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Panel on Health Services

**Information note prepared by the Legislative Council Secretariat
for the meeting on 20 June 2016**

**Service for urgent testing for severe influenza cases
provided by the Hospital Authority**

According to the Centre for Health Protection, the winter influenza season 2016 lasted from late January to mid May 2016. Due to the predominance of influenza A(H1N1) in the season, persons of younger age were particularly affected. There were 24 cases of severe influenza-associated complication and three cases of influenza-associated death in children under the age of 18. For adults aged 18 or above, 403 cases of influenza-associated admission to the Intensive Care Unit or death (including 205 deaths) were recorded in this season. In view of an influenza-associated death case involving a child admitted to the Yan Chai Hospital in April 2016, there is concern among members of the public about the service provided by the Hospital Authority ("HA") for urgent influenza tests during night time (i.e. from 5:00 pm every day to 9:00 am of the following day).

2. At present, HA conducts routine influenza tests in its seven cluster laboratories during day time. Technical staff will process specimens in batches and test results are normally available within 24 hours. For urgent cases, laboratories will process individual specimens immediately and test results are available within eight to 12 hours. On 20 May 2016, HA announced that starting from 6 June 2016, two laboratories with 24 hours service in the Prince of Wales Hospital and Queen Mary Hospital would be designated to conduct urgent testing for severe influenza cases during night time.

3. At the Council meeting of 15 June 2016, Dr KWOK Ka-ki raised an oral question in relation to preparedness measures for influenza. On the service for urgent influenza tests during night time, concern was raised over the time required for the delivery of samples from public hospitals to the designated laboratories and the delivery of the test reports from the latter to the doctors

concerned. According to the Administration, the time required for conducting urgent influenza tests during night time was similar to that for handling urgent cases during day time. In both cases, tests could be completed with results available within eight to 12 hours. The actual processing time required might vary having regard to the complexity of the case (such as specimen collection process) and other external environmental factors. The relevant question and the Administration's reply are in the **Appendix**.

Council Business Division 2
Legislative Council Secretariat
16 June 2016

Press Releases

LCQ4: Preparedness measures for influenza

Following is a question by the Dr Hon Kwok Ka-ki and a reply by the Secretary for Food and Health, Dr Ko Wing-man, in the Legislative Council today (June 15):

Question:

In April this year, a boy infected with severe influenza was admitted to a public hospital at night, but he was not given a quick testing on influenza nor prescribed Tamiflu right away. The boy died of influenza-induced encephalitis within 24 hours after admission to the hospital. Upon review of the incident, the Hospital Authority (HA) has decided that, starting from this month, the laboratories of two designated public hospitals will provide quick influenza testing services during non-office hours for various public hospitals. Besides, some doctors have pointed out that the immunisation coverage rate of children in Hong Kong is relatively low among the developed regions, and infection preventive measures have yet to be put in place in the medical wards in public hospitals during peak seasons of influenza. Such situations may accelerate the spread of influenza. In this connection, will the Government inform this Council:

(1) whether it knows if HA has, upon implementation of the above new arrangements, compiled statistics on the respective average durations from the public hospital doctors deciding on arranging quick testing on influenza for patients at night-time to the samples concerned being delivered to the laboratories, and from the latter to the test reports being delivered to the doctors; how such average durations compare with those in respect of the process for similar tests at daytime;

(2) given that the bed occupancy rate in various public hospitals is extremely high (e.g. the bed occupancy rate of paediatric wards in Tuen Mun Hospital was about 140% early last month or even 300% at its peak, and during the last winter surge of influenza, the average bed occupancy rate of various medical wards was more than 110% and even exceeded 130% in some hospitals), whether it knows if HA has evaluated the probabilities of patients getting infectious diseases through cross-transmission when the wards are fully occupied; whether the Government has long-term measures to improve the situation of the wards in public hospitals being always fully occupied; if it does, of the measures; if not, the reasons for that; and

(3) given that the Government has indicated its intention to cover primary school students under the Childhood Influenza Vaccination Subsidy Scheme in the next financial year, of the relevant details and implementation timetable?

Reply:

President,

My reply to the question raised by the Dr Hon Kwok Ka-ki relating to influenza is as follows:

(1) The Hospital Authority (HA) conducts routine rapid influenza tests in its seven cluster laboratories. Technical staff will process specimens in batches and test results are normally available within 24 hours. For urgent cases, laboratories will process individual specimens immediately and test results are available within eight to 12 hours.

HA has, starting from June 6, 2016, arranged to conduct urgent influenza tests during night time (i.e. from 5pm every day to 9am of the following day) centrally at the Queen Mary Hospital and the Prince of Wales Hospital. The time required for conducting urgent influenza tests during night time is similar to that for handling urgent cases during day time. In both cases, tests can be completed with results available within eight to 12 hours.

The actual processing time required may vary having regard to the complexity of the case (such as specimen collection process) and other external environmental factors.

(2) During the period from January 1 to May 31, 2016, HA has received a total of four influenza outbreak reports at hospitals. So far, there is no conclusive scientific evidence showing that these four outbreaks are related to the congestion of hospital wards. Nor is there any scientific evidence showing the relationship between the congestion of hospital wards and the probability of cross-transmission among hospitalised patients.

Nevertheless, we agree that congested hospital wards are not an ideal environment to provide healthcare services. As such, the Government and HA have formulated short, medium and long-term plans to increase service capacity to cope with the demand growth due to the ageing population and the prevalence of seasonal influenza.

In this connection, the short and medium-term measures taken by HA include:

(a) Increasing the number of beds, manpower and service capacity

(i) providing 231 additional beds and continuing to recruit healthcare staff in 2016-17. It is projected that the number of full-time equivalent doctors, nurses and allied health professionals for the year will be increased by 145, 411 and 234 respectively as compared to 2015-16;

(ii) providing special honorarium and leave encashment and hiring temporary undergraduate nursing students with the support of the Auxiliary Medical Service, etc. to improve manpower situation;

(iii) expanding the services of general out-patient clinics (GOPCs) during long holidays;

(iv) enhancing the overall healthcare service capacity upon commissioning of the Tin Shui Wai Hospital and the Hong Kong Children's Hospital in phases after the expected completion of their construction this year and the next year respectively;

(b) Managing service demand in the community

(i) enhancing support for residential care homes for the elderly (RCHEs) so that simple cases can be handled outside hospitals through community geriatric assessment services, community nursing services and Visiting Medical Officer Scheme;

(ii) increasing the number of visits to the RCHEs and arranging early post-discharge visits for the elderly;

(c) Facilitating early discharge of patients

(i) expediting the transfer of patients in stable condition from acute to convalescent hospitals within cluster; and

(ii) increasing ward rounds by senior clinicians to enhance service capacity during weekends and public holidays.

In the long run, the Government has earmarked a dedicated provision of \$200 billion for HA to implement a hospital development plan for the next 10 years to enhance healthcare hardware facilities. Upon completion of the hospital and community health centre projects under the ten-year plan, about 5 000 extra beds, more than 90 additional operating theatres and additional annual capacity of around 410 000 GOPC attendances can be provided.

On the software side, the Government is conducting a strategic review of healthcare manpower planning and professional development in Hong Kong. The review aims to make recommendations that would better enable our society to meet the projected demand for healthcare professionals and to foster healthcare professional development. We expect that the review will be completed in the second half of 2016. The Government

will then publish the review report and consult stakeholders on the ways to take forward the recommendations accordingly. HA will adopt appropriate measures to support the implementation of recommendations made in the strategic review.

(3) The 2015-16 winter season just past was predominated by influenza A (H1N1) and influenza B viruses. In general, the two viruses affect mainly the younger age group. The surveillance data of the Centre for Health Protection (CHP) showed that children were more affected in this season, including the facts that the influenza-associated hospitalisation rate among children had been staying at a very high level, and most of the notified institutional influenza-like illness outbreaks occurred in primary schools and kindergartens/child care centres.

The Scientific Committee on Vaccine Preventable Diseases (SCVPD) under CHP held a meeting on May 25, 2016 to examine the latest local epidemiology of seasonal influenza in 2016-17, scientific evidence of seasonal influenza vaccines, recommendations of the World Health Organization as well as local vaccine coverage rates with a view to working out the list of priority groups for receiving seasonal influenza vaccination in 2016-17 season. SCVPD has recommended, among others, expanding the priority group of children from "the age of six months to less than six years" to "the age of six months to less than 12 years".

In view of the above, CHP is preparing to expand the Childhood Influenza Vaccination Subsidy Scheme to cover children from the age of six months to less than 12 years. Moreover, CHP is consulting and collecting views from representatives of local and international schools, school sponsoring bodies and medical sector with a view to exploring measures to further encourage children to receive seasonal influenza vaccination. We will announce the arrangements and implementation details of the scheme as soon as possible.

Ends/Wednesday, June 15, 2016

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