HSE AMRIC
NPHET February 2021
Key Principles

- Prevent introduction of virus (and variants)
- Prevent spread
- Minimise harm
HSE Acute Hospitals

Data from each hospital submitted to BIU on Wednesday for the week ending the previous Sunday

- Number of new hospital acquired cases (patients) Probably and Definite combined [since June]
- Number of new diagnoses in hospital staff that the hospital is aware of [since January 10th]
- Number of outbreaks currently open [since January 10th]

Data is reviewed Thursday or Friday and report prepared for CCO and Hospital Working Group
Weekly teleconference with hospital Groups to discuss issues.

Summary report YTD and weekly data on 3 metrics above sent to DOH every Friday from acute operations.

Limitations data submitted on Wednesday is sometimes updated subsequently
Data on diagnosis in hospital staff does not assess where infection was acquired
Probable and Definite Hospital Acquired COVID-19 in Patients

Weekly no. of Hospital-Acquired Covid-19 National Totals
21st June 2020-24th January 2021

UL Hospitals Group
South / South West Hospital Group
Saolta University Health Care Group
RCSI Hospitals Group
Ireland East Hospital Group
Dublin Midlands Hospital Group
Children's Health Ireland

Week 3 is the week ending January 24th

National Total 2020= 970
National Total YTD 2021 (Jan 24th) =1174* Data for 2021 commenced January 4th 2021
Variation by Hospital Group and Hospital

Totals June 2020 to 24th Jan 2021

UHL Hospital Group n=215
South/South West Hospital Group n=311
RCSI n=403
Ireland East Hospital Group n=411
Dublin Midlands Hospital Group n=378
Saolta University Health Care Group n=426

Week ending January 24th - 27 hospitals reported cases with a range of 1 to 35 cases reported by site

Main impact is on the large general hospitals
Open Outbreaks Week Ending January 24th

141 Open outbreaks
38 hospitals with 1 or more open outbreaks
12 with 1 open outbreak
Remainder 2 to 11 outbreaks
(Outbreaks formally close after 2 incubation periods without a case though ward closures generally can’t be maintained for that long)

Limitations – determination as to whether incidents constitute parts of one outbreak on distinct outbreaks based on IPC/OCT judgment

Extremely limited virus sequencing is consistent with IPC assessments of multiple discrete events
Infection in Acute Hospital Staff

National Total =738 Week Ending January 24th
(down from 1053 week ending January 17th)

Dublin Midlands Hospital Group =110
Ireland East Hospital Group =145
RCSI=132
Saolta University Health Care Group =80
South/South West Hospital Group =194
UL Hospital Group =58
Children’s Health Ireland =19

39 Hospitals reporting at least 1 case with range of 1 to 70 cases
Hospital Challenges

Weekly process in place AMRIC and Acute operations review data and impact and actions associated with outbreaks with Hospital Groups each week:

Hospital Major Issues Identified
Volume of COVID-19 cases in early Jan presented challenges with isolation, cohorting and patient flow which required constant active management
Challenged meeting mass testing requirements with high volume of outbreaks- prioritisation, maximum achievable and support from Community
Cases with no COVID-19 symptoms and not detected test triggering outbreak 3 or more days after admission
Asymptomatic infection (patients and staff)
Maintaining staffing levels and managing staff movement (agency staff)
Continuous support for adherence to fundamentals of IPC and social distancing
Infrastructure issues (number of single rooms, number of large multi-bed areas with shared facilities, ventilation)
Supplies of some items of PPE (addressed with procurement)
Delivering laboratory service to match demand
# Acute Hospital Testing Volumes (Laboratory Task Force Data)

<table>
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<tr>
<th></th>
<th>18/1/21</th>
<th>19/1/21</th>
<th>20/1/21</th>
<th>21/1/21</th>
<th>22/1/21</th>
<th>23/1/21</th>
<th>24/1/21</th>
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<tr>
<td>Total Acute Hospital</td>
<td>5349</td>
<td>6427</td>
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<td>5576</td>
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<td>CHI Lab Tests</td>
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<td>IEHG Lab Tests</td>
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<td>988</td>
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<td>868</td>
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## Community Operations

### Agreed metrics (HSE Operational Plan)

<table>
<thead>
<tr>
<th>Community</th>
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<tbody>
<tr>
<td>Number of new laboratory confirmed cases of COVID-19 in services users in HSE managed congregated care services</td>
</tr>
<tr>
<td>Number of newly diagnosed cases of COVID-19 in HSE community healthcare workers by CHO</td>
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</tbody>
</table>

There is a lot of detailed information at individual nursing home level (private and public) in a database updated daily and used to manage response.
Community Operations Numbers

The HSE monitor up to 2,000 Long Term Residential Facilities
Over 570 for Older Persons (including Private Nursing Homes) and the remainder largely in Disability and Mental Health services.
At 01/02/21 424 open outbreaks across these facilities –
358 in Jan, 53 in Dec, 10 in Nov

These outbreaks represent 21% of all facilities for Older Persons services
Outbreaks in 193 centres with outbreaks representing nearly 34% of the 570 Nursing Homes

There have been 63 new reported outbreaks across all Community facilities in the seven days up to February 1st
Re: Serial testing

A sixth cycle of testing started on Dec 11th (paused between 23rd and 28th Dec) finishing Jan 4th. The positivity rate in staff of the completed sixth cycle of serial testing programme was 1.2% – This compares to 0.33% in the completed fifth cycle. The 7th cycle is showing a 2.1% rate to date.

Serial testing programmes in Psychiatry of Old Age services and Disability are now progressing in the context of current roll out of vaccinations in these facilities.
Community Operations Challenges

Volume of COVID-19 cases in the community especially LTRCF
Maintaining staffing levels and managing staff movement
Public Health and IPC capacity to support IPC and outbreak management
Infrastructure issues (some multi-bed areas with shared facilities)
Supplies of some items of PPE (addressed with procurement)
Impact of visiting restrictions on residents wellbeing
Indications of General IPC Guidance & Support

• 156 Guidance documents/updates to guidance documents
• 35 education webinars
• Weekly engagement with Consultant Microbiologists and Infectious Disease Physicians
• Continuous engagement with IPC practitioners in community and acute hospitals
• Continuous engagement with procurement on PPECCO Memo of 13 January
• Engagements with estates on infrastructure
Recent Changes in IPC Guidance

• CCO Memo of 13 January
• CCO Memo of 26 January (disseminated)
• HPSC Banner flagging change in respirator mask guidance
• Updated acute hospital guidance
• All other guidance is being updated
Summary

• Outbreaks are identified and managed
• We do not see evidence that SARS-CoV-2 is becoming “resident” in congregated healthcare settings
• The frequency of introduction and the difficulty of recognising introduction are critical challenges
• The pattern is more similar to Norovirus than to AMR
Summary

• Emphasise the need for a holistic IPC approach (PPE is just a part)
• Changes in guidance on respirator masks are likely to have at most a limited impact on healthcare acquired infection (staff or patients)
• Reducing community transmission (reducing introduction) and vaccination are likely to be the key measures