**For information**
**on 28 February 2008**

# Bills Committee on the Prevention and Control of Disease Bill

## Scheduled Infectious Diseases and Scheduled Infectious Agents

This note compares the infectious diseases included in Schedule 1 and infectious agents included in Schedule 2 to the Prevention and Control of Disease Bill (the Bill) with the corresponding lists in the laws of Mainland China[1,2].

## Scheduled Infectious Diseases

2. Public health authorities need to consider a number of factors in determining whether a particular infectious disease should become statutorily notifiable. These factors may include the prevalence and severity of the disease or condition, outbreak potential, existence of a reliable diagnostic method, availability of effective personal or public health intervention, existence of better alternative surveillance methods, World Health Organization or international surveillance and reporting requirements, potential as a biological weapon, etc. Since the above factors vary from place to place for a given disease, different countries prescribe different lists of statutorily notifiable diseases. Furthermore, the list of statutorily notifiable diseases is subject to periodic review to take into account the latest epidemiology and changing circumstances. The comparison between the infectious diseases included in Schedule 1 to the Bill with the Law of Infectious Diseases Control of Mainland China is at **Table 1**.

[1]Law of Infectious Diseases Control

[2]Biosafety Management Regulation of Laboratories for Micro-organisms

**Table 1 - Comparison between the lists of diseases in the Law of Infectious Diseases Control of Mainland China and Schedule 1 to the Prevention and Control of Disease Bill**

(A) Diseases included on both lists

| **Prevention and Control of Disease Bill** | **Law of Infectious Diseases Control of Mainland China** |
|---|---|
| Acute poliomyelitis (急性脊髓灰質炎(小兒麻痺)) | 脊髓灰質炎 (Poliomyelitis) |
| Amoebic dysentery (阿米巴痢疾) | 阿米巴性痢疾 (Amoebic dysentery) |
| Anthrax (炭疽) | 炭疽 (Anthrax) |
| Bacillary dysentery (桿菌痢疾) | 細菌性痢疾 (Bacillary dysentery) |
| Cholera (霍亂) | 霍亂 (Cholera) |
| Dengue fever (登革熱) | 登革熱 (Dengue fever) |
| Diphtheria (白喉) | 白喉 (Diphtheria) |
| *Escherichia coli* O157：H7 infection (大腸桿菌 O157：H7 感染) | 感染性腹瀉病 (Infective diarrhoea) |
| Food poisoning (食物中毒) | 感染性腹瀉病 (Infective Diarrhoea) |
| Influenza A (H2), Influenza A (H5), Influenza A (H7), Influenza A (H9) (甲型流行性感冒(H2)、甲型流行性感冒(H5)、甲型流行性感冒(H7)、甲型流行性感冒(H9)) | 人感染高致病性禽流感 (Highly pathogenic avian influenza) |
| Japanese encephalitis (日本腦炎) | 流行性乙型腦炎 (Japanese encephalitis) |
| Leprosy (麻風) | 麻風病 (Leprosy) |
| Leptospirosis (鈎端螺旋體病) | 鈎端螺旋體病 (Leptospirosis) |
| Malaria (瘧疾) | 瘧疾 (Malaria) |
| Measles (麻疹) | 麻疹 (Measles) |
| Meningococcal infection (invasive) (腦膜炎雙球菌感染(侵入性)) | 流行性腦脊髓膜炎 (Epidemic meningitis) |
| Mumps (流行性腮腺炎) | 流行性腮腺炎 (Mumps) |
| Paratyphoid fever (副傷寒) | 副傷寒 (Paratyphoid fever) |

| **Prevention and Control of Disease Bill** | **Law of Infectious Diseases Control of Mainland China** |
|---|---|
| Plague (鼠疫) | 鼠疫 (Plague) |
| Rabies (狂犬病) | 狂犬病 (Rabies) |
| Rubella and congenital rubella syndrome (風疹(德國麻疹)及先天性風疹綜合症) | 風疹 (Rubella) |
| Scarlet fever (猩紅熱) | 猩紅熱 (Scarlet fever) |
| Severe Acute Respiratory Syndrome (嚴重急性呼吸系統綜合症) | 傳染性非典型肺炎 (Infective atypical pneumonia) |
| Tetanus (破傷風) | 新生兒破傷風 (Neonatal tetanus) |
| Tuberculosis (結核病) | 肺結核 (Tuberculosis) |
| Typhoid fever (傷寒) | 傷寒 (Typhoid fever) |
| Typhus and other rickettsial diseases (斑疹傷寒及其他立克次體病) | 流行性和地方性斑疹傷寒 (Epidemic and Urban typhus) |
| Hantavirus infection (漢坦病毒感染) | 流行性出血熱 (Epidemic haemorrhagic fever) |
| Viral hepatitis (病毒性肝炎) | 病毒性肝炎 (Viral hepatitis) |
| Whooping cough (百日咳) | 百日咳 (Whooping cough) |

(B) <u>Diseases included only on the list of the Law of Infectious Diseases Control of Mainland China</u>

| **Disease** | **Justifications for not including it in the Bill** |
|---|---|
| HIV /AIDS, gonorrhoea, syphilis (艾滋病、淋病、梅毒) | In Hong Kong, there are well-tested and effective systems for the surveillance of HIV/AIDS, gonorrhoea, and syphilis. For HIV /AIDS, Hong Kong follows the recommended surveillance systems from WHO and the Joint United Nations Programme on HIV/AIDS to monitor HIV/AIDS for low epidemic areas. The voluntary HIV/AIDS reporting system and seroprevalence surveys comprising unlinked anonymous screening and voluntary testing of selected groups have been successfully tracking the disease trend in Hong Kong. |

| Disease | Justifications for not including it in the Bill |
|---|---|
| | The trend of Sexually Transmitted Infections (STI) such as gonorrhoea and syphilis can be monitored through data from public Social Hygiene Clinics (SHC) under the Department of Health, community doctor-based STI syndromic surveillance, syphilitic seroprevalence in blood donors and antenatal women, behavioural surveillance for SHC attendees and targeted surveillance for female sex workers and partner notification.<br><br>So far these systems have been very successful in monitoring the trend of these diseases in Hong Kong. On the other hand, there is considerable uncertainty on the acceptance of the community in making them statutorily notifiable. |
| Brucellosis (布魯氏菌病) | Brucellosis is transmitted via contaminated animals or animal products and thus is more frequent in countries with domestic animal rearing. As such, Hong Kong is not a high risk area for brucellosis and has very limited epidemic potential. Areas currently listed as high risk are the Mediterranean Basin, South and Central America, Eastern Europe, Asia, Africa, the Caribbean, and the Middle East. |
| Influenza (流行性感冒) | There are better surveillance systems to monitor this very common infection other than through statutory notification. We have a series of surveillance systems to monitor influenza activity including reporting of institutional outbreaks, laboratory surveillance, sentinel surveillance programmes at general outpatient clinics, private clinics, child care centres, elderly homes as well as hospital discharge data. Hong Kong's influenza surveillance is rated favorably in the international scene. |
| Acute haemorrhagic conjunctivitis(急性出血性結膜炎) | We have systems in place to monitor acute conjunctivitis in the community. These include reporting of institutional outbreaks, sentinel surveillance systems for acute conjunctivitis at general outpatient clinics, private doctors' clinics and at child care centres. |
| Schistosomiasis (血吸蟲病) | Schistosomiasis is most prevalent in sub-Saharan Africa and is transmitted when bathing or swimming in |

| Disease | Justifications for not including it in the Bill |
|---|---|
| | contaminated fresh water such as rivers and ponds. Infection occurs when skin comes in contact with water in which certain types of snails that carry schistosomes are living. The disease is not directly transmitted from person to person. Hong Kong is not at high risk of schistosomisis and the epidemic potential of this infection in Hong Kong is extremely low. |
| Filariasis (包蟲病、絲蟲病) | The risk of lymphatic filariasis is extremely low in Hong Kong, and so is its epidemic potential. It is more common in tropical areas. Infection is through intensive exposure to infected mosquitoes in endemic areas. Many mosquito bites over several months to years are needed to get lymphatic filariasis. The disease is not directly transmitted from person to person. |
| Visceral leishmaniasis (Kala-azar) (黑熱病) | This is a rural parasitic disease, occurring in Bangladesh, certain parts of China, India, Nepal, Pakistan, Middle East and certain parts of Africa. It is transmitted through infected sandflies, which is not found in Hong Kong. It is not usually transmitted from person to person. |

(C) <u>Diseases included only in the Prevention and Control of Disease Bill</u>

| Disease | Justifications for including it in the Bill |
|---|---|
| Botulism (肉毒中毒) | Botulism is a rare but serious paralytic illness caused by a nerve toxin that is produced by the bacterium *Clostridium botulinum*. There are three main kinds of botulism, namely foodborne botulism, wound botulism and infant botulism. All forms of botulism can be fatal and are considered as medical emergencies. Antitoxin administration is indicated as soon as possible after clinical diagnosis has been made.<br><br>However, botulism (particularly the foodborne type) has outbreak potential and has caused fatal cases in many parts of the world. The disease is treatable if detected early, and the source of botulism outbreak needs to be investigated as a matter of public health emergency to |

| **Disease** | **Justifications for including it in the Bill** |
|---|---|
| | prevent deaths. In addition, *C. botulinum* toxin is also a potential agent for biological weapon. |
| Chickenpox (水痘) | Chickenpox is a highly contagious disease mainly affects children. Severe complications like encephalitis occur more commonly in adults. The disease is endemic in Hong Kong. Chickenpox vaccine is currently available in the market. Surveillance can allow monitoring any epidemiological shift of disease incidence to older age groups, potentially leading to higher rates of serious disease and complications. |
| Community-associated methicillin-resistant *Staphylococcus aureus* infection (社區型耐甲氧西林金黃葡萄球菌感染) | Community-associated methicillin-resistant *Staphylococcus aureus* ("CA-MRSA") commonly causes skin or soft tissue infections (pimples, boils or abscesses). Symptoms may include redness, warmth, swelling, skin tenderness or pus drainage. Sometimes more serious effects such as purulent wound infections, severe pneumonia, sepsis and even death may occur. Transmission occurs via skin-to-skin contact and indirect contact with contaminated objects. In the past, MRSA infections commonly occurred in institutionalised persons and hospital patients. In recent years, many countries have observed MRSA infections in healthy individuals who have not been hospitalised, have not stayed in other healthcare facilities or institutions and have not received medical procedures in the past one year prior to symptom onset. These infections are generally referred to as CA-MRSA infections.<br><br>Compared with hospital-associated MRSA, CA-MRSA is more readily transmissible and causes community and institutional outbreaks in overseas countries. Overseas experience indicates that outbreaks may be controlled by appropriate public health intervention. Early detection of cases through stringent surveillance, contact tracing; prompt control measures of specific hygiene advice and proper disinfection and treatment are key elements in such intervention. Some Nordic countries have been successful |

| **Disease** | **Justifications for including it in the Bill** |
|---|---|
| | in keeping a low incidence of CA-MRSA infection in the community through implementing similar public health measures. Since the disease has been made notifiable in January 2007, we have recorded more than 170 cases in 2007. We need to continue to monitor the disease trend to implement effective public health preventive and control measures locally. |
| Creutzfeldt-Jakob disease (克雅二氏症) | Creutzfeldt-Jakob Disease (CJD) refers to a progressive neurodegenerative disorder which may be sporadic, iatrogenic or familial. A new variant known as variant CJD was first identified in 1996. It is one of a group of diseases called Transmissible Spongiform Encephalopathies (TSEs) that affect humans and animals. The variant CJD is strongly linked to a TSE of cattle called Bovine Spongiform Encephalopathy (BSE), or the mad cow disease. Transmission to human is probably through food and transfusion of blood products from infected persons.<br><br>More than 40 cases of CJD were detected in Hong Kong since 1996, including one case of variant CJD probably acquired in the United Kingdom. CJD is ultimately fatal and the public shows a high degree of concern. Public health interventions call for the monitoring of CJD, particularly the variant and iatrogenic forms. |
| *Haemophilus influenzae* type b infection (invasive) (乙型流感嗜血桿菌感染(侵入性)) | *Haemophilus influenzae* type b (Hib) causes meningitis and other severe infections (e.g. pneumonia, bacteremia, septic arthritis, epiglottitis or septicaemia) primarily among infants and children below 5 years of age. The disease causes serious complications and mortality especially in children. Enhanced surveillance allows more accurate estimation of the disease burden in the population. Chemoprophylaxis may be necessary to protect the contacts of cases of Hib invasive infection. |
| Legionnaires' disease (退伍軍人病) | Legionnaires' Disease is a pneumonic disease that caused by *Legionella* bacteria. Majority of patients were elderly males who had ever smoked. *Legionella* bacteria are |

| Disease | Justifications for including it in the Bill |
|---|---|
| | ubiquitous in our environment and can be found in aqueous environment in a large variety of habitats such as cold and hot water tanks, cooling towers, whirlpool and spas, water fountains, and respiratory therapy equipment. It is known that the bacteria have caused a number of outbreaks in institutions and hotels in some other countries. From 1994 to 2007, 63 sporadic cases of Legionnaires' Disease had been reported in Hong Kong and 6 of them were fatal cases. Since the disease has the capability of causing community outbreaks, there is a need to keep this disease on our list of notifiable diseases in order to implement timely surveillance and control. |
| Listeriosis (李斯特菌病) | This is an emerging food-borne disease noted in many parts of the world. Listeriosis predominantly affects newborns, the elderly, pregnant women and the immunocompromised persons. Human infection is mainly acquired through consumption of contaminated food or transplacentally from mother to the foetus. The clinical consequences of listeriosis can be severe as it can lead to miscarriage in pregnant women and serious illness in debilitated individuals. The reported case fatality is around 30% in infected newborns, and 25 – 30% in non-pregnant adults.<br><br>Common-source foodborne outbreaks caused by *Listeria monocytogenes* may occur if a food source is contaminated. Several outbreaks of foodborne listeriosis have been identified in Europe in the past. Contaminated food vehicle (e.g., ice cream) has also been previously found in Hong Kong. Regular surveillance of listeriosis, along with rapid epidemiological investigation can identify the cases and halt these potentially common-source outbreaks. There are about 8 - 15 sporadic listeriosis cases reported annually in recent years. |
| Psittacosis (鸚鵡熱) | This infection is acquired by inhaling dried droppings, secretions and dust from feathers of infected birds. Parrot birds are the main reservoir of the disease. |

| Disease | Justifications for including it in the Bill |
|---|---|
| | Apparently healthy birds can be carriers and shed the infectious agent, intermittently for weeks and months, particularly when they are stressful due to crowded environment or during transport. Infected patient presents with chest infection. The disease can be severe especially in elderly persons.<br><br>Department of Health received two reports of sporadic cases in 2005 and two in 2007. Outbreaks have been occasionally reported overseas in households, pet shops, aviaries, avian exhibits and pigeon lofts. |
| Q fever (寇熱) | Q fever is a zoonotic disease caused by *Coxiella burnetii*, a bacterium that is distributed globally. It can cause a severe acute disease, a chronic fatigue-like syndrome, and potentially fatal heart disease. The causative agent is easy to disseminate and highly infectious. It can be developed for use in biological warfare and is considered a potential terrorist threat. |
| Relapsing fever (回歸熱) | Relapsing fever is a louse-borne endemic disease and tick-borne epidemic bacterial disease caused by *Borrelia recurrentis* and other *Borrelia* species respectively. Louse-borne relapsing fever occurs in Asia, eastern Africa, Central Africa and South America. Tick-borne disease occurs throughout tropical Africa, some foci in India, Iran, Portugal, Saudi Arabia, Spain, northern Africa, central Asia, and North and South America. Relapsing fever has been observed in all parts of the world except Australia and New Zealand. In Hong Kong, the last notified case was in 1950.<br><br>The disease is usually presented with fever which relapses periodically, rash, gastrointestinal and respiratory symptoms. Severe cases may develop encephalitis. Case-fatality rate in untreated cases is between 2% to 10%. In view of the world-wide distribution of the disease, the potential of causing severe complications, and increased international travel in current era, monitoring |

| Disease | Justifications for including it in the Bill |
|---|---|
| | the cases and preventing the spread of this disease is important. |
| Smallpox (天花) | Smallpox is an acute contagious disease that has killed up to 30% of cases, and caused scarring and blindness in the survivors. Smallpox no longer exists as a naturally occurring disease but it remains high on the list of biological weapons as it can be easily disseminated and transmitted from person to person. Some laboratories in the world retain culture stocks of the virus. Rapid detection and control actions (e.g. isolation of patients and vaccination of contacts) are required to contain the disease. |
| *Streptococcus suis* infection (豬鏈球菌感染) | *Streptococcus suis* is an important bacterial pathogen of pigs, and is endemic in most pig-rearing countries. It is a known zoonotic agent. People in close contact with pigs or raw pig products are potentially at risk. Transmission to human is most likely to occur through wounds on the skin, including minor abrasions. This serious disease can be fatal, and can cause permanent hearing loss in survivors. In view of the large outbreak in Sichuan province in the Mainland in 2005, Hong Kong has listed *Streptococcus suis* infection as a statutory notifiable infectious disease since 2 August 2005 to better understand the local epidemiology. In the past few years, 4 to 13 sporadic cases have been reported every year. There is a need to continue monitor the epidemiology of this infection. |
| West Nile Virus Infection (西尼羅河病毒感染) | West Nile Virus infection is a mosquito-borne disease which may cause fever, headache and body aches. Severe infection may result in meningitis, encephalitis or even death. Overall case fatality rate reported in recent overseas outbreaks was about 4-14%. The spread of West Nile Virus across continents from Europe and Africa to the Americas has attracted major attention. International travel, importation of birds and mosquitoes, and migration of birds are risk factors for the international spread of West Nile Virus. Several species of mosquitoes including |

| **Disease** | **Justifications for including it in the Bill** |
|---|---|
| | *Culex quinquefasciatus*, *Culex pipiens*, *Aedes albopictus*, and *Aedes vexans* which are known to be vectors overseas are common in Hong Kong. Besides, overseas reports of spreading of the virus through blood transfusion is also a public health concern, which is potential preventable. |
| Viral haemorrhagic fever (病毒性出血熱) | Viral haemorraghic fever refers to a group of diseases caused by mainly four distinct families of virus including arenaviruses, filoviruses, bunyaviruses, and flaviruses. Although, most viruses associated with VHF are zoonotic or vector-borne, some virus (Ebola virus) can be potentially transmitted through human-to-human contacts. Infections are characterized by haemorraghe under the skin, internal organs and from body orifices such as mouth and eyes. Severe cases results in shock, seizures and coma and can be life-threatening. |
| Yellow fever (黃熱病) | Yellow Fever is a mosquito-borne disease caused by yellow fever virus. It is endemic in the tropical regions of Central and South America and Sub-Saharan Africa. It is one of the quarantinable diseases under the previous International Health Regulations. Countries are required to report cases of yellow fever. Symptoms of infection include fever, headache, chills, nausea, vomiting, and muscle pain, especially backache. Severe cases may develop liver and kidney failure, and internal bleeding. The case-fatality rate is more than 20%.<br><br>It is transmitted by bites of infected mosquitoes. Humans and mosquitoes are the reservoirs in urban areas. The mosquito, *Aedes albopictus*, which is a potential vector capable of carrying and transmitting yellow fever virus to humans, is commonly found in Hong Kong. Although the last recorded case was in 1945, there still exists the risk of yellow fever being introduced into Hong Kong by infected visiting international passengers and persons returning from the Yellow Fever endemic areas. |

**Scheduled Infectious Agents**

3. Under section 44 of the Biosafety Management Regulation of Laboratories for Micro-organisms of Mainland China, leakages of highly pathogenic microbiological pathogens from laboratory must be reported. However, the Act does not carry a list of agent.

4. Infectious agents proposed to be included to Schedule 2 to the Bill are agents the handling of which in the laboratory will pose a risk to the community in the case of leakage. According to the World Health Organization classification, Risk Group 3 and 4 agents are capable of causing community risk at different degrees –

- Risk Group 3 (high individual risk, low community risk) – A pathogen that usually causes serious human or animal disease but does not ordinarily spread from one infected individual to another. Effective treatment and preventive measures are available.
- Risk Group 4 (high individual and community risk) – A pathogen that usually causes serious human or animal disease and that can be readily transmitted from one individual to another, directly or indirectly. Effective treatment and preventive measures are not usually available.

5. Apart from the above risk group classification, factors such as endemicity if introduced to Hong Kong, whether the organism has been eradicated globally and its potential as a bioterrorism agent were also taken into account. Reference was taken from different countries, e.g. Australia, UK, USA on designation of biosafety levels of various agents in drawing up the list. The classification of the infectious agents and justification for including them in Schedule 2 to the Bill are at **Table 2**.

**Table 2 - The classification of infectious agents and justifications for including them in Schedule 2 to the Prevention and Control of Disease Bill**

| **Agent** | **Disease caused by the agent** | **Classification / justification** |
|---|---|---|
| 1. *Bacillus anthracis* (炭疽芽胞桿菌) | Anthrax (炭疽) | Risk group 3 agent; Potential bioterrorism agent |

| Agent | Disease caused by the agent | Classification / justification |
|---|---|---|
| 2. *Clostridium botulinum* (肉毒桿菌) | Botulism (肉毒中毒) | Potential bioterrorism agent |
| 3. Crimean-Congo haemorrhagic fever virus (克里米亞-剛果出血熱病毒) | Crimean-Congo haemorrhagic fever (克里米亞-剛果出血熱) | Risk group 4 agent |
| 4. Dengue virus(登革病毒) | Dengue fever/ haemorrhagic fever (登革熱／出血熱) | Potential for introduction and endemicity in Hong Kong |
| 5. Ebola virus (埃博拉病毒) | Ebola haemorrhagic fever (埃博拉出血熱) | Risk group 4 agent |
| 6. *Francisella tularensis* (土拉桿菌) | Tularaemia (土拉菌病) | Risk group 3 agent; Potential bioterrorism agent |
| 7. Guanarito virus (瓜納瑞托病毒) | Venezuelan haemorrhagic fever (委內瑞拉出血熱) | Risk group 4 agent |
| 8. Hantavirus (漢坦病毒) | Haemorrhagic fever with renal syndrome / Hantavirus pulmonary syndrome (腎綜合症出血熱／漢坦病毒肺綜合症) | Risk group 3 agent |
| 9. Hendra virus (亨德拉病毒) | Hendra virus infection (pneumonitis and encephalitis) (亨德拉病毒感染(肺炎和腦炎)) | Risk group 4 agent |
| 10. Herpes simiae virus (B virus) (猴疱疹病毒（B 病毒）) | Herpes simiae virus infection (meningoencephalitis) (猴疱疹病毒感染(腦膜腦炎)) | Risk group 4 agent |

| Agent | Disease caused by the agent | Classification / justification |
|---|---|---|
| 11. Influenza virus type A (subtype H2, H5 and H7) (流行性感冒病毒甲型(H2, H5 及 H7 亞型)) | Influenza A H2, H5 and H7 infection (甲型流行性感冒病毒 (H2、H5 及 H7 亞型)感染) | Risk group 3 agent; Pandemic potential |
| 12. Japanese encephalitis virus (日本腦炎病毒) | Japanese encephalitis (日本腦炎) | Risk group 3 agent |
| 13. Junin virus (鳩寧病毒) | Argentinian haemorrhagic fever (阿根廷出血熱) | Risk group 4 agent |
| 14. Kyasanur Forest disease virus (基薩諾爾森林病病毒) | Kyasanur Forest disease (meningoencephalitis and haemorrhagic fever) (基薩諾爾森林病(腦膜腦炎及出血熱)) | Risk group 4 agent |
| 15. Lassa virus (拉沙病毒) | Lassa fever (haemorrhagic fever) (拉沙熱(出血熱)) | Risk group 4 agent |
| 16. Machupo virus (馬秋波病毒) | Bolivian haemorrhagic fever (玻利維亞出血熱) | Risk group 4 agent |
| 17. Marburg virus (馬爾堡病毒) | Marburg haemorrhagic fever (馬爾堡出血熱) | Risk group 4 agent |
| 18. Monkeypox virus (猴痘病毒) | Monkeypox (猴痘) | Risk group 3 agent |
| 19. *Mycobacterium tuberculosis* (multidrug-resistant) (結核分枝桿菌(耐多藥)) | Tuberculosis (結核病) | Risk group 3 agent |

| **Agent** | **Disease caused by the agent** | **Classification / justification** |
|---|---|---|
| 20. Nipah virus (尼巴病毒) | Nipah virus infection (encephalitis) (尼巴病毒感染(腦炎)) | Risk group 4 agent |
| 21. Omsk haemorrhagic fever virus (鄂木斯克出血熱病毒) | Omsk haemorrhagic fever (鄂木斯克出血熱) | Risk group 4 agent |
| 22. Poliovirus (wild) (脊髓灰質炎病毒 (野毒株)) | Poliomyelitis (脊髓灰質炎) | Global eradication programme in progress |
| 23. Rabies or rabies-related virus (狂犬病毒或類狂犬病毒) | Rabies (狂犬病) | Risk group 3 agent |
| 24. Rift Valley fever virus (立夫特谷熱病毒) | Rift Valley fever (haemorrhagic fever) (立夫特谷熱(出血熱)) | Risk group 3 agent |
| 25. Sabia virus (薩比亞病毒) | Brazilian haemorrhagic fever (巴西出血熱) | Risk group 4 agent |
| 26. Severe acute respiratory syndrome (SARS)-coronavirus (嚴重急性呼吸系統綜合症－冠狀病毒) | SARS (嚴重急性呼吸系統綜合症) | Risk group 3 agent |
| 27. Tick-borne encephalitis virus (蜱傳腦炎病毒) | Tick-borne encephalitis (蜱傳腦炎) | Risk group 4 agent |
| 28. Variola virus (天花病毒) | Smallpox (天花) | Risk group 4 agent; Potential bioterrorism agent; eradicated globally |

| Agent | Disease caused by the agent | Classification / justification |
|---|---|---|
| 29. West Nile virus (西尼羅河病毒) | West Nile fever (occasionally with encephalitis) (西尼羅河熱(有時兼患腦炎)) | Risk group 3 agent |
| 30. Yellow fever virus (黃熱病毒) | Yellow fever (haemorrhagic fever characterized by jaundice) (黃熱病(以黃疸病爲特徵的出血熱)) | Risk group 3 agent |
| 31. *Yersinia pestis* (鼠疫耶爾森菌) | Plague (鼠疫) | Risk group 3 agent; Potential bioterrorism agent |

**Department of Health**
**February 2008**