

**For information
on 8 April 2013**

Legislative Council Panel on Health Services

**Prevention and Control of
Severe Respiratory Disease associated with Novel Coronavirus and
Influenza A(H7N9)**

PURPOSE

This paper sets out the Administration's measures for the prevention and control of Severe Respiratory Disease associated with Novel Coronavirus ("SRD-NCoV") in and human infections of avian influenza in Hong Kong.

BACKGROUND

2. The novel coronavirus is a strain that has not been previously identified in humans. SRD-NCoV cases were first confirmed in a laboratory outside Hong Kong on 28 September 2012. As at 2 April 2013, there have been a total of 17 people around the world who were confirmed to have SRD-NCoV –

- Saudi Arabia: 9 people, 6 of whom died;
- Qatar: 2 people;
- Jordan: 2 people, both died;
- United Kingdom: 3 people, 2 of whom died; and
- United Arab Emirates: 1 person who died.

Given that there have been only a small number of cases reported to date, health experts around the world have very limited information on its route of transmission, clinical severity and health impact. According to the World Health Organization ("WHO"), the latest evidence is suggestive of limited human-to-human transmission.

3. On the other hand, on 31 March 2013, the National Health and Family Planning Commission of Mainland China notified three confirmed human cases of Influenza A (H7N9). H7 virus infection in humans is uncommon and humans have little or no immune protection

against it. As at 2 April 2013, there have been a total of 7 people who were confirmed to have Influenza A (H7N9) – 2 in Shanghai Municipality (both died), 1 in Anhui Province and 4 in Jiangsu Province. There is no evidence to show human-to-human transmission among the cases.

4. Hong Kong has an effective and comprehensive surveillance system in place to guard against novel infectious diseases. No confirmed case of SRD-NCoV or Influenza A (H7N9) have been identified so far in Hong Kong.

PREVENTION AND CONTROL MEASURES

5. To safeguard Hong Kong against the SRD-NCoV, the Administration has implemented the following actions –

Enhanced Surveillance

- (a) In Hong Kong since 28 September 2012, SRD-NCoV has been made a statutorily notifiable disease and the virus a scheduled infectious agent under the Prevention and Control of Disease Ordinance (Cap. 599). The disease has also been made a specified disease under the Prevention and Control of Disease Regulation (Cap. 599A). In this connection, any suspected or confirmed cases are required to be notified to the Centre for Health Protection (“CHP”) of the Department of Health (“DH”). Moreover, persons in charge of a laboratory are required to notify leakage of the virus, which ensures laboratory safety and prevention of laboratory-acquired infections. Cases and contacts of SRD-NCoV may also be prohibited from leaving Hong Kong.
- (b) CHP has worked with Hospital Authority (“HA”) and private hospitals to enhance the laboratory testing for the novel coronavirus in patients of pneumonia with unknown cause, pneumonia cases that require intensive care, clusters of pneumonia or health-care workers with pneumonia etc., irrespective of their travel history. DH will also review laboratory diagnostic strategy, enhance diagnostic service capacity, stockpile necessary reagents and strengthen liaison with overseas counterparts on collection of updated information.

Liaison with other health authorities

- (c) The International Health Regulations (2005) is an international legal instrument binding on all WHO Member States, including the People's Republic of China, which extends to cover Hong Kong. CHP maintains liaison with the WHO, the Mainland and overseas health authorities to monitor the latest development, obtain timely and accurate SRD-NCoV information from places outside Hong Kong, and will modify local surveillance activities according to recommendations issued by the WHO.

Enhanced Port Health Measures

- (d) DH has implemented a series of port health measures, which include display of posters about the disease at all boundary control points, delivery of health leaflets to arriving travellers coming from affected countries, regular updates to the tourism industry and relevant government departments through meetings and correspondences, enhanced surveillance of sick travellers and referral of suspected cases to public hospitals for further investigation. In addition, DH has arranged with the airlines to conduct in-flight broadcast of health messages to alert travellers coming from affected countries.
- (e) DH will continue to monitor and follow up relevant recommendations on port health measures made by the WHO and will further step up control measures as appropriate.

Prompt Control and Transparency in Dissemination of Results

- (f) Any suspected case fulfilling the reporting criteria and notified to DH will be immediately isolated in a hospital setting. Specimens from the patient will be sent to the Public Health Laboratory Services Branch ("PHLSB") of CHP for testing. PHLSB has established sensitive laboratory tests with confirmatory capacity, and is capable of providing test results within hours. DH will release the testing results to the public as soon as possible.

Infection Control in Healthcare Settings

- (g) DH has provided guidelines on infection control to healthcare professionals, residential care homes and schools. It has also organised training for provision of updated information to the

healthcare workers.

- (h) DH has collaborated with HA to establish enhanced surveillance for unexplained pneumonia, reinforce timely case reporting, develop infection control measures, provide staff training, and set up referral mechanism for cases from private sectors. DH has also urged the management of all private hospitals to be vigilant and to enhance their preparedness against SRD-NCoV. They are also advised to review and update the infection control guidelines and contingency plans in view of the latest development of SRD-NCoV, and to ensure sufficient stock of personal protective equipment. Briefings for the hospital management and the healthcare workers have been arranged to provide them with the latest information on SRD-NCoV and training on the related infection control measures.

Enhanced Risk Communication

- (i) DH has convened the Scientific Committee for Emerging and Zoonotic Diseases to assess the risk and local response and interdepartmental meeting to gear up other Government departments with necessary preparation.
- (j) DH promulgates in press releases/public announcements that travellers returning from countries affected by SRD-NCoV presenting with respiratory symptoms are advised to wear face masks, seek medical attention and reveal their travel history to doctors. DH has also provided updates on the disease and health advice to members of the public. The dissemination of information on cases of SRD-NCoV is prompt and transparent. Whenever there is a suspected case, particularly involving patients with travel history to the Middle East and the affected areas, the CHP will release information to the public as soon as possible.
- (k) DH convened interdepartmental meetings and will continue to organise briefings to enhance preparedness in government and non-government sectors.

Publicity and Public Education

- (l) DH has organised various health education activities and provided health advice on the prevention of SRD-NCoV, personal hygiene and environmental hygiene, targeting the general public as well as

specific sectors of the community. DH has reminded and will continue to remind members of the public to take heed of personal hygiene, especially washing hands.

- (m) A dedicated page has been set up on the CHP website which carries the latest information on the disease, guidelines for different sectors of the community and health advice. There is also a communication plan in the HA which includes staff forums, designated infectious disease information corners, establishment of a website etc.

Contingency Plan and Drills for Concerted Interdepartmental Actions

- (n) DH will continue to update contingency plans on major outbreaks of infectious diseases, as well as conduct interdepartmental exercises and drills with concerned parties and stakeholders in close partnership. HA's designated contingency plans are in place.
- (o) CHP has organised 13 exercises testing the preparedness and responsiveness of relevant departments on public health actions since it was established in 2004. This includes a high level desktop exercise code-named "Exercise Ruby" conducted on 27 March 2013 to ensure the Government's preparedness for any outbreak of SRD-NCov.

6. Many of the above measures for the prevention and control of SRD-NCov are also applicable to human infections of avian influenza. Influenza A(H7) is a statutorily notifiable infectious disease in Hong Kong. Although there is no evidence to show human-to-human transmission of Influenza A(H7N9), the mutation potential of the virus is high. The Government will remain vigilant against the disease. Measures under the "Alert Response Level" of the Government's Preparedness Plan for Influenza Pandemic 2012 shall continue to apply.

WAY FORWARD

7. The Government will continue to maintain vigilance, enhance surveillance and keep itself abreast of the latest developments concerning SRD-NCov and Influenza A(H7N9). Risk assessment will be carried out on an ongoing basis and public health measures will be reinforced as and when necessary. We will also step up publicity to enlist public

support and monitor the effectiveness of our preparedness programme.

ADVICE SOUGHT

8. Members are invited to note the contents of this paper.

**Food and Health Bureau
Department of Health
Hospital Authority
April 2013**