

Dr Amanda Cohn, MLC
Chair, Portfolio Committee No. 2 – Health
Parliament House
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Via email to portfoliocommittee2@parliament.nsw.gov.au

Clarification of Evidence – Health Budget Estimates Hearing 2024-2025

Dear Dr Cohn

I am writing to clarify evidence provided in Portfolio Committee No. 2 – Health Budget Estimates Hearing 2024-2025 on Monday 9 September 2024.

During questioning, the Chair made the following remark (underline added):

The CHAIR: I have asked multiple times in multiple ways, and nobody can tell me how many people are catching COVID in New South Wales hospitals. For people who are vulnerable, if they have chronic illnesses, if they are immunocompromised and they are turning up to a health facility in New South Wales, should the responsibility be on them to advocate for themselves and to ask staff to put a mask on or should healthcare facilities be universally safe for people who need to access them?

As set out, the Chair followed that remark with a different question. Witnesses at the 9 September 2024 Hearing were not directly asked a question regarding the number of people who acquired COVID-19 in hospital. The question raised was answered. Given the observation of the Chair, NSW Health has subsequently examined previous evidence, in particular evidence at Portfolio Committee No. 2 – Health Budget Estimates Hearing 2023-2024 on Thursday 26 October 2023, at two points:

The CHAIR: I look forward to that answer on notice. Goodness, I have a very complicated question with only one minute left. How many cases of hospital-acquired COVID-19 have occurred in New South Wales in 2023?

KERRY CHANT: In terms of the process for identifying hospital-acquired, there is our usual routine, the ims+ notification system, where clusters and outbreaks are registered. But at the moment I haven't got collated numbers with me in terms of reports of outbreaks in our hospitals associated with that. But just to reassure you that our hospitals recognise the importance of infection prevention and control measures to reduce the risk of that, and we do call out. We are actually seeing an increase in COVID transmission in the community now. I alert you to our weekly respiratory report, which indicates that. We do want to get that message out – that we particularly urge people to stay at home if you've got any respiratory illnesses; don't go and share them. Please be mindful. Particularly don't visit any vulnerable settings like aged care facilities or hospitals. Please be compassionate when people are wearing masks and are taking other protective measures. We will be continuing to alert – and vaccination is probably the other component.

***The CHAIR:** I have lots more questions specifically about hospital transmission of COVID-19, and I'll come back to that this afternoon, Dr Chant.*

And then subsequently:

***The CHAIR:** Does the CEC collect and aggregate that data that's being provided?*

***KERRY CHANT:** The CEC doesn't collect and aggregate in a systematic way. But, as I indicated, when there are outbreaks onwards, they are captured through our incident reporting mechanism. Again, the focus is really on lessons learnt that we can share and put in place to improve infection control and prevention systems in our hospitals. We continue to be concerned about the spread of infectious diseases — COVID, influenza, RSV and gastro — in our hospital system and take steps to minimise that and learn lessons.*

Although witnesses were not directly questioned on 9 September 2024 about the number of people who acquired COVID-19 in hospital in NSW, nor were there supplemental questions on notice seeking information about hospital acquired COVID-19 in NSW, there may still be value to the Committee in having this position clarified given the Committee's previous interest in these matters.

NSW Health does not aggregate in a systematic way the number of people who acquired COVID-19 in hospitals in NSW. In response to an application under the Government Information (Public Access) Act 2009, a single document was created in draft on 11 June 2024 and finalised on 12 September 2024 and then released on 19 September 2024 titled: *Laboratory confirmed COVID-19 and clinically diagnosed COVID-19 with onset in NSW Public Hospitals (hospital separation date: 1 January 2023 to 30 April 2024)*. The data contained in this document is qualified. It does not definitively represent patients who acquired COVID-19 in hospital in NSW and the caveats released with the data explained this. The data includes patients who became symptomatic during their hospitalisation and/or had been subsequently diagnosed. Depending on the timing of disease onset, this may include patients that had acquired COVID-19 in the community. Despite these clear limitations on its probative value, that document does represent data that the Committee had previously sought in 2023 and had alluded to again in 2024.

That document with the qualified aggregated data was not available to witnesses at the time of the 9 September 2024 Hearing and did not exist at the time of the 2023 Hearing. Regardless, NSW Health noted the comments of the Chair in the 9 September 2024 Hearing and given the work of the Committee is ongoing, I seek to assist in the Committee's inquiries by providing this clarification. Accordingly, a copy of that document is attached, and I request that it be tendered and both that document and this clarification be published.

Further, and given the Committee's interest, I wish to advise that the Ministry of Health has commenced a project to determine the relationship between the data released in response to the GIPA application and the likelihood of a patient having acquired COVID-19 in hospital in NSW. This project will also consider other available data and related caveats on its use to inform potential future reporting and to also inform other measures to address subsequent health outcomes for patients.

I thank you for your consideration of this matter. For further information please contact Chris Carr, Executive Director, Legal and Regulatory Services and General Counsel by email to

Yours sincerely

Susan Pearce AM

Secretary, NSW Health

Encl. Record released 19 September 2024 - *Laboratory confirmed COVID-19 and clinically diagnosed COVID-19 with onset in NSW Public Hospitals (hospital separation date: 1 January 2023 to 30 April 2024)*

Laboratory confirmed COVID-19 and clinically diagnosed COVID-19 with onset in NSW Public Hospitals (hospital separation date: 1 January 2023 to 30 April 2024)

Source data: EDWARD (v_FACT_AP_SE_DIAGNOSIS_FLAT) for period 01 January 2023 to 30 April 2024

Diagnosis codes used to identify COVID-19: U07.11, U07.12, U07.2

Onset flag =1

Separation Month	Total episodes of care with COVID-19 onset in hospitals	Episodes o f care with mode of separation of death in hospitals	Episodes of care with other mode of separation
Jan-23	607	38	569
Feb-23	346	16	330
Mar-23	376	20	356
Apr-23	534	22	512
May-23	800	39	761
Jun-23	856	41	815
Jul-23	480	27	453
Aug-23	259	12	247
Sep-23	232	12	220
Oct-23	346	16	330
Nov-23	610	22	588
Dec-23	561	32	529
Jan-24	609	30	579
Feb-24	439	19	420
Mar-24	367	17	350
Apr-24	314	20	294
Total	7,736	383	7,353

*“COVID-19 onset in hospital” may over estimate hospital acquired infections. Those with “COVID-19 onset in hospital” will include people who acquire infection in community but were asymptomatic at admission who then became symptomatic, and tested COVID-19 positive, during their stay. Additionally “death in hospital” in these data should not be interpreted as death from COVID-19.”