

**立法會**  
**Legislative Council**

LC Paper No. LS76/10-11

**Paper for the House Committee Meeting  
on 17 June 2011**

**Legal Service Division Report on  
Subsidiary Legislation Gazetted on 10 June 2011**

**Date of tabling in LegCo** : 15 June 2011

**Amendment to be made by** : 13 July 2011 (or the 1<sup>st</sup> meeting of the next session if extended by resolution)

**Prevention and Control of Disease Ordinance (Cap. 599)  
Prevention and Control of Disease Ordinance (Amendment of Schedule 1)  
Notice 2011 (L.N. 101)**

The Prevention and Control of Disease Ordinance (Cap. 599) (the Ordinance) and its subsidiary legislation provide a statutory framework for the control and prevention of diseases that pose public health risks in Hong Kong. Under section 4 of the Prevention and Control of Disease Regulation (Cap. 599 sub. leg. A) (the Regulation), medical practitioners are required to notify the Director of Health if they have reason to suspect the existence of any of the infectious diseases specified in Schedule 1 to the Ordinance (the Schedule) in a form specified by the Director. Failure to comply with the requirement is an offence under the Regulation. At present, there are 47 infectious diseases listed in the Schedule.

2. L.N. 101 removes *Escherichia coli* O157:H7 infection from and adds Shiga toxin-producing *Escherichia coli* (STEC) infection to the list of infectious diseases in the Schedule. The effect of this is that all strains of STEC infection will be subject to the control of the Ordinance and the Regulation. According to the LegCo Brief, *Escherichia coli* O157:H7 infection is the most common strain of STEC infection identified in Hong Kong. In view of the current outbreak in Germany, the World Health Organization has requested health authorities to report cases of STEC, especially serotype O104, to facilitate the assessment of the overall situation.

3. Members may refer to the LegCo Brief (Ref: FH CR 4/3231/96) issued by the Food and Health Bureau in June 2011 for background information. According to paragraph 14 of the LegCo Brief, the public and private medical sectors collaborating with the Centre for Health Protection of the Department of Health have been informed of the Administration's plan to heighten surveillance of the infections. They are in general supportive of the plan.

4. L.N. 101 has come into operation on the day it was published in the Gazette, i.e. 10 June 2011.

5. The Administration has not consulted the Panel on Health Services on L.N. 101.

6. No difficulties relating to the legal and drafting aspects of L.N. 101 have been identified.

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13 June 2011