MAE SEMINAR

An evaluation of enhanced surveillance of hospitalised COVID-19 patients to inform the public health response in Victoria

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<u>Zoom Link</u>   Meeting ID: 989 2327 2351   Password: 037507

Steph is currently undertaking the MAE with a joint placement at the Alfred Hospital and Burnet Institute. She commenced the MAE with a secondment to the Victorian DHHS to assist with the COVID-19 public health response. She has a background in research, community health and emergency preparedness & response, and remains actively involved in harm reduction and emergency services in Victoria.

Abstract

Background: Public health surveillance can help facilitate a rapid and effective response to public health emergencies. In response to coronavirus disease (COVID-19), an enhanced surveillance system of hospitalised COVID-19 patients was established by the Victorian Department of Health and Human Services (DHHS). The system aimed to reduce workforce capacity constraints and increase situational awareness on the status of hospitalised patients to assist with the response.

Methods: This evaluation used guidelines from the United States Centres for Disease Control and Prevention to evaluate the surveillance system according to eight system attributes. Evidence were generated through stakeholder consultation (survey and/or semi-structured interviews), participant observation, document review, systems review, issues log review and audits. Data were collected and analysed over a period of up to three months, covering pre- and post-implementation.

Results: This enhanced surveillance was rapidly established in response to a new disease threat. Established relationships and infrastructure enabled the system to be launched within one month of conceptualisation, and operational within two months. The system is useful for the public health response, and all 24 stakeholders agreed that the system was of importance. A key limitation of the system is untimely data on weekends, due to a reliance on daily reporting by hospitals. Additionally, the system lacks flexibility and relies on a high degree of manual labour because the systems data informs workflows for the public heath follow up of confirmed cases.

Conclusion: These results from this evaluation were presented to stakeholders and will be used to improve the current system and inform future rapid response systems.