



# Hospital onset COVID-19<br/>bases in ScotlandWeek ending 1 March 2020<br/>to week ending 24 January 2021March 2020<br/>bases in Scotland



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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 from week ending 1 March 2020 to week ending 24 January 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 24 January 2021, was 173,786. Of these:

- 160,854 (92.6%) were reported as community onset (first positive specimen taken in the community).
- 7,429 (4.3%) were reported as non-hospital onset (first positive specimen on day 1 or 2 of inpatient admission to NHS board).
- 1,048 (0.6%) were reported as indeterminate hospital onset (first positive specimen on days 3 to 7 of admission to NHS board).
- 1,340 (0.8%) were reported as probable hospital onset (first positive specimen on days 8 to 14 of admission to NHS board).
- 3,115 (1.8%) were reported as definite hospital onset (first positive specimen date was 15 or more days after admission to NHS board).

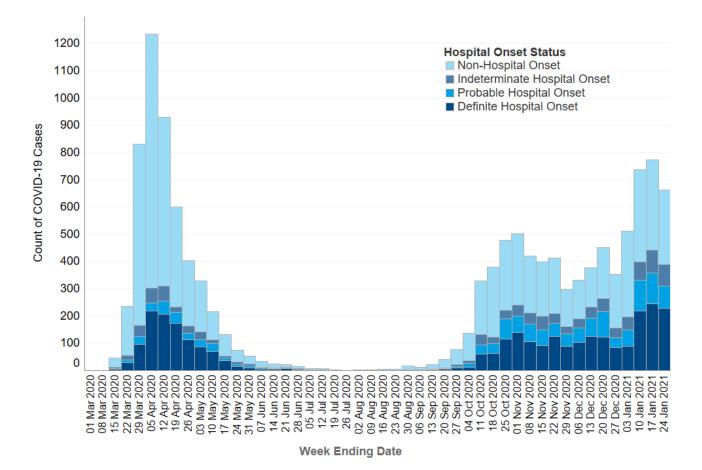
### Breakdown of COVID-19 cases by hospital onset status - weekly data

The total number of COVID-19 cases reported to ARHAI Scotland this week (week ending 24 January 2021) was 9,172. Of these:

- 8,509 (92.8%) were reported as community onset (first positive specimen taken in the community). In the previous week (week ending 17 January 2021) there were 10,586 (93.2%).
- 275 (3.0%) 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 17 January 2021) there were 331 (2.9%).
- 79 (0.9%) 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 17 January 2021) there were 84 (0.7%).
- 81 (0.9%) 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 17 January 2021) there were 114 (1.0%).
- 228 (2.5%) 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 17 January 2021) there were 244 (2.1%).

# 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 24 January 2021 (n=12,932). <sup>1,2</sup>

**RHAI Scotland** 



- 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.

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	12,920	643	96	175	316	5.0%	0.7%	1.4%	2.4%
Borders	2,544	129	11	16	50	5.1%	0.4%	0.6%	2.0%
Dumfries & Galloway	3,487	165	11	4	5	4.7%	0.3%	0.1%	0.1%
Fife	8,607	404	29	27	214	4.7%	0.3%	0.3%	2.5%
Forth Valley	8,033	355	44	36	100	4.4%	0.5%	0.4%	1.2%
Golden Jubilee	17	8	4	2	3	-	-	-	-
Grampian	12,067	335	43	53	165	2.8%	0.4%	0.4%	1.4%
Greater Glasgow & Clyde	55,113	2,583	395	473	1,116	4.7%	0.7%	0.9%	2.0%
Highland	3,649	112	11	7	23	3.1%	0.3%	0.2%	0.6%
Lanarkshire	31,529	1,155	172	226	431	3.7%	0.5%	0.7%	1.4%
Lothian	23,696	980	128	204	457	4.1%	0.5%	0.9%	1.9%
Orkney	55	4	0	0	0	7.3%	0.0%	0.0%	0.0%
Shetland	208	12	0	0	0	5.8%	0.0%	0.0%	0.0%
Tayside	11,693	536	104	117	235	4.6%	0.9%	1.0%	2.0%
Western Isles	168	8	0	0	0	4.8%	0.0%	0.0%	0.0%
Scotland	173,786	7,429	1,048	1,340	3,115	4.3%	0.6%	0.8%	1.8%

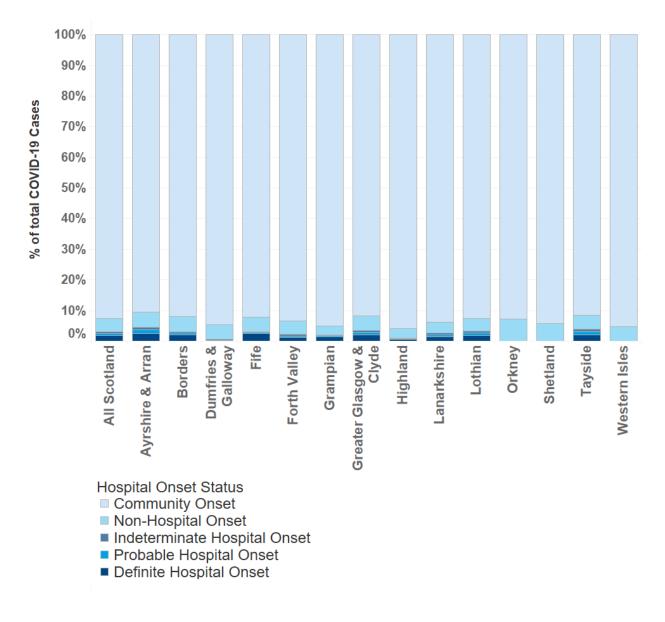
Table 1: Number of COVID-19 cases, by onset status and NHS board: specimen dates up to 24 January 2021.<sup>1,2,3</sup>

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 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 24 February 2021.

### **Rate this publication**

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# Appendices

### Appendix 1 – Publication metadata

Metadata	Description
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
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	02 February 2021
Release date	17 February 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 24 January 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 17 January include: **Hospital Onset** Change **Reason for Change** NHS Board Category Retrospective correction of Non-hospital onset -1 allocation of a case for week Lothian ending 01/11/2020 following Community onset +1 additional information from the board Retrospective correction of Indeterminate onset -1 allocation of a case for week Lanarkshire ending 29/11/2020 following Community onset +1 additional information from the board Correction in data for week -1 06/12/2020 due to error in local Lanarkshire Non-hospital onset processing. Retrospective correction of -2 Non-hospital onset allocation of two cases for week Lothian ending 13/12/2020 following Community onset +2 additional information from the board Non-hospital onset -2 Retrospective correction of allocation of two cases for week Lothian ending 20/12/2020 following +2 Community onset additional information from the board Retrospective correction of -1 Community onset allocation of a case for week ending 10/01/2021 following Lothian Non-hospital onset +1 additional information from the board Retrospective correction of -2 Community onset allocation of two cases for week +1 Non-hospital onset Lothian ending 17/01/2021 following Indeterminate hospital additional information from the +1 onset board Removal of duplicate record Scotland -1 Community onset from week ending 27/12/2020 Deletion of duplicate record -1 Scotland Community onset from week ending 10/01/2021 Additional records received Scotland Community onset +2 by ECOSS for week ending 10/01/2021 Reallocation of two cases from week ending 17/01/2021 Scotland **Community onset** -/+2 to week ending 10/01/2021 following receipt of additional records by ECOSS

Antimicrobial Resistance and Healthcare Associated Infection

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 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 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 taken in the community), non-hospital onset (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> <li>definite hospital onset (first positive specimen date was 15 or more days after</li> </ul> </li> </ul>					
	admission to NHS board)					
	table below:	maximum incubation period of 14 days. See				
		maximum incubation period of 14 days. See           Nosocomial categorisation				
	table below: Day of sampling post admission Before admission	Nosocomial categorisation           Community onset COVID-19				
	table below:           Day of sampling post admission	Nosocomial categorisation           Community onset COVID-19				
	table below: Day of sampling post admission Before admission Day 1 of admission/on admission to NHS	Nosocomial categorisation         Community onset COVID-19				
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	table below: Day of sampling post admission Before admission Day 1 of admission/on admission to NH3 board Day 2 of admission Day 3 of admission Day 4 of admission Day 5 of admission Day 6 of admission Day 7 of admission Day 8 of admission	Nosocomial categorisation         Community onset COVID-19         S         Non-hospital onset COVID-19         Non-hospital onset COVID-19         Indeterminate hospital onset COVID-19         Probable hospital onset COVID-19         Probable hospital onset COVID-19				
	table below: Day of sampling post admission         Before admission         Day 1 of admission/on admission to NH3         board         Day 2 of admission         Day 3 of admission         Day 4 of admission         Day 5 of admission         Day 7 of admission         Day 8 of admission         Day 9 of admission         Day 10 of admission	Nosocomial categorisationCommunity onset COVID-19SNon-hospital onset COVID-19Non-hospital onset COVID-19Indeterminate hospital onset COVID-19Probable hospital onset COVID-19				
	table below: Day of sampling post admission Before admission Day 1 of admission/on admission to NHS board Day 2 of admission Day 3 of admission Day 4 of admission Day 5 of admission Day 6 of admission Day 7 of admission Day 8 of admission Day 9 of admission Day 10 of admission Day 11 of admission	Nosocomial categorisationCommunity onset COVID-19SNon-hospital onset COVID-19Non-hospital onset COVID-19Indeterminate hospital onset COVID-19Probable hospital onset COVID-19				
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	Post discharge	Community onset COVID-19			
	Fost discharge	Continuanty onset COVID-19			
	The hospital onset cases in this report represe include COVID-19 associated with hospital ca 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 duration of hospital stay to first positive specim 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 which occur within the same calendar day will be classed as a continuous stay; the clock will not be restarted in these instances, only whe 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 manot represent the board of attribution of hospital-onset COVID-19 infection (Table above).				
	For community onset (no admission), the NHS to the Electronic Communications of Surveillar 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 un</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.				
Accuracy	It is acknowledged that patients can be transfer transferred into a different health board during be restarted to 'day 1' which could lead to an u decision to restrict start date to admission to a the requirement to report at the health board-le which occur within the same calendar day will in these instances, only when a readmission of discharge.	the same hospital stay, then the clock would underestimation of cases. However, the single NHS health board represents evel. Any discharges and re-admissions be overlooked - the clock will not be restarted			

	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 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, 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.
	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 published guidelines.
	Link to this reports open data platform can be found here: https://www.opendata.nhs.scot/dataset/hospital-onset-covid-19-cases-in-scotland
Coherence and clarity	Previous published reports can be found at: <u>https://beta.isdscotland.org/find-publications-and-data/population-health/covid-</u> <u>19/hospital-onset-covid-19-cases-in-scotland/</u>
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.
	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

Antimicrobial Resistance and Healthcare Associated Infection

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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