Australia: Hospital-acquired COVID infection caused more than 6,000 cases and almost 300 deaths in NSW last year

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1 November 2024

New South Wales (NSW) Ministry of Health data released last month under freedom of information laws reveal that 6,007 patients contracted COVID in the state's public hospitals in 2023. This contributed to the death of 297 people, meaning that 14 percent of fatal COVID infections in the state were acquired in hospital.

The data, which also cover the first four months of this year, show that similar infection and death rates have continued, with 1,729 patients catching COVID in NSW hospitals and 86 dying, between the start of January and the end of April.

The NSW figures are in line with previously uncovered Victorian data, which showed that 6,212 patients contracted COVID in the state's public hospitals and 586 died in 2022 and 2023.

This is a direct product of the conscious and planned abolition of virtually all public health measures to prevent the spread of COVID, including the removal of mask mandates in hospitals. These pro-business "forever COVID" policies, adopted by all governments worldwide, have in Australia been spearheaded by Labor at the state and federal level.

The NSW hospital infection figures were unearthed through a persistent 18-month campaign by lawyer Peter Vogel. His first Government Information Public Access application to the Ministry of Health was made in February 2023. This was rebuffed, with the Ministry claiming, according to Vogel, "It would take 140 hours to produce a report showing [the] number of hospital acquired COVID cases."

After Vogel requested an internal review, the Ministry replied in July 2023 that it "does not hold complete and accurate records regarding nosocomial [hospital-acquired] infections."

Only in June 2024, after multiple additional freedom of information requests to other agencies and repeated denials that any part of the NSW government or health bureaucracy had records of hospital-acquired infection, did the Ministry of Health admit that it held the information the lawyer sought. Even then, it claimed it would take 31 hours to produce a report, and Vogel would have to pay $930 for it. The data were finally provided to Vogel on September 17.

This is just one example of the extent to which serious illness and death from the ongoing COVID pandemic is being consciously covered up by the state and federal Labor governments. With the aid of the corporate media, virtually all reporting of the deadly virus has been suppressed, to provide phoney justification for the profit-driven and unscientific abolition of basic infection control measures.

The entire testing and reporting infrastructure has been eviscerated. Only two states, NSW and Western Australia (WA), continue to test wastewater samples for COVID, while hospitalisation figures in most jurisdictions are only reported intermittently.

Most strikingly, COVID deaths are no longer reported in NSW, Queensland, WA or the Northern Territory, except as part of overall mortality statistics, released months after the fact. The presentation of these national mortality figures, produced by the Australian Bureau of Statistics (ABS), has been modified to obfuscate the substantial increase in annual deaths, which is ongoing.

According to the outdated and incomplete official figures, COVID contributed significantly or was the main cause of more than 23,500 deaths between January 2022 and September 2024, around one-quarter of which occurred in residential aged care facilities.

In a grim refutation of the lie that the pandemic is over, COVID-contributed fatalities this year have occurred at a

rate of 497.5 per month, barely lower than the 512 per month recorded in 2023.

The fact that so many fatal COVID infections have been contracted in health and aged care settings underscores that, in line with capitalist governments worldwide, Australia's state and federal Labor governments are committing social murder, targeted at the most vulnerable people in society.

Dr Stéphane Bouchoucha, president of the Australasian College for Infection Prevention and Control, told the ABC the NSW hospital infection data was "concerning and tragic."

He said: "This is the core business of infection prevention and control… The premise that we can allow some deaths, to me, is wrong.

"We know how COVID is transmitted and we know how to prevent healthcare associated infections," Bouchoucha stated, referring to the need to ensure good ventilation and air filtration, testing and contact tracing, isolating infected patients and requiring healthcare workers to wear masks.

Many of these measures were introduced in the early stages of the pandemic and had a significant impact in reducing the spread of infection within health facilities, but have since been abandoned.

This flies in the face of decades of medical advances and longstanding infection control measures in hospitals. For example, there are long-established protocols for identifying and preventing the spread of infections with "golden" staphylococcus, a hospital-acquired bacteria that can be resistant to antibiotics.

In NSW, the tearing down of COVID public health measures began under the Perrottet Liberal-National government, but has been completed under the Labor government led by Premier Chris Minns. This could not have been carried out without the assistance of the health unions, which have enforced every reckless and unscientific step of the process.

In 2022, Health Services Union (HSU) national president and NSW state secretary Gerard Hayes was at the forefront of demands for the scrapping of COVID isolation requirements for health staff, because of the supposed impact of such measures on "the economy."

In August 2023, the HSU hailed the NSW Labor government's scrapping of public hospital mask mandates as "a milestone in health."

The HSU, along with the NSW Nurses and Midwives' Association, promote the lie that COVID is a thing of the past, entirely separate from workers' disputes over pay and conditions in recent years. These struggles have included multiple mass strikes by more than 10,000 nurses and midwives, but year after year, the union leaders have pushed through sell-out deals, slashing real wages in line with government demands.

The reality is that the fight for decent working conditions in health is inseparable from the fight to end the COVID pandemic, which has massively exacerbated the dire state of the public hospital system, which faces a chronic shortage of staff and resources after decades of union-enforced government cuts.

To take this forward, health workers will have to take matters into their own hands. Rank-and-file committees, independent of the unions, must be established in hospitals and health facilities and the fight for patient and staff safety linked with the struggle for real improvements to workers' pay and conditions.

In the first instance, this must include the re-implementation of infection control measures, including masks and isolation, in all health workplaces. But as long as the virus is allowed to circulate unchecked among the broader population, protecting hospital patients and staff will be a constant battle.

A fight must be taken up, by health workers and the working class as a whole, for the elimination of COVID worldwide. This is possible, but not under the framework of the capitalist system, which rejects public health measures as unprofitable, and not within the borders of a single country.

Workers in Australia and worldwide confront the existential necessity of a struggle for a political alternative to the ruling class program of endless infection, illness and death. Only through the fight for a workers' government to implement socialist policies, can society's plentiful resources be stripped from the banks and corporations and turned towards ridding the world of COVID and making high-quality public healthcare freely available to all.

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