

LCQ6: Measures to cope with the peak period of respiratory tract infections

Following is a question by the Hon Kenneth Leung and a reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (January 17):

Question:

It has been reported that the number of respiratory tract infection cases has been on the rise in recent months. Apart from the commonly seen influenza virus and novel coronavirus infection cases, the numbers of rhinovirus, Mycoplasma pneumoniae, adenovirus and respiratory syncytial virus infection cases have also increased. Some patients have even been infected with three to four viruses at the same time, and such a situation has particularly posed a threat to the health of children and the elderly. In this connection, will the Government inform this Council:

(1) of the activity levels of various types of respiratory tract viruses, the number of outbreaks of respiratory tract infections reported by schools and residential care homes and the number of persons infected, and the number of admissions to public hospitals due to respiratory tract infections, in each of the past six months;

(2) as it is learnt that as at the 1st of this month, the seasonal influenza vaccination uptake rates in the two groups of children aged six months to under six and persons aged 65 or above still did not reach 50 per cent, what measures the authorities have in place to step up promotion among these groups, and whether they will set vaccination targets to reduce the impact of outbreaks of seasonal influenza; and

(3) as there are views that respiratory tract infections enter a peak period from February to March every year and, with the Lunar New Year holidays falling in February this year, the risk of respiratory tract infection will increase, whether the Health Bureau has issued guidelines to other policy bureaux and government departments to assist them in preventing a large scale outbreak of respiratory tract infections on the front of public disease prevention and coping with the relevant situation?

Reply:

President,

Hong Kong has entered the first winter after the lifting of mandatory mask-wearing requirements. Although this winter is not very cold, various respiratory infectious diseases start to show a rising trend. The Centre for Health Protection (CHP) of the Department of Health (DH) also already announced that Hong Kong entered the influenza season on January 11 this

year, with the influenza season expected to last for eight to twelve weeks, in addition to the possible transmission of influenza and COVID-19 at the same time. The DH, the Hospital Authority (HA) and the Primary Healthcare Office have been prepared and implemented specific measures for prevention and control of respiratory infectious diseases. This was also reported to the Panel on Health Services of the Legislative Council in October last year. The CHP and the HA held three press conferences in the past two months to appeal to and help the public heighten vigilance.

Apart from the Health Bureau (HKB) and the healthcare system steering the prevention and control of diseases, all sectors of the society must join hands in response. As prevention is better than cure, rather than putting out fire, fire should be prevented. Vaccination is an important firewall. In particular, I appeal to those who have not yet received influenza vaccination to do so as soon as possible, and high-risk groups to receive a booster dose of the COVID-19 vaccine in a timely manner as well. All currently available COVID-19 vaccines, including the inactivated (i.e. Sinovac vaccine), mRNA ancestral strain or bivalent, and XBB vaccines which will be extended to all high-risk priority groups tomorrow (January 18), are effective in preventing severe illnesses and death.

The public should also maintain good personal and environmental hygiene. When going out to crowded places, individuals who are at high risk or developing symptoms should wear a surgical mask in particular. Those developing symptoms should even consider staying at home and seeking appropriate medical treatment according to situations. As residential care home (RCH) residents belong to the high-risk group, the Government has all along been providing guidelines to staff members and visitors of RCHs on continuing to wear surgical masks. Such guidelines are still effective as at now and have also been complied by RCHs. Patients, visitors and staff members are also required to wear a surgical mask in the patient care areas of public healthcare institutions.

My consolidated reply to the questions raised by the Hon Kenneth Leung is as follows:

(1) Statistics

The CHP has all along been closely monitoring the situation of local respiratory infectious diseases. In the past six months, the activity of various respiratory infections in Hong Kong varied. The activity level of COVID-19 started to rise in mid-December from the low base. As regards seasonal influenza, we went through the active summer influenza season from August to October last year. In spite of returning to a low level, influenza started to edge higher in early December. The activity level of COVID-19 and seasonal influenza, outbreaks of respiratory tract infections in schools and RCHs, and the number of weekly hospital admissions for respiratory tract infections over the past six months are at Annex I to Annex III respectively.

(2) Vaccination

Since the launch of the 2023/24 Seasonal Influenza Vaccination (SIV) programmes, over 1.73 million doses of SIV have been administered so far, representing an increase of over 20 per cent as compared with that of the same period of last year. A significant increase in SIV uptake rate among high-risk groups, especially the elderly and children, is observed when compared with those of previous years. 80 per cent of the elderly in RCHs for the elderly already received SIV. The vaccination rate of the elderly in the community has reached nearly 50 per cent, while that of children is over 50 per cent which reflects an approximate increase of 40 per cent compared with the last season.

The Government has also already implemented targeted measures for the high-risk groups:

- For children, the CHP has solicited assistance from the Education Bureau, parent teacher associations and district-based school associations in encouraging more schools to participate in the school outreach vaccination, and also contacted schools that have not enrolled to provide targeted assistance.
- As for the elderly living in the community, the Visiting Health Teams of the DH has promoted the prevention of influenza and COVID-19 to the elderly and their carers. Fourteen designated Elderly Health Centres have been providing SIV for members as well as all the elderly aged 65 or above.
- As regards residents of RCHs for the elderly and persons with disabilities, the DH has adopted an opt-out approach for its outreach vaccination for those residents. The Social Welfare Department has also urged RCHs to proactively arrange vaccination by visiting medical officers for timely vaccination of residents. The CHP also launched a new round of the outreach vaccination service special programme for RCHs in December last year for door-to-door vaccination.

Besides, the District Health Centres have held over 200 events since October last year to promote vaccination, providing members of the public with information on the list of private doctors enrolled in the Vaccination Subsidy Scheme, assisting vaccination booking, and providing SIV at their centres in collaboration with private doctors.

As for the target of vaccination rate, the relevant Scientific Committees have not set a specific target on the SIV rate. Nevertheless, the higher the vaccination rate among the high-risk groups, the better the results in preventing serious illnesses caused by influenza. A significant increase of over 20 per cent in the uptake under this year's SIV programmes is noted as compared with that of the same period of last year. The

Government will continue such active promotion.

(3) Prevention and Control

The CHP has been working with various government departments and stakeholders for better prevention and control of the risks of respiratory infectious diseases. Relevant measures include:

- (i) formulation of health guidelines on the prevention of and responses to seasonal influenza and COVID-19, etc, for reference of various sectors including schools, RCHs, employers and employees, etc;
- (ii) issuance of a guideline on the prevention of influenza and COVID-19 in RCHs for the elderly and persons with disabilities in November last year;
- (iii) issuance of letters to schools, RCHs and healthcare organisations, etc, at the end of last year to remind them to take preventive measures and report outbreaks for prompt epidemiological investigation;
- (iv) having held three press conferences to appeal to and help the public heighten vigilance; and
- (v) dissemination of the latest information on the prevention of and responses to respiratory infectious diseases to the public through other departments, such as conveying information to the District Councils and stakeholders including Care Teams (District Services and Community Care Teams).

In addition, the HA has formulated a phasic response plan, would review the service demand, and deploy manpower and resources in response, including providing comprehensive respiratory panel testing for paediatric patients, conducting COVID-19 admission screening for patients with higher risks, as well as ensuring adequate stock of antiviral drugs, etc.

In response to the peak season of respiratory infectious diseases, the HHB and healthcare sector have strenuously steered the prevention and control of diseases. The public should strengthen personal protection and take up primary responsibility for managing their own health.

Thank you, President.