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

Epidemiological report
11th November 2022

Executive Summary

- The overall COVID-19 epidemiological situation in Ireland indicates that the number of reported and detected infections has recently increased, while the trend in hospitalised COVID-19 cases has been stable but remains under monitoring.
- The total number of confirmed COVID-19 cases in critical care has been stable.
- The number of notified outbreaks has been broadly 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.
- SARS-CoV-2 variants continue to be closely monitored and assessed for any potential threat to population health. The World Health Organization (WHO) and the European Centre for Disease Prevention and Control (ECDC) continue to monitor a number of emerging SARS-CoV-2 Omicron variants including BQ.1 (and its sub-lineages) and XBB (a recombinant variant).
- The circulation of SARS-CoV-2 variants (including BQ.1) in Ireland continues 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 to week 43 (partial week to 26th October 2022). The increase in circulation of BQ.1 (and its sub-lineages) 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

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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.

Epidemiological update

- A total of 2,070 confirmed PCR cases have been reported in the 7 days to 8th November 2022 (cases notified to midnight 7th November 2022), which is a 46% increase from last week when 1,420 PCR positive cases were reported in the 7 days to 1st November.
- There were 3,432 positive antigen test results reported in the 7 days to 8th November 2022 (results uploaded to HSE portal in the week to 7th November), which is a 30% increase from last week when 2,634 positive antigen test results were reported in the 7 days to 1st November 2022.
- As of 8th November 2022, the 14-day incidence rate (PCR) per 100,000 population is 73 which is 2% higher than a week previously (72). 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 59%, demonstrating that there were more confirmed cases identified through PCR testing in laboratories in the 7 days to 8th November, compared with the preceding 7 days.
- The 5-day rolling average of daily reported cases (PCR) is 237 as of 8th November, which is 63% higher than that reported on 1st November (146).
- Regarding national SARS-CoV-2 wastewater surveillance, in week 44 (to 5th November), of the 64 catchment areas for which a change from the previous week could be calculated, the viral load remained stable (within +/- 10%) in 40 of them, while 19 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 328 confirmed COVID-19 cases in hospital this morning (11th November 2022), compared with 368 last week on 4th November. There have been 46 newly confirmed cases in hospital in the 24 hours preceding this morning. On average, there have been approximately 51 new COVID-19 hospitalisations per day observed in the seven days to 11th November.
- As of 8th November, 32% (N=166) of hospitalised cases were categorised as hospitalised for COVID-19, with the remaining 68% (N=347) categorised as asymptomatic COVID-19 cases and potentially infectious.
- The age breakdown of cases hospitalised for COVID-19 (N=166) as of 8th November: 118 (71.1%) aged 65 years and older, 21 (12.7%) aged 50-64, 17 (10.2%) aged 15-49 and 10 (6%) aged 0-14 years old.
- The vaccination profile of cases aged 15 years and older hospitalised for COVID-19 (N=156) was:
    - Of those aged 65 years and older (N=118): 34% had received a second booster; 16% had received a first booster; 31% had completed primary vaccination; and 15% had not completed their primary vaccination course.
    - Of those aged 50-64 (N=21): none had received a second booster; 57% had received a first booster; 48% had completed primary vaccination; and 14% had not completed their primary vaccination course.
    - Of those aged 15-49 (N=17): 29% had received a first booster; 41% had completed primary vaccination; and 68% had not completed their primary vaccination course.

- There were 17 confirmed cases in critical care as of this morning (11th November 2022), compared with 15 a week ago (4th November). There was 1 new admission to critical care in the 24 hours preceding this morning. On average, there have been approximately 2 new COVID-19 admissions per day observed in the seven days to 10 November. Of the 17 cases in critical care this morning, 4 were invasively ventilated.
- The number of COVID-19 cases in ICU whose primary reason for admission to ICU was COVID-19 was 8 on 8th November, up from 7 a week previously on 1st November. The proportion of COVID-19 cases in ICU for whom the primary reason for admission to ICU was COVID-19 decreased from 50% on 1st November to 47% on 8th November.
- According to National Office of Clinical Audit (NOCA) data, as of 8th November 2022, where vaccination status was known (N=15), 13% (N=2) of COVID-19 cases in ICU were unvaccinated. Of those COVID-19 cases in ICU who had completed their primary course of vaccination (N=12), 75% were recorded as having received a booster/additional dose.
- As of 8th November, 169 patients were in receipt of non-invasive ventilation/Continuous Positive Airway Pressure (CPAP) or High-Flow Oxygen in non-critical care settings, of whom 27 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 30th October 2022). There were 117 hospital acquired COVID-19 infections reported in the week ending 30th October, compared to 201 in the week ending 23rd October, and 171 in the week ending 16th October.
- As of 8th November 2022, there have been 8,100 COVID-19 related deaths reported in Ireland since the outset of the pandemic. As of midnight 7th November 2022, there have been 6 COVID-19 related deaths notified which occurred in November 2022, 81 which occurred in October 2022, and 60 which occurred in September 2022.
- The circulation of SARS-CoV-2 variants in Ireland continues to be closely monitored. As of 26th October 2022, the HPSC has reported that 269 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 to week 43 (partial week to 26th October 2022). In addition, as of 26th October, 8 cases of Omicron recombinant XBB (and its sublineages), 292 cases of BF.7, and 175 cases of BA.2.75 (or BA.2.75 sub-lineages) have been identified in Ireland.
- As of 8th November 2022, 68% 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 8th November, approximately 30% of the population aged 50-64 years have received a second booster dose. For those aged 65 years and older, 75% have received a second booster dose and 26% have received a third booster dose.
- The HPSC has reported that influenza activity remained stable in Ireland during week 44 2022 (week ending 6th November 2022), however overall activity remained at low levels. There have been sporadic detections of influenza A(H3), A(H1)pdm09 and B this season to date. Respiratory syncytial virus (RSV) activity, including RSV hospitalisations remained at very high levels in Ireland. Please note, the data during week 44 2022 may have been impacted by the bank holiday weekend. In total, 117 laboratory confirmed influenza cases were notified during week 44 2022 – 3 A(H3), one A(H1)pdm09, 107 influenza A (not subtyped) and six influenza B. The number of influenza

notifications remained stable during week 44 at 117, compared to 126 during week 43 2022. During week 44, 48 laboratory confirmed influenza cases were reported as hospital inpatients. This is a slight increase compared to 43 laboratory confirmed influenza notifications reported as hospital inpatients during week 43. One laboratory confirmed critical care case was notified to HPSC during week 44 2022. In total, 439 RSV cases and 192 RSV hospitalised cases were notified during week 44 2022, remaining at very high levels. During week 44 2022, 66% of notified RSV cases were in the 0-4-year age group.

Outbreaks for week 44 (30th October to 5th November) are based on those reported up to midnight on 5th November 2022.

There was a total of 35 COVID-19 outbreaks notified in week 44 (note this epidemiological week included a bank holiday). 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 17 new nursing home and 1 new community hospital/long-stay unit outbreaks reported in week 44. The case range of these outbreaks was 1-15 cases.
- There were 11 new acute hospital outbreaks reported in week 44, with a range of 2-6 cases.
- There were 5 new outbreaks reported in a residential institution setting (5 in centres for disabilities) in week 44, with 2-7 cases.
- There was 1 new outbreak reported in 'other healthcare settings' (in services for people with disabilities) in week 44, with fewer than 5 cases.

Noting the recent bank holiday weekend may have impacted some indicators and that the 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 increased over the last week. PCR testing volumes have been stable while PCR test positivity has slightly increased in recent days. A significant proportion of detected infections continues to be identified in older age groups.

The COVID-19 burden on acute hospital care remains significant. Following a recent reduction, the total number of hospitalised COVID-19 cases has remained stable but continues to be monitored (328 as of 11th November). The daily average number of newly confirmed cases in hospital has also been stable (51 per day observed in the seven days to 11th November). Data for COVID-19 cases in hospital as of 8th November show that 32% were hospitalised for COVID-19 disease, with the remainder categorised as asymptomatic infectious cases.

The total number of confirmed cases in critical care (17 as of 11th November) has been stable. 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 47% as of 8th November. The number of COVID-19 patients in receipt of advanced respiratory support in hospital settings outside of ICU has been broadly stable.

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 (328 COVID-19 inpatients on 11th 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, based on sequences submitted to GISAID (genomic sequencing database), the global variant circulation indicates a replacement of previously dominating BA.5 descendent lineages by the most recently emerging variants BQ.1 and BA.5 + R346X mutation. Among the variants under monitoring and during week 42 (to 23rd October) as compared to week 41 (to 16th October), BQ.1 and its descendent lineages and BA.5 + R346X mutation are the lineages that have had the largest increases. WHO has further indicated that it continues to closely monitor the XBB and BQ.1 lineages as part of Omicron.

As of 11th November 2022, the European Centre for Disease Prevention and Control (ECDC) reports that the variants BQ.1 and BQ.1.1 have been detected in most of the EU/EEA countries and is circulating in higher proportions in France (31%), Spain (23%), Ireland (22%), Belgium (21%), and the Netherlands (20%). So far, the ECDC indicates that no effect on increasing trends in cases or severity indicators has been observed in these countries. Further, the ECDC reports that according to the data available, the increase in proportions of BQ.1 and its sub-lineages in the countries with highest proportions seems to be slowing down. However, the ECDC assessment is that the possibility that BQ.1 could have an impact on the epidemiological situation in these or other EU/EEA countries cannot be ruled out as the proportions are not yet high enough for the variant to have had a large impact on the epidemiological situation in the affected countries.

The circulation of SARS-CoV-2 variants in Ireland continues to be closely monitored. As of 26th October 2022, the HPSC has reported that 269 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 to week 43 (partial week to 26th October). In addition, as of 26th October, 8 cases of Omicron recombinant XBB, 292 cases of BF.7, and 175 cases of BA.2.75 (or BA.2.75 sub-lineages) have been identified in Ireland.

In regard to the epidemiological situation in the European Union (EU)/European Economic Area (EEA), at the end of week 44 2022 (week ending 6thNovember), the European Centre for Disease Prevention and Control (ECDC) has reported that stable levels or decreases are observed across all epidemiological indicators compared to the previous weeks. Case rates overall remain at a high level in the EU/EEA, while most of the countries show stabilisation or decreases in the case rates or severity indicators at a pooled EU/EEA level. Pooled EU/EEA rates of ICU occupancy have been stable for the last three weeks, trends in ICU admissions for the last four weeks, hospital occupancy for the last three weeks, and the hospital admissions have been decreasing for one week. There is, however, some variation at the country level, with three of the 24 countries reporting data having increasing trends in at least one hospital or ICU indicator. The EU/EEA COVID-19 death rate remained at a low level in this reporting period.

In summary, the overall epidemiological situation in Ireland indicates that the number of reported and detected infections has recently increased, while the trend in hospitalised COVID-19 cases has been stable but remains under monitoring. In addition, the total number of confirmed cases in critical care has been stable. 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 (and its sub-lineages) identified amongst cases sequenced in Ireland has increased in recent weeks. The increase in circulation of BQ.1 (and its sub-lineages) 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.