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

Epidemiological update
12th August 2022

- A total of 3,192 confirmed PCR cases have been reported in the 7 days to 10th August 2022 (cases notified to midnight 9th August 2022), which is an 8% decrease from last week when 3,461 PCR positive cases were reported in the 7 days to 3rd August.
- There were 4,927 positive antigen test results reported in the 7 days to 10th August 2022 (results uploaded to HSE portal up to 9th August 2022), which is an 8% increase from last week when 4,582 positive antigen test results reported in the 7 days to 3rd August 2022.
- As of 10th August 2022, the 14-day incidence rate (PCR) per 100,000 population is 140: a decrease of 20% from a week previously (175). 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 48%, demonstrating that there were fewer confirmed cases identified through PCR testing in laboratories in the 7 days to 10th August, compared with the preceding 7 days.
- The 5-day rolling average of daily reported cases (PCR) is 406 as of 10th August, which is 13% higher than that reported on 3rd August (359).
- Regarding national SARS-CoV-2 wastewater surveillance, in week 31 (to 6th August), of the 59 catchment areas for which a change from the previous week could be calculated, the viral load remained stable (within +/- 10%) in 34 of them, while 9 experienced decreases of 10% or more, and 16 saw increases of at least 10%. Of these, 16 had an increase from 10 to 50%, and 0 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 364 confirmed COVID-19 cases in hospital this morning (12th August), compared with 380 last week on 5th August. There have been 65 newly confirmed cases in hospital in the 24 hours preceding this morning. On average, there have been 56 new COVID-19 hospitalisations per day observed in the seven days to 12th August.
- As of 9th August, 38.5% of hospitalised cases were categorised as hospitalised for COVID-19, with the remaining 61.5% categorised as asymptomatic COVID-19 cases and potentially infectious.
- As of 9th August 2022, the age breakdown of cases hospitalised for COVID-19 (N=213): 82 (38.5%) aged 80 and older, 67 (31.5%) aged 65-79, 30 (14.1%) aged 50-64, 28 (13.1%) aged 15-49 and 6 (2.8%) aged 0-14 years old.
- According to the latest HSE data on cases hospitalised for COVID-19 (N=213), as of 9th August 2022, 51% had received at least one booster vaccination, 28% had completed their primary vaccination course and 21% had not completed their primary vaccination course.
- According to the latest (9th August) HSE data on cases hospitalised for COVID-19, of the 82 persons aged 80 and older, 23% had received their second booster. Of the 67 cases aged 65-79 years, 19% had received their second booster.
- There were 20 confirmed cases in critical care as of this morning (12th August 2022), compared with 34 a week ago (5th August). There were no new admissions to critical care in the 24 hours preceding this morning. On average, there has been approximately 1 new COVID-19 admission

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per day observed in the seven days to 12th August. Of the 20 cases in critical care this morning, 10 were invasively ventilated.

- The number of COVID-19 cases in ICU whose primary reason for admission to ICU was COVID-19 has decreased from 13 on 2nd August to 11 on 9th August. The proportion of COVID-19 cases in ICU for whom the primary reason for admission to ICU was COVID-19 decreased from 48% on 2nd August to 39% on 9th August.
- According to National Office of Clinical Audit (NOCA) data as of 9th August 2022, where vaccination status was known (N=26), 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=21), 90% were recorded as having received one booster/additional dose.
- As of 9th August, 152 patients were in receipt of non-invasive ventilation/Continuous Positive Airway Pressure (CPAP) or High-Flow Oxygen in non-critical care settings, of whom 37 patients were COVID-19 cases.
- There continues to be a significant number of cases of hospital acquired infections (note this is based on data to the week ending 31st July 2022). There were 84 hospital acquired COVID-19 infections reported in the week ending 31st July, compared to 113 in the week ending 24th July and 234 in the week ending 17th July.
- As of 10th August 2022, there have been 7,743 COVID-19 related deaths reported in Ireland since the outset of the pandemic. As of midnight 9th August 2022, there have been 8 COVID-19 related deaths notified which occurred in August 2022, 126 which occurred in July, 101 which occurred in June and 124 in May.
- Recent whole genome sequencing results (to 1st August 2022) indicate BA.5 is the dominant Omicron sub-lineage in Ireland.
- As of 10th 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 10th 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 10th August, approximately 63% of the population aged 85 years and older, 69% of those aged 75-84 years and 58% of those aged 65-74 years have received a second booster dose.

Outbreaks for week 31 (31st July to 6th August) are based on those reported up to midnight on 6th August 2022.

There was a total of 28 COVID-19 outbreaks notified in week 31. Regional departments of public health are currently prioritising the reporting of outbreak investigations in settings that would benefit most from public health and clinical intervention.

Healthcare setting outbreaks:

- There were 13 new nursing home and 2 new community hospital/long-stay unit outbreaks reported in week 31. The case range of these outbreaks was 2-13 cases.
- There were 2 new acute hospital outbreaks reported in week 31, with a range of 2-16 cases.
- There were 8 new outbreaks reported in a residential institution setting (4 in centres for disabilities, 2 in mental health facilities and 2 in facilities for asylum seekers / refugees) in week 31, with 2-7 cases.
- There was 1 new outbreak in 'other healthcare services' in week 31.

Noting that national SARS-CoV-2 testing guidance may influence trends, the number of infections detected and reported daily has been broadly stable. PCR testing volumes and test positivity have also been stable. 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 380 a week ago (5th August), and to 364 as of this morning. The daily average number of newly confirmed cases in hospital is stable. Data for COVID-19 cases in hospital as of 9th August show that 38.5% were hospitalised for COVID-19 disease, with the remainder categorised as asymptomatic infectious cases.

The total number of confirmed cases in critical care (20 as of 12th August) has reduced in recent days, noting some day-to-day variation. The number of ICU COVID-19 cases requiring mechanical ventilation has been stable. The proportion of cases whose primary reason for admission to ICU was COVID-19 was 39% as of 9th August. The number of COVID-19 patients in receipt of advanced respiratory support in hospital settings outside of ICU has been relatively stable.

The number of notified outbreaks has been broadly stable 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 (364 COVID-19 inpatients on 12th 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 30 (24th to 30th July 2022) and week 29 (17th to 23rd July 2022), BA.5 Omicron descendant lineages continue to be dominant globally, with an increase in weekly prevalence from 68.9% to 69.7%. For the same time period, the weekly prevalence of BA.4, BA.2.12.1 and BA.2 reduced globally. WHO further reports that BA.5 descendant lineages are increasing in diversity, with additional mutations in spike and non-spike regions. WHO continues to monitor all lineages to track any increase in prevalence and change in viral characteristics.

The European Centre for Disease Prevention and Control (ECDC) has reported that Omicron sub-lineage BA.2.75 has been detected in a number of countries in the European Union (EU)/European Economic Area (EEA) and outside the region, however no significant increasing trend in the proportion of this variant has been observed in the EU/EEA. ECDC is also monitoring variant XAK which is likely a recombinant of Omicron sub-lineages BA.1 and BA.2 that has also acquired further mutations. This variant was first detected in Germany in June 2022 and has been identified at low levels in a number of countries in the EU/EEA and outside the region, according to submissions to GISAID. ECDC has reported that there is currently no solid scientific evidence available on transmissibility, disease severity or immune escape regarding BA.2.75 and XAK. These variants have not been identified

through whole genome sequencing (WGS) in Ireland as of 1st August 2022. Recent WGS results continue to indicate BA.5 is the dominant Omicron sub-lineage in Ireland.

In summary, the overall epidemiological situation indicates high levels of infection and a significant number of cases receiving general hospital care, although this figure has reduced substantially over recent weeks. In addition, the total number of confirmed cases in critical care has reduced in recent days, noting however some day-to-day variation. The circulation of the BA.4 and BA.5 Omicron sub-lineages in Ireland has likely contributed significantly to the current epidemiological profile, with recent WGS results continuing to indicate 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 60 years and over are now eligible to register for their second COVID-19 booster vaccine. Pregnant women (from 16 weeks) and people with a weak immune system aged 12 and over can also register for 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.