

LEGISLATIVE COUNCIL BRIEF

Prevention and Control of Disease Ordinance (Chapter 599)

PREVENTION AND CONTROL OF DISEASE ORDINANCE (AMENDMENT OF SCHEDULE 1) NOTICE 2016

INTRODUCTION

On 5 February 2016, 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”), will make the Prevention and Control of Disease Ordinance (Amendment of Schedule 1) Notice 2016 (“the Notice”) at the Annex.

JUSTIFICATIONS

2. The Ordinance and its subsidiary legislation provide a legislative framework for the prevention and control of communicable diseases of public health importance. The Prevention and Control of Disease Regulation (Cap. 599A) (“the Regulation”) provides for various control measures for infectious diseases.¹

3. Section 4 of the Regulation requires medical practitioners to notify the Director if they have reason to suspect the existence of a case 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.

4. The Director regularly reviews the list of infectious diseases statutorily notifiable by medical practitioners in order to ensure maximal protection against infectious diseases. Under section 15 of the Ordinance, the Director may by notice published in the Gazette amend the Schedules to the Ordinance. At present, there are 49 infectious diseases listed in Schedule 1 to the Ordinance.

¹ Under the Ordinance –

- “infected” means the presence of an infectious agent on the surface of or inside the body of, or in, a human being or an article; and
- “infectious agent” means a parasite, a fungus, a bacterium, a virus, a prion or any other agent that can cause an infectious disease.

Zika Virus Infection

5. Zika Virus Infection is a mosquito-borne disease caused by Zika virus. The virus was first isolated from a rhesus monkey in Zika forest of Uganda in 1947, in mosquitoes (i.e. *Aedes africanus*) in the same forest in 1948 and in humans in Nigeria in 1954. It is primarily transmitted to humans through bites from *Aedes* mosquitos. The incubation period is typically between 3 and 12 days. People infected with Zika virus will develop symptoms including mild fever, rash, muscle pain, joint pain, headache, retro-orbital pain and conjunctivitis which last for a few days. There is no specific medication for the disease and symptomatic treatment is given to relieve discomfort. Most people recover fully without severe complications.

6. Zika virus is endemic in parts of Africa and Asia and was first identified in the South Pacific after an outbreak on Yap Island in the Federated States of Micronesia in 2007. Moreover, an outbreak was reported in French Polynesia in October 2013 and spread to other Pacific Islands including New Caledonia, Cook Islands, and Easter Island. In Asia, sporadic cases have been reported in travellers between 2007 and 2013 in Thailand, Cambodia and Indonesia. Since 2014, indigenous circulation of Zika virus has been detected in the Americas, with outbreak of Zika Virus Infection in Brazil starting in mid-2015.

7. Microcephaly and other poor pregnancy outcomes in babies of mothers who were infected with Zika virus while pregnant have been reported in Brazil. On 28 November 2015, the Ministry of Health of Brazil established a relationship between an increase in cases of microcephaly in newborns and Zika Virus Infection in the country's northeast. According to a preliminary analysis of research carried out by Brazilian authorities, the greatest risk of microcephaly and malformations appears to be associated with infection during the first trimester of pregnancy. Health authorities, with support from Pan American Health Organization of the World Health Organization ("PAHO/WHO") and other agencies, are conducting research to clarify the cause, risk factors and consequences of microcephaly.

8. According to the latest report by the PAHO/WHO, autochthonous transmission of Zika virus was reported from epidemiological week 17 of 2015 to epidemiological week 2 of 2016 in the following countries and territories in the Americas Region: Brazil, Columbia, Ecuador, El Salvador, French Guiana, Guyana, Guatemala, Haiti, Honduras, Martinique, Mexico, Panama, Puerto Rico, Paraguay, Saint Marin, Suriname and Venezuela.

9. In Hong Kong, the principal vector, *Aedes aegypti*, is not found but *Aedes albopictus* is widely present so there is a risk of secondary spread for imported infections. There is no vaccine to prevent Zika Virus Infection at present and the mainstay of prevention is to avoid mosquito bites and prevent their proliferation. Zika Virus Infection is not a notifiable disease under the Ordinance and no human case in Hong Kong has been reported to the Centre for Health Protection (“CHP”) so far. Nevertheless, laboratory testing for Zika Virus Infection is available at the Public Health Laboratory Services Branch of CHP.

THE NOTICE

10. The Notice amends Schedule 1 to the Ordinance by adding Zika Virus Infection as item 46 under the Schedule. The Notice will be gazetted on 5 February 2016 for commencement of operation on the same date.

LEGISLATIVE TIMETABLE

11. The legislative timetable is as follows –

Publication in the Gazette	5 February 2016
Tabling at Legislative Council	17 February 2016

IMPLICATIONS

12. 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 have no economic, financial, civil service, environmental, family or gender implications. It strengthens Hong Kong’s capabilities in the prevention and control of diseases and is in line with the sustainability principle of pursuing policies which promote and protect the health of the people of Hong Kong.

PUBLIC CONSULTATION

13. In view of the latest development and the severity of the disease, members of the public and health care professionals are expected to welcome the proposal which would strengthen our capability to enhance the surveillance of the disease in Hong Kong.

PUBLICITY

14. The Department of Health issued a press release on 1 February 2016 regarding the Notice. It has also informed medical practitioners in Hong Kong of the changes in notification requirements. A spokesman from the Department of Health is available to answer media enquiries.

OTHERS

15. For any enquiries on this brief, please contact Dr S K CHUANG, Consultant Community Medicine (Communicable Disease), Centre for Health Protection (Tel: 2125 2200).

**Food and Health Bureau
Department of Health
3 February 2016**

**Prevention and Control of Disease Ordinance
(Amendment of Schedule 1) Notice 2016**

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

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)

Schedule 1—

Add

“46. Zika Virus Infection (寨卡病毒感染)”.



Director of Health

1 February 2016

Explanatory Note

The purpose of this Notice is to add “Zika Virus Infection” to the list of scheduled infectious diseases specified in Schedule 1 to the Prevention and Control of Disease Ordinance (Cap. 599).