Weekly Report on Severe Acute Respiratory Infections (SARI), Ireland

Week 44 2024 (week ending 03/11/2024)
Report prepared on 06/11/2024

About this report

Three sentinel hospital sites are now participating in the severe acute respiratory infections (SARI) surveillance programme in Ireland. Along with St Vincent's University Hospital (SVUH) (commenced SARI surveillance on 5th July 2021), both St James's Hospital (SJH) and University Hospital Limerick (UHL) (paediatric cases only, <15 years) commenced SARI surveillance on 30th September 2024 (Week 40 2024).

Data were extracted from the HPSC SARI surveillance database on **06/11/2024**. Data are provisional and subject to ongoing review, validation and update. As a result, figures presented in this report may differ from previously published figures.

Three out of the three SARI sentinel hospital sites (100%) reported data for the current week (W44 2024). Variations in the number of sentinel sites reporting, should be considered when comparing incidence rates and case numbers from previous weeks and years.

Key messages

Based on data from the three sentinel hospital sites, although SARI case numbers remained stable in week 44, with 58 cases reported (same as the previous week), the incidence of SARI cases amongst total hospital admissions (via emergency departments) increased by 33% due to an increase particularly amongst adult cases. In week 44, influenza positivity increased to 14.6%, with no influenza positive cases reported in week 43, while RSV increased slightly to 7.1% from 6.4%, while SARS-CoV-2 positivity decreased to 2.4% from 14.9% in week 43.

Summary

- **SARI case numbers and incidence:** 58 SARI cases were admitted to three SARI sentinel sites in week 44 2024, compared to 58 cases from three sites in week 43 2024 (no change) (Figure 1)
    - **SARI cases <15 years:** 24 cases in week 44 2024 compared to 27 in week 43 (11.1% decrease)
    - **SARI cases ≥15 years:** 34 cases in week 44 2024 compared to 31 in week 43 (9.7% increase)

- The incidence rates per 100,000 hospital catchment population were as follows:
    - **All SARI cases**: 10.1 in week 44 2024, compared to 10.1 in week 43 2024 (no change).
    - **SARI cases <15 years**: 33.2 in week 44 2024, compared to 37.3 in week 43 2024 (11.1% decrease).
    - **SARI cases ≥15 years**: 6.7 in week 44 2024, compared to 6.2 in week 43 2024 (9.7% increase).

- The incidence rates per 1,000 hospital admissions via emergency departments were as follows:
  - **All SARI cases**: 102.8 in week 44 2024, compared to 77 in week 43 2024 (33.0 % increase).
  - **SARI cases <15 years**: 406.8 in week 44 2024, compared to 364.9 in week 43 2024 (11.5% increase).
  - **SARI cases ≥15 years**: 67.3 in week 44 2024, compared to 45.7 in week 43 2024 (46.8% increase).

- **Age profile (W44 2024):** 37.9% (n=22) cases were aged ≥65 years and 29.3% (n=17) cases aged <4 years (Table 1):
  - **All SARI cases**: median age 52 years; IQR: 2-76 years.
  - **SARI cases <15 years**: median age 1 year; IQR: 1-5 years.
  - **SARI cases ≥15 years**: median age 72 years; IQR: 59-81 years.

- **Underlying medical conditions (W44 2024):** 63.8% (n=37) of cases reported at least one underlying medical condition; 20.8% (n=5) among those <15 years and 94.1% (n=32) among those aged ≥15 years (Table 5).

- **Virus positivity rate among SARI cases (W44 2024):**
  - Among those tested, (72.4%; n=42), 2.4% (n=1) tested positive for SARS-CoV-2, compared to 14.9% (n=7) in week 43 2024
  - Among those tested, (70.7%; n=41), 14.6% (n=6) tested positive for influenza A (not subtyped), no cases tested positive in week 43 2024
  - Among those tested, (70.7%; n=41) 7.3% (n=3) tested positive for RSV, compared to 6.7% (n=3) in week 43 2024
  - See Figures 5, 6a & 6b and Table 2 for further details

- **Genomic surveillance (W41 2024-W44 2024):** Among SARI SARS-CoV-2 positive specimens sequenced over the last four weeks (n=8), the two most frequently identified variants were KP.3 and XEC, each accounting for 37.5% (n=3) of samples sequenced. (Figure 8 & Table 3)

- **Vaccination status of SARI cases admitted during the current season (W40 2024-W44 2024)**
  Vaccination data are not yet available on SARI cases admitted during the current 2024/2025 season.

- **Severe outcomes among SARI cases admitted during the current season (W40 2024-W44 2024)**
  - 2.9% (n=7) of SARI cases were admitted to ICU (Table 8). Among SARI cases admitted to ICU, 14.3% (n=1) were positive for SARS-CoV-2, no cases were positive for influenza or RSV.
  - No SARI deaths were reported (Table 8).

Table of contents

About this report 1
Key messages 1
Summary 1
SARI cases and incidence rates 4
Demographics 6
Laboratory testing for SARS-CoV-2, Influenza and RSV 7
PCR testing: 7
Influenza typing: 9
Genomic analysis: SARS-CoV-2 10
Symptoms 11
Underlying medical conditions and risk factors 12
Clinical course and outcome 13
Complications 13
Respiratory support 14
Severe outcomes 14
Vaccination status 15
Links to other national respiratory virus reports 15
Technical Notes 16
1. SARI Surveillance objectives 16
2. Sentinel hospital SARI surveillance sites 16
3. Case definition 16
4. Denominator data 17
5. Laboratory testing 17
6. Data collection and reporting 17
7. Influenza season 18
8. Reference dates 18
9. Vaccination status definitions 19
Acknowledgements 19

SARI cases and incidence rates

The number of SARI cases admitted per sentinel hospital site by week of admission is displayed in Figure 1, along with the combined SARI incidence rate per 1,000 admissions via the emergency department for all hospital sites.

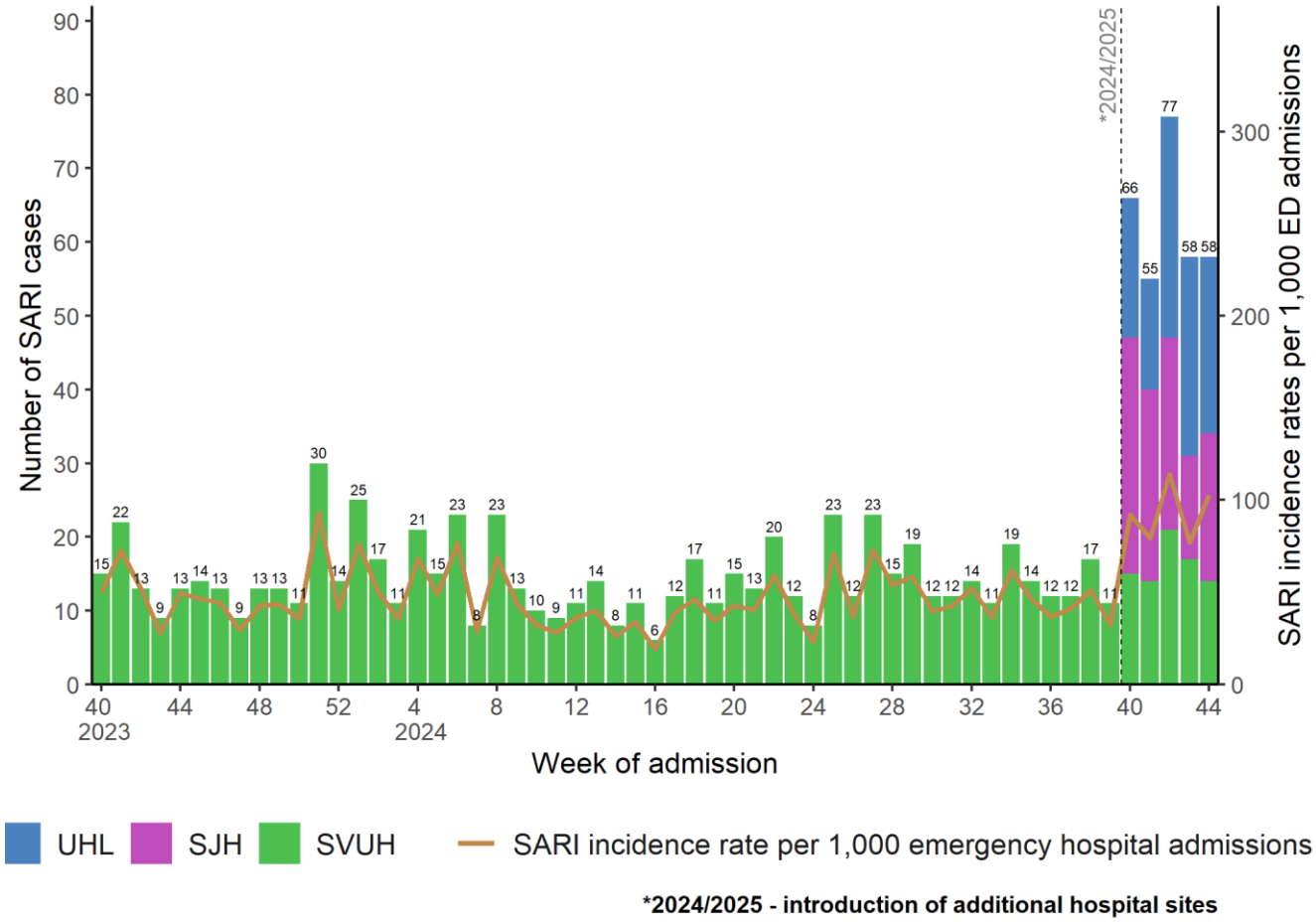

Figure 1: Number and incidence of SARI cases per 1,000 emergency hospital admissions (admitted via Emergency Departments), by sentinel hospital site and week of admission, W40 2023-W44 2024 (n=1062)

Note: UHL data relates to paediatric cases <15 years of age, while SJH and SVUH data relates to adult cases, 15 years of age and older.

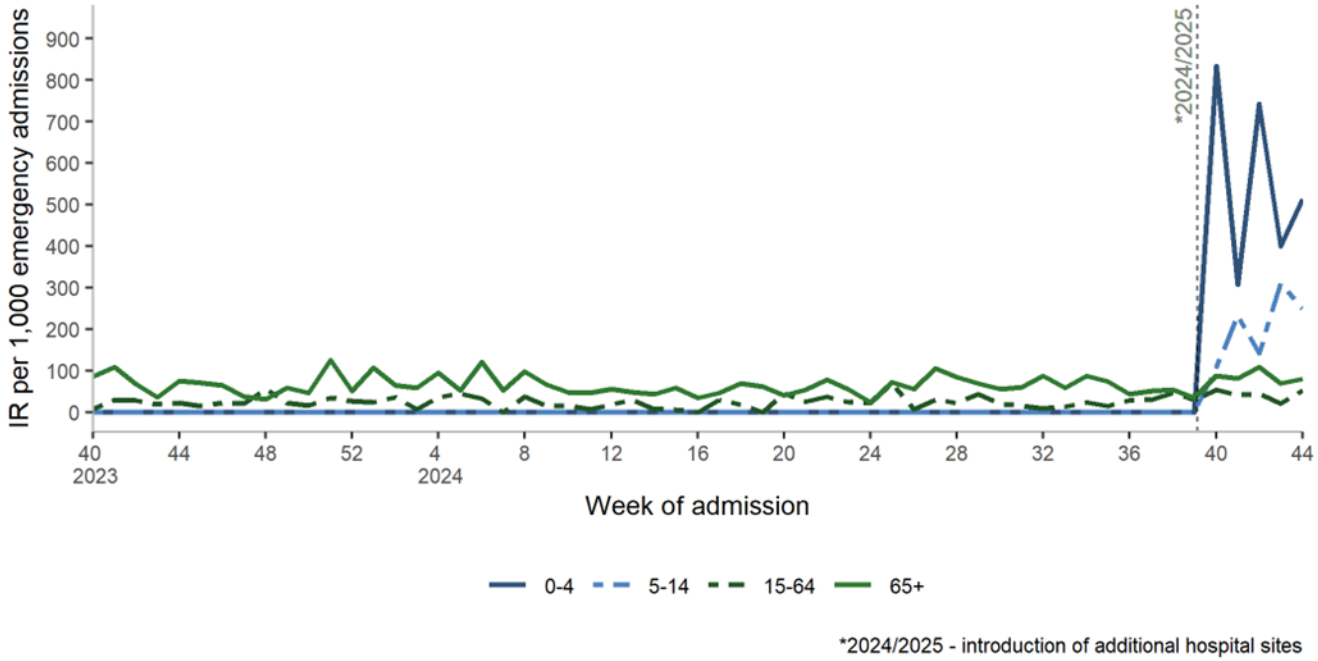

Figure 2: SARI age-specific incidence rates per 1,000 hospital admissions via emergency departments by week of admission, W40 2023-W44 2024 (n=1062)[1]

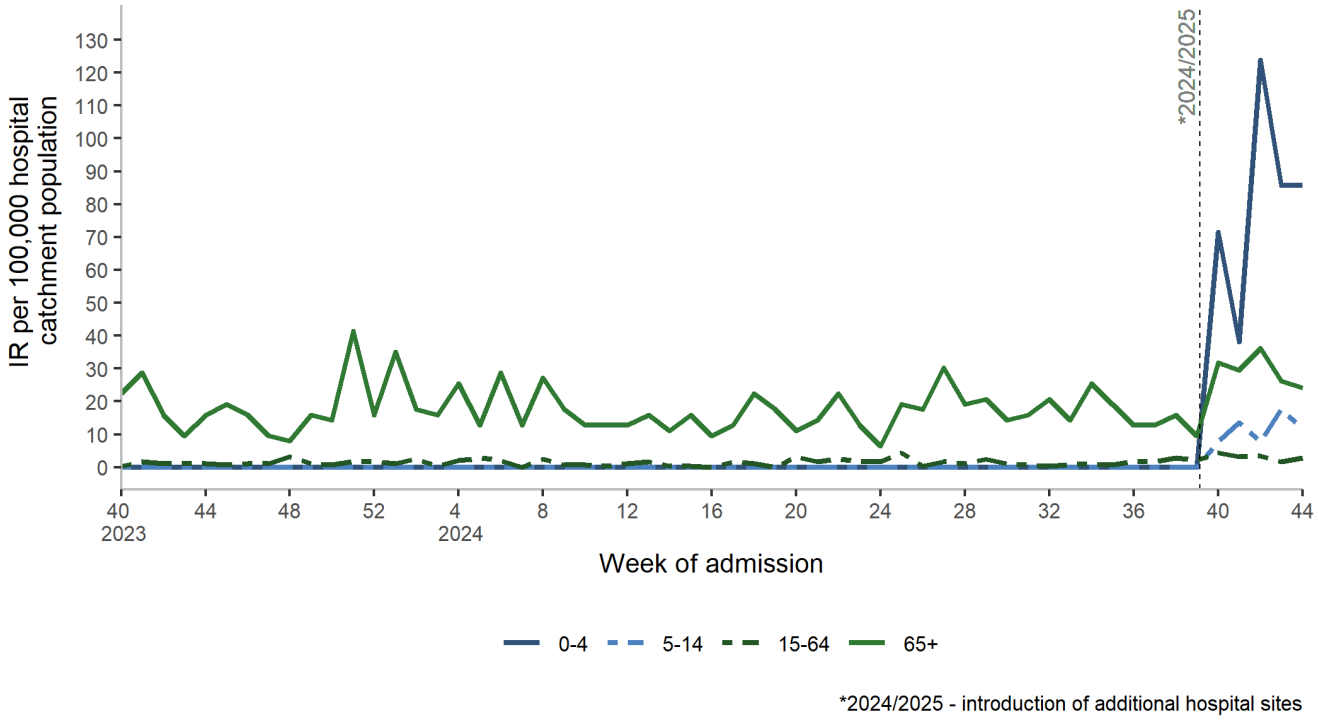

Figure 3: SARI age-specific incidence rates per 100,000 hospital catchment population by week of hospital admission, W40 2023-W44 2024 (n=1062)[1]

Note[1]: SARI surveillance on those aged under 15 years began in Week 40 2024

Demographics

Table 1: Number and proportion of SARI cases by sex and age, for the current week (W44 2024), last four weeks (W41 2024-W44 2024) and current 2024/2025 season (W40 2024-W44 2024)

Characteristic	Category	Current week W44 2024 N = 58[1]	Last four weeks W41 2024-W44 2024 N = 248[1]	Current season W40 2024-W44 2024 N = 314[1]
Gender	Female	26 (44.8)	119 (48.0)	153 (48.7)
	Male	32 (55.2)	129 (52.0)	161 (51.3)
Age <15 years (in years)	Median (IQR)	1 (1 - 5)	2 (1 - 5)	2 (1 - 5)
	Range	0 - 13	0 - 13	0 - 13
Age ≥15 years (in years)	Median (IQR)	72 (59 - 81)	72 (60 - 81)	71 (59 - 81)
	Range	29 - 91	29 - 97	18 - 97
Age groups (years)	<1	5 (8.6)	18 (7.3)	20 (6.4)
	1-4	13 (22.4)	52 (21.0)	65 (20.7)
	5-14	6 (10.3)	26 (10.5)	30 (9.6)
	15-34	1 (1.7)	3 (1.2)	7 (2.2)
	35-64	11 (19.0)	43 (17.3)	57 (18.2)
	65-79	12 (20.7)	62 (25.0)	80 (25.5)
	80+	10 (17.2)	44 (17.7)	55 (17.5)

[1]n (%)

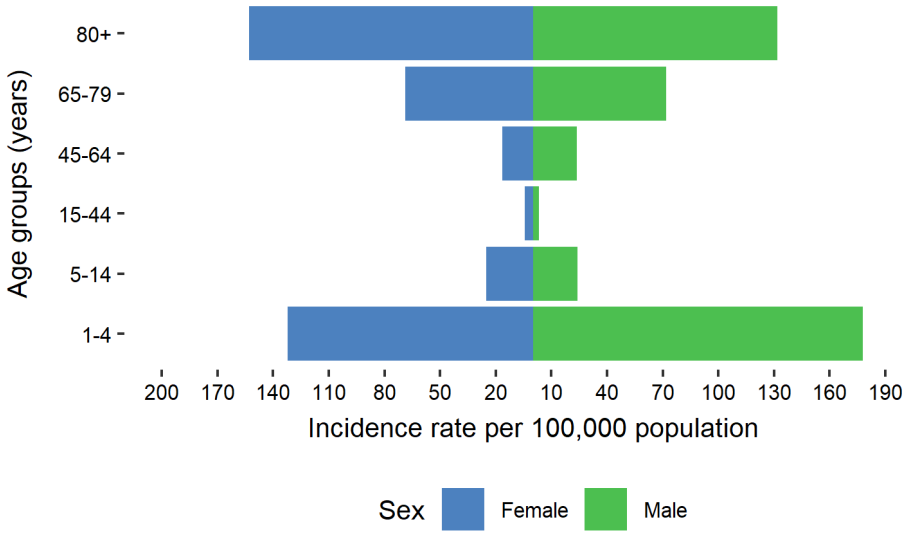

Figure 4: Age- and sex-specific incidence rates per 100,000 hospital catchment population for the current 2024/2025 season (W40 2024-W44 2024)

Laboratory testing for SARS-CoV-2, Influenza and RSV

PCR testing:

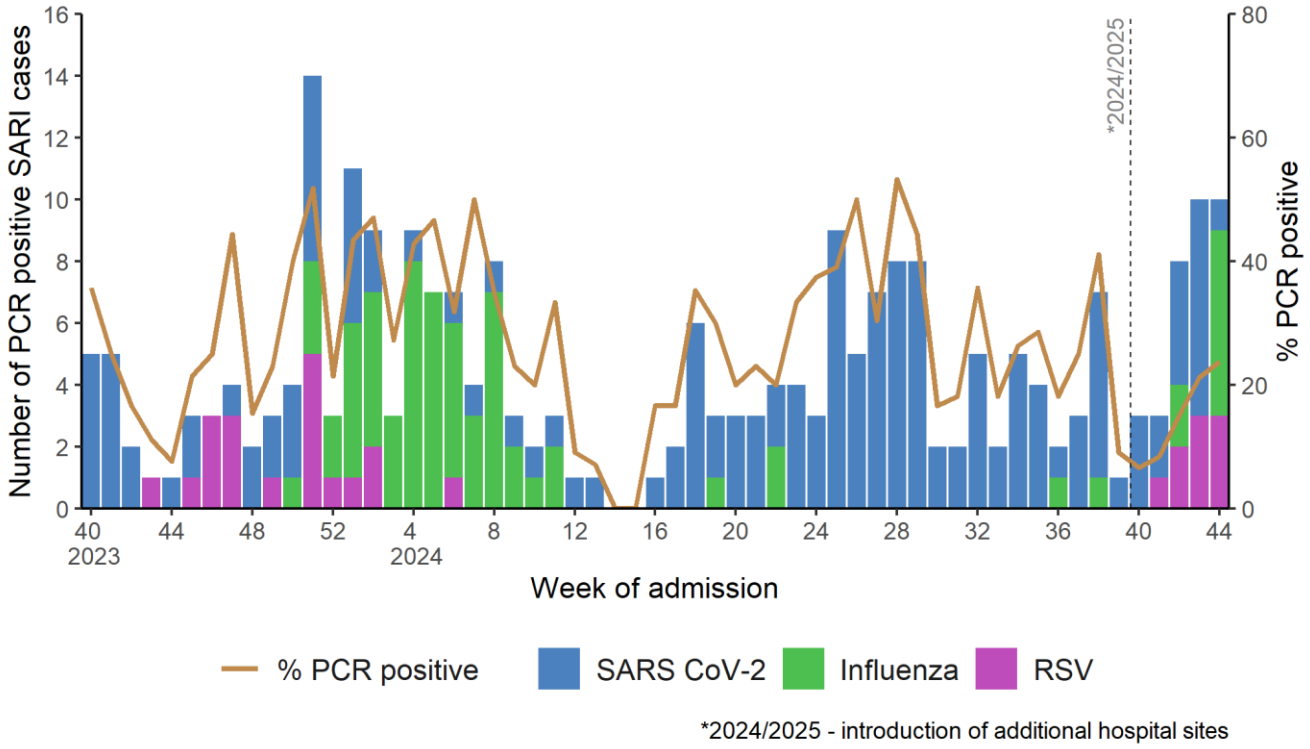

Figure 5: Number of SARI cases PCR positive for SARS-CoV-2, influenza and RSV by week and overall positivity rate for the three pathogens, W40 2023-W44 2024

Note: SARI cases are tested, on-site in each hospital on admission using PCR for SARS-CoV-2, influenza and RSV.

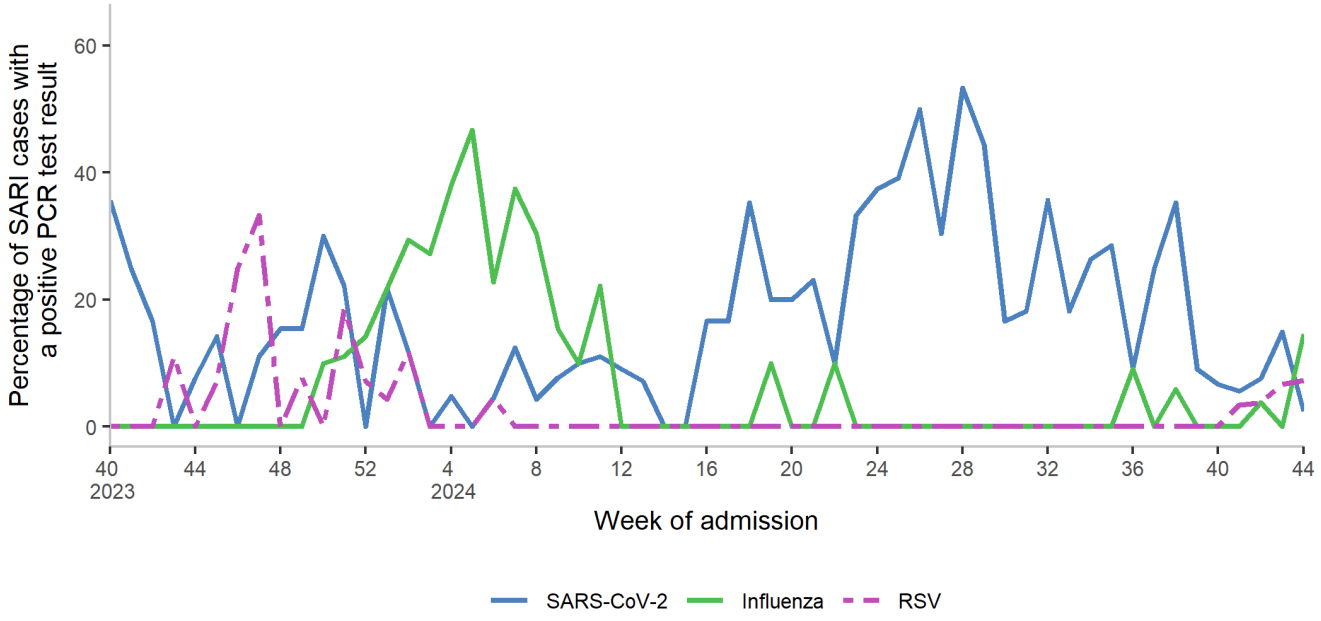

Figure 6a: Percentage of SARI cases with a positive laboratory test result for SARS-CoV-2, influenza and RSV by week, W40 2023-W44 2024

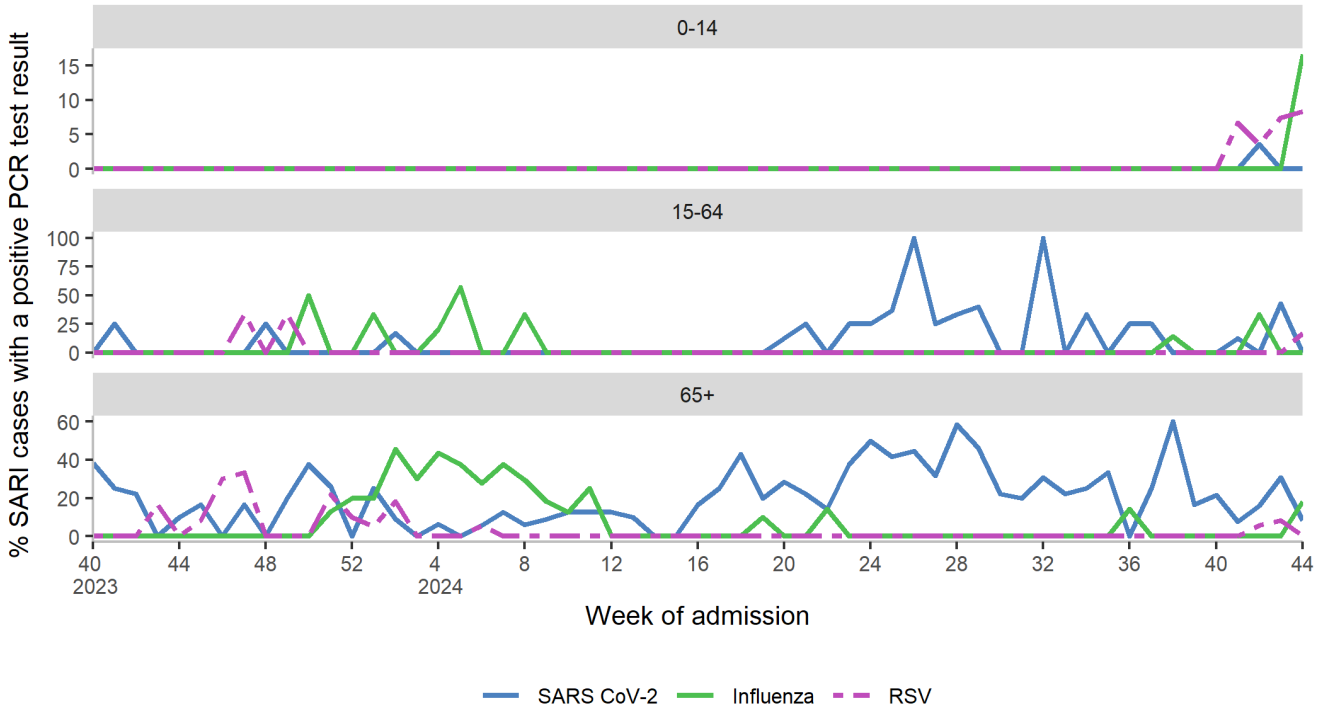

Figure 6b: Weekly positivity rate of SARI cases PCR positive for SARS-CoV-2, influenza and RSV by age group, W40 2023-W44 2024

Note: Y-axis scale may differ for each age group
Note: SARI surveillance on those aged under 15 years began in Week 40 2024

Table 2: Number and proportion of laboratory confirmed PCR positive SARS-CoV-2, influenza, and RSV SARI cases for the current week, last four weeks (W41 2024-W44 2024) and season total (W40 2024-W44 2024)

	Current week W44 2024		Last four weeks W41 2024-W44 2024		Season total W40 2024-W44 2024	
	<15y, N = 24[1]	≥15y, N = 18[1]	<15y, N = 94[1]	≥15y, N = 84[1]	<15y, N = 113[1]	≥15y, N = 110[1]
SARS-CoV-2	0 (0.0)	1 (5.6)	1 (1.1)	13 (15.5)	1 (0.9)	16 (14.5)
RSV	2 (8.3)	1 (5.6)	6 (6.4)	3 (3.6)	6 (5.3)	3 (2.7)
Influenza	4 (16.7)	2 (11.1)	4 (4.3)	4 (4.8)	4 (3.5)	4 (3.6)

[1]n (%)

Influenza typing:

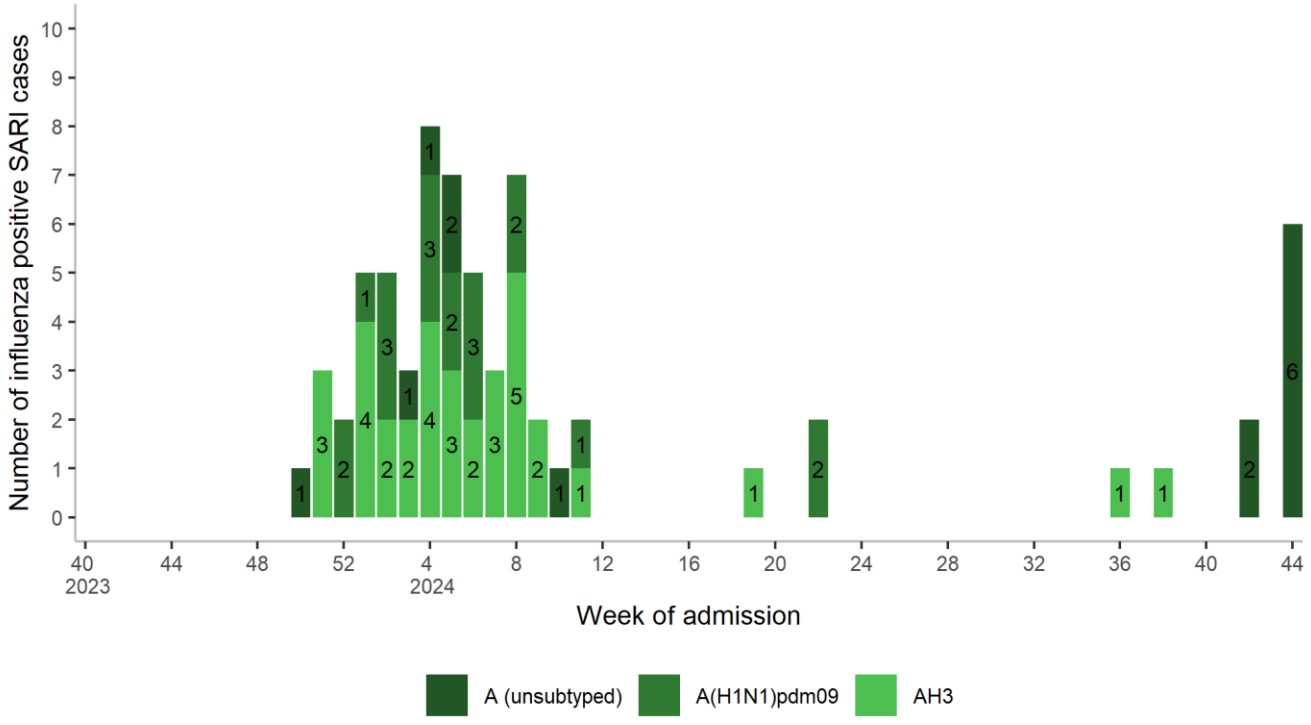

Figure 7: Number of SARI cases with an influenza positive laboratory test result by influenza type/subtype, W40 2023-W44 2024

Genomic analysis: SARS-CoV-2

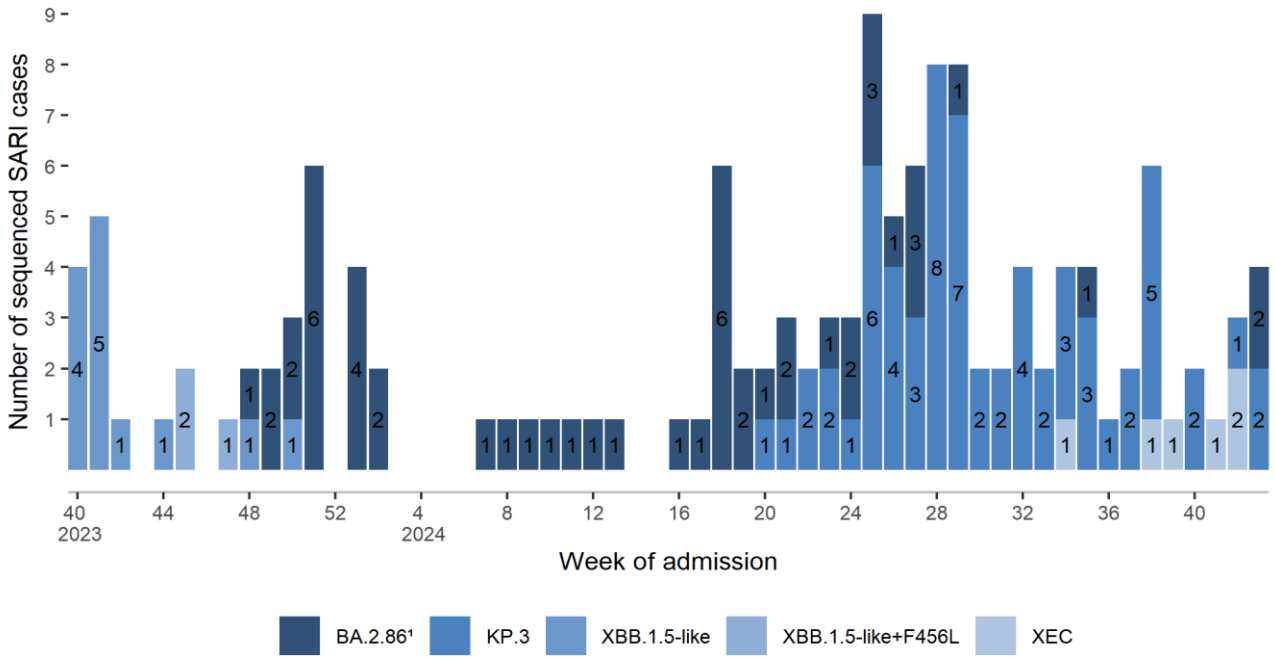

Figure 8: Number of SARS CoV-2 positive SARI cases sequenced, by week of hospital admission, W40 2023-W44 2024 (n=137)

Table 3: Number of SARS CoV-2 positive SARI cases sequenced and reported by Pango lineage and week of hospital admission, for the last four weeks (W41 2024-W44 2024), the preceding four-week period (W37 2024-W40 2024) and the percentage difference in frequency.

Pangolin lineage	W41 2024-W44 2024		W37 2024-W40 2024		% difference[1]
	(n)	(%)	(n)	(%)	
XEC	3	37.5	2	18.2	19.3
KP.1.1.3	2	25.0	0	0.0	25.0
MC.13	2	25.0	0	0.0	25.0
KP.3.1.1	1	12.5	9	81.8	-69.3
Total	8		11		

[1] Red indicates >=5% increase; green indicates >=5% decrease

Note: There is typically a lag time of 1 to 3 weeks between a case being admitted, positive samples selected for sequencing and sequencing being completed.

For further information on circulating variants in Ireland, see Summary of COVID-19 virus variants in Ireland - Health Protection Surveillance Centre (hpsc.ie).

Symptoms

Table 4: Number and proportion of SARI cases' clinical symptoms, either at or prior to hospital admission, for the last four weeks (W41 2024-W44 2024), and current season (W40 2024-W44 2024)

	Last four weeks		Season total	
	W41 2024-W44 2024		W40 2024-W44 2024	
Condition	**<15y, N = 96**	**≥15y, N = 152**	**<15y, N = 115**	**≥15y, N = 199**
Cough	67 (69.8)	137 (90.1)	80 (69.6)	178 (89.4)
Shortness of breath	43 (44.8)	126 (82.9)	53 (46.1)	163 (81.9)
Fever	66 (68.8)	74 (48.7)	81 (70.4)	97 (48.7)
General deterioration	0 (0.0)	51 (33.6)	0 (0.0)	67 (33.7)
Sore throat	42 (43.8)	9 (5.9)	51 (44.3)	15 (7.5)
Nausea/Vomiting	31 (32.3)	15 (9.9)	41 (35.7)	18 (9.0)
Malaise	27 (28.1)	13 (8.6)	32 (27.8)	22 (11.1)
Muscular pain	0 (0.0)	23 (15.1)	0 (0.0)	32 (16.1)
Acute confusion	0 (0.0)	17 (11.2)	0 (0.0)	21 (10.6)
Diarrhoea	9 (9.4)	10 (6.6)	9 (7.8)	11 (5.5)
Headache	3 (3.1)	6 (3.9)	3 (2.6)	9 (4.5)
Sepsis	1 (1.0)	4 (2.6)	3 (2.6)	7 (3.5)
Ageusia/Dysgeusia/Anosmia	4 (4.2)	0 (0.0)	4 (3.5)	1 (0.5)

Note: The following symptoms have been removed from the table, as there are no cases reporting these symptoms in the above time-periods: Apnoea

Underlying medical conditions and risk factors

SARI cases may be reported with one or more underlying medical conditions, weekly proportions can be based on small numbers and vary from week to week, caution is therefore advised when interpreting changes in weekly proportions (Table 5).

Table 5: Number and proportion of SARI cases with underlying medical conditions reported on hospital admission (among those who reported having underlying medical conditions), for the last four weeks (W41 2024-W44 2024), and current season (W40 2024-W44 2024)

	Last four weeks W41 2024-W44 2024		Season total W40 2024-W44 2024	
Condition	**<15y, N = 96**	**≥15y, N = 152**	**<15y, N = 115**	**≥15y, N = 199**
Lung disease	1 (1.0)	64 (42.1)	1 (0.9)	88 (44.2)
Heart disease	4 (4.2)	66 (43.4)	5 (4.3)	83 (41.7)
Hypertension	0 (0.0)	42 (27.6)	0 (0.0)	55 (27.6)
Cancer	0 (0.0)	43 (28.3)	0 (0.0)	55 (27.6)
Rheumatological disease	0 (0.0)	35 (23.0)	0 (0.0)	45 (22.6)
Asthma	18 (18.8)	16 (10.5)	19 (16.5)	21 (10.6)
Neurological disease	3 (3.1)	22 (14.5)	6 (5.2)	27 (13.6)
Immunocompromised	1 (1.0)	22 (14.5)	1 (0.9)	31 (15.6)
Diabetes	0 (0.0)	25 (16.4)	0 (0.0)	27 (13.6)
Kidney disease	2 (2.1)	19 (12.5)	2 (1.7)	22 (11.1)
Liver disease	0 (0.0)	13 (8.6)	0 (0.0)	18 (9.0)
Obesity	0 (0.0)	15 (9.9)	0 (0.0)	17 (8.5)
Intellectual disability	8 (8.3)	3 (2.0)	9 (7.8)	5 (2.5)
Dementia	0 (0.0)	10 (6.6)	0 (0.0)	13 (6.5)
Cystic fibrosis	0 (0.0)	2 (1.3)	0 (0.0)	2 (1.0)
Down syndrome	1 (1.0)	0 (0.0)	2 (1.7)	0 (0.0)

Note: The following conditions have been removed from the table, as there are no cases reporting these conditions in the above time-periods: Asplenia, Long COVID, Tuberculosis

Clinical course and outcome

Complications

Information on the clinical course during hospitalisation is only available after patient discharge, and there may be a delay between discharge and data collection, due to the manual data collection methods required. Furthermore, data collection is ongoing for those not yet discharged from hospital.

SARI cases could be reported with one or more complications; among those for whom discharge information is available the most common complication reported was pneumonia (Table 6).

Table 6: Number and proportion of SARI cases and complication among discharged SARI cases, for the last four weeks (W41 2024-W44 2024), and current season (W40 2024-W44 2024)

	Last four weeks W41 2024-W44 2024		Season total W40 2024-W44 2024	
Complication	**<15y, N = 92**	**≥15y, N = 43**	**<15y, N = 111**	**≥15y, N = 68**
Pneumonia	13 (14.1)	34 (79.1)	17 (15.3)	55 (80.9)
Bronchiolitis	13 (14.1)	0 (0.0)	14 (12.6)	0 (0.0)
Heart failure	0 (0.0)	8 (18.6)	0 (0.0)	10 (14.7)
Acute kidney injury	1 (1.1)	5 (11.6)	1 (0.9)	7 (10.3)
Sepsis	1 (1.1)	1 (2.3)	3 (2.7)	3 (4.4)
ARDS	3 (3.3)	0 (0.0)	4 (3.6)	0 (0.0)
Other complications	0 (0.0)	0 (0.0)	1 (0.9)	0 (0.0)
No complications	63 (68.5)	7 (16.3)	75 (67.6)	11 (16.2)

Note: The following complications have been removed from Table 6, as there are no cases reporting these conditions in the above time-periods: Multi organ failure, Myocarditis, Encephalitis, Secondary bacterial infections, PIMS*

*Paediatric inflammatory multisystem syndrome

Respiratory support

Among SARI cases who have been discharged, the highest level of respiratory support received during hospitalisation is described in Table 7.

Table 7: Number and proportion of SARI cases by level of respiratory support received, among discharged SARI cases, for the last four weeks (W41 2024-W44 2024), and current season (W40 2024-W44 2024)

	Last four weeks W41 2024-W44 2024		Current season W40 2024-W44 2024	
Respiratory support	**<15y, N = 92[1]**	**≥15y, N = 43[1]**	**<15y, N = 111[1]**	**≥15y, N = 68[1]**
No respiratory support given	66 (72%)	18 (42%)	77 (69%)	26 (38%)
Low-flow oxygen therapy	16 (17%)	17 (40%)	20 (18%)	30 (44%)
Non-invasive ventilation	9 (9.8%)	8 (19%)	12 (11%)	11 (16%)
Invasive ventilation	1 (1.1%)	0 (0%)	2 (1.8%)	1 (1.5%)

[1]n (%)

Severe outcomes

SARI cases are considered to have severe outcomes if they were admitted to ICU and/or died during their hospital stay.

Table 8: Number and proportion of SARI cases with severe outcomes, for the last four weeks (W41 2024-W44 2024), and current season (W40 2024-W44 2024)

	Last four weeks W41 2024-W44 2024 N = 248[1]	Current season W40 2024-W44 2024 N = 314[1]
Length of stay in hospital (days)		
Median (IQR)	2 (2 - 4)	3 (2 - 5)
Range	1 - 19	1 - 19
Admitted to ICU	5 (2.6%)	7 (2.9%)
ICU length of stay (days)		
Median (IQR)	-	6 (6 - 7)
Range	-	5 - 7
Died in hospital	0 (0.0%)	0 (0.0%)

[1]n (%)

Note: Paediatric cases may be reported as admitted to ICU, if transferred to an ICU in a paediatric hospital. However, these cases are excluded from the calculation of length of stay in ICU.

Vaccination status

Vaccination data are not yet available on SARI cases admitted during the current 2024/2025 season.

Links to other national respiratory virus reports

Respiratory viruses

- Integrated Respiratory Virus Bulletin
- Respiratory Virus Notification Hub

COVID-19

- Summary of COVID-19 virus variants in Ireland.
- • National Wastewater Surveillance Programme

Technical Notes

1. SARI Surveillance objectives

Severe acute respiratory infection (SARI) is of major relevance to public health worldwide. Surveillance of SARI is essential to monitor the (co-) circulation of respiratory pathogens and to assess disease severity. Data collected as part of SARI surveillance can provide important early warning information in the context of respiratory disease outbreaks and pandemics. SARI data can also be used as a platform to measure vaccine and antiviral effectiveness and impact. The objectives of SARI surveillance are:

- To describe the number and incidence of SARI cases by aetiology, time, place and person
- To describe and monitor trends, intensity of activity and severity of SARI infections
- To identify groups at risk of severe disease
- To detect unusual and unexpected events
- To assess the SARI burden of disease in the participating hospital
- To assess and monitor vaccine effectiveness

2. Sentinel hospital SARI surveillance sites

SARI surveillance was implemented in one tertiary care adult hospital, St. Vincent's University Hospital (SVUH), Dublin on the 5th of July 2021. In September 2024 a second tertiary care adult hospital, St James's Hospital (SJH), was included, both sites reporting on SARI cases aged 15 years and older.

A third tertiary care hospital, University Hospital Limerick (UHL), reporting on SARI cases aged under 15 years of age only, began surveillance in September 2024.

3. Case definition

SARI cases are identified from new admissions through the Emergency Department, based on clinical symptoms. Patients that develop SARI during their admission, or are admitted through alternate routes, are not included.

Clinical SARI case:

The European Centre for Disease Prevention and Control (ECDC) clinical SARI case definition is used for SARI surveillance in Ireland since week 34 2021

SARI case definition: A person hospitalised for at least 24 hours with acute respiratory infection, with at least one of the following symptoms: cough, fever, shortness of breath OR sudden onset of anosmia, ageusia or dysgeusia with onset of symptoms within 14 days prior to hospital admission.

A SARI case refers to an individual patient episode of care

4. Denominator data

Denominator data for the hospital catchment area are based on the Census of Population, 2022. The hospital catchment data were prepared and provided by the Health Intelligence Unit (HIU) of the Health Service Executive (HSE) and were extracted from Health Atlas Ireland on 07/05/2024.

Weekly denominator data on all-cause hospital admissions, through the Emergency Department, are provided by the sentinel hospital sites.

5. Laboratory testing

SARS-CoV-2, influenza, and RSV PCR testing is carried out on admission.

SARI samples that are positive for SARS-CoV-2 and have a cycle threshold (Ct) value <25 are referred for whole genome sequencing (WGS). The molecular laboratories in SVUH, SJH and UHL are spoke WGS testing sites as part of the national SARS-CoV-2 WGS surveillance programme, for further information please see Whole Genome Sequencing Programme - Health Protection Surveillance Centre (hpsc.ie). SARI WGS testing is performed on-site at SVUH, SJH and UHL.

Samples that are PCR positive for influenza are sent to the National Virus Reference Laboratory (NVRL) for influenza typing/subtyping/genetic and antigenic characterisation.

6. Data collection and reporting

St Vincent's University Hospital: Clinical data are collected and managed using REDCap electronic data capture tools hosted at University College Dublin. Laboratory data are extracted from APEX, the laboratory information management system (LIMS), using IBM Cognos software hosted at SVUH.

St. James's Hospital: Clinical data are collected and managed on a specifically adapted electronic form within the patient's electronic patient record (EPR). Laboratory data are extracted from Telepath LIMS.

University Hospital Limerick: Clinical data are collected manually on the hard copy of the UHL SARI Case Report Form (CRF) and then recorded in the electronic SARI questionnaire on ICNET. Details of laboratory results are obtained from ICNET and are also recorded in the electronic SARI questionnaire on ICNET.

Case-based data are reported by SVUH, SJH and UHL to the HSE Health Protection Surveillance Centre (HPSC) on a weekly basis. Data are also reported by HPSC to ECDC via The European Surveillance System (TESSy) on weekly basis as part of the European SARI surveillance programme.

COVID-19 vaccination data are obtained from the National COVID-19 Vaccination Management System (COVAX) and linked to SARI cases by the HSE-Integrated Information Service (IIS), where data are available.

7. Influenza season

The influenza surveillance season runs from week 40 (early October) to week 20 (end of May). During this time, seasonal respiratory viruses usually circulate at higher levels, compared to the summer period (weeks 21 to 39). The seasonal comparisons used in this report refer to the influenza surveillance season.

8. Reference dates

SARI Surveillance

05/07/2021 (Week 27 2021) – commenced of SARI surveillance at first sentinel hospital site
30/09/2024 (Week 40 2024) – commenced SARI surveillance at the second and third sentinel sites

Vaccination campaign

27/09/2021 (Week 39 2021) – first COVID-19 booster vaccination campaign commenced
22/04/2022 (Week 16 2022) – second COVID-19 booster vaccination campaign commenced
03/10/2022 (Week 40 2022) – Autumn 2022 COVID-19 booster vaccination campaign commenced
28/04/2023 (Week 17 2023) – Spring 2023 COVID-19 booster vaccination campaign commenced
02/10/2023 (Week 40 2023) – Autumn 2023 COVID-19 booster vaccination campaign commenced
22/04/2024 (Week 17 2024) – Spring 2024 COVID-19 booster vaccination campaign commenced
30/09/2024 (Week 40 2024) – Autumn 2024 COVID-19 booster vaccination campaign commenced

Winter respiratory virus seasons

04/10/2021 (Week 40 2021) - start of the 2021/2022 season
03/10/2022 (Week 40 2022) - start of the 2022/2023 season
02/10/2023 (Week 40 2023) - start of the 2023/2024 season
30/09/2024 (Week 40 2024) - start of the 2024/2025 season

Week number refers to the week of hospital admission. Weeks are from Monday to Sunday, as per the international ISO week[1].

[1] Monday to Sunday (ISO week) used as per ECDC/WHO/International reporting protocol.

9. Vaccination status definitions

For the purposes of SARI surveillance, vaccination status of cases is as follows:

Vaccinated COVID case: A confirmed case of COVID-19 who received any dose of a COVID-19 vaccine, ≥14 days before onset of symptoms.

Unvaccinated COVID-19 case: A confirmed case of COVID-19 who did not receive any dose of a COVID-19 vaccine i.e. was never vaccinated.

Time since vaccination: For a vaccinated COVID-19 case, this is the time between the date of last dose vaccination and the date of symptom onset and categorised as <180 days or ≥180 days since vaccination.

Vaccinated influenza case: A confirmed case of influenza will be considered as vaccinated against influenza if they received one dose of the influenza vaccine as part of the current season's influenza vaccination campaign ≥14 days before onset of symptoms.

Unvaccinated influenza case: A confirmed case of influenza will be considered as unvaccinated if they did not receive an influenza vaccine as part of the current season's influenza vaccination campaign or if they were vaccinated after onset of symptoms.

Vaccine status unknown: The SARI patient is reported on the SARI hospital clinical questionnaire as vaccinated, however there is no identifiable linked record of COVID-19 vaccination and/or influenza vaccination on the National Immunisation system. Vaccination status is reported as unknown, until verified on the National Immunisation system.

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