

**For information
on 18 June 2003**

LegCo Panel on Health Services

Work Relating to Prevention of Spread of SARS among Elderly

PURPOSE

This paper reports the overall situation of Severe Acute Respiratory Syndrome (SARS) among elders and updates the work by the Department of Health (DH), Hospital Authority (HA) and the Social Welfare Department (SWD) relating to the prevention of the spread of SARS among elders, in particular in residential care homes for the elderly (RCHEs).

BACKGROUND

2. Locally, 1,755 SARS cases were reported as at 16 June 2003, including 323 elders aged 65 and above.

3. The majority of local SARS cases occurred in March and April. Grouped by the date of onset, 56% of the cases occurred in March, 38% in April and 5% in May. Most patients have since recovered and have been discharged home. As at 16 June, 74 patients were receiving treatment in hospitals. The cumulative number of deaths was 295, including 186 elders.

SARS CASES AMONG ELDERS

Overall Situation

4. Regarding the 323 SARS cases among elders, 174 were males (54%) and 149 females (46%) (**Table 1**). In total, 186 elderly patients died, comprising 101 males and 85 females. Most of them (163, or 88%) suffered

from other chronic illnesses which might have affected their survival rate. As at 16 June, among the 74 patients under treatment in hospitals, 30 were elders.

SARS Cases in RCHEs

5. As at 16 June, 72 SARS cases were reported among residents of 51 RCHEs, of whom 57 died. Four of these 72 SARS cases were aged below 65 (between 49 to 64). Grouping the cases by date of onset, it can be seen that most, i.e. 51 cases (or 71%) occurred in April. There were more females (61%) and more in the older age groups, the median age being 82 (**Table 2**). No new cases involving RCHE residents have been reported since 9 June.

PREVENTIVE MEASURES

Overall Approach

6. The overall approach adopted by the Government in controlling the SARS outbreak is through early detection of cases, swift and thorough contact tracing, prompt isolation and quarantine, and effective containment measures. Public education to increase the awareness for SARS and to improve on the standard of personal and environmental hygiene is another important strategy. The mass media has been heavily utilized to update members of the public on the vital health messages. Guidelines have been issued to various sectors and special health talks arranged for specific target groups.

7. Since March, DH has introduced a designated website to improve access to information in addition to a hotline. SWD also provides a hotline service by clinical psychologists (CPs). In addition, SWD's CPs have conducted briefings on psychological management for staff of SWD, frontline workers in child care centres and small group homes as well as residents of Amoy Gardens when they were quarantined in the camps. Tips on psychological management of SARS have been put on SWD's website and sent out to SARS patients and families through letters, printouts and leaflets. The Elderly Health Services (EHS) of DH have been delivering health talks on

prevention of respiratory infections to elders and carers in both the community and residential care settings. As at 14 June, health talks for elders and carers covered 285 elderly service units in the community and 689 RCHEs, with over 52,600 attendances.

Measures in Community

8. In March and April, as the SARS outbreak developed, there was a lot of anxiety among the community about SARS. Some elders were reluctant to attend medical follow-up for fear of contracting SARS. DH's clinics started the practice of exercising flexibility to allow relatives to collect repeat prescriptions, without requiring the elders to attend medical follow-up. Drug refill was also allowed in specialist out-patient clinics under HA. To prevent cross infection while serving elders in the community, HA re-organized its outreach services, including segregation of in-patient and outreach teams and enhanced support to community-based care.

9. During the Easter holidays, a number of non-governmental organizations (NGOs) together with several government departments launched a territory-wide cleansing campaign. Volunteers were mobilized to help elders in need to carry out the cleansing work. DH also issued a set of guidelines for use by staff of organizations and volunteers who may visit elders in their homes, which include health messages and SARS prevention measures tailor-made for the elders.

10. As at the end of May, some 35,000 outreaching visits were made to 60,000 elders by 3,000 staff from SWD and NGOs as well as 7,500 volunteers. Community support in the form of donation of face masks and cleansing material, as well as cash were received and distributed in the districts to address the needs of the elderly vulnerable group.

11. With the support of SWD, the Hong Kong Jockey Club Charities Trust allocated \$20 million as special grants to be disbursed to day service units and home-based services to provide extra resources for welfare agencies to

implement preventive measures to prevent the spread of SARS, e.g. purchase of extra cleansing and protective materials, recruitment of extra staff to sterilize the premises, etc. By early June, a total of \$17.1 million was disbursed to some 1,150 service units in 148 NGOs including 418 community support services for elders with a grant of \$5,000 per month for a period of three months from May to July for each eligible service unit.

12. Operation CARE, formally launched in end of May, is one of the recent initiatives implemented by the Government to help the community to tide over the difficulties resulting from SARS and to revive the economy after the disease. A total of 42 NGOs or local organizations are commissioned to help creating 4,500 jobs in household cleansing and repair services for 3 months from June for elders living alone and vulnerable groups so as to improve their home living environment and promote care and concern in the community in time of crisis. Through the Operation, it is anticipated that more needy elders will be networked by the Support Teams for the Elderly, which will provide necessary follow-up services to these elders. We expect over 100,000 elderly and vulnerable families will benefit from this package.

13. Family Support Networking Team of SWD will continue reaching out to the elders, assessing their needs and referring them to the appropriate community support services, e.g. centre and home-based services, emergency alarm service which provides 24-hour assistance and advice to elders in case of emergencies and in particular during cold days in the coming winter.

Measures in RCHEs

14. Frail elders in RCHEs are a high risk group for SARS as many of them are frequent users of hospital services. In mid March during the early outbreak of SARs, all RCHEs were sent reminders concerning the “Guidelines on the Prevention of Communicable Diseases in Residential Care Homes for the Elderly and People with Disabilities”. Special talks on SARS were also conducted. The expanded “Guidelines on the Prevention of the Spreading of Atypical Pneumonia in Social Welfare Services Unit (Residential Services)”

was issued on 25 March to all RCHEs and other residential services units. This was supplemented in mid April with a new set of guidelines specifically on infection control measures, accompanied by a half-day briefing session for RCHE operators. During the briefing session, instructions were disseminated on the use of meter-dose inhalers to prevent droplet infection through the use of nebulizers and the concept of universal precaution in infection control was emphasized, whereby all elders recently discharged from hospitals would be treated as potentially infected persons. The session also included stress management for staff.

15. To ensure RCHEs are complying with the guidelines and making adequate efforts on preventing the spread of SARS, the Licensing Office of Residential Care for the Elderly (LORCHE) of SWD has stepped up its monitoring. SWD also completed a round of concern visits to some 730 RCHEs in April to ascertain compliance in infection control measures, and to assess the need for EHS to enhance health education and advice. Visiting Health Team (VHT) nurses under DH joined some of the visits to RCHEs which required more assistance. Educational pamphlets and gift packs of protective materials, including 90,000 gloves, 90,000 clinical masks and 1,600 bottles each of bleach and liquid soap, were distributed to the RCHEs. We are generally satisfied that most of the RCHEs are well aware of the importance of environmental and personal hygiene, and are in good compliance with the guidelines issued. After the concern visits, SWD also acquired ear thermometers, face shields, goggles, anti-microbial hand rinse, and other protective gears for distribution to all RCHEs using its own resources and additional donations.

16. About 40% of RCHEs have 50 beds or less, and some are staffed by health workers instead of nurses. Most of these smaller RCHEs adopt an open plan in bed arrangement. In view of their physical and staffing constraints, priority has been put on private homes for health education and training of carers by VHTs. In addition to issuing written guidelines to all RCHEs on home isolation measures where necessary, EHS has since early April conducted medical surveillance and provided health advice on infection control for RCHEs

with suspected or confirmed SARS cases. On-site visits are conducted and ongoing support and advice are provided as necessary by both DH and SWD during the medical surveillance period. A special data system has been set up to handle the collection, updating, analysis and reporting work. Protocols are in place to ensure efficient information flow and effective working relationship among DH, HA and SWD. As at 16 June, EHS contacted a total of 290 RCHEs covering about 700 elders, including confirmed and suspected SARS patients, cases under observation, and cases under surveillance after discharge from hospital wards with SARS contact. Inspectors of LORCHE also maintained close contacts with these RCHEs to provide the necessary support and advice.

17. To reduce hospital admission by RCHE residents, HA has strengthened coverage of its Community Geriatric Assessment Teams (CGATs) to RCHEs through collaboration with Visiting Medical Officers (VMOs) in the private sector. As at 2 June, with the support of the Hong Kong Medical Association, 100 private general practitioners were appointed as honorary VMOs to pay regular visits to RCHEs to manage episodic illnesses of elderly residents in order to reduce hospital admissions.

18. To prevent cross infection, SWD requires that RCHEs make “cohorting” arrangements for residents discharged from hospitals. For those RCHEs with difficulty in implementing isolation measures, the Medical Social Workers (MSWs) would work out alternative placements in consultation with the relatives. For instance, for hospitalized elders from private homes with poor isolation facilities, HA would make necessary arrangements to enable the elders concerned to stay in hospitals for a longer period before discharge.

19. To increase HA’s capacity to take care of elderly patients who need to have longer stay in hospitals, HA has worked with SWD to temporarily transfer a number of infirm elderly patients who are medically stable from hospitals to Infirmity Units of subvented care and attention homes, subvented nursing homes, contract homes and self-financing homes operated by NGOs. Two batches of 83 and 20 infirmity patients were transferred respectively from Tai

Po Hospital in April and Princess Margaret Hospital in May. The third batch of transfer, targeted to involve 22 infirmary patients from Shatin Hospital, will take place in June. These three batches of transfer involve a total of 18 homes operated by 14 NGOs.

NETWORK OF SUPPORT AND ASSISTANCE

20. Elderly patients on discharge are closely monitored by the MSWs. Being members of the medical care teams, MSWs in public hospitals are social workers at the forefront committed to taking care of the social, emotional and financial needs of SARS patients and their families. Backed up by SWD's network of over 42 Family Services Centres and a dedicated team of over 40 CPs in the community, MSWs take the lead to –

- (a) provide immediate counselling and assistance to SARS patients in hospitals to help them handle/overcome their fears and anxieties towards the disease;
- (b) serve as a link between the patients in hospitals and their anxious family members – many of whom are under home confinement themselves;
- (c) render grief counselling to family members of deceased SARS patients;
- (d) provide urgent financial assistance to SARS patients and their relatives, including grants to meet burial expenses;
- (e) make discharge arrangement for patients who, for one reason or another, cannot return home upon discharge, e.g. arrangements for temporary residence for elderly patients upon discharge at Helping Hand's Cheung Muk Tau Holiday Centre for the Elderly and in subvented RCHEs as appropriate; and
- (f) refer patients and their families to other service units for necessary assistance.

WAY FORWARD

21. Although the SARS epidemic has ebbed, the Government will continue to remain vigilant. DH, HA and SWD will continue to work closely together aiming in particular at elders at risk in both the residential and community settings. The measures include:

- (a) **Reduce hospital admission:** Through the enhanced coverage of CGAT to RCHEs, HA will continue with its efforts to work closely with the RCHEs to avoid inappropriate hospitalization, and thereby reducing the risk of exposure to the disease;
- (b) **Close liaison between HA/DH/SWD and RCHEs with hospitalized cases:** HA/DH/SWD will strengthen their liaison with the operators of RCHEs with hospitalized cases with a view to providing the elders concerned with holistic and appropriate care. DH and SWD will continue to assist RCHEs in their 'cohorting' arrangements upon discharge of the elderly patients from hospitals. For hospitalized elders from private homes with poor isolation facilities, HA will continue to make necessary arrangements to enable the elders concerned to stay in hospitals for a longer time to ensure that there will be an adequate period of careful observation prior to discharge;
- (c) **Provision of guidance and support to RCHEs to protect both residents and staff:** DH and SWD will continue with their general support to RCHEs which include updating guidelines on environmental hygiene and good practice in infection control, rendering advice on contingency arrangements in case RCHEs have an infected case, and providing other types of support including protective materials where necessary; and
- (d) **Provision of guidance and support to elders and their families, and to staff serving elders, in the community:** DH and SWD will continue with their supportive measures for elders in the community, in

particular to provide assistance to those vulnerable elders with adverse social circumstances. HA will also continue to enhance its community care services to reduce hospital attendances of elders.

ADVICE SOUGHT

22. Members are invited to note the contents of the paper.

Health, Welfare and Food Bureau

Department of Health/ Hospital Authority/ Social Welfare Department

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Table 1. SARS Among Elders in Community (including in RCHEs)

| <i>Age</i> | <i>Male</i> | <i>Female</i> | <i>Total</i> |
|--------------|------------------|------------------|-------------------|
| 65 – 74 | 74 | 72 | 146 (45%) |
| ≥ 75 | 100 | 77 | 177 (55%) |
| Total | 174 (54%) | 149 (46%) | 323 (100%) |

Table 2. SARS Among Residents in RCHEs
(including 4 cases aged below 65)

| <i>Age</i> | <i>Male</i> | <i>Female</i> | <i>Total</i> |
|--------------|-----------------|-----------------|------------------|
| < 75 | 6 | 9 | 15 (21%) |
| ≥ 75 | 22 | 35 | 57 (79%) |
| Total | 28 (39%) | 44 (61%) | 72 (100%) |