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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 low temperature and ageing population, 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 average number of admissions 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 2018 to May 2019 was 991, 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) are implementing 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 free and subsidised seasonal influenza vaccination (SIV) (details at **Annexes A** and **B**) and pneumococcal vaccination[1] to eligible groups which are generally at a higher risk through the Government Vaccination Programme (GVP) and the Vaccination Subsidy Scheme (VSS).

5. In the 2018/19 season, the eligible groups under the VSS were expanded to cover people aged between 50 and 64, and outreach vaccination services were provided for primary school students, resulting in an increase in the overall SIV uptake rate by 46% when compared with that of the 2017/18 season. From the 2019/20 season onwards, the School Outreach Vaccination Pilot Programme has been regularised to cover more primary schools. It will also be extended to cover kindergartens and child care centres on a pilot basis, and nasal live-attenuated influenza vaccine will be offered on trial at some schools.

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

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[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.

Publicity

7. On publicity and health education, the CHP promotes SIV 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 easy digest, 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 infoline, 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 provide services to them.

8. 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, 15 EHCs will also offer free vaccination to non-members who are Hong Kong residents aged 65 or above[2].

Surveillance

9. 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

[2] Details of the vaccination services at EHCs under the GVP (2019/20) are available from the EHS website: https://www.elderly.gov.hk/english/common_health_problems/infections/government_vaccination_programme.html.

practitioners and clinics of Chinese Medicine practitioners (CMPs). 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 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). This surveillance system has been regularised as a routine surveillance operating throughout the year since 2018.

10. 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 has used the internationally adopted mathematical method promulgated by the World Health Organization (WHO), known as Moving Epidemic Method, to set intensity levels 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.

11. 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*".

12. Meanwhile, the CHP maintains close liaison with the 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

13. To cope with the surge in service demand that may happen during the coming winter influenza season, the HA started to make preparation in July 2019 with reference to experiences and measures that have proven to be effective in tackling service demand, and consider enhancements on individual programmes and new initiatives. The key strategies and related measures of the response plan for winter surge are outlined at **Annex C**.

14. For tackling the surge in service demand every year, it is important for the HA to increase its bed capacity continually. In 2019-20, 506 new beds are being opened in public hospitals. During the winter surge period, ad hoc beds will be opened temporarily for dealing with daily operational needs of inpatient service.

15. On the manpower front, it is estimated that there will be an annual increase of 190 (3.2%) doctors, 845 (3.2%) nurses and 330 (4.1%) allied health professionals in the HA as compared with the manpower in 2018-19. Other measures that have proven to be effective in tackling service demand will also be implemented during the coming winter surge:-

(a) Recruiting full time, part time, locum and temporary healthcare staff and utilising agency nurses and supporting staff;

(b) Enhancing Special Honorarium Scheme arrangement to a minimum operation need of one hour and strengthening senior coverage;

(c) Rolling out promotion campaigns to encourage healthcare staff to receive influenza vaccination;

(d) Enhancing laboratory services to facilitate and expedite patient management decision;

(e) Enhancing ward rounds of senior clinicians and related supporting services at evenings, weekends and public holidays;

(f) Enhancing discharge support (e.g. discharge lounge, non-emergency ambulance transfer service, pharmacy, portering and cleansing, etc.);

(g) Increasing the service quotas of general out-patient clinics (GOPCs) especially during long holidays; and

(h) Enhancing support to AEDs (e.g. geriatrics support and Accident and Emergency (A&E) Support Session Programme).

16. Furthermore, the HA will collaborate with various government departments and external parties to cope with service demand. Such measures include:-

(a) Appealing to private doctors via various private doctors associations and CMPs via the Chinese Medicine Centres for Training and Research to provide services during long holidays and extend their daily service hours during winter surge period;

(b) Strengthening the service of GOPC Public-Private Partnership Programme to provide additional subsidised service quotas and prescription of antiviral drug, to help manage service demand in public healthcare sector by tapping on the capacity and capability available in the private sector;

(c) Soliciting manpower support from the Auxiliary Medical Service to AEDs;

(d) Facilitating discharge of elderly patients requiring short-term residential care service to the enhanced Residential Respite Services for Elders of the Social Welfare Department; and

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

Publicity and Monitoring

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

(a) Arranging media briefing and press conference to inform the public of the service demand of the HA and its response plan;

(b) Providing one-stop information on winter surge at HA's website and the "HA Touch" mobile application, including A&E waiting time, related service statistics, service announcements, news and articles, web link of private doctors and CMP 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 CMP directories from the Primary Care Directory;

(d) Putting up posters and roll-up banners 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) Arranging hospital visits, cluster forums and winter surge staff bulletin for engaging frontline staff and boosting staff morale.

18. The HA will continue to monitor the daily service statistics of public hospitals, including the number of first attendances at AEDs, the number of inpatient admissions to medical wards via AEDs and the inpatient bed occupancy rates, so as to implement measures under the response plan in a timely manner and step up response measures accordingly.

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

19. 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 the 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. The HA has also commenced planning for the second

Ten-year HDP, which will tentatively cover 19 projects, at an estimated cost of $270 billion. Upon completion of the two Ten-year HDPs, there would be a planned capacity of over 15 000 additional public hospital beds and other additional hospital facilities that would more or less meet the projected service demand up to 2036.

20. 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). As an ongoing initiative to monitor the manpower situation of healthcare professionals, the Government will conduct manpower planning and projections for healthcare professionals once every three years in step with the triennial planning cycle of UGC. A new round of manpower projection exercise has already commenced, and the results are expected to be available in 2020.

Advice Sought

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

Food and Health Bureau
Department of Health
Hospital Authority
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Annex A

Eligible Groups
under Government Vaccination Programme 2019/20

The following receive seasonal influenza 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: ● **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, residential child care centres (RCCCs) or other government departments
6. Children aged six months to under 12 years from families receiving CSSA or holding valid Certificate* at DH facilities and residents of RCCCs
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 six months to 18 years) on long-term aspirin therapy.

Annex B

Eligible Groups^
under Vaccination Subsidy Scheme 2019/20

The following receive subsidised seasonal influenza vaccination –
1. All pregnant women
2. All children aged six 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

Annex C

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 the Hospital Authority's 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 avoidable hospitalisation

    - Enhancing geriatrics support to Accident and Emergency Departments (AEDs)
    - Setting up additional observation areas in AEDs
    - Enhancing laboratory 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 clinicians 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 ad hoc beds where necessary
- Increasing manpower of doctors, nurses, allied health professionals and supporting staff
- Continuing the Accident and Emergency Support Session Programme
- Optimising the utilisation of buffer wards and expanding day follow-up services
- Augmenting manpower by Special Honorarium Scheme, leave encashment, and 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 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 service statistics to the public during peak periods