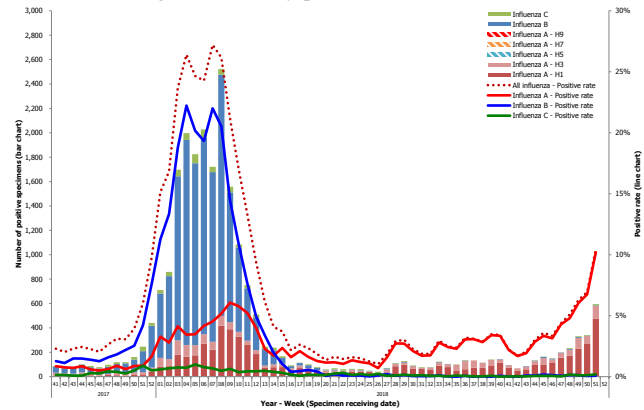


Upsurge of Seasonal Influenza Activity

The seasonal influenza activity in Hong Kong has continued to increase in the past few weeks. The influenza positive rate among respiratory specimens tested by PHLSB has risen from 6.9% in week 50 to 10.5% last week (week 51). Influenza A accounts for the majority of positive results. It is anticipated that the winter influenza season will arrive soon. You are kindly reminded to maintain good personal and environmental hygiene. Most importantly, seasonal influenza vaccination is the best protection against seasonal influenza and its complications. Please act now!

Figure1: Weekly positive rate- Influenza



GVP Express – Seasonal influenza vaccination in KEC

Seasonal influenza vaccination promotions have been launched in KEC to encourage staff to participate:



In United Christian Hospital (UCH), four subject officers were appointed to lead the influenza vaccination promotional activities of their own staff categories (medical, nursing, allied health, administrative/supporting). There has been an increase of over 20% as compared to the overall 17/18 staff vaccination rate.



*Wishing you
a fruitful new year!*



For Tseung Kwan O Hospital (TKOH), a Working Group on Staff Flu Vaccination was formed and Flu Vaccination Ambassadors were invited to encourage staff to have flu vaccination through various channels to reach colleagues as far as possible. The current vaccination rate is over 50%.

Haven of Hope Hospital (HHH) has invited the mascot talent “玫瑰不倒翁” as an Ambassador and used a song “溫馨的一針” to promote staff vaccination. The current vaccination rate is around 40%.



Adverse effects and efficacy of seasonal influenza vaccination for staff in North Lantau Hospital

A study was conducted by the Infection Control Team of North Lantau Hospital to evaluate the adverse effects and protection against influenza-like illness (ILI) after seasonal influenza vaccination (SIV) among staff including healthcare workers in the influenza season of 2017/18 by a hospital-wide survey with questionnaires and phone interview to 204 vaccinated staff. Correlation with history of SIV for staff reported to Staff Early Sickness Alert System (SESAS) was also analysed.

Results:

1. A total of 163 staff (80%) responded.
2. Staff survey on adverse effects reported after SIV:
 - None in 78%; mild (pain over injection site and mild lethargy) in 21%; ILI symptoms requiring sick leave in 1% (one staff) only (Figure 2).
3. Staff survey on efficacy of SIV:
 - 92% of vaccinated staff reported no ILI symptoms even up to the peak of the flu season at the time of survey. Only 8% of vaccinated staff reported ILI symptoms but none of them were laboratory-confirmed influenza cases (Figure 3).
4. Data analysis on SESAS:
 - Odds ratio of reporting to SESAS with ILI symptoms of unvaccinated staff to that of vaccinated staff was 4.25 (95% CI: 1.75 – 10.32; $p < 0.01$).

Reference:

Esther Chang, Bosco Lam. Reported adverse effects and efficacy of seasonal influenza vaccination for healthcare workers in a regional acute hospital in Hong Kong. Poster presentation at 17th Asia-Pacific Congress of Clinical Microbiology and Infection cum 8th International Infection Control Conference 2018.

Healthcare-associated Infections - Prevalence Survey

Surveillance of healthcare-associated infections (HAIs) and antimicrobial use (AMU) is an essential part of infection prevention and antimicrobial stewardship. It drives improvement by planning and implementing more effective, evidence-based policies, surveillance and strategies.

The Scientific Committee on Infection Control (SCIC) has recently updated the recommendations on prevalence survey (PS) of HAIs and AMU in hospitals. PS is a relatively rapid and cost-effective way to estimate the burden of HAIs and AMU in hospitals. It gives us a general picture on the size of problem, and repeated surveys enables trend monitoring. It is important that survey protocol and methodology should be standardized in terms of the surveillance definition, data collection and data validation etc. Direct comparisons of prevalence between hospitals should not be made without taking case mix and other variables into considerations. It is

Conclusions:

The adverse effects reported by the vaccinated staff were very mild and uncommon. Seasonal vaccination in 2017/18 was highly effective in protecting them from developing ILI and reducing the likelihood of taking sick leave. These findings could be highlighted to clear staff's misconceptions on SIV and boost up their vaccination uptake rate.

Figure 2: Adverse effect within 2 weeks after Staff Seasonal Influenza vaccination 17/18

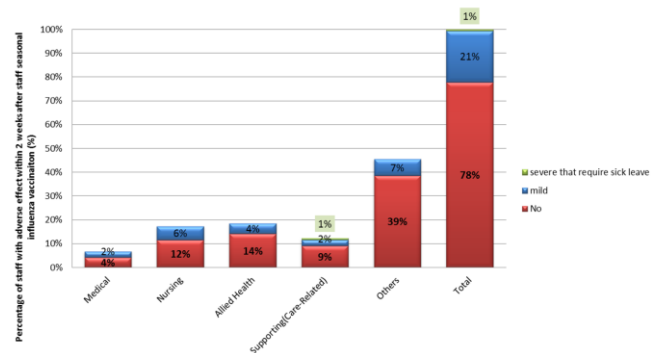
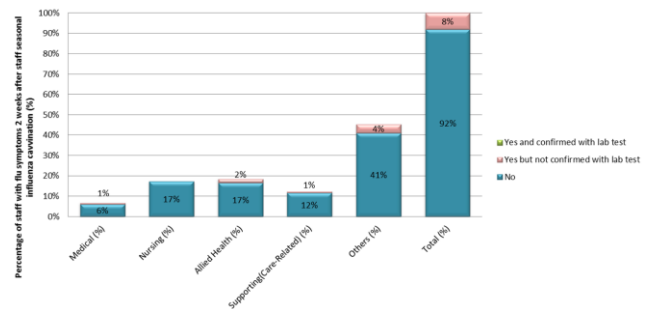


Figure 3: Flu symptom 2 weeks after Staff Seasonal Influenza Vaccination 17/18 by Ranks



suggested to repeat the survey at regular interval (e.g. every 5 years) which is useful for reviewing the trend of infection.

HA-wide PS of nosocomial infections was conducted in 2007 and 2010. The prevalence of HAIs in 2007 and 2010 were 3.9% and 3.1% respectively; and the prevalence of AMU was 26.6% and 30.3% respectively. This year, we conducted the HA-wide PS on catheter-associated urinary tract infection (CAUTI) in June. The PS was composed of three parts: (1) survey of HA-CAUTI, (2) survey of urinary catheter care policy, and (3) survey of compliance of urinary catheter care. The overall results will be released soon.

Reference:

Scientific Committee on Infection Control: Recommendations on Prevalence Survey of Healthcare-associated Infections and Antimicrobial Use in Hospitals
https://www.chp.gov.hk/files/pdf/recommendations_on_prevalence_survey_of_hospital_acquired_infections_r.pdf