Rising infection and death rates from COVID contracted in Australian hospitals

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Documents recently obtained by an Australian Broadcasting Corporation (ABC) journalist Hayley Gleeson under Freedom of Information laws reveal that alarming numbers of patients admitted to hospitals for medical care in Victoria are being infected with COVID and dying from the virus.

The data, which was published by the state-funded news outlet but largely ignored by the corporate media, shows that 6,212 patients caught COVID in the state's public hospitals in the past 24 months, and that 586 patients—approximately 1 in 10—died from the hospital acquired infections or at the rate of six deaths per week. COVID data is difficult to access because Australian health departments do not publish incidences of COVID being caught in hospital.

The latest revelations came amid a recent 30 percent surge in COVID hospitalisations in Victoria, Australia's second most populated state. The latest COVID surveillance report released May 17 showed a weekly average of 284 coronavirus hospital admissions per day, compared with 208 up to May 10 and 160 a week prior to that.

Previous reports have indicated substantial transmission within the hospitals, as well as a mortality rate of around ten percent for hospital-acquired infections. The significance of the latest data is that they confirm this trend is continuing. That is nothing short of criminal on the part of the state and federal Labor governments and the health authorities, which are implementing policies that they know will claim hundreds of lives among this vulnerable cohort.

The high level of hospital-acquired COVID infections and deaths is a direct result of the bipartisan "let it rip" policies adopted in December 2021, which overturned successful mitigation measures that had initially been implemented under popular demand.

That "reopening" has been followed by the successive removal of even the most basic safety precautions, such that virtually none remain.

Basic protective measures, availability of free COVID testing across the country, systematic tracking of the virus, isolation of those infected, and compulsory mask-wearing by medical professionals in health facilities have been systematically removed.

These "let it rip" policies, has seen over 24,400 COVID deaths in Australia, more than half of these under the Albanese government, and with the global death toll now over 30 million. Significantly the federal Labor government, acting in tandem with state Labor administrations in office across the country, have gone further than the widely-despised Liberal-National Coalition government of Prime Minister Scott Morrison could.

In Victoria, it was the Labor government of Premier Daniel Andrews and now Jacinta Allan that abolished mandatory mask-wearing in many hospital settings, together with all other even minimal protective measures.

This program amounts to a war on the most vulnerable. While hospitals are scenes of infection and preventable death, so too are aged-care facilities.

The Department of Health and Aged Care reported on May 17 that there are 378 active outbreaks in aged-care facilities across the country, an increase of 83 in a fortnight. In those two weeks, 2,812 residents and staff have contracted the virus, a figure that will almost inevitably translate to scores of deaths. Despite the high vulnerability of residents and the failure to keep the virus out of care homes due to "let it rip," there is no serious attempt to mitigate the carnage. Only 43.4 percent of Victorian nursing home residents had received COVID vaccine boosters in the last six months.

While Australian governments—state and federal—and the corporate media continue to downplay the spread of COVID infections, the recent summer period in Australia

saw a wave of COVID illness and death that was largely unreported.

Commenting on the rising incidences of hospital-acquired COVID infections, Burnet Institute Chief health officer for COVID and health emergencies Associate Professor Suman Majumdar told the ABC, "The numbers indicate that there is a big problem here—these infections and deaths are potentially preventable. We're talking about a specific setting where people are sicker, more vulnerable and more at risk. We need to drastically reduce the risk of people catching COVID in hospital when they don't come in with it… that should be the starting point."

Deakin University Associate Professor of Nursing Stephanie Bouchoua, who is also president of the Australian College of Infection Prevention, said there is no consistency between health services. "There doesn't seem to be leadership from the Department of Health," she said. "We want to reduce COVID infections in healthcare, therefore … we need to do universal testing, we need to mandate N95 masks for healthcare workers.'"

There should be an attempt to "aim for zero, similar to what is expected for the bacterial infection golden staph [staphylococcus aureus infection] or tuberculosis," she added. "[A]ny hospital acquired infection is concerning. So why don't we do that with COVID?" Golden staph is a life-threatening blood infection. There are about 600 staphylococcus aureus bacteraemia infections each year, with a similar death rate to COVID.

When ABC journalist Gleeson posted her article on X/Twitter she was flooded with comments thanking her for revealing the extent of the COVID infection crisis in the hospital system and the impact of the government rollback of basic protective measures.

One person reported on the death of a relative: "My uncle died 'of DLBCL' [diffuse large B cell lymphoma] in 2022. His chemo had been going great and his prognosis was excellent: until he got COVID. From there his health went into a free fall. Two months later he died 'covid free.' I bet there are many more like him."

Others noted the lack of response from the trade unions, which endorsed the federal and state government removals of COVID-safe measures and now march in lockstep with the authorities and the corporate media in covering up the real extent of the pandemic. "Why are the health services/workers unions not taking action? Which masters are they serving…" one commentator wrote.

The latest hospital data emerges amid warnings that a new variant of COVID-19 JN.1 may lead to decreased effectiveness of the immune response to infection, leading to higher rates in the community. Current wastewater measurements from the Victorian Department of Health also indicate that COVID viral loads are increasing throughout the state.

As noted by the ABC report, a pre-print study soon to be published by the *Lancet,* from a Burnet Institute scientist and Victoria Health Department staff, found that if hospital workers wore N95 masks there would be substantial reductions in infection and deaths.

The study created a mathematical model simulating viral outbreaks and examined the impact of varied interventions, such as different masks and testing patients for the virus. It revealed what has long been established, that these basic measures would effectively decrease spread of the infection inside health facilities and significantly cut costs by reducing "patient bed days and staff replacement needs."

That calls for the implementation of this basic protective measure and other appeals for rudimentary COVID safety practices are ignored by Australian governments and the health unions shows that medical workers need to establish their own rank-and-file committees, independent of the unions, to fight for the health and safety of their fellow workers and patients.

This requires the development of a political struggle against Labor and the unions, which place the interests of the corporate elite over patients, health workers and public health and safety. Such a fight must be based on the necessity for the establishment of a workers' government to implement policies based on social need, not private profit.