

Legislative Council Panel on Health Services

Preparation for Winter Surge

Purpose

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

Background

2. The period from January to March/April every year is generally considered the winter influenza season. The high incidence of influenza infection, together with other factors including weather conditions, would usually lead to surge in service demand for public healthcare services. In the past few years, the daily average number of first attendances at Accident and Emergency Departments (AEDs) and the daily admission via AEDs to medical, orthopaedics and paediatrics wards during the winter surge periods were noticeably higher than those during non-peak periods. For example, the average number of in-patient admissions to medical wards via AEDs per day from December 2017 to May 2018 was 965, which was comparatively higher than the number of admission during non-surge period which was around 850. The increase in service demand mainly came from those groups having higher risk of influenza complications such as children, elderly and patients with chronic diseases.

Preparation to Tackle Winter Surge

3. To better prepare for the winter influenza season and to tackle the expected winter surge, the Department of Health (DH) and the Hospital Authority (HA) will implement a series of measures as detailed in the ensuing paragraphs.

Measures Taken by the Department of Health

Vaccination

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. The Government has all along been encouraging the public to receive vaccination as early as possible. It provides seasonal influenza vaccination (SIV) and pneumococcal vaccination¹ to eligible groups which are generally at a higher risk.

5. Eligible groups (details at **Annex A**) may receive vaccine free-of-charge under the Government Vaccination Programme (GVP). Moreover, to encourage vaccination among primary students, the DH has implemented a pilot programme to roll out free outreach SIV services for primary students at school in the 2018/19 school year.

6. Under the Vaccination Subsidy Scheme (VSS), the Government provides subsidies for vaccinations administered to eligible groups (details at **Annex B**) at private clinics to enhance vaccination uptake rate. For 2018/19, the subsidy for SIV has increased from \$190 to \$210 per dose. Persons receiving vaccination at private clinics shall pay for the difference between the service fees of the doctor and the Government's subsidy. As a new initiative, primary schools not participating in the aforementioned pilot programme, kindergartens, child care centres and primary section of special schools will be given a list of VSS doctors² such that they can arrange with these doctors school outreach vaccination services³. Furthermore, the VSS has been expanded to cover Hong Kong residents aged 50 or above. It is estimated that there will be 1.8 million beneficiaries.

7. Apart from providing vaccination at clinics, enrolled private doctors in the VSS can organise outreach vaccination activities at kindergartens, elderly centres, offices of District Council members and others, to make it more

¹ The Government has been providing, under GVP and VSS, 23-valent pneumococcal polysaccharide vaccine (23vPPV) to elderly since 2009, and 13-valent pneumococcal conjugate vaccine (PCV13) to eligible elderly with high risk conditions since 2017.

² Relevant list of VSS doctors is available on the CHP website (<http://www.chp.gov.hk>).

³ No tendering is required by the aforesaid schools/institutions and no extra service fees would be charged by the doctors. The Government will provide a higher level of subsidy of \$250 per dose and a special subsidy of \$800 for clinical waste disposal per outreach activity to participating doctors.

convenient for eligible groups to get vaccinated for protection before the winter influenza season arrives. In this regard, the Centre for Health Protection (CHP) of the DH has arranged briefings for schools, non-governmental organisations (NGOs) serving the elderly and other target groups, and doctors on points to note for provision of outreach vaccination services.

Publicity

8. On publicity and health education, the CHP promotes influenza vaccination to the public through a series of publicity activities. A variety of health education materials on the prevention of influenza, including a thematic webpage, television and radio announcements of public interests, videos, guidelines, pamphlets, infographics, posters, booklets, frequently asked questions and exhibition boards, have been produced. Various publicity and health education channels like websites, Facebook pages, YouTube channels, the GovHK Notifications mobile application, 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 NGOs. Targeting ethnic minorities, relevant health education materials in Bahasa Indonesia, Hindi, Nepali, Thai, Urdu and Tagalog have been produced and distributed to NGOs which are providing services to them.

9. As for the elderly, the Elderly Health Service (EHS) of the DH 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 (EHCs) to receive influenza vaccination. To facilitate more elderly in receiving influenza vaccination, other than providing vaccination to their own members, 14 EHCs will also offer free vaccination to non-members who are Hong Kong residents aged 65 or above⁴.

⁴ Details of the vaccination service at EHCs under the GVP (2018/19) are available from the website of the EHS (http://www.elderly.gov.hk/english/health_promotion_activities/government_vaccination_programme.html).

Surveillance

10. The CHP has been closely monitoring influenza activity in the community through a series of surveillance systems involving childcare centres, residential care homes for the elderly, HA's clinics and AEDs, clinics of private practitioners and clinics of Chinese medicine practitioners. The CHP also monitors influenza-associated hospital admissions and conducts investigation of influenza-like illness outbreaks at schools/institutions. Regarding the monitoring of in-patients with influenza cases, the CHP has conducted regular surveillance of influenza-associated cases with severe complications or death among paediatric patients aged below 18. For adults, the CHP has collaborated with 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). This surveillance system has been regularised as a routine surveillance operating throughout the year since 2018.

11. 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. To enhance the existing influenza surveillance and risk communication, the CHP is exploring other models that allow objective comparison of surveillance data of the current season with corresponding data in previous years, with a view to better monitoring local seasonal influenza activity.

12. 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 entitled "*Flu Express*".

13. Meanwhile, the CHP maintains close liaison with the World Health Organization (WHO) 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 government bureaux and departments, healthcare sector, education sector, District Councils, 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

14. HA has started to make preparation since August 2018 to cope with the surge in service demand that may happen during the coming winter influenza season. The key strategies and related measures of the response plan for winter surge are outlined at **Annex C**.

15. An important aspect of the response plan for 2018-19 winter surge is to increase bed capacity. 574 new beds will be opened by HA within 2018-19. HA is planning to open more new beds in 2019-20. HA also plans to open time-limited beds to cope with the increase in service demand during the winter surge period, including advance opening of some of the beds in the 2019-20 bed plan.

16. In addition to increasing bed capacity, it is estimated that there will be an increase of 200 (3.4%) doctors, 830 (3.2%) nurses and 230 (2.9%) allied health professionals in 2018-19 over the previous financial year. Other measures that have proven to be effective in tackling service demand will also be implemented during the coming winter surge:-

- (a) Recruiting part-time and temporary healthcare staff and utilising agency nurses and supporting staff;
- (b) Rolling out promotion campaigns to encourage healthcare staff to receive influenza vaccination;
- (c) Enhancing virology services to cover all patients with influenza-like illness symptoms to facilitate and expedite patient management decision;
- (d) Enhancing ward rounds of senior clinicians and related supporting services in the evening, at weekends and on public holidays;
- (e) Enhancing discharge support (e.g. non-emergency ambulance transfer service, pharmacy, portering services);

- (f) Increasing the service quotas of general out-patient clinics (GOPCs) especially during long holidays; and
- (g) Providing geriatrics support and additional clinic sessions to AEDs.

17. HA implemented the following additional human resources measures from mid-February to May in 2018. These measures were considered helpful in alleviating manpower shortage and have been regularised to facilitate early preparation for future demand surges:-

- (a) Extending the use of Special Honorarium Scheme (SHS) in wards to provide extra manpower of clerical and supporting staff to support healthcare staff so that the latter could focus more on clinical work;
- (b) Providing SHS at Advanced Practice Nurse level to work on night-shift duties for wards/services to enhance senior coverage and supervision to ward staff; and
- (c) Relaxing the criteria for implementation of Continuous Night Shift Scheme (CNSS) by suspending the required night shift frequency for triggering CNSS so as to increasing flexibility in manpower deployment.

18. HA will also collaborate with various government departments and external parties to cope with service demand. Such measures include, for example:-

- (a) Appealing to private doctors via Hong Kong Medical Association and Chinese medicine practitioners to provide services during long holidays and extend their daily service hours during winter surge;
- (b) Soliciting manpower support from the Auxiliary Medical Service to AEDs and Hong Kong St. John Ambulance for patient transportation;
- (c) Liaising with the Social Welfare Department for enhancing residential respite services for the elderly to help facilitate the timely discharge of elderly patients requiring short-term residential care services; and

- (d) Collaborating with private hospitals with low-cost hospital beds for transferring suitable patients for completion of treatment.

Publicity and Monitoring

19. HA will implement various external and internal communication initiatives to enable the public and staff to have a clearer understanding of the details and measures for winter surge. The initiatives include:-

- (a) Holding press conferences to inform the public of the service demand of HA and its response plan;
- (b) Providing one-stop information on winter surge at HA's website and the "HA Touch" mobile application, including Accident and Emergency (A&E) waiting time, related service statistics, service announcements, news and articles, web link of private doctors and Chinese medicine practitioners directories, and GOPC information for public reference;
- (c) Providing on-site information at AEDs on A&E waiting time, related service announcements, and web link and hard copies of private doctors and Chinese medicine practitioners directories from the Primary Care Directory;
- (d) Putting up roll-up banners and posters at both acute and convalescent hospitals to standardise the message to the public on the winter surge situation;
- (e) Appealing to the public and carrying out publicity through television, radio, newspapers, magazines and social media; and
- (f) Hospital visits, cluster forums and newsletter for engaging frontline staff.

20. HA will continue to monitor the service statistics of public hospitals, including attendances at AEDs, in-patient admission and discharge statistics and in-patient bed occupancy rates, so as to implement measures under the response plan accordingly.

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

21. The Government will deploy sufficient resources and enhance the supporting infrastructure to keep improving the healthcare services and facilities provided by the public sector. On the supporting infrastructure, the Government and HA will continue to press ahead with the delivery of the First Ten-year Hospital Development Plan (HDP), for which \$200 billion has been earmarked. We have also invited HA to plan for the Second Ten-year HDP, which will tentatively cover 19 projects, at estimated cost of \$270 billion. Upon completion of the Second Ten-year HDP, there would be a planned capacity of over 9 000 additional beds and other additional hospital facilities that would more or less meet the projected service demand up to 2036.

22. The Government has substantially increased the number of University Grants Committee (UGC)-funded degree places in healthcare disciplines by about 60% over the past decade. In preparation for the foreseeable tight manpower situation of the healthcare profession and considering the long training cycle, the Government will further increase the number of healthcare training places. In the 2019-20 to 2021-22 UGC triennium, the number of healthcare-related publicly-funded first-degree intake places will increase by over 150 from about 1 780 to 1 930 (including 60 medical, 60 nursing, and some 30 dental and allied health places).

23. HA has been proactively conducting recruitment to fill the vacancies of healthcare professionals and increase manpower to meet service demand. In 2019-20, 420 medical graduates will complete internship training. The number will be further increased to 470 starting from 2023. It is expected that the manpower shortage of doctors will then be alleviated. As for nurses, HA plans to recruit 2 230 nurses in 2018-19 to alleviate manpower shortage, maintain current services and roll out service improvement measures.

Advice Sought

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

**Food and Health Bureau
Department of Health
Hospital Authority
November 2018**

**Eligible Groups
under Government Vaccination Programme 2018/19**

The following receive vaccination free-of-charge –	
1.	Pregnant women [^] who are Comprehensive Social Security Assistance (CSSA) recipients or holders of valid Certificate for Waiver of Medical Charges (Certificate)*
2.	Residents of residential care homes for the elderly (RCHEs)
3.	Residents of residential care homes for the disabled (RCHDs)
4.	Community-living persons: <ul style="list-style-type: none"> ● 65 years or above: all elderly people[^] ● 50 years to under 65: CSSA recipients or valid Certificate* holders ● Community-living persons with intellectual disability or Disability Allowance recipients: clients of Hospital Authority (HA), clinics of Department of Health (DH), designated day centres, sheltered workshops or special schools ● Aged under 50 years attending public clinics: CSSA recipients or valid Certificate* holders with high-risk conditions[#] ● In-patients (including paediatric patients) of HA: hospitalised patients with high-risk conditions[#] (e.g. those in infirmary, psycho-geriatric, mentally ill or mentally handicapped units/wards) ● Paediatric out-patients: with high-risk conditions[#] or on long-term aspirin
5.	Healthcare Workers of DH, HA, RCHEs, RCHDs or other Government departments
6.	Children [^] aged 6 months to under 12 years from families receiving CSSA or holding valid Certificate* at DH facilities
7.	Poultry workers or workers who may be involved in poultry-culling operations
8.	Pig farmers or pig-slaughtering industry personnel

[^] Must be Hong Kong residents

^{*} Certificate for Waiver of Medical Charges issued by the Social Welfare Department

[#] High-risk conditions include:

- History of invasive pneumococcal disease, cerebrospinal fluid leakage or cochlear implant;

- Chronic cardiovascular (except hypertension without complications), lung, liver or kidney diseases;
- Metabolic diseases including diabetes mellitus or obesity (Body Mass Index 30 or above);
- Immunocompromised states related to weakened immune system due to conditions such as asplenia, Human Immunodeficiency Virus infection/Acquired Immune Deficiency Syndrome or cancer/steroid treatment;
- 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; and
- Children and adolescents (aged 6 months to 18 years) on long-term aspirin therapy.

**Eligible Groups[^]
under Vaccination Subsidy Scheme 2018/19**

The following receive subsidised vaccination –	
1.	All pregnant women
2.	All children aged 6 months to under 12 years
3.	Community-living persons with intellectual disability or receiving Disability Allowance, regardless of disability (i.e. disabled physical, mental, intellectual or other conditions)
4.	All persons aged 50 years or above

[^] Must be Hong Kong residents

Major Strategies and Measures of the Hospital Authority for Winter Surge

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 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 avoidable hospitalisation
 - Enhancing geriatrics support to AEDs
 - Setting up additional observation areas in AEDs
 - 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 time-limited beds and ad hoc 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 scheme, leave encashment, and with the support of temporary undergraduate nursing students and Auxiliary Medical Service
- Expanding service quotas in GOPCs during long holidays

6. Reprioritising core activities

- Reducing elective admission to reserve capacity for meeting demands from acute admission via the AEDs
- Suspending / deferring non-emergent elective operations

7. Enhancing communication with the public

- Managing public expectation on the waiting time at AEDs 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