<u>Princess Margaret Hospital announces</u> case of Candida auris

The following is issued on behalf of the Hospital Authority:

The spokesperson for Princess Margaret Hospital (PMH) made the following announcement today (June 27):

A 48-year-old male patient was admitted to PMH on May 19 with the diagnosis of pulmonary embolism. He was admitted to the Intensive Care Unit and then the Medical and Geriatric Ward. His respiratory specimen was confirmed as carrying Candida auris on June 24, while the patient did not have signs of infections. He had travelled to Switzerland before admission. The patient is now being treated in the Hospital Authority Infectious Disease Centre under isolation with stable condition. In accordance with the prevailing guidelines, PMH has commenced contact tracing for the patient.

The Hospital Infection Control Team has reported the case to the Hospital Authority Head Office and the Centre for Health Protection (CHP). After discussion with the departments concerned and experts of the CHP, the following enhanced infection control measures have already been adopted:

- 1. Thorough cleaning and disinfection of the wards concerned;
- 2. Enhanced patient and environmental screening procedures; and
- 3. Application of stringent contact precautions and enhanced hand hygiene for staff and patients.

The hospital will continue to closely monitor the situation of the patient as well as follow up on the case with the departments concerned and the CHP.

CHP follows up on case of Candida auris

The Centre for Health Protection (CHP) of the Department of Health is today (June 27) following up with the Hospital Authority on the first case of Candida auris detected in Hong Kong, involving a patient who has travelled to Switzerland, and reminded members of the public on the proper use of antimicrobials and maintaining personal hygiene against the disease.

The male patient, aged 48, was admitted to the intensive care unit of

Princess Margaret Hospital (PMH) on May 19 following pulmonary embolism. Candida auris was detected from the culture of his endotracheal aspirate obtained in mid-June which was confirmed by the CHP's Public Health Laboratory Services Branch subsequently. The patient is in a stable condition and is currently under isolation in PMH. Contact tracing by the hospital is in progress.

"Candida is a fungus commonly found in the natural world, particularly in moist and warm environments. In humans, it is commonly found in body sites such as the oral cavity, the digestive tract, skin and the vagina. It is a common fungus living on or in the human body but can occasionally cause infections, especially in individuals with impaired immunity," a spokesman for the CHP explained.

Among all the species, Candida auris is more drug-resistant than other candida species. Infections have varied from being mild to potentially life-threatening or fatal, depending on which part of the body is affected and the general health of the patient. The drug category for treating the disease, however, is basically no different from the antifungal drugs generally used for treating serious fungal infections. All these drugs have been registered and are available in the local market. However, Candida auris is known to be resistant to many of these potential drugs of choice which will limit the therapeutic options and affect treatment outcome.

Globally, Candida auris has been observed to become increasingly prevalent since 2016 in many overseas regions including North America, Europe and other continents. Emergence of Candida auris has been linked with nosocomial outbreaks at healthcare facilities.

The spokesman stressed that proper use of antimicrobials and maintaining personal hygiene, especially hand hygiene, are crucial to the prevention of emergence and cross-transmission of Candida auris.

"The CHP will continue to keep abreast of international trends and the local situation of Candida auris in order to strengthen disease surveillance and implement effective preventive and control measures in public health to prevent the spread of infectious diseases in Hong Kong as appropriate," the spokesman said.

SCMA visits Sha Tin District

The Secretary for Constitutional and Mainland Affairs, Mr Patrick Nip, visited Sha Tin District this afternoon (June 27), touring the Hong Kong Sports Institute and visiting Shui Chuen O Estate to see the social services and ancillary facilities in the estate.

Accompanied by the District Officer (Sha Tin), Miss Amy Chan, Mr Nip visited various training facilities for Elite Sport Scholarship Athletes in the Hong Kong Sports Institute. He also met with coaches and athletes there to learn about the training provided by the Institute as well as co-operation and exchange programmes between the Institute and the Mainland. Mr Nip said he was pleased to learn that since 2009, the Institute has signed memorandums of co-operation with 15 Mainland institutions, including the Preparation Office for the Olympic Games of the General Administration of Sport of China and Beijing Sport University, with a view to equipping local athletes for their participation in the Olympic Games, the National Games of the People's Republic of China and other major sports events.

Mr Nip then visited an integrated service centre in Shui Chuen O Estate to get a better understanding of its services and facilities. He also exchanged views with staff members of the centre and chatted with residents of the estate and students participating in the centre's activities. The centre mainly provides services and support for children, young people and parents and hosts a variety of interest classes.

Mr Nip also visited the mall and ancillary facilities inside the estate, and viewed a primary school site to get updates on the development of the district and the needs of residents.

Statement by Department of Justice

In response to protesters' request for the DoJ not to initiate prosecutions for cases under investigation, a spokesman for the Department of Justice (DoJ) today (June 27) pointed out that all investigations are conducted by law enforcement agencies which will after investigation and when necessary refer to the DoJ for independent decisions on whether to prosecute.

The DoJ makes each prosecutorial decision based on evidence, the applicable laws and the Prosecution Code. Unless there is sufficient admissible evidence to support a reasonable prospect of conviction, no prosecution should be commenced. If there is sufficient evidence to initiate a prosecution, the DoJ will then consider whether it is in the public interest to do so, including the nature and seriousness of the offence, the attitude and psychological conditions of the suspect, etc.

Irrespective of how an incident is defined by any person, it would not affect the DoJ in discharging its prosecutorial duties impartially in accordance with Article 63 of the Basic Law.

The spokesman stressed that the Government has put a stop to the legislative exercise relating to the Fugitive Offenders Ordinance. The

current term of the Legislative Council will end in July next year, after which the Bill will lapse. The Government accepts this reality.

The spokesman appealed to protesters to act peacefully and rationally when expressing their opinions and take into account the needs of other members of the public.

HA launches Glaucoma Public-Private Partnership Programme

The following is issued on behalf of the Hospital Authority:

The Hospital Authority (HA) today (June 27) announced the launching of the Glaucoma Public-Private Partnership (PPP) Programme. This is the first HA clinical PPP Programme to provide long-term specialist care for patients. Invitation letters will be issued to eligible patients starting from tomorrow for the choice of specialist services from private ophthalmologists. It is estimated that around 2 000 patients would join the Programme in three years.

The Programme will be piloted in three clusters, namely Hong Kong West, Kowloon Central and New Territories East Clusters. Clinically stable glaucoma patients being taken care of by Eye Specialist Outpatient Clinic (SOPC) in these clusters will start to receive invitation letters for voluntary participation. Each participating patient will receive up to four subsidised consultations per year including specified glaucoma drugs. If clinically indicated, the private ophthalmologist will also provide investigation services of one Visual Field test and one Optical Coherence Tomography scan per year.

The spokesperson said that this Programme aims to offer choice to HA SOPC patients for receiving private specialist services in the community and also help the HA to manage demand for specialist services.

"Under the Programme, participating patients only need to pay the same fee as for HA SOPC services. Currently, it is \$80 per follow-up attendance, \$15 per drug item and \$80 per investigation service. Recipients of various fee waivers will continue to have the same fee-waiving arrangements as for HA services. Under mutual agreement with the private ophthalmologists, patients may receive further services and drugs at their own expenses. Those who have participated in the Elderly Health Care Voucher Scheme can pay for the additional charges from their account," the spokesperson remarked.

Patient forums will be organised to explain the programme details and encourage and facilitate patients' enrollment. Patients also have to register in the Electronic Health Record Sharing System so that their medical records

can be shared between the HA and their selected private ophthalmologists for continuity of care.

Currently, more than 30 private ophthalmologists have enrolled in the Programme since invitation issued in March this year. All private ophthalmologists practising in the territory are welcome to participate at any time. Participating private ophthalmologists may receive a maximum service fee of \$5,350 per patient per year, including the fee equivalent to HA SOPC services paid by patients after each consultation.

Programme details and the latest list of participating private ophthalmologists will be posted on the designated website(www.ha.org.hk/ppp/glaucomappp). A Programme hotline (2300 6688) is also available to answer enquiries.