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

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Deputy Peadar Tóibín TD
Dáil Éireann
Leinster House
Dublin 2

PQ / 19638/21

To ask the Minister for Health the number of persons that contracted Covid-19 in hospitals since the start of the pandemic.

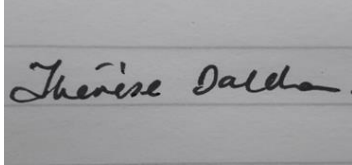
Dear Deputy Tóibín,

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 quickly 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 total number of cases of Hospital acquired Covid-19 reported in acute hospitals, from week ending 21st June 2020 to 28th February 2021, is 2676. (Please note collection of hospital acquired Covid-19 Infections commenced in June 2020 and March data is still being validated). This information will be published within the HSE Performance Reports 2021 on *hse.ie* in accordance with reporting on HSE National Service Plan key performance indicators.

I trust this answers your question to your satisfaction.

Yours sincerely,

A rectangular box containing a handwritten signature in black ink on a light-colored background. The signature reads "Therese Dalchan".

Therese Dalchan

General Manager

HCAI AMR Lead | Acute Operations | HSE

Cc

Prof Martin Cormican, Clinical Lead, AMRIC

Shirley Keane, Programme Manager, AMRIC

Liam Woods, National 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. re-admission) 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.