



中華人民共和國香港特別行政區政府總部食物及衛生局
Food and Health Bureau, Government Secretariat
The Government of the Hong Kong Special Administrative Region
The People's Republic of China

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15 July 2018

Ms Maisie Lam
Clerk to Panel
Panel on Health Services
Legislative Council Complex
1 Legislative Council Road
Central

Dear Ms Lam,

Panel on Health Services
Follow-up to the meeting on 20 November 2017

During the discussion on preparation for winter surge at the meeting of the Legislative Council Panel on Health Services held on 20 November 2017, Members requested supplementary information relating to the surveillance and control measures on tuberculosis (TB) and the transfer of the Hospital Authority (HA) patients to private hospitals with low-cost hospital bed arrangement during summer surge in 2017. Having consulted the Department of Health (DH) and the HA, the requested supplementary information is provided in the ensuing paragraphs.

(I) The surveillance and control measures put in place by DH to contain the spread of pulmonary and extrapulmonary TB

2. While being curable nowadays, TB is still a highly endemic chronic infectious disease in Hong Kong. There are around 4 400 new TB cases each year.

Control Strategy

3. Bacilli Calmette-Guerin (BCG) vaccine gives useful protection against serious forms of disseminated TB among young children. The Government provides free BCG vaccinations to newborns under the Childhood Immunisation Programme. BCG vaccine however does not provide reliable protection against infectious pulmonary form of TB among adults. Early detection and effective treatment of the infectious source remains the primary strategy to control TB. In fact, the majority of TB transmission occurs well before a patient is diagnosed and put on effective treatment. The success of TB control therefore hinges on continuous efforts to minimise hurdles that prevent symptomatic patients from seeking medical treatment. To this end, free diagnostic and medical treatment services are provided by the TB and Chest Service of the DH.

Surveillance and Screening in Schools and Other Institutions

4. In view of high population density and various environmental constraints in Hong Kong, the DH has been closely monitoring TB cases in schools and other types of institutions. Contact screening is conducted after smear-positive pulmonary TB cases or clusters of other TB cases are identified in schools or other institutions. It includes health education to advise symptomatic contacts to seek medical attention promptly, and chest x-ray examination of closer contacts within the institutions.

5. Except for very young infants or immunocompromised persons, TB generally develops three or more months after infection. Chest x-ray cannot pick up infected individuals before they show radiological evidence of lung disease. In recent years, the DH introduced the interferon-gamma release assays to facilitate targeted screening of latent TB infection in institutional outbreaks or other scenarios where cross-reaction between tuberculin skin test and BCG vaccination is a key concern.

Publicity and Other Health Promotion Measures

6. Starting this year, the DH will publish summary data (without mentioning a specific person and school) of TB clusters in educational institutions half yearly. The first announcement was made on 27 June 2018. The information summarises the investigation results of TB clusters first identified in 2017.

7. Besides, the DH will carry out the following programmes to promote general awareness of TB and provide more information about common misconceptions about TB:

- ongoing health education talks in schools;
- stepped up publicity programmes near the World TB Day on 24 March 2018, in close collaboration with other stakeholders;
- dissemination of relevant health promotion messages and materials; and
- collaboration with various professional and academic bodies to further reinforce undergraduate and postgraduate education on various challenges posed by TB in the community.

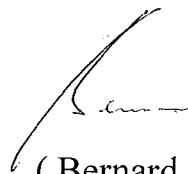
(II) The measures taken by DH at the border control points (BCPs) to avoid imported cases of TB

8. Most of the TB cases in Hong Kong involve local residents, rather than importation from other areas. Given the nature of the disease and its non-specific symptoms, existing screening tools cannot provide effective screening for TB at BCPs without undue interference on movement of travelers. Notwithstanding, the DH has been liaising with health authorities in other countries regarding follow-up management of TB patients, with special health needs, who move into and out of Hong Kong. At the 16th Joint Meeting of Senior Health Officials of the Mainland, Hong Kong and Macao held in December 2017, relevant health authorities committed to developing a notification mechanism on travelling TB patients with special health needs.

(III) the number of HA's patients who were transferred to private hospitals with low-cost hospital bed arrangement for completion of treatment during summer surge in 2017, and the number of private hospital beds and expenditure so involved

9. During 26 July to 3 September 2017, a total of 35 HA patients were transferred to the St Teresa's Hospital for treatment, with 147 bed days occupied and expenditure of around \$180,000.

Yours sincerely,



(Bernard Lo)

for Secretary for Food and Health

c.c. Director of Health (Attn.: Dr K H Wong)
Chief Executive, Hospital Authority (Attn.: Ms Dorothy Lam)