

LCQ2: Coping with simultaneous spread of influenza viruses and novel coronavirus

Following is a question by the Hon Edward Leung and a reply by the Acting Secretary for Health, Dr Libby Lee, in the Legislative Council today (May 24):

Question:

It has been reported that given the double blow dealt to Hong Kong recently by seasonal influenza (influenza) viruses and novel coronavirus, the waiting time for consultation for patients at the accident and emergency departments of public hospitals has reached over eight hours for days on end, with the average daily attendance reaching 6 000, and the bed occupancy rate of medical wards has also exceeded 100 per cent on average. While the Hospital Authority (HA) has appealed to members of the public with respiratory tract infections to seek medical treatment at general outpatient clinics (GOPCs) or private clinics, it is learnt that those clinics and private hospitals are also full. In this connection, will the Government inform this Council:

(1) whether it knows the average daily consultation quota of GOPCs of public hospitals, and whether the consultation quotas have been increased to cope with the double blow of the influenza surge and the novel coronavirus, since the 1st of last month;

(2) whether it knows the respective daily numbers of persons admitted to hospitals due to influenza virus infections and novel coronavirus infections, as well as the bed occupancy rates of various private hospitals, in the past three weeks; and

(3) as it is learnt that HA has earlier on opened additional wards in the North Lantau Hospital Hong Kong Infection Control Centre to receive patients infected with novel coronavirus, whether the Government knows if such wards will receive patients infected with influenza viruses, and whether the authorities have other corresponding measures in place to cope with the influenza surge?

Reply:

President,

The winter surge of seasonal influenza (flu) in Hong Kong generally occurred during January to March/ April in the past. However, the activity level of flu has remained low for the past three years due to territory-wide anti-epidemic measures. With the lifting of mask-wearing requirements in Hong Kong since March this year, the surveillance data revealed that Hong Kong

entered flu season in early April this year. The activity level of the flu had been on steady rise since then and reached its peak in end April, and has started to subside recently. Concurrently, the number of cases of coronavirus disease 2019 (COVID-19) was also increasing and the activity level of COVID-19 still remains high, resulting in the recent peak of relevant infectious diseases. Nonetheless, various data (including regular sewage surveillance, laboratory surveillance) indicated that the COVID-19 epidemic or COVID-19 situation had reached its recent peak, and the latest real-time effective reproductive number has dropped to 1.

The Government has all along been adopting a multi-pronged approach by implementing various measures in response to upper respiratory tract infections such as the flu. In addition, we have also been summarising experiences periodically having regard to the development of the COVID-19 epidemic, so as to sustain appropriate responses to different aspect of the epidemic. At the current stage, we manage COVID-19 as a type of upper respiratory tract infections, with anti-epidemics measures focusing on protection of high risk groups. With concerted efforts from all, the protection and treatment capacity of the Hong Kong's healthcare system has been significantly enhanced. With the experience learnt, the healthcare system is able to cope with the current situation.

Recently, most of the infected patients, especially those who have been vaccinated for the flu and COVID-19, are mild cases. Symptomatic citizens may directly attend medical consultations at private doctors/clinics and the General Out-patient Clinics (GOPCs) under the Hospital Authority (HA). Visiting Accident and Emergency (A&E) departments or public hospitals is not necessary.

In fact, vaccination is one of the most effective means to prevent the flu and COVID-19 and their complications, as well as reduce hospitalisation and death cases arising from the infections. Flu and COVID-19 vaccines can be co-administered. Persons aged six months or above, except those with known contraindications, can receive flu vaccination for personal protection. We appeal to members of the public again, especially the elderly and children, to get vaccinated against the flu and receive appropriate doses of COVID-19 vaccine as soon as possible.

In consultation with the Department of Health and the HA, the consolidated reply to the question raised by the Hon Edward Leung is as follows:

(1) At present, the service of GOPCs under the HA are primarily used by elderly, low-income persons and chronic patients. Patients under the care of GOPCs comprise two major categories, including chronic disease patients with stable medical conditions (such as hypertension, diabetes) and episodic patients with mild symptoms (such as influenza, cold, gastroenteritis). Patients with episodic illnesses can make an appointment for consultation timeslots within the following 24 hours through the GOPC telephone appointment system or the "Book GOPC" function of the HA's one-stop mobile app "HA Go". In addition, persons infected with COVID-19 may also make appointment for consultation at GOPCs through the "BookCOVID" function of the

"HA Go".

To meet service needs, the GOPCs under the HA offer about 20 000 consultation quotas each day on weekdays, some of which are reserved for patients with episodic illnesses including the flu, and some quotas are also reserved for persons infected with COVID-19. The HA has uploaded to its GOPC's webpage the average number of consultation quotas of GOPCs for the preceding four weeks and presented the information based on districts, so that the public has an overview of the number of consultation quotas in various clinics. The HA will closely monitor the situation of each clinic and allocate consultation quotas as necessary to ensure that patients receive appropriate treatment.

Reply to questions (2) and (3) are summarised as follow:

As for hospitalisation, the current situation is similar to that in previous flu surges. The provisional figures of the weekly number of persons infected with the flu and COVID-19 and admitted to public hospitals in the past three weeks are listed in the Annex. In brief, as I have mentioned earlier on the latest overall situation, the weekly number of persons admitted to public hospitals with principal diagnosis as the flu had gradually decreased from about 700 in late April to less than 300 in early May. On the contrary, the weekly number of COVID-19 patients admitted to public hospitals had gradually increased from about 1 300 in late April to more than 2 000 in early May. Fortunately, these cases are mild cases.

The HA has been closely monitoring the situation of the flu surges and making preparation for arrangement of facilities and manpower, including deploying temporary beds, enhancing gate-keeping to reduce unnecessary admissions, strengthening ward rounds, arranging patients for discharge and transferring suitable patients to private hospitals for treatment. The HA will also mobilise facilities and resources when necessary to cope with the increasing service demands.

In view of the recent rise of flu and COVID-19 cases, the North Lantau Hospital Hong Kong Infection Control Centre opened additional wards on May 10, 2023, mainly for admitting persons infected with COVID-19 as well as other patients such as those with the flu.

The Government will continue to closely monitor the latest situation and risks of COVID-19, the flu and other infectious diseases to ensure the prevention and treatment capacity of the healthcare system can meet the evolving healthcare needs brought about by changes in the infection situation, with emphasis on protecting high risk groups and safeguarding the health of the public. Thank you, President.