

**For information
on 17 December 2012**

Legislative Council Panel on Health Services

Strategy and measures to prevent and control seasonal influenza

PURPOSE

This paper sets out the Administration's plan, including additional preventive measures and enhanced healthcare support, to prepare for the approaching winter influenza season of 2012/13.

INFLUENZA SEASON OF 2011/12

2. Hong Kong usually experiences two influenza peak seasons – one between January and March and the other in July and August. The last influenza season lasted from January to July 2012 was characterised by two waves caused by sequential circulation of influenza B virus followed by influenza A (H3N2) virus.

3. The Centre for Health Protection (CHP), in collaboration with the Hospital Authority (HA) and private hospitals, has been operating an enhanced surveillance system during each influenza season to collect information on influenza associated intensive care unit (ICU) admissions or deaths. This allows CHP to monitor both influenza activity and the severity of illness, and assists it and HA to assess the disease burden during the influenza season.

4. During the period of enhanced surveillance from 13 January to 26 July 2012, CHP recorded 347 ICU admissions or deaths (including 227 deaths) with laboratory diagnosis of influenza in all ages. The majority of these serious cases occurred among the elderly. Sixteen paediatric cases of severe influenza associated complications with two fatalities were recorded. As a comparison, during the shorter winter peak influenza season of 2010/11 (between 24 January and 31 March 2011), a total of 123 cases of influenza associated ICU admissions or deaths (including 34 deaths) were recorded.

HIGH ADMISSION RATES TO PUBLIC HOSPITALS

5. During the 2011/12 influenza peak season, the Accidents and Emergency Departments (A&ED), the General Out-Patient Clinics (GOPCs) and inpatient hospital services of HA were under high stress. The average A&ED daily attendance reached over 6,500 cases continuously in February and March, 12% higher than the normal daily average of 5,800 cases. The attendance reached 7,700 cases on some days (33% higher), with influenza patients being a main attribute to the surge. Moreover, an upsurge in emergency admissions to medical and paediatric specialties was recorded from January to July in 2012. The bed occupancy rate also surged to over 100% and 115% in paediatric and medical specialties respectively in some hospitals.

ONGOING MEASURES IN PREVENTION AND CONTROL OF SEASONAL INFLUENZA

6. Given that seasonal influenza affects large segments of the community and may lead to serious infections especially among certain at-risk populations, the Government maintains alert against influenza outbreaks and will take the following measures to prepare the community for the influenza peak season:

- (a) The surveillance system operated by CHP will monitor influenza activity in the community covering childcare centres, residential care homes for the elderly, HA out-patient clinics, clinics of private practitioners and Chinese medicine practitioners. Specimens will be collected from patients for isolation and typing of influenza virus to detect possible mutations and drug resistance. Influenza surveillance data will be uploaded to the CHP website every week and timely alert will be provided upon arrival of influenza season;
- (b) CHP will conduct epidemiological investigations on institutional influenza-like-illness outbreaks. Relevant control measures will be implemented and appropriate health advice given to the institutions concerned;

- (c) The seasonal influenza vaccination programmes will be launched every year to protect at-risk groups from influenza related complications. Related statistics for the 2012/13 programme is shown in **Annex 1**. An antiviral stockpile is maintained in case of an influenza pandemic;
- (d) Publicity campaigns will be stepped up to promulgate advice on personal health, environmental hygiene, and infection control; and to remind the community to stay vigilant against influenza;
- (e) The Scientific Committees of CHP will conduct regularly review latest scientific evidence in respect of seasonal influenza and influenza pandemic and make recommendations accordingly;
- (f) CHP will maintain close liaison with the World Health Organization, Mainland China, neighbouring and overseas health authorities to monitor influenza outbreaks and their evolution around the world. The Department of Health will enforce port health measures in line with International Health Regulations;
- (g) CHP will conduct periodically exercises to test the preparedness of our pandemic influenza contingency plans; and
- (h) The Agriculture, Fisheries and Conservation Department and Food and Environmental Hygiene Department under the coordination of the Food and Health Bureau, as well as the Leisure and Cultural Services Department, will step up surveillance and monitoring of avian influenza at all levels of the supply chain of live poultry, pet bird shops, recreational parks and the wild bird environment.

ADDITIONAL PREVENTIVE MEASURES AND ENHANCED HEALTHCARE SUPPORT FOR 2012/13 INFLUENZA SEASON

7. In view of the extended influenza season last year and the

constant threat of emerging diseases (such as new influenza strains and the novel coronavirus), the following additional preventive measures and clinical support will be taken in anticipation of the coming influenza season of 2012/13.

- (a) The Government has increased subsidy for childhood influenza vaccination from HK\$80 to HK\$130 per dose of vaccine, in alignment with the subsidy under the elderly influenza vaccination subsidy scheme. This is to encourage more parents to bring their children for influenza vaccination;
- (b) Seasonal influenza vaccination is made available at public clinics under HA and DH to eligible persons starting from 1 November 2012 under the Government Vaccination Programme. HA will arrange manpower for vaccination of patients at GOPCs and SOPCs to boost immunisation rate. For promotion of influenza vaccination uptake among healthcare workers, HA and DH have introduced various measures to facilitate staff getting flu vaccines at workplace;
- (c) HA has plans to recruit additional manpower through the short term employment of retired nursing staff, undergraduate nurses, Auxiliary Medical Services staff and other healthcare workers to provide services to the targeted patients for taking influenza vaccination and to support increased admissions at A&ED and hospital wards. In addition, other measures taken by the HA to tackle increased service demand during influenza season are detailed in **Annex 2**;
- (d) CHP will organise outreaching immunisation teams to step up the vaccination programme to elderly, disabled persons and healthcare workers at elderly homes and residential care homes for the disabled; and
- (e) Enhanced laboratory support will be provided by CHP to heighten surveillance and infection monitoring during the influenza season.

WAY FORWARD

8. The Government will continue to maintain vigilance to the outbreak of seasonal influenza and other influenza related diseases. Our preparedness for the coming winter influenza season requires the collective effort of the community, especially in participating in the influenza vaccination programme and in paying attention to personal health, environmental hygiene and infection control. We will step up publicity to enlist public support and monitor the effectiveness of our preparedness programme as the winter peak influenza season approaches.

ADVICE SOUGHT

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

**Food and Health Bureau
Department of Health
Hospital Authority
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Annex 1**Statistics on 2012/13 Seasonal Influenza Vaccination**

The 2012/13 seasonal influenza vaccination under the Childhood Influenza Vaccination Subsidy Scheme (CIVSS) and the Elderly Vaccination Subsidy Scheme (EVSS) commenced on 24 September 2012, while that under Government Vaccination Programme (GVP) started on 1 November 2012. The following figures are as at 2 December 2012.

Category of target groups	Public / Private sector	No. of recipients (no. of doses if different)
Elderly aged 65 or above (including elderly persons living in residential care homes)	GVP	94 582
	EVSS	109 645
Persons under 65 years with chronic illness	GVP	11 820
Persons aged 50 to 64 years	GVP	832
Pregnant women	GVP	6
Healthcare workers in public sector and residential care homes	GVP	18 073
Children between the age of 6 months and less than 6 years	GVP	1 540 (1 560) △
	CIVSS	41 947 (47 301) △
Poultry workers	GVP	1 429
Pig farmers and pig slaughtering industry personnel	GVP	58
Total		279 932 (285 306)

△ Some children who had no seasonal influenza vaccination before received two doses.

HA response measures for the coming influenza season

Measures	Details
1) Managing demand in community	- There will be enhanced support to Old Age Homes (OAHs) through the Community Geriatric Assessment Services, Community Nursing Service and Visiting Medical Officer programs to facilitate management of simple cases outside hospitals.
2) Gate-keeping to reduce unnecessary admission	- Additional observation areas will be set up in Accidents and Emergency Departments (A&ED) to solve the congestion of A&ED as well as to reduce unnecessary admission to medical wards. Virology services for influenza will be enhanced to help in decision of admission of paediatric patients. Additional staff will be deployed to streamline patient flow, crowd control during prolonged waiting.
3) Improving patient flow	- Patient's flow through the hospital system will be expedited through more frequent ward rounds in paediatric, medical and geriatric wards especially during weekends to facilitate transfer of stable patients to convalescence.
4) Optimising and augment buffer capacity	<ul style="list-style-type: none"> - Buffer capacity in hospitals will be optimised through utilisation of buffer wards, expanding day follow-up service, and reduction of re-admission. - Other than the additional 91 general acute beds to be opened in 2012/13, the opening of around 500 excess temporary medical, paediatric and convalescent beds in the coming influenza surge is under planning to augment hospital capacity. - Manpower will be augmented by special honorarium scheme, leave encashment and provision of undergraduate nurses and AMS staff to handle the possible surge in A&ED attendances and hospital admissions.
5) Re-prioritising core activities	- Elective admission and non-urgent surgery will be reduced to reserve capacity to deal with seasonal influenza.
6) Enhanced communication with the public	- Enhanced communication with the public to manage their expectation on longer waiting time at A&EDs and to alert them on possible postponement of elective services.