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Panel on Health Services

Background brief prepared by the Legislative Council Secretariat for the meeting on 15 June 2015

Prevention and control of Middle East Respiratory Syndrome

Purpose

This paper summarizes the concerns of the members of the Panel on Health Services ("the Panel") on issues relating to the prevention and control of Middle East Respiratory Syndrome ("MERS") (formerly known as Severe Respiratory Disease associated with Novel Coronavirus).

Background

2. Coronaviruses are a large family of viruses which include viruses that may cause a range of illness in humans, from mild illness like common cold to severe illness like severe acute respiratory syndrome ("SARS"). There are three main subgroups of coronaviruses, namely alpha, beta and gamma. Middle East Respiratory Syndrome Coronavirus ("MERS-CoV"), formerly known as novel coronavirus, is a beta coronavirus which was first reported in 2012 in Saudi Arabia. It is different from other coronaviruses (including SARS-coronavirus) that have been found in humans or animals.

3. The affected areas of MERS include the Arabian Peninsula, primarily in Saudi Arabia, and its neighboring countries[1]. A small number of exported cases have been reported in travellers. While the origins of the virus are not fully understood, recent studies support that camels are likely to be a major

[1] These countries include Bahrain, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Oman, Kingdom of Saudi Arabia, State of Palestine, Syria, United Arab Emirates, Qatar and Yemen.

reservoir host for MERS-CoV and an animal source of infection in humans. People may be infected upon exposure to animals, environment or other infected patients. Human-to-human transmission has been observed to a limited extent in households and healthcare settings when there is close contact. There have been clusters of secondary cases in healthcare facilities, where human-to-human transmission appears to be more probable, especially when infection prevention and control practices are inadequate, as was seen in the Kingdom of Saudi Arabia in April to May 2014.

4. People with pre-existing medical conditions such as diabetes, renal failure, chronic lung disease, and immunocompromized persons are considered to be at higher risk for becoming infected with MERS-CoV or having a severe case from MERS-CoV infection. The incubation period for the disease can range from two to 14 days. It is, however, not always possible to identify patients with MERS-CoV early because some may have mild or unusual symptoms. Typical MERS symptoms include fever, cough and shortness of breath. Most patients develop pneumonia. Gastrointestinal symptoms or kidney failure have also been reported. In people with immune deficiencies, the disease may have atypical presentation such as diarrhoea. Once a person is infected by MERS-CoV and is symptomatic, the person can transmit infection to others, but the specific modes of transmission, risk factors and conditions facilitating transmission are not well established. There is currently no specific antiviral treatment for MERS. Treatment is supportive and based on patients' clinical conditions. According to the World Health Organization ("WHO"), approximately 36% of reported patients with MERS-CoV have died. Most of these patients had an underlying medical condition.

Deliberations of the Panel

5. The Panel discussed the prevention and control of MERS in April 2013. Separately, issues relating to whether health risk should be a factor for consideration under the Outbound Travel Alert ("OTA") system was further discussed in the context of the prevention and control of Ebola virus disease ("EVD") at a Panel meeting in August 2014. The deliberations and concerns of members are summarized in the following paragraphs.

<u>Surveillance measures and contingency plan</u>

6. Members noted that MERS had been made a statutorily notifiable disease and the virus a scheduled infectious agent under the Prevention and Control of Disease Ordinance (Cap. 599), and a specified disease under the Prevention and Control of Disease Regulation (Cap. 599A) since 28 September 2012. Any

suspected or confirmed cases were required to be notified to the Centre for Health Protection ("CHP") of the Department of Health ("DH"). Cases and contacts of MERS might also be prohibited from leaving Hong Kong. They were concerned about the Administration's preparedness and contingency plan, including cross-bureaux and inter-departmental collaboration, in case of an outbreak of MERS in Hong Kong.

7. The Administration advised that there had been ongoing reviews of the contingency plans on major outbreaks of infectious diseases. The Preparedness Plan for Influenza Pandemic 2012 was launched to include three response levels, namely Alert, Serious and Emergency, on the basis of various risk assessment factors, with each response level representing a graded risk of pandemic affecting Hong Kong instead of the scenario-based approach in the previous plan. To test the preparedness and responsiveness of relevant departments on public health actions, a high level desktop exercise code-named "Exercise Rudy" was conducted in March 2013 to ensure the Administration's preparedness for any outbreaks of MERS.

Port health measures

8. Some members considered that incoming travellers, in particular those from areas affected by MERS, should be required to make health declaration at all boundary control points. There was a suggestion that it should be made mandatory that inbound travellers from the affected areas had to undergo temperature check before boarding the plane. Concern was also raised about the accuracy of the infra-red devices for screening the body temperature of all arriving passengers at the boundary control points.

9. According to the Administration, a series of port health measures had been put in place against MERS. These included display of posters about the diseases at all boundary control points; delivery of health leaflets to arriving travelers coming from the affected areas; broadcasting health message on board for flights, vessels and rails arriving Hong Kong; surveillance of travellers having fever through temperature screening at all boundary control points; regular updates to the tourism industry, including the message that inbound agents should advise travellers feeling unwell to postpone their trip to Hong Kong until recovery. As regards outbound travellers, efforts had been made to advise them to observe good personal and environmental hygiene; avoid direct contact with wild animals, wild birds and poultry; avoid visiting zoos and wet markets and eating wild animals. The Administration assured members that DH would continue to monitor the development and follow up relevant recommendations on port health measures made by WHO.

Travel advice

10. Question was raised as to whether OTA would be issued to enhance public understanding of the possible health risk of MERS when travelling to the affected areas, as summer vacation would be the peak season for study and travel tours. According to the Administration, the three-tier OTA system was designed to facilitate members of the public to better understand the risk or threat to their personal safety when travelling overseas.

11. Members expressed concern that health risk was not a factor to be considered under the OTA system. In the context of discussing the measures for the prevention and control of EVD in August 2014, there was a view that the issuance of a notice from DH to advise Hong Kong residents to avoid unnecessary travel to countries with conditions that might affect travellers' health and posting such notice in the webpages of OTA and CHP respectively could not provide a comparative level of alert to members of the public. In addition, while many of the travel insurance plans in the market would provide enhanced coverage relating to travel alert issued under the OTA System, there were no similar arrangements for the travel notice issued by DH. There was a suggestion that the Security Bureau should review the OTA system to include health conditions of a country as a factor for consideration in assessing the travel risk and the need to issue an OTA.

12. Subsequent to the meeting, the Security Bureau provided a response to the Panel in November 2014 advising that security threat and health risk involved different considerations, guided by necessary expertise and professional judgment. Insofar as health risk was concerned, DH had issued timely advice to the public when the circumstances so warranted.

Preparedness in the hospital setting

13. Given the existing shortfall of healthcare manpower in public hospitals, members were concerned about the capacity of the public healthcare system to manage local outbreaks of MERS. Concern was also raised about whether the Hospital Authority ("HA") had maintained sufficient stock of personal protective equipment ("PPE") for its healthcare staff. According to the Administration, there were around 1 400 isolation beds with special facilities for infectious diseases in public hospitals. A three-month stockpile of PPE, including surgical masks and N95 respirators, was maintained by HA. The Administration stressed that under the current strategy of "timely diagnosis", "timely isolation", "timely reporting" and "timely treatment", patients identified would be isolated and treated early in the course of illness with a view to preventing community outbreak of MERS.

Publicity and public education

14. Referring to the dissemination of misleading information about MERS on the Internet and via mobile messaging applications, members were of the view that the Administration should step up public education providing health advice on the prevention of MERS. Consideration should also be given to setting up a hotline for members of the public to make enquiries on MERS. According to the Administration, DH had organized various health education activities and provided information about the prevention of MERS, personal hygiene and environmental hygiene, targeting the general public as well as specific sectors of the community. A dedicated page was also set up on CHP website which carried the latest information on the disease, guidelines for different sectors of the community and health advice.

Recent developments

15. On 12 June 2014, the Administration announced the Preparedness Plan for MERS which set out the Government's preparedness and response measures for the disease. A three tier response level (i.e. Alert, Serious and Emergency), which is in line with the Preparedness Plan for Influenza Pandemic, is adopted. The "Alert" Response Level under the Preparedness Plan for MERS was activated on the same day.

16. Since May 2015, there has been an outbreak of MERS in Korea. This outbreak is by far the largest outbreak outside the Middle East. The first case in Korea involved a 68-year-old man who returned to Korea on 4 May 2015 after travelling to the Middle East from 18 April to 3 May 2015. He developed symptoms and was admitted to a hospital on 11 and 15 May 2015 respectively. There is also a MERS case exported from Korea to the Mainland, whereby a 44-year-old man ("the target patient"), who was the son of the third MERS case and younger brother of the fourth MERS case in Korea, travelled from Korea to Huizhou, Guangdong via Hong Kong on 26 May 2015. The case was symptomatic while traveling. Investigation by the Guangdong health authority revealed that he developed fever on 21 May 2015 and was a suspected case of MERS. As a precautionary measure, CHP commenced epidemiological investigations and contact tracing of this passenger. The target patient was confirmed by the Chinese Center for Disease Control and Prevention as infected with MERS-CoV on 29 May 2015.

17. The numbers of close contacts (i.e. within two rows of the target patient on the same flight) and other contacts of the above patient identified by CHP are

29 and 32 respectively. The 19 asymptomatic close contacts in Hong Kong have completed quarantine at Lady MacLehose Holiday Village in the afternoon of 9 June 2015.

18. According to the Administration, DH has enhanced surveillance measures in view of the latest outbreak of MERS in Korea. Starting from 1 June 2015, same as those with suspected cases with travel history in the Middle East, inbound traveller with fever or respiratory symptoms who has recently visited any healthcare facilities in Korea will be classified as suspected cases of MERS and taken to public hospitals for isolation and management until their specimens test negative for MERS-CoV. All visitors with fever will be referred to the port health officers at boundary control points for diagnosis. They will also be required to sign the health assessment form as a confirmation that the information provided is correct and reminded of the liability for providing false information.

19. As of 8 June 2015, a total of 87 MERS cases have been reported by Korea, including six deaths. Among the 86 cases who acquired the infection in Korea (which included 85 cases confirmed in Korea and one case exported from Korea to the Mainland), 30 (or 35%) were secondary cases and 56 (or 65%) were tertiary cases without direct contact with the index patient. In view of the increasing number of cases and the large number of persons potentially exposed to these cases, the frequent travel of people between Korea and Hong Kong and the dense population in Hong Kong, and the capacity of the local healthcare system, the Government raised the response level for MERS from "Alert" to "Serious" on 8 June 2015. On the same day, with content similar to the Red OTA, DH issued a travel health advice to remind the public, particularly patients with chronic illnesses, to avoid unnecessary travel to Korea. HA also announced the activation of the Serious Response level in public hospitals.

20. On 9 June 2015, the Government issued the Red OTA for Korea. The press releases issued by the Administration containing the transcript of remarks by the Acting Chief Executive and the Secretary for Food and Health at two media sessions on 9 June 2015 on the issue is in **Appendices I and II** respectively. Globally, as of 10 June 2015, WHO has been notified of 1 238 laboratory-confirmed cases of infection with MERS-CoV in Middle East and Korea since September 2012[2]. At present, WHO does not advise special screening procedures at points of entry, or travel or trade restrictions with regard to this outbreak.

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[2] The 1 238 cases include 1 015 cases in the Kingdom of Saudi Arabia, 73 cases in the United Arab Emirates, 13 cases in Qatar, 12 cases in Jordan, six cases each in Iran and Oman, three cases in Kuwait, one case each in Lebanon and Yemen, and 108 cases in Korea (including an exported case from Korea to the Mainland).

21. At the Council meeting of 3 June 2015, Hon CHAN Han-pan, Dr Hon KWOK Ka-ki and Dr Hon Helena WONG raised three urgent oral questions on the measures to prevent and control against MERS. The questions and the Administration's replies are in **Appendices III to V** respectively.

Relevant papers

22. A list of the relevant papers on the Legislative Council website is in **Appendix VI**.

Council Business Division 2
Legislative Council Secretariat
10 June 2015

新聞公報 *2015*年*6*月*9*日

署理行政長官於行政會議前會見傳媒談話全文（只有中文）（附短片）
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以下是署理行政長官林鄭月娥今日（六月九日）上午出席行政會議前會見傳媒的談話全文：

署理行政長官：各位傳媒朋友，早晨。過去幾日，高永文局長不斷監察着有關中東呼吸綜合症的情況，亦採取了一系列所需的行動。昨天，食物及衞生局聯同衞生署亦發出旅遊健康建議，都是呼籲香港市民如非必要，不要去韓國，以免有公共衞生的風險。

其實，高醫生一直亦有與旅遊業界保持聯絡。我了解旅遊業界亦正在做相應的措施和一些安排，因為畢竟香港與韓國，人的交往是很頻密，亦有很多旅行團或者一些學生的交流團在計劃當中。為了旅遊業界能夠更方便作出這些跟進和配合的工作，而他們過去幾年來都是很慣常按着由保安局發出的旅遊警示來採取這些跟進工作，所以今早保安局將會發出紅色的旅遊警示。我們亦是第一時間通知旅遊業議會，因為我們知道他們今早亦開會討論旅遊業界應該怎樣就着這個公共衞生的問題採取一些跟進工作。

所以，我在這裏再次呼籲香港市民，如非必要暫時不要去韓國旅行或公幹，亦要繼續留意特區政府會不斷發放有關控制疫情波及香港的信息。

記者：想問因為現在頒發紅色（外遊警示），之前的考慮為何不在昨日就宣布要發呢？因為現在發出的紅色外遊警示其實並不包括疾病，為何今次又會有這樣的安排？

署理行政長官：其實，保安局和食物及衞生局一直都有保持密切聯繫。昨天高永文局長出來說，由他主持的跨部門會議亦有保安局的參與。保安局亦原則上接受和同意，如果有公共衞生的理由影響到香港市民的健康，可以利用這個旅遊警示的制度來發放更清晰的信息，讓業界有所適從。因為畢竟由保安局發出的旅遊警示這個制度是恆之有效，而業界亦有很多持份者，所以他們既然有一個比較熟悉的政府制度和系統，在這一方面發放清晰的信息，特區政府覺得是有需要，亦作出這個回應。所以，保安局馬上就會進行這個工作。

或者在開行政會議前，我也說一兩句關於政改的工作。為了落實普選行政長官，特區政府已經在上星期二向立法會提交修訂《基本法》附件一的議案，換句話說，是修改行政長官的產生辦法，亦預告政制及內地事務局局長會在下星期三，即六月十七日，在立法會會議上動議通過這個議案。我們目前的估計，就是辯論和投票將會在兩、三日可以完成。

作出了這個預告，我們進入了最後階段，所以我覺得是有責任盡最後的努力或者最大的努力去游說議員支持這個政改方案。立法會41位建制派議員已經公開表示，他們會支持政府提交的方案，所以這個方案最終能否得到全體立法會議員三分之二多數通過，我們能否將選票交到全港500萬合資格選民的手上，讓他們能夠歷史性地以「一人一票」的方式選出下一任行政長官，就是決定於泛民議員的投票取向。

所以，去到這個關鍵時刻，我也爭取與27位泛民議員會面，作最後的游說。27位泛民議員，除了兩位，即黃毓民議員和范國威議員，婉拒我的邀請，其他議員都有陸陸續續會面。今日稍後還有三場單獨與三位議員見面，包括梁國雄議員、馮檢基議員和葉建源議員，我們就完成這一輪與各位泛民議員的會面。

但很可惜向大家說，就到今日為止，這些會面都沒有辦法讓任何一位泛民議員可以回心轉意，支持政府提出的政改方案。所以如果大家問我，下星期三表決時的結果，我恐怕今次能夠通過這個政改方案的機會是很渺茫。但我們一如以往，都會堅持到最後一刻，我希望每一位泛民議員都能夠以香港的整體和長遠的利益為依歸，都要認真考慮在社會上有很多市民希望能夠行使他的投票權，以「一人一票」的方式去選出他們心儀的行政長官。所以，不要令到市民失望，不要令到香港的民主發展停滯不前。這個是我個人的期盼，我們亦會在未來這八、九日盡最後努力。多謝大家。

完

２０１５年6月9日（星期二）
香港時間１１時３６分

新聞公報 *2015*年*6*月*9*日

食物及衞生局局長談中東呼吸綜合症
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以下是食物及衞生局局長高永文今日（六月九日）出席立法會食物安全及環境衞生事務委員會會議前會見新聞界的談話內容：

食物及衞生局局長：昨日我們把香港的中東呼吸綜合症應變級別由「戒備」提升至「嚴重」。我們亦把由韓國來港的人士，不論曾否前往或到訪醫療機構，若出現病徵，便列入懷疑病例，需要入院檢查。由昨日至今日，列為懷疑病例而需要前往醫院進行檢查的病人，其實已超過十名，準確數目稍後衞生防護中心會再作公布。同時，衞生署衞生防護中心已對韓國發出旅遊健康建議，我們今早歡迎保安局發出紅色外遊警示，主要是方便旅客或已購買機票的人士作出其他安排。我們會密切注意韓國的疫情發展，不時再更新我們的風險評估。今日早上，我們亦留意到韓國衞生當局通報了八宗新的確診病例，雖然這數字比昨日通報的２３例為少，但我認為我們需要採取較審慎的態度，繼續觀察韓國的疫情發展。其實韓國的醫療機構是在本月初加強其醫院內的檢疫措施或傳染病防控措施，至今大部分的確診第二層和第三層病例，他們接觸或感染這疾病，多數也是在月初之前，因此這只可以說是間接或直接由第一名回到韓國的病人而引起的病例。至目前為止，已有接近１００宗確診病例，這些人士究竟會否在韓國的社區內造成社區傳播，其實要視乎另一個因素，這因素不只是在醫療機構內的感染控制措施，而是公共衞生層次的接觸追蹤和隔離措施。若針對這些病人或其緊密接觸者而採取的公共衞生措施，即接觸追蹤和隔離措施是有效的，我們當然希望韓國的中東呼吸綜合症疫情不會進一步在社區擴散，但相信起碼要觀察未來七至十日的進展才可知道。

記者：昨日才發出旅遊健康建議，而今日即發出外遊警示，是否顯示政府內部溝通不足或各自為政？

食物及衞生局局長：我們一直都有很密切的溝通。我亦數次講清楚，衞生署發出的旅遊健康建議是等同保安局的紅色外遊警示。當然，如果今次開啟了一個機制，我們可以基於衞生或威脅香港市民健康的原因，運用保安局的外遊警示機制，那麼以後，尤其是遇上紅色或以上級數（的情況），我們可以考慮運用這個機制。但若在紅色以下，即現在黃色的層次，今早我在電台訪問都有解釋，在黃色或類似層次，衞生署有很多不同的旅遊健康建議和提示給市民，內容是很多樣化的，而且涉及很多國家，所以，我相信這個層次方面仍需要仔細研究。不過我相信以後，如果我們因健康或公共衞生的原因，而希望市民盡量避免前往某地方，我們起碼可以運用保安局紅色或以上的外遊警示。如果有批評指我們在這麼短時間內再加發紅色外遊警示，我是會接受的。不過，這個機制開啟後，若因公共衞生或健康的原因，我相信可以用這個機制，以兼顧市民若需要改變外遊安排時，亦可方便旅遊業和航空業的安排。

（請同時參閱談話內容的英文部分。）

完

２０１５年６月９日（星期二）
香港時間１７時３５分

SFH on MERS
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Following is the transcript of remarks made by the Secretary for Food and Health, Dr Ko Wing-man, before attending a meeting of the Legislative Council Panel on Food Safety and Environmental Hygiene this afternoon (June 9):

Reporter: (On the issuance of the Red Outbound Travel Alert on Korea.)

Secretary for Food and Health: I accept the criticism of the issuance of the health travel advice and the Red (Outbound) Travel Alert in a short sequence (of time).

(Please also refer to the Chinese portion of the transcript.)

Ends/Tuesday, June 9, 2015
Issued at HKT 15:53

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Press Releases *3 June 2015*

LC Urgent Q1: Middle East Respiratory Syndrome
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Following is an urgent question by the Hon Chan Han-pan under Rule 24(4) of the Rules of Procedure and a reply by the Secretary for Food and Health, Dr Ko Wing-man, in the Legislative Council today (June 3):

Question:

A man, who had come into contact with a confirmed patient of Middle East Respiratory Syndrome (MERS) in South Korea, arrived in Hong Kong by flight from South Korea on the 26th of last month. It has been reported that the man was questioned, as he had a fever, by a health officer about his conditions at the boundary control point at the airport, but he concealed his history of contact with a confirmed MERS patient and was finally allowed entry into Hong Kong. Subsequently, this man went from the airport to Huizhou in Guangdong Province via Sha Tau Kok by taking two cross-boundary coaches, and he was confirmed later to be a MERS patient. Since the man travelled together with quite a number of people on public transport during his stay in Hong Kong, quite a number of members of the public are concerned that MERS may spread in Hong Kong. In this connection, will the Government inform this Council:

(1) of the urgent and effective means adopted by the authorities for tracking the passengers who had come into close contact with the man when they travelled on the aforesaid two cross-boundary coaches, so as to take follow-up actions immediately;

(2) of the contingency measures adopted by the authorities to handle the situation where persons entering the territory conceal from quarantine officers information relating to an epidemic; whether the authorities currently have the statutory power to compulsorily place a person at the boundary control points under isolation and compulsorily arrange the person concerned to receive further examination when the authorities have reason to believe that the person concerned is infected with MERS; and

(3) given that the number of new MERS cases in South Korea has continued to rise in recent days, whether the authorities have grasped the latest situation of the MERS epidemic in South Korea, so as to take corresponding and urgent measures immediately; whether the authorities will, in response to the prevailing situation, immediately raise the alert response level and issue health advices and warnings to those Hong Kong people who intend to travel to South Korea for sight-seeing?

Reply:

President,

The Middle East Respiratory Syndrome (MERS) is a viral infection caused by a novel coronavirus (i.e. Middle East Respiratory Syndrome Coronavirus (MERS-CoV)) which has not been identified in humans before. The virus is different from any coronaviruses (including SARS-coronavirus) already found in humans or animals. Infected persons may present with acute serious respiratory illness and symptoms including fever, cough,

shortness of breath and breathing difficulties. Most patients also develop pneumonia. It is still uncertain how MERS-CoV is transmitted. Based on the available information, people may be infected with MERS upon exposure to animals (such as camel), environment or other confirmed patients (such as in a hospital setting).

Since September 2012, MERS has been made a statutorily notifiable disease in Hong Kong under the Prevention and Control of Disease Ordinance (Cap. 599). The Centre for Health Protection (CHP) under the Department of Health (DH) is to be notified of any suspected or confirmed cases for investigation and follow-up actions. To enhance the effectiveness of response to possible risks of MERS, the Government announced the Preparedness Plan for MERS on June 12, 2014, which sets out in detail the Government's preparedness and response measures for the disease. The Alert Response Level under the Preparedness Plan for MERS was activated on the same day, having regard to the information released by the World Health Organization (WHO) and various factors.

Against the above background, my reply to the three parts of the question is as follows:

(1) It came to the notice of the CHP of a 44-year-old man (the target patient of Hong Kong), who was a close contact of the third MERS case in Korea (a 76-year-old man), arrived in Hong Kong from Korea and transited to the Mainland on May 26, 2015. The CHP immediately liaised with WHO and the health authorities of the Mainland and Korea to obtain the latest updates.

Epidemiological investigations revealed that the target patient was a passenger of OZ723 of Asiana Airlines and arrived at the Hong Kong International Airport at around 1pm. He then set off for Huizhou via Sha Tau Kok by taking two buses operated by Eternal East Cross-Border Coach Mgt. Ltd. in the afternoon of the same day.

Even before the target patient was confirmed by the Mainland authorities as infected with MERS, the CHP had already taken precaution measures. Together with other parties (including the Immigration Department, the airline company and Eternal East Cross-Border Coach Mgt. Ltd.), the CHP traced the contacts of the target patient, including those on the same flight and bus. The results show that among the 158 passengers on board OZ723 of Asiana Airlines on May 26, 2015, 81 were in the same cabin with the target patient, and 29 of them were within two rows of him and are thus classified as close contacts. As for the buses, the CHP immediately contacted Eternal East Cross-Border Coach Mgt. Ltd. to trace the staff members who had contacted the target patient (including the drivers who drove the above buses). As no passenger list was kept for the buses, the CHP released the bus information to the public as soon as possible and appealed repeatedly to persons who had contact with the target patient to get in touch with the CHP for follow-up.

As at June 3, 2015, all the 29 close contacts on board the flight were identified. Nineteen of them were asymptomatic and had been sent to the Lady MacLehose Holiday Village for isolation and surveillance. The remaining 10 close contacts were not in Hong Kong and their information had been delivered to the Immigration Department. Another 32 persons were confirmed as other contacts (including a member of ticketing staff of Eternal East Cross-Border Coach Mgt. Ltd., the driver of the buses and a bus passenger) and are under medical surveillance. Contact

tracing is ongoing and the CHP has also set up a hotline to encourage relevant persons to contact the authorities as soon as possible.

(2) The DH has been conducting body temperature checks of all inbound travellers at boundary control points, and those with fever will be examined. There is an established set of criteria for compulsory referral in respect of MERS, which consists of clinical criteria and epidemiological criteria. The clinical criteria include body temperature at or above 38 degrees Celsius and symptoms of respiratory tract infection. The epidemiological criteria include having travelled to or resided in a country or region affected by MERS before onset of illness, or having close contact with patients infected with MERS. If an inbound traveller fulfills both the clinical and epidemiological criteria, the Port Health Office will compulsorily refer the traveller to a hospital under the Hospital Authority (HA) for further examination in an isolation ward.

At present, port health officers are empowered by the laws of Hong Kong to require a person suspected to be infected with specified infectious diseases (including MERS) for further examination. In accordance with the Prevention and Control of Disease Regulation (Cap 599A), if a health officer has reason to suspect that a person is a contact or is infected with a specified infectious disease or is contaminated, the health officer may subject the person to medical surveillance or a medical examination or a test. To achieve effective health screening at the border, we need full co-operation of the public and travellers in providing correct and comprehensive information for assessment and follow-up by health officers. If a traveller intentionally provides false information to health officers, the DH will consider taking enforcement action having regard to the advice of the Department of Justice.

In view of the latest outbreak situation in Korea and the fact that we have yet to obtain from the Korean authorities information on the healthcare facilities affected by MERS, the DH has enhanced surveillance measures in this regard. Inbound visitors who have recently visited healthcare facilities in Seoul, Korea and have fever and respiratory symptoms will be classified as suspected MERS cases. All visitors with fever will be referred to the port health officers for diagnosis. They will also be required to sign the health assessment form and reminded of the legal liability for providing false information.

(3) Upon activation of the Alert Response Level under the Preparedness Plan for MERS, a simplified response command structure has been put in place. The Food and Health Bureau will co-ordinate and steer Government response while the DH and the HA are mainly responsible for assessing the nature and level of risks. After activating the Preparedness Plan for MERS, the Government conducts risk assessment from time to time to determine whether adjustment to any measures is required. According to the health authorities of Korea, all MERS cases in Korea (including the exported case of the target patient) have been epidemiologically linked to the first MERS case there. There is currently no evidence of sustained human-to-human transmission taking place in the community of Korea. Having regard to the risk assessment, we consider that it is not necessary to raise the response level at this stage. Nevertheless, we convened an inter-departmental meeting in the morning of June 3, 2015 to update relevant departments on the latest situation of MERS so that they could take preventive measures accordingly. In

addition, Hong Kong residents travelling to Seoul, Korea are repeatedly reminded to avoid unnecessary visit to the healthcare facilities there. Hong Kong's healthcare facilities and personnel are advised to suspend all exchange or visit activities with healthcare facilities and personnel in Seoul, Korea. We will continue to closely monitor the latest developments overseas and maintain liaison with WHO as well as the Mainland and neighbouring health authorities. The local response and health surveillance will also be adjusted if necessary.

Ends/Wednesday, June 3, 2015
Issued at HKT 19:40

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Press Releases *3 June 2015*

LC Urgent Q2: Prevention and control of Middle East Respiratory Syndrome
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Following is an urgent question by the Dr Hon Kwok Ka-ki under Rule 24(4) of the Rules of Procedure and a reply by the Secretary for Food and Health, Dr Ko Wing-man, in the Legislative Council today (June 3):

Question:

In South Korea, a spate of 20-odd infection cases of the Middle East Respiratory Syndrome (MERS) has occurred recently. On the 26th of last month, a man who had come into contact with a confirmed patient of MERS in South Korea came to Hong Kong on a flight, and he then went from the airport to Huizhou in Guangdong Province via Sha Tau Kok by taking two cross-boundary coaches one after another. The mainland authorities subsequently confirmed that the man was a MERS patient. In this connection, will the Government inform this Council:

(1) since the outbreak of the MERS epidemic in South Korea, whether the authorities have enhanced the mechanism for mutual notification and assistance with that country and other relevant countries regarding the MERS outbreak, so as to curb the spread of MERS in Hong Kong; if not, whether they will immediately do so;

(2) whether the authorities will immediately draw up a list of MERS-infected areas which Hong Kong people should avoid visiting; if so, of the details; if not, the circumstances under which they will consider drawing up such a list; and

(3) whether the authorities will immediately review if the existing public healthcare system (including the isolation wards, healthcare personnel, medical apparatus and drugs in various public hospitals, as well as isolation facilities for providing temporary accommodation to people suspected of being infected with MERS) is capable of coping with an outbreak of the MERS epidemic?

Reply:

President,

(1) Following the emergence of the Middle East Respiratory Syndrome (MERS) epidemic in some Middle East countries in 2012, an imported case has triggered an outbreak of the disease in Korea recently. The Centre for Health Protection (CHP) has been keeping close liaison with the World Health Organization (WHO) and health authorities of the Mainland and Korea, etc. to obtain the latest information. We will continue to closely monitor the latest developments abroad and communicate with the WHO and health authorities of the Mainland and other neighbouring places so as to update our response strategy and health surveillance measures accordingly.

(2) The Government has been closely monitoring the MERS outbreak in the Middle East region and Korea. So far there is no evidence of sustained human-to-human transmission of the disease taking place in the community. Having regard to the relevant risk assessment, we consider that it is not necessary at this stage to

raise the relevant Alert Response Level. Nevertheless, we convened an inter-departmental meeting this morning (June 3) to update relevant departments on the latest situation of MERS so that they could take preventive measures accordingly. Besides, reminders were issued urging travellers to take heed of personal, food and environmental hygiene and avoid visits to healthcare facilities with MERS patients. In particular, Hong Kong travellers to Korea should avoid unnecessary visit to the healthcare facilities in Seoul. Farms, barns and markets with camels should also be avoided. Hong Kong's medical institutions and personnel are advised to suspend all exchange or visit activities with healthcare facilities and personnel in Seoul.

(3) The Hospital Authority (HA) has formulated a comprehensive contingency plan for MERS. Measures taken include urging frontline healthcare personnel to heighten vigilance, report suspected cases timely and conduct examinations. In respect of protective equipment, the HA has kept over one million N95 masks and 30 million surgical masks, maintaining a contingency stockpile level sufficient for 90-day use. Besides, the HA monitors the utilisation of isolation wards regularly. As at June 1, 2015, the HA provided about 1 300 isolation beds in 630 isolation wards.

The HA also maintains contact with the CHP. When a suspected case is detected, the subject person will be immediately referred to the Infectious Disease Centre in Princess Margaret Hospital for isolation and further tests. All hospital clusters will provide support when necessary. Moreover, the HA will update the information from time to time and maintain communication with its staff through its intranet. Under the contingency plan, each cluster has contingency measures for staff deployment and service provision which can be put into operation when required.

Moreover, public hospitals have stepped up their infection control measures. These measures include requiring visitors to Accident and Emergency (A&E) departments and out-patient clinics to put on surgical masks; and requiring patients who have fever and influenza symptoms but without travel history to stay in the Influenza-like Illness Segregation Area in the A&E departments while waiting for consultation. Virus testing and isolation arrangements have also been stepped up. Patients who have fever and respiratory illness, and with history of travel to affected areas (including healthcare facilities in Seoul, Korea) in the past two to 14 days will be arranged for viral test and immediate isolation.

On the other hand, to prevent the spread of infectious diseases, the Government will implement quarantine arrangements on close contacts of cases of MERS in accordance with Part 5 of the Prevention and Control of Disease Regulation (Cap 599A). Regarding local response to the first case of MERS exported from Korea to Mainland China, the Government converted the Lady MacLehose Holiday Village in Sai Kung under the Leisure and Cultural Services Department into a quarantine centre on May 29, 2015 for quarantine of asymptomatic close contacts. As at June 2, 2015, 19 close contacts in Hong Kong are being quarantined and they present no symptoms so far.

The Administration will continue to monitor the latest developments and adopt appropriate measures for prevention, isolation and treatment to protect public health.

Ends/Wednesday, June 3, 2015
Issued at HKT 19:42

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Press Releases *3 June 2015*

LC Urgent Q3: Surveillance measures for Middle East Respiratory Syndrome

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Following is an urgent question by the Dr Hon Helena Wong under Rule 24(4) of the Rules of Procedure and a reply by the Secretary for Food and Health, Dr Ko Wing-man, in the Legislative Council today (June 3):

Question:

Given that 20-odd confirmed cases of Middle East Respiratory Syndrome (MERS) have recently been found in South Korea and that the authorities have enhanced the infection control for MERS in public hospitals, will the Government inform this Council whether it will require with immediate effect all people from the Middle East and South Korea to complete and submit health declaration forms when entering Hong Kong by sea or by air; if so, of the details; if not, the reasons for that?

Reply:

President,

The Department of Health (DH) has been conducting body temperature checks on all inbound travellers at boundary control points, and those with fever will be examined. There is an established set of criteria for compulsory referral in respect of the Middle East Respiratory Syndrome (MERS), which consists of clinical criteria and epidemiological criteria. The clinical criteria include body temperature at or above 38 degrees Celsius and symptoms of respiratory tract infection. The epidemiological criteria include having travelled to or resided in a country or region affected by MERS before onset of illness, or having close contact with patients infected with MERS. If an inbound traveller fulfills both the clinical and epidemiological criteria, the Port Health Office will compulsorily refer the traveller to a hospital under the Hospital Authority for further examination in an isolation ward.

In view of the latest outbreak situation in Korea and the fact that we have yet to obtain from the Korean authorities information on the healthcare facilities affected by MERS, the DH has enhanced surveillance measures in this regard. Inbound visitors who have recently visited healthcare facilities in Seoul and have fever and respiratory symptoms will be classified as suspected MERS cases. All visitors with fever will be referred to the port health officers at boundary control points for diagnosis. They will also be required to sign the health assessment form as a confirmation that the information provided is correct and reminded of the liability for providing false information.

The Administration will keep in view the development of MERS and modify the preventive and control measures as appropriate.

Ends/Wednesday, June 3, 2015
Issued at HKT 19:44

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Appendix VI

Relevant papers on prevention and control of Middle East Respiratory Syndrome

Committee	Date of meeting	Paper
Panel on Health Services	8.4.2013 (Item I)	Agenda Minutes CB(2)935/12-13(03) CB(2)1139/12-13(01)
Panel on Health Services	22.8.2014 (Item I)	Agenda Minutes CB(2)281/14-15(01)

Council Business Division 2
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