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

Epidemiological report
18th November 2022

Executive Summary

- The overall COVID-19 epidemiological situation in Ireland indicates that the number of reported and detected infections has decreased while the total number of hospitalised COVID-19 cases has been stable.
- The daily average number of newly confirmed cases in hospital has reduced.
- The total number of confirmed 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 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. 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.

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- 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.

Epidemiological update

- A total of 1,652 confirmed PCR cases have been reported in the 7 days to 15th November 2022 (cases notified to midnight 14th November 2022), which is a 20% decrease from last week when 2,070 PCR positive cases were reported in the 7 days to 8th November.
- There were 3,105 positive antigen test results reported in the 7 days to 15th November 2022 (results uploaded to HSE portal in the week to 14th November), which is a 10% decrease from last week when 3,432 positive antigen test results were reported in the 7 days to 8th November 2022.
- As of 15th November 2022, the 14-day incidence rate (PCR) per 100,000 population is 78 which is 7% higher than a week previously (73). 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 44%, demonstrating that there were fewer confirmed cases identified through PCR testing in laboratories in the 7 days to 15th November, compared with the preceding 7 days.
- The 5-day rolling average of daily reported cases (PCR) is 207 as of 15th November, which is 13% lower than that reported on 8th November (237).
- Regarding national SARS-CoV-2 wastewater surveillance, in week 45 (to 12th November), of the 65 catchment areas for which a change from the previous week could be calculated, the viral load remained stable (within +/- 10%) in 41 of them, while 22 experienced decreases of 10% or more, and 2 saw increases of at least 10%. Of these, 2 had an increase from 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 stable trend.
- There were 298 confirmed COVID-19 cases in hospital this morning (18th November 2022), compared with 328 last week on 11th November. There have been 42 newly confirmed cases in hospital in the 24 hours preceding this morning. On average, there have been 42 new COVID-19 hospitalisations per day observed in the seven days to 18th November.
- As of 15th November, 31% (N=156) of hospitalised cases were categorised as hospitalised for COVID-19, with the remaining 69% (N=345) categorised as asymptomatic COVID-19 cases and potentially infectious.
- The age breakdown of cases hospitalised for COVID-19 (N=156) as of 15th November: 111 (71%) aged 65 years and older, 18 (12%) aged 50-64, 16 (10%) aged 15-49 and 11 (7%) aged 0-14 years old.
- The vaccination profile of cases aged 15 years and older hospitalised for COVID-19 (N=145) was:
    - Of those aged 65 years and older (N=111): 48% had received a second booster; 24% had received a first booster; 5% had completed primary vaccination; and 23% had not completed their primary vaccination course.
    - Of those aged 50-64 (N=18): 17% had received a second booster; 39% had received a first booster; and 44% had not completed their primary vaccination course.
    - Of those aged 15-49 (N=16): 38% had received a first booster; 6% had completed primary vaccination; and 44% had not completed their primary vaccination course.
- There were 7 confirmed cases in critical care as of this morning (18th November 2022), compared with 17 a week ago (11th November). There were no new admissions 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 18th November. Of the 7 cases in critical care this morning, 1 was invasively ventilated.

- The number of COVID-19 cases in ICU whose primary reason for admission to ICU was COVID-19 was 4 on 15th November, down from 8 a week previously on 8th November. The proportion of COVID-19 cases in ICU for whom the primary reason for admission to ICU was COVID-19 decreased from 47% on 8th November to 25% on 15th November.
- According to National Office of Clinical Audit (NOCA) data, as of 15th November 2022, where vaccination status was known (N=11), no COVID-19 cases in ICU were unvaccinated. Of those COVID-19 cases in ICU who had completed their primary course of vaccination (N=10), 70% were recorded as having received a booster/additional dose.
- As of 14th November, 173 patients were in receipt of non-invasive ventilation/Continuous Positive Airway Pressure (CPAP) or High-Flow Oxygen in non-critical care settings, of whom 23 patients were COVID-19 cases.
- There continues to be a significant number of cases of hospital acquired infections although this number has recently decreased (note this is based on data to the week ending 6th November 2022). There were 111 hospital acquired COVID-19 infections reported in the week ending 6th November, compared to 136 in the week ending 30th October, and 201 in the week ending 23rd October.
- As of 15th November 2022, there have been 8,141 COVID-19 related deaths reported in Ireland since the outset of the pandemic. As of midnight 14th November 2022, there have been 17 COVID-19 related deaths notified which occurred in November 2022, 103 which occurred in October 2022, and 61 which occurred in September 2022.
- As of 6th November 2022, the HPSC has reported that 320 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 6th November, 8 cases of Omicron recombinant XBB (and its sub-lineages), 307 cases of BF.7, and 187 cases of BA.2.75 (or BA.2.75 sub-lineages) have been identified in Ireland.
- As of 15th 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 15th November, approximately 32% of the population aged 50-64 years have received a second booster dose. For those aged 65 years and older, 76% have received a second booster dose and 29% have received a third booster dose.
- The HPSC has reported that influenza activity increased in Ireland during week 45 2022 (week ending 13th November 2022) and overall remains at low levels. There have been sporadic detections of influenza A(H3), A(H1)pdm09 and B reported this season to date. Respiratory syncytial virus (RSV) activity increased further during week 45 2022, including RSV hospitalisations and remained at very high levels in Ireland. In total, 170 laboratory confirmed influenza cases were notified during week 45 2022 – 8 A(H3), 10 A(H1)pdm09, 143 influenza A (not subtyped) and nine influenza B. The number of influenza notifications increased during week 45 to 170, compared to 117 during week 44 2022. During week 45 2022, 64 laboratory confirmed influenza cases were reported as hospital inpatients. This is an increase compared to 47 laboratory confirmed influenza notifications reported as hospital inpatients during week 44 2022. One laboratory confirmed critical care influenza case was notified to HPSC during week 45 2022. During the weeks 40-45 2022, nine laboratory confirmed influenza cases have been admitted to critical care and notified

to HPSC. In total, 648 RSV cases were notified during week 45 2022, an increase compared to 438 cases notified during week 44 2022. During week 45 2022, 65% of notified RSV cases were in the 0-4-year age group. There were 282 RSV hospitalised cases notified during week 45 2022.

Outbreaks for week 45 (6th November to 12th November) are based on those reported up to midnight on 12th November 2022.

There was a total of 43 COVID-19 outbreaks notified in week 45. 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 18 new nursing home and 2 new community hospital/long-stay unit outbreaks reported in week 45. The case range of these outbreaks was 2-14 cases.
- There were 16 new acute hospital outbreaks reported in week 45, with a range of 2-14 cases.
- There were 4 new outbreaks reported in a residential institution setting (3 in centres for disabilities and 1 in mental health facilities) in week 45, with 2-6 cases.
- There were 2 new outbreaks reported in 'other healthcare settings' (in services for people with disabilities) in week 45, with 3-9 cases.

Noting 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 decreased over the last week. PCR testing volumes and test positivity have been broadly 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. The total number of hospitalised COVID-19 cases has remained stable but continues to be monitored (298 as of 18th November). The daily average number of newly confirmed cases in hospital has reduced (42 per day observed in the seven days to 18th November). Data for COVID-19 cases in hospital as of 15th November show that 31% were hospitalised for COVID-19 disease, with the remainder categorised as asymptomatic infectious cases.

The total number of confirmed cases in critical care (7 as of 18th 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 25% as of 15th November. 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 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.

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 (298 COVID-19 inpatients on 18th 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 (16th November 2022) 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, notably by BQ.1 and BA.5 + R346X mutation. Among the variants under monitoring, and during week 43 (to 30th October) as compared to week 42 (to 23rd October), BQ.1 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.

The circulation of SARS-CoV-2 variants in Ireland continues to be closely monitored. As of 6th November 2022, the HPSC has reported that 320 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 6th November, 8 cases of Omicron recombinant XBB and its sub-lineages, 307 cases of BF.7, and 187 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 45 2022 (week ending 13thNovember), the European Centre for Disease Prevention and Control (ECDC) has reported that decreasing trends continue to be observed in EU/EEA-level COVID-19 case rates, including in people aged 65 years and older, and death rates. Hospital and ICU indicators have either remained stable or decreased across the region in comparison to the previous week. However, three of 24 countries reported an increasing trend in one of these indicators within the previous week. ECDC has indicated that it remains important to continue monitoring the epidemiological situation, especially considering the increasing proportion of the BQ.1 variant of interest in the region.

In summary, the overall epidemiological situation in Ireland indicates that the number of reported and detected infections has decreased. The total number of hospitalised COVID-19 cases has been stable while the daily average of newly confirmed cases in hospital has reduced. 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.