

COVID-19 & Infection Control Measures in Nursing Homes in Hong Kong

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COVID-19 and Long-Term Care Policy for Older People in Hong Kong

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ABSTRACT

Hong Kong is a major international travel hub and a densely populated city geographically adjacent to Mainland China. Despite these risk factors, it has managed to contain the COVID-19 epidemic without a total lockdown of the city. Three months on since the outbreak, the city reported slightly more than 1,000 infected people, only four deaths and no infection in residential care homes or adult day care centers. Public health intervention and population behavioral change were credited as reasons for this success. Hong Kong's public health intervention was developed from the lessons learned during the SARS epidemic in 2003 that killed 299 people, including 57 residential care residents. This perspective summarizes Hong Kong's responses to the COVID-19 virus, with a specific focus on how the long-term care system contained the spread of COVID-19 into residential care homes and home and community-based services.

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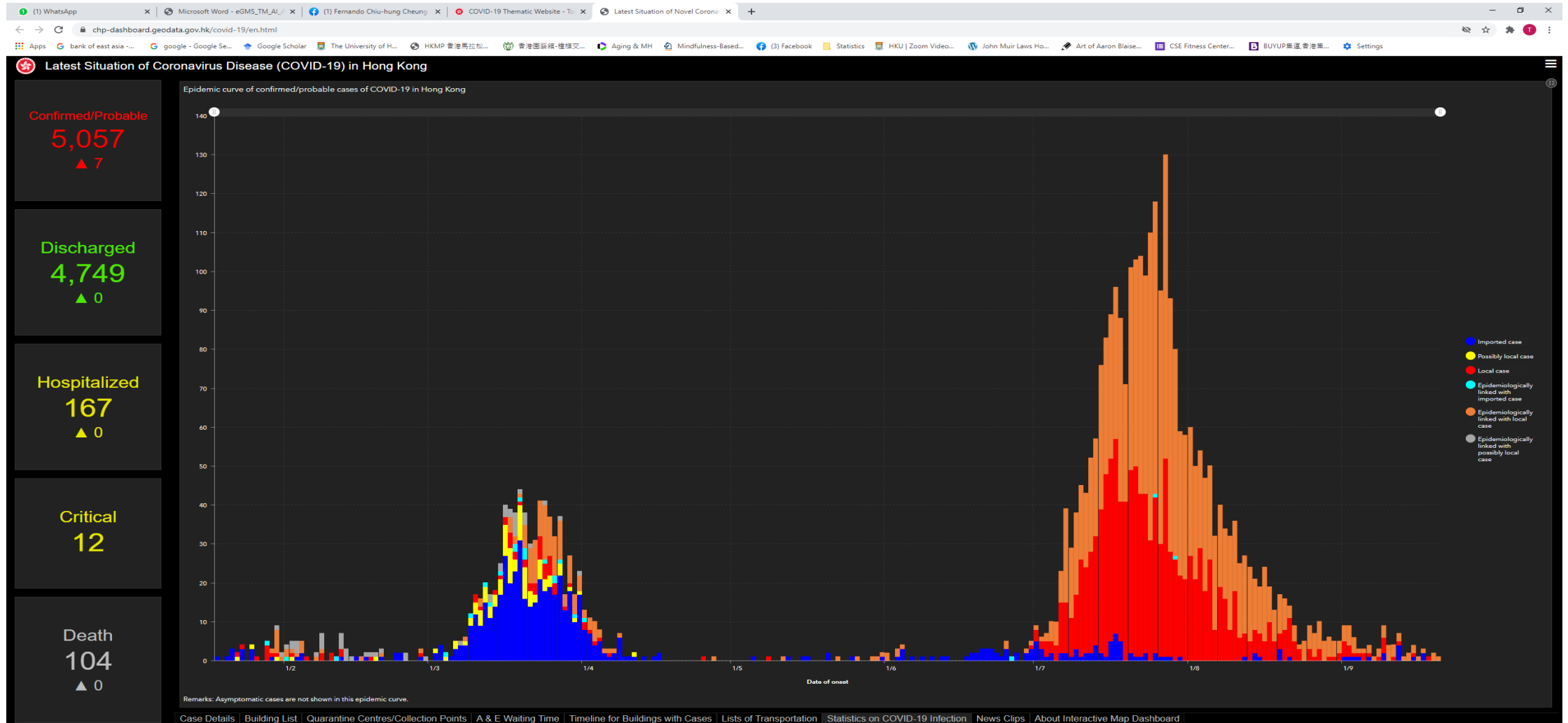
COVID-19; Hong Kong; nursing homes; public health interventions; SARS

Hong Kong is an international travel hub closely connected to all major cities in Mainland China and internationally. It has ranked consistently as the most traveled city in the world (Euromonitor International, 2019). With about 7.5 million residents, it received more than 65 million visitors in 2018, a great majority of whom, 43.7 million, were from mainland China (Census & Statistics Department, 2020). When the news of COVID-19 emerged in Wuhan in January, Hong Kong was expected to be hit hard by the epidemic because of its immense population density, geographic proximity to Mainland China, fluid boundaries with neighboring areas, and a large number of mainland and international visitors. Instead of being severely impacted, however, Hong Kong's responses to contain the infection and death rates have been recognized as highly effective (Gibney, 2020).

COVID-19 statistics for Hong Kong

- As of September 23, 2020:
- Cumulated confirmed cases: 5,050
- Cumulated deaths: 104
- Nursing homes with infection: 16 (2%)
- Nursing home residents infected: 105
- Nursing home residents killed: 30
 - Mortality rate for nursing home residents: 29%
 - Mortality rate in HK: 2%
- Frontline NH staff infected: 28

COVID-19 in Hong Kong



Source: <https://chp-dashboard.geodata.gov.hk/covid-19/en.html>

About Hong Kong

- Right next to China.
- An international travel hub.
- It has ranked consistently as the most travelled city in the world.
 - With about 7.5 million residents, it received more than 65 million visitors in 2018, a great majority of whom, 43.7 million, were from mainland China (Census & Statistics Department, 2020).
- A recent article published in *Lancet Public Health* concluded that Hong Kong seems to provide a good example to the world in how to effectively curb COVID-19 without a total lockdown, a strategy adopted by many other countries (Cowling et al., 2020)

LTC system in HK

- Part of the social welfare system
- All nursing homes are licensed and follow the code of practices set by the Government.
- As of March 31, 2020, there were:
 - 760 residential care homes: 165 government funded care homes (average 120 residents per home) and 595 non-government funded care homes (average 103 residents per home)
 - providing 76,343 residential care beds

Lessons from SARS in 2003

- Worldwide: 8,098 people infected and 774 people killed.
- Hong Kong: 1,775 people infected (22% of the total infected worldwide) and 299 deaths (39% of total deaths worldwide).
 - 324 were older adults aged 65 years or over (18% of the total number infected),
 - 72 were care home residents (22% of the total number of older adults infected)
 - Of whom 57 died (79% of care home residents infected)

Nursing home residents

- Five times more likely to be infected than the general public.
- 81% of infected care home residents acquired SARS in hospitals (Kong 2006).
- Furthermore, nursing home residents had a much higher mortality rate (78.1%) than community-dwelling older adults (44%) and non-older adults (6.3%) (Kong, 2006).

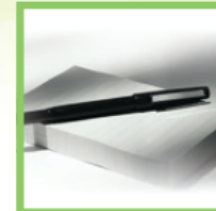
Lessons learned

1. Older adults are more vulnerable to SARS as they have both a high infection rate and a high mortality rate once infected;
2. Care home residents are particularly vulnerable as their risk of contracting SARS was 5 times that of the general population;
3. Most infections of care home residents are acquired during hospital visits, therefore cutting the transmission between hospitals and care homes should be an important defense to protect care home residents;
4. A higher proportion of elderly SARS patients require intensive care and mechanical ventilation and have longer hospital stays, thereby increasing the burden on the health care system.

Corrective actions after SARS

- Government published the first “Guidelines on Prevention of Communicable Diseases in Residential Care Homes for the Elderly” in 2004.
- Infection Control Officer.
- Annual practice for infectious control during flu season.
- 1-3 months supply of PPE.

Guidelines on **Prevention of Communicable** **Diseases in Residential Care** **Homes for the Elderly** **(3rd Edition, 2015)** **(Last update: August 2019)**



Responses to COVID-19

- Intense surveillance for infection in incoming travelers and in local communities;
- Isolation of infected patients in hospitals for treatment and their close contacts in special quarantine facilities for observation,
- Travel restrictions and bans
- School closures;
- Flexible working arrangements,
- Prohibition of gatherings of more than four people in public

Measures in Nursing Homes

- Service providers imposed stringent visitation rules and hygiene practice immediately above and beyond the requirements of the guidelines.
- All face-to-face visits by outsiders including family members and volunteers were terminated between February and early May.
- Remote meetings via information technology channels (e.g., Zoom and Facetime) have been organized in some care homes to maintain residents' social connections.
- The body temperature of all staff who work in care homes is checked before work and anyone with a fever or other signs of respiratory infection will not be allowed to work.
- All staff are required to wear a face mask all day while working.

Measures in Nursing Homes

- All residents are required to wear a face mask in public areas inside the care homes.
- They are asked to eat and to stay in their rooms most of the time.
- Strict hand hygiene practice is observed.
- The social isolation of care home residential came with a high cost. There were reports that cognitive function and health of some care home residents deteriorated significantly during this period.
- Some of these measures were eventually lifted on Mother's Day when many care homes allowed limited visits from family members. These homes provide designated visitation areas for family members to meet with residents.



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Thank
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