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

Epidemiological update
26th August 2022

- A total of 1,802 confirmed PCR cases have been reported in the 7 days to 24th August 2022 (cases notified to midnight 23rd August 2022), which is a 35% decrease from last week when 2,791 PCR positive cases were reported in the 7 days to 17th August.
- There were 2,898 positive antigen test results reported in the 7 days to 24th August 2022 (results uploaded to HSE portal up to 23rd August 2022), which is a 22% decrease from last week when 3,737 positive antigen test results were reported in the 7 days to 17th August 2022.
- As of 24th August 2022, the 14-day incidence rate (PCR) per 100,000 population is 96: a decrease of 23% from a week previously (126). 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 39%, demonstrating that there were fewer confirmed cases identified through PCR testing in laboratories in the 7 days to 24th August, compared with the preceding 7 days.
- The 5-day rolling average of daily reported cases (PCR) is 224 as of 24th August, which is 31% lower than that reported on 17th August (324).
- Regarding national SARS-CoV-2 wastewater surveillance, in week 32 (to 13th August), of the 62 catchment areas for which a change from the previous week could be calculated, the viral load remained stable (within +/- 10%) in 47 of them, while 10 experienced decreases of 10% or more, and 5 saw increases of at least 10%. Of these, 5 had an increase from 10 to 50%, and 0 had an increase of more than 50%. When data across catchments areas was pooled and normalised for the population, the weekly distribution of SARS-CoV-2 viral load showed a stable trend.
- There were 257 confirmed COVID-19 cases in hospital this morning (26th August), compared with 291 last week on 19th August. There have been 15 newly confirmed cases in hospital in the 24 hours preceding this morning. On average, there have been 40 new COVID-19 hospitalisations per day observed in the seven days to 26th August.
- As of 23rd August, 37% of hospitalised cases were categorised as hospitalised for COVID-19, with the remaining 63% categorised as asymptomatic COVID-19 cases and potentially infectious.
- As of 23rd August, the age breakdown of cases hospitalised for COVID-19 (N=168): 62 (36.8%) aged 80 and older, 52 (31%) aged 65-79, 25 (14.9%) aged 50-64, 19 (11.3%) aged 15-49 and 10 (6%) aged 0-14 years old.
- According to the latest HSE data on cases hospitalised for COVID-19 (N=168), as of 23rd August 2022, 45% had received at least one booster vaccination, 26% had completed their primary vaccination course and 29% had not completed their primary vaccination course.
- According to the latest (23rd August) HSE data on cases hospitalised for COVID-19 (N=168), of the 62 persons aged 80 and older, 37% had received their second booster. Of the 52 cases aged 65-79 years, 31% had received their second booster.
- There were 15 confirmed cases in critical care as of this morning (26th August 2022), compared with 19 a week ago (19th August). There was 1 new admission 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 26th August. Of the 15 cases in critical care this morning, 2 were invasively ventilated.

- The number of COVID-19 cases in ICU whose primary reason for admission to ICU was COVID-19 has decreased from 8 on 16th August to 7 on 23rd August. The proportion of COVID-19 cases in ICU for whom the primary reason for admission to ICU was COVID-19 decreased from 50% on 16th August to 41% on 23rd August.
- According to National Office of Clinical Audit (NOCA) data, as of 23rd August 2022, where vaccination status was known (N=15), 13% of COVID-19 cases in ICU were unvaccinated. Of those COVID-19 cases in ICU who had completed their primary course of vaccination (N=13), 92% were recorded as having received a booster/additional dose.
- As of 22nd August, 138 patients were in receipt of non-invasive ventilation/Continuous Positive Airway Pressure (CPAP) or High-Flow Oxygen in non-critical care settings, of whom 18 patients were COVID-19 cases.
- There continues to be a significant but declining number of cases of hospital acquired infections (note this is based on data to the week ending 14th August 2022). There were 52 hospital acquired COVID-19 infections reported in the week ending 14th August, compared to 70 in the week ending 7th August, and 91 in the week ending 31st July.
- As of 24th August 2022, there have been 7,820 COVID-19 related deaths reported in Ireland since the outset of the pandemic. As of midnight 23rd August 2022, there have been 36 COVID-19 related deaths notified which occurred in August 2022, 156 which occurred in July and 109 which occurred in June.
- Recent whole genome sequencing results (to 15th August 2022) indicate BA.5 is the dominant Omicron sub-lineage in Ireland. Omicron sub-lineage BA.2.75 has recently been classified by the European Centre for Disease Prevention and Control (ECDC) as a Variant of Interest. Two cases of Omicron sub-lineage BA.2.75 have been identified in Ireland through whole genome sequencing (WGS) as of 15th August 2022.
- As of 24th 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 24th August, approximately 65% of the population aged 35-44 years, 59% of those aged 25-34 years, and 52% of those aged 16-24 years have received a first booster vaccine dose.
- As of 24th August, approximately 65% of the population aged 65 years and older have received a second booster dose.

Outbreaks for week 33 (14th August to 20th August) are based on those reported up to midnight on 20th August 2022.

There was a total of 28 COVID-19 outbreaks notified in week 33. Regional departments of public health are currently prioritising the reporting of outbreak investigations in settings that would benefit most from public health and clinical intervention.

Healthcare setting outbreaks:

- There were 12 new nursing home and 1 new community hospital/long-stay unit outbreak reported in week 33. The case range of these outbreaks was 2-7 cases.
- There were 7 new acute hospital outbreaks reported in week 33, with a range of 2-9 cases.

- There were 7 new outbreaks reported in a residential institution setting (4 in centres for disabilities, 2 in asylum seeker/refugee centres and 1 in a mental health facility) in week 33, with 2-8 cases.

Noting that national SARS-CoV-2 testing guidance may influence trends, the number of infections detected and reported daily has decreased in recent weeks. PCR testing volumes have remained stable while test positivity has reduced. 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 291 a week ago (19th August), and to 257 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 23rd August show that 37% were hospitalised for COVID-19 disease, with the remainder categorised as asymptomatic infectious cases.

The total number of confirmed cases in critical care (15 as of 26th August) has been stable, noting some day-to-day variation. The number of ICU COVID-19 cases requiring mechanical ventilation has also been stable. The proportion of cases whose primary reason for admission to ICU was COVID-19 was 41% as of 23rd August. The number of COVID-19 patients in receipt of advanced respiratory support in hospital settings outside of ICU has been stable.

The number of notified outbreaks has been stable across key vulnerable settings. COVID-19 mortality has remained broadly 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 (257 COVID-19 inpatients on 26th 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 32 (7th August to 13th August 2022) and week 31 (31st July to 6th August 2022), BA.5 Omicron descendant lineages continue to be dominant globally, with an increase in weekly prevalence from 71% to 74%. WHO reports increasing diversity within BA.5 descendant lineages, with additional mutations in the spike and non-spike regions and an increase in prevalence amongst some lineages. The prevalence of BA.2 and BA.4 descendent lineages globally has been on a continuous decline for several weeks.

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 variants BA.4 and BA.5 with amino-acid substitution at spike gene position 346 (R346X mutation) as mutations at this position may impact susceptibility of this virus to neutralisation by therapeutic antibodies. ECDC reports that increasing proportions of BA.4 and/or BA.5 with R346X mutation have been observed in several European countries. In Ireland, recent WGS results continue to indicate BA.5 is the dominant Omicron sub-lineage. Two cases of Omicron sub-lineage BA.2.75 have been identified in Ireland through whole genome sequencing (WGS) as of 15th August 2022

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 weeks and is currently stable, noting however some day-to-day variation. Recent WGS results continue 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 50 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.