



Hospital Based Sentinel Surveillance of COVID-19 and Influenza Week 2023-52 Report

Data status: January 09, 2024

About the Hospital Based Sentinel Surveillance System:

Since November 2018, hospitalisations of patients infected with influenza have been recorded in the Hospital Based Sentinel Surveillance System. In 2020, the system was expanded to capture COVID-19 hospitalisations and extended to include a broad network of hospitals. The aim of the system is to obtain detailed clinical and epidemiological information on the burden of disease of COVID-19 and influenza, the clinical course such as intensive care unit (ICU) stays, outcomes, risk factors and treatments. There are currently **6 hospitals** participating in the Hospital Based Surveillance System. The Federal Office of Public Health (FOPH), the Institute of Global Health (IGH) of the University of Geneva and the Infection Control Program of the Geneva University Hospitals (HUG) jointly coordinate the surveillance system. This project is financed by the FOPH.

Important notes:

- The scope of the Hospital Based Sentinel Surveillance System has been adapted to the endemic phase. Since 1 December 2023, the number of reporting hospitals has been reduced to six. From now on, the weekly report will show the data from these six hospitals.
- Data collection on influenza hospitalisations is seasonal and lasts from week 40 to week 20. Data on COVID-19 hospitalisations is collected year-round.
- When the number of patients and events are low, all epidemiological and clinical data included in this report are to be interpreted with caution. Due to reporting delays, additional registrations of hospitalisations are expected for the most recent weeks.
- A list of essential **definitions** is provided at the end of the document.



1. New COVID-19 and influenza hospitalisations during the week 2023-52

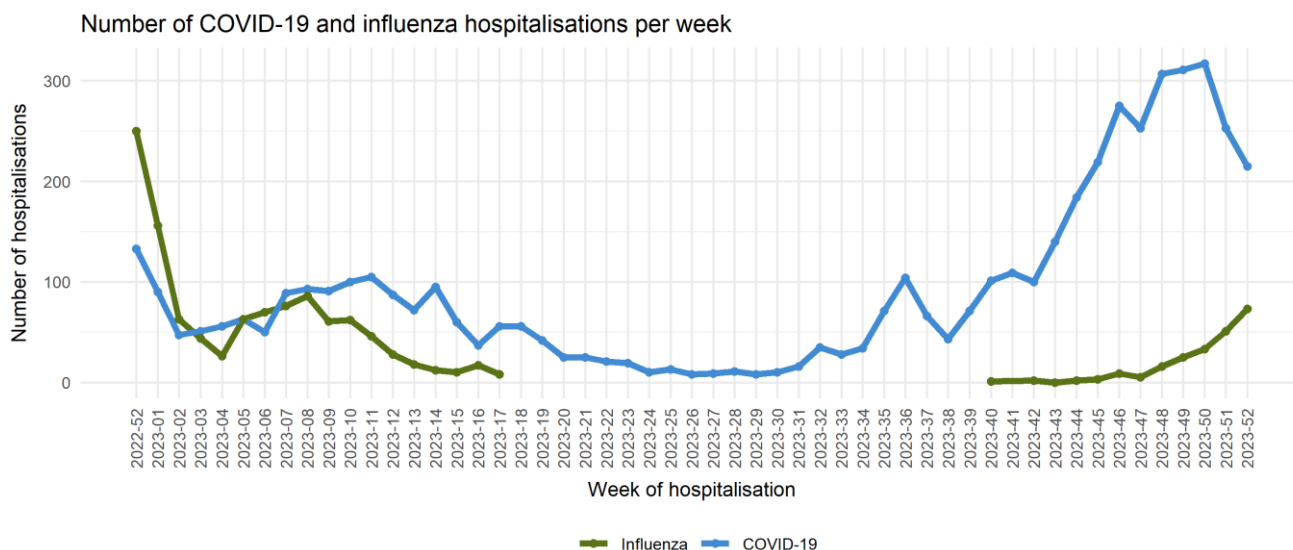


Figure 1: Number of COVID-19 and Influenza hospitalisations per week.

- For the reporting week, a total of 288 hospitalisations were recorded in the Hospital Based Sentinel System. Of these, 215 were COVID-19 hospitalisations (75%) and 73 influenza hospitalisations (25%). The number of COVID-19 hospitalisations decreased by 15% compared to the previous week (253 hospitalisations). The number of influenza hospitalisations increased by 43% compared to the previous week (51 hospitalisations) (figure 1). The number of hospitalisations for the most recent weeks may be underestimated due to reporting delays.
- Nosocomial infections represented 15% of COVID-19 hospitalisations (22 of 144, 71 unknown) and 8% of influenza hospitalisations (4 of 52, 21 unknown) (figure 2).
- For COVID-19, 175 (82.9%) hospitalisations concerned patients aged 65 years and older, and 9 (4.3%) hospitalisations concerned children under the age of 15. Age was unknown for 4 COVID-19 hospitalisations. For influenza, 36 (49%) hospitalisations concerned patients aged 65 years and older, and 7 (10%) concerned children under the age of 15. Age was unknown for 0 influenza hospitalisations.
- Among patients aged 65 years and older, 7% of COVID-19 hospitalisations concerned patients who had received a vaccine dose within the last 6 months (3 of 45 with known vaccination status, 130 unknown). Among the same age group, 0% of influenza hospitalisations concerned patients who had received a vaccine dose for the current influenza season (0 of 2 with known vaccination status, 34 unknown).
- Influenza type A virus was detected in 51 (100%) hospitalisations, and influenza type B virus in 0 (0%) hospitalisations (22 unknown) (figure 3).

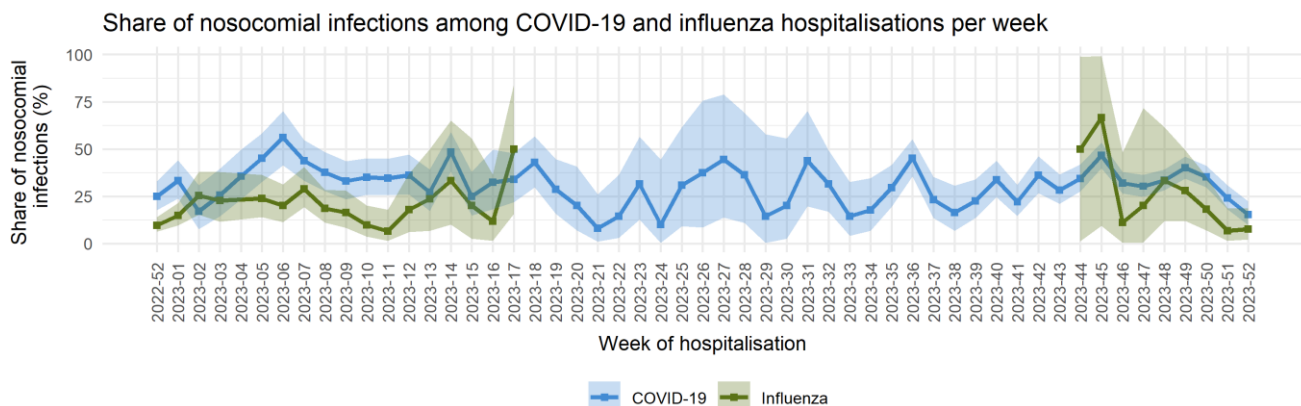


Figure 2: Share of nosocomial infections among COVID-19 and influenza hospitalisations per week (percentage and 95% confidence interval).

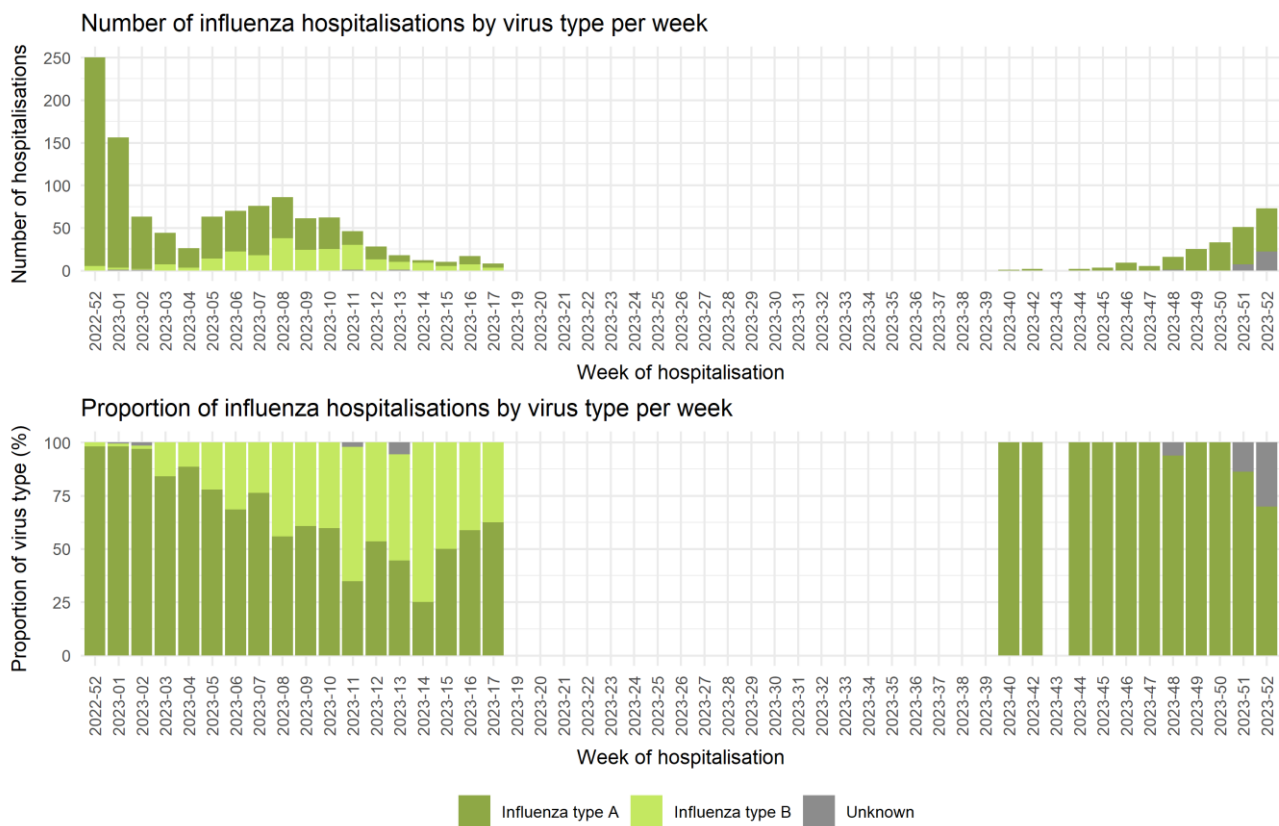


Figure 3: Absolute number and proportion of influenza hospitalisations per week according to virus type.



2. Summary of hospitalisations since week 2023-40

This section provides a summary of the data on hospitalisations, clinical course and outcome since the start of the current reporting period in week 2023-40. Each week, data of the new reporting week is added to the summary. Data on COVID-19 hospitalisations are published in this chapter from week 2023-44 onwards. Data on influenza hospitalisations will be published at a later date.

2.1. COVID-19 hospitalisations

- From week 2023-40 to week 2023-52, a total of 2784 COVID-19 hospitalisations were recorded.
- Nosocomial infections represented 33% of COVID-19 hospitalisations (842 of 2571, 213 unknown).
- For COVID-19, 2166 (79.7%) hospitalisations concerned patients aged 65 years and older, and 35 (1.3%) hospitalisations concerned children under the age of 15. Age was unknown for 65 COVID-19 hospitalisations.
- Among patients aged 65 years and over, 4% of COVID-19 hospitalisations concerned patients who had received a vaccine dose within the last 6 months (44 of 997 with known vaccination status, 1169 unknown).

2.2. Clinical course and outcome of COVID-19 hospitalisations

The assessment of the clinical course and outcomes is only possible with a delay of several weeks, once a hospitalisation has been completed. Therefore, data in this section need to be interpreted with caution, especially at the beginning of the season.

- From week 2023-40 to week 2023-52, a stay in intermediate care unit (IMCU) was documented for 5% of COVID-19 hospitalisations (111 of 2225, 559 unknown). A stay in the intensive care unit (ICU) was documented for 8% of COVID-19 hospitalisations (171 of 2225, 559 unknown).
- Among hospitalisations with ICU and/or IMCU stay, ventilation was documented for 53% of COVID-19 hospitalisations (142 of 269, 2 unknown).
- The proportion of hospitalised patients who died with COVID-19 was 6% (139 of 2166, 618 with unknown outcome). Among COVID-19 hospitalisations, 54% (75) of deaths were reported as causally related to COVID-19, 37% (51) as causally related to another cause, and for 9% (13) of deaths the cause was undetermined.

Number of COVID-19 hospitalisations by age group and sex (weeks 2023-40 to 2023-52)

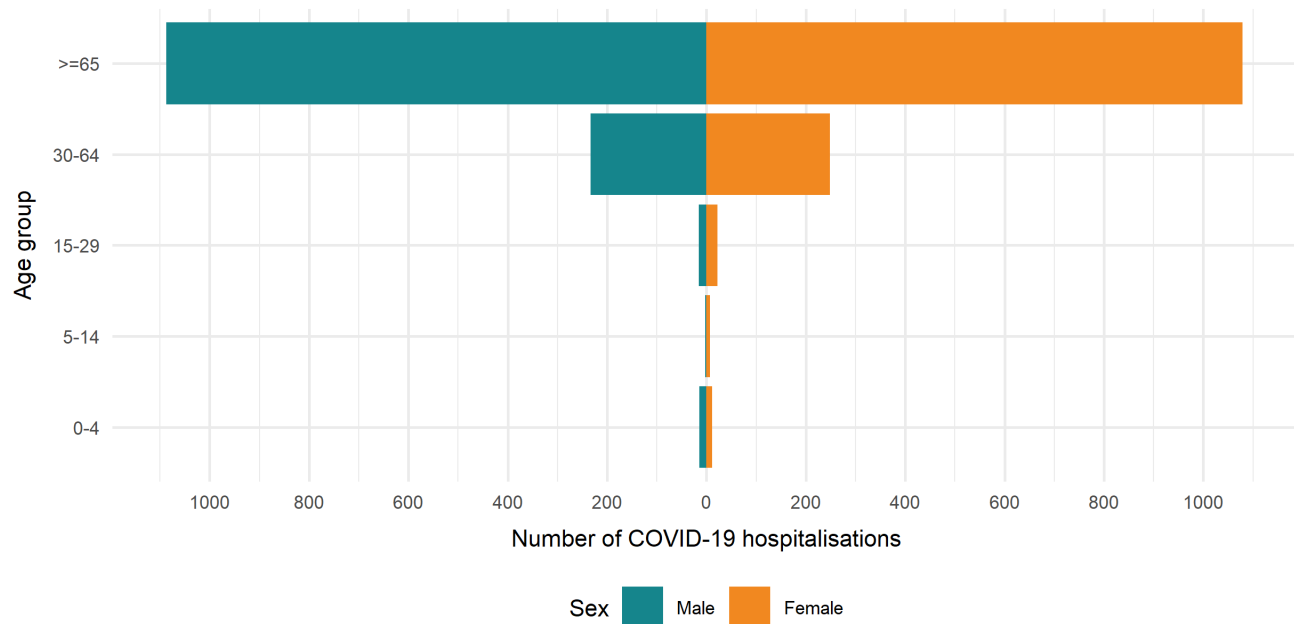


Figure 4: Demographic characteristics of COVID-19 hospitalisations from week 2023-40 to week 2023-52.

3. Contributions:

The following members of the Hospital Based Sentinel Surveillance group have participated in the development of this report:

- Laura Urbini, Jonathan Sobel, Mária Süveges, Sara Botero Mesa, Olivia Keiser from the Institute of Global Health (ISG), University of Geneva;
- Marie-Céline Zanella, and Stephan Harbarth from the Infection Control Program, University of Geneva Hospitals (HUG);
- Ursina Roder, Ornella Luminati, Carolina Agop Nersesian, Carla Grolimund, Fabienne Krauer, Jasmin Vonlanthen, Mirjam Mäusezahl, Katrin Schneider, from the Federal Office of Public Health (FOPH).

4. Acknowledgements

Centres participating in the Hospital Based Sentinel Surveillance System: Kantonsspital St. Gallen (KSSG), Hôpitaux Universitaires de Genève (HUG), Luzerner Kantonsspital (LUKS), Spital Thurgau (STGAG), Universitätsspital Basel (USB), Hirslanden Clinic St Ana.

5. Definitions

Hospitals participating to data collection: To review the list of Swiss hospitals currently participating in the Hospital Based Surveillance System, please visit: [Hospital-based surveillance of COVID-19 in Switzerland website](#).

Influenza season: participating hospitals report influenza cases from week 40 to week 20.

The **week** (calendar week - Monday to Sunday), used for the figures is:

- the week of hospital admission for community-acquired infections,
- the week of diagnosis for hospital-acquired infections, or if the hospital admission date is missing for community-acquired infections,
- the week of inclusion into the database if hospital admission and diagnosis dates are missing.

Nosocomial infection: patient who developed symptoms of influenza or tested positive for influenza more than 3 days or for COVID-19 more than 5 days after admission to the hospital.

Hospitalisations: A hospitalisation, as defined in this report, can include several hospital stays of the same patient if a new admission occurs within 30 days after the last discharge. Only hospital stays which last longer than 24 hours from admission to discharge are recorded in the system. If a patient is transferred between two hospitals participating in the Hospital Based Sentinel Surveillance System within the period of 30 days after last discharge, then these hospital stays count as one continuous hospitalisation. One hospitalisation can include multiple ICU admissions.

Vaccination status: patients are defined as having a current vaccination protection if the last dose of COVID-19 vaccine was administered within 6 months before the time of the positive SARS-CoV-2 test or, for influenza hospitalisations, if the patient received a vaccination for the current influenza season before the positive influenza test. Based on current vaccination recommendations for COVID-19 and Influenza in Switzerland, the analysis of the vaccination status in this report is limited to the group of patients aged 65 years and older as they are one of the main risk groups for whom vaccination is recommended.

Intermediate Care Unit (IMCU): unit caring for patients who have a failure of a vital function or whose burden of care does not allow a return to a hospitalisation unit.

Intensive Care Unit (ICU): unit caring for critically ill patients who have a serious failure of one or more vital functions or who are at risk of developing severe complications. ICUs have specialized medical and nursing care and enhanced capacity for monitoring patients. ICU and IMCU admissions include patients that were hospitalized *because* of COVID-19/influenza as well as *with* COVID-19/influenza (patients with a positive test for SARS-CoV-2/influenza but primary cause for hospitalization was not related to COVID-19/influenza).

Ventilation: includes non-invasive ventilation, invasive and Extracorporeal Membrane Oxygenation (ECMO) ventilation.

Cause of death: A medical doctor at each participating hospital determines whether a patient died of COVID-19/influenza or another cause (death probably not causally related to COVID-19/influenza).

Dealing with missing data: When mentioned in the text, missing data are excluded from the analysis. Otherwise, records with missing data are included in the total numbers and analysed accordingly. This may lead to the situation where the denominators of different categories analysed do not sum up to the same total.



Unknown: Values declared as “unknown” in this report include both missing and unknown data. This means that either the field is not filled (missing data) or it is specified as “unknown” in the questionnaire.