

Hospital onset COVID-19 mortality in Scotland

7 March 2020 to 30 June 2021

A management information publication for Scotland

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About this release

This release by Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland, part of NHS National Services Scotland, provides data for COVID-19 hospital onset mortality in Scotland for the period 7 March 2020 to 30 June 2021.

Deaths occurring in patients with COVID-19 are an important measure of patient outcome. Therefore, monitoring COVID-19 mortality in hospital patients and publishing the data is critical to improve care of patients, inform the development of infection prevention and control measures, shape policy and guide research. <u>Further information on the epidemiology of COVID-19 in</u> <u>healthcare settings can be found on the Public Health Scotland website.</u>

A report on COVID-19 hospital onset cases is <u>published weekly</u>.

Main points

- This report describes patients diagnosed in hospital with COVID-19 who die from all causes within 28 days.
- Overall, more than a quarter of patients diagnosed in hospital died within 28 days. Nearly a third of patients with a probable or definite hospital onset died within 28 days. For April to June 2021, one in five patients with a probable or definite hospital onset died within 28 days.
- The difference is mainly due to differences in demographics. Probable or definite hospital onset COVID-19 cases were older. Cases diagnosed in the first two days of admission were younger. Older cases are likely to be sicker and have more underlying ill health.
- Mortality data were adjusted for age, sex, vaccination status and pandemic wave. There was no difference in the mortality rate observed between the hospital onset categories.
- There is no evidence from these analyses that patients developing nosocomial COVID-19 are at an increased risk of death compared with other patients diagnosed with COVID-19 in hospital.
- The mortality rate within 28 days in patients who were first diagnosed with COVID-19 in hospital decreased in wave 2 compared with wave 1 following adjustment for hospital onset status, vaccination status, age and sex.

- Older patients in hospital have an increased risk of infection. This includes COVID-19. These patients are more likely to die from other causes. The causes can not be identified using all-cause mortality.
- Preventing hospital transmission of SARS-CoV-2 is critical. This will reduce morbidity and mortality from COVID-19. This is more so for older hospital patients. Infection prevention and control, and early detection and management is vital. This will reduce the spread of SARS-CoV-2 in hospital settings.

Table 1: COVID-19 cases who died from all causes within 28 days by onset status in Scotland overall: specimen dates up to 30 June 2021.^{1,2,3}

Hospital onset status	Mortality within 28 days (n)	Mortality within 28 days (%)	Total Cases
Non-hospital onset (day 1 or 2 of admission)	2,138	23.5%	9,091
Indeterminate hospital onset (days 3-7)	339	25.7%	1,320
Probable hospital onset (days 8-14)	525	30.8%	1,703
Definite hospital onset (days 15+)	1,150	30.5%	3,773
Scotland	4,152	26.1%	15,887

 Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) data, the Rapid Admission Preliminary Inpatient Data (RAPID) data or local admission data, and National Records of Scotland (NRS).

The data used has not been adjusted for potential factors that may affect mortality e.g. severity of COVID-19 disease and patient comorbidities.
 Cases diagnosed in the community (not during an inpatient stay) were excluded from these analyses.

Background

Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland, part of National Services Scotland works closely with Public Health Scotland to deliver the COVID-19 response. Local and national monitoring in hospital settings is required to reduce COVID-19 infections.

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Further Information

Find out more in the <u>full report</u> and on the <u>COVID-19</u> pages on the HPS website.

The next release of this publication will be subject to additional cases in the intervening period.