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LEGISLATIVE COUNCIL BRIEF

Prevention and Control of Disease Ordinance
(Chapter 599)

PREVENTION AND CONTROL OF DISEASE ORDINANCE (AMENDMENT OF SCHEDULE 1) NOTICE 2012

INTRODUCTION

On 14 August 2012, 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"), made the Prevention and Control of Disease Ordinance (Amendment of Schedule 1) Notice 2012 at the **Annex**.

JUSTIFICATIONS

2. The Ordinance and its subsidiary legislation, the Prevention and Control of Disease Regulation ("the Regulation"), provide a legislative framework for the prevention and control of communicable diseases of public health importance. Section 4 of the Regulation requires medical practitioners to notify the Director if they have reason to suspect the existence 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.

3. The Director regularly reviews the list of infectious diseases statutorily notifiable by medical practitioners in order to ensure maximal protection of the local community against infectious diseases. Under section 15 of the Ordinance, the Director may amend the Schedules to the Ordinance by notice published in the Gazette. There are 47 infectious diseases listed in the Schedule 1 to the Ordinance. Influenza A (H2), influenza A (H5), influenza A (H7) and influenza A (H9) were the types of influenza among the list of infectious diseases in Schedule 1 prior to the amendment.

Variant Influenza A (H3N2)

4. Influenza A virus infections are common in pigs, and these influenza A viruses are generally different from those circulating among humans. Swine influenza A viruses can occasionally cause human infections, but this is uncommon. These viruses are called "variant viruses" when people are infected with them. Human infections with variant influenza viruses most commonly occur in people with

exposure to infected pigs (e.g. workers in the swine industry, children near pigs at a farm fair).

5. In 2011, the United States detected a new influenza A(H3N2) variant ("A(H3N2)v") virus which had acquired the matrix gene ("M gene") from the influenza A(H1N1)pdm09 virus. Since July 2012, the United States saw an increasing number of human infections with A(H3N2)v. As at 7 September 2012, the United States Centers for Disease Control and Prevention (USCDC) reported 297 cases in 2012, of which 296 cases were reported since July 2012.

6. Most of the cases reported in the United States were mild and self-limited, presenting with symptoms and signs of influenza (fever, cough, runny nose, sore throat, muscle aches) and most cases have recovered. According to USCDC, since July 2012, there have been 16 confirmed hospitalisations with A(H3N2)v and one death has occurred, involving a 61-year-old female with multiple underlying health conditions.

7. While still rare, A(H3N2)v has been identified with greater frequency than previous human infections with other variant influenza viruses. It is possible that acquisition of the M gene from A(H1N1)pdm09 may have made A(H3N2)v more transmissible from swine to human and from human to human. The vast majority of cases have been associated with swine exposure, though likely instances of limited human-to-human transmission have been identified.

8. While no sustained community transmission of A(H3N2)v has been observed yet, it is possible that this A(H3N2)v could gain increased capacity for efficient and sustained human-to-human transmission because influenza viruses are constantly evolving. Limited serologic studies conducted in the United States to date indicate that children would have little or no immunity to this virus, whereas adults may have some cross-protective immunity.

9. So far, no human infections with A(H3N2)v have been detected outside the United States. However, with the frequent international travel, it is possible that imported cases of A(H3N2)v may occur in Hong Kong. In view of the recent significant increase in the number of infections with A(H3N2)v reported in the United States and to prepare in advance for possible importations of this infection into Hong Kong and their consequences, there is public health justification to strengthen the surveillance of this type of influenza to enable effective public health preventive and control measures be implemented locally.

10. To this end, the Director considered it necessary to add "Variant Influenza A (H3N2)" to the list of infectious diseases specified in the Schedule 1 to the Ordinance. This enabled the provisions of the Ordinance and its subsidiary

legislation be applied as and when necessary, including section 4 of the Regulation whereby medical practitioners are required to notify the Director if they have reason to suspect the existence of this disease. Upon the amendment of the Schedule, the Director has made necessary amendment to the relevant notification form.

11. Hong Kong has a sensitive laboratory surveillance system for influenza virus. The Centre for Health Protection (CHP) of the Department of Health (DH) conducts characterisation of all influenza virus isolates including antigenic and genetic analysis. Upon detection of a case, CHP would conduct epidemiological investigation, contact tracing and the other necessary control measures to ascertain and contain the extent of transmission of the infection.

THE NOTICE

12. The Prevention and Control of Disease Ordinance (Amendment of Schedule 1) Notice 2012 amends Schedule 1 to the Ordinance by adding "Variant Influenza A (H3N2)" to the list of infectious diseases specified in that Schedule. The Notice was gazetted on 17 August 2012 for commencement on the same day.

LEGISLATIVE TIMETABLE

13. The legislative timetable is as follows –

Publication in the Gazette	17 August 2012
Tabling at Legislative Council	10 October 2012

IMPLICATIONS OF THE ORDERS

14. 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 or civil service implications.

PUBLIC CONSULTATION

15. In view of the latest development and the risk of sustained human-to-human transmission of the new strain of influenza, members of the public and health professionals welcome the amendment which strengthen Hong Kong's capability to prevent the introduction and spread of the disease.

PUBLICITY

16. DH issued a press release on 17 August 2012 regarding the Notice and informed medical practitioners in Hong Kong on an individual basis of the requirement to notify the Director of cases of A (H3N2)v. A spokesman from DH is available to answer media enquiries.

OTHERS

17. For any enquiries on this brief, please contact Dr S K CHUANG, Consultant Community Medicine (Communicable Disease) of CHP (tel: 2125 2200).

Food and Health Bureau
September 2012

L.N. 138 of 2012

Prevention and Control of Disease Ordinance (Amendment of Schedule 1) Notice 2012

(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—

Repeal item 16

Substitute

"16. Influenza A (H2), Variant Influenza A (H3N2), Influenza A (H5), Influenza A (H7), Influenza A (H9) (甲型流行性感冒(H2)、變異株甲型流行性感冒(H3N2)、甲型流行性感冒(H5)、甲型流行性感冒(H7)、甲型流行性感冒(H9))".

Dr. Constance CHAN
Director of Health

14 August 2012

Explanatory Note

The purpose of this Notice is to add "Variant Influenza A (H3N2)" to the list of scheduled infectious diseases specified in Schedule 1 to the Prevention and Control of Disease Ordinance (Cap. 599).