COVID-19 Risk Monitoring Dashboard – Healthcare settings

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

Date of release: **10 Aug 2022**

Overall status

Amber

The decline in reported cases seen last week has continued, and the average growth factor has now fallen to 0.98, representing a 2% decrease per day. COVID-19-associated hospital admissions and the number of furloughed staff also decreased again this week. Occupancy has plateaued but remains relatively high. Under-vaccinated people are over-represented among patients who are hospitalised or admitted to ICU. The risk level is unchanged at Amber, noting system impacts and ongoing requirements for mask wearing (see IPAC manual).

Categories

- Green
- Yellow
- Amber
- Red

Local transmission

	Week ending 08 Aug 2022	Previous week
Number of cases (PCR + RAT)	**80,812**	92,627
7-day average daily cases	**11,545**	13,232
Average growth factor, cases	**0.98**	0.99
% of cases by age group (<12 / 12-17 / 18-59 / 60+)	**14 / 8 / 60 / 18**	14 / 8 / 60 / 18
Average % of PCR tests that were positive *week ending 06 Aug*	**17.9%**	18.1%
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 06 Aug*	**15**	15

Public health

	Week ending 07 Aug 2022	Previous week
% PCR positive cases contacted by stop and stay message within 1 day	**94%**	93%
% of cases hospitalised unvaccinated / 2 doses / 3+ doses vaccinated *(as of 07 Aug)*	**19.4% / 17.3% / 61.9%**	20.0% / 16.8% / 62.4%
% of cases in ICU who are unvaccinated / 2 doses / 3+ doses vaccinated *(as of 07 Aug)*	**27.1% / 10.2% / 61.0%**	18.8% / 14.5% / 66.7%
Late presentations within 2 days of positive test # (% hospitalisations)	**614 (49%)**	629 (50%)
% of population vaccinated with at least 2 doses (age 16+) *(as of 07 Aug)*	**95.3%**	95.3%
% of population vaccinated with at least 3 doses (age 16+) *(as of 07 Aug)*	**65.8%**	65.7%

New cases in neighbour jurisdictions (PCR + RAT results)		Week ending 07 Aug 2022	% change from previous week
	VIC	**54,541**	↓27%
	QLD	**34,285**	↓46%

Healthcare setting

	As at 08 Aug 2022	Previous week
Number of cases on wards	**2,211**	2,213
Number of cases in ICU	**54**	76
Average length of stay of admissions (days / cases), discharged in the week ending 08 Aug	**8.0 / 1,829**	7.9 / 1,842
Average length of stay of ICU (days / cases), discharged in the week ending 08 Aug	**5.5 / 97**	4.9 / 92
Weekly new admissions to a ward / ICU	**1,366 / 66**	1,421 / 94
Number of cases self-managed	**59,094**	65,974
Number of LHDs with ≥20% hospitalisation capacity used by COVID-19 positive patients	**10**	9
Healthcare workers in isolation - Community exposure - Potential workplace exposure	**2,208** **47**	2,553 44

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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. Cases by age percentages may not add up to 100% due to rounding.
- 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 administrated 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 positive patients are extracted from the Patient Flow Portal daily at 7pm. Ward changes are not considered a new admission. Ward types include short stay unit, ED, hospital in the home, same day medical, rehabilitation, palliative care, and residential aged care. Transfers between hospitals are considered as separate hospitalisations. Counts may differ from acute hospital admissions reported elsewhere.
- 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 positive 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 were isolated, either due to positive COVID-19 status, exposure to COVID-19, and/or whilst waiting a negative result, sourced from People, Culture, and Governance Office, NSW Ministry of Health.