



Service area/ Sub-specialty Name:

- **Paediatric Immunology, Allergy and Infectious Diseases (PIAID)**

Membership:

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Deliberation Process:

Prior discussion in Meetings	Date	Outcome
• Clinical Work Group Representatives Meeting	<i>Pending arrangement</i>	TBC
• Clinical Management Committee (CMC)	<i>Pending arrangement</i>	TBC
• Work Group on Manpower & Training	<i>Pending arrangement</i>	TBC
• Planning & Commissioning Committee (PCC)	<i>Pending arrangement</i>	TBC

Existing service arrangement

- Infectious disease inpatient services at secondary level are currently provided by most HA paediatric departments while tertiary services are provided in 4 PIAID centres (PMH, PWH QEH, QMH), which are accredited by College to be training centres.
- HA IDC at PMH a tertiary ID centre has 24 paediatric beds including 2 ICU beds
- Primary immunodeficiency are essentially cared by PWH and QMH with HSCT service.
- QEH and QMH serve children with HIV/AIDS
- PWH and QMH have high volume service of complicated allergy cases and mostly are under ambulatory care.
- QMH's PIAID service also take charge of tertiary autoinflammatory condition, immunedysregulatory and rheumatological cases

Existing manpower and service throughputs

<p>Existing manpower</p>	<p>PMH (1 CON, 1 AC, 1 RT) PWH (2RT, 1CUHK staff) QEH (2AC, 1 RS) QMH (1CON, 1AC, 1 RT and 2 HKU staff)</p> <p>Remark: 1 HKU staff and 1 AC of PWH not counted in this pool to avoid double counting with Oncology service/Transplant service Laboratory (microbiology and immunology service) not counted</p>
<p>Existing caseload</p>	<p>ID Total New case/yr 2000 OP 240 IP 1760 Episode/yr 4000</p> <p>IA Total New Case/Yr 350 OP 300 IP 50 Episode/yr 4000</p>

Proposed service arrangement in the context of HKCH development

Hospital	Role	Scope of Services
HKCH	<ul style="list-style-type: none"> • Coordinating • Common protocols • Leadership • Comprehensive one-stop service • Multidisciplinary complicated case • Non-communicable ID cases • Tertiary 	<ul style="list-style-type: none"> • Diagnostic evaluation and management of conditions like: <ul style="list-style-type: none"> • Primary immunodeficiency • Anaphylaxis • Multiple drug and food allergy • Stem cell transplantation of immunodeficiency • Immunomodulatory therapy • Specific allergen immunotherapy -oral tolerance induction • Use of biologic agents • Severe or complicated cases of non-communicable infectious diseases include: <ul style="list-style-type: none"> • Opportunistic infections in immunocompromized hosts • Severe/complex infections requiring organ/surgical support and multidisciplinary care • Infections caused by multiple-drug resistant organisms • Disseminated infection with herpes group viruses • Invasive/systemic fungal, atypical mycobacterial or parasitic infections.
Regional hospitals	<ul style="list-style-type: none"> • Secondary • Referral network • Prevention • Step-down 	<ul style="list-style-type: none"> • Secondary care and step-down immunology, allergy and infectious diseases services • IDC -the designated centre for emergency preparedness and first line defence for containing initial community outbreaks of novel, emerging or reemerging infectious diseases and agents of biological attack • Antibiotic –stewardship and infection control

Phased implementation plan before full-team establishment in HKCH

- 12 months prior commencement could start relocate old cases to HKCH clinics
- Set up 5 clinics ID, immunology, allergy, HIV, inflammatory/vasculitis (by 1C+4AC)
- Trial run of 2 months of logistics in accepting referrals from other hospitals
- Ambulatory skin test/food and drug challenge service
- Providing consultation service to other subspecialties

- Be responsible for the operation of the 29 isolation beds in HKCH & part of general paediatrics when full functioning

Service areas requiring collaboration and planning with other sub/-specialties

Oncology

HSCT

Manpower Planning

	Manpower requirement for HKCH		Existing manpower to be transferred to HKCH	Estimated Additional Manpower Requirement
	Interim arrangement	Full-team establishment		
CON	1 consultant (interim) 2 consultants (Full team)		1	1
AC	4 AC(interim) 4 AC (Full team)		4	
RS/RT	5		5	
TOTAL	10(11)		10	

Justifications for Manpower Requirement

Hub and spoke service model

The HKCH team will share the remainder out-patient clinic at 4 PIAID centres (PMH, PWH, QEH, QMH)

Lead Antibiotics-stewardship Programme for HKCH

Lead Infection control for HKCH

Forming an allergy referral /anaphylaxis prevention network

Comprehensive training programme for whole HK

Supporting Slide

Way forward

- To provide training opportunities and to implement improvement initiatives to cater for the service gaps identified:
 - Management of infections in critical care patients and immunocompromized hosts
 - Allergen immunotherapy and insufficient capacity in handling provocation test
 - Care model for orphan inflammatory diseases
 - Use in novel therapy and biologic agents