

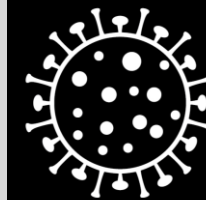
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## Slides from the NPHEP press briefing - Monday 1 March

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# IEMAG briefing

1 March 2021



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# Cases, numbers in hospital and intensive care

There is progress against all indicators of disease, though cases and number of people requiring hospital care remain high. The number of people in hospital and ICU is decreasing. The number of deaths per day remains high.



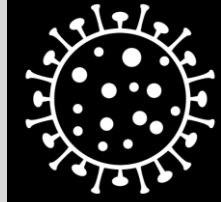
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	Apr 2020	Summer 2020	Oct 2020	Dec 2020	Jan 2021	3 Feb	10 Feb	17 Feb	24 Feb	1 Mar	Daily count 25 Feb
Cases confirmed per day	<b>859</b> <small>18-04</small>	<b>8.7</b> <small>25-06</small>	<b>1158</b> <small>21-10</small>	<b>262</b> <small>12-12</small>	<b>6520</b> <small>10-01</small>	1188	943	816	737	654	687
14-day incidence <i>per 100,000 population</i>	<b>212</b> <small>19-04</small>	<b>3.0</b> <small>04-07</small>	<b>306</b> <small>26-10</small>	<b>79</b> <small>09-12</small>	<b>1532</b> <small>15-01</small>	424	312	261	231	209	
Hospital in-patients	<b>862</b> <small>17-04</small>	<b>9</b> <small>02-08</small>	<b>333</b> <small>01-11</small>	<b>198</b> <small>16-12</small>	<b>1949</b> <small>24-01</small>	1499	1188	907	723	592	546
<i>Hospital admissions per day</i>	<b>85</b> <small>04-04</small>	<b>&lt;1</b> <small>10-07</small>	<b>27</b> <small>26-10</small>	<b>11</b> <small>13-12</small>	<b>158</b> <small>15-01</small>	68	52	45	40	25	14
ICU confirmed cases	<b>150</b> <small>14-04</small>	<b>4</b> <small>04-08</small>	<b>43</b> <small>04-11</small>	<b>26</b> <small>27-12</small>	<b>217</b> <small>28-01</small>	209	179	163	149	136	120
<i>ICU admissions per day</i>	<b>14</b> <small>31-03</small>	<b>&lt;1</b> <small>03-06</small>	<b>4</b> <small>03-11</small>	<b>1</b> <small>16-12</small>	<b>20</b> <small>17-01</small>	11	6	8	6	4	0
Deaths confirmed per day	<b>46</b> <small>22-04</small>	<b>&lt;1</b> <small>30-07</small>	<b>7</b> <small>01-12</small>	<b>4</b> <small>17-12</small>	<b>57</b> <small>03-02</small>	57	41	35	29	26	1

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.

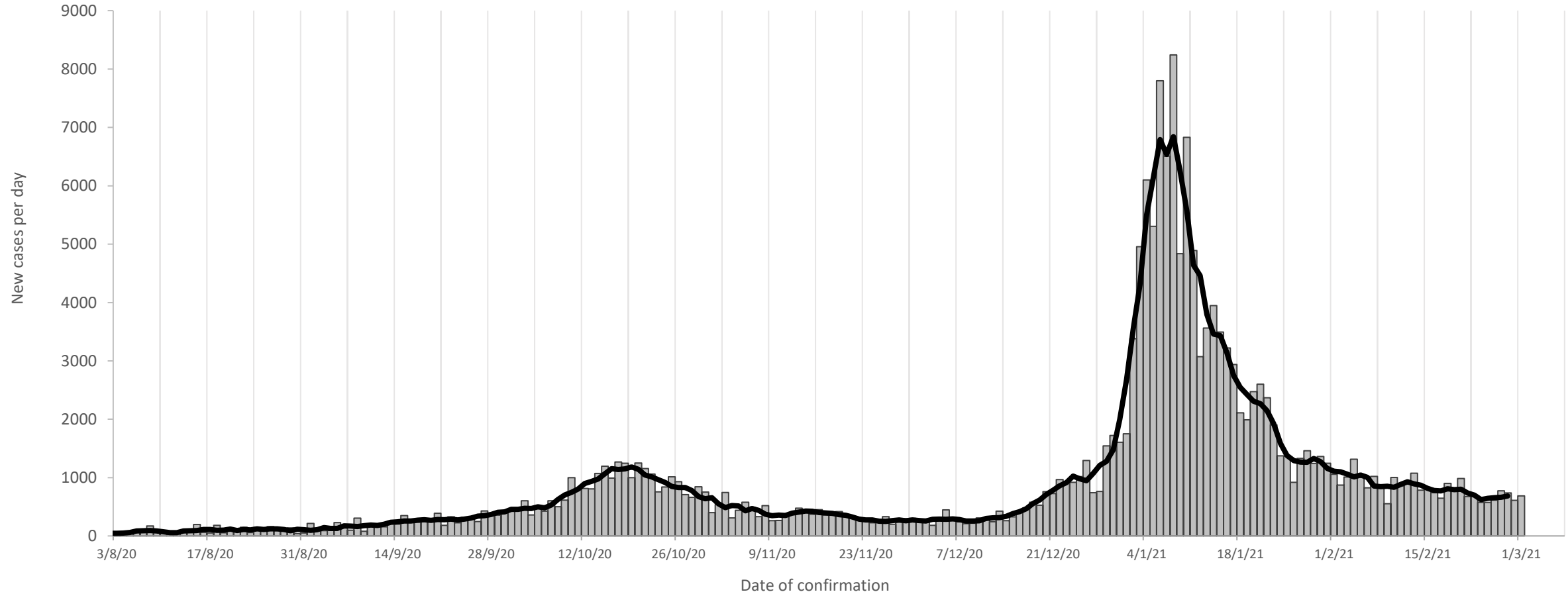
# Confirmed cases each day

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 **684**



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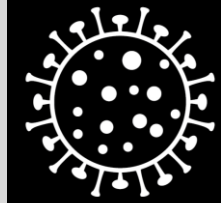
Cases per week	540	546	711	796	912	1303	1947	2059	3031	4457	7398	7073	4838	3424	2583	2580	1798	2028	1964	3369	6602	15729	45635	25135	14824	8933	7149	6031	5395	4569
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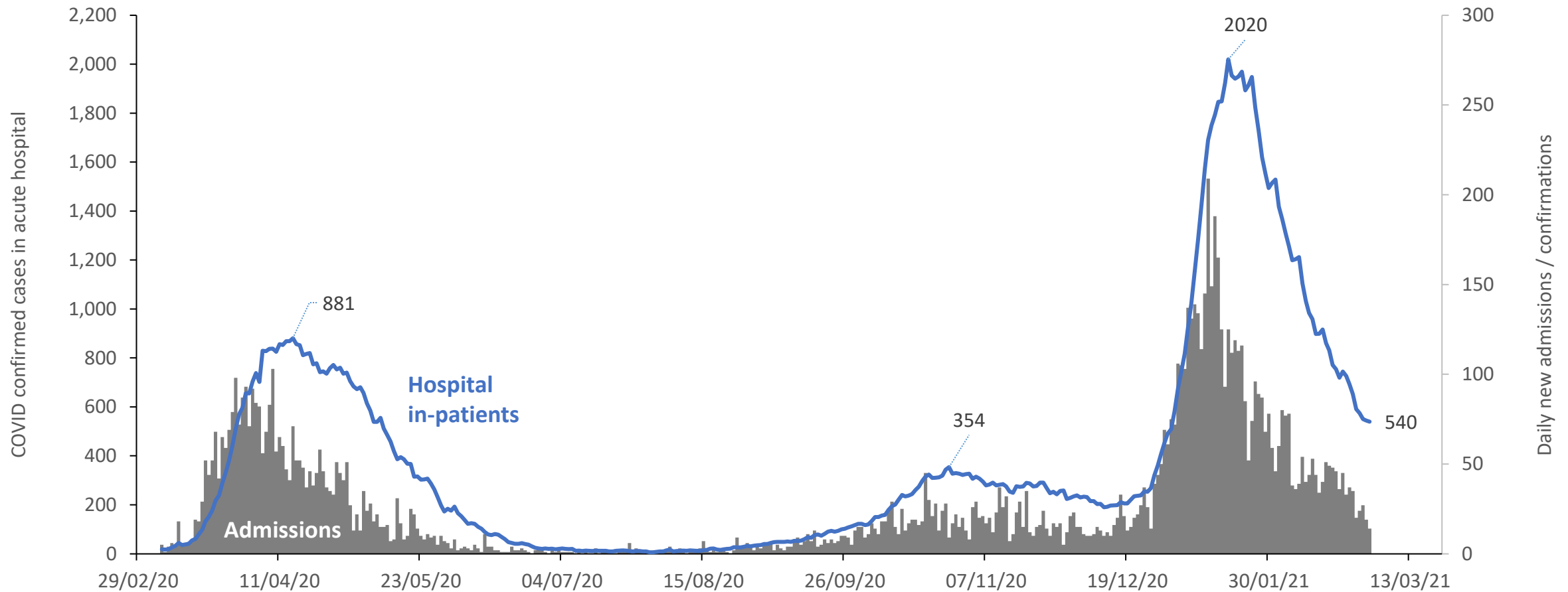
Daily count (bars) 5-day average (line) and weekly counts of the number of laboratory confirmed new cases by date on which they were confirmed by HPSC. Case counts may change due to denotification of cases. Weekly case counts are by notification (event) date and standard epidemiological week.

# Confirmed cases in acute hospitals

The number of people in hospital with confirmed SARS-CoV-2 infection. The number of people in hospital continues to fall, and the number of admissions and newly confirmed cases in hospital per day has also decreased in the last 10 days



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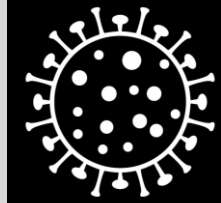
Hospital in-patients: Daily count of number of COVID-19 confirmed cases in acute hospitals. Daily admissions: New COVID-19 confirmed admissions and new laboratory confirmations of suspected cases in preceding 24 hours. Data from HSE PMIU-SDU, 8am census.



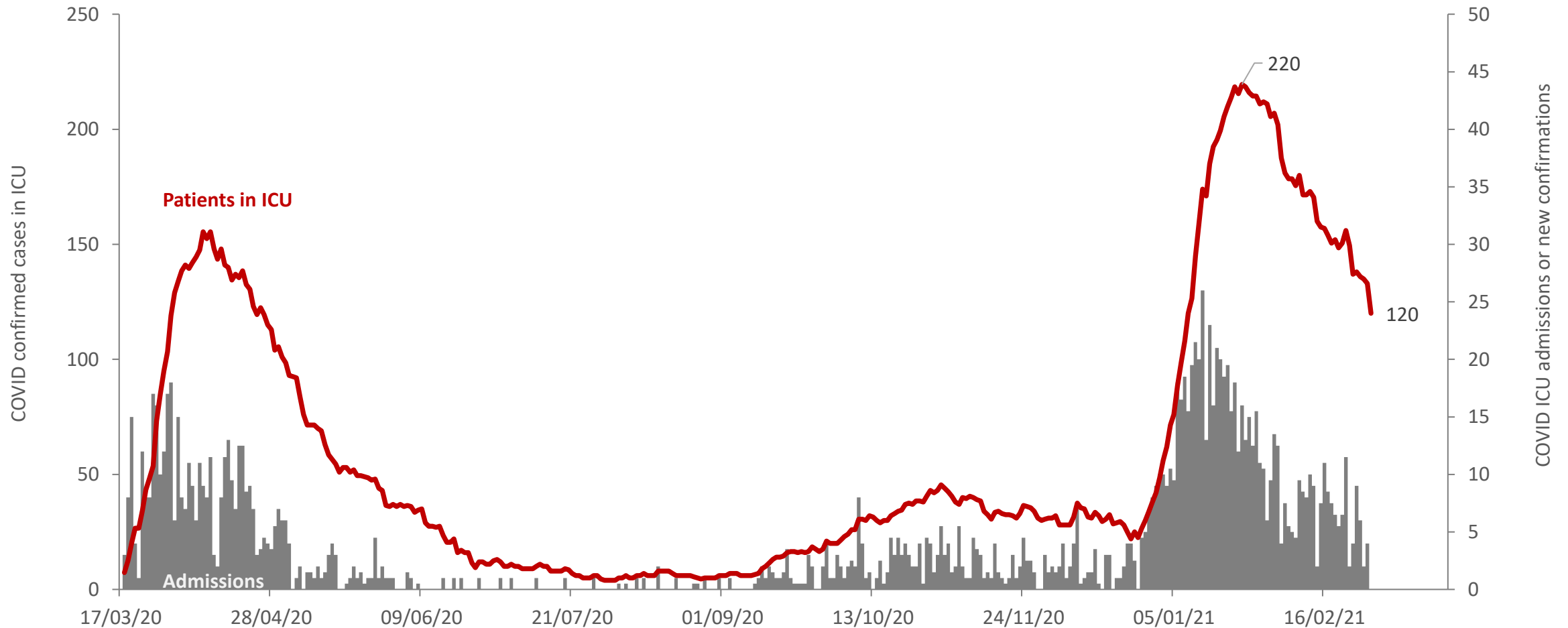
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# Confirmed cases in intensive care

The number of people in ICU with confirmed SARS-CoV-2 infection remains high but is now decreasing.



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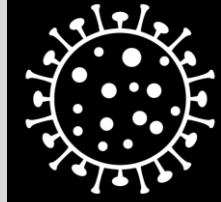
Patients in ICU: Daily count of number of COVID-19 confirmed cases in ICU. Daily admissions: new COVID-19 confirmed admissions to ICU and new laboratory confirmations of suspected cases in ICU. Average of morning and evening census from NOCA



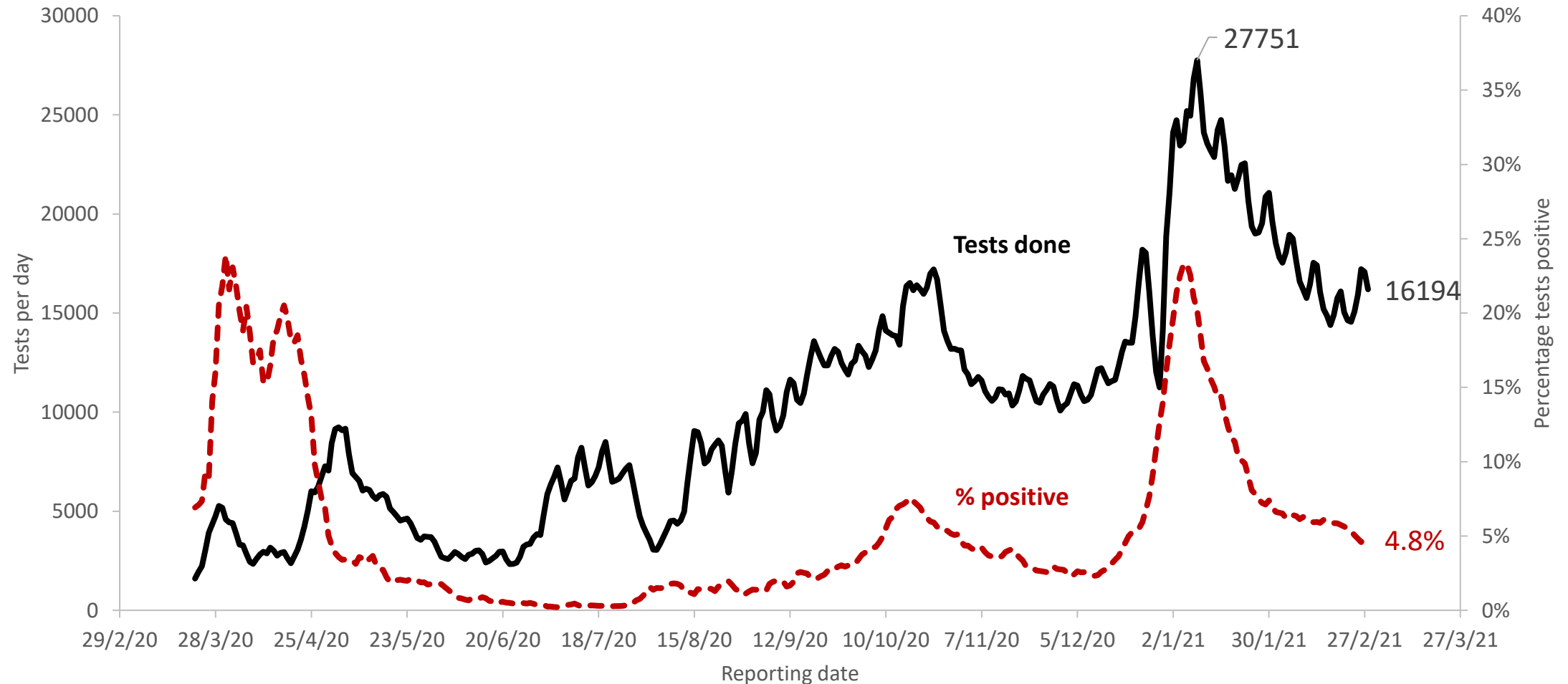
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# Testing and test positive rate

The demand for tests has fallen. Positivity rate has fallen significantly: overall positivity rate peaked at 23% on 7 January; it had been plateaued near 6%, but may be decreasing again.



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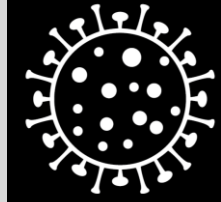
Data 5-day rolling averages, tests outsourced to German laboratory in April backdated using specimen collection date. The aggregate positivity rate should be interpreted with caution, as it includes community referrals, close contacts, mass and serial testing, and hospital testing, and changes in numbers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



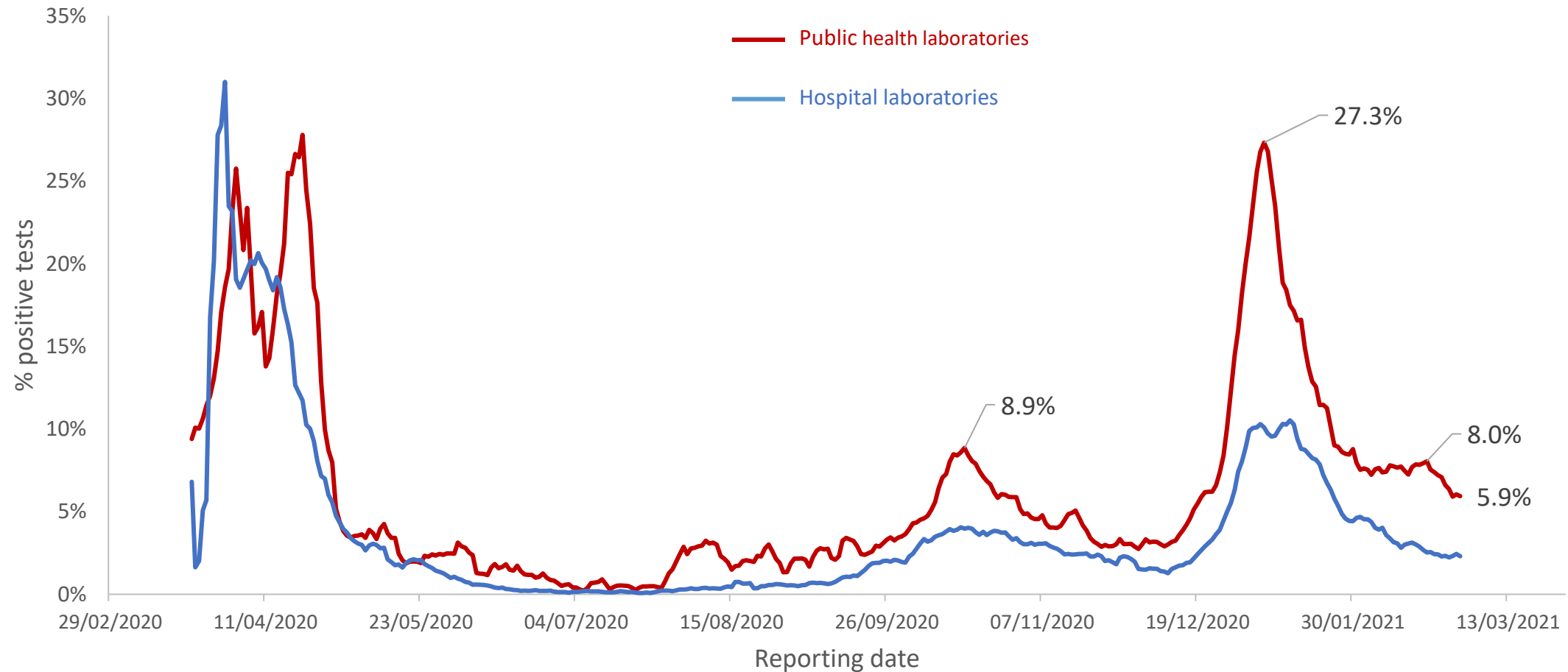
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# Test positivity: public health laboratories

The positivity rate is higher for tests conducted in public health laboratories (NVRL, associated laboratories and Cherry Orchard) compared with tests conducted in hospitals. The test positivity in hospital laboratories continues to fall (2.3%). Positivity rates in public health laboratories have decreased from a peak 5-day average positivity of 27.4% on 6 January; it had been plateaued at 7-8%, but now appears to be decreasing again



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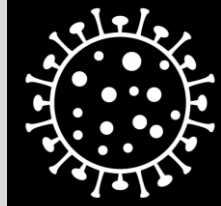
Data 5-day rolling averages of percentage of tests reported positive per day. Public health laboratories are NVRL and associated laboratories, plus Cherry Orchard  
Backlog tests outsourced to German laboratory in April are not backdated and are assigned to date reported



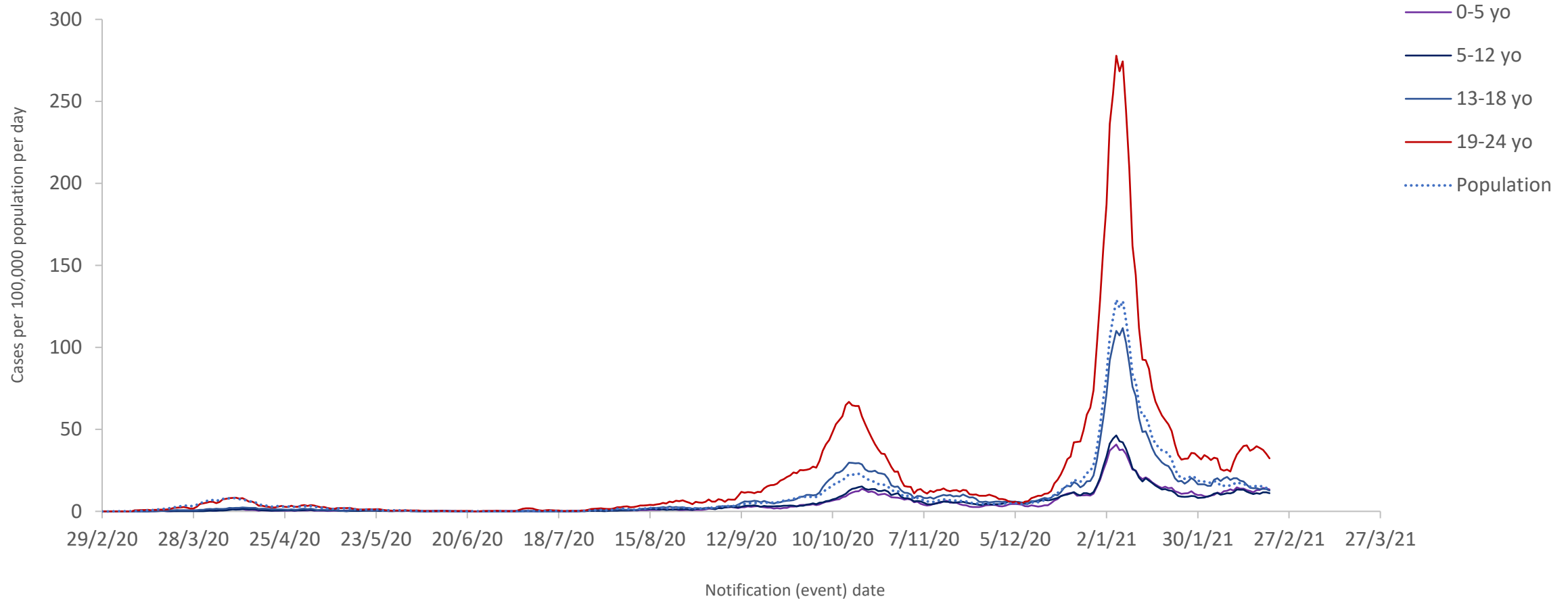
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# Incidence in younger cohorts

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.



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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 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 in a timely manner.



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