

**For Information
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LEGISLATIVE COUNCIL PANEL ON WELFARE SERVICES

Prevention Measures against Severe Acute Respiratory Syndrome among Elders

PURPOSE

This paper briefs Members on the prevention measures carried out by the Department of Health (DH), Hospital Authority (HA) and the Social Welfare Department (SWD) against Severe Acute Respiratory Syndrome (SARS) among elders. The measures are in line with the recommendations of the Report of the SARS Expert Committee issued in October.

LATEST DEVELOPMENTS

Revision of Guidelines

2. A comprehensive guideline produced by DH with input from HA and SWD covering infectious diseases more likely to affect residential care homes for the elderly (RCHEs) such as respiratory infections (including SARS), food borne illnesses and skin infections, etc. was distributed to all RCHEs in October.

Visits to RCHEs

3. Between mid August and mid October, the Visiting Health Team (VHT) of DH embarked on visits to all RCHEs with SWD joining visits to targeted RCHEs. The objective was to conduct a comprehensive assessment on the RCHEs to identify areas for improvement in terms of facilities, knowledge, skills and practices in relation to infection control so that these areas could be targeted in future training programmes. The assessment included a questionnaire for completion by the RCHE, observation during the site visit on hygienic conditions, and on-site testing of infection control knowledge and practice of RCHE staff. A total of 756 RCHEs were visited and the overall result was satisfactory.

4. Opportunity was taken to provide on-the-spot coaching as appropriate to the RCHE staff, especially on hygiene matters. Spitting behaviour among residents was reported in 59% of the homes. Special health education sessions were conducted for the elders concerned.

Infection Control Officer

5. All RCHEs were required by SWD to designate an Infection Control Officer (ICO) by 1 November, who would be responsible for dealing with matters related to infection control and prevention of spread of communicable diseases in the RCHE. The objective of the ICO scheme is to achieve early detection and reporting of suspected outbreaks, so that infection control measures as necessary can be stepped up in the homes in a timely manner.

6. Between September and October, four briefing sessions were held jointly by SWD, DH and HA to familiarise the designated ICOs and staff of RCHEs on the roles and responsibilities of ICO. The total attendance was about 1 400. Subsequently, 15 one-day training workshops were conducted by DH between 3 and 7 November for ICOs and other staff of RCHEs with a total attendance of 1 300. Ongoing support to ICOs is provided through on-site training and advice by VHT of

DH and Community Geriatric Assessment Teams (CGATs) of HA. Follow-up visits will be conducted for RCHEs which require more intensive support.

7. To tie in with the new requirement, SWD has amended the related part in the Code of Practice for RCHEs to stipulate requirements on the designation of ICO and the list of duties. SWD has sought an allocation from the Lotteries Fund to improve infection control facilities in RCHEs. Grants at \$17.8 million will be provided on a reimbursement basis to cover 103 subvented and 639 non-subvented RCHEs for carrying out improvement works. The improvement works have to be completed within three months as from 17 November, the commencement date of the scheme. Non-subvented and subvented RCHEs were informed of this subsidy scheme on 11 and 12 November respectively.

Early Detection and Management of Outbreaks

8. For early detection and management of outbreaks, an enhanced information exchange system has been set up since mid October among DH, HA, SWD and RCHEs (through the ICO scheme) to delineate procedures and roles of various parties. A drill with a simulated scenario of a SARS case occurring in an elderly home took place on 20 November to test the response of relevant parties including DH, HA, SWD and ICOs of elderly homes.

Visiting Medical Officers

9. Based on experience gained during the SARS crisis, suitable visiting medical officers (VMOs) have been appointed as part-time doctors in October for a period of one year to manage residents with chronic stable diseases and their subacute episodic illnesses so as to reduce their incidences of hospital admission. CGAT will provide the necessary support to these VMOs who play a major role in medical surveillance and monitoring of infection control in RCHEs. This VMO/CGAT collaborative scheme will cover almost 100% of the RCHEs.

Influenza Vaccination

10. DH conducted the annual influenza vaccination programme for residents of RCHEs between 10 and 29 November. The objective of the vaccination programme is to reduce the risk of complications from influenza among RCHE residents and their admission to hospitals. In the 2003 “extended” influenza vaccination programme, long-stay residents of residential institutions for the mentally or physically disabled are also included. Moreover, the Government is providing free influenza vaccinations for non-institutionalised seniors who are at particular high risk of influenza and have financial difficulty. These refer to elders aged 65 and over who are Comprehensive Social Security Assistance recipients or with medical waivers granted by HA or SWD and being followed up at public clinics and assessed to be at higher risk of serious complications from influenza because of chronic heart or lung diseases. The free vaccination is provided at HA's General Out Patient Clinics upon medical advice on the suitability of vaccination, and also at DH's Elderly Health Centres (EHCs) for enrolled EHC members.

Collaboration with Community

11. Through the “Operation CARE” project launched by SWD from late May to end of October this year, over 100 000 elders and vulnerable families benefited from household cleansing and minor repairs services. After the project, SWD’s district social welfare offices have been actively coordinating volunteer organizations and uniform groups, such as Hong Kong Red Cross and the Scout Association of Hong Kong, to continue providing household cleansing to vulnerable and singleton elders. On the other hand, SWD has issued a letter to all elderly community support service units at the end of September to advise them to conduct prevention measures against the resurgence of SARS, including the distribution of hygiene kits to elders in the community, reminding the elders to continue maintaining personal and environmental hygiene, and providing public health educational programmes to vulnerable and singleton elders. Besides, the staff and volunteers of

these centres render emotional support and personal assistance to needy elders through home visits and phone contacts.

12. To facilitate information exchange on infectious diseases amongst elderly users of community care services, an information exchange system is being deliberated among HA, DH, SWD and Hong Kong Council of Social Service (HKCSS). At the first meeting held in September 2003, it was initially agreed that a standard form containing basic medical information of the users of community care services be designed for information exchange among parties concerned. Logistics and operational details will be further discussed at the second meeting to be held in December 2003.

Sentinel Surveillance

13. To monitor the trend of common infectious diseases in elderly homes so as to identify outbreaks in a timely fashion, DH is planning to extend its sentinel surveillance system on selected infectious diseases to elderly homes. Protocol for sentinel surveillance on common infectious diseases have been designed and consultation with SWD is under way to implement the programme soon.

ADVICE SOUGHT

14. Members are asked to note the prevention measures taken by DH, HA and SWD against SARS among elders.

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