

QPS Géar Oibríochtaí

Aonad 4A, Áras Dargan, An Ceantar Theas, An Bóthar Míleata, Cill Mhaighneann, Baile Átha Cliath 8

QPS Acute Operations

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Deputy Dara Calleary TD Dáil Éireann Leinster House Dublin 2

PQ / 17418/21

To ask the Minister for Health the number of hospital-acquired Covid-19 infections by month from March 2020 to February 2021, by hospital in tabular form; and if he will make a statement on the matter

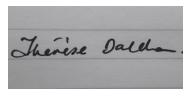
Dear Deputy Calleary,

In general it is not possible to be certain regarding where and when a person acquired infection with COVID-19. For the purpose of this surveillance activity the HSE uses a standard definition of hospital acquired COVID-19 that takes account of the ECDC case definition. This definition excludes most cases of community acquired COVID-19 and includes most cases relating to inpatients with hospital acquired COVID-19. There is extensive testing of people on admission to hospital and while in hospital to help find people with infection as guickly as possible so that measures can be taken to reduce the risk of spread of infection to others. The ECDC case definitions are appended below for your information.

The information is not available in the exact format requested above, however the available data for 2020 from week end 10th June 2020 (when collection of hospital acquired Covid-19 Infections commenced) and monthly data for January 2021 and February 2021 are detailed by hospital and hospital group in table below. Please note these data will be reported monthly in performance reports published on hse.ie going forward in accordance with reporting on HSE National Service Plan key performance indicators

I trust this answers your question to your satisfaction.

Yours sincerely,



Therese Dalchan

General Manager

HCAI AMR Lead | Acute Operations | HSE

Cc

Prof Martin Cormican, Clinical Lead AMRIC Shirley Keane, Programme Manager AMRIC Liam Woods, Nation Director Acute Operations Margaret Brennan, QPS Lead, Acute Operations John Cunningham, HSE BIU

Appendix 1:

ECDC Definition

Source of infection: healthcare (nosocomial) vs community transmission

The source of a COVID-19 case can be community-associated (CA-COVID-19) or healthcare-associated (HA-COVID-19), based on the number of days until the onset of symptoms, or positive laboratory test, whichever is first, after admission to a healthcare facility (on day 1). Healthcare facilities include hospitals and long-term care facilities. This is informed by current knowledge regarding the distribution of incubation periods (Lauer SA et al. Ann Intern Med. 2020;172:577-582. doi:10.7326/M20-0504). If required, a case-by-case evaluation of the source should take into account COVID-19 prevalence in the institution/ward, contact with known cases in the community or the healthcare facility, and any other data that plausibly indicate the source of the infection.

The case source definitions are as follows:

Community-associated COVID-19 (CA-COVID-19):

- Symptoms present on admission or with onset on day 1 or 2 after admission
- Symptom onset on days 3-7 and a strong suspicion of community transmission.

Indeterminate association (IA-COVID-19):

• Symptom onset on day 3-7 after admission, with insufficient information on the source of infection to assign to another category.

Probable healthcare-associated COVID-19 (HA-COVID-19):

- Symptoms onset on day 8-14 after admission
- Symptom onset on day 3-7 and a strong suspicion of healthcare transmission.

Definite HA-COVID-19:

Symptom onset on day >14 after admission

Cases with symptom onset within 14 days of discharge from a healthcare facility (e.g. readmission) may be considered as community-associated, probable or definite HA-COVID-19, or to have an indeterminate association. The designation of such cases should be made after a case-by-case evaluation.

Appendix 2 Hospital Acquired COVID-19 infections as per definition above by Hospital and Hospital Group (as reported to HSE Acute Hospital Business Information Unit)

Provider	2020 (w/e 21st Jun- 20 - 27th Dec- 20)	Jan-21 HA COV-19	Feb-21 HA COV-19
National Total	789	1,465	422
Children's Health Ireland	0	0	0
Dublin Midlands Hospital Group	225	192	156
Coombe Women and Infants University Hospital	<5	<5	0
MRH Portlaoise	6	10	0
MRH Tullamore	24	46	9
Naas General Hospital	53	8	8
St. James's Hospital	41	61	114
St. Luke's Radiation Oncology Network	5	0	0
Tallaght University Hospital	95	66	25
Ireland East Hospital Group	192	235	39
Mater Misericordiae University Hospital	22	40	27
MRH Mullingar	<5	<5	0
National Maternity Hospital	0	0	0
National Orthopaedic Hospital Cappagh	<5	<5	0
Our Lady's Hospital Navan	0	11	0
Royal Victoria Eye and Ear Hospital	0	0	0
St. Columcille's Hospital	48	13	9
St. Luke's General Hospital Kilkenny	56	0	0
St. Michael's Hospital	0	0	0
St. Vincent's University Hospital	59	151	<5
Wexford General Hospital	<5	17	0
RCSI Hospitals Group	171	220	43
Beaumont Hospital	126	50	29
Cavan General Hospital & Monaghan Hospital	28	39	<5
Connolly Hospital	<5	74	<5
Louth County Hospital	0	0	0

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Our Lady of Lourdes Hospital	16	57	11
Rotunda Hospital	0	0	0
Regional & National Services	0	<5	0
National Rehabilitation Hospital	0	<5	0
Saolta University Health Care Group	112	323	87
Galway University Hospitals	19	115	10
Letterkenny University Hospital	77	86	<5
Mayo University Hospital	10	62	61
Portiuncula University Hospital	0	<5	0
Roscommon University Hospital	0	0	0
Sligo University Hospital	6	58	12
South / South West Hospital Group	34	331	76
Bantry General Hospital	<5	0	0
Cork University Hospital	14	135	9
Cork University Maternity Hospital	0	<5	<5
Kilcreene Regional Orthopaedic Hospital	0	0	0
Mallow General Hospital	0	15	0
Mercy University Hospital	8	25	<5
South Infirmary Victoria University Hospital	0	13	<5
South Tipperary General Hospital	0	22	23
UH Kerry	0	11	5
UH Waterford	11	109	33
UL Hospitals Group	55	163	21
Croom Orthopaedic Hospital	0	5	0
Ennis Hospital	6	5	9
Nenagh Hospital	<5	33	0
St. John's Hospital Limerick	0	23	0
UH Limerick	47	97	12
UMH Limerick	0	0	0

Note: in accordance with best practice regarding information management and protecting patient confidentiality, cases of 1,2,3, or 4 are listed as>5