

LEGISLATIVE COUNCIL BRIEF

Prevention and Control of Disease Ordinance (Chapter 599)

PREVENTION AND CONTROL OF DISEASE ORDINANCE (AMENDMENT OF SCHEDULE 1) NOTICE 2009

INTRODUCTION

On 24 February 2009, the Director of Health (“the Director”), in exercise of powers conferred by section 15 of the Prevention and Control of Disease Ordinance (Cap.599) (“the Ordinance”), made the Prevention and Control of Disease Ordinance (Amendment of Schedule 1) Notice 2009 at Annex.

JUSTIFICATIONS

2. The Ordinance and its subsidiary legislation provide a legislative framework for the prevention of communicable diseases of public health importance. Regulation 4 of the Prevention and Control of Disease Regulation (“the Regulation”) requires medical practitioners to notify the Director if they have reason to suspect the existence of any of the infectious diseases specified in Schedule 1 to the Ordinance in a form as specified by the Director. The reporting of infectious diseases is an important element 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 45 infectious diseases listed in Schedule 1 to the Ordinance.

Chikungunya fever

3. Chikungunya fever causes epidemics cyclically in many African and Asian countries. In recent years, large outbreaks have been reported in various

Indian Ocean islands, India, Indonesia, Malaysia and Sri Lanka. Italy reported its first local outbreak in 2007 which involved more than 200 cases. Singapore also reported its first local transmission of chikungunya fever in 2008 with over 600 cases accumulated as of December 2008.

4. Chikungunya virus is transmitted to humans through infected *Aedes* mosquitoes. Although the main vector *Aedes aegypti* has not been found in Hong Kong since the mid-1950s, *Aedes albopictus*, which is commonly found in Hong Kong, was identified to be able to transmit the disease in the Italian outbreak in 2007. While most patients infected with chikungunya fever presented with mild illness, the disease may result in severe complications such as meningo-encephalitis, Guillain Barre syndrome, fulminant hepatitis, myocarditis, pericarditis or even death.

5. In view of the large number of travellers between Hong Kong and other countries, Hong Kong is susceptible to the risk of local outbreaks resulting from imported cases. For instance, six sporadic cases of chikungunya fever had been recorded by the Centre for Health Protection (CHP) of the Department of Health (DH) since March 2006. All of them were imported cases and reported a history of travelling to endemic areas such as India, Sri Lanka and Indonesia.

Enterovirus 71 infection

6. Enterovirus 71 (EV71) infection is an emerging concern in South East Asia and the Western Pacific. Since 1997, several large regional epidemics of EV71 infection have occurred in Malaysia, Taiwan, Australia, and Singapore. In 2008, there was a major outbreak of hand-foot-mouth disease caused by EV71 infection in Fuyang City of Anhui Province of Mainland China, resulting in 22 fatal cases.

7. EV 71 is one of the enteroviruses causing hand-foot-mouth disease (HFMD). While HFMD is usually mild, when the virus involved is the EV71 strain, it can be associated with neurological complications, typically viral encephalitis and may result in death. During the major outbreaks of HFMD in neighbouring areas, numerous cases of brainstem encephalitis associated with pulmonary oedema with a high case-fatality rate were observed. The infection is spread through direct contact with the respiratory droplets, saliva, faeces or blister fluid of an infected person and indirectly by contaminated articles. Young children, particularly those aged less than five years, are the most susceptible. There is currently no effective vaccine or chemoprophylaxis for EV71 infection.

8. In Hong Kong, a total of 293 EV 71 infection cases were reported from 1998 to 2008. Among them, 22 patients had complications including meningitis, encephalitis, acute cerebellar ataxia, pneumonia, acute flaccid paralysis and shock; and three patients had died. Last year, the number of cases of EV71 infection reported was historically high (98 cases) with one death recorded.

9. Taking into account the recent major outbreaks of chikungunya fever and cyclical high activity of EV 71 infection occurring in our neighbouring areas, as well as the potential serious complications that can be caused by these infections, we consider it necessary to strengthen the surveillance of chikungunya fever and EV 71 infection to ensure prompt implementation of effective public health preventive and control measures locally. Hence, we propose to amend the Ordinance to include chikungunya fever and EV 71 infection as statutorily notifiable infectious diseases.

THE NOTICE

10. The Prevention and Control of Disease Ordinance (Amendment of Schedule 1) Notice 2009 amends Schedule 1 to the Ordinance by adding chikungunya fever and EV 71 infection to the list of infectious diseases specified in that Schedule. The Notice will be gazetted on 6 March 2009 for commencement of operation on the same date.

LEGISLATIVE TIMETABLE

11. The legislative timetable is as follows –

Publication in the Gazette	6 March 2009
Tabling at Legislative Council	11 March 2009

IMPLICATIONS

12. The Notice is 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

13. Members of the public are expected to welcome the proposal which would strengthen our capability to prevent and control chikungunya fever and EV 71 infection in Hong Kong. The public and private medical sectors, which collaborate with the CHP, have been informed of the plan to heighten surveillance of these infections. They are generally supportive of the plan, which is considered a prudent measure to facilitate early detection of the diseases and implement appropriate public health measures as and when required. The Scientific Committee on Vector-borne Diseases and the Scientific Committee on Enteric Infections and Foodborne Diseases of CHP raised no objection to the proposals of including chikungunya fever and EV 71 infection as statutorily notifiable diseases.

PUBLICITY

14. DH will issue a press release on 4 March 2009 regarding the Notice, and has informed medical practitioners in Hong Kong, on an individual basis, of the requirement to notify the Director of cases of chikungunya fever and EV71 infection. A spokesman from DH will be available to answer media enquiries.

OTHERS

15. For any enquiries on this brief, please contact Dr Christine WONG, Principal Medical and Health Officer (Surveillance Section) of the CHP at 2125 2288.

Food and Health Bureau
March 2009

**PREVENTION AND CONTROL OF DISEASE
ORDINANCE (AMENDMENT OF SCHEDULE 1)
NOTICE 2009**

(Made by the Director of Health under section 15 of the Prevention and Control of Disease Ordinance (14 of 2008))

1. Scheduled infectious diseases

Schedule 1 to the Prevention and Control of Disease Ordinance (14 of 2008) is amended –

- (a) by adding –
“6A. Chikungunya fever (基孔肯雅熱)”;
- (b) by adding –
“11A. Enterovirus 71 infection (腸病毒 71 型感染)”.



Director of Health

24 February 2009

Explanatory Note

This Notice adds 2 infectious diseases, namely Chikungunya fever and Enterovirus 71 infection, to the list of scheduled infectious diseases in Schedule 1 to the Prevention and Control of Disease Ordinance (14 of 2008). As a result, a reference to “scheduled infectious disease” in that Ordinance or in the Prevention and Control of Disease Regulation (L.N. 159 of 2008), or a reference to “specified infectious disease” in that Regulation, includes the 2 diseases.