

LEGISLATIVE COUNCIL BRIEF

Quarantine and Prevention of Disease Ordinance (Chapter 141)

QUARANTINE AND PREVENTION OF DISEASE ORDINANCE (AMENDMENT OF FIRST SCHEDULE) ORDER 2007

PREVENTION OF THE SPREAD OF INFECTIOUS DISEASES REGULATIONS (AMENDMENT OF FORM) ORDER 2007

INTRODUCTION

On 2 January 2007, the Director of Health (“the Director”), in exercise of powers conferred by sections 72 and 8(4) of the Quarantine and Prevention of Disease Ordinance (Cap.141) (“the Ordinance”), made –

- (a) the Quarantine and Prevention of Disease Ordinance (Amendment of First Schedule) Order 2007 at Annex A; and
- (b) the Prevention of the Spread of Infectious Diseases Regulations (Amendment of Form) Order 2007 at Annex B.

JUSTIFICATIONS

2. The Ordinance and its subsidiary legislation provide a legislative framework for the prevention of infectious diseases of public health importance. Section 4 of the Prevention of the Spread of Infectious Diseases Regulations (Cap. 141 sub. Leg. B) (“the Regulation”) requires medical practitioners to notify the Director if they have reason to suspect the existence of any case of the infectious diseases specified in the First Schedule to the Ordinance in accordance with a form as prescribed in the Schedule to the Regulation. The reporting of infectious disease cases plays an important role in the surveillance, prevention and control of spread of infectious diseases. The Director regularly reviews the list of infectious diseases which medical practitioners are required

to report in order to ensure maximum protection of the local community against infectious diseases. At present, there are 31 infectious diseases listed in the First Schedule to the Ordinance.

3. Community-associated methicillin-resistant *Staphylococcus aureus* (“CA-MRSA”) commonly causes skin or soft tissue infections (pimples, boils or abscesses). Symptoms may include redness, warmth, swelling, skin tenderness or pus drainage. Sometimes more serious effects such as purulent wound infections, severe pneumonia, sepsis and even death may occur. Transmission occurs via skin-to-skin contact and indirect contact with contaminated objects. In the past, MRSA infections commonly occurred in institutionalised persons and hospital patients. In recent years, many countries have observed MRSA infections in healthy individuals who have not been hospitalised, have not stayed in other healthcare facilities or institutions and have not received medical procedures in the past 1 year prior to symptom onset. These infections are generally referred to as CA-MRSA infections.

4. Since mid-2005, the Centre for Health Protection (CHP) of the Department of Health has received voluntary reports of cases of CA-MRSA infections from the accident and emergency departments of public hospitals and general practitioners. During June 2005 to November 2006, 27 CA-MRSA cases were reported (average 1.5 per month). However, the reported monthly incidence appears to be on the rise with 5 and 6 cases reported in October and November 2006 respectively. The majority of cases involved healthy young adults. Two persons had serious presentations (septicaemia and / or meningitis) and one person died giving a case-fatality rate of 4%.

5. Compared with hospital-associated MRSA, CA-MRSA is more readily transmissible and causes community and institutional outbreaks in overseas countries. Overseas experience indicates that outbreaks may be controlled by appropriate public health intervention. Early detection of cases through stringent surveillance, contact tracing; prompt control measures of specific hygiene advice and proper disinfection and treatment are key elements in such intervention. Some Nordic countries have been successful in keeping a low incidence of CA-MRSA infection in the community through implementing similar public health measures.

6. Given the recent increase in local cases of CA-MRSA infection, we consider that it is an opportune time to contain this infection before it becomes widespread. To this end, we need to strengthen the surveillance and implement effective public health preventive and control measures locally.

Hence, we propose to amend the Ordinance to include CA-MRSA infection as an infectious disease.

THE ORDERS

7. The Quarantine and Prevention of Disease Ordinance (Amendment of First Schedule) Order 2007 amends the First Schedule to the Ordinance by adding CA-MRSA infection to the list of infectious diseases specified in that Schedule. The Prevention of the Spread of Infectious Diseases Regulations (Amendment of Form) Order 2007 amends Form 2 of the Schedule to the Regulation by adding CA-MRSA infection to the list of infectious diseases in that Form. The Orders will be gazetted on 5 January 2007 for commencement of operation on the same day.

LEGISLATIVE TIMETABLE

8. The legislative timetable is as follows –

Publication in the Gazette	5 January 2007
Tabling at Legislative Council	10 January 2007

IMPLICATIONS OF THE ORDERS

9. The Orders are in conformity with the Basic Law, including the provisions concerning human rights. They will not affect the current binding effect of the Ordinance and have no economic, financial and civil service implications.

PUBLIC CONSULTATION

10. Members of the public are concerned about the recent cases of CA-MRSA which have occurred in Hong Kong. They are expected to welcome the Orders. The public and private medical sectors, which collaborate with CHP, have been informed of the plan to heighten the surveillance of the infection. They are generally supportive of the plan, which is considered a prudent measure to facilitate early detection of the disease and implement appropriate public health measures as and when required. The Board of Scientific Advisers

of the CHP supports the inclusion of CA-MRSA infection as an infectious disease.

PUBLICITY

11. The Department of Health will issue a press release on 3 January 2007 regarding the Orders, and has informed medical practitioners in Hong Kong, on an individual basis, of the requirement to notify the Director of cases of CA-MRSA infection. A spokesman from the Department of Health will be available to answer media enquiries.

OTHERS

12. For any enquiries on this brief, please contact Dr Teresa CHOI, Principal Medical and Health Officer (Surveillance Section) of the CHP at 2768 9602.

Health, Welfare and Food Bureau
January 2007

**QUARANTINE AND PREVENTION OF DISEASE
ORDINANCE (AMENDMENT OF FIRST
SCHEDULE) ORDER 2007**

(Made by the Director of Health under section 72 of the Quarantine
and Prevention of Disease Ordinance (Cap. 141))

1. Infectious diseases

The First Schedule to the Quarantine and Prevention of Disease Ordinance
(Cap. 141) is amended by adding –

“4A. Community-associated methicillin-resistant *Staphylococcus aureus*
infection”.



Director of Health

2nd January 2007

Explanatory Note

This Order adds Community-associated methicillin-resistant *Staphylococcus aureus* infection to the list of infectious diseases specified in the First Schedule to the Quarantine and Prevention of Disease Ordinance (Cap. 141). Provisions relating to infectious diseases in that Ordinance and in the Prevention of the Spread of Infectious Diseases Regulations (Cap. 141 sub. leg. B) therefore apply to this disease.

**PREVENTION OF THE SPREAD OF INFECTIOUS
DISEASES REGULATIONS (AMENDMENT
OF FORM) ORDER 2007**

(Made by the Director of Health under section 8(4) of the Quarantine
and Prevention of Disease Ordinance (Cap. 141))

1. Forms

The Schedule to the Prevention of the Spread of Infectious Diseases
Regulations (Cap. 141 sub. leg. B) is amended, in Form 2, by adding before
“ Dengue Fever” –

“ Community-associated methicillin-resistant *Staphylococcus aureus*
infection”.



Director of Health

2nd January 2007

Explanatory Note

This Order adds Community-associated methicillin-resistant *Staphylococcus aureus* infection to Form 2 of the Schedule to the Prevention of the Spread of Infectious Diseases Regulations (Cap. 141 sub. leg. B) in consequence of this disease being added as an infectious disease to the First Schedule to the Quarantine and Prevention of Disease Ordinance (Cap. 141). Medical practitioners are required to report suspected cases of this disease to the Director of Health in accordance with that Form under regulation 4 of the Regulations.