

**Legislative Council Panel on Health Services
Poison Prevention and Control**

PURPOSE

This paper briefs Members on the latest position of the Administration's work in poison prevention and control, including the imminent launch of the Hong Kong Poison Control Network.

BACKGROUND

2. In the 2005 Policy Agenda, the Administration committed to adopting a proactive and co-ordinated approach in poison prevention and control through strengthening toxicovigilance, analysis as well as poison information and treatment services. At the meeting of the Panel on Health Services held on 20 March 2006, Members were briefed on the Administration's plan to improve various parties' work in the prevention and control of poisoning and enhancement of coordination and communication among stakeholders.

3. To implement the 2005 Policy initiative, the Working Group on Toxicology Service Development ("the Working Group") was set up in the same year to formulate plan and strategies. The Working Group comprises representatives from the Department of Health (DH), the Hospital Authority (HA), the Chinese University of Hong Kong, the Government Laboratory, the Food and Environmental Hygiene Department and the academia. Among other things, it recommends a framework to enable relevant clinical and public health services to make joint efforts in the prevention and control of poisoning.

POISONING SITUATION IN HONG KONG

4. In Hong Kong, poisoning causes 400 to 600 deaths and the hospitalizations of 4 000 to 5 000 persons every year since 2001. Since 2001, there has been a downward trend in the total number of hospitalizations due to poisoning. Nevertheless, mortality has risen in terms of absolute number as well as the rate per 100 000 population. The statistics compiled by the

Accident and Emergency Departments (AEDs) of the six key public hospitals¹ show that some 16% of the poisoning cases handled by them were caused by accidental poisoning, which should be preventable. Among all poisoning cases handled by these AEDs², 77% were related to drug poisoning (western or Chinese medicine). Others were caused by household products (6%), alcohols (7%), bites and envenomations (4%) and environmental chemicals (1%).

LATEST DEVELOPMENTS

5. The Working Party and all stakeholders have been working closely to enhance the services for poison prevention and control. They will also establish an infrastructure which will enable better coordination and communication among various functional units.

Launching of the Hong Kong Poison Control Network

6. The Hong Kong Poison Control Network, an infrastructure for poison prevention and control in Hong Kong, will be launched on 21 April 2007. Its design has taken into account the health needs and circumstances of the local population as well as overseas experience. Reference is also drawn from the World Health Organization (WHO) model of “Poison Control Centre”. An Expert Panel comprising selected local and overseas experts in fields related to poisoning will be set up under the Network to provide expert advice.

7. The mission of the Network is to reduce the morbidity and mortality associated with poisoning through public and professional education and collaboration with local and international stakeholders and experts. It will enhance the existing services in a coordinated and collaborative manner. Such services include poison information service, treatment, laboratory analytical service and toxicovigilance.

Composition of the Poison Control Network

8. The Network consists of a Coordinating Committee, an Expert Panel and four functional units, including –

¹ The six key public hospitals are Queen Mary Hospital, Pamela Youde Nethersole Eastern Hospital, Prince of Wales Hospital, Princess Margaret Hospital, Tuen Mun Hospital and United Christian Hospital. They receive about half of the accident and emergency cases in Hong Kong. The statistics cited in the paragraph were collected from July 2005 to September 2006.

² Statistics on food poisoning is not included in the analysis.

- (a) the Hong Kong Poison Information Centre at the United Christian Hospital (UCH) (“the Poison Information Centre”);
- (b) the Poison Treatment Centre at the Prince of Wales Hospital (PWH) (“the Treatment Centre”);
- (c) the Toxicology Reference Laboratory at the Princess Margaret Hospital (PMH); and
- (d) the Toxicovigilance Section of DH.

----- A chart showing the key components of the Network is at the **Annex**.

Coordinating Committee

9. The Coordinating Committee chaired by DH oversees the operation of the Network. Its members are drawn from the four functional units, the academia and relevant Government departments.

Expert Panel

10. The Expert Panel comprises experts in the prevention and control of poisoning. They include distinguished faculty members of overseas and local universities, physicians of different disciplines, and experts from the Mainland and other parts of the world. Given the importance of public interface in the poison prevention and control work, knowledge and expertise on consumer education are highly relevant. Hence, a representative of the Consumer Council has been invited to be a Member of the Expert Panel. The Expert Panel will be formed when the Network is formally launched.

11. The Panel will provide scientific inputs and expert advice through ad-hoc Working Groups on specific subjects. It will also advise on measures to address the adverse human health effects due to exposure to hazardous substances and suggest research to support the development of evidence-based public health measures to prevent and control poisoning in Hong Kong.

Functional Units

12. The work of the four functional units of the Network is set out in the ensuing paragraphs.

Hong Kong Poison Information Centre at the United Christian Hospital

13. It is important to provide updated local toxicological information to health care professionals to enable the best care for patients and to avoid unnecessary hospital admission. The Poison Information Centre provides

poison information and management advice for health care workers. At present, duty medical staff at the Poison Information Centre provides toxicology phone consultation service to health care professionals. In 2006, the Centre handled 562 enquiries and consultations.

14. Information obtained from the phone consultations and the analysis of the clinical outcomes of the patients concerned will be kept in a database. The data will then be shared with the Toxicovigilance Section of DH for surveillance purpose. The Poison Information Centre will also produce and disseminate to frontline clinical staff the monographs on toxins of local importance to keep them abreast of developments.

15. To enhance its service, the Poison Information Centre has extended the service hours of its phone consultation service from 12 hours per day (9 a.m. to 9 p.m.) to 15 hours per day (9 a.m. to midnight) since April 2007. The service will be further improved in July 2007 when the consultation service will be provided round-the-clock.

The Poison Treatment Centre at the Prince of Wales Hospital

16. The Poison Treatment Centre functions as a tertiary referral centre for patients with unusual poisoning and provides consultation on the management of patients with acute poisoning for other hospitals. In addition, it provides general and specialist training in clinical pharmacology and therapeutics.

The Toxicology Reference Laboratory at the Princess Margaret Hospital

17. The Toxicology Reference Laboratory provides general screening and target toxin analysis. Noting the importance of accurate and timely reporting of poisoning or adverse drug events, the Toxicology Reference Laboratory has strengthened its linkage with the Cluster Toxicology Laboratories of HA. Apart from the tertiary level clinical toxicology laboratory service, it also provides consultative service to other laboratories and health care professionals. In 2006, the Toxicology Reference Laboratory handled a total of 518 referrals and 13 consultations.

The Toxicovigilance Section of DH

18. A Toxicovigilance Section has been set up in DH since January 2007. It is responsible for enhancing epidemiological surveillance, investigating and implementing control measures on poisoning outbreaks, keeping track of novel poisonous substances and the epidemiology of new

forms of poisoning, assessing the health risks of toxins of significant public health concern and making timely risk communication to the public. The Section investigates poisoning incidents within 24 hours of notification by HA and other health care professionals, gives health advice to relevant parties and ensures timely institution of public health measures.

19. Since July 2005, DH has been collecting data from poisoned patients seeking medical assistance at AEDs of the six key public hospitals. Such information enables DH to keep track of novel poisonous substances; study the epidemiology of new forms of poisoning; and work out an overall picture of the poisoning risks in the community. This would facilitate DH in recommending and implementing public health measures. To improve the coverage of the database, the Section is planning to expand its data capture area from the AEDs of the six key public hospitals to the AEDs of other public hospitals in early 2008.

20. As for risk communication -

- (a) a notification and alert system on major poisoning incidents has been established among DH, AEDs, hospital laboratories and other clinical departments. These parties hold monthly meetings and exchange information during investigations;
- (b) an online quarterly publication "Poisoning.Comm" has been published since January 2006. Each issue consists of feature articles on poisoning agents, case reports and surveillance statistics. The publication is mainly for consumption by local health care professionals. Press briefing is held when each issue of "Poisoning.Comm" is published; and
- (c) important messages are disseminated to the public through the distribution of pamphlets, fact sheets and posters and health talks. Public announcements on poisoning cases are made as appropriate to raise the public's alertness to possible poisoning risks.

Resources for the Initiative

21. In 2005-06 and 2006-07, about \$26 million funding was provided to HA for the initial enhancement of its poison prevention and control work. The amount included a one-off funding of \$16 million and a recurrent funding of \$10 million. To further strengthen the work, an additional funding of \$24 million per year has been earmarked for HA and DH in the coming three years from 2007-08.

NEXT STEP

22. The launching of the Hong Kong Poison Control Network will be a significant move in strengthening Hong Kong's work in the prevention and control of poisoning. We expect the Network's workload and complexity of its work to increase as we enhance our work in this area. The Coordinating Committee will evaluate the effectiveness of the above-mentioned services and the coordination among the functional units; and consider, where necessary, additional control strategies taking into account operational experience.

Health, Welfare and Food Bureau
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Key Components of the Hong Kong Poison Control Network

