

LEGISLATIVE COUNCIL BRIEF

Prevention and Control of Disease Ordinance (Chapter 599)

PREVENTION AND CONTROL OF DISEASE ORDINANCE (AMENDMENT OF SCHEDULE 1) NOTICE 2011

INTRODUCTION

On 8 June 2011, 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 2011 at the Annex.

JUSTIFICATIONS

2. The Ordinance and its subsidiary legislation, the Prevention and Control of Disease Regulation (“the Regulation”), provide a legislative framework for the prevention and control of communicable diseases of public health importance. Section 4 of 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.

3. The Director regularly reviews the list of infectious diseases statutorily notifiable by medical practitioners, in order to ensure maximal protection of the local community against infectious diseases. Under section 15 of the Ordinance, the Director may amend the Schedules to the Ordinance by notice published in the Gazette. There are 47 infectious diseases listed in Schedule 1 to the Ordinance. *Escherichia coli* (*E.coli*) O157:H7 infection, a strain of Shiga toxin-producing *Escherichia coli* (STEC) infection, was among the 47 diseases prior to the amendment.

Shiga Toxin-Producing *Escherichia coli* Infection

4. Since early May 2011, human cases of a strain of STEC infection, namely *E. coli* O104:H4 infection, have been reported in Germany causing an outbreak. As of 6 June 2011, there were more than 2 200 cases reported in Germany, of which 630 them were complicated with severe renal complications. More than 100 cases, of which 34 were complicated with severe renal complications, were reported in 14 other countries (including Austria, Czech Republic, Denmark, Finland, France, Luxembourg, Netherlands, Norway, Poland, Spain, Sweden, Switzerland, United Kingdom and United States). The majority of these foreign cases had travel history to Germany during their incubation period. So far,

more than 20 patients have died of this infection. The German health authorities are undergoing intensive investigation and the source of infection has yet to be identified.

5. STEC is a type of bacteria that can produce a powerful toxin and may cause severe gut symptoms. Infection is characterised by diarrhoea, often bloody diarrhoea, abdominal cramps and vomiting. In serious cases, it may be complicated by renal and bleeding complications. If not properly treated, the infection may cause death.

6. STEC infection is transmitted to humans through consumption of contaminated water or undercooked contaminated food, especially minced beef, hamburgers and roast beef. There have also been reports of cases due to the consumption of raw milk, cheese, vegetables, fruit juice and yogurt. Moreover, if personal hygiene is poor, person-to-person transmission of these bacteria is possible through faecal-oral route.

7. The most common strain of STEC identified in Hong Kong so far is *E. coli* O157:H7. Other non-O157 strains, such as O111 and O26 have been reported elsewhere. As of 7 June 2011, the Centre of Health Protection (CHP) of the Department of Health (DH) has recorded 10 cases of *E. coli* O157:H7 in Hong Kong since July 2008. No fatal cases have been recorded and none were diagnosed to have suffered from renal complications.

8. In view of the large volume of travellers to Hong Kong and the seriousness of the disease, Hong Kong is susceptible to the risk of local spread of the disease resulting from imported cases. As such, there is a pressing need to strengthen the surveillance of STEC infections other than the *E. coli* O157:H7 infection, to ensure prompt implementation of effective public health preventive and control measures locally.

9. To enhance preparedness, the Director considers it necessary to widen the scope of the strain of STEC in the list of infectious diseases specified in Schedule 1 to the Ordinance. Surveillance should cover not only the *E. coli* O104:H4 strain detected in Germany, but also any further new strains. By including STEC infections in the Schedule, the provisions of the Ordinance and its subsidiary legislation could be applied as and when necessary, including section 4 of the regulation whereby medical practitioners are required to notify the Director if they have reason to suspect the existence of this disease. Upon the amendment of the Schedule, the Director would make necessary amendment to the relevant notification form.

10. Countries such as the United States, Canada and Australia have included STEC infections as a nationally notifiable disease. In view of the current outbreak in Germany, the World Health Organization has requested health authorities to report cases of STEC, especially serotype O104, to facilitate the assessment of the overall situation.

THE NOTICE

11. The Prevention and Control of Disease Ordinance (Amendment of Schedule 1) Notice 2011 amends Schedule 1 to the Ordinance by replacing “*Escherichia coli* O157:H7 infection” with “Shiga toxin-producing *Escherichia coli* infection” in the list of infectious diseases specified in that Schedule. The Notice will be gazetted on 10 June 2011 for commencement of operation on the same day.

LEGISLATIVE TIMETABLE

12. The legislative timetable is as follows –

Publication in the Gazette	10 June 2011
Tabling at Legislative Council	15 June 2011

IMPLICATIONS OF THE NOTICE

13. The Notice is in conformity with the Basic Law, including the provisions concerning human rights. It will not affect the current binding effect of the Ordinance and has no economic, financial or civil service implications.

PUBLIC CONSULTATION

14. The public and private medical sectors collaborating with CHP of DH have been informed of our plan to heighten surveillance of these infections. They are in general supportive to strengthen surveillance of the infection, which is a prudent measure to facilitate early detection of the disease and implement appropriate public health measures as and when required.

PUBLICITY

15. DH will issue a press release on 10 June 2011 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 STEC infection. A spokesman from DH will be available to answer media enquiries.

OTHERS

16. For any enquiries on this brief, please contact Dr S K CHUANG, Consultant Community Medicine (Communicable Disease) of CHP (telephone: 2125 2200).

**Food and Health Bureau
June 2011**

**Prevention and Control of Disease Ordinance
(Amendment of Schedule 1) Notice 2011**


Explanatory Note

(Made by the Director of Health under section 15 of the Prevention and Control of Disease Ordinance (Cap. 599))

The purposes of this Notice are—

1. **Prevention and Control of Disease Ordinance amended**
The Prevention and Control of Disease Ordinance (Cap. 599) is amended as set out in section 2.
2. **Schedule 1 amended (Scheduled infectious diseases)**
 - (1) Schedule 1—
Repeal item 12.
 - (2) Schedule 1, after item 34—
Add
“34A. Shiga toxin-producing *Escherichia coli* infection
(産志賀毒素大腸桿菌感染)”.

- (a) to delete “*Escherichia coli* O157:H7 infection” from the list of scheduled infectious diseases specified in Schedule 1 to the Prevention and Control of Disease Ordinance (Cap. 599); and
- (b) to add “Shiga toxin-producing *Escherichia coli* infection” to the list.


Acting Director of Health

June 2011
