



COVID-19 Risk Monitoring Dashboard – Healthcare settings

Date of release:
12 January 2022

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

Overall status

Red – system impacts

Case numbers have continued to increase in NSW but the rate of increase – or growth factor – has declined since last week. Case data only reflect PCR results, although from today rapid antigen test data will be collected. PCR test positivity continues to increase. Cases in hospital settings have increased despite decreasing conversion rates (from cases to hospitalisation). The number of cases self-managing have increased significantly in comparison to cases admitted to a ward or ICU. Isolation of healthcare workers has increased mostly due to community exposure. Some elective services have been paused and workforce surge capacity is being mobilised.

Assessment category key

- Green
- Amber
- Red

Local transmission



	Week ending 10 Jan 2022	Previous week
Number of cases	230,876	136,345
7-day average daily cases	32,982	19,477
Average growth factor, cases	1.08	1.19
% of cases by age group (<12 / 12-17 / 18-59 / 60+)	8 / 6 / 76 / 10	8 / 6 / 76 / 10
Average % of tests that were positive week ending 8 Jan	32.6%	19.2%
Number of LHDs with average daily cases >100	14	14
Number of LHDs with average growth factor > 1.10	9	15
Number of LHDs with test positivity rate >5% week ending 8 Jan	15	14

Public health



	Week ending 9 Jan 2022	Previous week
% of high-risk cases interviewed by public health staff within 1 day of notification	71%	75%
% of cases hospitalised unvaccinated / at least double vaccinated (data as at 9 Jan)	28.8% / 68.9%	29.9% / 67.4%
% of cases in ICU who are unvaccinated / at least double vaccinated (data as at 9 Jan)	49.1% / 50.3%	48.4% / 50.5%
Presumptive identification of variant (using S-gene target failure) since 14 Dec	93% Omicron (2,827 of 3,043)	
% of population vaccinated (all ages)	78.3%	77.6%
Number of LHDs with >10% of unvaccinated population (age 12+)	2	4
New cases in neighbour jurisdictions	Week ending 9 Jan 2022	% change from previous week
	VIC 230,239	↑345%
	QLD 92,951	↑447%

Healthcare setting



	As at 10 Jan 2022	Previous week
Number of cases on wards / number of hospitals	2,016 / 73	1,239 / 64
Number of cases in ICU / number of hospitals	170 / 28	105 / 23
Average length of stay of admissions (days / cases discharged) week ending 10 Jan	4.5 / 2,772	3.6 / 1,638
Average length of stay of ICU (days / cases discharged) week ending 10 Jan	4.7 / 175	6.0 / 93
Weekly new admissions to a ward	2,943	2,200
Weekly new admissions to ICU	203	129
Number of low-risk cases under self-management	366,822	154,135
Healthcare workers in isolation 9 Jan		
- Community exposure	4,941	2,457
- Potential workplace exposure	595	702 (3 Jan)

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. The indicators cover virus spread and containment, capacity of laboratory services to respond, capacity within the health system, impact of COVID-19 on workforce, effectiveness of the public health system response, and an indication of the community response to public health messaging. Please also 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).
- 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 growth factor is the average of the growth factor for each of the past 7 days.
- Small discrepancies in test numbers may be seen when comparing against past reports. Since 22 Oct, 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. Historic testing numbers are revised as results become available. 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 8pm 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 high-risk cases to be interviewed by public health staff within one day of notification to NSW Health is also available in the [NSW Health COVID-19 weekly surveillance report](#). Since Jan 2022, high risk cases are now defined as those who identify as Aboriginal or Torres Strait Islander or who have visited or worked in Aboriginal communities or prison/detention settings.
- Vaccination data sourced from NSW Health via the Australian Government Department of Health Australian Immunisation Register. Estimated population rates calculated using population estimates at 30 June 2021, based on the Australian Bureau of Statistics estimated resident population and population projections based on data from the NSW Department of Planning, Industry and Environment. Population unvaccinated refers to neither partial (dose 1) or full (dose 2) vaccination.
- 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.
- 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 ([definition](#)), 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 intensive care cases, PICU and NICU.
- New hospitalisations for COVID-19 patients are extracted from the NSW Health 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. Length of stay is an indicator for how long a case has been admitted rather than a measure of time from admission to discharge. 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.
- Low risk cases under self-management are defined as cases unregistered in the health system, sourced from the NSW Health patient flow portal at 7pm on the date indicated.
- 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.