LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2023-2024
Mr Mark Parton MLA (Chair), Ms Jo Clay MLA (Deputy Chair),
Mr Michael Pettersson MLA

ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS

Asked by **MS LEANNE CASTLEY** on 19 July 2023: **MINISTER STEPHEN-SMITH** took on notice the following question(s):

[Ref: Hansard Transcript 19 July 2023, pages 16 – 18]

In relation to: Staph Infections (*Staphylococcus aureus*)

1) How many cases there were across all ACT public hospitals in 2022-2023?
2) The break down across the hospitals.
3) What the death rate is for people who do get staph infections?
4) Explain how many of the cases that we had responded to antibiotics and how many did not?
5) How many of the cases that we did get in the ACT, did pass away due to staph infections.
6) The rate where people pass away and died from it—

MINISTER STEPHEN-SMITH: The answer to the Member's question is as follows:

1) and 2) The following data relates to healthcare associated *Staphylococcus aureus* bacteraemia infections (SABSI) across Canberra Health Services (CHS) hospitals and from the former Calvary Public Hospital Bruce (CPHB).

	2019-20	2020-21	2021-22	2022-23
CPHB	4	0	9	13
CH	28	37	35	31
UCH	0	3	1	1
Total	**32**	**40**	**45**	**45**

Data for 2022-23 has been provided directly from the infection prevention control units at each hospital. This data is not yet finalised or publicly available as data is still undergoing quality assurance checks.

Data for 2019-20 – 2021-22 sourced from Admitted patient safety and quality – Australian Institute of Health and Welfare (AIHW) (www.aihw.gov.au) publicly available data – Number of cases of healthcare-associated Staphylococcus aureus bloodstream infection by hospital.

Caution should be taken when interpreting the data provided for health care services in the ACT. Hospitals in the ACT differ in patient acuity and the AIHW separates these facilities into relevant peer groups for national benchmarking. Canberra Hospital is in the Major Hospitals Peer Group, CPHB in the Large Hospitals peer group and UCH is in the unpeered group.

The AIHW media statement (2021) acknowledges that SABSI rates are higher than the national average in the major, large and children's hospitals as these hospitals generally provide a broad range of services, including a number of highly specialised and complex services and as such more likely to treat patients who may be at high risk of getting a SABSI.

3) Despite standardised treatment protocols for *Staphylococcus aureus* bacteraemia, including prolonged antimicrobial therapy and prompt source control, mortality ranges from 2.5% to 40% in Australia. Mortality rates are known to vary significantly with patient age, clinical manifestation, co-morbidities and methicillin resistance.

4) The response to this question has been interpreted as "the number of cases responded to antibiotics and how many did not" to mean the group that were resistant to the recommended first line antibiotics (this in healthcare terms is called Methicillin Resistant *Staphylococcus aureus* (MRSA)).

	CPHB	Canberra Hospital	UCH
2018-19	0	4	0
2019-20	0	6	0
2020-21	0	8	2
2021-22	1	2	0
Total	**1**	**20**	**2**

Data for 2018-19 to 2021-22 sourced from Admitted patient safety and quality – Australian Institute of Health and Welfare (aihw.gov.au) publicly available data.
Data for 2022-23 not yet finalised or publicly available as data is still undergoing quality assurance checks.

5) and 6) Mortality outcome is not reportable in the ACT or nationally through the AIHW. The CPHB and CHS mortality data presented in the table below has been manually collated by looking back at the Australian *Staphylococcus aureus* Surveillance Outcome Program (ASSOP) data sheets.

This figure represents all-cause mortality, up to 30 days post a healthcare associated SABSI and only includes outcomes for patients who were still receiving care within CHS or CPHB, or whose death has been notified to CHS by another health service or medical professional. This dataset is therefore incomplete and care should be taken when reviewing this data. Due to differences in data collection, care should be taken when comparing data between facilities.

I am advised the data below for CHS is all-cause mortality data, not necessarily directly attributable to the bacteraemia episode, and is reported up to 30 days post healthcare associated SABSI.

	CPHB % (total died)*	Canberra Hospital (inclusive of the UCH)
2019-20	25% (n=1)	14% (n=4)
2020-21	0% (n=0)	11% (n=4)
2021-22	22.2% (n=2)	14% (n=5)
Total	**16% (n=3)**	**13% (n=13)**

*CHS and CPHB all-cause mortality are reported at 30 days.
n: number of cases
^ CHS report all-cause mortality for SABSI to the Australian Group on Antimicrobial Resistance (AGAR) for deaths known to CHS. This information is reported by Pathology to AGAR.

Approved for circulation to the Select Committee on Estimates 2023-2024

Signature:  Date: 16/8/23

By the Minister for Health, Rachel Stephen-Smith MLA