

# COVID-19 in Northern Ireland

**Daily Dashboard Charts & Graphs: 1<sup>st</sup> June 2020**

# HISTORY OF PANDEMICS

**PAN-DEM-IC** (of a disease) prevalent over a whole country or the world.



**THROUGHOUT HISTORY**, as humans spread across the world, infectious diseases have been a constant companion. Even in this modern era, outbreaks are nearly constant.

Here are some of history's most deadly pandemics, from the Antonine Plague to COVID-19.

## Contents

- Introduction
- Understanding measures to 'flatten the curve'
- The Doubling Period
- How do we treat cases and manage testing?
- Doubling cases by country comparisons
- Doubling deaths by country comparisons
- Mortality with 14-day lag
- Rate of change of doubling time (5 days)
- COVID-19 testing overview
- Cumulative total of lab confirmed tests
- COVID-19 Testing Trend Analysis
- COVID-19 Death Details & Setting Details
- COVID-19 Admissions (sus/+ve)
- COVID-19 Admissions (+/ve)
- COVID-19 Inpatients at Midnight
- Confirmed COVID-19 Daily Admissions by Trust
- Hospital Bed Capacity (ICU/General Beds) by COVID-19 status
- COVID-19 Care Home Outbreaks

# INTRODUCTION

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The difficulties in controlling COVID-19 are due to several factors:

- Its incubation period is relatively long, some five to six days and longer for some.
- Those who are infected become infectious, and infect others, before they display any symptoms or become aware of the disease.
- A significant fraction of cases remain asymptomatic - they never develop symptoms, but they still infect others.

Certain parameters characterise the virus itself, these include:

- **Incubation period** - the time between contracting the infection and the appearance of symptoms
- **Virulence** - the severity of its health effects.
- **Reproduction number** (infectiousness) - the number of new infections each case typically generates, and
- **Case fatality** - the number of infected people that die from the infection

# UNDERSTANDING MEASURES TO 'FLATTEN THE CURVE'

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COVID-19 infections, like many other viruses, grow exponentially. Fixed rate exponential growth means that the number of cases doubles in a defined amount of time. The doubling time is dynamic and informs us of the impact (or lack of impact) of interventions on epidemic growth. When we talk about '**flattening the curve**', we mean lengthening the doubling period. Flattening the curve, or slowing the rate of growth of new infections, is crucial to the maintenance of capacity in the health sector.

A failure to moderate growth of infections rapidly overwhelms any nation's health systems, hence the need for radical social policy interventions. Flattening the curve, or increasing the doubling period, is achieved through official policies and social behaviours. These range from simple but effective practices such as:

- Washing hands correctly
- Social distancing practices (as recently introduced in many countries including Northern Ireland)
- Cessation of all non-essential activities, and stay-at-home policies (as seen in China & Italy).

All of these policies are designed to reduce the opportunity for transmission of infections – in effect aiming to slow the growth rate. The doubling period therefore is an important barometer of the effects of national policies and behaviours on the impact of the virus. Changes in the doubling period in effect, reflect policy effectiveness.

## THE DOUBLING PERIOD

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The effect of **doubling period** is best illustrated by comparing for example numbers between Japan and Italy. On 23rd February, Italy reported 132 cases, and Japan reported 144: virtually the same. Japan's doubling period was close to eight days, Italy's was initially less than one day. Infections in Italy were therefore doubling at many times the rate of those in Japan. Eight days later, Italy reported 1,700 cases whilst Japan reported 254. One month later (23rd March), Italy reports more than 50 times the number of cases in Japan, at nearly 60,000 cases to Japan's 1,089.

While it is informative to know both the number of cases and deaths, it is their **growth rate** that matters most. The trajectory is what is most important. This shows the rise in confirmed cases and deaths since the outbreak began. South Korea spread slowed from initial pace and in fact has now plateaued. Northern Ireland Trajectory seems to be tracking similar to that of South Korea albeit with significantly fewer cases and deaths.

The **population of countries** differ significantly but we don't need to adjust for this. If for example we were to adjust for population size and to express confirmed cases or deaths as per million all that would happen is that we would just make larger countries look like their outbreaks aren't quite as bad, and smaller countries look like theirs are much worse. Since the virus spreads exponentially the population is not a limiting factor. Its spread will be determined by the behaviour of individuals and how they mix in their communities. It will tend to spread as the people in cities across the world interact with each other in a similar manner and at a similar rate.

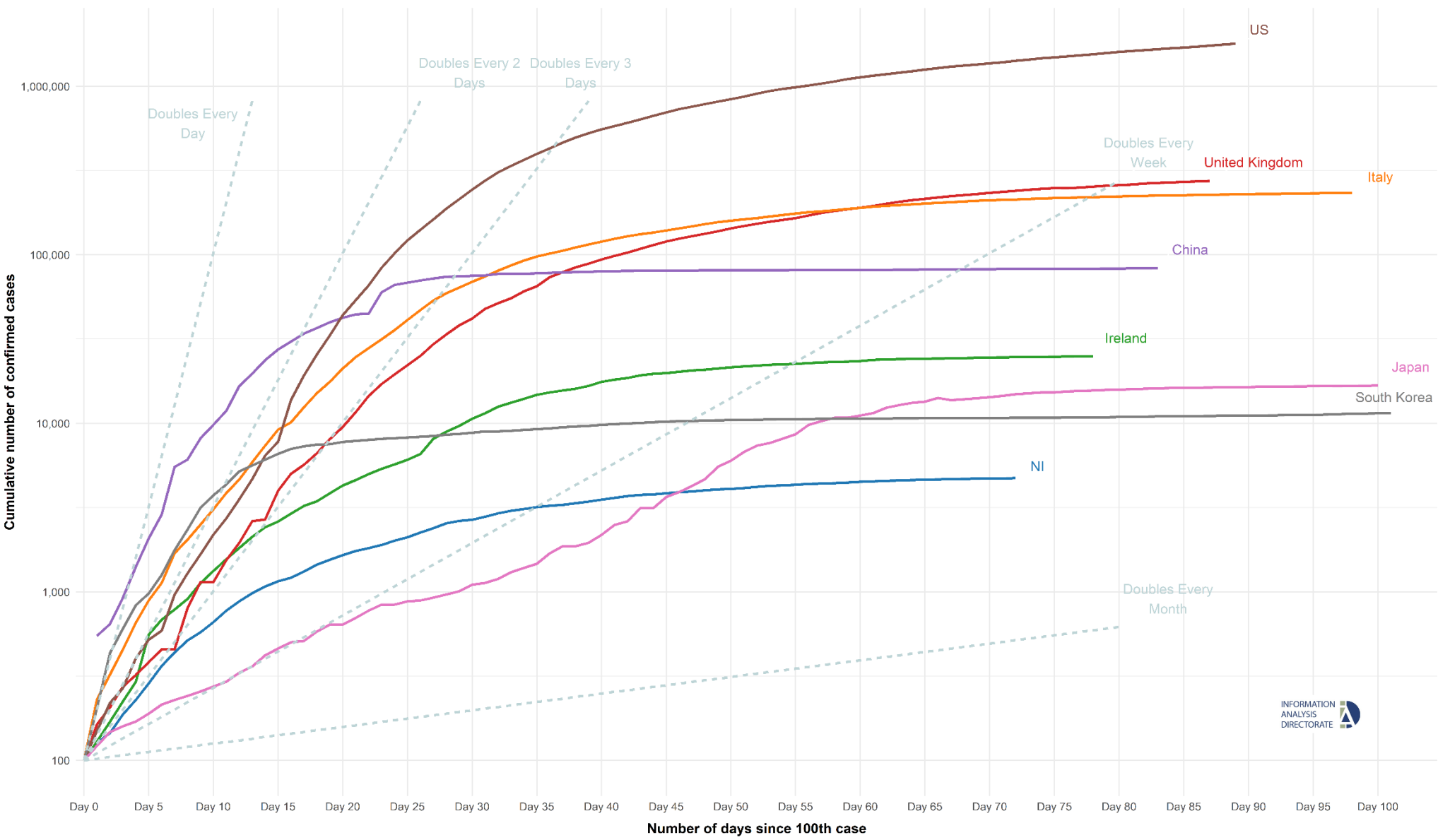
## HOW DO WE TREAT CASES AND MANAGE TESTING?

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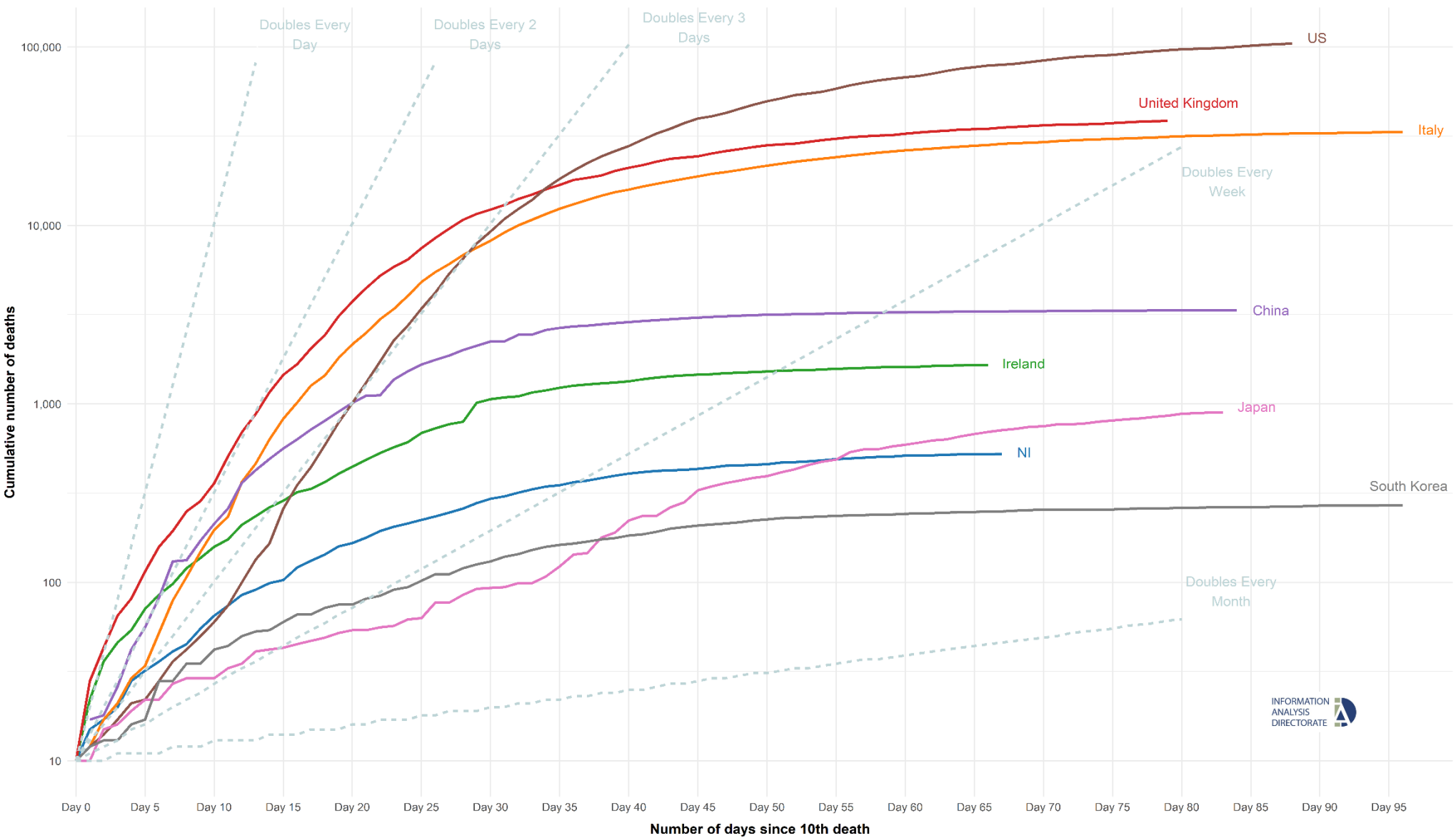
There is the view that the number of **confirmed cases** in a country is a function of the number of tests it conducts. It is important to note despite the focus on testing large numbers of the population we do not actually know the number of people who have coronavirus in the population.

There may be a great many who are symptom free but nevertheless have the virus but just not ever been tested. It is for this reason that we plot laboratory confirmed cases and not simply refer to cases, the true number of which we do not know.

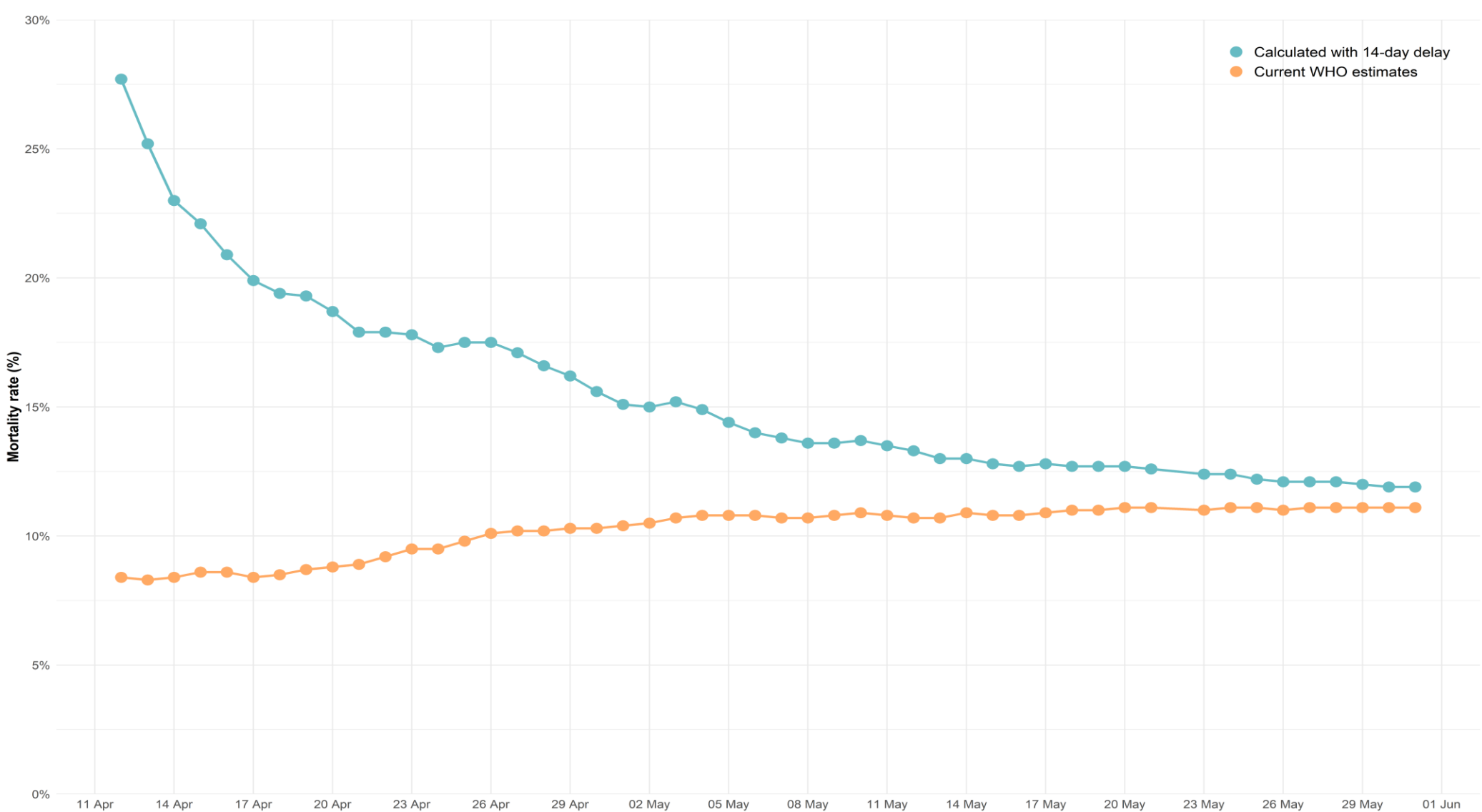




**Figure 1: Cumulative number of individuals with a laboratory confirmed test for COVID-19 after the 100<sup>th</sup> case.**  
 The 100<sup>th</sup> case for all countries are aligned by calculating the first time the cumulative number of positive cases was greater than or equal to 100 and rounding down to exactly 100. Data is not available for China before their 500<sup>th</sup> case.



**Figure 2: Cumulative number of deaths after the 10th death, where the deceased has had a positive test for COVID-19 and died within 28 days, whether or not COVID-19 was the cause of death. The 10th death for all countries are aligned by calculating the first time the number of deaths was greater than or equal to 10 and rounding down to exactly 10.**



**Figure 3: Mortality rate estimates are often based on the number of deaths relative to the number of confirmed cases, however, this isn't representative of the actual death rate, as patients who die on any particular day were infected much earlier. In other words, current deaths belong to the same group of patients that were infected in the past. The maximum incubation period for COVID-19 is assumed to be up to 14 days, therefore the chart below recalculates mortality by dividing the number of cumulative deaths at a specific date by the number of confirmed COVID-19 cases 14 days before.**

# Doubling Time in the Last 5 Days and Confirmed Cases

Country	Doubling Time (in Days)			Confirmed Cases		
	Last 5 Days	5 Days Before That	Change	Last 5 Days	5 Days Before That	Change
Northern Ireland	250.4	155.2	↑ 95.2	65	103	↓ -38
Ireland	337.9	247.5	↑ 90.4	255	344	↓ -89
United Kingdom	98.4	62.6	↑ 35.8	9,557	14,353	↓ -4,796
Italy	328.9	311.7	↑ 17.2	2,442	2,549	↓ -107
China	11992.9	9591.2	↑ 2401.7	24	30	↓ -6
Japan	451.8	287.8	↑ 164	128	199	↓ -71
United States	55.0	54.4	↑ 0.6	109,259	103,766	↑ 5,493
Germany	285.9	286.5	↓ -0.6	2,210	2,179	↑ 31
France	104.6	705.5	↓ -600.9	6,162	896	↑ 5,266
Spain	256.0	252.4	↑ 3.6	3,220	3,222	↓ -2
South Korea	165.8	315.7	↓ -149.9	238	123	↑ 115

Source: Information & Analysis Directorate | Department of Health | Johns Hopkins CSSE

Data updated: <sup>1</sup> Monday 01 June 2020

Please note: <sup>a</sup> United Kingdom data includes Northern Ireland

**Table 1: Comparison of doubling times of confirmed cases in the last five days with the doubling time in the five days before; as well as the number of confirmed cases in the last five days with the number of confirmed cases in the five days before that.** The 'change' column compares whether cases doubled faster or slower or remained about the same; or if countries reported more or less or about the same number of cases. The number of confirmed cases in Northern Ireland is doubling at a slower rate (70.7 days) over the last 5 days compared with the doubling rate in the 5 days before that (39.6 days).



# COVID-19 Testing overview: Laboratory Completed Positive Test by Local Government District and Number of Persons who have had samples/swabs taken at National Testing Centres

66,675

Total Lab Completed Tests

53,121

Individuals Lab Completed Tests

4,728

Individuals Positive Lab Test

251

Positive Tests per 100,000-pop

Individuals with a Laboratory Completed Positive Test for SARS-COV2 Virus by Local Government District



Testing for the SARS-COV2 Virus in NI is currently being carried out by (i) **HSC Trust Labs** and (ii) **National Testing Centres**; although, information on the outcome of completed laboratory tests is **ONLY** available for HSC Trust Labs at this time. Refer to notes for further detail.

## i. HSC Trust Labs - Cumulative Number of Completed Laboratory Tests

30 May 2020

65,528

Total Lab Tests

52,297

Individuals Tested

4,716

Individuals Tested Positive

31 May 2020

66,675

Total Lab Tests

53,121

Individuals Tested

4,728

Individuals Tested Positive

Daily Change

1,147

Total Lab Tests

824

Individuals Tested

12

Individuals Tested Positive

## ii. National Testing Centres - Cumulative Number of Samples Taken (Date Sample Taken)

30 May 2020

20,193

Samples Taken

31 May 2020

20,394

Samples Taken

Daily Change

201

Samples Taken

### IMPORTANT NOTE:

Data from National Testing Centres refers only to the number of persons who have had samples / swabs taken at the SSE Arena, City of Derry Rugby Club, Craigavon Test Centre, St. Angelo Airfield Enniskillen and the mobile testing unit. These sample are sent to the laboratories for analysis and will be reported as a laboratory completed test in due course. They should NOT be added to the Completed laboratory results presented above.

## Breakdown of Individuals with a Laboratory Completed Test by Local Government District

Local Government District	Individuals Tested	Individuals Tested Positive	Individuals Tested Negative	Indeterminate Tests	Positive Tests per 100k pop
Antrim and Newtownabbey	3,936	407	3,528	1	285
Ards and North Down	4,250	351	3,896	3	218
Armagh City, Banbridge and Craigavon	6,483	533	5,946	4	249
Belfast	11,048	1,309	9,732	7	384
Causeway Coast and Glens	3,325	243	3,080	2	168
Derry City and Strabane	3,396	160	3,235	1	106
Fermanagh and Omagh	2,197	82	2,113	2	70
Lisburn and Castlereagh	4,357	438	3,915	4	302
Mid and East Antrim	3,341	325	3,016	0	234
Mid Ulster	3,635	250	3,385	0	169
Newry, Mourne and Down	4,136	288	3,844	4	160
<b>Total</b>	<b>53,121</b>	<b>4,728</b>	<b>48,357</b>	<b>36</b>	<b>251</b>

Note 1: Local Government Districts assigned as 'Not Known' refer to individuals with insufficient address and postcode details completed tests in the map and table above have been revised.

# Cumulative Total of Laboratory Completed Tests by Date & Individual with a confirmed Laboratory completed test for Sara-Cov2 by Age group and Gender.

The information below shows the total number of laboratory completed tests for SARS-COV2 Virus at 9am on the date presented. The total number of tests will include each laboratory completed test, i.e. if an individual had more than one test for the SARS-COV2 Virus, each laboratory completed test will be included.

### Cumulative Total of Laboratory Completed Tests by Date of Laboratory Test

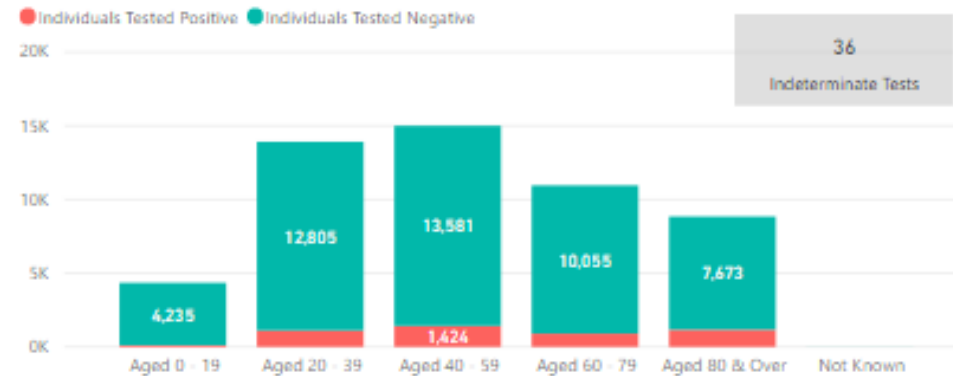


The cumulative number of individuals with a laboratory completed test is presented below by the date on which the specimen (sample / swab) had been taken at a testing location, and not the date the laboratory test was completed. If an individual has been tested more than once, only the first laboratory completed positive result will be counted, with all other laboratory completed test results excluded, regardless of when the test took place.

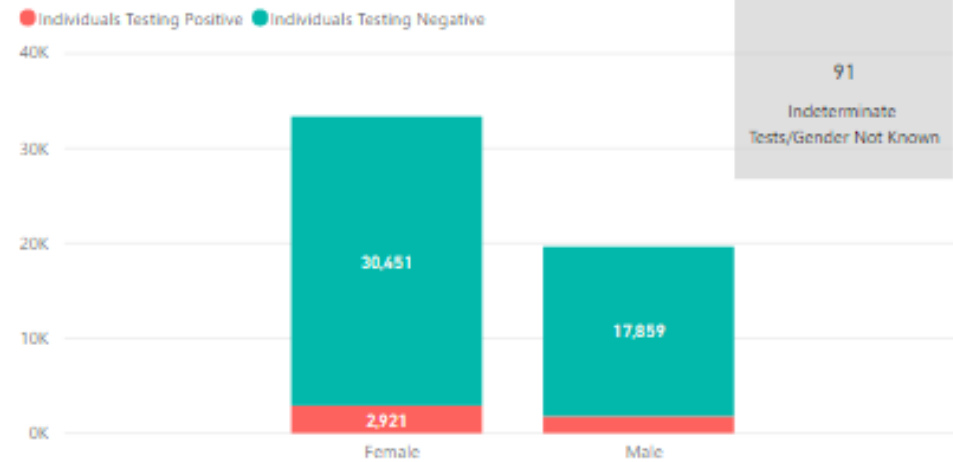
### Cumulative Individuals with Laboratory Completed Test for SARS-COV2 Virus by Date of Specimen



### Individuals with a Laboratory Completed Test for SARS-COV2 Virus by Age Group



### Individuals with a Laboratory Completed Test for SARS-COV2 Virus by Gender



# Testing Trend Analysis of Individuals with a confirmed Laboratory completed test for Sara-Cov2



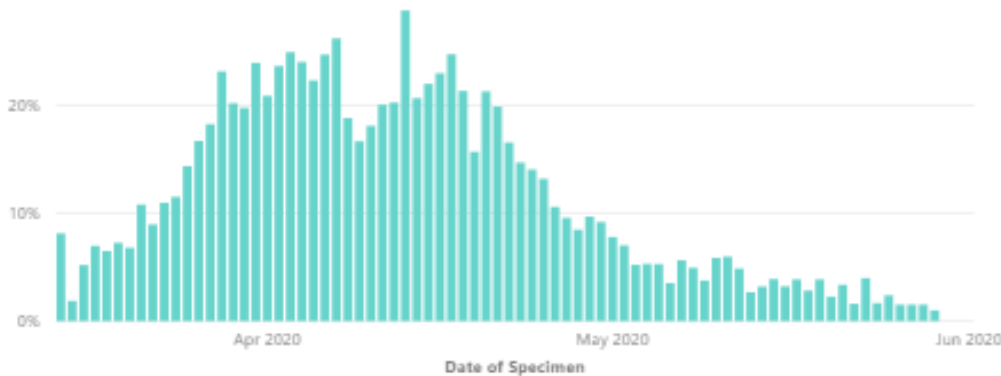
Information below refers to the number of laboratory completed tests by the date on which the specimen (sample / swab) had been taken at a testing location, and not the date the laboratory test was completed. Whilst this gives the most accurate analysis of how cases progress over time it does mean that the latest days' figures are usually incomplete, so it shouldn't be seen as a sudden large drop in cases.

**Laboratory Completed Tests by Date of Specimen**



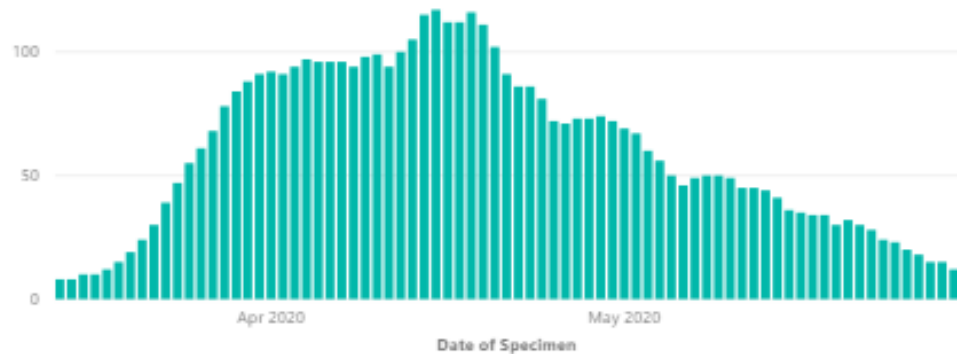
Information below shows the percentage of laboratory completed tests which were identified as positive by the date on which the specimen (sample / swab) had been taken at a testing location.

**Proportion of Laboratory Completed Tests Identified as Positive by Date of Specimen**



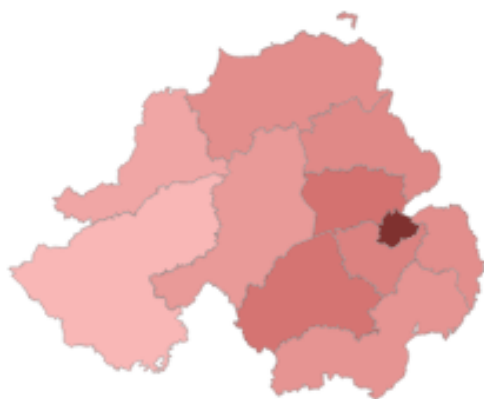
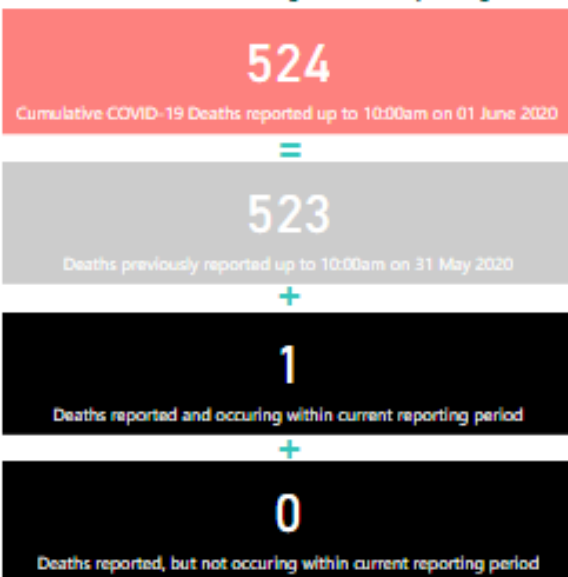
Information is presented below on the 7-day rolling average of individuals with a positive laboratory completed test, by the date on which the specimen (sample / swab) had been taken at a testing location.

**7 Day Rolling Average (mean) of Individuals with Positive Laboratory Completed Tests by Date of Specimen**



# Cumulative COVID-19 Deaths and By Local Government District by Age, Gender and Previously Report Deaths and Deaths in Current Reporting Period by Date of Death

Breakdown of Deaths During Current Reporting Period COVID-19 Deaths by Local Government District



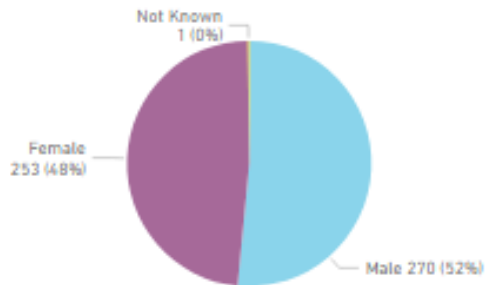
COVID-19 Deaths by Local Government District



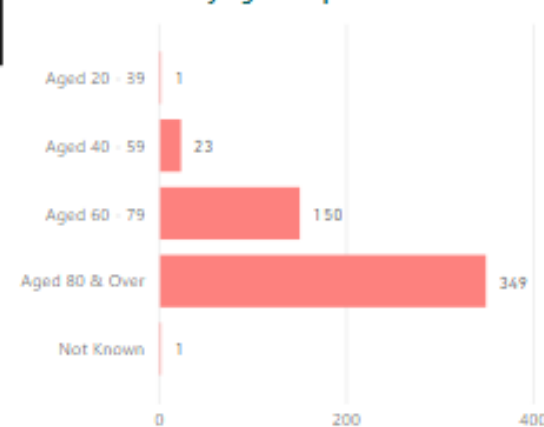
Cumulative COVID-19 Deaths by Date of Death



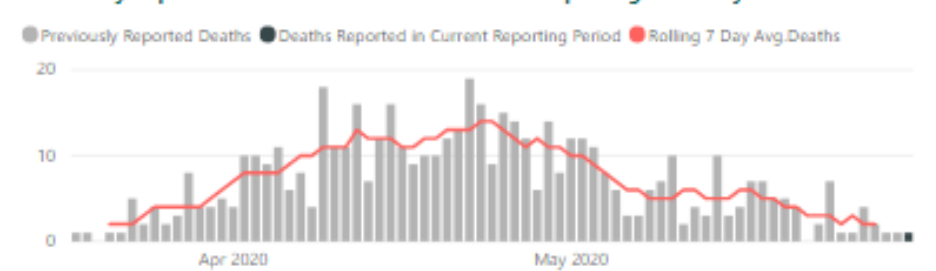
COVID-19 Deaths by Gender



COVID-19 Deaths by Age Group



Previously Reported Deaths and Deaths in Current Reporting Period by Date of Death

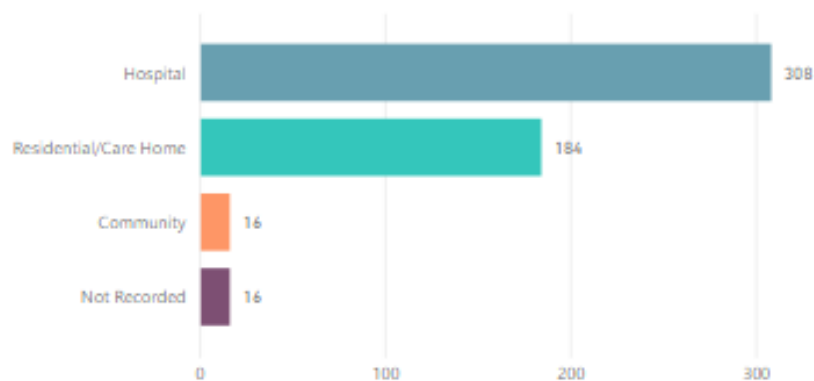


Note 1: Deaths in current reporting period include deaths which will have occurred in that period, along with deaths which have only been reported within that period. For example, A death may occur on Thursday 30th April but not be reported until Saturday 2nd May

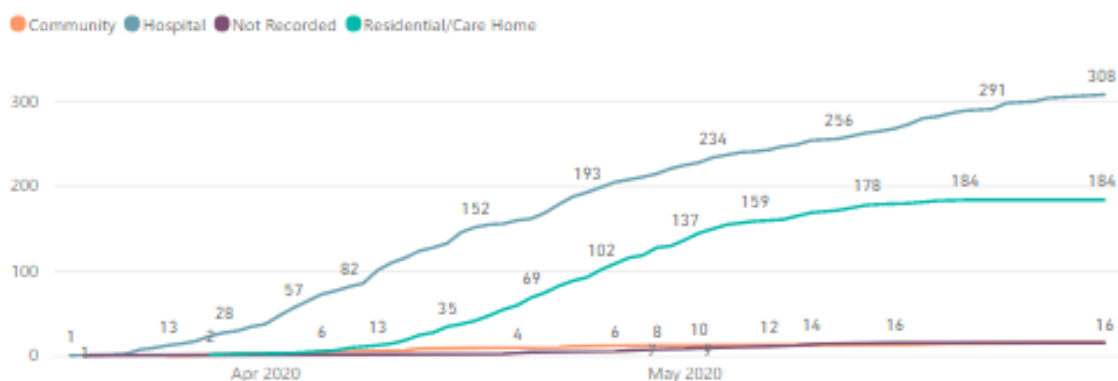
Note 2: Current Reporting Period = 10:00 on 31 May 2020 - 10:00 on 01 June 2020

# Cumulative COVID-19 Deaths by Death Setting

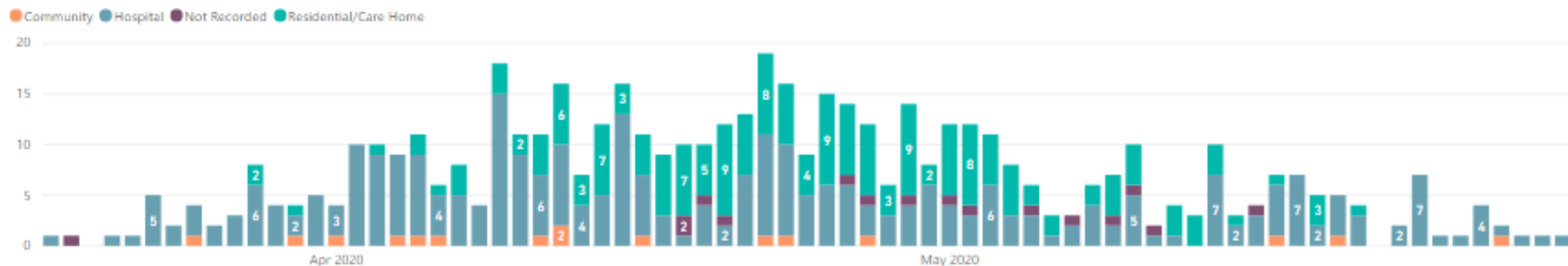
## COVID-19 Deaths by Setting



## Cumulative COVID-19 Deaths by Date of Death and Setting



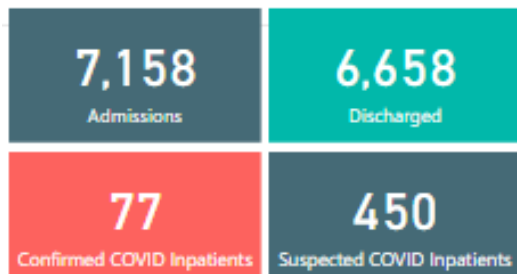
## COVID-19 Daily Deaths by Date of Death and Setting



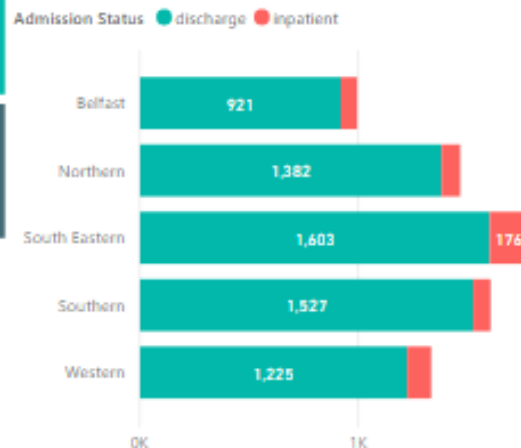
**Note:** The Community setting includes deaths recorded as occurring in Community, Hospice and Other settings. Information displayed reflects deaths reported to the PHA up to the end of the current reporting period, and includes individuals who have had a positive test for COVID-19 and died within 28 days, whether or not COVID-19 was the cause of death. A broader picture on COVID-19 fatalities is provided in the weekly NISRA bulletin which details deaths across hospital and community settings. NISRA figures are derived from the formal process of death registration and may include cases where the doctor completing the death certificate diagnosed suspected cases of COVID-19.

# COVID-19 Admissions by HSC Trust, Age Group & Patient Status:

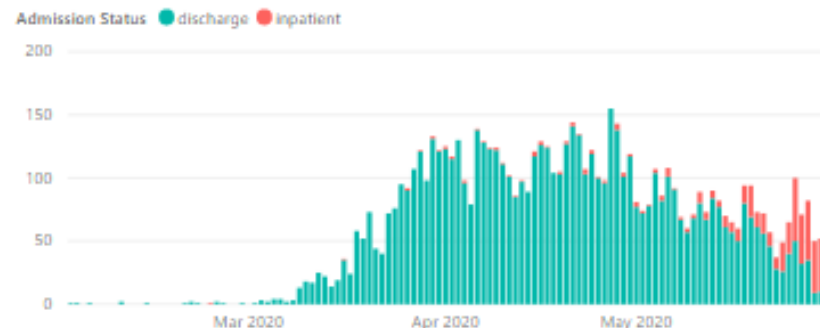
## Covid-19 Admissions by Admission Date & Occupancy by Date and Confirmed and Suspected Covid-19



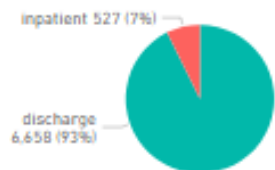
COVID-19 Admissions by Trust & Patient Status



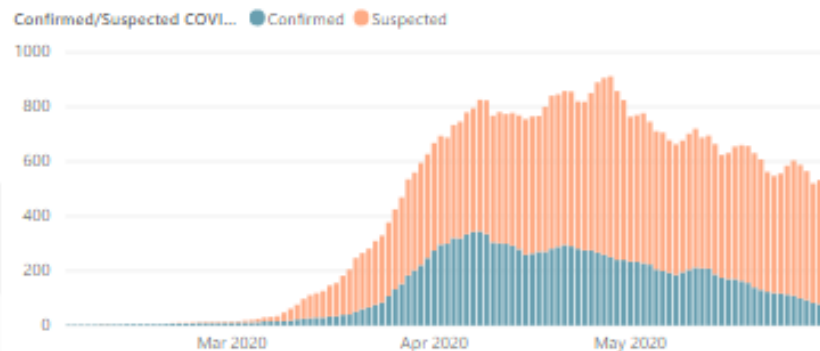
COVID-19 Admissions by Admission Date & Patient Status



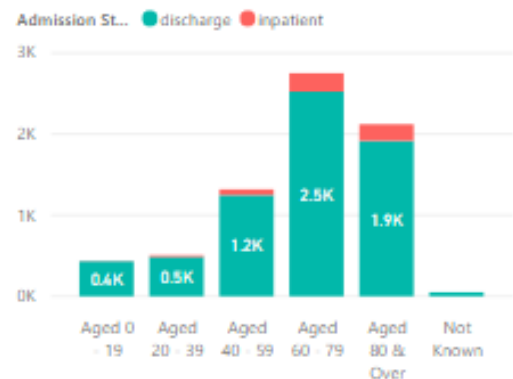
COVID-19 Admissions by Patient Status



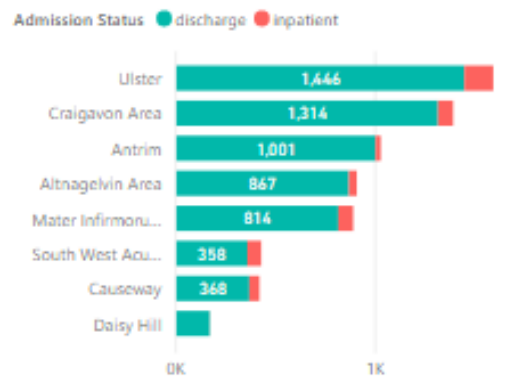
Midnight Occupancy by Date and Confirmed/Suspected COVID-19



COVID-19 Admissions by Age Group & Patient Status



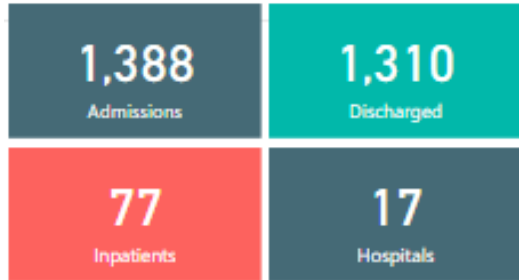
COVID-19 Admissions by Hospital & Patient Status



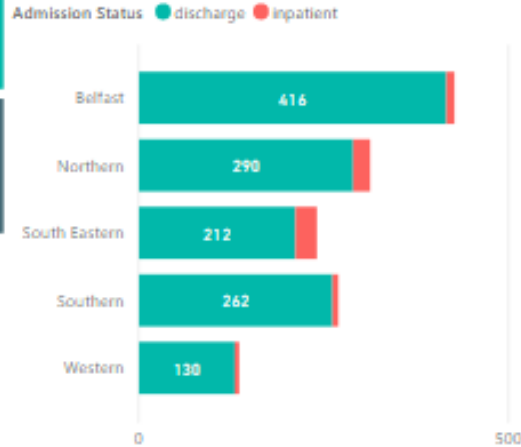
Note 1: Discharges include: discharge under medical grounds, self-discharge or death  
 Note 2: Admissions data is sourced from a live administrative system which is continually being amended and updated, as such previous days' admission data may fluctuate



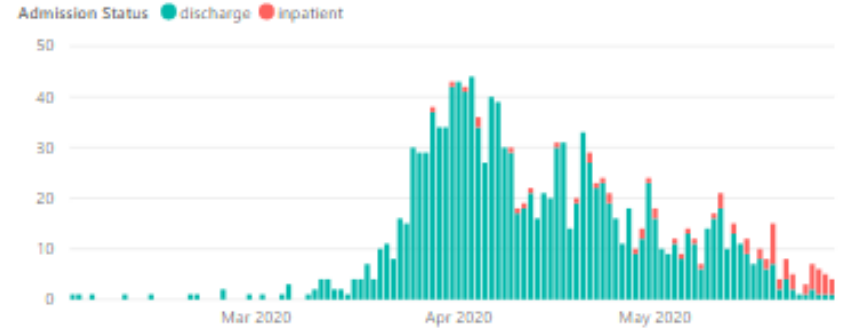
# Confirmed COVID-19 Admissions by HSC Trust, Age Group & Patient Status: Covid-19 Admissions by Admission Date & Occupancy by Date



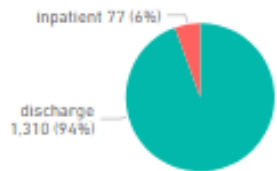
COVID-19 Admissions by Trust & Patient Status



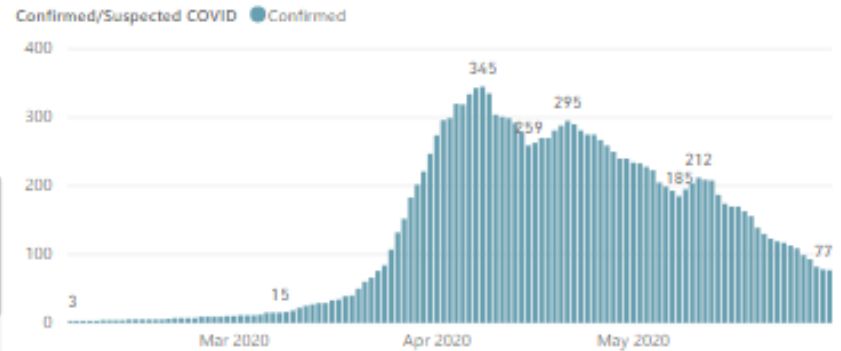
COVID-19 Admissions by Admission Date & Patient Status



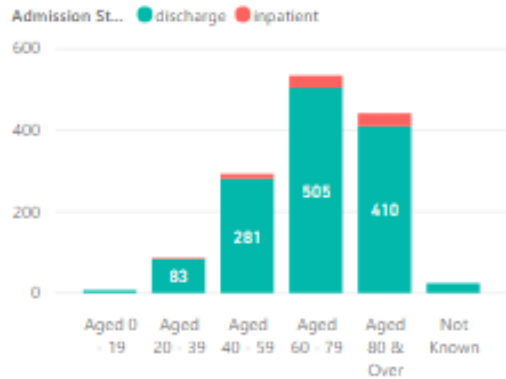
COVID-19 Admissions by Patient Status



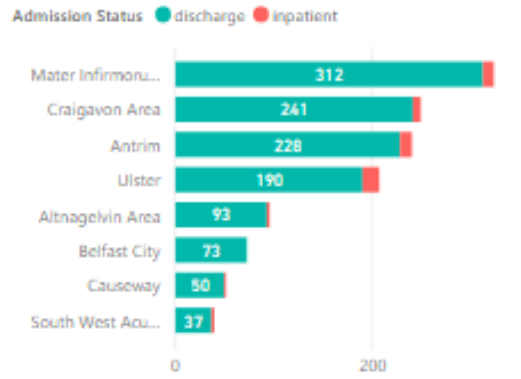
Midnight Occupancy by Date and Confirmed/Suspected COVID



COVID-19 Admissions by Age Group & Patient Status



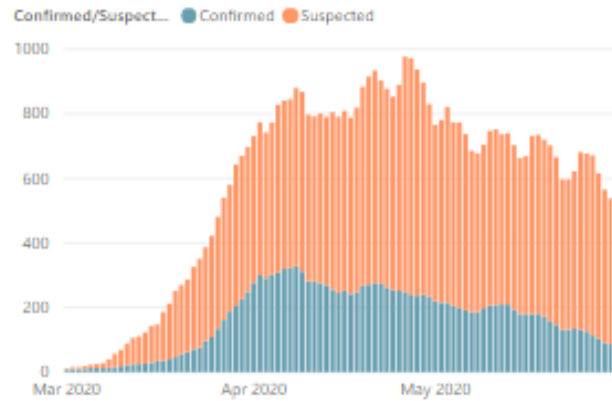
COVID-19 Admissions by Hospital & Patient Status



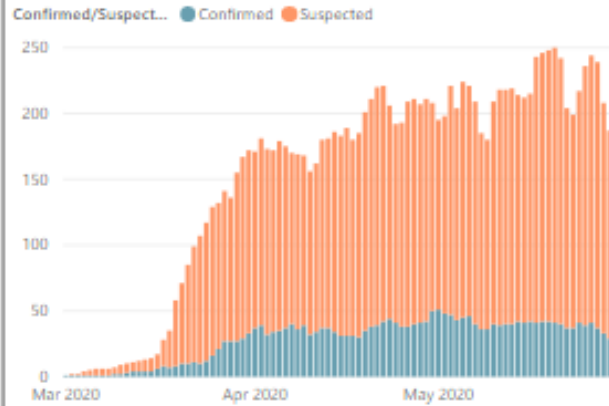
Note 1: Discharges include: discharge under medical grounds, self-discharge or death  
 Note 2: Admissions data is sourced from a live administrative system which is continually being amended and updated, as such previous days' admission data may fluctuate

# COVID-19 Inpatients by HSC Trust: Confirmed and Suspected COVID-19

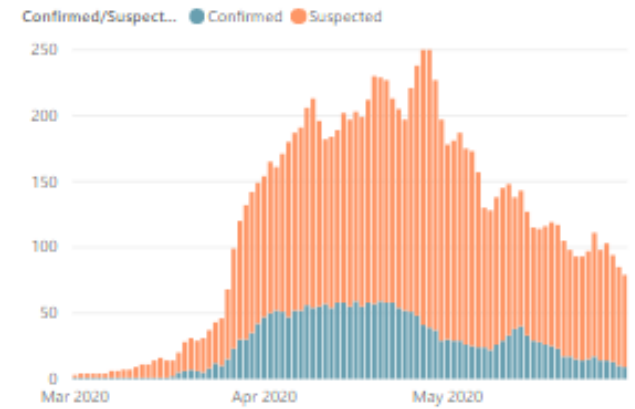
Confirmed/Suspected COVID-19 patients (All Trusts)



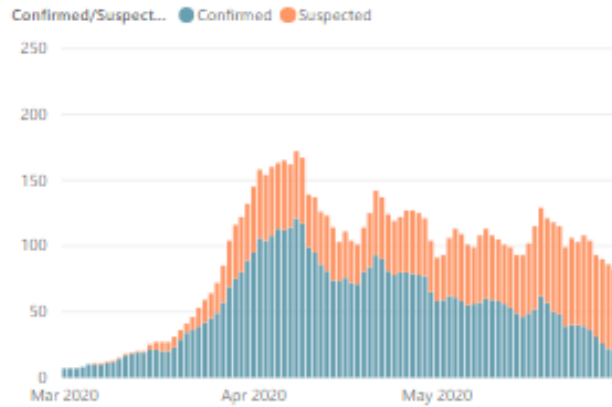
Confirmed/Suspected COVID-19 patients (South Eastern Trust)



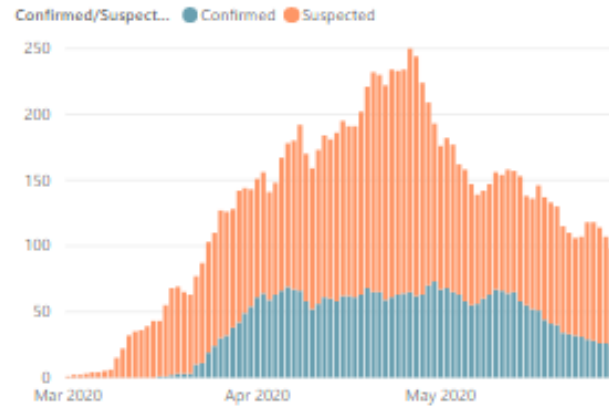
Confirmed/Suspected COVID-19 patients (Southern Trust)



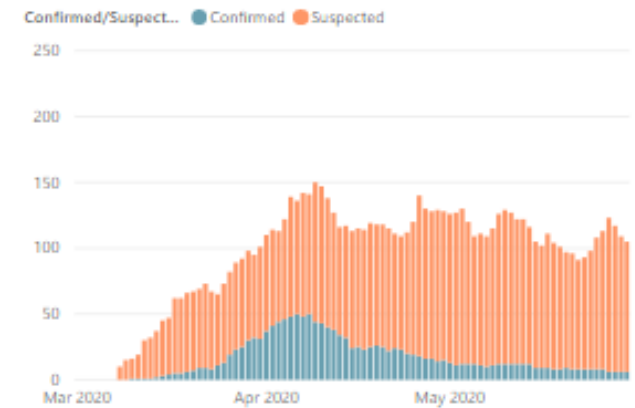
Confirmed/Suspected COVID-19 patients (Belfast Trust)



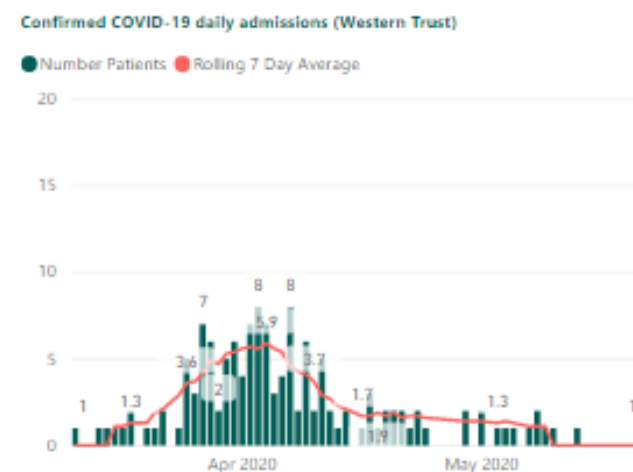
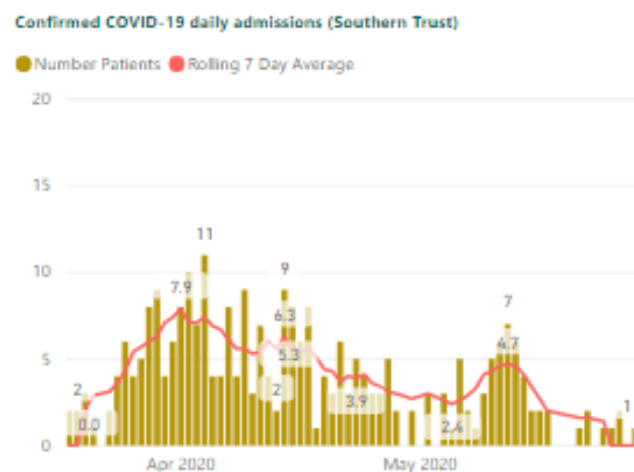
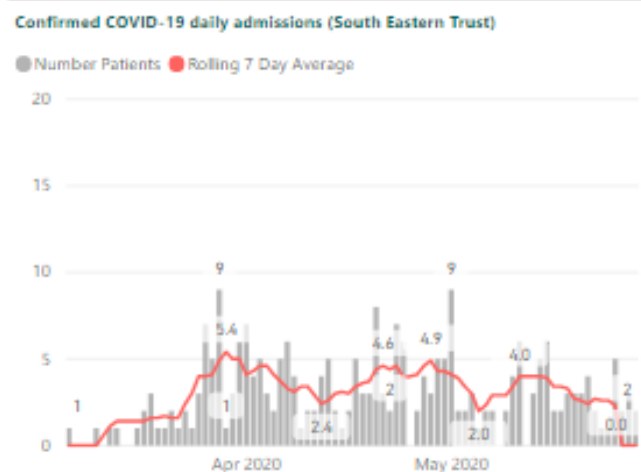
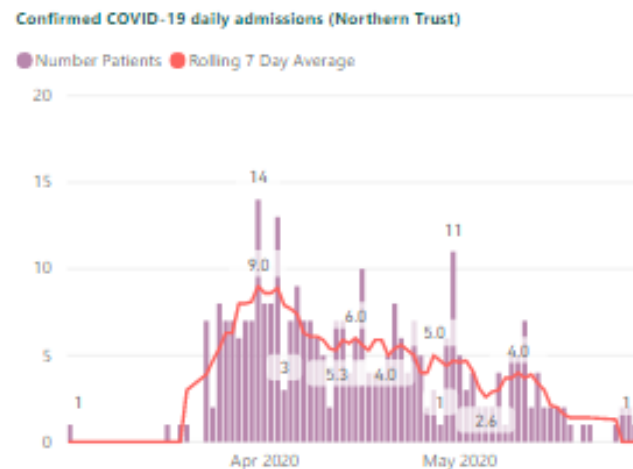
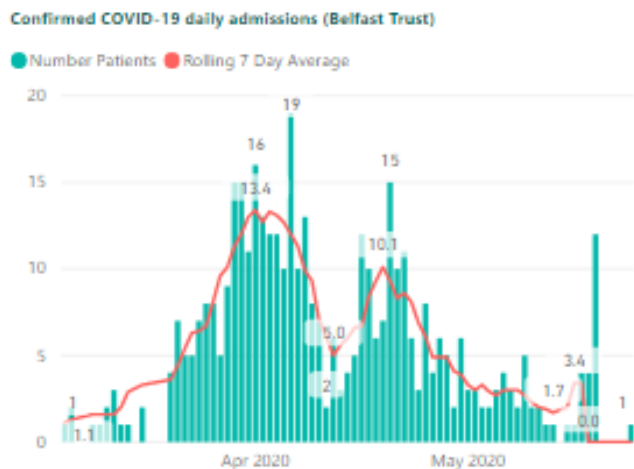
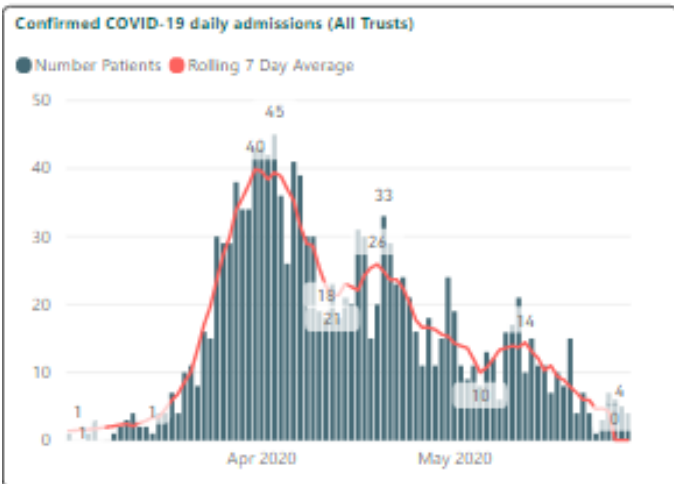
Confirmed/Suspected COVID-19 patients (Northern Trust)



Confirmed/Suspected COVID-19 patients (Western Trust)



# Confirmed COVID-19 Daily Admissions by HSC Trust

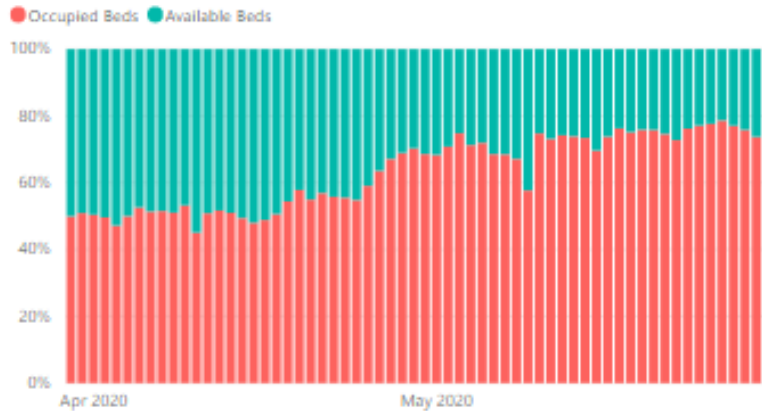


# Bed Capacity:

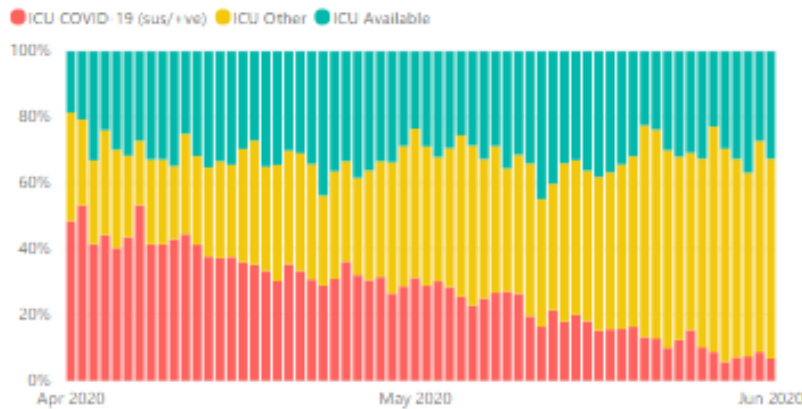
Available & Occupied Beds, ICU COVID-19 suspected and positive, ICU Other and ICU Beds Available. COVID-19 Bed Occupancy-General and ICU 5-day Rolling Average.

<b>3,406</b>
Total Beds
<b>2,676</b>
Total Occupied Beds
<b>79%</b>
Occupancy %
<b>89</b>
Total ICU Beds
<b>6</b>
Total ICU COVID-19 (sus/+ve)
<b>29</b>
Total ICU Available
<b>54</b>
Total ICU Other

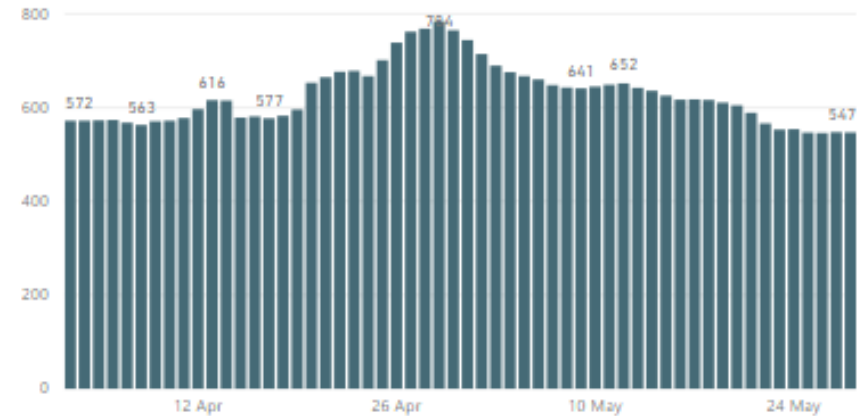
Hospital Bed Occupancy - Available and Occupied Beds



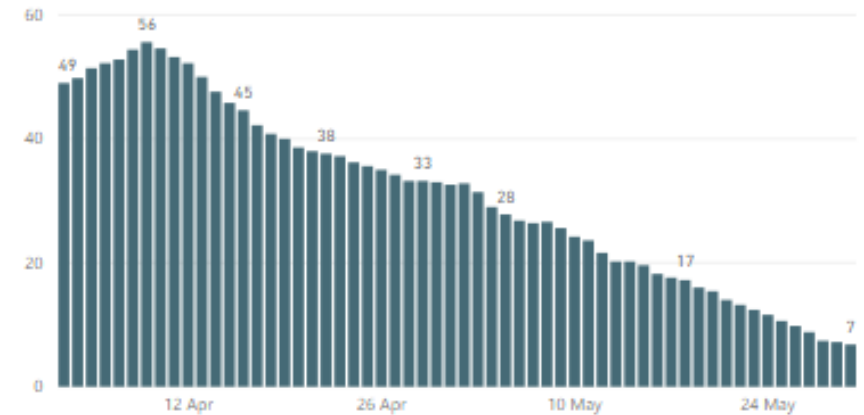
ICU Bed Occupancy - Available, COVID-19 & Other



COVID-19 General Bed Occupancy : 5 Day Rolling Average by Date



COVID-19 ICU Bed Occupancy : 5 Day Rolling Average by Date



# COVID-19 Care Home Total Acute Respiratory Outbreaks: Active Cases Confirmed COVID-19, Suspected COVID-19 and Closed Outbreaks.

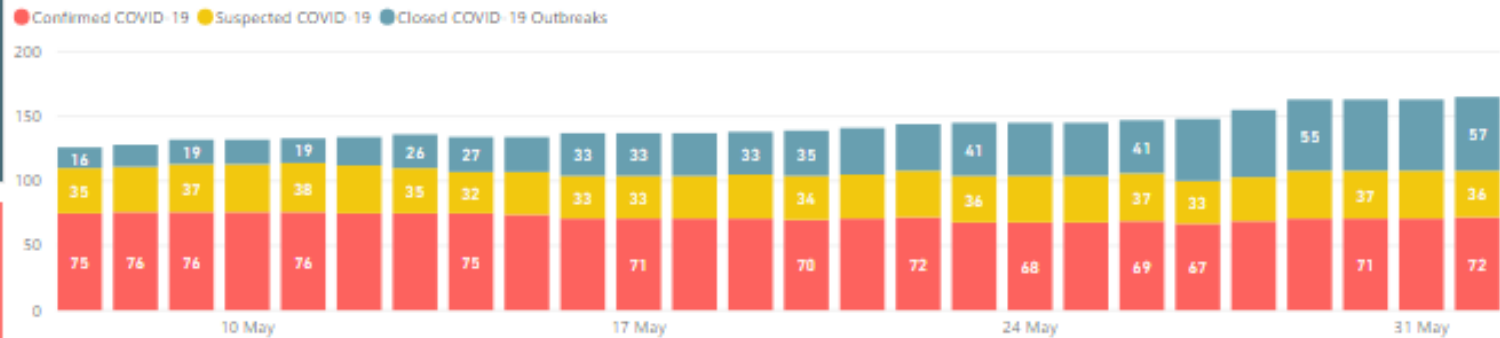
**165**  
Total Acute Respiratory Outbreaks

**72**  
Confirmed COVID-19

**36**  
Suspected COVID-19

**57**  
Closed COVID-19 Outbreaks

Confirmed COVID-19, Suspected COVID-19 and Closed COVID-19 Outbreaks by Reporting Date



**Key Definitions**

**Suspected case of COVID-19\***

Any resident (or staff) with symptoms of COVID-19 (high temperature or new continuous cough), or new onset of influenza like illness or worsening shortness of breath.

\*Symptoms may be more nuanced in older people with co-morbidities in care homes who may present with Flu Like Illness (FLI), respiratory illness, new onset confusion, reduced alertness, reduced mobility, or diarrhoea and sometimes do not develop fever. This may be true for COVID-19, so such changes should alert staff to the possibility of new COVID infection

**Confirmed case of COVID-19**

Any resident (or staff) with laboratory confirmed diagnosis of COVID-19.

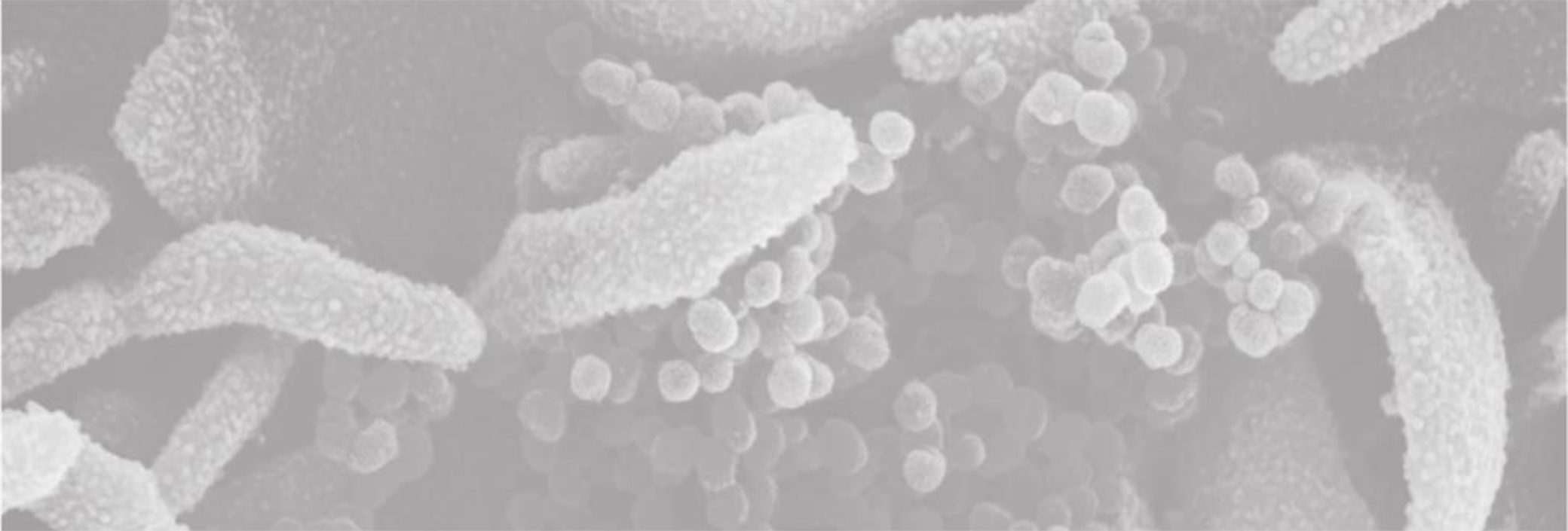
**Outbreak definition**

Two or more cases in a facility which meet the case definition of a possible or confirmed case of COVID-19, within a 14-day period among either residents or staff in the care home

**Note:** In a situation where a care home is reporting one possible case, the duty room in PHA will arrange for a swab to be undertaken for the symptomatic patient. If the test results for the single case is positive or any additional cases are reported during the monitoring period then further testing is advised for all staff and residents in line with the new guidance for testing.

**Declaring the End of an Outbreak/outbreak closed**

An outbreak can be declared over when there are no new cases for 14 days after symptom onset of most recent case.



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