

**For information  
on 14 June 2024**

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

### **Latest Situation and Response Measures for Seasonal Influenza**

#### **Purpose**

This paper outlines the latest situation of seasonal influenza and the Government's response measures.

#### **Latest Situation of Seasonal Influenza**

2. Hong Kong has entered the influenza season since January this year<sup>1</sup>. The latest surveillance data revealed the following –

- (a) Among the respiratory specimens received weekly by the Hospital Authority (HA) and the Centre for Health Protection (CHP) of the Department of Health (DH), the percentage of those positive for influenza viruses rose gradually from 5.63% in the last week of March this year to the peak level of 15.16% in mid-May, and then gradually dropped to 6.77% in the week ending 1 June. During the same period, the admission rate in public hospitals with principal diagnosis of influenza dropped from the peak level of 1.17 (per 10 000 population) to 0.47 (per 10 000 population), but was still above the baseline level of 0.25.
- (b) As of the week ending 1 June this year, the influenza viruses detected were predominantly influenza A (H1) (about 90%), a change from influenza A (H3) virus which was predominantly prevalent between January and March.
- (c) From late April to mid-May this year, there was a significant increase in the number of influenza-like-illness outbreaks in schools and institutions, with a peak of 57 outbreaks per week. Subsequently, the number dropped to 20 in the week ending 1 June.

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<sup>1</sup> In general, when the influenza admission rate in public hospitals and the percentage of respiratory specimens testing positive for seasonal influenza viruses exceeded their respective baseline level (i.e. 0.25 per 10 000 population and 9.21%), it indicated that Hong Kong has entered the influenza season.

- (d) Between 1 January and 1 June this year, CHP recorded a total of 942 adult cases of intensive care unit admission or death with laboratory confirmation of influenza, including 607 deaths, and near 70% of the severe cases did not receive influenza vaccination. Among these 942 cases, about 70% (668 cases) involved persons aged 65 or above, including 532 deaths, accounting for over 85% of the adult deaths.
- (e) Between 1 January and 1 June this year, there were a total of 29 cases of severe paediatric influenza-associated complications or deaths, among which there were four deaths. About 80% of the severe cases did not receive influenza vaccination. Among these 29 cases, 14 were aged 0 to 5 years (including one death), 12 were aged 6 to 11 years (including three deaths) and three were aged 12 to 17 years.

Compared with the influenza seasons three years before the emergence of the COVID-19 epidemic (i.e. 2017 to 2019), where the weekly positive detection rate for influenza viruses reached a maximum of 26% to 41% and the influenza-associated admission rate in public hospitals reached a maximum of about 1.50 to 1.91 per 10 000 population, the relevant figures of the current influenza season (weekly positive detection rate for influenza viruses reached a maximum of 15.16% and the admission rate in public hospitals reached 1.17 per 10 000 population) were lower than the previous peaks. Nevertheless, the change in the predominant circulating virus during the current season has resulted in a longer duration of the season, and therefore the cumulative number of severe cases and deaths in adults and children is expected to be higher in the current season. Separately, when comparing the number of adult and child severe cases and deaths recorded in the current season and the three influenza seasons prior to the COVID-19 epidemic, a majority of them did not receive influenza vaccination<sup>2</sup>.

### **Government's Response Measures**

3. Subsequent to the briefing to the Legislative Council Panel on Health Services on 13 October 2023 on the measures taken by the DH, the HA and the Primary Healthcare Office (PHO) of the Health Bureau to prepare for the surge of influenza, the latest implementation of relevant response measures is reported in the ensuing paragraphs.

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<sup>2</sup> During the major influenza seasons from 2017 to 2019, CHP recorded 582, 570 and 601 relevant adult cases involving 430, 382 and 356 deaths respectively. 61%, 73% and 74% of these adult cases were not vaccinated against influenza respectively. The percentages of deaths involving persons aged 65 or above were 91%, 87% and 87% respectively. As for children, there were 19, 20 and 24 related cases involving three, two and one deaths respectively, with the proportion of cases without influenza vaccination accounting for 89%, 95% and 77% of the total number of cases (two of them were under 6 months of age).

## Measures taken by the DH

### *Vaccination*

4. Vaccination has been scientifically proven to be one of the most effective means to prevent severe cases of seasonal influenza and its complications. It also reduces the risks of in-patient admission and mortality due to vaccine-preventable diseases. The Government has all along been encouraging the public to receive vaccination as early as possible, and providing free and subsidised seasonal influenza vaccination (SIV) (details at **Annexes A and B**) to eligible groups which are generally at a higher risk through various Government vaccination programmes.

5. Influenza viruses are constantly changing. The World Health Organization (WHO) normally announces in February/March of the year the proposed strains for influenza vaccines to be used in the Northern Hemisphere, preparing for the influenza season starting at the end of year. After the announcement of strain recommendation, the manufacturers can start preparing for the production of vaccines for arranging the vaccination in the region in the Northern Hemisphere at the end of the year. The vaccines will usually expire around next July/August. In general, the Government of the Hong Kong Special Administrative Region normally commences the SIV programmes in October (viz. upon the availability of vaccines for the new season), and the programmes will end around next July/August upon the expiry of the vaccines. The public should receive SIV annually. October is the most ideal timing for receiving vaccination to provide effective protection in the following year against the strains for influenza predicted by the WHO and at the same time to prepare for the possible Winter or Summer influenza seasons.

6. The SIV programmes in the 2023-24 season reached a record high number of vaccinations with details as follow –

- (a) To better prepare for the influenza season, the 2023/24 vaccination season commenced earlier than in previous years. The Vaccination Subsidy Scheme (VSS) commenced on 28 September 2023 while the Government Vaccination Programme (GVP) commenced on 5 October. The eligible groups under GVP and VSS remained unchanged. Outreach vaccination services are continued to be provided for students of kindergartens, primary and secondary schools, as well as residents of residential care homes for the elderly (RCHes) and residential care homes for persons with disabilities (RCHDs).

- (b) Over 1.85 million doses of vaccines were given under various SIV programmes, representing an increase of around 20% as compared with 2022/23, thanks to the concerted efforts of the DH, the HA and private doctors participating in the Public Private Partnership (PPP) Programme. Through the visits of visiting doctors, the vaccination rate among residents of RCHCs reached 82%, representing an increase of 3.5 percentage points over the same period last year, while the overall elderly vaccination rate has also increased by 3 percentage points over the same period last year to 51%. The vaccination rate among school students below 12 increased by 9 percentage points over the same period last year to 64%.
- (c) As for the suggestion to increase the use of nasal live-attenuated influenza vaccines (LAIV), according to the current arrangement under the SIV School Outreach (Free of Charge) Programme, kindergarten and child care centres can choose to receive the injectable inactivated influenza vaccines (IIV) or nasal LAIV, while primary and secondary schools can arrange injectable IIV only. In the past few years, only about a quarter of the kindergartens and child care centres opted for nasal LAIV. The CHP conducts survey in February/ March every year to enquire about schools' willingness to participate in the coming school outreach programme and the types of vaccines they will choose before vaccines procurement. According to the findings of the latest survey in 2023, only 26% of kindergartens and child care centres chose to use nasal LAIV. The same survey also shows that only 9% of primary schools and 7% of secondary schools chose to use LAIV nasal spray. In the 2022/23 season, the Government procured 22 500 doses of nasal LAIV for the SIV programmes, of which 17 400 doses were administered for students. The remaining unused vaccine of about 5 100 doses were disposed, resulting in vaccine wastage of around 22.7%, which was higher than the 13.1% vaccine wastage for IIVs.
- (d) Seasonal influenza and COVID-19 vaccines were provided to residents of RCHCs and RCHDs through an opt-out approach. Support from the Social Welfare Department (SWD) has been solicited to urge RCHs to proactively arrange for vaccination visit by their Visiting Medical Officers (VMOs) / Health Maintenance Organisations (HMOs) in time for co-administration for their residents, and to proactively follow up with residents who opt-out from the programme and arrange for vaccination when they decide later to receive vaccination. In addition, the Government launched another round of outreach vaccination service special programme

for RCHs in December 2023, to provide vaccination to the residents who had not yet received an additional COVID-19 booster dose. VMOs and HMOs would also take the outreach opportunity to provide vaccination for residents and staff who had not yet received SIV in 2023/24. During the implementation of the special programme, VMOs and HMOs paid more than 1 600 visits to over 400 RCHEs and over 100 RCHDs, which covers around 50% of RCHEs and 30% of RCHDs in Hong Kong.

- (e) The Government has been continuously monitoring the vaccination and supply of SIV and has maintained close liaison with the suppliers. If there is a strong demand for influenza vaccines in the private market, the DH would co-ordinate with the suppliers to reallocate some of the SIV reserved for the Government to private market when necessary, while ensuring adequate supply for the Government's SIV programmes. The vaccination programmes would continue until the expiration of the vaccine of this season (July/August 2024). Based on the current usage and stock level in the GVP, VSS and the private market, there should be sufficient SIV in stock to meet the public demand. The relevant vaccine suppliers have also confirmed that the supply of vaccines in the private market is stable. DH has reminded private doctors participating in the VSS that they can continue to purchase influenza vaccines on a need basis for providing subsidised influenza vaccination to eligible persons.

### *Publicity*

7. On publicity and health education, the CHP promotes preventive measures against influenza, including SIV, to the public through a series of publicity activities –

- (a) Since the influenza season in January this year, the CHP and the HA had held joint press conferences on 4 January and 30 April to remind the public to stay vigilance against the increased activity in respiratory pathogens.
- (b) 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.

- (c) The CHP has also widely distributed relevant health education materials to public and private housing estates, healthcare institutions, schools and non-governmental organisations (NGOs). As regards 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.
- (d) 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. The EHS will enhance its efforts in promoting influenza and COVID-19 prevention, which include encouraging the elderly in the community and members of Elderly Health Centres to receive vaccination. Over 1 100 health promotion activities and training on infection control have been conducted from August 2023 to April 2024 with over 13 000 participants.

### *Surveillance*

8. The CHP has been closely monitoring influenza activity in the community through a series of surveillance systems involving childcare centres, RCHEs, HA's clinics and Accident & Emergency Departments (AEDs), clinics of private 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. Meanwhile, the CHP maintains close liaison with the WHO and the health authorities of the Mainland, Macao and neighbouring and overseas places to monitor influenza activities and their evolution around the world.

9. A territory-wide sewage surveillance program has been implemented by the Government in collaboration with the academia. Given the success of sewage surveillance in monitoring the activity of COVID-19 at the community level, the CHP is exploring the extension of the surveillance mechanism to cover other infectious diseases with public health significance including seasonal influenza.

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 entitled "*Flu Express*" which has been renamed as "*COVID-19 & Flu Express*" since early February 2023, summarising the latest local and global COVID-19 and influenza activities.

### Measures taken by the HA

#### *Cope with service demand*

11. Taking reference from past experiences and measures that have proven to be effective during the service demand surge (including during the COVID-19 epidemic), the HA has put in place a comprehensive phasic response plan. The HA flexibly deploys the relevant measures as and when necessary in response to prevailing circumstances, taking into account a range of demand parameters, and will continue to monitor the daily service statistics of public hospitals (including the number of first attendances at the AEDs, the number of inpatient admissions to medical wards via AEDs and the inpatient bed occupancy rates) as well as the laboratory positivity rates of COVID-19 and seasonal influenza, etc. Public hospitals had implemented the phasic response plan during the winter surge and long holidays since late December 2023 (including Christmas, Lunar New Year, Easter and Ching Ming Festival, etc.), putting in place various measures in a timely manner depending on the situation to cope with the prevailing service demand. The key strategies and related measures of the response plan for service demand surge are outlined at Annex C.

12. To cope with the growing service demand every year, it is important for the HA to optimise its bed capacity. In 2023-24, 103 new beds were opened in public hospitals. During the service demand surge period, ad hoc beds will be opened temporarily for dealing with daily operational needs of inpatient service.

13. With reference to the experience in fighting against COVID-19, the HA will also implement targeted measures as needed to enhance our responsiveness to demand surge arising from increased influenza or possible COVID-19 activity, including –

- (a) Phasic response plan to increase bed capacity, comprising added beds in the HA hospitals, better utilising low charge beds in private hospitals as well as the Hong Kong Infection Control Centre (HKICC), contingent upon the number of in-patient admissions. Manpower deployment to the HKICC to facilitate operation of additional wards would be implemented as appropriate.

- (b) Patient Support Call Centre service to cover all elderlies under the High Risk Elderly Programme who were discharged from the AED without in-patient admission during demand surge.
- (c) Ad-hoc consultation support in the form of telehealth and/or face-to-face to RCHEs during outbreak of COVID-19 and/or influenza so that attendance at AEDs could be prevented and medical problems being managed locally at the RCHEs.
- (d) PPP with private healthcare services to provide tele-consultation and medication delivery under extreme and critical conditions of COVID-19 and/or influenza.

14. Furthermore, the HA has been collaborating with various government departments and external parties to cope with service demand. Such measures include –

- (a) Appealing to private doctors via various private doctor 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 service demand surge period.
- (b) Strengthening the service of General Out-patient Clinics PPP Programme to provide additional subsidised service quotas for participating patients and prescribing influenza oral antiviral drugs for influenza patients in need, tapping on the capacity and capability available in the private sector to help manage service demand in public healthcare 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 SWD.
- (e) Collaborating with private hospitals with low-charge hospital beds for transferring suitable patients for follow-up treatment.



### *Publicity and monitoring*

15. The HA implements various external and internal communication initiatives to enable the public and the HA staff to have a clearer understanding of the details and measures for service demand surge, e.g. public hospitals' measures to cope with service demand surge were disseminated to the public at the press conference on 8 February. Information and messages on service demand will be promulgated and provided as needed through various channels such as the HA's website, "HA Go" mobile application, in hospitals and clinics, as well as the media.

16. The HA will continue to monitor the service condition of each public hospital and deploy resources in a timely manner under the operation mode for service demand surge to meet increasing service demand.

### Primary healthcare and measures taken by the PHO

17. District Health Centres (DHCs)/ DHC Expresses across the 18 districts in Hong Kong have been actively promoting the uptake of SIV since October 2023, together with information on vaccination, to educated DHC Members the importance of vaccination on protection to oneself and their family. Vaccination is one of the important aspect of the public health education in DHC and would be carried out in August annually.

18. In 2023/2024 season, in collaboration with private healthcare sector, the DHC arranged over 210 vaccination event to provide SIV and education to public. The DHC also provide information on list of participating doctors enrolled in VSS and assistance on vaccination booking if necessary.

19. The PHO will issue invite to doctors enlisted in the primary care directory but yet to participate in the VSS programme (around 1 850) to encourage them joining the programme, to provide subsidised influenza vaccination to eligible person. Besides, the PHO promulgate the role of family doctors and encourage all members of the public be paired with a family doctor of their own, who would act as their personal health manager for development of personalised health plan with the support and assistance of DHCs/ DHC Expresses. The PHO has published the "Hong Kong Reference Framework for Life Course Preventive Care in Primary Care Setting" in September 2023 to guide primary healthcare professionals on the provision of comprehensive preventive care in the community, including recommendations for SIV. Family Doctors and primary healthcare professionals can make use of the Life Course Preventive Care plan to encourage citizens to receive vaccination, enhance public awareness of disease prevention, and build a healthy lifestyle.

## **Advice Sought**

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

**Health Bureau  
Department of Health  
Hospital Authority  
June 2024**

**Eligible Groups  
under Government Vaccination Programme**

<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 for the elderly (RCHEs)
3.	Residents of residential care homes for persons with disabilities(RCHDs)
4.	Community-living persons – <ul style="list-style-type: none"><li>● <b>65 years or above:</b> all elderly people<sup>^</sup></li><li>● <b>50 years to under 65:</b> CSSA recipients or valid Certificate* holders</li><li>● <b>Community-living persons with intellectual disability or Disability Allowance recipients:</b> clients of the Hospital Authority (HA), clinics of the Department of Health (DH), designated day centres, sheltered workshops or special schools</li><li>● <b>Aged under 50 years attending public clinics:</b> CSSA recipients or valid Certificate* holders with high-risk conditions<sup>#</sup></li><li>● <b>In-patients (including paediatric patients) of the HA:</b> hospitalised patients with high-risk conditions<sup>#</sup> (e.g. those in infirmary, psycho-geriatric, mentally ill or mentally handicapped units/wards)</li><li>● <b>Paediatric out-patients:</b> with high-risk conditions<sup>#</sup> or on long-term aspirin</li></ul>
5.	Healthcare Workers of the DH, the HA, RCHEs, RCHDs, residential child care centres (RCCCs) or other government departments
6.	Children aged six months to under 18 years from families receiving CSSA or holding valid Certificate* at the 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

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

<sup>\*</sup> Certificate for Waiver of Medical Charges issued by the Social Welfare Department

<sup>#</sup> 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.
- Immunocompromising conditions include –
- Cancer or hematological malignancy on active immunosuppressive treatment now or in the past 12 months
  - Recipients of solid organ transplant or stem cell transplant on immunosuppressive treatment
  - Severe primary immunodeficiency or on chronic dialysis
  - Advanced or untreated HIV disease
  - On active immunosuppressive drugs, or immunosuppressive chemotherapy/radiotherapy in past 6 months

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

<b>The following receive subsidised seasonal influenza vaccination –</b>	
1.	All pregnant women
2.	All children aged six months to under 18 years (or studying in secondary schools)
3.	Community-living persons with intellectual disability or receiving Disability Allowance/ standard rate of “100% disabled” or “requiring constant attendance” under Comprehensive Social Security Assistance, regardless of disability (i.e. disabled physical, mental, intellectual or other conditions)
4.	All persons aged 50 years or above

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

**Major Strategies and Measures of the Hospital Authority  
for Service Demand Surge**

1. Enhancing infection control measures

- Adopting universal masking in clinical areas at the Hospital Authority (HA)'s venues
- Promoting hand hygiene among staff, patients and visitors at the HA'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 and Community Nursing Services to facilitate management of simple cases outside hospitals
- More frequent visits to RCHEs and early post-discharge visits based on clinical needs of elderly patients
- *Providing support to all patients under High Risk Elderly Programme of Patient Support Call Centre who were discharged from Accident and Emergency Department (AED) without in-patient admission during demand surge*
- *Ad-hoc consultation support in the form of telehealth and/or face-to-face to RCHEs during outbreak of COVID-19 so that attendance at AEDs could be prevented and medical problems being managed locally at the RCHEs*

3. Gate-keeping to reduce avoidable hospitalisation

- Extending Geriatrics collaboration, geriatrics support to elderly patients or ICM support to all major AEDs & Emergency Medicine (EM) wards
- Strengthen EM ward gate-keeping role to around 30% of all emergency medical admissions
- Setting up additional observation areas in AEDs
- Increase influenza RT-PCR services capacity by 100% (i.e. up to 1 200 tests per day) to facilitate and expedite patient management decision
- Deploying additional staff to improve patient flow and ease prolonged waiting

#### 4. Improving patient flow

- Maximising discharges and transfers to convalescent hospitals before 13:00 via the hospital command centre by coordinating the discharge logistics procedure
- Admitting suitable patients direct to convalescent beds to relieve the pressure of acute beds
- 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. Phasic Response Plan to Optimise and augment buffer capacity

- Surveillance of parameters (e.g. AED attendances, emergency admissions & laboratory positivity rates of influenza & COVID-19) to enable timely and flexible implementation of service demand surge measures
- Opening new hospital beds and ad hoc beds where necessary
- *Better utilising low charge beds as well as the Hong Kong Infection Control Centre (HKICC), contingent upon the number of in-patient admissions*
- Increasing manpower of doctors, nurses, allied health professionals and supporting staff
- 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
- Increasing service quota of the general out-patient clinics on evenings, weekends or public holidays subject to the situation
- Reprioritising core activities by reducing elective admission to reserve capacity for meeting demands from acute admission via the AEDs, as well as suspending/deferring non-emergent elective operations

#### 6. 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

Remarks:

(1) *lessons learnt from COVID-19 are highlighted in italics*