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

Epidemiological update
4th November 2022

- A total of 1,420 confirmed PCR cases have been reported in the 7 days to 1st November 2022 (cases notified to midnight 31st October 2022), which is a 29% decrease from last week when 1,990 PCR positive cases were reported in the 7 days to 25th October.
- There were 2,634 positive antigen test results reported in the 7 days to 1st November 2022 (results uploaded to HSE portal in the week to 31st October), which is a 34% decrease from last week when 3,971 positive antigen test results were reported in the 7 days to 25th October 2022.
- As of 1st November 2022, the 14-day incidence rate (PCR) per 100,000 population is 72 which is 17% lower than a week previously (87). Incidence rates are likely to be underestimates.
- Nationally, the 7-day incidence (PCR) per 100,000 population as a proportion of 14-day incidence (PCR) per 100,000 population is 42%, demonstrating that there were fewer confirmed cases identified through PCR testing in laboratories in the 7 days to 1st November, compared with the preceding 7 days.
- The 5-day rolling average of daily reported cases (PCR) is 146 as of 1st November, which is 42% lower than that reported on 25th October (251).
- Regarding national SARS-CoV-2 wastewater surveillance, in week 42 (to 22nd October), of the 63 catchment areas for which a change from the previous week could be calculated, the viral load remained stable (within +/- 10%) in 45 of them, while 14 experienced decreases of 10% or more, and 4 saw increases of at least 10%. Of these, 4 had an increase between 10 to 50%. When data across catchments areas was pooled and normalised for the population, the weekly distribution of SARS-CoV-2 viral load showed a decreasing trend.
- There were 368 confirmed COVID-19 cases in hospital this morning (4th November 2022), compared with 420 last week on 28th October. There have been 52 newly confirmed cases in hospital in the 24 hours preceding this morning. On average, there have been 47 new COVID-19 hospitalisations per day observed in the seven days to 4th November.
- As of 1st November, 36% (N=172) of hospitalised cases were categorised as hospitalised for COVID-19, with the remaining 64% (N=305) categorised as asymptomatic COVID-19 cases and potentially infectious.
- The age breakdown of cases hospitalised for COVID-19 (N=172) as of 1st November: 124 (72.1%) aged 65 years and older, 25 (14.5%) aged 50-64, 17 (9.9%) aged 15-49 and 6 (3.5%) aged 0-14 years old.
- The vaccination profile of cases aged 15 years and older hospitalised for COVID-19 (N=166) was:
    - Of those aged 65 years and older (N=124): 38% had received a second booster; 27% had received a first booster; 7% had completed primary vaccination; and 28% had not completed their primary vaccination course.
    - Of those aged 50-64 (N=25): 8% had received a second booster; 52% had received a first booster; 4% had completed primary vaccination; and 36% had not completed their primary vaccination course.
    - Of those aged 15-49 (N=17): 28% had received a first booster; 12% had completed primary vaccination; and 28% had not completed their primary vaccination course.

- There were 15 confirmed cases in critical care as of this morning (4th November 2022), compared with 20 a week ago (28th October). There were 2 new admissions to critical care in the 24 hours

Bloc 1, Plaza Míseach, 50 - 58 Sráid Bhagóid Íochtarach, Baile Átha Cliath 2, D02 XW14
Block 1, Miesian Plaza, 50 - 58 Lower Baggot Street, Dublin 2, D02 XW14
T +353 1 635 4251 | info@health.gov.ie
www.health.gov.ie

preceding this morning. On average, there have been approximately 2 new COVID-19 admissions per day observed in the seven days to 4th November. Of the 15 cases in critical care this morning, 3 were invasively ventilated.

- The number of COVID-19 cases in ICU whose primary reason for admission to ICU was COVID-19 was 7 on 1st November, down from 11 a week previously on 25th October. The proportion of COVID-19 cases in ICU for whom the primary reason for admission to ICU was COVID-19 decreased from 61% on 25th October to 50% on 1st November.
- According to National Office of Clinical Audit (NOCA) data, as of 1st November 2022, where vaccination status was known (N=13), no COVID-19 cases in ICU were unvaccinated. Of those COVID-19 cases in ICU who had completed their primary course of vaccination (N=12), 92% were recorded as having received a booster/additional dose.
- As of 1st November, 159 patients were in receipt of non-invasive ventilation/Continuous Positive Airway Pressure (CPAP) or High-Flow Oxygen in non-critical care settings, of whom 29 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 23rd October 2022). There were 182 hospital acquired COVID-19 infections reported in the week ending 23rd October, compared to 171 in the week ending 16th October, and 155 in the week ending 9th October.
- As of 1st November 2022, there have been 8,066 COVID-19 related deaths reported in Ireland since the outset of the pandemic. As of midnight 31st October 2022, there have been 59 COVID-19 related deaths notified which occurred in October 2022, 58 which occurred in September 2022, and 108 which occurred in August 2022.
- In total, as of week 41 2022 (to 15th October), approximately 9% of TaqPath assay samples were S-gene target positive (indicating BA.2 lineage infection), suggesting approximately 91% of infections were BA.4/BA.5 lineages. As of 24th October 2022, the Health Protection Surveillance Centre (HPSC) has reported that 151 cases of BQ.1 and its sub-lineages have been detected in Ireland through whole genome sequencing. The proportion of cases sequenced in Ireland that are BQ.1 variant (including its sub-lineages) has increased in recent weeks. In addition, as of 24th October, 6 cases of Omicron recombinant XBB, 201 cases of BF.7, and 115 cases of BA.2.75 (or BA.2.75 sub-lineages) have been identified in Ireland.
- As of 1st November 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 1st November, approximately 27% of the population aged 50-64 years have received a second booster dose, while 77% of the population aged 65 years and older have received a second booster dose and 23% have received a third booster dose.
- The HPSC has reported that some indicators of influenza activity increased in Ireland during week 43 2022 (week ending 30th October 2022), however overall activity remained at low levels. Sporadic detections of influenza A(H3), A(H1)pdm09 and B have been detected this season to date. Notified cases of respiratory syncytial virus (RSV) including hospitalised cases increased and are at high levels in Ireland. In total, 126 laboratory confirmed influenza cases were notified during week 43 2022 – 10 A(H3), three A(H1)pdm09, 109 influenza A (not subtyped) and four influenza B. This is an increase compared to 102 influenza notifications during week 42 2022. During week 43 2022, 43 laboratory confirmed influenza cases were reported as hospital inpatients. This is an increase compared to 31 laboratory confirmed influenza notifications reported as hospital

inpatients during week 42 2022. One laboratory confirmed critical care influenza case was notified to HPSC during week 43 2022. During the 2022/2023 season to date (weeks 40-43 2022) 120 laboratory confirmed influenza patients have been reported as being hospitalised. In total, 421 RSV cases were notified during week 43 2022, an increase compared to 325 cases notified during week 42 2022. During week 43 2022, 71% of notified RSV cases were in the 0-4-year age group. During week 43 2022, 195 RSV cases out of 421 (46%) were reported as hospital inpatients.

Outbreaks for week 43 (23rd to 29th October) are based on those reported up to midnight on 29th October 2022.

There was a total of 50 COVID-19 outbreaks notified in week 43. 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 14 new nursing home and 5 new community hospital/long-stay unit outbreaks reported in week 43. The case range of these outbreaks was 0-35 cases.
- There were 20 new acute hospital outbreaks reported in week 43, with a range of 0-16 cases.
- There were 9 new outbreaks reported in a residential institution setting (7 in centres for disabilities, and 2 in other settings) in week 43, with 2-14 cases.
- There were 2 new outbreaks reported in an 'other healthcare settings' (in services for people with disabilities) in week 43, with 3 cases.

Noting that national SARS-CoV-2 testing guidance may influence trends, the number of infections detected and reported daily (based on PCR and self-reported antigen tests) has reduced over the last week. PCR testing volumes and test positivity have 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. The total number of hospitalised COVID-19 cases has reduced slightly in recent days but continues to be monitored (368 as of 4th November). The daily average number of newly confirmed cases in hospital has also decreased (47 per day observed in the seven days to 4th November). Data for COVID-19 cases in hospital as of 1st November show that 36% 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 4th November) has reduced in recent days. 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 50% as of 1st November. The number of COVID-19 patients in receipt of advanced respiratory support in hospital settings outside of ICU has been broadly stable following a recent increase.

Following a previous increase, the number of notified outbreaks has been broadly stable across a number of 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 (368 COVID-19 inpatients on 4th November).

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, during epidemiological week 41 (10th-16th October), BA.5 and its descendent lineages continued to be dominant globally, accounting for 74.9% of sequences submitted to GISAID (genomic sequencing database). During the same reporting period, Omicron subvariant under monitoring BA.2.75 showed an increase in prevalence from 2.9% to 3.7%. Similarly, there was a rise in prevalence from 5.7% to 9.0% for BQ.1 and 1.0% to 1.5% for XBB. The WHO Technical Advisory Group on SARS-CoV-2 Virus Evolution (TAG-VE) met on 24th October 2022 to discuss Omicron subvariants XBB and BQ.1. According to the TAG-VE statement, based on currently available evidence—which is presently limited—the expert group advised that the overall phenotypes of XBB and BQ.1 (and their sub-lineages) do not diverge sufficiently from each other, or from other Omicron lineages with additional immune escape mutations, in terms of the necessary public health response, to warrant the designation of new variants of concern and assignment of a new label. WHO has indicated that available information does not indicate an increase in severity with XBB and BQ.1 and that it will continue to closely monitor these lineages as part of Omicron.

The United Kingdom Health Security Agency (UKHSA) has reported (28th October 2022) that there is the potential for BQ.1 (and sub-lineages), XBB and other similar lineages to cause a near-term increase in SARS-CoV-2 transmission in England. This is based on the estimated growth advantage by BQ.1 and sub-lineages in the UK, the international growth of XBB and the available predictive and laboratory data on antigenic change.

The circulation of SARS-CoV-2 variants in Ireland continues to be closely monitored. As of 24th October 2022, the HPSC has reported that 151 cases of BQ.1 and its sub-lineages have been detected in Ireland through whole genome sequencing. The proportion of cases sequenced in Ireland that are BQ.1 variant (including its lineages) has increased in recent weeks. In addition, as of 24th October, 6 cases of Omicron recombinant XBB, 201 cases of BF.7, and 115 cases infected with BA.2.75 (or BA.2.75 sub-lineages) have been identified in Ireland.

In regard to the epidemiological situation in the EU/EEA, at the end of week 43 2022 (week ending 30th October), ECDC has reported reducing trends continue to be observed in EU/EEA-level COVID-19 case and death rates. Hospital and ICU indicators have remained stable across the region in comparison to the previous week. All pooled EU/EEA hospital and ICU indicators have remained stable in comparison to the previous week although seven of 24 countries reported an increasing trend in one of these indicators within the previous week.

In summary, the overall epidemiological situation in Ireland indicates that the number of reported and detected infections has recently reduced, while the trend in hospitalised COVID-19 cases has also reduced slightly over recent days but remains under monitoring. In addition, the total number of confirmed cases in critical care has also recently decreased. SARS-CoV-2 variants (including BQ.1) continue to be closely monitored. As in a number of other European countries, the proportion of BQ.1 variant identified amongst cases sequenced in Ireland has increased in recent weeks. The increase in

circulation of BQ.1 in Ireland may contribute to an increase in COVID-19 cases and hospitalisations in the coming weeks and months.

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. 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 (first, second and third) 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.

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 if possible.

- Many people who were infected with COVID-19 in late 2021 and earlier in 2022 will now be eligible for a 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 to 64 years, pregnant women (from 16 weeks), healthcare workers, people aged 12 or older with a condition that puts them at high risk of serious illness from COVID-19 (for example, diabetes or heart disease) are now eligible to register for their second COVID-19 booster vaccine. People aged 65 years or older and people aged 12 or older who have a weak immune system are now eligible to register for

their third booster dose. It is not too late to receive a primary course of COVID-19 vaccine. Vaccines remain the most effective way of protecting ourselves from the worst effects of COVID-19.