Cases, numbers in hospital and intensive care
Case numbers remain high. The number of people in hospital is decreasing, and the number in ICU is also falling. The number of deaths per day remains very high.

<table>
<thead>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Cases confirmed per day</strong></td>
<td>859</td>
<td>8.7</td>
<td>1158</td>
<td>262</td>
<td>6520</td>
<td>2891</td>
<td>1699</td>
<td>1188</td>
<td>943</td>
<td>862</td>
<td>821</td>
</tr>
<tr>
<td><strong>14-day incidence per 100,000 population</strong></td>
<td>212</td>
<td>3.0</td>
<td>306</td>
<td>79</td>
<td>1532</td>
<td>1223</td>
<td>674</td>
<td>424</td>
<td>312</td>
<td>272</td>
<td></td>
</tr>
<tr>
<td><strong>Hospital in-patients</strong></td>
<td>862</td>
<td>9</td>
<td>333</td>
<td>198</td>
<td>1949</td>
<td>1901</td>
<td>1889</td>
<td>1499</td>
<td>1188</td>
<td>970</td>
<td>916</td>
</tr>
<tr>
<td><strong>Hospital admissions per day</strong></td>
<td>85</td>
<td>&lt;1</td>
<td>27</td>
<td>11</td>
<td>158</td>
<td>132</td>
<td>89</td>
<td>68</td>
<td>52</td>
<td>44</td>
<td>40</td>
</tr>
<tr>
<td><strong>ICU confirmed cases</strong></td>
<td>150</td>
<td>4</td>
<td>43</td>
<td>26</td>
<td>217</td>
<td>194</td>
<td>217</td>
<td>209</td>
<td>179</td>
<td>169</td>
<td>157</td>
</tr>
<tr>
<td><strong>ICU admissions per day</strong></td>
<td>14</td>
<td>&lt;1</td>
<td>4</td>
<td>1</td>
<td>20</td>
<td>19</td>
<td>15</td>
<td>11</td>
<td>6</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td><strong>Deaths confirmed per day</strong></td>
<td>46</td>
<td>&lt;1</td>
<td>7</td>
<td>4</td>
<td>57</td>
<td>44</td>
<td>50</td>
<td>57</td>
<td>41</td>
<td>40</td>
<td>0</td>
</tr>
</tbody>
</table>

Data are 7-day averages (the indicated day and the preceding 6 days, rounded to the nearest whole number) with the exception of 14 day cumulative incidence, which is the total number of cases in the preceding 14 days per 100,000 population. The highest and lowest values of each indicator are given for each wave of the pandemic, along with the date on which that value was recorded, as well as the data for recent weeks. The historic incidence data may change due to denotification of cases.
Confirmed cases each day

Daily and weekly count and 5-day rolling average. The 5-day average peaked at 1186 on 21 October, reached a low of 251 on 28 November, peaked again at 6847 on 8 January and is now **895**

Daily count (bars) 5-day average (line) and weekly counts of the number of laboratory confirmed new cases by date on which they were confirmed by HPSC. Case counts may change due to denotification of cases. Weekly case counts are by notification (event) date and standard epidemiological week.

Daily count (bars) 5-day average (line) and weekly counts of the number of laboratory confirmed new cases by date on which they were confirmed by HPSC. Case counts may change due to denotification of cases. Weekly case counts are by notification (event) date and standard epidemiological week.
Symptomatic and asymptomatic cases

The number of symptomatic cases each day continues to decrease steadily; the relative number of asymptomatic cases is increasing as the testing of asymptomatic close contacts has resumed. Asymptomatic cases have increased from ≈10% to ≈20-25% of all cases, currently ≈150-180 cases per day.

Daily case count (5-day average) separated out into those symptomatic at or prior to time of notification (black), those asymptomatic (green) and those for whom symptom status is unknown. Data for the most recent days is incomplete, as a number of cases for whom symptom status is currently unknown will be recorded as symptomatic or asymptomatic. Case counts are by notification (event) date.
Testing and test positive rate

The demand for tests has fallen. Positivity rate has fallen significantly: overall positivity rate peaked at 23% on 7 January, and is now plateaued at 5.9% (5-day average).

Data 5-day rolling averages, tests outsourced to German laboratory in April backdated using specimen collection date. The aggregate positivity rate should be interpreted with caution, as it includes community referrals, close contacts, mass and serial testing, and hospital testing, and changes in numbers of tests done in these different settings will alter the overall positivity rate.
Confirmed cases in acute hospitals

The number of people in hospital with confirmed SARS-CoV-2 infection. The number of admissions per day has decreased significantly, and the number in hospital is falling.

Hospital in-patients: Daily count of number of COVID-19 confirmed cases in acute hospitals. Daily admissions: New COVID-19 confirmed admissions and new laboratory confirmations of suspected cases in preceding 24 hours. Data from HSE PMIU-SDU, 8am census.
Confirmed cases in intensive care

The number of people in ICU with confirmed SARS-CoV-2 infection remains very high but is now decreasing slowly. The number of new admissions per day has decreased significantly.
Deaths per day, separated into those associated with outbreaks in long-term residential care and those not associated with such outbreaks. Deaths with laboratory confirmed SARS-CoV-2 only.
Incidence in older persons (incl. HCW and LTRC)

The incidence per 100,000 population is shown for those aged 65 and older, compared to the population average. The excess incidence in those aged 85 and older has decreased rapidly and incidence in this age group is now approaching the population average.

Age-specific incidence (cases per day per 100,000 population within each age cohort, population from CSO 2016 census data). Healthcare workers and cases associated with outbreaks in long-term residential care are included. Tests outsourced to German laboratory in April backdated, using the specimen collection date, to the date they would have been confirmed if tested in a timely manner.
Incidence in younger cohorts

The incidence per 100,000 population in those aged under 25, compared with the population as a whole. The incidence in those aged 18 and under is trending upwards, most likely due to increased testing of asymptomatic household contacts. Incidence in those aged 19-24 may also be starting to increase; this is being carefully monitored.

Age-specific incidence (cases per day per 100,000 population within each age cohort, population from CSO 2016 census data). Healthcare workers and cases associated with outbreaks in long-term residential care are excluded, so that the analysis reflects the pattern of cases in the community. Cases dated by notification (event) date. Tests outsourced to German laboratory in April backdated, using the specimen collection date, to the date they would have been confirmed if tested in a timely manner.