



Sepsis in Australia: A growing burden but signs of progress

The Australian Commission on Safety and Quality in Health Care has released a landmark Sepsis Epidemiology Report, offering the most comprehensive national analysis to date of hospital-treated sepsis in Australia. Drawing on more than 900,000 hospitalisations from 2013–14 to 2022–23, the report confirms that sepsis is more widespread, deadly, and costly than previously understood, with over 84,000 sepsis hospitalisations in 2022–23 alone.

The report reveals who is most at risk, the underlying chronic and social factors that increase susceptibility, and the likelihood of hospital readmissions following a sepsis diagnosis. It highlights disparities in outcomes for Aboriginal and Torres Strait Islander peoples and people living in rural or socioeconomically disadvantaged areas. These insights support the case for improved clinical pathways, better discharge planning and a National Sepsis Data Plan to improve data consistency across jurisdictions.

Q+A

What is sepsis and why is it so dangerous?

Sepsis is a life-threatening and time-critical condition that occurs when the body's response to infection causes injury to its own tissues and organs. If not recognised and treated early, it can lead to shock, multi-organ failure and death. Early detection and treatment are essential to improving outcomes.

How common is sepsis in Australia?

In 2022–23, there were more than 84,000 hospital admissions for sepsis in Australian public hospitals. Over ten years, there were more than 900,000 sepsis-related hospitalisations - significantly higher than earlier estimates of 55,000 cases per year.

Who is most at risk of sepsis?

People with chronic and complex health conditions such as diabetes, kidney disease or cancer are at greater risk. Aboriginal and Torres Strait Islander peoples are twice as likely to be hospitalised with sepsis. People in rural and socioeconomically disadvantaged areas also face higher risks and rates of readmission.

What does the report say about recovery and hospital readmissions?

The report shows that more than half of all post-sepsis readmissions occur within 30 days of discharge, with one in five of these patients readmitted again for sepsis. This data highlights the importance of discharge planning and follow-up care in reducing preventable complications.

Is Australia making progress in managing sepsis?

Yes. The report notes a reduction in sepsis-related deaths occurring in emergency departments, suggesting that national clinical pathways and sepsis awareness efforts may be improving early recognition and response in acute care settings.

Why has sepsis been underestimated in the past?

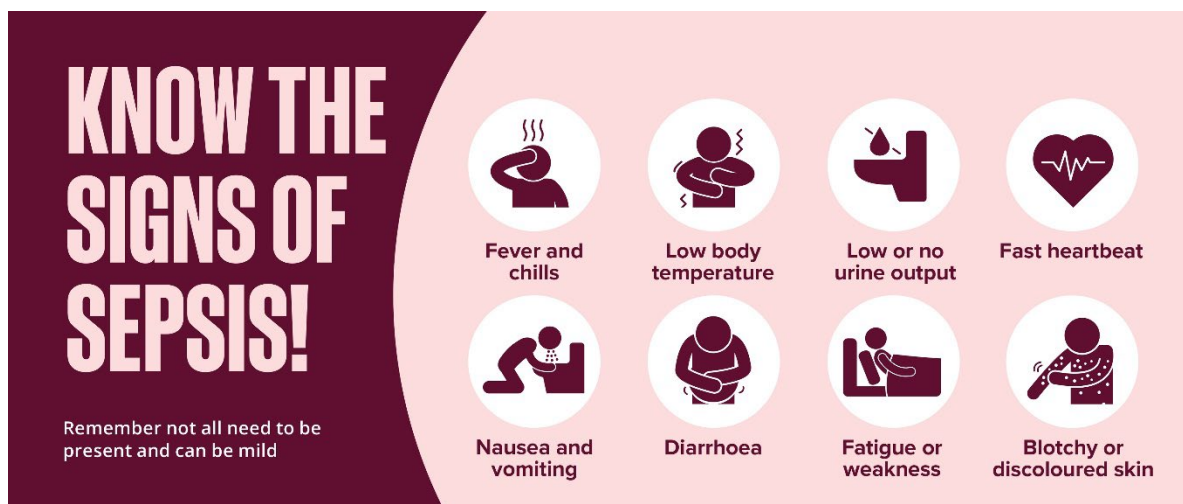
Previous estimates were based on a global study that calculated sepsis incidence using mortality data. This new analysis uses a different methodology with sepsis examined across a decade of national admitted patient data, offering a more accurate picture of its true prevalence and burden in Australian public hospitals.

What is being done to improve data quality on sepsis?

The Commission is developing a National Sepsis Data Plan, which will support more consistent coding, incorporate broader data sources, and improve tracking of outcomes across jurisdictions. Accurate data is essential for identifying trends, allocating resources and guiding clinical improvement efforts.

How can this report help prevent deaths from sepsis?

By clearly identifying who is most at risk, where gaps in care exist, and when patients are most vulnerable to complications, the report provides actionable insights for clinicians, health services and policymakers. It supports better early detection, faster treatment and tailored post-discharge care, all critical steps in reducing preventable sepsis-related deaths.



National Sepsis Program Resources

- [Sepsis Awareness Resources](#)
- [Online education - Sepsis in Primary Care](#)
- [Sepsis Resources for Primary Care](#)

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