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.

Overall status

Amber

Overall, available metrics continue to show gradual improvement. The daily number of cases continues to decrease, although there remains some uncertainty around levels of case ascertainment. COVID-19 hospitalisations and furloughing of staff, while seeing improvements, continue to exert pressure on the healthcare system. Given the improvements seen, the risk level is set to Amber - with the addition of eyewear required for anyone within 1.5m of any patient in droplet precautions. Please note details about the Amber criteria have recently been updated in the IPAC manual.

Categories
- 🟢 Green
- 🟡 Yellow
- 🟠 Amber
- 🔴 Red

Local transmission

	Week ending 21 Feb 2022	Previous week
Number of cases (PCR + RAT)	**54,750**	59,576
7-day average daily cases	**7,821**	8,511
Average growth factor, cases	**0.99**	0.98
% of cases by age group (<12 / 12-17 / 18-59 / 60+)	**27 / 13 / 53 / 7**	27 / 12 / 53 / 8
Average % of PCR tests that were positive *week ending 19 Feb*	**10.0%**	10.8%
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 test positivity rate >5% *Week ending 19 Feb*	**15**	15

Public health

	Week ending 20 Feb 2022	Previous week
% PCR positive cases contacted by stop and stay message within 1 day	**92%**	95%
% of cases hospitalised unvaccinated / 2 doses / 3+ doses vaccinated *(as at 20 Feb)*	**23.7% / 49.1% / 24.2%**	24.6% / 51.9% / 20.3%
% of cases in ICU who are unvaccinated / 2 doses / 3+ doses vaccinated *(as at 20 Feb)*	**28.9% / 43.3% / 24.4%**	32.2% / 45.2% / 18.3%
Late presentations within 2 days of positive test # (% hospitalisations)	**353 (31%)**	436 (28%)
% of population vaccinated with at least 2 doses (age 16+) *(as at 20 Feb)*	**94.3%**	94.2%
% of population vaccinated with at least 3 doses (age 16+) *(as at 20 Feb)*	**51.7%**	48.5%

New cases in neighbour jurisdictions (PCR + RAT results)	Week ending 20 Feb 2022	% change from previous week
VIC	**14,675**	↓75%
QLD	**33,348**	↓19%

Healthcare setting

	As at 21 Feb 2022	Previous week
Number of cases on wards	**1,222**	1,487
Number of cases in ICU	**71**	96
Average length of stay of admissions (days / cases), discharged in the week ending 21 Feb^	**8.4 / 1,807**	8.1 / 2,418
Average length of stay of ICU (days / cases), discharged in the week ending 21 Feb^	**7.4 / 116**	7.9 / 160
Weekly new admissions to a ward / ICU^	**1,411 / 79**	1,890 / 95
Number of cases self-managed^	**40,393**	42,768
Number of LHDs with >20% ICU beds occupied by COVID-19 patients^	**0**	1
Healthcare workers in isolation - Community exposure - Potential workplace exposure	**1,706** **65**	1,819 62

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 colour system has been updated to integrate an additional risk level (yellow) and NSW Health guidance will continue to be updated to manage risk as the pandemic progresses, 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 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 (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. ^ The definition of a hospitalised COVID-19 case changed on 3 Feb 2022, reducing the maximum time between symptom onset and admission date from 28 to 14 days. Th rule has been applied for patients in hospital (ward and ICU), but not yet for all other indicators such as length of stay, new admissions, self-managed cases, and bed occupancy for COVID-19 patients.
- 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. 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.
- 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.