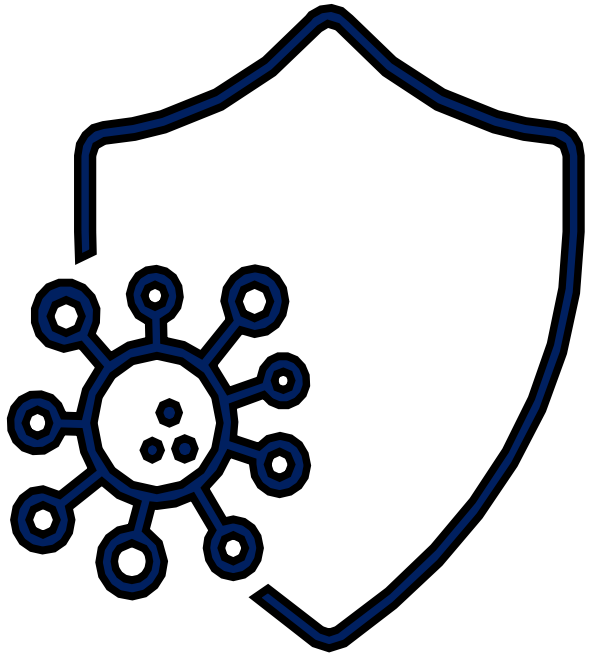


AKTUÁLNÍ VÝVOJ A TRENDY – COVID19

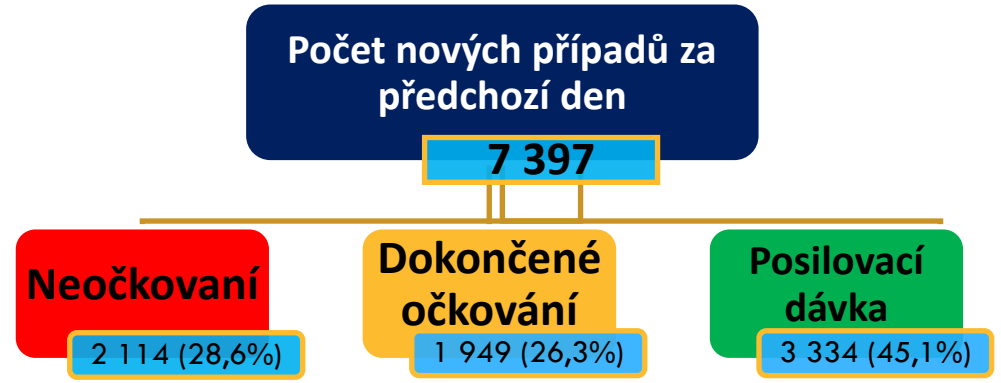
31. března 2022

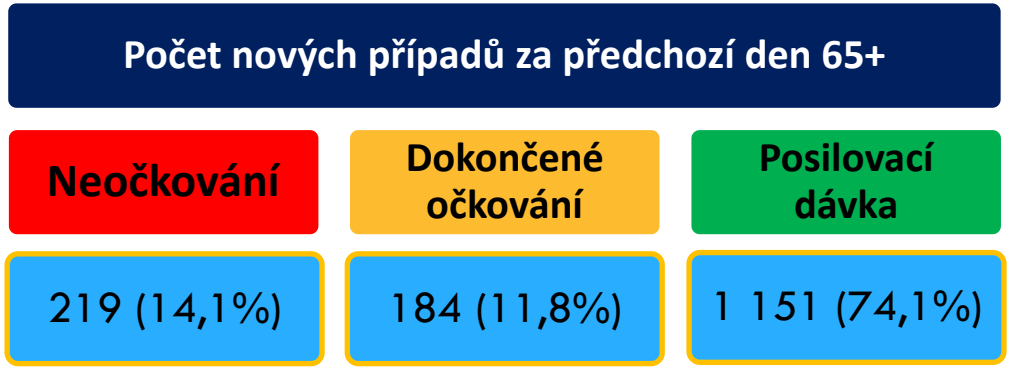
AKTUÁLNÍ DATA COVID-19

ZDROJ: ÚZIS, ISIN / COVID-19 - INFORMAČNÍ SYSTÉM INFEKČNÍCH NEMOCI STAV K 30.3.2022

Potvrzené nové případy za předchozí den (bez reinfekcí)

Celkem	65+
+ 7 397	+ 1 554





AKTUÁLNÍ DATA COVID-19

ZDROJ: ÚZIS, ISIN / COVID-19 - INFORMAČNÍ SYSTÉM INFEKČNÍCH NEMOCI STAV K 30.3.2022

7 denní incidence		Denní průměr (průměr za 7 dnů)	
Celkem	65+	Celkem	65+
426	424	6506	1 307

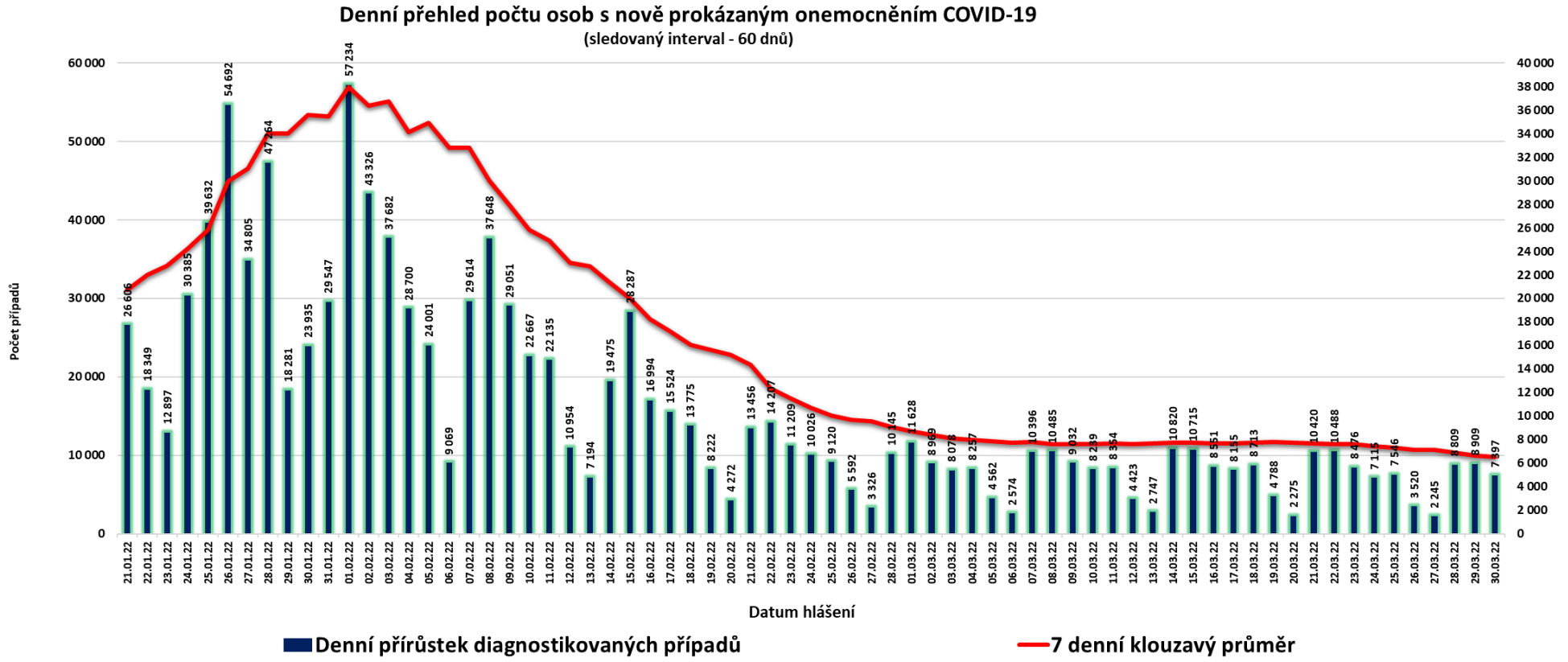
AKTUÁLNÍ DATA COVID-19

ZDROJ: ÚZIS, ISIN / COVID-19 - INFORMAČNÍ SYSTÉM INFEKČNÍCH NEMOCI STAV K 30.3.2022

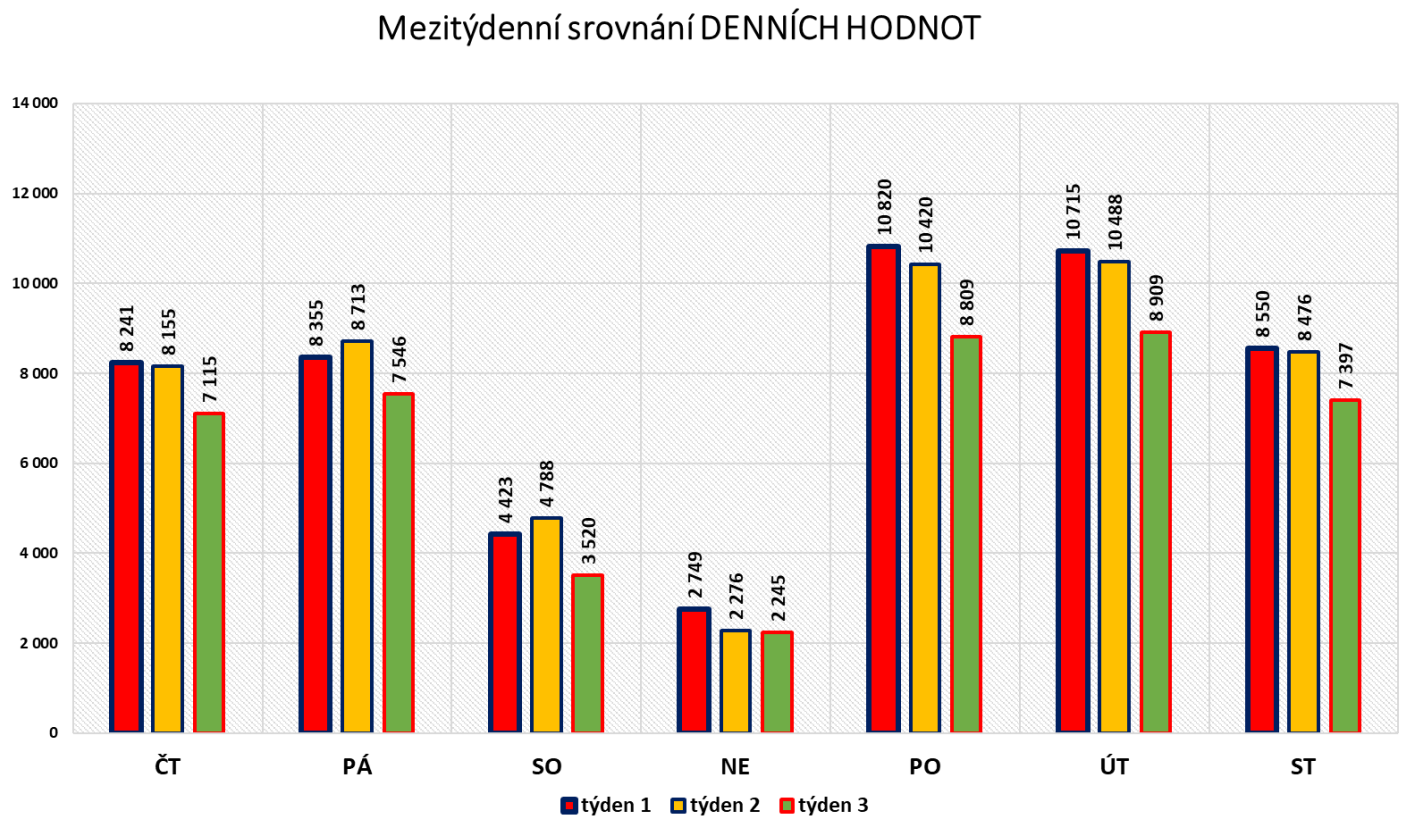
7denní incidence / nejnižší vs. nejvyšší hodnoty	
Nejnižší incidence - kraj	Nejvyšší incidence - kraj
Liberecký kraj (297)	Hlavní město Praha(555)
Nejnižší incidence - okres	Nejvyšší incidence - okresy
Nový Jičín (227)	Praha (555)

DENNÍ PŘEHLED POČTU NOVÝCH PŘÍPADŮ A 7DENNÍHO KLOUZAVÉHO PRŮMĚRU – INTERVAL 30 DNÍ

ZDROJ: ÚZIS, ISIN / COVID-19 - INFORMAČNÍ SYSTÉM INFEKČNÍCH NEMOCI STAV K 30.3.2022

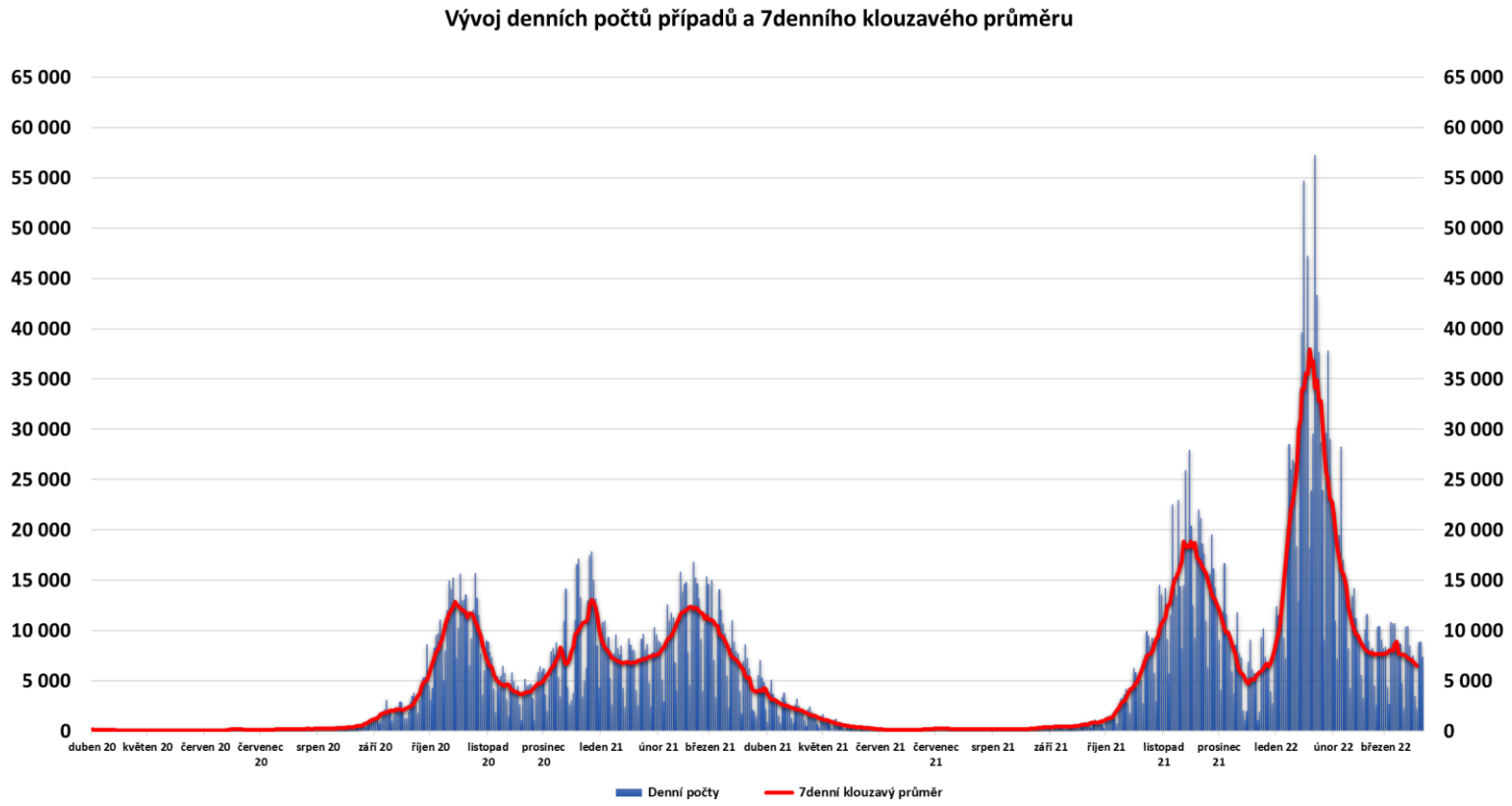


MEZITÝDENNÍ SROVNÁNÍ DENNÍCH HODNOT



TRENDOVÝ PŘEHLED A VÝVOJ POČTU NOVÝCH PŘÍPADŮ A 7DENNÍHO KLOUZAVÉHO PRŮMĚRU – OD DUBNA 2020

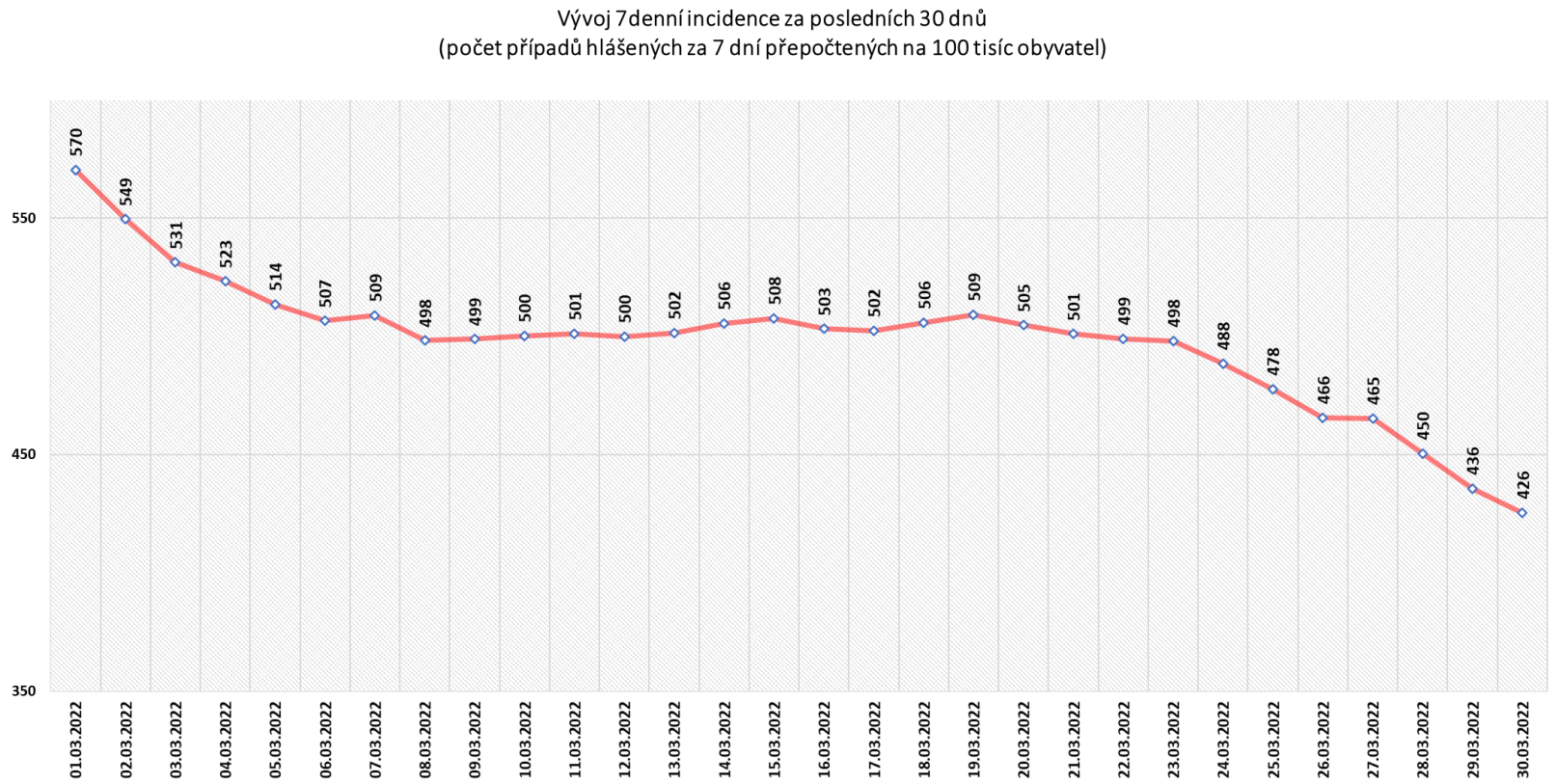
ZDROJ: ÚZIS, ISIN / COVID-19 - INFORMAČNÍ SYSTÉM INFEKČNÍCH NEMOCI STAV K 30.3.2022



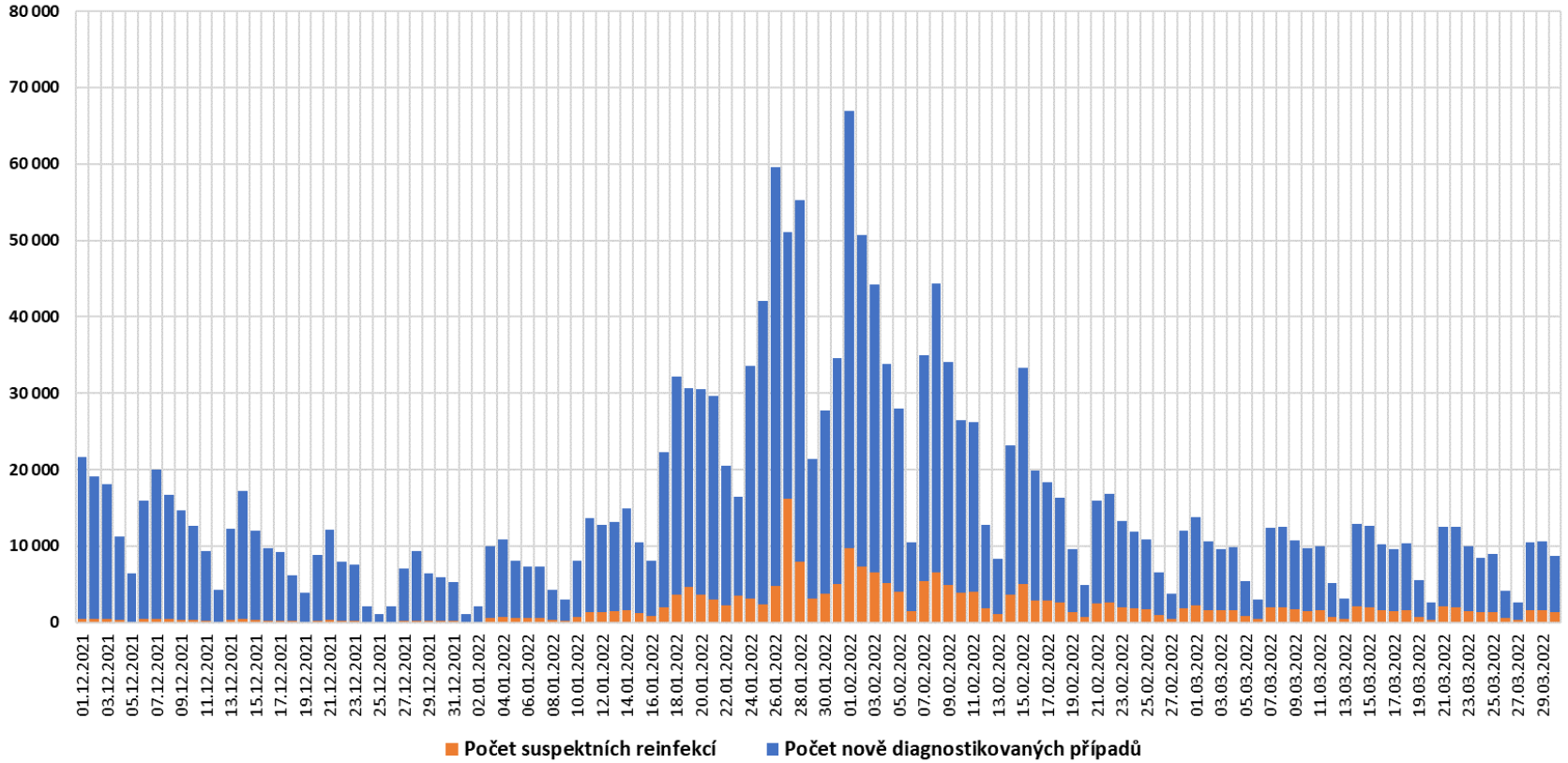
	16.3.2022	30.3.2022
7denní incidence	523	426
Klouzavý průměr	8 002	6 506

VÝVOJ HODNOTY 7DENNÍ INCIDENCE – ČR – INTERVAL 30 DNÍ

ZDROJ: ÚZIS, ISIN / COVID-19 - INFORMAČNÍ SYSTÉM INFEKČNÍCH NEMOCI STAV K 30.3.2022

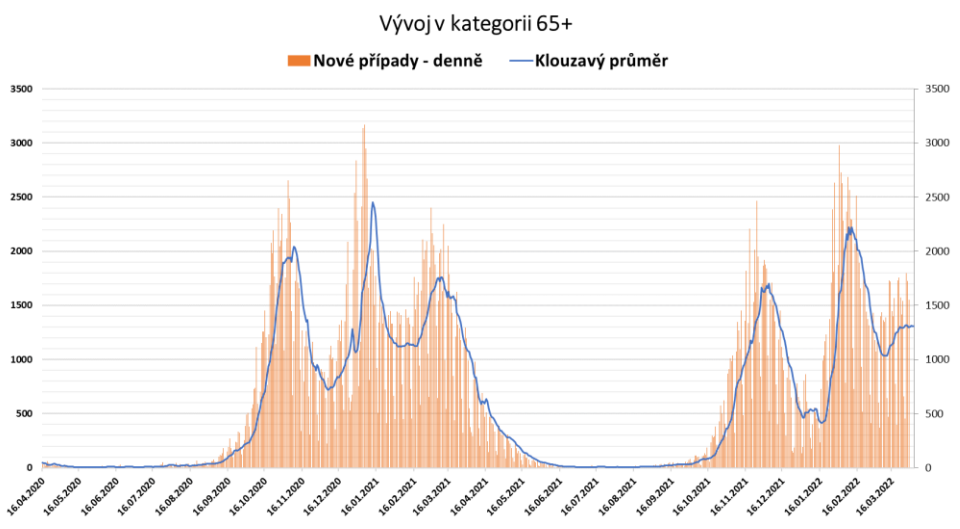


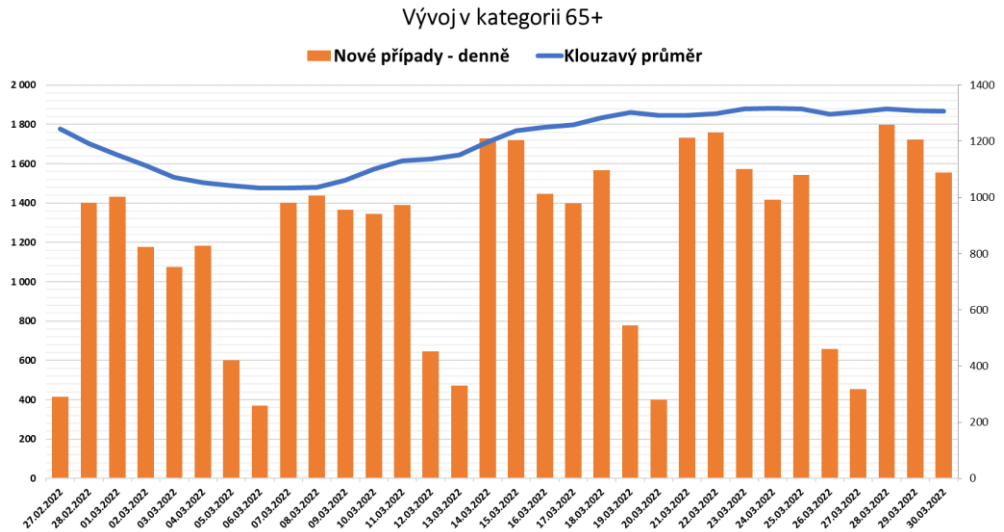
DENNÍ POČTY NOVÝCH PŘÍPADŮ A REINFEKCÍ OD 1. PROSINCE 2021



VÝVOJ DENNÍHO POČTŮ NOVÝCH PŘÍPADŮ VE VĚKOVÉ KATEGORII 65+

ZDROJ: ÚZIS, ISIN / COVID-19 - INFORMAČNÍ SYSTÉM INFEKČNÍCH NEMOCI STAV K 30.3.2022

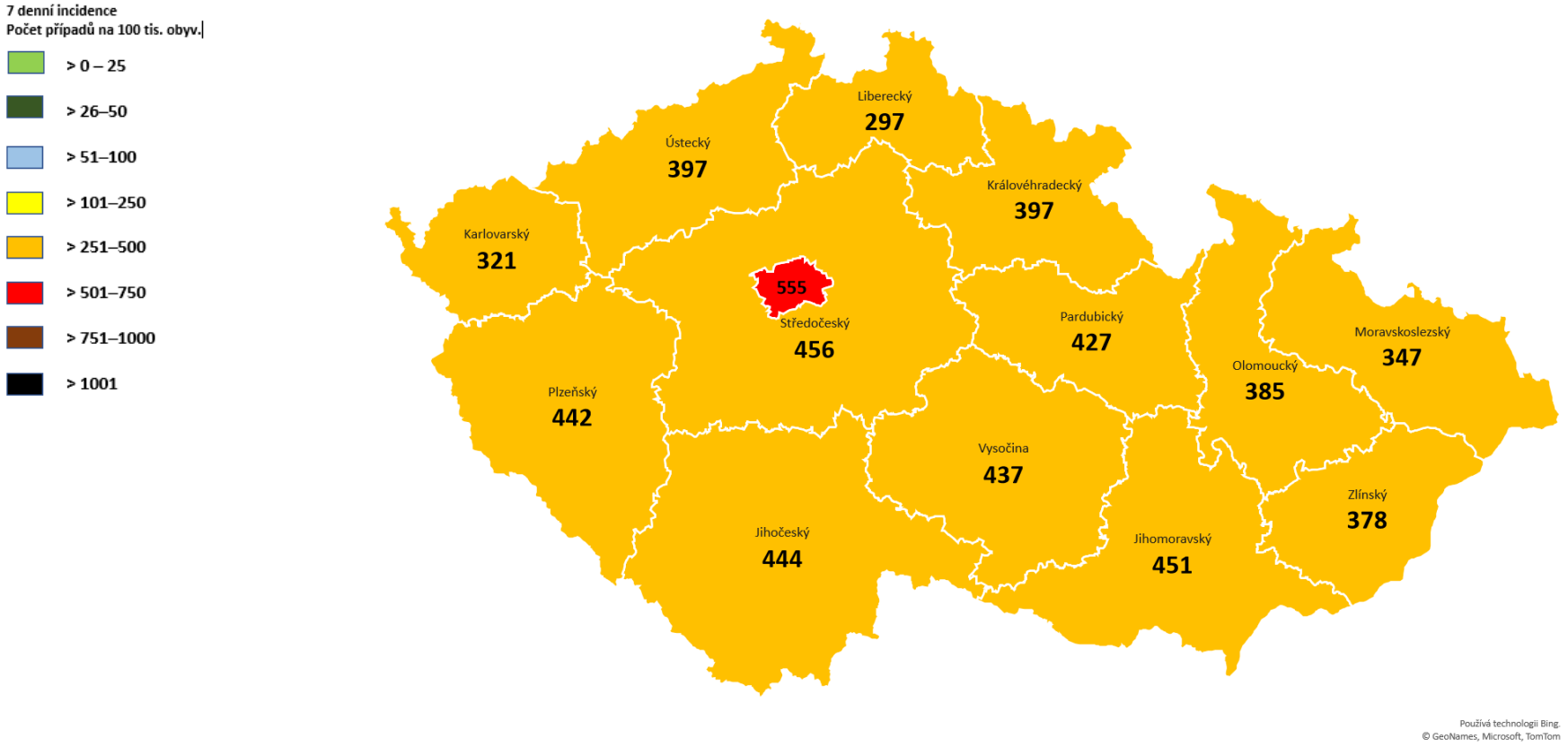




HODNOTY 7DENNÍ INCIDENCE - KRAJE

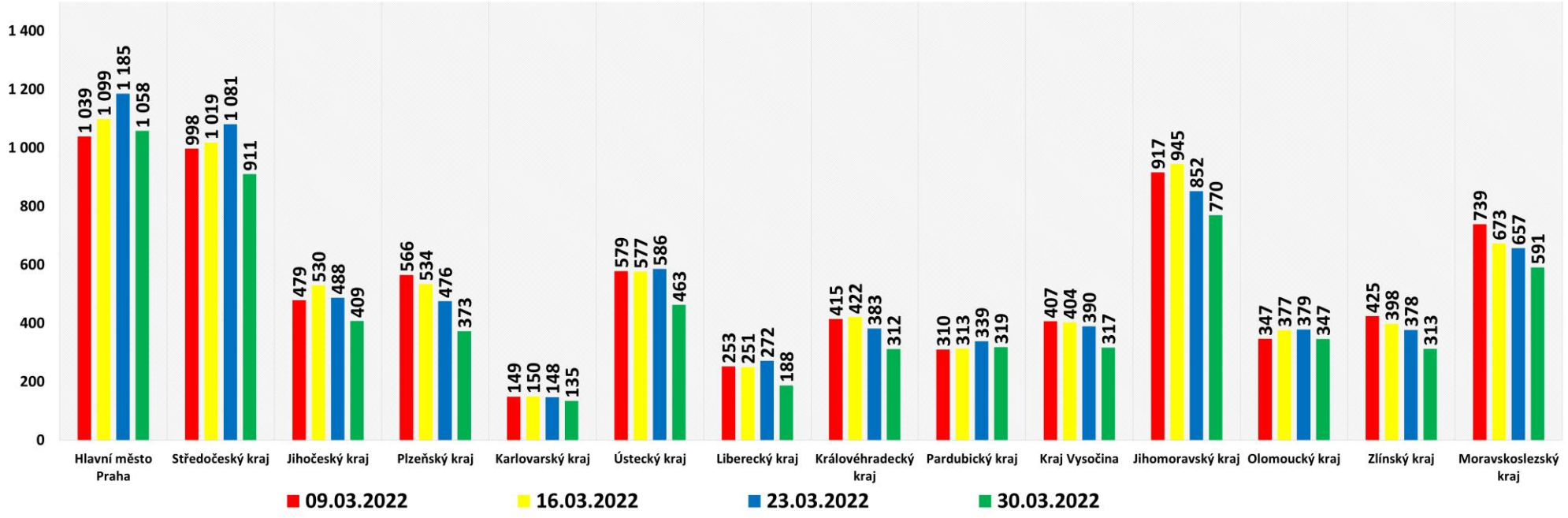
POČET NOVÝCH PŘÍPADŮ NA 100 TISÍC OBYVATEL

ZDROJ: ÚZIS, ISIN / COVID-19 - INFORMAČNÍ SYSTÉM INFEKČNÍCH NEMOCI STAV K 30.3.2022



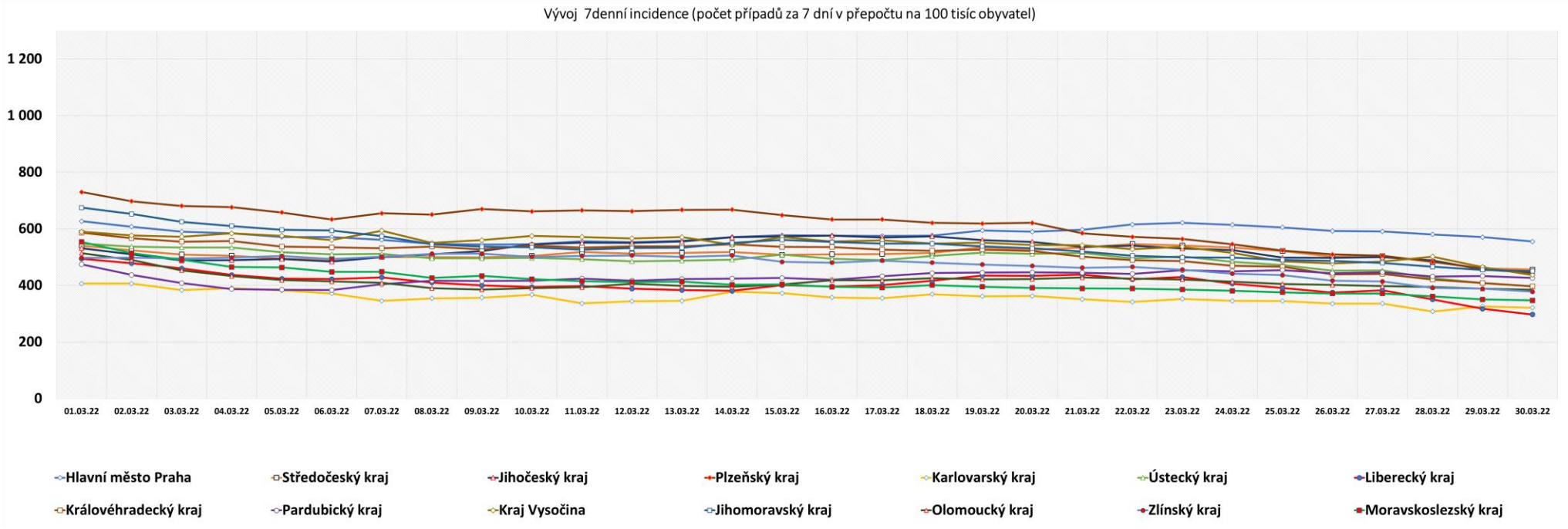
VÝVOJ 7DENNÍHO KLOUZAVÉHO PRŮMĚRU NOVÝCH PŘÍPADŮ – KRAJE

ZDROJ: ÚZIS, ISIN / COVID-19 - INFORMAČNÍ SYSTÉM INFEKČNÍCH NEMOCI STAV K 30.3.2022



VÝVOJ HODNOTY 7DENNÍ INCIDENCE NOVÝCH PŘÍPADŮ – KRAJE – INTERVAL 30 DNÍ

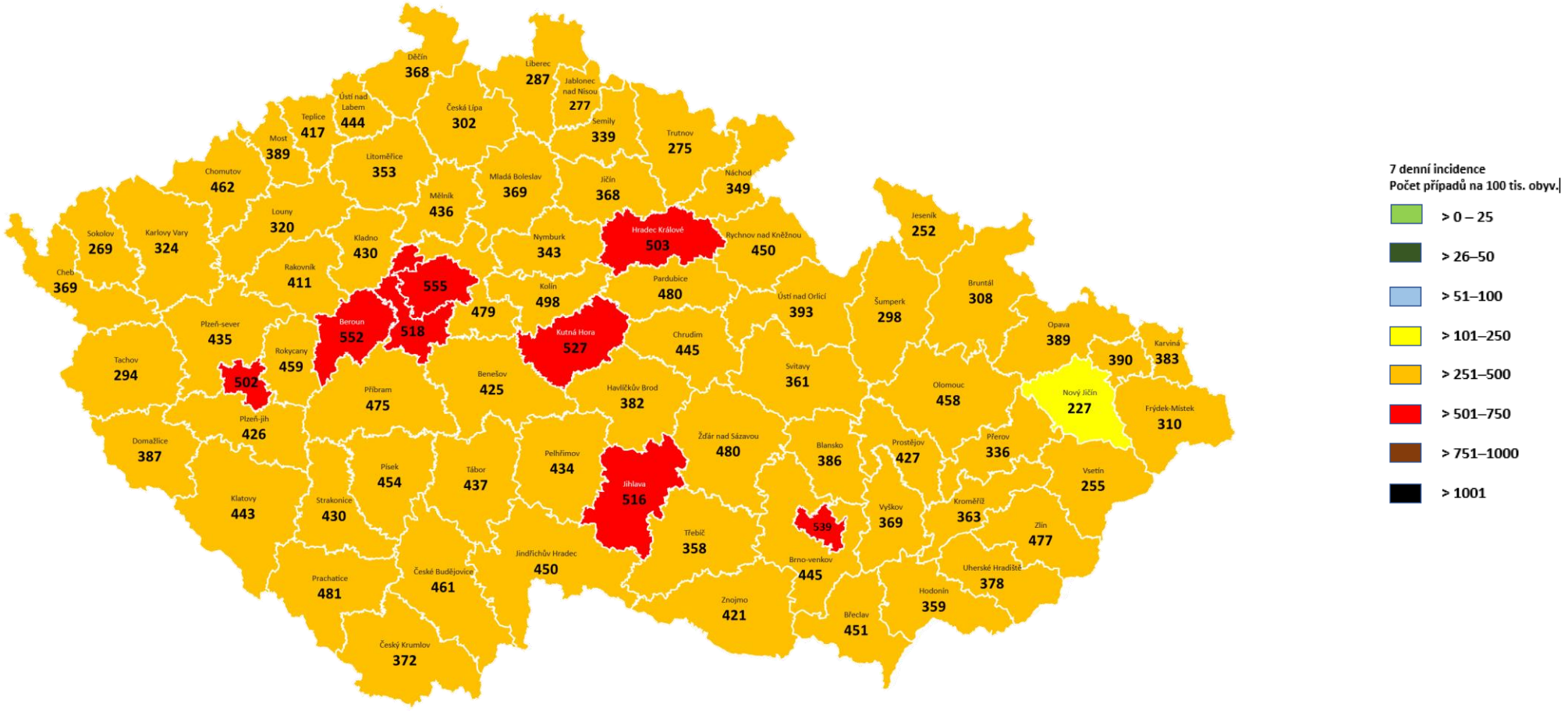
ZDROJ: ÚZIS, ISIN / COVID-19 - INFORMAČNÍ SYSTÉM INFEKČNÍCH NEMOCI STAV K 30.3.2022



HODNOTY 7DENNÍ INCIDENCE - OKRESY

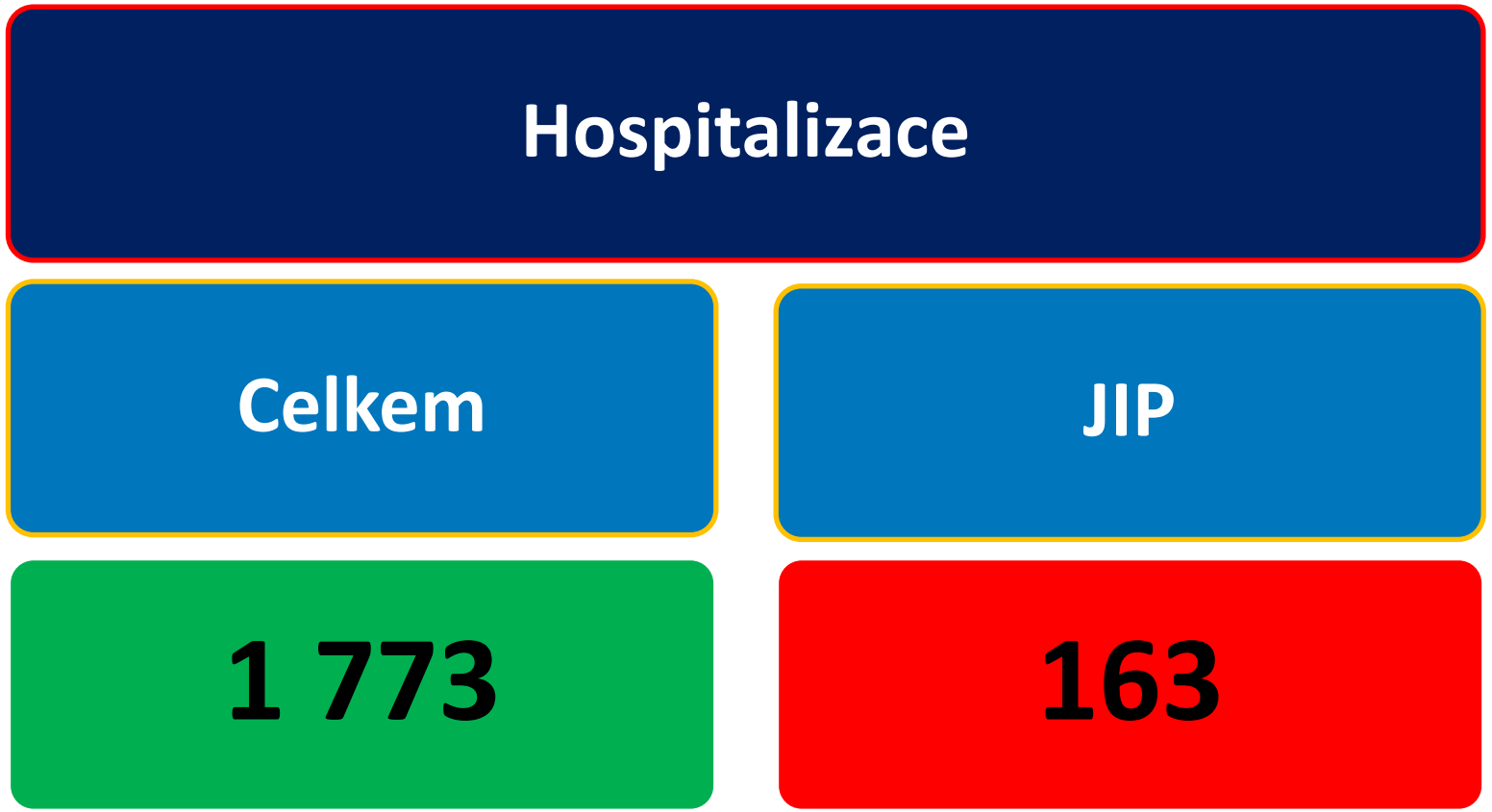
POČET PŘÍPADŮ NA 100 TISÍC OBYVATEL

ZDROJ: ÚZIS, ISIN / COVID-19 - INFORMAČNÍ SYSTÉM INFEKČNÍCH NEMOCI STAV K 30.3.2022



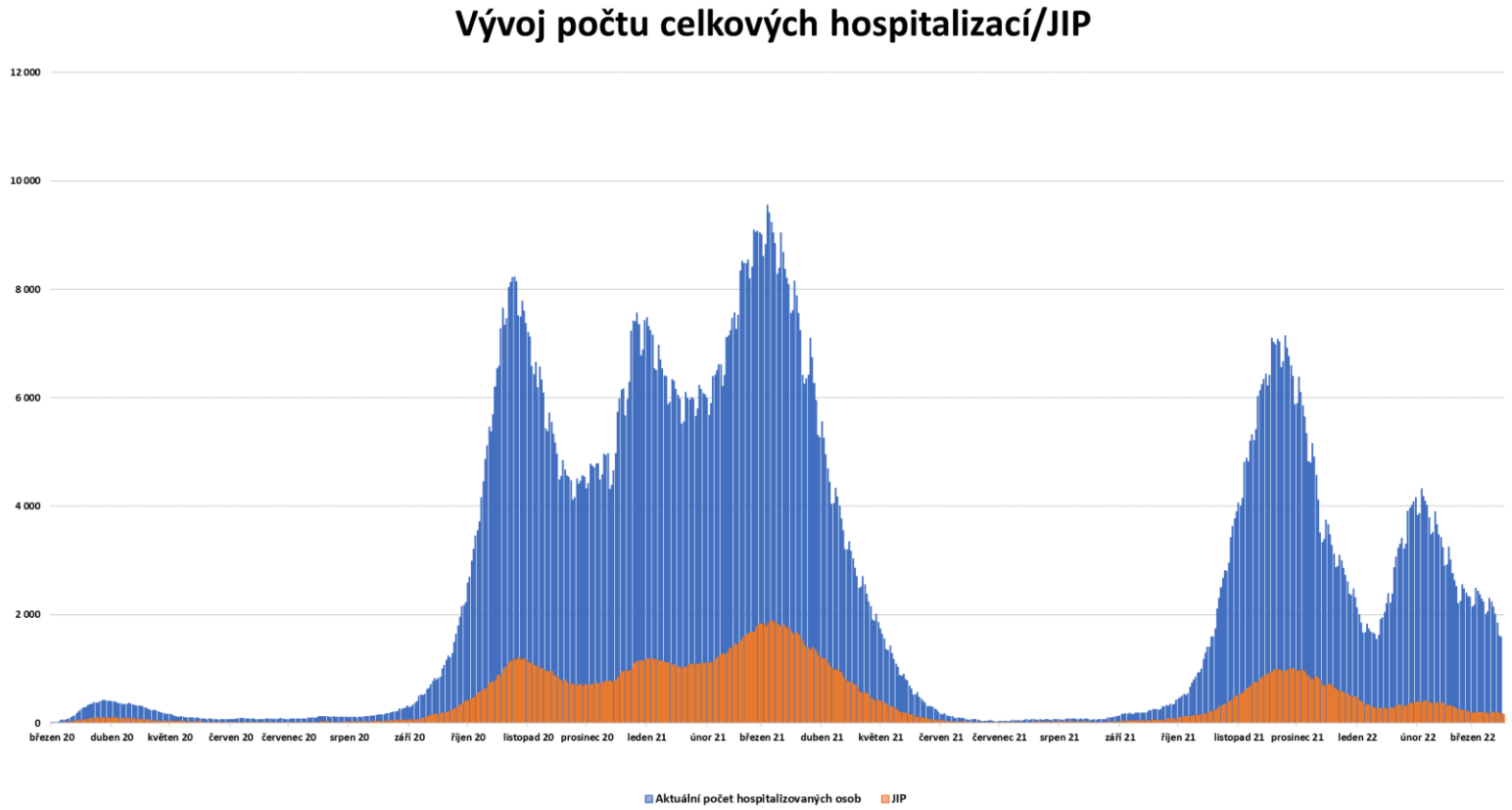
AKTUÁLNÍ DATA COVID-19

ZDROJ: ÚZIS, ISIN / COVID-19 - INFORMAČNÍ SYSTÉM INFEKČNÍCH NEMOCI STAV K 30.3.2022



VÝVOJ POČTU HOSPITALIZACÍ – CELKOVÉ A JIP – OD BŘEZNA 2020

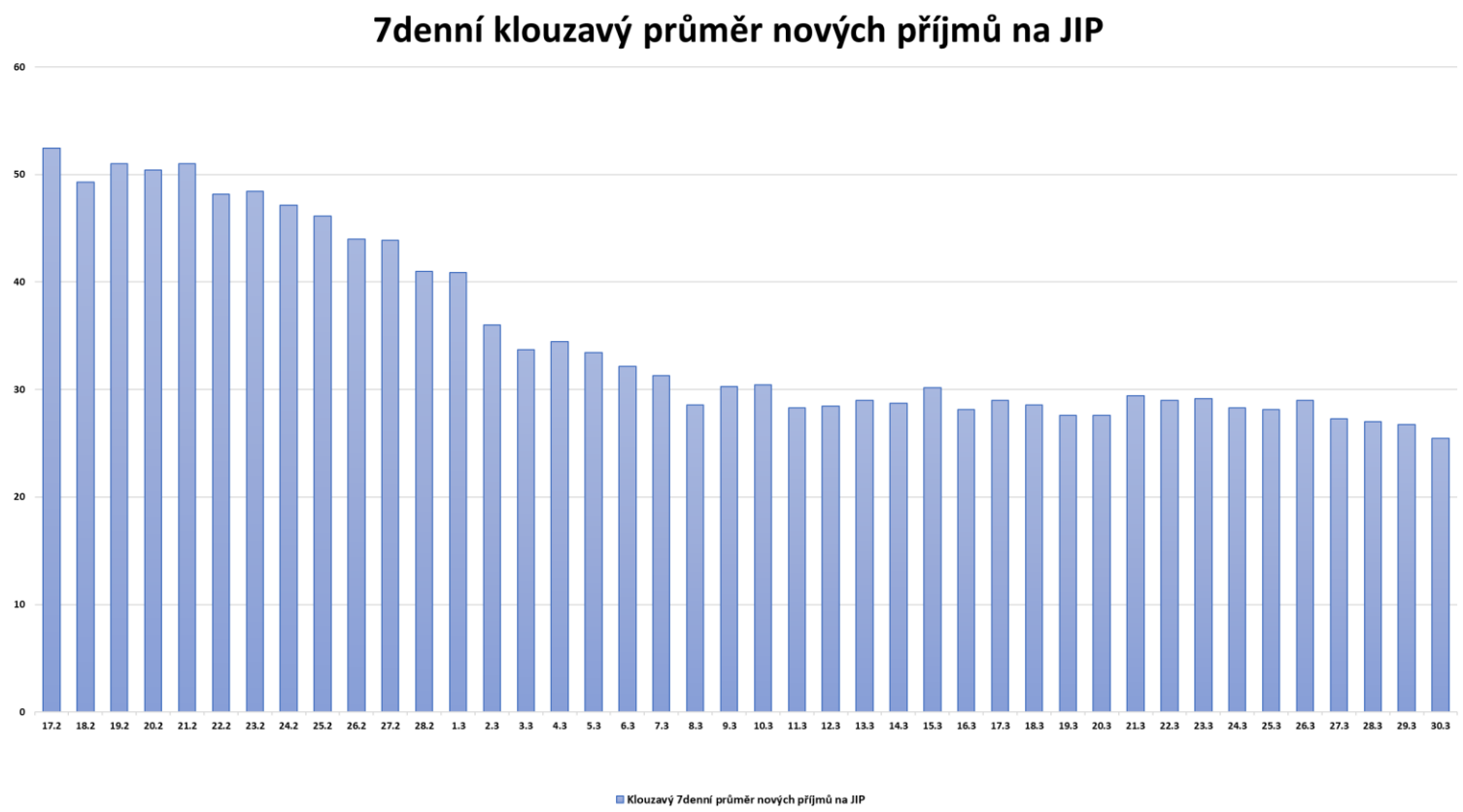
ZDROJ: ÚZIS, ISIN / COVID-19 - INFORMAČNÍ SYSTÉM INFEKČNÍCH NEMOCI STAV K 30.3.2022



	16.3.2022	30.3.2022
Hospitalizace	2 369	1 773
JIP	193	163

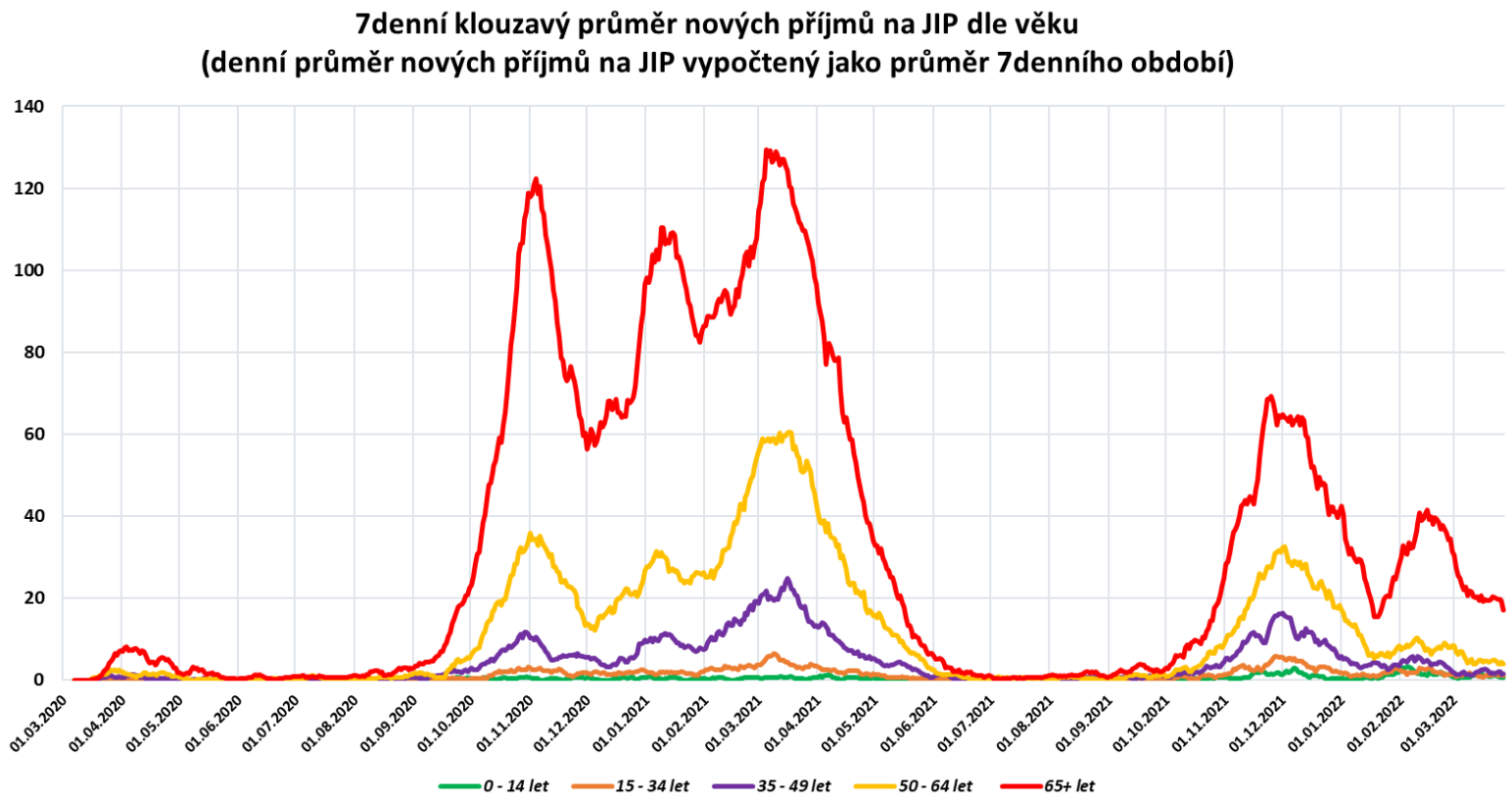
VÝVOJ POČTU HOSPITALIZACÍ JIP – DENNÍ PŘÍJMY NA JIP

ZDROJ: ÚZIS, ISIN / COVID-19 - INFORMAČNÍ SYSTÉM INFEKČNÍCH NEMOCI STAV K 30.3.2022



	16.3.2022	30.3.2022
Denní průměr JIP za posledních 7 dní	28	24

VÝVOJ POČTU HOSPITALIZACÍ JIP – DENNÍ PŘÍJMY NA JIP DLE VĚKU



RELATIVNÍ POZITIVITA TESTŮ

ZDROJ: ÚZIS, ISIN / COVID-19 - INFORMAČNÍ SYSTÉM INFEKČNÍCH NEMOCI STAV K 30.3.2022

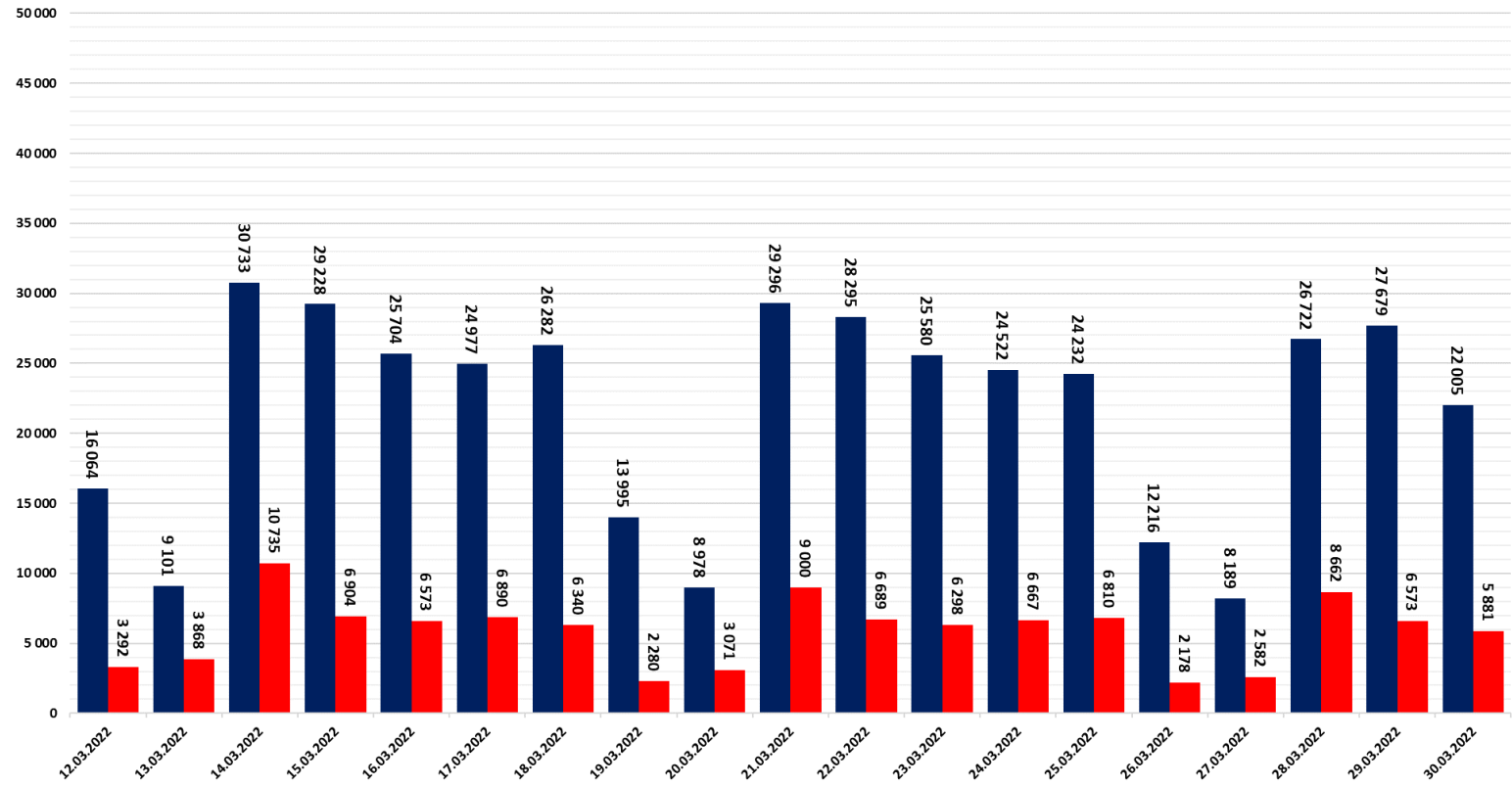
Relativní pozitivita testů dle indikace testu***

7denní průměr k 30.3.2022

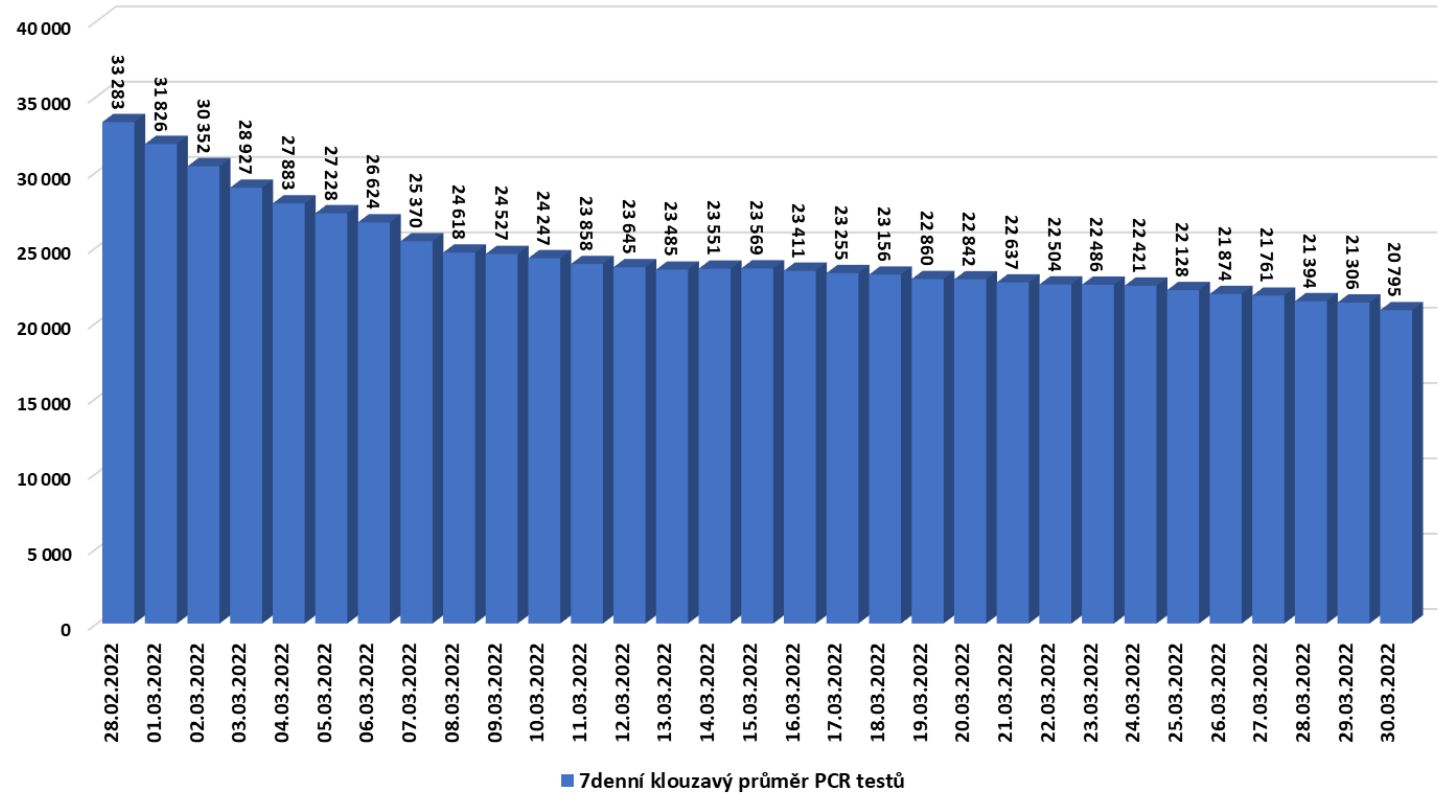
Diagnostická indikace	Epidemiologická indikace	Preventivní a plošné testování
33,3%	20,2%	20,6%

**** Relativní pozitivita testů může být v posledním dni ovlivněna nedohlášením negativních testů v daném okamžiku (v případě velkého počtu testů jsou pro zpracování prioritizovány pozitivní testy a negativní testy jsou z laboratoří hlášeny postupně). Z toho důvodu dochází zpětně (cca 1 – 3 dny) ke korekcím průběžně hlášených hodnot.*

PROVEDENÉ PCR A ANTIGENNÍ TESTŮ ZA POSLEDNÍCH 14 DNŮ



7DENNÍ KLOUZAVÝ PRŮMĚR PROVEDENÝCH PCR TESTŮ



AKTUÁLNÍ DATA COVID-19

ZDROJ: ÚZIS, ISIN / COVID-19 - INFORMAČNÍ SYSTÉM INFEKČNÍCH NEMOCI STAV K 30.3.2022

Proočkovanost

Dokončené očkování	Očkování 1. dávkou	Celkem aplikovaných dávek
6 857 978 (64,1 %)	6 950 049 (64,9%)	17 492 878
Počet aplikovaných posilovacích dávek	4 095 040	

NĚMECKO

ZDROJ: ROBERT KOCH INSTITUTE

Figure 2 shows the course of the COVID-19 cases per 100,000 population transmitted to the RKI on the last 7 days in each of the federal states and in all of Germany. The values for the 7-day incidence in the federal states range from 2,251.1 per 100,000 population in Saarland to 953.9 per 100,000 population in Berlin.

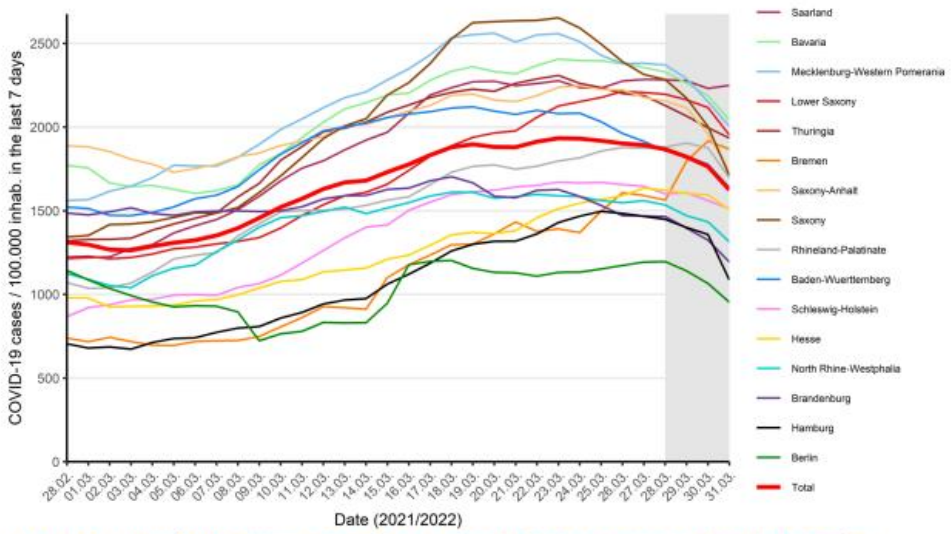


Figure 2: COVID-19 cases/100,000 inhabitants during 7 days in Germany by federal state and reporting date in the health offices (31/03/2022, 0:00 AM). The grey area delineates a range of dates with yet incomplete data, where changes in incidence are likely to occur.

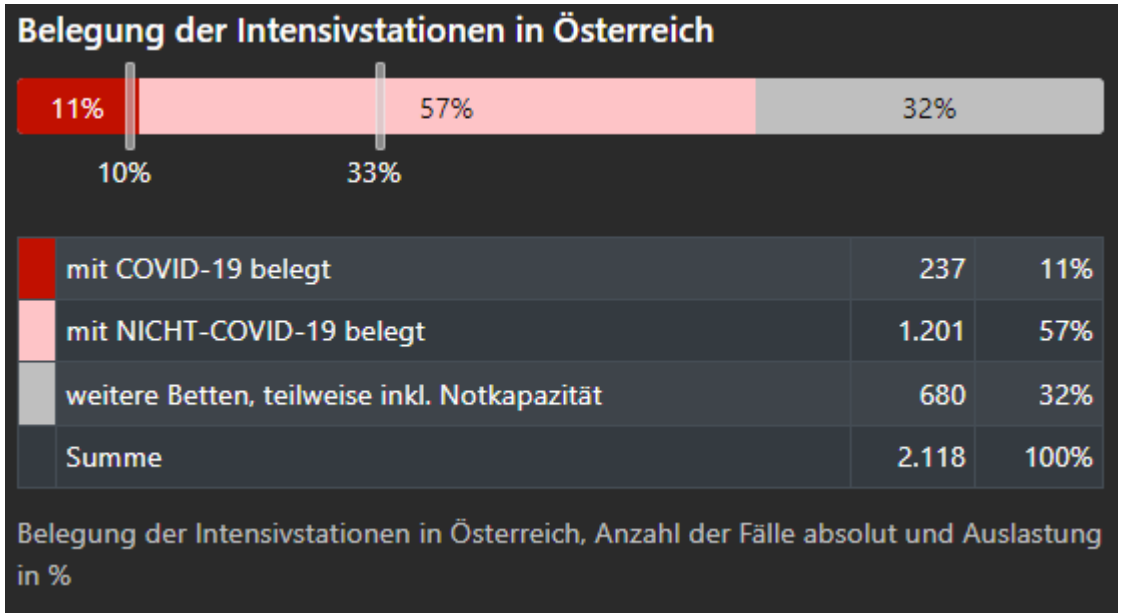
Table 1: Number and cumulative incidence (per 100,000 population) of laboratory-confirmed COVID-19 cases, hospitalizations and deaths for each federal state electronically reported to RKI, Germany (31/03/2022, 12:00 AM). The number of new cases includes cases newly notified to the local public health authority, but also on prior days.

	Cumulative cases			Last 7 days			Cumulative deaths	
Federal State	Number of cases	Number of new cases	Cases/ 100,000 pop.	Cases	Cases/ 100,000 pop.	Hospitalisations/ 100,000 pop.	Number of deaths	Deaths/ 100,000 pop.
Baden-Wuerttemberg	3,030,293	36,586	27,292	181,976	1,639.0	6.83	15,067	136
Bavaria	4,001,721	53,601	30,454	268,332	2,042.1	7.10	22,549	172
Berlin	905,272	7,613	24,707	34,951	953.9	2.67	4,381	120
Brandenburg	685,976	7,428	27,102	30,187	1,192.7	5.89	5,417	214
Bremen	153,273	1,916	22,536	12,709	1,868.6	2.79	715	105
Hamburg	442,066	5,766	23,863	20,122	1,086.2	3.99	2,390	129
Hesse	1,433,892	16,912	22,785	94,794	1,506.3	7.47	9,592	152
Mecklenburg-Western Pomerania	396,440	5,694	24,612	32,292	2,004.8	17.57	1,998	124
Lower Saxony	1,691,653	31,627	21,137	156,162	1,951.2	5.57	8,060	101
North Rhine-Westphalia	4,222,372	47,968	23,555	235,660	1,314.7	7.03	23,601	132
Rhineland-Palatinate	879,401	13,467	21,457	69,490	1,695.5	7.86	5,251	128
Saarland	246,208	4,114	25,021	22,151	2,251.1	8.44	1,530	155
Saxony	1,310,476	17,251	32,302	69,467	1,712.3	7.62	14,710	363
Saxony-Anhalt	602,868	7,578	27,646	37,946	1,740.1	9.58	5,000	229
Schleswig-Holstein	505,218	9,451	17,356	43,999	1,511.5	7.52	2,296	79
Thuringia	597,380	7,929	28,175	41,075	1,937.3	17.03	6,834	322
Total	**21,104,509**	**274,901**	**25,380**	**1,351,313**	**1,625.1**	**7.21**	**129,391**	**156**

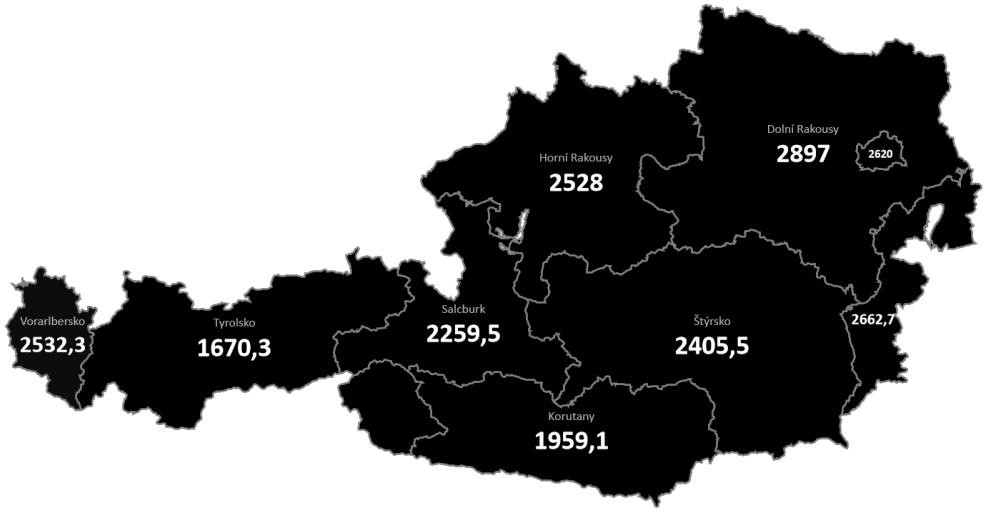
Quality checks and data cleaning by the local health departments and federal state health authorities can lead to corrections to cases previously transmitted (e. g. detection of duplicate reports). This can occasionally lead to negative values for the number of new cases.
The precision of the daily reporting of new infections is limited during the weekend and early in the week, because of a reduced level of testing, as well as of reporting and transmission of cases to the RKI (non-mandatory on weekends). Because there are no immediate consequences on the state and federal level, fewer health departments are transmitting data on weekends. Daily fluctuations in case numbers, especially on and just after weekends, should be interpreted with care. In terms of trends, the data are more reliable when comparing week to week. The RKI issues a more detailled weekly report each Thursday [in German].

RAKOUSKO

ZDROJ: AGES DASHBOARD



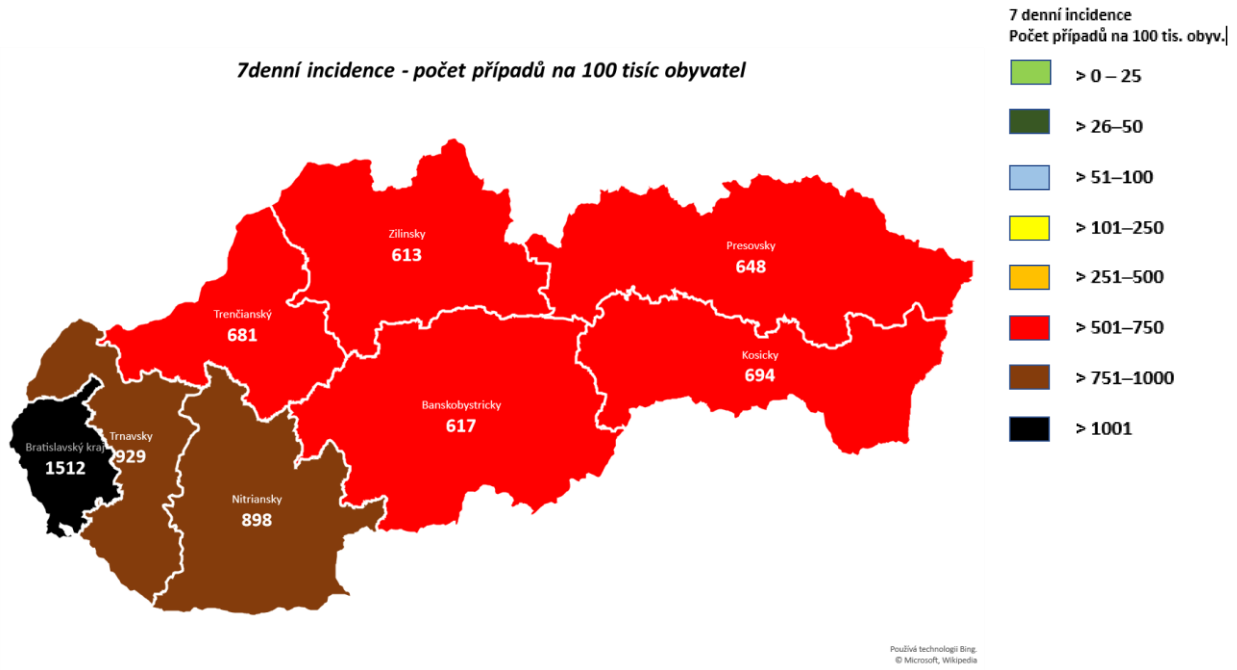
7denní incidence - počet případů na 100 tisíc obyvatel



Hodnoty 7denní incidence dle věkových kategorii

Date	<5years	5–14years	15–24years	25–34years	35–44years	45–54years	55–64years	65–74years	75–84years	>84years
29.03.2022	1.049,7	3.041,8	2.825,0	2.960,2	2.956,6	2.614,1	2.272,7	1.732,1	1.641,4	1.830,2

SLOVENSKO



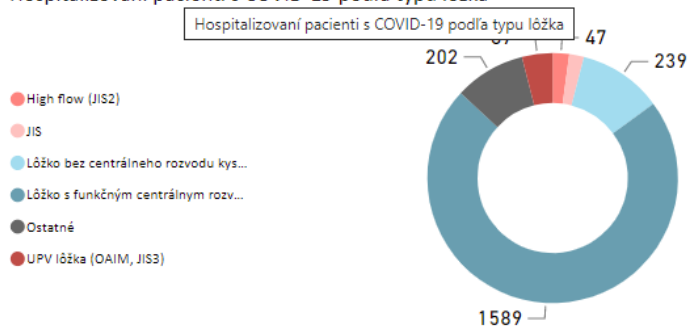
7 denní incidence
Počet případů na 100 tis. obyv.

- > 0 – 25
- > 26–50
- > 51–100
- > 101–250
- > 251–500
- > 501–750
- > 751–1000
- > 1001

Celkový počet hospitalizovaných pacientov s potvrdeným ochorením COVID-19 (vrátane pľúcnej ventilácie)

2206	718
Spolu	z toho plne zaočkovaní

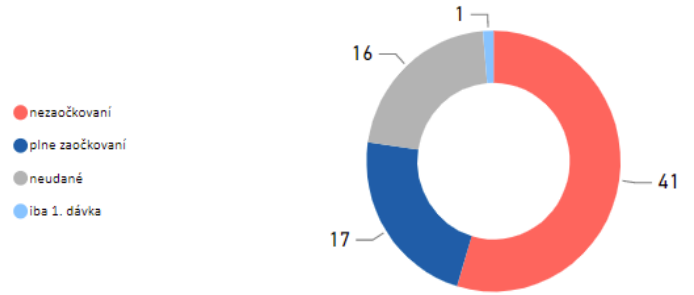
Hospitalizovaní pacienti s COVID-19 podľa typu lôžka



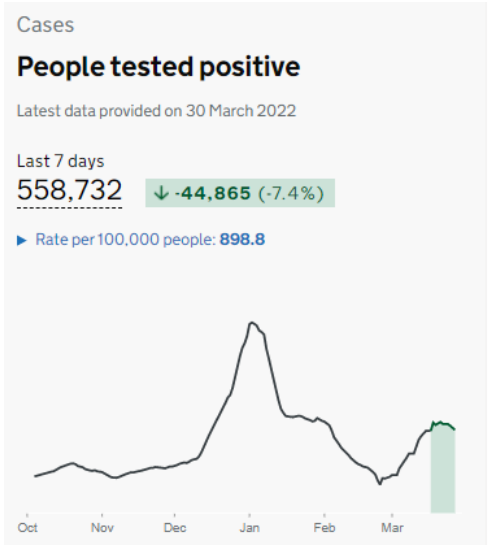
Počet hospitalizovaných pacientov pripojených na pľúcnu ventiláciu

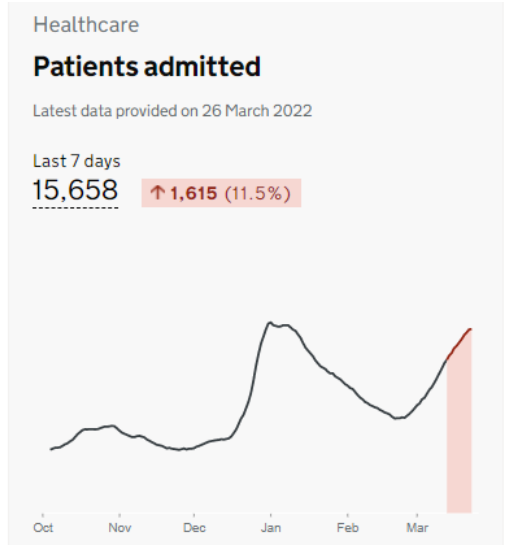
75	17
Spolu	z toho plne zaočkovaní

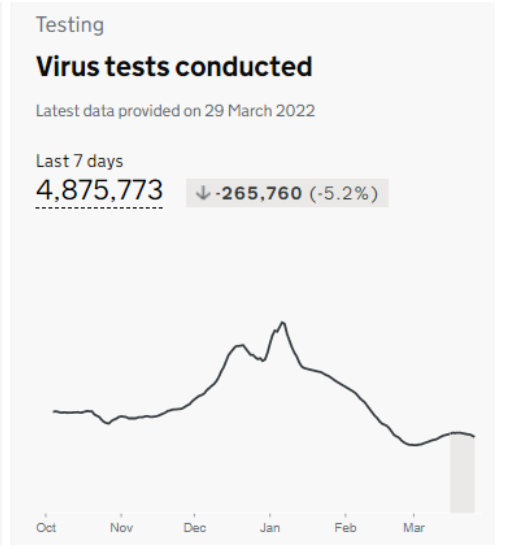
Hospitalizovaní pacienti pripojení na pľúcnu ventiláciu podľa zaočkovanosti



VELKÁ BRITÁNIE







JÍŽNÍ KOREA

Cases in Korea

Cases of COVID-19 in Korea

Cases in Korea (3.31. 00 a.m.)

(unit : persons)

Deaths		Hospitalizations with moderate to severe symptoms		New hospitalizations		Confirmed	
Daily	Per 100,000 people	Daily	Per 100,000 people	Daily	Per 100,000 people	Daily	Per 100,000 people
375	0.73	1,315	02.55	1,715	3.32	320,743	621.13

Current status of deaths (3.31. 00 a.m.)

(unit : persons)

Category	03.25.	03.26.	03.27.	03.28.	03.29.	03.30.	03.31.	Daily average for the week
Daily	393	323	282	287	237	432	375	332
Per 100,000 people	0.76	0.63	0.55	0.56	0.46	0.84	0.73	0.64

Current status of hospitalizations with moderate to severe symptoms (3.31. 00 a.m.)

(unit : persons)

Category	03.25.	03.26.	03.27.	03.28.	03.29.	03.30.	03.31.	Daily average for the week
Daily	1085	1164	1216	1273	1215	1301	1315	1224
Per 100,000 people	2.10	2.25	2.35	2.47	2.35	2.52	2.55	2.37

Hospitalizations with moderate to severe symptoms: patients receiving isolated treatment through high flow therapy, respirator, ECMO (extracorporeal membrane oxygenation), and CRRT (continuous renal replacement therapy)

JÍŽNÍ KOREA

Current status of new hospitalizations (3.31.00 a.m.)

(unit : persons)

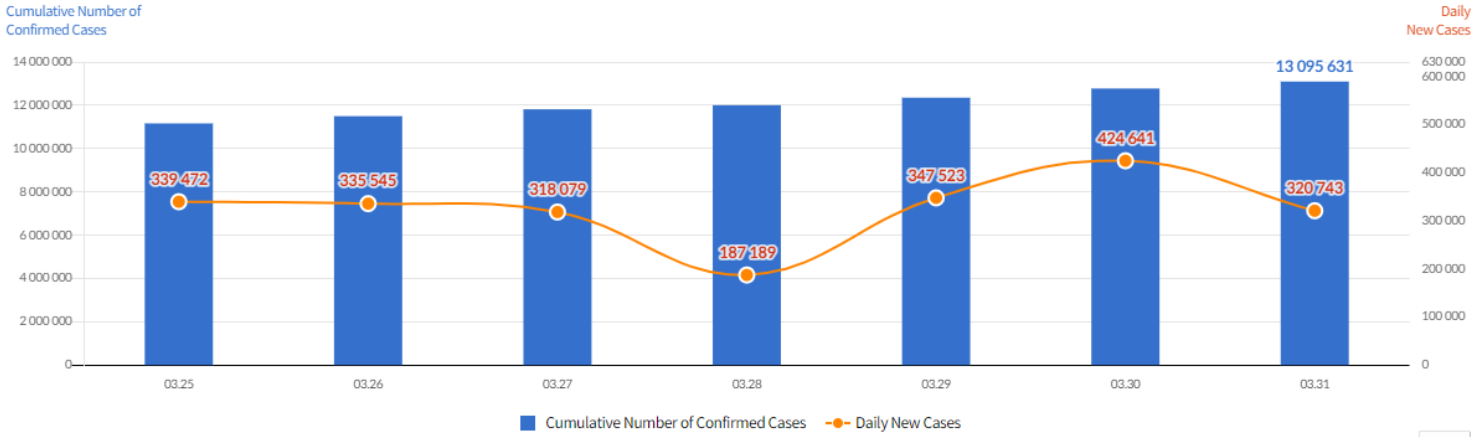
Category	03.25.	03.26.	03.27.	03.28.	03.29.	03.30.	03.31.	Daily average for the week
Daily	1991	1974	1716	1184	1604	1992	1715	1739
Per 100,000 people	3.86	3.82	3.32	2.29	3.11	3.86	3.32	3.37

Current status of confirmations (3.31.00 a.m.)

(unit : persons)

Category	03.25.	03.26.	03.27.	03.28.	03.29.	03.30.	03.31.	Daily average for the week
Daily	339 472	335 545	318 079	187 189	347 523	424 641	320 743	324 741
Per 100,000 people	657.40	649.79	615.97	362.50	672.99	822.33	621.13	628.87

Daily and Cumulative Number of Confirmed Cases



XD A XF – MONITOROVANÉ VARIANTY

Variants under monitoring

These additional variants of SARS-CoV-2 have been detected as signals through epidemic intelligence, rules-based genomic variant screening, or preliminary scientific evidence. There is some indication that they could have properties similar to those of a VOC, but the evidence is weak or has not yet been assessed by ECDC. Variants listed here must be present in at least one outbreak, detected in a community within the EU/EEA, or there must be evidence that there is community transmission of the variant elsewhere in the world.

WHO label	Lineage + additional mutations	Country first detected (community)	Spike mutations of interest	Year and month first detected	Impact on transmissibility	Impact on immunity	Impact on severity	Transmission in EU/EEA
n/a	B.1.640	The Republic of Congo	D614G, F490R, N394S, N501Y, P681H, R346S, Y449N, 137–145del	September 2021	No evidence	No evidence	No evidence	Detected (a)
n/a	XF	United Kingdom	Omicron-like (28)	January 2022	No evidence	No evidence	No evidence	Not detected
n/a	XD	France	NTD Delta-like; remaining Omicron-like	January 2022	No evidence	No evidence	No evidence	Detected (a)

Table 1. Summary of geographic distribution of sequenced samples for the XD recombinant in GISAID

Country	Region	Samples
Belgium	Hainaut	1
Denmark	Hovedstaden	1
	Sjaelland	7
France	Auvergne-Rhone-Alpes	8
	Bourgogne-Franche-Comte	1
	Bretagne	1
	Grand Est	3
	Hauts-de-France	18
	Ile-de-France	2
	Normandie	3
	Occitanie	1
	Provence-Alpes-Cote d'Azur	3

The XF lineage is a recombinant of Delta and BA.1 with a break point near the end of NSP3 (nucleotide 5,386).
In total 39 UK sequenced samples were identified and validated as part of the XF recombinant lineage. The earliest known sample date in the UK dataset is 7 January 2022 and the most recent sample to date is 14 February 2022 with no recent evidence for growth . Given the lack of evidence for recent UK samples from this lineage it is unlikely to be associated with sustained community growth. There is currently no evidence for samples from non-UK countries on GISAID for this lineage.

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GEOGRAPHIC SPREAD AND PREVALENCE OF VOCS – WHO SITUATION REPORT

The current global epidemiology of SARS-CoV-2 is characterized by the global dominance of the Omicron variant. Among the 382 789 sequences uploaded to GISAID with specimens collected in the last 30 days[i], 381 824 (99.7%) were Omicron, 175 (<0.1%) were Delta, and 649 sequences were not assigned to a Pango lineage (0.2%).

To note, the global distribution of VOCs should be interpreted with due consideration of surveillance limitations, including differences in sequencing capacities and sampling strategies between countries, as well as delays in reporting. In addition, some countries may have changed their testing and sequencing policies during the presented period.

RECOMBINANT VARIANTS – WHO SITUATION REPORT

The same process of risk assessment is applied to recombinant variants as for any other emerging variant. Since the epidemiological update published on 22 March 2022, no new evidence indicates that the recombinant variant assigned XD Pango lineage (Delta-Omicron) is associated with higher transmissibility or more severe outcomes.

The XE recombinant (BA.1-BA.2), was first detected in the United Kingdom on 19 January and >600 sequences have been reported and confirmed since.

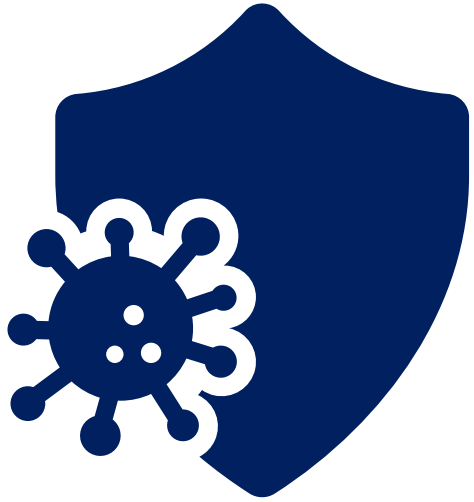
Early-day estimates indicate a community growth rate advantage of ~10% as compared to BA.2, however this finding requires further confirmation. XE belongs to the Omicron variant until significant differences in transmission and disease characteristics, including severity, may be reported. WHO continues to closely monitor and assess the public health risk associated with recombinant variants, alongside other SARS-CoV-2 variants, and will provide updates as further evidence becomes available.

RISK ASSESSMENT BA.2

23 March 2022 **Risk assessment for SARS-CoV-2 variant: VUI-22JAN-01 (BA.2)** **UK Health Security Agency**

Indicator	Red, amber or green status*	Confidence level	Assessment and rationale
			As Omicron (BA.1) was the previous dominant variant in the UK this risk assessment uses the characteristics of BA.1 as the baseline (for example, amber indicates equivalence to BA.1).
Overall growth advantage	**Red**	**High**	**BA.2 is dominant in England** The growth advantage of BA.2 compared to BA.1 is visible in multiple countries with genomic surveillance. The growth advantage in England has stabilised and remains substantial.
Growth advantage 1: Transmissibility	**Red**	**High**	**It is likely that the transmission characteristics of BA.2 contribute to its growth advantage** Preliminary laboratory data suggests an increase in ACE2 binding affinity for the BA.2 receptor binding domain compared to BA.1, which may influence transmissibility. Secondary attack rates are higher for BA.2 than BA.1, including in a preliminary analysis which adjusts for vaccination of cases and contacts. A shorter serial interval is also seen through analysis of contact tracing data.
Growth advantage 2: Immune evasion	**Amber**	**High**	**Antigenic change between BA.1 and BA.2 is not likely to be the major cause of growth advantage** Neutralisation data from UK and international laboratories suggests a small antigenic distance between BA.1 and BA.2. Sera from vaccinated and boosted individuals neutralise both variants similarly, and based on routine testing data, vaccine effectiveness appears similar between BA.1 and BA.2, both for symptomatic disease and hospitalisation. Overall, Omicron lineages are antigenically distant from previous variants and there have been substantial numbers of reinfections throughout the Omicron wave. In the current UK context, the effect of BA.2's antigenic properties on the overall reinfection rate is difficult to distinguish from the effect of the force of infection in the community. A small number of sequence-confirmed reinfections with BA.2 following BA.1 have been identified which are predominantly in unvaccinated individuals. Neutralisation studies also find that protection against BA.2 after BA.1 infection is maintained in previously vaccinated individuals but is lower in those for whom BA.1 is the first exposure to SARS-CoV-2.
Infection severity	**Amber**	**High**	**BA.2 does not appear to be more severe than BA.1** In preliminary animal data from the UK using SARS-CoV-2 BA.2 virus, there was no evidence of increased virulence for BA.2 compared to BA.1, although international data based on chimeric virus studies is noted. There is no evidence of an increase in hospital attendance or admission for BA.2 compared to BA.1 in England.

* Refer to scale and confidence grading slide.



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