

Government Vaccination Program 2019/20 - Seasonal Influenza Vaccination (SIV)

SIV is one of the effective means to prevent seasonal influenza and its complications.

Professor Sophia Chan (The Secretary for Food & Health), Ms Elizabeth Tse (Permanent Secretary for Food & Health (Health)), Dr Constance Chan (the Director of Health), Dr K H Wong (Controller of the CHP), Professor John Leong (Chairman of HA) and Dr Tony Ko (Chief Executive of HA), took the lead in receiving SIV on 24 Oct 2019.

YOU JAB, I JAB!



Promotion of SIV in Kowloon Central Cluster (KCC)

This year's KCC Government Vaccination Programme (GVP) Kick Off Ceremony was successfully held on 14 October 2019. The event was highlighted with the opening speech from KCC Cluster Chief Executive (CCE) Dr. Albert Lo, Cluster Infection Control Officer (ICO) Dr. Cindy Tse, and QEH & HKCH ICO Dr. David Lung joined to battle with SIV myths in both academic and interesting approach.

Six Hospital Chief Executives (HCE) of KCC shared their post-vaccination experiences and encouraged colleagues to get vaccinated for protecting themselves, patients, family and friends in the session of HCEs' Club. Last but not the least, role models who had received SIV

in consecutive years shared their experiences and belief of receiving flu jab every year.



CCE/HCEs/ Deputizing HCE of KCC (from left to right): Dr. C K Lee (BTS), Dr. Eric Cheung (KWH), Dr. Albert Lo (CCE & QEH), Dr. Jenny Lam (KH & HKEH), Dr. T L Lee (HKCH) & Dr. S T Lau (HKBH, OLMH & WTSH)



CCE/HCEs/ Deputizing HCE of KCC, Dr. Cindy Tse (KCC ICO), Dr. David Lung (QEH & HKCH ICO) and GMs proactively promote SIV to safeguard health of concerned parties.

SIV (Cont'd)

The HA has provided seasonal influenza vaccination to different groups of people at HA hospitals, specialist and general out-patient clinics by phases since 23 Oct, 2019.

Please watch the promotion video with program information in the below links:

HA internet:

<http://video.ha.org.hk/Video.aspx?vid=321&lang=zh-HK>

Facebook:

<https://www.facebook.com/1572622596340601/posts/2462834550652730?sfns=c1>

Update on HA Guideline on Infection Control for *Candida auris* (*C. auris*)

The first local case and first outbreak of *C. auris* were reported in June 2019. The guideline on infection control for *C. auris* was further reviewed with major updates as follows:

1. Admission screening:

- Performed for patients who had history of hospitalization outside Hong Kong in the past 12 months AND currently admitted to high risk units (ICU, clinical oncology wards, haematology wards and bone marrow units);
- Considered for patients who have history of hospitalization in local hospital with on-going outbreak.
- Preemptive contact precautions should be applied until one set of screening is negative.

2. Environmental decontamination and terminal disinfection:

- Quaternary ammonium compound disinfectants should be avoided.
- Surfaces, floor and wall should be cleaned and disinfected by 1,000ppm sodium hypochlorite solution for terminal disinfection.
- Terminal room disinfection with hydrogen peroxide vapour or UVC room disinfectant could also be considered.

3. Discharge and transfer arrangement:

For confirmed cases discharged back to residential care home for the elderly (RCHE) or persons with disabilities (RCHD), hospital infection control team should notify ICB and relevant parties for assessment prior to discharge.

4. Reporting:

Report to the CICO Office and the CHP on any patient identified with *C. auris*.

For details, please refer to the Guideline on Infection Control for *Candida auris* (version 1.1) http://ha.home/ho/cico/candida_auris.pdf

Besides, Clinical Management of *Candida auris* (version 1) has also been issued in Oct 2019: <http://ha.home/ho/cico/ClinicalManagementofCandidaauris.pdf>

In order to facilitate staff understanding on *C. auris*, Dr Raymond Lai, Chief Infection Control Officer, shared the characteristics and infection control measures of *C. auris* in the HASLink published in Sep 2019.

多重措施 預防耳念珠菌爆發
Avoid outbreak of *Candida auris* in hospital

2009年日本首次發現耳念珠菌，後來蔓延全球各地。今年6月香港出現首宗個案，截至9月17日，共發現18宗個案但沒有感染症狀的個案。

耳念珠菌為何值得大家特別關注？醫管局總感染控制主任賴偉文醫生稱，耳念珠菌有多重耐藥性：對常用的抗真菌藥物如氟康唑、两性霉素B、棘白菌素類的耐藥性分別約90%、30%和少於5%。另外，標準實驗室化驗方法難以識別耳念珠菌，有可能把它誤以為是其他念珠菌。與其他念珠菌相比，耳念珠菌生命力頑強，可在不同環境生存，亦能抵抗一般消毒劑，容易在醫院傳播，一旦感染，死亡率相當高。

賴醫生強調，醫管局已制訂感染控制指引，積極控制並防止耳念珠菌在醫院爆發。

過去一年曾在海外入院的病人，若在香港入住高危險病房如深切治療部、臨床腫瘤科、血科和骨髓科，均需接受入院篩查，用以檢測的儀器是蛋白質譜分析儀，檢驗病人鼻腔、腋下和腹股溝的組合拭子樣本；若結果呈陽性，醫院會隔離確診病人，並根據感染控制指引和個人風險評估，展開接觸追蹤調查；所有確診個案需呈報醫管局總感染控制主任辦事處，如臨床樣本中發現念珠菌或出現爆發，亦會立即通知衛生防護中心。

賴偉文醫生說，防止多耐藥性真菌如耳念珠菌的傳播，應盡量保持病室環境清潔衛生。

Dr Raymond Lai says that good compliance to hand hygiene and environmental hygiene is the most important in preventing the spread of multidrug-resistant organisms including *C. auris*.

The global spread of *Candida auris* (*C. auris*) is alarming since it was first discovered in 2009 in Japan. In Hong Kong, the first case was found in June 2019. Up to 17 September, a total of 18 cases have been detected, all of them carriers without symptoms.

Why has *C. auris* aroused so much concern? Hospital Authority Chief Infection Control Officer Dr Raymond Lai explains, "First, *C. auris* is highly multidrug-resistant (90% resistant to fluconazole, 30% resistant to amphotericin B and less than 5% resistant to echinocandins). Second, it is difficult to identify and is easily misidentified as other *Candida* species by standard laboratory methods. Third, the yeast can easily survive in various types of environment and is more resistant than other *Candida* species to common environmental disinfectants, making its spread in hospitals easier." Moreover, the mortality rate of invasive *C. auris* infection is high.

Dr Lai emphasises that infection control guideline for *C. auris* has been formulated to contain and avoid outbreak of the yeast in HA hospitals.

Admission screening should be performed for patients admitted to high-risk units (e.g., intensive care units, clinical oncology wards, haematology wards and bone marrow units) if one had been hospitalised outside Hong Kong in the last 12 months. Pooled swabs of patient's nasal, axilla and groin will be collected for testing. Laboratory diagnosis has been enhanced with the use of Matrix-Assisted Laser Desorption/Ionization Time-of-Flight Mass Spectrometry (MALDI-TOF MS). If the result comes out positive, the patient should be isolated in single room with strict contact precaution. Contact tracing will be carried out according to infection control guidelines as well as individual risk assessment. All cases should be reported to Chief Infection Control Officer Office of HA Head Office, and also to Centre for Health Protection if *C. auris* is identified in clinical specimens, or when there is an outbreak.

**甚麼是耳念珠菌？
感染後會致命嗎？
What is *C. auris*?
Can *C. auris* infection be fatal?**

耳念珠菌是念珠菌的一種，2009年首次在日本一名病人的外耳道分泌物發現。根據國際數據，入侵性耳念珠菌感染的致命率可高達三至六成。

C. auris belongs to *Candida* species. It was first found in 2009 in Japan in the external ear canal discharge of a patient. Overseas data reveals 30% to 60% mortality rate caused by *C. auris* infection.

**哪一類病人較易受到感染？
Who is highly susceptible to *C. auris* infection?**

長期住院的病人，身上有入侵性醫療儀器如中央靜脈導管或呼吸器的病人、糖尿病患者、免疫力受損的病人、近期曾接受大手術的病人、正服用寬廣譜抗真菌藥或抗真菌藥的人士較易受感染。

Patients who have been hospitalised for a long time; have invasive medical devices such as central venous catheters or ventilators; have diabetes; have immunocompromised conditions; have recently undergone major surgeries; and have been on broad-spectrum antibiotics or antifungal drugs appear to be at higher risk of infection.

HASLink (Sep 2019):

<http://ha.home/ehaslink/issue106/HASLink.pdf>