

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

### **Supply of Influenza Vaccines**

#### **Purpose**

This paper briefs Members on the measures taken by the Government to ensure the supply of influenza vaccines.

#### **Background**

2. The period from January to March/April every year is generally considered the winter influenza season. The high incidence of influenza infection during the winter influenza season has a community-wide impact. For healthy individuals, Seasonal influenza is usually self-limiting with recovery within two to seven days. However, it can be a serious illness for people with weakened immune systems or elderly people, and may lead to complications such as bronchitis or pneumonia, or even death.

3. 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. Given that seasonal influenza vaccines (SIV) are safe and effective, all persons aged six months or above except those with known contraindications are recommended to receive influenza vaccine to safeguard their health. In general, the Department of Health (DH) advises the public to receive influenza vaccination in autumn every year. About two weeks after vaccination the body will develop a sufficient level of antibodies against influenza virus infection. Currently, there are two types of registered influenza vaccines in Hong Kong, namely the inactivated influenza vaccine (IIV) administered by injection and the live-attenuated influenza vaccine (LAIV) administered by nasal spray.

4. In view of the global Coronavirus Disease 2019 (COVID-19) pandemic, in order to reduce the risk of a simultaneous outbreak of winter seasonal influenza and COVID-19, it is of paramount importance for the public to receive vaccination in this winter influenza season to enhance personal protection and alleviate the burden to the healthcare system.

## Supply of vaccine

5. The Government has all along been encouraging the public to receive vaccination as early as possible. It provides free and subsidised SIV (details at **Annexes 1 and 2**) to eligible groups which are generally at a higher risk through the Government Vaccination Programme (GVP) and the Vaccination Subsidy Scheme (VSS).

6. The Centre for Health Protection (CHP) of the DH will endeavour to ensure a stable supply of SIV for the vaccination programmes. The DH has procured a total of 878 000 doses of IIV for the 2020/21 season vaccination programmes, comprising 628 000 doses for the GVP and 250 000 doses for the “SIV School Outreach (Free of Charge) - Primary Schools” for eligible high-risk groups to receive SIV free-of-charge in phases. The vaccine suppliers have undertaken to ensure a steady supply of vaccines procured by the Government.

7. According to the usual practice, SIVs for the VSS and the “SIV School Outreach (Free of Charge) - Kindergartens, Kindergartens-cum-Child Care Centres and Child Care Centres” would be procured by participating doctors. In view of the keen demand for SIV by members of the public recently and the tight supply of SIV around the world, the Government announced on 22 October that it would procure additional SIVs, as well as provide an additional 100 000 doses of SIVs in phases to Public-Private-Partnership Team which provides vaccination for schoolchildren and doctors enrolled in the VSS which require the vaccines. This facilitates high risk groups to receive vaccination early and helps relieve the tight supply in the private healthcare sectors. The 100 000 doses of additional SIVs to be provided from the Government to private healthcare sector include quadrivalent IIV and LAIV. The priority groups for allocation (not in specific orders) and relevant conditions are listed below:

- (a) Doctors who have enrolled in the 2020/21 SIV School Outreach (Free of Charge) and are not able to procure sufficient vaccines for students;
- (b) Doctors who have enrolled in the VSS, with priority given to those who have yet to be able to procure quadrivalent SIVs for the 2020/21 season; and
- (c) Non-governmental organisations (NGOs)/private doctors/clinics enrolled in the VSS coordinated by the Home Affairs Department (HAD).

8. The DH has contacted more than 1 600 doctors who have enrolled in the 2020/21 SIV School Outreach (Free of Charge) and the VSS on their demands for seasonal influenza vaccines and to inform them of the relevant arrangements. Separately, the HAD will allocate additional IIV and LAIV to NGOs and district organisations partnering with healthcare facilities/doctors/clinics enrolled in the

VSS across the 18 districts to provide influenza vaccination for the public. The allocation exercise is currently under way and is expected to be completed in December 2020.

9. Regarding the supply of vaccines in the local private healthcare sector, the DH has been closely in touch with the vaccine suppliers and noted that a new batch of SIVs of around 85 000 doses would arrive in Hong Kong in mid to late November 2020 for supply to local private healthcare sector.

### **Other measures to tackle winter influenza**

10. To better prepare for the winter influenza season, apart from the above measures and regular surveillance, the DH has implemented the following enhanced arrangements, including:

#### *Vaccination*

11. The Government has included a new eligible group under the VSS and the GVP to cover the recipients of standard rate of “100% disabled” or “requiring constant attendance” under the Comprehensive Social Security Assistance Scheme in 2020/21.

12. To enhance the influenza vaccination uptake rate of schoolchildren and to help schools organise outreach vaccination services, apart from the continued provision of free outreach vaccination services at primary schools, outreach services to kindergartens, kindergartens-cum-child centres and child care centres have been regularised this season. Under the SIV School Outreach (Free of Charge), a Public-Private-Partnership Team or a Government Outreach Team will provide free vaccination for schoolchildren in participating schools. Outreach services for kindergartens, kindergartens-cum-child centres and child care centres has started on 8 October, while those for primary schools has commenced on 22 October.

#### *Publicity*

13. To further increase the vaccination uptake rate, the DH has continued to strengthen publicity and educational activities through different channels (including press releases, television/radio, interview with experts, videos of key opinion leaders, advertisements, social media, thematic websites, Health Education Infoline, posters and pamphlets, etc.) to encourage members of the public, especially those from the high-risk groups, to receive vaccination, and to remind people of the possibly more severe condition due to coinfection of seasonal influenza and COVID-19. In order to reduce the risk of simultaneous outbreak of winter seasonal influenza and COVID-19, the public should receive

vaccination early to enhance personal protection.

14. In order to increase the uptake rate of people from the age group of 50 to 64, the DH would invite chambers of commerce/companies/organisations to encourage their members/staff in the age group of 50 to 64 to receive vaccination. Moreover, the DH would publicise the importance and arrangements of vaccination to the organisations that serve the elderly. The DH would also disseminate information about the vaccination programmes to the elderly through different elderly websites and organisations, and make use of television/radio, etc. to let the elderly understand the arrangements of the programmes.

### **The Hospital Authority's preparation for winter surge**

15. To cope with the possible service demand surge during COVID-19 epidemic and the winter influenza season, the Hospital Authority (HA) has commenced preparation since July 2020 by making reference to experience and measures that have shown to be effective in the past and consider enhancements on individual programmes and formulate new initiatives. The key strategies and related measures of HA's response plan for winter surge are outlined at **Annex 3**.

16. The third wave of the epidemic is characterised by community outbreak with a widespread distribution geographically. Quite a number of confirmed cases are under the high risk groups, such as elderly and chronic disease patients, with higher mortality rate. In this regard, HA will further enhance measures to protect the high risk elderly during the 2020-21 winter surge, including –

- (a) enhancing support for Residential Care Homes for the Elderly (RCHEs) through the Community Geriatric Assessment Services; arranging more frequent follow-up visits to RCHEs; and enhancing support to elderly with chronic disease through proactive follow-up by the Patient Support Call Centre;
- (b) as over 70% of inpatient admission to medical wards are elderly patients aged 65 or above, HA is exploring a pilot initiative to reserve computerised tomography scanning quotas in public hospitals to support discharge or transfer of patients in medical wards during the winter surge; and
- (c) in order to reserve manpower for maintaining inpatient services in public hospitals and handling the more serious cases, HA is actively recruiting locum doctors and provide them with training for supporting the

operation of the Community Treatment Facility at the AsiaWorld-Expo.

**Advice sought**

17. Members are invited to note the content of this paper.

**Food and Health Bureau  
Department of Health  
Home Affairs Department  
Hospital Authority  
November 2020**

**Eligible Groups  
under Government Vaccination Programmes 2020/21**

| <b>The following receive seasonal influenza vaccination free-of-charge:</b> |  |
|---|--|
| 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 (RCHs) (for elderly persons or persons with disabilities)  |
| 3.  | Elderly persons or persons with chronic medical problems: <ul style="list-style-type: none"> <li>• elderly persons aged 65 or above<sup>^</sup></li> <li>• CSSA recipients or valid Certificate* holders aged 50 or above but under 65</li> <li>• CSSA recipients or valid Certificate* holders aged under 50 who attend designated public clinics and have high-risk conditions<sup>#</sup></li> <li>• recipients of allowance at a standard rate of “100% disabled” or “requiring constant attendance” under CSSA, who are existing patients/clients of designated public clinics</li> <li>• persons with intellectual disability or Disability Allowance recipients who are patients of the HA, and attend clinics of the DH, designated day centres, sheltered workshops or special schools</li> <li>• in-patients (including paediatric patients) of HA with high-risk conditions<sup>#</sup> (e.g. those in infirmary, psycho-geriatric, mentally ill or mentally handicapped units/wards)</li> <li>• paediatric out-patients with high-risk conditions<sup>#</sup> or on long-term aspirin</li> </ul> |
| 4.  | Healthcare staff of DH, HA, RCHs (for elderly persons or persons with disabilities), residential child care centres (RCCCs) or other government departments  |
| 5.  | Children from six months to under 12 years <ul style="list-style-type: none"> <li>• from families receiving CSSA or holding a valid Certificate*</li> <li>• residents of RCCCs</li> </ul>  |
| 6.  | Poultry workers or workers involved in poultry-culling operations  |
| 7.  | Pig farmers or pig-slaughtering industry personnel   |

<sup>^</sup> Must be Hong Kong residents

\* Certificate for Waiver of Medical Charges issued by the Social Welfare Department

<sup>#</sup> High-risk conditions include:

- 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 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 (from 6 months to 18 years) on long-term aspirin therapy.

**Eligible Groups<sup>^</sup>  
under Vaccination Subsidy Scheme 2020/21**

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|--|
| <b>The following persons may receive subsidised SIV:</b>   |
| 1. Pregnant women  |
| 2. Children from 6 months to under 12 years (or still attending primary schools)                               |
| 3. Persons aged 50 or above  |
| 4. Persons with intellectual disability  |
| 5. Persons receiving Disability Allowance  |
| 6. Recipients of allowance at a standard rate of “100% disabled” or “requiring constant attendance” under CSSA |

<sup>^</sup> 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 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 follow-up to RCHEs and arranging post-discharge follow-up
  - Enhancing support to chronic disease cases for better self-management through proactive follow up by the Patient Support Call Centre
  
3. Gate-keeping to reduce avoidable hospitalisation
  - Enhancing geriatrics support to Accident & 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 temporary beds where necessary
- Increasing manpower of doctors, nurses, allied health professionals and supporting staff
- Continuing the Accident & 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 outpatient 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-emergency 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