

立法會
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Panel on Health Services

**Background brief prepared by the Legislative Council Secretariat
for the meeting on 16 February 2015**

Measures for 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 measures for 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. Influenza A viruses can further be subtyped on the basis of two surface antigens: haemagglutinin (H) and neuraminidase (N). New subtype variants appear from time to time and at irregular intervals. Antigenic drifts (minor changes) of influenza viruses lead to the emergence of new viral strains every year. As such, reformulation of the influenza vaccine is required every year to cope with the mutation of viral strains.

3. Seasonal influenza affects large segments of the community and may lead to serious infections especially among certain at-risk populations. 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. In the last winter season in early 2014, 266 cases (including 133 fatal cases) and 27 cases (including four fatal cases) were filed among patients aged 18 years or above and patients under the age of 18 years respectively. A smaller summer peak is sometimes observed in July and August.

4. The Administration has taken a multi-pronged approach to prevent and control influenza outbreaks. The main components include (a) monitoring influenza activity in the community through the surveillance system of the Centre for Health Protection ("CHP"); (b) epidemiological investigations by CHP on institutional influenza-like-illness outbreaks; (c) launching seasonal influenza vaccination programmes every year to protect at-risk groups; (d) stepping up publicity campaigns to promulgate advice on personal health, environmental hygiene and infection control; (e) regular reviewing the latest scientific evidence in respect of seasonal influenza and influenza pandemic by the Scientific Committee of CHP; (f) maintaining close liaison with the World Health Organization ("WHO"), Mainland China, neighbouring and overseas health authorities to monitor influenza outbreaks and their evolution around the world; (g) enforcing port health measures in line with International Health Regulations; and (h) conducting periodically exercises to test the preparedness of the pandemic influenza contingency plans.

Deliberations of the Panel

5. The Panel discussed issues relating to the prevention and control of seasonal influenza at a number of meetings between 2005 and 2012. The deliberations and concerns of members are summarized in the following paragraphs.

Influenza vaccination

Effectiveness of vaccination

6. Concern was raised about the effectiveness of seasonal influenza vaccination and the best time to receive the vaccination. The Administration advised that seasonal influenza vaccination would be effective for preventing influenza throughout the influenza season. Influenza vaccination was required annually to provide effective protection as the prevailing strain of influenza viruses changed from time to time. Given that it would take a few weeks after vaccination for antibodies to develop in the body, it would be best to receive vaccination four weeks before the expected arrival of the influenza peak season.

Vaccination for children

7. 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 populations), 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").

8. 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.

9. 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 CHP would take into account information provided by 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 ("DH") 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. However, it could not be ruled out that SCVPD would recommend including these groups into the target groups in the future if there was new supporting scientific evidence.

10. 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 had first to be obtained before administering any vaccines to children.

Vaccination for older age groups

11. Members noted that free seasonal flu vaccines were provided under GVP to persons aged 50 years or above receiving CSSA. An Elderly Vaccination Subsidy Scheme ("EVSS") was put in place to subsidize the elder persons aged 65 years or above to receive influenza vaccination from enrolled private doctors. There was a suggestion that GVP should also cover persons between the age of 50 to 64 years who were not CSSA recipients, as overseas experience showed that adults, particularly those aged between 50 to 64 years, were at a higher risk for influenza-related complications during the 2009 influenza A(H1N1)

pandemic. The Administration advised that given finite public resources, it was considered more appropriate for GVP to cover only those under-privileged high-risk persons.

12. Concern was raised about the difficulties encountered by the elderly living in residential care homes, in particular those with mobility impairment, to receive vaccination from clinics or hospitals under DH or the Hospital Authority ("HA"). Members were advised that under the Residential Care Home Vaccination Programme, CHP organized outreaching immunization teams to enable eligible residents and staff of residential care homes for the elderly and the disabled to receive free vaccination in their institutions. It was expected that the vaccination rate for institutional elder persons would be about 80%.

Surge capacity of HA

13. Members were gravely concerned about the readiness of HA for the surge in hospital admission during the influenza peak season. According to HA, a total of 91 general acute beds and around 500 excess temporary medical, paediatric and convalescent beds would be opened in the 2012-2013 influenza surge to augment hospital capacity. The distribution and the opening of temporary beds among the public hospitals would depend on the actual demand in the influenza surge.

14. Members noted that manpower of HA would be augmented by special honorarium scheme, leave encashment and provision of undergraduate nurses and Auxiliary Medical Services staff to handle the possible surge in Accidents and Emergency Departments ("AEDs") attendances and hospital admissions. There was a suggestion of deploying community nurses to pressure wards to meet the rise in hospital admission.

15. 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 elderly patients in the community setting, the Administration considered it not appropriate to deploy community nurses to hospital settings.

Infection risk in healthcare setting

16. 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.

17. 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

18. 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. 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

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

20. 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. 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.

21. 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

22. Noting that the original Preparedness Plan for Pandemic Influenza ("the Preparedness Plan") was developed to face the challenge of pandemic caused by avian influenza virus, some members suggested that the Administration should formulate preparedness plans for different types of pandemic influenza in the longer term. Members were advised that the Government had updated the Preparedness Plan in 2012 having regard to the experience in recent years, including the human swine influenza pandemic in 2009. The updated Preparedness Plan defined the three response levels which represented different graded risk of the pandemic affecting Hong Kong and their health impacts on the community, i.e. Alert Response Level, Serious Response Level and Emergency Response Level, the corresponding command structures to be set up, and measures to be taken having regard to the development of the pandemic situation at each response level.

23. 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.

Recent developments

24. The 2014-2015 seasonal influenza vaccination under CIVSS and EVSS commenced on 6 October 2014, whereas that under GVP started on 3 November 2014. According to the Administration, the 2014-2015 winter influenza season arrived in late December 2014. The activity of seasonal influenza has continued to increase since then and is currently at a very high level, exceeding the peak levels observed in the past few years. The Serious Response Level under the Preparedness Plan has been activated on 27 December 2014.

25. According to WHO, after its recommendation of the influenza vaccine strains for the Northern Hemisphere 2014-2015 season in February 2014, an antigenically drifted H3N2 strain, from A/Texas/50/2012 (i.e. vaccine strain recommended by WHO for the Northern Hemisphere 2014-2015 season) to A/Switzerland/9715293/2013, has been observed. Locally, over 95% of the circulating H3N2 viruses also belonged to this drifted H3N2 strain. While the mismatch of the circulating and vaccine strain of H3N2 may reduce the vaccine effectiveness for H3N2, vaccination remained an important means to prevent seasonal influenza. Overseas data so far have shown that all A(H3N2) viruses detected in this season remained sensitive to the antivirals oseltamivir (Tamiflu) and zanamivir (Relenza).

26. From 2 January noon to 12 February 2015 noon, CHP recorded 256 cases of seasonal influenza-associated admission to intensive care unit for patients aged 18 years or above, including 173 fatal cases. Among these cases, 241 were influenza A(H3N2) cases, nine were influenza A pending subtype cases and six were influenza B cases. Separately, 14 cases of severe influenza-associated complications with no deaths were recorded among patients aged under 18 years during the same period. Among these cases, 13 were A(H3N2) and one was A pending subtype. The press release issued by CHP on 12 February on the up-to-date surveillance data in winter influenza season is in **Appendix I**. According to CHP, the weekly number of severe influenza cases recorded has already exceeded the highest weekly number of 33 cases recorded during influenza seasons since 2011.

27. On 27 December 2014, HA announced the activation of Serious Response Level in public hospitals to tie in with the Government's escalation of the response level of the Preparedness Plan from "Alert" to "Serious". Separately, HA announced on 6 February 2015 that it would issue daily service statistics relating to the number of AED first attendance and the occupancy rate of medical wards in public hospitals until 2 March 2015. The relevant statistics of 12 February 2015 is in **Appendix II**.

28. Three urgent oral questions in relation to seasonal influenza were raised at the Council meeting of 4 February 2015. The questions and the Administration's replies are in **Appendices III to V** respectively.

Relevant papers

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

Council Business Division 2
Legislative Council Secretariat
13 February 2015



12 February 2015

Latest update of surveillance data in winter influenza season

The Centre for Health Protection (CHP) of the Department of Health today (February 12) reported the latest surveillance data of the winter influenza season, and again urged the public to heighten vigilance and get vaccinated early against seasonal influenza.

Regarding severe cases, from noon yesterday (February 11) to noon today, nine additional cases of influenza-associated admission to intensive care units or death (including eight deaths) among adults aged 18 or above have been recorded under the enhanced surveillance in collaboration with public and private hospitals reactivated since January 2. This brings the total number to 256 (173 deaths) so far. Apart from the eight deaths among newly reported cases, there was one additional death in the past 24 hours among previously reported cases requiring intensive care unit admission. Among all cases, 241 were A(H3N2), six were B and nine were A pending subtype. In the last winter season in early 2014, 266 (133 deaths) were filed.

Meanwhile, three additional cases of severe paediatric influenza-associated complication or death among children aged under 18 have been reported since yesterday via the ongoing reporting system. This brings the total number of cases this year to 14 (no deaths). Among these cases, 13 were A(H3N2) and one was A pending subtype. In 2014, 27 (four deaths) were filed.

The public should maintain good personal and environmental hygiene against influenza and other respiratory illnesses:

- * Receive seasonal influenza vaccination for personal protection;
- * Wash hands with liquid soap and water properly whenever possibly contaminated;
- * When hands are not visibly soiled, clean them with 70 to 80 per cent alcohol-based handrub;
- * Cover the nose and mouth when sneezing or coughing, and wash hands thoroughly afterwards;
- * Dispose of soiled tissue paper properly in a lidded rubbish bin;
- * Put on a surgical mask when respiratory symptoms develop;
- * Maintain good indoor ventilation;
- * When influenza is prevalent, avoid going to crowded or poorly ventilated public places; high-risk individuals may consider putting on surgical masks when staying in such places; and
- * Maintain a balanced diet, exercise regularly, take adequate rest, do not smoke and avoid overstress.

The public may visit the CHP's pages below for more information:

- * The influenza page (www.chp.gov.hk/en/view_content/14843.html);
- * The weekly Flu Express report (www.chp.gov.hk/en/view_content/2108.html);
- * The update on severe seasonal influenza cases (www.chp.gov.hk/files/pdf/flu_update_en.pdf);
- * The vaccination schemes page (www.chp.gov.hk/en/view_content/17980.html);
- * The list of participating doctors (www.chp.gov.hk/en/view_content/34664.html);
- * The Facebook Page (fb.com/CentreforHealthProtection); and
- * The YouTube Channel (youtube.com/c/ChpGovHkChannel).

Ends/Thursday, February 12, 2015

Public Hospitals Key Statistics during Winter Surge
公立醫院冬季服務高峰期重點服務數據

Highlights of activities covering 00:00-23:59 on 12 February 2015 are set out below:

二〇一五年二月十二日 0 時 0 分至 23 時 59 分的重點數據如下:

Cluster 醫院聯網	Hospital 醫院	No. of A&E first attendance per day 急症室每天 首次求診數字	No. of inpatient admission to MED via A&E per day 經急症室入內科 每天數字	Medical inpatient bed occupancy rate at midnight 內科住院病床 於午夜時的佔用率
HA Overall 醫院管理局公立急症醫院		* 5788	# 947	104%
Hong Kong East 港島東	Pamela Youde Nethersole Eastern Hospital 東區尤德夫人那打素醫院	375	65	93%
	Ruttonjee & Tang Shiu Kin Hospitals 律敦治及鄧肇堅醫院	223	45	101%
Hong Kong West 港島西	Queen Mary Hospital 瑪麗醫院	344	72	101%
Kowloon Central 九龍中	Queen Elizabeth Hospital 伊利沙伯醫院	524	100	117%
Kowloon East 九龍東	Tseung Kwan O Hospital 將軍澳醫院	372	50	106%
	United Christian Hospital 基督教聯合醫院	502	100	109%
Kowloon West 九龍西	Caritas Medical Centre 明愛醫院	347	65	103%
	Kwong Wah Hospital 廣華醫院	333	66	95%
	[^] North Lantau Hospital 北大嶼山醫院	259	—	—
	Princess Margaret Hospital 瑪嘉烈醫院	340	70	107%
	Yan Chai Hospital 仁濟醫院	324	57	104%
New Territories East 新界東	Alice Ho Miu Ling Nethersole Hospital 雅麗氏何妙齡那打素醫院	366	26	94%
	North District Hospital 北區醫院	290	34	95%
	Prince of Wales Hospital 威爾斯親王醫院	375	73	106%
New Territories West 新界西	Pok Oi Hospital 博愛醫院	320	35	111%
	Tuen Mun Hospital 屯門醫院	494	89	104%

Note: Above figures are provisional and subject to further update
註：上述為臨時數字，日後可能有所更新

Issued by Hospital Authority on 13 February 2015
醫院管理局於二〇一五年二月十三日發布

* During non-surge period, the no. of A&E first attendance per day of HA overall is around 5,800 (Reference period is 2Q & 4Q 2011)

醫院管理局於非服務高峰期，整體急症室每天首次求診數字約為 5,800 (參考時期為二〇一一年第二及四季)

During non-surge period, the no. of inpatient admission to MED via A&E per day of HA overall is around 750 (Reference period is 2Q & 4Q 2011)

醫院管理局於非服務高峰期，整體經急症室入內科每天數字約為 750 (參考時期為二〇一一年第二及四季)

[^] There is currently no acute medical ward in North Lantau Hospital
北大嶼山醫院暫時不設急症內科病房

Press Releases *4 February 2015*

LC Urgent Q1: Winter influenza peak season

Following is an urgent question by the Dr Hon Kwok Ka-ki under Rule 24(4) of the Rules of Procedure and a reply by the Secretary for Food and Health, Dr Ko Wing-man, in the Legislative Council today (February 4):

Question:

It has been reported that the influenza epidemic in Hong Kong since the onset of the winter influenza season at the end of last year has been more severe than previous years. As of the end of last month, there were already 81 influenza-associated deaths and one of the deceased was a young person aged only 38. However, some members of the public have pointed out that they are unable to obtain the latest information on the epidemic on a daily basis through government channels at present and the ineffective flow of epidemic-related information is not conducive to containing the epidemic. In this connection, will the Government inform this Council:

(1) whether the Government will immediately strengthen the existing work relating to the dissemination of information on the influenza epidemic, including daily publication of information on the situation of various relevant target services provided by public hospitals and data on the influenza epidemic (including the number of influenza-associated hospitalisations that require admission to the intensive care units and the number of deaths, etc.) through press releases and government web sites during the peak of the influenza season;

(2) given that the vaccine targeting the H3N2 Switzerland influenza strain will only be available in sufficient numbers in March or April this year, whether the authorities have put in place immediate measures to ensure that prior to the supply of the vaccine in sufficient numbers, there are sufficient resources in public hospitals (such as the general wards, accident and emergency departments, infectious disease wards, intensive care units, extracorporeal membrane oxygenation machines, etc.) to cope with a major outbreak of influenza; if so, of the details of the various measures and the manpower and other resources involved; if not, whether they will immediately formulate such measures; and

(3) whether it has formulated other contingency measures for coping with a major outbreak of influenza, such as the introduction of preventive measures at community level, the formulation of clinical and medication guidelines for treating influenza patients and the implementation of class suspension arrangements at schools, etc.; if so, of the details of such measures; if not, whether it will immediately formulate such measures?

Reply:

President,

Hong Kong usually experiences two influenza peak seasons every year - one between January and March and the other in July

and August. The 2014/15 winter influenza season arrived in late December 2014. The activity of seasonal influenza has continued to increase since then and rapidly reached a high level in mid to end of January.

The Centre for Health Protection (CHP) closely monitors influenza activity in the community through its surveillance systems covering childcare centres, residential care homes for the elderly, the Hospital Authority (HA)'s out-patient clinics and Accident and Emergency Departments, and clinics of private practitioners and Chinese medicine practitioners. Besides, CHP monitors the positive influenza detections among respiratory specimens received by its Public Health Laboratory Services Branch.

To monitor the severity of admitted influenza cases, the CHP, in collaboration with the HA and private hospitals, has been operating an enhanced surveillance system during influenza seasons. From noon January 2, 2015 to noon February 3, 2015, the CHP recorded 178 intensive care unit (ICU) admissions or deaths (including 111 deaths) with laboratory diagnosis of influenza for patients aged 18 years or above. 163 cases were influenza A (H3N2), five were influenza B and 10 were influenza A pending subtype. Among the cases mentioned above, 147 cases (82.6%) and 101 deaths (91.0%) involved elderly persons aged 65 or above. Separately, 11 paediatric cases of severe influenza associated complications with no deaths were recorded in the same period, amongst which 10 were influenza A(H3N2) and one was influenza A pending subtype. Among the severe cases reported in this season, about 85% so far were known to have underlying chronic illnesses.

According to the World Health Organization (WHO), an antigenically drifted H3N2 strain, from A/Texas/50/2012 (i.e. vaccine strain recommended by the WHO for the Northern Hemisphere 2014/15 season) to A/Switzerland/9715293/2013, has been observed. Locally, over 95% of the circulating H3N2 viruses also belonged to this drifted H3N2 strain. The mismatch of the circulating and vaccine strain of H3N2 may reduce the vaccine effectiveness for H3N2, but it is expected that the seasonal influenza vaccines would afford a certain degree of cross-protection against different but related strains, and also reduce the likelihood of severe outcomes such as hospitalisations and deaths, particularly for high-risk groups. As such, vaccination remains one of the important means to prevent influenza.

Against the above background, my reply to the three parts of the question is as follows:

(1) The CHP is transparent and timely in the dissemination of information. Influenza surveillance data are uploaded to the CHP website every week (www.chp.gov.hk/en/view_content/14843.html). Such data are also summarised in the weekly on-line publication 'Flu Express' (www.chp.gov.hk/en/guideline1_year/29/134/441/304.html).

Moreover, timely alerts are issued via press releases. For this influenza season, more than 20 press releases have been issued regarding surveillance data, outbreaks and severe paediatric influenza associated infections since the end of December 2014. Since February 2, the CHP has further stepped up information dissemination by providing daily update on the latest situation of severe influenza cases on the CHP website.

Furthermore, the CHP has issued notices to doctors,

hospitals, 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.

(2) HA has already drawn up an overall response plan before the start of the surge in service demand during influenza season, and has been closely monitoring the service provision situation. In response to the surge in service demand since January 2015, HA and different clusters have deliberated and devised further response measures.

On hospital beds, to meet the continuously increasing service demand, HA has opened 205 additional beds in 2014-15, and will open 250 additional beds in 2015-16. To further increase the service capacity to cope with the influenza season, HA has opened a total of 282 additional beds on a time limited basis for 6 months from December 2014 during the influenza period. Since the demand for inpatient service has increased sharply in the past month, there have been insufficient beds in medical wards. Various clusters have, with regard to the actual demand and manpower situation, further augmented capacity through deploying beds among specialties and adding temporary beds in the existing medical wards as far as possible. If service demand rises further, HA will consider reducing non-urgent surgery to reserve beds and manpower to deal with the needs of seasonal influenza patients. Nevertheless, cancer surgery, urgent heart surgery and surgery involving body parts and important organs will not be affected.

To relieve pressure on A&E, HA had increased the quota for general outpatient clinics (GOPC) by 560 during Christmas in 2014 and will further increase the GOPC quota by 1,486 in the Chinese New Year. The above additional quota represents an increase of 14% and 30% of service capacity in the respective period.

As for infection control, HA has recommended the wearing of surgical masks by all healthcare workers and visitors upon entering the patient care area during the influenza peak period. HA has also put in place standard and droplet precaution measures for patients with influenza symptoms to prevent the spread of diseases in hospitals. HA has urged healthcare workers, patients and visitors to strengthen the hand hygiene, and to promote influenza vaccination to healthcare workers and eligible patient groups. Each cluster will arrange Vaccination Mobilisation Teams to provide influenza vaccines to staff at their workplace and at a time that is convenient to them. HA has also established a referral mechanism in 2014-15 to encourage eligible inpatient to have vaccine injection in outpatient clinics after discharge.

(3) Regarding prevention and control measures in the community, the CHP has produced a variety of health education materials on the prevention of influenza including a thematic web page, television and radio announcements in public interests (APIs), guidelines, pamphlets, posters, booklets, FAQs and exhibition boards. Various publicity and health education channels e.g. websites, television and radio stations, health education hotline, newspapers and media interviews have been deployed for promulgation of health advice. The CHP has also widely distributed the health education materials in public and private housing estates, health care settings, schools and non-governmental organisations, etc. The main message is to advise the public to maintain good personal and environmental hygiene

against influenza, such as putting on a surgical mask when respiratory symptoms develop to avoid spreading the infections to others; avoid going to crowded or poorly ventilated public places when influenza is prevalent, and high-risk groups should consider wearing a surgical mask especially when staying in crowded places.

Moreover, the CHP keeps the stakeholders updated of the latest influenza activity and preventive measures, and solicits their co-ordination and support to strengthen the related health messages.

Regarding institutional and school outbreaks of influenza-like illness (ILI), the CHP conducts prompt epidemiological investigations, implements necessary public health control measures and provides appropriate health advice to the institutions concerned. Following field investigations, the CHP continues to closely monitor the institutions to ascertain that the outbreak of ILI is under control.

There are a spectrum of public health measures that are effective in controlling influenza transmission. The Government will consider a host of factors, such as the type of virus and the ability of the virus to cause disease, the sick leave rate, hospitalisation rate, number of affected persons with severe infection, etc., in considering the most appropriate public health measures to be deployed. The CHP will base on the situation of seasonal influenza outbreak in individual schools and institutions, such as the incident rate, number of affected persons with severe infection, etc., to adopt different response measures and provide advices to the institutions. The CHP will closely monitor the latest situations to consider whether there is a need to implement class suspension arrangements at schools.

Ends/Wednesday, February 4, 2015
Issued at HKT 19:17

NNNN

Press Releases 4 February 2015

LC Urgent Q2: Seasonal influenza vaccines

Following is an urgent question by the Hon Cyd Ho under Rule 24(4) of the Rules of Procedure and a reply by the Secretary for Food and Health, Dr Ko Wing-man, in the Legislative Council today (February 4):

Question:

Since the beginning of 2015, influenza has been rampant in Hong Kong, with 122 cases of influenza associated admissions to intensive care units or death in January, in which 64 were fatal. The severity of the epidemic sets to rival that of the Severe Acute Respiratory Syndrome outbreak in 2003. The Secretary for Food and Health said a few days ago that the vaccine this year had had a lower protection rate, while the vaccine targeting the H3N2 Switzerland influenza strain would be available in sufficient numbers only by March and April this year the earliest. Given the warning by Professor Yuen Kwok-yung, Chair Professor of the Department of Microbiology of the University of Hong Kong, that the influenza virus has undergone reassortment, will the Government inform this Council of the immediate measures in place or solutions available to cope with the situation in which the aforesaid newly produced vaccine becomes ineffective due to a new round of reassortment of the virus, so as to ensure that there will be a sufficient supply of effective vaccine for public vaccination at that time?

Reply:

President,

Hong Kong usually experiences two influenza peak seasons every year - one between January and March and the other in July and August. The winter influenza season arrived in late December 2014.

According to the World Health Organization (WHO), an antigenically drifted H3N2 strain, from A/Texas/50/2012 to A/Switzerland/9715293/2013, has been observed. Locally, over 95% of the circulating H3N2 viruses also belonged to A/Switzerland/9715293/2013 strain. The mismatch of the circulating and vaccine strain of H3N2 may reduce the vaccine effectiveness of protection of vaccine for H3N2 recommended by WHO, but it is expected that the seasonal influenza vaccines would afford a certain degree of cross-protection against different but related strains, and also reduce the likelihood of severe outcomes such as hospitalisations and deaths, particularly for high-risk groups. As such, vaccination remains an important means to prevent influenza. Hence, we still advise the public especially the high-risk groups to consider receiving vaccination as soon as possible although the protection of this year's influenza vaccine is comparatively low.

As regards the vaccine against Switzerland type H3N2 seasonal influenza, our preliminary understanding is that the earliest timing for sizable production is around March to April. The Administration will continue to closely monitor the production situation of these vaccines and examine whether their supply would be available within this influenza season.

Ends/Wednesday, February 4, 2015
Issued at HKT 18:17

NNNN

Press Releases *4 February 2015*

LC Urgent Q3: Prevention measures of influenza

Following is an urgent question by the Hon Andrew Leung under Rule 24(4) of the Rules of Procedure and a reply by the Secretary for Food and Health, Dr Ko Wing-man, in the Legislative Council today (February 4):

Question:

Seasonal influenza is raging in Hong Kong, resulting in a death toll of dozens in a month, including some young and healthy people. It has been reported that there have been successive institutional outbreaks of influenza in a number of schools, and the medical wards of public hospitals are grossly overloaded amid a worsening trend of rampant influenza epidemic. Given the lower protection rate of the influenza vaccine being used this year and the new vaccine is expected to be available in sufficient numbers only by March or April, will the Government inform this Council of the immediate measures in place to prevent influenza from spreading in densely populated places (such as immigration control points before and after the Lunar New Year) and in institutions?

Reply:

President,

The Centre for Health Protection (CHP) closely monitors influenza activity in the community through its surveillance systems covering childcare centres, residential care homes for the elderly, the Hospital Authority's out-patient clinics and Accident and Emergency Departments, and clinics of private practitioners and Chinese medicine practitioners. Besides, CHP monitors the positive influenza detections among respiratory specimens received by its Public Health Laboratory Services Branch.

Regarding prevention and control measures in the community, the CHP has produced a variety of publicity materials on the prevention of influenza to disseminate to the public through channels of television, radio and printed media. Various publicity and health education channels e.g. websites and health education hotline have also been deployed for promulgation of health advice. The CHP has also widely distributed the health education materials in public and private housing estates, health care settings, schools, non-governmental organisations, etc. The main message which is so important that I need to reiterate is to advise the public to maintain healthy lifestyle, good personal and environmental hygiene. People should put on a surgical mask when respiratory symptoms develop to avoid spreading the infections to others. Members of the public are advised to avoid going to crowded or poorly ventilated public places when influenza is prevalent. Over the past few days, I repeatedly reminded low immunity high risk groups, such as chronic patients to consider wearing a surgical mask especially when staying in these places.

Moreover, the CHP will maintain close liaison with the stakeholder and keep them updated of the latest developments of

influenza.

For port health measures and public education efforts at boundary control points (BCPs), the Department of Health (DH) has already reminded relevant departments to regularly inspect and replenish the alcohol-based handrub at BCPs. Moreover, the DH has been carrying out health screening at different BCPs, and patients will be transferred to medical institutions for follow-up if their cases fall within the reporting criteria of suspected infectious diseases including influenza. Through press releases and announcements, the DH advises travellers who come from affected areas to Hong Kong to wear a surgical mask and seek medical examination if they present symptoms of respiratory diseases. They should also inform the doctors of their travel and contact history.

As regards institutional and school outbreaks of influenza, the CHP requires the institutions and schools to report to the CHP if there is any outbreak involving a certain number of cases. The CHP will then conduct prompt epidemiological investigations, implement necessary public health control measures and provide appropriate health advice to the institutions or schools concerned. Following field investigations, the CHP will continue to closely monitor the institutions or schools to ascertain that the outbreak of influenza is under control on the following few days.

Ends/Wednesday, February 4, 2015
Issued at HKT 17:51

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**Relevant papers on the measures for the
prevention and control of seasonal influenza**

Committee	Date of meeting	Paper
Panel on Health Services and Panel on Food Safety and Environmental Hygiene	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)
Panel on Health Services	17.12.2012 (Item V)	Agenda Minutes CB(2)458/12-13(01)

* Issue date