

LCQ2: Epidemic prevention in hospitals

Following is a question by Dr the Hon Chiang Lai-wan and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (January 20):

Question:

Recently, some patients of public hospitals have been confirmed, after discharge from the hospital, to have been infected with the Coronavirus Disease 2019 (COVID-19), and it is suspected that they were infected during their stay in the hospital. Besides, there were cluster outbreaks in two public hospitals, with a number of patients and healthcare personnel being infected. On the other hand, it has been reported that as the Hospital Authority (HA) has limited stock of surgical masks reaching the Level 3 requirement of the America Society for Testing and Materials (ASTM) F2100 Standard, healthcare personnel are normally provided with ASTM Level 1 or Level 2 surgical masks only, which have lower protection efficacy. Regarding epidemic prevention in hospitals, will the Government inform this Council:

(1) of a breakdown of the up-to-date number of local COVID-19 confirmed patients by the place where they possibly contracted the disease (including hospital, residence, office, bar, restaurant, supermarket and beauty salon), as judged from epidemiological investigation results; if such information is unavailable, whether it will compile the relevant figures;

(2) whether it knows if HA will conduct COVID-19 tests for all patients of public hospitals before they are discharged and allow them to be discharged only when their test results are negative, so as to cut the transmission chains as far as possible; if so, of the details; if not, the reasons for that;

(3) as HA plans to conduct regular COVID-19 tests only for certain categories of healthcare personnel, whether it knows if HA will consider conducting regular tests for all healthcare personnel of public hospitals;

(4) whether it knows the respective quantities of surgical masks of various protection levels and specifications currently kept in stock by HA, and the numbers of days for which the stock can last; the channels through which surgical masks are procured, as well as the criteria for allocating surgical masks of different protection levels to healthcare personnel; and

(5) as certain private hospitals have stipulated that they only accept visits by persons wearing surgical masks but not those wearing CuMasks, whether it knows the relevant requirements of public hospitals at present?

Reply:

President,

In consultation with the Hospital Authority (HA), my consolidated reply

to the various parts of the question raised by Dr the Hon Chiang Lai-wan is as follows:

(1) The Centre for Health Protection (CHP) of the Department of Health classifies confirmed cases of COVID-19 as follows: imported case, epidemiologically linked with imported case, possibly local case, epidemiologically linked with possibly local case, local case, epidemiologically linked with local case. Among the above, "local case" from unknown source includes locally infected sporadic case, i.e. with no travel history during the incubation period, or the first case to develop symptom in a local cluster, while "epidemiologically linked with local case" refers to case with epidemiological linkage with an existing local case.

For large clusters with 10 or more cases, CHP would release relevant information in due course via press conference and the "COVID-19 Thematic Website" launched by the Government. Small clusters mostly involve cases in family, friends or workplace.

CHP will continue to closely monitor the latest situation of COVID-19, including epidemiological investigations and contact tracing on the confirmed cases, etc. The latest local situation of COVID-19 has been updated to the "COVID-19 Thematic Website" launched by the Government (www.coronavirus.gov.hk/eng/index.html), which includes the document "Latest local situation of COVID-19" (www.chp.gov.hk/files/pdf/local_situation_covid19_en.pdf).

(2) HA has arranged admission screening to all newly admitted patients as far as practicable since September 2020, and enhanced the admission screening in end-December 2020. If a patient has respiratory symptoms upon admission, even if the patient is tested negative for COVID-19 for the first time, it is recommended that at least one more test should be conducted within two days, with a view to reducing the risks of transmission and outbreak in hospital. If an inpatient develops respiratory symptoms during his stay in the hospital, healthcare staff will provide test for COVID-19 according to clinical needs. Inpatients will only be discharged after they have been assessed by medical practitioners on their clinical conditions.

(3) HA has been working on the provision of regular tests for targeted staff providing care for vulnerable patients on pilot basis since January 11, 2021. The targeted staff groups include those working in day centres providing chemotherapy or radiotherapy for cancer patients; outreach teams visiting institutions, e.g. Community Geriatric Assessment Teams and Psycho-geriatric Outreach Teams; Palliative Care Outreach Teams; and staff of oncology wards and haemodialysis centres. HA will timely review the arrangement of regular tests having regard to the epidemic situation.

(4) With the development of the COVID-19 outbreak, HA has expedited the procurement of personal protective equipment (PPE) since January 2020 and increased the stockpiling target to six months. Besides increasing the procurement from existing suppliers, HA proceeded with global procurement through the flexible approach of direct purchase, with a view to procuring the appropriate PPE soonest possible.

As for the procurement of surgical masks by HA, it has mainly made reference to the United States Food and Drug Administration's standards on surgical mask, ASTM F2100-11. HA also takes into consideration other international standards including European Standards, EN14683. The current stockpile of surgical masks amounts to approximately 79 million pieces, sufficient for use for more than six months.

HA has all along established stringent guidelines on infection control and training, allowing frontline healthcare staff of various positions to understand and get familiar with infection control measures required for different medical procedures. In accordance with guidelines, healthcare staff will put on suitable PPE depending on the type of infectious disease that the patient has, including whether it can be transmitted by droplets, by airborne or by contact. Under normal circumstances, healthcare staff should adopt standard protective measures. When undergoing procedures that may generate splashes of blood, body fluid, excretions and secretions, or droplets, healthcare staff would select and put on proper PPE based on risk assessment.

The surgical masks currently provided by HA has Bacteria Filtration Efficiency exceeding 99.9 per cent and Particle Filtration Efficiency at 99.7 per cent. The resistance to penetration by synthetic blood is 80 mmHg. The configurations are in compliance with the recommendations of infectious control guidelines of the World Health Organization, the Centres for Disease Control and Prevention of the United States and CHP.

Having regard to the development of the COVID-19 epidemic, HA has formulated recommendations on corresponding infection control measures and usage of PPE under the Serious or Emergency Response Level. Although COVID-19 is mainly transmitted through droplets and contact, HA has enhanced the relevant protective measures as a precautionary measure. When handling confirmed or probable cases, healthcare staff must adopt preventive measures against transmission through contact, droplets and airborne, and put on appropriate PPE, including surgical respirators, eye protection (full face shield or goggles), protective gowns, gloves and cap. Furthermore, healthcare staff are also required to wear full PPE while performing aerosol-generating procedures.

(5) Public hospitals are currently at Emergency Response Level and all visitors and patients entering public hospitals and clinics are required to put on masks. The hospitals will not impose any mandatory requirement on the model and standard of the masks.