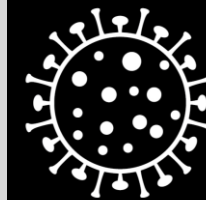


IEMAG briefing

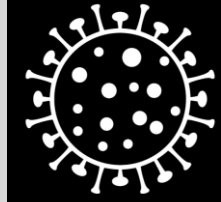
1 February 2021



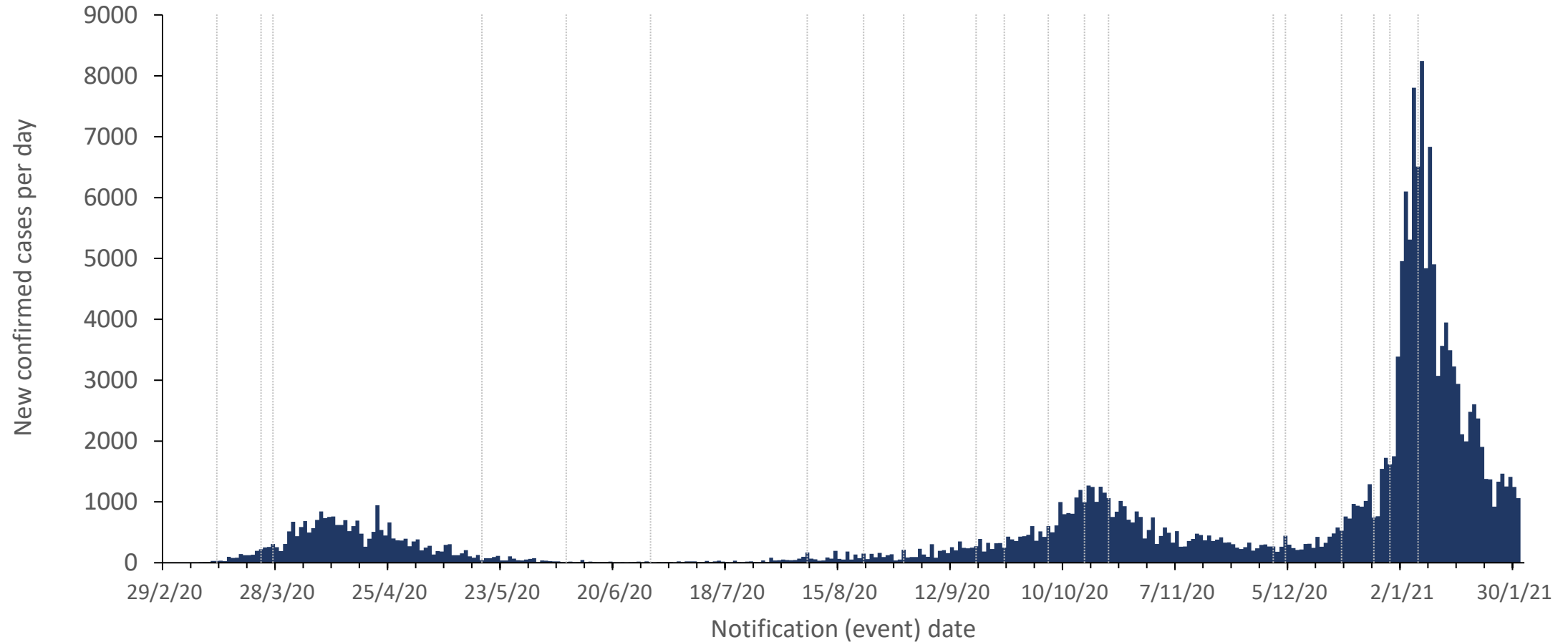
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Confirmed cases each day

Daily case count since the beginning of the epidemic



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Daily count of the number of laboratory confirmed new cases by date on which they were notified to HPSC. 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. The vertical dashed lines indicate the dates of escalation and de-escalation of public health restrictions



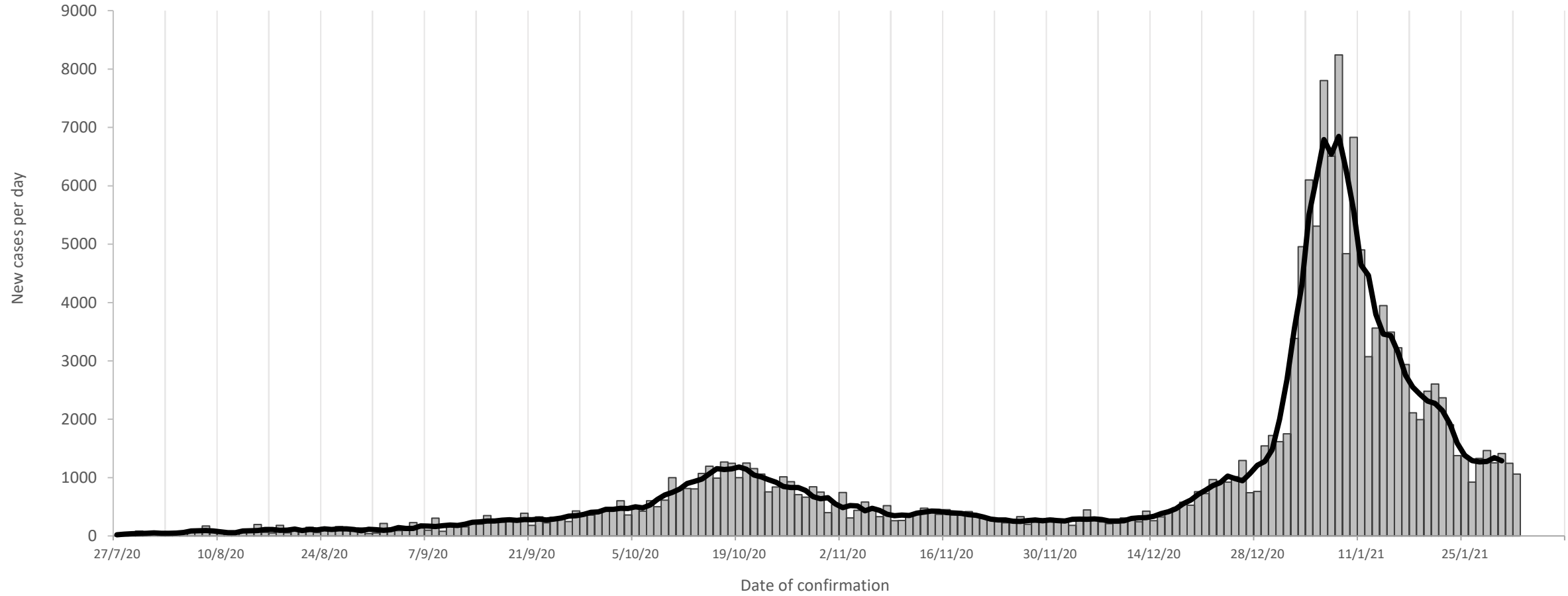
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Confirmed cases each day

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 **1288**



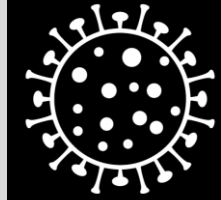
Cases per week	284	540	546	711	796	912	1303	1947	2059	3031	4457	7398	7073	4838	3424	2583	2580	1798	2028	1964	3369	6605	15743	45637	25149	14842	9001
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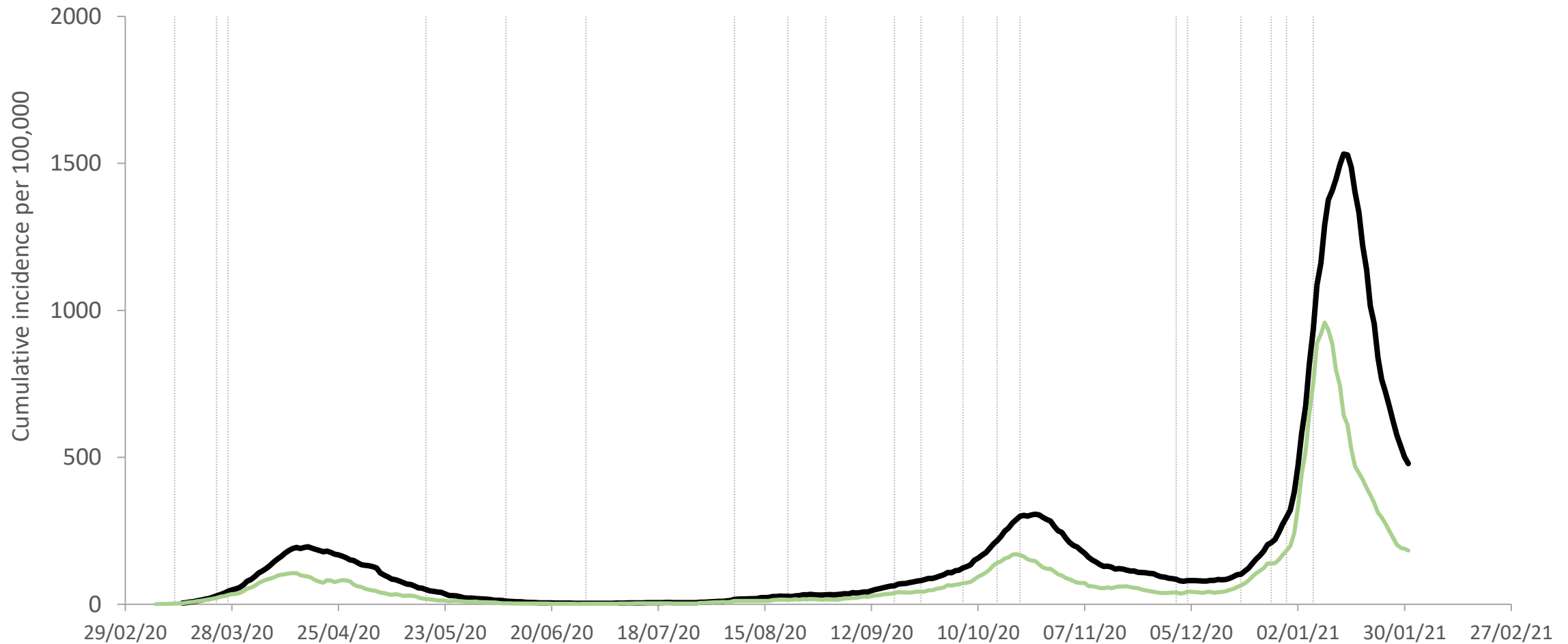
Daily count (bars) 5-day average (line) and weekly counts of the number of laboratory confirmed new cases by date on which they were confirmed by HPSC. Case counts may change due to denotification of cases. Weekly case counts are by notification (event date) and standard epidemiological week.

14-day and 7-day cumulative incidence

14-day cumulative incidence peaked at 170 per 100,000 in late April 2020, declined to 3 per 100,000 in late June, peaked again on 26 October 2020 at 307 per 100,000, reached a low of 78 per 100,000 on 4 December 2020, peaked again at 1530 per 100,000 on 15 January 2021 and is now **479 per 100,000**



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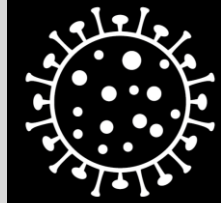
14-day (black) and 7-day (green) cumulative incidence by notification (event) date. Tests outsourced to German laboratory in April backdated, using the specimen collection date, to the date they would have been confirmed if tested in a timely manner. The vertical dashed lines indicate the dates of escalation and de-escalation of public health restrictions



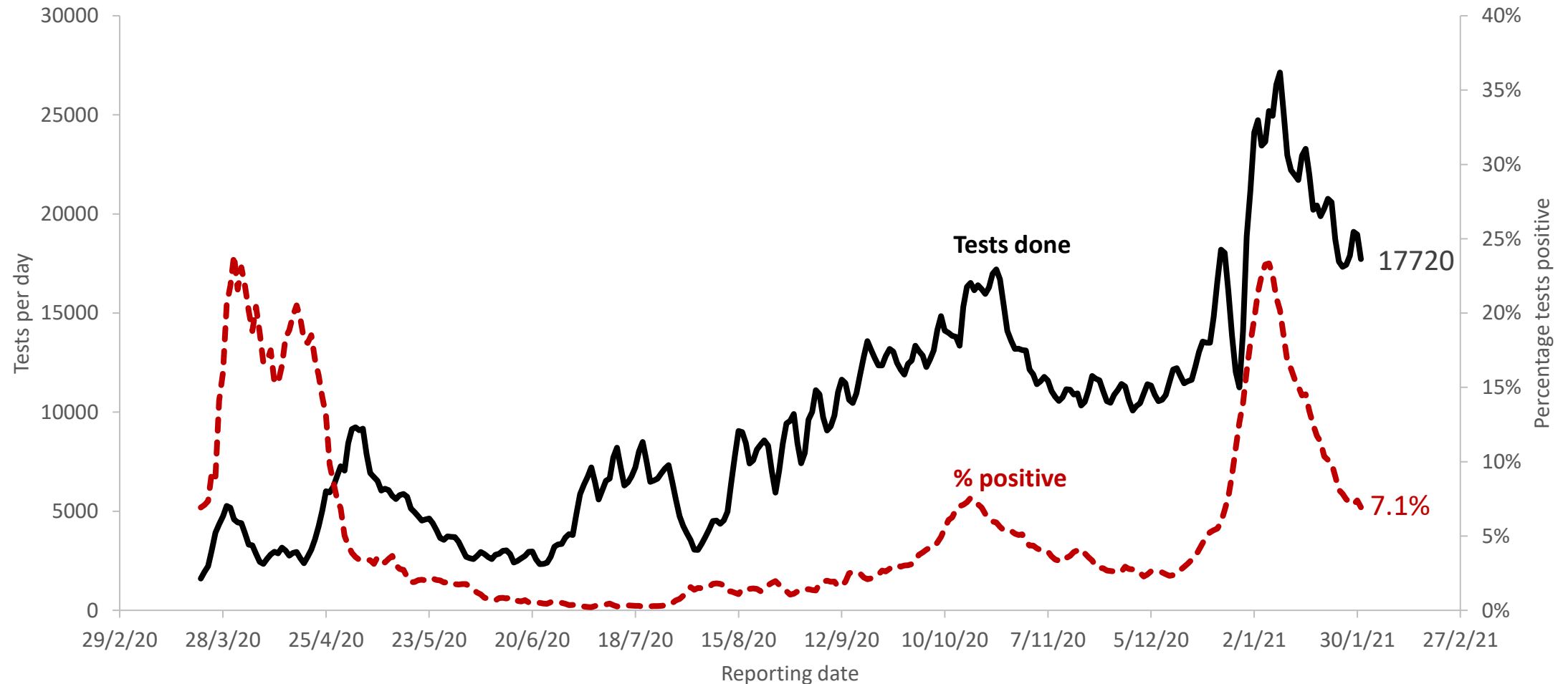
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Testing and test positive rate

The demand for tests remains very high but is starting to fall. Positivity rate has fallen significantly: overall positivity rate peaked at 23% on 7 January, and is now 7.8% (5-day average)



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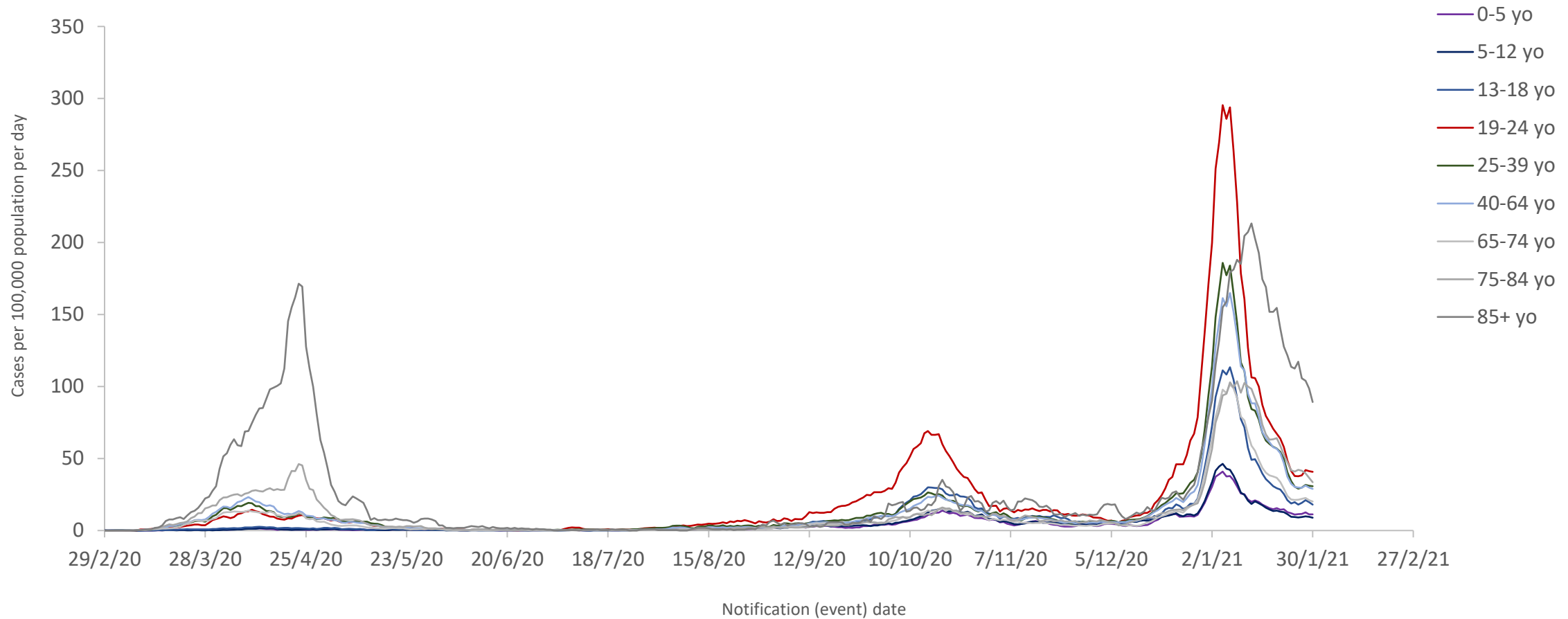
Data 5-day rolling averages, tests outsourced to German laboratory in April backdated using specimen collection date. The aggregate positivity rate should be interpreted with caution, as it includes community referrals, close contacts, mass and serial testing, and hospital testing, and changes in numbers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



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Incidence by age group (incl. HCW and LTRC)

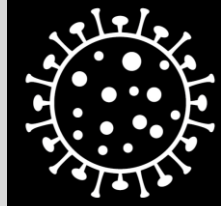
The incidence per 100,000 population is shown for different age cohorts. Incidence rose rapidly across all age groups in December 2020, most markedly in those aged 19-24, and least in those aged 12 and under. Incidence in those aged 65 and older was higher than in the October 2020 surge. Incidence is now decreasing across all age groups but more slowly in those aged 85 and older, moreso when cases associated with outbreaks in LTRC are included, so that this is now the highest incidence group.



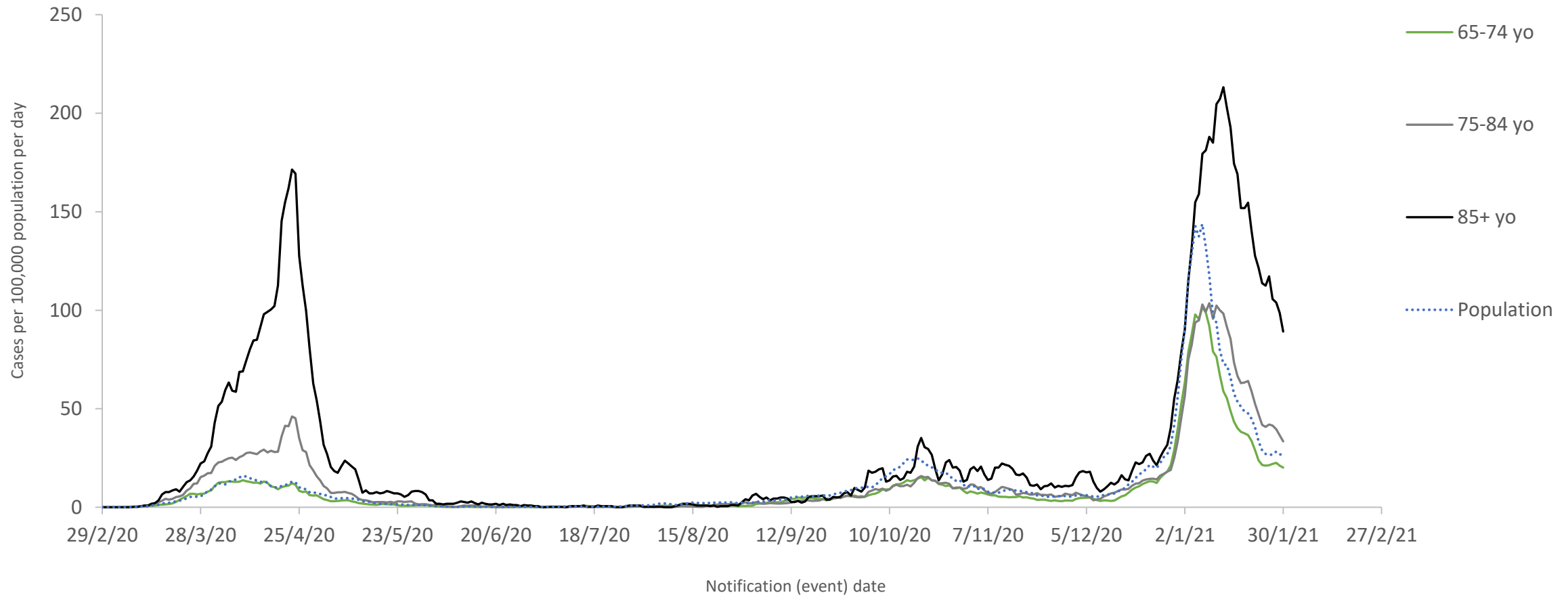
Age-specific incidence (cases per day per 100,000 population within each age cohort, population from CSO 2016 census data). Healthcare workers and cases associated with outbreaks in long-term residential care are included. Tests outsourced to German laboratory in April backdated, using the specimen collection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

Incidence in older persons (incl. HCW and LTRC)

The incidence per 100,000 population is shown for those aged 65 and older, compared with the population as a whole, including cases associated with outbreaks in long-term residential care. Incidence in those aged 75 and older is falling rapidly but remains very high.



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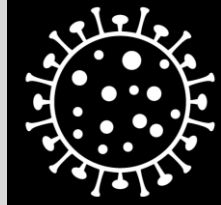
Age-specific incidence (cases per day per 100,000 population within each age cohort, population from CSO 2016 census data). Healthcare workers and cases associated with outbreaks in long-term residential care are included. Tests outsourced to German laboratory in April backdated, using the specimen collection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



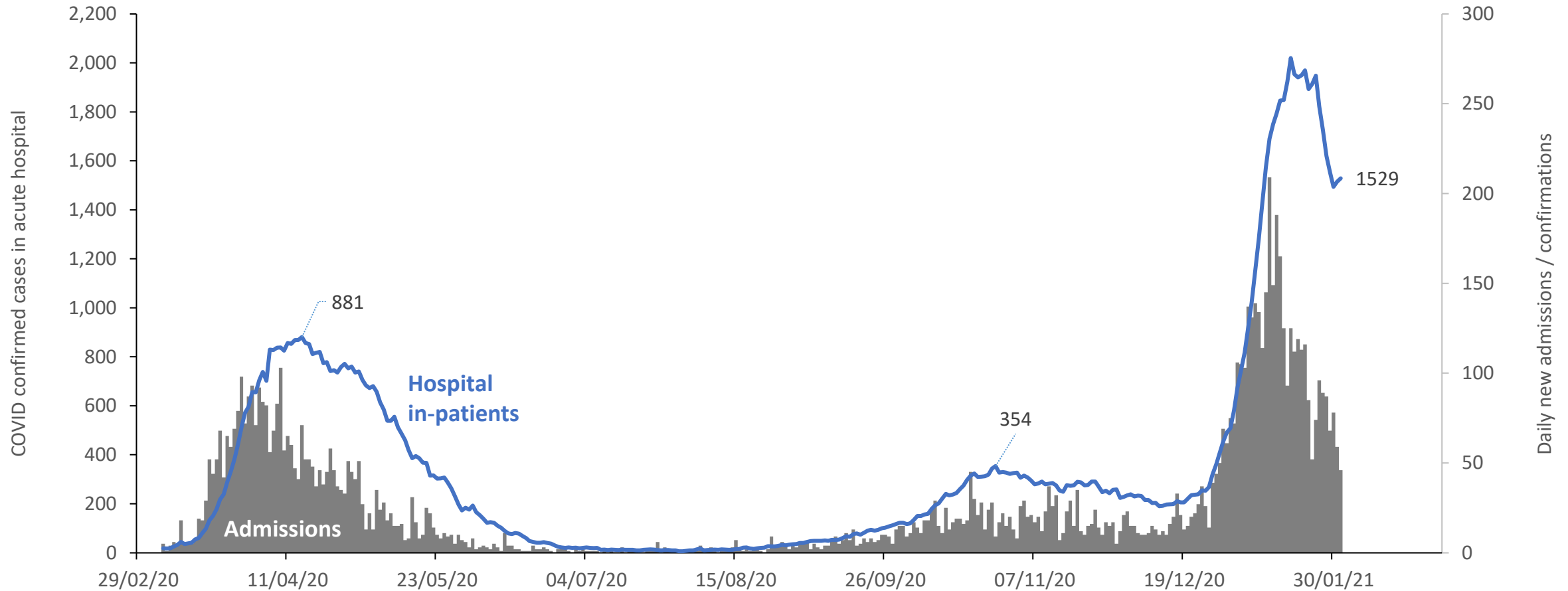
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Confirmed cases in acute hospitals

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.



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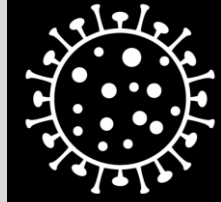
Hospital in-patients: Daily count of number of COVID-19 confirmed cases in acute hospitals. Daily admissions: New COVID-19 confirmed admissions and new laboratory confirmations of suspected cases in preceding 24 hours. Data from HSE PMIU-SDU, 8am census.



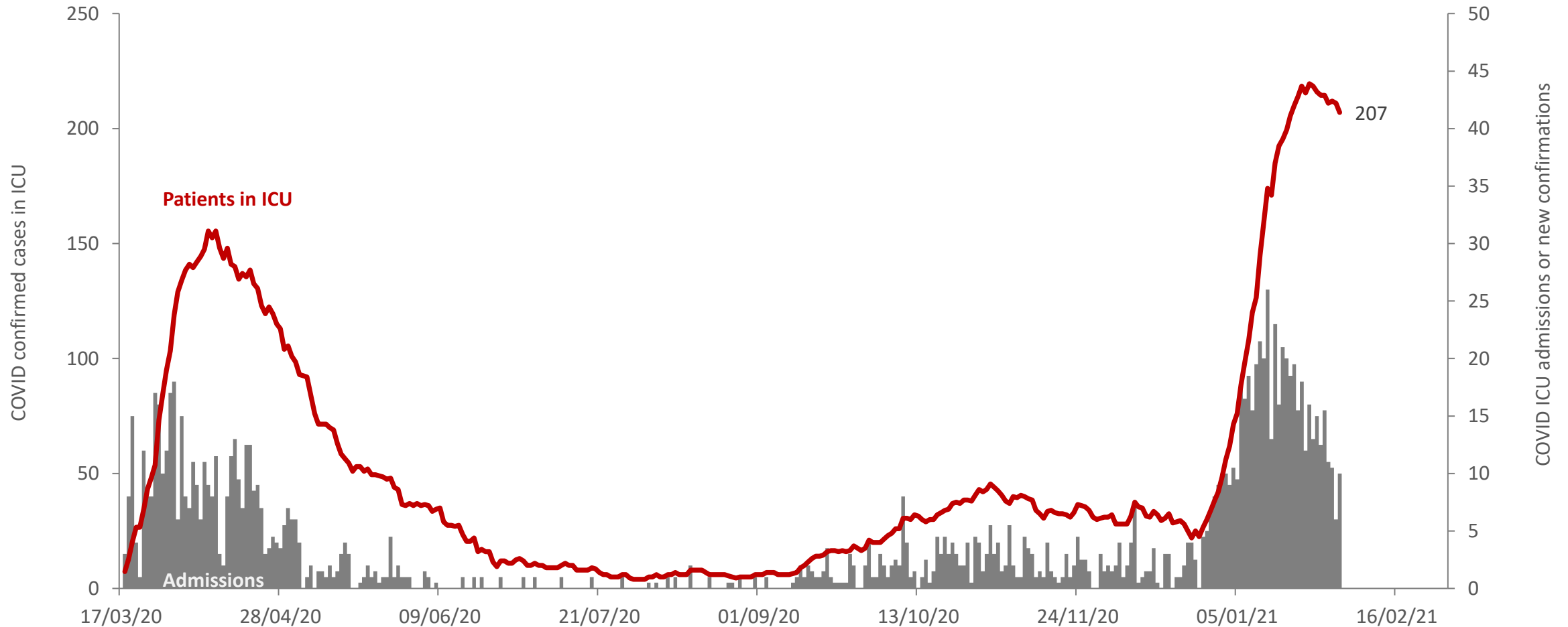
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Confirmed cases in intensive care

The number of people in ICU with confirmed SARS-CoV-2 infection remains very high but is now starting to decrease; the number of new admissions per day has been decreasing steadily over the last two weeks



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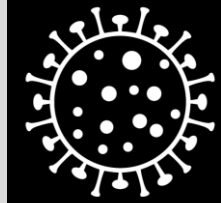


Patients in ICU: Daily count of number of COVID-19 confirmed cases in ICU. Daily admissions: new COVID-19 confirmed admissions to ICU and new laboratory confirmations of suspected cases in ICU. Average of morning and evening census from NOCA

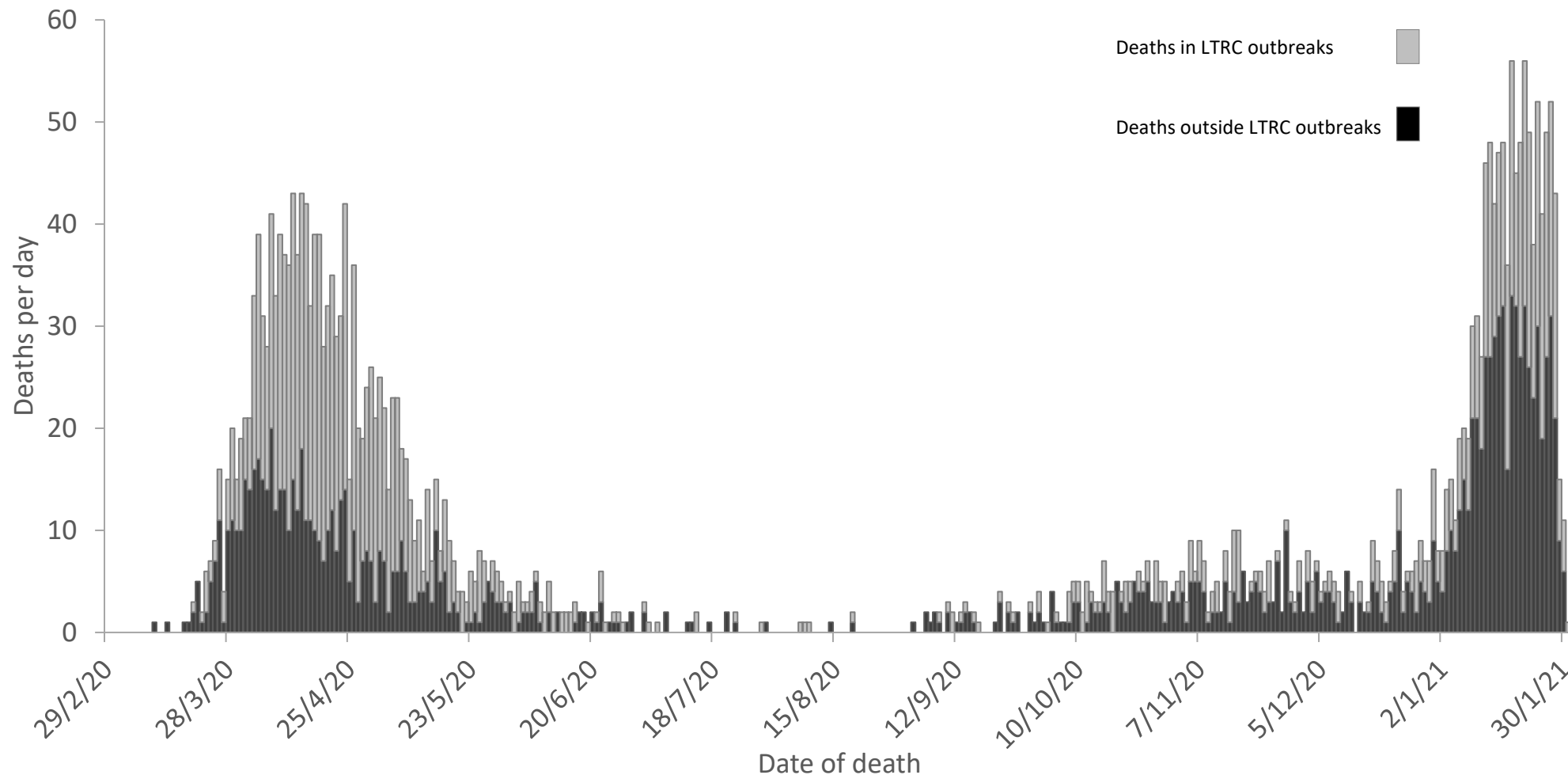


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Deaths per day



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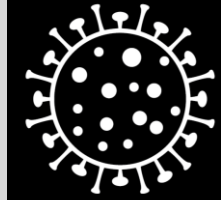
Deaths per day, separated into those associated with outbreaks in long-term residential care and those not associated with such outbreaks. Deaths with laboratory confirmed SARS-CoV-2 only



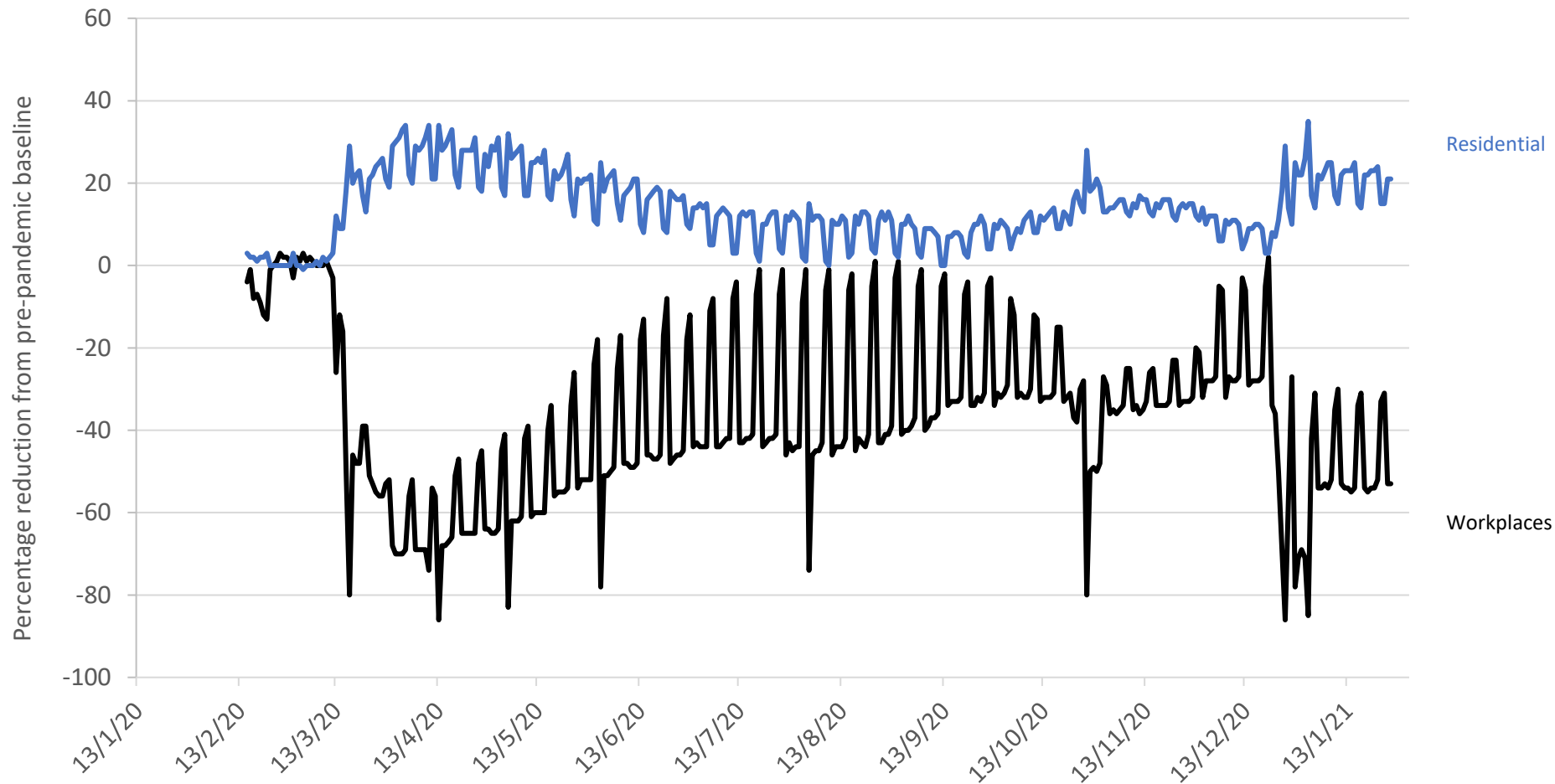
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Google community mobility

These data show time spent in residential areas and attendance at workplaces for those who enable location sharing on their Google account; each day of the week is compared with the average for that day of the week over January and February 2020. While attendance at workplaces is very much reduced (to ~50% of baseline) it is higher than in April (~25% of baseline)



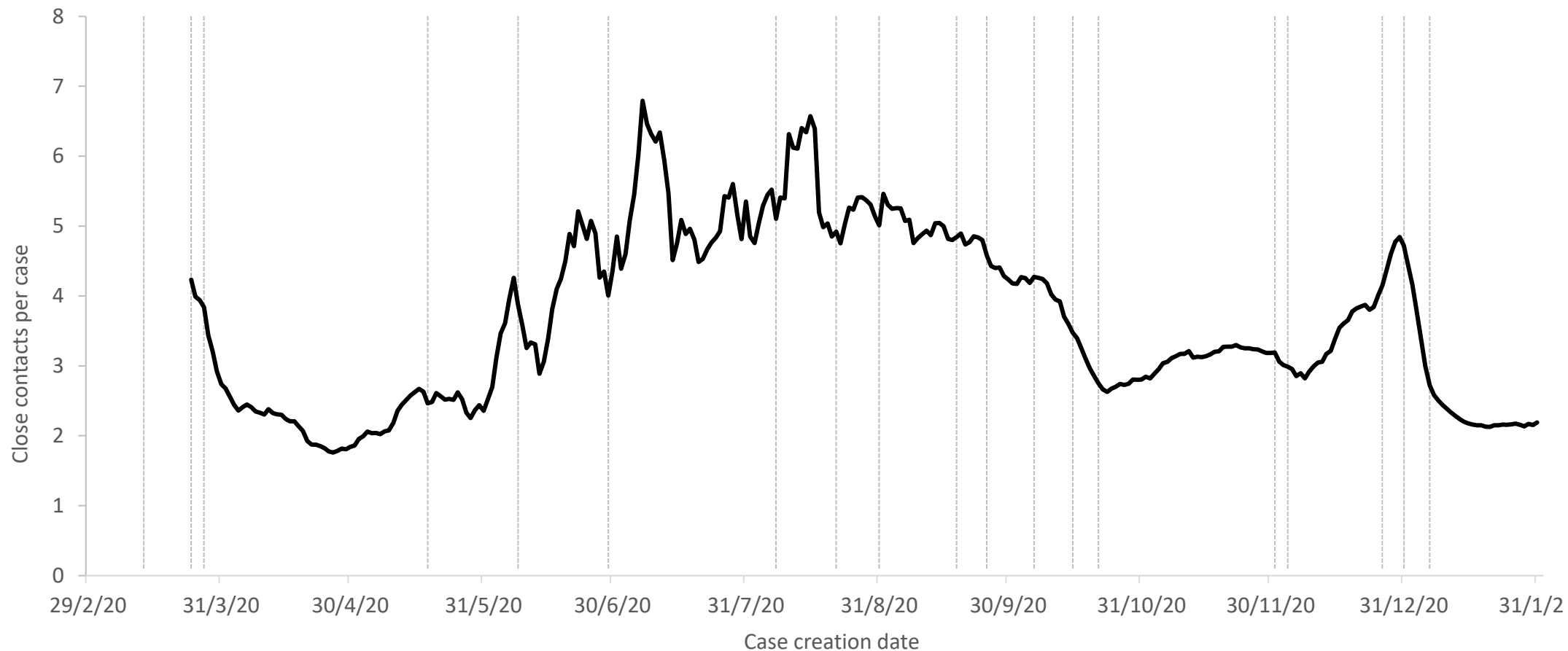
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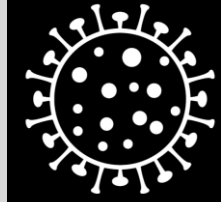
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Close contacts of adult confirmed cases

The mean number of close contacts per confirmed case. The number of contacts was very low (2 or less) during April, but increased to 5-6 per case during the summer. The progressive escalation of public health measures during October was associated with a progressive reduction in close contacts, to below 3. The number of close contacts remained below 3.3 on average until early December, rose to almost 5 on average by 28 December, and is now at a very low level (2.2 contacts)



The average number of close contacts per confirmed case. Data from COVID-19 Care Tracker (CCT). Cases dated by case creation date. Cases (but not contacts) aged 18 and younger are excluded. Data are 7-day trailing averages except for the months of June – August where a 21-day trailing average is used due to very low case counts.



- **Incidence may be plateauing**
 - Concern about workplace outbreaks
 - Increased testing of close contacts of confirmed cases
 - Close contacts and mobility remain very low
- Cases (5-day average) **1288 cases per day**; 14-day incidence **479 per 100,000**
- Incidence falling in those **aged 75 and older** but is still very high
- **Numbers in hospital decreasing, numbers in ICU decreasing slowly**
 - New admissions decreasing
- We are maintaining an extraordinary effort but still we have a long way to go; essential that we maintain strict adherence to public health guidance, especially the basic measures