

# Australia: Victorian Health Department report attempts to deny government responsibility for COVID-19 hospital infections

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**14 October 2021**

Under conditions of rising COVID-19 cases and deaths in Victoria, a barely reported investigation into hospital-acquired infections has exposed something of the parlous condition of the state's hospitals.

Published in June, the report, titled "Covid-19 Hospital-Acquired Infections Among Patients in Victorian Health Services, 25 January 2020–15 November 2020," revealed that poor infrastructure in public hospitals and a lack of infection-control programs led to the virus spreading to 30 hospitals, resulting in at least 277 cases and 84 deaths.

The report falsely declared, however, that "valuable lessons have been learnt from the COVID-19 experience."

Subsequent outbreaks of the highly-infectious Delta variant in New South Wales and Victoria and the rapid increase of COVID-19 hospital-acquired infections this year demonstrate this claim to be false. In fact, virtually nothing has been done by governments, Labor or Liberal-National, to bolster the healthcare system and prevent the spread of COVID in hospitals.

In August, a cluster of four patients and six staff tested positive from hospital acquired infections (HAIs) with 450 staff put into quarantine at Royal Melbourne Hospital. This occurred after a patient was confirmed positive, having commenced treatment before the result of a COVID test was known.

In September, 24 patients and five staff members tested positive for COVID-19 in an outbreak at Liverpool Hospital in Sydney's south-west. A South Western Sydney Local Health District spokesperson said the cases were spread across four wards, including orthopaedic, renal, neurology and geriatric. Another coronavirus cluster has emerged at North Sydney's Mater Hospital, after 14 patients and staff tested positive.

These and other outbreaks are occurring under conditions where state and federal governments are pushing ahead with plans to end lockdown measures and lift safety restrictions, despite daily mass infections, growing numbers of deaths and urgent warnings from health workers that hospitals are already

in an unprecedented crisis.

According to the Victorian report, the rate of HAIs from January to November 2020 equated to one out of every nine patients hospitalised with COVID-19. The likelihood in the Melbourne outbreak of acquiring COVID-19 whilst in hospital for an unrelated condition was 11 percent, comparable to the UK (12.5 percent likelihood), which had far greater case numbers.

Particularly vulnerable were older public hospitals in working-class areas concentrated in the north and west metropolitan Melbourne, the regions worst affected by the pandemic last year, and where 90 percent of HAIs occurred.

The findings describe a total lack of preparedness of health services early in the COVID outbreak. According to one respondent, health services were "operating in an evidence-free environment, hospital IPC (integrated personal commissioning) teams often had to develop their own protocols."

While the COVID crisis posed huge challenges, the threat of a coronavirus-style pandemic had been predicted by scientists for years. Decades of cuts and the privatisation of health care by Labor and Coalition governments alike, with the collaboration of the health unions, left the health system woefully unprepared.

Inadequate infrastructure of older, existing hospitals in Melbourne was "identified as a significant contributor to C19-HAIs. Key contributors noted difficulties effectively isolating many suspected or confirmed cases and managing patient and staff 'flow,' and the suspected issues around ventilation."

A major factor in the difficulty of containing virus outbreaks in hospitals was the layout of wards. The public hospitals that had the most infections were built decades ago, using outdated multi-bed wards that allow contagious diseases to spread quickly.

Poor ventilation systems in the older hospitals which had the

most COVID-19 HAIs allowed virus particles to build up to dangerous levels. Moreover, chronic shortages of trained staff to care for people in single-room wards allowed more frequent transmission of the virus from staff to patient.

The burden on these older public hospitals in poorer areas was exacerbated because they also took in more patients hospitalised with community-transmitted COVID-19 and accepted more patient transfers from residential aged care facilities (RACF).

During the second wave of the virus, the explosion in aged care cases threatened the hospital system with collapse. An influx of aged care residents would have rendered the system unworkable. A virtual ban by the Department of Health and Human Services for a period saw many aged residents denied timely and guaranteed hospital treatment, and left in their facilities to die with little or no hospital treatment.

The COVID-19 outbreak in Melbourne during 2020 killed 655 aged care residents in a disastrous breakdown of the RACFs that revealed the ongoing chronically under-resourced state of the private aged care system.

The profit-driven private-sector business model of casualised employment, low wages and cost-cutting, with nurses and carers forced to work across multiple settings, led to high rates of COVID transmission between aged care facilities.

The report was presented to four health services covering the majority of Victorian hospitals where the HAIs occurred. These services have proposed a series of extremely limited improvements in state government responses, including requesting that outbreaks be declared on a single case, rather than two cases, vague recommendations that future infrastructure should be better designed and that there be better liaison with the Department of Health.

Highlighting the absence of proper safety measures for staff, the report requests “stringent PPE protocols,” “N95 masks early,” and designated COVID-19 wards, “utilising the best available infrastructure most amenable to stringent IPC needs, including adequate ventilation.”

Even these timid and wholly inadequate requests were not addressed by either the Victorian state Labor government or the Liberal-National federal government, which have not announced any concrete measures to address the issues highlighted in the report. Contradicting its own findings, and revealing itself as a whitewash, the report concluded, “Overall, effective infection prevention and control practices are in place across Victorian health services.”

The true state of preparedness, and the total contempt of all the capitalist parties for the safety needs of workers, is demonstrated in the resurgence of hospital infections during the present COVID Delta outbreak in NSW and Victoria.

In the current wave, most of the major public hospitals of Western Sydney have had outbreaks, with an appalling one-fifth of all COVID deaths in NSW being caused by hospital acquired infections. Last month a significant outbreak of

hospital infections disrupted services at the Royal Melbourne Hospital, one of the most important centres for healthcare in Victoria.

Further, aerosolised transmission (small particles produced by infected patients when they cough) was identified as a key factor in the large number of hospital infections. This danger has been deliberately downplayed by Australian governments and some of their health experts because it would reveal the total inadequacy of ventilation and PPE both in hospitals and the hotel quarantine program.

The challenge of building proper quarantine facilities, and resourcing single-bed patient rooms with the adequate ventilation and filtration that is required, would mean a massive increase in infrastructure spending, and likely new hospitals with increased staffing levels.

However, in its 2021-22 budget the Andrews government announced it was spending a mere \$1.2 billion on its coronavirus response for the hospitals, and claimed to be allocating \$3.7 billion overall on the health system. This amount is completely inadequate, and a mere fraction of the hundreds of billions handed out by state and federal governments through the JobKeeper scheme and tax breaks in the past 18 months to prop up major Australian corporations, most of which have raked in superprofits.

In 2020, while Melbourne public hospitals were overwhelmed, Australian billionaires increased their collective wealth by \$82 billion, roughly the same amount of money spent on the healthcare needs for the entire country, with a population of 25 million people.

Public hospitals, which treat largely working-class patients, were at breaking point already with existing demands on the healthcare system. The coronavirus pandemic has revealed and exacerbated an already inadequate system. The hospitals require a huge increase in funding to meet the needs of patients, and the paltry amounts proposed go no way to addressing the need, even if provided.

However, like the capitalist class the world over, the Australian ruling elite is ruthlessly determined to open the economy and deepen the exploitation of workers, regardless of the cost to human lives. Any expenditure on public health is regarded as an intolerable diversion from its program of profits over lives.



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