

**For information on
11 May 2010**

Legislative Council Panel on Health Services

Review of Response Level for Human Swine Influenza

Purpose

This paper informs Members of the Administration's decision to step down the influenza response level from 'Emergency' to 'Alert' Response Level, having regard to the persistent declining activity of Human Swine Influenza (HSI) in Hong Kong and the fact that its clinical severity has remained unchanged. This will take effect on 24 May 2010 barring any unexpected factors arising from the World Health Organization's meeting to be held during the week of 17 May 2010.

Background

2. In Hong Kong, following detection of the first confirmed case of HSI on 1 May 2009, the Administration decided to activate the "Emergency Response Level (ERL)" under *the Framework of Government's Preparedness Plan for Influenza Pandemic* (the Framework). The ERL still remains in force. On 11 June 2009, the World Health Organization (WHO) declared that the HSI epidemic reached Phase 6 (the highest level) under its pandemic classification system.

Recent situation

3. The activity of HSI in Hong Kong reached its peak in late September 2009 and declined steadily afterwards. Nonetheless, according to experience with previous influenza pandemic, it was possible that a second peak of HSI might arrive during the winter influenza season in the first quarter of 2010. It turned out that the winter flu season which came in March 2010 was predominantly due to influenza B, and that HSI had remained at a relatively low level throughout. As an illustration, the proportion of HSI positive results

among patients tested in Designated Flu Clinic decreased from 70% in late September 2009 to almost 0% in end April 2010.

4. Currently HSI lies low in most overseas countries/regions including the United States, Canada, Europe, United Kingdom, Japan and Australia.

5. The estimated case fatality rate for Hong Kong, after taking into account of unreported and untested cases, was roughly comparable to estimates of USA and UK. The clinical severity of HSI has not changed over the past year. As of 28 April 2010, a total of 80 fatal cases were recorded, of which 85% had at least one pre-existing chronic disease or risk factor. Serological studies by the Hong Kong University showed that approximately 15% of the local population had been infected.

Response Level

6. An updated scientific assessment one year after activation of ERL finds that HSI activity has been declining and its clinical severity has remained unchanged. Furthermore, a good body of scientific knowledge on HSI has accumulated and now an effective vaccine is available for protection. Owing to these reasons, the Administration has decided to step down correspondingly from ERL to Alert Response Level (ARL), the lowest level under the 3-tier local response framework.

Response Measures

7. The main activities to accompany the step down to ARL include –
- (a) step down of the Emergency Response Level Steering Committee followed by a simplified response command structure to be put in place in accordance with the Government Framework;
 - (b) reversion of Designated Flu Clinics into General Outpatient Clinics;
 - (c) normalization of infection control practices and services in hospitals and clinics, including visiting hours of hospitals;

- (d) maintaining influenza surveillance;
- (e) continuation of the HSI vaccination programme; and
- (f) review and revise the Framework of Governments' Preparedness Plan for Influenza Pandemic, taking into account the experience in the past year and any future amendment to the pandemic classification system by the World Health Organization.

8. It should be emphasized that even when Hong Kong steps down to ARL, vigilance would be maintained against any possible change of the HSI situation. In preparation for the coming summer influenza season, we would –

- (a) sustain a high level of surveillance and monitoring of the global spread and impact of the disease;
- (b) continue with the HSI vaccination programme to provide sufficient protection of the target groups;
- (c) maintain an adequate antiviral stockpile; and
- (d) ensure sufficient capacity to cater for increase in demand for medical care.

HSI vaccines

9. As at 25 April 2010, a total of about 190,000 doses of HSI vaccines have been administered to the target groups. The stock of unused vaccines kept by the Government is about 2.7 million.

10. The procurement of the vaccines is intended as a necessary insurance to safeguard public health in case there is a serious outbreak in Hong Kong. It is necessary to purchase enough vaccines to protect the more vulnerable groups in the population against HSI and its complications. It has been foreseen that there may be surplus of vaccines if the pandemic eventually turns out to be less severe than expected.

11. We do not have any plan to donate or sell the vaccines to other places. Maintaining the stockpile is considered crucial in the coming few months as it can provide an assurance for public health protection and ensure the availability of sufficient vaccines for use should the pandemic worsen. Furthermore, there is no shortage of HSI vaccines in the international market.

12. Of the HSI vaccines procured, 500,000 doses will expire on 30 September 2010 while 2.5 million doses will expire on 31 October 2010. Expired vaccines cannot be used and will be disposed of.

Advice Sought

13. Members are invited to note the content of this paper.

Food and Health Bureau
Department of Health
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