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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 under the Health Protection Scotland (HPS) COVID-19 response. This release provides data for COVID-19 hospital onset cases in Scotland for week ending 1 March 2020 to week ending 27 September 2020.

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 27 September 2020, was 28,564. Of these:

- 23,290 (81.5%) were reported as community onset (first positive specimen taken in the community).
- 3,612 (12.6%) were reported as non-hospital onset (first positive specimen on day 1 or 2 of in-patient admission to NHS board).
- 313 (1.1%) were reported as indeterminate hospital onset (first positive specimen on days 3 to 7 of admission to NHS board).
- 280 (1.0%) were reported as probable hospital onset (first positive specimen on days 8 to 14 of admission to NHS board).
- 1,069 (3.7%) were reported as definite hospital onset (first positive specimen date was 15 or more days after admission to NHS board).

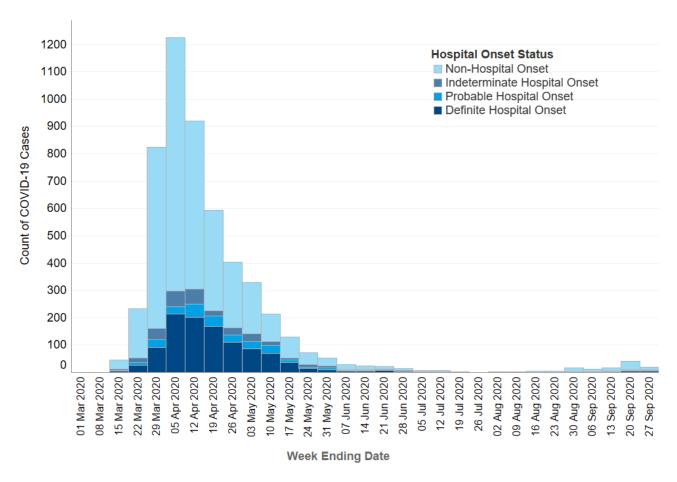
#### Breakdown of COVID-19 cases by hospital onset status - weekly data

The total number of COVID-19 cases reported to ARHAI Scotland, this week (week ending 27 September 2020) was 3,617. Of these:

- 3,597 (99.4%) were reported as community onset (first positive specimen taken in the community). In the previous week (week ending 20 September 2020) there were 1,754 (97.7%).
- 10 (0.3%) 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 20 September 2020) there were 32 (1.8%).
- 2 (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 20 September 2020) there were 2 (0.1%).
- 3 (0.1%) was reported as probable hospital onset (first positive specimen on days 8 to 14 of admission to NHS board). In the previous week (week ending 20 September 2020) there were 1 (0.1%).
- 5 (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 20 September 2020) there were 6 (0.3%).



Figure 1: Epidemic curve of COVID-19 cases with first positive specimen taken during an inpatient stay, by onset status: week-ending 1 March to week-ending 27 September 2020 (n=5,274). <sup>1,2</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. The community cases are not represented is this chart as first sample was not taken in hospital setting.



Table 1: Number of COVID-19 cases, by onset status and NHS board: specimen dates up to 27 September 2020.<sup>1,2,3</sup>

NHS board	Total COVID- 19 cases	Non- hospital onset	Indeterminate hospital onset cases	Probable hospital onset cases	Definite hospital onset cases	Non- hospital onset	Indeterminate hospital onset cases	Probable hospital onset cases	Definite hospital onset cases
	(n)	(n)	(n)	(n)	(n)	(%)	(%)	(%)	(%)
Ayrshire & Arran	1,658	238	20	20	46	14.4%	1.2%	1.2%	2.8%
Borders	501	63	5	7	30	12.6%	1.0%	1.4%	6.0%
Dumfries & Galloway	393	74	6	1	0	18.8%	1.5%	0.3%	0.0%
Fife	1,288	147	12	8	119	11.4%	0.9%	0.6%	9.2%
Forth Valley	1,418	166	12	9	25	11.7%	0.8%	0.6%	1.8%
Golden Jubilee	9	3	2	2	2	-	-	-	-
Grampian	2,278	198	20	23	80	8.7%	0.9%	1.0%	3.5%
Greater Glasgow & Clyde	9,002	1,329	110	95	433	14.8%	1.2%	1.1%	4.8%
Highland	599	74	9	5	23	12.4%	1.5%	0.8%	3.8%
Lanarkshire	4,169	535	55	40	123	12.8%	1.3%	1.0%	3.0%
Lothian	4,648	510	45	56	141	11.0%	1.0%	1.2%	3.0%
Orkney	22	4	0	0	0	18.2%	0.0%	0.0%	0.0%
Shetland	59	6	0	0	0	10.2%	0.0%	0.0%	0.0%
Tayside	2,492	260	17	14	47	10.4%	0.7%	0.6%	1.9%
Western Isles	28	5	0	0	0	17.9%	0.0%	0.0%	0.0%
Scotland	28,564	3,612	313	280	1,069	12.6%	1.1%	1.0%	3.7%

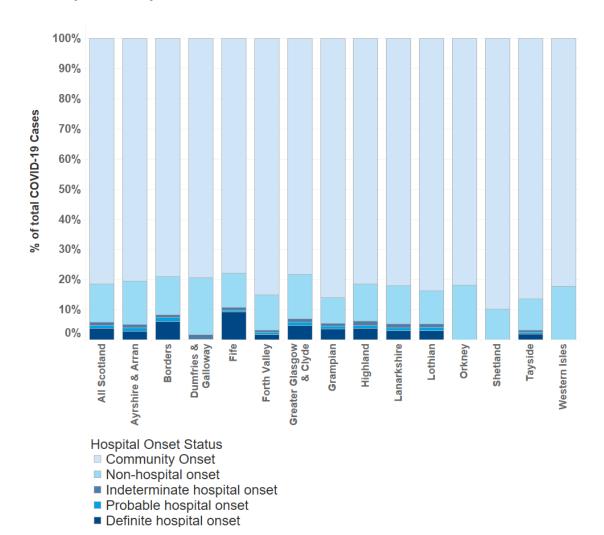
<sup>1.</sup> Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) data and Rapid Admission Preliminary Inpatient Data (RAPID) data or local admission data.

<sup>2.</sup> 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.

<sup>3.</sup> 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 27 September 2020.<sup>1,2,3</sup>



- 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 HPS website.

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

The next release of this publication will be 28 October 2020.

## Rate this publication

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



# **Appendices**

## Appendix 1 – Publication metadata

Metadata indicator	Description
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
Topic	COVID-19
Format	Word document
Data source(s)	COVID-19 Cases:
	Case data source: 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	6 October 2020
Release date	21 October 2020
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 27 September 2020, 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 20 September include:



NHS Board	Hospital Onset Category	Change	Reason for Change
Scotland	Community onset	+1	Case added to ECOSS for week ending 13/09/2020.

# Concepts and definitions

The transmission of COVID-19 is thought to occur mainly through respiratory droplets and through contact with contaminated surfaces. <u>Further information on the epidemiology of COVID-19 in healthcare settings can be found on the Health Protection Scotland website</u>. 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 the 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

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:

viable dataset to fulfil this request.

- community onset (first positive specimen taken in the community), non-hospital onset (first positive specimen on day 1 or 2 of admission to NHS board)
- indeterminate (first positive specimen on days 3 to 7 of admission to NHS board)
- probable (first positive specimen on days 8 to 14 of admission to NHS board)
- definite hospital onset (first positive specimen date was 15 or more days after admission to NHS board)

These definitions are necessary due to the maximum incubation period of 14 days. See table below:

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
Day 6 of admission	Indeterminate hospital onset COVID-19
Day 7 of admission	Indeterminate hospital onset COVID-19
Day 8 of admission	Probable hospital onset COVID-19
Day 9 of admission	Probable hospital onset COVID-19
Day 10 of admission	Probable hospital onset COVID-19
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		
	The hospital onset cases in this report represent cases presenting in hospital and do not include COVID-19 associated with hospital care that present on readmission to hospital or post-discharge.			
	Cases that are not associated with a Scottish health board were excluded form analysis.			
	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 which occ classed as a continuous stay; the clock will no readmission occurs on the second day or mo	ot be restarted in these instances, only when a		
	Admission Preliminary Inpatient Data (RAPID individual NHS board's internal admissions sy	nple was taken, established either using Rapid )) data and validated by the boards, or using ystems. Since the definition of hospital-onset nission to NHS board, the board assigned may		
	For community onset (no admission), the NH to the Electronic Communications of Surveilla 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 where first positive test units</li> </ul>	nen 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 acros prevention strategies.			
Accuracy	be restarted to 'day 1' which could lead to an decision to restrict start date to admission to a the requirement to report at the health board-	g the same hospital stay, then the clock would underestimation of cases. However, the a single NHS health board represents		



in these instances, only when a readmission occurs on the second or more day after 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 hospital, are not included as hospital onset. This may result in under-reporting of CO	er any
associated with the hospital. These cases, including those identified on readmission	
cases associated with hospital care.	
Completeness  Surveillance data are collected using the ECOSS system that allows data collectors boards to validate ECOSS records as well as identifying additional cases that may included in the Electronic Communications of Surveillance in Scotland (ECOSS) sy This therefore means that completeness is near to 100%.	not be
NHS Golden Jubilee will be excluded from any views showing the proportion of hos onset cases due to no non-hospital onset cases being assigned to that board – the 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 compactors across the four nations. However, geographical differences for example NHS board NHS Trust have to be considered.	
Prior to 15 June, the total number of cases reported by Public Health Scotland and Scottish Government did not include those identified in UK Government Laboratoric number of cases reported in this report includes cases identified in this scheme so therefore be higher than what was included in the daily reporting prior to 15 June.	es. The
There may be some differences to NHS board level counts within this report and re from Public Health Scotland, due to the previously described differing methods in cl the NHS board.	
Accessibility  It is the policy of HPS to make its web sites and products accessible according to published guidelines.	
Coherence and clarity  Tables and charts are accessible via the HPS website at:	



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#### 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