For information
on 8 November 2024

Legislative Council Panel on Health Services

Prepare for Influenza Season

Purpose

This paper briefs Members on the latest situation of seasonal influenza and the preparatory works carried out by the Government to cope with the influenza season.

Background

2. In general, the winter influenza season usually lies between January and March or April every year, whereas the summer influenza season runs from July to August. The overall influenza activity has remained at a low level since the end of the influenza season in late July this year. However, drawing reference to previous surveillance data, the Centre for Health Protection (CHP) envisages that the influenza activity level may rise at the end of the year with the weather expected to become cooler, resulting in more influenza infections. Coupled with other factors including low temperature and an ageing population, the service demand for public healthcare services would increase. Past figures revealed that 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 surge periods in winter were noticeably higher than those during non-peak periods. The increase in service demand mainly came from those groups having higher risk of influenza complications, e.g. children, elderly and patients with chronic diseases.

3. The overall activity of seasonal influenza as reflected by the surveillance data is as follows –

(a) Since Hong Kong entered the influenza season in mid-January this year, the activity of seasonal influenza had been on the rise, reaching a peak in late April to late May and then gradually declined. The weekly percentage of respiratory specimens tested positive for seasonal influenza viruses and the admission rate in public hospitals with principal diagnosis of influenza for the week ending 20 July were both

below the baseline levels, indicating that influenza season had come to an end.

(b) The aforesaid influenza season lasted for 28 weeks, which is not common in Hong Kong. During the season, the predominate virus was influenza A(H3) initially and later changed to influenza A(H1) since April. Having considered the local and overseas experiences, the CHP believed that this prolonged influenza season was mainly attributed to a change of the predominant circulating influenza virus strains.

(c) During the aforesaid influenza season, the CHP recorded a total of 1 167 adult cases of intensive care unit admission or death with laboratory confirmation of influenza, including 791 deaths. About 70% of these severe or death cases did not receive influenza vaccination. Among those 1 167 cases, over 70% (857 cases) involved persons aged 65 or above, including 702 deaths, accounting for nearly 90% of the adult deaths. As regards children, there were a total of 32 cases of severe paediatric influenza-associated complications or deaths, among which there were six death cases. About 75% of these severe or death cases did not receive influenza vaccination. Among these 32 cases, 15 were aged 0 to 5 years (including two deaths), 13 were aged 6 to 11 years (including four deaths) and four were aged 12 to 17 years. Regarding the number of influenza-like illness outbreaks, a total of 616 outbreaks in schools and institutions were recorded during the season.

(d) The overall activity level of influenza has remained low since the end of the influenza season in late July. The weekly percentage of detections tested positive for seasonal influenza viruses among the respiratory specimens received by the Hospital Authority (HA) and the CHP was 0.48% in the week ending 19 October. During the same period, the admission rate in public hospitals with principal diagnosis of influenza was 0.03 (per 10 000 population), which were all below the baseline[1].

Government's Preparatory Work to Cope with Influenza Season

4. The Government briefed the Legislative Council Panel on Health Services on 14 June 2024 regarding the implementation of measures taken by the Department of Health (DH), the HA and the Primary Healthcare Office (now the Primary Healthcare Commission, PHCC) of the Health Bureau to prepare for the

[1] The baseline threshold for weekly percentage of detections tested positive for seasonal influenza viruses by the CHP and admission rate in public hospitals with principal diagnosis of influenza was 9.21% and 0.25 (per 10 000 population) respectively.

influenza season. Having regard to operational experiences from the Seasonal Influenza Vaccination School Outreach Programme (SIVSOP), special arrangements have been implemented by the DH this year –

(a) Kindergartens and child-care centres can choose both injectable inactivated influenza vaccines (IIV) and live attenuated influenza vaccines (i.e. nasal vaccines) (LAIV) at the same or different outreach vaccination activities. At present, around 870 kindergartens and child-care centres (80%) have already arranged vaccination activities for their schoolchildren. Among them, 246 schools offer LAIV, ten schools offer both IIV and LAIV, and the rest offer IIV.

(b) A pilot scheme has been implemented in primary and secondary schools to provide LAIV to around 60 primary and secondary schools that had indicated earlier this year their preference for it. So far, four secondary schools and two primary schools have participated in the pilot scheme. At present, about 610 primary schools (93%) and about 400 secondary schools (79%) have arranged vaccination activities for their students.

Other preparatory measures put in place by the Government for the coming influenza season are set out in the ensuing paragraphs.

Measures taken by the DH

Vaccination

5. 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) to eligible groups which are at a higher risk through various Government vaccination programmes.

6. Influenza viruses are constantly changing. The World Health Organization (WHO) normally announces in February or 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 the strain recommendation, manufacturers can start the production of vaccines for use at the end of the year. The vaccines will usually expire around next July/August. In general, the Government commences the SIV programmes in October each year following 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.

7. In 2023/24, over 1.87 million doses of vaccines were administered under various SIV programmes, representing an increase of around 20% as compared with 2022/23, reaching a record high. This was attributed to the concerted efforts of the DH, the HA and private doctors participating in the Public Private Partnership Programme. Through the visits of participating doctors, the vaccination rate among residents of residential care homes for the elderly (RCHEs) 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 52%. The vaccination rate among school students below 12 increased by 9 percentage points over the same period last year to 64%.

8. Various SIV programmes, including the Government Vaccination Programme (GVP), the Residential Care Home Vaccination Programme (RVP), the SIVSOP and the Vaccination Subsidy Scheme (VSS) commenced on 26 September 2024. Under the 2024/25 vaccination programmes, the eligible groups are largely the same as in the previous season (details at **Annex A**).

9. Under the GVP, designated clinics under the DH and the HA provide free SIV to eligible children, the elderly, and other target groups. This season's service provider location has also been optimised, with the DH's Maternal & Child Health Centres open to all children aged six months to under two years, as well as the addition of District Health Centres (DHCs) and DHC Expresses for all persons aged 50 years or above.

10. Seasonal influenza and COVID-19 vaccines are provided to residents of RCHEs and residential care homes for persons with disabilities (RCHDs) through an opt-out approach. Support from the Social Welfare Department has been solicited to urge RCHs to proactively and timely arrange vaccination visits by their Visiting Medical Officers (VMOs) and Health Maintenance Organisations (HMOs) for co-administration of the vaccines for their residents, and to proactively follow up with residents who have opted out from the programme and arrange vaccination when they decide later to do so. In addition, the Government launched a new round of outreach vaccination service special programme for RCHs in August 2024 to provide vaccination to the residents who have not yet received an additional COVID-19 booster dose. VMOs and HMOs may also take the outreach opportunity to provide 2024/25 SIV to residents and staff. As at 13 October 2024, VMOs and HMOs paid 785 visits to 248 RCHEs and 65 RCHDs, which cover around 30% of RCHEs and around 20% of RCHDs in Hong Kong.

11. The Government has procured over one million doses of influenza vaccines this year and will continue to monitor the trend of vaccination and supply of influenza vaccines. It will also maintain 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 influenza vaccines reserved for the Government to the private market when necessary, while ensuring adequate supply for the Government's vaccination programmes.

Publicity

12. The CHP promotes preventive measures against influenza, including SIV, to the public through a series of publicity activities –

(a) The CHP has produced a variety of health education materials on the prevention of influenza (including a thematic webpage, television and radio announcements of public interests, short videos, guidelines, pamphlets, infographics, posters, booklets, and frequently asked questions). Various publicity and health education channels (like websites, Facebook Page, Instagram Page, YouTube channel, television and radio stations, health education infoline, newspaper columns and media interviews) have been used for dissemination of health advice.

(b) The CHP has widely distributed relevant health education materials to Government bureaux/departments, public housing estates, property management companies, healthcare institutions, schools and non-governmental organisations (NGOs). As regards ethnic minorities, relevant health education materials in Bahasa Indonesia, Hindi, Nepali, Thai, Urdu, Vietnamese, Punjabi and Tagalog have been uploaded onto the CHP website and distributed to NGOs which provide services to them.

(c) As for the elderly, the Elderly Health Service (EHS) of the DH has deployed its Visiting Health Teams to conduct health promotion activities on 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 1 200 health promotion activities and training

on infection control were conducted from September 2023 to August 2024, with over 15 000 participants. The Chief Executive's 2024 Policy Address also announced that the DH will explore the possibility of leveraging on the district network and service experience of "Care Teams" to encourage and assist the elderly in the district, especially elderly singletons, to receive vaccination to reduce the risk of severe COVID-19 infection and death.

13. To prevent the spread of seasonal influenza in the community, the cooperation of the public is very important. The Government appeals to members of the public to maintain strict personal and environmental hygiene. Persons at a higher risk of contracting influenza and its complications, including the elderly and children, should receive SIV early to reduce the risks of severe illness and death. High-risk persons (e.g. persons with underlying medical conditions or persons who are immunocompromised) should wear a surgical mask when taking public transportation or staying in crowded places. Persons with respiratory symptoms, even if the symptoms are mild, should wear a surgical mask, refrain from work or attending school, avoid going to crowded places and seek medical advice promptly, with a view to lowering the risk of transmission. In addition, when a rising trend in activity of respiratory viruses is expected, high-risk persons are recommended to wear a surgical mask when visiting public places, while the public should also wear a surgical mask when taking public transportation or staying in crowded places.

Surveillance

14. The CHP will continue to monitor influenza activity in the community through a series of surveillance systems involving child-care centres, RCHEs, the 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. Meanwhile, the CHP maintains close liaison with the WHO and the health authorities of the Mainland, Macao as well as neighbouring and overseas places to monitor influenza activities and their evolution around the world.

15. 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 will extend the surveillance mechanism to cover other infectious diseases with public health significance, including seasonal influenza.

16. The CHP disseminates information in a transparent and timely manner to ensure that the most up-to-date information related to influenza is made available to the public. Influenza surveillance data is uploaded to the CHP's website every week and summarised in the weekly on-line publication entitled *"COVID-19 & Flu Express"* (formerly called "*Flu Express*") since early February 2023, summarising the latest local and global situation on COVID-19 and influenza.

Measures taken by the HA

Cope with service demand

17. Taking reference from past experiences and measures that have been proven effective during the service demand surge period (including during the COVID-19 epidemic), the HA has formulated a comprehensive phasic response plan. In view of the service demand surge during winter and long holidays starting from late December 2024 (including Christmas and the New Year, Lunar New Year, Easter, Labour Day and Birthday of the Buddha, etc.), the HA will flexibly deploy the measures when necessary depending on the situation and 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 in-patient admissions to medical wards via AEDs and the in-patient bed occupancy rates) as well as the laboratory positivity rates of COVID-19 and seasonal influenza. Considering that potential outbreak of infectious diseases in RCHEs may increase demand for Medical acute beds, the HA will closely monitor the situation of RCHEs and include the number of persons affected by scheduled infectious diseases (including COVID-19) reported in RCHEs as one of the demand parameters.

18. Having learnt from past experiences and assessed the service demand, the HA will launch the following new measures in 2024/25 with a view to better utilising the resources and meeting the needs during service demand surge –

(a) Monitoring the outbreak situation of infectious diseases in RCHEs and including the number of persons affected by scheduled infectious diseases (including COVID-19) reported in RCHEs as one of the demand parameters for demand surge activation with a view to adopting measures and deploying manpower in a timely manner.

(b) Reviewing the manpower planning for long holidays by AEDs and Medical departments in advance to ensure sufficient manpower for delivering services.

(c) Reducing elective admissions during long holidays to focus resources on providing care to patients with critical needs.

(d) Opening extra sessions for fracture hip surgeries as and when necessary, having considered the demand for emergency fracture hip surgeries during long holiday periods in the past.

19. In addition, the HA will continue to implement measures that have been proven effective including –

(a) Implementing phasic response plan to increase bed capacity. Apart from opening 153 new beds to cope with increasing service demand in the year 2024/25, hospitals will also open ad hoc beds during service demand surge. Meanwhile, the HA will, depending on the number of in-patient admissions, optimise the use of low charge beds in private hospitals.

(b) Providing Patient Support Call Centre service to all patients under the High Risk Elderly Programme who have sought consultation at the AEDs without in-patient admissions during service demand surge.

(c) Providing ad hoc consultation support in the form of telehealth and/or face-to-face services to RCHEs in a bid to reduce the needs for elderly to attend AEDs in person.

(d) Enhancing support for RCHEs through the Community Geriatric Assessment Service and the Community Nursing Service so that low-acuity cases can be handled outside hospitals.

(e) Setting up additional observation areas in AEDs to handle around 30% of emergency admissions to medical wards so as to strengthen its gate-keeping role for Emergency Medicine (EM) wards.

(f) Extending Geriatrics collaboration, geriatrics support to elderly patients or provision of integrated post-discharge support for the elderly to all major AEDs and EM wards.

(g) Coordinating the logistics and workflow of hospital discharge through Hospital Command Centre and enhancing non-emergency ambulance transfer service (NEATS) to expedite the workflow of discharge or transfer of patients to convalescent hospitals.

(h) Admitting suitable patients to convalescent beds to alleviate the pressure of acute beds.

(i) Collaborating with various government departments and external parties including strengthening the General Out-patient Clinic (GOPC) Public-Private Partnership Programme, transferring suitable patients to private hospitals with low-charge hospital beds for follow-up treatment, soliciting manpower support from the Auxiliary Medical Service to AEDs, etc.

Enhancing patient experience

20. The HA has always been committed to providing comprehensive, quality and people-oriented services from patients' perspective. To enhance patient experience, the HA will implement the following measures –

(a) AEDs will implement special refund arrangement during long holidays. When patients are waiting in AEDs, they can apply for a refund of the AED charges that have already been paid if they would like to consult alternative medical institutions after registration. This provides flexibility for patients with stable and mild conditions to choose consultations with other private healthcare institutions.

(b) AEDs and Medical departments will increase manpower during specific peak days and periods so as to shorten patients' waiting time for consultations and in-patient admissions at AEDs.

(c) Apart from 14 GOPCs that regularly open during public holidays, four GOPCs will enhance their services during long holidays. The Chinese Medicine Clinics cum Training and Research Centres (CMCTRs) located in the 18 districts will also enhance their services and specially provide additional consultation service slots to cope with the need of consultation service of the public during, before and after long holidays.

(d) Support services and NEATS will be strengthened to shorten patients' waiting time for discharge and transfer.

(e) Information of private clinics will be provided to the public.

21. The major strategies and measures of the HA for service demand surge are set out in **Annex B**.

Publicity and monitoring

22. The HA has, through various external and internal publicity and communication, informed the public and the HA staff about the measures and details to cope with service demand surge, e.g. disseminating press release and arranging press conference to inform the public measures taken to cope with service demand surge, appeals and promotion to the public through radio and media, uploading relevant information and messages at the HA's website, etc.

23. 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 cope with increasing service demand.

Measures taken by the PHCC

24. The 18 DHCs and interim DHC Expresses of a smaller scale across all districts of Hong Kong have been actively promoting SIV since August 2024. DHCs/DHC Expresses also provide information on vaccination programmes to educate DHC/DHC Express members on the importance of vaccination for protecting oneself and their families, as well as to reduce vaccine hesitancy and reinforce the benefits of vaccination. Vaccination education remains as one of the key themes for ongoing health promotion at DHCs/DHC Expresses to enhance public awareness of the need to receive SIV.

25. In 2024/25, members of the public can make an appointment to receive SIV and vaccination education through the websites of respective DHCs/DHC Expresses or by phone. Eligible persons can receive free vaccinations at the 18 DHCs/DHC Expresses via either the VSS or the GVP. DHCs/DHC Expresses have prepared more than 250 influenza vaccination and vaccine education sessions for members of the public. DHCs/DHC Expresses will also provide the list of participating doctors who have enrolled in the VSS to the public and assist in appointment scheduling if necessary.

26. The PHCC will extend invitations to doctors listed in the Primary Care Directory through various channels to participate in Government-subsidised primary healthcare programmes, including the VSS, to provide subsidised SIV to eligible Hong Kong residents. Besides, the PHCC also actively promotes the role of family doctors and encourages all members of the public to pair up with a family doctor of their own, who would act as their personal health manager to formulate personalised care plans with the support and assistance of DHCs/DHC

Expresses. The then PHO, the predecessor of the PHCC, published the "Hong Kong Reference Framework for Life Course Preventive Care in Primary Healthcare" in September 2023 to guide primary healthcare professionals on the provision of comprehensive and evidence-based 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 emphasise the importance of SIV to encourage citizens to receive vaccination, enhance public awareness of disease prevention, and build a healthy lifestyle.

Measures taken by the Chinese Medicine Unit

27. The Chinese Medicine Unit (CMU) of the Health Bureau and the Chinese Medicine Regulatory Office of the DH will issue messages to related associations of the Chinese medicine sector informing them of the latest development of seasonal influenza.

28. The CMU will also issue messages to Chinese medicine sector, including non-profit-making organisations and private Chinese medicine clinics, appealing to provide additional consultation slots and/or extend consultation hours during the service demand surge period and long holidays, as well as liaising with Chinese medicine traders to appeal for a stable and adequate supply of Chinese medicines. The CMU will consolidate the information of service extension of Chinese medicine clinics through open platforms for public's reference.

Advice Sought

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

Health Bureau
Department of Health
Hospital Authority
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Annex A

Eligible Groups and Recommended Vaccination Venues under 2024/25 Seasonal Influenza Vaccination Programmes

Eligible Groups	Recommended Vaccination Venues
1. 50 years or above General public	Family doctors District Health Centres
Persons with chronic illness	Public or private clinics providing regular follow-up appointments
2. Pregnant women	Family doctors Public or private antenatal clinics
3. 18 – 49 years Persons with intellectual or physical disability or Persons with chronic illness who are Comprehensive Social Security Assistance recipients	Family doctors Public or private clinics providing regular follow-up appointments
4. 2 to under 18 years Children (general)	School outreach vaccination programme Family doctors
Persons with chronic illness	Public or private clinics providing regular follow-up appointments
5. 6 months to under 2 years	Family doctors Maternal and Child Health Centres

Note:
The Government's seasonal influenza vaccination programmes also provide free or subsidised seasonal influenza vaccination for the following high risk populations.

- Residents of Residential Care Homes (for the Elderly or Persons with Disabilities)
- Healthcare Workers
- Poultry workers, pig farmers and pig slaughtering industry personnel

Annex B

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 Service and Community Nursing Service to facilitate management of low-acuity cases outside hospitals
   - More frequent visits to RCHEs and early post-discharge visits based on clinical needs of elderly patients
   - Providing Patient Support Call Centre service to all patients under the High Risk Elderly Programme who have sought consultations at the Accident and Emergency Department (AED) without in-patient admission during demand surge
   - Providing ad hoc consultation support to RCHEs in the form of telehealth and/or face-to-face to reduce the need for the elderly to attend consultations at AEDs in person
   - Implementing special refund arrangement in AEDs during long holidays so that patients with stable and mild conditions have more flexibility to choose consultation with private healthcare institutions after registration

3. Reducing avoidable hospitalisation
   - **Reducing the number of elective admissions during long holidays**
   - Extending Geriatrics collaboration, geriatrics support to elderly patients or provision of integrated post-discharge support for the elderly to all major AEDs & Emergency Medicine (EM) wards
   - Setting up additional observation areas in AEDs to handle around 30% of emergency medical admissions to strengthen its gate-keeping role for EM wards
   - Increasing influenza RT-PCR services capacity by 100% (i.e. up to 1 200 tests per day) to expedite patient management decision

- Deploying additional healthcare and support staff to improve patient flow and relieve prolonged waiting situation of patients in AEDs

4. Improving patient flow
   - Maximising discharges and transferals to convalescent hospitals before 13:00 via the hospital command centre by coordinating the discharge logistics procedure
   - Admitting suitable patients to convalescent beds to alleviate 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, including planning for appropriate nursing, rehabilitation and care

5. Phasic Response Plan to optimise resources and augment buffer capacity
   - Surveillance of parameters (e.g. AED attendances, emergency admissions and laboratory positivity rates of influenza & COVID-19) to enable timely and flexible implementation of service demand surge measures
   - **Monitoring the outbreak situation in RCHEs and including the number of persons affected by scheduled infectious diseases (including COVID-19) reported in RCHEs as one of the demand parameters for surge activation**
   - Opening new hospital beds and ad hoc beds where necessary
   - Optimising the use of low charge beds in private hospitals depending on the number of in-patient admissions
   - Increasing manpower of doctors, nurses, allied health professionals and supporting staff
   - **Reviewing manpower planning and arrangements of AEDs and Medical departments during long holidays in advance**
   - 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 (GOPCs) depending on the situation and increasing the number of GOPCs operating during public holidays in the Christmas and New Year to 18
   - Enhancing services and opening additional consultation sessions among Chinese Medicine Clinic cum Training and Research Centres in the 18 districts to cope with the service needs of the public during, before and after long holidays.

- Reprioritising core activities by reducing elective admissions to reserve capacity for meeting demands from acute admissions via the AEDs, as well as suspending/deferring elective operations
- **Opening extra sessions for fracture hip surgeries during long holidays as and when necessary**

6. Enhancing communication with the public
    - Providing key service statistics to the public regularly during peak periods, including the waiting time at AEDs
    - Alerting the public of the possible postponement of elective services
    - Providing information of private clinics to the public

Remarks:
New measures of 2024/25 in bold letters.