

An ongoing response to COVID-19



As the COVID-19 pandemic continued to impact our state throughout 2021–22, NSW Health worked together to maintain exceptional service delivery and respond quickly to the needs of our community across the state.

We faced the challenge of adapting to surges in the pandemic caused by the Delta and Omicron BA.1 and BA.2 variants. Our specialist teams continued their commitment to provide world-class care.

NSW Health managed and supported:

- 2.6 million positive COVID-19 cases (1.5 million identified via PCR tests and 1.2 million via RAT tests)
- 25.6 million PCR tests
- more than 450 COVID-19 testing clinics
- 1.9 million text messages to close contacts between June 2021 and December 2021, during the Delta outbreaks.

Boosting vaccination take-up

The focus of the whole-of-government emergency response to COVID-19 quickly shifted to include the rollout of the NSW COVID-19 vaccination program.

In 2021–22, 16.4 million vaccines were administered in NSW and NSW Health delivered 4.2 million of them. NSW Health also accelerated vaccination coverage in the community by providing tailored strategies, targeted campaigns, and convenient access to vaccines. This was particularly important for vulnerable populations and in low-uptake areas in preventing higher rates of serious illness and death from COVID-19. This led to Australia becoming a world leader in the rollout of COVID-19 vaccinations, with NSW being the first Australian state to reach a more than 90% double-dose vaccination rate.

16.4 million vaccines were administered in NSW

Managing our borders

The NSW Hotel Quarantine Program was pivotal in protecting NSW residents and minimising the impact and spread of the pandemic.

The State Health Emergency Operations Centre (SHEOC) provided operational governance for the health and welfare of Australian residents, airline crew and staff at quarantine hotels and special health accommodation facilities. This included implementing evolving public health risk mitigation measures and managing continually improving processes.

The Surveillance Testing Program for transport providers and airport and quarantine workers was established to prevent, prepare for, respond to, and recover from the pandemic. A dedicated maritime team was also established to support the systems, processes and procedures at NSW ports.

There were circumstances where systems were adapted for people who needed to enter or leave the country for compassionate reasons. During 2021–22, the Quarantine Exemptions Unit processed around 9,600 applications.

Keeping People Healthy Award – (COVID-19 category)

An impressive response

The State Health Emergency Operations Centre (SHEOC)

The SHEOC was established to implement Public Health Orders; assist local health districts and specialty health networks to build critical care and emergency department capacity and establish COVID-19 testing clinics; manage hotel quarantine; and coordinate the supply of personal protective equipment.

Over time it adapted to include critical areas, such as operationalisation of the vaccination program, testing clinics, airport surveillance and more.

The team achieved significant and meaningful outcomes, showed incredible resilience and commitment, and worked collaboratively with our health partners. A well-deserved win!

Managing supplies

The SHEOC supported the rapid deployment of resources to meet surge demands in times of outbreak. It operationalised several rapid testing clinics for close and household contacts.

The team managed procurement and logistics-based requests so that the supply of medical consumables was not interrupted during the pandemic emergency response. Despite global supply chain disruption, NSW has not experienced a single stock outage in protective personal equipment (PPE), medical consumables or devices since the start of the pandemic.

Managing COVID-19 in aged care settings

Additional PPE was provided to residential aged care and disability facilities at risk of having no PPE stock available due to the outbreak. This included supplying more than 2 million items to assist more than 100 residential aged care and disability facilities during the first Omicron wave. This also included supplying RAT kits.

All local health districts supported the sector to help put an end to outbreaks as quickly and safely as possible by:

- enabling access to specialist services to support the clinical care of residents
- providing advice and support to implement infection prevention and control measures.

NSW Health continually engaged with the Commonwealth, the aged care and disability sector and the Aged and Community Care Providers Association through fortnightly and monthly meetings to advise on the public health response to the pandemic. This was in addition to the regular advice the NSW Chief Health Officer provided to the aged care and disability sector.

The Public Health Response Branch revised the comprehensive outbreak management guidance developed early in the pandemic. This includes advice on outbreak management, infection prevention and control, use of PPE and management of COVID-19 cases and contacts. The public health advice on managing COVID-19 outbreaks was expanded to include outbreaks due to other respiratory viruses, including influenza.

NSW was the first state to develop a Joint Protocol with the Australian Government Department of Health and the Aged Care Quality and Safety Commission. The protocol outlines roles and responsibilities for outbreak management in residential aged care and disability settings. This includes:

- coordinated whole-of-government plans
- emergency response by SHEOC and local health districts (in addition to public health advice).

Bringing private hospitals on board

In response to the outbreaks of the Delta and Omicron variants, the System Purchasing Branch worked with private hospital operators to increase health system capacity.

Private hospitals conducted additional elective surgery on behalf of the public health system for patients who had their non-urgent elective surgery postponed. In the 2021-22 Budget an extra \$80 million was committed by the NSW Government to fast-track these elective surgeries.

Managing intensive care capacity

The management of NSW's intensive care unit capacity was a critical priority throughout the pandemic. The System Management Branch monitored and implemented strategies to support intensive care unit capacity to meet surge demand for patients with COVID-19 requiring treatment. This optimised the management and care of critically ill patients who needed treatment in an intensive care unit, ensuring world-class clinical care.

Clinical communities of practice

More than 3,500 clinicians joined 30 clinical communities of practice to publish almost 100 guidance documents and develop local solutions. There were more than 755,000 views of the communities of practice webpages by more than 444,000 users. The Agency for Clinical Innovation's Critical Intelligence Unit provided rapid, evidence-based advice on COVID-19 and published the weekly Risk Monitoring Dashboard. This assessed transmission risk in healthcare settings to protect staff and patients.

Identifying contacts and supporting those who tested positive

The State Operational Data Store Program and COVID-19 Care in the Community Team partnered to manage COVID-19 cases in the community using the Patient Flow Portal, NSW Health's enterprise patient flow and care coordination system. The teams ensured positive PCR and RAT results registered through Service NSW were automatically assigned to local health districts for care, and matched with each patient's clinical record.

Support was provided to local health districts around the clock as they managed outbreaks, particularly in priority locations, including educational, correctional, and residential aged care settings. The NSW Health Flu and COVID-19 Care at Home Support Line provided free symptom assessment by connecting patients to virtual medical consultations, and provided assistance with medical clearance certificates.

The increased support for COVID-19 patients in the community relieved the pressure on emergency departments across the state by ensuring patients could receive information, care and support within their home settings.

Additionally, cases who were eligible for life-saving anti-viral therapies were automatically referred to a local health district community health team or a GP to receive treatment. This resulted in:

- 407,000 cases completing secondary screening surveys designed to identify high-risk cases requiring further care
- 25,000 eligible patients being referred to NSW Health and primary care providers to access potentially lifesaving COVID-19 antiviral therapies in partnership with HealthDirect.

The Clinical Excellence Commission's collaborative access model also enabled community clinicians to prescribe treatments that reduced hospitalisation and deaths for dispensation at NSW Health pharmacies. This departure from standard practice helped more than 5,000 patients access treatment.

The Operational Data Store Team also set up a process to assist GPs to send letters to COVID-19 patients, including information about how to self-manage at home and what to do if their condition deteriorated. This significantly reduced the number of concerned patients presenting to emergency departments unnecessarily.

As well as processing more than 3.4 million COVID-19 tests, NSW Health Pathology created a Results Portal for patients to access their results quickly. The 2021 winter testing strategy enabled patients tested for COVID-19 to also be tested for influenza and, in some cases, other respiratory viruses. Its genomics team also helped map transmission, assisted with contact tracing, identified variants of concern, and detected drug resistance in new variants.

The Case and Contact Team was set up as part of the Public Health Response Branch early in the pandemic. In collaboration with the Centre for Epidemiology and Evidence, this team was supported and strengthened throughout the pandemic by the enhancement of data and telephony systems.

It was scaled up and down as required and had capacity to surge to more than 330 internal staff, supported by extra staff from 7 external agencies. The team completed 557,521 outbound calls to high-risk COVID-19 cases and contacts, answering more than 214,115 inbound calls from the public.

When the number of COVID-19 cases increased rapidly from several hundred a day to several thousand, the contact tracing system transitioned from individual phone calls to SMS. Those affected were provided with links to information on how to manage their illness, their self-isolation obligations and how to access support. Close contacts were also provided with information on self-isolation, testing advice and support services.

To streamline contact tracing the Venue Management Team was established as part of the Public Health Response Branch to assess the risk to customers and clients at various venues. They also informed on appropriate messaging to contacts identified via QR codes and provided advice to enable them to manage outbreaks in their staff.

Sewage surveillance

From July to December 2021, the NSW Sewage Surveillance Program provided advance warning of the spread of the COVID-19 Delta variant, particularly in regional communities.

Data from sewage surveillance was reviewed daily to assess the need for regional restrictions and lockdowns.

Managing COVID-19 in Aboriginal communities

In collaboration with local health districts, SHEOC established culturally safe and welcoming spaces for the Aboriginal community to access COVID-19 vaccines.

In conjunction with NSW Health Infrastructure, SHEOC coordinated the setting up of Australia's first mobile community-supported accommodation. The model provided respectful, safe accommodation on Country for people with COVID-19 and close contacts, supporting the needs of the community.

The Centre for Aboriginal Health also supported minimising the impact of COVID-19 in Aboriginal communities by delivering tailored, culturally safe communications and support. A new Living with COVID-19 Communication and Engagement Strategy was developed with NSW Health, the Aboriginal Health and Medical Research Council of NSW and Aboriginal Affairs NSW.

Looking after dental health during COVID-19 lockdowns

The development of additional COVID-19 infection control and risk management guidelines supported dental health professionals to build confidence in performing dental care in a COVID-safe way. The procedures for tele-dentistry and dentistry in the home, and guidance for reconfiguring service models maximised the number of patients being cared for within infection control guidelines.

Developing tech solutions to scale up our response

The COVID-19 testing clinics information system was developed by eHealth and SHEOC to streamline information to digital platforms, ensuring it was of high quality, integrated and accessible.

Health Protection NSW also collaborated with eHealth to create a:

- case interview system to rapidly identify contacts and risks in community settings
- scaled close contact interview system to manage communication with people exposed to COVID-19 in the community
- risk assessment system for managing exposures in community settings.

Modelling the ongoing impact of COVID-19

The Centre for Epidemiology and Evidence supported the Public Health Response Branch to make daily cases, testing and vaccination data available to the health system and public. At the same time, the System Information and Analytics Branch created tools to model the effects of the virus on our health system to help manage resources. The Centre for Epidemiology and Evidence also worked closely with Health Protection NSW to provide data on the prevalence of influenza to internal and external modelling teams.

Data was also collected on the effectiveness of the COVID-19 vaccination program and any adverse events following immunisation. The System Information and Analytics Branch generated weekly reports on the NSW vaccination program. These reports were based on data from the Australian Immunisation Register analysed by the Centre for Epidemiology and Evidence and the Public Health Response Branch. This supported service delivery and planning, including during the emergence of the Omicron subvariant BA.2 in March 2022.

The branch's work with dynamic forecasting continues to support healthcare planning to meet predicted surges in case numbers as the pandemic evolves.