



**Management of Communicable Diseases in**  
**Hospital Authority**

**HA SARS 03/03**

**17 June 2003**

## Management of Communicable Diseases in Hospital Authority

### **I. The Surveillance Framework**

#### **At Corporate Level**

#### **A) HA Central Committee on Infection Control (formerly known as Task Force in Infection Control)**

In an effort to have a centrally-co-ordinated mechanism of surveillance and management of infectious diseases prior to any outbreak, the Hospital Authority established a corporate-wide Task Force in Infection Control (TFIC) in December 1994. With membership comprising clinical microbiologists, infectious disease physicians, paediatrician, infection control nurses, virologists from the University of Hong Kong and the Chinese University of Hong Kong, representative of DH and executives of HA, the TFIC pledges to accomplish the following objectives:

- To develop and promulgate broad policy on issues relating to infection control in HA
- To provide expert advice and support to HA on matters relating to infection control
- To support the continuing development and review of infection control practice in HA
- To serve as a mechanism for the surveillance and control of hospital-acquired infections, and to draw up relevant quality assurance programs and/ or policy on occupational health where infection is of concern

To reflect its central co-ordination function, the TFIC was renamed as Central Committee on Infection Control (CCIC) in March 2003.

#### **B) A Network of Shift Duty Microbiologist**

Established under the TFIC is a roster system of on-call Duty Microbiologist. It is so established in order to provide a swift monitoring and alert to HA on development and trend of infectious diseases. Throughout the operations, the system has been confirmed of its significance to the whole of the Authority as far as infectious diseases surveillance is concerned. The main contributions of this network are highlighted below:

- Provide monitoring of infectious diseases notification
- Organize immediate professional response on ad-hoc issues
- Offer timely alert to HA Duty Officers on infectious diseases incident(s) that is of public interest

- Advise HA on the coordination of infection control efforts

The duty roster for 2003 is prepared at annex I.

### **C) A System of Subject Officers for Individual Infectious Disease(s)**

Further, subject officers are designated amongst members of the CCIC to provide timely expert input on a particular infectious diseases(s), given the immensity of the subject. The set-up proves to be valuable in

- formulating and updating relevant Guidelines/Fact Sheets/Documents of Frequently Asked Questions (FAQ) on specific topic of importance
- initiating appropriate action plans, such as planned isolation facilities for incident of smallpox
- reviewing notification criteria and procedures
- represent HA in the various Advisory Committee, both set up under HA or outside of HA.

The promulgation of these Fact Sheets/FAQ/Guidelines is through internal circular to all parties in question, most noticeably CCEs/HCEs, ICOs/ICNs, and members of CCIC and co-ordinating committees of relevant clinical specialties, as well as through HA home page under the section of "Clinical Manuals / Guidelines - Infectious Disease". (see annex 2). To heighten the general awareness of the front-line, seminar/ forum has been organized or special pop-up page inserted in the intranet for specific infectious diseases of wide concern, such as dengue fever and SARS.

### **At Cluster/ Hospital Level**

#### **A) Cluster-based Infection Control Committee and Hospital Infection Control Team**

To further enhance the quality standard in terms of infection control at cluster or hospital level, hospitals and clusters have respectively designated Infection Control Teams (ICTs) for the overall co-ordination and implementation of infection control measures at operational level as well as Infection Control Committees (ICC). Under the hospital/cluster ICC, all infection control policies, procedures, and guidance will be discussed, reviewed and endorsed. The ICTs also provide expert advice and support on the implementation of these policies, and monitors the progress of infection control programs drafted in the HA Annual Plan mechanism. Programs such as the antibiotic resistance surveillance and surgical site infection surveillance program fall under this category.

#### **B) A Communication Network between Hospital ICTs and the Secretariat, CCIC**

Making use of the email technology, there has been a close communication

network built up between ICTs and Secretariat of CCIC. Apart from guidelines promulgation, material relevant to the tasks of infection control will be circulated to ICTs for information.

### **C) Implementation of Appropriate Infection Control Measures**

ICTs in consultation with clinical microbiologists and infectious disease physicians will derive appropriate infection control measures and advise colleagues accordingly. Measures such as droplet precaution, hand-washing alert, protective measures while attending to suspected patients of ID, cohorting of clinical areas, will be implemented to contain the further spread of the diseases.

## **II. The Surveillance Strategy**

The strategies and action plans for the management of communicable diseases, as well as the prevention of hospital-acquired infections in HA has been outlined and presented to the Medical Services Development Committee (MSDC) of the HA Board on 5 August 02.

The strategies include the following elements:

- Collaboration among different disciplines involved in the management of infection. This is to be achieved on a mega-cluster level, with the formation of an integrated infectious disease team comprising of infectious diseases physicians, medical microbiologists, infection control team, pharmacists and other relevant specialists.
- Early recognition of infection;
- A strong system of surveillance. While this is the key to control infectious diseases, gaps are identified in the current local system. It was suggested to broaden the scope of diseases reporting, exchange of surveillance data between HA and DH, inter-laboratory sharing of data and organisms, and training on epidemiology.
- An established mechanism in managing infections of public concern;
- A proficient hospital infection control team to investigate and control hospital outbreaks promptly.

The Flow chart in the overall strategy for management of infectious diseases of public concern is attached in annex 3.

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Microbiologist Duty Roster for HA Infection Surveillance

<u>Month 2003</u>	<u>Duty Microbiologist</u>	<u>Tel (Office)</u>	<u>Tel (Home)</u>	<u>Pager</u>	<u>Fax</u>
January	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
February	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
March	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
April	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
May	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
1 - 25 June 26 - 30 June	[REDACTED] [REDACTED]	[REDACTED] [REDACTED]	[REDACTED] [REDACTED]	[REDACTED] [REDACTED]	[REDACTED] [REDACTED]
July	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
August	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
September	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
October	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
November	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
December	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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**Thematic View** | **Functional View**

**Seek Out**

- Activities and Events
- Circulars / Memo
- Contract Medical Officers and Residents Column
- Health Education
- Health Partners
- Intranet Resource Centre
- Manuals / Guidelines
- Meeting Papers
- Messages / Speeches
- Our Services
- Press Release
- Procurement
- Professional Resources/Partners
- Publications
- Telephone Directory
- Training

**Intranet Directory**











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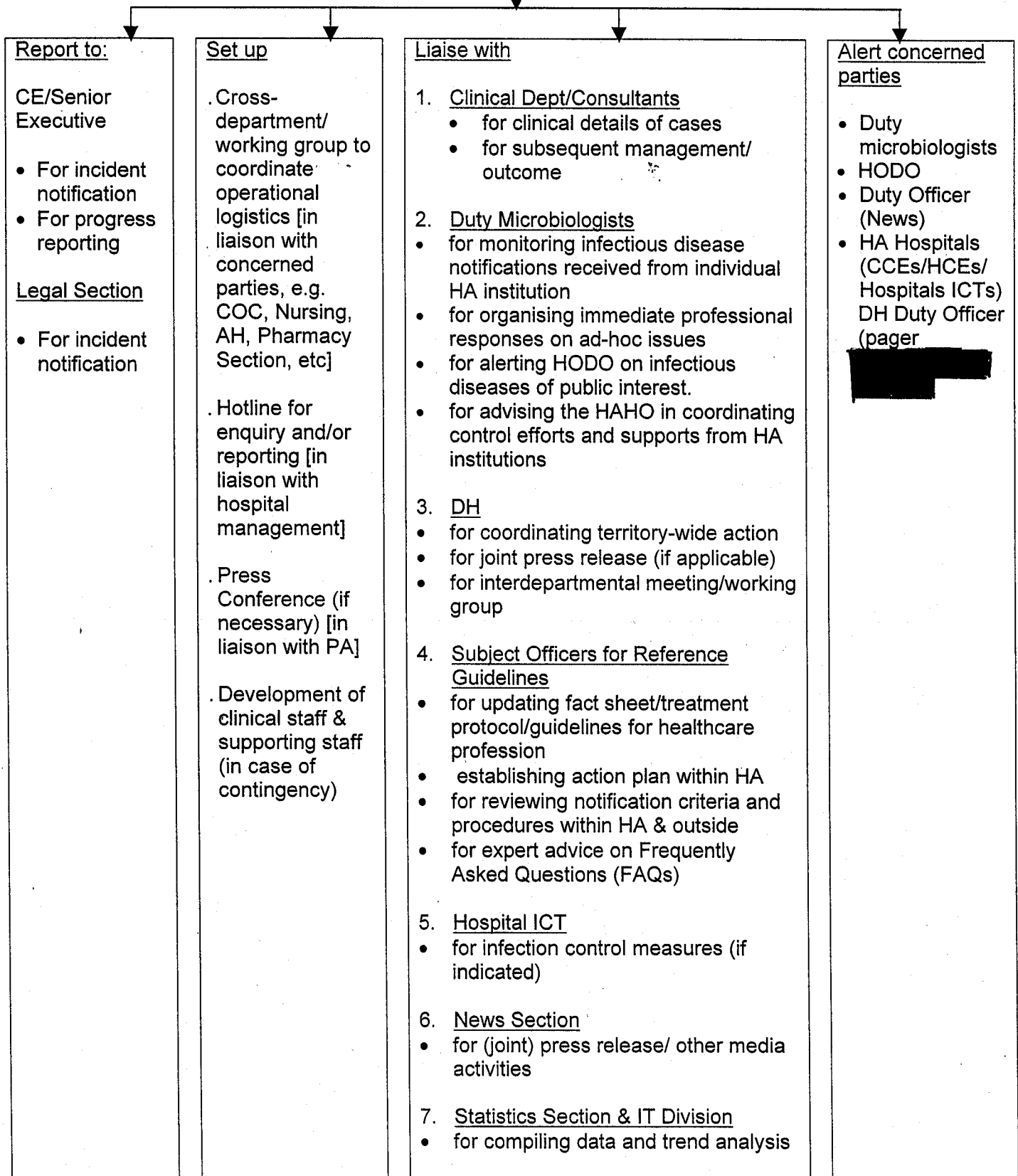
**Seek Out : Manuals / Guidelines : Clinical Manuals / Guidelines : Infectious Disease**

- ▶ Presentation files of the Seminar on Management & Prevention of Dengue Fever held on 3 June 03 - 3 
- ▶ Presentation files of the Seminar on Management & Prevention of Dengue Fever held on 3 June 03 - 2 
- ▶ Presentation files of the Seminar on Management & Prevention of Dengue Fever held on 3 June 03 - 1 
- ▶ Fact sheet on Prevention and Management of Dengue Fever in Hospital (May 2003)   
It included FAQ in Management of Dengue Fever (Oct 2002)  
Prevention and Management of Dengue Fever in Hospital
- ▶ HA Information on Management of SARS
- ▶ Fact Sheet on Management of Severe Influenza Infections (Jan 2003)   
Information on Management of Severe Influenza Infections
- ▶ Fact sheet on Preparation for Biological Attack (Jan 2003)   
Preparation for Biological Attack (Jan 2003)
- ▶ Fact sheet on Smallpox (Jan 2003)   
Fact sheet on smallpox
- ▶ Fact Sheet on Plague (Jan 2003)   
Fact Sheet on Plague
- ▶ Fact sheet on Botulism (Jan 2003)   
Fact sheet on Botulism
- ▶ Fact Sheet on Anthrax (Jan 2003) 

## Flow chart for Infectious Disease of Public Concern

Report from Hospital/ Duty Microbiologists/ News Section

Subject Officer/Secretary of TFIC



Remarks:

\*The list of subject officers for Co-ordination of infection control guidelines is per Appendix



List of Subject Officers for Infection Diseases

		Subject officer
1	Vibrio Cholerae Serotype, O1	[REDACTED]
2	E Coli O157 (toxic strain)	[REDACTED]
3	Hantaan Virus	[REDACTED]
4	Haemorrhagic Fever with Renal syndrome	[REDACTED]
5	Extended spectrum B lactamases (ESBL)	[REDACTED]
6	HIV Post-exposure management	[REDACTED]
7	Influenza A (H5N1)	[REDACTED]
8	Cholera	[REDACTED]
9	Foodborne Botulism	[REDACTED]
10	Rubella and Measles vaccinations	[REDACTED]
11	Parvovirus B19 Infection	[REDACTED]
12	Methicillin-resistant S.aureus (MRSA)	[REDACTED]
13	Enteroviral Infection	[REDACTED]
14	Staphylococcus aureus with reduced susceptibility to Vancomycin (VISA)	[REDACTED]
15	Influenza	[REDACTED]
16	Vancomycin-Resistant Enterococci (VRE)	[REDACTED]
17	Biological Agents, including Anthrax, Botulism, Plague, Smallpox	[REDACTED]
18	Tuberculosis	[REDACTED]
19	Creutzfeldt-Jakob Disease	[REDACTED]
20	Viral Haemorrhagic Fever	[REDACTED]
21	Dengue Fever	[REDACTED]