

Title	Hospital-Onset COVID-19 Working Group - update for SAGE
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## Context

1. The Hospital-Onset COVID-19 Working Group (HOCWG) was established under SAGE on 3 April 2020 to provide an overview of possible nosocomial transmission of SARS-CoV-2 in hospitals.
2. The attached papers include the Terms of Reference (Annex 1) and a collection of information received and presented at the HOCWG meetings. Associated papers are attached confidentially and are not for wider circulation outside of SAGE and its subgroups.

## Summary of actions taken to date

3. The extent of hospital onset COVID-19 infection (HOI) is informed by several ongoing patient and healthcare worker (HCW) surveillance studies; emerging evidence is considered at the HOCWG meetings to inform recommended actions and interventions.
4. On 3 April 2020 early outputs of the COVID-19 Clinical Information Network (CO-CIN) study were shared. The study update on 30 April 2020 had included up to one third of COVID-19 hospitalised cases and identified that approximately 9.3% of COVID-19 cases had symptom onset five days after admission. Modelling work shared at HOCWG estimates that most (84%) of apparent nosocomial transmission is related to direct and indirect patient-to-patient transmission. It also identified that HCW to HCW transmissions is a factor but that levels of HCW to patient transmission are relatively low.
5. Following review of the CO-CIN study data, the HOCWG commissioned a snapshot survey of all hospital trusts in England to understand current Infection Prevention and Control (IPC) approaches, which was circulated by NHSE&I on 8 April 2020. From 9 April 2020 the results of the survey were analysed, and IPC practice recommendations were reviewed and reinforced (Annexes 2-4) as follows:
  - a. PHE reformatted IPC guidance to make it more accessible to frontline HCWs;
  - b. NHSE&I created three IPC support resources to support operationalisation of the Government IPC guidance within Trusts, which were disseminated on 27<sup>th</sup> April 2020:

- i. Compendium of links to relevant IPC related published guidance;
    - ii. Compendium of links to training resources; and
    - iii. Checklist of IPC principles.
  - c. NHSE&I and CQC created a Trust Board IPC Assurance framework to ensure a Board-level focus on HOCl which was sent to Trusts on 30 April 2020.
6. On 4 May 2020 the Care & Quality Commission (CQC) confirmed it will monitor implementation of IPC guidance and the Board Assurance framework in NHS Trusts.
7. NHSE&I cascaded Trust level data to NHS organisations on 5 May 2020, with associated IPC guidance.
8. On 30 April and 7 May 2020 HOCWG reviewed outputs of PHE and DHSC testing programmes, which described potential carriage rates of COVID-19 in asymptomatic staff and patients.
9. DHSC and NHSE&I have further developed the testing programme to aim towards testing every patient admitted for elective care, non-elective care, and prior to discharge to care homes. Pre-elective procedure testing is dependent on Pillar 2 home testing capacity being made available to Trusts; pre-admittance isolation is also an important consideration. Patients will be retested at regular intervals whilst in hospital and frontline staff will be routinely tested every 14 days, pending capacity of programmes.
10. To inform additional interventions to reduce HOCl, environmental factors are being considered such as equipment and environmental decontamination practices and measures to use the hospital estate more effectively to minimise transmission. HOCWG members and NHSE&I Estates leads are linked with the Environmental Modelling SAGE sub-group.
11. The Environmental Modelling Working Group identified potential interventions to reduce environmental risks relating to transmission from contaminated surfaces, hand drying, and other areas. The recommendations from the evidence review were compared to the content of the existing IPC guidance and areas to strengthen the messaging were identified. PHE agreed on 12 May 2020 to update IPC guidance accordingly for publication next week.
12. PHE has work in hand to establish a HOCl national surveillance programme to monitor transmission on an ongoing basis. This data will be fed back to trusts, regions and NHSE&I for oversight and intervention as required. Once this is fully established it is likely that the HOCWG will have delivered its core objectives.