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Published management information is non-official statistics which may be in the process of being transitioned into official statistics. They may not comply with the UK Statistics Authority's Code of Practice with regard to high data quality or high public value but there is a public interest or a specific interest by a specialist user group in accessing these statistics as there are no associated official statistics available.

Users should therefore be aware of the aspects of data quality and caveats surrounding these data, all of which are listed in this document.

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#### Contents

ntroduction	3
Results and Commentary	4
Contact	8
Further information	8
Rate this publication	8
Appendices	9
Appendix 1 – Publication metadata	9
Appendix 2 – Early access details	14



#### Introduction

Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland, part of National Services Scotland, works closely with Public Health Scotland to deliver under the Health Protection Scotland (HPS) COVID-19 response. This release provides data for COVID-19 hospital onset cases in Scotland from week ending 1 March 2020 to week ending 30 May 2021.

A system for monitoring COVID-19 is critical to tracking hospital transmission and will inform infection prevention and control measures. The published data can be used to improve care of patients. The transmission of COVID-19 is thought to occur mainly through respiratory droplets generated by coughing and through contact with contaminated surfaces. As sustained community transmission has occurred as the pandemic has progressed, it has become more challenging to identify true cases of hospital transmission. Further information on the epidemiology of COVID-19 in healthcare settings can be found on the Health Protection Scotland website.

ARHAI Scotland is working with NHS boards to validate COVID-19 hospital onset cases to ensure the data are robust.

Data are provided for the 14 NHS boards and one NHS special health board.

#### **Results and Commentary**

#### Breakdown of COVID-19 cases by hospital onset status – cumulative data

The total number of COVID-19 cases reported to ARHAI Scotland, with specimen dates up to 30 May 2021, was 236,187. Of these:

- 220,673 (93.4%) were reported as community onset (first positive specimen taken in the community).
- 8,794 (3.7%) were reported as non-hospital onset (first positive specimen on day 1 or 2 of inpatient admission to NHS board).
- 1,292 (0.5%) were reported as indeterminate hospital onset (first positive specimen on days 3 to 7 of admission to NHS board).
- 1,684 (0.7%) were reported as probable hospital onset (first positive specimen on days 8 to 14 of admission to NHS board).
- 3,744 (1.6%) were reported as definite hospital onset (first positive specimen date was 15 or more days after admission to NHS board).

#### Breakdown of COVID-19 cases by hospital onset status – weekly data

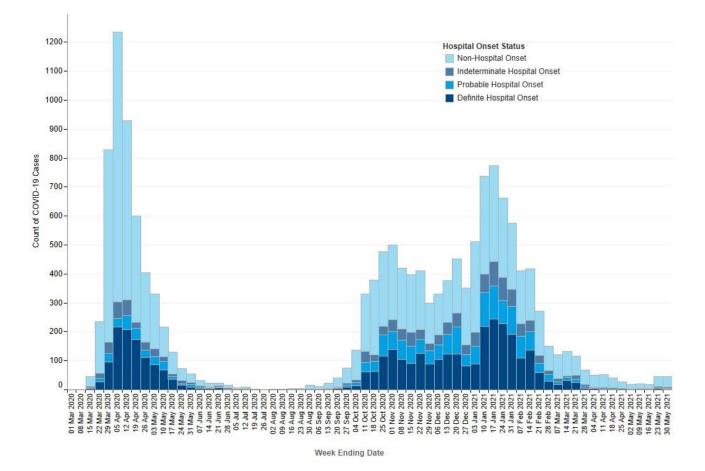
The total number of COVID-19 cases reported to ARHAI Scotland this week (week ending 30 May 2021) was 3,658. Of these:

- 3,612 (98.7%) were reported as community onset (first positive specimen taken in the community). In the previous week (week ending 23 May 2021) there were 2,509 (98.2%).
- 38 (1.0%) were reported as non-hospital onset (first positive specimen on day 1 or 2 of admission to NHS board). In the previous week (week ending 23 May 2021) there were 34 (1.3%).
- 3 (0.1%) were reported as indeterminate hospital onset (first positive specimen on days 3 to 7 of admission to NHS board). In the previous week (week ending 23 May 2021) there were 5 (0.2%).
- 2 (0.1%) were reported as probable hospital onset (first positive specimen on days 8 to 14 of admission to NHS board). In the previous week (week ending 23 May 2021) there were 2 (0.1%).
- 3 (0.1%) were reported as definite hospital onset (first positive specimen date was 15 or more days after admission to NHS board). In the previous week (week ending 23 May 2021) there were 4 (0.2%).

# Figure 1: Epidemic curve of COVID-19 cases with first positive specimen taken during an inpatient stay, by onset status: week-ending 1 March 2020 to week-ending 30 May 2021 (n=15,514). <sup>1,2</sup>

**ARHAI Scotland** 

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- 1. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) data and Rapid Admission Preliminary Inpatient Data (RAPID) data or local admission data.
- 2. The community cases are not represented in this chart as first sample was not taken in hospital setting.

NHS board	Total COVID- 19 cases (n)	Non- hospital onset (n)	Indeterminate hospital onset cases (n)	Probable hospital onset cases (n)	Definite hospital onset cases (n)	Non- hospital onset (%)	Indeterminate hospital onset cases (%)	Probable hospital onset cases (%)	Definite hospital onset cases (%)
Ayrshire & Arran	17,574	783	124	228	389	4.5%	0.7%	1.3%	2.2%
Borders	2,896	135	13	17	50	4.7%	0.4%	0.6%	1.7%
Dumfries & Galloway	4,214	200	16	6	7	4.7%	0.4%	0.1%	0.2%
Fife	11,912	471	32	33	253	4.0%	0.3%	0.3%	2.1%
Forth Valley	13,160	524	79	78	174	4.0%	0.6%	0.6%	1.3%
Golden Jubilee	26	14	6	3	3	-	-	-	-
Grampian	15,476	391	48	56	180	2.5%	0.3%	0.4%	1.2%
Greater Glasgow & Clyde	74,695	3,098	478	567	1,336	4.1%	0.6%	0.8%	1.8%
Highland	5,171	138	12	8	28	2.7%	0.2%	0.2%	0.5%
Lanarkshire	42,149	1,217	202	270	490	2.9%	0.5%	0.6%	1.2%
Lothian	33,041	1,175	171	286	568	3.6%	0.5%	0.9%	1.7%
Orkney	71	4	0	0	0	5.6%	0.0%	0.0%	0.0%
Shetland	235	13	0	0	0	5.5%	0.0%	0.0%	0.0%
Tayside	15,272	619	110	128	263	4.1%	0.7%	0.8%	1.7%
Western Isles	295	12	1	4	3	4.1%	0.3%	1.4%	1.0%
Scotland	236,187	8,794	1,292	1,684	3,744	3.7%	0.5%	0.7%	1.6%

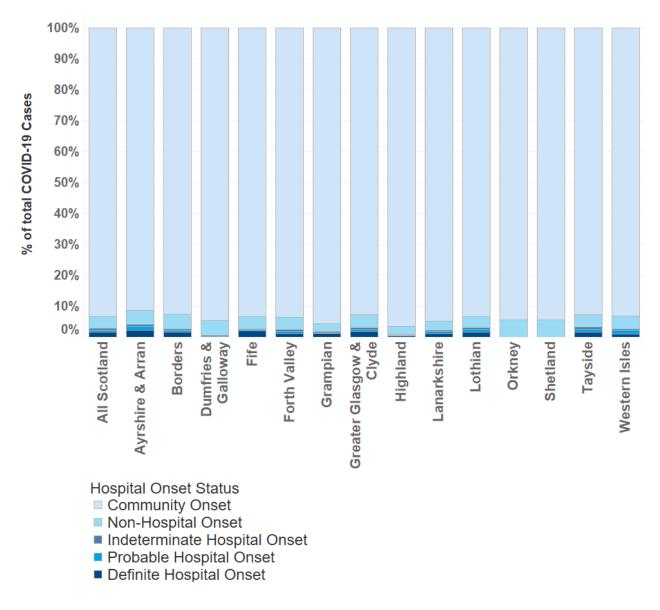
Table 1: Number of COVID-19 cases, by onset status and NHS board: specimen dates up to 30 May 2021.<sup>1,2,3</sup>

1. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) data and Rapid Admission Preliminary Inpatient Data (RAPID) data or local admission data.

2. NHS Golden Jubilee has been excluded from the proportions data since data for this board will not be comparable with others due to no "community onset" cases assigned to that board.

3. The data used has not been adjusted for different patient groups and size of NHS board.





- 1. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & Rapid Admission Preliminary Inpatient Data (RAPID) data or local admission data.
- 2. NHS Golden Jubilee has been excluded since data for this board will not be comparable with others due to no "community onset" cases assigned to that board.
- 3. The data used has not been adjusted for different patient groups and size of NHS board.



#### Contact

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#### **Further information**

Further information can be found on the legacy HPS website.

For more information on types of infections included in this report, please see the <u>COVID-19</u> pages on the HPS website.

The next release of this publication will be 30 June 2021.

#### **Rate this publication**

Please provide feedback on this publication to help us improve our services.



### Appendices

#### Appendix 1 – Publication metadata

Metadata	Description
indicator	
Publication title	Hospital onset COVID-19 cases in Scotland
Description	This release provides information on hospital onset COVID-19 cases, there is a need for consistent reporting using standardised case definitions.
Theme	Infections in Scotland
Торіс	COVID-19
Format	Word document
Data source(s)	COVID-19 Cases:
	<b>Case data source:</b> Electronic Communication of Surveillance in Scotland (ECOSS)
	Admissions Data Source: Rapid Admission Preliminary Inpatient Data (RAPID) or Local Patient Admissions Systems
Date that data are acquired	8 June 2021
Release date	23 June 2021
Frequency	Weekly
Timeframe of data and timeliness	Timeframe of this publication was decided by first positive sample in Scotland (i.e. March 2020)
	The latest iteration of data is 30 May 2021, therefore the data are 3 or 4 weeks in arrears.
Continuity of data	Weekly updates
Revisions statement	These data are not subject to planned major revisions. However, ARHAI Scotland aims to continually improve the interpretation of the data and therefore analysis methods are regularly reviewed and may be updated in the future.
Revisions relevant to this publication	Data are continually validated by both NHS boards and within the ECOSS laboratory database. ECOSS is a live database and due to possible changes in specimen dates, personal demographics or amendments to COVID-19 test results, retrospective counts for Community onset cases may vary slightly from week to week. Any changes to cases taken within hospital settings, which are validated by NHS boards, are tracked by ARHAI Scotland. Changes to retrospective data for the Non-hospital onset, indeterminate hospital onset, probable hospital onset and definite hospital onset groups are outlined in the table below if applicable.
	Revisions relevant to this publication for COVID-19 cases taken within hospital settings up to 23 May 2021 include:

Antimicrobial Resistance and Healthcare Associated Infection

	NHS Board	Hospital Onset Category	Change	Reason for Change	
	NHS GGC	Community onset	+2	ECOSS amendment for week ending 14/02/2021	
	NHS FF	Non-hospital onset	-2	Removal of false positive results for week ending 16/05/2021	
Concepts and definitions	<ul> <li>The transmission of COVID-19 is thought to occur mainly through respiratory droplets and through contact with contaminated surfaces. Further information on the epidemiology of COVID-19 in healthcare settings can be found on the Health Protection Scotland website As sustained community transmission has occurred as the pandemic has progressed, it has become more challenging to identify true cases of hospital transmission. A system for monitoring COVID-19 is critical to tracking nosocomial transmission in healthcare settings to inform infection prevention and control measures. In response to th Scottish Government's request to ascertain and validate the hospital-onset status of all COVID-19 cases in Scotland, HPS is working with NHS boards to establish a minimum viable dataset to fulfil this request.</li> <li>The agreed nosocomial case definition for the UK is based on the number of days since admission to an NHS health board to the date of specimen sampling for a positive SARS-CoV-2 RT-PCR test. Time since admission to specimen sampling is categorised as:         <ul> <li>community onset (first positive specimen on day 1 or 2 of admission to NHS board)</li> <li>indeterminate (first positive specimen on days 3 to 7 of admission to NHS board)</li> <li>probable (first positive specimen on days 8 to 14 of admission to NHS board)</li> </ul> </li> </ul>				
	These definitions are necessary due to the maximum incubation period of 14 days. See table below:				
	Day of sampli	ng post admission	Nos	ocomial categorisation	
	Before admissi	-		munity onset COVID-19	
	Day 1 of admis board	sion/on <b>admission to</b>	NHS Non-	hospital onset COVID-19	
	Day 2 of admis	sion	Non-	hospital onset COVID-19	
	Day 3 of admissionIndeterminate hospital onset COVID-19Day 4 of admissionIndeterminate hospital onset COVID-19Day 5 of admissionIndeterminate hospital onset COVID-19Day 6 of admissionIndeterminate hospital onset COVID-19Day 7 of admissionIndeterminate hospital onset COVID-19Day 8 of admissionProbable hospital onset COVID-19Day 9 of admissionProbable hospital onset COVID-19				
	Day 10 of adm	ission	Prob	able hospital onset COVID-19	



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	Day 11 of admission	Probable hospital onset COVID-19		
	Day 12 of admission	Probable hospital onset COVID-19		
	Day 13 of admission	Probable hospital onset COVID-19		
	Day 14 of admission	Probable hospital onset COVID-19		
	Day 15 of admission and onwards to discharge	Definite hospital onset COVID-19		
	Post discharge	Community onset COVID-19		
	Start point of duration Admission to health board was agreed as the appropriate point to start counting the duration of hospital stay to first positive specimen date, rather than the date of admission to a single hospital, since patients can be transferred between hospitals which would lead to restarting the clock to 'day 1' each time and therefore underestimating the number of nosocomial infections.			
	Any discharges and re-admissions within the same health board which occur within the same calendar day will be classed as a continuous stay; the clock will not be restarted in these instances, only when a readmission occurs on the second day or more after any discharge.			
	For definite, probable, indeterminate and non-hospital onset (day 1 or 2 of inpatient stay), the NHS board reported is where the first sample was taken, established either using Rapid Admission Preliminary Inpatient Data (RAPID) data and validated by the boards, or using individual NHS board's internal admissions systems. Since the definition of hospital-onset COVID-19 was determined using date of admission to NHS board, the board assigned may not represent the board of attribution of hospital-onset COVID-19 infection (Table above).			
	For community onset (no admission), the NHS board of residence will be used, according to the Electronic Communications of Surveillance in Scotland (ECOSS) lab surveillance database.			
	Minimum data required to be validated:			
	<ul> <li>CHI number</li> <li>Date of positive SARS-CoV-2 RT-PC</li> <li>Date of admission to health board wh</li> <li>NHS board where first positive test ur</li> </ul>	en patient tested positive for COVID-19		
Relevance and key uses of the statistics	Surveillance data are essential for monitoring and to understand the extent of ongoing trans Scotland offers support to NHS boards across prevention strategies.			

Antimicrobial Resistance and Healthcare Associated Infection

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Accuracy	It is acknowledged that patients can be transferred between NHS health boards and if transferred into a different health board during the same hospital stay, then the clock is restarted to 'day 1' which could lead to an underestimation of cases. However, the decision to restrict start date to admission to a single NHS health board represents the requirement to report at the health board-level. Any discharges and re-admissions which occur within the same calendar day and within the same NHS board will be overlooked - the clock will not be restarted in these instances, only when a readmission occurs on the second or more day after any discharge.
Completeness	Surveillance data are collected using the ECOSS system that allows data collectors in NHS boards to validate ECOSS records as well as identifying additional cases that may not be included in the Electronic Communications of Surveillance in Scotland (ECOSS) system. This therefore means that completeness is near to 100%. NHS Golden Jubilee will be excluded from any views showing the proportion of hospital onset cases due to no non-hospital onset cases being assigned to that board – therefore data for this board will not be comparable with other NHS boards.
Comparability	The agreed nosocomial case definition for the UK has been adopted to allow comparison across the four nations. However, geographical differences for example NHS board versus NHS Trust have to be considered. Prior to 15 June 2020, the total number of cases reported by Public Health Scotland and the Scottish Government did not include those identified in UK Government Laboratories. The number of cases reported in this report includes cases identified in this scheme so will therefore be higher than what was included in the daily reporting prior to 15 June 2020. There may be some differences to NHS board level counts within this report and reports from Public Health Scotland, due to the previously described differing methods in classifying the NHS board.
Accessibility	It is the policy of HPS to make its web sites and products accessible according to <u>published guidelines</u> . Link to this reports open data platform can be found here: <u>https://www.opendata.nhs.scot/dataset/hospital-onset-covid-19-cases-in-scotland</u>
Coherence and clarity	Previous published reports can be found at: https://beta.isdscotland.org/find-publications-and-data/population-health/covid-
	19/hospital-onset-covid-19-cases-in-scotland/
Value type and unit of measurement	At National level, the number and proportion of COVID-19 cases which can be classed as definite hospital onset, probable hospital onset, indeterminate hospital onset, non-hospital onset and community onset, and broken down by week using the date of first positive COVID-19 sample.
	NHS board level, the cumulative number and proportion of COVID-19 cases which can be classed as definite hospital onset, probable hospital onset, indeterminate hospital onset, non-hospital onset and community onset, using the date of first positive COVID-19 sample.

Antimicrobial Resistance and Healthcare Associated Infection

	Due to rounding the percentages do not always add up to 100%
Disclosure	The HPS protocol on Statistical Disclosure Control Protocol is followed.
Official Statistics designation	Management Information
UK Statistics Authority Assessment	Not assessed
Last published	16 June 2021
Next published	30 June 2021
Date of first publication	1 July 2020
Help email	nss.hpshaiic@nhs.scot
Date form completed	23 June 2021



#### Appendix 2 – Early access details

#### **Pre-Release Access**

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ARHAI Scotland is obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access.

#### Standard Pre-Release Access:

Scottish Government Health Department

NHS board Chief Executives

NHS board Communication leads