

立法會
Legislative Council

LC Paper No. CB(2)468/19-20(06)

Ref : CB2/PL/HS

Panel on Health Services

**Information note prepared by the Legislative Council Secretariat
for the meeting on 10 January 2020**

Clusters of pneumonia cases in Wuhan of Hubei Province

Pneumonia is a form of acute respiratory infection that affects the lungs. It is caused by a number of infectious agents, including viruses, bacteria and fungi. When an individual has pneumonia, the alveoli of the lungs are filled with pus and fluid, which makes breathing painful and limits oxygen intake. Pneumonia should be treated with antibiotics. According to the announcements of the Wuhan Municipal Health Commission on 31 December 2019, 3 January and 5 January 2020 (see **Appendices I to III** (Chinese version only)), a number of viral pneumonia cases of unknown causative pathogen were recently reported in Wuhan. As of 8:00 am on 5 January 2020, a total of 59 pneumonia cases have been reported. Their clinical signs were mainly fever, with a few cases having difficulty in breathing, and chest radiographs showing invasive lesions of both lungs. The earliest and the most recent dates of onset of illness among these cases were 12 December and 29 December 2019 respectively. All patients are isolated and receiving treatment in Wuhan medical institutions, of whom seven are in serious conditions and the remaining are in stable condition. Epidemiological investigations revealed that some patients were operators at a local seafood wholesale market in Wuhan. For the time being, no evidence of obvious human-to-human transmission and no healthcare personnel infections have been observed.

2. The assessment of the World Health Organization ("WHO") on 5 January 2020 was that the reported link to a wholesale fish and live animal market could indicate an exposure link to animals. The symptoms reported among the patients were common to several respiratory diseases, and pneumonia was common in the winter season. However, the occurrence of 44 cases of pneumonia requiring hospitalization [as of 8:00 am on 3 January 2020] clustered in space and time should be handled prudently. At present, WHO does not

recommend any specific measures for travellers. It also advises against the application of any travel or trade restrictions on China based on the current information available on this event.

3. Locally, the Government launched the Preparedness and Response Plan for Novel Infectious Disease of Public Health Significance ("The Plan") on 4 January 2020.¹ "Novel Infectious Disease of Public Health Significance" is defined as any infectious disease caused by a pathogen unknown to cause human disease before, but may have changed its property to cause human infection with or without the ability of efficient human-to-human transmission. The disease has the potential to lead to international spread and public health emergency. A three-tier response level, namely Alert, Serious and Emergency, is adopted in the Plan. The cluster of viral pneumonia cases with unknown cause in Wuhan is regarded as a Novel Infectious Disease of Public Health Significance. The Serious Response Level² has been activated on 4 January 2020.

4. The Hospital Authority ("HA") announced on the same date the activation of Serious Response Level in public hospitals to tie in with the launching of The Plan. A series of measures to enhance monitoring and infection control in public hospitals and clinics are implemented with immediate effect. Any suspected case will be isolated in negative pressure isolation room for treatment and urgent laboratory investigation will be arranged immediately. On 8 January 2020, HA convened the Central Command Committee meeting and decided to further enhance the surveillance and infection control measures in public hospitals. The relevant press release issued by HA is in **Appendix IV**.

5. The Centre for Health Protection ("CHP") of the Department of Health has enhanced surveillance since 31 December 2019 in response to the cluster of pneumonia cases in Wuhan. Up to 7 January 2020, doctors were requested to report to CHP under the enhanced surveillance system if they encounter patients with fever and acute respiratory symptoms, or pneumonia symptoms; and who had visited Wuhan (regardless of whether they have visited wet markets or seafood markets there) within 14 days prior to the onset of the illness. Cases reported since 8 January 2020 were suspected cases of Severe Respiratory Disease associated with a Novel Infectious Agent which is a notifiable disease with effect from 8 January 2020. As of 12:00 noon on 9 January 2020, CHP received reports of a total of 48 patient cases. Among these cases, 25 patients have been discharged. A summary of the details of the cases are in **Appendix V**.

¹ The Plan can be accessed at the website of the Centre for Health Protection at https://www.chp.gov.hk/files/pdf/govt_preparedness_and_response_plan_for_novel_infectious_disease_of_public_health_significance_eng.pdf.

² Serious Response Level corresponds to a situation where the risk of health impact caused by the novel infection on local population in Hong Kong is moderate.

Legislative framework for prevention and control of diseases

6. At present, the Prevention and Control of Disease Ordinance (Cap. 599) ("the Ordinance") and its subsidiary legislation provide a legislative framework for the prevention and control of communicable diseases that pose public health risks in Hong Kong. The Ordinance confers the powers of seizure, forfeiture and arrest on public officials and the power to make relevant regulations on the Secretary for Food and Health ("SFH"). The Prevention and Control of Disease Regulation (Cap. 599A) ("the Regulation") provides for various control measures for the infectious diseases, such as notification of cases of scheduled infectious disease, disease prevention, medical surveillance, examination and tests, quarantine and isolation of persons.

7. Under section 15 of the Ordinance, the Director of Health ("DoH") may by notice published in the Gazette amend Schedule 1 (which specifies a list of infectious diseases³ known as "scheduled infectious diseases") and Schedule 2 (which specifies a list of infectious agents known as "scheduled infectious agents") to the Ordinance. Separately, sections 56 to 59 of the Regulation provide for control measures to prevent the introduction into and transmission from Hong Kong of specified diseases. The Prevention and Control of Disease (Amendment) Regulation 2020 and the Prevention and Control of Disease Ordinance (Amendment of Schedule 1) Notice 2020, made by SFH and DoH under sections 7 and 15 of the Ordinance respectively and gazetted on 8 January 2020 for commencement of operation on the same date, add "Severe Respiratory Disease associated with a Novel Infectious Agent" as a specified disease in section 56 of the Regulation⁴ and as a scheduled infectious diseases under Schedule 1 to the Ordinance^{5, 6}.

³ Under section 2 of the Ordinance, "infected" means the presence of an infectious agent on the surface of or inside the body of, or in, a human being or an article, whereas "infectious agent" means a parasite, a fungus, a bacterium, a virus, a prion or any other agent that can cause an infectious disease.

⁴ The other seven scheduled infectious diseases being prescribed under section 56 of the Regulation as "specified diseases" are: (a) Severe Acute Respiratory Syndrome; (b) Middle East Respiratory Syndrome; (c) novel Influenza A infection; (d) extensively drug-resistant tuberculosis; (e) plague; (f) smallpox; and (g) viral haemorrhagic fever.

⁵ Before the amendment, there were 50 scheduled infectious diseases listed in Schedule 1 to the Ordinance.

⁶ According to the Legislative Council Brief issued by the Food and Health Bureau and DH on 7 January 2020 [File ref: FH CR 4/3231/96], once a specific infectious agent related to "Severe Respiratory Disease associated with a Novel Infectious Agent" is identified, the name of the disease in Schedule 1 will be revised and the identified infectious agent will be added to Schedule 2 to the Ordinance. At present, there are 32 scheduled infectious agents listed in Schedule 2 to the Ordinance.

Latest developments

8. At the Council meeting of 8 January 2020, Hon Alice MAK, Hon Elizabeth QUAT and Dr Hon KWOK Ka-ki raised three urgent oral questions in relation to the Government's measures in response to the occurrence of pneumonia cases with unknown cause in Wuhan. The questions and the Administration's replies are in **Appendices VI to VIII** respectively. The transcripts of remarks made by SFH on the issue at a media session on 8 January 2020 are in **Appendix VIII** (Chinese version only).

9. According to the report of China Central Television on 8 January 2020, investigation by the Mainland health authorities showed that a novel coronavirus has been identified in some patients who are part of the cluster of viral pneumonia cases in Wuhan. Coronaviruses are a large family of viruses which are common in many different species of animals. Sometimes, these coronaviruses can evolve and infect humans and become a human coronavirus. At present, there are six coronaviruses known to infect human. Four of these human coronaviruses (i.e. 229E, NL63, OC43, and HKU1) commonly cause mild to moderate illness like common cold. The other two newer human coronaviruses, namely SARS-CoV (the beta coronavirus that causes Severe Acute Respiratory Syndrome which was first identified in the Mainland in 2003) and MERS-CoV (the beta coronavirus that causes Middle East Respiratory Syndrome which was first identified in Saudi Arabia in 2012), have been known to frequently cause severe illness.



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武汉市卫健委关于当前我市肺炎疫情的情况通报

发布机构: 武汉市卫生健康委员会 | 发布时间: 2019-12-31 13:38:05 | 点击数: 61707 | 字号: 大 中 小

近期部分医疗机构发现接诊的多例肺炎病例与华南海鲜城有关联,市卫健委接到报告后,立即在全市医疗卫生机构开展与华南海鲜城有关联的病例搜索和回顾性调查,目前已发现27例病例,其中7例病情严重,其余病例病情稳定可控,有2例病情好转拟于近期出院。病例临床表现主要为发热,少数病人呼吸困难,胸片呈双肺浸润性病灶。目前,所有病例均已隔离治疗,密切接触者的追踪调查和医学观察正在进行中,对华南海鲜城的卫生学调查和环境卫生处置正在进行中。

武汉市组织同济医院、省疾控中心、中科院武汉病毒所、武汉市传染病医院及武汉市疾控中心等单位的临床医学、流行病学、病毒学专家进行会诊,专家从病情、治疗转归、流行病学调查、实验室初步检测等方面情况分析认为上述病例系病毒性肺炎。到目前为止调查未发现明显人传人现象,未发现医务人员感染。目前对病原的检测及感染原因的调查正在进行中。

病毒性肺炎多见于冬春季,可散发或暴发流行,临床主要表现为发热、浑身酸痛、少部分有呼吸困难,肺部浸润影。病毒性肺炎与病毒的毒力、感染途径以及宿主的年龄、免疫状态有关。引起病毒性肺炎的病毒以流行性感冒病毒为常见,其他为副流感病毒、巨细胞病毒、腺病毒、鼻病毒、冠状病毒等。确诊则有赖于病原学检查,包括病毒分离、血清学检查以及病毒抗原及核酸检测。该病可防可控,预防上保持室内空气流通,避免到封闭、空气不流通的公众场合和人多集中地方,外出可佩戴口罩。临床以对症治疗为主,需卧床休息。如有上述症状,特别是持续发热不退,要及时到医疗机构就诊。

2019年12月31日

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武汉市卫健委关于不明原因的病毒性肺炎情况通报

发布机构: 武汉市卫生健康委员会 | 发布时间: 2020-01-03 17:00:42 | 点击数: 5289 | 字号: 大 中 小

2019年12月以来,我委开展呼吸道疾病及相关疾病监测,发现不明原因的病毒性肺炎病例,病例临床表现主要为发热,少数病人呼吸困难,胸片呈双肺浸润性病灶。截至2020年1月3日8时,共发现符合不明原因的病毒性肺炎诊断患者44例,其中重症11例,其余患者生命体征总体稳定。目前所有病例均在武汉市医疗机构接受隔离治疗,已经追踪到121名密切接触者并行医学观察,密切接触者的追踪工作仍在进行中。

流行病学调查显示,部分病例为武汉市华南海鲜城经营户。截至目前,初步调查表明,未发现明显的人传人证据,未发现医务人员感染。病原鉴定(包括核酸检测和病毒分离培养)和病因溯源工作正在进行中,已排除流感、禽流感、腺病毒感染等常见呼吸道疾病。

疫情发生后,国家和省卫生健康委高度重视,派出工作组和专家组赴武汉市,指导当地开展疫情应对和处置工作。武汉市卫生健康委在全市医疗机构开展相关病例搜索和回顾性调查,已完成对华南海鲜城的环境卫生处置工作,进一步的卫生学调查正在进行中。

2020年1月3日

打印 关闭

-副省级城市卫生健康委- -省内各州市卫生健康委- -卫生健康委- -委属医疗机构- -委属公卫及社会服务机构-

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武汉市卫生健康委员会关于不明原因的病毒性肺炎情况通报

发布机构: 武汉市卫生健康委员会 | 发布时间: 2020-01-05 20:33:24 | 点击数: 78738 | 字号: 大 中 小

2019年12月31日以来,我委在全市开展了不明原因的病毒性肺炎病例搜索和回顾性调查工作。截至2020年1月5日8时,我市共报告符合不明原因的病毒性肺炎诊断患者59例,其中重症患者7例,其余患者生命体征总体稳定,目前所有患者均在武汉市医疗机构接受隔离治疗,无死亡病例。在59例患者中,病例最早发病时间为2019年12月12日,最晚发病时间为12月29日;已经追踪到163名密切接触者并行医学观察,密切接触者的追踪工作仍在进行中。

流行病学调查显示,部分患者为武汉市华南海鲜城(华南海鲜批发市场)经营户。截至目前,初步调查表明,未发现明确的人传人证据,未发现医务人员感染。已排除流感、禽流感、腺病毒、传染性非典型肺炎(SARS)和中东呼吸综合征(MERS)等呼吸道病原。病原鉴定和病因溯源工作仍在进一步进行中。

目前,武汉市在国家和湖北省的支持下,已经采取以下主要防控措施:一是全力救治患者。二是对所有病例均开展隔离治疗。三是继续在全市医疗机构开展相关病例搜索和回顾性调查。四是认真开展密切接触者追踪,对已经追踪到的密切接触者按规定落实医学观察,目前没有发现发热等异常症状。五是对华南海鲜城采取休市措施,并开展环境卫生处置和进一步的卫生学调查。六是积极开展流行病学调查。七是配合国家和省开展病原鉴定(包括核酸检测和病毒分离培养)和病因溯源,防控工作正有序进行。

专家提示,目前我市正处于冬春季传染病高发季节,市民要注意保持室内空气流通,避免到封闭、空气不流通的公众场合和人多集中地方,必要时可佩戴口罩。如有发热、呼吸道感染症状,特别是持续发热不退,及时到医疗机构就诊。

打印 关闭

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新聞稿

PRESS RELEASE

Wednesday, 8 January 2020

Public Hospitals Further Enhance Surveillance and Infection Control Measures

The Hospital Authority (HA) convened the Central Command Committee meeting today (8 Jan) and decided to further enhance the surveillance and infection control measures in public hospitals, amid exploring the feasibility of deferring some non-emergency services so as to centralise resources and manpower to cope with the suspected cases related to the viral pneumonia with unknown cause in Wuhan, and try to allay the pressure of frontline healthcare workers as far as possible.

The following enhanced measures have been implemented with immediate effect:

- Enhance the HA laboratory service. The rapid test result can be available as early as before 24 hours so as to confirm whether the patients are infected with infectious diseases and to discharge patients without isolation need to other wards for further treatment;
- Adjust ventilation system to increase fresh air exchange in public hospitals and clinics so as to enhance air flow and to reduce the risk of spreading virus;
- Transfer stable patient to rehabilitation or convalescence wards, and in accordance to the agreement with two private hospitals to transfer out patients for continuous treatment in order to vacate acute beds to meet emergency need;
- Depending on the situation, HA will explore the feasibility to defer the elective surgeries and non-emergency services.

“Since the activation of Serious Response Level last Saturday, a series of response measures have been implemented in public hospitals. During winter surge, number of patients requiring public hospital services keeps increasing, amid from handling the suspected cases related to the viral pneumonia with unknown cause in Wuhan, leading to increasing workload of healthcare workers in public hospitals. We will monitor the situation and implement every feasible measure to alleviate the workload of frontline healthcare workers and to avoid any hospital emergency service being affected,” spokesperson for HA said.

The current stockpile of personal protection equipment in public hospitals exceeds 90-days consumption and public hospitals have a total of about 1400

negative pressure insolation beds. Public hospitals will allocate the patients without isolation need flexibly to facilitate patients who require isolation to admit to those beds accordingly. HA will closely monitor the usage of isolation beds and the stockpile of personal protection equipment, and will allocate flexibly through central coordination mechanism so as to encounter emergency situation.

HA will maintain close contact with the Centre for Health Protection to monitor the latest development and to timely inform the public and healthcare workers the latest information.

* * * * *

**Latest situation of Severe Respiratory Disease associated
with a Novel Infectious Agent**

Since 31 December 2019, the Centre for Health Protection of the Department of Health has received reports of a total of 48 suspected cases with recent travel history to Wuhan, Hubei (as of 9 January 2020, 12:00 noon).

The details of the cases are listed below.

Case no.	Date of reporting	Gender	Age	Source of reporting	Name of hospital admitted	Positive laboratory results	Discharge status
1	31/12/2019	F	37	Hospital Authority	Tuen Mun Hospital	--	Discharged
2	02/01/2020	M	14	Hospital Authority	Alice Ho Miu Ling Nethersole Hospital	Influenza A(H3)	Discharged
3	02/01/2020	M	44	Hospital Authority	Princess Margaret Hospital	--	Discharged
4	02/01/2020	F	12	Hospital Authority	Princess Margaret Hospital	Influenza A(H3)	Discharged
5	03/01/2020	F	41	Hospital Authority	Princess Margaret Hospital	Influenza A(H3)	Discharged
6	03/01/2020	M	50	Hospital Authority	Tseung Kwan O Hospital	Influenza A(H1)	Discharged
7	03/01/2020	F	4	Hospital Authority	Tuen Mun Hospital	Human rhinovirus/enterovirus	Discharged
8	04/01/2020	F	46	Hospital Authority	Prince of Wales Hospital	Influenza A(H3)	Discharged
9	04/01/2020	M	32	Hospital Authority	Princess Margaret Hospital	Influenza A(H1)	Discharged
10	04/01/2020	M	45	Hospital Authority	Tseung Kwan O Hospital	--	Discharged
11	04/01/2020	F	42	Hospital Authority	Queen Elizabeth Hospital	Influenza A(H3)	Discharged

Case no.	Date of reporting	Gender	Age	Source of reporting	Name of hospital admitted	Positive laboratory results	Discharge status
12	04/01/2020	M	22	Hospital Authority	Queen Elizabeth Hospital	--	Discharged
13	04/01/2020	M	55	Hospital Authority	Queen Elizabeth Hospital	Parainfluenza type 1	Discharged
14	05/01/2020	F	45	Hospital Authority	Ruttonjee Hospital	--	Discharged
15	05/01/2020	F	2	Hospital Authority	Princess Margaret Hospital	Coronavirus 229E and respiratory syncytial virus and	Hospitalised
16	05/01/2020	M	9	Private medical practitioner*	United Christian Hospital	Respiratory syncytial virus	Discharged
17	05/01/2020	M	2	Hospital Authority	Queen Elizabeth Hospital	Human metapneumovirus	Discharged
18	05/01/2020	M	65	Hospital Authority	Queen Elizabeth Hospital	Influenza A(H3)	Discharged
19	05/01/2020	F	5	Hospital Authority	Alice Ho Miu Ling Nethersole Hospital	Respiratory syncytial virus	Discharged
20	05/01/2020	F	20	Hospital Authority	Prince of Wales Hospital	Adenovirus and coronavirus OC43	Discharged
21	06/01/2020	F	41	Hospital Authority	Tuen Mun Hospital	Human rhinovirus/enterovirus	Hospitalised
22	06/01/2020	M	8	Private Hospital*	Pamela Youde Nethersole Eastern Hospital	Coronavirus 229E and influenza B	Discharged

Case no.	Date of reporting	Gender	Age	Source of reporting	Name of hospital admitted	Positive laboratory results	Discharge status
23	06/01/2020	M	32	Hospital Authority	Yan Chai Hospital	Human rhinovirus/enterovirus	Discharged
24	06/01/2020	F	6	Private Hospital*	Queen Elizabeth Hospital	--	Discharged
25	06/01/2020	F	16	Hospital Authority	Prince of Wales Hospital	Influenza A(H3)	Hospitalised
26	06/01/2020	M	8	Private Hospital*	Prince of Wales Hospital	--	Discharged
27	07/01/2020	M	14	Hospital Authority	Alice Ho Miu Ling Nethersole Hospital	--	Hospitalised
28	07/01/2020	F	33	Hospital Authority	Queen Elizabeth Hospital	--	Hospitalised
29	07/01/2020	M	49	Private Hospital*	Queen Elizabeth Hospital	Adenovirus and human rhinovirus/enterovirus	Discharged
30	07/01/2020	F	10	Hospital Authority	Alice Ho Miu Ling Nethersole Hospital	--	Hospitalised
31	07/01/2020	F	3	Hospital Authority	Tuen Mun Hospital	--	Discharged
32	07/01/2020	F	15	Hospital Authority	Tuen Mun Hospital	--	Hospitalised
33	07/01/2020	F	10	Hospital Authority	Caritas Medical Centre	--	Hospitalised
34	07/01/2020	F	27	Hospital Authority	Ruttonjee Hospital	Influenza A(H1)	Hospitalised
35	07/01/2020	F	10	Hospital Authority	Prince of Wales Hospital	Influenza A(H3)	Hospitalised
36	07/01/2020	F	28	Private	Queen	--	Hospitalised

Case no.	Date of reporting	Gender	Age	Source of reporting	Name of hospital admitted	Positive laboratory results	Discharge status
				medical practitioner*	Elizabeth Hospital		
37	08/01/2020	F	6	Private Hospital*	Princess Margaret Hospital	Human metapneumovirus	Hospitalised
38	08/01/2020	M	61	Hospital Authority	Prince of Wales Hospital	Influenza A(H1)	Hospitalised
39	08/01/2020	M	2	Hospital Authority	Princess Margaret Hospital	Adenovirus and coronavirus HKU1	Hospitalised
40	08/01/2020	M	20	Private medical practitioner*	Queen Elizabeth Hospital	Influenza A(H3)	Hospitalised
41	08/01/2020	F	11 months	Hospital Authority	Caritas Medical Centre	--	Hospitalised
42	08/01/2020	F	7	Hospital Authority	Prince of Wales Hospital	Adenovirus and influenza A(H1)	Hospitalised
43	08/01/2020	F	28	Private medical practitioner*	Queen Mary Hospital	Human rhinovirus/enterovirus	Hospitalised
44	08/01/2020	F	13	Hospital Authority	Tuen Mun Hospital	Human rhinovirus/enterovirus	Hospitalised
45	09/01/2020	F	26	Hospital Authority	Kwong Wah Hospital	Influenza A(H1)	Hospitalised
46	09/01/2020	M	1	Hospital Authority	Tseung Kwan O Hospital	Adenovirus	Hospitalised
47	09/01/2020	M	66	Hospital Authority	Queen Elizabeth Hospital	Adenovirus and human rhinovirus/enterovirus	Hospitalised
48	09/01/2020	M	6	Hospital Authority	Tseung Kwan O Hospital	Human rhinovirus/enterovirus, influenza A(H3) and parainfluenza 4	Hospitalised

Remarks:

1. The new cases reported in the past 24 hours were in white box.
2. Suspected cases were reported under enhanced surveillance system from 31 Dec 2019 to 7 Jan 2020.

3. “Severe Respiratory Disease associated with a Novel Infectious Agent” has been a notifiable disease, with effect from 8 Jan 2020. Cases were reported as suspected cases of “Severe Respiratory Disease associated with a Novel Infectious Agent” since 8 Jan 2020.
4. *The case was also reported by Hospital Authority.

(Last updated on 9 January 2020)

Appendix VI

Press Releases *8 January 2020*

LC Urgent Q1: Issuing expeditiously guidelines on treating viral pneumonia

Following is an urgent question by the Hon Alice Mak under Rule 24(4) of the Rules of Procedure and a reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (January 8):

Question:

Recently, several dozen cases of viral pneumonia have occurred in Wuhan. As the cause of the disease is unknown, quite a number of Hong Kong people are in panic. In this connection, will the Government inform this Council of the disease's latest pathological information that it has grasped so far (including the causes of the disease, symptoms, transmissibility and treatment methods), and whether it will expeditiously issue to healthcare personnel work guidelines on treating such disease and provide them with adequate protection measures?

Reply:

President,

The Centre for Health Protection of the Department of Health received notifications from the National Health Commission (NHC) on December 31, 2019 and January 3 and 5, 2020 respectively regarding the cluster of pneumonia cases recently identified in Wuhan, Hubei Province. According to the NHC, a number of viral pneumonia cases with unknown cause have been identified through disease surveillance since December 2019. Symptoms were mainly fever while a few had presented with shortness of breath.

According to the latest information available, there was a total of 59 cases, with no fatal cases (as of January 5, 2020). At present, all patients are receiving treatment in isolation, while 163 close contacts are under medical surveillance. So far none of them have developed abnormal symptoms such as fever. The tracing of close contacts is still ongoing. Epidemiological investigations reveal that some patients are business operators at a seafood market in Wuhan. So far, investigations by the Mainland authorities found no evidence of definite human-to-human transmission and no healthcare workers have been found 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.

First of all, I would like to reiterate that no serious pneumonia case related to those in Wuhan has been detected in Hong Kong so far. Due to the frequent flow of travellers between Hong Kong and Wuhan, the Government of the Hong Kong Special Administrative Region attaches great importance and stays alert of the latest situation of the cluster of pneumonia cases in Wuhan. In tackling the outbreak, the Government adopts three principles, namely making prompt responses, staying alert and working in an open and transparent manner. In fact, the Food and Health Bureau (FHB) has held a number of meetings with relevant

policy bureaux, departments, the Hospital Authority (HA) and experts over the past week (since December 31, 2019) to examine the prevention measures taken in Hong Kong in response to the cluster of pneumonia cases in Wuhan, Hubei Province. Relevant departments have also been reminded to increase their vigilance and be well-prepared to ensure that relevant contingency measures could be implemented as early as possible when necessary to safeguard public health. Besides, the FHB has held a number of press conferences to provide the public with immediate updates on the development of the disease and the work of the Government. The Government's work in response to the disease includes:

- (1) strengthen health measures at ports, as well as various government venues and facilities;
- (2) launched on January 4, 2020 the Preparedness and Response Plan for Novel Infectious Disease of Public Health Significance, with the Serious Response Level activated with immediate effect;
- (3) published in the Gazette today an amendment to the Prevention and Control of Disease Ordinance (Cap. 599) (the Ordinance) to include "Severe Respiratory Disease associated with a Novel Infectious Agent" as a statutorily notifiable infectious disease set out in Schedule 1 of the Ordinance through the Prevention and Control of Disease (Amendment) Regulation 2020 and the Prevention and Control of Disease Ordinance (Amendment of Schedule 1) Notice 2020, thereby vesting the Department of Health with the statutory powers to, among other things, put the contacts under quarantine and isolate the infected patients;
- (4) activated the Serious Response Level in public hospitals on January 4, 2020, and the HA has implemented a series of response measures to enhance monitoring and infection control in public hospitals and clinics;
- (5) enhance risk communication at all fronts including all local stakeholders, Mainland authorities and the World Health Organization.

I will introduce the measures in detail in my oral reply to the urgent questions.

Regarding the Hon Alice Mak's question, while there is currently no full understanding of the cause of pneumonia cases in Wuhan, the HA's frontline healthcare staff would provide appropriate treatment having regard to the clinical condition and testing results of patients, and would carry out response measures with the availability of further information. The HA's frontline healthcare staff would conduct risk assessment on its patients in accordance with its 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.

Ends/Wednesday, January 8, 2020
Issued at HKT 23:46

Appendix VII

Press Releases 8 January 2020

LC Urgent Q2: Immediate measures to curb spread of epidemic in Hong Kong

Following is an urgent question by the Hon Elizabeth Quat under Rule 24(4) of the Rules of Procedure and a reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (January 8):

Question:

Several dozens of pneumonia cases with unknown causes have occurred recently in Wuhan, and there have been successive reported cases in Hong Kong of persons with a travel history to Wuhan showing related symptoms. In this connection, will the Government immediately raise the response level further, issue a travel alert for Wuhan, and step up the work on epidemic notification with the Mainland?

Reply:

President,

In reply to the question raised by the Hon Alice Mak, I have briefly reported the latest development of the cluster of pneumonia cases in Wuhan, Hubei Province and the major areas of work undertaken by the Government over the past week. Now, I am going to elaborate Government's preparedness and response plan and relevant work on liaison with the Mainland on the disease.

Activation of Serious Response Level

In view of the latest situation of the cluster of pneumonia cases in Wuhan, Hubei Province, the Government devised the Preparedness and Response Plan for Novel Infectious Disease of Public Health Significance (the Plan) last week. The Plan was launched on January 4, 2020, with the Serious Response Level activated with immediate effect.

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 its health impact on the community.

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

To enhance the overall preparedness and response for public health crises for communicable diseases with public health significance, the Department of Health (DH) has developed contingency plans and conducted exercises and drills to test the capacity of relevant government departments and organisations to cope with possible major outbreaks of infectious diseases and

public health emergencies, in order to enhance the awareness, preparedness and the ability of the community and healthcare personnel to detect and respond to possible epidemics. As a communicable disease could be caused by a pathogen currently unknown to cause human disease, the Centre for Health Protection (CHP), in collaboration with many other government departments and organisations, held a public health drill exercise code-named "Sunstone" to test the Government's capacity regarding a novel disease in June 2018.

Travel Health Advice

Regarding travel alerts, the Outbound Travel Alert (OTA) System set up by the Security Bureau (SB) aims to help people better understand the possible risk or threat to personal safety in travelling to 88 countries/territories that are popular travel destinations for Hong Kong residents, which do not include the Mainland. When there are incidents in these countries/territories which may affect the personal safety of Hong Kong residents, the SB will assess and consider the need to issue an OTA taking into account factors such as the nature (e.g. whether it is targeted at travellers), level and duration of the threat. Should there be public health reasons, based on the alert level as advised by the Food and Health Bureau and the CHP of the DH, the SB will issue an OTA on countries/territories which are seriously affected by infectious diseases to help the public better understand the possible health risks.

As a matter of fact, based on the available information, the World Health Organization has advised against the application of any travel or trade restrictions on China, and has not recommended any specific measures for travellers. In case of symptoms suggestive of respiratory illness either during or after travel, travellers are encouraged to seek medical attention and share travel history with healthcare personnel. To provide more information for the public's attention when travelling outside Hong Kong, the SB has uploaded the travel health advice from the DH onto its webpage on OTA.

Liaison with the Mainland

As regards the liaison and communication with the Mainland, the Government has been maintaining close liaison with the Mainland authorities on various fronts. As early as in 2005, the Government of the Hong Kong Special Administrative Region signed a "Co-operation Agreement on Response Mechanism for Public Health Emergencies" with 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 CHP has been maintaining close liaison with the NHC under the established mechanism which requires Hong Kong and the Mainland to notify one another on surveillance data on infectious diseases, emergency public health incidents and responses to major infectious diseases. The CHP will continue to maintain close liaison with the NHC and closely monitor the latest development of the cluster of pneumonia cases in Wuhan. The CHP will timely update the surveillance criteria and testing strategies in accordance with the latest situation, and provide health information for the public in a timely manner.

Ends/Wednesday, January 8, 2020
Issued at HKT 23:46

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Appendix VIII

Press Releases *8 January 2020*

LC Urgent Q3: Enhancing measures to cope with epidemic outbreak

Following is an urgent question by the Dr Hon Kwok Ka-ki under Rule 24(4) of the Rules of Procedure and a reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (January 8):

Question:

Recently, there has been an outbreak of pneumonia with unknown causes in Wuhan, and some of the patients are operators in a seafood wholesale market. As the flow of residents between Wuhan and Hong Kong will increase with the approach of the Lunar New Year, there are worries that the disease will spread to Hong Kong. In this connection, will the Government take the following measures immediately: enhancing the prevention of the epidemic at the boundary control points (including the deployment of staff to board the planes and Express Rail Link trains coming from Wuhan to carry out quarantine work), stepping up the prevention of the epidemic at the local level (including the enhancement of the disinfection and cleansing work at wet markets), and devising a plan for public hospitals to cope with the epidemic outbreak amid the influenza surge?

Reply:

President,

The Government has adopted various immediate measures after an outbreak of pneumonia with unknown causes in Wuhan. These measures include strengthening port health measures.

Prevention measures at boundary control points are important elements in tackling communicable diseases. Both the Food and Health Bureau and the Department of Health attach great importance to the work on port health measures. Regarding the cluster of pneumonia cases identified in Wuhan, Hubei Province, the Port Health Division has, in addition to regular measures, put in place enhanced measures at all boundary control points since January 1, 2020, with particular attention to incoming flights and Express Rail Link (XRL) trains from Wuhan. Major measures are as follows:

- (1) immediate referral of inbound travellers with relevant symptoms and travel history to public hospitals for treatment in isolation and follow-up;
- (2) advised the MTR Corporation Limited, the Airport Authority and relevant airlines to enhance the cleaning and disinfection for incoming XRL trains and flights from Wuhan. Cleaning of the XRL West Kowloon Station and the airport terminal buildings has also been stepped up;
- (3) put in place an additional infrared thermal imaging system in the Hong Kong International Airport (HKIA) designated for checking the body temperature of inbound travellers from Wuhan starting from January 3, 2020;
- (4) deployed additional manpower at the XRL West Kowloon Station

for checking the body temperature of inbound travellers starting from January 3, 2020. With effect from January 6, during the arrival of the two XRL trains that have stopped at Wuhan, all inbound travellers will have their body temperature checked by hand-held infrared thermometers to ensure that the body temperature of individual travellers from these two trains is monitored; and

(5) stepped up the promotion of health messages about the prevention of pneumonia and respiratory tract infection for inbound and outbound travellers at the HKIA and the XRL West Kowloon Station. Health promotion at boundary control points is also enhanced through broadcasts and pamphlets, etc. to remind inbound and outbound travellers to take heed of the preventive measures and maintain good personal and environmental hygiene. When travelling outside Hong Kong, one should avoid visiting wet markets, live poultry markets or farms. Travellers are also reminded to wear surgical masks, seek medical advice and report their travel history to their doctors when they have a fever or respiratory symptoms.

The Port Health Division will maintain close communication and collaboration with stakeholders of all boundary control points and provide timely updates on the situation and related measures.

Enhancing environmental hygiene

The Government has enhanced full cleaning of all of its venues and facilities. For example, the Leisure and Cultural Services Department and the Food and Environmental Hygiene Department (FEHD) will step up the cleaning schedule of their facilities with 1:99 diluted bleach. Other departments, such as the Transport Department and the Housing Department, will also step up cleaning at public transport interchanges, public transport carriers, public housing estates, etc.

The FEHD will step up the cleaning of public facilities under its management, including public markets, cooked food centres, hawker bazaars, public toilets and refuse collection points. The FEHD disseminates information to the trade associations of the food industry and reminds the operators of food premises to keep their food premises and equipment clean, as well as to maintain hygiene practices in handling food. Holders of hawker stalls are also urged to clean up their stalls.

Preparation during Influenza Season

I would like to give an account on the work of the Hospital Authority (HA) to tackle seasonal influenza during the seasonal influenza season. The Government has been encouraging the public to receive seasonal influenza vaccination as early as possible. To cope with the surge in service demand that may happen during the winter influenza season, the HA started to make preparation in July last year and allocated around \$732 million to hospital clusters in advance to facilitate the early preparation by frontline management staff on manpower and supporting arrangement. In order to increase service capacity, the HA is opening 506 new beds in 2019-20 and has reserved resources for hospitals to open around 900 temporary beds according to operational needs during winter surge.

Regarding manpower, the HA will offer higher pay rate to locum doctors providing services at Accident and Emergency (A&E)

sessions and General Outpatient Clinic (GOPC) sessions during winter surge. The locum recruitment has also been extended to Radiographers, Physiotherapists, Optometrists and Medical Laboratory Technologists since December 2019. Besides, the HA has enhanced the arrangement of Special Honorarium Scheme of winter surge by phases to strengthen its manpower.

In addition to the existing 13 GOPCs providing services on public holidays, four GOPCs will also provide services on particular days during long holidays, covering 17 districts in Hong Kong.

In addition, in response to the cluster of pneumonia cases in Wuhan, the HA activated Serious Response Level on January 4, 2020, and subsequently held a Central Command Committee meeting, chaired by Chief Executive of the HA, to review the response measures and allocation of resources in each hospital cluster with seven Cluster Chief Executives of the HA, such as monitoring the supply of personal protective equipment, deploying manpower in a timely manner, and reviewing non-emergency service arrangement. The Cluster Chief Executives will closely monitor the service situation of each public hospital and implement a series of enhanced surveillance and infection control measures in public hospitals and clinics. Public hospitals have completed the widest opening of the fresh air dampers in the air handling equipment in the waiting areas of the A&E departments to achieve higher fresh air rate, and have completed wheeling in mobile High Efficiency Particulate Air filter units to augment the total air change rates in A&E waiting areas. Laboratory testing services have also been enhanced with a view to obtaining testing results as soon as possible for arrangement of suitable treatment for patients. 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 at least three months' consumption. Meanwhile, the HA will maintain close liaison with the suppliers to ensure sustainable supply of protective equipment. The HA will closely monitor the utilisation of isolation beds in the seven clusters and arrange bed deployment in a timely manner.

Ends/Wednesday, January 8, 2020
Issued at HKT 23:46

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附錄IX
Appendix IX

新聞公報 2020年1月8日

食物及衛生局局長會見傳媒談話內容

以下是食物及衛生局局長陳肇始教授今日（一月八日）在立法會綜合大樓會見傳媒的談話內容：

記者：現在因應武漢的情況修例，如果其他地方出現這類嚴重新型傳染病，修例之後是否可以將類似個案納入呈報範圍，如果不可以，要怎樣做才能把其他地方出現的情況納入須呈報的範圍？

食物及衛生局局長：我們今日就法例第599條的修訂刊憲，修訂呈報準則和隔離等的相關資料，令我們的防控工作做得更加好。我們一直與國家衛生健康委員會有通報機制，無論是公共衛生的重大事件以至應急情況，大家都有互相通報的機制。據我們現在收到的資料，武漢出現肺炎的個案數字和情況，未有其他地方，如果有其他地方，我們會檢視呈報準則，衛生防護中心會一直密切監察，看看是否需要作出應變。

記者：剛才提到口罩，如果要兩個星期才等到返貨，會否擔心會有一個時間空隙，可能有傳染病散播得更加快？另外，刊憲之後，條件可能是武漢返港、發燒或上呼吸道感染，公立醫院醫生是否可以有一些更細緻的指引，因為擔心病床不足以應付？

食物及衛生局局長：我先回答你的第二條問題。公立醫院方面，隨着修例刊憲，衛生署已發信給香港所有醫生，而醫院管理局（醫管局）亦已把信件給予醫生和醫護人員；第二，他們亦有相關指引發放給同事，亦有一個整體通報機制，那是一個電子平台的通報機制，令同事能夠盡快和適時知悉擴大的監察範圍下的呈報個案和宗數，所以在這方面一直有做工作。

記者：口罩可能要一兩個星期才返貨？

食物及衛生局局長：關於口罩，第一，醫管局和衛生署表示口罩和保護衣物儲備可以足夠三個月應用，這方面是足夠的。第二，他們一直與供應商聯絡，如有需要可以盡快返貨。至於市民方面，我們也留意到，似乎現在購買口罩情況有些緊張，所以衛生署較早前亦與藥房商會聯絡了解整體情況，亦已知悉目前情況有些緊張，但已經訂貨，需要一些時間返貨，約一至兩個星期，當然不排除有些商戶會快些返貨。我們會再與他們溝通，檢視整體情況。我重申，戴口罩當然可以預防飛沫傳播，但其他個人衛生措施，例如手部衛生、勤洗手、正確地洗手、有效地做到預防感染，這亦是一個很重要的措施。即使佩戴口罩，如何正確佩戴口罩，也是重要的，我們呼籲大家瀏覽衛生署衛生防護中心網站，現在有一個專題網頁提供健康建議，並針對今次武漢不明病毒性肺炎病例群組個案的情況。

記者：有前線醫生透露，醫院要預留額外口罩給病人，衛生署診所也要派口罩予求診的市民和家屬，所以醫護人員根本沒有口罩使用，這問題跟你剛才說有儲備足夠三個月使用，是否不完全符合實際情況？

食物及衛生局局長：你剛才所講的資訊，我並沒有收到。我會立刻了解，

看看是否真的有這情況，其實不應該有這情況，因為衛生署和醫管局向我們報告，他們的不同單位都有足夠口罩使用。如果你有資料指是哪一間診所，我們會立刻處理。剛才亦有議員提及口罩，例如醫護人員的N95口罩，前線醫護人員提出意見，我亦會立刻請醫管局了解，並解決問題。

記者：口罩方面，公立醫院有足夠儲備，私家醫院和私家醫生是否有足夠數目的口罩，政府是否會幫他們訂購口罩？另外，想問關於武漢情況，剛才提到目前掌握的數字，仍是59宗病例的數字，政府需要隔多久才可以更新，讓市民知道武漢的最新情況？現在病毒分析的情況為何？現時最新的數字已經是三天之前，香港政府對於掌握武漢情況，是否有足夠資料掌握內地的情況？

食物及衛生局局長：口罩方面，有關私家醫生和私家醫院，衛生署有跟他們溝通。尤其是就修例刊憲，也要向他們解釋，並發信給他們。我想，就剛才所講的問題，我亦會請衛生署與私家醫生和私家醫院作溝通，了解目前最新情況。至於武漢不明病毒性肺炎病例群組個案的最新情況，目前據我們掌握，最新數字是59宗病例。我們現在與國家衛生健康委員會有既定機制，衛生署同事不斷與他們溝通。按這溝通機制，在出現任何公共衛生的重大事故或應變情況時，大家都會有通報。我們每日都有溝通，如果我們掌握到最新資訊，會即時讓大家知道。但是，我必須重申，香港目前並未有與武漢有關的嚴重肺炎個案。醫管局在擴大監察範圍下呈報的30宗個案都沒有到過武漢街市，主要是過去14日曾到訪武漢、有發燒、有呼吸道感染徵狀或肺炎徵狀，醫管局會把他們隔離和治療，亦會進行測試，目前測試結果顯示很多個案都是流感個案，有十多人已經出院。現在該30宗個案，除了已出院的病人，即使需留院（的病人），他們的情況穩定。

記者：有關醫院醫護人員不足問題，因為原本公立醫院醫護人員已經不足夠，現在為配合而要加開1 400張病床，人手是否真的足以應付，會否擔心一旦有大爆發，加上流感高峰期，情況怎樣處理？

食物及衛生局局長：我可以解釋一下1 400張病床，該1 400張病床是醫管局現有的隔離設施，即16間主要醫院已經有隔離設施，總共數目大約1 400張病床。現在那些病床有病人使用，如果要即時提供隔離病床，大概有480張病床可以即時使用。如有需要，他們有一個電子平台可以實時看到隔離病房是甚麼病人及其情況，他們亦有一個既定的機制可以在72小時內調配更加多病床。當然人手是醫管局的一項挑戰，尤其是現時正接近流感高峰期，雖然現在還未到最高峰，但我相信這情況下會有更多病人求診，所以他們除了今年於很早期即去年七月已提早提供資源予聯網，令整體管理對於應對流感高峰期的設施能夠做得更加好之外，其實他們亦有很多其他措施，包括聘請更多兼職人手等。一直以來，人手不足都是香港尤其是公營醫院的一個問題，所以整體上就人手問題的應對，食物及衛生局有一個平台，檢視醫生人手的整體問題和如何增加人手。我們亦有做人手規劃和估算工作，若大家記得，因為人手流失，醫管局亦密鑼緊鼓做一些挽留人才的措施。在去年《財政預算案》中，財政司司長提供了一些額外資源予醫管局去挽留不同職系的人手。

至於在現時面臨流感的情況，加上武漢不明病毒性肺炎病例群組個案的情況，以及因應衛生防護中心擴大監察範圍而出現的個案，其實他們在這兩方面本身已經有應對措施，但當兩方面加起上來的時候，挑戰會更加大，所以我已經促請醫管局短期內對於一些因流感高峰而面對大壓力的病

房，包括急症室、內科病房等，做一些加強措施，務求希望減低醫護人員在這方面的壓力。當然有其他措施令病房的病床流轉更加快，其實醫管局現正執行，相信他們的應對會盡量加強和想辦法，包括將一些非重症病人轉介私家醫院，或者將一些非緊急手術延後，以騰空多些病床。在農曆新年長假期增加普通科門診服務，他們亦已表示會這樣做，因以往一般來說只有14間（普通科門診診所開診），今年會增加多三間，務求在17區每一區都會有，當然門診服務名額亦會相應加大，希望大家在流感期間，並不需要只到急症室求診。我較早前亦舉行了記者會簡介應對這方面的工作，包括呼籲各位私家醫生、私家醫院、六大善團、中醫等，大家共同應對，希望他們尤其是在長假期時能應診，讓市民有不適的時候，可以去求診，不需要只往急症室。

（請同時參閱談話內容的英文部分。）

完

2020年1月8日（星期三）
香港時間18時40分