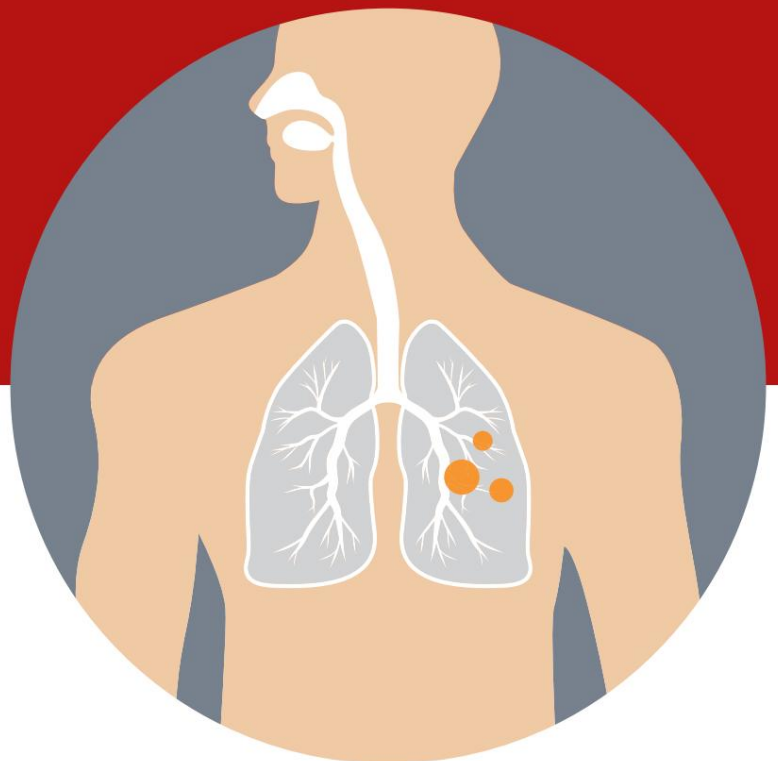


# Weekly trends: covid-19 and other respiratory infections

Week 26 | 2022





# **The epidemiological development of covid-19 and other respiratory infections in Denmark from week 24 to week 25**

Prepared June 28, 2022

Published June 30, 2022



# Table of Contents

Overall assessment .....	3
Summary .....	4
Overall assessment .....	6
Key figures .....	7
Covid-19 .....	7
Other respiratory diseases .....	8
Trends - covid-19 .....	9
Age-distributed incidence, test rates and positive percentage .....	10
Newly admitted .....	12
SARS-CoV-2 variants .....	16
Mortality .....	18
Hospital outbreak .....	23
Nursing homes .....	24
Special staff groups .....	25
Wastewater .....	26
Presumably infected with covid-19 and symptoms .....	28
Data basis .....	32
Covid-19 .....	32
Links .....	37



## Overall assessment

The number of new COVID-19 cases continues increasing between week 24 and 25 but with a lower growth of 27% compared to the latter weeks, and the incidence on a national level has risen to 178 cases per 100,000 inhabitants. Both test activity and positive percentages has risen in week 25 both nationally, regionally and in most age groups.

The number of hospitalizations has increased by 45% in week 25 and patients in age groups 70-89 years constitute the largest groups among the hospitalized. Meanwhile, the proportion of patients admitted because of COVID-19 has increased further to 60% in week 23 (the last week it is possible to create these data for).

Rising case numbers are seen among nursing home residents, and the increase in both number of new cases and positive percentages among personnel in the health care- and social sector continues in week 25.

Overall, we see an increasing incidence and rising positive percentages across age groups and geography. But the growth in case numbers is lower in week 25 compared to the latter weeks and a stabilization in concentrations of SARS-CoV-2 in wastewater samplings is seen. BA.5 accounts provisionally for 70% of the sequenced tests in week 25, and it is estimated that the increasing wide dispersion of infections is still driven by the emergence of BA.5.

On this background there is a continued moderate likelihood of rising SARS-CoV-2 case numbers along with the growth of BA.5 but with signs of decreasing growth rates. However, it remains uncertain how the coming weeks planned large gatherings can influence the spread of infections and thus the development in case numbers. At the same time, there are signs of increasing number of infections in nursing homes and there is a continued growth of case numbers among social- and health personnel. The rise in hospital admissions continues in week 25, and it is still appraised that there is a high risk that rising infection rates could lead to corresponding hospital admissions in the coming weeks.



## Summary

- The number of new cases with covid-19 has increased by 27% between week 24 and week 25, corresponding to the incidence in week 25 being 178 cases per 100,000 inhabitants. The positive percentage increased from 19% in week 24 to 22% in week 25. During the same period, the number of PCR tests increased by 12%.
- The incidence is still highest in the Capital Region (223 per 100,000 inhabitants) and then Region Zealand (187 per 100,000 inhabitants). Both are seen rising incidents and rising positive rates in all five regions. The lowest positive percentage is seen in the Region of Southern Denmark (19.9%) and the highest positive percentage is seen in the Central Jutland Region (23.5%).
- The incidence of infection continues to increase in all age groups, except the 16-19 year olds, where the incidence is stable. The incidence is highest among the 40-79-year-olds (213-282 per 100,000 inhabitants). In the remaining age groups, the incidence is between 19-184 per 100,000 inhabitants with a tendency to lower incidence in the younger ones age groups. The test rate remains stable or slightly increasing in all age groups, and is still highest among the oldest and lowest among children and young people aged 0-19 years. The positive percentage increases in all age groups, except for the 3-5-year-olds where the positive percentage is stable, and the 6-19-year-olds where the positive percentage decreases. The highest positive percentage of 27% is seen among the 50-59-year-olds, and the lowest positive percentage is among the 6-15-year-olds at 5.6%.
- The number of new admissions related to covid-19 has increased by 45% to 456 in week 25. People aged 70-89 continue to constitute the largest group among the new admissions. There is an increase in all age groups except the 10-19-year-olds, where a stabilization is seen. The number of admissions to intensive care units has increased from 4 in week 24 to 12 in week 25.

The proportion of admissions among people admitted due to a covid-19 diagnosis (as opposed to covid-19) has increased from 52% in week 22 to 60% in week 23.

- The number of covid-19-related deaths has increased to a preliminary 23 in week 25 from 15 in week 24. Mortality in Denmark is at a normal level.
- Among nursing home residents, an increasing test rate is seen from 3.1% in week 24 to 4.2% in week 25. The positive percentage is increasing from 3.1% in week 24 to 5.7% in week 25. The number of confirmed cases has also increased from 55 cases in week 24 to 96 in week 25. In the Capital Region, a stable incidence is seen, but there is an increase in the other regions. The number of deaths among residents with covid-19 was 5 in week 24, and is currently 5 in week 25.



- Among special staff groups, there is an increase in the number of confirmed cases in both the social and health sectors. The test rate in the social and health sector is unchanged, while an increasing positive percentage is seen from 12.1% to 16.4% in the social sector and from 19.5% to 20.9% in the health sector between week 24 and week 25.
- BA.5 is the dominant variant, and there is still an increase in the proportion of BA.5 among the sequenced samples, and the variant in week 25 is approx. 70%. The proportion of cases with BA.2.12.1 and BA.4 is fairly stable at approx. 9% and 8% of cases in week 25. However, a reservation must be made that a particularly large number of samples have not yet been sequenced in week 25.
- In week 25, a flattening of SARS-CoV-2 concentration in the wastewater is seen at national level. Divided into regions, a flattening is also seen in SARS-CoV-2-concentration in the wastewater in the four regions (Hovedstaden, Sjælland, Sydjylland and Midtjylland), while in Region Nordjylland there is still increasing SARS-CoV-2-concentration.
- The proportion of COVID-meter user panel who are presumably infected with covid-19 in week 25 is 1.0%, which is an increase from 0.8% in week 24. The test rate among all COVIDmeter participants is 4.7% in week 25, which is an increase from 3.8% in week 24. There is an increase in the positive percentage to 28% in week 25 from 26% in week 24. Among the COVIDmeter participants who are suspected of being infected, the test rate is 64% in week 25, which is an increase from 58% in week 24, while there is also an increase in the positive percentage to 64% in week 25 from 59% in week 24. Divided by regions, the highest proportion is thought to be infected with covid-19 in the Capital Region and the North Jutland Region (1.4%). The North Jutland Region also has the highest positive percentage (31%). Divided by age, the highest proportion presumed to be infected with covid-19 is still seen among the 40-49-year-olds (1.3%). In the age groups 50+ -years, an increase is seen in the proportion who are presumed to be infected from week 24 to week 25. The most common symptoms reported at week 25 were more tired, debilitated or exhausted (3.8%), runny or stuffy nose (3.7%), and headache (3.3%).
- Sentinel monitoring shows that the proportion of samples where respiratory viruses are detected has decreased in week 24 (29%), but it is still parainfluenza and rhinovirus that constituted the two most common viruses among samples from patients with respiratory symptoms taken by the general practitioners involved in sentinel monitoring.



## Overall assessment

The number of new cases of covid-19 continues to increase between weeks 24 and 25, but the growth is 27% lower than in previous weeks, and the incidence in week 25 has increased to 178 cases per 100,000 inhabitants at national level. Both test activity and positive percentages have increased in week 25 at the national and regional level as well as in most age groups.

The number of admissions has increased by 45% in week 25, where the age groups 70-89 years make up the largest proportion among the inpatients. At the same time, the proportion admitted due to covid-19 has further increased to 60% in week 23 (which is the most recent week for which data can be calculated).

There is an increasing incidence among nursing home residents, and an increase in both the number of new cases and in the positive percentage among staff in the health and social sector continues in week 25.

Overall, increasing incidence as well as increasing positive percentages are seen across age groups and geography. However, the growth in the infection is lower in week 25 than it was in the previous weeks, and a stabilization is seen in the concentration of SARS-CoV-2 in the wastewater. BA.5 currently accounts for 70% of the sequenced samples in week 25, and it is estimated that the increasing societal infection continues to be driven by BA.5.

Against this background, there is still a moderate probability that infection with SARS-CoV-2 will increase due to the continued growth of BA.5, but there are signs of declining growth rates.

There is still uncertainty about how the larger events in the coming weeks may affect the spread of infection and thus the development of the infection. At the same time, there are signs of an increasing incidence of infection in nursing homes, and there is a continuing increase in infection among social and health professionals. The increase in admissions continues in week 25, and it is assessed that there is still a high risk that the increasing infection will lead to derivative increases in covid-related admissions in the coming weeks.

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



## key figures

### Covid-19

**Table 1. COVID-19: Key numbers and trends, weekly, 2022**

**Table 1. Covid-19: Key figures and trends, broken down by week, 2022**

Covid-19	2022						Trend week 20-25
	20	21	22	23	24	25	
Incidence pr. 100,000 inhabitants *	7 0	5 6	6 5	9 9	140	178	
Number of tests performed (PCR)	43,041	34,129	33,525	37,349	45,620	51,194	
Confirmed cases (PCR)	4,120	3,260 (8 most common)	3,805	5,830	8,258	10,456	
Positive Percentage (PCR)	10.4	10.4	12.1	16.6	19.4	21.9	

Notes to table: The positive percentage in this table is calculated solely on the basis of PCR tests from the public sector.

\* The population for calculating incidences is described in the data base under the section "Populations for calculating incidence".

**Table 2. COVID-19: Key numbers and trends for hospital admissions and deaths, weekly, 2022**

**Table 2. Covid-19: Key figures and trends for hospitalized and dead, by week, 2022**

Covid-19	2022						Trend week 20-25
	20	21	22	23	24	25	
New hospital admissions	249	201	179	220	315	456	
Number of patients admitted on Monday morning *	318	267	230	222	245	293	
Number of inpatients on intensive Monday morning **	1 0	1 3	9	9	4	1 2	
Number of dead ***	3 8	2 6	2 7	2 5	1 5	2 3	

\* Week 20-22: Data is from Tuesday morning due to problems in data delivery on Monday morning.

\*\* Week 20-22: Due to delays in data, there is a risk that the actual number of inpatients may be slightly higher or lower.

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





## Other respiratory diseases

Data is updated backwards.

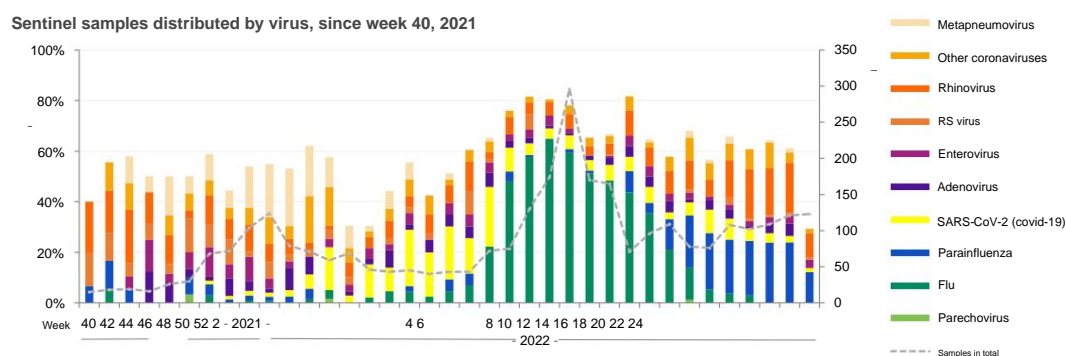
Follow developments in sentinel surveillance - GPs' surveillance of flu-like illness on SSI's [website](#).

**Table 3. Sentinel surveillance: Total number of test, proportion airborne virus infections (%) and proportion of different types of airborne virus infections with 5 or more cases in week 19-24, 2022** Table 3. Sentinel monitoring: total number of samples, proportion of detected respiratory virus (%) and proportion of different types of respiratory virus with 5 or more cases in week 19-24, 2022

	2022 week						Trend week
	19	20	21	22	23	24	19-24
Total number of samples	76	108	102	109	121	123	
Detected respiratory virus (%)	56.6	65.7	60.8	64.2	61.2	29.3	
Detected cases with other coronaviruses (%)	6.6	6.5	7.8	10.1	4.1	1.6	
Detected cases of rhinovirus (%)	6.6	14.8	19.6	18.3	19.8	9.8	
Detected cases of adenovirus (%)	3.9	3.7	1.0	3.7	5.0	0.0	
Detected cases with covid-19 (%)	9.2	8.3	4.9	3.7	2.5	1.6	
Detected cases of parainfluenza (%)	22.4	21.3	21.6	23.9	24.0	12.2	

**Figure 1. Airborne viruses: Sentinel tests across virus types, week 40-24, 2021-2022.**

**Figure 1. Respiratory virus: Sentinel samples by virus, week 40-24, 2021-2022**





## 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 4. COVID-19: Key numbers and trends by region, weekly, 2022**

**Table 4. Covid-19: Key figures and trends for regions, by week, 2022**

Covid-19	Region	2022 week						Trend week 20-25
		20	21	22	23	24	25	
Incidence pr. 100,000 inhabitants	The capital	7.3	6.4	7.1	12.1	17.1	22.3	
	Central Jutland	6.5	5.0	6.1	8.2	13.0	15.5	
	North Jutland	5.2	4.5	4.6	7.0	10.3	14.7	
	Zealand	7.8	6.2	6.7	10.1	13.4	18.7	
	Southern Denmark	6.8	4.5	6.0	8.8	11.8	13.1	
Positive percentage	The capital	9.3	9.8	11.3	17.0	19.7	22.2	
	Central Jutland	12.4	11.7	14.3	17.4	21.6	23.5	
	North Jutland	9.8	10.2	11.0	14.5	18.0	22.7	
	Zealand	10.9	11.1	12.1	15.6	18.9	21.6	
	Southern Denmark	10.9	10.0	12.6	16.9	18.1	19.9	
New hospital admissions	The capital	9.5	8.7	6.1	10.1	12.5	19.2	
	Central Jutland	4.4	2.7	3.9	2.7	5.1	6.6	
	North Jutland	2.3	2.0	1.2	7	2.5	3.4	
	Zealand	4.5	3.9	3.2	4.2	5.9	7.9	
	Southern Denmark	4.2	2.4	3.0	3.9	4.9	7.9	
	Unknown region	0	4	5	4	6	6	



## Age-distributed incidence, test rates and positive percentage

Data is updated backwards.

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

**Figure 2. COVID-19: Age-specific incidence per 100,000 inhabitants**

**Figure 2. Covid -19: Age-specific incidence per 100,000 inhabitants**

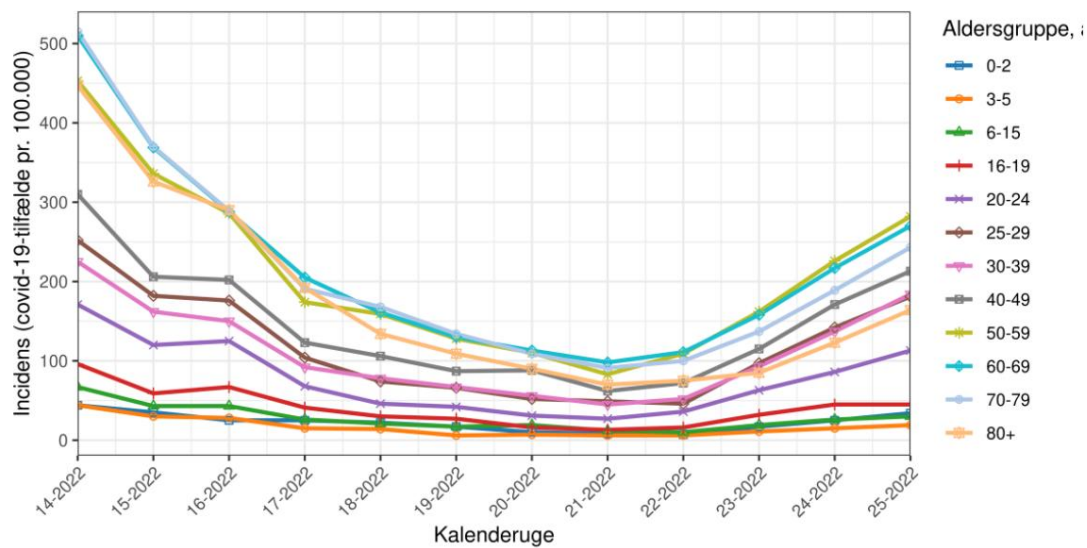




Table 5. Covid-19: Age-specific *incidence per 100,000 inhabitants, test rate and positive percentage*

Table 5. Covid-19: Age-specific incidence per 100,000 population, test rate and positive percentage

Covid-19, age groups	Incidence, test rate (%), positive percentage	2022 week						Trend week 20-25
		20	21	22	23	24	25	
0-2 years	Incidence	10	8	7	17	25	34	
	Test rate	0.2	0.2	0.2	0.2	0.2	0.3	
	Positive percentage	5.1	5.3	4.6	9.1	11.0	13.0	
3-5 years	Incidence	7	6	6	11	15	19	
	Test rate	0.2	0.1	0.1	0.2	0.3	0.3	
	Positive percentage	4.4	4.4	4.3	6.5	6.2	6.4	
6-15 years	Incidence	19	12	10	19	26	30	
	Test rate	0.3	0.3	0.2	0.3	0.4	0.5	
	Positive percentage	6.7	4.7	4.3	7.1	7.0	5.6	
16-19 years	Incidence	16	13	16	32	45	45	
	Test rate	0.3	0.3	0.3	0.3	0.3	0.6	
	Positive percentage	4.7	4.9	6.6	11.0	13.0	7.8	
20-24 years	Incidence	31	27	36	63	86	113	
	Test rate	0.6	0.4	0.5	0.5	0.6	0.6	
	Positive percentage	5.3	6.2	7.7	13.0	15.0	18.0	
25-29 years	Incidence	52	49	46	97	142	181	
	Test rate	0.7	0.6	0.5	0.6	0.8	0.8	
	Positive percentage	7.4	8.5	8.7	16.0	18.0	22.0	
30-39 years	Incidence	56	45	52	93	137	184	
	Test rate	0.7	0.6	0.6	0.6	0.8	0.9	
	Positive percentage	7.8	7.8	8.9	15.0	17.0	21.0	
40-49 years	Incidence	88	62	72	115	171	213	
	Test rate	0.8	0.61	0.6	0.7	0.9	0.9	
	Positive percentage	11.0	10.0	12.0	16.0	20.0	23.0	
50-59 years	Incidence	110	83	109	162	226	282	
	Test rate	0.9	0.7	0.7	0.9	1.0	1.0	
	Positive percentage	12.0	12.0	15.0	19.0	23.0	27.0	
60-69 years	Incidence	113	98	111	158	217	270	
	Test rate	0.9	0.7	0.73	0.8	1.0	1.0	
	Positive percentage	12.0	13.0	15.0	19.0	22.0	26.0	
70-79 years	Incidence	109	91	100	137	189	243	
	Test rate	0.9	0.7	0.7	0.8	0.9	1.0	
	Positive percentage	12.0	13.0	15.0	18.0	21.0	24.0	
80+ years	Incidence	90	70	75	85	123	164	
	Test rate	1.2	1.0	0.9	0.9	1.2	1.4	
	Positive percentage	7.4	6.7	8.2	9.5	10.0	12.0	

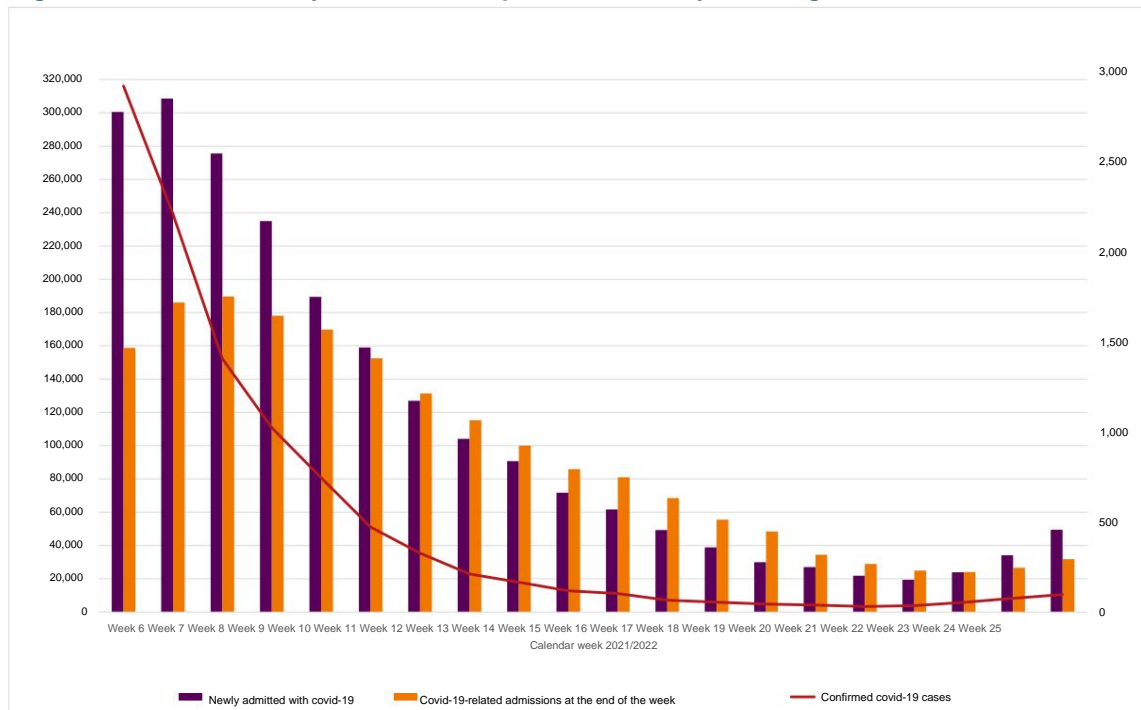


## Newly admitted

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

**Figure 3. COVID-19: PCR-positive hospital admissions (purple), PCR-positive patients in hospital on Monday morning (orange) and confirmed (PCR-positive) cases in population (red)**

**Figure 3. Covid-19: Newly admitted, hospitalized Monday morning and confirmed cases**

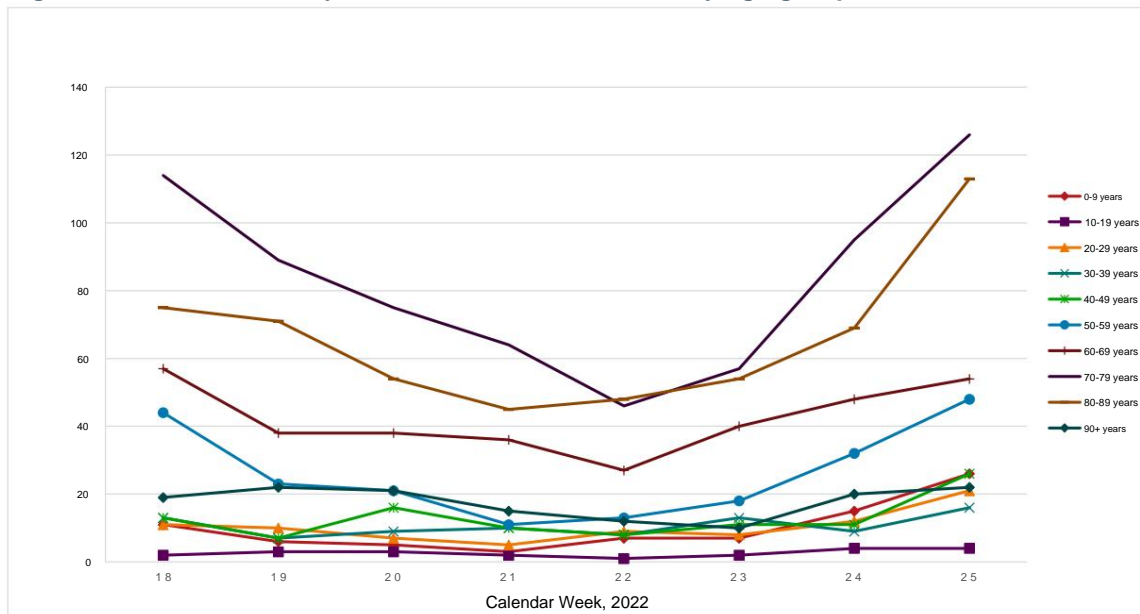


Note to figure: Number of covid-19-related admissions week 20, data were retrieved on Tuesday morning and not Monday morning as in the remaining weeks due to delivery issues.

Due to delays in data for week 21, there is a risk that the actual number of inpatients may be slightly higher or lower.



**Figure 4. COVID-19: Weekly numbers of PCR-positive hospital admissions by age group**  
**Figure 4. Covid-19: Weekly number of new admissions by age group**

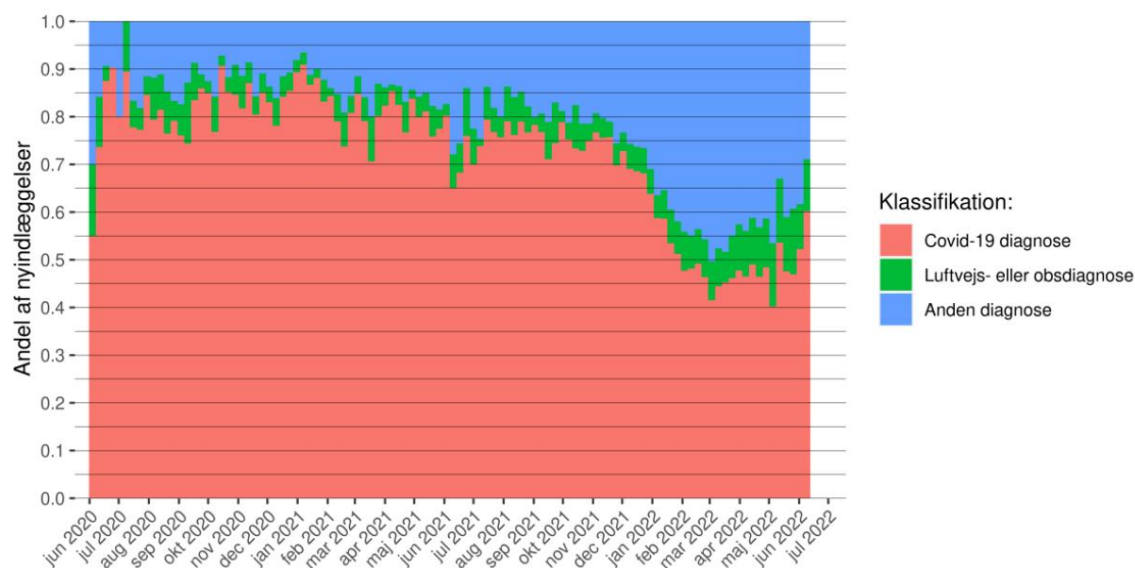




The following figures and tables in this section are updated retrospectively.

**Figure 5. COVID-19: Proportion of hospital admissions with a positive SARS-CoV-2 test with a COVID-19 diagnosis (red), with a respiratory or tentative COVID-19 diagnosis (green), or with another diagnosis (blue), June 1st 2020 to June 12th 2022**

Figure 5. Covid-19: Proportion of new admissions with positive SARS-CoV-2 sample admitted due to covid-19 diagnosis, due to respiratory or obs covid-19 diagnosis, or due to other diagnosis, 1 June 2020 to June 12, 2022



**Table 6. COVID-19: Proportion of PCR-positive hospital admissions with a COVID-19 diagnosis, with a respiratory or tentative COVID-19 diagnosis, or with other diagnosis**

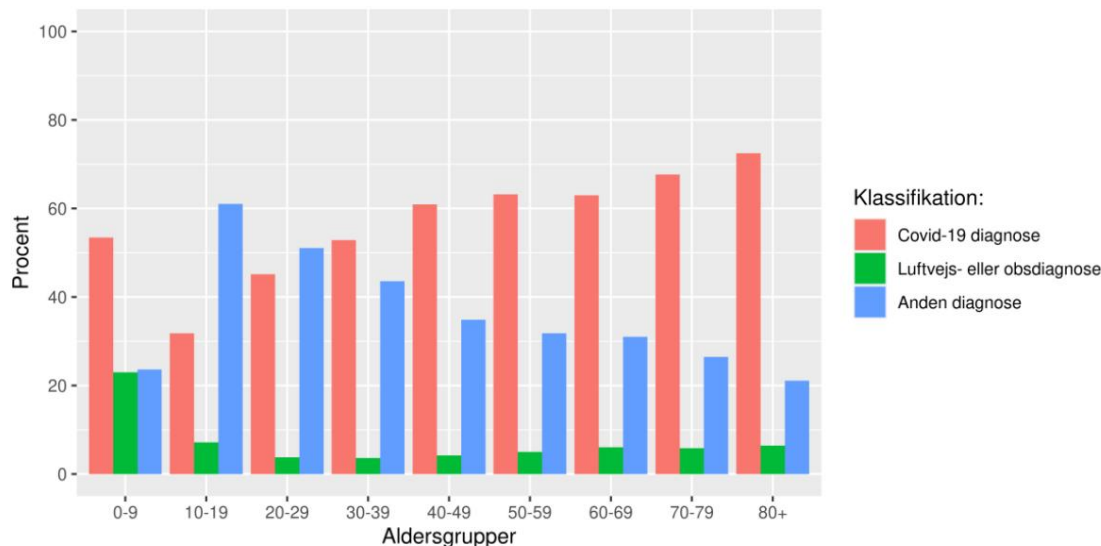
Table 6. Covid-19: Proportion of new admissions with positive SARS-CoV-2 sample admitted due to covid-19 diagnosis, due to respiratory or obs covid-19 diagnosis, or due to other diagnosis

Diagnosis	2022 week						Trend week 18-23
	18	19	20	21	22	23	
Covid-19 diagnosis	40	54	48	47	52	60	
Respiratory or observational diagnosis	13	13	11	14	9	11	
Second diagnosis	47	33	41	39	38	29	









**Figure 6. COVID-19: Proportion of PCR-positive hospital admissions with a COVID-19-diagnosis (red), with a respiratory or tentative COVID-19-diagnosis (green), or with other diagnosis (blue) by age group, June 1st 2020 to June 12th 2022**

Figure 6. Covid-19: Proportion of new admissions with positive SARS-CoV-2 sample admitted due to covid-19 diagnosis, due to respiratory or obs covid-19 diagnosis, or due to other diagnosis divided by age groups, 1 June 2020 to June 12, 2022



**Table 7. COVID-19: Proportion of PCR-positive hospital admissions with a COVID-19-diagnosis (red), with a respiratory or tentative Covid-19 diagnosis (green), or with other diagnosis (blue), by age groups 0-59 and 60+ years old**

Table 7. Covid-19: Proportion of new admissions with positive SARS-CoV-2 samples admitted due to covid-19 diagnosis, or due to respiratory or obs covid-19 diagnosis, or due to other diagnosis, divided by age groups 0-59-year-olds and 60+ -year-olds

Diagnosis / age groups	2022 week						Trend week
	18	19	20	21	22	23	18-23
0-59-year-olds							
Covid-19 diagnosis	26.1	31.6	36.1	35.0	52.8	54.5	
Respiratory or observational diagnosis	18.5	15.8	11.5	2.5	13.2	9.1	
Second diagnosis	55.4	52.6	52.5	62.5	34.0	36.4	
60+ year olds							
Covid-19 diagnosis	45.0	59.4	51.4	50.0	52.0	62.2	
Respiratory or observational diagnosis	11.4	12.8	11.4	16.7	8.1	11.5	
Second diagnosis	43.5	27.9	37.3	33.3	39.9	26.3	





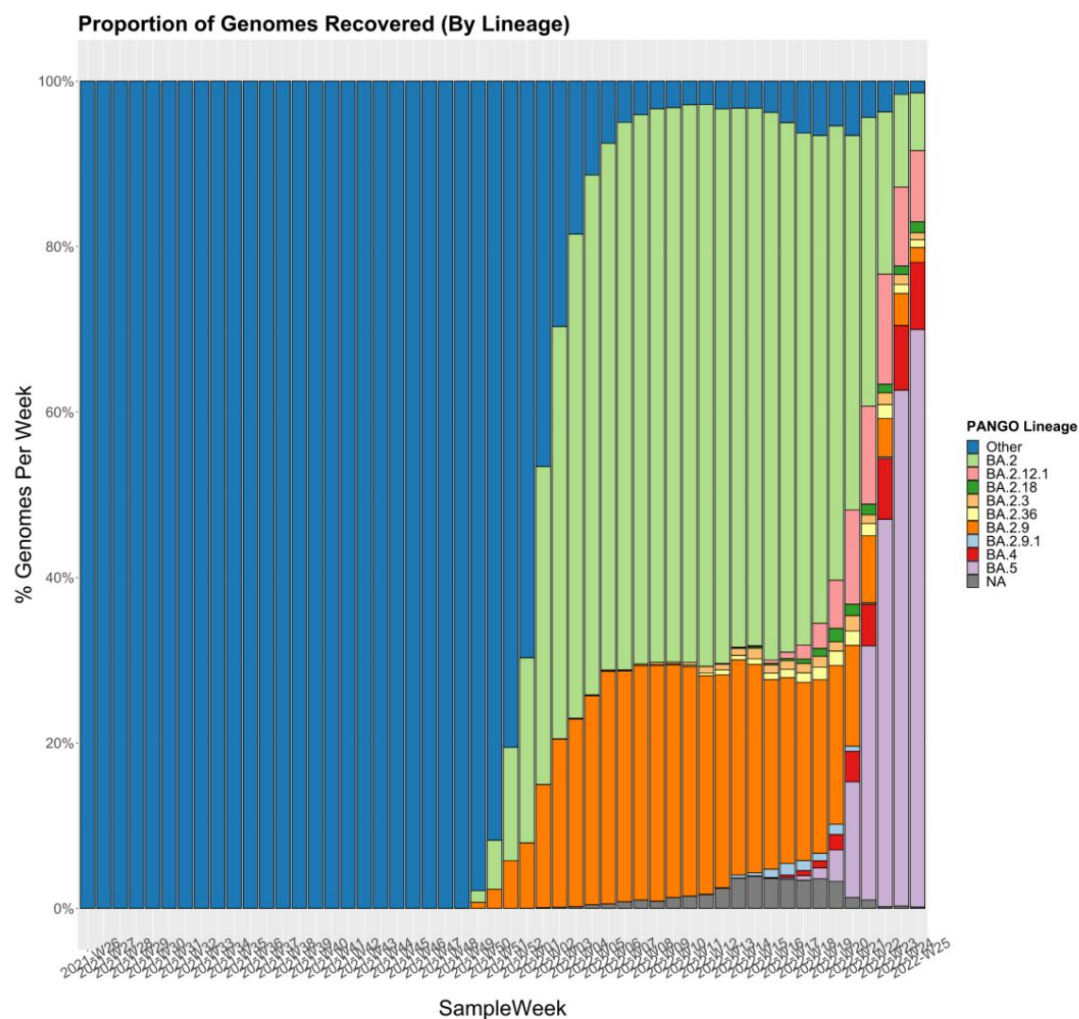
## SARS-CoV-2 variants

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

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

**Figure 7. COVID-19: The 10 most frequently observed (sub) variants based on whole genome sequencing data**

**Figure 7. Covid-19: The 10 most frequently observed (sub) variants based on whole genome sequencing data**





**Table 8. COVID-19: The most frequently observed sub (variants) based on whole-genome sequencing data for the last four weeks, 2022**

**Table 8. Covid-19: The most frequently observed (sub) variants based on whole genome sequencing data in the last four weeks, 2022**

The most frequently observed (sub) variants based on whole genome sequencing data in the last 4 weeks					
Lineage	WHO	22	23	24	25
BA.5	Omicron	692 (30.71%)	1691 (46.80%)	3460 (62.33%)	739 (69.78%)
BA.2	Omicron	786 (34.89%)	709 (19.62%)	622 (11.21%)	74 (6.99%)
BA.2.12.1	Omicron	267 (11.85%)	481 (13.31%)	530 (9.55%)	91 (8.59%)
BA.4	Omicron	113 (5.02%)	266 (7.36%)	434 (7.82%)	86 (8.12%)
BA.2.9	Omicron	183 (8.12%)	168 (4.65%)	214 (3.86%)	19 (1.79%)
BA.2.3	Omicron	24 (1.07%)	52 (1.44%)	67 (1.21%)	9 (0.85%)
BA.2.36	Omicron	33 (1.46%)	60 (1.66%)	60 (1.08%)	10 (0.94%)
BA.2.18	Omicron	29 (1.29%)	37 (1.02%)	57 (1.03%)	14 (1.32%)
BA.2.38	Omicron	7 (0.31%)	29 (0.80%)	20 (0.36%)	5 (0.47%)
BA.2_212insSGR	Omicron	23 (1.02%)	8 (0.22%)	17 (0.31%)	2 (0.19%)
BA.2.23	Omicron	12 (0.53%)	26 (0.72%)	12 (0.22%)	4 (0.38%)
BA.5.1	Omicron	1 (0.04%)	7 (0.19%)	10 (0.18%)	1 (0.09%)
BA.2.13	Omicron	8 (0.36%)	7 (0.19%)	5 (0.09%)	3 (0.28%)
BA.2.31	Omicron	13 (0.58%)	10 (0.28%)	5 (0.09%)	1 (0.09%)
BA.2.40.1	Omicron	7 (0.31%)	2 (0.06%)	5 (0.09%)	0 (0.00%)
BA.2.7	Omicron	3 (0.13%)	7 (0.19%)	5 (0.09%)	0 (0.00%)
BA.2.12	Omicron	0 (0.00%)	1 (0.03%)	3 (0.05%)	0 (0.00%)
BA.2.10.1	Omicron	4 (0.18%)	3 (0.08%)	2 (0.04%)	0 (0.00%)
BA.2.24	Omicron	1 (0.04%)	0 (0.00%)	2 (0.04%)	0 (0.00%)
BA.2.3.2	Omicron	0 (0.00%)	0 (0.00%)	2 (0.04%)	0 (0.00%)
BA.2.32	Omicron	0 (0.00%)	3 (0.08%)	2 (0.04%)	0 (0.00%)
BA.2.8	Omicron	2 (0.09%)	0 (0.00%)	2 (0.04%)	0 (0.00%)
XM	Recombinant	1 (0.04%)	3 (0.08%)	2 (0.04%)	0 (0.00%)
AY.4.2	Delta	0 (0.00%)	0 (0.00%)	1 (0.02%)	0 (0.00%)
BA.1.1.1	Omicron	0 (0.00%)	0 (0.00%)	1 (0.02%)	0 (0.00%)
BA.2.10	Omicron	0 (0.00%)	0 (0.00%)	1 (0.02%)	0 (0.00%)
BA.2.11	Omicron	0 (0.00%)	5 (0.14%)	1 (0.02%)	0 (0.00%)
BA.2.14	Omicron	10 (0.44%)	6 (0.17%)	1 (0.02%)	0 (0.00%)
BA.2.2	Omicron	1 (0.04%)	7 (0.19%)	1 (0.02%)	0 (0.00%)
BA.2.20	Omicron	0 (0.00%)	0 (0.00%)	1 (0.02%)	0 (0.00%)
BA.2.28	Omicron	3 (0.13%)	0 (0.00%)	1 (0.02%)	0 (0.00%)
BA.2.37	Omicron	0 (0.00%)	0 (0.00%)	1 (0.02%)	0 (0.00%)
BA.2.41	Omicron	4 (0.18%)	0 (0.00%)	1 (0.02%)	0 (0.00%)
BA.2.9.1	Omicron	4 (0.18%)	7 (0.19%)	1 (0.02%)	0 (0.00%)
BA.2.9.2	Omicron	0 (0.00%)	0 (0.00%)	1 (0.02%)	1 (0.09%)
XG	Recombinant	6 (0.27%)	2 (0.06%)	1 (0.02%)	0 (0.00%)
BA.2.1	Omicron	2 (0.09%)	3 (0.08%)	0 (0.00%)	0 (0.00%)
BA.2.22	Omicron	1 (0.04%)	0 (0.00%)	0 (0.00%)	0 (0.00%)
BA.2.23.1	Omicron	2 (0.09%)	0 (0.00%)	0 (0.00%)	0 (0.00%)
BA.2.27	Omicron	2 (0.09%)	0 (0.00%)	0 (0.00%)	0 (0.00%)
BA.2.33	Omicron	0 (0.00%)	1 (0.03%)	0 (0.00%)	0 (0.00%)
BA.2.34	Omicron	2 (0.09%)	0 (0.00%)	0 (0.00%)	0 (0.00%)
BA.2.35	Omicron	0 (0.00%)	4 (0.11%)	0 (0.00%)	0 (0.00%)
BA.2.40	Omicron	0 (0.00%)	1 (0.03%)	0 (0.00%)	0 (0.00%)
BA.2.5	Omicron	6 (0.27%)	5 (0.14%)	0 (0.00%)	0 (0.00%)
BA.2.6	Omicron	1 (0.04%)	2 (0.06%)	0 (0.00%)	0 (0.00%)
Total		2253	3613	5551	1059

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

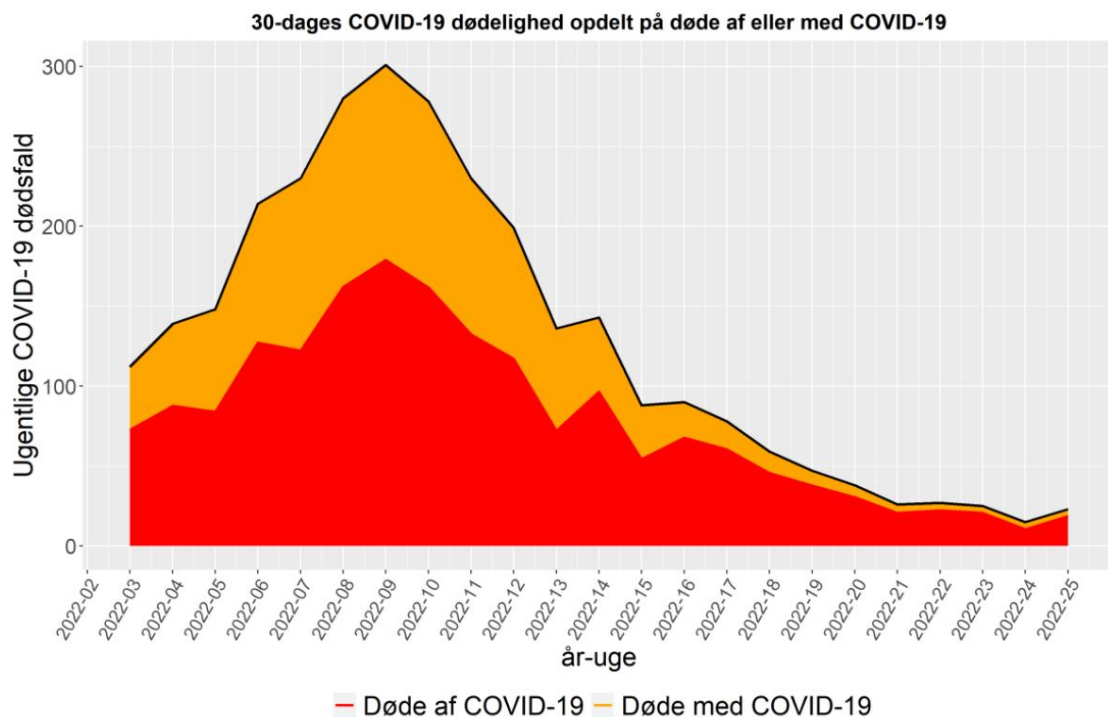


## Mortality

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. See also [note on mortality](#). In addition, SSI contributes with mortality monitoring together with 26 other European countries ([www.euromomo.eu](http://www.euromomo.eu)).

**Figure 8. COVID-19: Estimated deaths due to or with COVID-19, by week. Calculated number of deaths directly related to COVID-19 infection (red), calculated number of deaths unrelated to COVID-19 infections (orange), 2022**

Figure 8. Covid-19: Estimated deaths of or with covid-19 and proportion of all covid-19-recorded deaths calculated as non-covid-19-related, broken down by weeks, 2022

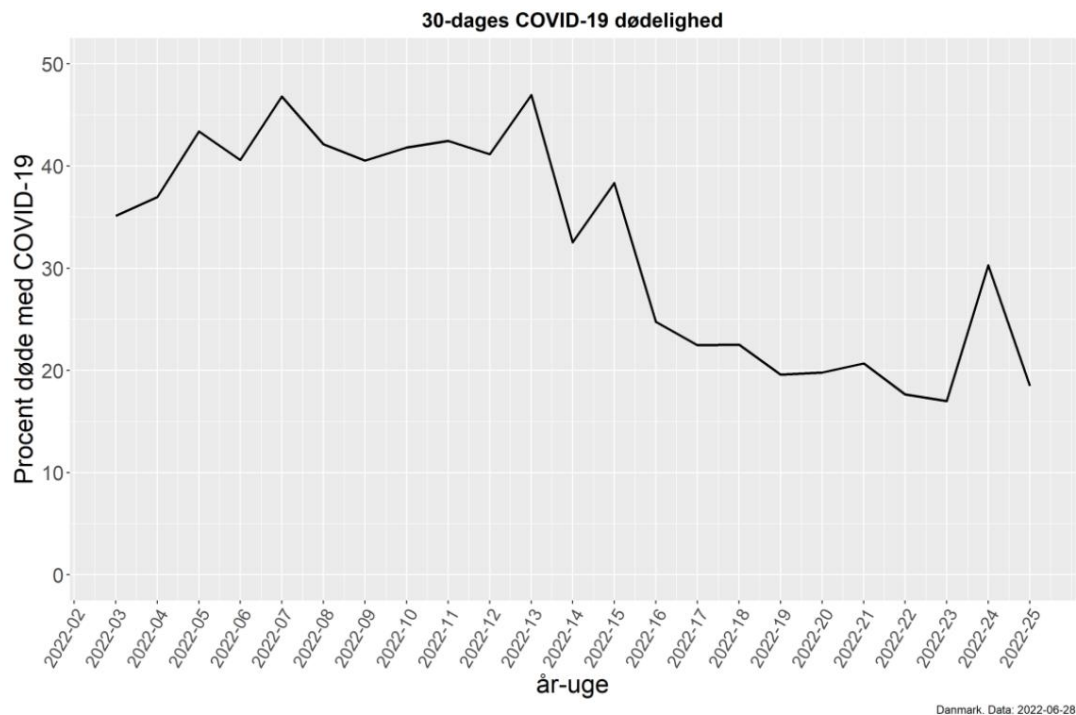


Note: Calculation performed on the basis of a model from PandemiX Research Center, RUC in collaboration with EuroMOMO, SSI.



**Figure 9. COVID-19: Estimated proportion of all COVID-19-registered deaths estimated not related to COVID-19, by week, 2022**

Figure 9. Covid-19: Estimated share of all covid-19-registered deaths calculated as non-covid-19-related, broken down by weeks, 2022



Note: Calculation performed on the basis of a model from Pandemix Research Center, RUC in collaboration with EuroMOMO, SSI.



**Table 9. COVID-19: Estimated deaths with positive SARS-CoV-2 test within 30 days, total. Deaths due to (caused by) COVID-19. Deaths with (ie not caused by) COVID-19. Proportion of deaths with COVID-19**

**Table 9. Covid-19: Estimated deaths with positive covid-19 PCR test within 30 days, total, deaths "of" and "with" covid-19 and proportion of deaths with covid-19**

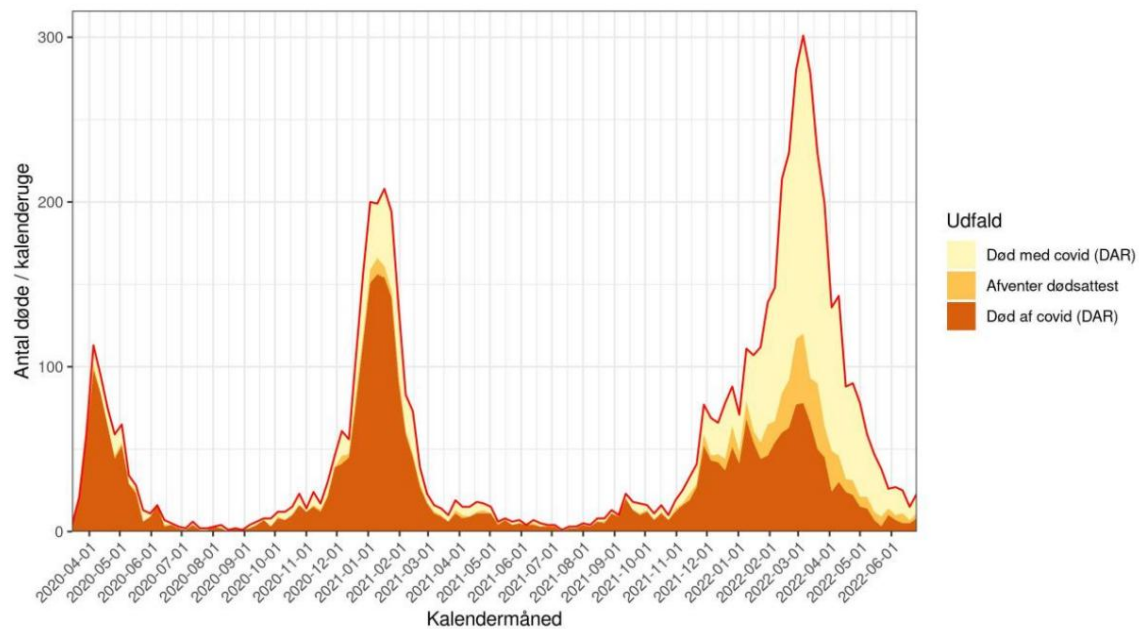
2022, week	covid-19-PCR -test	Deaths "of" covid-19	Deaths "with" covid-19	Percentage (%) of deaths "with" covid-19
	within 30 days, total			
13	136	72	64	47.0
14	143	96	47	32.6
15	88	54	34	38.4
16	90	68	22	24.8
17	78	60	18	22.5
18	59	46	13	22.5
19	47	38	9	19.6
20	38	30	8	19.8
21	26	21	5	20.7
22	27	22	5	17.7
23	25	21	4	17.0
24	15	10	5	30.3
25	23	19	4	18.5

Note: Calculation performed on the basis of a model from PandemiX Research Center, RUC in collaboration with EuroMOMO, SSI.



**Figure 10. COVID-19: Deaths by and with COVID-19 based on death certificates (DAR: The Cause of Death Register). Death not related to COVID-19-infection (light), death related to COVID-19-infection (dark), 2020-2022**

**Figure 10. Covid-19: Deaths by and including covid-19 based on death certificates, 2020-2022**

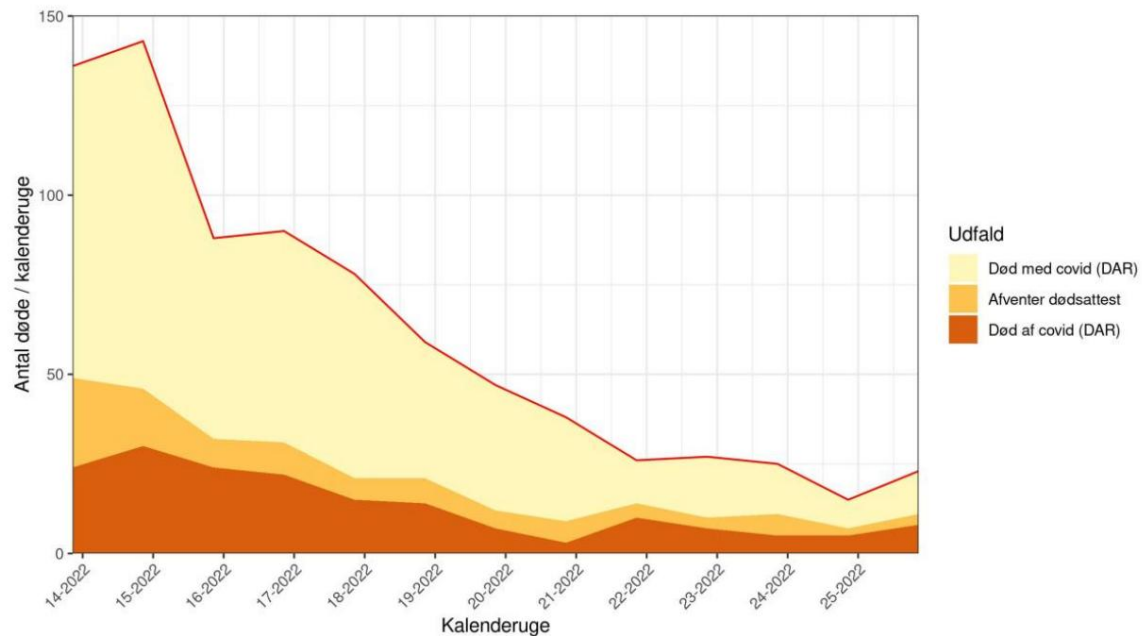


Note: Prepared on the basis of data from the Cause of Death Register (DAR) via the Danish Health and Medicines Authority



**Figure 11. COVID-19: Deaths by and with COVID-19 based on death certificates (DAR: The Cause of Death Register). Death not related to COVID-19-infection (light), death related to COVID-19-infection (dark), 2022**

**Figure 11. Covid-19: Deaths by and including covid-19 based on death certificates, 2022**



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



## Hospital outbreaks

**Table 10. COVID-19: Outbreaks at hospitals**

**Table 10. Covid-19: hospital outbreaks**

Hospital outbreaks	2022 week					
	20	21	22	23	24	25
Number of outbreaks (out of 12 infection control units)	3	3	-	4	2	8
Of which no outbreak	3	3	-	2	0	6
Of which units with eruptions	0	0	-	2	2	2
Total number of outbreaks	0	0	-	2	6	2
Number of major outbreaks (> 20 infected, patients and / or staff)	0	0	-	0	0	0
Number of medium-sized outbreaks (11 to 20 infected, patients and / or staff)	0	0	-	0	0	0
Number of minor outbreaks (≤10 infected, patients and / or staff)	0	0	-	2	6	2





## Nursing home

Data is updated backwards.

**Table 11. COVID-19 at nursing homes**

**Table 11. Covid-19 in nursing homes**

Covid-19, nursing home	2022 uge						Trend week 20-25
	20	21	22 23	24	25		
Confirmed cases among residents	52	50	36	50	55	96	
Test rate among residents (%) *	3.1	2.7	2.2	2.0	3.1	4.2	
Positive percentage among residents *	4.2	4.6	4.0	6.3	4.4	5.7	
Deaths among confirmed cases	9	6	5	7	5	5	
Nursing homes with confirmed cases	30	26	18	21	32	42	

Data is drawn the night before Tuesday, with the other data in the table drawn on Tuesday morning, and the background population is defined a bit different, cf. data basis

**Table 12. COVID-19 at nursing homes by region**

**Table 12. Covid-19 in nursing homes by regions**

Covid-19, nursing home	Region	2022 week						Trend week 20-25
		20	21	22 23	24	25		
Confirmed cases among residents	The capital	11	11	15	21	23	24	
	Central Jutland	8	18	4	3	10	24	
	North Jutland	19	6	0	1	5	15	
	Zealand	5	2	1	0	3	8	
	Southern Denmark	9	13	16	25	14	25	
Test rate among residents (%)	The capital	3.9	3.6	3.1	3.1	5.3	5.5	
	Central Jutland	1.8	2.6	2.3	1.4	1.3	2.8	
	North Jutland	5.7	3.6	1.3	1.4	2.5	4.4	
	Zealand	2.0	1.5	1.6	1.0	0.8	3.1	
	Southern Denmark	2.5	1.9	1.9	1.9	3.7	4.6	
Positive percentage among residents	The capital	2.3	2.5	4.0	5.5	3.6	3.6	
	Central Jutland	4.8	7.7	1.9	2.4	8.7	9.4	
	North Jutland	6.9	3.5	0.0	1.5	4.1	7.1	
	Zealand	4.5	2.4	1.2	0.0	6.7	4.7	
	Southern Denmark	4.2	7.8	9.7	15.1	4.4	6.3	

Note: Data are drawn the night before Tuesday, where other data in the table are drawn on Tuesday morning.



## Special staff groups

Data is updated backwards.

**Table 13. COVID-19: Confirmed cases, incidence per 100,000 inhabitants, test rate and positive percentage among specific employees** Table 13. Covid-19: confirmed cases, incidence per 100,000 inhabitants, test rate and positive percentage among special staff groups

Covid-19, special staff groups	Confirmed cases, incidence per 100,000, test rate (%), positive percentage	2022 week						Trend week 20-25
		20	21	22	23	24	25	
Social sector	Confirmed cases	155	125	142	215	295	339	
	Incidence	89	73	82	124	170	196	
	Test rate	1.9	1.6	1.5	1.4	1.4	1.2	
	Positive percentage	4.7	4.6	5.5	9.0	12.1	16.4	
Health sector	Confirmed cases	220	173	183	354	492	558	
	Incidence	124	98	104	199	277	315	
	Test rate	1.3	0.9	1.0	1.1	1.4	1.5	
	Positive percentage	9.8	11.1	10.8	18.4	19.5	20.9	



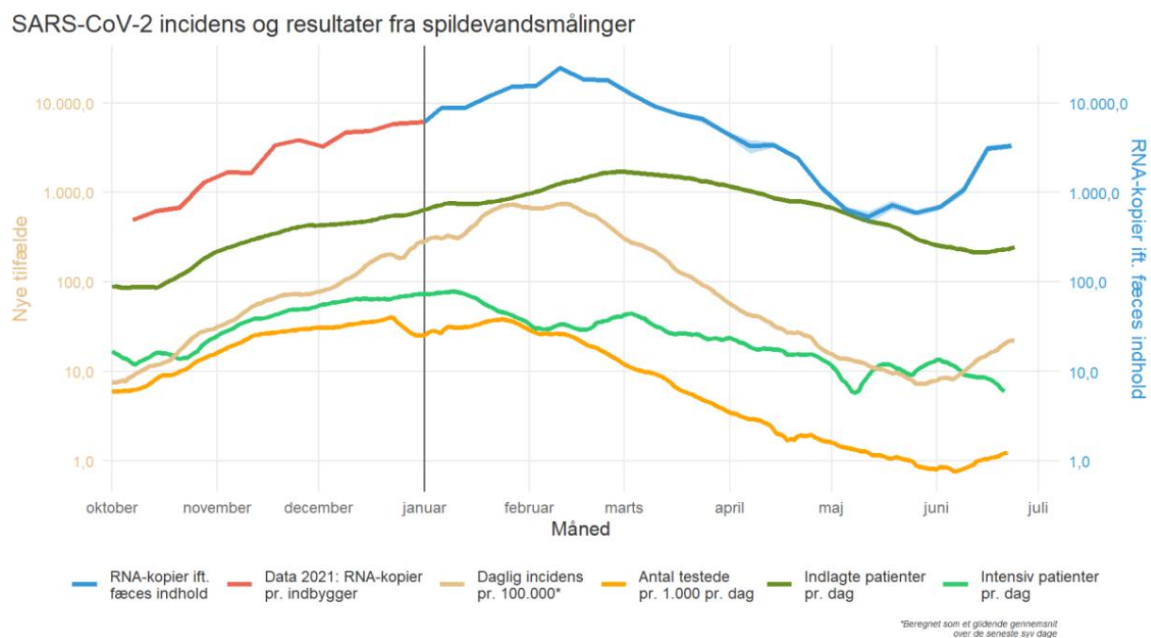
## Sewage

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

Please note that in week 1 and week 16 2022 there are changes in test and calculation methods. For further explanation see the data base.

**Figure 12. COVID-19: Incidence and results from waste-water surveillance, 2021/2022**

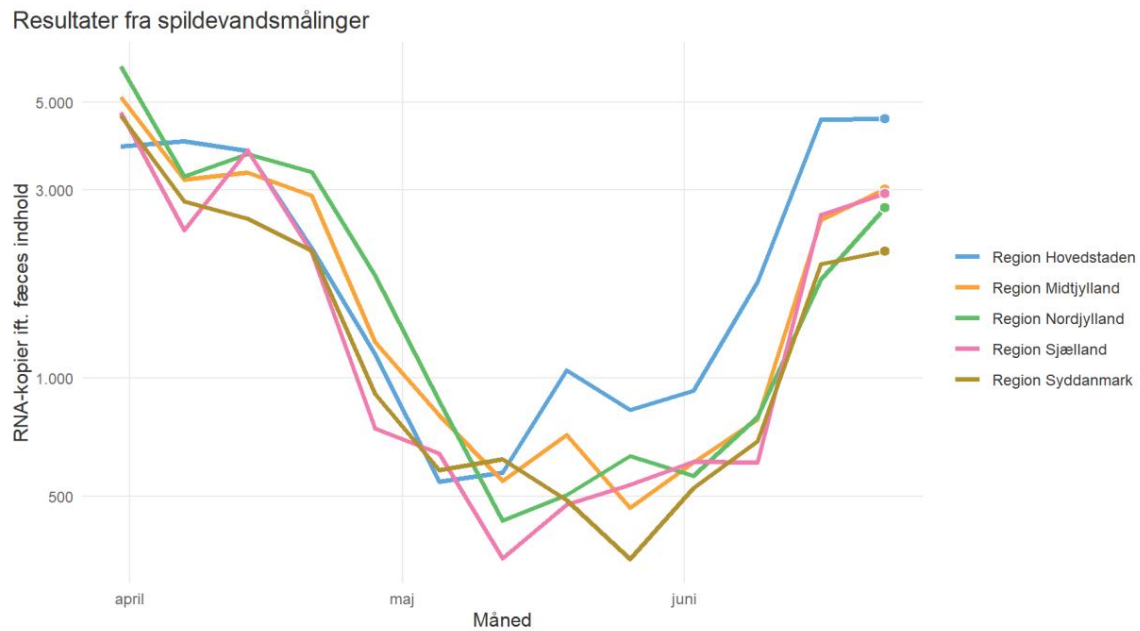
**Figure 12. Covid-19: incidence and results from wastewater measurements, 2021/2022**





**Figure 13. COVID-19. Results from waste-water surveillance by region, 2022**

**Figure 13. Covid-19: results from wastewater measurements by regions, 2022**





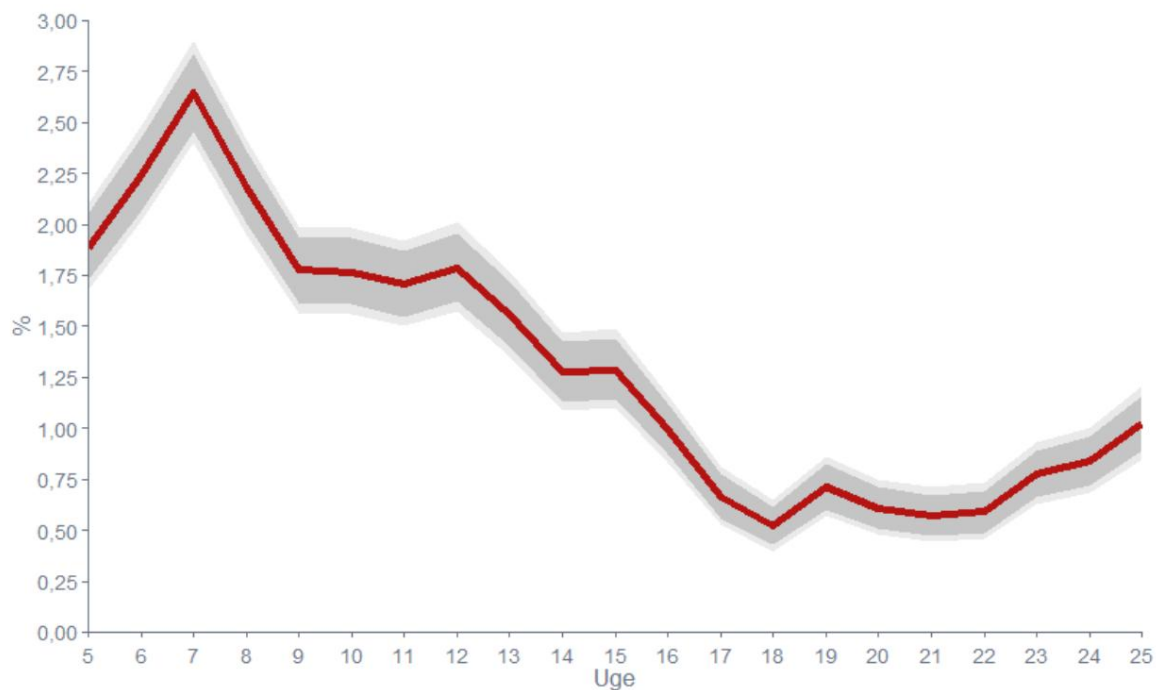
## Presumably infected with covid-19 and symptoms

You can read more about [COVIDmeter](#) on SSI's website with monitoring of SARS-CoV-2 .

Data is updated backwards.

**Figure 14. COVID-19: Proportion of participants in user-panel presumably infected with COVID-19 per week. Gray color indicates confidence interval for the calculation.**

Figure 14. Covid-19: the proportion of responses from participants suspected of being infected with covid 19 per week in the last 5 months. The gray color indicates the confidence interval for the calculation (dark gray 95%, light gray 99%).





**Table 14. COVIDmeter: Number of participants, proportion of presumably infected with COVID-19, self-reported test rate and positive percentage among all COVIDmeter participants and self-reported test rate and positive percentage among presumably infected with COVID-19**

**Table 14. COVIDmeter: number of participants, proportion presumed infected with covid-19, self-reported test rate and positive percentage among all COVIDmeter participants and among presumed infected with covid-19**

COVIDmeter	Number of participants, proportion presumed infected with covid-19 (%), test rate	2022 week					Trend week 20-25
		20	21	22 23	24	25	
All participants in COVIDmeter	Number of participants	22,334 21,995	21,339 22,083	21,876 20,991			
	Presumed infected with covid-19 (%)	0.6	0.6	0.6	0.8	1.0	
	Test rate (%) *	3.2	2.7	2.7	3.2	4.7	
	Positive percentage *	1.8	1.6	1.8	2.3	2.8	
Supposedly infected with covid-19	Test rate (%) *	4.4	4.2	4.4	5.1	6.4	
	Positive percentage *	4.2	3.2	4.9	5.3	6.4	

\* self-reported PCR or antigen test (private and home test) (in nose or throat), with test results.

**Table 15. COVIDmeter: Proportion presumably infected with COVID-19, self-reported test rate and positive percentage among all COVIDmeter participants by region**

**Table 15. COVIDmeter: proportion suspected of being infected with covid-19, self-reported test rate and positive percentage among all COVIDmeter participants by region**

COVIDmeter	Region	2022 week					Trend week 20-25	
		20	21	22 23	24	25		
Number of participants	The capital	8,201	8,074	7,881 (in most common)	8,090	8,046	7,651	
	Central Jutland	5,040	5,013	4,776 5,008	4,924	4,762		
	North Jutland	2,060	2,002	1,974	2,031	2,007	1,957	
	Zealand	3,172	3,060	3,007 3,096	3,090	2,942		
	Southern Denmark	3,861	3,865 (in most common)	3,741 (in most common)	3,858	3,809	3,679	
Presumably infected with covid-19 (%)	The capital	0.8	0.6	0.7	0.9	1.0	1.4	
	Central Jutland	0.5	0.4	0.5	0.8	0.7	0.8	
	North Jutland	0.5	0.6	0.6	0.5	0.8	1.4	
	Zealand	0.4	0.7	0.4	0.5	1.0	0.6	
	Southern Denmark	0.4	0.6	0.6	0.9	0.6	0.7	
Test rate (%) *	The capital	3.8	3.4	3.0	3.9	4.7	5.6	
	Central Jutland	2.7	2.2	2.1	2.5	3.3	4.1	
	North Jutland	2.7	2.4	2.0	3.1	3.2	4.4	
	Zealand	2.8	3.0	2.5	2.2	4.1	4.2	
	Southern Denmark	3.2	1.9	3.2	3.2	2.8	4.1	
Positive percentage *	The capital	17.2	15.4	20.6	27.1	25.1	29.3	
	Central Jutland	19.9	16.1	13.3	19.7	24.4	25.9	
	North Jutland	28.6	14.9	23.1	28.6	29.2	31.4	
	Zealand	11.1	18.7	20.0	11.8	24.0	30.1	
	Southern Denmark	16.8	14.9	15.8	17.7	29.6	26.0	

\* self-reported pcr or antigen test (private and home test) (in nose or throat), with test results.



**Table 16. COVIDmeter: Age specific proportion presumably infected with COVID-19, self reported test rate and positive percentage among COVIDmeter participants by week, 2022.**  
**Table 16. COVIDmeter: age-specific proportion presumed infected with covid-19, self-reported test rate and positive percentage among COVIDmeter participants divided into weeks, 2022**

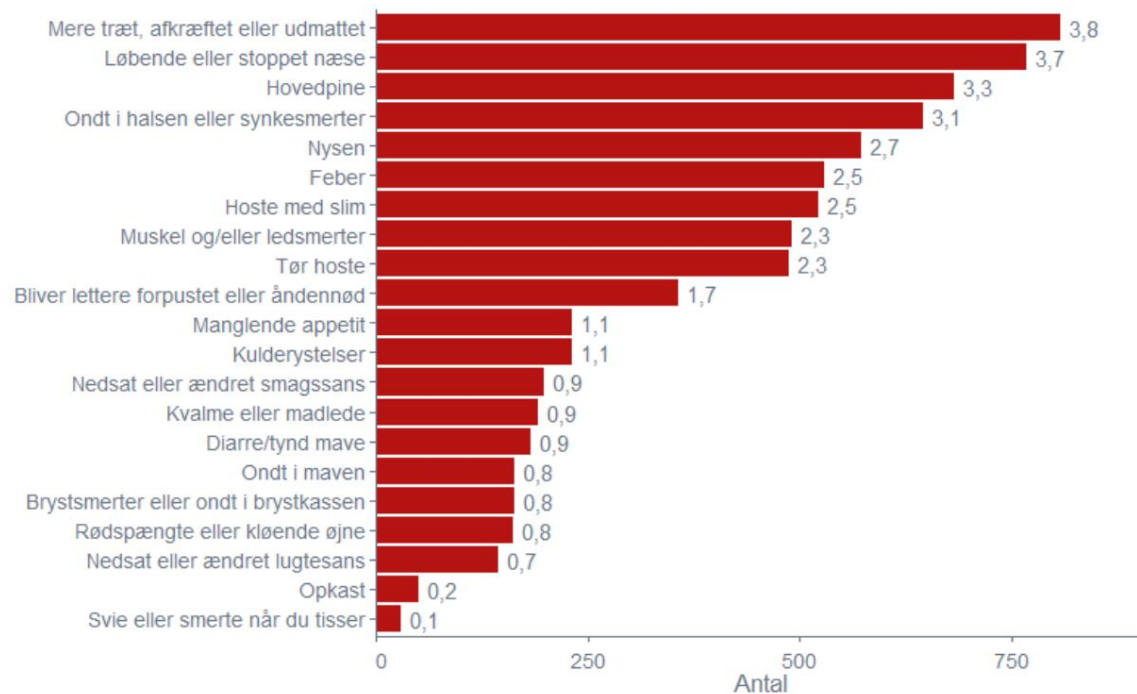
COVID meters, age groups	Number of participants, proportion presumed infected with covid-19 (%), test rate (%) and positive percentage	2022 week						Trend week 20-25
		20	21	22	23	24	25	
40-49 years	Number of participants	2,177	2,104	2,042	2,085	2,079	1,905	
	Presumed infected with covid-19 (%)	1.0	0.4	0.7	0.7	1.3	1.3	
	Test rate (%) *	5.2	4.1	3.4	4.6	5.6	7.9	
	Positive percentage *	15.9	16.3	25.7	22.9	28.5	28.7	
50-59 years	Number of participants	5,231	5,126	5,006	5,127	5,076	4,800	
	Presumed infected with covid-19 (%)	0.7	0.8	0.8	1.1	0.9	1.2	
	Test rate (%) *	4.0	3.4	3.4	4.5	5.2	6.0	
	Positive percentage *	19.8	17.2	12.9	24.9	27.1	25.2	
60-69 years	Number of participants	7,862	7,775	7,533	7,588	7,507	7,485	
	Presumed infected with covid-19 (%)	0.6	0.6	0.6	0.8	0.9	1.1	
	Test rate (%) *	3.0	2.7	2.8	2.9	3.6	4.2	
	Positive percentage *	15.7	15.5	16.9	20.9	24.7	26.0	
70+ years	Number of participants	6,350	6,280	6,114	6,336	6,276	6,170	
	Presumed infected with covid-19 (%)	0.3	0.4	0.3	0.4	0.5	0.6	
	Test rate (%) *	2.0	1.6	1.5	1.7	2.0	2.8	
	Positive percentage *	19.8	13.7	23.1	21.1	22.1	35.6	

\* self-reported pcr or antigen test (private and home test) (in nose or throat), with test results.



**Figure 15. COVID-19: Symptoms reported to COVIDmeter by number in week 25, 2022.**

**Figure 15. Covid-19: symptoms reported to COVIDmeter by number in week 25, 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 incidences 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.

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

From week 18, re-infections were included, and the calculation method is then also updated backwards.



For a more detailed definition of covid-19 admissions, please refer to 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 the time of admission, the covid-19-related admission starts at the time of admission. Patients who test positive for SARS-CoV-2 also get 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 response and variant PCR response from the Danish microbiology database (MiBa).
- Information on admissions registered in the National Patient Register (LPR).
- Snapshot data from the regions that provide an overview twice daily 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.



## SARS-CoV-2 variants

The "SARS-CoV-2 variants" section 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 that are not yet available received response for. 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.

## 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, answers will emerge that cannot be used.

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 use EuroMOMO's normal method of correction for delays in the registration of deaths.

Further details on the methods used and interpretations can be requested from SSI.

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

A more accurate way of determining how many have died "of" covid-19 and how many have died "of" covid-19 is by using death certificates. This method entails



however, more delay in data. 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.

## Nursing homes and special staff groups

Test and positive test data.

The data basis for the statements is a compilation of the Statens Serum Institut's overview of COVID-19 tests (MiBa), the Danish Agency for Labor Market and Recruitment's progress database, DREAM, the CPR register and the Danish Health and Medicines Authority's overview of nursing home residents. The statement was made by the Danish Health and Medicines Authority.

- The overview of COVID-19 test (MiBa) has been updated on Tuesday night
- Industry association information from the DREAM database is based on the latest possible employment information
- CPR register per date at data extraction
- The nursing home overview

The overview of COVID-19 test (MiBa) is a reflection of MiBa.

The statement is based on residents and staff who are active in CPR (not resigned on death or left) with residence in the Danish population register. Both unique tested persons are looked at in the specified week and tests performed.

Nursing home residents include persons who on Monday in the given week have an address at a nursing home that appears in the Nursing Home overview. The specified municipality is based on the nursing home address.

Nursing home employees include persons employed in the industry "87.10.10 - Nursing homes".

Home help employees include people employed in the industry "88.10.10 - Home help".



The industry affiliation is formed on the basis of the salary report to the elndkomst register and the industry at the company from which citizens have received the largest salary sum in the given month. In Statistics Denmark's Register - based Labor Force Statistics (RAS), industry affiliation is attempted to be corrected for any error reports. Data used here does not include industry association corrections.

## Sewage

Trend analyzes:

From week 16, a new calculation method has been used for the wastewater results in the graphs, and the current and future graphs can therefore not be compared directly with the previously published ones. The change was introduced as of 25.04.2022 and has been implemented backwards until 03.01.2022. Until 03.01.2022, the wastewater results are calculated as the number of SARS CoV-2 RNA copies per inhabitant. As of 03.01.2022, the faeces normalized wastewater results are displayed. That is, the virus concentration of SARS CoV-2 in the wastewater is calculated as the average weekly number of SARS-CoV-2 RNA copies, relative to the average of two viruses (PMMoV and CrassphAge), which are indirect measures of the amount of feces in the wastewater. . This can be done, as from 03.01.2022 a new type of RT-PCR test has been taken into use, and the wastewater is thus analyzed simultaneously for two other harmless and naturally occurring viruses (PMMoV and CrAssphage), which are excreted with the faeces. The indirect measure of the amount of faeces in the waste water is set in relation to the amount of SARS-CoV-2. In this way, the results take into account dilution of the wastewater, eg due to rainwater.

The national graph and the regional graphs are made by adding the weight of the wastewater results from each treatment plant, in relation to the number of residents in the catchment area, after which they are added together. The combined measurements are then presented in the graphs.

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.

## COVIDmeter

Presumably infected with covid-19 and symptoms are based on data from COVIDmeter. COVIDmeter is a digital solution where citizens can sign up for a user panel and report weekly whether they have had symptoms or not. All information in COVIDmeter is self-reported.

The COVIDmeter participants are not a representative sample of the Danish population. Eg. women and people aged 40-70 are overrepresented in the user panel.



In order to be included in the analyzes, the user must have submitted at least three answers.

For COVIDmeter, a separate analysis has been made to be able to answer the question of which symptom composition is most likely due to covid-19. It is based on data from people who have had symptoms and tested positive for covid-19 and people who have had symptoms but who tested negative for covid-19. These are data from two other monitoring systems (SSI's sentinel monitoring and SSI's interviews with people who tested positive for covid-19).

If you meet the case definition two weeks in a row, you are only included as presumably infected with covid-19 in the first week.

The test rate and the positive percentage are based on self-reported negative and positive test results (PCR and home test).

## Other respiratory diseases

Sentinel surveillance is an important part of the Danish and international standardized surveillance of influenza and other respiratory infections, including covid-19 and RS viruses. A fixed number of general practitioners geographically distributed throughout the country are included in the sentinel monitoring. The sentinel doctors report weekly how many patients with flu-like symptoms they see in their practice, as well as how many consultations they have had in total in their practice. In addition, they take weekly inoculations from patients with flu-like illness. The inoculations are analyzed at the Statens Serum Institut for a large number of different respiratory viruses. The results from the sentinel monitoring are used to assess the incidence of respiratory infections in the population, as well as which respiratory viruses are the cause.

## 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](#)

Every [Tuesday](#), an [overview](#) of possible outbreaks in schools is published on SSI's website .