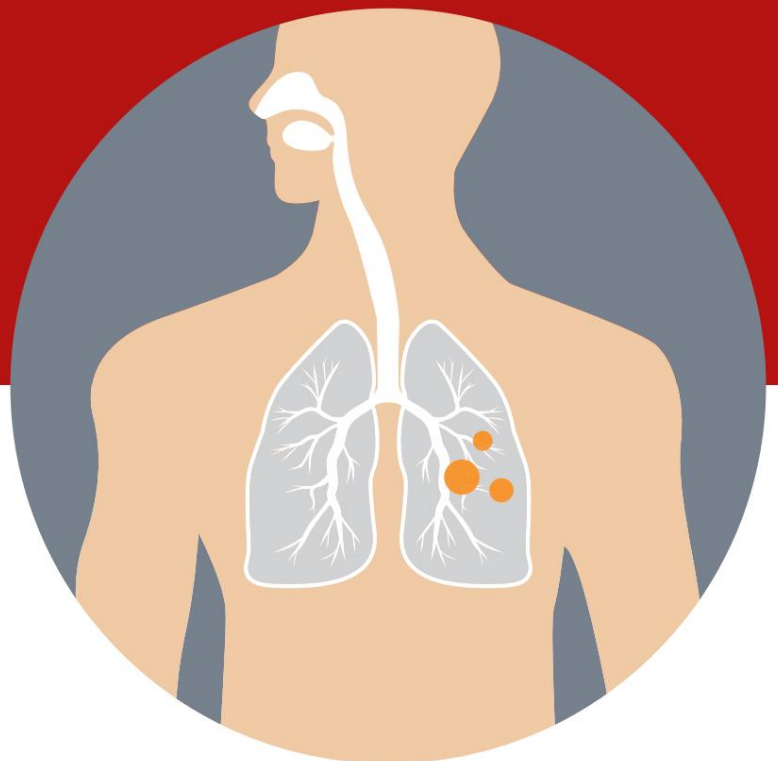


Weekly trends: covid-19 and other respiratory infections

Week 27 | 2022





The epidemiological development of covid-19 and other respiratory infections in Denmark from week 25 to week 26

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Overall assessment

The number of new COVID-19 cases continue to increase between week 25 and 26 but the weekly growth is 27% which was the same weekly growth as between week 24 and 25. The incidence on a national level is 225 cases per 100,000 inhabitants in week 26. Both test activity and positive percentages has risen in week 26 on a national level.

However, the number of hospitalizations has only increased by 9% in week 26 and patients in age groups 70-89 years constitute the largest groups among the hospitalized. It is estimated that 30% of the patients are admitted because of another diagnosis than COVID-19 in week 24 (the last week it is possible to create these data for).

On a national level, there is a stable occurrence of COVID-19 among nursing home residents, which, however, reflects an increase in the Capital Region and a decrease in the other Regions. The increase continues in both number of new cases and positive percentages among personnel in the health care- and social sector in week 26.

Overall, there is an increasing incidence across age groups and geography. There is, however, a slight decrease and stable positive percentages in the Capital Region and in the Region of North Denmark.

There is a decrease in concentrations of SARS-CoV-2 in wastewater samplings, both on a national level and in the five regions, with the least decrease in Region South. BA.5 accounts provisionally for 80% of the sequenced tests in week 26, and it is estimated that the increasing wide dispersion of infections is still driven by the emergence of BA.5.

The decrease in concentrations of SARS-CoV-2 in wastewater might be an indication that the top of the BA.5 wave has been reached. However, it remains uncertain how the large gatherings in recent weeks can influence the spread of infections and thus the development in case numbers in the coming weeks.



Summary

- The number of new cases with covid-19 has increased by 27% between week 25 and week 26, corresponding to the incidence in week 26 being 225 cases per 100,000 inhabitants. The positive percentage increased from 22% in week 25 to 23% in week 26. During the same period, the number of PCR tests increased by 23%.
- The incidence is highest in the Region of Southern Denmark (255 per 100,000 inhabitants) and then the Capital Region (233 per 100,000 inhabitants). It is seen rising incidents in all five regions. The highest incidence is seen in the Region of Southern Denmark, where there is also a marked increase from 131 cases per 100,000 inhabitants in week 25 to 255 in week 26. Slightly declining and stable positive percentages are seen in the Capital Region and North Jutland, while rising positive percentages are seen in the remaining three regions. The highest positive percentage and the largest increase are seen in Region of Southern Denmark from 19.9% in week 25 to 25.3% in week 26. The lowest positive percentage is seen in the Capital Region of Sweden at 21.5%.
- The incidence of infection increases in all age groups, but is most pronounced in the age group 16-29 years. The incidence is highest among the 50-69-year-olds (317-335 cases per 100,000 inhabitants), followed by the 25-29-year-olds and 70-79-year-olds (283 cases per 100,000 inhabitants). The test rate is stable in the age group 0-2 years and increasing in the remaining age groups. The positive percentage decreases in the age groups 0-2 years and 80+ years, it is stable in the age groups 30-49 years and 70-79 years, and it is increasing in the remaining age groups. The highest positive percentage of 28% is seen among the 50-69-year-olds, the lowest positive percentage is seen among the 3-15-year-olds of 6.9% and 7%, respectively.
- The number of new admissions related to covid-19 has increased by 9% to 499 in week 26. People aged 70-89 continue to constitute the largest group among the new admissions. There is an increase in all age groups except the 0-9-year-olds, 30-39-year olds and 90+ year olds where a stabilization is seen. The number of inpatients on intensive care wards are stable at 12 in week 26. The proportion of admissions among persons admitted due to a covid-19 diagnosis (as opposed to covid-19) has increased from 60% in week 23 to 62% in week 24.
- The number of covid-19-related deaths is tentatively 31 in week 26 compared with 29 in week 25. Mortality in Denmark is at a normal level.
- Among nursing home residents, an increasing test rate is seen from 4.3% in week 25 to 7.1% in week 26. The positive percentage has fallen from 5.7% in week 25 to 3.6% in week 26. The total number of confirmed cases is stable with 96 cases in week 25 and 102 in week 26. In the Capital Region, a doubling of the cases is seen, while there is a marked decrease in the other regions. The number of deaths among residents with covid-19 was 7 in week 25, and is currently 6 in week 26. The overall mortality rate in nursing homes is at normal levels.



- Among special staff groups, there is an increase in the number of confirmed cases in both the social and health sectors. There are both rising test rates and a positive percentage in the social and health sector. The positive percentage has increased from 16.4% to 17.8% in the social sector and from 21.0% to 25.1% in the health sector between week 25 and week 26.
- BA.5 is still the dominant variant, and there is still an increase in the proportion of BA.5 among the sequenced samples. BA.5 in week 26 amounts to approx. 80% of the sequenced samples. The proportion of cases with BA.4 and BA.2.12.1 has fallen slightly since last week and is approx. 6% and 5% of the cases in week 26. However, a reservation must be made that a particularly large number of samples have not yet been sequenced in week 26.
- In week 26, a decrease in SARS-CoV-2 concentration in the wastewater is seen nationally level. Divided by regions, there is also a decrease in SARS-CoV-2 concentration in the wastewater in four regions (Region Hovedstaden, Region Sjælland, Region Midtjylland and Region Nordjylland) in Region Syddanmark, a flattening of the SARS-CoV-2 concentration in the wastewater is seen .
- The proportion of COVIDmeter's user panel who are presumed to be infected with covid-19 in week 26 is 1.0%, which is on a par with week 25. The test rate among all COVIDmeter participants is 5.3% in week 26, which is an increase from 4.7% in week 25. The positive percentage is 29% in week 26, which is on a par with week 25. Among the COVIDmeter participants who are suspected of being infected, the test rate is 63% in week 26, which is on a par with week 25, while there is an increase in the positive percentage for 68% in week 26 from 64% in week 25. Divided by regions, the highest proportion is thought to be infected with covid-19 in the Capital Region (1.3%) and Region Zealand (1.1%). The Central Jutland and Zealand Region has the highest positive percentage (32%). Divided by age, the highest proportion presumed to be infected with covid-19 is still seen among the 40-49-year-olds (1.3%), followed by the 50-59-year-olds (1.2%).

The most common symptoms reported at week 26 were more tired, debilitated or exhausted (3.7%), headache (3.4%) and runny or stuffy nose (3.3%).
- Sentinel monitoring shows that the proportion of samples where respiratory viruses are detected has decreased in week 25 (25.5%), but it is still rhinovirus and parainfluenza 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 25 and 26, but the growth is now at 27% just like from week 24 to 25. The incidence in week 26 is 225 cases per 100,000 inhabitants at national level. Both test activity and positive percentages have also increased in week 26 at the national level.

However, the number of admissions has only increased by 9% in week 26, where the age groups 70-89 years still make up the largest proportion among the inpatients. It is estimated that 30% are admitted with a different diagnosis than covid-19 in week 24 (the most recent week the inventory can be made for).

Nationally, there is a stable incidence of infection among nursing home residents, which, however, reflects an increase in the Capital Region, whereas a decrease has been seen in the other regions. There is still an increase in both the number of new cases and in the positive percentage among staff in the health and social sector.

Overall, there is an increasing incidence across age groups and geography, but there are slightly declining and stable positive percentages in the Capital Region and the North Jutland Region.

There are decreasing concentrations of SARS-CoV-2 in the wastewater both nationally and regionally, although least pronounced in the Region of Southern Denmark. BA.5 currently accounts for 80% of the sequenced samples in week 26, and it is estimated that the increasing societal infection continues to be driven by BA.5.

The drop in SARS-CoV-2 in the wastewater may be an indication that the peak of the BA.5 wave has been reached. However, there is still uncertainty about how the past week's major events may affect the spread of infection and thus the development of the infection in the coming period.

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 21-26
	21	22	23	24	25	26	
Incidence pr. 100,000 inhabitants *	5.6	6.5	9.9	14.0	17.8	22.5	
Number of tests performed (PCR)	34,129	33,525	37,349	45,620	51,194	62,793	
Confirmed cases (PCR)	3,236 in most countries	3,805	5,830	8,258	10,456	13,234	
Positive Percentage (PCR)	10.4	12.1	16.6	19.4	21.9	22.9	

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 21-26
	21	22	23	24	25	26	
New hospital admissions	201	179	220	315	456	499	
Number of patients admitted on Monday morning *	267	230	222	245	293	333	
Number of inpatients on intensive Monday morning **	13	9	9	4	12	12	
Number of dead ***	26	27	25	15	29	31	

* Week 21-22: Data is from Tuesday morning due to problems in data delivery on Monday morning

** Week 21-22: 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

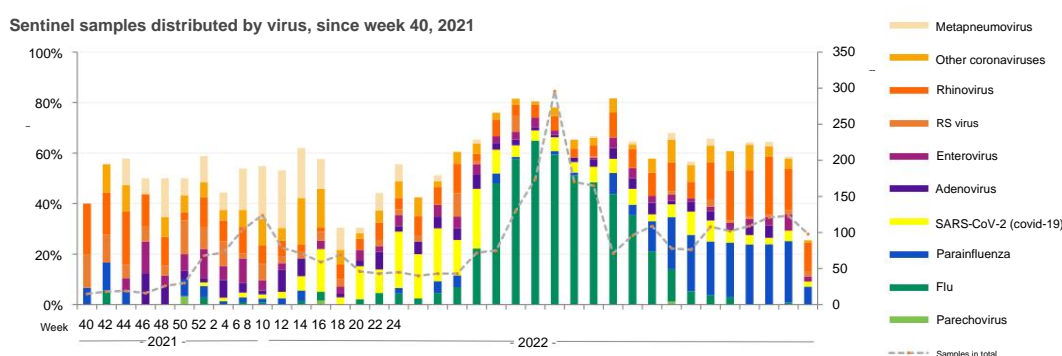
Data is updated backwards.

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

Table 3. Sentinel surveillance: Total number of test, proportion of airborne virus infections (%) and proportion of different types of airborne virus infections with 5 or more cases in week 20-25, 2022
Table 3. Sentinel surveillance: total number of samples, proportion detected respiratory virus (%) and proportion of different types of respiratory virus with 5 or more cases in week 20-25, 2022

	2022 week						Trend week
	20	21	22	23	24	25	20-25
Total number of samples	108	102	109	121	123	98	
Detected respiratory virus (%)	65.7	60.8	64.2	64.5	58.5	25.5	
Detected cases with other coronaviruses (%)	6.5	7.8	10.1	4.1	4.1	1.0	
Detected cases of rhinovirus (%)	14.8	19.6	18.3	23.1	16.3	11.2	
Detected cases of enterovirus (%)	1.9	2.0	2.8	3.3	6.5	2.0	
Detected cases of adenovirus (%)	3.7	1.0	3.7	5.0	0.0	0.0	
Detected cases with covid-19 (%)	8.3	4.9	3.7	2.5	4.1	2.0	
Detected cases of parainfluenza (%)	21.3	21.6	23.9	24.0	24.4	7.1	

Figure 1. Airborne viruses: Sentinel tests across virus types, week 40-25, 2021-2022.
Figure 1. Respiratory virus: Sentinel samples by virus, week 40-25, 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 21-26
		21	22	23	24	25	26	
Incidence pr. 100,000 inhabitants	The capital	6.4	7.1	12.1	17.1	22.3	23.3	
	Central Jutland	5.0	6.1	8.2	13.0	15.5	19.2	
	North Jutland	4.5	4.6	7.0	10.3	14.7	18.6	
	Zealand	6.2	6.7	10.1	13.4	18.7	22.3	
	Southern Denmark	4.5	6.0	8.8	11.8	13.1	25.5	
Positive percentage	The capital	9.8	11.3	17.0	19.7	22.2	21.5	
	Central Jutland	11.7	14.3	17.4	21.6	23.5	24.4	
	North Jutland	10.2	11.0	14.5	18.0	22.7	22.5	
	Zealand	11.1	12.1	15.6	18.9	21.6	22.7	
	Southern Denmark	10.0	12.6	16.9	18.1	19.9	25.3	
New hospital admissions	The capital	8.7	6.1	10.1	12.5	19.2	21.3	
	Central Jutland	2.7	3.9	2.7	5.1	6.6	9.0	
	North Jutland	2.0	1.2	7.0	2.5	3.4	4.2	
	Zealand	3.9	3.2	4.2	5.9	7.9	7.1	
	Southern Denmark	2.4	3.0	3.9	4.9	7.9	7.3	
	Unknown region	4.0	5.0	4.0	6.0	6.0	10.0	



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

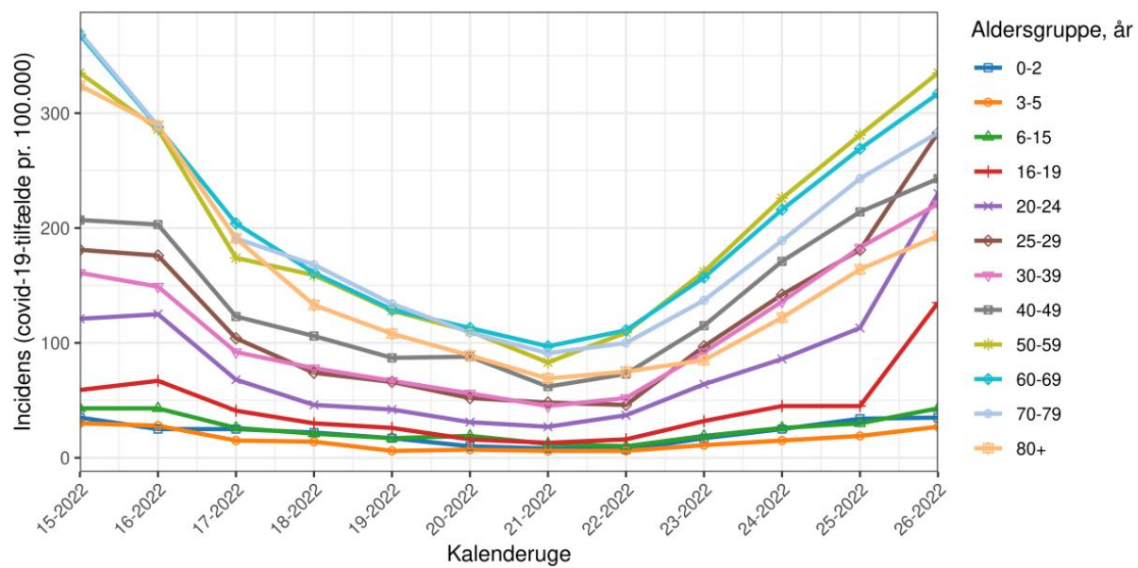




Table 5. Covid-19: Age-specific incidence per 100,000 inhabitants, test rate and positive percentage

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 21-26
		21	22	23	24	25	26	
0-2 years	Incidence	8	7	17	25	34	35	
	Test rate	0.2	0.2	0.2	0.2	0.3	0.3	
	Positive percentage	5.3	4.6	9.1	11.0	13.0	11.0	
3-5 years	Incidence	6	6	11	15	19	27	
	Test rate	0.1	0.1	0.2	0.3	0.3	0.4	
	Positive percentage	4.4	4.3	6.5	6.2	6.4	7.0	
6-15 years	Incidence	12	10	19	26	30	43	
	Test rate	0.3	0.2	0.3	0.4	0.5	0.6	
	Positive percentage	4.7	4.3	7.1	7.0	5.6	6.9	
16-19 years	Incidence	13	16	32	45	45	135	
	Test rate	0.3	0.3	0.3	0.3	0.6	0.9	
	Positive percentage	4.9	6.6	11.0	13.0	7.8	15.0	
20-24 years	Incidence	27	37	64	86	113	230	
	Test rate	0.4	0.5	0.5	0.6	0.6	1.1	
	Positive percentage	6.2	7.7	13.0	15.0	18.0	22.0	
25-29 years	Incidence	48	46	97	142	181	283	
	Test rate	0.6	0.5	0.6	0.8	0.8	1.1	
	Positive percentage	8.5	8.7	16.0	18.0	22.0	25.0	
30-39 years	Incidence	45	52	92	136	183	221	
	Test rate	0.6	0.6	0.6	0.8	0.9	1.0	
	Positive percentage	7.8	8.9	15.0	17.0	21.0	21.0	
40-49 years	Incidence	62	73	115	171	214	243	
	Test rate	0.6	0.63	0.7	0.9	0.9	1.1	
	Positive percentage	10.0	12.0	16.0	20.0	23.0	23.0	
50-59 years	Incidence	83	109	162	226	281	335	
	Test rate	0.7	0.7	0.9	1.0	1.0	1.2	
	Positive percentage	12.0	15.0	19.0	23.0	27.0	28.0	
60-69 years	Incidence	97	111	157	216	269	317	
	Test rate	0.7	0.7	0.82	1.0	1.0	1.1	
	Positive percentage	13.0	15.0	19.0	22.0	26.0	28.0	
70-79 years	Incidence	91	100	137	189	243	283	
	Test rate	0.7	0.7	0.8	0.9	1.0	1.2	
	Positive percentage	13.0	15.0	18.0	21.0	24.0	24.0	
80+ years	Incidence	69	75	85	122	164	193	
	Test rate	1.0	0.9	0.9	1.2	1.4	1.9	
	Positive percentage	6.7	8.2	9.5	10.0	12.0	10.0	

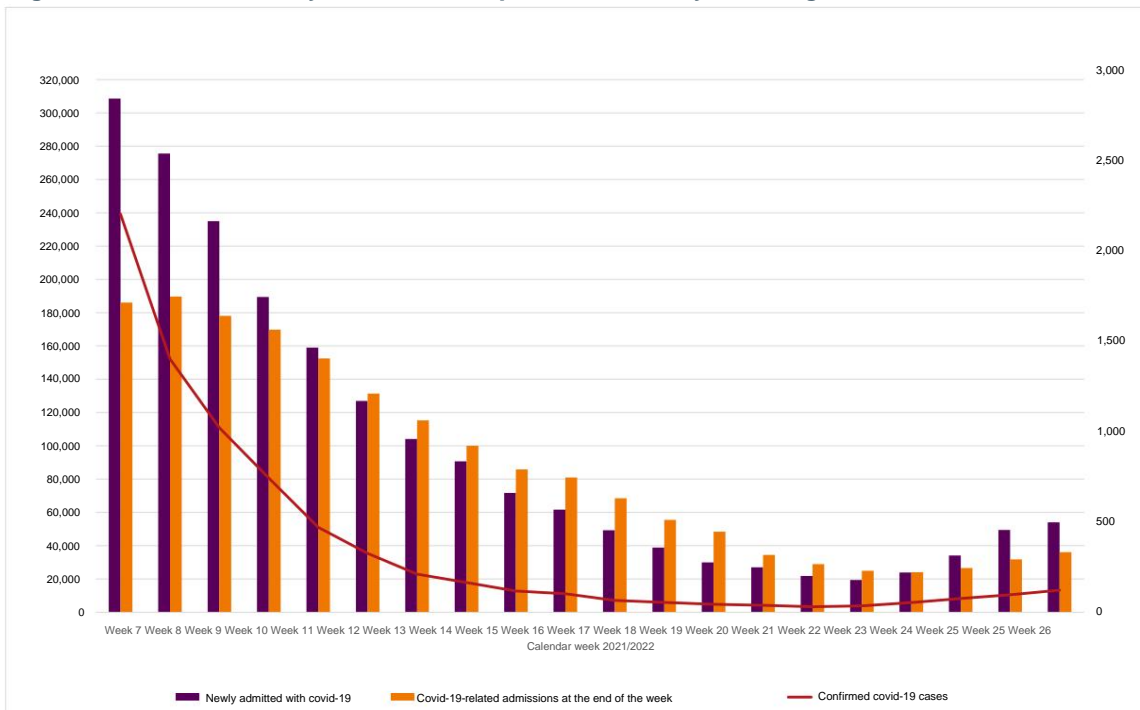


Newly admitted

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

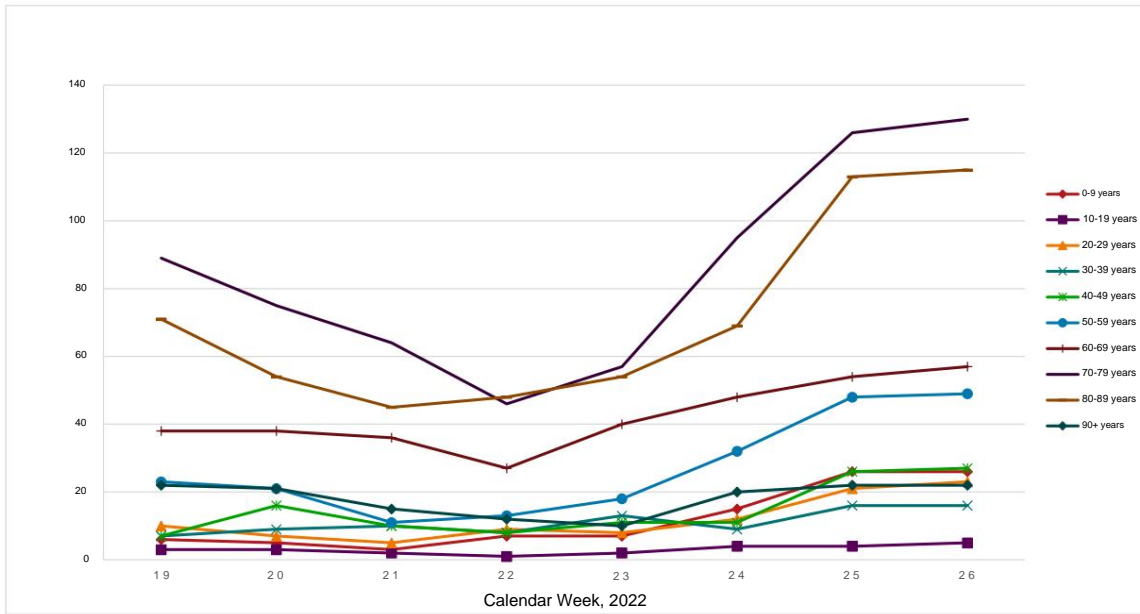


Note to figure: Number of covid-19-related admissions week 20, data were retrieved on Tuesday morning and not Monday morning as in the remaining weeks due to delivery issues.

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 19th 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 19, 2022

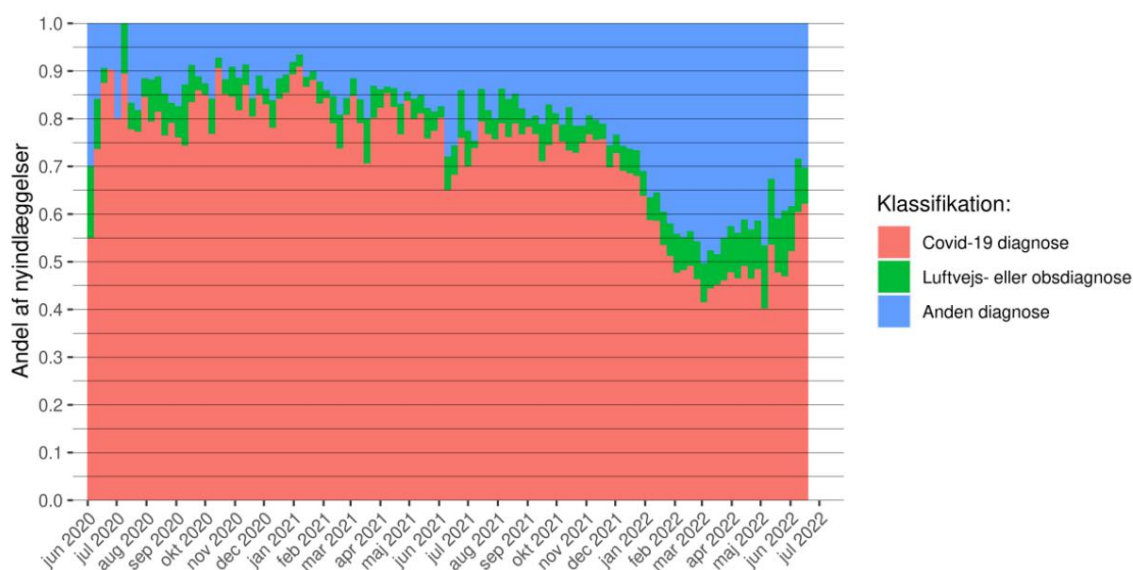


Table 6. COVID-19: Proportion of PCR-positive hospital admissions with a COVID-19 diagnosis, with a respiratory or tentative COVID-19 diagnosis, or with other diagnosis

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 19-24
	19	20	21	22	23	24	
Covid-19 diagnosis	54	48	47	52	60	62	
Respiratory or observational diagnosis	14	11	14	9	11	8	
Second diagnosis	33	41	39	38	28	30	



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 1 st 2020 to June 19th 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 19, 2022

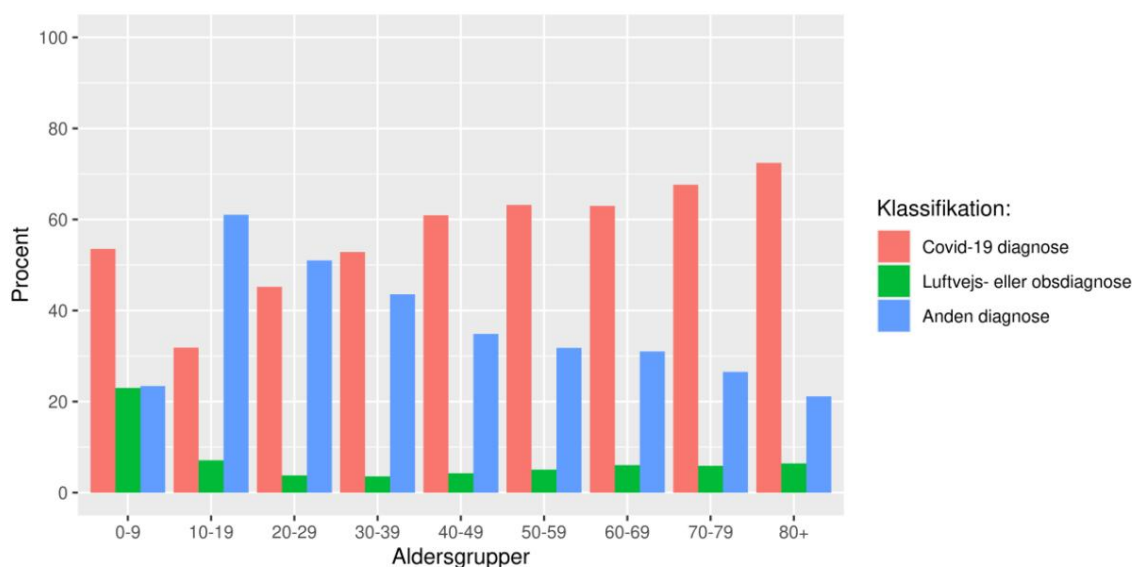


Table 7. COVID-19: Proportion of PCR-positive hospital admissions with a COVID-19-diagnosis (red), with a respiratory or tentative Covid-19 diagnosis (green), or with other diagnosis (blue), by age groups 0-59 and 60+ years old

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 19-24
	19	20	21	22	23	24	
0-59-year-olds							
Covid-19 diagnosis	31.6	37.7	35	52.8	55.4	52.5	
Respiratory or observational diagnosis	15.8	11.5	2.5	13.2	8.9	11.2	
Second diagnosis	52.6	50.8	62.5	34.0	35.7	36.2	
60+ year olds							
Covid-19 diagnosis	59.4	51.1	50	52.0	62.3	65.6	
Respiratory or observational diagnosis	13.2	11.3	16.7	8.1	11.9	6.2	
Second diagnosis	27.4	37.6	33.3	39.9	25.8	28.1	



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

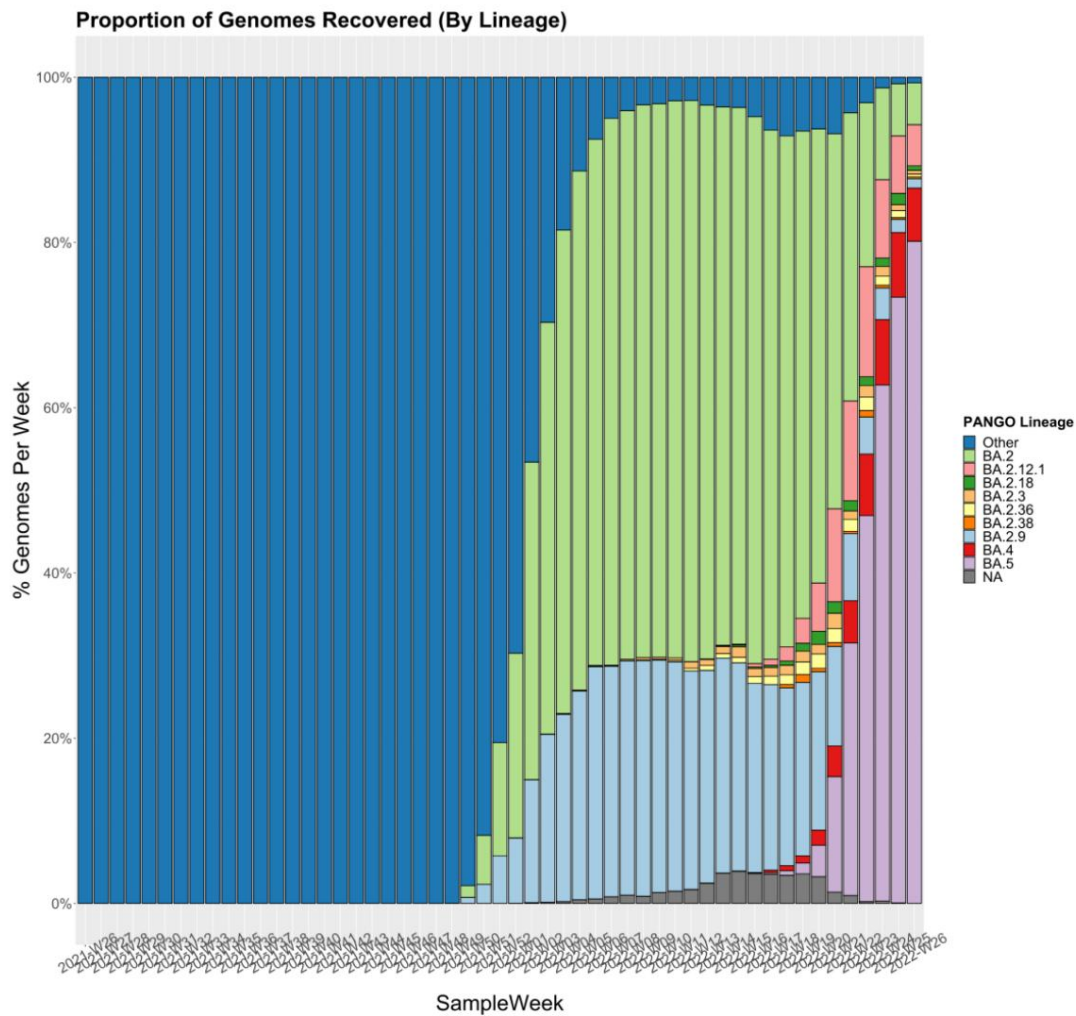




Table 8. COVID-19: The most frequently observed sub (variants) based on whole-genome sequencing data for the last four weeks, 2022

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	23	24	25	26
BA.5	Omicron	1763 (46.70%)	3645 (62.45%)	3207 (73.32%)	710 (80.14%)
BA.4	Omicron	281 (7.44%)	461 (7.90%)	342 (7.82%)	57 (6.43%)
BA.2.12.1	Omicron	503 (13.32%)	554 (9.49%)	304 (6.95%)	44 (4.97%)
BA.2	Omicron	750 (19.87%)	649 (11.12%)	277 (6.33%)	45 (5.08%)
BA.2.9	Omicron	169 (4.48%)	224 (3.84%)	69 (1.58%)	10 (1.13%)
BA.2.18	Omicron	40 (1.06%)	58 (0.99%)	60 (1.37%)	5 (0.56%)
BA.2.36	Omicron	62 (1.64%)	64 (1.10%)	37 (0.85%)	3 (0.34%)
BA.2.3	Omicron	52 (1.38%)	69 (1.18%)	31 (0.71%)	4 (0.45%)
BA.2.38	Omicron	30 (0.79%)	20 (0.34%)	10 (0.23%)	2 (0.23%)
BA.5.1	Omicron	7 (0.19%)	11 (0.19%)	8 (0.18%)	0 (0.00%)
BA.2.23	Omicron	26 (0.69%)	12 (0.21%)	5 (0.11%)	0 (0.00%)
BA.2.13	Omicron	7 (0.19%)	6 (0.10%)	4 (0.09%)	3 (0.34%)
BA.2.31	Omicron	10 (0.26%)	5 (0.09%)	4 (0.09%)	1 (0.11%)
BA.2.22	Omicron	0 (0.00%)	0 (0.00%)	3 (0.07%)	0 (0.00%)
BA.2.7	Omicron	7 (0.19%)	7 (0.12%)	3 (0.07%)	0 (0.00%)
BA.2_212insSGR	Omicron	9 (0.24%)	18 (0.31%)	3 (0.07%)	0 (0.00%)
BA.2.14	Omicron	8 (0.21%)	1 (0.02%)	2 (0.05%)	0 (0.00%)
BA.2.2	Omicron	7 (0.19%)	1 (0.02%)	2 (0.05%)	0 (0.00%)
BA.2.40	Omicron	1 (0.03%)	0 (0.00%)	1 (0.02%)	0 (0.00%)
BA.2.40.1	Omicron	2 (0.05%)	5 (0.09%)	1 (0.02%)	0 (0.00%)
BA.2.9.2	Omicron	0 (0.00%)	1 (0.02%)	1 (0.02%)	0 (0.00%)
AY.4.2	Delta	0 (0.00%)	1 (0.02%)	0 (0.00%)	0 (0.00%)
B.1.1		0 (0.00%)	1 (0.02%)	0 (0.00%)	0 (0.00%)
BA.1.1.1	Omicron	0 (0.00%)	1 (0.02%)	0 (0.00%)	0 (0.00%)
BA.2.1	Omicron	3 (0.08%)	0 (0.00%)	0 (0.00%)	1 (0.11%)
BA.2.10	Omicron	0 (0.00%)	1 (0.02%)	0 (0.00%)	0 (0.00%)
BA.2.10.1	Omicron	3 (0.08%)	2 (0.03%)	0 (0.00%)	0 (0.00%)
BA.2.11	Omicron	6 (0.16%)	1 (0.02%)	0 (0.00%)	1 (0.11%)
BA.2.12	Omicron	1 (0.03%)	3 (0.05%)	0 (0.00%)	0 (0.00%)
BA.2.20	Omicron	0 (0.00%)	1 (0.02%)	0 (0.00%)	0 (0.00%)
BA.2.24	Omicron	0 (0.00%)	2 (0.03%)	0 (0.00%)	0 (0.00%)
BA.2.28	Omicron	0 (0.00%)	1 (0.02%)	0 (0.00%)	0 (0.00%)
BA.2.3.2	Omicron	0 (0.00%)	2 (0.03%)	0 (0.00%)	0 (0.00%)
BA.2.32	Omicron	3 (0.08%)	2 (0.03%)	0 (0.00%)	0 (0.00%)
BA.2.33	Omicron	1 (0.03%)	0 (0.00%)	0 (0.00%)	0 (0.00%)
BA.2.35	Omicron	5 (0.13%)	0 (0.00%)	0 (0.00%)	0 (0.00%)
BA.2.37	Omicron	0 (0.00%)	1 (0.02%)	0 (0.00%)	0 (0.00%)
BA.2.41	Omicron	0 (0.00%)	1 (0.02%)	0 (0.00%)	0 (0.00%)
BA.2.5	Omicron	5 (0.13%)	0 (0.00%)	0 (0.00%)	0 (0.00%)
BA.2.6	Omicron	2 (0.05%)	0 (0.00%)	0 (0.00%)	0 (0.00%)
BA.2.8	Omicron	0 (0.00%)	2 (0.03%)	0 (0.00%)	0 (0.00%)
BA.2.9.1	Omicron	7 (0.19%)	1 (0.02%)	0 (0.00%)	0 (0.00%)
XG	Recombinant	2 (0.05%)	1 (0.02%)	0 (0.00%)	0 (0.00%)
XM	Recombinant	3 (0.08%)	2 (0.03%)	0 (0.00%)	0 (0.00%)
Total		3775	5837	4374	886

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.

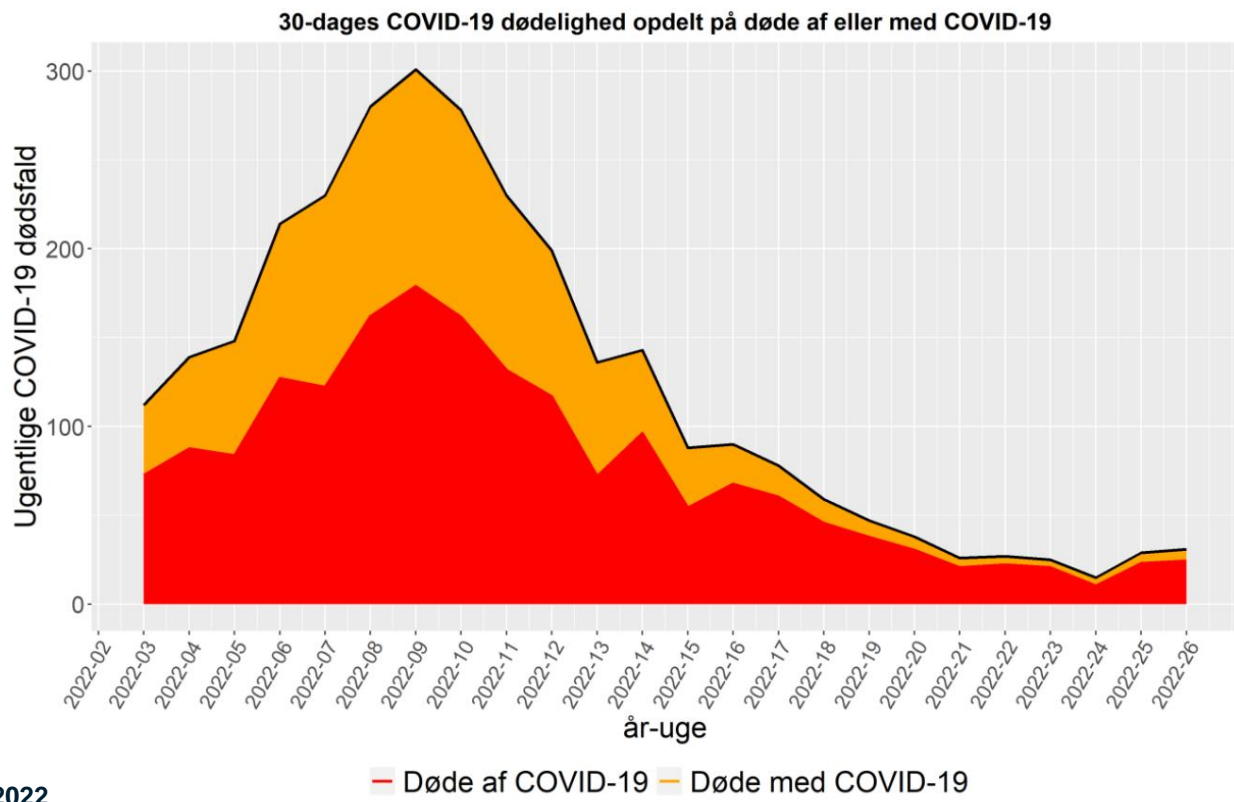


Mortality

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).

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 (red) and proportion of all covid-19-registered deaths calculated as non-covid-19-related (orange), broken down by week,



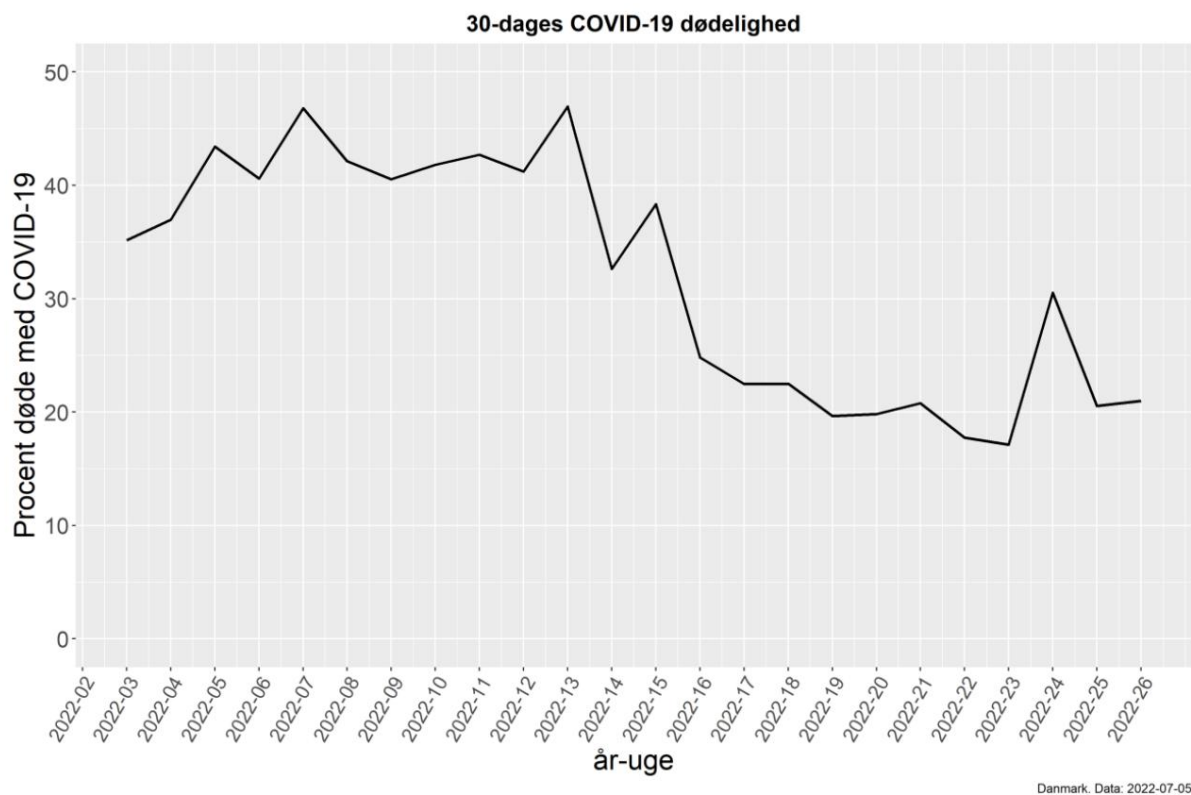
Danmark. Data: 2022-07-05

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 “off” and “with” covid-19 and proportion of deaths with covid-19

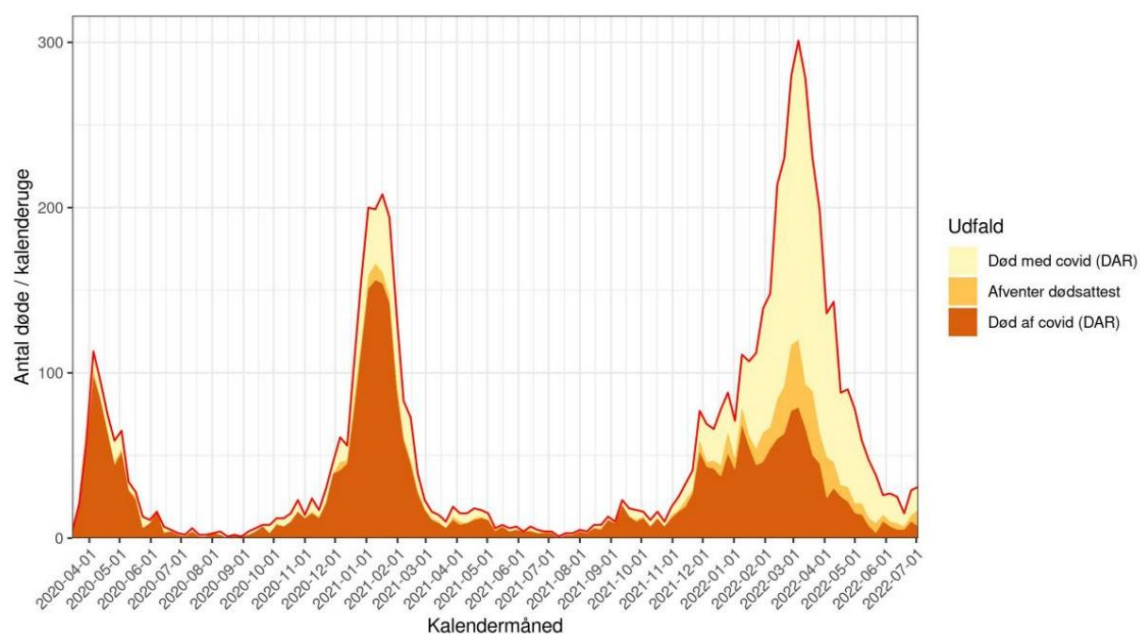
2022, week	covid-19-PCR -test within 30 days, total	Deaths "of" covid-19	Deaths "with" covid-19	Percentage (%) of deaths "with" covid-19
14	143	96	47	32.6
15	88	54	34	38.4
16	90	68	22	24.8
17	78	60	18	22.5
18	59	46	13	22.5
19	47	38	9	19.7
20	38	30	8	19.8
21	26	21	5	20.8
22	27	22	5	17.8
23	25	21	4	17.1
24	15	10	5	30.5
25	29	23	6	20.5
26	31	24	7	21.0

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

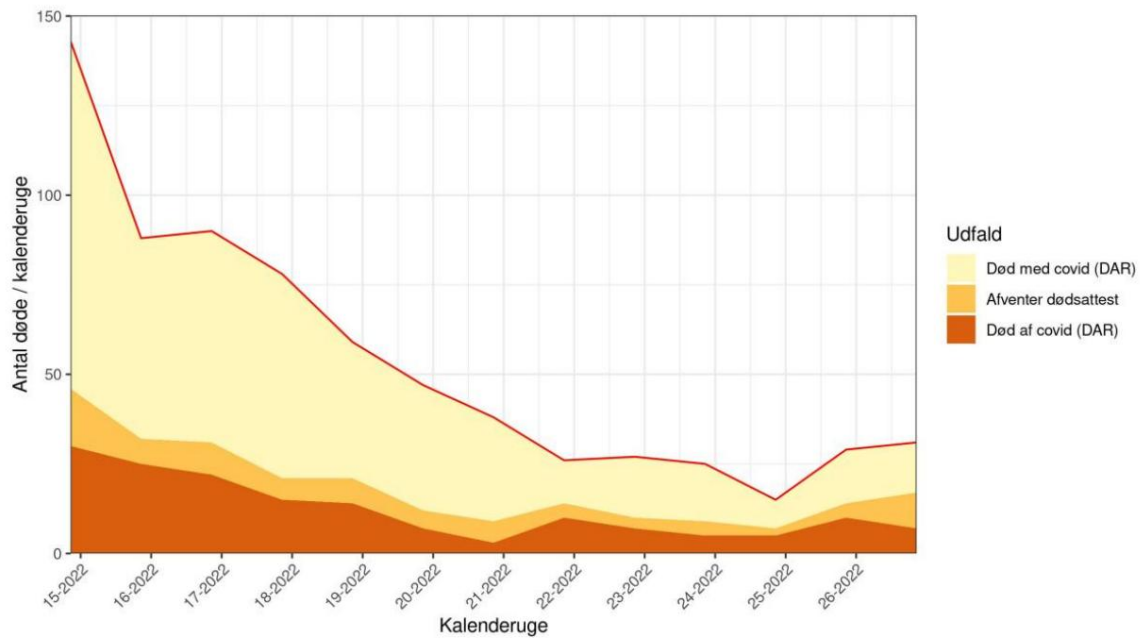


Note: Prepared on the basis of data from the Cause of Death Register (DAR) via the Danish Health and Medicines Authority



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					
	21	22	23	24	25	26
Number of outbreaks (out of 12 infection control units)	3	-	4	2	8	7
Of which no outbreak	3	-	2	0	6	5
Of which units with eruptions	0	-	2	2	2	2
Total number of outbreaks	0	-	2	6	2	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	-	2	6	2	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 21-26
	21	22	23	24	25	26	
Confirmed cases among residents	50	36	50	55	98	102	
Test rate among residents (%) *	2.7	2.2	2.0	3.1	4.3	7.1	
Positive percentage among residents *	4.6	4.0	6.3	4.4	5.7	3.6	
Deaths among confirmed cases	6	5	7	5	7	6	
Nursing homes with confirmed cases	26	18	21	32	43	53	

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 21-26
		21	22	23	24	25	26	
Confirmed cases among residents	The capital	11	15	21	23	26	57	
	Central Jutland	18	4	3	10	24	11	
	North Jutland	6	0	1	5	15	10	
	Zealand	2	1	0	3	8	6	
	Southern Denmark	13	16	25	14	25	18	
Test rate among residents (%)	The capital	3.6	3.1	3.1	5.3	5.6	10.8	
	Central Jutland	2.6	2.3	1.4	1.3	2.8	3.1	
	North Jutland	3.6	1.3	1.4	2.6	4.4	8.2	
	Zealand	1.5	1.5	1.0	0.8	3.1	6.6	
	Southern Denmark	1.9	1.9	1.9	3.7	4.6	5.9	
Positive percentage among residents	The capital	2.5	4.0	5.5	3.5	3.8	4.3	
	Central Jutland	7.7	1.9	2.4	8.5	9.4	3.9	
	North Jutland	3.5	0.0	1.5	4.1	7.0	2.5	
	Zealand	2.4	1.2	0.0	6.7	4.7	1.6	
	Southern Denmark	7.8	9.7	15.1	4.4	6.3	3.5	

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
		21	22	23	24	25	26	21-26
Social sector	Confirmed cases	125	142	215	295	342	520	
	Incidence	74	83	126	172	200	304	
	Test rate	1.6	1.5	1.4	1.4	1.2	1.7	
	Positive percentage	4.6	5.5	9.0	12.1	16.4	17.8	
Health sector	Confirmed cases	173	183	354	492	564	743	
	Incidence	104	111	213	295	340	446	
	Test rate	0.9	1.0	1.2	1.5	1.6	1.8	
	Positive percentage	11.1	10.8	18.4	19.5	21.0	25.1	



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

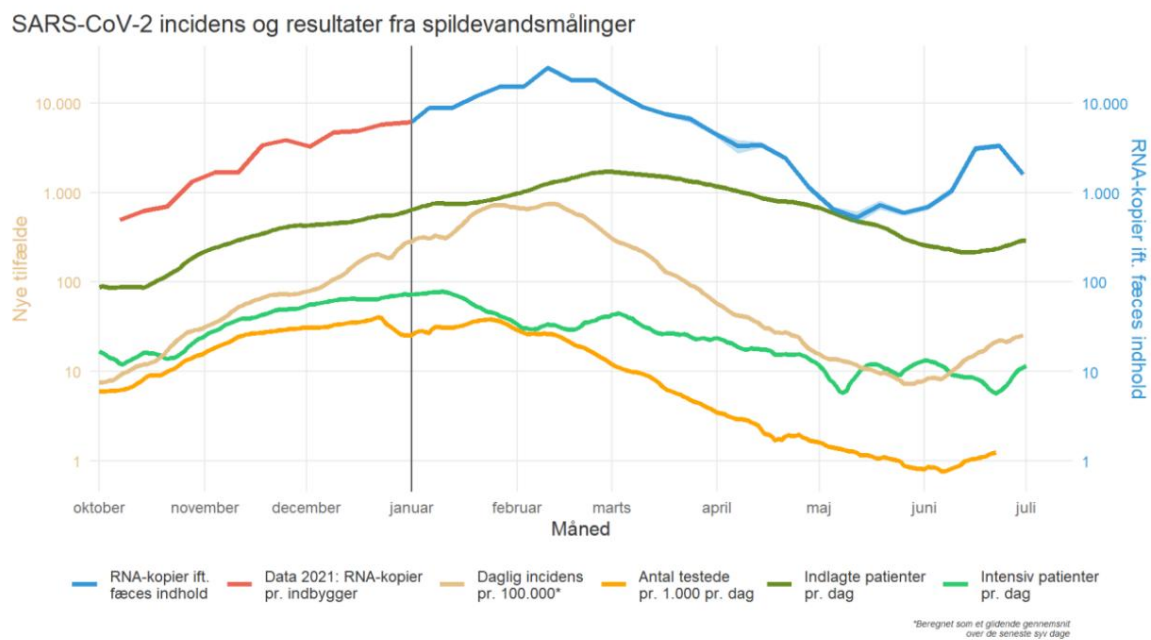
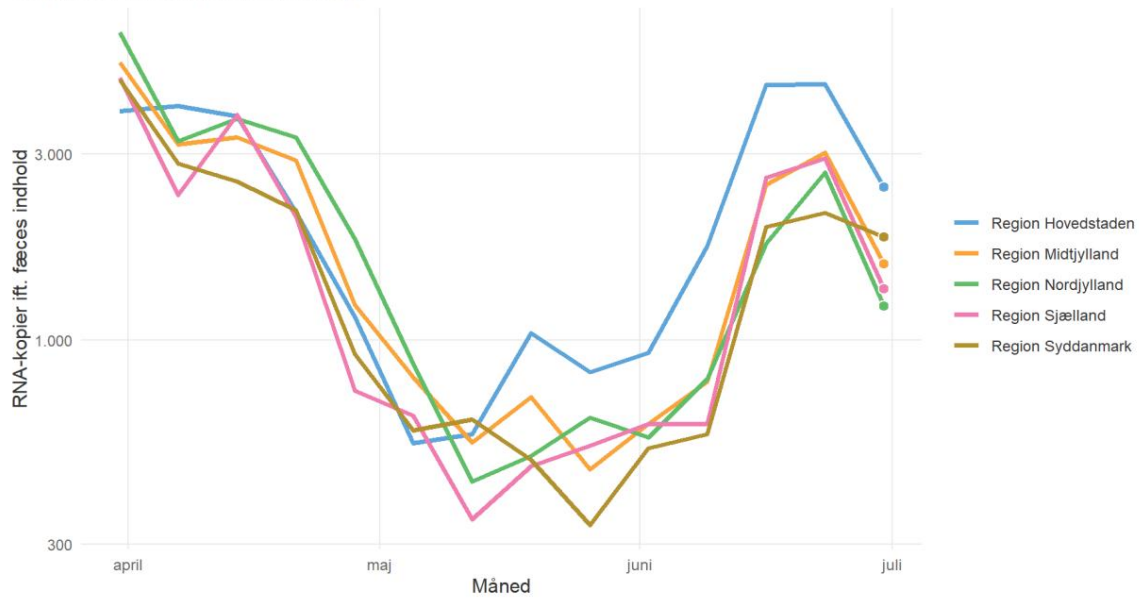




Figure 13. COVID-19. Results from waste-water surveillance by region, 2022

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

Resultater fra spildevandsmålinger





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%).

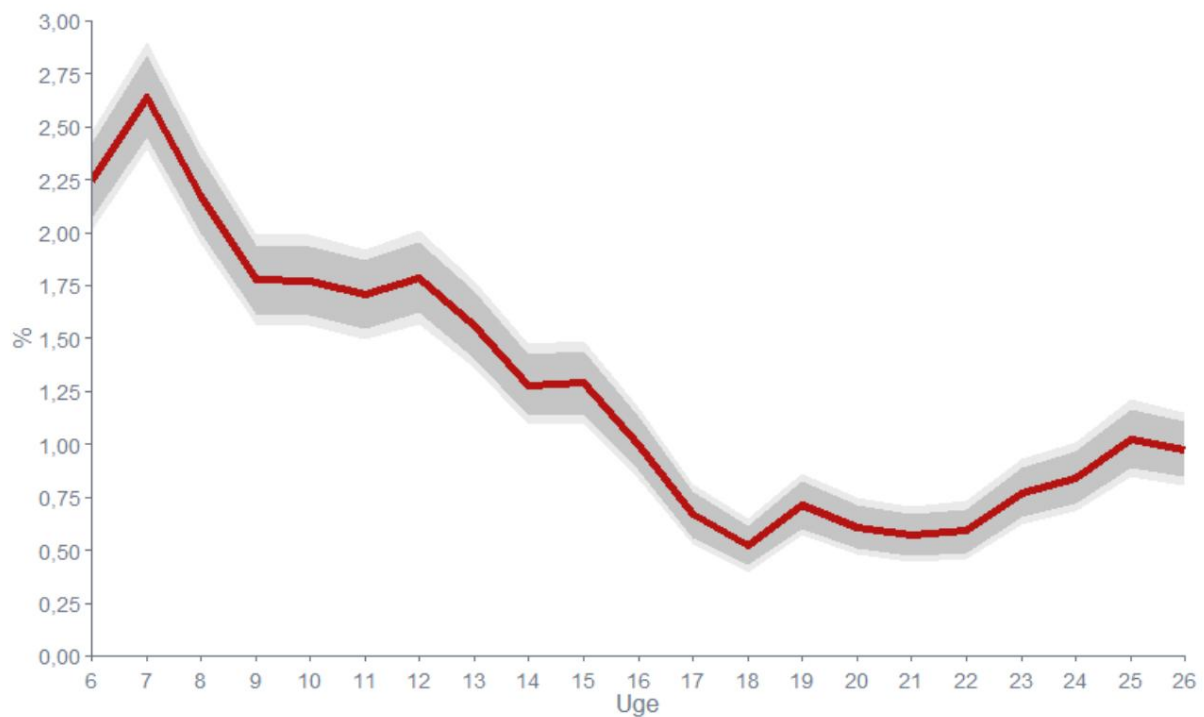




Table 14. COVIDmeter: Number of participants, proportion of presumably infected with COVID-19, self-reported test rate and positive percentage among all COVIDmeter participants and self-reported test rate and positive percentage among presumably infected with COVID-19

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 ²¹	2022 week					Trend week 21-26		
		21	22	23	24	25		26	
All participants in COVIDmeter	Number of participants	21,977	21,317	22,063	21,861		20,987	21,713	
	Presumed infected with covid-19 (%)	0.6	0.6	0.8	0.8	1.0	1.0		
	Test rate (%) *	2.7	2.7	3.2	3.2	4.7	5.3		
	Positive percentage *	1.6	1.8	2.3	2.6	2.8	2.9		
Supposedly infected with covid-19	Test rate (%) *	4.2	4.4	5.1	5.9	6.4	6.3		
	Positive percentage *	3.1	4.9	5.4	5.9	6.4	6.8		

* 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 21-26	
		21	22	23	24	25		26
Number of participants	The capital	8,069	7,836	8,085	8,044	<small>7,663 in total countries</small>	7,959	
	Central Jutland	5,010	4,773	5,004	4,921	4,763	4,972	
	North Jutland	1,999	1,970	2,028	2,004	1,957	1,986	
	Zealand	3,056	3,002	3,092	3,087	2,940	3,042	
	Southern Denmark	3,843	3,736	3,854	3,805	3,678	3,754	
Presumably infected with covid-19 (%)	The capital	0.6	0.7	0.9	1.0	1.4	1.3	
	Central Jutland	0.4	0.5	0.8	0.7	0.8	0.7	
	North Jutland	0.7	0.6	0.5	0.8	1.4	0.9	
	Zealand	0.7	0.4	0.5	1.0	0.6	1.1	
	Southern Denmark	0.6	0.6	0.9	0.6	0.7	0.7	
Test rate (%) *	The capital	3.4	3.0	3.9	4.7	5.6	5.9	
	Central Jutland	2.2	2.1	2.5	3.3	4.2	4.6	
	North Jutland	2.4	2.0	3.1	3.2	4.4	4.6	
	Zealand	3.0	2.5	2.2	4.1	4.2	5.0	
	Southern Denmark	1.9	3.2	3.2	2.8	4.1	5.5	
Positive percentage *	The capital	15.1	20.6	27.1	25.3	29.3	29.2	
	Central Jutland	16.1	13.3	19.8	24.4	26.3	31.9	
	North Jutland	14.9	23.1	28.6	29.2	31.4	18.5	
	Zealand	18.7	20.0	11.8	24.0	30.1	31.8	
	Southern Denmark	14.9	15.8	18.4	29.6	26.0	26.3	

* 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

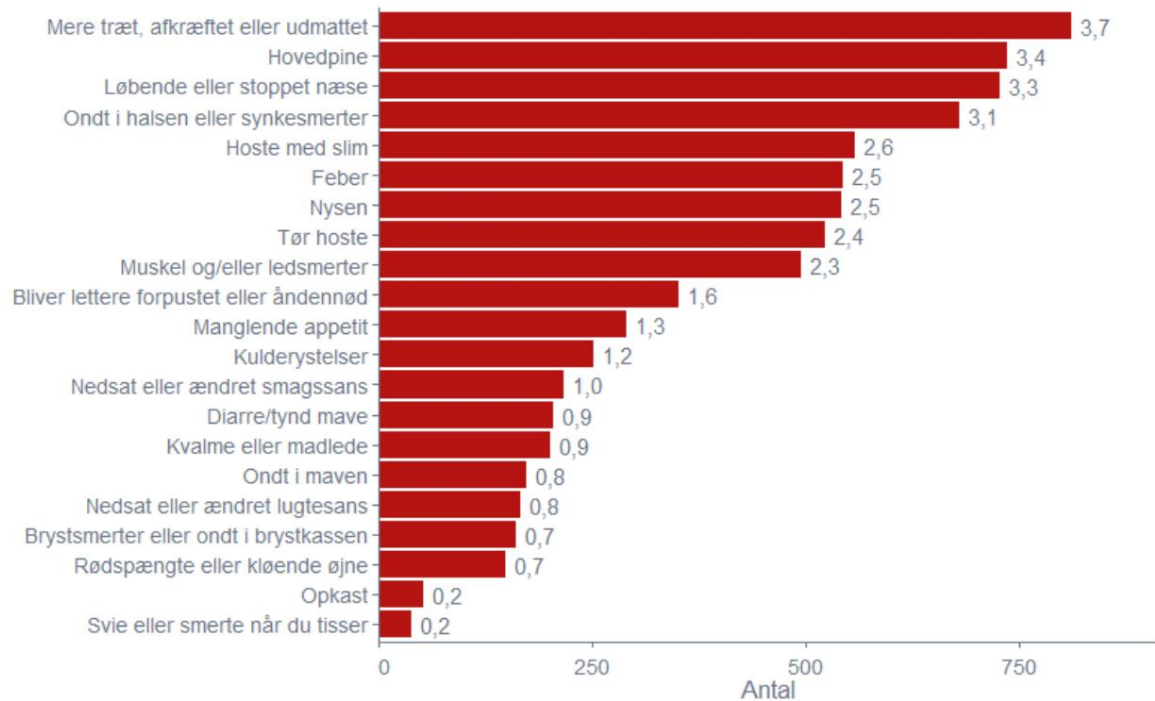
COVID meters, age groups	Number of participants, proportion presumed infected with covid-19 (%), test rate (%) and positive percentage	2022 week						Trend week 21-26
		21	22	23	24	25	26	
40-49 years	Number of participants	2,080	2,017	2,061	2,053	1,881	2,020	
	Presumed infected with covid-19 (%)	0.4	0.6	0.7	1.3	1.2	1.3	
	Test rate (%) *	4.0	3.4	4.7	5.6	8.0	8.9	
	Positive percentage *	15.5	26.5	24.0	28.7	28.0	26.8	
50-59 years	Number of participants	5,100	4,973	5,098	5,051	4,788	5,006	
	Presumed infected with covid-19 (%)	0.8	0.8	1.1	0.9	1.3	1.2	
	Test rate (%) *	3.5	3.4	4.5	5.1	6.0	7.1	
	Positive percentage *	17.5	12.9	24.6	26.6	25.7	23.2	
60-69 years	Number of participants	7,505	7,505	7,813	7,764	7,457	7,712	
	Presumed infected with covid-19 (%)	0.6	0.6	0.8	0.9	1.1	0.9	
	Test rate (%) *	2.7	2.8	2.9	3.7	4.2	4.5	
	Positive percentage *	14.7	16.8	20.7	24.9	25.7	33.1	
70+ years	Number of participants	6,358	6,186	6,413	6,353	6,239	6,342	
	Presumed infected with covid-19 (%)	0.4	0.3	0.4	0.5	0.6	0.7	
	Test rate (%) *	1.6	1.5	1.7	2.1	2.8	3.0	
	Positive percentage *	14.6	23.1	22.0	23.1	35.8	29.7	

* 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 26, 2022.

Figure 15. Covid-19: symptoms reported to COVIDmeter by number in week 26, 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 for respiratory disease or observation for 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 with a test positive for SARS-CoV-2 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 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 stated whether a patient has been admitted with covid-19, other respiratory or obs diagnosis or other diagnosis, the registration will always take place with a delay in relation to.



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 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.

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 dead, 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. However, this method causes 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 present.

is the reason for this.

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 .