立法會
Legislative Council

LC Paper No. CB(2)331/12-13(06)

Ref : CB2/PL/HS

Panel on Health Services

Background brief prepared by the Legislative Council Secretariat for the meeting on 17 December 2012

Strategy and measures in the prevention and control of seasonal influenza

Purpose

This paper summarizes the concerns of the members of the Panel on Health Services ("the Panel") on the strategy and measures in the prevention and control of seasonal influenza.

Background

2. Influenza is a highly infectious disease caused by different strains of influenza virus. There are three known categories of influenza, namely A, B and C. Minor changes of the antigen of influenza viruses every year lead to seasonal influenza. As such, reformulation of the influenza vaccine is required every year to cope with the mutation of viral strains. In Hong Kong, influenza occurs throughout the year and often displays two seasonal peaks. The larger seasonal peak is in winter time, usually from January to March. A smaller summer peak is sometimes observed in July and August. Past records suggest that seasonal influenza accounts for about 1 000 deaths in Hong Kong every year.

3. The Administration has taken a multi-pronged approach to prevent and control influenza outbreaks. The main components include laboratory surveillance and sentinel surveillance; conducting field visits to childcare centres, kindergartens, schools, elderly homes and institutions with influenza-like-illness outbreaks; monitoring virus mutation; strengthening

publicity and risk communication; promoting seasonal flu vaccination; and putting in place a two-stage response plan by the Hospital Authority ("HA") for monitoring and tackling upsurge in service demand during the influenza season.

Deliberations of the Panel

4. The subject matter of prevention and control of seasonal influenza has been discussed by the Panel at a number of meetings between 2005 and 2011. The deliberations and concerns of members are summarized below.

Influenza vaccination

5. Members noted that an annual Government Vaccination Programme ("GVP") was in place to provide free seasonal flu vaccines to target groups (i.e. at-risk and/or under-privileged), which included, among others, children between the age of six months and less than six years from families receiving Comprehensive Social Security Assistance ("CSSA"), at public hospitals or clinics so that they would be made immune or resistant to seasonal influenza. Separately, other children over the age of six months and less than six years old were entitled to a subsidy for each dose of seasonal influenza vaccine received from enrolled private doctors under the annual Childhood Influenza Vaccination Subsidy Scheme ("CIVSS").

6. There was a suggestion that the coverage of GVP should be extended to primary school students as a proactive approach to prevent outbreaks in schools. There was also a view that given the low take-up rate of the seasonal influenza vaccine under GVP, the programme should be extended to people outside the target groups such as young people aged 19 years or below who also recorded a high infection rate.

7. The Administration advised that seasonal influenza vaccination was recommended for individual protection rather than prevention and control of cross infection of the disease in a particular setting. Each year, the Scientific Committee on Vaccine Preventable Diseases ("SCVPD") of the Centre for Health Protection ("CHP") would take into account information provided by the World Health Organization ("WHO") on the circulating and emerging influenza strains around the globe as well as the balance between benefits of vaccination and potential risk of adverse vaccine effects when making recommendations to

the Department of Health on the target groups to receive seasonal influenza vaccination. Children between the age of six months and less than six years were recommended to receive seasonal influenza vaccination as evidence showed that they had a higher rate of hospitalizations arising from influenza. As regards children or young people aged six years or above, the rate of influenza-associated hospitalizations was on par with other groups of the population. At the present stage, SCVPD had not recommended extending the coverage of GVP to children or young people aged six years or above.

8. On the suggestion of providing vaccination services to kindergarten students at campuses under CIVSS without their having to visit private doctors for vaccination, the Administration advised that all existing vaccination programmes and schemes were voluntary. In addition, consent from parents must first be obtained before administering any vaccines to children.

Surge capacity

9. Some members expressed concern about the readiness of HA for the surge in hospital admission during the influenza peak season. They suggested deploying community nurses to pressure wards to meet the rise in hospital admission. The Administration assured members that individual hospitals would, as appropriate, transfer patients to less busy wards and postpone some non-urgent procedures and surgeries. Contingency measures including staff mobilization would be implemented in individual public hospitals as appropriate to manage the surge demand. As community nurses played a vital role in the prevention of influenza through the provision of nursing support to the elderly patients in the community setting, the Administration considered it not appropriate to deploy community nurses to other hospital settings.

Infection risk in healthcare setting

10. Members considered it important to step up infection control measures in public hospitals so as to prevent cross infections. They urged the Administration and HA to implement appropriate measures to reduce the infection risk in public hospitals.

11. HA advised that it had implemented a series of measures to cope with the influenza season. This included promoting hand hygiene in all HA hospitals and clinics; enhancing support to residential care homes for the elderly by Community Geriatric Assessment Service, Community Nursing Service and Visiting Medical Officer programmes; and restricting visiting hours to acute wards to two hours per day to prevent cross infections. Moreover, each major public hospital had an infection control team to oversee infection control policies and practices. Hospital front-line staff also worked closely with infection control officers to ensure early identification of infectious cases and implementation of appropriate actions to prevent the spread of diseases. Coupled with the completion of the infectious disease block in the Princess Margaret Hospital in 2007, the capacity of HA for managing isolation of infectious cases had been substantially increased.

Suspension of classes

12. During the discussion on the prevention and control of influenza in 2011, some members noted with concern the significant surge in the hospital admission rate due to influenza among children aged under five years. There was a view that kindergartens and kindergartens-cum-child centres should temporarily suspend class to prevent widespread of influenza among young children.

13. The Administration advised that the Education Bureau would work closely with DH and maintain close communication with schools to implement preventive measures against influenza at schools. However, it might not be appropriate to, as a preventive measure, require kindergartens and kindergartens-cum-child centres to suspend class throughout every flu season taking into account the learning needs of children and views of parents.

Risk communication

14. Members were of the view that the Administration should step up its efforts in keeping the public posted of the latest influenza situation.

15. The Administration advised that before the influenza season arrived, CHP would issue alerts to doctors, homes for the elderly, hostels for people with disabilities, schools, kindergartens and child care centres from time to time, so that appropriate prevention actions could be taken. A weekly surveillance report, the Flu Express, would be issued during the flu season to inform the

public of the latest situation. In addition, daily updates of the influenza situation were posted on CHP's dedicated influenza webpage to enhance timeliness in circulating information to the public.

Promotion of personal and environmental hygiene

16. There was a view that financial resources should be provided to residential care homes and school bus operators to assist them in enhancing environmental hygiene, such as purchasing additional cleansing materials and enhancing the disinfection of facilities, to minimize the transmission of influenza.

17. The Administration advised that household bleach was an effective and inexpensive disinfectant. Efforts had been and would continue to be made by CHP to provide support and guidelines to schools and other institutions on the necessary precautionary measures.

18. On the suggestion that personal hygiene should be included in the curriculum of kindergartens and primary schools, the Administration advised that efforts had been and would continuously be made by the Education Bureau to encourage schools to ensure the observance of personal hygiene measures so as to guard against the spread of influenza and other communicable diseases.

Preparedness for an influenza pandemic

19. Members noted that the Government had devised a Preparedness Plan for Influenza Pandemic. The Plan consisted of three response levels, i.e. Alert Response Level, Serious Response Level and Emergency Response Level. These levels were based on different risk-graded epidemiological scenarios relevant to Hong Kong, and each of them prescribed a given set of public health actions required. They were designed to match with the guideline promulgated by WHO for pandemic influenza planning.

20. Some members stressed the need for staff of the various Government departments and HA to familiarize themselves with their roles and duties on the preparedness and response plans for influenza pandemic. The Administration advised that relevant Government departments had developed their own contingency plans and detailed operating manuals on infectious disease prevention and control, and had been conducting regular drills to ensure that all the parties concerned were familiar with the plans. HA advised that it would step up

actions to see that all frontline staff members were familiar with their roles and duties in the prevention of and during an outbreak of influenza in the hospitals.

21. Noting that the existing Preparedness Plan for Pandemic Influenza was developed to face the challenge of avian influenza, there was a suggestion that in the long term, the Administration should formulate preparedness plans for different types of pandemic influenza.

Latest developments

22. The 2012 Preparedness Plan for Influenza Pandemic ("the 2012 Plan") was launched on 22 August 2012. According to CHP, the 2012 Plan had been updated having regard to the experience in recent years including the human swine influenza pandemic in 2009. It was based mainly on the framework of the previous Preparedness Plan with the three-level response structure maintained (i.e. Alert, Serious and Emergency Response Levels) and some fine tuning of the response measures. At present, the Alert Response Level is activated. As at 5 December 2012, the latest surveillance data showed that the influenza activity was at the baseline level.

23. The vaccination subsidy schemes (i.e. CIVSS and Elderly Vaccination Subsidy Scheme ("EVSS")) 2012-2013 were launched on 24 September 2012. Under CIVSS, children over the age of six months and less than six years are entitled to a subsidy of $130 for each dose of seasonal influenza vaccine received from enrolled private doctors, up to a maximum of two doses per person. As for EVSS, elderly people aged 65 or above are entitled to a $130 subsidy for each dose of influenza vaccine. In addition, there will be a subsidy of $190 for eligible elderly people to receive pneumococcal vaccine, if they have not been vaccinated before. In addition, GVP 2012-2013 has commenced since 1 November 2012 to provide free seasonal influenza vaccination and pneumococcal vaccination to eligible groups under public clinics and hospitals.

Relevant papers

24. A list of the relevant papers on the Legislative Council website is in the **Appendix**.

Council Business Division 2
Legislative Council Secretariat
13 December 2012

Appendix

Relevant papers on strategy and measures in prevention and control of seasonal influenza

Committee	Date of meeting	Paper
Panel on Health Services	5.11.2005 # (Item II)	Agenda Minutes
Panel on Health Services	10.3.2008 (Item V)	Agenda Minutes CB(2)2028/07-08(01)
Panel on Health Services	16.6.2008 (Item III)	Agenda Minutes
Panel on Health Services	3.3.2009 *	CB(2)1007/08-09(02)
Panel on Health Services	10.6.2009 (Item I)	Agenda Minutes CB(2)1924/08-09(01)
Panel on Health Services	13.7.2009 (Item III)	Agenda Minutes
Panel on Health Services	9.11.2009 (Item III)	Agenda Minutes CB(2)624/09-10(01)
Panel on Health Services	14.2.2011 (Item V)	Agenda Minutes CB(2)1175/10-11(01)

Joint meeting with Panel on Food Safety and Environmental Hygiene
* Issue date

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Legislative Council Secretariat
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