

LCQ20: Infection of and treatment for elderly persons amid the epidemic

Following is a question by the Hon Chan Han-pan and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (May 18):

Question:

Amid the fifth wave of the Coronavirus Disease 2019 (COVID-19) epidemic, a large number of elderly persons (including quite a number of elderly persons living in residential care homes for the elderly (RCHEs)) have been infected or even died. In this connection, will the Government inform this Council:

(1) of the number of elderly persons in RCHEs who were confirmed patients and forced into undergoing on-site isolation due to the shortage of beds at public hospitals since the outbreak of the fifth wave of the epidemic, as well as the number of RCHEs involved, and set out, by the names of such RCHEs in a table, their numbers and percentages of elderly persons who were confirmed patients;

(2) of the total number of elderly persons who had been classified as close contacts of confirmed patients and admitted, between January and April this year, to some of the exhibition halls of the AsiaWorld-Expo (AWE) which were temporarily used as an anti-epidemic facility and managed by the Social Welfare Department (SWD), and set out in a table the monthly relevant bed occupancy rate and the number of elderly persons who became confirmed patients while undergoing quarantine (and among such cases, the numbers of those that were critical cases and death cases); the healthcare facilities to which these elderly confirmed patients were transferred and the procedure involved; the minimum and maximum numbers of days between such elderly persons proved to be confirmed patients to their being transferred to a healthcare facility, and the reasons for such different time spans; whether it will streamline the referral procedure involved as a preparation in case a new wave of epidemic breaks out;

(3) of the total number of elderly persons who were confirmed patients and admitted, between January and April this year, to the community treatment facility set up in some of the exhibition halls of AWE and managed by the Hospital Authority, as well as their average length of stay and their conditions, and set out in a table the monthly relevant bed occupancy rate; among such elderly confirmed patients, the number of cases directly referred by the SWD-managed facility mentioned in (2) above and their conditions;

(4) of the number of elderly confirmed patients who have experienced long-term after-effects (commonly known as "long COVID") after their recovery, and the percentage of such number in the total number of long COVID patients;

whether it will provide dedicated out-patient services (including Chinese medicine out-patient services) and rehabilitation services for this type of elderly persons; and

(5) whether it will, in the near future, conduct a review on the anti-epidemic work targeting at elderly persons during the fifth wave of the epidemic, and adjust the relevant policies, as a preparation in case a new wave of epidemic breaks out; if so, of the details and timetable; if not, the reasons for that?

Reply:

President,

Protecting the elderly is the top priority of the anti-epidemic measures in Hong Kong. Although the surge in the fifth wave of epidemic in Hong Kong during the first quarter of this year has clearly been curbed, the Hong Kong Special Administrative Region Government would not let down its guard and will continue to give priority to the elderly with targeted measures, including boosting their vaccination rate, enabling more timely access to oral drugs by infected persons aged above 60, enhancing the treatment capacity of hospitals and encouraging the elderly to get tested for their better protection.

Having consulted the Labour and Welfare Bureau (LWB), and the Hospital Authority (HA), the consolidated reply to the Hon Chan's question is as follows:

(1) In light of the geometric rate of increase in the number of confirmed cases in the fifth wave of the epidemic, the demand for isolation facilities has increased sharply. The HA has planned to admit new COVID-19 patients by several designated hospitals since early February, which started treating COVID-19 patients since late February to mid-March. In addition, the HA has also converted General beds (i.e. acute and convalescent/rehabilitation beds) to receive COVID-19 patients who are with relatively serious conditions or require medical care. Taking into account the first-tier and second-tier isolation beds, the total number of beds for treating COVID-19 patients increased to about 11 500 (about half of the General beds).

In addition, in order to expedite the turnover of hospital beds for more effective use of medical resources for urgent cases, experts of the HA discussed and updated the discharge arrangements for the cases from residential care homes for the elderly (RCHEs) on March 24 after balancing different factors such as the utilization of hospital beds at that time, the risk of transmission of the discharged confirmed elderly, and the operation of RCHEs. Medical staff will conduct rapid antigen test (RAT) for suitable elderly patients on day 7 after the onset of symptoms. Only elderly patients tested negative will be discharged from the hospital and return to their RCHEs for continued isolation. For those who are still positive, patients in stable conditions can be transferred to community isolation facilities (CIFs) or holding centres for continued isolation, and they can only be discharged from the hospital and return to their RCHEs until the RAT results are

negative.

In view of the gradual stabilisation of the epidemic situation, the HA tightened the discharge arrangements for the cases from RCHEs on April 29 in order to further minimise the risk of transmission in RCHEs. Confirmed elderly patients who have received at least two doses of COVID-19 vaccine could be discharged back to RCHEs if two negative RAT results are obtained consecutively on the sixth and seventh day after onset of symptoms (or any other subsequent two successive days). Those who have not received at least two doses need to undergo RAT after the 14th day after onset of symptoms, and only elderly with negative RAT results can return to their RCHEs.

(2) Within the four months between January and April this year, a total of 1 315 elderly persons who have been close contacts of confirmed cases were admitted to the Quarantine Centre (QC) managed by the Social Welfare Department (SWD) at Halls 2, 3, 5, 6 and 7 of the AsiaWorld-Expo (AWE). Among them, 362 elderly persons became confirmed cases during quarantine, while 255 elderly persons who were asymptomatic or with mild symptoms were transferred to Holding Centres (HC) with the HA providing medical support, and another 107 elderly persons with more severe symptoms or changes in health conditions were admitted to hospital for receiving treatment. No elderly person passed away during quarantine in QC. The SWD does not have records regarding the number of death cases after elderly persons' admission to hospital, and the shortest and longest duration of hospital treatment. From January to April this year, the monthly occupancy rate of QC and the number of elderly persons who became confirmed cases during quarantine are tabulated as follows:

Month	Number of beds in QC	Occupancy rate	Number of elderly persons becoming confirmed cases during quarantine
January 2022	320	7%	1
February 2022	640	64%	360
March 2022 (Note 1)	—	—	—
April 2022 (Note 2)	480	9%	1

(3) With the development of the epidemic, the HA has reactivated the standby community treatment facility at AWE (CTF AWE) on January 2, 2022. Following the government's anti-epidemic measures and with the support of the Mainland medical support team in mid-March, the HA further repurposed the facility into Treatment Centre for COVID-19 ((TCC(AWE))). Before the transformation, the CTF AWE was positioned to admit patients with mild symptoms who were independent in activities of daily living. At the peak in early February, the CTF AWE admitted and managed about 600 to 700 COVID-19 patients every day. Upon transformation, patients admitted to TCC (AWE) were generally older with more underlying diseases and lacking self-care ability. Majority of them were bed-ridden or suffered from various chronic illnesses, whose health conditions were further deteriorated by the COVID-19 infection that required

higher level of care. Since the fifth wave of the epidemic, the TCC(AWE) had provided clinical care to over 5 000 COVID-19 patients. After the transformation in mid-March, it had provided services to more than 1 000 elderly patients with average length of stay about 8.4 days. The TCC(AWE) did not establish a direct referral mechanism with the anti-epidemic facilities managed under the management of the SWD, and thus no relevant statistics could be provided. In addition, as the HA keeps review the contingency measures regularly from time to time and flexibly deploy facilities in response to the epidemic situation to increase the capacity of treatment facilities for receiving suitable confirmed patients, therefore the bed occupancy was close to affordable saturation during the period from January to April based on the level of care provision and available manpower in TCC(AWE).

(4) Chinese medicine (CM) has its advantages in rehabilitation as such treatment may reduce sequelae and the re-positive rate. With the facilitation and support of the Food and Health Bureau (FHB), the HA launched in April 2020 the Special CM Out-patient Programme to provide a maximum of ten free-of-charge sessions of CM general consultation out-patient rehabilitation services to COVID-19 infected patients who have been discharged from public hospitals and persons who have completed isolation, through the Chinese Medicine Clinics cum Training and Research Centres in 18 districts across the city. The services have been well received by the public, with the participation of over 26 300 recovered patients involving over 73 300 consultations as at May 15, 2022. In view of the sharp rise in demand for services in the fifth wave of the epidemic, the HA has been increasing services through various measures to meet the demand.

Having regard to the severe impacts of the fifth wave of epidemic to residential care homes for the elderly, under the support by the FHB, the HA speedily took the lead in mobilising Chinese Medicine Practitioners (CMPs) to participate in the Chinese Medicine Services for Residential Care Homes for the Elderly programme through community CM service providers such as universities, CM sector, CMP academic associations and non-governmental organisations, etc. Telemedicine or outreach CM services will be provided to infected residents and staff of RCHEs. The service concerned has recently been further expanded to cover CM rehabilitation consultations, such that recovered RCHE residents can receive treatment at the RCHE without travelling. Since the launch of the service in February this year, 237 RCHEs have participated, with over 9 100 sessions of consultation conducted.

(5) Elderly persons are among the groups prone to highest risk in the epidemic, especially those elderly persons living in RCHs. The Government attaches utmost importance to the protection of elderly persons, who are our priority target group in anti-epidemic work. In order to enhance the overall capability of RCHEs and residential care homes for persons with disabilities (RCHDs) in fighting against the epidemic and in coping with a possible sixth wave of epidemic, the Government has set up an inter-departmental task force led by the LWB to examine the RCHs' capabilities and discuss effective and feasible improvement measures. Members of the task force comprises representative of the FHB, the Development Bureau, the SWD, the Department of

Health (DH), the Fire Services Department, the Electrical and Mechanical Services Department and the HA.

The task force is discussing various measures to prepare for a possible next wave of epidemic, such as improvements to the ventilation of RCHs to minimise the risk of virus transmission within the premises concerned, enhancement of infection control in RCHs as well as improvements to the coordination between RCHs and Government departments. When appropriate, the task force will announce its work progress.

Furthermore, as elderly citizens face a high risk of death after COVID-19 infection, the Government has all along been calling on the elderly to get vaccinated as soon as possible. We have joined hands with the medical community to strengthen our explanatory work to the public, so that the elderly and their families can better understand the effectiveness of vaccines to allay their concerns. The Government has also introduced a basket of facilitative measures, including providing "same-day tickets" at Community Vaccination Centres to elderly persons aged 60 or above; launching the "Home Vaccination Service"; proactively reaching out to service users of the DH, the HA and the SWD to assist those in need to book for vaccination; and providing vaccination services through designated Elderly Health Centres under the DH, designated general outpatient clinics under the HA, as well as District Health Centres (DHCs) and DHC Expresses in each district.

Note 1: All QC beds were converted to HC beds in March to alleviate the shortage of hospital beds.

Note 2: In view of the epidemic condition at that time, after consulting the FHB, the DH and the HA, beds in some halls have been converted for quarantine purpose since April 25.