



微 生 物 學 系

DEPARTMENT OF MICROBIOLOGY

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31 Dec 2005

Ms. Doris CHAN
Clerk to Panel
Panel on Health Services
Legislative Council, HKSAR

Dear Ms. CHAN,

Re: Meeting on 9 January 2006, Panel on Health Services

I refer to your letter of 14 December 2005. Please find enclosed my written submission on the notification of infectious diseases between the Mainland and Hong Kong. I should be grateful if you could pass the documents to the Panel members for their information.

I would like to thank the Hon. KWOK Ka-ki for inviting me to attend this meeting. Please understand that I am already fully engaged with clinical service and teaching on the meeting date and would NOT be able to attend this meeting. On this, please send my apology to the Chairman and the other panel members.

If I could be of further assistance, please do not hesitate to let me know.

Thank you

Yours sincerely,

A handwritten signature in cursive script, appearing to read 'Ho Pak Leung'.

Dr. HO Pak Leung
FACP, MRCP, MRCPATH, FRCPA, FHKCPATH, FHKAM
Associate Professor
Department of Microbiology
University of Hong Kong

Notification of infectious diseases between the Mainland and Hong Kong

Background

1. Notification is widely used as one of the tools for public health surveillance. This is important for use in the planning, implementation, and evaluation of public health practice. In most countries, a combination of health care provider reporting and laboratory reporting is used to ensure a more complete and timely reporting of diseases under surveillance. Despite mandatory requirements, incomplete and delay reporting continue to be an important issue in many countries (Silk BJ et al 2005).

2. In a given area, the list of diseases that is recommended for surveillance is chosen to reflect the needs and priorities from the local public health perspective at any given time. Since public health issues are not the same at state, provincial and regional levels, the list of diseases requiring notification could vary within a given country or area. Such variations are well-reflected in the list of conditions requiring notification in the Mainland, Hong Kong SAR and Macau SAR. In Annex 1, diseases requiring reporting in the three areas and those for several other places are tabulated for comparison. It should be pointed out that differences in reporting requirement and access to diagnostic resources could contribute to incomplete reporting. In the United States, of 58 diseases recommended for national reporting, 15 diseases were reportable in >90% of the states and territories, 15 were reportable in 75-90% and 8 were reportable in <75% (Roush et al 1999). Only 19 of the 58 infectious diseases were reportable in all of the states and territories.

3. Surveillance definition is an integral part of any disease notification. As illustrated by the recent incident of human avian influenza infections in Hunan (Annex 2), surveillance definition could have strong influence on the time required for establishing a disease diagnosis for notification purpose.

4. The existing infectious disease notification system between the Mainland and Hong Kong health authorities as summarized by the Health, Welfare and Food Bureau (HWFB) and Centre for Health Protection (CHP) is attached as Annex 3. According to the CHP, eight infectious diseases are specified by the notification mechanism agreed by Guangdong, Hong Kong and Macau: cholera, tuberculosis, dengue fever, malaria, SARS, Japanese encephalitis, HIV/AIDS.

My suggestions

5. The intense interest on infectious diseases with a potential to spread across geographic boundaries has provided ample opportunities for public health authorities in Hong Kong to strengthen ties with key partners in the Mainland and Macau. I concur with an earlier suggestion in LC paper No. CB(2)2144/04-05 that the existing surveillance and notification system on infectious disease between the Mainland Provinces (apart from Guangdong Province) and Hong Kong could be further developed and strengthened. Understandably, this would require mutual input, resources and time for the system to mature.

6. Notification is only one of the many tools for enhancing the ability of public health authorities to respond in a timely manner. As this is influenced by surveillance definition, background disease rates, available resources and access to tests for confirming diagnosis and competing public health priorities, the time needed to enact a requirement could differ

substantially in different places. There is a need for the Hong Kong public health authorities to educate the public on the surveillance mechanisms and infectious disease epidemiology in the Mainland and Macau, such as by adding the relevant information to the electronic platform at the CHP website. In the longer term, I concur with an earlier suggestion in CB(2)1158/04-05(01) that a common electronic platform for infectious diseases surveillance be established on the Internet to facilitate exchange of infectious diseases data and outbreak information among health authorities in the Mainland, Hong Kong and Macau.

7. Since the epidemiology of infectious disease is dynamic, the reportable lists and the surveillance definitions in the Mainland, Hong Kong and Macau would need to be regularly updated with additions and deletion. It would be beneficial for the Hong Kong public authorities to regularly summarize such changes in an electronic platform for information by the public and health care professionals.

December 2005

References

Roush S, Birkhead G, Koo D, Cobb A, Fleming D. Mandatory reporting of diseases and conditions by health care professionals and laboratories. JAMA. 1999;282(2):164-70.

Silk BJ, Berkelman RL. A review of strategies for enhancing the completeness of notifiable disease reporting. J Public Health Manag Pract. 2005;11:191-200.

The Administration's paper on the notification of infectious diseases between the Mainland and Hong Kong [CB(2)354/04-05(01)] (8 November 2004) <http://www.legco.gov.hk/yr04-05/english/panels/hs/papers/hs1108cb2-354-1e.pdf>

Letter dated 7 February 2005 from the Chairman of the Panel to the Chief Executive of the Hong Kong Special Administrative Region of the People's Republic of China and Private Secretary to Chief Executive's response regarding the notification system on infectious diseases between the Mainland and Hong Kong [CB(2)1158/04-05(01)] (3 February 2005) <http://www.legco.gov.hk/yr04-05/english/panels/hs/papers/hs0203cb2-1158-1e.pdf>

	Notifiable Disease	Hong Kong	Mainland	Macau	Taiwan	Japan	Singapore	UK	USA @	Canada
1	acute encephalitis							Y		
2	acute flaccid paralysis				Y					Y
3	acute poliomyelitis	Y	Y			Y	Y	Y	Y	Y
4	amoebic dysentery	Y	Y		Y	Y				amoebiasis
5	anthrax		Y			Y		Y	Y	
6	B virus disease					Y				
7	bacillary dysentery	Y	Y		shigellosis	Y		dysentery	Y (shigellosis)	Y (shigellosis)
8	botulism					Y			Y	Y
9	brucellosis		Y			Y				Y
10	Campylobacteriosis									Y
11	chancroid						Y		Y	Y
12	chickenpox	Y					Y		Y (varicela)	Y
13	chlamydia trachomatis, genital infection								Y	Y
14	cholera #	Y	Y		Y	Y	Y	Y	Y	Y
15	coccidioidomycosis					Y			Y	
16	Creutzfeld-Jakob Disease					Y				Y
17	Crimean-Congo hemorrhagic fever					Y				
18	cryptosporidiosis					Y			Y	Y
19	dengue fever #	Y	Y		Y	Y	Y			
20	diphtheria	Y	Y			Y	Y	Y	Y	Y
21	Ebola hemorrhagic fever					Y				
22	Echinococcosis					Y				
23	ehrlichiosis (granulocytic, monocytic, other & unspecific)								Y	
24	encephalitis					Y	Y			
25	encephalitis/meningitis, Arboviral (1)								Y	
26	Enteroviruses infection complicated severe case				Y					
27	epidemic hemorrhagic fever (EHF)		Y						Y	
28	Escherichia coli Enterohemorrhagic (2)				Y	Y			Y	Verotoxigenic E. coli
29	food poisoning	Y						Y		
30	giardiasis					Y			Y	Y
31	Gonococcal Ophthalmia Neonatorum									Y
32	gonorrhea		Y		Y		Y		Y	Y
33	Group B Streptococcal Disease of the Newborn									Y
34	Haemophilus influenzae invasive disease				only type b			Y (only meningitis)	Y	Y (only type b)
35	Hand, foot and mouth disease						Y			
	Notifiable Disease	Hong Kong	Mainland	Macau	Taiwan	Japan	Singapore	UK	USA @	Canada
36	Hantavirus Pulmonary Syndrome					Y			Y	Y
37	Hemolytic Uremic Syndrome								Y	

38	hemorrhagic fever with renal syndrome				Y	Y				
39	HIV/AIDS #		Y		Y	only AIDS	Y		Y	Y
40	influenza A (H5, H7 or H9)	Y	highly pathogenic avian influenza viral infection							
41	influenza, avian virus infection					Y				
42	Influenza, laboratory-confirmed									Y
43	Influenza, severe case				Y					
44	Japanese encephalitis #	Y	Y (epidemic encephalitis B)		Y	Y				
45	Japanese spotted fever					Y				
46	Lassa fever					Y				
47	legionaires' disease	Y			Y	Y	Y		Y	Y
48	leprosy	Y			Y		Y		Y	Y
49	leptospirosis		Y			Y		Y		
50	Listeriosis								Y	Y (all types)
51	Lyme disease					Y			Y	
52	Lyssavirus infection					Y				
53	malaria #	Y	Y		Y	Y	Y	Y	Y	Y
54	Marburg disease					Y				
55	measles	Y	Y		Y		Y	Y	Y	Y
56	Meningitis, Other Bacterial									Y
57	Meningitis, Pneumococcal							Y		Y
58	meningitis, unspecified							Y		
59	Meningitis, Viral									Y
60	meningitis, viral							Y		
61	meningococcal infections	Y	meningococcal meningitis		only meningitis	Y (only meningitis)		Y (meningitis & septicaemia)	Y	Y (only invasive disease)
62	monkeypox					Y				
63	mumps	Y					Y	Y	Y	Y
64	Nipah virus infection					Y	Y			
65	non-specific urethritis						Y			
	Notifiable Disease	Hong Kong	Mainland	Macau	Taiwan	Japan	Singapore	UK	USA @	Canada
66	Ophthalmia neonatorum							Y		
67	paratyphoid fever	Y	Y		Y	Y	Y	Y		Y
68	plague	Y	Y			Y	Y	Y	Y	Y
69	Psittacosis					Y			Y	
70	Q fever					Y			Y	

Annex 1

71	rabies	Y	Y			Y		Y	Y (both animal & human)	Y
72	relapsing fever	Y				Y		Y		
73	Rocky Mountain Spotted Fever								Y	
74	rubella	Y			Y		Y	Y	Y	Y
75	rubella, congenital					Y				
76	salmonellosis								Y	Y
77	SARS #	Y	Y			Y			Y	
78	scarlet fever	Y			Y			Y		
79	schistosomiasis		Y							
80	smallpox					Y		Y		
81	Streptococcal Disease, Invasive, Group A					Y			Y	Y
82	Streptococcus Pneumoniae								Y	Y
83	Streptococcus suis	Y								
84	syphilis		Y		Y	Y	Y		Y	Y
85	tetanus	Y	neonatal tetanus		Y	Y		Y	Y	Y
86	Toxic-Shock Syndrome								Y	
87	Trichinellosis								Y	Y
88	tuberculosis #	Y	Y		Y		Y	Y	Y	Y
89	Tularemia	Y				Y			Y	
90	typhoid fever	Y	Y		Y	Y	Y	Y	Y	Y
91	typhus	Y			only scrub typhus	Y		Y		
92	Vancomycin-resistant Enterococcus infection					Y				
93	Vancomycin-resistant Staphylococcus aureus infection					Y				
94	Viral haemorrhagic fever							Y		
95	viral hepatitis	Y	Y		Y	Y	Y	Y	Y	Y
96	West Nile fever (including West Nile encephalitis)					Y				
97	whooping cough	Y	Y		Y			Y	Y	Y
98	yellow fever	Y				Y	Y	Y	Y	Y
	Footnotes: #, diseases specified by the notification mechanism agreed by Guangdong, Hong Kong and Macau; @, as of April 2005									
	Abbreviations: Y, Yes									

Total number of document(s): 1

港聞
A32

Hong Kong Economic Times

譚以和
2005-12-08

禽流擴散

內地化驗嚴謹 需時3至4周

為何內地禽流感患者總是遲遲未確診？上月往北京考察的 生署化驗專家 **林薇玲** 透露，內地化驗水平雖然明顯改善，但在今次疫情當中，醫護警覺性不足，延遲抽取樣本化驗，另一重要關鍵是，內地對確診病例的標準，較本港及世的更「嚴謹」，結果在港被視為確診的患者，換在內地可能未算染疫。她坦承：「要3、4星期（完成化驗）不出奇。」

港專家赴京 了解湖南病例

本港微生物學家說，理解內地為何要提高確診要求，但擔心做法使香港延遲停入疫區病雞，甚至未能及早知悉內地爆發人傳人疫情。

生防護中心公共 生化驗服務處分處主任 **林薇玲** 醫生上月應世 駐華辦事處之邀，前往北京考察10天，並了解早前湖南賀氏姊弟的病例。

對於湖南病例出現發病超過一個月才確診的問題，她昨日接受訪問時指出，醫護初時警覺性不足，故兩姊弟在發病8天始抽取樣本化驗：「應該好早期就抽取樣本，第8日才抽，結果如果是陰性，未必一定是（真正）陰性！」

她解釋，多數禽流感患者在發病後6、7日，體內經已沒有病毒，根本不能驗出病毒，結果導致延誤，未能及早確定患者受感染，需進行其他測試。同時，部分縣級 生部門沒有快速測試技術，化驗需轉往省級進行。

內地確診定義 較本港世 嚴

至於內地對「確診」的定義，**林薇玲** 透露，原來內地的標準較香港及世的還要「嚴謹」：若兩間認可實驗室的PCR快速測試證實患者呈陽性，世 經已將患者視為確診病例，但內地卻要求另行病毒分離測試或抗體測試，證實屬陽性方可確診，結果整個化驗可能要延遲最少3至14日（見附表）。

但她認為，兩地確診定義雖有不同，只要內地即時對可能感染者做足隔離及感染控制措施，便不影響疫情監控。

港大感染及傳染病中心副總監何 良教授說，PCR快速測試的準確度較低，容易出現「假陽性（誤以為健康者染疫）」，明白內地為何要提高標準，但此舉可能影響香港：「這些地方或有雞隻供港，遲些先知道有人感染，最直接影響香港……萬一內地有人傳人，集中感染，遲一、兩星期通報，影響世 甚至各地的疫情控制。」

中港對禽流確診定義不同

現有3種禽流感測試

1. PCR快速測試: 檢測患者的呼吸道分泌物樣本, 是否帶有禽流感病毒的基因, 準確度較低, 可在3、4小時完成化驗
2. 病毒分離測試: 將患者的呼吸道分泌物樣本進行病毒分離, 看能否培養出禽流感病毒, 準確度高, 需時最少3至4日
3. 抗體測試: 對比患者在發病急性期及康復期, 血清內的禽流感病毒抗體滴度會否相差4倍, 準確度高, 需時最少14日

香港及世 確診定義

1. 兩間世 實驗室證實, 患者樣本的PCR快速測試呈陽性; 或
2. 樣本成功分離出病毒; 或
3. 抗體測試呈陽性

內地確診定義

1. 樣本成功分離出病毒; 或
2. 抗體測試呈陽性; 或
3. PCR快速測試呈陽性及樣本成功分離出病毒; 或
4. PCR快速測試及抗體測試均呈陽性

資料來源: 生防護中心分處主任 **林薇玲** 醫生

相關文章:

世 : 人染禽流感不再限疫區 廣西未爆疫 女童食病雞染病

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For information**Legislative Council Panel on Health Services****Notification of Infectious Diseases
between the Mainland and Hong Kong****Purpose**

This paper updates Members on the notification system between the Mainland and Hong Kong health authorities in respect of infectious diseases.

Background

2. With the increasing volume of travel between the Mainland and Hong Kong, it is necessary for the health authorities of Hong Kong and Mainland to forge a close communication network in respect of infectious diseases so that necessary disease prevention and control measures can be put in place in a timely manner.

Notification Mechanism

3. The Severe Acute Respiratory Syndrome (SARS) outbreaks in Guangdong and Hong Kong last year called for urgent actions to establish more effective communication channels between the two places to enable timely exchange of important information about infectious disease incidents and outbreaks. Experts from the Guangdong Province and Hong Kong agreed in April 2003 to enhance the SARS notification mechanism for regular exchange of latest information, including statistics, clinical treatment and progress of epidemiological research. The arrangement was subsequently extended to cover Macao in May 2003.

4. The Tripartite Meeting of Guangdong-Hong Kong-Macao Expert Group on Prevention and Treatment of Infectious Diseases met several times since May 2003 and agreed to enhance cooperation in the following areas -

- (a) exchanging information about notifiable diseases (32 in Hong Kong)

of the three places on a monthly basis (see Annexes A, B and C for the relevant notifiable diseases in Guangdong, Hong Kong and Macao respectively), and infectious diseases of concern as and when necessary;

- (b) promptly reporting among the three places sudden upsurge of infectious diseases of unknown nature or of public health significance;
- (c) establishing point-to-point communication with health authorities in Guangdong, e.g. the Guangdong Province Health Department, the Guangdong Province Center for Disease Control and Prevention and the Centre for Health Protection, via phone and/or fax;
- (d) arranging mutual visits to deepen each others' understanding of public health work on infectious diseases; and
- (e) maintaining regular reporting between Guangdong and Hong Kong regarding the latest SARS situation.

5. Therefore, under the existing mechanism, outbreaks in Guangdong on diseases like SARS, Avian Influenza and Dengue Fever, etc. will be made known to Hong Kong on a timely basis.

6. Moreover, since the SARS outbreak last year, the Department of Health (DH) has also been maintaining close contact with the Mainland Ministry of Health (MoH), which provides Hong Kong with a monthly summary of information on infectious diseases as well as information on important outbreak situation in other parts of the Mainland. The network covers any diseases of significant public health concern. The small-scale SARS outbreak in Beijing and Anhui in April this year confirmed that this arrangement was working satisfactorily.

Higher Level Liaison

7. Senior health officials of the Mainland, Hong Kong and Macao also meet on a regular basis to exchange latest information and enhance collaboration in respect of the prevention and control of infectious diseases. The Third Joint Meeting of Senior Health Officials of the Mainland, Hong Kong and Macao was held in Hong Kong on 15 and 16 October 2004. The health authorities of the three sides conducted frank and constructive discussions and shared their latest work experience in public health, prevention of infectious diseases, and monitoring of food hygiene. The meeting also reaffirmed the importance of timely exchange of information.

Way Forward

8. The Administration is keenly aware of the importance to maintain close liaison with the Mainland authorities in order that we respond swiftly to any potential outbreak situations. The Administration will keep our communication network with the Mainland under close review, with a view to further refining the arrangements for the protection of public health if necessary.
9. This paper is for Members' information.

**Health, Welfare and Food Bureau
December 2004**

Statutory notifiable infectious diseases of the Mainland

1. Plague
2. Cholera*
3. Viral Hepatitis
4. Dysentery : Bacillary Dysentery and Amebic Dysentery
5. Typhoid Fever and Paratyphoid Fever
6. HIV/AIDS*
7. Gonorrhoea
8. Syphilis
9. Poliomyelitis
10. Measles
11. Whooping Cough
12. Diphtheria
13. Epidemic Cerebrospinal Meningitis
14. Scarlet Fever
15. Epidemic Hemorrhagic Fever (EHF)
16. Rabies
17. Leptospirosis
18. Brucellosis
19. Anthrax
20. Typhus
21. Epidemic Encephalitis B*
22. Kala-Azar
23. Malaria*
24. Dengue Fever*
25. Neonatal Tetanus
26. Tuberculosis of Lungs*
27. Infectious Atypical Pneumonia (Severe Acute Respiratory Syndrome)*

* These 7 diseases are included in the 8 infectious diseases specified by the notification mechanism agreed by Guangdong, Hong Kong and Macao.

Influenza is not statutory notifiable infectious disease but should be reported under the Guangdong-Hong Kong-Macao notification mechanism.

Statutory notifiable infectious diseases of Hong Kong

1. Tuberculosis*
2. Acute Poliomyelitis
3. Amoebic Dysentery
4. Bacillary Dysentery
5. Chickenpox
6. Cholera*
7. Dengue Fever *
8. Diphtheria
9. Food Poisoning
10. Legionnaires' Disease
11. Leprosy
12. Malaria*
13. Measles
14. Meningococcal Infections
15. Mumps
16. Paratyphoid Fever
17. Plague
18. Rabies
19. Relapsing Fever
20. Rubella
21. Scarlet Fever
22. Tetanus
23. Typhoid Fever
24. Typhus
25. Viral Hepatitis
26. Whooping Cough
27. Yellow Fever
28. Severe Acute Respiratory Syndrome *
29. Influenza A (H5)
30. Japanese Encephalitis*

* These 6 diseases are included in the 8 infectious diseases specified by the notification mechanism agreed by Guangdong, Hong Kong and Macao.

AIDS and **Influenza** are not statutory notifiable infectious diseases but should be reported under the Guangdong-Hong Kong-Macao notification mechanism.

Statutory notifiable infectious diseases of Macao

1. Cholera*
2. Typhoid Fever and Paratyphoid Fever
3. Other Salmonella Infection (excluding Typhoid Fever and Paratyphoid Fever)
4. Shigellosis (including Bacillary Dysentery)
5. Intestinal E. Coli Infections
6. Bacterial Food Intoxication (including staphylococcal and botulism poisoning, excluding Typhoid Fever, Paratyphoid Fever, other Salmonella Infection, Shigellosis and Intestinal E. Coli Infections)
7. Amoebiasis (including Acute Amoebic Dysentery)
8. Tuberculosis (all types)*
9. Plauge
10. Leprosy
11. Tetanus (all types)
12. Diphtheria
13. Whooping Cough
14. Scarlet Fever
15. Meningococcal Infections (with or without Meningitis)
16. Legionnaires' Disease
17. H. Influenzae Infection (with or without Meningitis)
18. Syphilis
19. Gonococcal Infections
20. Lymphogranuloma Venereum
21. Other STD (excluding Syphilis, Gonococcal Infections, Lymphogranuloma Venereum and HIV Diseases)
22. Trachoma
23. Acute Poliomyelitis
24. Rabies
25. Dengue Fever (including Dengue Haemorrhagic Fever)*
26. Yellow Fever
27. Varicella (Chickenpox)
28. Measles
29. Rubella (German Measles) (all types)
30. Viral Hepatitis (all types)
31. HIV Diseases (including Asymptomatic HIV Infection and AIDS)*
32. Mumps
33. Malaria (all types)*

* These 5 diseases are included in the 8 infectious diseases specified by the notification mechanism agreed by Guangdong, Hong Kong and Macao.

SARS, Japanese Encephalitis and Influenza are not statutory notifiable infectious diseases but should be reported under the Guangdong-Hong Kong-Macao notification mechanism.



14 July 2005

Tripartite meeting on infectious diseases held in Macau

The Guangdong, Macau and Hong Kong health authorities today (July 14) agreed to continue strengthening their cooperation in the prevention and control of infectious diseases in a bid to better protect public health in the region.

The agreement was re-affirmed in the fifth tripartite meeting of Guangdong-Hong Kong-Macau Expert Group on the Prevention and Control of Infectious Diseases held in Macau on July 13 and 14.

During the meeting, public health and medical experts of the three places reviewed their works and cooperation in respect of the notification of and scientific research on infectious diseases, training courses and attachment programmes. They also discussed the ways to further improving the existing cooperation mechanism.

The experts examined the trends of various infectious diseases in the three places including influenza, Japanese encephalitis, dengue fever, rabies, typhoid, food poisoning, hand-foot-mouth disease, measles and disease prevention after disasters.

They discussed the development progress of the public health emergency response system; the development of treatment facilities for patients with infectious diseases; the surveillance and control of rodent-related and vector borne diseases; the preparedness plan for influenza pandemic as well as the set up of a public health communication platform for the three places.

The meeting reached consensus on the following subjects:

(1) Continuous improvement for the notification mechanism on infectious diseases:

Noting that the existing communication channel for infectious diseases outbreaks is functioning satisfactorily, members agreed to adopt strengthening measures, including the use of internet and video conferencing when circumstances permit, to enable the exchange of more comprehensive information in a real-time manner.

Guangdong and Macau will also send representatives to take part in the risk communication courses organised by Hong Kong to further improving the dissemination of disease information.

The three sides also agreed to enhance data analysis of infectious diseases and will upload the findings to a designated website on a regular basis to facilitate information sharing and in-depth discussion.

(2) Co-operation in scientific research

The three parties studied the progress of joint research projects on AIDS, influenza and dengue fever. It is agreed that enhanced cooperation will be made in a number of areas, including the commencement of the second phase of the Pearl River Delta communication platform on AIDS that can facilitate data analysis and research.

Moreover, they agreed to launch epidemiological surveillance and research projects on disease prevention of specific groups of people, like the mobile population and drug addicts. As for influenza, the three parties agreed to improve and make public their own influenza surveillance systems as well as to set up an alert system. Studies on the prevention measures taken by the general public and their awareness of influenza will also be carried out.

(3) Training and mutual visits of health care professionals

The three parties acknowledged the achievements made on the training of epidemiological investigations, laboratory works, disease prevention and project management. Efforts will be made to speed up infection control training and courses designed for laboratory technicians and scientific officers.

(4) Development of treatment facilities for infectious diseases patients

The three sides agreed to further improve the sharing of experience and knowledge, as well as the co-operation during public health emergency. It is decided that the Guangdong authority will take the lead in organizing discussion among the experts in the three places in setting up and implementing a co-operation mechanism.

(5) Strengthen contingency plan in case of influenza pandemic

Realizing the global threat of bird flu and influenza pandemic, the three parties are eager to strengthen their cooperation in terms of surveillance, alertness and responsiveness to guard against these diseases. They will complement and support each other in minimizing the possible impact of influenza pandemic on the three places.

(6). Clinical diagnosis and co-operation in treatment

The three sides agreed to exchange their clinical experience on three major infectious diseases, such as the integration of Western and Chinese medicines in treating avian flu and the diagnosis and treatment of dengue fever and rabies.

They also agreed that the Guangdong health authority will be the organizer of the sixth tripartite meeting scheduled to be held in July next year.

Participating in the meeting included Associated Director of the Department of Health of Guangdong Province, Mr Huang Fei, Associate Director of Shenzhen Centre for Disease Control and Prevention, Mr Zhang Shun-xiang, the Director of the Department of Health of the Macau SAR Government, Dr Koi Kuok-leng; Director of Macau's Centre for Disease Control and Prevention, Mr Tong Ka-io, Hong Kong's Director of Health, Dr Lam Ping-yan, Controller of the Centre for Health Protection of the Department of Health and the Director (Professional Services and Operations) of the Hospital Authority, Dr Cheung Wai-lun.



21 October 2005

Co-operation Agreement on Response Mechanism for Public Health Emergencies signed

The Secretary for Health, Welfare and Food, Dr York Chow, today (October 21) signed a "Co-operation Agreement on Response Mechanism for Public Health Emergencies" in Kunming, Yunnan Province, with the Vice-Minister of the Mainland's Ministry of Health, Professor Huang Jiefu and the Secretary for Social Affairs and Culture of Macao, Dr Chui Sai-on.

At the two-day (today and tomorrow) Fourth Joint Meeting of Senior Health Officials of the Mainland, Hong Kong and Macau held in Kunming, the three places agreed on the notification and the co-ordination of emergency mechanism concerning emerging any major infectious disease epidemic which might caused serious disruptions to society. The three places would also enhance collaboration in training and scientific research.

Dr Chow said co-operation between the Mainland and Hong Kong had been good. For example, the Ministry of Health allowed Hong Kong experts to take part in the investigation of the outbreak of streptococcus suis infection in Sichuan Province this summer. Working on this model, Dr Chow said the Hong Kong health authorities hoped to further enhance the co-operation with the Mainland and Macau.

The signing of agreement by the three sides was a big leap forward on this direction, he added.

"With rapid globalisation, public health incidents such as outbreak of infectious disease could spread widely and affect many places. Whether the three places can effectively handle such public health crisis will very much hinge on our close collaboration," he said.

According to the agreement, in case of serious public health emergencies in the Mainland, Macau or Hong Kong, a mutual co-ordination and support mechanism in terms of manpower, techniques and resources would be in place. The three places could also send experts to take part in dealing with such crisis upon mutual agreement. If cross-boundary public health emergencies occur among the three places or between any two, the concerned places would immediately notify the other parties, activate the emergency mechanism, form a joint public health emergency response team to handle the crisis.

In addition, in case of international major public health incidents, the three sides could also form and field an emergency rescue team to assist upon mutual agreement.

Ends/Friday, October 21, 2005
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 [Go to top](#)





3 November 2005

Guangdong and HK strengthen co-operation on emergency response in public health

Hong Kong and Guangdong Province public health authorities have agreed to strengthen co-operation in emergency response following the conclusion of a visit by a delegation from the Health Department of Guangdong Province to Hong Kong today (November 3).

The 18-member delegation, comprising representatives from the Emergency Response Office of the Health Department of Guangdong Province, had met with representatives of the Hong Kong Department of Health's Centre for Health Protection (CHP) and the Hospital Authority during the two-day visit.

The visit was aimed at improving the delegation's understanding of the mechanism and operation of the local emergency response system as well as its development plan in responding to public health emergencies.

The delegation had gained knowledge on the ability and experience of local public health emergency response personnel and the deployment of resources.

In view of the avian influenza cases reported recently worldwide, the delegation and its local counterparts held a meeting on the prevention and control of avian influenza and influenza pandemic in Hong Kong and Guangdong.

The two sides discussed the latest situation regarding the spread of avian influenza as well as the possible impacts brought by migratory birds on the two places.

Stressing the importance of collaboration in preventing and controlling avian influenza and influenza pandemic, they agreed to further co-operation and interflow activities in public health emergency response. They noted that experience sharing in emergency response and laboratory techniques was of great importance.

Reviewing the achievements made through co-operation in controlling and preventing acute infectious diseases, the two sides reaffirmed the joint efforts and accomplishments made through timely notification.

In addition, the delegation paid visits to the CHP, its "infection control simulation ward" and the Public Health Laboratory Centre, to understand their daily operation.

They also went to Princess Margaret Hospital under the Hospital Authority to understand the infectious disease prevention and control facilities in a local hospital.

Attending today's meeting included the Director of Emergency Response Office, Health Department of Guangdong Province, Mr. Yueqi Wu; Director of Foreign Affairs Office, Health Department of Guangdong Province, Mr. Shaomin Feng; Vice-Director of General Office, Health Department of Guangdong Province, Mr. Yuanhong Gan; Acting Controller of the CHP, Dr Regina Ching; and Head of CHP's Emergency Response and Information Branch, Miss Helen Tang.

During the past year, experts from Guangdong, Macau and Hong Kong health authorities had already convened a series of thematic working meetings to strengthen the emergency response capacity of public health authorities. After these meetings, consensus was reached in the following areas:

(1) Enhance co-operation on surveillance

Based on the present notification system on infectious diseases, the two sides will report to each other in a timely manner. Co-operation will be stepped up on the surveillance of influenza, avian influenza, SARS, other emerging infectious diseases and syndromic conditions.

(2) Setting up of pre-warning mechanism

The two sides agreed to step up efforts in estimating the impact and development of important public health issues, such as selected major infectious diseases, so that an early warning can be issued.

(3) Collaboration in disease control and prevention

In case a public health emergency occurs in both places, or when there is an incident occurring in either side which may affect the other party, the two sides will make joint efforts to implement emergency response measures. Relevant information will be exchanged in a timely manner. They can also invite professionals from the other side to take part in investigation and share experiences.

(4) Sharing of technological resources

The two parties agreed to make use of and share the information relating to infectious diseases and public health emergency from all relevant sources in an effective way. They can also invite the other side to observe their emergency response exercise with an aim to share experience.

End/Thursday, November 3, 2005

 [Go to top](#)



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