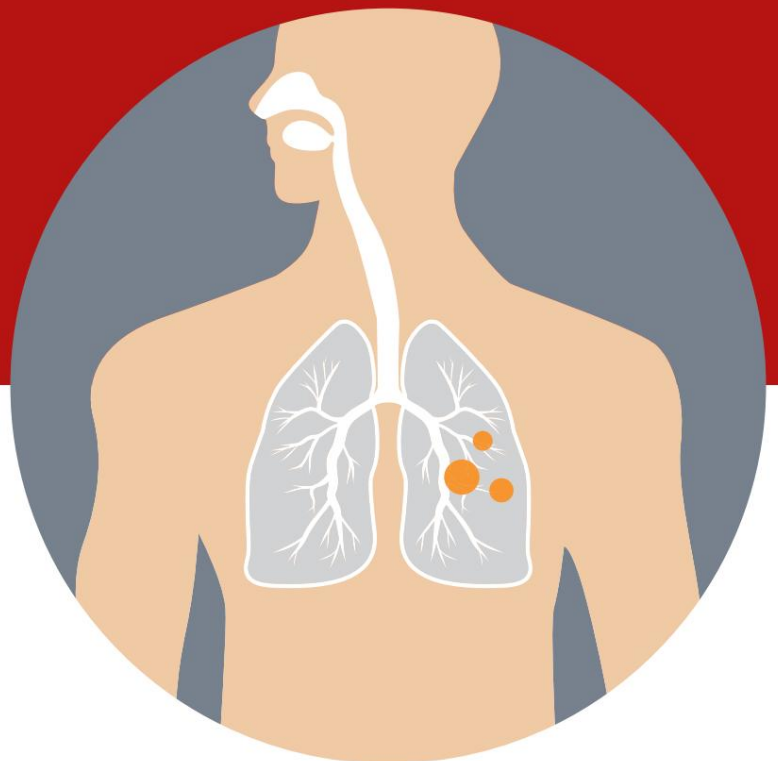


Weekly trends: covid-19 and other respiratory infections

Week 6 | 2022





The epidemiological development of covid-19 and other respiratory infections in Denmark from week 4 to week 5

Prepared February 8, 2022

Published February 10, 2022



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Overall assessment

The case numbers have decreased on a national level between weeks 4 and 5. However, there is still an increase in case numbers in the west of Denmark but a decrease in case numbers in the east of Denmark. The positivity percentage has risen to historically high levels and is still increasing throughout the country. This could mean there is an increasing number of unknown cases.

The decrease in case numbers in the east of Denmark, especially in the Capital Region, is supported by a fall in the concentration of SARS-CoV-2 in the waste-water samplings from Region Zealand and the Capital Region, while the concentration of SARS -CoV-2 is still increasing in the west of Denmark.

The case numbers are continuing to decrease in especially the children and young adults, while the case numbers are increasing among the age groups above 50 and stabilizing in the 30-49 year olds. The number of new hospital admissions is increasing in week 5 to 22% and there is a stabilization in the number of admitted in the intensive care units. The proportion of patients with a positive Covid-19 test that are admitted because of COVID has fallen to 55% for week 3. This proportion is lower among individuals younger than 60 years old compared with those older than 60 years old.

The number of Covid-19 related deaths has stabilized in week 5 and there are signs of the excess mortality is approaching a normal level. Moreover, the proportion of deaths that are presumed to be because of other causes than Covid-19 is increasing and is estimated to be almost 1/3 of all Covid-19 related deaths in week 5.

It is expected that the case numbers will decrease further in the east of Denmark. At the same time there is a risk of case numbers increasing in the west of Denmark and that the case numbers will increase among the older age groups. Increasing case numbers among the elderly will lead to a risk of Covid-19 related admittances.



Summary

- The number of new cases with covid-19 has decreased from week 4 to week 5, corresponding to the incidence having decreased to 5,061 cases per 100,000 inhabitants. The positive percentage has increased from 29.7% in week 4 to 35.4% in week 5. There is a decrease in both the number of PCR tests and antigen tests.
- The incidence is now highest in the Central Jutland Region (6,054 per 100,000 inhabitants), and the lowest incidence is seen in the Capital Region (4,070 per 100,000 inhabitants). The highest positive percentage is seen in the Central Jutland Region (39.1%).
The incidences are declining in the Capital Region, as well as large parts of Region Zealand, and are lower in the larger cities than surrounding municipalities.
The incidence is increasing in large parts of Jutland, just as the positive percentage is increasing throughout the country, which is seen in parallel with a decrease in the number of tests.
- Nationwide, the incidence is still highest among the 12-15-year-olds (9,802 per 100,000 inhabitants), followed by the 6-11-year-olds (8,130 per 100,000 inhabitants), but with a continued general decline among the 3-19-year-olds.
- The number of new admissions with covid-19 has increased to 2,391 in week 5, and the increase is seen in all age groups from week 4 to week 5. The largest increase is seen in the age groups 70-79-year-olds and 80-89-year-olds (respectively 56% and 50%), while the 30-39-year-olds continue to be the age group that makes up the largest proportion among the newly admitted, followed by the 70-79-year-olds.
- The proportion of new admissions among persons admitted due to a covid-19 diagnosis has fallen from 60% in week 2 to 55% in week 3. For the 0-59-year-olds the proportion is admitted with a covid-19 diagnosis 49.4% in week 3 and for the 60+ -year-olds the proportion is admitted with a covid-19 diagnosis 71.1% in week 3.
- Data from the Danish covid-19 intensive database show that the proportion of covid-19-related admissions to intensive care where covid-19-specific treatment has been given are 62% in week 4 and 71% in week 5. Link: [Danish Intensive Database](#)
- The number of covid-19-related deaths is stable at 138 in week 5 compared to 136 in week 4.
- The total excess mortality in Denmark has from week 2 onwards been declining in all age groups, and has almost reached a normal level. However, the data of recent weeks must be interpreted with caution.
- This week's report includes probability calculations from the Pandemix Research Center at Roskilde University Center in collaboration with SSI for the number of covid-19-related deaths, which are estimated to have occurred "with" covid-19, but not "of" covid-19. The statement covers the period from week 45 onwards



to week 5, and in week 5 it is estimated that 33.7% of the covid-19-related deaths occurred for a cause other than covid-19. There has been a gradual increase over the inventory period, with the proportion of covid-19-related deaths occurring for a reason other than covid-19 being below 20% until the end of 2021, thus reflecting the gradual spread of the omicron variant, which is less lethal.

- This week's report also includes an inventory of validated causes of death among registered covid-related deaths both for the entire pandemic and for the past 8 weeks. The inventory for the entire pandemic shows that the proportion of deaths with covid-19 (and not due to covid-19) has increased in the past month as the omicron variant has led to a high level of societal infection. However, as can be seen in the figure for the last 8 weeks, there is some uncertainty about the recent weeks' statement due to post-registrations and validation of death certificates.
- Infection among nursing home residents has increased from 1,205 cases in week 4 to 1,647 in week 5. There were 61 covid-19-related deaths among nursing home residents in week 5 compared with 48 in week 4.
- Infection among employees in the industries within the social area is increasing, while stabilization is seen in the other special staff groups from week 4 to week 5.
- A new subvariant of BA.2 is seen, which has mutation H78Y in ORF3a, which amounts to approx. 24% of all cases, and together with BA.2 the 2 subvariants make up approx. 85% in week 5. BA.1 now amounts to only approx. 10%, while BA.1.1 is stable at approx. 5%. It should be noted that the latest figures of variants for week 5 should be interpreted with reservations, as the number of sequences is still low.
- Omikron makes up almost 100% of inpatients with known variant responses.
- In week 5, a flattening of SARS-CoV-2 concentration in the wastewater is seen at national level. The national signals cover a decline in the Capital Region and Region Zealand, but not in the other parts of the country.
- 9 wastewater signals have been registered on increasing infection, including 1 in category 3 and 8 in category 4. Thus, there are no category five signals this week. Categories four and five are the categories with the clearest signals with the best data quality and highest rate of increase.
- There is still a low incidence of influenza.



Overall assessment

At the national level, the infection has decreased between week 4 and week 5, but the general decrease covers a continued increase in the infection in western Denmark and declining infection in eastern Denmark. The positive percentage has risen to a historically high level, and is continuing to grow across the country, which may raise suspicions of an increasing number of dark spots. However, the decrease in infection in eastern Denmark, including especially in the Capital Region, is supported by a decrease in the concentrations of SARS-CoV-2 in the wastewater samples from Region Zealand and the Capital Region, while the concentration continues to increase in the wastewater in western Denmark.

It is especially among children and younger adults that the infection continues to decrease, while there is an increase in the incidence among the elderly in age groups over 50 years and a stabilization in the infection among the 30-49-year-olds. The number of new admissions increases in week 5, corresponding to 22 %, and there is a stabilization in the number of inpatients on intensive care. The proportion of patients with a positive covid-19 test admitted due to a covid-19 diagnosis has dropped to 55% for week 3. This proportion is lower among younger <60 years compared to the older > 60 years.

A stabilization in the number of covid-19-related deaths is seen in week 5, and there are still signs that excess mortality is approaching a normal level. In parallel with this development, the proportion of deaths that are presumed to occur for a reason other than covid 19 is increasing, and the proportion is estimated in week 5 to be almost 1/3 of all the covid-19-related deaths.

It is expected that the infection in the coming weeks will continue to fall further in the eastern parts of Denmark. At the same time, it must be expected that there is a risk that the infection will continue to increase in the other regions, and that the infection is also expected to increase among the older age groups. Increasing incidence of infection among the elderly will continue to pose a risk of derived covid-19-related admissions.

At the end of this report, the data basis is described.

Note: Please note that "Incidence per 100,000 inhabitants", "Confirmed cases (PCR)", "New hospital admissions" and "Incidence per 100,000 inhabitants" from week 4 include reinfections, so there will be a difference of approx. 5% when compared to previous weeks.



key figures

Covid-19

Table 1. Covid-19: Key numbers and trends, weekly, 2021/2022.

Table 1. Covid-19: key figures and trends, broken down by week, 2021/2022

Covid-19	2021/2022						Trend week 52-5
	52	1	2	3	4	5	
Incidence pr. 100,000 inhabitants 2,054		2,180	2,937	4,572 in most common	5,105	5,061	
Incidence pr. 100,000 with expected full effect of primary vaccination course * (+ 12-year-olds)	2,451 in most common	3,143	4,090	6,753	7,254	7,180	
Incidence pr. 100,000 med expected full effect of revaccination * (+ 12-year-olds)	1578	1260.1	1707	3,095	3,892	4,551 in most common	
Incidence pr. 100,000 unvaccinated * (+ 12-year-olds)	2,925	3,458	4,071	5,939	6,037	5,490	
R (newly infected)	0.9	1.0	1.2	1.2	1.0	1.0	
Number of tests performed (PCR)	1,109,507	1,279,243	1,335,845	1,539,900	1,305,989	1,088,298	
Confirmed cases (PCR)	119,981	127,347	172,105	267,948	299,212	296,630	
Proportion of confirmed cases with expected full effect of primary vaccination course (%)	58.8	52.4	41.6	38.2	32.0	27.1	
Proportion of confirmed cases with expected full effect of revaccination (%)	17.0	20.5	24.5	31.7	38.6	47.6	
Positive Percentage (PCR)	14.4	13.9	18.2	24.8	29.7	35.4	
Number of tests performed (antigen)	1,417,409	1,541,689	1,597,518	1,682,121	1,249,869	819,679	
Confirmed cases (antigen, PCR confirmed) **	31,548	30,988	38,740	56,788	54,202	-	
Positive percentage (antigen)	2.2	2.0	2.4	3.4	4.3	-	

Note to table: The contact number and the positive percentage in this table are calculated solely on the basis of PCR tests from the public sector.

Note that vaccinated children aged 5-11 years are not yet included with vaccination status in data for GDPR reasons.

* The population for calculating incidents is described in the data base under the section "Breakthrough infections".

** Includes only individuals who have a confirmatory positive PCR test. It is not possible to calculate for the current week, as data is calculated with a three-day delay.



Table 2. Covid-19: Key numbers and trends for hospital admissions and deaths, weekly, 2021/2022

Table 2. Covid-19: key figures and trends for hospitalized and dead, by week, 2021/2022

Covid-19	2021/2022						Trend week 52-5
	52	1	2	3	4	5	
New hospital admissions	1,123	1,302	1,583	1,959	2,391		
Proportion of new hospital admissions with expected full effect of primary vaccination course (%)	39.6	34.9	30.0	28.7	24.8	19.2	
Proportion of new hospital admissions with expected full effect of revaccination (%)	24.0	28.7	31.3	34.3	39.9	48.2	
New hospital admissions per 100,000 unvaccinated * (+ 12-years old)	6.0	6.0	6.6	6.7	7.3	8.9	
New hospital admissions per 100,000 with expected full effect of primary vaccination course * (+ 12-year-olds)	1.6	1.9	2.3	3.2	4.2	4.8	
New hospital admissions per 100,000 with expected full effect of revaccination * (+ 12-years old)	2.1	1.6	1.7	2.0	2.6	3.7	
Number admitted on Monday morning	770	777	802	894	1,028	1,287	
Number admitted to intensive care on Monday morning	7.3	7.4	5.2	4.3	3.2	3.1	
Number of dead **	7.0	109	106	111	136	138	

* The population for calculating incidents is described in the data base under the section "Breakthrough infections".

** The number of deaths is updated retrospectively as data may be delayed due to post-registration.

Table 3. Covid-19: Key numbers and trends for cumulative vaccination, weekly, 2021/2022

Table 3. Covid-19: key figures and trends for vaccination adherence, by week, 2021/2022

Covid-19	2021/2022						Trend week 52-5
	52	1	2	3	4	5	
Number of people who have started vaccination	4,811,344	4,828,403	4,838,159	4,843,548	4,846,009	4,845,707	
Vaccination started (%)	81.9	82.2	82.4	82.5	82.5	82.5	
Number of persons with completed primary vaccination course	4,597,275	4,670,264	4,709,594	4,731,860	4,746,568	4,752,087	
Primary course of vaccination (%)	78.3	79.5	80.2	80.6	80.8	80.9	
Number of people who have received the first revaccination	2,903,458	3,176,217	3,382,254	3,509,732	3,569,310	3,596,374	
Revaccination (%)	49.4	54.1	57.6	59.8	60.8	61.2	

Note to table: Data calculated on Tuesday in the following week.



Other respiratory diseases

Data is updated backwards.

Table 4. Influenza: Key numbers and trends.

Table 4. Influenza: key figures and trends *

Flu	2021/2022 week						Trend week 52-5
	52	1	2	3	4	5	
Incidence pr. 100,000 inhabitants	0.9	0.7	0.6	0.6	0.6	0.5	
Number of people tested	8,118	8,401	7,531	7,453	6,827	7,016	
Positive percentage	0.6	0.5	0.5	0.5	0.5	0.5	
Number of new admissions	13	5	3	10	6	5	

* Children between 2 and 6 years of age who have received the live attenuated vaccine and who test positive for influenza A or B within 14 days after vaccination, do not count as positive influenza cases.



Trends - covid-19

This section shows more detailed graphs and tables to illustrate the evolution of covid 19 over the past six weeks.

For other respiratory infections, refer to [SSI's website](#) under disease surveillance.

Regional differences

Table 5. Covid-19: Key numbers and trends by region, weekly, 2021/2022.

Table 5. Covid-19: key figures and trends for regions, by week, 2021/2022

Covid-19	Region	2021/2022 week						Trend week 52-5
		52	1	2	3	4	5	
Incidence pr. 100,000 inhabitants	The capital	2675	2,657	3,492	5,005	4,829 (in most common)	4,070	
	Central Jutland	1733	1,990	2,815 (in most common)	4,376	5,078	6,054	
	North Jutland	1863	1,905	2,432	3,825	5,236	5,695	
	Zealand	1930	2,005	2,606	4,446	5,068	4,490	
	Southern Denmark	1577	1,856	2,626	4,484	5,451 (in most common)	5,494	
Positive percentage	The capital	18.2	2.2	22.5	28.6	31.1	34.7	
	Central Jutland	12.8	1.0	17.7	24.3	31.0	39.1	
	North Jutland	14.5	1.0	16.4	22.5	30.2	36.5	
	Zealand	13.9	1.4	16.6	23.8	28.0	31.8	
	Southern Denmark	10.6	0.9	14.7	22.1	27.9	34.0	
R (newly infected)	The capital	0.8	1.0	1.2	1.1	0.9	0.9	
	Central Jutland	1.0	1.0	1.3	1.2	0.9	1.1	
	North Jutland	0.9	0.8	1.2	1.2	1.1	1.1	
	Zealand	0.9	1.1	1.1	1.1	0.9	0.9	
	Southern Denmark	1.0	0.9	1.2	1.1	1.0	1.0	
New hospital admissions	The capital	557	540	566	718	882	896	
	Central Jutland	152	150	208	228	295	375	
	North Jutland	71	82	102	114	117	195	
	Zealand	208	206	247	290	350	477	
	Southern Denmark	135	131	164	219	295	420	
	Unknown region	17	14	15	14	20	28	



Growth rates in the municipalities

Figure 1. Covid-19: Weekly change in incidence, percentage.

Figure 1. Covid-19: Percentage change in weekly incidence.

Procentvis ændring i ugentlig incidens over 7 dage

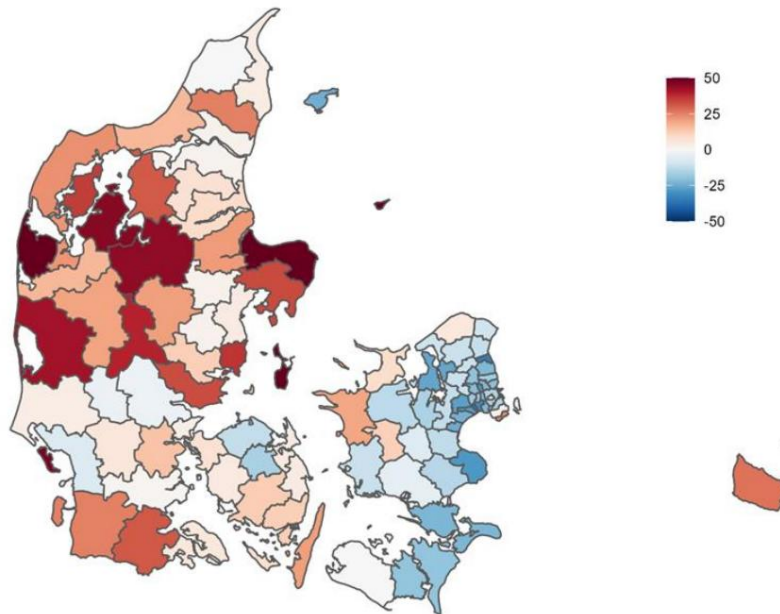


Figure 2. Covid-19: Weekly change in positive-percentage, percentage.

Figure 2. Covid-19: Percentage change in weekly positive percentage

Procentvis ændring ugentlig positivprocent over 7 dage

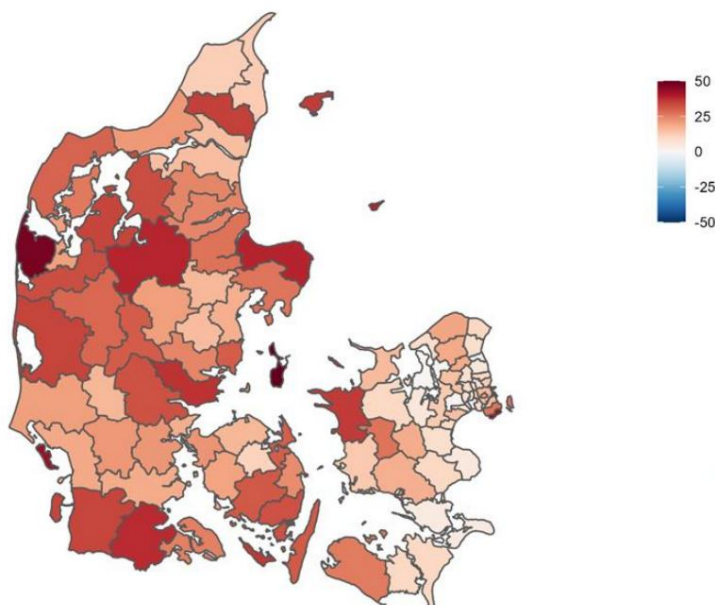
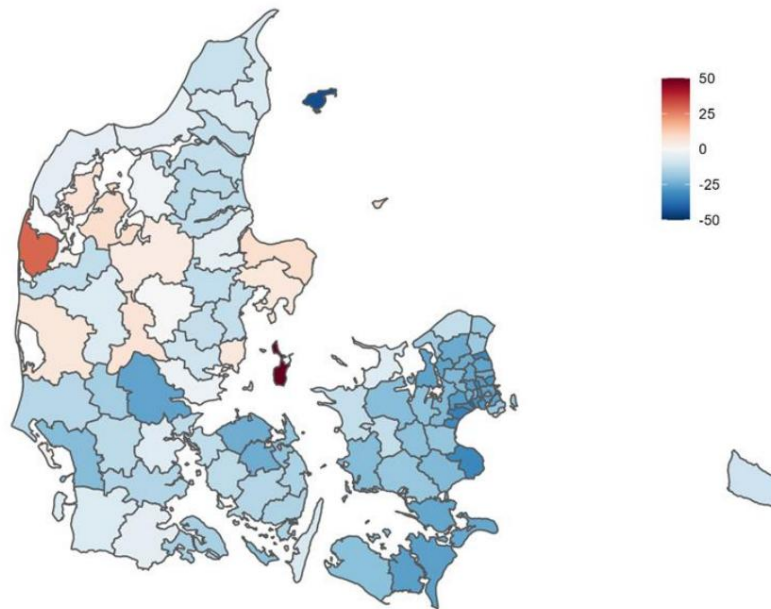




Figure 3. Covid-19: Weekly change in number of tests, percentage.

Figure 3. Covid-19: Percentage change in weekly number of tests

Procentvis ændring i ugentlig antal test over 7 dage





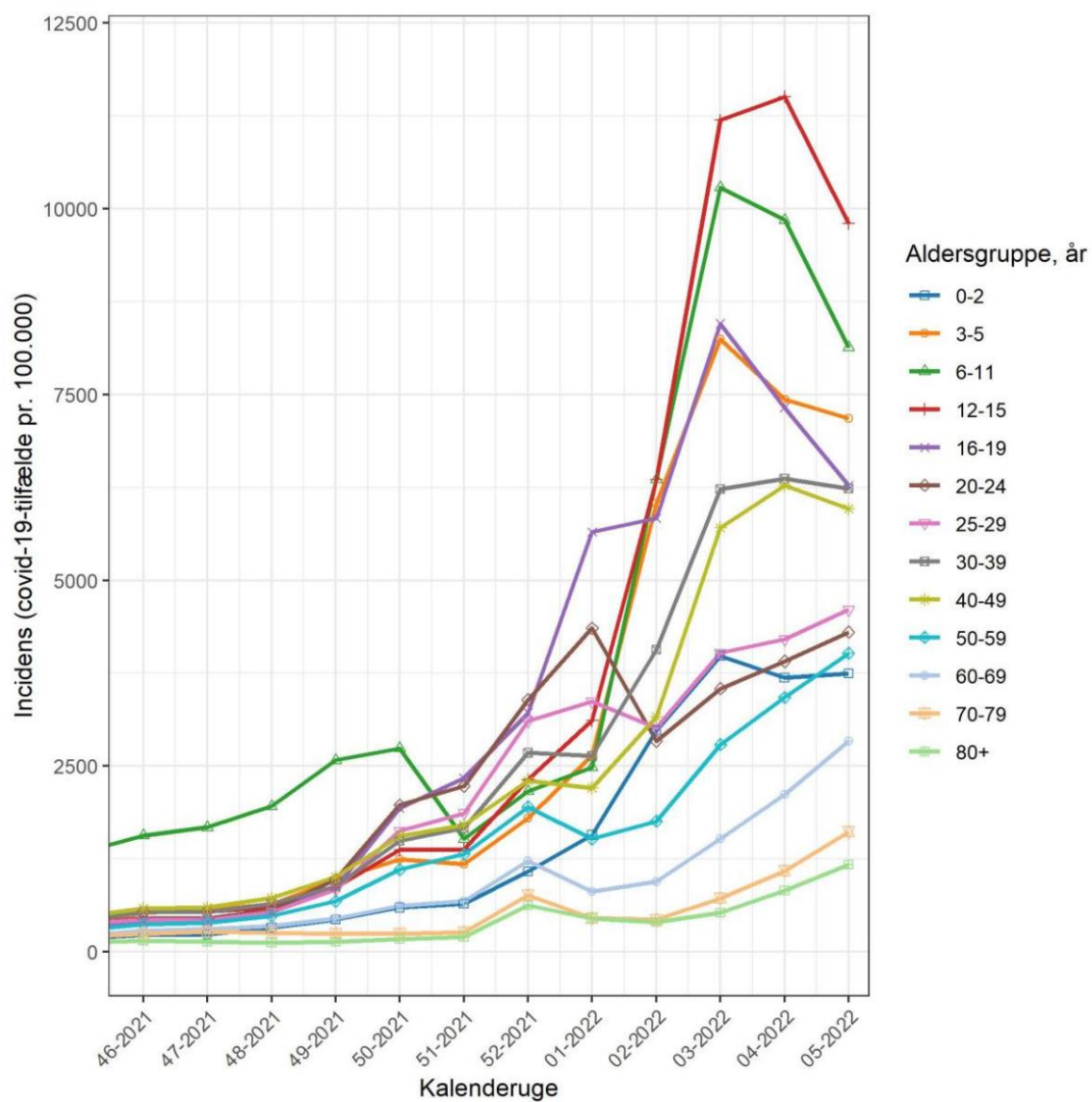
Age incidence

Data is updated backwards.

See also cases by age SSI's regional [dashboard](#).

Figure 4. Covid-19: Age-specific incidence per 100,000 inhabitants

Figure 4. Covid-19: age-specific incidence per 100,000 inhabitants





Newly admitted

See also age distribution curves of new entrants on SSI's [regional dashboard](#).

Figure 5. Covid-19: Hospital admissions, patients in hospital on Monday morning and confirmed cases.

Figure 5. Covid-19: newly admitted, hospitalized Monday morning, and confirmed cases

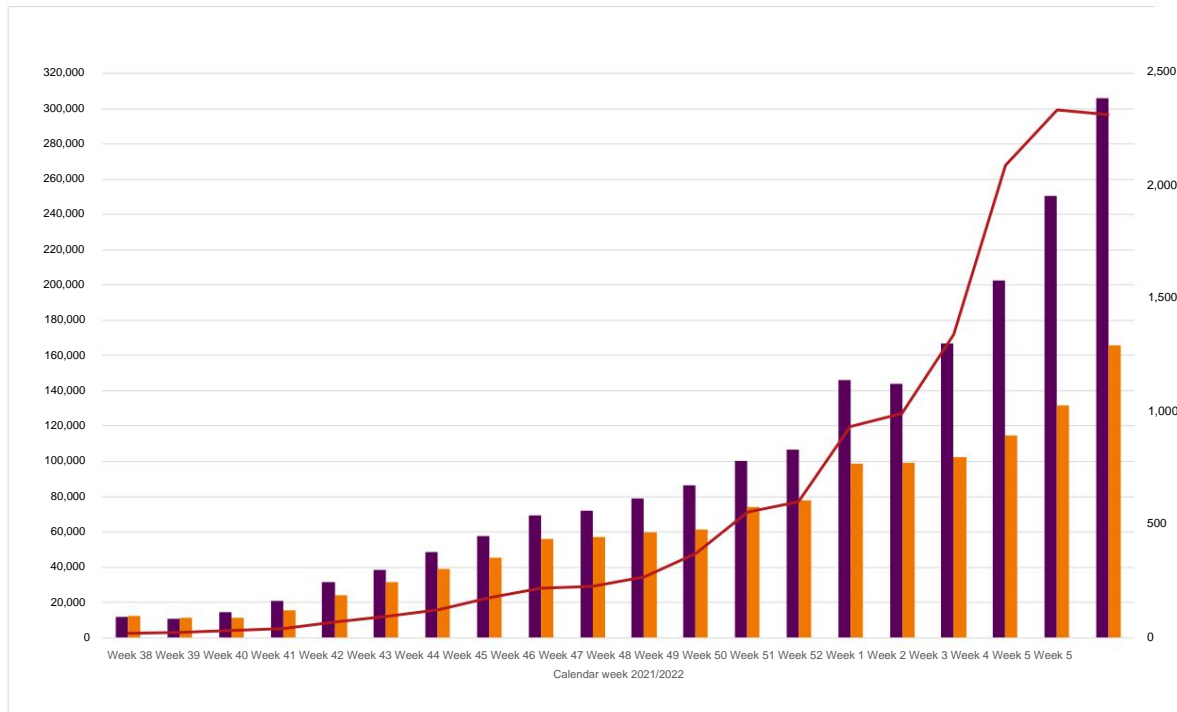
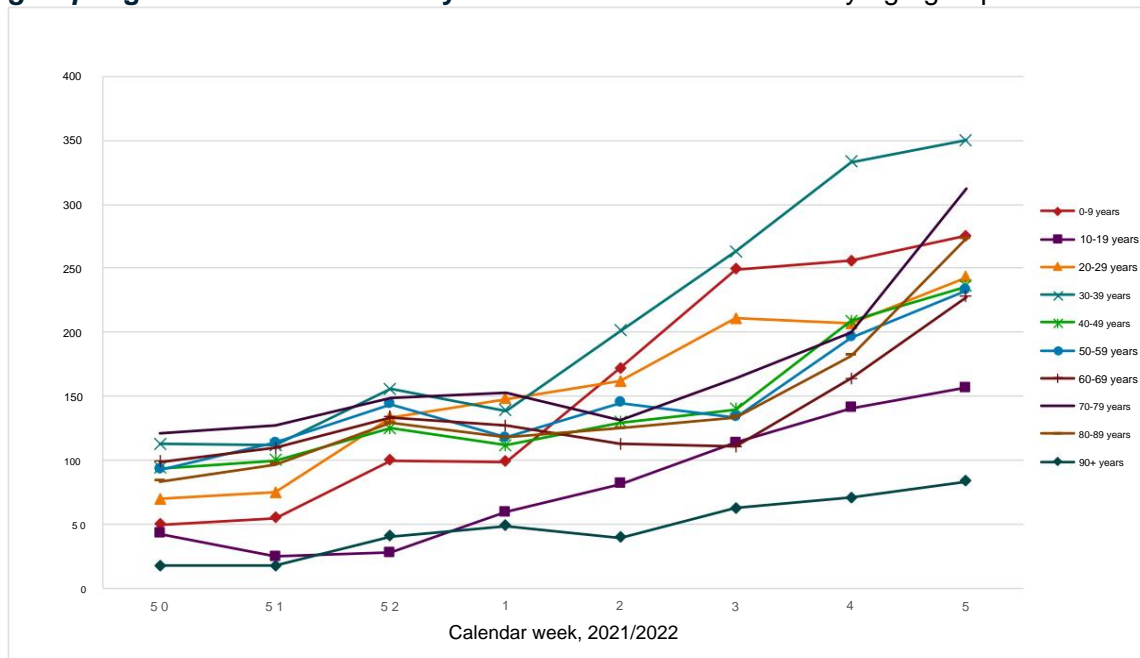


Figure 6. Covid-19: Weekly numbers of hospital admissions by age group





The following figures in this section are updated retrospectively.

Figure 7. Covid-19: Proportion of hospital admissions with a Covid-19 diagnosis (red), with a respiratory or tentative Covid-19 diagnosis (green), and with other diagnosis (blue), June 1 st 2020 to January 23rd 2022

Figure 7. Covid-19: Proportion of new admissions with positive SARS-CoV-2 sample admitted due to a covid-19 diagnosis (red), due to respiratory or obs covid-19 diagnosis (green), and due to another diagnosis (blue), 1 June 2020 to 23 January 2022.

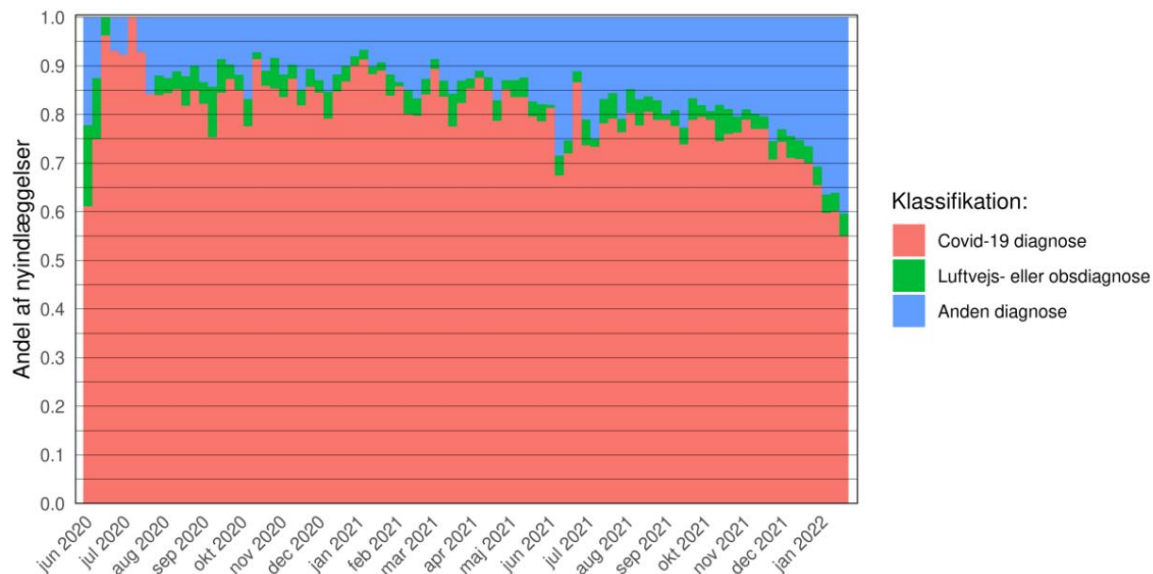


Table 6. Covid-19: Proportion of hospital admissions with a Covid-19 diagnosis, with a respiratory or tentative Covid-19 diagnosis, and with other diagnosis (blue), June 1st 2020 to January

Table 6. Covid-19: Proportion of new admissions with positive SARS-CoV-2 sample admitted due to a covid-19 diagnosis, due to respiratory or obs-covid-19 diagnosis, and due to another diagnosis, 1 June 2020 to January 23, 2022.

Diagnose	2021/2022 uge						Trend
	50	51	52	1	2	3	
Covid-19-diagnose	71%	70%	65%	60%	60%	55%	
Luftvejs- eller obsdiagnose	4%	4%	4%	4%	4%	5%	
Anden diagnose	25%	27%	31%	36%	36%	40%	



Figure 8. Covid-19: Proportion of hospital admissions with a Covid-19 diagnosis (red), with a respiratory or tentative Covid-19 diagnosis (green), and with other diagnosis (blue) by age group, June 1st 2020 to January 23rd 2022.

Figure 8. Covid-19: Proportion of new admissions with positive SARS-CoV-2 sample admitted due to a covid-19 diagnosis (red), due to respiratory or obs covid-19 diagnosis (green), and due to second diagnosis (blue) by age group, 1 June 2020 to 23 January 2022.

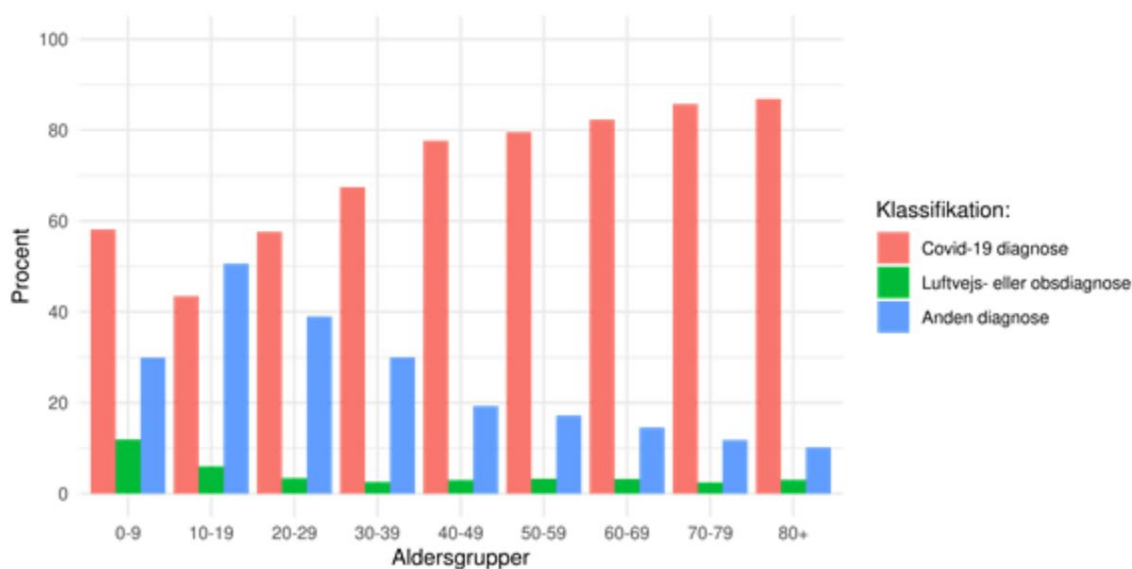


Table 7. Covid-19: Proportion of people admitted to hospital with a Covid-19 diagnosis, a respiratory or tentative Covid-19 diagnosis, or another diagnosis, who had a psychiatric admission during their hospitalization.

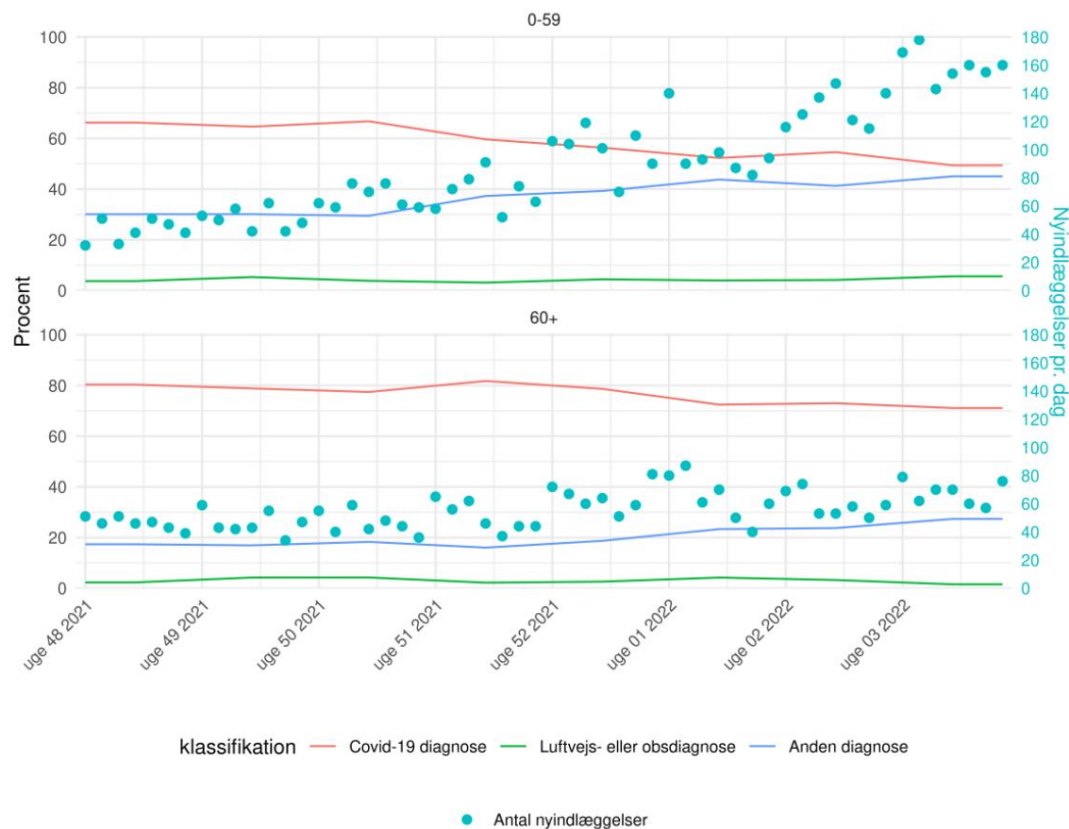
Table 7. Covid-19: Proportion with positive SARS-CoV-2 sample admitted due to Covid-19 diagnosis, respiratory, or due to obs diagnosis or other diagnosis that has been admitted to psychiatry during the course of admission.

Diagnosis	Covid-19-related admissions to psychiatric wards						Trend
	2021/2022 week						
	50	51	52	1	2	3	
Covid-19 diagnosis	2.9%	1.0%	1.4%	1.4%	1.9%	1.5%	
Respiratory or observational diagnosis	0.0%	0.0%	11.6%	2.1%	7.8%	0.0%	
Second diagnosis	10.7%	12.2%	13.7%	11.8%	10.7%	7.4%	



Figure 9. Covid-19: Proportion of hospital admissions with a Covid-19 diagnosis (red), with a respiratory or tentative Covid-19 diagnosis (green), and with other diagnosis (blue), by age groups 0-50 and 60+ years old.

Figure 9. Covid-19: Proportion of new admissions with positive SARS-CoV-2 samples admitted due to a covid-19 diagnosis, due to respiratory or obs covid-19 diagnosis, and due to another diagnosis divided into age groups 0- 59 year olds and 60+ year olds



Note: The turquoise dots show the number of new admissions with covid-19 per day and the red line indicates the proportion of these who are admitted due to covid-19.

Data are calculated on Monday of the week in question.



Table 8. Covid-19: Proportion of hospital admissions with a Covid-19-diagnosis (red), with a respiratory or tentative Covid-19 diagnosis (green), and with other diagnosis (blue), by age groups 0-50 and 60+ years old.

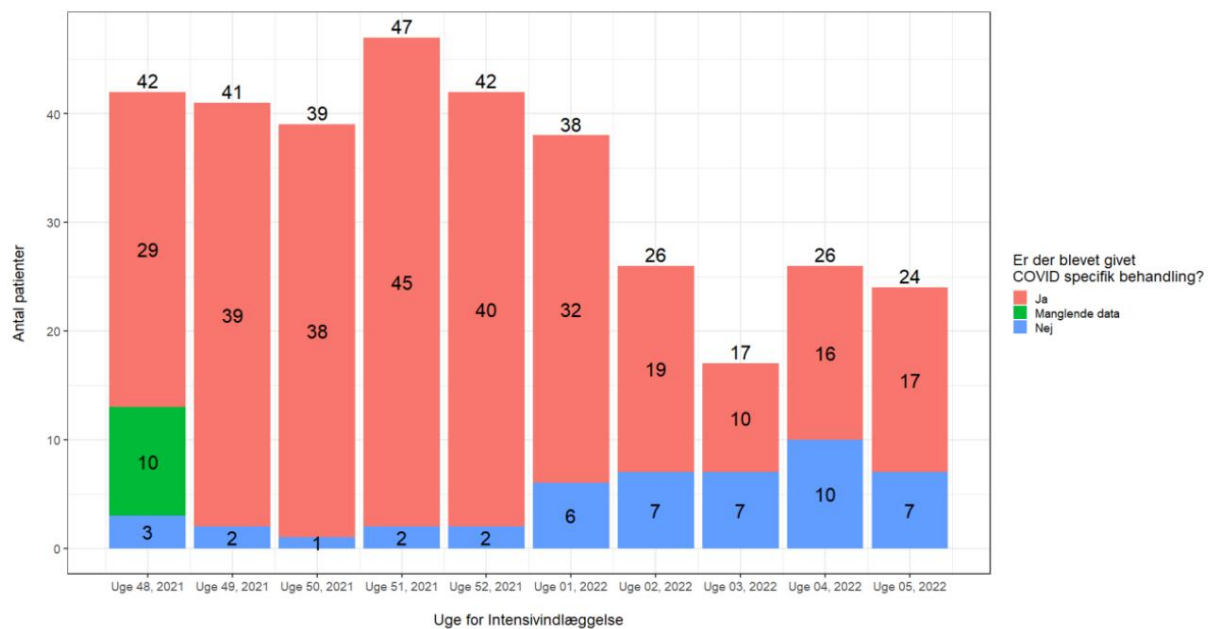
Table 8. Covid-19: Proportion of new admissions with positive SARS-CoV-2 samples admitted due to a covid-19 diagnosis, due to respiratory or obs covid-19 diagnosis, and due to another diagnosis divided into age groups 0- 59 year olds and 60+ year olds

Diagnosis / age groups	2021/2022 week						Trend
	50	51	52	1	2	3	
0-59-year-olds							
Covid-19 diagnosis	66.7%	59.6%	56.3%	52.3%	54.6%	49.4%	
Respiratory or observational diagnosis	3.8%	3.1%	4.4%	4.0%	4.2%	5.6%	
Second diagnosis	29.4%	37.3%	39.3%	43.8%	41.3%	45.0%	
60+ year olds							
Covid-19 diagnosis	77.5%	81.8%	78.7%	72.4%	73.0%	71.1%	
Respiratory or observational diagnosis	4.2%	2.2%	2.6%	4.2%	3.2%	1.6%	
Second diagnosis	18.3%	16.0%	18.7%	23.3%	23.8%	27.3%	



Figure 10. Covid-19: Proportion of intensive care admissions with a positive SARS-CoV-2 test, who received treatment specifically for Covid-19, 2021-2022.

Figure 10. Covid-19: Proportion of new admissions on intensive care with SARS-CoV-2 positive sample receiving Covid-19 specific treatment, 2021-2022.





Sars-CoV-2 variants

Sequences from the Danish positive covid-19 samples can be seen here:

<https://www.covid19genomics.dk/home>

Figure 11. Covid-19: The 10 most frequently observed (sub) variants based on whole genome sequencing data

Figure 11. Covid-19: The 10 most frequently observed (sub) variants based on whole genome sequencing data

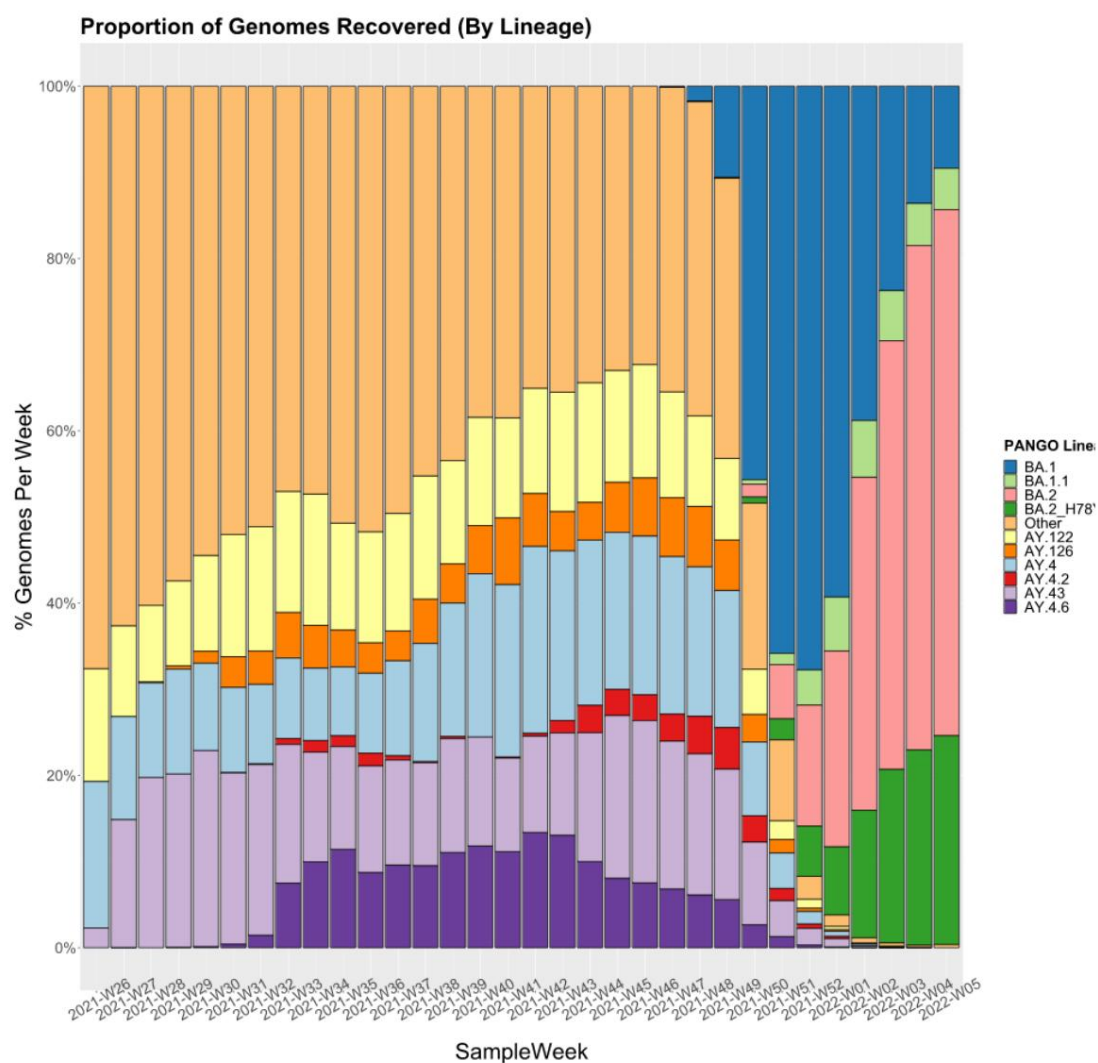




Table 9. Covid-19: The 20 most frequently observed sub (variants) based on whole-genome sequencing data for the last four weeks, 2022.

Table 9. Covid-19: The 20 most frequently observed (sub) variants from whole genome sequencing data over the last 4 weeks, 2022.

The 20 most frequently observed (sub) variants based on whole genome sequencing data in the last 4 weeks					
Lineage	WHO	2	3	4	5
BA.2	Omicron	5266 (38.83%)	7553 (49.82%)	2015	6714 (58.56%) 1159 (61.13%)
BA.2_H78Y	Omicron	(14.86%) 3059 (20.16%)	3328 (36.92%)	3604	2599 (22.67%) 460 (24.26%)
BA.1	Omicron	(23.77%) 896 (6.61%)	2832 (58.23%)	1561 (13.61%) 181 (9.55%)	
BA.1.1	Omicron	(0.25%) 14 (0.10%)	70 (1.75%)	23	560 (4.88%) 91 (4.80%)
B.1.1.529	Omicron	(0.02%) 5 (0.04%)	1 (0.01%)	2	22 (0.19%) 5 (0.26%)
AY.122	Delta	(0.00%) 8 (0.06%)	1 (0.01%)	2	3 (0.03%) 0 (0.00%)
AY.43	Delta	(0.01%) 1 (0.01%)	0 (0.00%)	1	3 (0.03%) 0 (0.00%)
AY.122.3	Delta	(0.01%) 3 (0.02%)	0 (0.00%)	0	1 (0.01%) 0 (0.00%)
AY.132	Delta	(0.01%) 3 (0.02%)	1 (0.01%)	2	1 (0.01%) 0 (0.00%)
AY.43.6	Delta	(0.00%) 1 (0.01%)	0 (0.00%)	2	1 (0.01%) 0 (0.00%)
AY.98.1	Delta	(0.03%) 4 (0.03%)	2 (0.01%)		1 (0.01%) 0 (0.00%)
AY.100	Delta				0 (0.00%) 0 (0.00%)
AY.103	Delta				0 (0.00%) 0 (0.00%)
AY.111	Delta				0 (0.00%) 0 (0.00%)
AY.112	Delta				0 (0.00%) 0 (0.00%)
AY.121	Delta				0 (0.00%) 0 (0.00%)
AY.121.1	Delta				0 (0.00%) 0 (0.00%)
AY.125	Delta				0 (0.00%) 0 (0.00%)
AY.126	Delta				0 (0.00%) 0 (0.00%)
AY.127	Delta				0 (0.00%) 0 (0.00%)
Total		13620	15181	11466	1898

Note: Number of variants may change when multiple samples are sequenced and included in the table. Last week's figures are incomplete and should be interpreted with reservations.



Figure 12. Covid-19: Hospital admissions per week by variant

Figure 12. Covid-19: New admissions per week by variant type

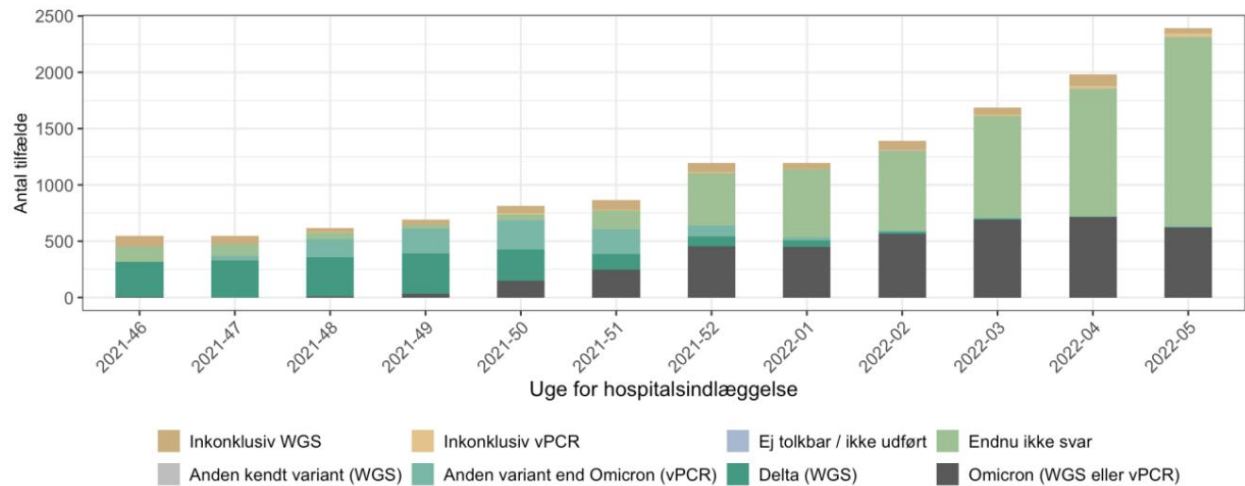


Table 10. Covid-19: Hospital admissions by week - proportion with variant analysis results

Table 10. Covid-19: New admissions per week - share with known variant response

Week of hospitalization	2021/2022		
	Week total *	Known among total (share)	Omikron among known (share)
49	695	577 (83%)	33 (6%)
50	816	644 (79%)	151 (23%)
51	867	574 (66%)	243 (42%)
52	1,194	610 (51%)	444 (73%)
1	1,196	523 (44%)	445 (85%)
2	1,384	543 (39%)	521 (96%)
3	1,672	509 (30%)	499 (98%)
4	1,959	555 (28%)	549 (99%)
5	2,391	634 (27%)	623 (98%)

There will be a delay in response to variant PCR and whole genome sequencing, which is why there is ongoing registration in recent weeks. There reservations must therefore be made, especially in recent weeks. At the same time, there are different reports regarding negative responses of variant PCR, including if it is a delta variant.



Figure 13. Covid-19: Intensive care admissions by week and variant.

Figure 13. Covid-19: New admissions to intensive care per week by variant type

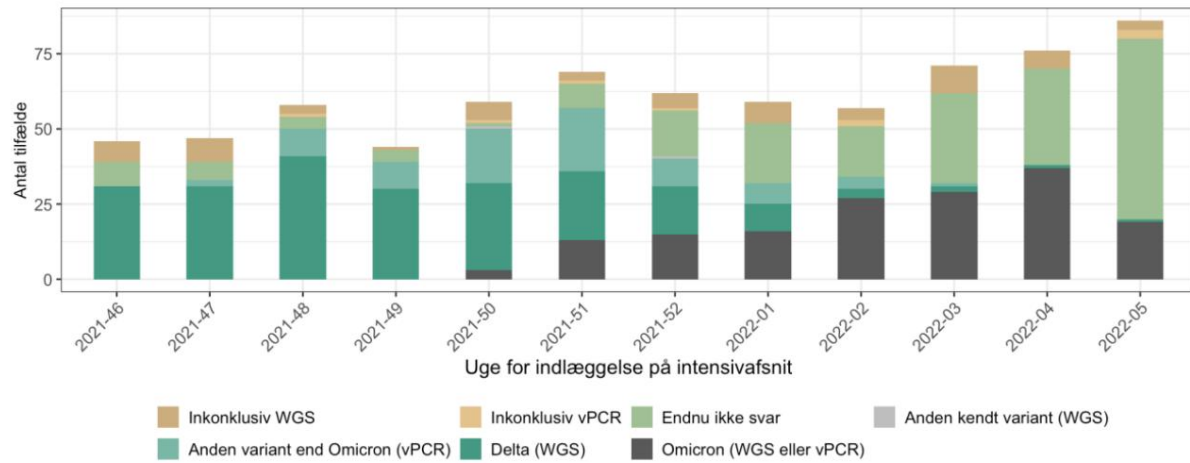


Table 11. Covid-19: Intensive care admissions by week - proportion with variant analysis results

Table 11. Covid-19: New admissions to intensive care per week - proportion with known variant response

Week of intensive hospitalization	2021/2022		
	Week total	Known among total (share%)	Omicron among known (share%)
49	43	37 (86%)	<5 (-)
50	58	45 (78%)	<5 (-)
51	68	58 (85%)	13 (22%)
52	63	40 (63%)	15 (38%)
1	58	27 (47%)	14 (52%)
2	55	31 (56%)	24 (77%)
3	58	20 (34%)	18 (90%)
4	69	29 (42%)	29 (100%)
5	86	20 (23%)	19 (95%)

There will be a delay in response to variant PCR and whole genome sequencing, which is why there is ongoing registration in recent weeks. There reservations must therefore be made, especially in recent weeks. At the same time, there are different reports regarding negative responses of variant PCR, including if it is a delta variant.

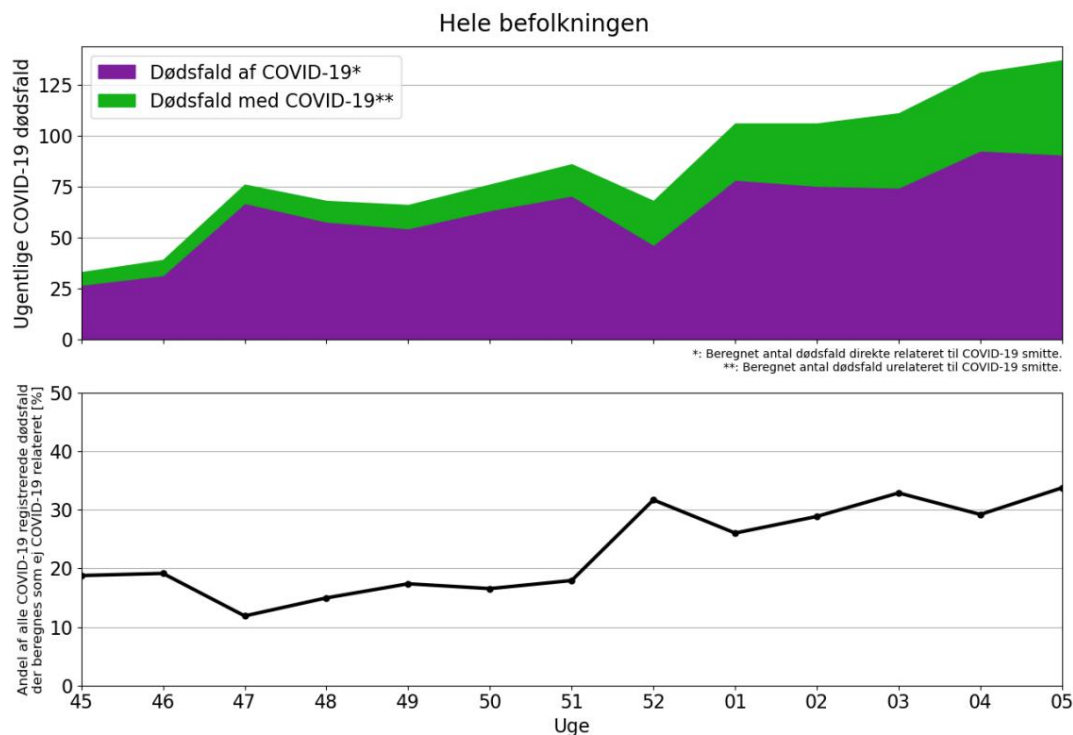


Mortality

SSI contributes every week with monitoring mortality in Denmark, by calculating the number of the total number of deaths in society in relation to the expected number of deaths in Denmark. In addition, SSI contributes with mortality monitoring together with 26 other European countries (www.euromomo.eu)

Figure 14. Covid-19: Estimated deaths by or with Covid-19 and proportion of all Covid-19-registered deaths estimated not related to Covid-19 by week, 2021/2022.

Figure 14. Covid-19: Estimated deaths of or with covid-19 and proportion of all covid-19-recorded deaths calculated as non-covid-19-related by weeks, 2021/2022



Note: Calculation performed by PandemiX Research Center, RUC, in collaboration with EuroMOMO, SSI.



Table 12. Covid-19: Estimated deaths with positive Covid-19 PCR test within 30 days, total. Deaths by Covid-19. Deaths with Covid-19. Proportion of deaths with Covid-19.

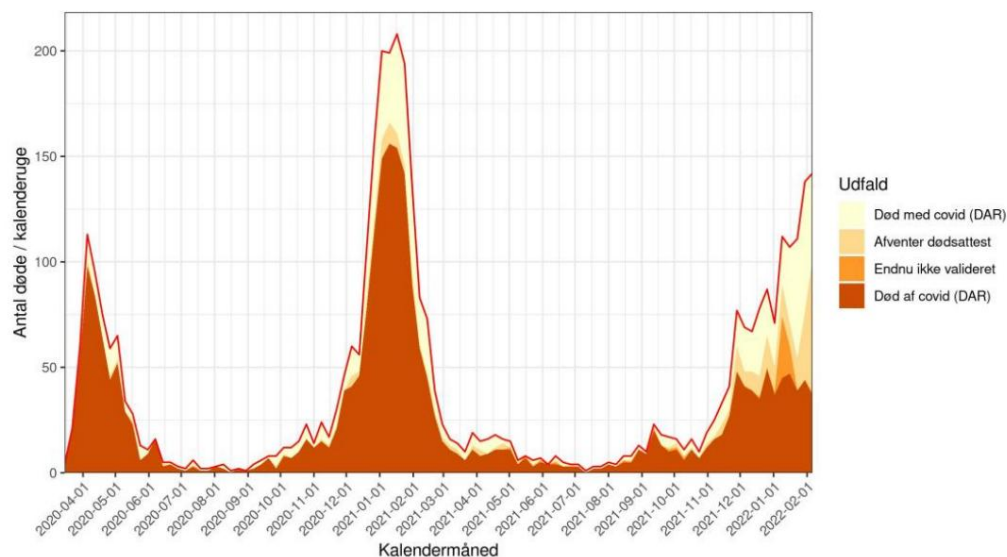
Table 12. Covid-19: Estimated deaths with positive covid-19 PCR test within 30 days, total, deaths from and including covid-19 and proportion of deaths with covid-19

2021/2022, week	Deaths with positive covid-19 PCR test within 30 days, total	Deaths "of" covid-19	Deaths "with" covid-19	Percentage (%) of deaths "with" covid-19
45	33	27	6	18.8
46	39	32	7	19.1
47	76	67	9	11.9
48	68	58	10	15.0
49	66	55	11	17.4
50	76	63	13	16.5
51	86	71	15	17.9
52	68	46	22	31.7
1	106	78	28	26.0
2	106	75	31	28.9
3	106	75	36	32.9
4	111	93	38	29.2
5	131 137	91	46	33.7

Note: Calculation performed by PandemiX Research Center, RUC, in collaboration with EuroMOMO, SSI.

Figure 15. Covid-19: Deaths by and with Covid-19 based on death certificates, March 2020 to February 2022.

Figure 15. Covid-19: Deaths by and with Covid-19 based on death certificates, March 2020 to February 2022

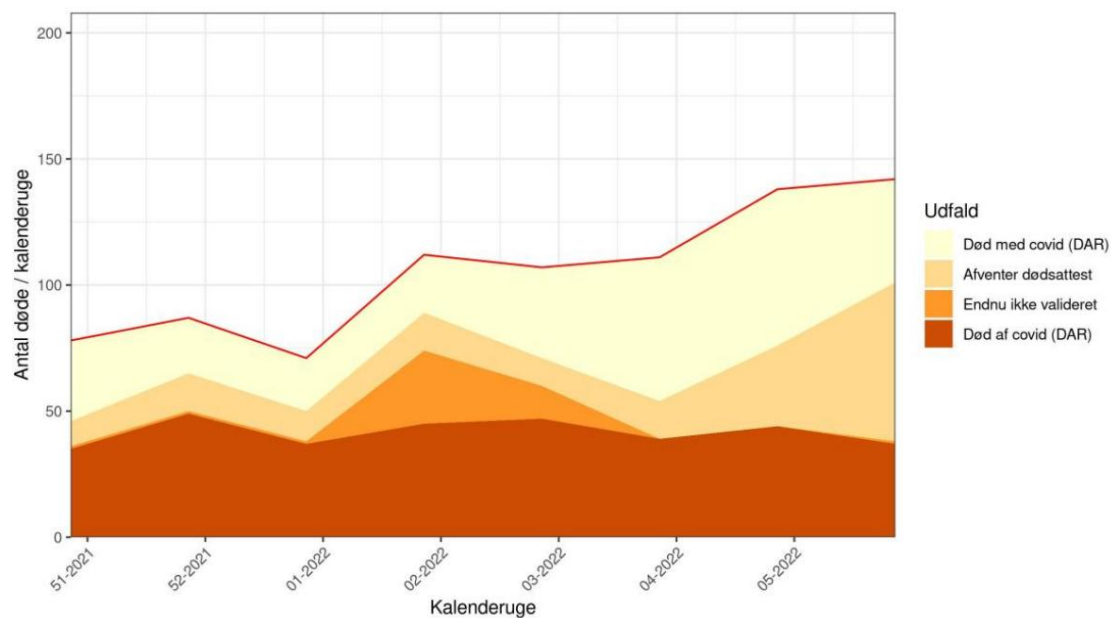


Note: Prepared on the basis of data from the Cause of Death Register (DAR) via the Danish Health and Medicines Authority



Figure 16. Covid-19: Deaths by and with Covid-19 based on death certificates, week 51 2021-week 5 2022.

Figure 16. Covid-19: Deaths by and with Covid-19 based on death certificates, week 51 2021-week 5 2022.



Note: Prepared on the basis of data from the Cause of Death Register (DAR) via the Danish Health and Medicines Authority



Breakthrough infections

Data are not updated retrospectively for Figures 17 and 18. SSI's dashboard for covid-19 breakthrough infections is updated daily, and a breakthrough infection report is published every 14 days on SSI's website.

Figure 17. Covid-19: Incidence per 100,000 unvaccinated people (12+ years old)

Figure 17. Covid-19: incidence per 100,000 unvaccinated (+ 12-year-olds)

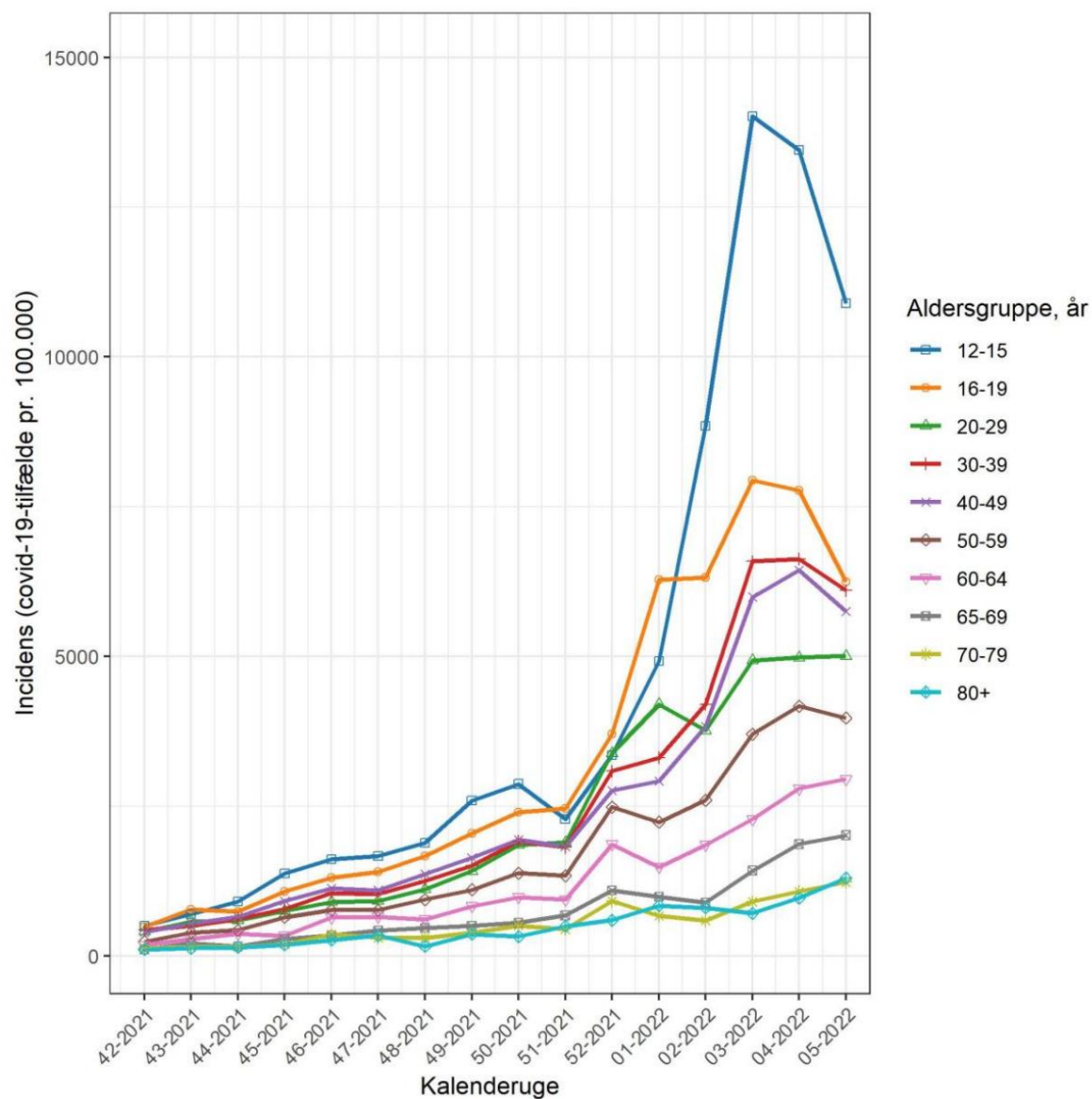




Figure 18. Covid-19: Incidence per 100,000 people with expected full effect of primary vaccination (12+ years old)

Figure 18. Covid-19: incidence per 100,000 with expected full effect after primary vaccination (+ 12-year-olds)

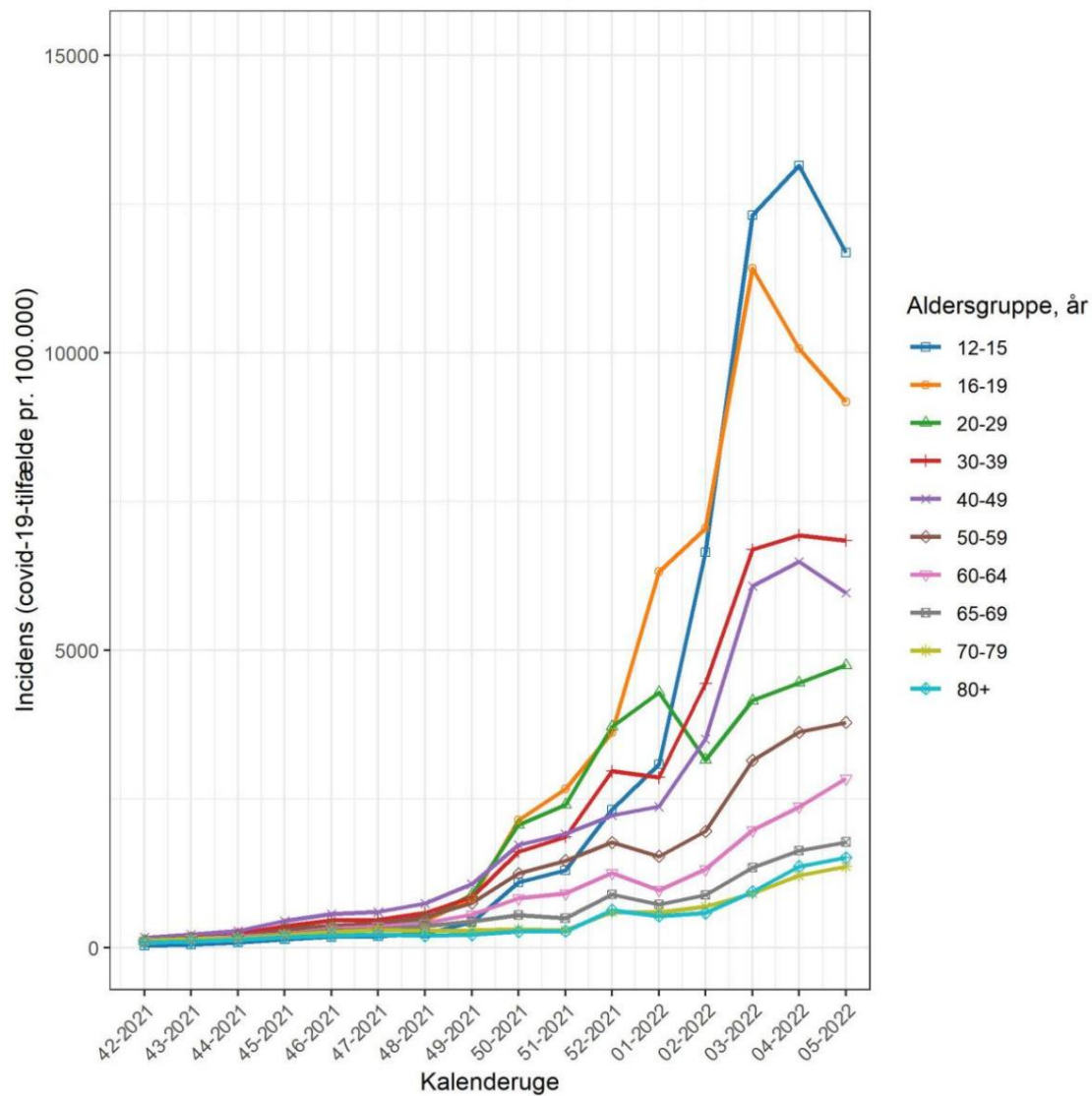




Table 13. Covid-19: Numbers and proportion (%) of hospital admissions with expected full effect of primary vaccination and re-vaccination

Table 13. Covid-19: number and proportion (%) of new admissions with expected full effect after primary vaccination course and expected full effect after revaccination.

2022 week									
Covid-19	3			4			5		
Alders groups	Number of new entrants *	Number (share%) newly admitted, full effect course **	Number (share%) newly admitted, full effect revaccination **	Number of new entrants *	Number (share%) of newly admitted, full effect primary course **	Number (share%) of newly admitted, full effect revaccination **	Number of new entrants *	Number (share%) of newly admitted, full effect primary course **	Number (share%) of newly admitted, full effect revaccination **
0-19	363	64 (18)	8 (2)	397	86 (22)	7 (2)	432	94 (22)	14 (3)
20-64	800	331 (41)	221 (28)	1,038	340 (33)	377 (36)	1,171	307 (26)	506 (43)
65+	420	60 (14)	314 (75)	524	59 (11)	397 (76)	788	58 (7)	632 (80)

Note to table: Numbers under five are discretionary.

* The population for calculating numbers is described in the data base under the item "Populations for calculating incidence".

** The population for calculating numbers is described in the data base under the item "Breakthrough infections".



Hospital outbreaks

In week 5, 6 out of 12 infection hygiene units (3 regions) provided feedback on new and ongoing outbreaks. Three of the infection hygiene units have no ongoing outbreaks, the remaining 3 units can report a total of 9 outbreaks. One outbreak involves 18 patients, and one outbreak involves 13 people across both patients and staff. The remaining 7 outbreaks have all under 10 infected, of which 4 outbreaks involve patients only and two outbreaks only staff.

4 out of 12 infection hygiene units have provided feedback on new and ongoing hospital outbreaks of covid-19 in the past week. Two out of the 4 infection hygiene units (3 regions) can report a total of 3 minor outbreaks with 2, 3 and 4 infected patients, respectively, but without infected health personnel.

In week 3, 4 out of 12 infection hygiene units (3 regions) provided feedback on new and ongoing outbreaks. Two of the infection hygiene units have no ongoing outbreaks, the remaining two units can report a total of 5 outbreaks. Three outbreaks involve 30, 41 and 68 infected staff. One outbreak involves 10 infected patients and one outbreak involves 10 people across both patients and staff.

Nursing home

Table 14. Covid-19 at nursing homes

Table 14. Covid-19 in nursing homes

Covid-19, nursing home	2022 week				
	1	2	3	4	5
Confirmed cases among residents	636	609	810	1,205	1,947 (in most common)
Deaths among confirmed cases	33	32	41	48	61
Confirmed cases among residents with expected full effect after primarily vaccination course	42	40	49	65	76
Confirmed cases among residents with expected full effect after revaccination	572	539	732	1,099	1,504
Nursing homes with confirmed cases	209	196	259	339	433



Special staff groups

Data is updated backwards. The groups shown cannot be further subdivided due to personal data considerations.

Table 15. Covid-19: Confirmed cases among employees in the social sector.

Table 15. Covid-19: confirmed cases among employees in the social sector

Business	Covid-19, 2022						Covid-19, 2022					
	Number of confirmed cases	Incidence per 100,000 in the group	Number of cases of with expected full effect of primarily vaccinations progress	Proportion of confirmed cases, %	Number of cases with expected full effect of revaccination	Share of confirmed cases, %	Number of confirmed cases	Incidence per 100,000 in the group	Number of cases of with expected full effect of primarily vaccinations progress	Proportion of confirmed cases, %	Number of cases with expected full effect of revaccination	Percentage of confirmed cases, %
Day care, day centers, home help mv.	3,002	3,002 to read coincidence	2,008 to read coincidence	8 6	2,091	7 0	3,182	6,167	2,787	8 8	2,008 to read coincidence	7 3
Nursing homes, etc.	7,000 to read coincidence	6,026	6,583	8 8	5,444	7 3	8,572	8,572 to read coincidence	7,724	9 0	6,600	7 7
Social in total	10,441	5,965	9,179	8 8	7,535	7 2	11,754	6,715	10,511 to read coincidence	8 9	8,926	7 6

Table 16. Covid-19: Confirmed cases among employees in the health care sector.

Table 16. Covid-19: confirmed cases among healthcare workers

Business	Covid-19, 2022						Covid-19, 2022					
	Number of confirmed cases	Incidence per 100,000 in the group	Number of cases of with expected full effect of primarily vaccinations progress	Proportion of confirmed cases, %	Number of cases with expected full effect of revaccination	Share of confirmed cases, %	Number of confirmed cases	Incidence per 100,000 in the group	Number of cases of with expected full effect of primarily vaccinations progress	Proportion of confirmed cases, %	Number of cases with expected full effect of revaccination	Percentage of confirmed cases, %
Healthcare and others	3,511	6,505	3,246	9 2	2,680	7 6	3,511 to read coincidence	6,728	3,377	9 3	2,895	8 0
Hospitals	7,633	6,146	7,232	9 5	6,425	8 4	8,083	6,509	7,779	9 6	6,997	8 7
Total health	11,144	6,255	10,478	9 4	9,105	8 2	11,594 to read coincidence	6,575	11,156	9 5	9,892	8 4

Table 17. Covid-19: Confirmed cases among employees in day care institutions

Table 17. Covid-19: confirmed cases among employees of institutions

Business	Covid-19, 2022						Covid-19, 2022					
	Number of confirmed cases	Incidence per 100,000 in the group	Number of cases of with expected full effect of primarily vaccinations progress	Proportion of confirmed cases, %	Number of cases with expected full effect of revaccination	Share of confirmed cases, %	Number of confirmed cases	Incidence per 100,000 in the group	Number of cases of with expected full effect of primarily vaccinations progress	Proportion of confirmed cases, %	Number of cases with expected full effect of revaccination	Percentage of confirmed cases, %
Institutions *	7,961	8,000 to read coincidence	7,000 to read coincidence	9 2	5,889	7 4	8,385	10,130	7,890	9 4	6,703	8 0

* Age-integrated institutions, kindergartens, day care centers, crèches.

Table 18. Covid-19: Confirmed cases among employees in the education sector

Table 18. Covid-19: confirmed cases among employees in the education sector

Business	Covid-19, 2022						Covid-19, 2022					
	Number of confirmed cases	Incidence per 100,000 in the group	Number of cases of with expected full effect of primarily vaccinations progress	Proportion of confirmed cases, %	Number of cases with expected full effect of revaccination	Share of confirmed cases, %	Number of confirmed cases	Incidence per 100,000 in the group	Number of cases of with expected full effect of primarily vaccinations progress	Proportion of confirmed cases, %	Number of cases with expected full effect of revaccination	Percentage of confirmed cases, %
Primary school	9,884	8,592	8,000 to read coincidence	9 4	7,741	7 8	9,884 to read coincidence	8,250	8,000 to read coincidence	9 5	7,741 to read coincidence	8 2
Colleges and vocational schools	2,398	8,000 to read coincidence	2,285	9 5	1,994	8 3	2,368	6,231	2,000 to read coincidence	9 5	2,026	8 6



Confirmed cases among travelers

Data is updated backwards in the Table.

Table 19. Covid-19: Confirmed cases among travelers

Table 19. Covid-19: confirmed cases among travelers

Covid-19	2021/2022 week					
	52	1	2	3	4	5
Number infected with travel activity	2,250	2,636	1,449	1,687	1,502	479
Proportion of infected with travel activity out of all new cases (%)	2.3	1.9	0.8	0.6	0.5	0.2

Note to table: Data on stays abroad are based on data from interview questions from STPS regarding travel activity within 14 days of positive test.

In week 5, most cases of infection are seen in travelers from France (74), Sweden (72) and Austria (65).



Sewage

You can read more about [wastewater](#) measurements on SSI's website for monitoring [SARS-CoV-2](#)

Please note that as of 3.1.2022, a new PCR test has been used. Therefore, the results from before and after 3.1.2022 can not be compared directly.

Figure 19. Covid-19: Incidence and results from waste-water surveillance, 2021/2022

Figure 19. Covid-19: incidence and results from wastewater measurements, 2021/2022

Covid-19 incidens og resultater fra spildevandsmålinger

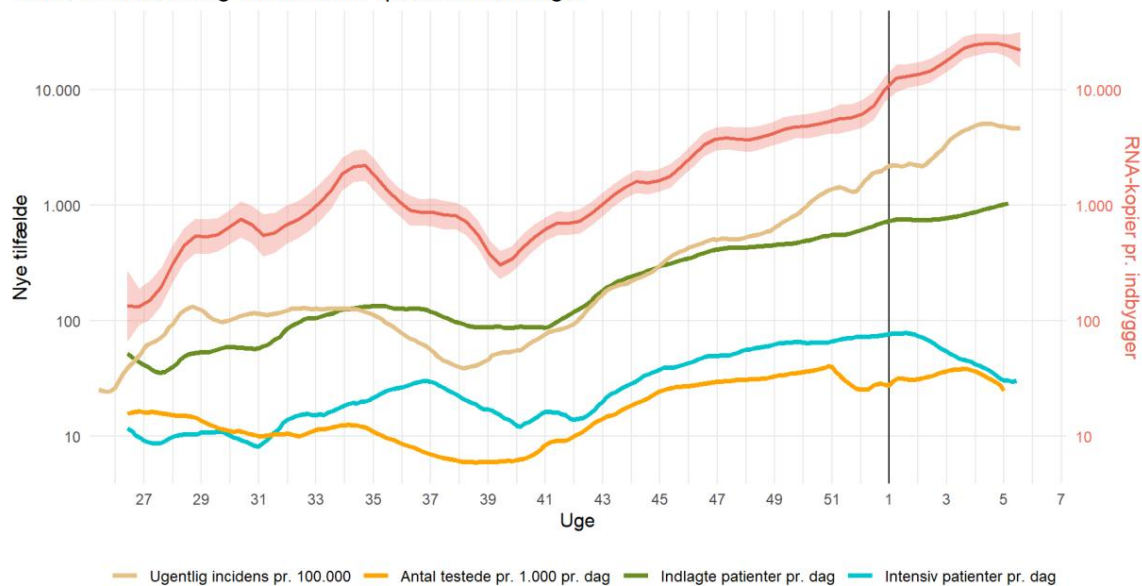




Figure 20. Covid-19. Results from waste-water surveillance by region, 2021/2022.

Figure 20. Covid-19: Results from wastewater measurements by regions, 2021/2022

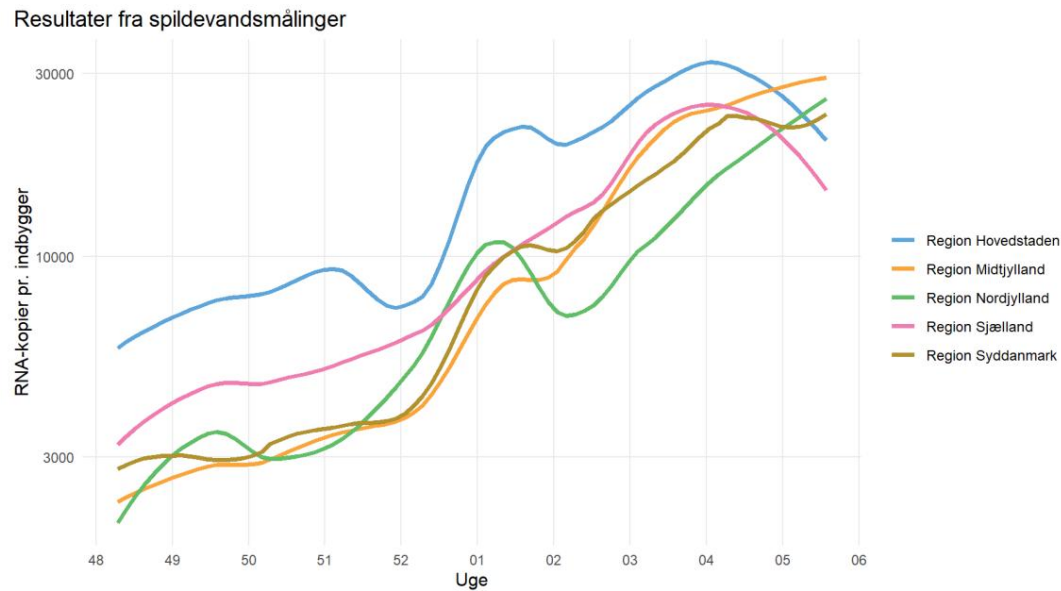
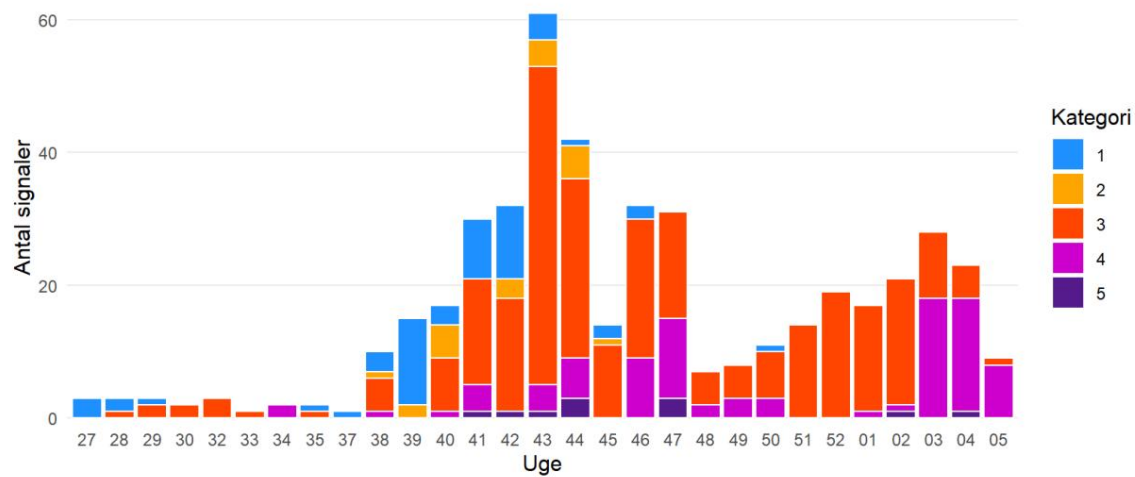


Figure 21. Covid-19: Signal categories from waste-water surveillance, 2021/2022.

Figure 21. Covid-19: signal categories from wastewater measurements, 2021/2022





Data basis

Covid-19

This report is based on PCR-confirmed cases.

Data for the most recent week are drawn on the preparation date. Data is not updated backwards unless otherwise stated. Data for positive PCR tests are calculated on the sample date, and therefore there may be some samples from the most recent week for which no response has yet been received. However, it is considered that the data is sufficient to assess trends and signals. It is also assessed that backward changes in data are small and insignificant in relation to the conclusions in the report.

The positive percentage is calculated so that a person can only contribute with one negative test per week. Individuals with previous covid-19 infection are not included in the calculation.

Definition of incidents in the report

In this report, the following method has been used to calculate the incidents per week:

When describing the country, region and age incidents in the report, the number of confirmed cases in the week in question (7 days calculated on a test date) per 100,000 inhabitants has been used.

Populations for calculating incidence

To be part of the underlying population, several criteria must be met, including that:

- the person must have a valid municipal code that matches an existing one commune
- gender must be stated
- the person must have a valid road code.

The persons included are therefore persons who meet the above criteria, have a valid civil registration number and are resident in Denmark. The population is based on the cpr register and is updated monthly.



Growth rates in the municipalities

The analysis is based on the public infection figures, calculated per municipality (COVID-19 monitoring data¹). For each day in the past 7 days, the number of positives and the number of tests, respectively, are calculated. Subsequently, the total number of positives in the past 7 days has been converted to incidents per 100,000 inhabitants in the municipality (7-day incidents), as well as to a positive percentage in the municipality. It is noted that here an average of 7-days positive percentage rather than the daily positive percentages. Furthermore, it is noted that the data source used does not yet include reinfections, which is less important, however, as relative changes are considered.

As a simple estimate of the change over time, the change is calculated from a 7 day period relative to the previous 7 day period.

The comparison of 7-day incidents has been chosen not to include the weekly variation, where the incidence is higher on the weekdays where relatively more testing takes place.

Definition of covid-19-related admissions in SSI's covid 19 monitoring

For a more detailed definition of covid-19 admissions, see the [Focus Report on COVID 19-related hospital admissions during the SARS-CoV-2 epidemic](#), published d.6. January, 2022.

Characterization of covid-19-related admissions based on hospital diagnoses - development of new algorithm Covid-19-related admissions will be divided into 3 categories via this algorithm:

- Covid-19 diagnosis: Patients who have been diagnosed with covid-19, and thus have been assessed by the attending physician to be ill with covid-19.
- Respiratory diagnosis or observation (obs) for covid-19: Patients diagnosed with another respiratory disease where the symptoms are completely or partially overlapping with covid-19, or where covid-19 is suspected.
- Other diagnosis: Patients who have not been diagnosed with covid-19 or a diagnosis of respiratory disease or observation of covid-19, but instead have completely different diagnoses during hospitalization, e.g. fracture, pregnancy or concussion.

In the day-to-day monitoring of the SARS-CoV-2 epidemic, SSI has defined a covid-19 related hospitalization as a hospitalization among individuals with a positive SARS-CoV-2-test taken from 14 days before admission or during admission. If a positive SARS-CoV-2 test is detected in the period 14 days before to 48 hours after

¹ <https://covid19.ssi.dk/overvagningsdata/download-fil-med-overvaagningdata>



the time of admission, the covid-19-related admission starts at the time of admission. Patients who test positive for SARS-CoV 2 during hospitalization more than 48 hours after the time of hospitalization are also registered with a covid 19-related hospitalization, but here the hospitalization date is considered to be equal to the test date (the period of 14 days before to 48 hours after is chosen as there is an expected latency period from infection to development of serious illness that may lead to hospitalization).

The inventory of covid-19-related admissions in SSI's monitoring is based on 3 data sources:

- SARS-CoV-2 test results and variant PCR responses from the Danish microbiology database (MiBa).
- Information on admissions registered in the National Patient Register (LPR).
- Snapshot data from the regions that twice daily provide an overview of hospitalized covid-19 patients.

When it is established whether a patient has been admitted with covid-19, another respiratory or obs diagnosis or other diagnosis, the registration will always take place with a delay in relation to the time of admission. Therefore, it must take 14 days before the data is accurate, which means that this data is older than the other data in the report.

Data for covid-19 related treatment of new admissions to intensive care are provided from the Danish Intensive Covid Database and the Danish Intensive Database. Data are collected by manually collecting patients' medical records. For data collection method, see <http://www.cric.nu/danish-icu covid-19-report/>. Data for intensive care units by variant type are based on another database, where, for example, intensive care units also include patients who have received intensive care but have not been admitted to an intensive care unit. Therefore, there may be differences in the number of entries between the tables.

Sars-CoV-2 variants

The section "Sars-CoV-2 variants" is based on results from whole genome sequencing.

Data for the most recent week are drawn on the preparation date. Data is continuously updated backwards as results from sequencing are added. Data are calculated on a sample date, and therefore there may be some samples from the most recent week for which no response has yet been received. However, it is considered that the data is sufficient to assess trends and signals. It is also assessed that backward changes in data are small and insignificant in relation to the conclusions in the report.

Covid-19-related admissions to psychiatry

From 11 January onwards, there will be a separate inventory of covid-related admissions to psychiatry on SSI's dashboard. Data on the dashboard is based on



the regions' daily reports of snapshot data up to the day before. SSI continuously prepares a qualification of the covid-related admissions in inpatients with a covid diagnosis, inpatients with a respiratory diagnosis or obs covid diagnosis.

Mortality

Calculation of deaths with and by covid-19

In the daily counts of covid-19-related deaths, all deaths that have occurred among persons with at least one positive PCR test within the last 30 days are counted. The definition of covid-19-related death is international standard, has been in use since the beginning of the epidemic and is relatively easy to use in practice.

However, with a high incidence of covid-19, the definition will include a number of individuals who have tested positive but who have died of other causes. Based on the number of deaths per week and the incidence of covid-19 infection, it can be calculated using probability mathematics how many people have died "of" covid-19, and how many have died "of" covid.

The analysis assumes that all individuals in the group have the same probability of testing positive and the same probability of dying during the period - or at least that the two variables are independent. Younger (0-39-year-olds) have e.g. ca. 20% probability of testing positive during the period and at the same time very low probability of death, while the elderly (65 + - year olds) only has approx. 2.5% probability of testing positive and at the same time significantly higher risk of death. It is therefore necessary to perform the analysis for each age group separately. In the analysis, we have for practical reasons chosen to use the age groups 0-19, 20-39, 40-59, 60-69, 70-79 and 80+ -year-olds. The exact choice of age groups will not significantly affect the final result, but if the method is used without age division, completely useless answers will appear.

The age-specific 30-day incidence of positive covid-19 test is taken from SSI's weekly inventories. The weekly age-specific information on the number of deaths among test-positive individuals is retrieved at the same place. The total weekly age-specific deaths are taken from SSI's contribution to the EuroMOMO monitoring and apply EuroMOMO's normal method of correction for delays in the registration of deaths.

Further details about the methods and interpretations used can be requested from SSI and PandemiX Research Center at Roskilde University Center.

Validation of Covid-19 died, cf. the Cause of Death Register

Another way to determine how many have died "of" covid-19 and how many have died "of" covid-19 is by using death certificates. Data from the Cause of Death Register via the Danish Health and Medicines Authority include deaths, where one of the following ICD10 codes on the death certificate is marked as the underlying cause:

- Covid-19 infection without indication of location
- Covid-19 severe acute respiratory syndrome
- Coronavirus infection without specification
- Covid-19, virus identified



- Covid-19, virus not identified

Death is included if 30 days or less have passed since the positive SARS-CoV 2 test.

Breakthrough infections

Number of people is the number of people on the first Monday of a given week. A person who changes age group or vaccine status during the week will not appear in more places.

A person contributes with risk time as long as the person is alive, resident in Denmark (cpr register) and up to 30 days after the first positive PCR test.

Vaccination status

Reservations and explanation of data on the number of confirmed cases, hospitalizations and deaths in relation to vaccination status in the individual age groups:

Data for confirmed cases, hospitalized or dead by vaccination status are calculated for the individual age groups on vaccination status. In order to be able to calculate incidence on a weekly basis, vaccination status is maintained at the beginning of the week in question (Monday in the calculated week), and a person who is vaccinated during the week does not change vaccination status until Monday of the following week.

Completely vaccinated is defined as a completed primary vaccination program, ie. people who have been revaccinated will be included in the group of fully vaccinated. Expected full effect of vaccination is defined as 14 days after completion of vaccination for all vaccine types.

Please note that in the section Breakthrough infections, two figures are shown, where the value of the y-axes is very different.

Special staff groups

The variable 'Number of confirmed cases' is time-independent of 'Number of cases without vaccination' and is tested positive. Numbers of cases with expected full effect of vaccination, because persons who are tested positive, while vaccination adherence is the current vaccination status at the time of enumeration. The number of people with status as 'Number of cases without vaccination' and 'Number of cases with expected full effect of vaccination', respectively, may therefore change retroactively, which is why there may be deviations for the individual weeks if statements from different weeks are compared. Comparison of weekly development may therefore be subject to uncertainty, and the figures for 'Number of confirmed cases' and 'Number of cases with expected full effect of vaccination' are not an expression of breakthrough infections.



Nursing home

Full effect after primary vaccination course is calculated from 14 days after the last vaccination in the primary vaccination course and until the day before the date of revaccination. Full effect after revaccination is calculated from 14 days after the date of revaccination.

School outbreaks

Every Tuesday, an overview of possible outbreaks in schools is published on SSI's website . Here you will also find documentation and definitions.

Sewage

Trend analyzes

SARS-CoV-2 virus concentrations in wastewater are measured as the number of RNA copies per liter of wastewater. The trend analyzes are carried out by giving the wastewater measurements from each treatment plant a weight, in relation to the number of residents in the catchment area, after which they are added together. The combined measurements are then presented in a graph showing the results in virus concentration over time.

As of 3.1.2022, a new PCR test has been taken into use. Therefore, the results from before and after 3.1.2022 can not be compared directly.

Identification of signals of local outbreaks

At SSI, a preliminary mathematical model has been developed to identify relevant increases in SARS-CoV-2 in wastewater within a relatively short period of time. The principle is that the current week's average concentration of SARS-CoV-2 in the wastewater is compared with the average of the previous two weeks' concentration of SARS-CoV 2. If the virus concentration has quadrupled, or more, in the current week compared to the previous two weeks , it is interpreted as a signal of increasing infection. It is also interpreted as a signal of increasing infection if SARS-CoV-2 is detected in the wastewater in the current week and has not been detected in the previous two weeks. Currently, there are five signal categories (1-5). Category 1 is a signal where after at least two weeks without detected virus (or extremely little detected virus) SARS-CoV-2 is detected in the wastewater. Categories 2-5 are based on the magnitude of the increase in the number of SARS-Cov-2 RNA copies / L in the wastewater. Category five is the most significant signal based on the best available data base.

Other respiratory diseases

This report is based on people tested.



Data for the most recent week are extracted on the preparation date. Data is not updated backwards unless otherwise stated. Data for positive PCR tests are calculated on the sample date, and therefore there may be some samples from the most recent week for which no response has yet been received. However, it is considered that the data is sufficient to assess trends and signals. It is also assessed that backward changes in data are small and insignificant in relation to the conclusions in the report.

The positive percentage is calculated so that a person who tests positive is only included the first time he or she tests positive per week, while everyone tested in the denominator can only count once per week.

Definition of incidents in the report

In this report, the following method has been used to calculate the incidents per week:

Number of confirmed cases in that week (Monday through Sunday) per 100,000 inhabitants.

The background population is the entire population of Denmark.

Links

Inventories of covid-19 in Denmark can be seen here:

[Covid-19 monitoring figures - updated every Tuesday](#)

[COVIDmeter](#): Citizens' voluntary reporting of symptoms of covid-19. Updated every Thursday at 2 p.m.