

For discussion  
on 19 March 2018

## **Legislative Council Panel on Health Services**

### **Response Measures for Seasonal Influenza**

#### **Purpose**

This paper briefs Members on the response measures of the Department of Health (DH) and the Hospital Authority (HA) on seasonal influenza, in particular the additional measures put in place by HA to alleviate the work pressure and manpower shortage in the winter surge with the additional one-off \$500 million government funding.

#### **Background**

2. We briefed the Panel on 20 November 2017 on the series of measures to tackle the expected winter surge in 2017-18. DH has been implementing a range of programmes at **Annex A** to combat influenza. HA has also been implementing the key strategies and related measures of its response plan for winter surge as outlined at **Annex B**.

#### **Seasonal Influenza Vaccination**

3. Vaccination is one of the effective means to prevent seasonal influenza and its complications, and can reduce the risks of influenza-associated hospitalisation and mortality. Hence, the Government has all along been encouraging the public to receive seasonal influenza vaccination as early as possible. It also provides subsidised or free seasonal influenza vaccination for eligible groups who are generally at a higher risk of severe complications or even death caused by influenza, or spreading the infection to those at high risk.

4. Before the launch of 2017-18 Government Vaccination Programme, DH contracted to purchase around 460 000 doses of seasonal influenza vaccines (SIVs), an increase of around 30 000 doses over the 2016-17 procurement. In the past months, there was a sudden upsurge of

demand for SIVs. DH liaised with suppliers and has procured over 44 000 additional doses of SIVs since January 2018. DH will continue to closely monitor the demand for influenza vaccine and procure extra vaccines as indicated.

5. On the supply of vaccines to the local private healthcare sector, DH has been closely in touch with the vaccine suppliers. Two vaccine suppliers have allocated and dispatched extra quantities of SIVs to the local private healthcare sector since February.

### **Service Demand Situation at Public Hospitals**

6. In January 2018, the monthly average of Accident & Emergency (A&E) first attendances and inpatient admissions to medical wards via Accident and Emergency Departments (AEDs) per day were 5 913 and 994 respectively. In January 2018, there were 13 days with daily number of inpatient admissions to medical wards via AEDs over 1 000. The high number of inpatient admissions has created immense pressure to wards in public hospitals. Besides, the monthly average of inpatient bed occupancy rate of medical, paediatrics and orthopaedics and traumatology specialties per day have reached 110%, 95% and 102% respectively. In comparison with the trend during winter surge in 2015-16 and 2016-17, the upsurge in service demand in 2017-18 arrived earlier in January.

### **Additional Alleviating Measures**

7. The Chief Executive announced on 30 January 2018 an additional one-off injection of \$500 million to HA for meeting the service demand and relieving manpower shortage during the winter surge. This one-off injection is intended to be deployed for implementing various targeted measures including the increase of healthcare manpower to meet the service demand during winter surge.

8. HA had taken various actions to formulate proposals and action plans on the additional resources, including engaging various staff groups, staff associations and stakeholder groups for views on additional alleviating measures. That included, among others, conducting nursing staff forum at every hospital cluster to engage frontline staff and collect

suggestions; and meeting with representatives of Association of Hong Kong Nursing Staff and Hong Kong Chinese Civil Servants' Association – Nurse Branch.

9. Taking into account views from various stakeholders, HA has been and will continue implementing the following additional measures from 12 February to 31 May 2018 to alleviate the manpower shortage and pressure, besides strengthening the response plan as outlined in **Annex B** -

- (a) extending the use of the Special Honorarium Scheme (SHS) to provide extra manpower of clerical and supporting staff to support healthcare staff so that the latter could focus more on clinical work;
- (b) further relaxing and streamlining the approval for SHS to a minimum operation need of one hour to meet increasing need on exceptional circumstances, which warrant greater flexibility in the use of SHS, to cover all grades of staff;
- (c) providing SHS at Advanced Practice Nurse level to work on night-shift duties at both acute general, convalescent and rehabilitation wards/services to enhance senior coverage and supervision to ward staff;
- (d) relaxing the criteria for implementation of Continuous Night Shift Scheme (CNSS) by suspending the required night shift frequency for triggering CNSS so as to increase flexibility in manpower deployment; and
- (e) as a very exceptional arrangement which is supported by policy steering and additional funding support from the Government, adjusting the rate of SHS allowance by a 10% increase as a special one-off arrangement for the aforementioned period to encourage more staff, including clerical staff, supporting staff, allied health professionals, doctors and nurses, to work during the surge period with significant anticipated increase in workload.

10. In addition, HA had increased the service quotas of the general out-patient clinics (GOPCs) by 1 000 during the period from 12 February

to 11 March 2018. The A&E Support Session Programme, which supported the handling of semi-urgent and non-urgent patients at AEDs, would also be further enhanced.

11. Overall, the estimated total expenditure for 2017-18 winter surge (December 2017 to May 2018) would increase from an initial provision of \$300 million to around \$900 million, inclusive of the additional alleviating measures as described in paragraphs 9 and 10 and the original response plan at **Annex B**. HA will make best use of the resources on hand to cope with the winter surge.

12. HA will continue to monitor the service statistics to implement appropriate measures under the response plan in a timely manner. To ensure proper use of the public funds, HA will monitor the implementation and utilisation of the various schemes. In particular, while SHS and CNSS will enable the hospitals to provide surge capacity and flexibility to address additional service needs, appropriate management control should be put in place.

#### Possible Summer Surge

13. According to the experience gained during the summer influenza season in 2017, the surge in service demand was closely related to the increase in influenza activity during the period. As such, HA will continue to closely liaise with DH to obtain the trend of influenza activity so as to make preparation and ensure early activation of relevant measures in the response plan at **Annex B** as required.

#### **Advice Sought**

14. Members are invited to note the content of the paper.

Food and Health Bureau  
Department of Health  
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## **DH's Strategy for Combatting Influenza**

### **Surveillance**

- (a) Operate a sentinel surveillance system to monitor influenza-like illness (ILI) through the support of a network of GOPCs, clinics of private general practitioners (GPs), AEDs, clinics of Chinese medicine practitioners (CMPs), elderly homes and child care centres. Specimens are be collected from ILI patients in sentinel GOPCs and GPs for detection and typing of influenza viruses.
- (b) Monitor admission rates and deaths with discharge diagnosis of influenza in public hospitals.
- (c) Set up a case-based reporting system to enhance surveillance for paediatric influenza-associated severe complications and deaths among paediatric patients aged below 18 years. DH will investigate each reported case and arrange risk communication.
- (d) Monitor laboratory confirmed influenza cases among patients aged 18 years or above who were admitted to intensive care unit or had died in the same hospital admission.
- (e) Conduct epidemiological investigation and implements control measures for reported institutional ILI outbreaks. DH provides post-exposure antiviral chemoprophylaxis to asymptomatic residents in residential care homes with confirmed influenza outbreaks if necessary.
- (f) Provide confirmatory testing for influenza to both public and private sectors, and perform typing and subtyping of influenza at the Public Health Laboratory Services Branch (PHLSB), which contributes laboratory data to the World Health Organization for monitoring global epidemiology of influenza.

- (g) Exchange with Guangdong and Macao health authorities (i) influenza surveillance data regularly and (ii) information on unusual patterns of infectious diseases on an ad-hoc basis.

### **Vaccination**

- (a) Implement since October 2017 the Government Vaccination Programme (GVP), the Vaccination Subsidy Scheme (VSS) and the Residential Care Home Vaccination Programme (RVP) to provide subsidised or free seasonal influenza vaccination (SIV) to eligible groups which are generally at a higher risk of severe complications or even death caused by influenza, or spreading the infection to those at high risk.

### **Infection Control**

- (a) HA and DH provide risk-based clinical management and infection control guidelines to healthcare providers, and enforce infection control policies in hospitals and clinics to reduce the spread of infectious diseases.
- (b) Provide and promulgate guidelines on infection control and prevention of communicable diseases for schools/ kindergartens/ kindergartens-cum-child care centres/ child care centres, residential care homes for the elderly and persons with disabilities.
- (c) Maintain supplies of personal protective equipment for healthcare staff.
- (d) Provide training on infection control to the community, Government departments and healthcare workers.

### **Treatment and Chemoprophylaxis**

- (a) Stockpile antiviral agents for the public sector for influenza pandemic.

## **Public Education, Publicity and Risk Communication**

- (a) Organise health education activities and provide health advice on influenza prevention, personal hygiene and environmental hygiene, targeting the general public as well as specific sectors of the community such as schools and residential care homes for the elderly.
- (b) Members of the public are encouraged to adopt preventive measures. Examples are as follows –
  - Receive seasonal influenza vaccination;
  - Observe good personal hygiene, such as keeping hands clean by washing hands properly and maintaining cough etiquette;
  - Pursue a healthy lifestyle to develop good body resistance;
  - Keep the environment clean, maintain good indoor ventilation, and avoid going to crowded or poorly ventilated public places when influenza is prevalent; and
  - Consult a doctor promptly and wear a mask if flu symptoms develop.
- (c) Keep members of the medical profession informed through e-mails, fax and post and issue letters to kindergartens, child care centres, primary and secondary schools as well as residential care homes for the elderly and the disabled to alert them about the latest influenza situation from time to time.
- (d) Publish influenza surveillance data at the website of the Centre for Health Protection every week. Data are also summarised in weekly on-line publication “Flu Express”. Moreover, timely alerts are issued via press releases and press conference as appropriate.

**HA's Key Strategies for Winter Surge**

- (a) Enhancing infection control measures;
- (b) Managing demand in community;
- (c) Gate-keeping to reduce avoidable hospitalisation;
- (d) Improving patient flow;
- (e) Optimising and augmenting buffer capacity;
- (f) Reprioritising core activities; and
- (g) Enhancing communication with the public.

**Major Measures of HA Response Plan for 2017-18 Winter Surge**

(for the period December 2017 to May 2018)

- (a) Increasing bed capacity through reserving resources for opening of around 700 time-limited beds and temporary beds;
- (b) Continuing the usual practice of recruitment of part-time and temporary staff; and setting up a Central Locum Office to allow flexible arrangement in recruiting part-time doctors to work in AEDs, Family Medicine Departments, and Medicine specialist out-patient clinics;
- (c) Utilising agency nurses and supporting staff;
- (d) Increasing flexibility of the SHS to make it applicable to extra sessions of two hours or above to encourage higher staff participation;
- (e) Encouraging healthcare staff to receive influenza vaccination, not only to protect the staff but also to reduce the risk of patients being infected;
- (f) Enhancing virology services to cover all patients with influenza-like illness symptoms to facilitate and expedite patient management decision;



- (g) Enhancing ward rounds of senior clinicians and related supporting services during evenings, weekends and public holidays to improve patient flow;
- (h) Enhancing discharge support (e.g. Non-Emergency Ambulance Transfer service, pharmacy and portering services) to shorten the waiting time of patients on discharge and in turn speed up allocation of the vacated beds to other patients;
- (i) Increasing the service quotas of GOPCs by a total of over 5 000 during Christmas, Chinese New Year and Easter holidays, and planning to increase the service capacity of GOPCs during the winter surge period to provide around 18 000 additional service quotas;
- (j) Providing geriatrics support to AEDs and continuing the A&E Support Session Programme; and
- (k) Enhancing collaboration with various government departments and external parties.