

LCQ19: Coping with seasonal influenza and COVID-19 epidemic

Following is a question by Dr the Hon Kwok Ka-ki and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (October 21):

Question:

While the Coronavirus Disease 2019 (COVID-19) epidemic has not yet abated, the winter surge of influenza is approaching. This will undoubtedly aggravate the heavy burden on the healthcare system. In this connection, will the Government inform this Council:

(1) of the separate quantities of injectable vaccines and nasal vaccines procured by the Department of Health (DH) respectively for (i) the Vaccination Subsidy Scheme, (ii) the Seasonal Influenza Vaccination School Outreach (Free of Charge) programme in respect of outreach to (a) kindergartens/kindergarten-cum-child care centres/child care centres (kindergartens) and (b) primary schools for schoolchildren's vaccination under this programme, and (iii) the Government Vaccination Programme (including vaccination for residents of residential care homes (RCHs) for the elderly and persons with disabilities), as well as the respective average costs per dose of such vaccines; the rates of changes in the quantities of vaccines procured for this year as compared with those procured in the past three years;

(2) of the new measures put in place by DH to increase the vaccination coverage rates; the respective numbers of kindergartens, primary schools and RCHs which have signed up for the outreach vaccination programmes and the respective numbers of participants involved, and whether it has assessed if the participation in such programmes has been affected by the COVID-19 epidemic; and

(3) given that patients suffering from COVID-19 and those suffering from influenza develop very similar symptoms, whether it knows the measures put in place by the Hospital Authority to quickly differentiate between these two types of patients, so as to give them appropriate treatments and prevent cross-transmission?

Reply:

President,

Vaccination is one of the effective means to prevent seasonal influenza (SI) and its complications. It also reduces the risks of flu-associated in-patient admission and mortality. Therefore, the Government has all along been encouraging the public to receive vaccination as early as possible. In

2020/21, free or subsidised seasonal influenza vaccination (SIV) is provided for eligible groups under the Government Vaccination Programme (GVP), the Vaccination Subsidy Scheme (VSS) and the 2020/21 Seasonal Influenza Vaccination School Outreach (Free of Charge) (School Outreach (Free of Charge)). To enhance the uptake rate among school children, the Department of Health (DH) has regularised the School Outreach Vaccination Pilot Programme for primary schools in 2019/20 and the Pilot Programme for kindergartens, kindergarten-cum-child care centres and child care centres in 2020/21 to cover more primary schools, kindergartens, kindergarten-cum-child care centres and child care centres. DH also actively co-ordinates with schools and private doctors to organise outreach SIV activities in schools. In consultation with DH and the Hospital Authority (HA), the reply to the three parts of the question is as follows:

(1) The quantities of SI vaccines under the various government vaccination schemes procured by DH and the expenditure incurred in this year and the past three years:

Year	Quantities of SI vaccines procured (doses)	Increase compared with last year	Expenditure (\$M)
2017/18 (Actual)	527 000	–	28.0
2018/19 (Actual)	654 000	24.1%	30.1
2019/20 (Actual)	815 000*	24.6%	40.8*
2020/21 (Estimate)	878 000	7.7%	83.0

* Including a total of 1 700 nasal vaccine doses actually procured in 2019/20, involving an expenditure of \$340,000.

(2) To increase the vaccination coverage rate and raise public awareness on the importance of SIVs, DH has continued to strengthen publicity and educational activities through different channels (including press releases, television/radio, interview with specialists, 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 SI and Coronavirus Disease 2019 (COVID-19). In view of the global COVID-19 pandemic, in order to reduce the risk of simultaneous outbreak of winter SI and COVID-19, the public should receive vaccination early to enhance personal protection and alleviate the burden to the health care system.

Moreover, DH will publicise the importance and arrangements of vaccination to the organisations that serve the elderly. DH will 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 programme arrangements. In order to increase the uptake rate of people from the age group of 50 to 64, DH will invite chambers of commerce/companies/organisations to encourage their members/ staff in the age group of 50 to 64 to receive vaccination.

The various vaccination schemes for 2020/21 has been launched by phases in October 2020. As at October 12, a total of around 450 primary schools and 760 kindergartens/kindergarten-cum-child care centres/child care centres joined the School Outreach (Free of Charge), while around 34 primary schools and 24 kindergartens/kindergarten-cum-child care centres/child care centres arranged outreach vaccination activities under the VSS (School Outreach (Extra Charge Allowed)). The overall school participation is comparable to that of the corresponding period last year.

Moreover, vaccination activities will be arranged by residential care homes under the Residential Care Home Vaccination Programme. Visiting Medical Officers enrolled to the programme will be invited to provide vaccination to eligible persons in residential care homes. The Residential Care Home Vaccination Programme will launch on October 22. DH will closely monitor the participation of residential care homes.

(3) For early identification of COVID-19 cases in the community, HA has reinstated the Triage and Test Centres at 17 Accident and Emergency Departments (AEDs) to provide testing for suspected cases with stable medical conditions. Patients would be arranged to wait for the testing results at designated areas, and are required to wear mask while waiting for their results. Certain hospitals have assigned specific wards as the waiting area or set up tents or cubicles in outdoor area with good air ventilation for the suspected cases to wait for the testing results. All designated waiting areas are in compliance with infection control requirements, such as adoption of unilateral seating and arrangement of seats at least one metre apart.

In addition, HA would arrange deep throat saliva testing for patients attending AEDs or general outpatient clinics (GOPCs) with fever and respiratory symptoms or mild chest infection. To reduce the risk of cross infection, hospitals have also enhanced air ventilation in the waiting areas at AEDs or GOPCs. Meanwhile, all patients are required to wear mask while waiting for medical consultation.

Regarding inpatients, HA has enhanced admission screening to offer testing to all newly admitted patients subject to feasibility since September 9. With a view to further reducing the risk of nosocomial infection, hospitals have also reinforced infection control measures in wards and require inpatients to wear mask when staying in the wards.