

**For information
on 10 January 2020**

Legislative Council Panel on Health Services

**Administration's Measures in response to the Emergence of
a Cluster of Pneumonia Cases in Wuhan of Hubei Province**

Purpose

This paper sets out the Government's latest measures in response to the emergence of a cluster of pneumonia cases in Wuhan of Hubei Province.

Background

2. Regarding the cluster of pneumonia cases recently identified in Wuhan of Hubei Province, the National Health Commission ("NHC") announced that a number of viral pneumonia cases with unknown cause had been identified since last December through disease surveillance. Fever was the main symptom while a few had presented with shortness of breath.

3. According to the latest information, there were a total of 59 cases, with no fatal case in the Mainland (as of 5 January 2020). At present, all the patients are receiving treatment in isolation, with 163 close contacts put under medical surveillance. So far none of them have developed abnormal symptoms such as fever. The tracing of close contacts is still ongoing.

4. Epidemiological investigations reveal that some patients are business operators at a local seafood market in Wuhan. Up till now, no evidence of definite human-to-human transmission has been observed and no healthcare workers have been infected. While the causative pathogen and cause of infection are still under investigation, respiratory pathogens such as influenza viruses, avian influenza viruses, adenovirus, Severe Acute Respiratory Syndrome and Middle East Respiratory Syndrome, have been ruled out as the cause.

Prevention and Control Measures

5. The Centre for Health Protection (“CHP”) of the Department of Health (“DH”) continues to maintain close liaison with the NHC and closely monitor the latest development of the clustered cases in Wuhan. The CHP will timely update the surveillance criteria and testing strategies in accordance with the latest situation. Generally speaking, the Government has put in place a series of preventive measures on various fronts as set out below.

Enhancing Surveillance

6. The CHP has enhanced surveillance since 31 December last year. Given the latest situation, the CHP revised the criteria for surveillance on 3 January 2020 to widen the scope. Doctors are requested to report to the CHP if they encounter patients with a fever and acute respiratory symptoms or pneumonia symptoms, who had visited Wuhan (regardless of whether they had visited markets or seafood markets) within 14 days prior to the onset of the illness. The patients will receive treatment in isolation in public hospitals and medical tests as necessary. The CHP will also follow up on such cases, including conducting an epidemiological investigation. The CHP and the Hospital Authority (“HA”) collaboratively launched an electronic reporting platform (eNID) on 6 January for real-time monitoring of reported cases under enhanced surveillance in terms of clinical information, epidemiological information and test results.

7. “Severe Respiratory Disease associated with a Novel Infectious Agent” refers to a cluster of pneumonia cases of unknown aetiology started in Wuhan of the Mainland in December 2019, with serious clinical condition in some of the cases. It is a respiratory disease caused by a novel pathogen with potential significant public health impact, e.g. with the possibility to cause widespread epidemics, causing significant morbidity and mortality in the community. The novel pathogen causing the disease which may or may not have the property of efficient human-to-human transmission could be an unknown pathogen or a known pathogen that is not known to cause disease in human before but has subsequently changed its property and become capable of causing disease in human. The disease may have the potential to

lead to international spread and public health emergency and pose major public health risks in terms of serious disease burden, morbidity and mortality. Effective from 8 January 2020, “Severe Respiratory Disease associated with a Novel Infectious Agent” has been added as a scheduled infectious disease to Schedule 1 of the Prevention and Control of Disease Ordinance (Cap. 599). Any suspected cases must be reported to the CHP for investigation and follow-up.

Liaison with Mainland Health Authorities

8. As early as 2005, a Co-operation Agreement on Response Mechanism for Public Health Emergencies was signed between the Government of the Hong Kong Special Administrative Region and the Mainland’s former Ministry of Health and the Secretariat for Social Affairs and Culture of the Government of the Macao Special Administrative Region. The Agreement was updated in 2018. The CHP has maintained close liaison with the NHC under the established mechanism to notify one another of surveillance data on infectious diseases, emergency public health incidents and responses to major infectious diseases.

Enhancing Port Health Measures

9. The Port Health Division (“PHD”) of the CHP has been conducting health surveillance measures at all boundary control points (“BCPs”). Thermal imaging systems are in place for temperature screening of inbound travellers. Since 1 January 2020, the PHD has adopted the following enhanced port health measures in response to the cluster of pneumonia cases in Wuhan, Hubei Province:-

- (a) immediate referral of inbound travellers with relevant symptoms and travel history to public hospitals for treatment in isolation and follow-up;
- (b) advised the MTR Corporation, the Airport Authority Hong Kong and relevant airlines to enhance cleaning and disinfection of high speed trains and aircrafts arriving Hong Kong from Wuhan. Cleaning and disinfection at the Hong Kong West Kowloon Station (“HKWKS”) of the Guangzhou-Shenzhen-Hong Kong

Express Rail Link and airport terminal buildings have also been stepped up;

- (c) put in place additional thermal imaging system in the Hong Kong International Airport (“HKIA”) for dedicated temperature screening of travellers arriving in Hong Kong from Wuhan since 3 January 2020;
- (d) deployed additional manpower to enhance temperature screening for inbound travellers at the HKWKS since 3 January 2020. A health post was set up at the arrival hall on the same day so that travellers with relevant symptoms and travel history can seek assistance from the DH;
- (e) since 6 January 2020, conducted additional temperature checks using hand-held infra-red thermometers for all inbound travellers during the period when the two high speed trains with stop at Wuhan arrived Hong Kong (around 7 p.m. to 10 p.m.) to ensure that body temperature of all passengers from these two trains has been checked; and
- (f) stepped up promotion of health messages about the prevention of pneumonia and respiratory tract infections to inbound and outbound travellers through broadcast and distribution of pamphlets, etc. at the HKIA and the HKWKS. Inbound and outbound travellers are reminded to take heed of preventive measures and to maintain good personal and environmental hygiene. They should avoid visiting wet markets, live poultry markets or farms during travel. For those with a fever or respiratory infection symptoms, they should wear a surgical mask, seek medical consultation and report their travel history to their doctor. Moreover, additional manpower will be deployed to enhance temperature screening for inbound travellers and disseminate health messages about the prevention of pneumonia and respiratory tract infections to inbound and outbound travellers at all BCPs.

10. The PHD will continue to maintain close liaison with stakeholders of all BCPs to give timely update on the latest situation and relevant measures.

Timely Conducting of Tests and Release of Test Results

11. The Public Health Laboratory Services Branch of the CHP is now identifying the causative agent in collaboration with the microbiology laboratories of public hospitals under the HA. The testing methods and test results will be subject to comprehensive assessment of specialists in clinical microbiology and infection based on the epidemiological and clinical history, as well as the relative timing of exposure, symptom onset and presentation to medical care of the patients. Reports will normally be available on the same day upon the receipt of the samples.

Contingency Plans and Drills for Concerted Inter-departmental Actions

12. In view of the recent development, the Government launched the Preparedness and Response Plan for Novel Infectious Disease of Public Health Significance (the “Plan”) on 4 January 2020, with the Serious Response Level was activated with immediate effect.

13. The Plan sets out the Government’s preparedness and response plan in case of an outbreak of Novel Infectious Disease of Public Health Significance, where a three-tier response level is adopted. Three response levels, namely Alert, Serious and Emergency, will be activated based on the risk assessment of the Novel Infectious Disease of Public Health Significance that may affect Hong Kong and on its health impact on the community.

14. Upon the risk assessment of the cluster of cases of viral pneumonia with an unknown cause in Wuhan reported by the NHC, the Serious Response Level was activated, under which the immediate health impact caused by the Novel Infectious Disease of Public Health Significance on local population is moderate.

15. To enhance the overall preparedness and response for the management of public health crisis, the DH has developed contingency plans

for those infectious diseases of public health significance and regularly conducts exercises and drills to test the readiness of government departments and relevant organisations to cope with the outbreak of major infectious diseases and public health emergencies, with a view to enhancing the awareness, preparedness and ability of the community and healthcare personnel to detect and respond to those cases and preventing the outbreak of the possible epidemics.

16. With a view to testing the Government's capacity to a novel disease, the CHP conducted a public health exercise code-named "Sunstone" in June 2018 for a communicable disease that could be caused by a pathogen currently unknown to cause human disease.

Response Measures in Public Hospitals

17. On 4 January 2020, public hospitals activated Serious Response Level to tie in with the Government's "Preparedness and Response Plan for Novel Infectious Disease of Public Health Significance". The HA has also implemented a series of response measures to enhance monitoring and infection control in public hospitals and clinics.

18. Frontline healthcare staff would conduct risk assessment on its patients in accordance with the HA's established clinical criteria (i.e. Fever, Travel record, Occupation, Contact history and whether there is Clustering phenomenon). The HA has reminded frontline healthcare staff to pay special attention. Patients with the presentation of fever and acute respiratory infection or pneumonia, who have been to Wuhan within 14 days before onset of symptoms, would immediately be sent to negative pressure isolation room for treatment. Airborne, droplet and contact precautions would be implemented on these cases, and healthcare staff would wear appropriate personal protective equipment with regard to relevant precautionary measures. In addition, laboratory testing services have been enhanced with a view to obtaining testing results as soon as possible for arrangement of suitable treatment for patients. The HA will closely monitor the utilisation of isolation beds in the seven clusters and arrange bed deployment in a timely manner.

19. Under the Serious Response Level, more stringent infection control measures, including restrictions on visiting arrangement, are enforced in public hospitals. Visitors to public hospitals and clinics are required to put on surgical masks and perform hand hygiene before and after visiting patient. As regards personal protective equipment, such as surgical masks and N95 masks, the current stockpile is adequate for three months' consumption. Meanwhile, the HA will maintain close liaison with the suppliers to ensure sustainable supply of protective equipment.

Enhancing Risk Communication, Publicity and Public Education

20. The DH has issued letters to doctors, private hospitals and Chinese medicine practitioners to alert them of the cluster of pneumonia cases in Wuhan and remind them to pay special attention and refer any suspected case to public hospitals for isolation and laboratory tests. The CHP has maintained close communication with the HA on the matter.

21. In addition, a dedicated webpage¹ has also been set up by the CHP to provide relevant information and health advice. To address public concerns, the CHP will announce the details of cases reported under enhanced surveillance² on the above webpage daily to enhance transparency.

22. To increase public knowledge of preventing pneumonia and respiratory tract infections, the CHP has prepared a wide variety of health education materials, such as leaflets, infographics, posters, pamphlets and videos. Letters have been sent to institutions and schools, urging them to strengthen personal and environmental hygiene measures.

23. The DH provides updates and health advice to District Council ("DC") members through 18 DC secretariats, who can further disseminate the information via their own channels.

¹ <https://www.chp.gov.hk/en/features/102465.html>

² https://www.chp.gov.hk/files/pdf/enhanced_sur_pneumonia_wuhan_eng.pdf

Health Advice

24. To prevent pneumonia and respiratory tract infections, members of the public should maintain good personal and environmental hygiene at all times. Precautions include:-

- (a) perform hand hygiene frequently, especially before touching the mouth, nose or eyes, after touching public installations such as handrails or door knobs, or when hands are contaminated by respiratory secretion after coughing or sneezing;
- (b) wash hands with liquid soap and water, rub for at least 20 seconds and rinse with water and dry them with a disposable paper towel or by a hand dryer. Where hand washing facilities are not available or when hands are not visibly soiled, clean hands with 70 to 80 per cent alcohol-based handrub as an effective alternative;
- (c) cover the mouth and nose with tissue paper when sneezing or coughing. Dispose of soiled tissues in a lidded rubbish bin and wash hands thoroughly; and
- (d) when having symptoms of respiratory infections, wear a surgical mask, refrain from work or attending class at school, avoid crowded places and seek medical consultation promptly.

Travel Advice

25. Members of the public should follow the precautions below when travelling outside Hong Kong:

- (a) avoid contact with animals (including game), birds or their droppings;
- (b) avoid visiting wet markets, live poultry markets or farms;
- (c) avoid making close contact with patients, especially those with symptoms of acute respiratory infections;

- (d) do not consume game meat and do not patronise food premises where game meat is served; ;
- (e) keep a close eye on food safety and hygiene, avoid consuming raw or undercooked animal products, including milk, eggs and meat, or foods which may have been contaminated by animal secretions, excretions (such as urine) or contaminated products unless properly cooked, washed or peeled;
- (f) if feeling unwell when outside Hong Kong, especially when having a fever or cough, wear a surgical mask, inform the hotel staff or tour escort and seek medical consultation at once; and
- (g) after returning to Hong Kong, seek medical consultation promptly if having a fever or other symptoms, inform the doctor of recent travel history and wear a surgical mask to prevent the spread of the disease.

Way Forward

26. The Government will continue to stay vigilant, strengthen the surveillance and closely monitor the latest development of the cluster of pneumonia cases in Wuhan. In addition to the ongoing risk assessments, the Government will monitor the effectiveness of the contingency plan and step up public health measures as appropriate. We will also enhance publicity to keep the public informed and alert so that they can take appropriate precautions and response measures where necessary.

Advice Sought

27. Members are invited to note the content of this paper.

**Food and Health Bureau
Department of Health
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