For discussion
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Legislative Council Panel on Health Services

Preparation by the Government to Tackle Influenza Winter Surge

Purpose

This paper outlines the preparatory work carried out by the Government to tackle influenza winter surge.

Background

2. The period from December to April next year is generally considered the peak season for the outbreak of influenza. For the past few years, the daily average number of first attendances at Accident & Emergency (A&E) department and the daily admission via the A&E department to medical, orthopaedics and paediactrics wards during the peak seasons were noticeably higher than those during non-peak seasons. For example, the number of inpatient admission to medical wards via A&E departments during the influenza surge period from late 2015 to early 2016 was 13% higher than which during non-surge period. Service demand mainly came from groups with a higher risk for influenza complications, such as children, the elderly and patients with chronic diseases.

Preparation to Tackle Influenza Surge

3. To tackle the expected influenza surge, the Government will implement a series of measures as detailed in the ensuing paragraphs.

Measures Taken by the Department of Health

4. Vaccination is one of the effective means to prevent seasonal influenza and its complications. It also reduces the risks of flu-induced in-patient admission and mortality. Hence, the Government has all along been encouraging the public to receive vaccination as early as possible. It also

provides subsidised or free seasonal influenza vaccination 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. In this connection, the Vaccination Subsidy Scheme (VSS) and the Government Vaccination Programme (GVP) 2016/17 were launched on 20 October 2016 and 3 November 2016 respectively.

5. The Government has expanded the coverage of free or subsidised seasonal influenza vaccination in 2016/17. As pregnant women are one of the nine priority groups recommended by the Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the Centre for Health Protection (CHP), apart from continuing to provide free seasonal influenza vaccination to pregnant women receiving Comprehensive Social Security Assistance or holding valid Certificate for Waiver of Medical Charges issued by the Social Welfare Department under the GVP, the Government will also provide subsidised seasonal influenza vaccination for all other pregnant women under the VSS. Moreover, on top of the nine priority groups recommended by the SCVPD, the Government will expand the VSS and GVP to provide free or subsidised influenza vaccination for children aged 6 to under 12 and persons receiving Disability Allowance. In addition, with a view to improving the coverage, the subsidy provided by the Government has been increased to $190 per dose of seasonal influenza vaccine since 2016/17. The scope of VSS and GVP 2016/17 is set out in **Annex 1**.

6. Apart from clinics, enrolled private doctors in the VSS can also organise outreach vaccination activities in primary schools to make it more convenient for students to get vaccinated for better protection before the influenza season arrives. In this regard, the CHP has already arranged briefings for schools and doctors on points to note for provision of outreach vaccination service. Guidelines on Vaccination at Non-clinic Settings have been uploaded to the CHP's website for enrolled doctors' reference. To date, the CHP received around 200 notifications of outreach vaccination activities, including outreach vaccination activities in 45 primary schools. Around 100 private doctors have indicated their interest in providing outreach vaccination service. The relevant list of doctors is available on the CHP's website for easy reference.

7. As for the elderly, the Elderly Health Service (EHS) has deployed its Visiting Health Teams to conduct health promotion activities for influenza

prevention for the elderly in the community, as well as those living in residential care settings and their carers. It also provides infection control training for staff of elderly care facilities. During the implementation of the influenza vaccination programmes each year, the EHS will enhance its efforts in promoting influenza prevention, which include encouraging the elderly in the community and members of Elderly Health Centres to receive influenza vaccination.

8. The CHP has been closely monitoring influenza activity in the community through a series of surveillance systems involving childcare centres, residential care home for the elderly, clinics and A&E departments of the Hospital Authority (HA), clinics of private practitioners and clinics of Chinese medicine practitioners. Regarding the monitoring of in-patients with influenza cases, the CHP has conducted routine surveillance of influenza-associated cases with severe complications or death among paediatric patients aged below 18. For adults, the CHP has collaborated with the HA and private hospitals to operate an enhanced surveillance system during influenza seasons since 2011 for monitoring severe influenza cases i.e. admissions to Intensive Care Units or death. The CHP also monitors the positive influenza detections among respiratory specimens received by its Public Health Laboratory Services Branch, and performs characterisation of antigenic/genetic changes, including susceptibility to antiviral agents. The CHP will continue to carry out the above work.

9. On publicity and health education, the CHP will promote influenza vaccination to the public, in particular the new target groups, through a series of publicity activities. It will also remind the public to pay attention to personal and environmental hygiene, and to stay vigilant against influenza. A variety of health education materials on the prevention of influenza, including a thematic webpage, television and radio announcements of public interests, guidelines, pamphlets, posters, booklets, frequently asked questions and exhibition boards, has been produced. Various publicity and health education channels like websites, Facebook pages, YouTube channels, 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 relevant health education materials to public and private housing estates, healthcare institutions, schools and non-governmental organisations (NGOs).

10. The CHP disseminates information in a transparent and timely manner to ensure that the most up-to-date information is made available to the public. Influenza surveillance data are uploaded to the CHP's website every week and summarised in the weekly on-line publication "Flu Express".

11. At the same time, the CHP maintains close liaison with the World Health Organization, the National Health and Family Planning Commission, and the health authorities respectively of the Mainland, Macao and neighbouring and overseas countries to monitor influenza activities and their evolution around the world. It also keeps relevant stakeholders (including bureaux and government departments, District Councils, Healthy Cities Projects and NGOs) updated of the latest influenza activity and preventive measures, and solicits their collaboration and support to strengthen promulgation of related health messages.

Measures Taken by the Hospital Authority

12. To cope with the continuous and dramatic increase in service demand that may happen during the seasonal peak of influenza, the HA started to make preparation in August this year. It has drawn up a series of measures (details set out at **Annex 2**) to address the increase in service demand during the winter influenza season.

13. To further enhance service capacity, the HA will open 231 new beds and recruit more healthcare staff in 2016-17. It is projected that there will be an annual increase of 158(2.8%) doctors, 372(1.5%) nurses and 216(3.0%) allied health professionals as compared with 2015-16.

14. In light of the experience gained in meeting rising service demand for winter surge, the HA will focus on the following measures this year:

(a) Reserving resources to build up capacity for opening of over 500 temporary beds during the winter surge period to meet the possible upsurge in service demand;

(b) Encouraging healthcare staff to receive influenza vaccination. This will not only protect the staff but also reduce the risk of patients being infected. To this end, hospitals in various clusters have, apart from carrying out internal publicity and promotional activities, made arrangements, such as mobile vaccination teams, to facilitate staff

vaccination. Staff may also make an appointment with the eight staff clinics of the HA for vaccination;

(c) Enhancing collaboration between the geriatrics team and the A&E department, for example, geriatrics team will provide early assessment and treatment for patients at the A&E department in order to enhance the capability of the A&E department to handle elderly cases, thereby reducing unnecessary hospitalisation and facilitating timely referrals of patients to the most appropriate caring settings, such as non-acute hospitals or elderly homes;

(d) Enhancing virology service at weekends and on public holidays to facilitate and expedite patient management decision;

(e) Increasing ward rounds by senior doctors during evenings, weekends and public holidays as well as enhancing the capacity of related supporting services (including radiological and physiotherapy services) to improve patient flow;

(f) Strengthening non-emergency ambulance transfer service, dispensary service and portering service to shorten the waiting time for patients on discharge so that their hospital beds can be allocated to other patients at the earliest possible time;

(g) Increasing the service quotas of general out-patient clinics (GOPCs) by a total of around 5 000 (or over 30%) during Christmas, Chinese New Year and Easter holidays. In addition, the HA plans to increase the service capacity of GOPCs during the winter surge period and provide around 18 000 additional service quotas.

15. To enable the public to have a clearer understanding of the details and measures for winter surge, the HA will introduce a series of initiatives to communicate with the public, including:

(a) Holding press conferences to inform the public of the service demand of the HA and its response plan;

(b) Providing information about the waiting time for A&E service and the relevant service statistics on the HA's website, the HA Touch

mobile application and the HA A&E departments for public reference;

(c) Appealing to the public and carrying out publicity through television, radio, newspapers and magazines.

Moreover, the HA has already appealed to private practitioners via the Hong Kong Medical Association (HKMA) to open their clinics during long holidays and extend their daily clinic hours. The relevant information is displayed on the HKMA's website which will as well be linked to the HA website for public reference.

16. To provide timely treatment for patients through effective use of hospital beds and improvement of patient flow, the HA will enhance monitoring of the admission and discharge process of hospitals, including the inpatient admission statistics, the number of discharges and transfers during weekends and holidays, and the average length of stay of all acute and convalescent hospitals. In addition, if there is long waiting time at the A&E department for inpatient admission, the HA system will notify respective Hospital Chief Executive in a timely manner to facilitate early management.

17. Besides, individual hospitals may consider providing drug refill as prescribed by doctors for clinically stable patients in medical specialist out-patient clinics. This would allow doctors to deploy more time on in-patient care.

18. The HA will closely monitor the daily service statistics of all acute hospitals, including the number of first attendances at the A&E department, the number of inpatient admissions to medical wards via the A&E department and the inpatient bed occupancy rate starting from December this year, so as to take measures where appropriate.

Long-term Planning in Response to Increasing Demand for Healthcare Services

19. The elderly population aged 65 or above stands at approximately 1.07 million, representing about 15% of the overall population in Hong Kong[1]. The elderly population generally has a greater demand for healthcare services than other age groups. To cater for the increasing demand arising from the ageing population, the Government has earmarked a dedicated provision of $200 billion for the HA to plan the hospital development programme of the next ten years in longer term and with greater flexibility. The construction of the Tin Shui Wai Hospital and the Hong Kong Children's Hospital is expected to be completed in 2016 and 2017 respectively. Upon completion of the various hospital and community health centre projects under the ten-year plan, we expect there will be an additional provision of about 5 000 beds, over 90 operation theatres and 410 000 annual GOPC service quotas to meet the public demand.

Advice Sought

20. Members are invited to note the contents of this paper.

Food and Health Bureau
Hospital Authority
Department of Health
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[1] The figure was based on the latest estimation by the Census and Statistics Department in 2014.

Annex 1

Eligible groups of Vaccination Subsidy Scheme (VSS)

Priority groups recommended by Scientific Committee on Vaccine Preventable Diseases	Eligible groups of VSS in 2016/17 (subsidy of $190 per dose of vaccine)
1. Pregnant women	All pregnant women
2. Children from 6 months to under 12 years old	All children from 6 months to under 12 years old
3. Persons with chronic medical problems #	Persons with intellectual disabilities and persons receiving Disability Allowance living in the community
4. Persons aged 50 or above	All elders aged 65 or above

Persons with chronic medical problems mainly refer to those with chronic cardiovascular (except hypertension without complication) or lung, metabolic or kidney diseases; the obese (with Body Mass Index 30 or above); the immune-compromised (i.e. with weakened immune system due to diseases such as Human Immunodeficiency Virus infection or Acquired Immune Deficiency Syndrome, or treatment such as cancer treatment); children and adolescents (from 6 months to 18 years old) on long-term aspirin therapy; and those with chronic neurological conditions that can compromise respiratory functions or the handling of respiratory secretions, or increase the risk for aspiration, or those who lack the ability to take care of themselves.

Eligible groups of the Government Vaccination Programme (GVP)

Priority groups recommended by Scientific Committee on Vaccine Preventable Diseases	**Eligible groups of the GVP in 2016/17 (free vaccination)**
1. Pregnant women	Pregnant women who are Comprehensive Social Security Assistance (CSSA) recipients or valid Certificate for Waiver of Medical Charges (Certificate)* holders
2. Children from 6 months to under 12 years old	Children from 6 months to under 12 years old from families receiving CSSA or holding valid Certificate*
3. Persons with chronic medical problems#	● **Persons with intellectual disabilities:** clients of Hospital Authority (HA), Department of Health (DH) clinics, day centres, sheltered workshops or special schools ● **Persons receiving Disability Allowance:** clients of HA and DH clinics ● **Aged under 65, attending public clinics:** CSSA recipients or valid Certificate* holders with chronic medical problems# ● **In-patients of HA:** hospitalised patients (including paediatric patients) with chronic medical problems#, those in infirmary, psycho-geriatric, mentally ill or mentally handicapped units/wards ● **Paediatric out-patients:** with chronic medical problems# or on long-term aspirin
4. Persons aged 50 or above	Community-living persons aged: ● **50 to under 65:** CSSA recipients or valid Certificate* holders ● **65 or above:** all elders
5. Elderly persons living in residential care homes	Residents of residential care homes for the elderly (RCHEs)
6. Long-stay residents of institutions for persons with disabilities	Residents of residential care homes for persons with disabilities (RCHDs)
7. Healthcare workers	Healthcare workers of DH, HA, RCHEs, RCHDs or other Government departments

8. Poultry workers	Poultry workers or workers who may be involved in poultry-culling operations
9. Pig farmers or pig-slaughtering industry personnel	Pig farmers or pig-slaughtering industry personnel

* **Certificate for Waiver of Medical Charges** is applicable to Hong Kong residents of the above groups and meeting eligibility criteria for waiving medical charges.

\# **Persons with chronic medical problems** mainly refer to: those with chronic cardiovascular (except hypertension without complication), lung, metabolic or kidney diseases; obesity (Body Mass Index 30 or above); the immune-compromised (i.e. weakened immune system due to diseases such as Human Immunodeficiency Virus infection or Acquired Immune Deficiency Syndrome, or treatment such as cancer treatment); children and adolescents (from 6 months to 18 years old) on long-term aspirin therapy; and those with chronic neurological conditions that can compromise respiratory functions or the handling of respiratory secretions or increase the risk for aspiration, or those who lack the ability to take care of themselves.

Annex 2

Major Strategies and Measures of the Hospital Authority to Tackle Influenza Winter Surge in 2016-17

1. Enhancing infection control measures

   - promoting hand hygiene and droplet precaution among staff, patients and visitors at HA venues
   - supporting the Government Vaccination Programme and encouraging vaccination of staff
   - ensuring adequate stockpile of antiviral drugs such as Tamiflu for treatment according to prevailing clinical guidelines

2. Managing demand in the community

   - enhancing support for residential care homes for the elderly (RCHEs) through the Community Geriatric Assessment Services, Community Nursing Services and Visiting Medical Officer Programmes to facilitate management of simple cases outside hospitals
   - more frequent visits to RCHEs and early post-discharge visits
   - enhancing support to chronic disease cases for better self management through pro-active follow up by the Patient Support Call Centre

3. Gate-keeping to reduce unnecessary hospitalisation

   - enhancing collaboration between the geriatrics team and the Accident & Emergency (A&E) department, for example, the geriatrics team will provide early assessment and treatment for patients at the A&E department
   - setting up additional observation areas in A&E department
   - enhancing virology services to facilitate and expedite patient management decision
   - deploying additional staff to improve patient flow and ease prolonged waiting

4. Improving patient flow

   - speeding up transfer of stable patients from acute hospital to convalescent hospital in the cluster

- enhancing ward rounds by senior doctors and relevant support services during evenings, weekends and public holidays
- strengthening support to patients upon discharge from hospitals

5. Optimising and augmenting buffer capacity

- opening new hospital beds and temporary beds where necessary
- increasing manpower of doctors, nurses and allied health professionals
- continuing the A&E Support Session Programme
- optimising utilisation of buffer wards and expanding day follow-up service
- augmenting manpower by special honorarium, leave encashment, and with the support of temporary undergraduate nursing students and auxiliary medical service
- expanding service quotas in general out-patient clinics during long holidays

6. Reprioritising core activities

- reducing elective admission to reserve capacity for meeting demands from acute admission via the A&E departments
- suspending / deferring non-emergent elective operations

7. Enhancing communication with the public

- managing public expectation on the waiting time at A&E departments and providing information of private clinics to the public
- alerting the public of the possible postponement of elective services
- providing daily key statistics to the public during peak periods