



COVID-19 Risk Monitoring Dashboard – Healthcare settings

Date of release:
18 May 2022

This dashboard provides an assessment of transmission risk in healthcare settings – it is not an assessment of risk in the community.

Overall status

Amber

Most metrics have plateaued with only small changes from last week. Hospital occupancy remains relatively high, underlining the need for continuing vigilance. While this dashboard focuses on COVID-19 data, there is currently an increase in circulating respiratory illnesses. The number of furloughed staff is decreasing, but staff absences continue to place considerable pressure on the system. Cases have increased markedly in Victoria. The risk level remains at Amber (see [IPAC manual](#)).

Categories

- Green
- Yellow
- Amber
- Red

Local transmission



	Week ending 16 May 2022	Previous week
Number of cases (PCR + RAT)	76,231	79,719
7-day average daily cases	10,890	11,388
Average growth factor, cases	0.99	1.01
% of cases by age group (<12 / 12-17 / 18-59 / 60+)	13 / 8 / 61 / 18	12 / 7 / 62 / 18
Average % of PCR tests that were positive week ending 14 May	14.3%	15.6%
Number of LHDs with average daily cases >100	14	14
Number of LHDs with average growth factor > 1.10	0	0
Number of LHDs with PCR test positivity rate >5% Week ending 14 May	15	15

Public health



	Week ending 15 May 2022	Previous week
% PCR positive cases contacted by stop and stay message within 1 day	95%	96%
% of cases hospitalised unvaccinated / 2 doses / 3+ doses vaccinated (as of 15 May)	21.4% / 23.2% / 53.2%	20.2% / 24.3% / 53.5%
% of cases in ICU who are unvaccinated / 2 doses / 3+ doses vaccinated (as of 15 May)	33.8% / 23.1% / 40.0%	25.9% / 25.9% / 44.4%
Late presentations within 2 days of positive test # (% hospitalisations)	426 (46%)	465 (50%)
% of population vaccinated with at least 2 doses (age 16+) (as of 15 May)	94.9%	94.8%
% of population vaccinated with at least 3 doses (age 16+) (as of 15 May)	63.1%	62.8%
New cases in neighbour jurisdictions (PCR + RAT results)	VIC 86,597 QLD 43,511	↑25% ↓1%

Healthcare setting



	As at 16 May 2022	Previous week
Number of cases on wards	1,383	1,483
Number of cases in ICU	59	55
Average length of stay of admissions (days / cases), discharged in the week ending 16 May [^]	6.2 / 1,274	7.4 / 1,302
Average length of stay of ICU (days / cases), discharged in the week ending 16 May	5.1 / 78	5.5 / 84
Weekly new admissions to a ward / ICU	1,016 / 69	1,092 / 62
Number of cases self-managed	58,772	57,225
Number of LHDs with ≥20% ED-accessible beds with COVID-19 patients	3	4
Healthcare workers in isolation		
- Community exposure	2,315	2,430
- Potential workplace exposure	72	77

Indicators are updated and reviewed weekly by the Ministry of Health, the Public Health Emergency Operations Centre, NSW Health Workforce, the Agency for Clinical Innovation and the Clinical Excellence Commission. NSW health guidance will continue to be updated to manage risk as the pandemic progresses, please see the [CEC COVID-19 Infection Prevention and Control Response and Escalation Framework](#).

Explanatory notes

Local transmission

- The number of cases is sourced from the Notifiable Conditions Information Management System (NCIMS), including both PCR and RAT results.
- The growth factor is defined as the number of cases for the 7 days on the date indicated divided by the number of cases for the 7 days the day before.
- The average percent of tests that are positive is defined as the total number of tests with a positive result for the 7 days on the test conducted date indicated divided by the total number of tests for the 7 days on the same test conducted date, expressed as a percentage. The three most recent days of data will always report much lower testing numbers than any other day reported as the results are not yet available. Therefore, the three most recent days of testing data are excluded from calculations.
- The number of local health districts (LHDs) with cases is the number of LHDs with at least one case among its residents for the 7 days ending 4pm on the date indicated. Any cases from correctional services, Hotel Quarantine, or Network with Victoria are counted within case numbers but are not counted as an individual LHD.

Public health

- The percent of cases contacted by text message within one day indicates cases who were messaged to advise of their positive result, provide isolation requirements and to identify high risk exposure settings. Cases who do not have a valid phone number are referred to NSW Police to identify details.
- Proportion of population at least 2 doses vaccinated and number of booster administered sourced from Australian Government Department of Health - Vaccination numbers and statistics (<https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/>). Population denominator sourced from ABS ERP June 2020. Vaccination indicators in previous risk monitoring dashboard were from different data sources and cannot be directly compared with the current file.
- COVID-19 cases hospitalised / in ICU who are unvaccinated on the date of reporting are sourced from the NSW Health patient flow portal at 7pm on the date indicated.
- Late presentation within 2 days of positive tests is sourced from Epidemiology and Surveillance, NSW MOH. Proportion is calculated as number of hospitalisations on the same or next date after the case positive test was conducted, divided by the total hospitalisations, for the 7 day period (week ending). Hospitalisations do not include Hospital in the Home, Transit/Discharge Lounge, Ambulatory Care, Rehab, Corrective Services, Residential Age Care, Dialysis, Medi-Hotel, and Boarder.
- New cases in neighbouring jurisdictions is sourced from Johns Hopkins Coronavirus Resource Center available at: coronavirus.jhu.edu/map.html

Healthcare setting

- The number of cases on wards, in intensive care units (ICU), hospital in the home, and out of hospital care, are sourced from the NSW Health patient flow portal at 7pm on the date indicated. The current ICU numbers include adult, paediatric and neonatal intensive care cases. The definition of a hospitalised COVID-19 case changed on 3 Feb 2022 for new admission counts, reducing the maximum time between symptom onset and admission date from 28 to 14 days. From 28 April, this rule was applied to all indicators in the Patient Flow Portal. Comparison with previously published dashboards should be made with care.
- New hospitalisations for COVID-19 patients are extracted from the Patient Flow Portal daily at 7pm. One admission is counted for patients who change wards during their hospital stay, based on the most severe ward type. Transfers between hospitals are considered as separate hospitalisations. A short stay not captured at the 7pm snapshot may not be counted (for example, patients who are admitted and discharged between two daily 7pm snapshot times). Data for NSW residents treated interstate are not available. Therefore, new hospitalisations for COVID-19 patients may be potentially underestimated.
- Length of stay is calculated as number of days from admission date to last date of recorded stay in the NSW Health patient flow portal at 7pm. For cases discharged before 7pm on the date indicated, length of stay may be underestimated by one calendar date. Length of stay of admission may be underestimated among cases who were discharged from ICU and did not return to ward. Average length of stay is calculated after excluding admissions with length of stay more than 365 days and those with length of stay greater than two standard deviations from the mean of total COVID-19 patients.
- Healthcare workers include individuals who work within a hospital or other healthcare setting, including staff in direct or indirect contact with patients or infectious materials. Healthcare workers in isolation include NSW Health staff in isolation due to either close contact, casual contact and/or while waiting for a negative test result, sourced from People, Culture, and Governance Office, NSW Ministry of Health.