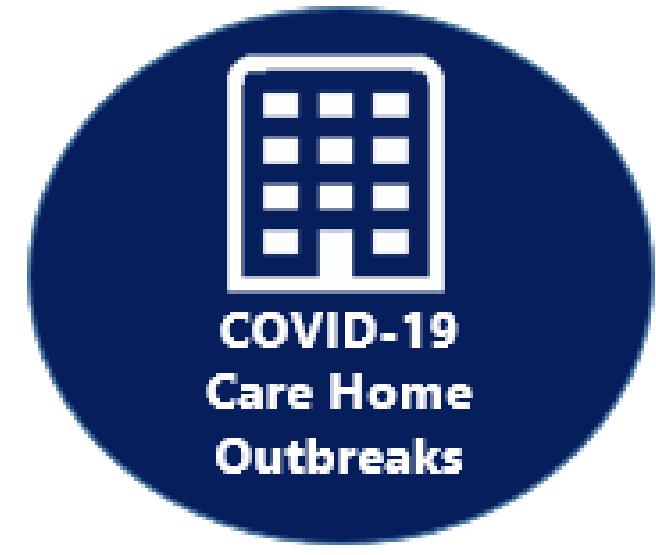
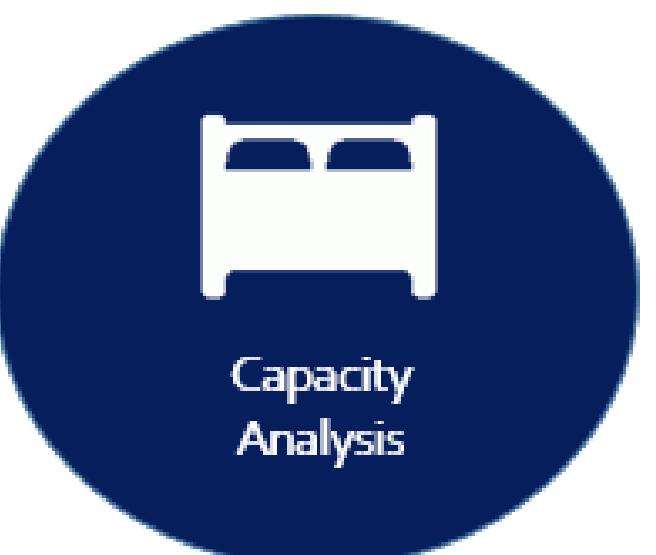
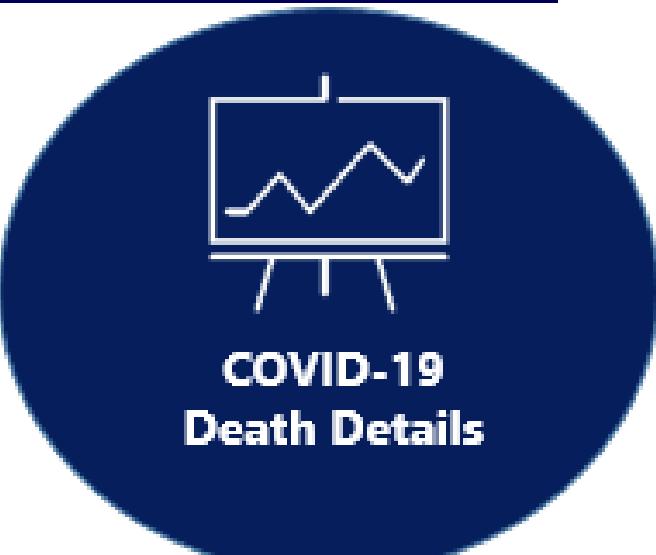


## SUMMARY INFORMATION

58,136	Total laboratory completed tests for COVID-19	547	COVID-19 suspected/confirmed Inpatients	3,422	Total Beds
46,842	Individuals with a laboratory completed test for COVID-19	5,612	COVID-19 suspected/confirmed Discharges	2,608	Total Beds Occupied
4,609	Individuals with a Positive lab completed test for COVID-19	91	ICU Beds	76%	Occupancy %
245	Positive lab completed tests per 100k population	14	ICU COVID-19 suspected / confirmed	68	Active COVID-19 Care Home Outbreaks
514	Total number of deaths reported up to end of current reporting period	28	ICU Available	41	Closed COVID-19 Care Home Outbreaks



# COVID-19 Testing Overview

**58,136**

Total Lab Completed Tests

**46,842**

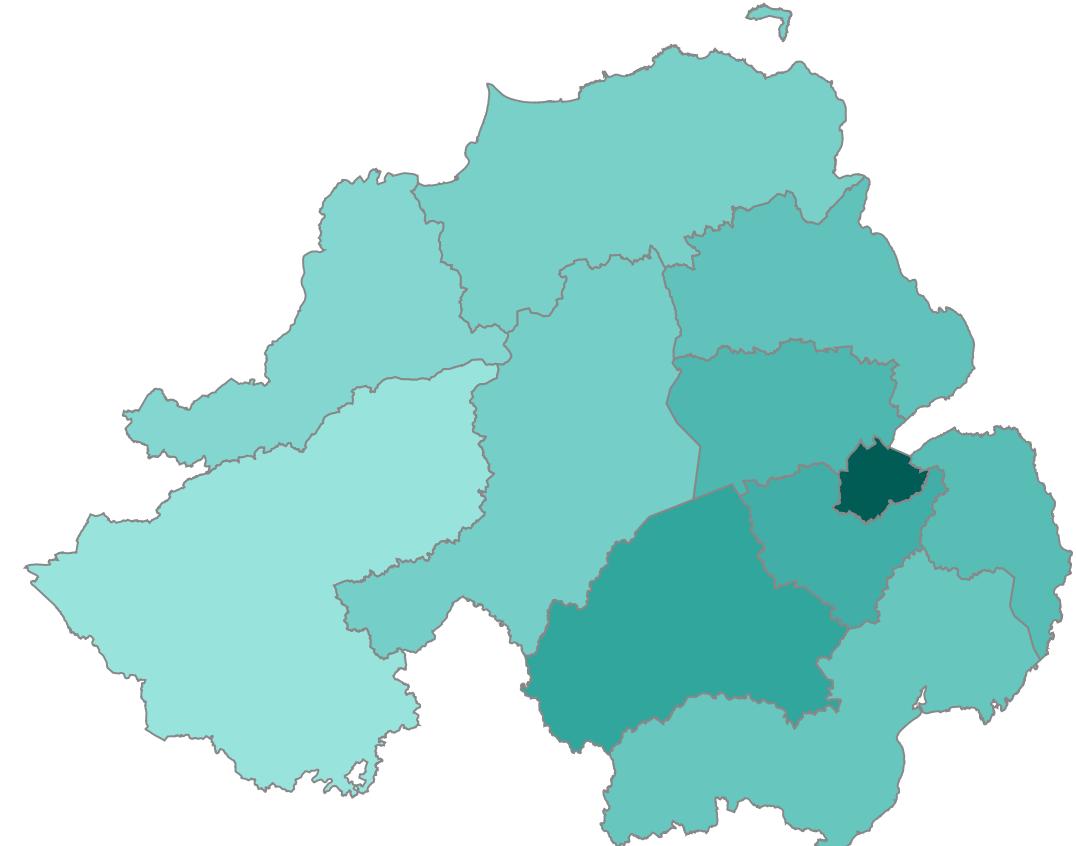
Individuals Lab Completed Tests

**4,609**

Individuals Positive Lab Test

**245**

Positive Tests per 100,000-pop



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

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

Local Government District	Individuals Tested	Individuals Tested Positive	Individuals Tested Negative	Indeterminate Tests	Positive Tests per 100k pop
Antrim and Newtownabbey	3,531	382	3,148	1	268
Ards and North Down	3,858	344	3,513	1	214
Armagh City, Banbridge and Craigavon	5,705	502	5,198	5	235
Belfast	9,805	1,308	8,494	3	383
Causeway Coast and Glens	2,813	213	2,598	2	148
Derry City and Strabane	3,028	164	2,864	0	109
Fermanagh and Omagh	1,918	80	1,835	3	68
Lisburn and Castlereagh	3,747	436	3,310	1	300
Mid and East Antrim	2,897	305	2,592	0	220
Mid Ulster	3,091	227	2,863	1	154
Newry, Mourne and Down	3,626	282	3,343	1	157
Not Known	2,823	366	2,452	5	
<b>Total</b>	<b>46,842</b>	<b>4,609</b>	<b>42,210</b>	<b>23</b>	<b>245</b>

Note: Local Government Districts assigned as 'Not Known' refer to individuals with insufficient address and postcode details

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

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

**23 May 2020**

**57,052**

Total Lab Tests

**45,995**

Individuals Tested

**4,570**

Individuals Tested Positive

**24 May 2020**

**58,136**

Total Lab Tests

**46,842**

Individuals Tested

**4,609**

Individuals Tested Positive

### Daily Change

**1,084**

Total Lab Tests

**847**

Individuals Tested

**39**

Individuals Tested Positive

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

**23 May 2020**

**17,132**

Samples Taken

#### IMPORTANT NOTE:

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

**24 May 2020**

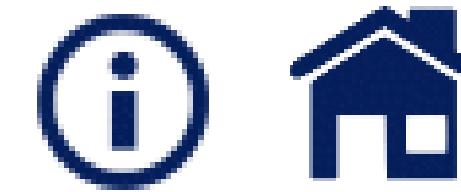
**17,437**

Samples Taken

### Daily Change

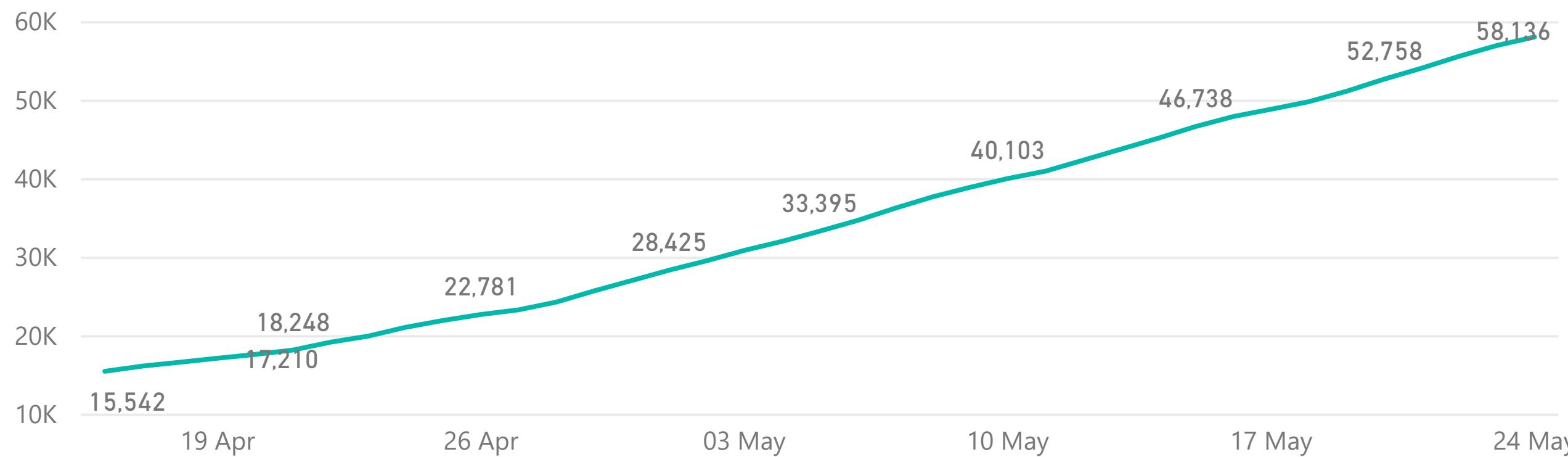
**305**

Samples Taken



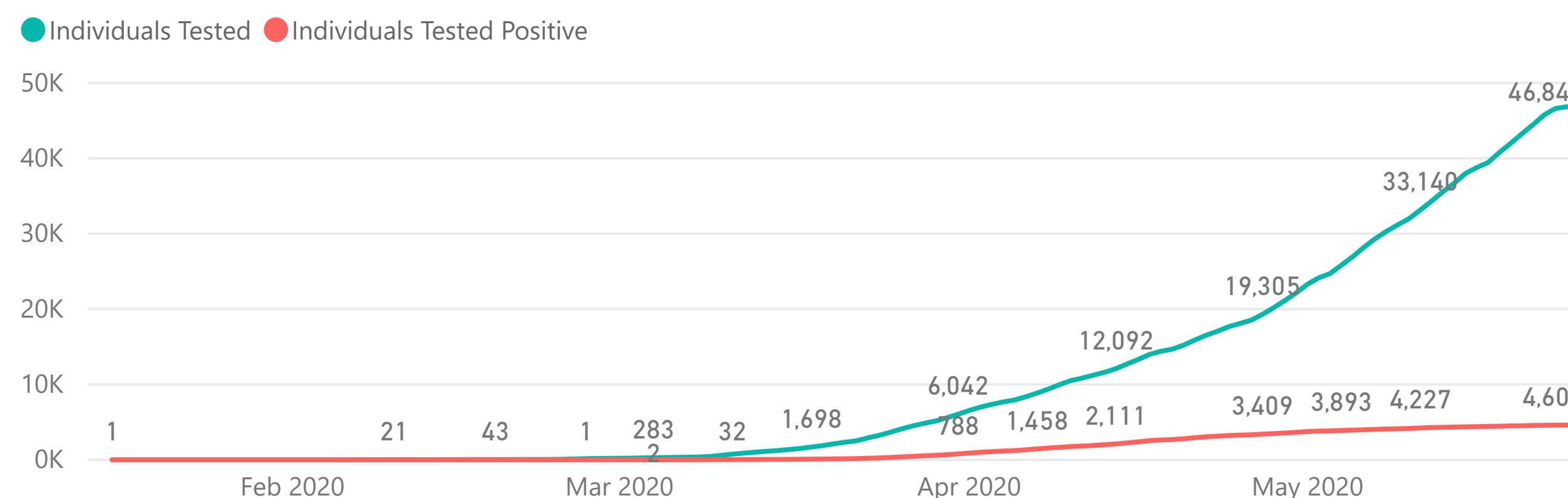
The information below shows the total number of laboratory completed tests for SARS-CoV2 Virus at 9am on the date presented. The total number of tests will include each laboratory completed test, i.e. if an individual had more than one test for the SARS-CoV2 Virus, each laboratory completed test will be included.

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



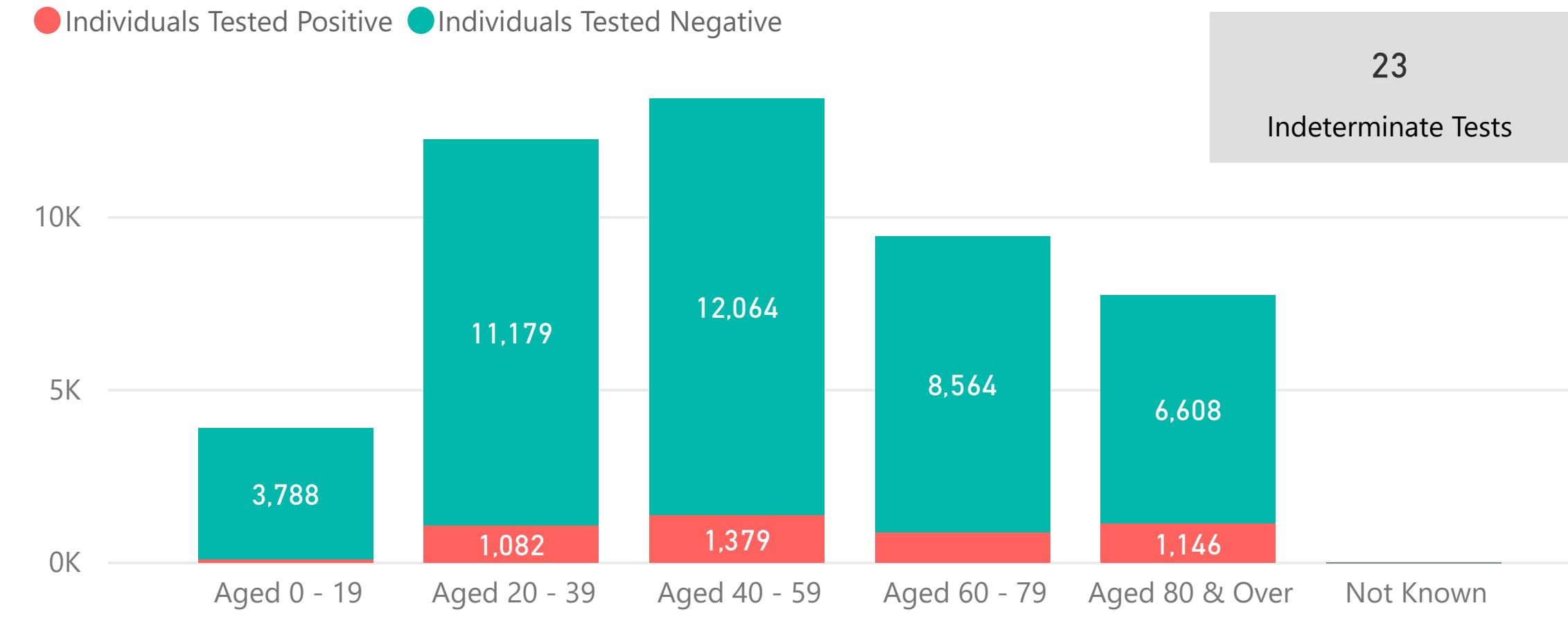
The cumulative number of individuals with a laboratory completed test is presented below by the date on which the specimen (sample / swab) had been taken at a testing location, and not the date the laboratory test was completed. If an individual has been tested more than once, only the first laboratory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

## Cumulative Individuals with Laboratory Completed Test for SARS-CoV2 Virus by Date of Specimen



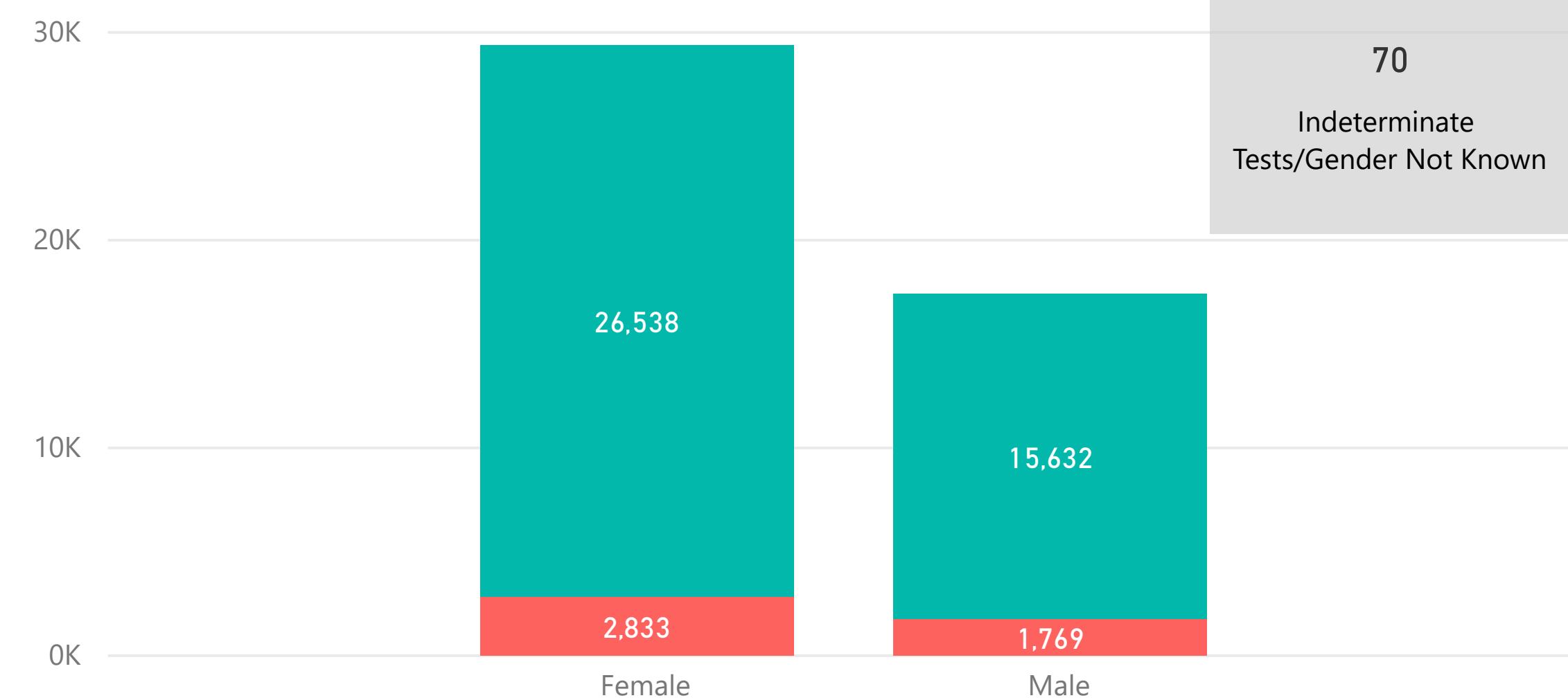
## Individuals with a Laboratory Completed Test for SARS-CoV2 Virus by Age Group

● Individuals Tested Positive ● Individuals Tested Negative



## Individuals with a Laboratory Completed Test for SARS-CoV2 Virus by Gender

● Individuals Testing Positive ● Individuals Testing Negative



# COVID-19 Death Details

Current Reporting Period = 10:00 on 24 May 2020 - 10:00 on 25 May 2020

## Breakdown of Deaths During Current Reporting Period

**514**

Cumulative COVID-19 Deaths reported up to 10:00am on 25 May 2020

**506**

Deaths previously reported up to 10:00am on 24 May 2020

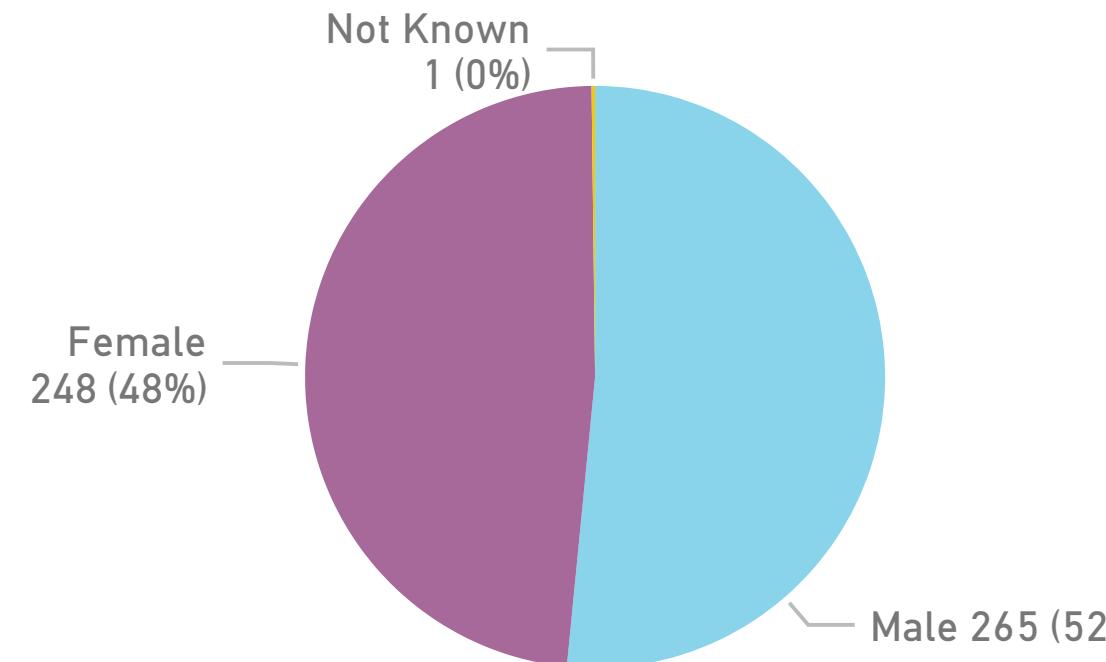
**8**

Deaths reported and occurring within current reporting period

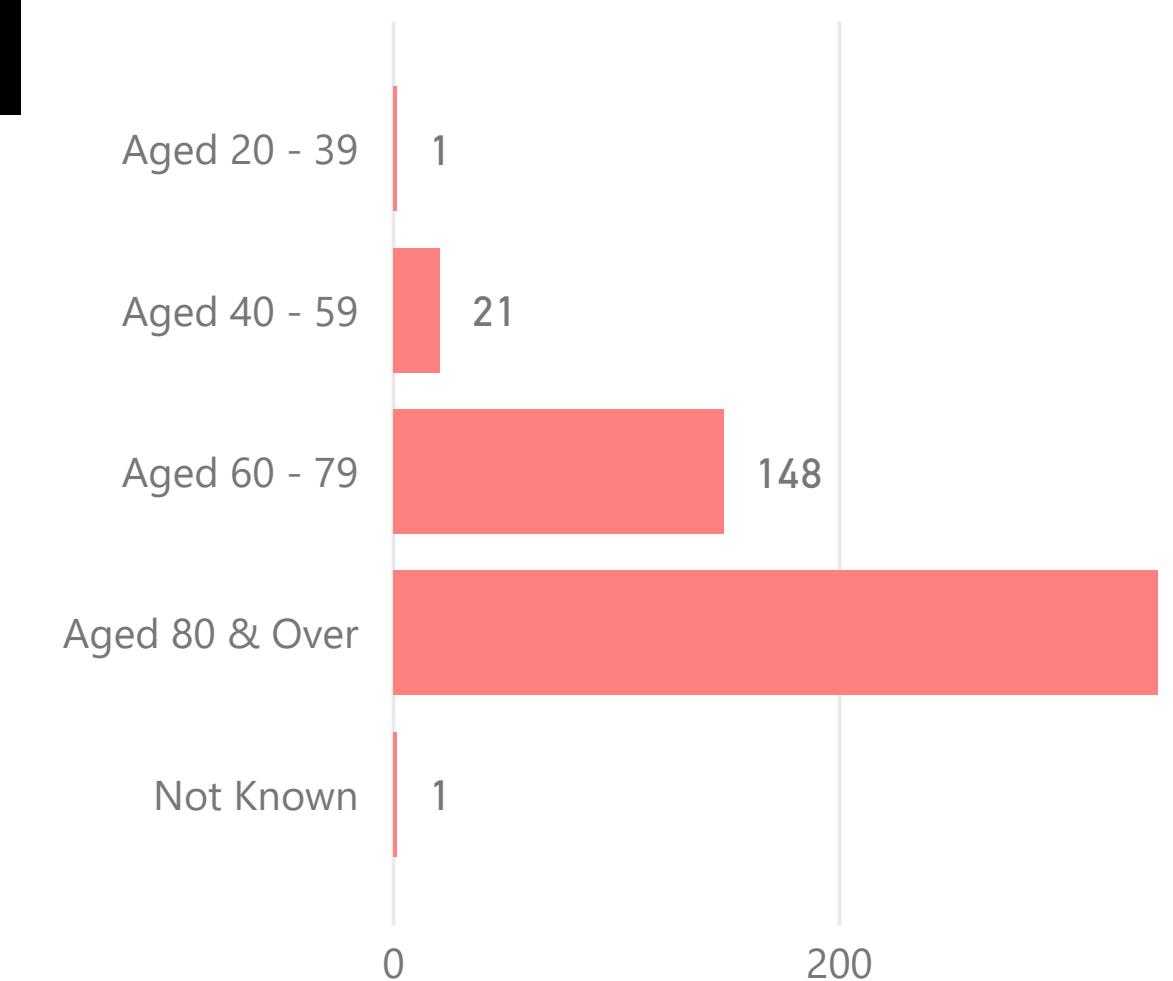
**0**

Deaths reported, but not occurring within current reporting period

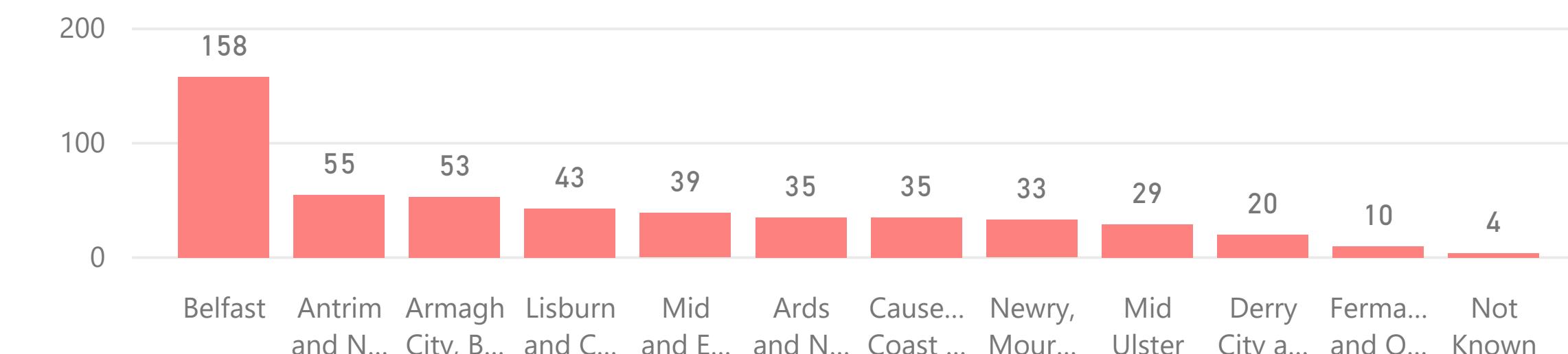
## COVID-19 Deaths by Gender



## COVID-19 Deaths by Age Group



## COVID-19 Deaths by Local Government District

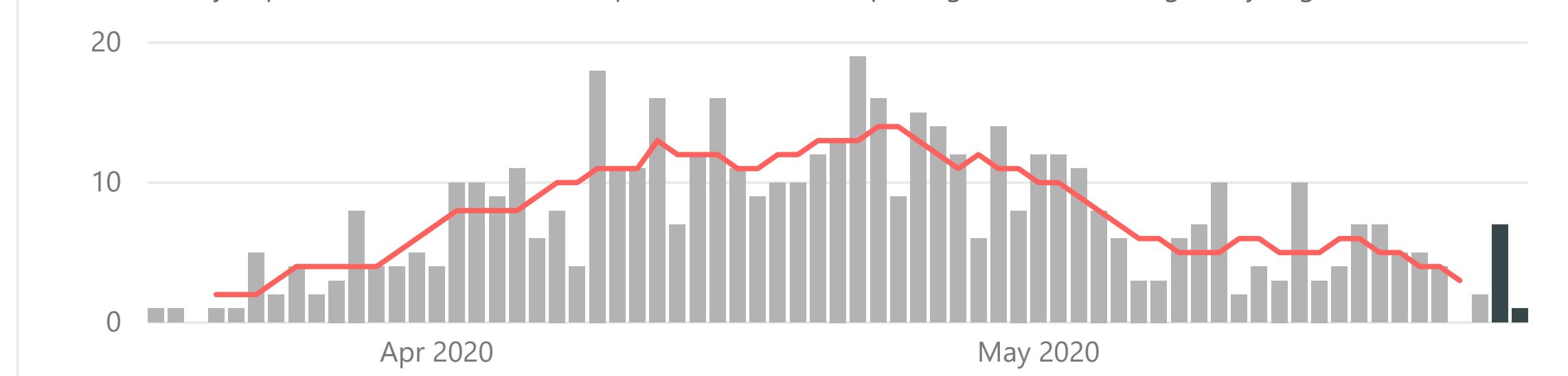


## Cumulative COVID-19 Deaths by Date of Death



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

● Previously Reported Deaths ● Deaths Reported in Current Reporting Period ● Rolling 7 Day Avg. Deaths



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

**Note 2:** Current Reporting Period = 10:00 on 24 May 2020 - 10:00 on 25 May 2020

# COVID-19 Admissions

NOTE: Hospital Admissions include suspected, as well as confirmed, COVID-19 Patients

**6,159**

Admissions

**5,612**

Discharged

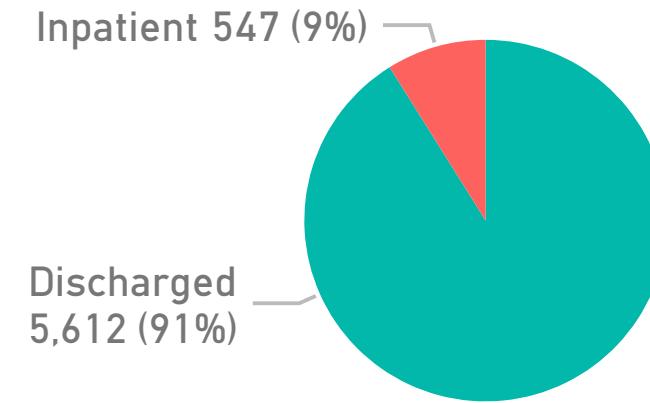
**113**

Confirmed COVID Inpatient

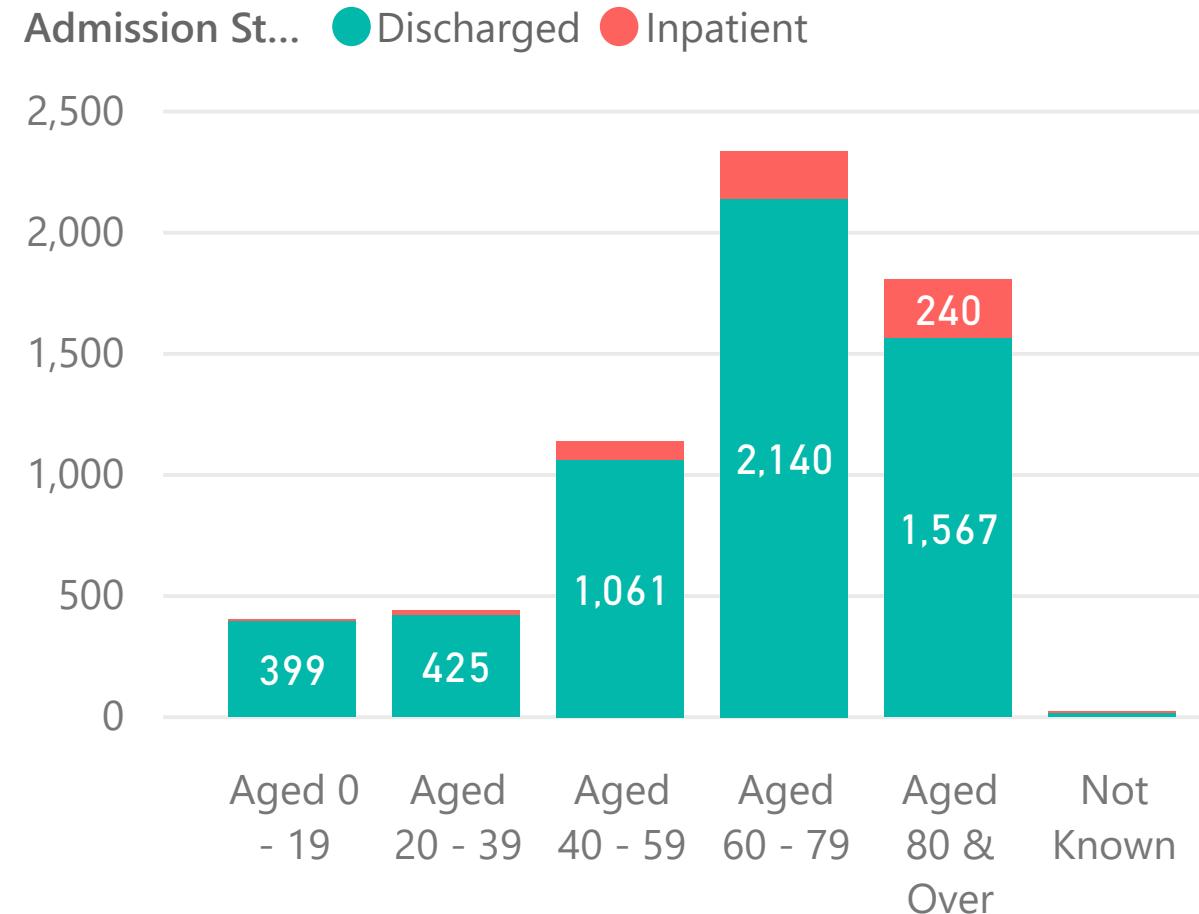
**434**

Suspected COVID Inpatient

## COVID-19 Admissions by Patient Status

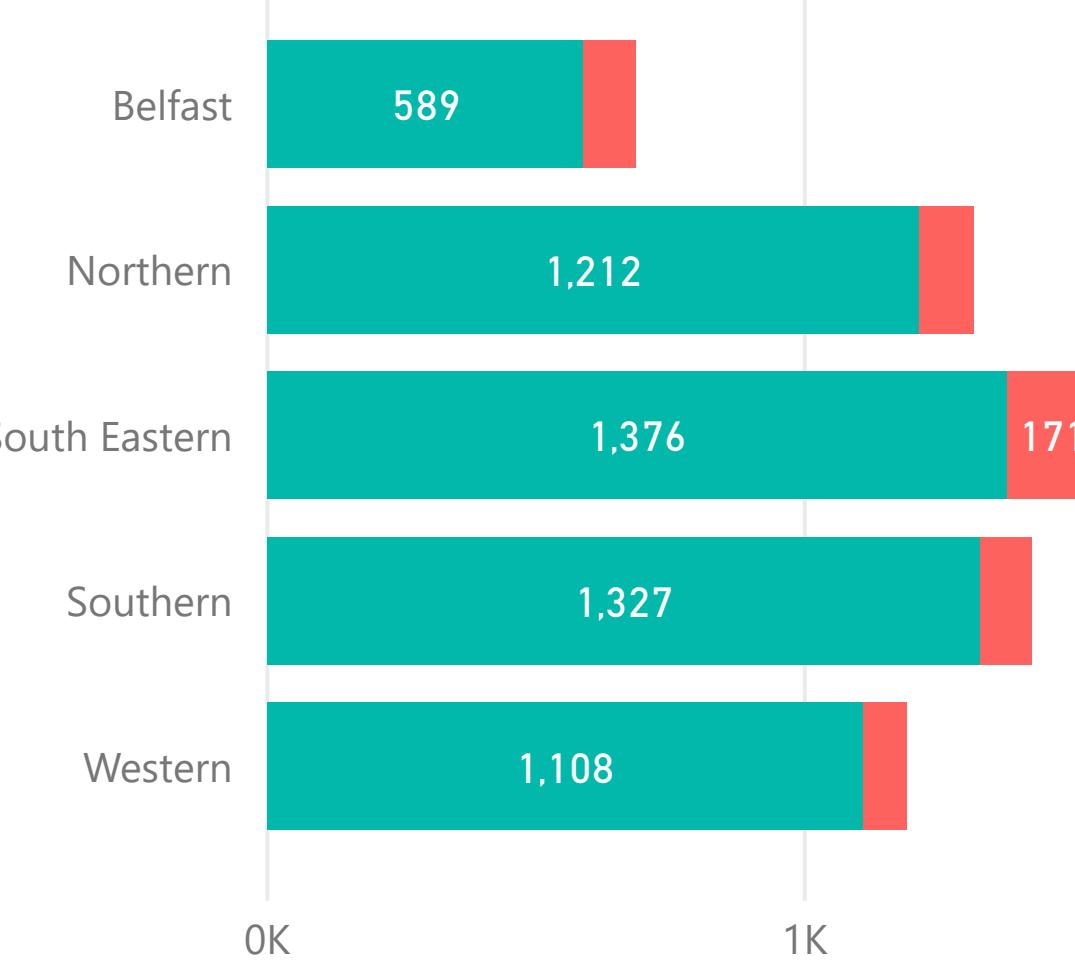


## COVID-19 Admissions by Age Group & Patient S...



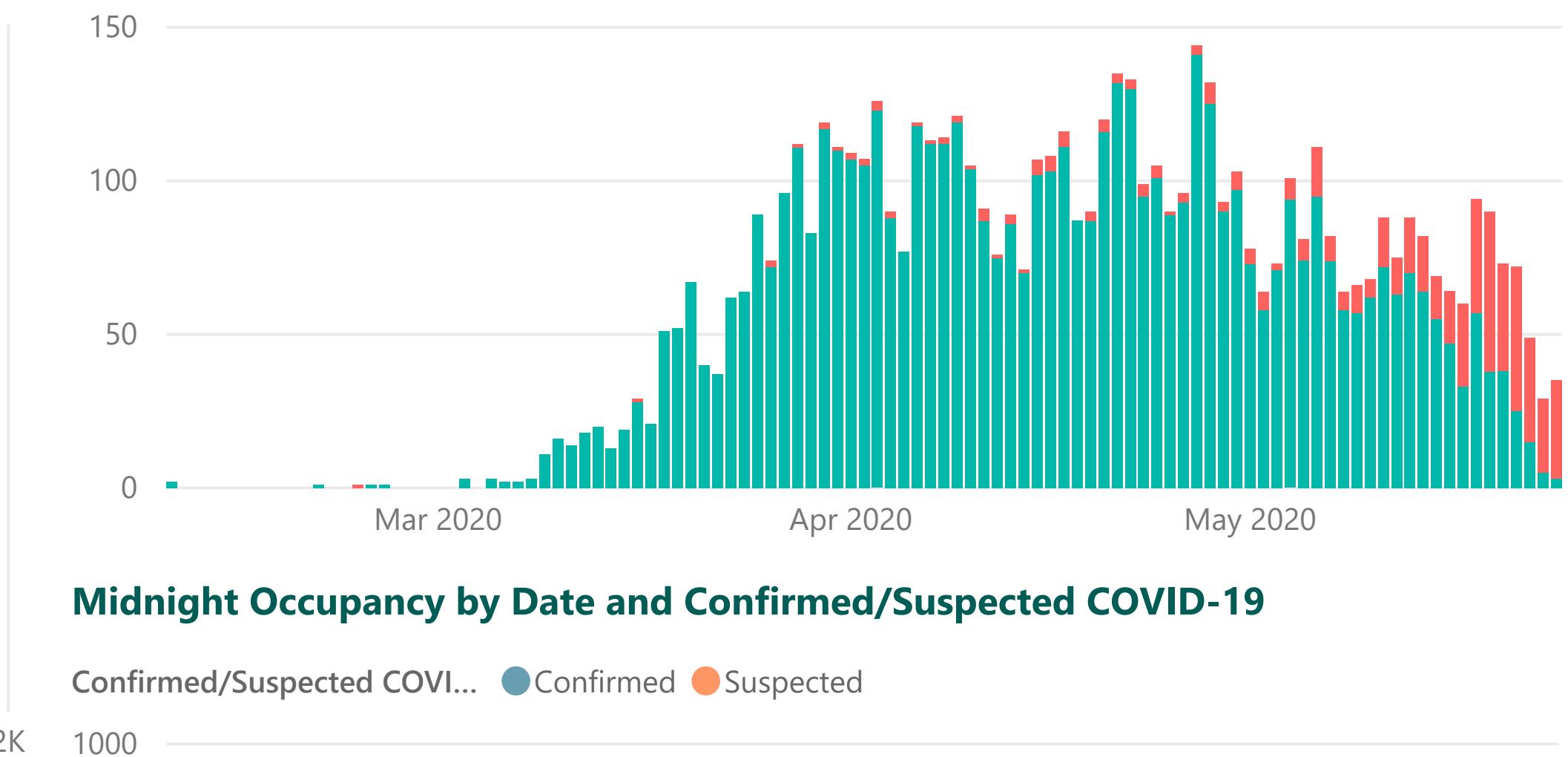
## COVID-19 Admissions by Trust & Patient Status

Admission Status ● Discharged ● Inpatient



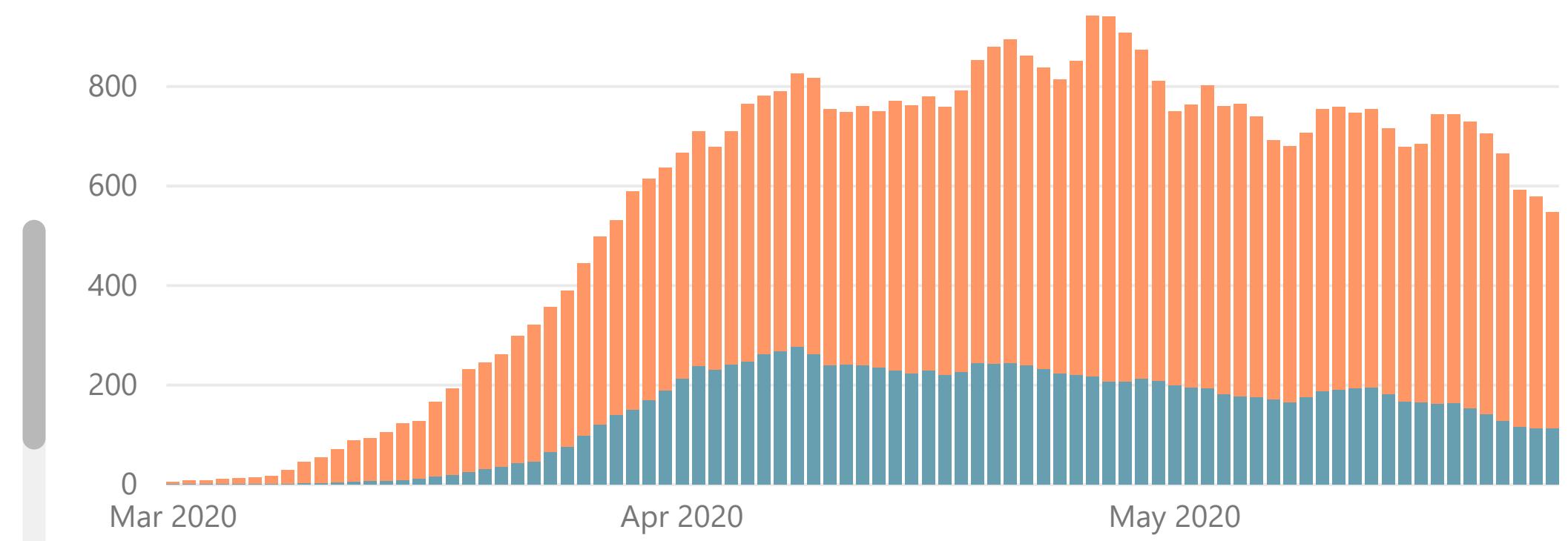
## COVID-19 Admissions by Admission Date & Patient Status

Admission Status ● Discharged ● Inpatient



## Midnight Occupancy by Date and Confirmed/Suspected COVID-19

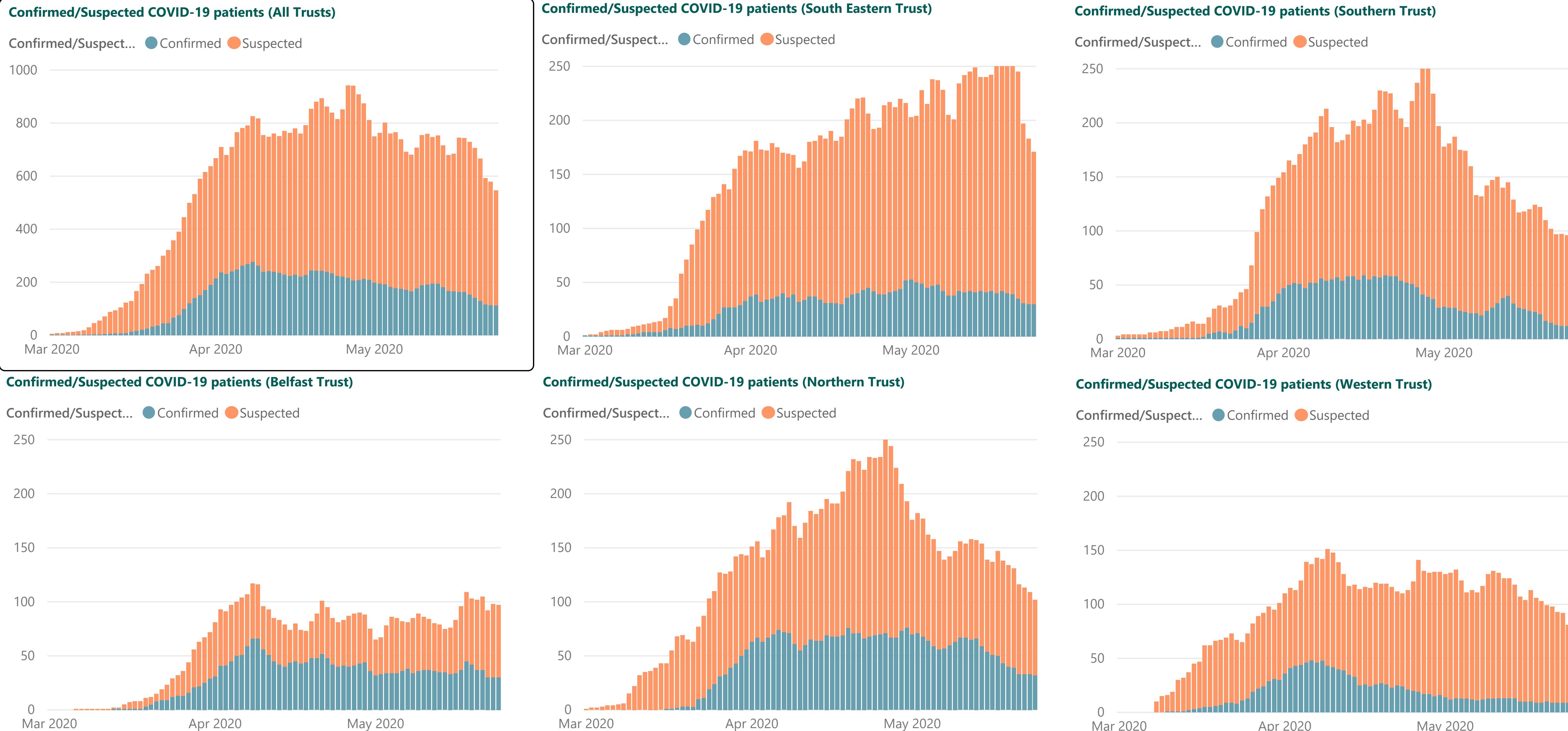
Confirmed/Suspected COVI... ● Confirmed ● Suspected

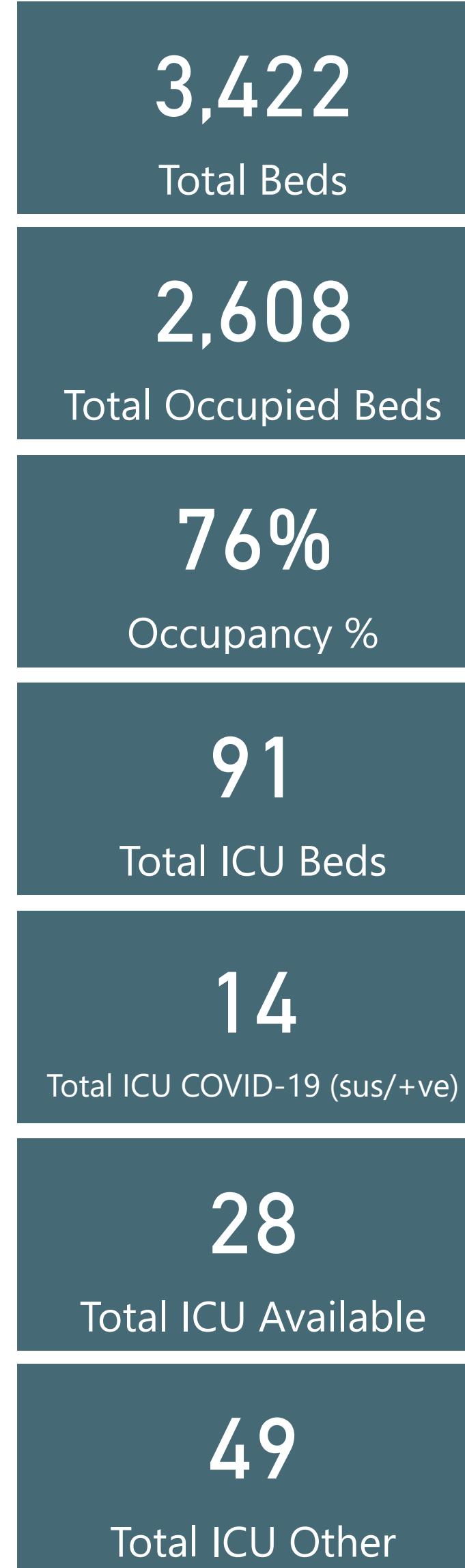


Note 1: Discharges include: discharge under medical grounds, self-discharge or death  
 Note 2: Admissions data is sourced from a live administrative system which is continually being amended and updated, as such previous days' admission data may fluctuate

# Confirmed / Suspected COVID-19 Inpatients by HSC Trust

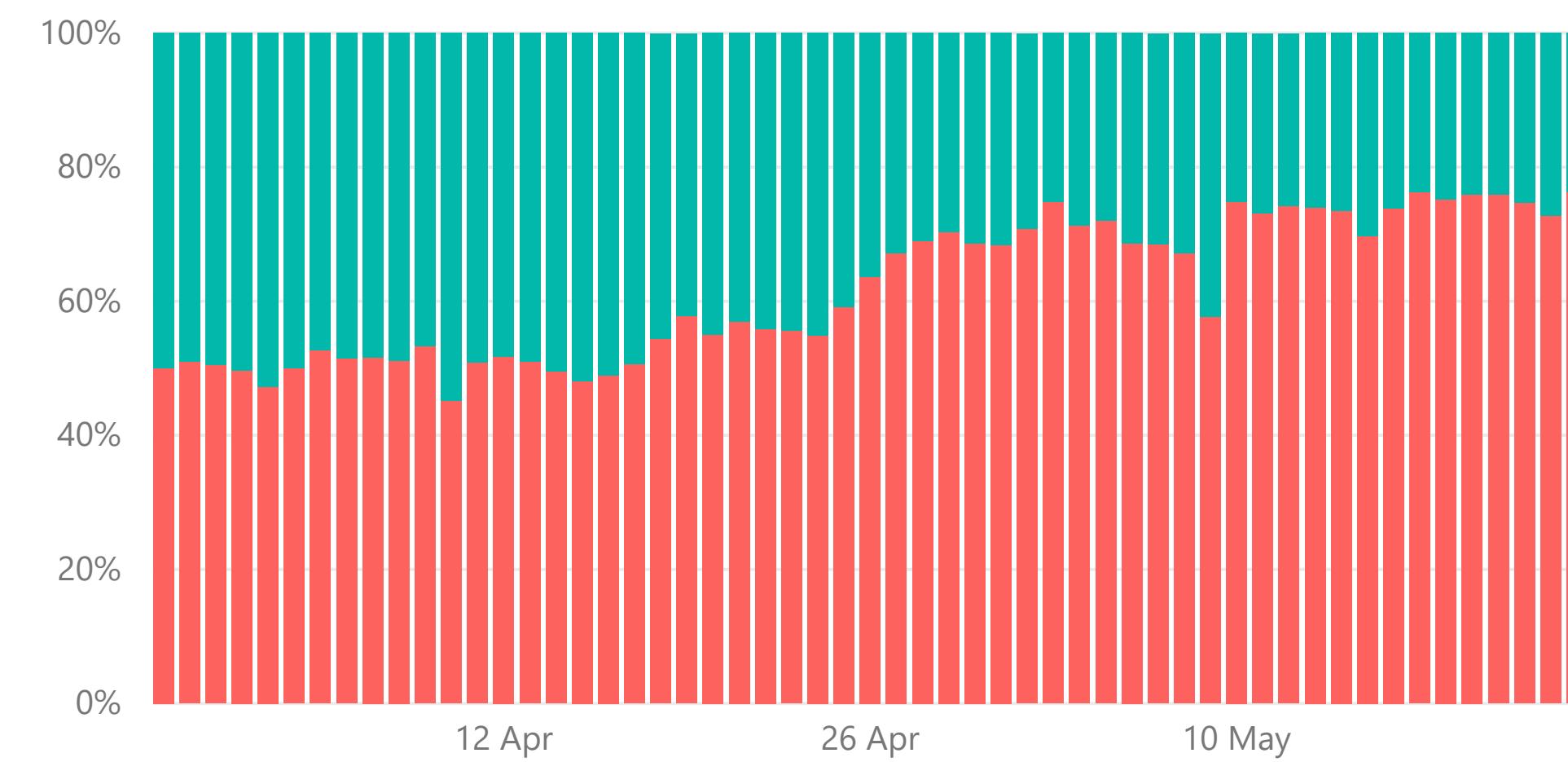
## Breakdown of Inpatients at Midnight by confirmed and suspected COVID-19





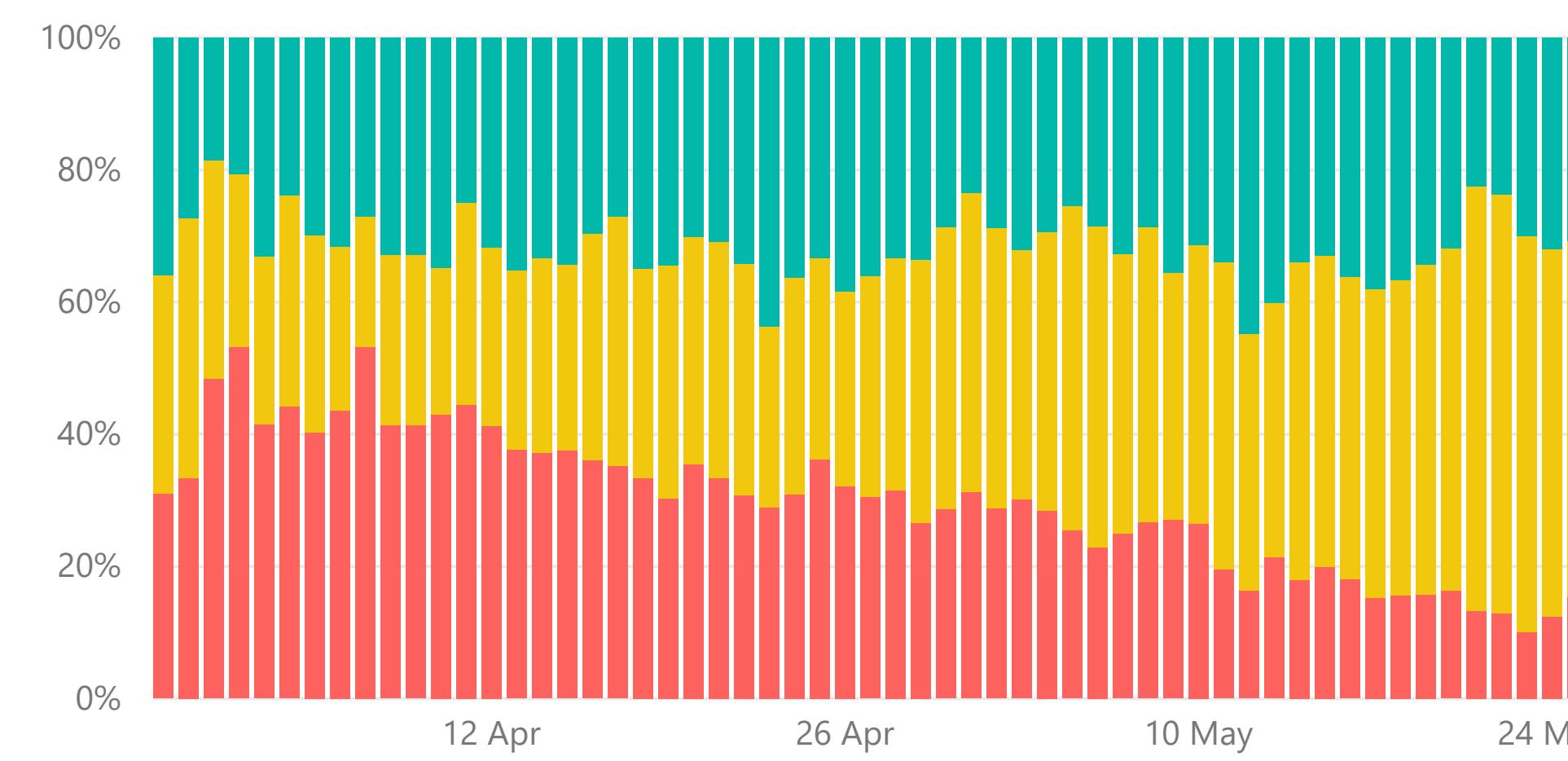
### Hospital Bed Occupancy - Available and Occupied Beds

● Occupied Beds ● Available Beds

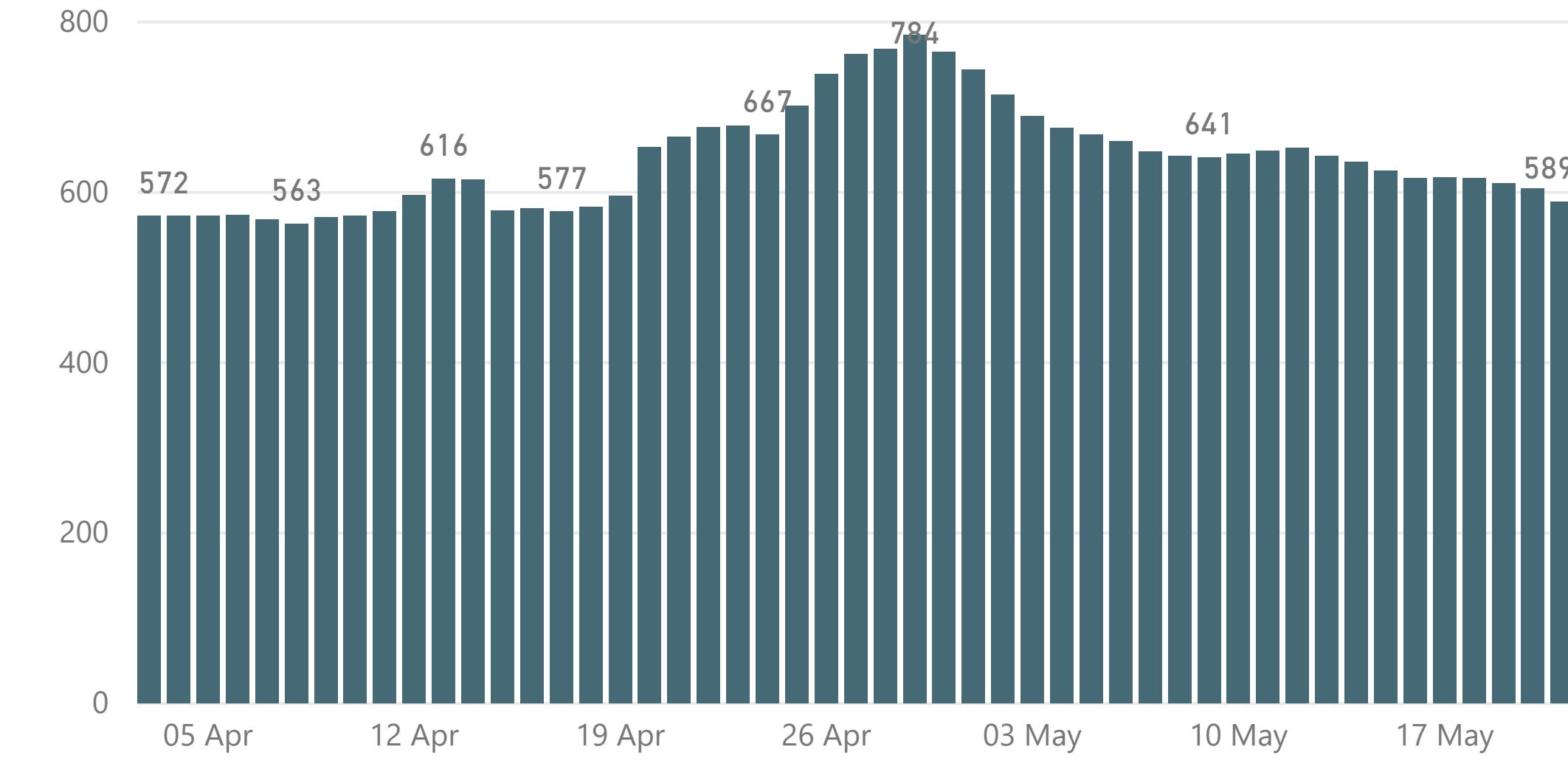


### ICU Bed Occupancy - Available, COVID-19 & Other

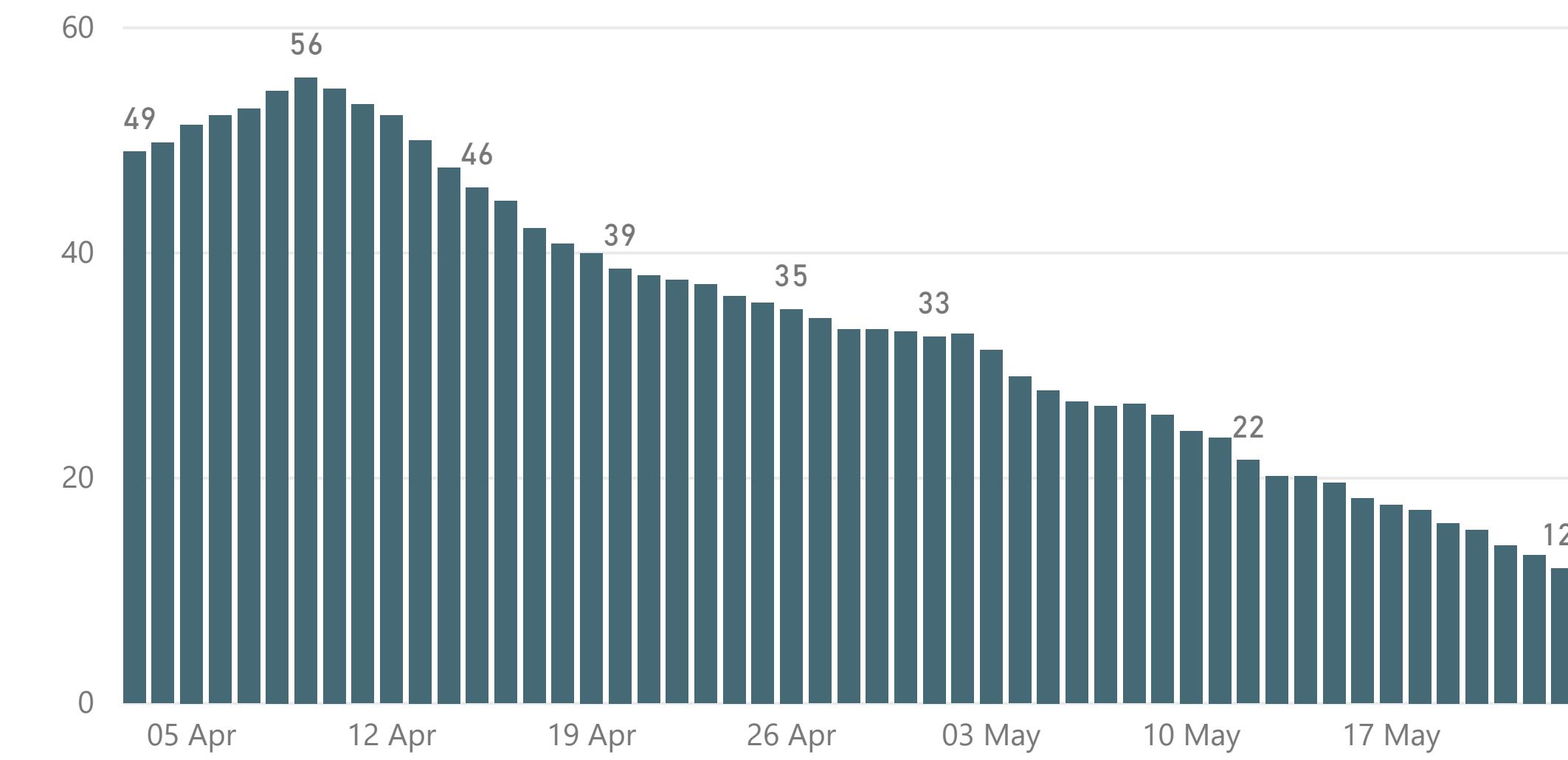
● ICU COVID-19 (sus/+ve) ● ICU Other ● ICU Available



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



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





# COVID-19 Care Home Outbreaks

**145**  
Total Acute Respiratory Outbreaks

**68**  
Confirmed COVID-19

**36**  
Suspected COVID-19

**41**  
Closed Outbreaks

## Key Definitions

### Suspected case of COVID-19\*

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

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

### Confirmed case of COVID-19

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

### Outbreak definition

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

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

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

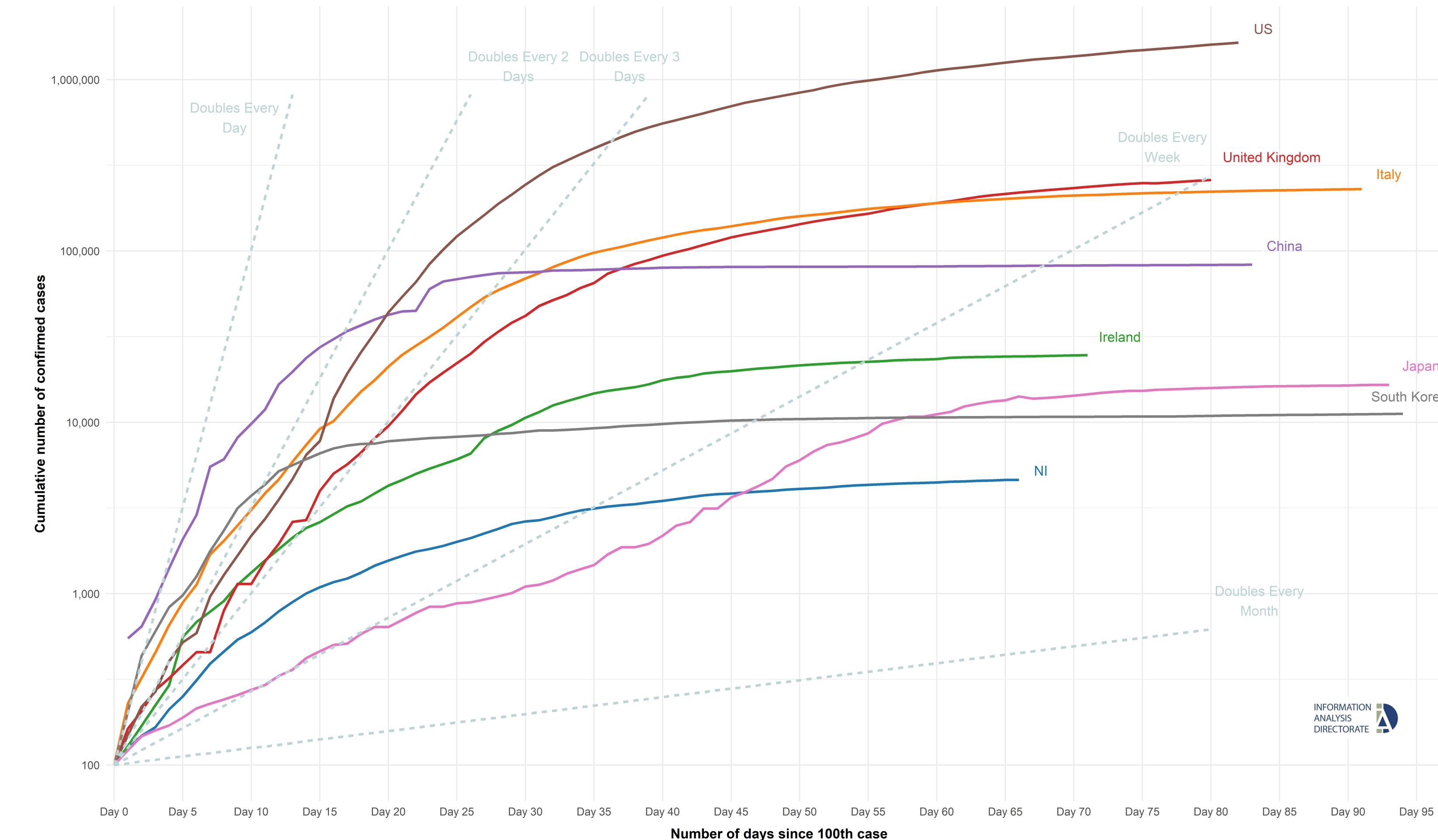
An outbreak can be declared over when there are no new cases for 14 days after symptom onset of most recent case.

**NOTE:** On 21st May 2020, PHA switched their reporting system from counting one outbreak in a care home regardless of the number of units affected to the RQIA unit based reporting. Therefore, the figures reported are slightly higher than those reported previously despite the fact that there were no new care home outbreaks reported to the duty room over the last two days. PHA will now continue to report care homes that have outbreaks in their separate units (i.e. outbreaks in residential and nursing units) as separate outbreaks in our future reports.



# COVID-19 Doubling Case Rate

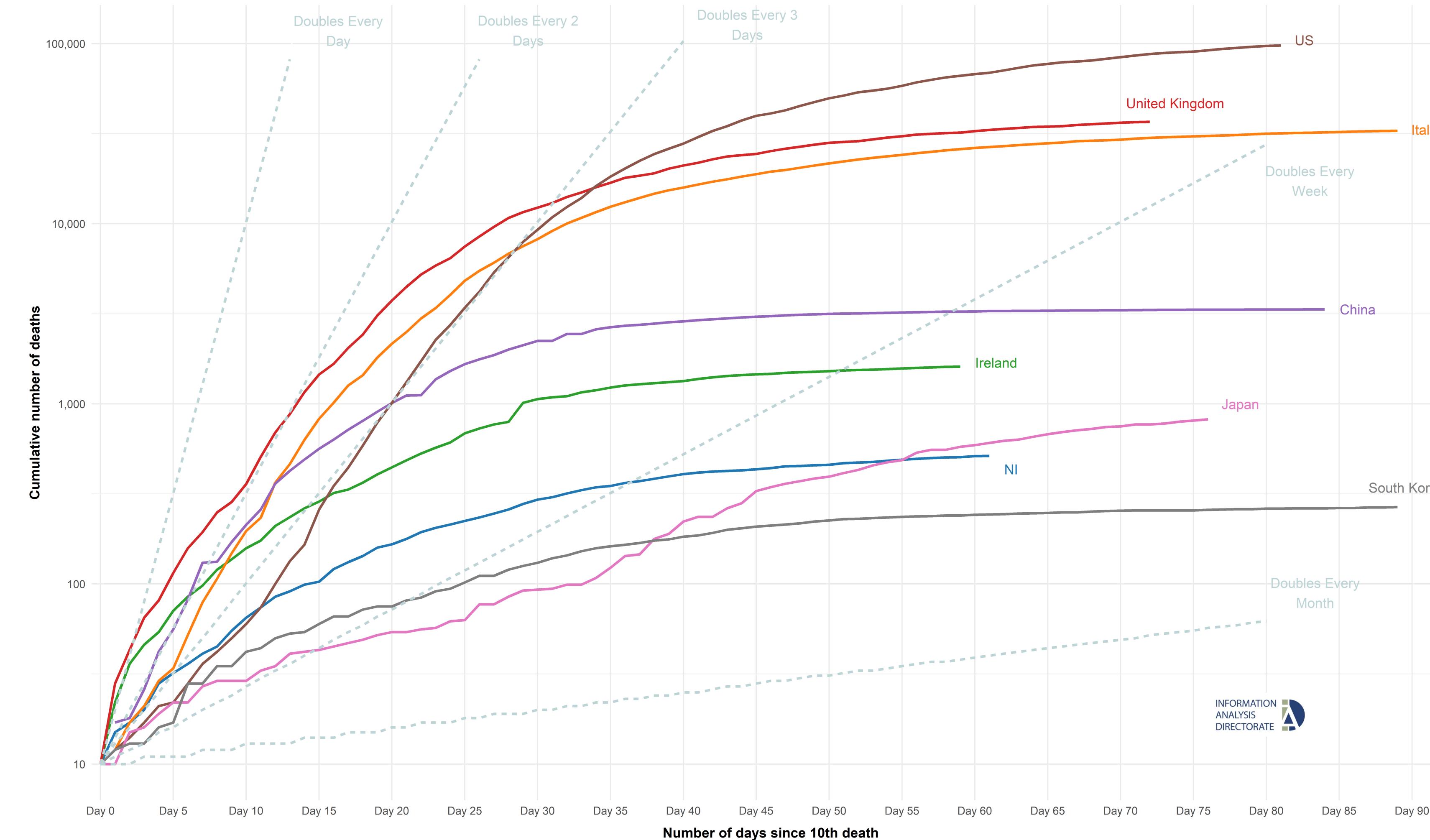
The chart below presents the cumulative number of confirmed cases of coronavirus (COVID-19) after the 100th case. The 100th case for all countries are aligned by calculating the first time the cumulative number of positive cases was greater than or equal to 100 and rounding down to exactly 100. Data is not available for China before their 500th case. Confirmed cases in Northern Ireland refers to individuals with a positive lab completed test.





# COVID-19 Death Doubling Rate

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





## COVID-19 Doubling Case Rate (last 5 days)

The table below compares doubling times of **confirmed cases** in the last five days with the doubling time in the five days before; as well as the number of confirmed cases in the last five days with the number of confirmed cases in the five days before that. The 'change' column compares whether cases doubled **faster** or **slower** or remained about the same; or if countries reported **more** or **less** or about the same number of cases.

The number of confirmed cases in Northern Ireland is doubling at a **slower rate** (149 days) over the last 5 days compared with the doubling rate in the 5 days before that (98.3 days). Confirmed cases in Northern Ireland refers to individuals with a positive lab completed test.

Country	Doubling Time (in Days)			Confirmed Cases		
	Last 5 Days	5 Days Before That	Change	Last 5 Days	That	Change
Northern Ireland	149.0	98.3	↑ 50.7	106	156	↓ -50
Ireland	218.3	196.5	↑ 21.8	388	424	↓ -36
United Kingdom	82.2	53.5	↑ 28.7	10,778	15,698	↓ -4,920
Italy	250.4	216.3	↑ 34.1	3,159	3,603	↓ -444
China	13078.3	9587.7	↑ 3490.6	22	30	↓ -8
Japan	311.7	227.9	↑ 83.8	183	247	↓ -64
United States	47.9	46.1	↑ 1.8	114,678	110,794	↑ 3,884
Germany	243.3	185.0	↑ 58.3	2,550	3,300	↓ -750
France	354.8	321.7	↑ 33.1	1,776	1,939	↓ -163
Spain	217.0	320.3	↓ -103.3	3,735	2,497	↑ 1,238
South Korea	402.8	416.8	↓ -14	96	92	↑ 4

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

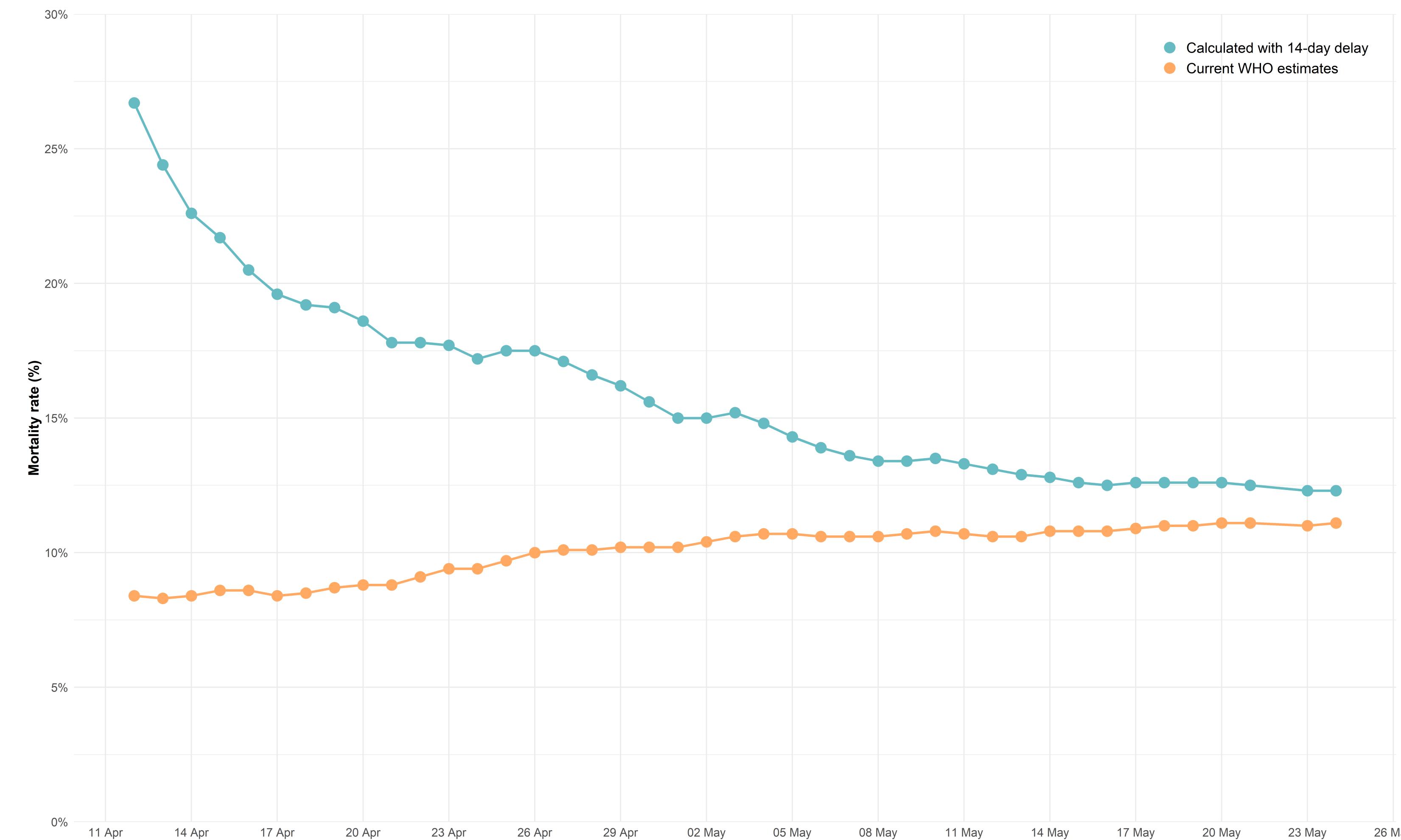
Data updated: <sup>1</sup> Monday 25 May 2020

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



## 14 Day Mortality Lag

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



# TECHNICAL GUIDANCE ON LABORATORY TESTS



COVID-19 cases are identified by taking specimens from people at testing centres across Northern Ireland and sending these specimens to laboratories to be tested. If the test is positive, this is referred to as a Laboratory Completed Test. The information currently reported by DoH refers ONLY to the number of laboratory completed tests for the SARS-COV2 virus at 9am each day for the 4 HSC Trust laboratories listed below.

- Regional Virus Laboratory (Belfast);
- Antrim Testing Laboratory (commenced 23/03/2020);
- Craigavon Area Testing Laboratory (commenced 28/03/2020); and,
- Altnagelvin Area Testing Laboratory (commenced 03/04/2020).

Prior to testing commencing at Antrim, Craigavon Area and Altnagelvin, all laboratory completed tests for the SARS-COV2 virus in Northern Ireland were carried out by the Regional Virus Laboratory in Belfast.

## National Testing Centres

Alongside testing by HSC Trust laboratories, there is a programme of testing for the SARS-COV2 virus being carried out at National Testing Centres (mainly for Health Care / Key Workers) by appointment only; although, information on the outcome of samples (swabs) taken at these National Testing Centres is not presented in this dashboard. Samples taken at National Testing Centres will be sent to laboratories for analysis and will be reported as a laboratory completed test in due course. They should NOT be added to the **Completed** laboratory results presented above.

Currently, the National Testing Centres in NI are located at the following sites: the SSE Arena, City of Derry Rugby Club and Craigavon Test Centre.

## DATA PROVISION

Daily extracts based on laboratory completed tests completed and authorised by each HSC laboratory are provided to the DoH at 9am, and refer to the position at the end of the previous working day. Data on authorised completed laboratory results for the Regional Virus Laboratory are provided via a secure data link at 12 midday and 18:30pm each day, whilst data on authorised completed laboratory results for the remaining laboratories (Altnagelvin, Craigavon Area and Antrim) are available to download from the Regional Data Warehouse at 4am each day.

## DATA QUALITY

Data is currently provided by the 4 HSC laboratories in two separate ways; (i) a data extract from RVL Belfast, and (ii) a data extract for Antrim, Craigavon Area and Altnagelvin laboratories via the Regional Data Warehouse.

Quality assurance of this data is undertaken by the DoH using a combination of automated and semi-automated programmes, with manual checking both before and post processing. Data from each source are merged and duplicate reports are generated to identify any duplicate test records based on 'Specimen Number' (RVL) or 'Ascension Number' for other laboratories. Duplicate tests are then removed from the data at this stage.

# TECHNICAL GUIDANCE ON COVID-19 DEATHS



Death extracts are provided daily to the DOH detailing the count of deaths reported to the PHA where the deceased has had a positive test for COVID-19 and died within 28 days, whether or not COVID-19 was the cause of death. PHA sources include reports by healthcare workers (e.g. HSC Trusts, GPs) and information from local laboratory reports. Local Government Districts are defined by the deceased's residential setting. Interpretation of the figures should take into account that totals by date of death, particularly for recent prior days, are likely to be updated in future releases.

## DATA QUALITY

Data is refreshed each day to include any deaths that have been reported during the current reporting period (from 09:30 am one day previous until 09:30 am on the day of reporting). Deaths submitted by HSC Trusts after 9:30am will be reported in the Daily COVID report for the following day. There may also be deaths reported to the PHA a number of days after the death occurred. Data will be refreshed and revisions to previous reported figures by date of death will be provided in the latest report. Updates are available for access by DoH via secure file transfer by 10.45am each day.

## DATA REPORTED

Data is reported in the following ways:

- Total number of deaths reported up to the end of the current reporting period
- Total number of deaths reported in the current reporting period
- Total number of deaths reported up to the end of the current reporting period, split by Local Government District (LGD)
- Total number of deaths reported up to the end of the current reporting period, split by Gender
- Total number of deaths reported up to the end of the current reporting period, split by Age Group
- Daily updated counts of deaths reported split by date of death

# TECHNICAL GUIDANCE ON COVID-19 ADMISSIONS



The hospital inpatient system (HIS) provides information on admitted patient care delivered by health and social care hospitals in Northern Ireland. It is a patient level administrative data source and each record relates to an individual consultant episode. Data from HIS are routinely uploaded to the Regional Data Warehouse, which is managed by the Business Service Organisation (BSO).

## Data Quality

A daily download is taken at 08:30 from the Admissions and Discharges universe of the Regional Data Warehouse reflecting admissions as of midnight prior to the download date. Patients admitted with suspected or confirmed COVID-19 are identified using specific Method of Admission Codes (CR or CC) and Specialty Codes (COVC or COVS). Method of Admission codes are only used for non-elective patients only.

Information is constantly being revised as records are updated by HSC Trusts and therefore figures for historical dates may change. When technical issues arise or errors in the data are discovered, the HSCB email to inform DOH.

## Admission / Discharges

A patient may be admitted more than once, for example:

- Admitted on two or more separate occasions
- Admitted to hospital A within one HSC Trust and later transferred and admitted to hospital B *in a different HSC Trust*. The admission to hospital B will be recorded as a new admission.

Consequently, patients may also be discharged more than once and these discharges will be included in the discharge total.

## Internal Transfers

If a patient with suspected or confirmed COVID-19 is transferred between hospitals within the same HSC Trust they are admitted using a CR/CC Method of Admission Code. The Method of Discharge is recorded as ID – Internal Discharge.

The Belfast Trust identifies confirmed /suspect COVID-19 patients by using the specialty codes (COVC or COVS). Any internal transfers will be admitted using the IA Method of Admission Code.

Internal transfers are not counted as new admissions and only the final admission record will be counted for these patients.

## Inpatients / Hospitalisations

# TECHNICAL GUIDANCE ON BED CAPACITY



The Department sources data on Intensive Care Units from the Health and Social Care Board each day. A conference call is held between HSCB staff and Trust staff to gather this information at 9.30am each morning. This network is referred to as CCaNNI.

CCaNNI provide the data to the Department as two excel spreadsheets, providing the ICU and ventilation position for each Intensive Care Unit as of the morning of reporting. The ICU capacity presented includes additional surge capacity available on the day of reporting. HDU beds are not included. The spreadsheets includes for each Unit (including Paediatric and Cardiac ICU):

- the number of available ICU beds;
- the number of beds occupied by Covid-19 confirmed patients;
- the number of beds occupied by Covid-19 suspected patients; and
- the total number of beds occupied.

## DATA QUALITY

Quality assurance of this data is undertaken by the DoH using a combination of automated and semi-automated programmes, with manual checking both before and post processing. When the ICU data is received into the Department, a member of staff checks that the figures presented in both files match one another. Any discrepancies are raised with the data supplier to seek clarification or revision. Both data files are then appended to relevant 'master' files which contain a record of previous returns. Sense checks are undertaken to ensure internal consistency and clarification is sought from the supplier if data looks missing or erroneous. Data reported is based on the date that the CCaNNI network collated the information.

Given that the information is collated from teams in each Trust responsible for the management of ICU beds, it is believed to be an accurate reflection of ICU capacity on any given day. It presents a static picture at a point in time and is not revised retrospectively unless an error is discovered in the data or a change to the methodology used to produce the information is required. Any such changes will be alerted to users.

## DATA REPORTING

Information provided by the CCaNNI network enables the Department to report on the number of patients occupying ICU beds each day, how many of these patients have suspected or confirmed Covid-19 and how many beds are still available across the region.



## Pre-Release Access List:

### COVID-19 Statistical Dashboard

For this statistical publication the following Department of Health officials may receive up to 24 hour pre-release access to the data (statistical staff producing this release are not included):

- Minister
- Special Adviser to the Minister
- Permanent Secretary
- Chief Medical Officer
- Chief Nursing Officer
- Deputy Secretary (2)
- Director of Communications