

**For information
on 22 August 2014**

Legislative Council Panel on Health Services

**Measures for the Prevention and Control of
Ebola Virus Disease**

PURPOSE

This paper sets out the Administration's measures for the prevention and control of Ebola virus disease ("EVD") in Hong Kong.

BACKGROUND

2. The EVD, formerly known as Ebola haemorrhagic fever, is caused by infection with Ebola virus. EVD is a severe acute viral illness often characterised by sudden onset of fever, intense weakness, muscle pain, headache and sore throat. This is followed by vomiting, diarrhoea, rash, impaired kidney and liver function, and in some cases, both internal and external bleeding.

3. Ebola virus is introduced into the human population through close contact with the blood, secretions, organs or other bodily fluids of infected animals. It then spreads in the community through human-to-human transmission, with infection resulting from direct contact (through broken skin or mucous membranes) with the blood, secretions, organs or other bodily fluids of infected people, and indirect contact with environments contaminated with such fluids.

4. Regarding the current EVD outbreak in West Africa, the cumulative numbers of cases attributed to EVD are continuously increasing. As of 18 August 2014, there have been 2,473 cases, including 1,350 deaths, in Guinea, Liberia, Nigeria and Sierra Leone ("the four affected countries"). The latest case fatality rate is about 55%.

5. The World Health Organization (WHO) convened an Emergency Committee on EVD under the International Health Regulations (2005) ("IHR(2005)") on 6 and 7 August 2014. The WHO

declared on 8 August 2014 the Ebola outbreak in West Africa a Public Health Emergency of International Concern and a series of preventive and control measures are recommended for the states with Ebola transmission and other member states. Hong Kong has already adopted the preventive strategies which are in line with those recommended by the WHO.

6. Hong Kong has an effective and comprehensive surveillance system in place to identify cases of EVD. No confirmed case of EVD has been identified so far in Hong Kong. As of 20 August 2014, the Centre for Health Protection (“CHP”) of the Department of Health (“DH”) has received report of 1 suspected case of EVD and was tested negative subsequently.

PREVENTION AND CONTROL MEASURES

7. To safeguard Hong Kong against EVD, the Administration has implemented the following actions –

Enhanced Surveillance

- (a) In Hong Kong since July 2008, viral haemorrhagic fever, including EVD, has been made a statutorily notifiable disease and the virus a scheduled infectious agent under the Prevention and Control of Disease Ordinance (Cap. 599). In this connection, any suspected or confirmed cases are required to be notified to the CHP. 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.
- (b) In view of the recent EVD outbreak in West Africa, the CHP has worked with the Hospital Authority (“HA”) to strengthen surveillance of patients presenting with compatible symptoms who resided in or had travel history to any one of the affected countries within 21 days before onset of illness. The CHP has issued letters to doctors and private hospitals to provide them with information of outbreak development, affected areas, reporting criteria as well as recommendations on infection control and remind them to notify the CHP any suspected cases promptly.

- (c) The CHP will initiate immediate investigation and control measures once notification is received. Patients will be referred to the HA Infectious Disease Centre (“HAIDC”) in Princess Margaret Hospital for isolation, diagnosis and treatment; and specimens will be collected for laboratory testing to confirm or refute the diagnosis of EVD.

Liaison with other Health Authorities

- (d) The IHR (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. The CHP has been closely monitoring the latest developments of overseas situation and communicating with the WHO as well as neighbouring health authorities (including the Mainland authorities) to exchange information of the outbreak and updated preventive and control measures, and will modify local measures according to recommendations issued by the WHO.

Enhanced Port Health Measures

- (e) The DH has implemented a series of port health measures. To enhance dissemination of relevant information to travellers, DH has been delivering updated EVD related health promotion message to travellers through health leaflets and broadcasting at the Hong Kong International Airport (“the Airport”) and other boundary control points (“BCPs”), and the travel health website. Although there is no direct flights from the four affected countries to Hong Kong, the DH has been requesting airlines through Airline Operators Committee to conduct in-flight broadcast of health message at all incoming passenger flights to alert travellers about the disease. In addition, regular updates to the airlines, the tourism industry and relevant stakeholders at BCPs are provided through meetings, briefings and correspondences.
- (f) Immigration officers at all BCPs also assist in identifying arrival passengers holding travel documents issued by the four affected countries and provide them information sheets about EVD. The information sheets remind the sick travellers to approach port health personnel immediately if they are already sick upon arrival. If these travellers develop symptoms during their visit to Hong Kong, they should call 999 for arrangement of consultation in

Accident and Emergency (“A&E”) Department.

- (g) Apart from information dissemination, surveillance of sick travellers has been enhanced and all suspected cases identified at the Airport and other BCPs would be referred to HAIDC for examination.

Prompt Control and Transparency in Dissemination of Results

- (h) Any suspected case fulfilling the reporting criteria and notified to the 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 the CHP for testing. The PHLSB has established sensitive laboratory tests with confirmatory capacity, and is capable of providing preliminary test results within hours and confirmatory positive results after one day. The DH will release the testing results to the public as soon as possible.
- (i) As the conditions of a suspected EVD patient may deteriorate quickly, and in order to achieve secure containment of the disease, HA has adopted a centralised approach by transferring immediately all suspected EVD cases to the HAIDC, in line with the principle of “early notification, early isolation and early testing”. The HAIDC has its bio-safety laboratory ready to provide essential blood tests and laboratory investigations for EVD related cases admitted.
- (j) The HA has worked out with the Fire Services Department (“FSD”) the transfer arrangement of suspected EVD case from HA’s A&E Department to the HAIDC and has promulgated such arrangement to all hospitals on 1 August 2014. The transfer arrangement has been extended to cover suspected cases identified in HA’s clinics since 14 August 2014.

Infection Control in Healthcare Settings and Community

- (k) The DH has convened the Scientific Committee for Infection Control to review the infection control measures including the use of personal protective equipment (“PPE”), provided guidelines on infection control to healthcare professionals including Chinese medicine practitioners, and organised training for provision of updated information to the healthcare workers.

- (l) The DH has provided guidelines to various governments department on PPE for handling suspected EVD cases. Training sessions have been organized.
- (m) The DH has provided health advice to specific sectors of the community including hotel industry, public transport, property management and workplace to heighten awareness of EVD and measures to handle a sick person suspected of EVD.
- (n) Making reference to the guidelines of the Centre for Diseases Control and Prevention (“CDC”) of the United States and that of the WHO, and considering the practical needs of the clinical setting in Hong Kong, the HA has adopted necessary infection control measures, including those related to the use and standards of PPE, at hospitals and clinics. Such measures were duly promulgated on 30 July 2014.
- (o) The HA completed a stocktaking exercise of the PPE items from 30 July to 15 August 2014. The HA is following up with the procurement to top up supplementary items such as full length shoe cover and the procurement is expected to be completed within two to three weeks.

Enhanced Risk Communication

- (p) The DH has convened the Scientific Committee for Emerging and Zoonotic Diseases to assess the risk of and local response to EVD. The DH has also convened the interdepartmental meeting to gear up other Government departments with necessary preparation.
- (q) The DH promulgates in press releases/public announcements that travellers returning from countries affected by EVD presenting with compatible symptoms are reminded to call 999 and inform the staff about their condition to arrange consultation in A&E Department. The dissemination of information on suspected cases of EVD is prompt and transparent. Whenever there is a suspected case, the CHP will release information to the public as soon as possible.
- (r) HA’s senior management has been monitoring the overall corporate preparedness weekly since 30 July 2014. All reports of suspected and confirmed EVD will be submitted to HA’s senior

management, the CHP and the Food and Health Bureau through the HA Rapid Communication System (“RCS”). HA’s Central Committee on Infectious Disease and Emergency Response has convened meetings in conjunction with the CHP to coordinate all actions.

- (s) The HA has set up a dedicated intranet webpage on EVD on 30 July 2014 to disseminate all relevant information on EVD, including infection control measures to be adopted by various clinical departments. Such information will be updated as necessary. HA will also organise various staff forum at hospital level to share information on EVD.
- (t) HA Corporate Clinical Psychology Service is ready to provide psychological support to the staff if needed.

Publicity and Public Education

- (u) The DH has organised various health education activities and provided health advice on the prevention of EVD, personal and environmental hygiene, targeting the general public as well as specific sectors of the community including the African community. The DH has informed various working partners, including government departments/bureaux, District Councils and others, on the latest EVD situation and requested them to assist in disseminating health information to the public. The DH has reminded and will continue to remind members of the public to take heed of personal hygiene, especially washing hands properly.
- (v) 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, health educational resources and health advice.
- (w) Travellers have been advised to avoid unnecessary travel to the four affected countries. Travel advice has been uploaded to the front page of the CHP and DH’s Travel Health Service websites, as well as the Outbound Travel Alert website of the Security Bureau.

Availability of Drugs and Vaccines Against EVD

- (x) Currently, no drug regulatory authorities have registered any drugs

or vaccines for the treatment or prevention of EVD. There are, however, some investigational drugs and vaccines against the disease in the early stage of product development. Most of these drugs and vaccines are in the stage of pre-clinical studies with animals; while a small number of them are either conducting, or planning to conduct, Phase I clinical studies in healthy human subjects.

- (y) Upon the announcement made by the WHO and the publication of the guidance on ethical considerations for use of unregistered interventions for EVD stating that it is ethical to offer unproven interventions with yet unknown efficacy and adverse effects as potential treatment or prevention, the Administration has made enquiries with the Western Pacific Regional Office (“WPRO”) of the WHO for advice on distribution or supply arrangement of the interventions when required. In addition, the Administration has also made enquiries with the various developers of the potential products under investigation and trial on the latest situation of product development and the possibility to obtain them.
- (z) The Administration will maintain contact with the WHO and the developers on the latest situation of product development and the possibility to obtain the investigational drugs and vaccines against EVD.
- (aa) According to the Pharmacy and Poisons Ordinance (Cap. 138), pharmaceutical products must satisfy the criteria of safety, quality and efficacy, and must be registered with the Pharmacy and Poisons Board before they can be sold in Hong Kong. Currently, the above investigational drugs and vaccines against EVD are not registered pharmaceutical products.
- (bb) According to the above Ordinance, however, doctors can through the established mechanism, apply to the DH for the import of unregistered pharmaceutical products for the treatment of their patients when clinically indicated. In such circumstances, doctors should inform their patients for getting consensus in using the products, and are required to report adverse drug reactions to the

DH related to the use of the unregistered pharmaceutical products.

Patient Management

- (cc) The HA has reviewed and promulgated the guideline on management of patients with suspected viral haemorrhagic fever to all staff on 31 July 2014.
- (dd) Currently, there is no specific treatment for EVD and patients will be managed by supportive treatment. The HA will keep referring to WHO's latest guideline on any possible treatment.
- (ee) To facilitate communication with patients from different ethnicities, the HA has made available 24-hour interpretation service covering 17 languages.

Contingency Plan and Drills for Concerted Interdepartmental Actions

- (ff) The DH has announced the Preparedness and Response Plan for EVD on 20 August 2014. Accordingly, the Alert Response Level has been activated on the same day. The DH will continue to update contingency plans on major outbreaks of infectious diseases, as well as to conduct interdepartmental exercises and drills with concerned parties and stakeholders in close partnership. HA's designated contingency plans are also in place.
- (gg) The CHP has organised 14 Ground Movement exercises testing the preparedness and responsiveness of relevant departments on public health actions since it was established in 2004.
- (hh) The HA is planning a drill on emergency conveyance of EVD case with the participation of A&E Department, the HAIDC and the FSD.

WAY FORWARD

8. The Government will continue to maintain vigilance, enhance surveillance and keep itself abreast of the latest developments concerning EVD. 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

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

**Food and Health Bureau
Department of Health
Hospital Authority
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