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Introduction

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. This release provides data for COVID-19 hospital onset cases in Scotland from week ending 01 March 2020 to week ending 06 February 2022.

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. <u>Further information on the epidemiology of COVID-19 in healthcare settings can be found on the Public Health Scotland website.</u>

This report includes all hospital onset cases of COVID-19 regardless of variant, such as Delta and Omicron. Further information on COVID-19 variants in Scotland can be found here: <u>https://publichealthscotland.scot/publications/covid-19-statistical-report/.</u>

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 06 February 2022, was 1,268,608. Of these:

- 1,243,807 (98.0%) were reported as community onset (first positive specimen taken in the community).
- 14,606 (1.2%) were reported as non-hospital onset (first positive specimen on day 1 or 2 of inpatient admission to NHS board).
- 2,077 (0.2%) were reported as indeterminate hospital onset (first positive specimen on days 3 to 7 of admission to NHS board).
- 2,395 (0.2%) were reported as probable hospital onset (first positive specimen on days 8 to 14 of admission to NHS board).
- 5,723 (0.5%) were reported as definite hospital onset (first positive specimen date was 15 or more days after admission to NHS board).

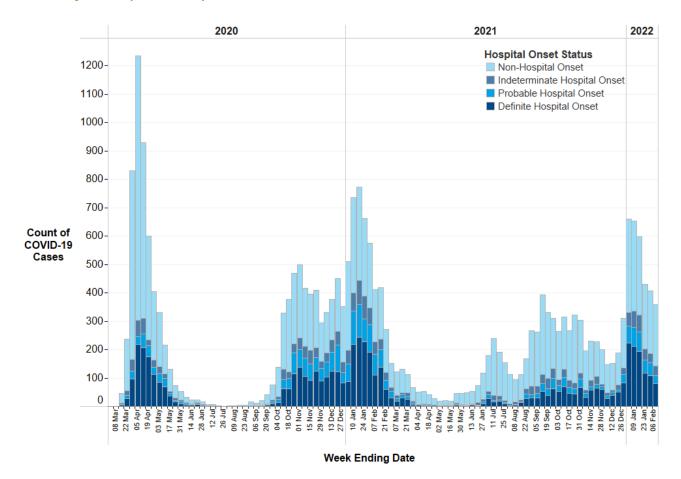
Breakdown of COVID-19 cases by hospital onset status – weekly data

The total number of COVID-19 cases reported to ARHAI Scotland this week (week ending 06 February 2022) was 45,047. Of these:

- 44,689 (99.2%) were reported as community onset (first positive specimen taken in the community). In the previous week (week ending 30 January 2022) there were 47,336 (99.1%).
- 215 (0.5%) 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 30 January 2022) there were 220 (0.5%).
- 34 (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 30 January 2022) there were 32 (0.1%).
- 28 (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 30 January 2022) there were 45 (0.1%).
- 81 (0.2%) 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 30 January 2022) there were 109 (0.2%).

Figure 1: Epidemic curve of COVID-19 cases with first positive specimen taken during an inpatient stay, by onset status: week-ending 01 March 2020 to week-ending 06 February 2022 (n=24,801). ^{1,2,3}

ARHAI Scotland



- 1. Source of data are Corporate Data Warehouse (CDW) that contains test results from Electronic Communication of Surveillance in Scotland (ECOSS) and Rapid Admission Preliminary Inpatient Data (RAPID) 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	88,249	1,406	188	326	658	1.6%	0.2%	0.4%	0.7%
Borders	19,856	191	35	50	114	1.0%	0.2%	0.3%	0.6%
Dumfries & Galloway	28,940	427	39	17	57	1.5%	0.1%	0.1%	0.2%
Fife	85,069	955	80	64	377	1.1%	0.1%	0.1%	0.4%
Forth Valley	73,893	1,057	116	107	276	1.4%	0.2%	0.1%	0.4%
Golden Jubilee	44	28	8	3	5	-	-	-	-
Grampian	111,803	887	104	106	296	0.8%	0.1%	0.1%	0.3%
Greater Glasgow & Clyde	314,481	4,095	718	782	1,896	1.3%	0.2%	0.2%	0.6%
Highland	51,271	362	24	11	60	0.7%	0.0%	0.0%	0.1%
Lanarkshire	185,315	1,523	311	350	695	0.8%	0.2%	0.2%	0.4%
Lothian	212,356	2,238	292	389	859	1.1%	0.1%	0.2%	0.4%
Orkney	2,239	14	1	1	5	0.6%	0.0%	0.0%	0.2%
Shetland	2,452	20	1	0	0	0.8%	0.0%	0.0%	0.0%
Tayside	89,923	1,383	159	186	417	1.5%	0.2%	0.2%	0.5%
Western Isles	2,717	20	1	3	8	0.7%	0.0%	0.1%	0.3%
Scotland	1,268,608	14,606	2,077	2,395	5,723	1.2%	0.2%	0.2%	0.5%

Table 1: Number of COVID-19 cases, by onset status and NHS board: specimen dates up to 06 February 2022.^{1,2,3}

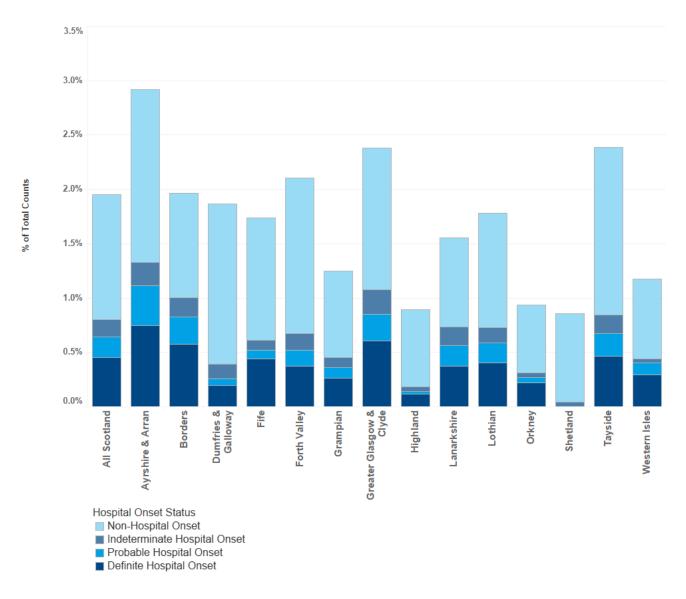
1. Source of data are Corporate Data Warehouse (CDW) that contains test results from Electronic Communication of Surveillance in Scotland (ECOSS) and Rapid Admission Preliminary Inpatient Data (RAPID) or local admission data.

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.



Figure 2: Proportion of COVID-19 cases by onset status and NHS board: specimen dates up to 06 February 2022.^{1,2,3,4}



- 1. Source of data are Corporate Data Warehouse (CDW) that contains test results from Electronic Communication of Surveillance in Scotland (ECOSS) and Rapid Admission Preliminary Inpatient Data (RAPID) 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.
- 4. Community onset cases are not shown but are included in the calculation of the proportions.



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Further information

Further Information can be found on the <u>PHS website.</u> The next release of this publication will be 09 March 2022.

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Appendices

Appendix 1 – Revisions to the surveillance

Description of	First report	Rationale for revision
Revision	revision applied	
Change from ECOSS to Corporate Data Warehouse (CDW) database	18/08/2021 (2021 Week 29 report)	On the 28 th July 2021, the COVID-19 reporting processes were updated by Public Health Scotland, which has resulted in some changes to the cumulative positive cases reported. From the report published on 18 th August 2021, data have been generated using this new methodology, resulting in changes to the overall number of cases reported. Non-Scottish residents who first tested positive for COVID-19 within a Scottish hospital were excluded with this new methodology.
		Please see the Public Health Scotland website for more information.
Re-inclusion of non- Scottish cases defined as a hospital onset case	06/10/2021 (2021 Week 36 report)	After update in methodology to report cases by Public Health Scotland, non-Scottish residents were excluded from this report, for publication between 18 th August 2021 and 29 th September 2021.
		As of 6 th October 2021, any COVID-19 cases from non- Scottish residents defined as a hospital onset case have been reinstated, and will continue to be reported. These cases are reported under the NHS board where the first COVID-19 sample was taken. ARHAI report these additional cases to accurately reflect the burden of infection and extent of nosocomial transmission of COVID-19 in Scottish hospitals.
Inclusion of private laboratory data in Public Health Scotland COVID-19 dataset	15/12/2021 (2021 Week 46 report)	The case inclusion methodology has been updated by Public Health Scotland. New data feeds from private labs are now included in the overall PHS COVID -19 dataset used for COVID-19 hospital onset reporting. This has resulted in the addition of 711 cases between week ending 3 rd October 2021 and week ending 14 th November 2021.
Change in case definition to include Lateral Flow Device (LFD) positive results	02/02/2022 (2022 Week 1 report)	Public Health Scotland has updated the Scottish COVID-19 national case definition to reflect the revised testing strategy from 5 th January 2022. The new definition is valid for cases from 5 th January 2022 onwards, whereby either a person's first LFD or PCR positive test is accepted. LFD positive cases followed by a negative PCR result within 48 hours are excluded. This change in definitions primarily affects the number of cases reported as community onset, and will have a minimal impact on hospital onset COVID-19.
		Please see the Public Health Scotland website for more information.



Appendix 2 – Publication metadata

Metadata indicator			Descriptior	1
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 Sco	otland		
Торіс	COVID-19			
Format	Word document			
Data source(s)	 COVID-19 Cases: Case data source: Source of data are Corporate Data Warehouse (CDW) that contains test results from 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	15 February 202	22		
Release date	02 March 2022			
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 06 February 2022; 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 and within CDW. The databases are live and data may change 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 are outlined in the table below if applicable.Revisions relevant to this publication for COVID-19 cases up to 30 January 2022 include:NHS BoardHospital OnsetChangeReason for Change			
		Category		
	Scotland	Community onset	+9	Data changes in CDW
	•	•	•	·

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Antimicrobial Resistance and Healthcare Associated Infection

Concepts and definitions	board)indeterminate (first positive specimenprobable (first positive specimen on d	nuary 2022 onwards by either PCR or Lateral re followed by a negative PCR result within test for each individual is counted. occur mainly through respiratory droplets and <u>Further information on the epidemiology of</u> <u>d on the Public Health Scotland website</u> . As red as the pandemic has progressed, it has es of hospital transmission. o tracking nosocomial transmission in ion and control measures. In response to the nd validate the hospital-onset status of all id are working with NHS boards to establish a e UK is based on the number of days e date of specimen sampling for a ce admission to specimen sampling nen taken in the community) imen on day 1 or 2 of admission to NHS on days 3 to 7 of admission to NHS board) lays 8 to 14 of admission to NHS board) becimen date was 15 or more days after
	Day of sampling post admission	Nosocomial categorisation
	Before admission	Community onset COVID-19
	Day 1 of admission/on admission to NHS board	Non-hospital onset COVID-19
	Day 2 of admission	Non-hospital onset COVID-19
	Day 3 of admission	Indeterminate hospital onset COVID-19
	Day 4 of admission	Indeterminate hospital onset COVID-19
	Day 5 of admission	Indeterminate hospital onset COVID-19
		indeterminate nospital onset COVID-13
	Day 6 of admission	Indeterminate hospital onset COVID-19
		· · · · · · · · · · · · · · · · · · ·
	Day 6 of admission	Indeterminate hospital onset COVID-19
	Day 6 of admission Day 7 of admission	Indeterminate hospital onset COVID-19 Indeterminate hospital onset COVID-19
	Day 6 of admission Day 7 of admission Day 8 of admission	Indeterminate hospital onset COVID-19 Indeterminate hospital onset COVID-19 Probable hospital onset COVID-19
	Day 6 of admission Day 7 of admission Day 8 of admission Day 9 of admission	Indeterminate hospital onset COVID-19 Indeterminate hospital onset COVID-19 Probable hospital onset COVID-19 Probable hospital onset COVID-19
	Day 6 of admission Day 7 of admission Day 8 of admission Day 9 of admission Day 10 of admission	Indeterminate hospital onset COVID-19 Indeterminate hospital onset COVID-19 Probable hospital onset COVID-19 Probable hospital onset COVID-19 Probable hospital onset COVID-19

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	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
	The hospital onset cases in this report repres include COVID-19 associated with hospital ca post-discharge.	
	Start point of duration	
	Admission to health board was agreed as the duration of hospital stay to first positive specir a single hospital, since patients can be transfe to restarting the clock to 'day 1' each time and nosocomial infections.	nen date, rather than the date of admission to erred between hospitals which would lead
	Any discharges and re-admissions within the same calendar day will be classed as a conti these instances, only when a readmission oc discharge.	nuous stay; the clock will not be restarted in
	For definite, probable, indeterminate and non the NHS board reported is where the first san Rapid Admission Preliminary Inpatient Data (using individual NHS board's internal admissi onset COVID-19 was determined using date assigned may not represent the board of attri (Table above).	nple was taken, established either using RAPID) data and validated by the boards, or ions systems. Since the definition of hospital- of admission to NHS board, the board
	For community onset (no admission), the NH to the Electronic Communications of Surveilla database. Non-Scottish residents who tested Scotland are excluded from reporting.	ance in Scotland (ECOSS) lab surveillance
	Minimum data required to be validated:	
	 CHI number (or for non-Scottish residuitth) Date of positive SARS-CoV-2 RT-PC 	dents, patient forename, surname and date of
	-	nen patient tested positive for COVID-19
Relevance and key uses of the statistics	Surveillance data are essential for monitoring investigations and to understand the extent o setting. ARHAI Scotland offers support to NH COVID-19 prevention strategies.	f ongoing transmission within the hospital
Accuracy	It is acknowledged that patients can be transf transferred into a different health board during restarted to 'day 1' which could lead to an und to restrict start date to admission to a single N	g the same hospital stay, then the clock is derestimation of cases. However, the decision

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Completeness	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. COVID-19 cases identified after discharge from hospital but within 14 days may be associated with the hospital. These cases, including those identified on readmission to hospital, are not included as hospital onset. This may result in under-reporting of COVID- 19 cases associated with hospital care.
Completeness	Surveillance data are collected using the ARHAI Scotland 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 ECOSS or CDW systems. This therefore means that completeness for hospital onset cases under current definitions 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. ARHAI report hospital onset cases against the NHS board where the sample was taken, with community onset reported against NHS board of residence; PHS primarily report all cases by NHS board of residence. On the 28th July 2021, the COVID-19 reporting processes were updated by Public Health Scotland, which has resulted in some changes to the cumulative positive cases reported. Since 18th August 2021, data in this report have been generated using this new methodology, resulting in changes to the overall number of cases reported. Please see the Public Health Scotland website for <u>more information</u> . There may be some differences in the total number of cases within this report and reports from Public Health Scotland as this report includes non-Scottish residents who tested positive for COVID-19 whilst an inpatient in a Scottish hospital, whereas Public Health Scotland reports exclude these individuals.
Accessibility	It is the policy of ARHAI Scotland 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://www.publichealthscotland.scot/publications/show-all-releases?id=20584

Antimicrobial Resistance and Healthcare Associated Infection
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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, non-hospital onset, by the date of first positive COVID-19 cases which can be classed as definite hospital onset, probable hospital onset, indeterminate hospital onset, non-hospital onset, by the date of first positive 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. Due to rounding the percentages do not always add up to 100%.
Disclosure	The PHS protocol on Statistical Disclosure Control Protocol is followed.
Official Statistics designation	Management Information
UK Statistics Authority Assessment	Not assessed
Last published	23 February 2022
Next published	09 March 2022
Date of first publication	01 July 2020
Help email	nss.hpshaiic@nhs.scot
Date form completed	02 March 2022



Appendix 3 – 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