


Response to: “Comment on: Nosocomial SARS-CoV-2 transmission in postoperative infection and mortality: analysis of 14 798 procedures”

Jessie A Elliott , Robert Kenyon, Gerry Kelliher, Amy E Gillis, Sean Tierney and Paul F Ridgway

Department of Surgery, Tallaght University Hospital, Dublin, Ireland

*Correspondence to: Professor Paul F Ridgway, Department of Surgery, Tallaght University Hospital, Dublin 24, Ireland (e-mail: ridgway@tcd.ie)

We thank the authors for their consideration of our paper¹ and note their comments with respect to the included surgical procedures, the sociodemographic factors impacting risk of SARS-CoV-2 and the impact of infection mitigation measures.

Firstly, we agree that surgeons working in acute care surgery may be at increased risk for exposure to SARS-CoV-2, and for this reason common acute care surgical procedures were included, as shown in [Table S2](#).

Secondly, with respect to sociodemographic factors, we wish to highlight that the aim of the study, rather than provision of individualised risk assessments, was to provide insights into the impact of nosocomial transmission rates on outcomes across a range of surgical procedures. These data provide a tool to facilitate surgical planning, at a time when decisions regarding the provision of elective and cancer surgery are of major importance. In addition, surgical technique (here classified as open or laparoscopic) was assessed as demonstrated in [Tables S2, S3 and S4](#).

In relation to the impact of mitigation strategies, it should be noted that the present study utilised NQAIS data to estimate the probability of SARS-CoV-2 infection and mortality given a *known* nosocomial transmission risk. Nosocomial transmission risk may indeed be impacted by mitigation strategies, and our data hence underscore the critical importance of infection prevention and

control strategies to minimise nosocomial transmission, and associated morbidity and mortality.

Lastly, we recognise that the current data represent experience in a European, publicly-funded health system, and that results may not be generalisable to other health systems. We agree that future studies may assess the impact of nosocomial transmission risk in low- and middle-income countries, and ongoing collaborative efforts such as COVIDSurg may address this question.

Jessie A Elliott and Paul F Ridgway on behalf of the authors

Funding: None

Conflict of interest: None

Supplementary Material

[Supplementary material](#) is available at *BJS Open* online.

References

1. Elliott JA, Kenyon R, Kelliher G, Gillis AE, Tierney S, Ridgway PF. Nosocomial SARS-CoV-2 transmission in postoperative infection and mortality: analysis of 14 798 procedures. *Br J Surg* 2020;**107**: 1708–12.