7.9	4.3	9.9	22.9	9.7	9.4	7.9	12.7	84.6
2016	**393.3**	**293.4**	**447.5**	**1335.9**	**690.9**	**472.5**	**421.2**	**685**	**4739.6**
% change 2016-2021	**4.9**	**4.7**	**5.5**	**6.7**	**6.9**	**3.9**	**5.3**	**5.1**	**5.7**

Source: Central Statistics Office.
Notes:
(i) Data for 2021 are preliminary.
(ii) Age groups may not sum to total due to rounding.
(iii) The composition of the NUTS regions changed in 2016 and took effect for the population estimates from 2018. The main changes at NUTS 3 level are the transfer of South Tipperary from the South-East into the Mid-West NUTS 3 region and the movement of Louth from the Border to the Mid-East NUTS 3 Region.

The regions refer to the EU NUTS 3 areas:
Border: Cavan, Donegal, Leitrim, Monaghan, Sligo.
Midland: Laois, Longford, Offaly, Westmeath.
West: Galway, Mayo, Roscommon.
Dublin: County Dublin.
Mid-East: Kildare, Meath, Wicklow, Louth.
Mid-West: Clare, Limerick, Tipperary.
South-East: Carlow, Kilkenny, Waterford, Wexford.
South-West: Cork, Kerry.

Table 1.2
Population of Ireland ('000s) by Age Group, 2012 to 2021

Age Group	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	% change 2012-2021	% change 2020-2021
0-14	988.0	993.9	997.6	1,001.6	1,005.6	1,007.0	1,008.8	1,008.9	1,003.6	995.6	0.8%	-0.8%
15-64	3,055.7	3,051.5	3,058.5	3,075.9	3,104.3	3,135.5	3,174.9	3,216.2	3,253.6	3273.7	7.1%	0.6%
65 and over	549.9	569.2	589.5	610.3	629.9	649.9	673.5	696.3	720.1	742.3	35.0%	3.1%
All Ages	**4,593.7**	**4,614.7**	**4,645.4**	**4,687.8**	**4,739.6**	**4,792.5**	**4,857.0**	**4,921.5**	**4,977.4**	**5,011.50**	**9.1%**	**0.7%**

Source: Central Statistics Office.

Notes:
(i) Data for 2017, 2018, 2019, 2020 and 2021 is preliminary and subject to revision after Census 2022
(ii) Age groups may not sum to total due to rounding.

Figure 1.1a

Old Age Dependency Ratio, by Electoral Divisions, 2016

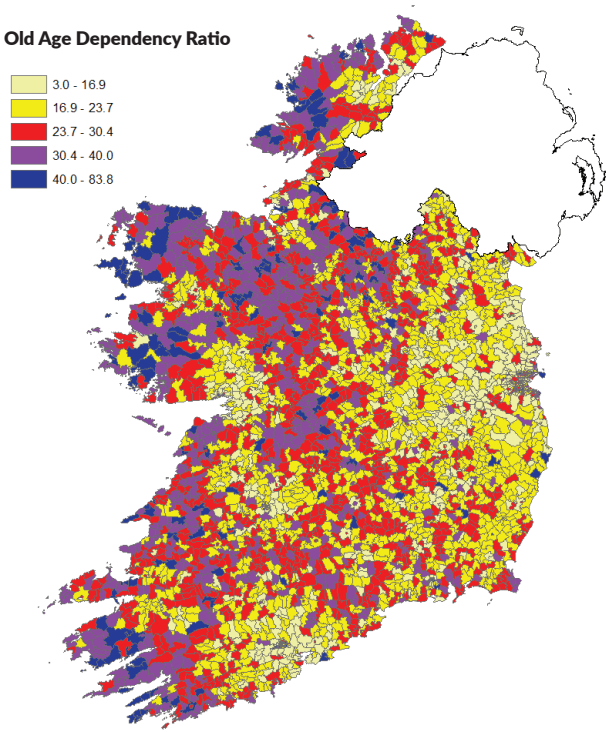
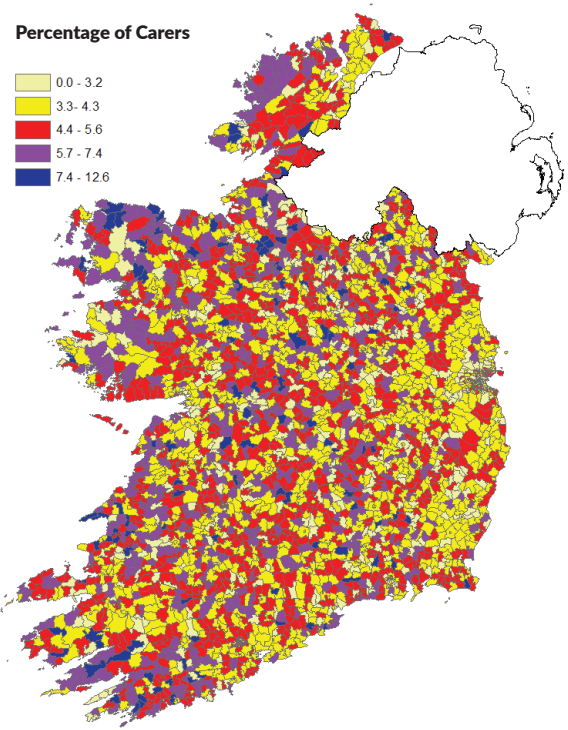


Figure 1.1b

Percentage of Carers in Population, by Electoral Divisions, 2016.

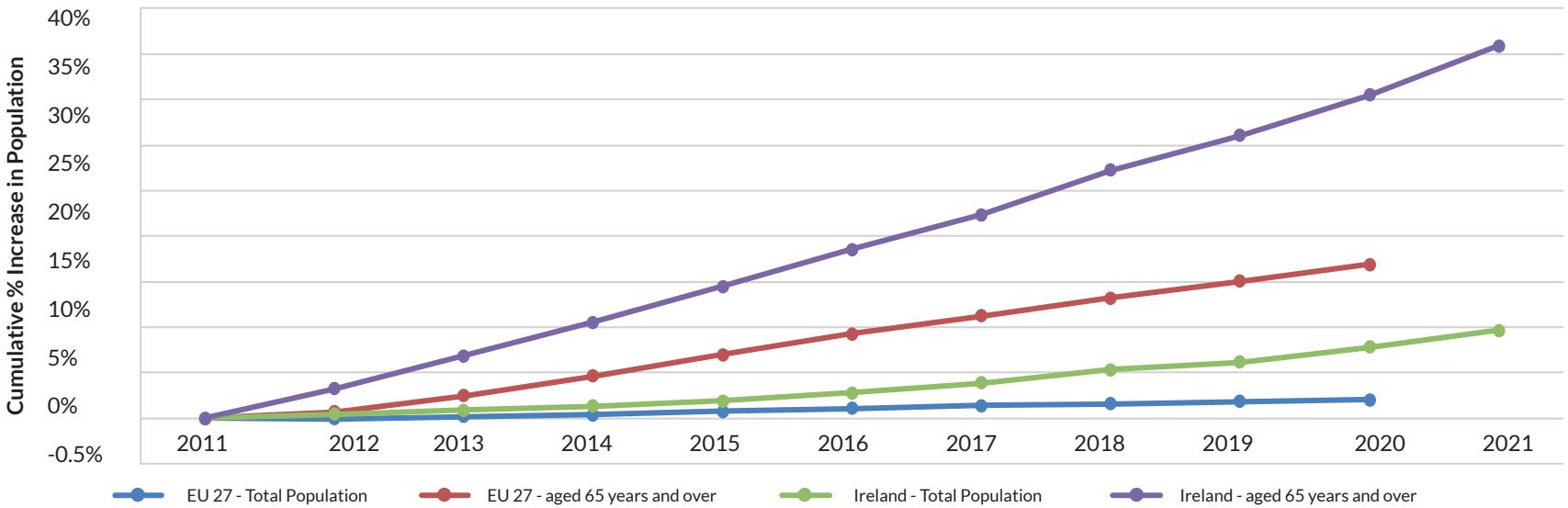


Source: Central Statistics Office.

Note: The old age dependency ratio is the population over 65 as a percentage of those aged 15-64.

Figure 1.2

Figure 1.2 Cumulative Percentage Increase in Population, All Ages and 65+ for Ireland and EU-27, 2011-2021



Source: Eurostat.

Notes:

(i) Data for 2017-2020 are provisional

Table 1.3

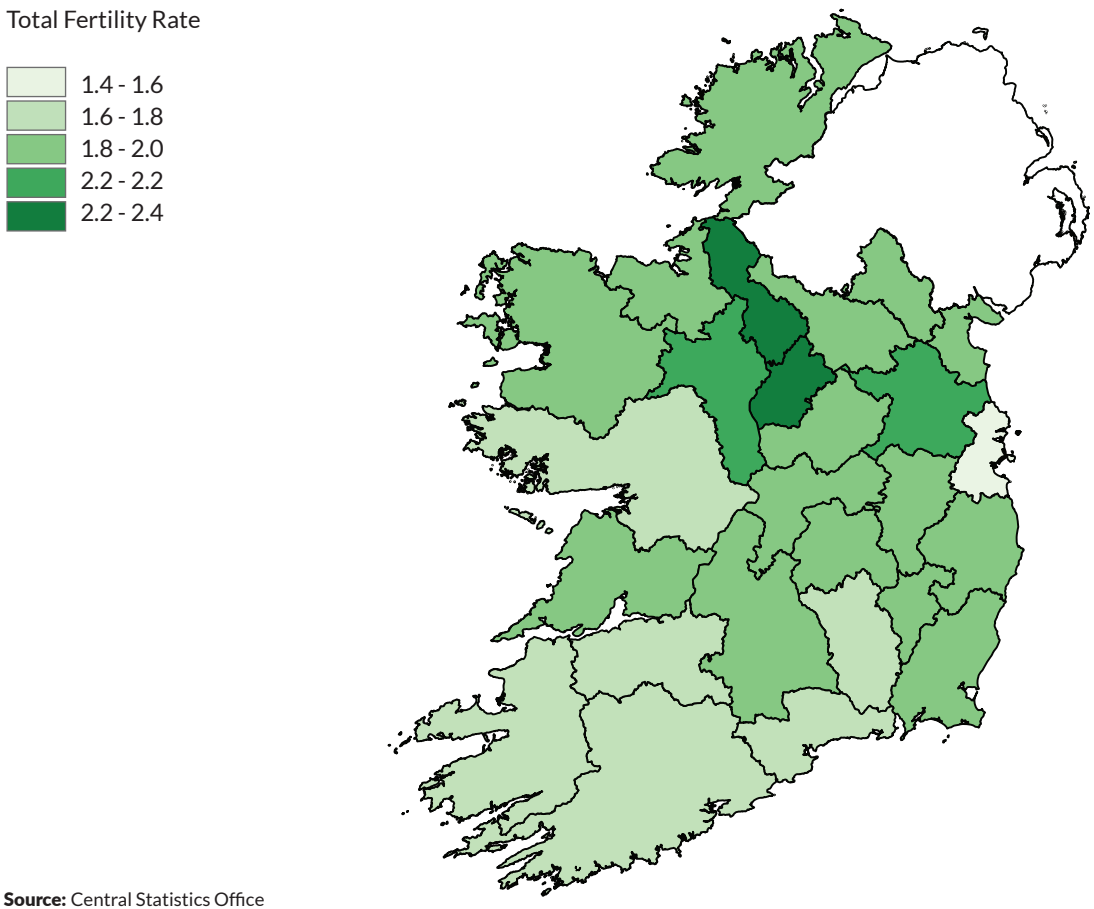
Live Births, Birth Rate and Total Fertility Rate, Ireland and EU-27, 2011-2020

		2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	% Change 2011-2019	% Change 2019-2020
Number of live births		74,033	71,674	68,954	67,295	65,536	63,841	62,053	61,016	59,294	55,959	-24.4	-5.6
Birth rate (per 1,000 population)		16.2	15.6	15.0	14.6	14.0	13.5	12.9	12.6	12.0	11.2	-30.9	-6.7
Total fertility rate	**Ireland**	**2.02**	**1.98**	**1.93**	**1.9**	**1.86**	**1.81**	**1.8**	**1.75**	**1.7**		**-15.8**	**-2.9**
	EU28	**1.59**	**1.59**	**1.55**	**1.58**	**1.57**	**1.6**	**1.59**	**1.56**	**1.53**		**-4.0**	**-2.1**

Source: Central Statistics Office, Eurostat.

Notes:
(i) Total Fertility Rate (TFR) is a measure of the average number of children a woman could expect to have if the fertility rates for a given year pertained throughout her fertile years.
(ii) % change for EU28 total fertility rate relates to 2011-2019 and 2018-2019.
(iii) There is a break in TFR data for EU28 between 2010-2012 and 2014-2015.
(iv) Data for 2020 is provisional.

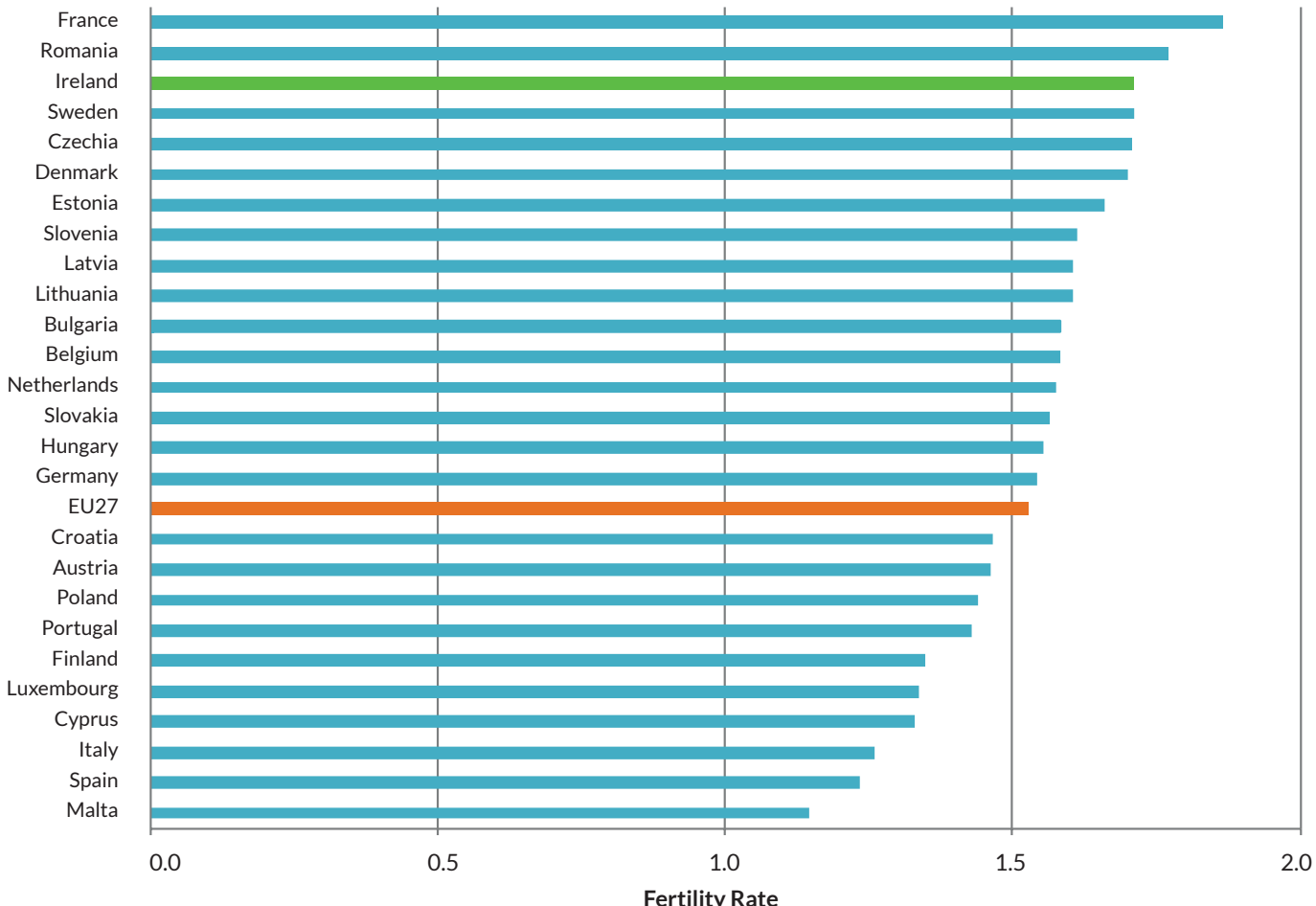
Figure 1.3
Total Fertility Rate by County, Ireland, 2019



Source: Central Statistics Office

Figure 1.4

Total Fertility Rates in Europe, 2019



Source: Eurostat.

Table 1.4

Population 2021 and Projected Population to 2041 ('000s) by Age Group, Ireland.

Age Group	2021(e)	2026	2031	2036	2041	% Change 2021-2041
0-14	995.6	937.6	878.1	853.1	868.7	-12.7
15-64	3273.7	3401.8	3516.8	3582.0	3592.0	9.7
65-84	657.7	765.3	866.7	962.3	1068.1	62.4
85 and over	84.6	101.8	132.9	174.4	214.2	153.2
Total	**5011.5**	**5206.5**	**5394.6**	**5571.8**	**5743.0**	**14.6**

Source: Central Statistics Office.

Notes:
(i)Projections are based on the Central Statistics Office's M2F2 assumption of moderate growth in migration and a decrease in the total fertility rate to 1.6 by 2031, remaining constant thereafter.
(ii) The projections should not be considered as forecasts
(iii) Projections were produced using data for 1 January 2016 as a starting point
(iv) (e.): The current CSO population estimate was used for 2021 figures.

Table 1.5

Dependency Ratio Ireland, 2021 and Projected to 2041

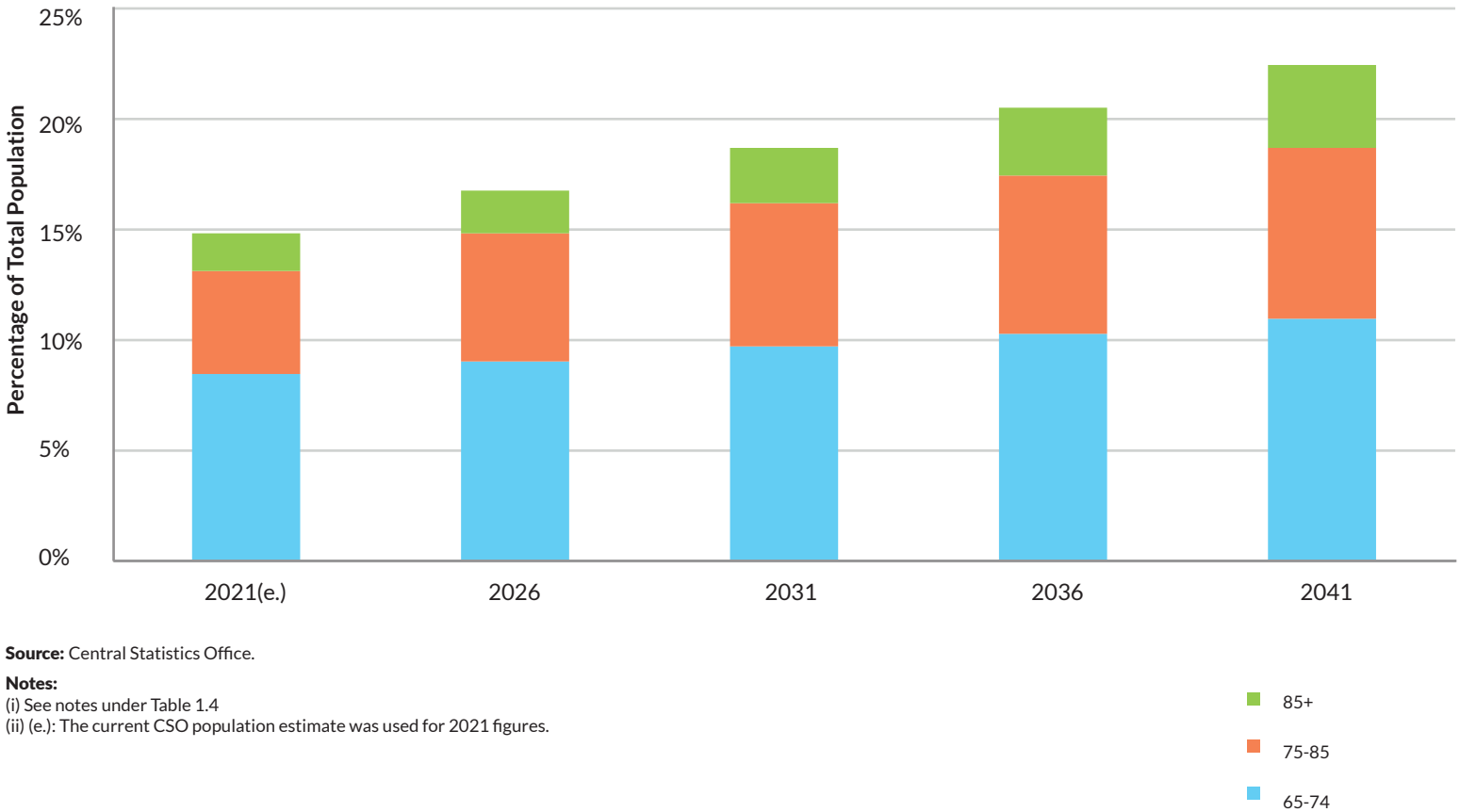
Age Group	2021(e)	2026	2031	2036	2041	% change 2021-2041
0-14	30.4	27.6	25.0	23.8	24.2	-20.5
65 and over	22.7	25.5	28.4	31.7	35.7	57.4
All ages	**53.1**	**53.1**	**53.4**	**55.5**	**59.9**	**12.8**

Source: Central Statistics Office.

Notes:
(i) See notes under Table 1.4
(ii) Dependency Ratio refers to the number of persons aged 0-14 years and 65 years and over as a percentage of those aged 15-64 years.
(iii) (e.): The current CSO population estimate was used for 2021 figures.

Figure 1.5

Older Age Groups: Population 2021 and Projected Population 2026-2041



Source: Central Statistics Office.

Notes:
(i) See notes under Table 1.4
(ii) (e.): The current CSO population estimate was used for 2021 figures.

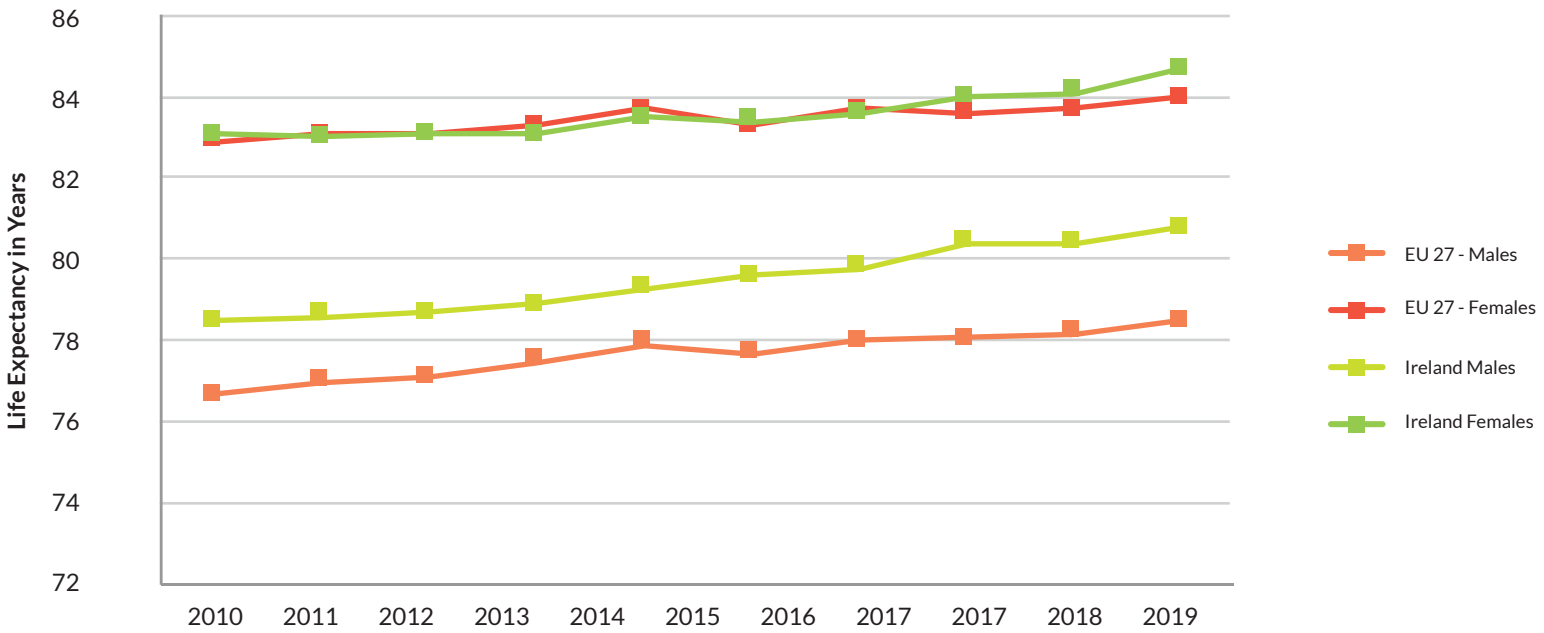
Table 1.6
Life Expectancy, Ireland, by Age and Gender, 1999, 2009 and 2019

	Life expectancy at age	1999	2009	2019(e)	% Change 1999-2019
Male	0	73.4	77.8	80.8	10.1
	1	72.9	77.0	80.0	9.7
	40	35.5	39.4	41.8	17.7
	65	14.1	17.4	19.4	37.6
	75	8.0	10.4	12.0	50.0
Female	0	78.9	82.7	84.7	7.4
	1	78.3	81.9	83.9	7.2
	40	40.0	43.5	45.3	13.3
	65	17.6	20.7	22.1	25.6
	75	10.3	12.9	14.0	35.9

Source: Eurostat.

Notes:
(i) Data for 2019 is estimated (e).

Figure 1.6
Life Expectancy at Birth by Gender, Ireland and EU-27, 2010 to 2019

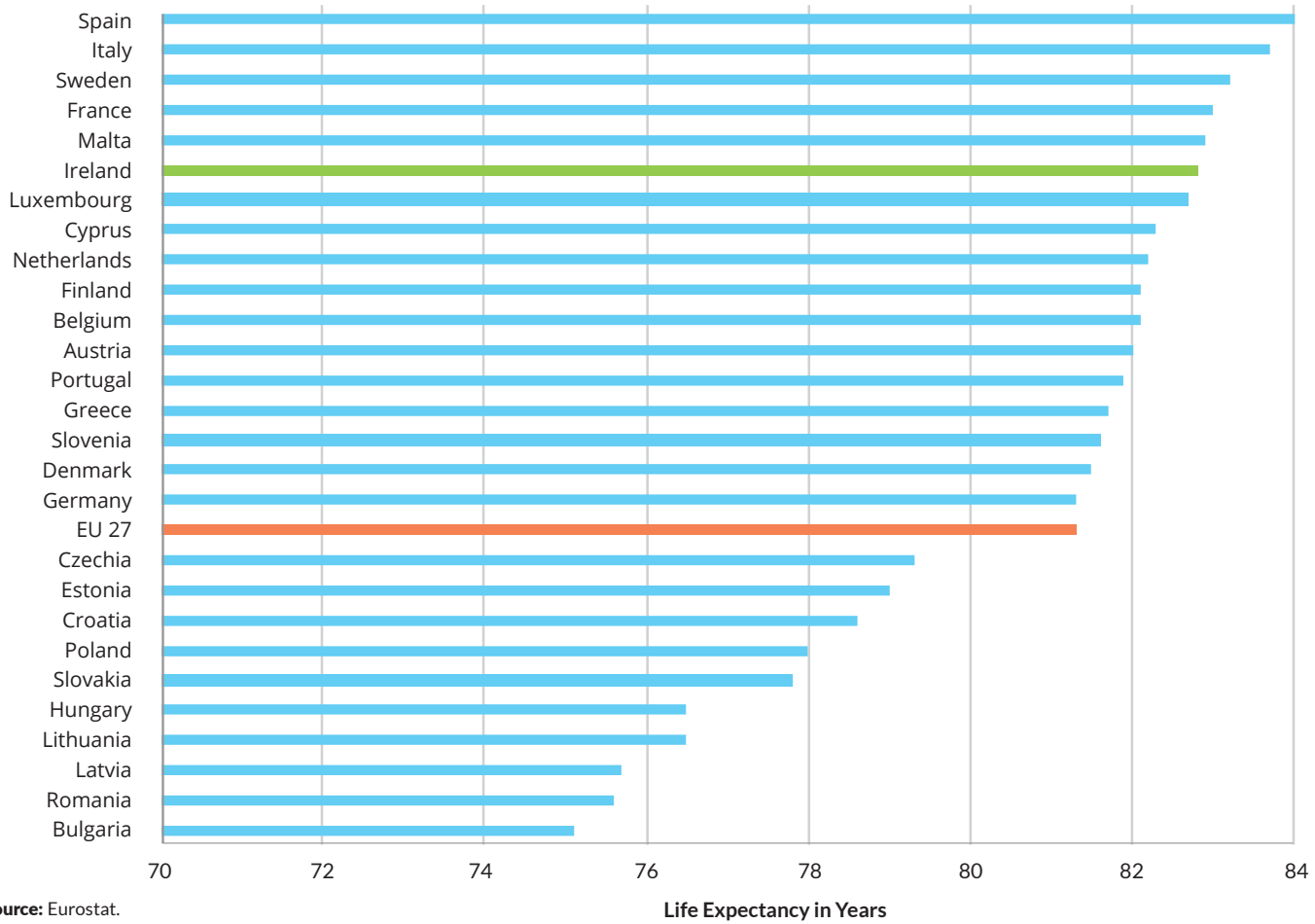


Source: Eurostat.

Notes:
(i) Data for 2018 and 2019 are provisional.
(ii) There is a break in data for EU-27 for 2010-2012.

Figure 1.7

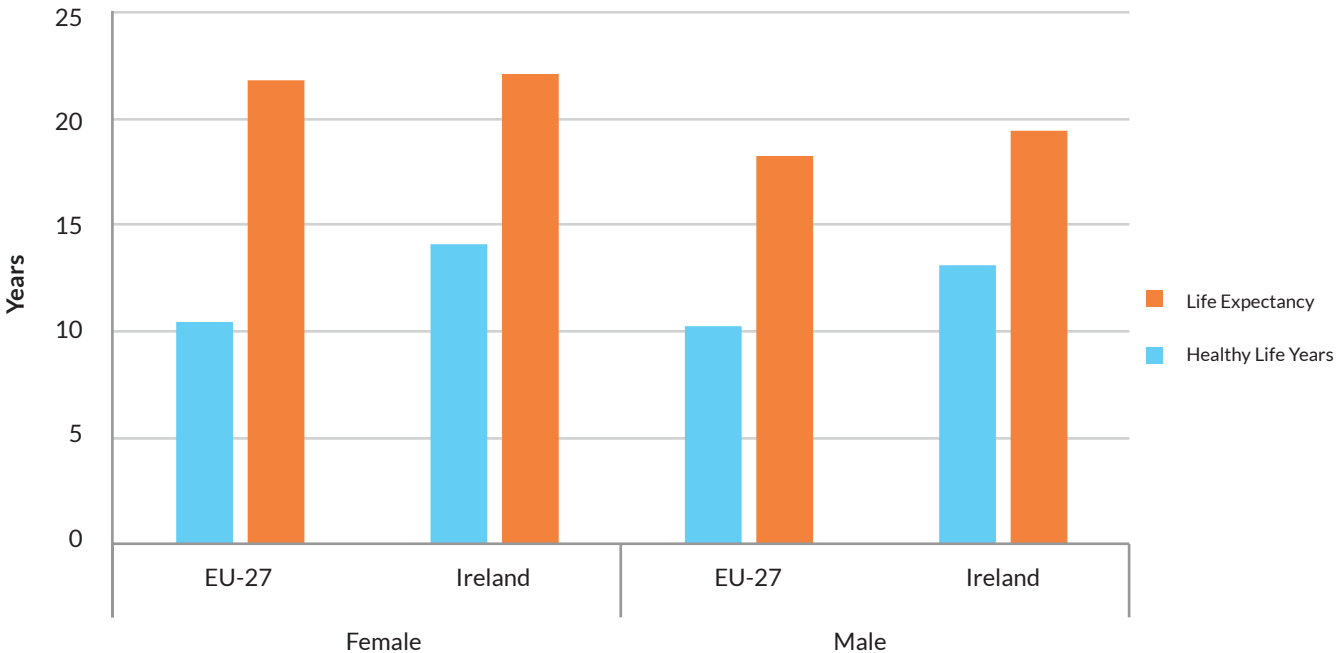
Life Expectancy at Birth for EU-27 Countries, 2019



Source: Eurostat.

Figure 1.8

Healthy Life Years and Life Expectancy at Age 65 by Gender, Ireland and EU-27, 2019



Source: Eurostat.

2. Health of the Population

Population health at the national level presents a picture of decreasing mortality rates and high self-perceived health over the past ten years.

Ireland has the highest self-perceived health status in the EU, with 83.9% of people rating their health as good or very good (Figure 2.1). The number of people reporting a chronic illness or health problem is also better than the EU average, at around 25.8% of the population (Table 2.2). However, as shown in Figure 2.2, health status reflects income inequality, with fewer low income earners reporting good health both in Ireland and across the EU.

Table 2.4 shows that age-standardised mortality rates have declined for all causes over the past decade by 16%. This decrease is particularly strong for mortality rates from suicide (-41.6%), pneumonia (-49.4%) and stroke (-44.9%). Infant mortality, measured as deaths per 1,000 live births, has also decreased by 22.2% since 2010 and remains below the EU average (Figure 2.10). Provisional data for 2020 shows a slight decrease of 0.9% in the overall mortality rate over the previous year. Figure 2.8 shows that Ireland is currently below the EU average for suicide rates for both men and women. After a rise in the male suicide rate from 2008 to 2012, the three-year moving average has decreased and in 2015 the rate fell below the EU average for the first time since 2010, this trend continues to decline year on year since 2015. However, improvements in mortality rates and high levels of self-rated health can mask variations between regions, age groups and other population subgroups. The variation in mortality from external injury and poisoning across counties can be seen in Figure 2.4, and the differing primary causes of deaths among over 65s and under 65s are shown in Figures 2.3a and 2.3b.

A death is considered treatable, or amenable, if it could have been avoided with optimal quality healthcare. For example, if a person under 50 years of age suffers from diabetes, then timely health care is very likely to successfully prevent this individual dying because of their diabetes. A death from diabetes among this group is therefore considered treatable. Figure 2.7 shows that Ireland performs better than the European average for treatable deaths.

Cigarette consumption has decreased since 2000, as shown in Figure 2.9. Alcohol consumption has also decreased over the same period, but not as dramatically. In 2020, Irish people consumed 10.07 litres of alcohol per capita, based on Revenue figures.

Table 2.1

Self-Perceived Health Status, Ireland and EU-27, 2019

	Very Good		Good		Fair, Bad, Very Bad	
Age Group	% Male	% Female	% Male	% Female	% Male	% Female
16-24	72.5	64.9	24.1	29.7	3.3	5.4
25-34	61.4	51.9	33.6	40.8	5.0	7.3
35-44	53.3	52.7	36.3	35.8	10.4	11.5
45-54	42.6	40.4	40.4	43.6	17.1	16.0
55-64	27.9	33.5	47.3	42.4	24.9	24.1
65+	20.9	22.2	47.1	49.0	32.0	28.8
Total	45.6	43.0	38.4	40.8	16.0	16.2
EU-27	22.2	19.0	48.9	47.2	29.0	33.8

Source: EU-SILC, Eurostat.

Table 2.2

People with a Long-Standing Illness or Health Problem, Ireland and EU-27, 2019

Age Group	Yes		No	
	% Male	% Female	% Male	% Female
16-24	13.6	11.7	86.4	88.3
25-34	15.4	14.0	84.6	86.0
35-44	18.0	18.4	82.0	81.6
45-64	32.5	32.8	67.5	67.3
65+	49.3	51.9	50.7	48.1
Ireland	25.76	25.75	74.24	74.25
EU-27	33.8	37.7	66.2	62.3

Source: EU-SILC, Eurostat.

Table 2.3

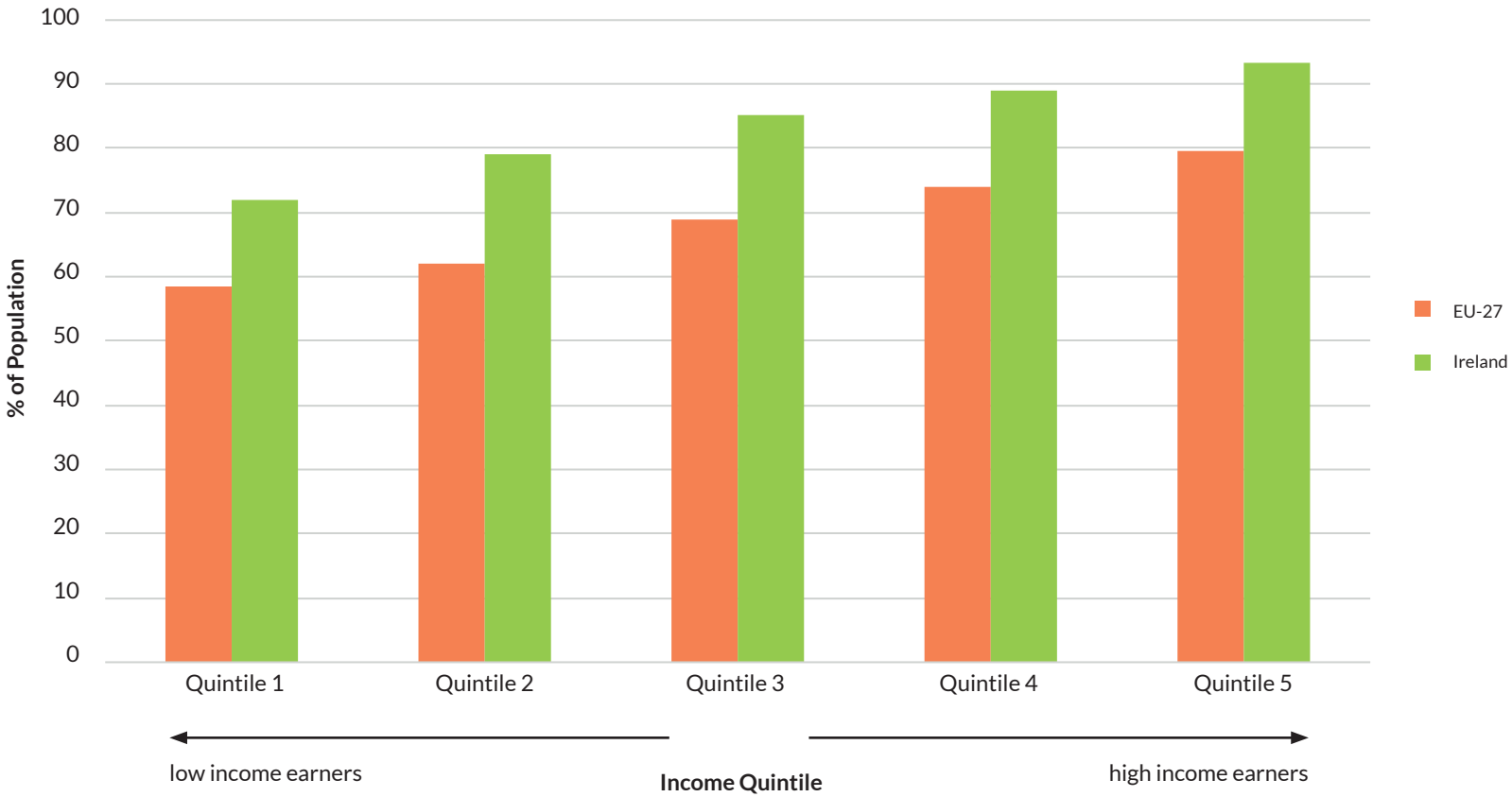
Self-Perceived Long-Standing Limitations in Usual Activities Due to Health Problems, Ireland and EU-27, 2019

Age Group	Some		Severe	
	% Male	% Female	% Male	% Female
16-44	5.6	5.2	2.4	2.6
45-64	13.3	14.1	6.0	5.4
65-74	19.3	17.1	6.9	7.0
75+	23.5	26.1	12.9	17.5
Total	11.1	11.4	4.9	5.4
EU-27	15.7	18.6	6.1	7.5

Source: EU-SILC, Eurostat.

Figure 2.1

Self-Perceived Health Rated Good or Very Good by Income Quintile, Ireland and EU-27, 2019

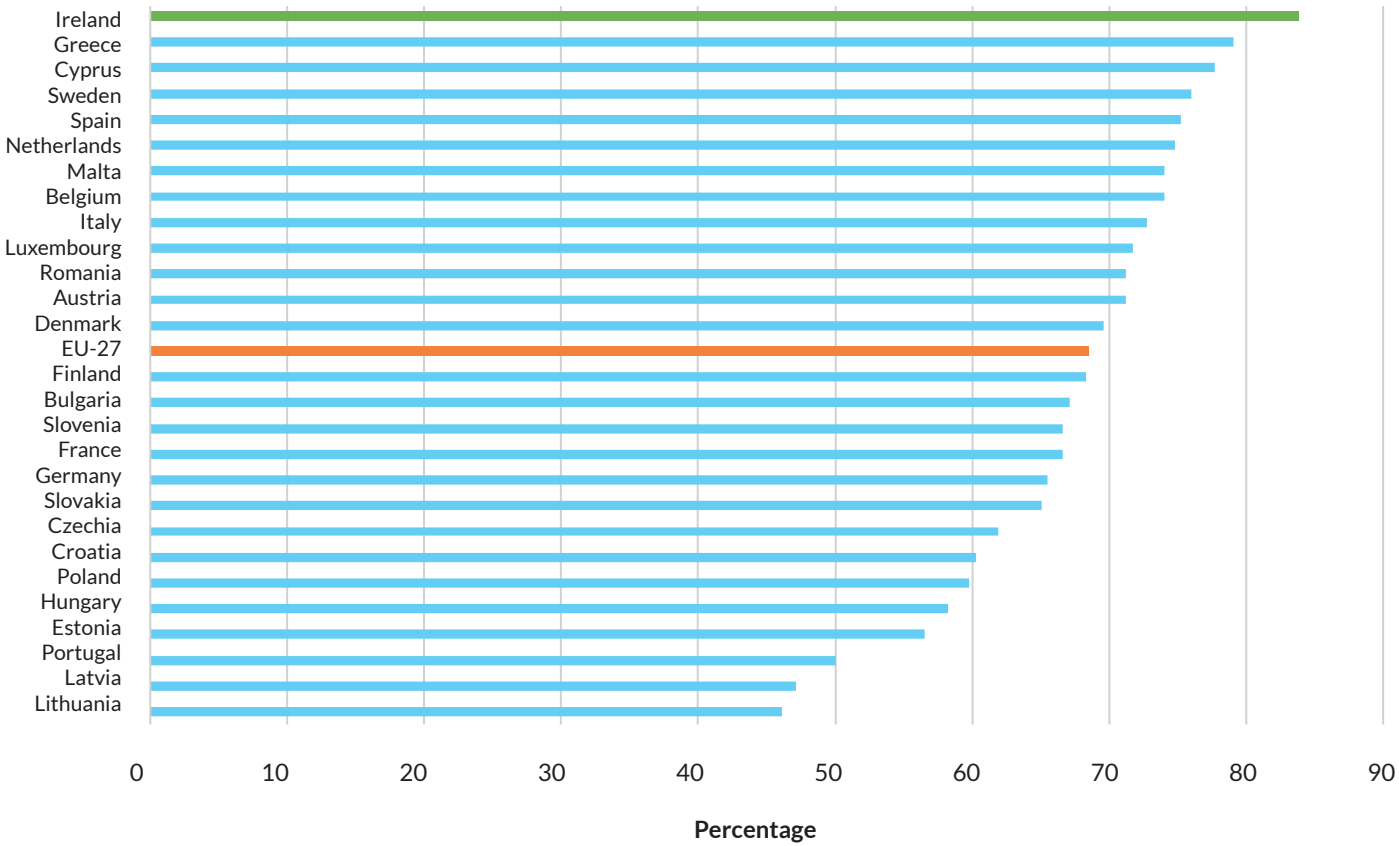


Source: Eurostat.

Note:
(i) Income quintiles are calculated on the basis of the total equivalised disposable income attributed to each member of the household.

Figure 2.2

Percentage of the Population Reporting Good or Very Good Health in EU-27 countries, 2019



Source: EU-SILC, Eurostat.

Table 2.4

Principal causes of death: numbers and age-standardised death rates per 100,000 population, 2011-2020

						% change	
		2011	2015	2019	2020	2011-2020	2019-2020
All Causes	Number	28,456	30,127	31,184	31,765	11.6	1.9
	Rate	1041.8	1008.9	886.8	879.0	-15.6	-0.9
Diseases of the circulatory system							
All Circulatory System Diseases:	Number	9,236	9,371	8,928	8,744	-5.3	-2.1
	Rate	360.4	330.0	258.9	247.7	-31.3	-4.4
Ischaemic Heart Disease:	Number	4,707	4,492	4,132	4,142	-12.0	0.2
	Rate	181.8	154.6	117.0	116.0	-36.2	-0.9
Stroke:	Number	1,993	1,920	1,618	1,524	-23.5	-5.8
	Rate	78.7	68.7	46.3	43.4	-44.9	-6.3
Cancer							
All Malignant Neoplasms:	Number	8,666	8,877	9,574	9,356	8.0	-2.3
	Rate	301.4	277.6	259.6	250.8	-16.8	-3.4
Cancer of the Trachea, Bronchus and Lung:	Number	1,907	1,885	2,014	1,961	2.8	-2.6
	Rate	65.9	58.4	53.0	52.2	-20.7	-1.4
Cancer of the Female Breast:	Number	697	680	697	750	7.6	7.6
	Rate	23.6	20.5	17.4	19.4	-17.7	11.7
Diseases of the Respiratory system*							
All Respiratory System Diseases:	Number	3,438	3,865	3,930	3,404	-1.0	-13.4
	Rate	138.6	138.9	114.1	97.3	-29.8	-14.7
Chronic Lower Respiratory Disease	Number	1,504	1,701	1,803	1,601	6.4	-11.2
	Rate	58.1	59.0	51.0	45.4	-21.8	-10.9
Pneumonia	Number	1,057	1,165	1,004	792	-25.1	-21.1
	Rate	45.6	44.3	29.0	23.1	-49.4	-20.4
External causes of injury and poisoning							
All Deaths from External Causes:	Number	1,693	1,316	1,324	1,276	-24.6	-3.6
	Rate	43.8	33.5	29.9	29.8	-31.9	-0.4
Transport Accidents:	Number	189	124	78	72	-61.9	-7.7
	Rate	4.4	2.9	1.4	1.6	-63.5	15.9
Suicide:	Number	554	425	390	340	-38.6	-12.8
	Rate	12.1	9.5	7.4	7.1	-41.6	-4.2

Source: Central Statistics Office, Public Health Information System (PHIS) - Department of Health.

Notes:

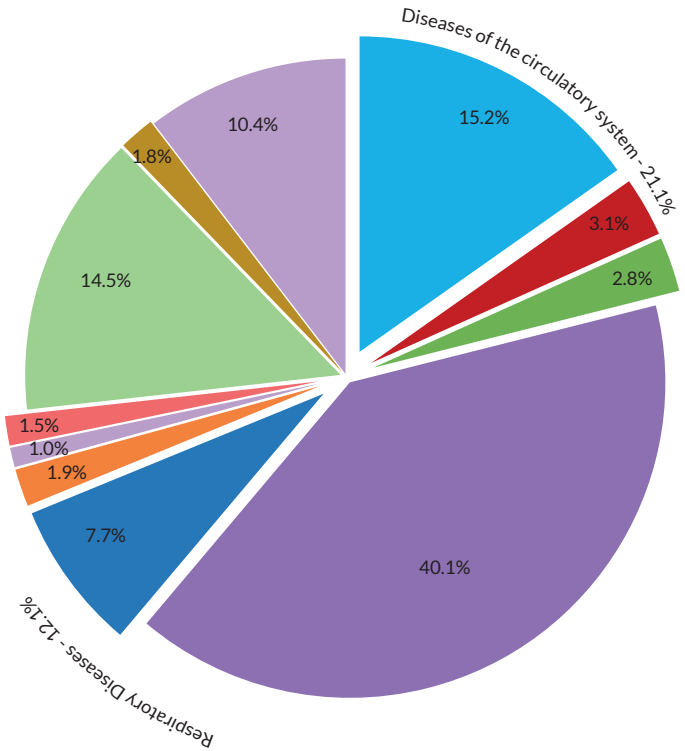
(i) (p) The figures for 2020 are provisional. They should be treated with caution as they refer to deaths registered in these years and may be incomplete.

(ii) The rates provided in the table are age-standardised to the European standard population and are presented as rates per 100,000 population except for infant mortality rates which are expressed as deaths per 1,000 live births.

(iii) *Excludes cancer of the trachea, bronchus and lung.

Figure 2.3a

Deaths by principal causes, percentage distribution, 2020, ages 0-64



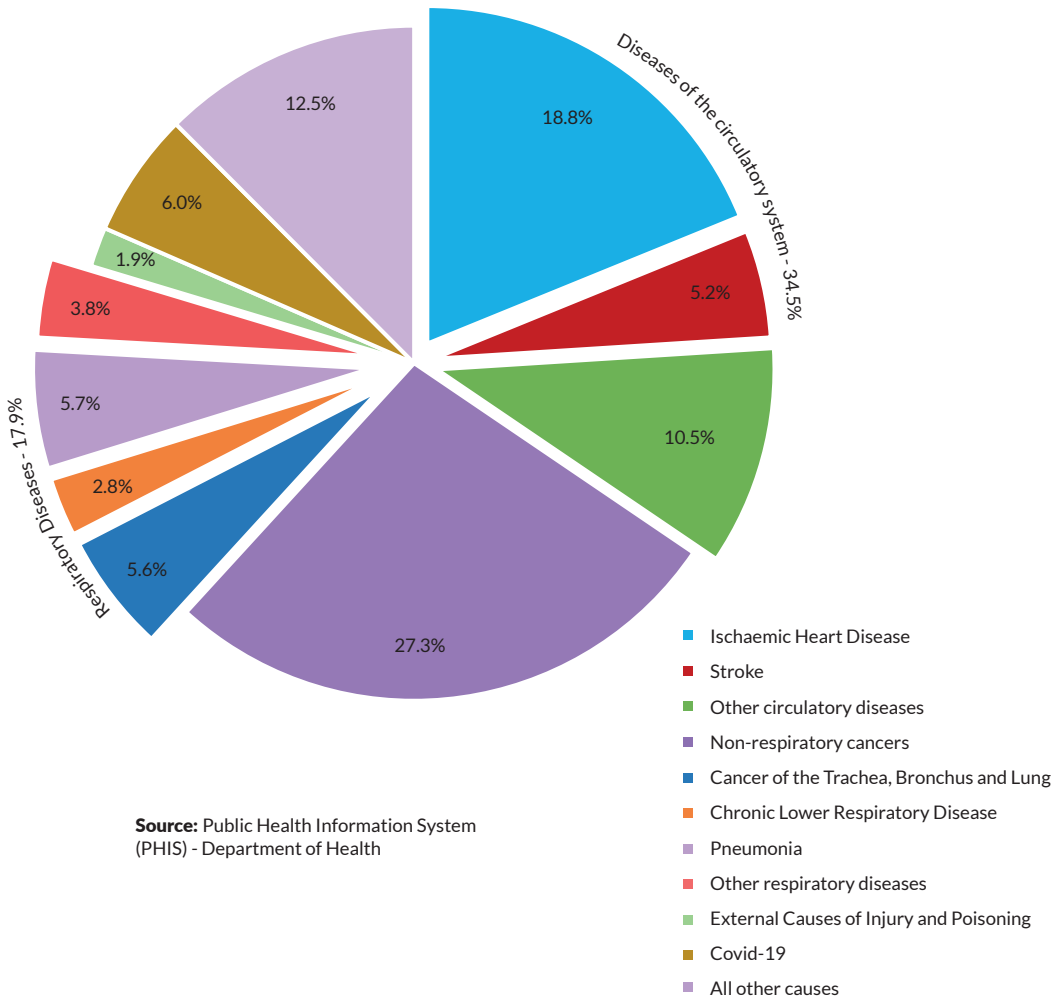
Source: Public Health Information System (PHIS) - Department of Health

Note:

* The data for 2020 is provisional. Deaths are based on year of registration and not occurrence
* The data in Figure 2.3(a) and Figure 2.3(b) refers to the underlying cause of death

Figure 2.3b

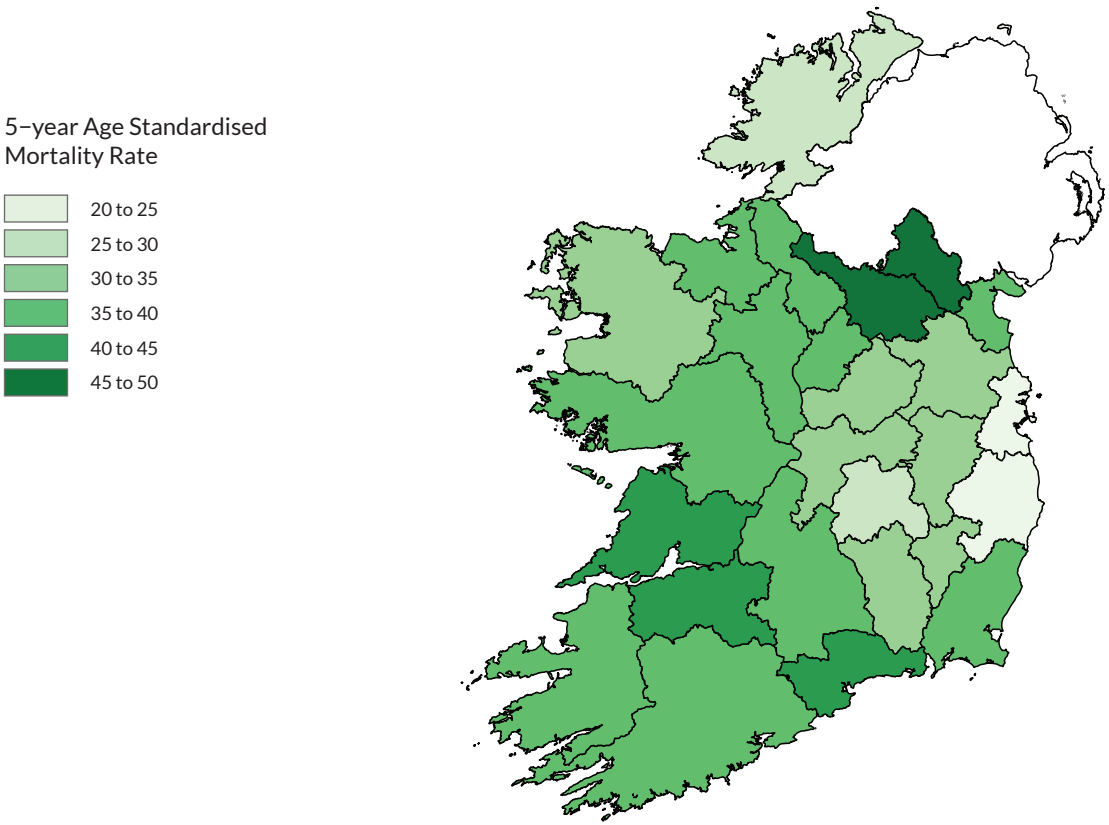
Deaths by Principal Causes, Percentage Distribution, 2020, Ages 65 and Over



Source: Public Health Information System (PHIS) - Department of Health

Figure 2.4

5-year Age Standardised Mortality Rate per 100,000 population from External Injury or Poisoning 2016-2020



Source: Public Health Information System (PHIS) - Department of Health

Table 2.5

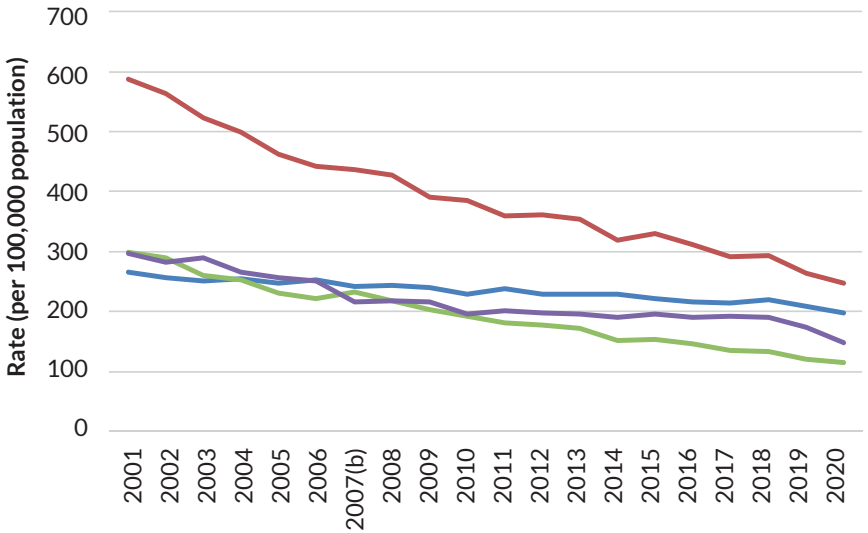
Age-Standardised Death Rates per 100,000 Population by Principal Causes of Death, Ireland and EU-27, 2017

Cause	Ireland	EU-27	% difference Ireland-EU
All causes	937.3	1005.7	-6.8
Circulatory system diseases	284.2	367.6	-22.7
Non-respiratory cancers	266.6	252.5	5.6
Respiratory system diseases (incl. cancer of trachea, bronchus and lung)	132.8	79.7	66.5
External causes of injury and poisoning	32.4	47.6	-31.9

Source: Public Health Information System (PHIS) - Department of Health, Eurostat.

Figure 2.5

Age-standardised death rates for selected causes, Ireland, 2001 to 2020

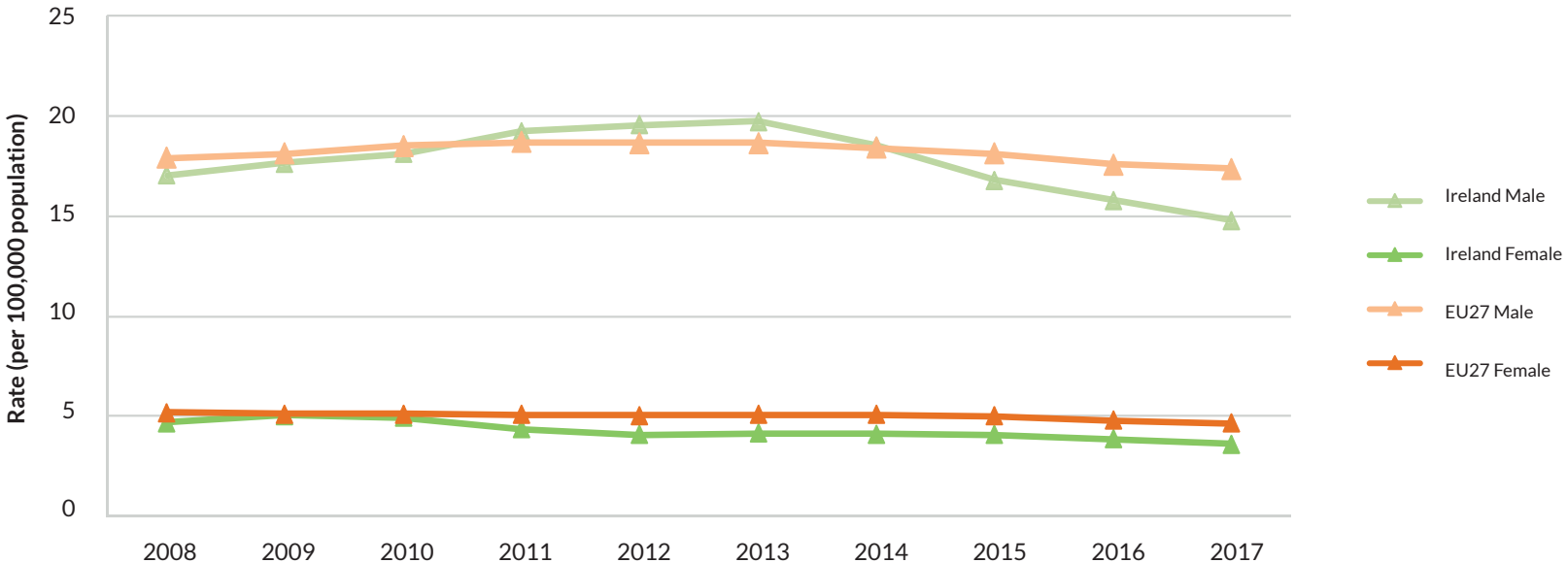


Source: Source: Public Health Information System (PHIS) - Department of Health

Notes:
(i) See notes under Table 2.4.
(ii) b - break in series. Due to a change in classification system used to determine underlying cause of death from ICD9 to ICD10 in 2007, caution should be used in comparing rates over time.
In particular, the rate for respiratory diseases shows a decrease in 2007 which is largely due to this change.

Figure 2.6

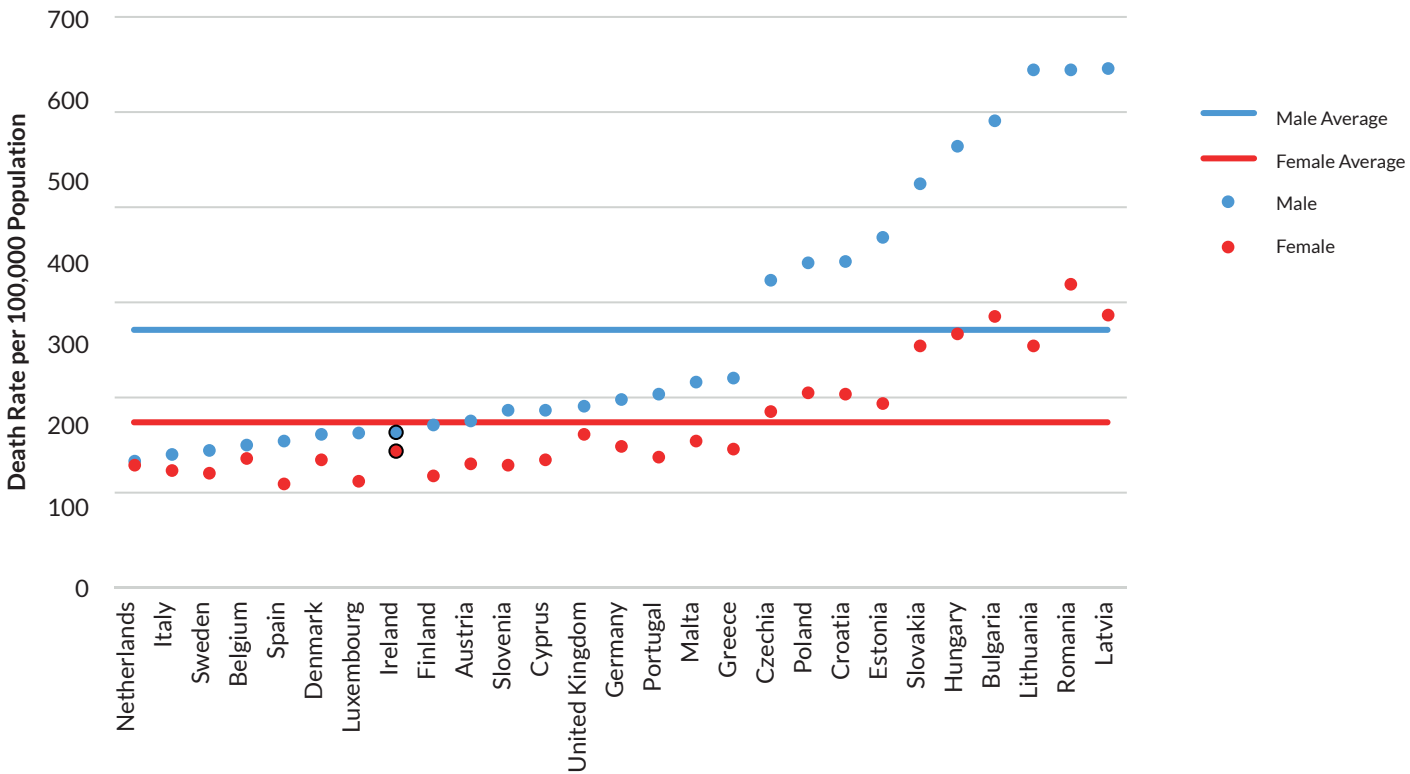
Age-Standardised Death Rate for Suicide by Gender, 3-year moving average, Ireland and EU27, 2008 to 2017



Source: Public Health Information System (PHIS) - Department of Health, Eurostat.

Figure 2.7

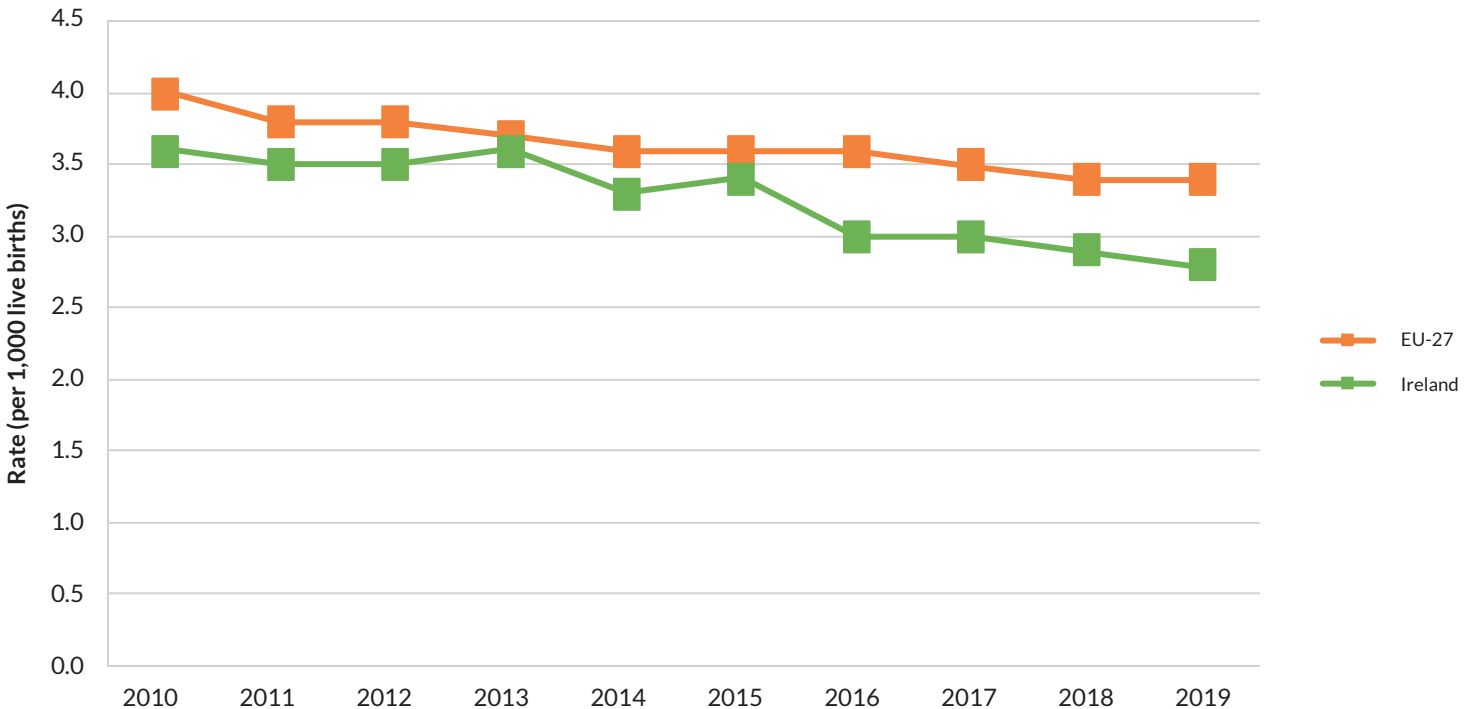
Treatable Deaths by Gender, Difference from EU28 Average, 2018



Source: Eurostat

Note:
(i) A death is considered treatable, or amenable, if it could have been avoided with optimal quality healthcare.

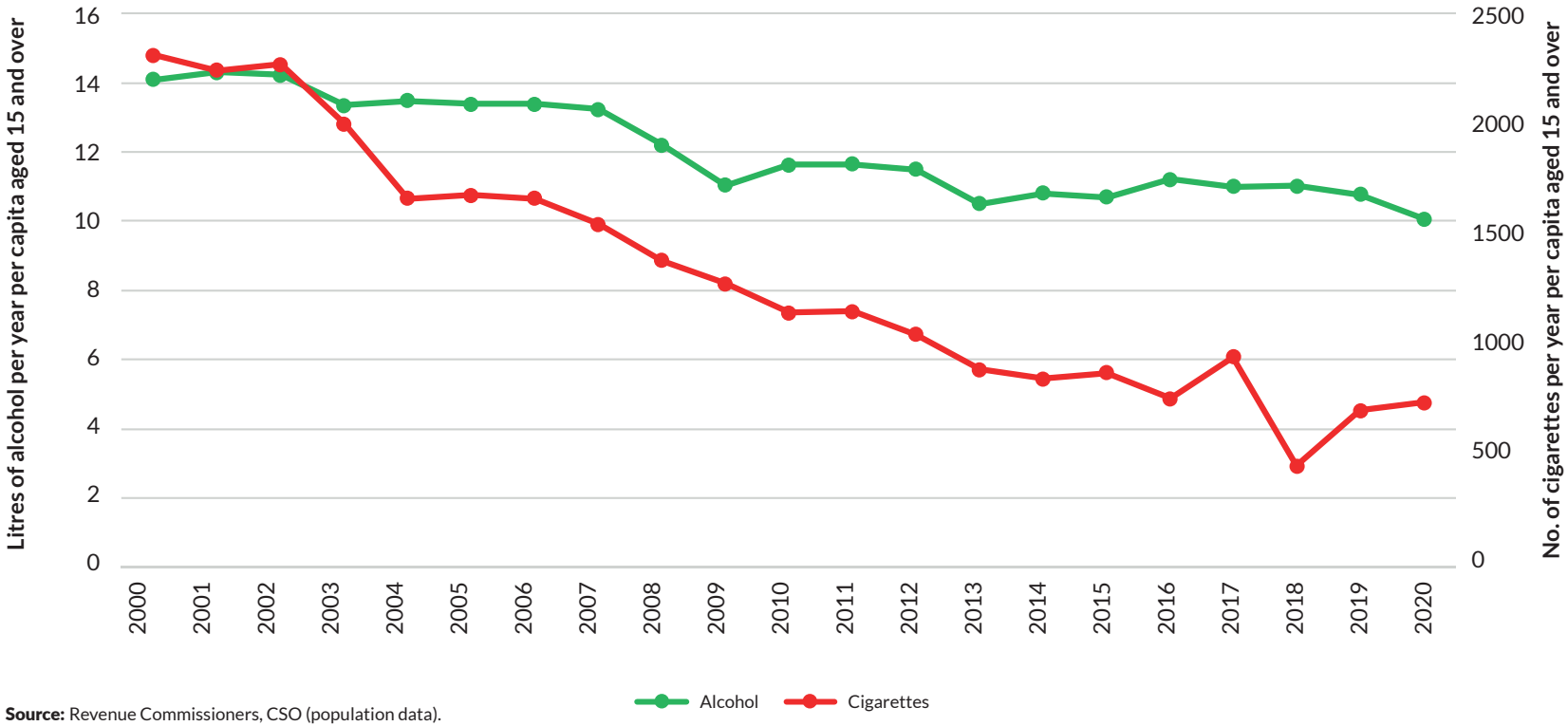
Figure 2.8
Infant Mortality Rates, Ireland and EU-27, 2010 to 2019



Source: Eurostat, Public Health Information System (PHIS).

Figure 2.9

Alcohol and Cigarette Consumption per Annum, per Capita Aged 15 years and over, 2000 to 2020



Source: Revenue Commissioners, CSO (population data).

Notes:

(i) Alcohol is measured in terms of pure alcohol consumed, based on sales of beer, cider, wine and spirits. Tobacco is measured in terms of sales of cigarettes recorded by the Revenue Commissioners.

(ii) Cigarette consumption excludes 'roll your own' cigarettes and other tobacco products.

(iii) The Cigarette clearances in 2017 were higher than normal due to the stockpiling of cigarettes with branded packs before the cut-off date for the introduction of plain packaging for cigarettes. The higher clearances in 2017 resulted in reduced clearances in 2018.

3. Hospital Care

This section presents statistics on publicly funded acute hospitals (Tables 3.1a). Within the public acute sector, there is a range of specialist and general hospitals. The data presented in this section largely relates to the type and amount of activity taking place across this sector.

The number of medical card holders peaked in 2012 and has slowly decreased since then, however a slight increase was seen in 2020. Figure 3.1 shows medical, surgical, and other hospital attendance in terms of bed days used in 2020. By far, the majority of bed days are used by those aged 65 and over. There is also a significant gender difference among the older age groups, owing to greater female life expectancy. The rises in discharge numbers across in-patients and day cases show an overall increase in hospital activity prior to 2020 when the Covid-19 pandemic began, from then there has been a sharp reduction in discharge numbers across in-patients and day cases.
62.1% of hospital discharges are now for day case treatment, an increase of 3.1% since 2011 (Table 3.1a). In 2020, in-patients on average spent 5.8 days in hospital, an overall decrease of -1.4% since 2011 (Table 3.1a), though this has increased slightly from 2018 on.

As of October 2021, there were 28,383 adults waiting 6 months or more for an elective procedure (Figure 3.3). This is an increase of over 25% on March 2020. In October 2021 there were 3,979 children waiting 6 months or more for elective procedures.

As of September there were 653,524 people waiting for outpatient appointments, of which 257,133 were waiting more than 52 weeks (Figure 3.4).

The number of people waiting on trolleys in emergency departments is illustrated in Figure 3.5. The large volume of people waiting on trolleys trend continued from 2019 and into the first few months of 2020. From March 2020 there was a sharp reduction in the 30-day moving average. This low trend continued up until August and then began to rise. By September the 30-day moving average had returned to similar levels seen prior to 2019.

The number of emergency discharges in public hospitals over time and across age-groups are shown in Figure 3.6. There is an increase every year until 2020, which shows a decrease, primarily due to the large drop across all age groups, most notably in Under 15 emergency discharges.
Figure 3.7 shows the time experienced by 50% and 75% of people who attend Emergency Departments (as measured through the median and 75th percentile respectively). Monthly data since 2018 shows that 50% of attendees spent less than 6 hours in the Emergency Department and 75% of attendees experience a time less than 9 hours. The figure also shows little monthly variation from January 2018 to February 2020. In March 2020 to March 2021, 75% of attendees spent less or closer to 6 hours in the Emergency Department. However, this trend is continuing to rise. Overall, this chart indicates that while the large numbers of ED attendees will experience little variation in the time experienced in the emergency department, seasonal factors and the Covid-19 pandemic have had an impact on Emergency Department experience times.

Figure 3.8 represents the percentage of emergency ambulance responses that occur within 18 minutes and 59 seconds. The national average response for life threatening cardiac or respiratory arrest (Clinical Status 1 ECHO) was 80.4% and for life threatening other than cardiac or respiratory arrest (Clinical Status 1 DELTA) was 54.3%.
March 2020. The rate of transplants per population continues to decrease from 2018 following a gradual increase in previous years (Figure 3.10).

According to the most recent census of Irish psychiatric units and hospitals, there were 1,826 patient residents in 2020, a decrease of 16.9% from 2019. Admissions to psychiatric hospitals and units have fallen by 19% in the period 2010-2019 (Table 3.2).

Table 3.1
Public Acute Hospital Summary Statistics, 2011-2020

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	% Change 2011-2020	% Change 2019-2020
In-Patients												
Acute Beds	10,694	10,337	10,411	10,480	10,473	10,592	10,665	10,856	10,951	11,048	3.3	0.9
In-patient Discharges	583,053	616,934	615,211	622,763	625,541	635,353	633,155	642,646	636,550	564,400	-3.2	-11.3
Bed Days Used	3,334,248	3,351,489	3,332,974	3,380,587	3,471,997	3,502,570	3,537,719	3,743,133	3,820,556	3,294,019	-1.2	-13.8
% Bed Days Used by Patients Aged 65+	49.3	49.9	50.9	51.5	52.2	52.6	53.1	54.0	55.3	55.3	12.2	0.0
Average Length of Stay in Days	5.7	5.4	5.4	5.4	5.6	5.5	5.6	5.8	6.0	5.8	1.4	-3.3
Surgical In-Patients	134,654	135,202	134,022	134,118	134,240	132,858	133,531	133,859	131,051	115,519	-14.2	-11.9
Day Cases												
Beds	1,936	2,049	2,021	2,006	2,026	2,140	2,170	2,240	2,290	2,290	18.3	0.0
Day Cases	883,422	915,254	931,381	957,258	1,025,797	1,056,656	1,072,902	1,074,172	1,104,495	925,119	4.7	-16.2
% Day Cases Aged 65+	36.1	36.4	37.0	37.7	38.8	38.9	39.4	40.3	40.9	41.6	15.4	1.7
Surgical Day Cases	127,544	138,686	142,728	148,072	152,556	158,065	165,295	160,837	159,842	120,838	-5.3	-24.4
Total Discharges												
In-Patients and Day Cases	1,466,475	1,532,188	1,546,592	1,580,021	1,651,338	1,692,009	1,706,057	1,716,818	1,741,045	1,489,519	1.6	-14.4
Daycases as a % of Total Discharges	60.2	59.7	60.2	60.6	62.1	62.4	62.9	62.6	63.4	62.1	3.1	-2.1
Emergency Department Attendances	1,226,820	1,278,522	1,252,385	1,218,132	1,232,255	1,296,571	1,318,368	1,323,466	1,506,436	1,278,170	4.2	-15.2
Outpatient Attendances	n/a	2,355,030	3,071,995	3,206,056	3,298,868	3,327,526	3,287,693	3,335,855	3,354,919	3,005,518	27.6	-10.4

Source: In-patient & Day Case Activity data: Hospital In-Patient Enquiry (HIPE).

Beds, Emergency Department, Out-patient data: Health Service Executive.

Notes:

(i) The data on surgical inpatients and daycases refer to the number of discharges with a surgical Diagnosis Related Group (DRG).

(ii) The above table excludes inpatient and day case activity data for a small number of hospitals who report data to HIPE which are not HSE acute hospitals.

(iii) From 2012, data on discharges includes additional activity in acute medical assessment units (AMAUs) which would previously have been excluded.
The inclusion of additional same-day discharge patients from AMAUs can result in a reduction in the average length of stay.
Therefore the % change in average length of stay and number of inpatients should be viewed with caution.

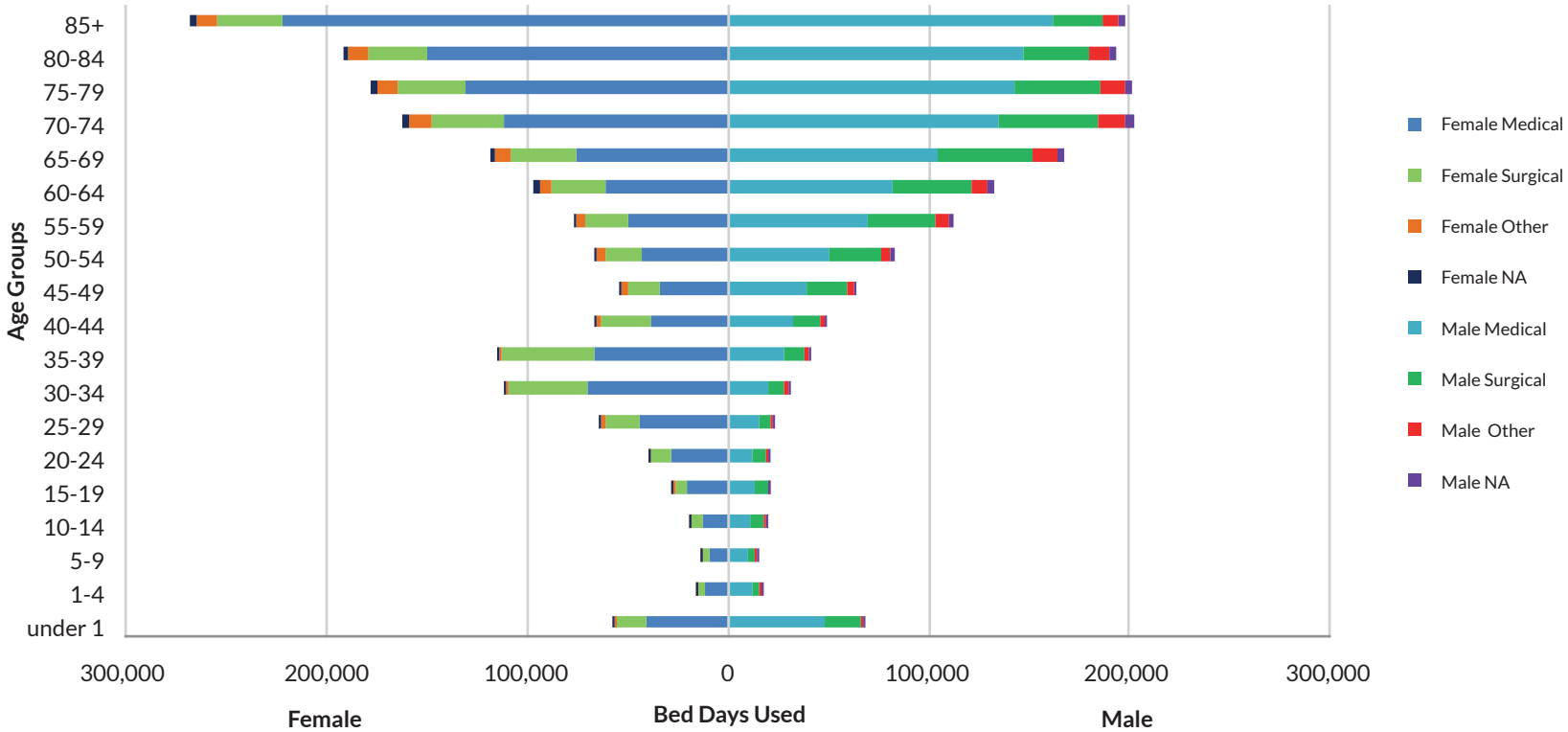
(iv) Data for Emergency Department attendances refers to new and return emergency presentations at Emergency Departments.

(v) Outpatient data for 2011 was not available due to the development of a reformed set of OPD data.

(vi) From 2015 this data includes day case activity from St. Luke's Radiation Oncology Network centres located in Beaumont and St. James's Hospitals. These centres are operational since 2011, but data has only been included in HIPE from 2015.

Figure 3.1

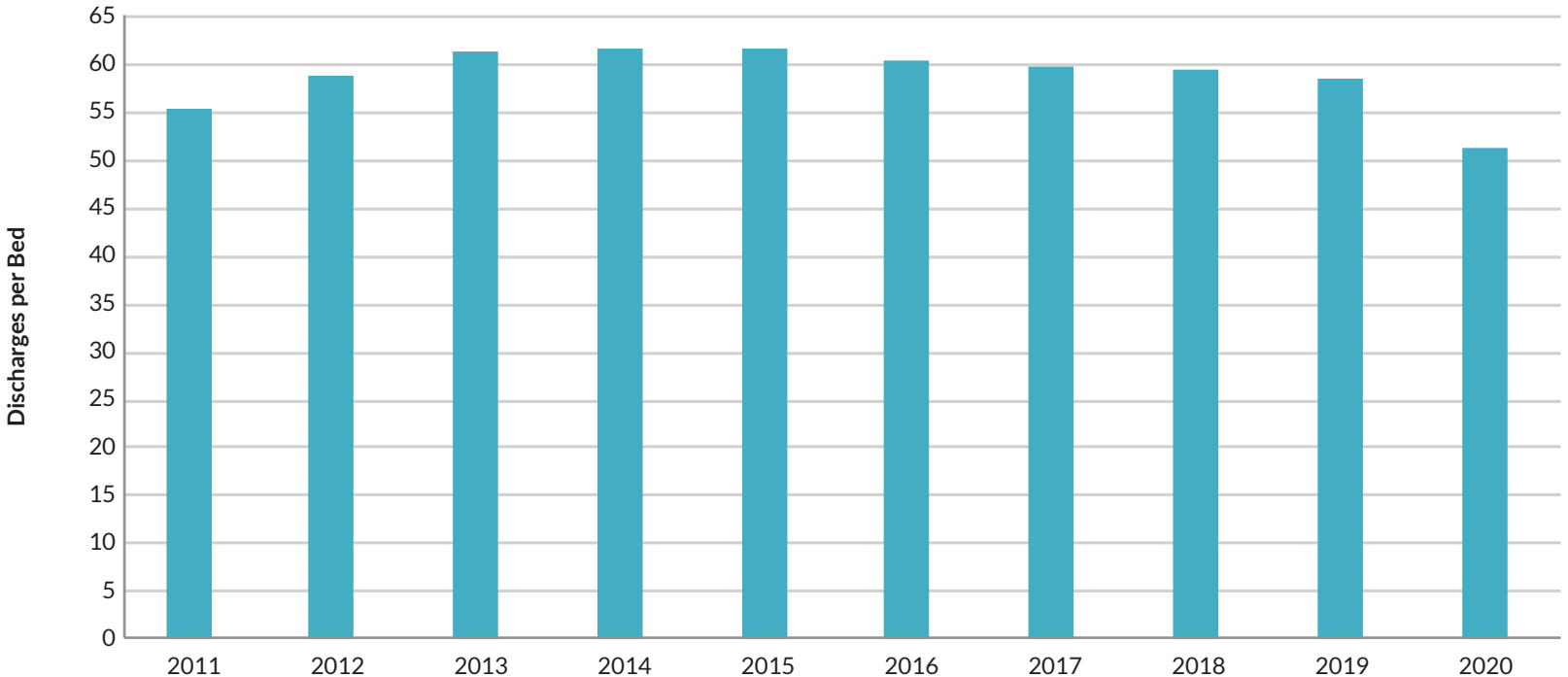
Public Hospital Bed Days Used by Type of Care, Age Group and Gender, 2020



Source: Hospital Inpatient Enquiry (HIPE).

Notes:
(i) Medical discharges refer to the number of discharges related to a Medical Diagnosis Related Group (DRG) according to the ICD-10-AM classification.
(ii) Surgical discharges refer to the number of discharges related to a Surgical Diagnosis Related Group (DRG) according to the ICD-10-AM classification.
(iii) Other discharges refer to the number of discharges related to a Other Diagnosis Related Group (DRG) according to the ICD-10-AM classification.
(iv) NA discharges refers to those that were not categorised in any Diagnosis Related Group (DRG)
(v) The Diagnosis Related Group (DRG) scheme in ICD-10-AM enables the disaggregation of patients into homogeneous groups, which undergo similar treatment processes and incur similar levels of resource use

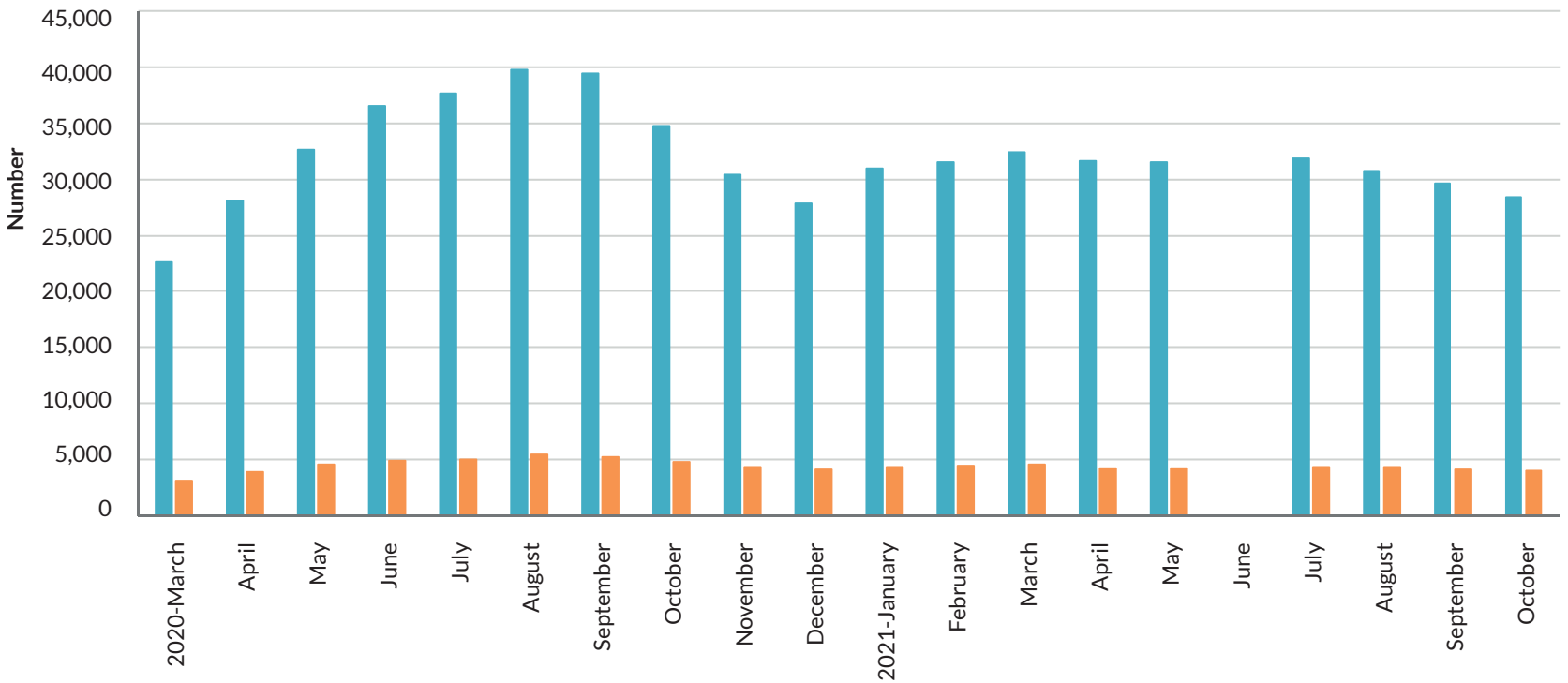
Figure 3.2
In-Patient Discharges per Bed, 2011 to 2020



Source: Table 3.1a

Figure 3.3

Numbers of Adults and Children waiting for In-Patient and Daycase Elective Procedures, 2020 - 2021



Source: National Treatment Purchase Fund.

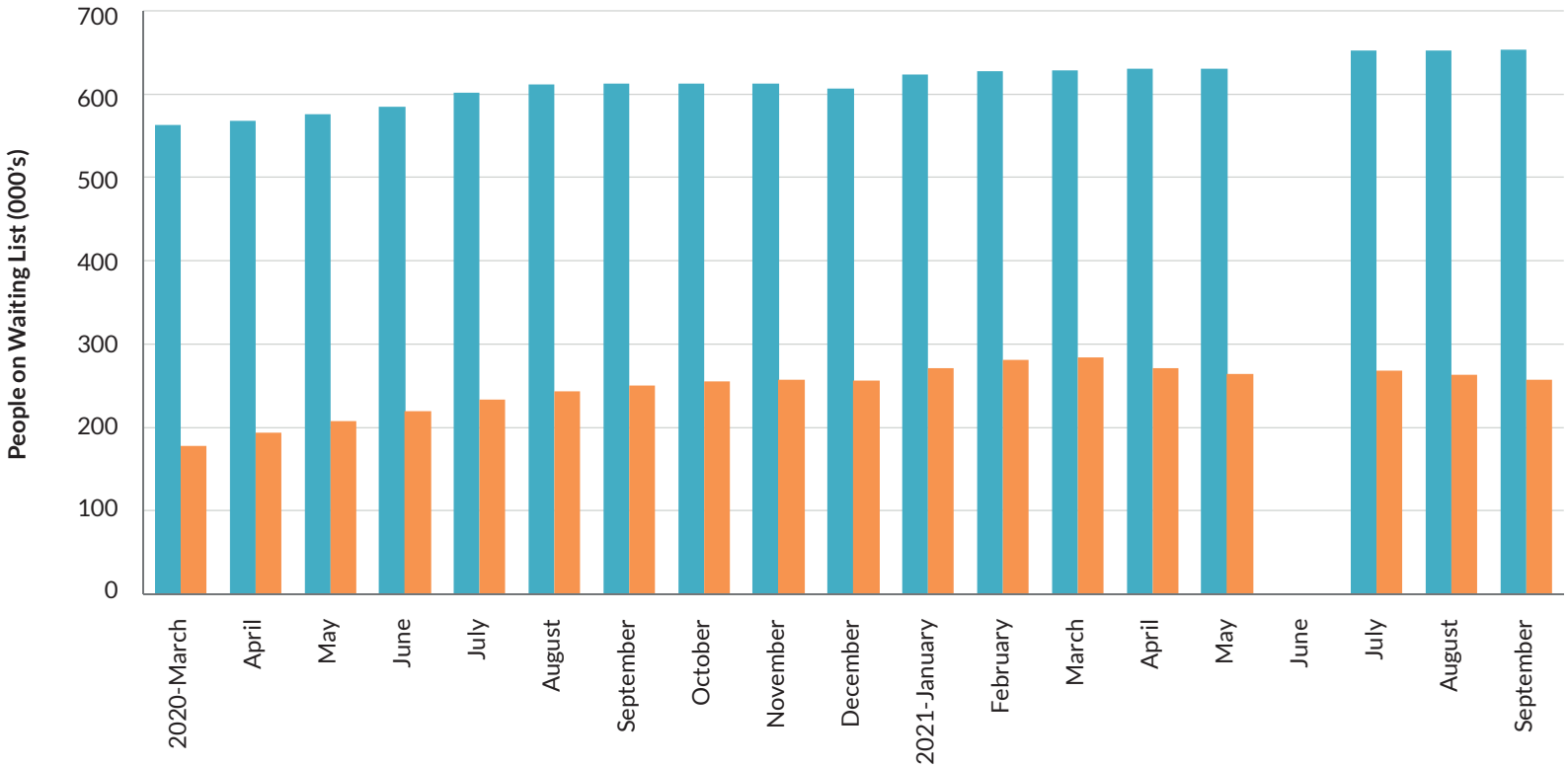
Note:

(i) Excludes patients waiting for GI endoscopy.

(ii) No data available for June due to cyber-attack

Figure 3.4

Number of People waiting 52 weeks or Longer for an Outpatient Appointment and Total Number of People on Outpatient Waiting List, 2020-2021

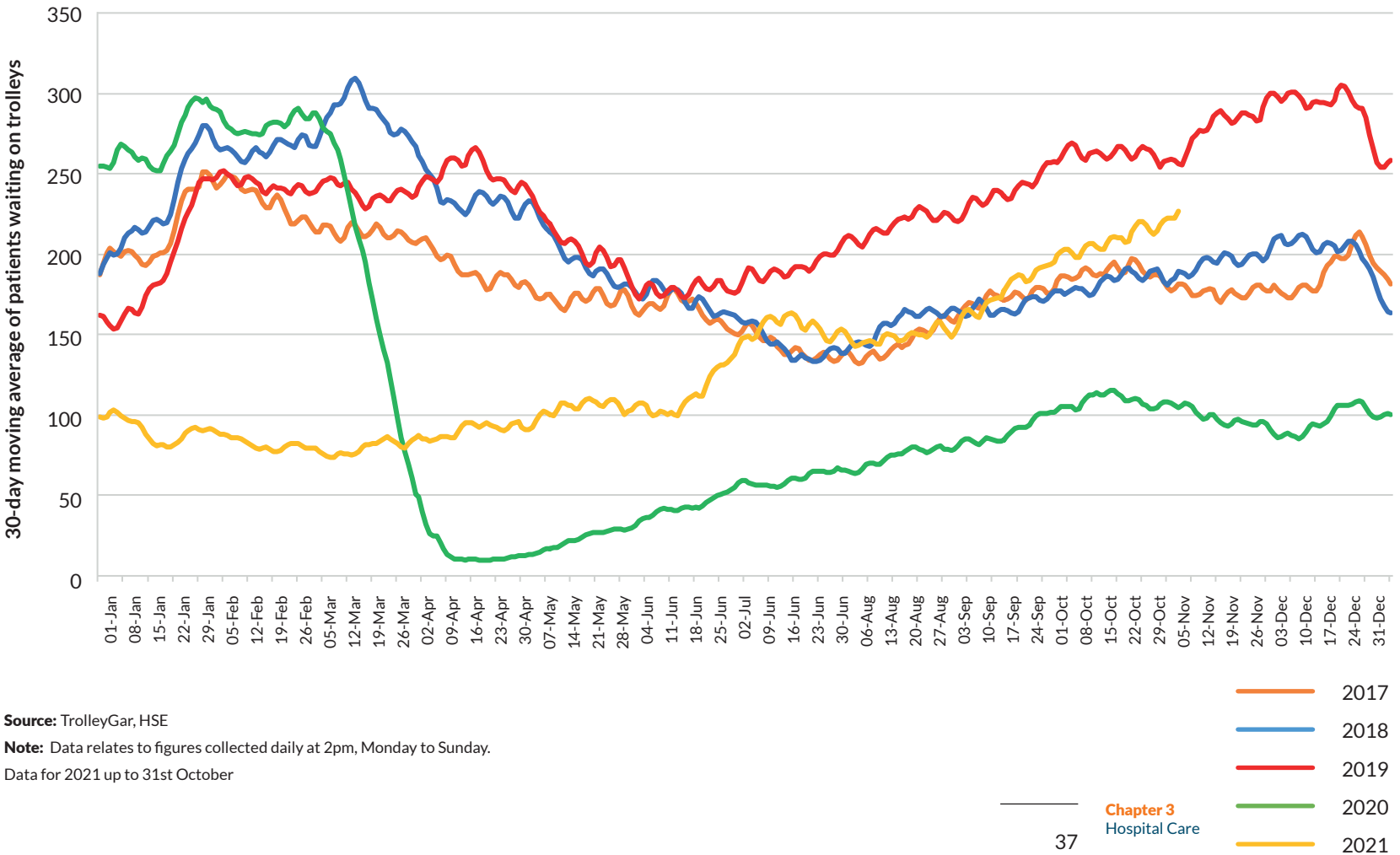


Source: National Treatment Purchase Fund.

Note: No data in June due to cyber-attack

Figure 3.5

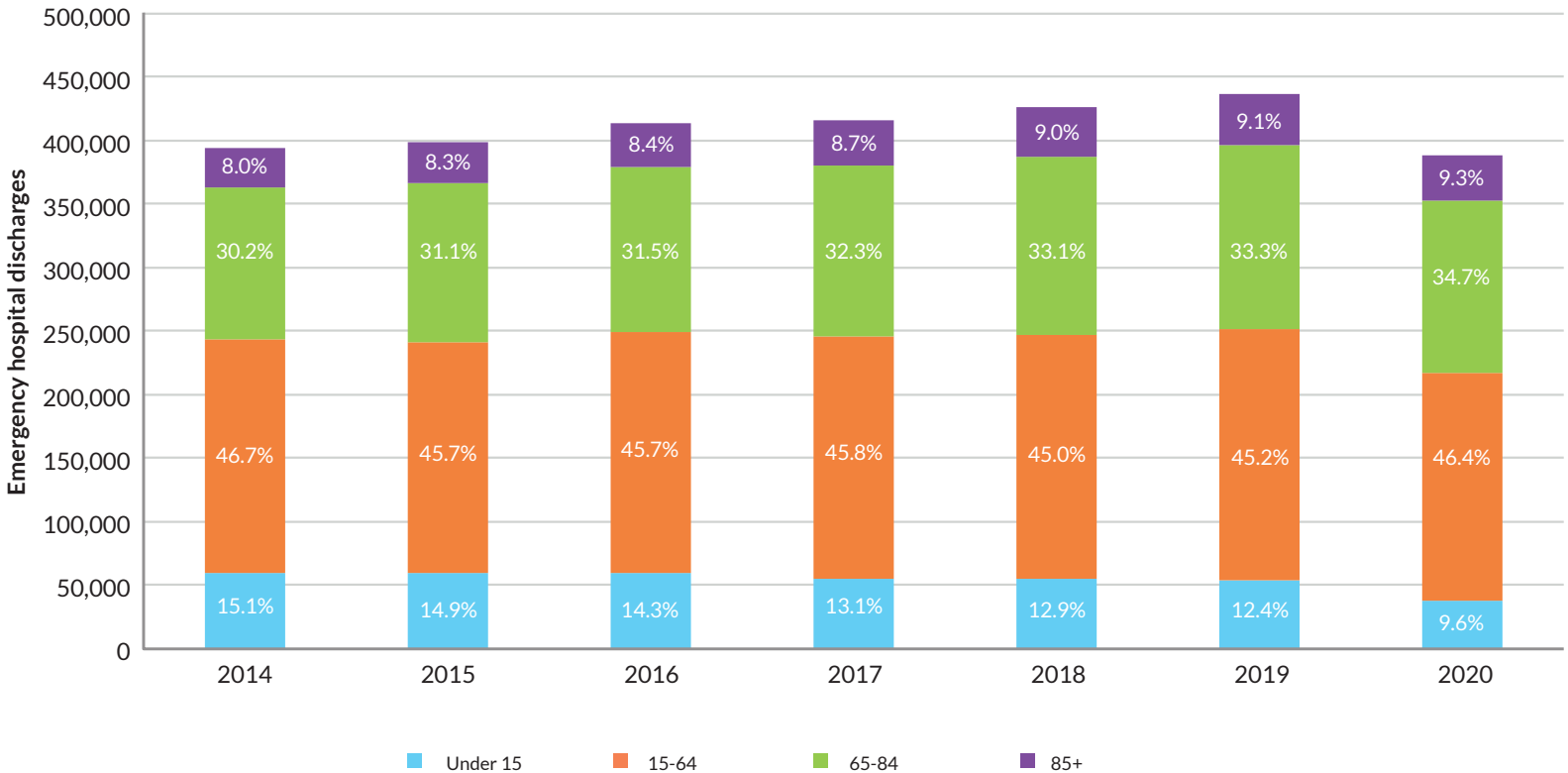
National 30-day moving average of admitted patients waiting on trolleys in Emergency Departments in public acute hospitals, 2017 to 2021



Source: TrolleyGar, HSE

Note: Data relates to figures collected daily at 2pm, Monday to Sunday.
Data for 2021 up to 31st October

Figure 3.6
Emergency Hospital Discharges 2014 - 2020

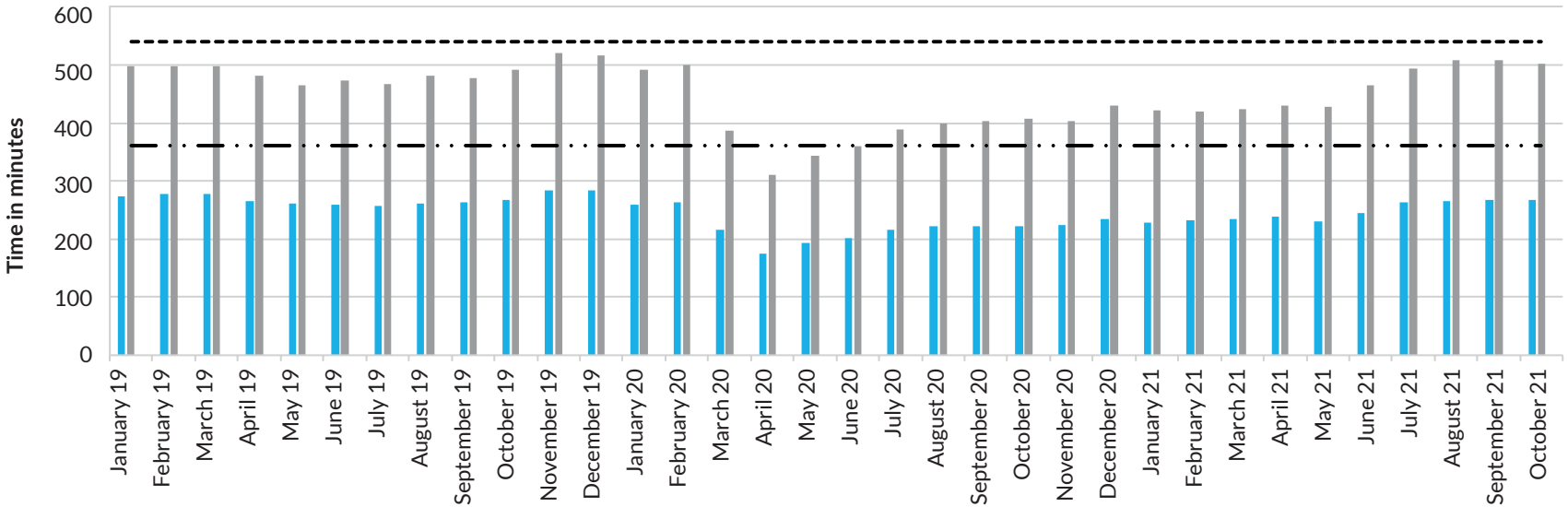


Source: Hospital Inpatient Enquiry (HIPE)

Notes:
(i) Emergency admissions relate to persons who attend the emergency department and were subsequently admitted to hospital as an in-patient.

Figure 3.7

Patient experience time in Emergency departments , 2018-2021*

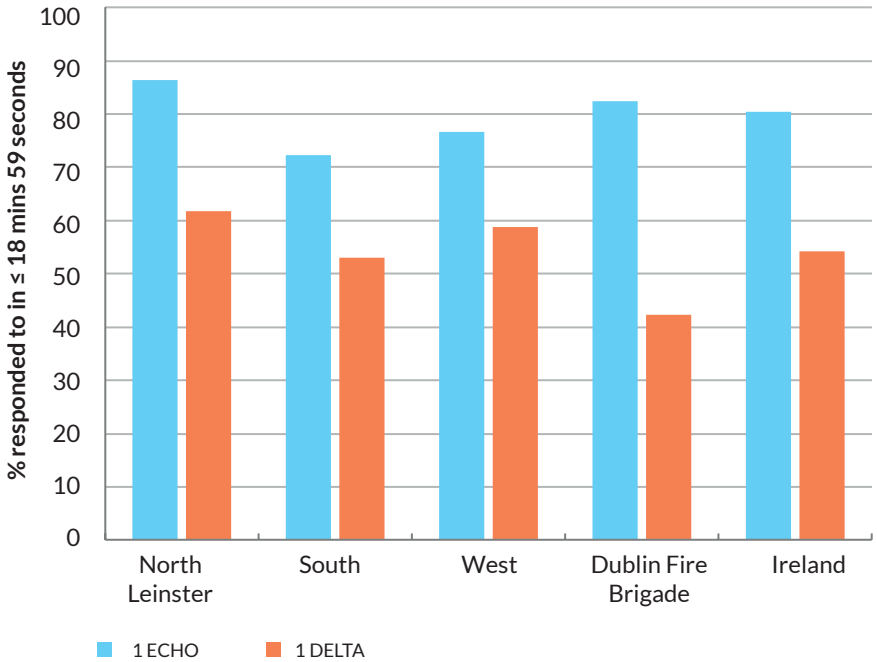


Source: Patient Experience Time database

Notes:

1. Time in minutes above is measured from ED registration time to ED Departure Time.
2. 50% of ED attendances refers to the median.
3. 75% of ED attendances refers to the 75th Percentile.
4. Monthly figures for 2021 are up to March 2021.

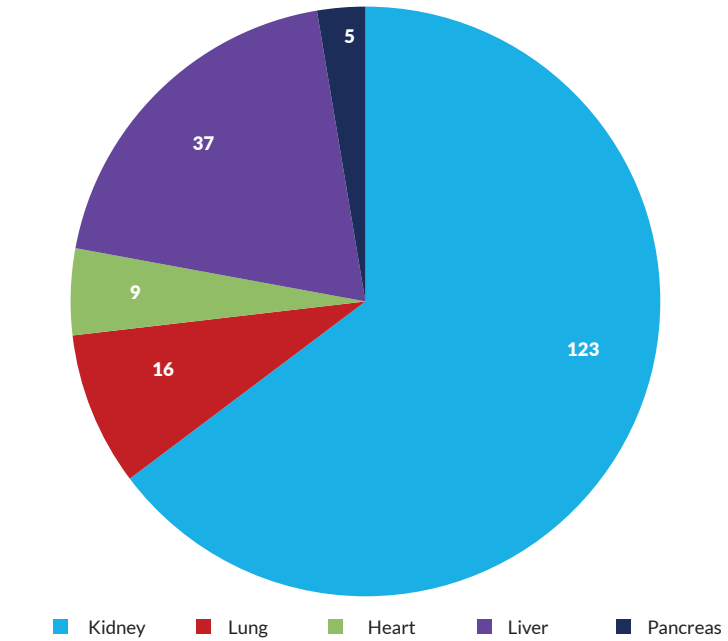
Figure 3.8
DELTA and ECHO Ambulance Response times, 2020



Source: HSE.

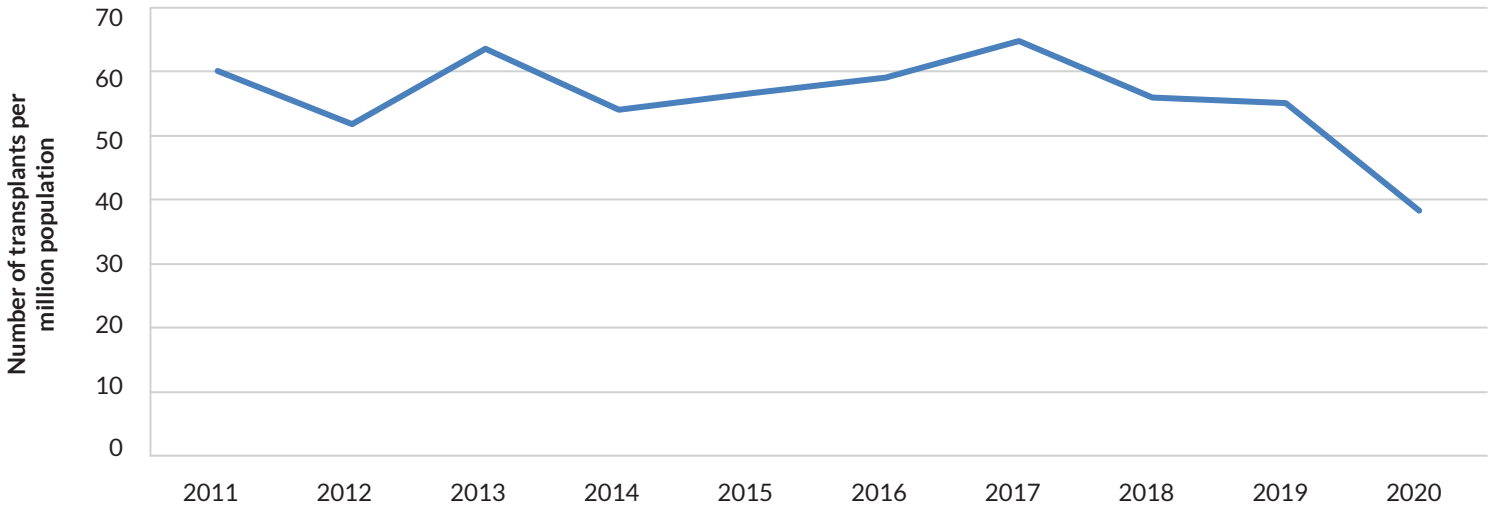
Notes:
(i) Clinical Status 1 ECHO refers to a life threatening cardiac or respiratory arrest.
(ii) Clinical Status 1 DELTA refers to a life threatening emergency other than cardiac or respiratory arrest
(iii) Dublin Fire Brigade is included as it has an ambulance service to support the health service executive.
(iv) Data refers to September 2020 year to date activity

Figure 3.9
Number of Transplants in Ireland by Type, 2020



Source: National Organ Donation and Transplantation Office, HSE.

Figure 3.10
Total Transplants in Ireland per Million Population, 2011 to 2020



Source: National Organ Donation and Transplantation Office, HSE.

Table 3.2
Psychiatric Hospitals and Units Summary Statistics, 2011 to 2020

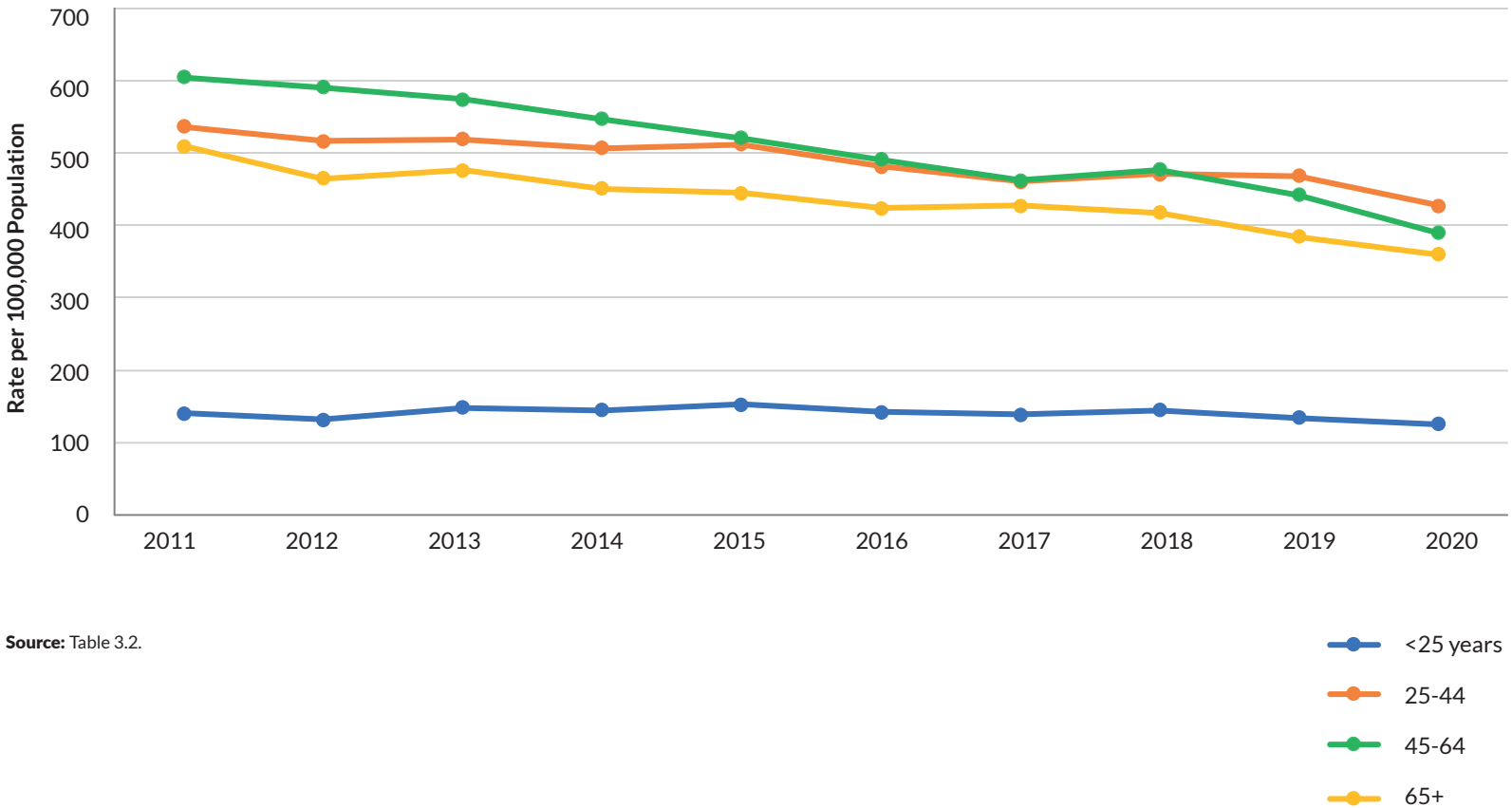
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	% Change 2011-2020	% Change 2019-2020
Number of In-Patient Admissions	18,992	18,173	18,457	17,797	17,860	17,290	16,743	17,000	16,710	15,391	-19.0	-8.6
% Male	50.5	50.2	49.4	49.6	50.7	50.0	49.8	50.1	50.9	49.7	-1.6	-2.5
% Female	49.5	49.8	50.6	50.4	49.3	50.0	50.2	49.9	49.1	50.3	1.7	2.4
Admission Rate per 100,000 Population by Age Group												
<25 years	140.1	131.3	148.0	144.6	152.3	142.5	138.4	145.0	134.3	125.7	-10.3	-6.8
25-44	536.4	515.8	518.7	506.7	511.8	481.1	460.6	471.0	467.9	427.4	-20.3	-9.5
45-64	604.0	590.3	573.6	546.3	520.9	490.5	462.1	477.2	441.5	389.4	-35.5	-13.4
65+	509.3	464.9	476.1	450.3	444.7	424.0	426.7	417.7	384.6	360.1	-29.3	-6.8
Total	413.9	396.1	401.8	387.5	385.3	363.1	349.4	357.0	339.5	309.2	-25.3	-9.8
Total of In-Patient Census	-	-	2,401	2,228	2,337	2,408	2,324	2,356	2,198	1,826		-20.4

Source: Health Research Board and Mental Health Commission.

Notes:
(i) Cases with an unspecified age were excluded from the age analysis.
(ii) Since 2013 there as been an annual census recorded at midnight December 31st.

Figure 3.11

Psychiatric Hospitals and Units: Admission Rate per 100,000 Population by Age Group, 2011-2020



Source: Table 3.2.

4. Primary Care and Community Services

This chapter provides an overview of the extensive primary care sector, including a broad range of services. General Practitioner (GP) care, immunisation rates, blood donations, drug treatment and reimbursement services such as the medical card, GP visit card, Drug Payment and Long-Term Illness (LTI) schemes are discussed here.

The number of medical card holders peaked in 2012 and has slowly decreased since (Table 4.1). 31.8% of the population had a medical card in December 2020, compared to 35.5% in 2016 and 40.4% in 2012. When broken down by age group (Figure 4.1), the decrease in the percentage of people with a medical card among the younger age groups may be partly attributed to the introduction of free GP visit cards for children under 6 from 2015.

The percentage of the population participating in the Drugs Payment Scheme has decreased by 13.5% since 2011, while numbers for the Long-Term Illness scheme have almost doubled (Table 4.1). The percentage of the population covered by private health insurance has risen slightly in the past few years, from 42.7% in 2012 to 44.2% in 2020 (Figure 4.5). This increase can be seen across all age groups and is particularly large among those aged 80 and over (+5% since 2016).

There has been a 2.4% rise in the number of people residing in long-stay care facilities since 2016, and almost half of these residents are over the age of 85 (Table 4.2). There has been a 13.2% increase in the percentage of long-stay residents aged under 65 during this period.

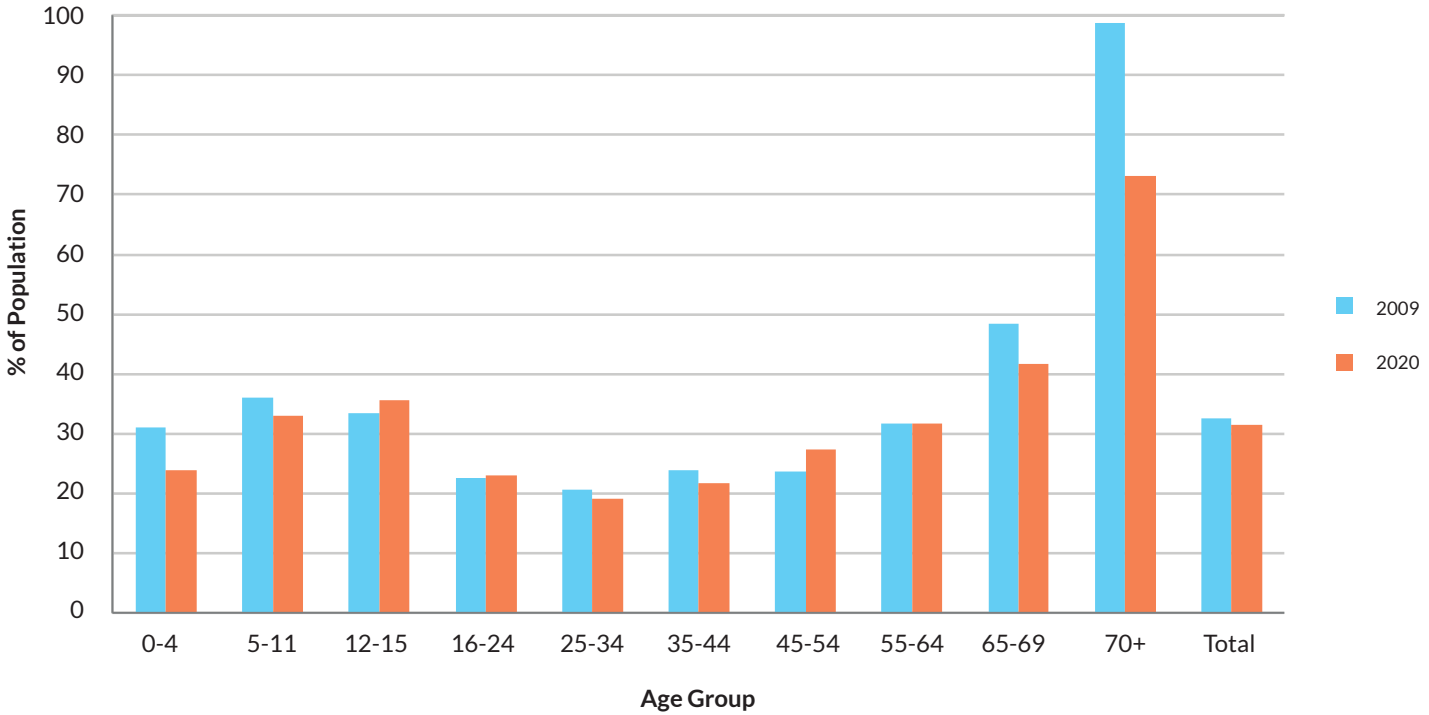
Figure 4.6 shows a downward trend in blood donations since 2016. The percentage of blood donors in the population has decreased from 1.72% to 1.47% and the number of whole blood donations per year has decreased by over 5,000 since 2016.

There has been an increase in HPV vaccine uptake in 2018 following a drop-off in the previous period. Immunisation uptake rates for most other major illnesses have remained mostly stable and above 90%, with the exception of the Pneumococcal Conjugate vaccination uptake at 87% (Table 4.3).

Table 4.4 and Figure 4.7 present data on the treatment of problem drug and alcohol use. There were 15,127 cases treated in 2020, representing a rate of 187 people per 100,000 aged 15-64 (Table 4.4). Figure 4.7 shows that this rate peaked in 2011 at 251.7 and has been slowly decreasing since.

Figure 4.1

Percentage of Population with a Medical Card by Age Group, 2009 and 2020



Source: Primary Care Reimbursement Service, CSO (for population data).

Note: Data refer to April each year and exclude GP visit cards.

Table 4.1

Primary Care Reimbursement Service Schemes, 2011 to 2020

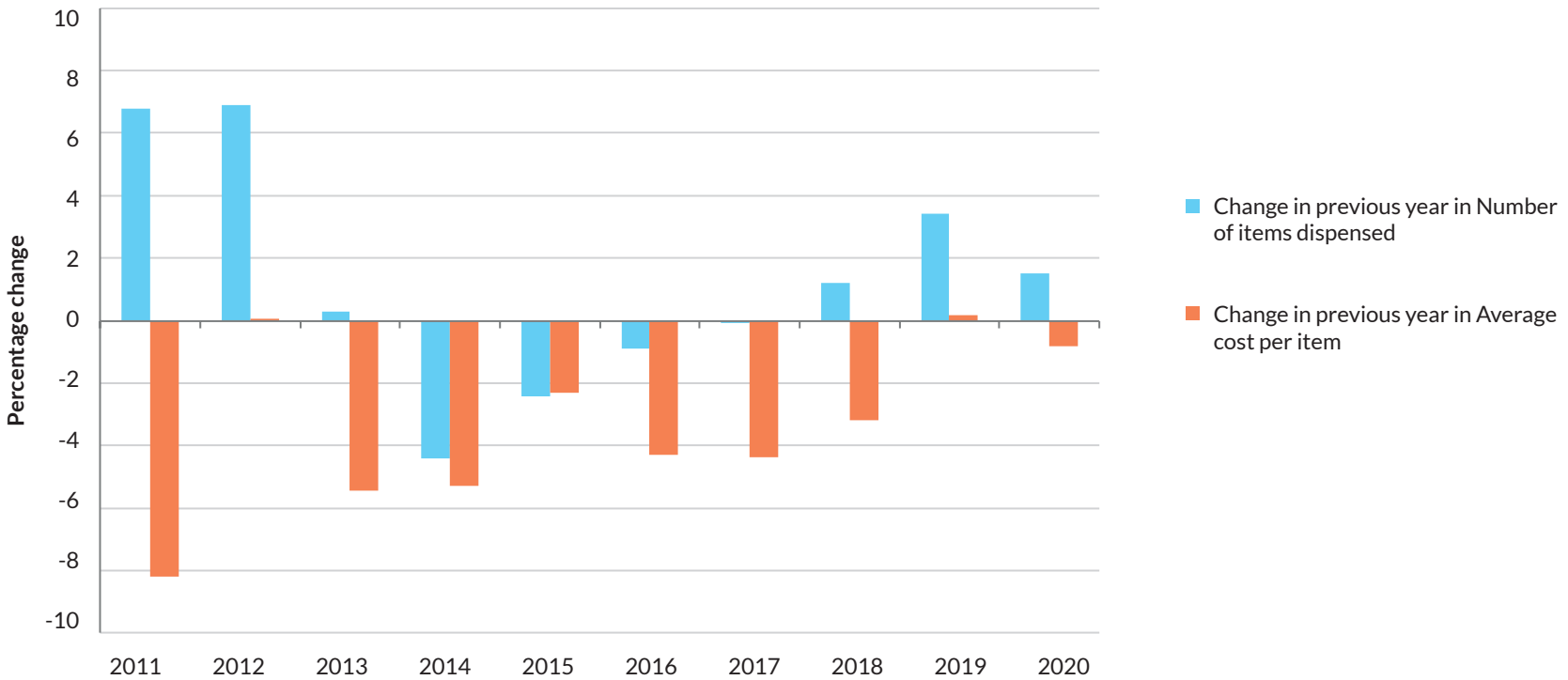
Scheme	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	% change 2011-2020	% change 2019-2020
Medical Card												
Number	1,694,063	1,853,877	1,849,380	1,768,700	1,734,853	1,683,792	1,581,526	1,574,507	1,549,432	1,584,790	-6.5	2.3
% of population	37.0	40.4	40.1	38.1	37.0	35.5	33.0	32.4	31.5	31.8	-13.9	1.1
of which 0-15 years	388,098	432,082	427,961	403,027	390,730	371,819	340,167	335,958	329,683	330,416	-14.9	0.2
% of 0-15 years	37.6	41.3	40.6	38.1	36.8	34.9	31.8	33.3	30.7	30.9	-17.8	0.7
GP Visit Card [a]												
Number	125,657	131,102	125,426	159,576	431,306	470,505	486,920	503,650	524,298	529,842	321.7	1.1
% of population	2.7	2.9	2.7	3.4	9.2	9.9	10.2	10.4	10.7	10.6	294.3	-0.5
Drugs Payments Scheme												
Number	1,518,241	1,463,388	1,399,959	1,332,817	1,301,905	1,272,724	1,259,410	1,290,634	1,362,639	1,429,554	-5.8	4.9
% of population	33.2	31.9	30.3	28.7	27.8	26.9	26.3	26.6	27.7	28.7	-13.5	3.7
Long-term Illness Scheme												
Number	142,585	150,598	158,924	196,902	225,631	245,964	263,336	281,075	295,033	306,978	115.3	4.0
% of population	3.1	3.3	3.4	4.2	4.8	5.2	5.5	5.8	6.0	6.2	98.9	2.8
Dental												
Number of treatments	1,030,032	1,198,124	1,310,773	1,312,383	1,250,925	1,215,042	1,194,730	1,113,774	1,048,321	789,940	-23.3	-24.6
Number of people treated	347,773	394,399	435,292	436,433	420,459	416,662	413,133	389,791	374,408	282,796	-18.7	-24.5
Ophthalmic												
Number of treatments	675,841	730,629	758,275	756,305	756,036	767,280	770,741	691,965	776,032	594,492	-12.0	-23.4
Number of people treated	279,505	307,522	317,218	317,731	315,040	318,021	318,570	287,305	304,515	241,128	-13.7	-20.8

Source: General Medical Services (Payments) Board / Primary Care Reimbursement Service, HSE.

Notes:
(i) Data as at 31st December each year.

Figure 4.2

Perscription Items Dispensed Under the General Medical Services (GMS) Scheme: % Change From Previous Year in Number of Items Dispensed and Average Cost per Item paid to Pharmacies, 2011 to 2020

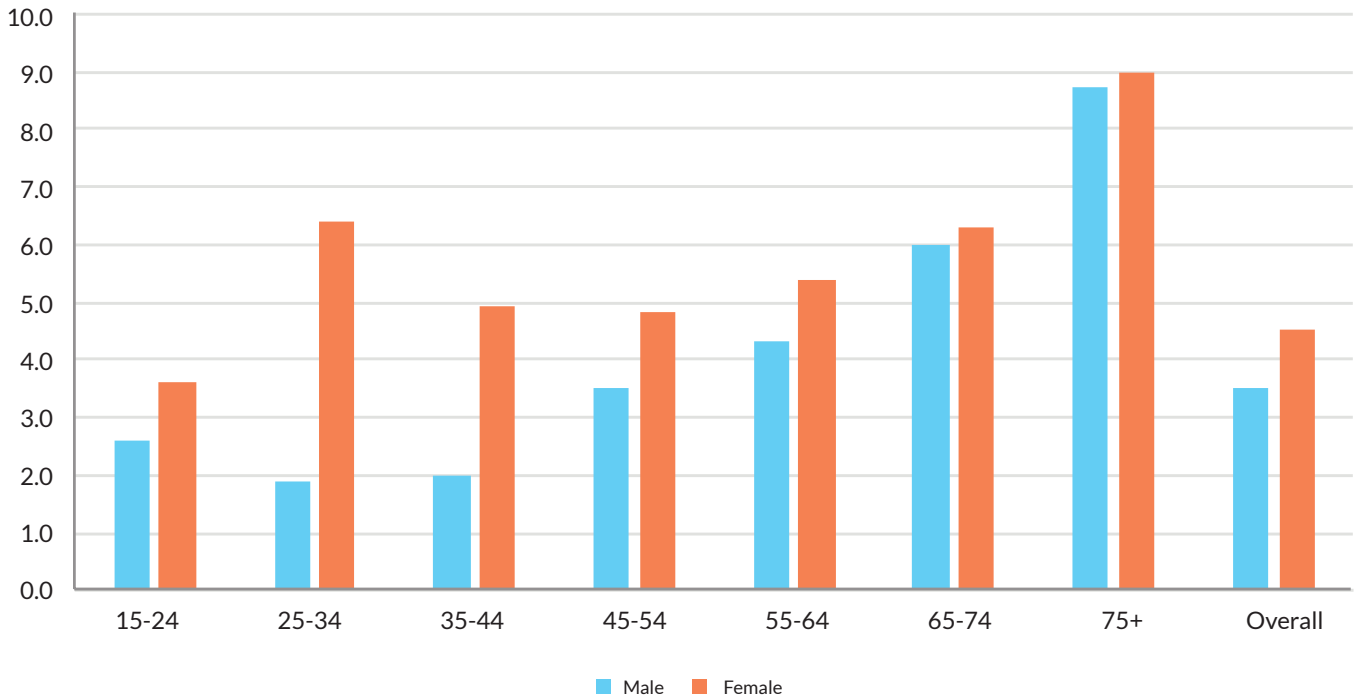


Source: General Medical Services (Payments) Board / Primary Care Reimbursement Service, HSE.

Notes:
(i) Data on cost per item includes dispensing fee, ingredient cost and VAT.
(ii) Number of prescription items excludes Stock Order Items.

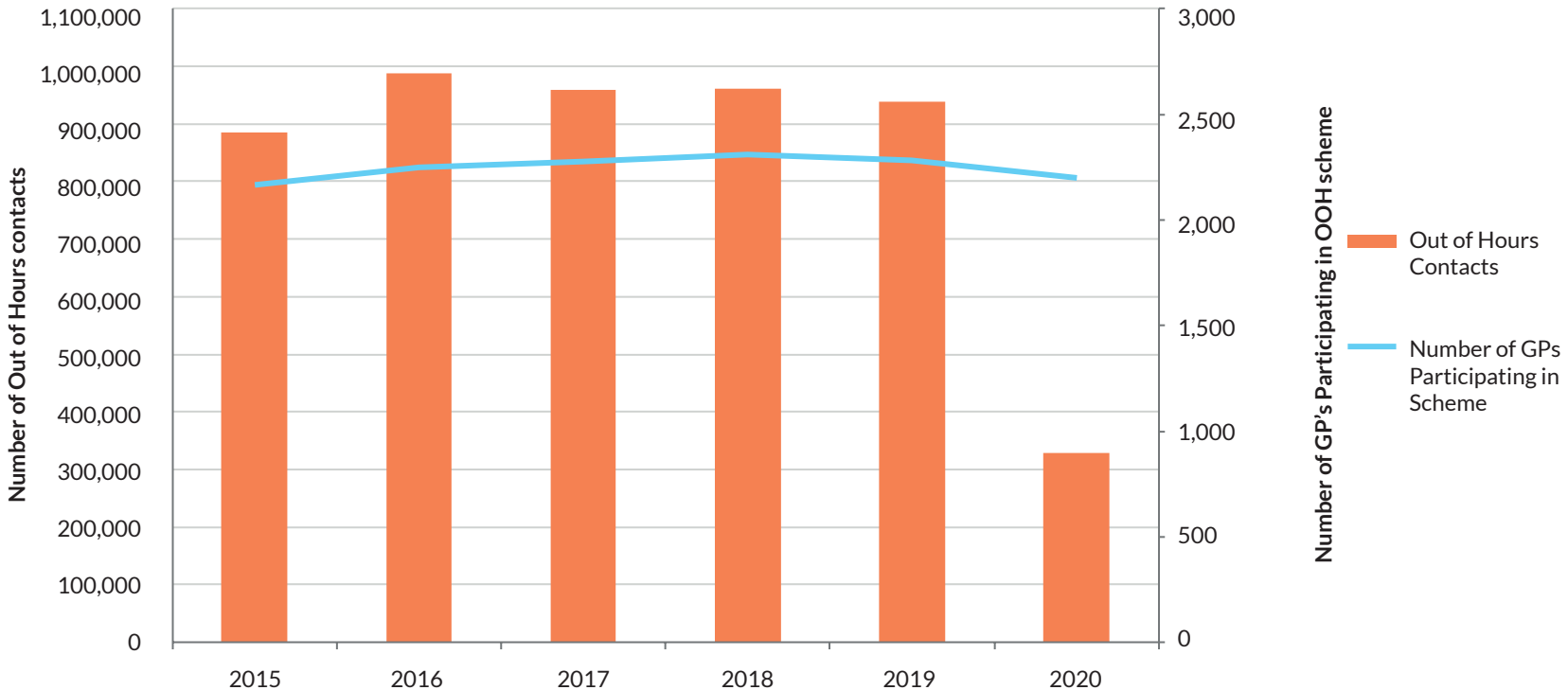
Figure 4.3

Average no. of GP visits in the last 12 months by age group and gender, 2019



Source: Healthy Ireland Survey, 2019

Figure 4.4
Out of Hours GP Contacts, 2015-2020

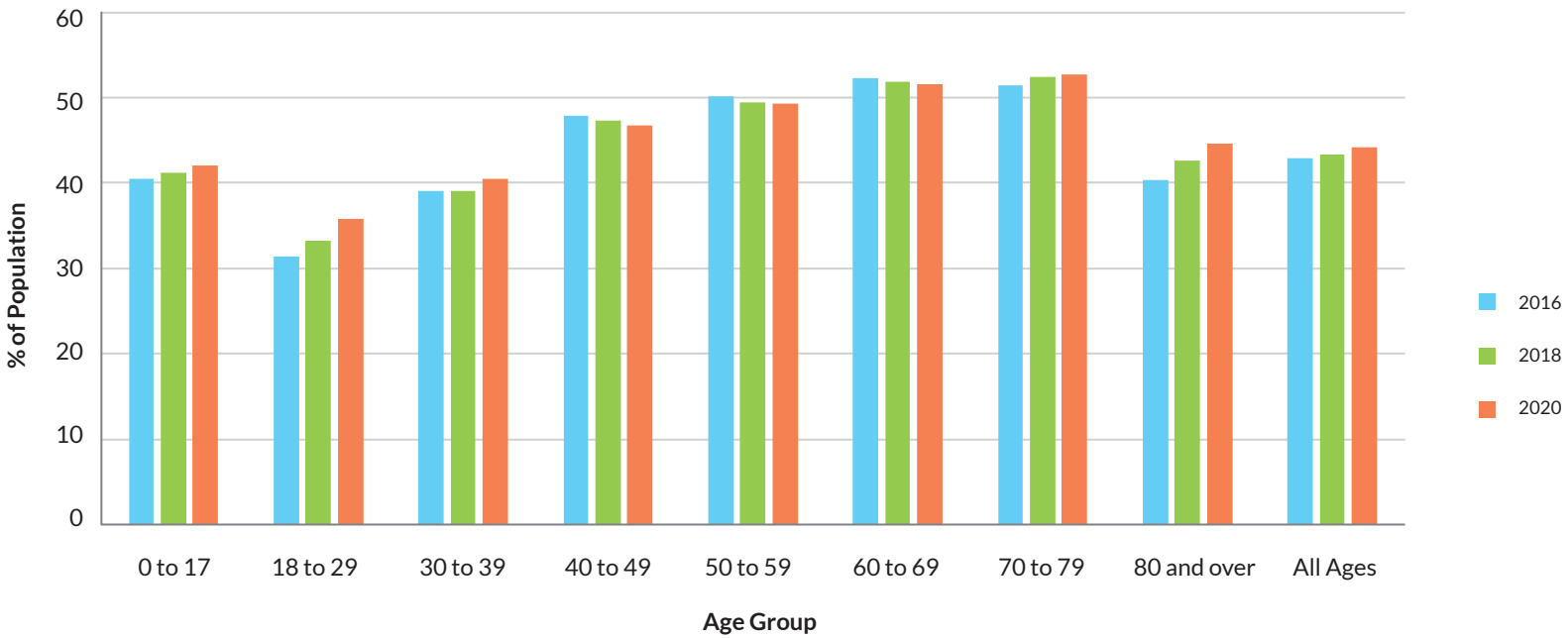


Source: Primary Care Reimbursement Service (PCRS)

(i) An 'Out-of-Hours' fee is payable for non routine consultations when a GMS cardholder is seen by their GP or another GP acting on his/her behalf from 5 pm in the evening to 9 am on the following morning (Monday to Friday) and all hours on Saturdays, Sundays and Bank Holidays. Special fees are payable for a range of additional services such as excisions, suturing, vaccinations, catheterization, family planning etc.

Figure 4.5

Percentage of Population Covered by Private Health Insurance in Ireland by age group, 2016, 2018 and 2020



Source: Health Insurance Authority.

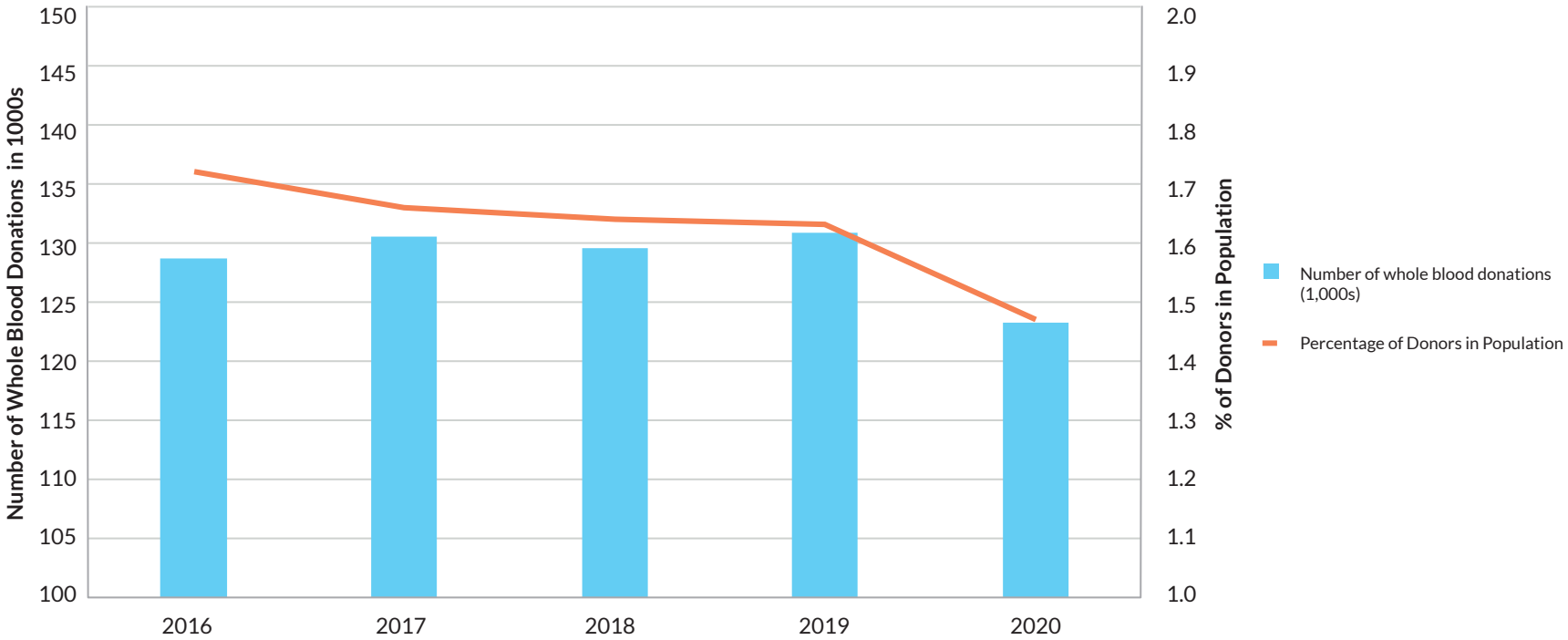
Note: Data excludes insurance offered by insurers with restricted membership undertakings.

Table 4.2
Long-Stay Care Summary Statistics, 2016 to 2019

	2016	2017	2018	2019	% change 2016-2019	% change 2018-2019
Number of Beds	30,396	30,674	31,340	32,071	5.5	2.3
Number of Patients Resident at 31/12	23,086	23,154	23,529	23,649	2.4	0.5
Average age of Resident	82.7	82.6	83.1	83.1		
Age Distribution (as % of total)						
Under 65	5.3	5.5	5.5	6.0	13.2	9.1
65-69	4.2	4.2	4.3	4.0	-4.8	-7.0
70-74	7.4	7.6	7.8	8.0	8.1	2.6
75-79	12.7	12.7	12.7	13.0	2.4	2.4
80-84	20.9	20.5	20.5	20.0	-4.3	-2.4
85+	49.4	49.5	49.2	49.0	-0.8	-0.4

Source: HIQA (Number of beds), Nursing Homes Support Scheme, HSE.
Notes:
(i) The 'number of beds' refers to beds registered with HIQA in designated centres for providing residential care for older people and also includes beds used for short term care.
(ii) The 'number of patients resident' is reported by the NHSS and is administrative data that captures all residents covered by the Nursing Home Support scheme (NHSS). Residents in long-stay units who are not covered by the scheme are not included here.
(iii) Age distribution data is based on those resident in December of the year in question.

Figure 4.6
Blood Donations and Percentage of Blood Donors in Population, 2016-2020



Source: Irish Blood Transfusion Service, CSO for population data.

Table 4.3

Immunisation rates, percentage uptake, 2011-2020

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	% change 2011-2020	% change 2019-2020
Diphtheria	95	95	96	96	95	95	95	94	94	94	-1.1	0.0
Pertussis	95	95	96	96	95	95	95	94	94	94	-1.1	0.0
Tetanus	95	95	96	96	95	95	95	94	94	94	-1.1	0.0
Haemophilus Influenzae Type B	95	95	95	96	95	95	95	94	94	94	-1.1	0.0
Polio	95	95	96	96	95	95	95	94	94	94	-1.1	0.0
Meningococcal	84	85	87	88	88	87	88	90	90	91	8.3	1.1
Measles, Mumps & Rubella (MMR)	92	92	93	93	93	92	92	92	91	92	0.0	1.1
Hepatitis B	95	95	95	95	95	95	95	94	94	94	-1.1	0.0
Pneumococcal Conjugate	90	91	91	92	92	91	91	88	86	87	-3.3	1.2
Human Papillomavirus	82	87	86	88	87	72	51	64	74	76	-7.1	3.4

Source: Health Protection Surveillance Centre (HPSC).
Notes:
(i) The data above relate to children who have reached their second birthday and have received 3 doses of each vaccine, with the exception of MMR which relates to 1 dose and HPV.
(ii) Meningococcal vaccine data for Q3 and Q4 2017 was not available
(iii) Human Papillomavirus figures refer to the percentage uptake among girls in second level schools and their age equivalents in special schools and home schooled who were recorded as having received at least HPV stage 2. Figures are collected in reference to the academic year, so 2017 figures refer to those vaccinated during the 2016/2017 academic year, etc.
(iv) Human Papillomavirus uptake for academic years 2009/2010 and 2010/2011 was manually reported, and national uptake for the combined cohort was estimated at 82.1%

Table 4.4

Number of Cases in Treatment for Problem Drug and Alcohol Use and Rate per 100,000 Population Aged 15-64 years, Ireland, 2011-2020

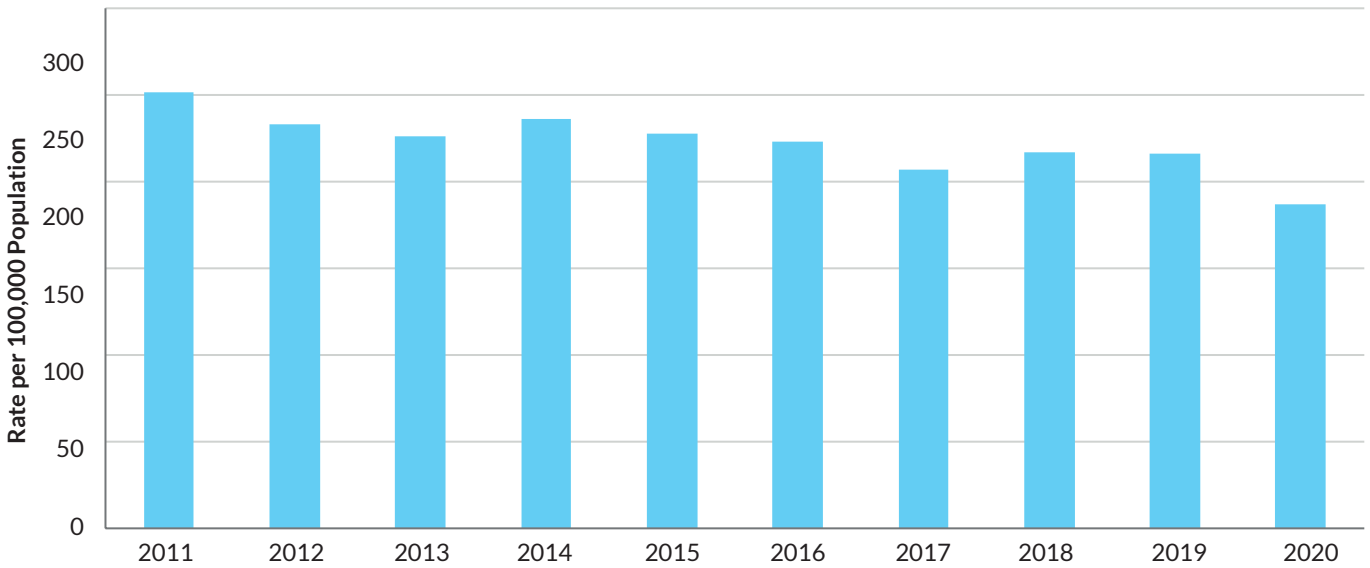
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	% Change 2011-2020	% Change 2019-2020
Drugs including Alcohol												
All cases in treatment	16,827	16,126	16,312	17,077	16,933	16,325	15,742	17,093	17,608	15,127	-11.2	-14.1
New entries into treatment each year†	7,719	7,114	6,899	7,237	7,007	6,922	6,482	6,889	6,963	6,091	-26.7	-12.5
Rate per 100,000 (15-64 year olds)	251.7	232.9	226.1	236.5	227.8	223.0	206.7	216.9	216.5	187.2	-34.5	-13.5
Drugs excluding Alcohol												
All cases in treatment	8,283	7,903	8,894	9,672	9,711	9,097	8,772	10,113	10,477	9,583	13.6	-8.5
New entries into each treatment year	3,265	3,191	3,389	3,648	3,651	3,446	3,168	3,859	3,853	3,716	12.1	-3.6
Rate per 100,000 (15-64 year olds)†	106.5	104.4	111.1	119.2	118.7	111.0	101.0	121.5	119.8	114.2	6.8	-4.7

Source: National Drug Treatment Reporting System, Health Research Board. CSO for population data.

* This data supersede all previously published data from NDTRS publications.
*Ongoing data validations and corrections to the NDTRS dataset may have resulted in minor changes to previously reported figures.

Figure 4.7

Number of Cases in Treatment for Problem Drug and Alcohol Use and Rate per 100,000 Population ages 15-64, 2011-2020



Source: Table 4.6

5. Health Service Employment

This chapter shows trends in Irish health service employment over the past decade. The total number of whole time equivalent (WTE) staff employed has increased by 8.3% since 2011 (Table 5.1). All grade categories have increased since 2018, and total public health employment now stands at over 126,000.

Nursing remains the single largest grade category with almost 40,000 nurses currently employed in the public health service in Ireland. Nurses account for almost a third (31.6%) of the total public health service workforce (Figure 5.2). This proportion has remained relatively constant over the past decade. The chapter also shows a breakdown of consultant hospital doctors by speciality (Table 5.2).

All specialities have seen an increase in the past ten years (apart from the 'other' category), and the total number of consultant hospital doctors now stands at 3,458. The largest consultant categories are medical and surgical. The total number of consultant and non-consultant hospital doctors in Ireland is 10,928, an increase of over 44% since 2011. The rapid rate of growth among hospital doctors since 2013 can be seen in Figure 5.3.

Our position relative to other OECD countries has now improved, though we are still only in the middle grouping. Out of 35 countries for which data was available in 2019, Ireland placed 19th; ahead of Israel, below France, and equal to the 'OECD average'. (Figure 5.5).

Table 5.1

Public Health Service Employment (HSE & Section 38), 2011 to 2020

Grade Category	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	% change 2011-2020	% change 2019-2020
Medical/Dental	8,331	8,320	8,353	8,817	9,336	9,723	10,121	10,467	10,857	11,762	41.2	8.3
Nursing	35,902	34,637	34,178	34,509	35,353	35,835	36,777	37,644	38,205	39,917	11.2	4.5
Health and Social Care Professionals#	16,217	15,717	15,844	13,640	14,578	15,364	15,950	16,496	16,774	17,807	9.8	6.2
Management/ Administration	15,983	15,726	15,503	15,112	16,164	16,767	17,714	18,504	18,846	19,829	24.1	5.2
General Support Staff	10,445	9,974	9,700	9,419	9,494	9,448	9,454	9,454	9,416	9,876	-5.5	4.9
Other Patient and Client Care	21,758	20,878	20,504	21,532	22,350	23,122	24,281	25,292	25,719	26,985	24.0	4.9
Total	**108,637**	**105,251**	**104,082**	**103,030**	**107,275**	**110,258**	**114,297**	**117,857**	**119,817**	**126,174**	**16.1**	**5.3**

Source: HSE Health Service Personnel Census at 31st December Public Health Service Employment (HSE & Section 38), 2011 to 2020.

Notes:

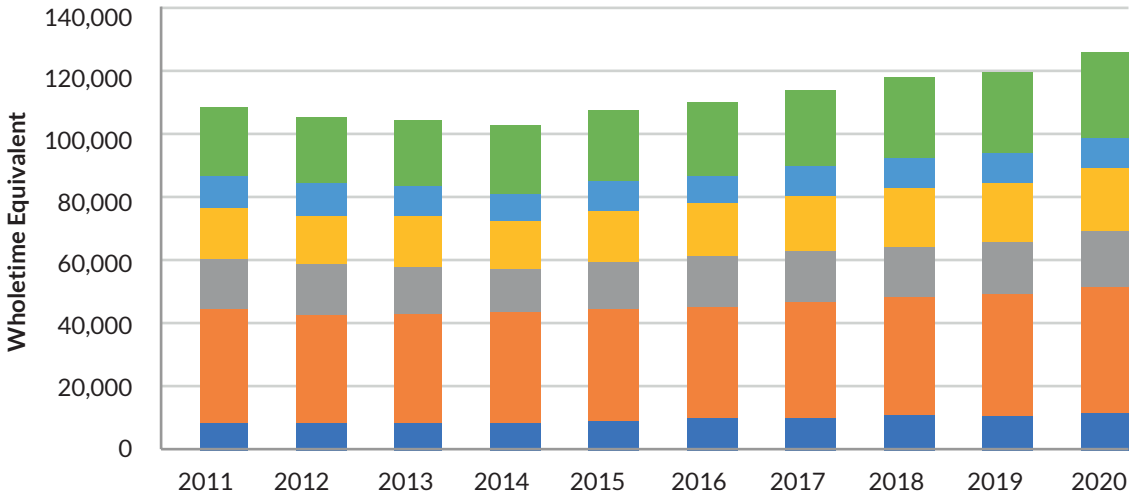
(i) Figures refer to wholetime equivalents (WTE). Previous figures have been revised to comply with current methodologies around Graduate Nurses and Support/Care interns. Pre-registration Student Nurses on clinical placement are recorded at 50% actual WTE, in line with a WRC agreement.

(ii) #It is not possible to make valid staffing comparisons over extended timeframes due to changes in the configuration of the health sector. In particular, it should be noted that Children & Family Services transferred to TUSLA on 01 Jan 2014. This change had a significant impact on the Health and Social Care Professionals grouping which includes Social Work.

(iii) Management/Administration includes staff who are of direct service to the public and include consultant's secretaries, out-patient departmental personnel, medical records personnel, telephonists and other staff who are engaged in frontline duties.

(iv) Directly employed home help staff are included under General Support Staff w.e.f. 2018 and historical figures have been restated to reflect this methodology change.

Figure 5.1
Public Health Service Employment by Grade Category, 2011 to 2020

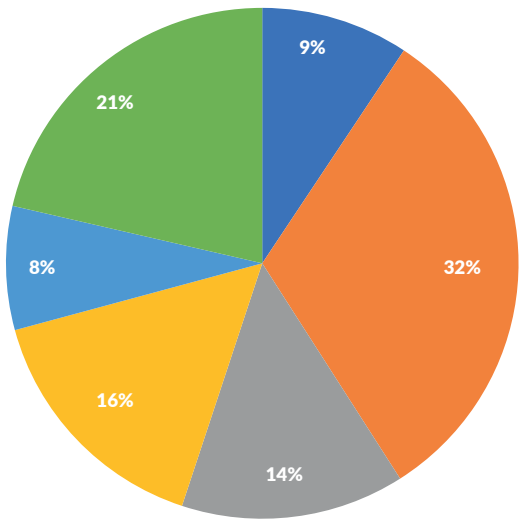


- Medical/Dental
- Nursing
- Health and Social Care Professionals#
- Management/Administration
- General Support Staff
- Other Patient and Child Care

Source: HSE Health Service Personnel Census at 31st December

Notes: See note under Table 5.1

Figure 5.2
Proportion of Staff Employed in the Public Health Service in each Grade Category, December 2020



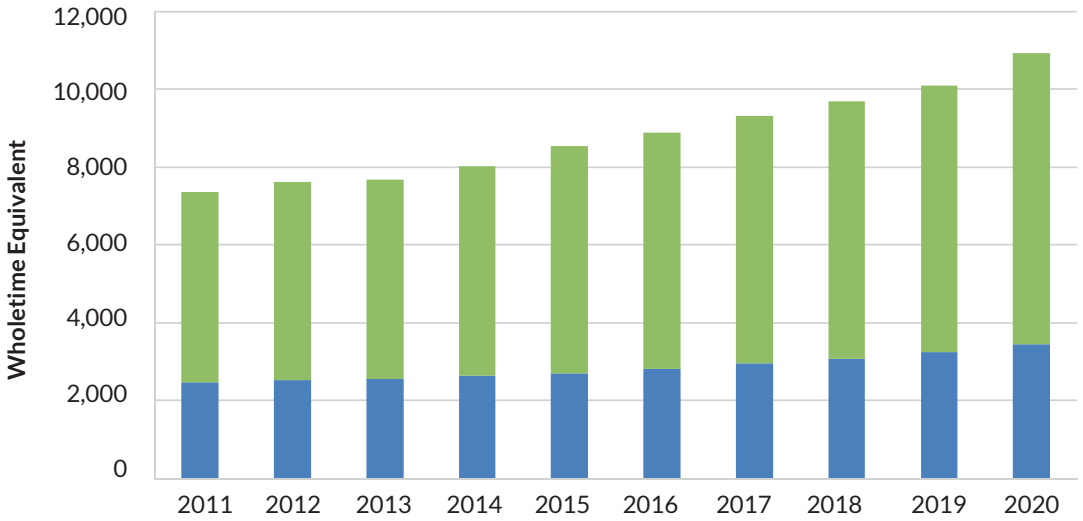
- Medical/Dental
- Nursing
- Health and Social Care Professionals#
- Management/Administration
- General Support Staff
- Other Patient and Child Care

Source: Table 5.1.

Notes: See notes under Table 5.1.

Figure 5.3

Consultant and Non-Consultant Hospital Doctors (HSE & Section 38), 2011 to 2020



Source: HSE Personnel Census

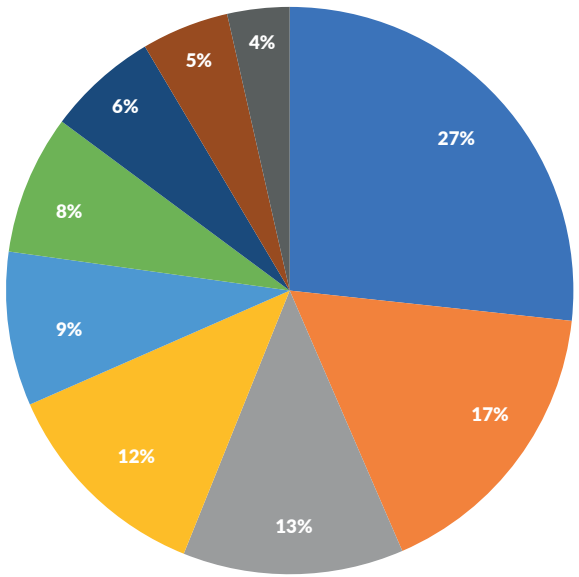
Notes:

1 For comparability purposes , infromation in chart above relates to annual December Employment figures

2 See notes under Table 5.2.

Figure 5.4

Consultant Hospital Doctors Employed in the Public Health Service by Category, December 2020



Source: HSE Health Service Personnel Census.

Notes: See notes under Table 5.2.

Table 5.2

Consultant and Non-Consultant Hospital Doctors Employed in the Public Health Service, 2011 to 2020

Grade Category	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	% change 2011-2020	% change 2019-2020
Consultant Hospital Doctors:												
Consultant Anaesthesia	356	353	351	348	350	373	389	394	407	431	21.2	5.9
Consultant Emergency Medicine	63	72	75	75	83	92	98	97	108	121	92.5	12.4
Consultant Medicine	543	563	601	654	675	723	756	795	833	914	68.3	9.8
Consultant Obstetrics & Gynaecology	119	125	122	124	135	140	151	157	161	170	43.1	5.8
Consultant Paediatrics	138	144	135	148	151	157	172	182	197	216	56.6	9.8
Consultant Pathology	200	203	206	207	213	230	239	249	259	272	36.2	5.2
Consultant Psychiatry	355	356	356	351	362	362	364	374	407	422	19.0	3.7
Consultant Radiology	238	239	240	244	249	268	270	286	295	301	26.2	1.9
Consultant Surgery	435	440	451	465	488	498	511	535	553	575	32.2	4.0
Consultant, Other	27	18	19	20	19	19	21	28	29	34	25.8	17.2
Sub-Total Consultant Hospital Doctors	2,474	2,514	2,555	2,635	2,724	2,862	2,971	3,096	3,249	3,458	39.8	6.4
Non-Consultant Hospital Doctors:												
Interns	597	565	631	674	712	713	720	730	726	971	62.7	33.8
Registrar	1,761	1,809	1,761	1,775	1,948	2,055	2,160	2,265	2,332	2,378	35.1	2.0
Senior House Officer	1,812	1,807	1,808	2,034	2,158	2,217	2,295	2,346	2,390	2,623	44.7	9.7
Senior Registrar	140	105	93	146	141	186	175	202	211	238	69.3	12.6
Specialist Registrar	768	785	792	854	933	964	1,067	1,092	1,197	1,260	64.0	5.3
Sub-Total Non-Consultant Hospital Doctors	5,079	5,070	5,086	5,483	5,894	6,135	6,417	6,635	6,856	7,470	47.1	9.0
Total	7,553	7,584	7,641	8,118	8,618	8,997	9,388	9,731	10,105	10,928	44.7	8.1

Source: HSE Health Service Personnel Census.

Notes:
(i) Figures refer to wholetime equivalents (WTE), excluding staff on career break.
(iii) Consultant Obstetrics & Gynaecology includes Masters of Maternity Hospitals.
(iv) All figures for registrars have been updated to include Registrars in General Practice.
(v) Consultants, Other includes consultants in Dentistry and Intensive Care Medicine.

Figure 5.5
Practising Doctors per 1,000 Population, 2019 (or most recent available*)

Source: OECD.

Notes:
(i) Practising doctors are defined as those who are providing care directly to patients.
(ii) *Data for Luxembourg and Poland is 2017. Data for Denmark, Japan and Sweden is 2018. Data for all other countries is 2019.

6. Health Service Expenditure

This section summarises data and trends in spending on health services during the past decade. It also presents a profile of current health spending for Ireland according to the System of Health Accounts methodology which was developed to allow better cross-country analysis of trends in health expenditure.

Table 6.1 shows total public expenditure on health, capital and non-capital, each year from 2011 to estimates for 2020. There was an increase in total public health expenditure of 17.8% from 2019 to 2020. Capital expenditure, which accounted for 4.0% of total expenditure in 2020, was 36.7% higher in 2020 than in 2019 (Table 6.3). Table 6.2 and Figure 6.2 provide a more detailed breakdown on non-capital expenditure by area of care.

Public capital health expenditure is shown in Table 6.3. Capital expenditure has increased by 171.3% since 2011, and by 36.7 between 2019 and 2020

The Systems of Health accounts data provided in Tables 6.4, 6.5 and 6.6 presents an opportunity for the analysis of public and private health expenditure in Ireland by financing source, health care provider and type of health care. Table 6.4 shows that the majority of health care expenditure (74.6%) was financed by Government schemes and compulsory contributory health care financing schemes in 2019. Curative and rehabilitative care accounts for the majority of health care expenditure at 56.4% (Table 6.5); while Hospitals account for over a third (38.2%) (Table 6.6).

Figure 6.3 presents the health expenditure per capita from 2009 to 2019, adjusted for inflation. Table 6.7 compares Ireland's health expenditure with selected OECD countries. Ireland has the 13th highest spend per capita across selected OECD countries. Using modified GNI* for Ireland as a comparator with GDP from other countries (as recommended by the Economic Statistics Review Group), Ireland's total current health expenditure as a percentage of GDP/GNI* ranks joint 4th, equal to France, and behind the Unite States, Switzerland and Germany. This position changes to 8th when looking at public expenditure only (Figure 6.4).

Chapter 6 concludes with a comparison of Ireland's health expenditure by type of care as a percentage of total health expenditure with that of the EU15 countries (Figure 6.5).

Table 6.1
Public Health Expenditure in Millions of Euro, 2011-2020

	2011	2012	2013	2014	2015A	2016A	2017	2018	2019	2020	% change 2011-2020	% change 2019-2020
Total Public Non-Capital Expenditure on Health	13,181	13,218	13,084	13,276	13,879	14,581	15,316	16,304	17,340	20,288	53.9	17.0
Public Non-Capital Expenditure on Health (excluding treatment benefits)	13,156	13,197	13,063	13,246	13,846	14,548	15,263	16,221	17,229	20,175	53.4	17.1
Total Public Capital Expenditure on Health	347	350	347	386	398	423	465	545	689	942	171.3	36.7
Total Public Expenditure	13,528	13,568	13,431	13,662	14,277	15,004	15,781	16,849	18,029	21,230	56.9	17.8

Source: Non-capital expenditure - Revised Estimates for Public Services and HSE Performance Assurance Reports.

Capital expenditure - revised estimates for Public Services and HSE Reports on Capital Programme.

Notes:

(i) In 2014 funding of c. €540 million was transferred, in the context of the establishment of the Child and Family Agency, from the HSE Vote to Vote 40 (Office of the Minister for Children & Youth Affairs). For comparison purposes, this table has been revised for the period 2010-2013 to exclude expenditure in respect of children and family services. Data from 2015 also exludes expenditure in respect of children and family services.

(ii) A: In 2015 the Vote of the HSE was disestablished and the funding transferred to Vote 38 (Office of the Minister for Health) from which Vote grants are now paid to the HSE. As a consequence, income previously accounted for as Appropriations-in-Aid in the HSE Vote is collected directly by the HSE and shown in the HSE accounts but no longer incorporated in Vote terms. For comparison purposes, the figures above for 2015 and after include these income figures - €1.075bn in 2015, €1.061bn in 2016, €1.054bn in 2017 and €1.085bn in 2018 and 2019

(iii) Total Public Non-Capital Expenditure includes Treatment Benefits (funded from the Vote of the Office of the Minister for Social Protection).

(iv) Public Non-Capital Expenditure refers to the Health Vote and HSE Vote in the Revised Estimates for Public Services: excludes expenditure in respect items not considered health expenditure, such as expenditure in relation to the State Claims Agency.

(v) Figures for 2020 are estimated.

Table 6.2

HSE Non-Capital Vote Allocation in Millions of Euro, 2014-2020

	2014 [A]	2015 [A]	2016	2017	2018	2019	2020	% change 2019-2020
Care of Older People	1,468	1,569	1,620	1,693	1,774	1,854	1,995	7.6
Care for Persons with Disabilities	1,554	1,654	1,773	1,858	2,004	2,145	2,235	4.2
Mental Health	754	780	804	860	913	987	1,064	7.8
Primary Care & Community Health*	3,462	3,506	3,892	4,009	4,203	4,400	4,808	9.3
Multi Care Group Services^	-	-	-					
Palliative Care & Chronic Illness^	75	78	-					
Social Inclusion^	-	129	-					
Health and Wellbeing	214	185	191	211	112	121	153	26.4
Other^	-	-	-					
Primary, Community and Continuing Care Total	7,527	7,901	8,280	8,633	9,006	9,507	10,255	7.9
Acute Division	4,496	4,701	4,929	5,243	5,589	6,071	6,705	10.4
Long Term Charges Repayment Scheme	8	4	2	2	2	2	2	0.0
Statutory Pensions [#]	597	626	670	686	728	747	767	2.7
Other [#]	628	667	708	812	992	1,043	2,533	142.9
HSE Gross Non-Capital Total	13,256	13,899	14,589	15,376	16,316	17,369	20,261	16.7
Total Appropriations-in-Aid	1,043	1,075	1,061	1,054	1,085	1,104	1,003	-9.1
HSE Net Non-Capital Total	12,213	12,824	13,528	14,322	15,231	16,265	19,258	18.4

Source: Revised Estimates for Public Services (2014 - 2020); HSE National Service Plans (2014 - 2020); and HSE Performance Reports (2014-2020).

Notes:

(i) In 2014 funding of c. €540 million was transferred, in the context of the establishment of the Child and Family Agency, from the HSE Vote to Vote 40 (Office of the Minister for Children & Youth Affairs). For comparison purposes, expenditure in respect of children and family services has been excluded from the Table.

(ii) A: In 2015 the Vote of the HSE was disestablished and the funding transferred to Vote 38 (Office of the Minister for Health) from which Vote grants are now paid to the HSE. As a consequence, income previously accounted for as Appropriations-in-Aid in the HSE Vote is now collected directly by the HSE and shown in the HSE accounts but no longer incorporated in Vote terms. The 2014 estimate was also revised for comparison purposes. The allocation of this income of €1.043bn in 2014, €1.075bn in 2015, €1.061bn in 2016, €1.054bn in 2017 and €1.085bn in 2018 across the above HSE programmes is provisional.

(iii) HSE Gross Non-Capital Total up to and including 2013 refers to the HSE Vote in the Revised Estimates for Public Services (2012 - 2014) and from 2014 refers to those sections of the Health Vote in the Revised Estimates for Public Services relevant to the HSE. Allocations across the HSE programmes above are provisional for 2014 -2018.

(iv) * Includes Medical Card Services Schemes.

(v) ^ Costs formerly apportioned across other programmes within Primary Care. Elements of Multi Care Group Services costs reflected across programmes in 2013 and after. Palliative Care costs included in Primary Care from 2016. Social Inclusion costs included in Primary Care in 2013, 2014 and from 2016.

Table 6.3

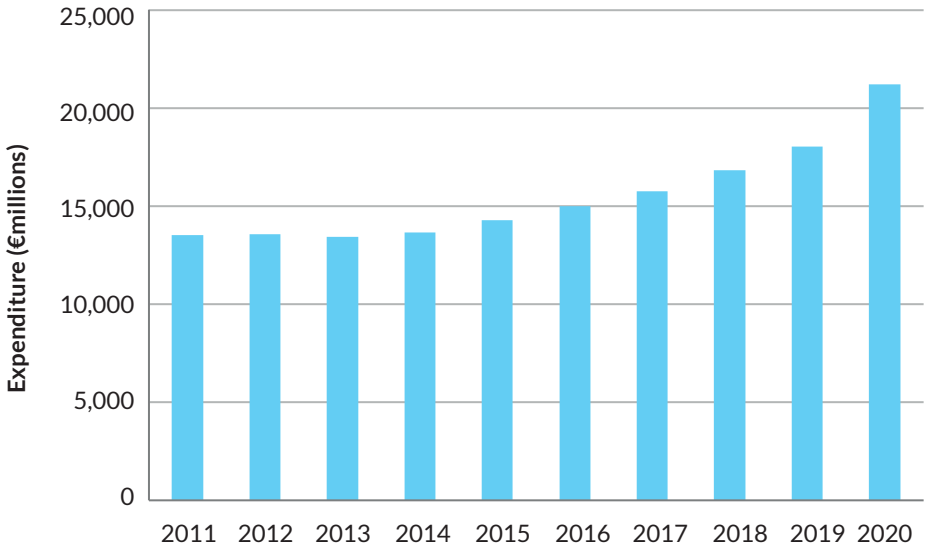
Capital Public Health Expenditure by Programme in Millions of Euro, 2011 to 2020

Programme	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	% change 2011-2020	% change 2019-2020
Acute Hospitals	202	208	203	197	185	237	253	254	372	566	180.2	52.2
Community Health	71	53	62	79	100	79	79	87	89	200	182.0	124.7
Mental Health	39	54	23	50	38	21	38	81	66	44	12.1	-33.3
Disability Services	11	6	8	6	8	16	26	50	66	24	112.8	-63.6
ICT	16	22	41	41	55	54	56	61	87	99	520.3	13.8
Miscellaneous	8	7	11	14	12	16	13	12	9	10	29.1	11.1
Total Public Capital Expenditure	347	350	347	386	398	423	465	545	689	942	171.3	36.7

Source: Revised Estimates for Public Services and HSE Reports on Capital Programme.

Figure 6.1

Total public health expenditure, 2011 to 2020

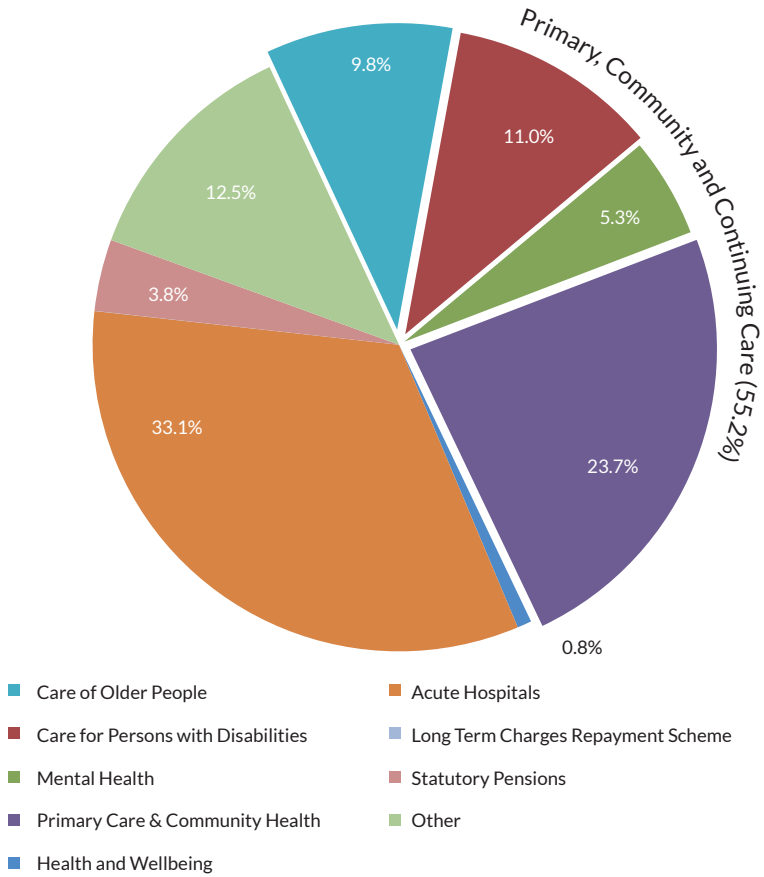


Source: Table 6.1.

Note: See notes under Table 6.1.

Figure 6.2

Percentage gross non-capital voted expenditure by programme, HSE 2020



Source: Table 6.2.

Note: See notes under Table 6.2.

Table 6.4
Current Health Care Expenditure by Financing Scheme, 2015 to 2019

Financing Scheme	2015		2016		2017		2018		2019		2015-2019
	€m	%	€m	%	€m	%	€m	%	€m	%	% change
Govt. Financing Schemes and Compulsory Contributory Health Care Financing Schemes	13,855	72.0	14,592	72.4	15,487	72.8	16,590	73.9	17,736	74.6	28.0
Voluntary Health Care Payment Schemes (e.g. Health insurance)	2,835	14.7	2,999	14.9	3,048	14.3	3,149	14.0	3,260	13.7	15.0
Household Out-of-Pocket Payments	2,542	13.2	2,552	12.6	2,595	12.2	2,713	12.1	2,786	11.7	9.6
Total Current Health Care Expenditure	19,232	100.0	20,143	100.0	21,259	100.0	22,452	100.0	23,782	100.0	23.7

Source: System of Health Accounts, Central Statistics Office.

Table 6.5

Current Health Care Expenditure by Health Care Function, 2015-2019

Health care function	2015		2016		2017		2018		2019		2015-2019
	€m	%	€m	%	€m	%	€m	%	€m	%	% change
Curative and Rehabilitative Care	10,507	54.6	11,009	54.7	11,758	55.3	12,543	55.9	13,416	56.4	27.7
Long-Term Care (Health)	4,171	21.7	4,408	21.9	4,538	21.3	4,825	21.5	5,144	21.6	23.3
Ancillary Services	548	2.8	577	2.9	598	2.8	620	2.8	674	2.8	23.0
Medical Goods (Non-Specified by Function)	2,751	14.3	2,866	14.2	2,992	14.1	3,084	13.7	3,130	13.2	13.8
Preventive Care	517	2.7	527	2.6	563	2.6	584	2.6	634	2.7	22.6
Governance and Health System Administration and Financing	575	3.0	549	2.7	567	2.7	567	2.5	556	2.3	-3.3
Health Care Services N.E.C	161	0.8	171	0.8	202	1.0	209	0.9	227	1.0	41.0
Total	19,230	100.0	20,143	100.0	21,259	100.0	22,452	100	23,781	100	23.7

Source: System of Health Accounts, Central Statistics Office.

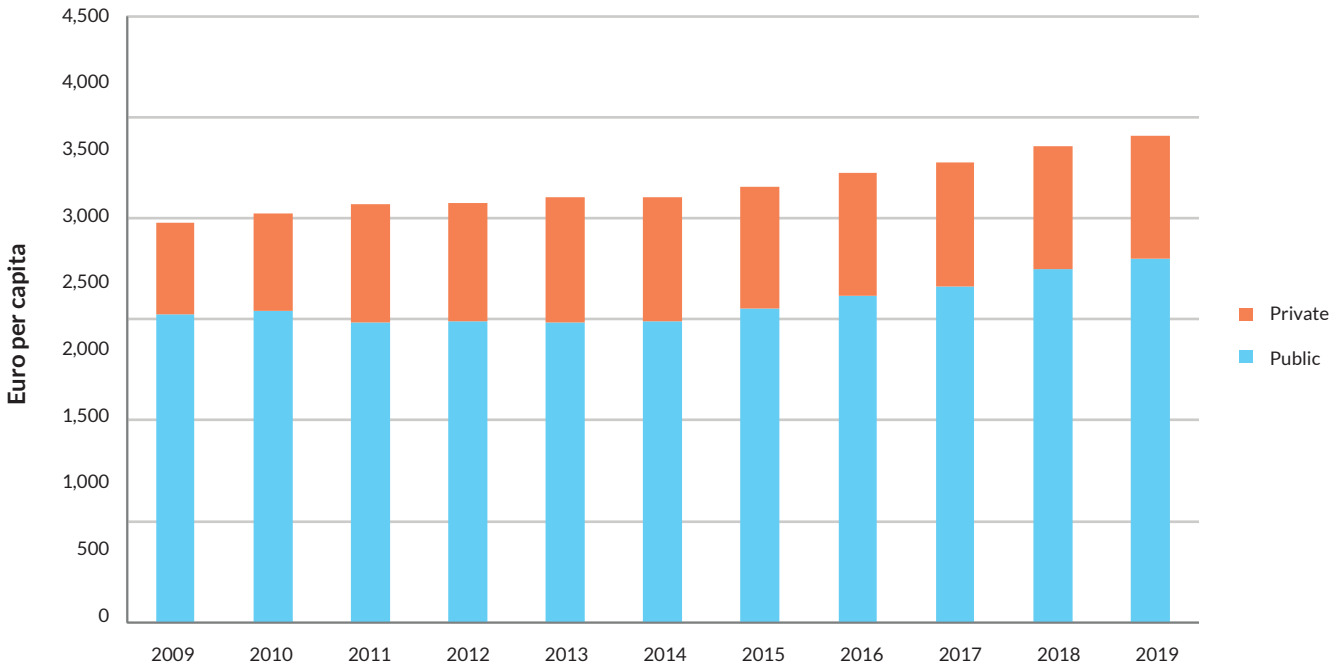
Table 6.6
Current Health Care Expenditure by Provider, 2015 to 2019

Provider	2015		2016		2017		2018		2019		2015-2019
	€m	%	€m	%	€m	%	€m	%	€m	%	% change
Hospitals	6,976	36.3	7,369	36.6	7,868	37.1	8,388	37.4	9,081	38.2	27.7
Long-Term Residential Facilities	3,497	18.2	3,669	18.2	3,799	17.9	3,979	17.7	4,157	17.5	23.3
Ambulatory Health Care Providers	3,839	20.0	3,981	19.8	4,162	19.6	4,435	19.8	4,756	20.0	23.0
Ancillary Health Care Providers	270	1.4	282	1.4	280	1.3	298	1.3	312	1.3	13.8
Retailers of Medical Goods	2,664	13.9	2,775	13.8	2,901	13.7	2,972	13.2	3,012	12.7	22.6
Providers of Preventative Care	228	1.2	233	1.2	257	1.2	270	1.2	299	1.3	-3.3
Providers of Health Care Administration and Financing	569	3.0	543	2.7	562	2.6	561	2.5	551	2.3	41.0
Rest of the Economy	994	5.2	1,048	5.2	1,157	5.5	1,251	5.6	1,347	5.7	23.7
Rest of the World	36	0.2	41	0.2	55	0.3	81	0.4	71	0.3	96.8
Providers N.E.C.	159	0.8	168	0.8	177	0.8	196	0.9	196	0.8	23.8
Total Current Health Care Expenditure	19,230	100.0	20,107	100.0	21,219	100.0	22,432	100.0	23,782	100.0	23.7

Source: System of Health Accounts, Central Statistics Office.

Figure 6.3

Total Health Expenditure per Capita in Ireland in Real Terms, 2009 to 2019



Source: OECD, CSO.

Notes:
(i) Total Current Health Expenditure is measured in Euro and has been deflated to real prices by using the CSO National Accounts series for net expenditure by central and local government on current goods and services at base year 2016.
(ii) b: break in series.
(iii) e: OECD estimate.

Table 6.7

Total current health expenditure per capita (US$PPPs) and as % of GDP/GNI* for selected OECD countries, 2019#

	Per Capita			% GDP/GNI*		
Country	Public	Private	Total	Public	Private	Total
Australia	3,378.8	1,540.4	4,919.2	6.5	2.9	9.4
Austria	4,292.1	1,413.0	5,705.1	7.9	2.6	10.4
Belgium	4,192.4	1,266.0	5,458.4	8.2	2.5	10.7
Canada	3,768.3	1,602.1	5,370.4	7.6	3.2	10.8
Chile	1,388.7	902.8	2,291.5	5.7	3.7	9.3
Czech Republic	2,795.6	621.9	3,417.5	6.4	1.4	7.8
Denmark	4,562.2	915.3	5,477.6	8.3	1.7	10.0
Estonia	1,867.6	639.5	2,507.1	5.0	1.7	6.7
Finland	3,550.3	1,011.1	4,561.5	7.1	2.0	9.2
France	4,415.0	859.3	5,274.3	9.3	1.8	11.1
Germany	5,514.4	1,003.6	6,518.0	9.9	1.8	11.7
Greece	1,385.8	930.0	2,319.0	4.7	3.1	7.8
Hungary	1,482.5	687.3	2,169.8	4.3	2.0	6.4
Iceland	3,763.8	777.0	4,540.8	7.1	1.5	8.6
Ireland (GNI*)	3,791.0	1,292.3	5,083.2	8.3	2.8	11.1
Israel	1,880.8	962.1	2,903.4	4.8	2.5	7.5
Italy	2,700.6	952.8	3,653.4	6.4	2.3	8.7
Japan	3,936.6	754.8	4,691.5	9.3	1.8	11.0
Korea	2,077.2	1,329.1	3,406.3	5.0	3.2	8.2
Latvia	1,275.2	798.8	2,074.0	4.1	2.6	6.7
Lithuania	1,810.4	916.2	2,727.2	4.7	2.4	7.0
Luxembourg	4,600.0	742.4	5,414.5	4.6	0.7	5.4
Mexico	558.6	574.3	1,133.0	2.7	2.8	5.4
Netherlands	4,743.0	996.2	5,739.2	8.4	1.8	10.2
New Zealand	3,355.2		4,211.9	7.2		9.1
Norway	5,788.2	956.4	6,744.6	9.0	1.5	10.5
Poland	1,643.2	646.1	2,289.3	4.6	1.8	6.5
Portugal	2,041.1	1,306.3	3,347.4	5.8	3.7	9.5
Slovak Republic	1,746.7	442.3	2,189.1	5.6	1.4	7.0
Slovenia	2,404.4	899.0	3,303.5	6.2	2.3	8.5
Spain	2,542.5	1,057.8	3,600.3	6.4	2.7	9.1
Sweden	4,712.7	839.2	5,551.9	9.3	1.7	10.9
Switzerland	4,765.7	2,372.4	7,138.1	7.5	3.8	11.3
Turkey	987.2	279.8	1,266.9	3.4	1.0	4.3
United Kingdom	3,533.2	966.9	4,500.1	8.0	2.2	10.2
United States	9,053.8	1,894.6	10,948.5	13.9	2.9	16.8

Source: OECD, Eurostat.

Notes:

(i) #Data for Australia, Japan and New Zealand is estimated. Data for Canada and Spain is provisional

(ii) Per Capita Expenditure is expressed in US$ Purchasing Power Parities (US$PPPs).

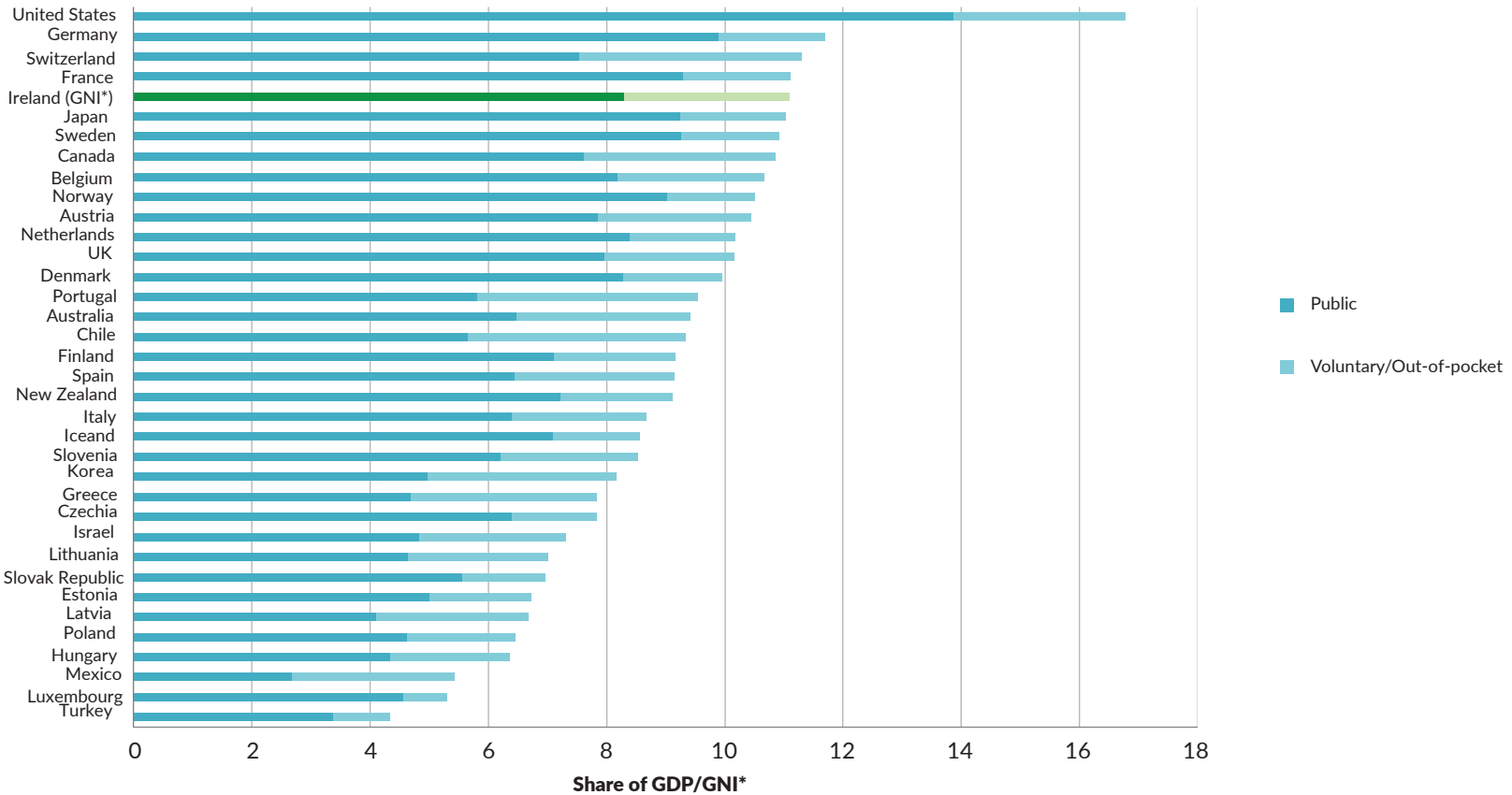
(iii) GDP: Gross Domestic Product.

(iv) As PPPs are statistical constructs rather than precise measures, minor differences between countries should be interpreted with caution.

(v) Modified Gross National Income (GNI*): adjusted for retained earnings of re-domiciled firms and depreciation on foreign-owned domestic capital assets.

Figure 6.4

Health Expenditure as a share of GDP for selected OECD Countries and GNI* for Ireland, 2019

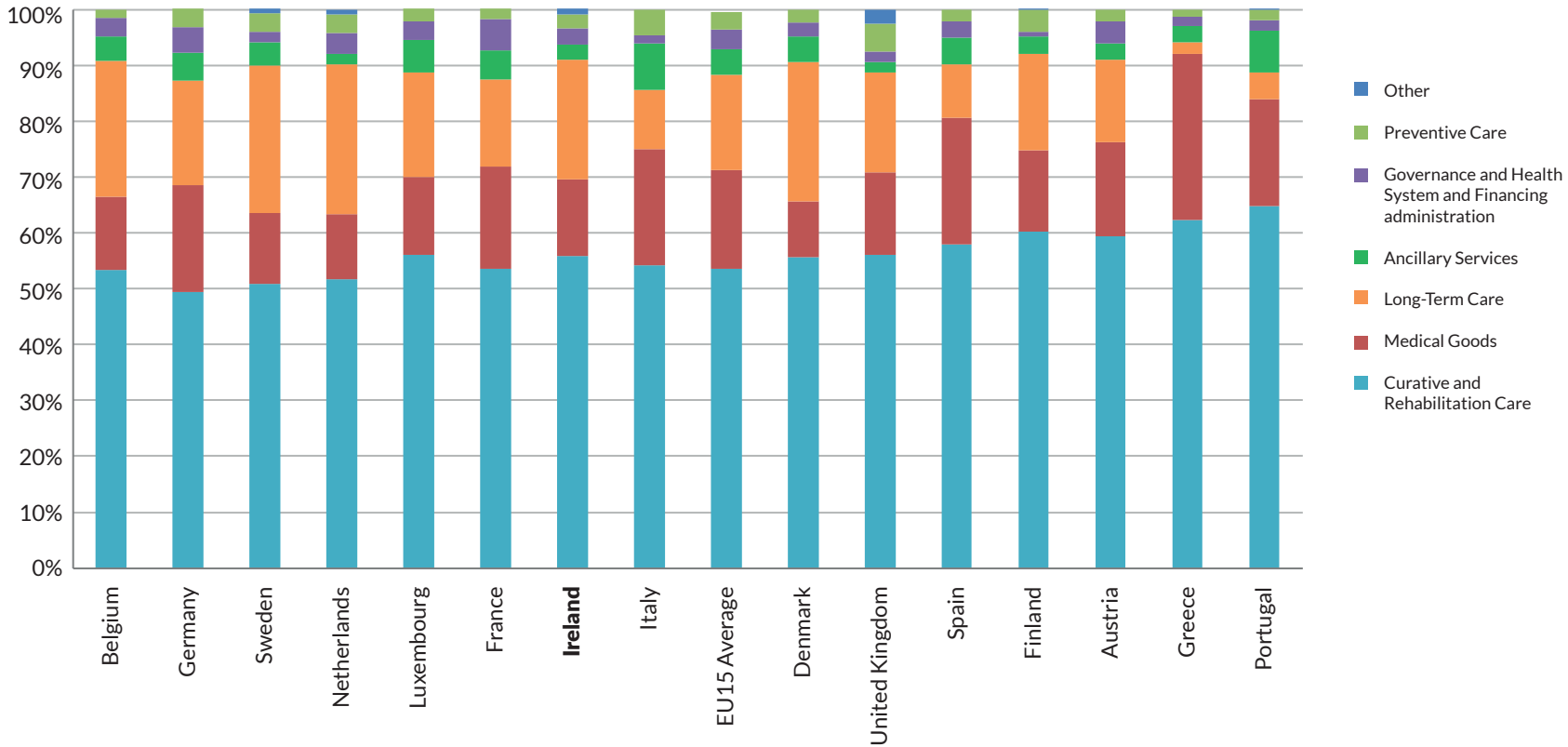


Source: OECD Health Statistics

Notes:
(i) Data for Australia, Japan and New Zealand is estimated. Data for Canada and Spain is provisional
(ii) Modified Gross National Income (GNI*): adjusted for retained earnings of redomiciled firms and depreciation on foreign-owned domestic capital assets.
(iii) Voluntary/Out-of-pocket includes private insurance.

Figure 6.5

Health Expenditure by Type of Care as a % of Total Health Expenditure, EU15, 2018



7. Covid-19

This section presents statistics on the Covid-19 pandemic from March 2020 to the mid of November 2021. It shows the trends in the numbers of Vaccinations, cases, hospitalisations, ICU admissions and Deaths, and situates the Irish experience of the pandemic internationally, by also showing European data for these key metrics.

Table 7.1 shows confirmed Covid-19 Cases, Hospitalisations, Admissions to ICU and confirmed, probable and possible deaths per age group from the beginning of March 2020 to the end of November 2021. During this period, there were 502,952 cases, 19,606 hospitalisations, 2,074 patients admitted to ICU and just over 5,592 deaths. Figures 7.1(a) – (d) breaks these down by gender and age, in the older age groups particularly in the 85+ group there is a noticeable gender difference, this is largely due to greater female life expectancy. Figure 7.2 – Figure 7.6 look at the 7-day moving average trends over the pandemic. The peak of the pandemic occurred between December 2020 and February 2021 with all highest daily totals tallied during this peak.

There were 5,592 Covid-19 confirmed, probable and possible deaths. Of these deaths, 86% of deaths associated with Covid-19 had an underlying condition (Table 7.2). While 7.9% had no underlying condition and 5.4% were unknown.
In late December 2020 Irelands vaccination rollout officially began. By 14th November, 90.7% of the eligible population had received at least one dose of a vaccine and 89.1% were fully vaccinated (Figure 7.7). The eligible population refers to the population of Ireland who are eligible to receive a vaccine. NIAC's (National Immunisation Advisory Committee) recommendation on this is that all those aged 12 and over can avail of an approved Covid-19 vaccine. Z

Table 7.1

Covid-19: Age Breakdown of Confirmed Cases, Hospitalisations, ICU and Deaths March 2020 - 14th November 2021

Outcome	0-4	5-12	13-18	19-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total
Cases	20,994	49,110	41,229	66,983	83,870	78,828	64,742	46,946	25,657	15,081	9,512	502,952
Hospitalisations	376	212	326	714	1,508	1,757	2,275	2,624	3,346	3,925	2,543	19,606
ICU	11	10	15	24	97	197	380	494	571	250	25	2,074
Deaths	0	0	<5	<5	15	40	120	323	907	1,871	2,307	5,592

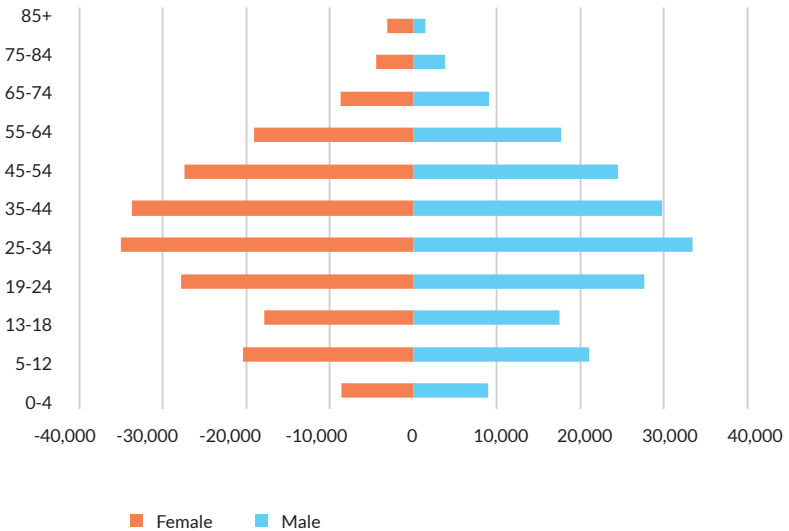
Source: Health Protection Surveillance Centre, HPSC

Note:

* The number of cases hospitalised, cases admitted to ICU and deaths described in the above table relate only to COVID-19 cases who were notified during this reporting period, and where the outcome is known at the time of reporting. It does not reflect all hospitalisations, ICU admissions and deaths related to COVID-19 which occurred during the period covered by the report. It also does not reflect the final number of cases hospitalised, admitted to ICU or deaths for these cases notified during this period as the outcome may not yet have occurred, or is yet to be notified
* The case definition for COVID-19 in Ireland has been updated routinely during the pandemic in accordance with the European Centre for Disease Prevention and Control (ECDC) guidance and updates.
* Deaths in confirmed COVID-19 case: A death in a person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms (including post mortem).
* Deaths in probable COVID-19 case: A death in a person with probable COVID-19 infection
* Deaths in possible/suspect COVID-19 case: See below scenarios for possible/suspect cases which should be reported as COVID-19 deaths.
  All deaths in patients suspected of having COVID-19 i.e. patients with symptoms clinically compatible with COVID-19 illness. These suspect cases may or may not have been tested for COVID-19 prior to death. These possible COVID-19 deaths include patients with pending COVID-19 laboratory results.
  All unexplained deaths/sudden deaths in residential facilities with a confirmed/suspected COVID-19 cluster/outbreak of illness unless there is a clear alternative cause of death that cannot be related to COVID-19 disease (e.g. trauma)
* This applies to all following Tables, Charts and Graphs sourced from HPSC
* Data Extracted from 14/11/2021. This applies to this Table and Figures 7.1 - Figure 7.6

Figure 7.1(a)

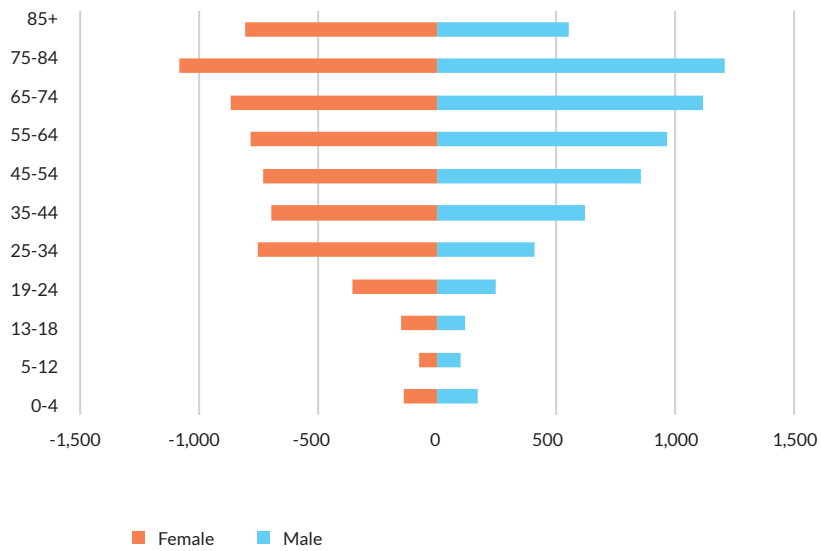
No. of Confirmed Covid-19 Cases by Gender and Age Group - March 2020 to 14th November 2021



Source: Health Protection Surveillance Centre, HPSC

Figure 7.1(b)

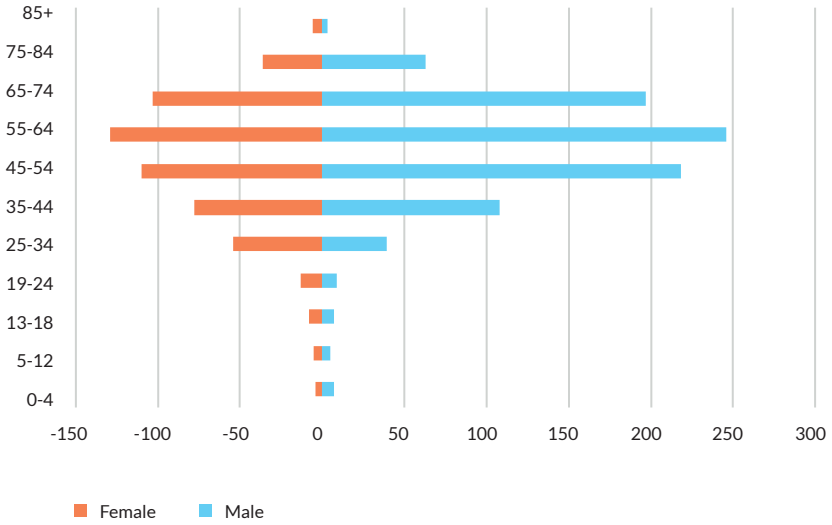
No. of Confirmed Covid-19 Cases Hospitalised by Gender and Age Group - March 2020 to 14th November 2021



Source: Health Protection Surveillance Centre, HPSC

Figure 7.1(c)

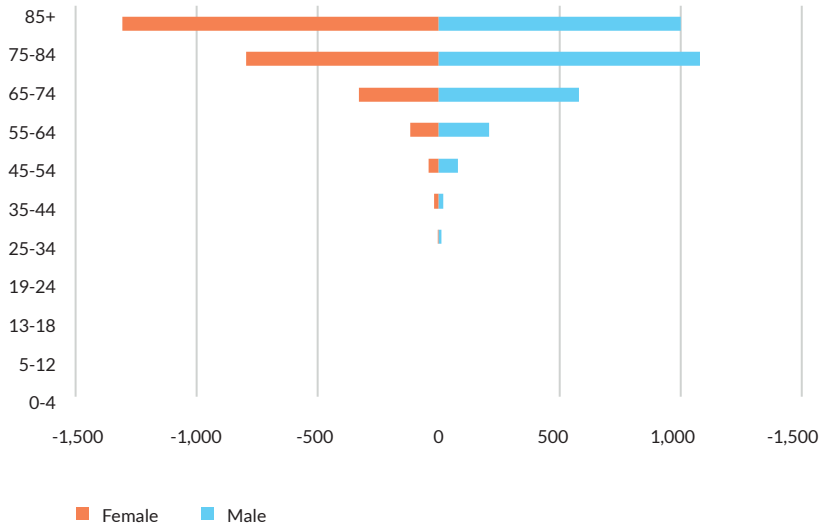
No. of Confirmed Covid-19 Cases Admitted to ICU by Gender and Age Group - March 2020 to 14th November 2021



Source: Health Protection Surveillance Centre, HPSC

Figure 7.1(d)

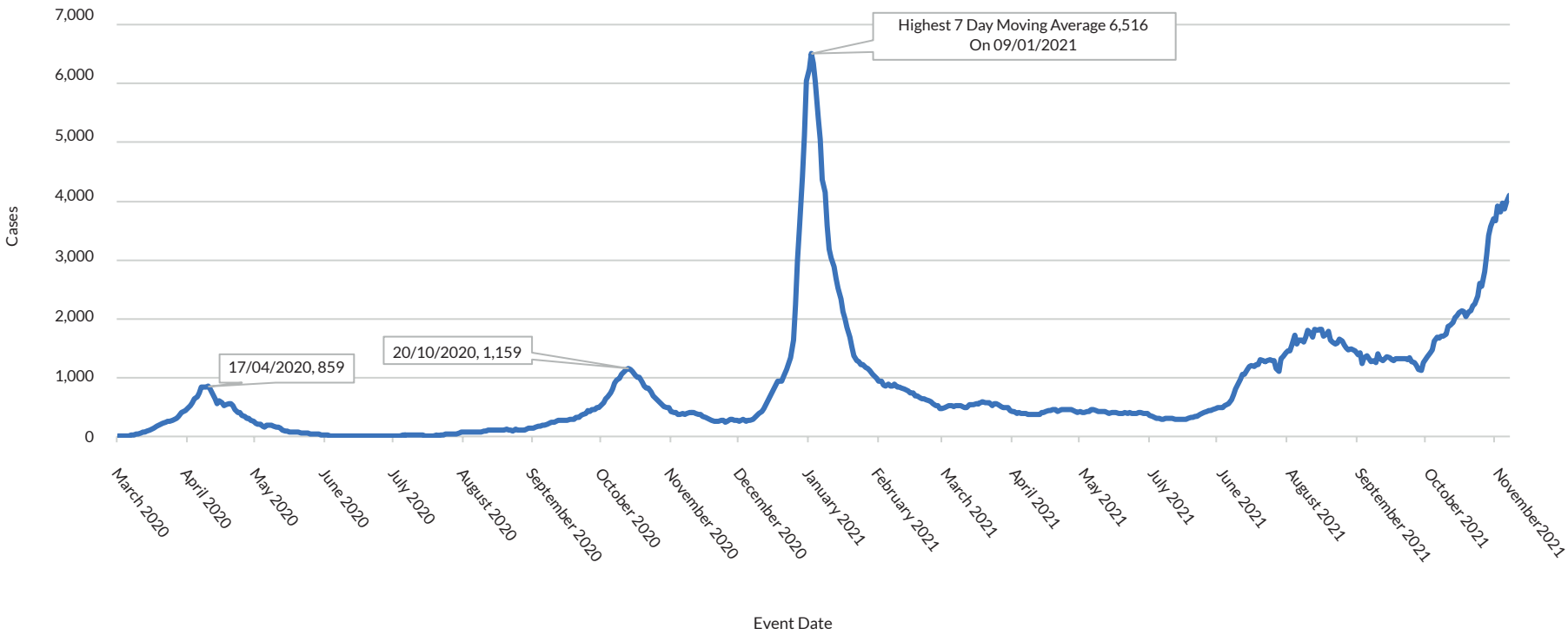
No. of Confirmed, Probable and Possible Covid-19 Deaths by Gender and Age Group - March 2020 to 14th November 2021



Source: Health Protection Surveillance Centre, HPSC

Figure 7.2

Covid-19: 7 Day Moving Average - Confirmed Cases March 2020 to 14th November 2021

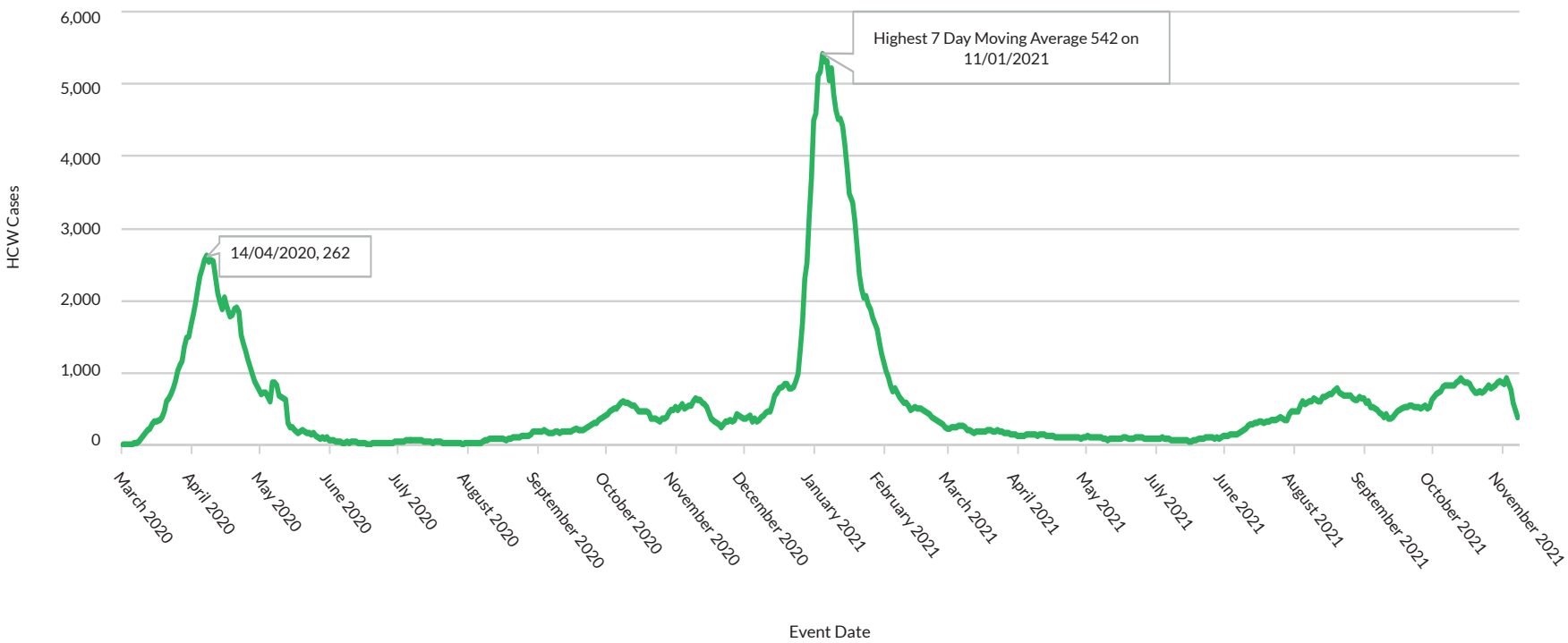


Source: Health Protection Surveillance Centre, HPSC

***Note:** Due to low testing availability during the first wave the data does not reflect the true cases numbers during this period

Figure 7.3

Covid-19: Confirmed HealthCare Worker Cases March 2020 - 14th November 2021



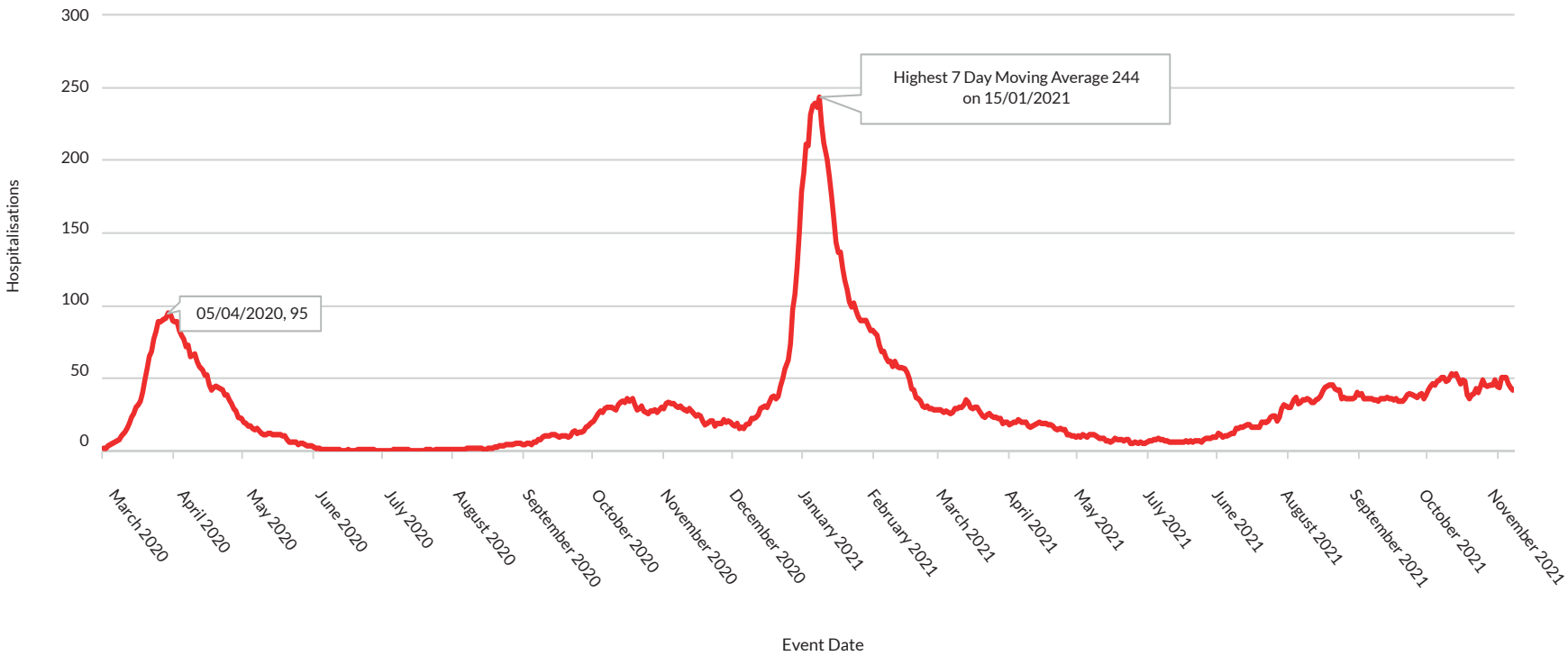
Source: Health Protection Surveillance Centre

Note:

* Healthcare worker definition: Healthcare worker (HCW) status is determined both by self-classification and workplace. The definition includes anyone who self-identifies as a HCW irrespective of where they work. In addition, all staff that work in any healthcare facility (includes cleaners, household staff etc.) are classified as HCWs. The category includes HCWs employed both by public and private providers.
* HCW Cases for the period during the Cyber attack (14th May) are under-reported.

Figure 7.4

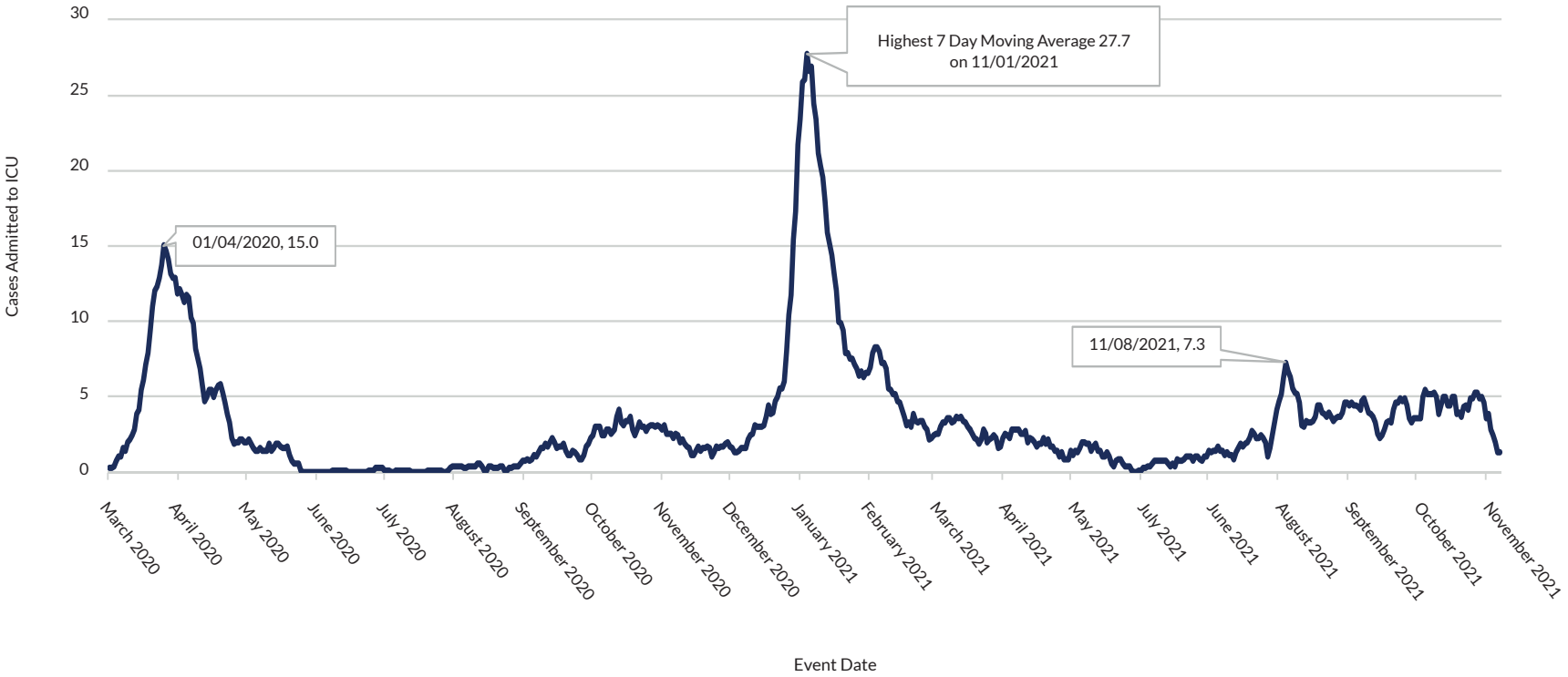
Covid-19: 7 Day Moving Average - Cases that were hospitalised March 2020 to 14th November 2021



Source: Health Surveillance Protection Centre, HPSC

Figure 7.5

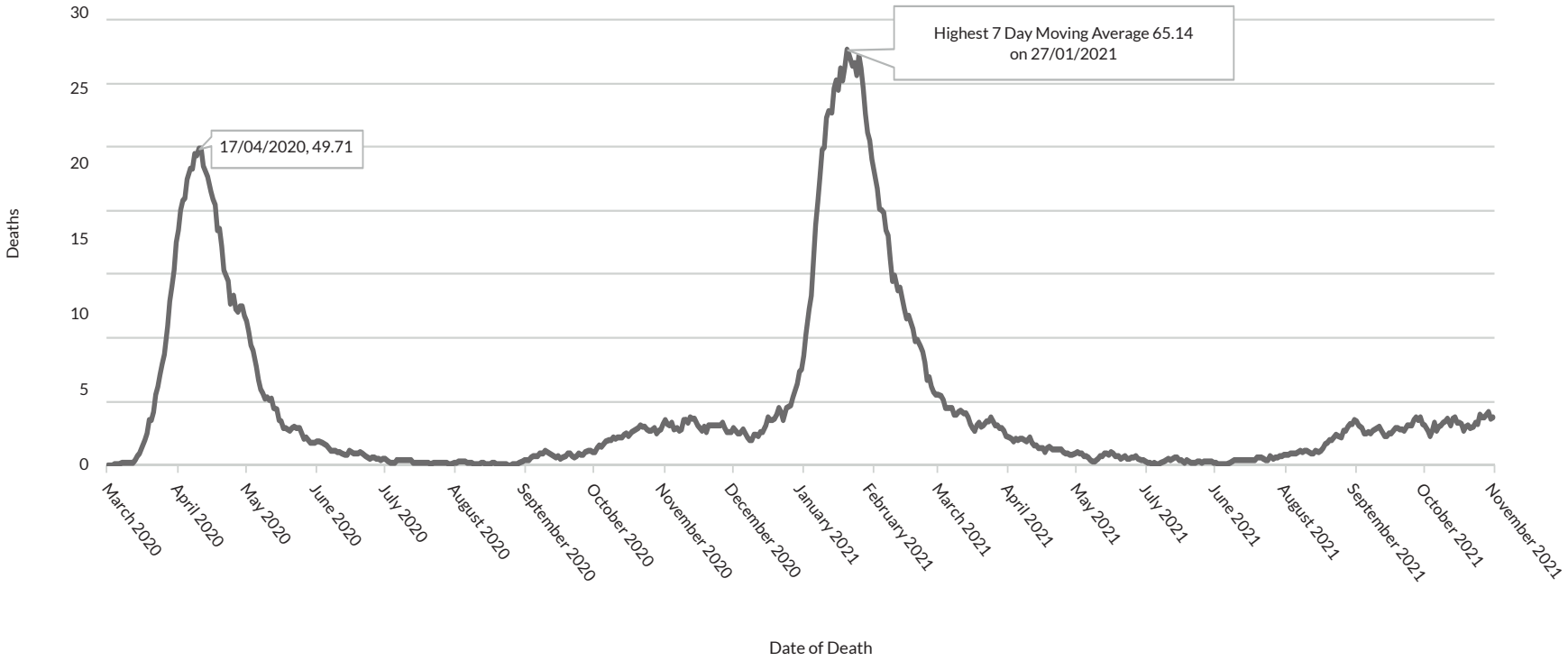
Covid-19: 7 Day Moving Average - Confirmed Cases Admitted to ICU March 2020 to 14th November 2021



Source: Health Surveillance Protection Centre, HPSC

Figure 7.6

Covid-19: 7 Day Moving Average - Confirmed, Possible and Probable Deaths by Date of Death March 2020 to 7th November 2021



Source: Health Surveillance Protection Centre, HPSC

Table 7.2

Covid-19: Confirmed, Possible and Probable Deaths with Underlying Conditions March 2020 - 14th November 2021

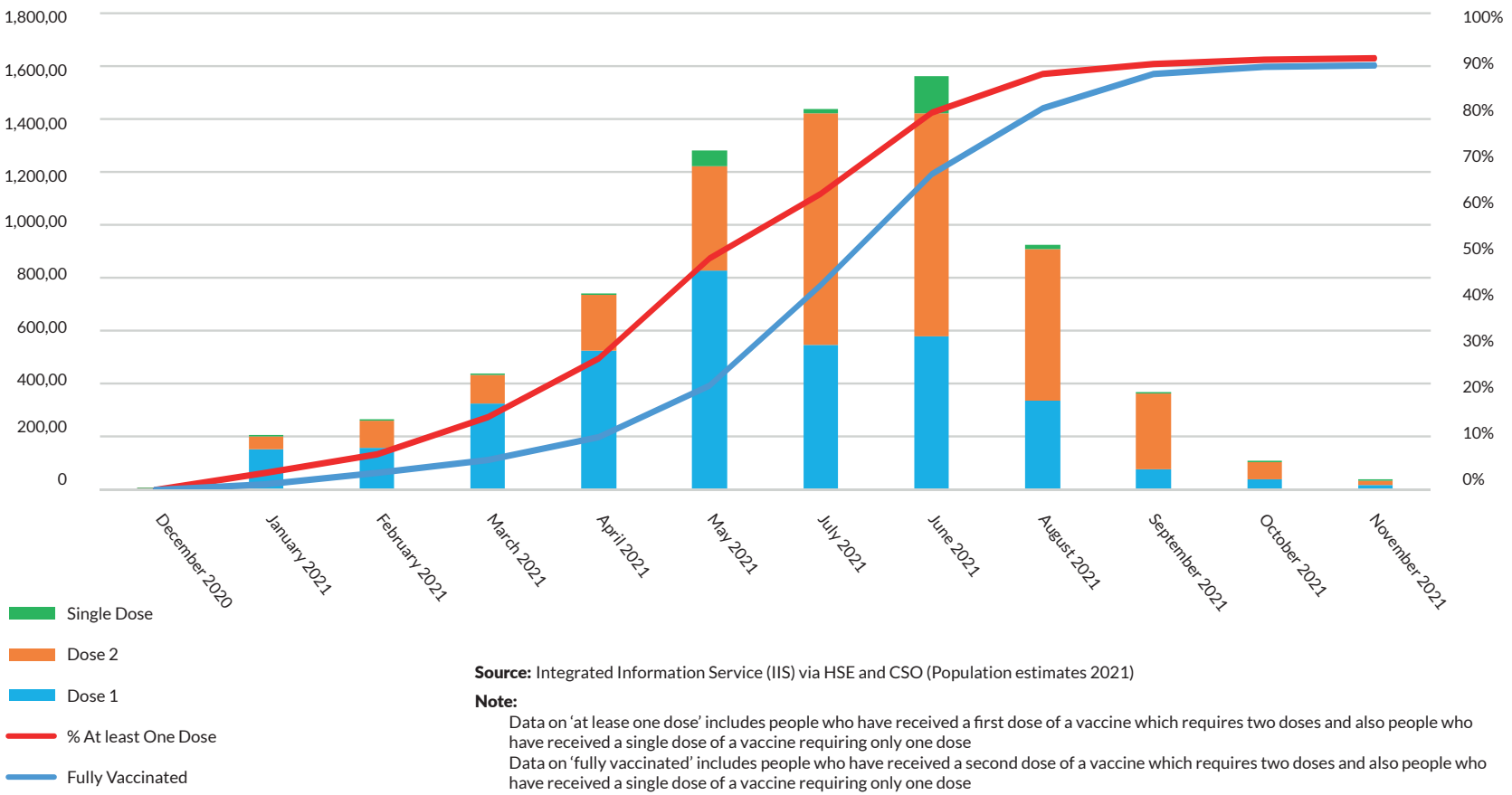
Deaths - Underlying clinical conditions	Count	%
No	443	7.9%
Yes	4,793	85.7%
Unknown	356	5.4%
Total Deaths	**5,592**	**100.0%**

Source: Health Protection Surveillance Centre, HPSC

Note:
The number of deaths described in the above table relate only to COVID-19 cases who died within this time period and whose death has been reported to CIDR up to 14/11/2021. It also does not reflect the final number of deaths occurring for this period as the outcome may not yet have occurred, or is yet to be reported to CIDR.

Figure 7.7

Covid-19 Vaccinations: Dose Number and Cumulative Percent of the Eligible Population Vaccinated with At Least One Dose and Fully Vaccinated - December 2020 to 14th November 2021



Source: Integrated Information Service (IIS) via HSE and CSO (Population estimates 2021)

Note:

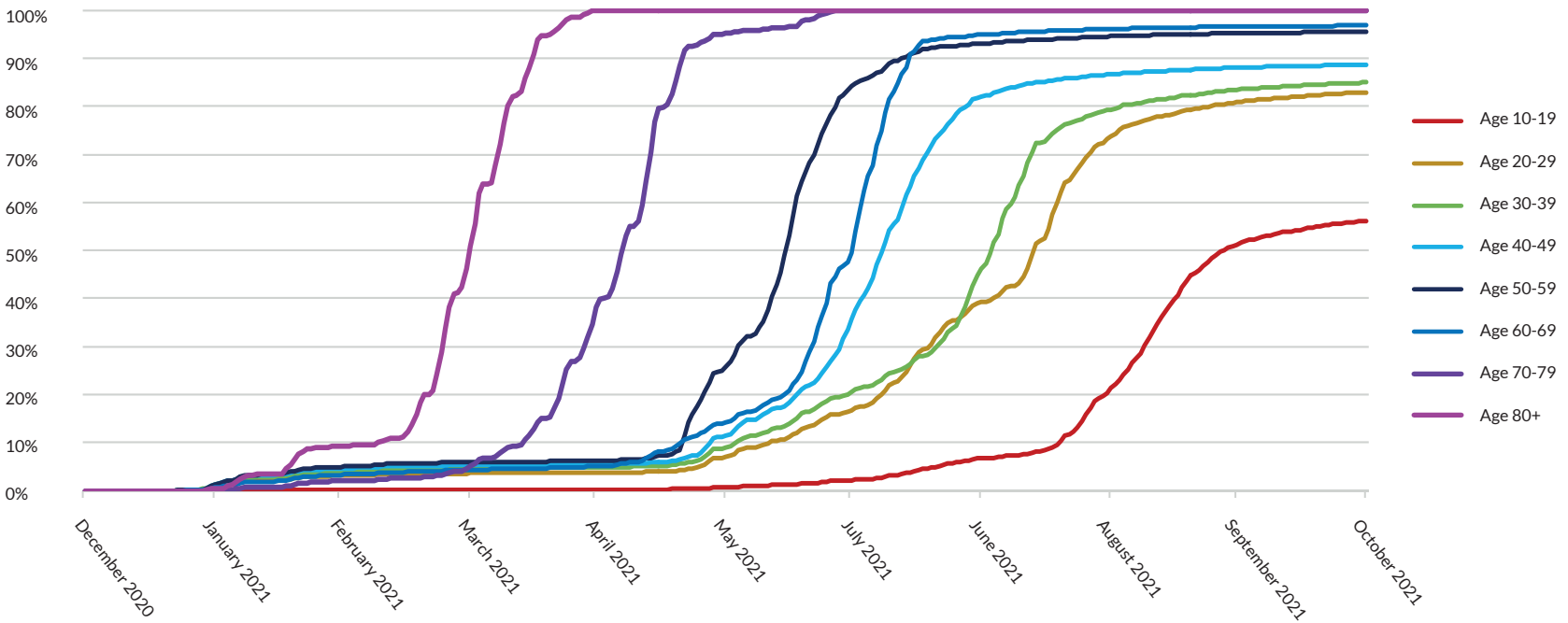
Data on 'at lease one dose' includes people who have received a first dose of a vaccine which requires two doses and also people who have received a single dose of a vaccine requiring only one dose

Data on 'fully vaccinated' includes people who have received a second dose of a vaccine which requires two doses and also people who have received a single dose of a vaccine requiring only one dose

The eligible population is all those who can avail of a COVID-19 vaccine as per the National Immunisation Advisory Committee's recommendation. At the moment, that is all those aged 12 years and over

Figure 7.8

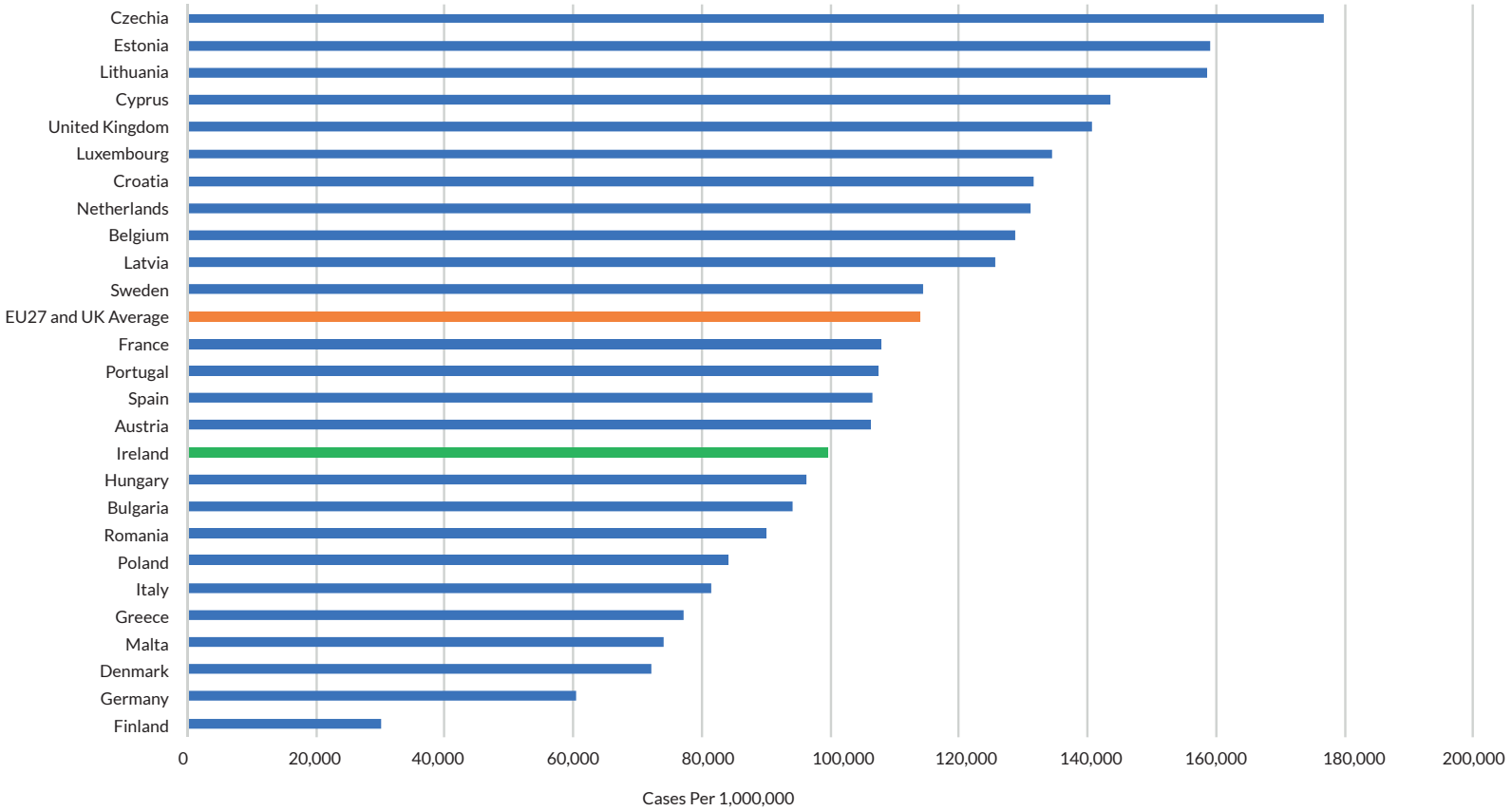
Covid-19 Vaccinations: Vaccine uptake rates - Fully Vaccinated December 2020 to 14th November 2021



Source: Integrated Information Service (IIS) via HSE and CSO (Population estimates 2021)

Figure 7.9

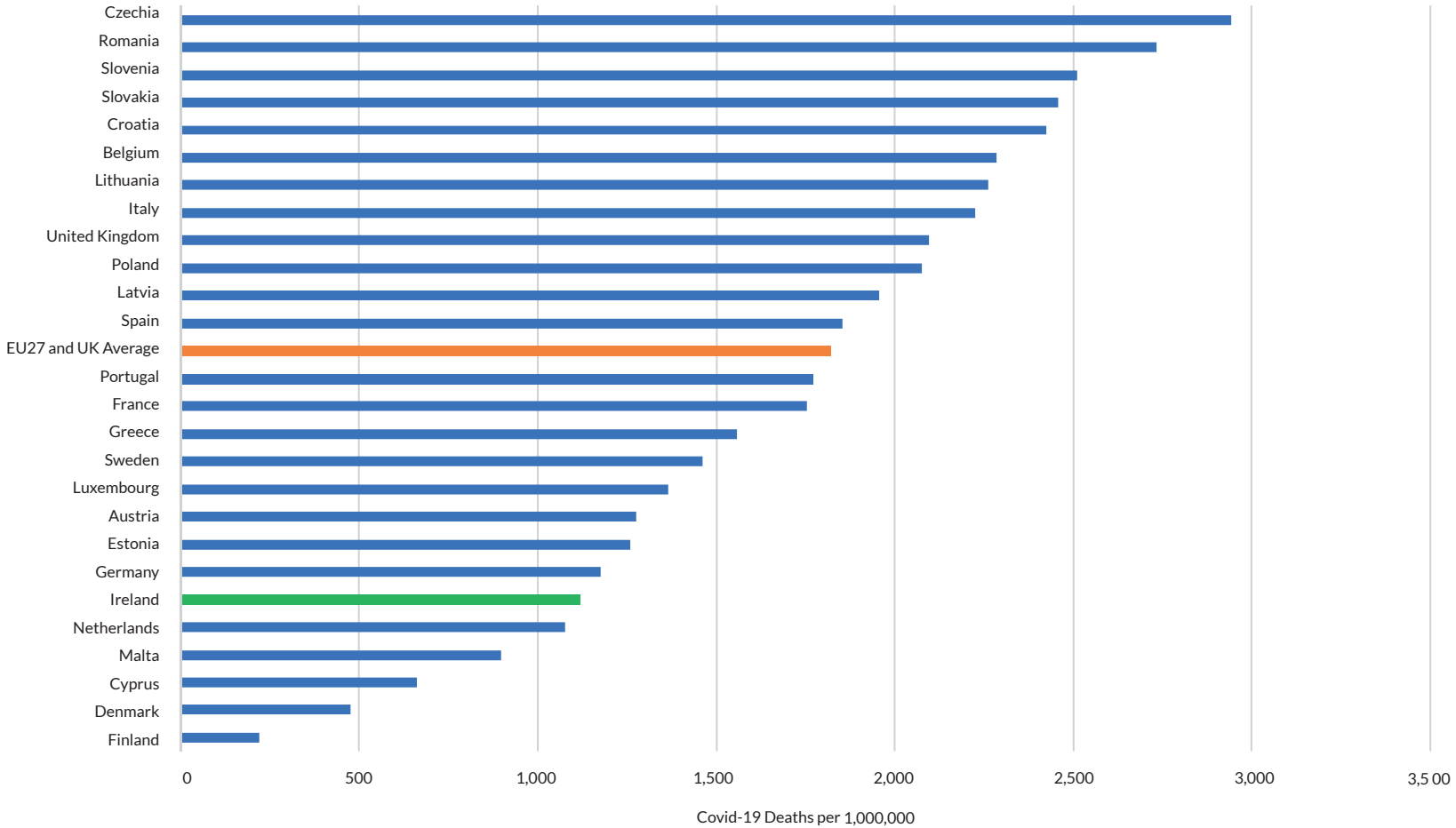
Covid-19: Total Cases per Million in the EU27 and UK February 2020 to 14th November 2021



Source: ECDC, OWID and Public Health England

Figure 7.10

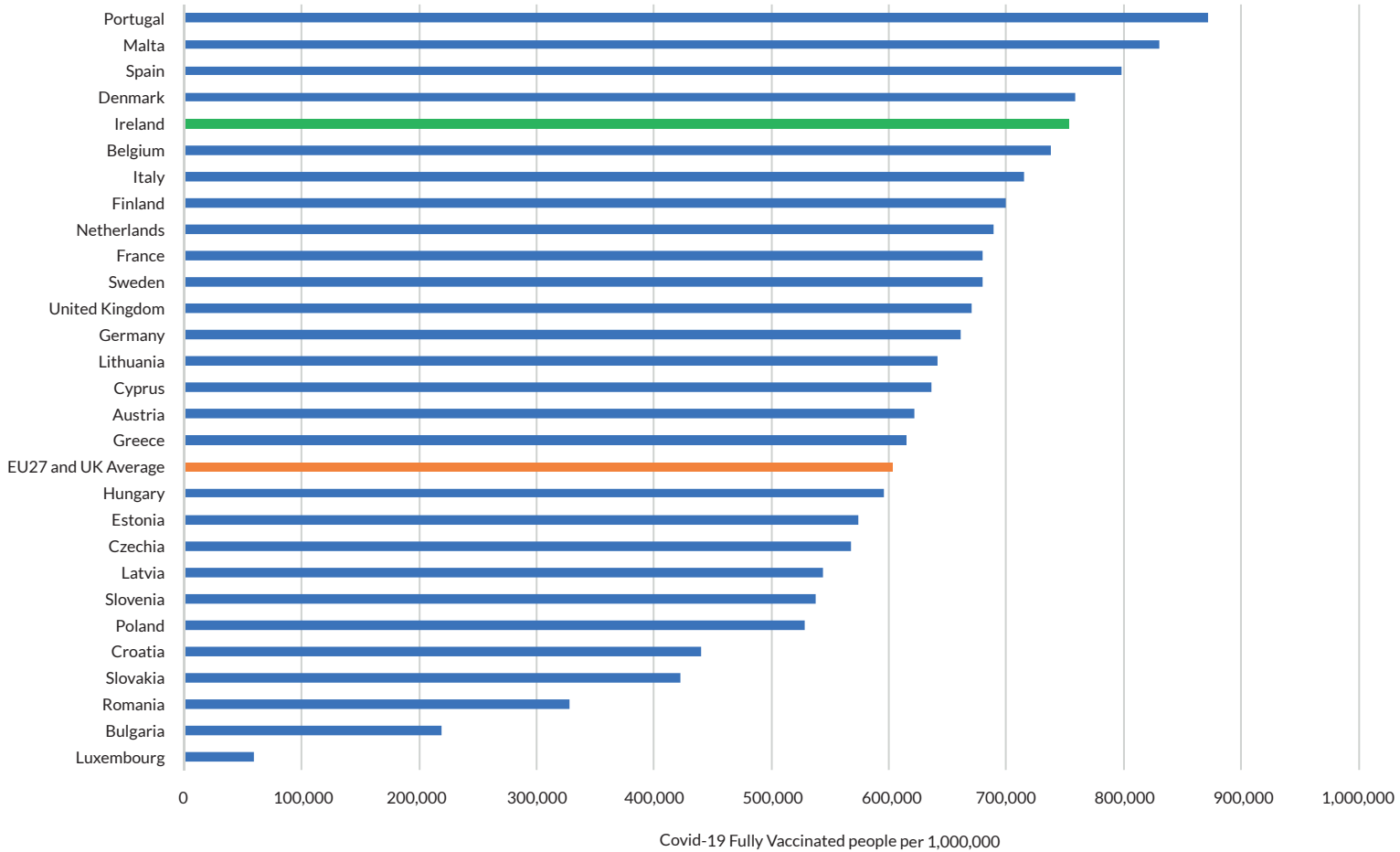
Covid-19: Total Deaths per Million of the Population in the EU27 and UK February 2020 to 14th November 2021



Source: ECDC and Public Health England

Figure 7.11

Covid-19: Fully Vaccinated People per Million of the Population in the EU27 and UK - February 2020 to 14th November 2021



Source: Our World in Data

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