

Report of the Expert Group on Melamine Incident

**Submitted to the Chief Secretary for Administration
(20 October 2008)**

Introduction

In September 2008, in the wake of the discovery of melamine in infant formula produced in the Mainland and that there were infants and children in the Mainland who suffered from Kidney stones and kidney failure after consuming these melamine contaminated milk and dairy products, Food and Health Bureau (FHB) took immediate action to address local public concerns on food safety, the health impact on infant/children who might have consumed such contaminated milk and dairy products; and the setting up of dedicated public health services for health screening for children at or under 12 years of age.

Setting up of Expert Group on Melamine Incident

2. An Expert Group on Melamine Incident (the Group) chaired by the Secretary for Food and Health was set up on 26 September 2008 to ensure the protection of the health of our citizens. The Group's Terms of Reference is in **Annex A**. The Group comprises members from both the public and private sectors : academics, medical, public health, food safety and public communication experts, and representatives of a number of Government Bureaux and Departments. The Group's membership list is in **Annex B**. The Group has also formed three Sub-groups to look into different issues : namely the Health Services Sub-group, the Treatment Sub-group and the Food Safety, Supply and Control Sub-group. The Terms of Reference and the membership of these three Sub-groups are in **Annexes C, D and E**.

3. The Group met twice on 26 September and 20 October 2008 and each Sub-group met once. This report is endorsed by the Group at its meeting on 20 October 2008.

Present situation

4. Our public health services have been able to cope with the demand in various aspects. The Hospital Authority's (HA's) 18 Designated Clinics (DCs) and nine Special Assessment Centre (SACs) have been able to meet the demand for screening of Hong Kong children at or under 12 years of age. The attendance rate was high when the screening service first commenced at the end of September but it has now stabilized and is on a decreasing trend. HA has also provided treatment for ten reported cases so far. The surveillance conducted by the Centre for Health Protection (CHP) of the Department of Health (DH) have fully performed their functions of collecting, collating and disseminating daily information on case reports. The Centre's telephone hotline service was in high demand at the beginning and this is now reduced.

5. Notwithstanding the novel nature of the melamine tainted milk product (MTMP) disorders, our local clinical experts have been able to gather information from Mainland and local hospitals, and make recommendations on the case definition, diagnosis and clinical treatment of these cases. Further clinical follow-up and research studies are being considered.

6. We are mindful of the need to enhance food safety for our citizens. The Centre for Food Safety (CFS) has intensified its surveillance, sampling and testing of milk and dairy products on a systematic basis, with priorities for infant formula and food for babies. The results are announced and uploaded onto the CFS website the same day for public information. With over 2,500 tests conducted so far, about 1% of the samples were found to contain melamine exceeding the legal limit. All infant formula in the local market have been tested and the results are satisfactory. The testing programme is continuing smoothly with a more targeted approach. After setting legal standards for melamine in food, top priority is given to further legislative amendments to empower the authorities to, when necessary, issue orders to prohibit input and sale, and order recall of problem food.

Action Progress and Recommendations of the Expert Group

Health Services

7. Noting that it is essential to allay public fear through answering the questions they have on their or their children's health; providing free and accessible health screening service in the public sector for eligible Hong Kong children at or under 12; coordinating with the private medical sector to ensure that we have daily assessment of the territory-wide situation and ensuring that the public health screening service is meeting the demand, the Food and Health Bureau receives daily reports on the various services. These are : the telephone hotline operated by the CHP of DH and the report of cases from both the public and private medical sectors; the capacity and attendance numbers at HA's 18 DCs and nine SACs; and the cross border movement of people including arrival and departure of children under 11 who are re-entry permit holders at our land and ferry control points. The Group's observations and recommendations are set out below :

- (a) **CHP** : From the daily number of telephone enquires handled, the height of public concern was at end September. Since the setting up of the hotline on 21 September 2008, which operated daily from 9 am to 5 pm, CHP handled over 1,000 telephone enquiries from 23 to 26 September 2008 per day, peaking on 25 September 2008 which registered 1,876 enquiries. The number has decreased substantially since, down to 65 on 18 October 2008. The CHP has handled a total of 9,866 telephone enquiries from 21 September to 18 October 2008. The Group endorses that the hotline should continue to operate during office hours on weekdays and Saturday mornings but in view of the reduced demand, it can stand down its service on Saturday afternoon and Sunday.

- (b) **CHP case reports** : As of 19 October 2008, CHP

received a total of 10 case reports, of which 2 came from the private medical sector, 4 from HA SACs and 4 from other units of HA. This notification arrangement and daily public announcement of case report should continue until further notice.

- (c) **HA DCs and SACs** : Since 23 September 2008, HA has set up 18 DCs and nine SACs. On average, the DCs provide 2,000 consultations per day, but on Saturdays, Sundays and school holidays, the demand increases, peaking at 4,160 on Saturday 27 September 2008, decreasing to 3,598 on 1 October 2008 (National holiday) and 976 on Saturday 18 October 2008. The SACs provide on average about 500-600 consultations per day. Although it is not possible to identify how many Hong Kong born children living in the Mainland have come to Hong Kong for the screening service, the attendance rate during the National Day extended holiday suggests that there has not been an unusual surge and the increased demands tie in with local school holidays. HA has extended its operating hours during the National Day extended holiday, with the Department of Health deploying staff to HA. As of 18 October 2008, the DCs have screened 41,748 cases and the SACs assessed 12,394 cases. The DCs and SACs have now reverted to its regular operating hours and the Group agrees that this could continue, while the demand should be closely monitored and the operating hours adjusted if the demand warrants increased service. The daily report and public announcement of attendances will also continue. Government have announced earlier that the DCs and SACs will operate for six months and this remains our plan.
- (d) **The private medical sector** : Screening service is available in the private hospitals and by medical doctors. Although they are requested to report cases to CHP, we have no information on the number of screenings

conducted by the private medical sector.

Medical Treatment

8. Given the novel nature of the MTMP disorders and the lack of any human literature (and scant animal studies), there is as yet no widely accepted consensus on clinical epidemiologic features, screening, diagnosis and management. The Group sent a delegation to Mainland from 28 to 30 September 2008 to gather information and exchange experience on the screening and clinical management of children affected by MTMP. Working with our local experts, drawing from the knowledge we gain in Mainland, and researching literatures published by the World Health Organization (WHO) and others overseas institutions, the Group deliberated on the case definition, reporting criteria, clinical management (screening, diagnosis and treatment) and scope of further studies/research on MTMP disorders. The recommendations are set out below :

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- (a) **Surveillance case definition** : According to the WHO, a case for surveillance purpose is defined as “an infant with kidney stones or other kidney problems (e.g. anuria, renal failure) having consumed powdered infant formula produced in China before 6 August 2008, and where other potential causes of kidney stones have been excluded by differential diagnosis”. Drawing on this reference and clinical experience, the Group endorsed the adoption of a set of more specific case definitions in three categories, namely “suspected case, probable case and confirmed case”. These definitions are in **Annex F**. CHP will communicate with MoH and WHO to relay Hong Kong’s set of case definitions and disseminate the same to local health professionals. The proposed set of definitions will be revisited from time to time, as and when new information becomes available taking reference from scientific consensus internationally.
 - (b) **Reporting criteria** : The present reporting criteria used by CHP should continue to be used, i.e. “any child

presenting with renal diseases including calculi and with history of exposure to melamine containing dairy product”.

- (c) **Clinical Management** : HA will communicate with private sector clinicians regarding HA’s current screening, diagnosis and treatment principles which have been promulgated within HA. HA will revisit the referral criteria from DC to SAC, taking into account new evidence and empirical experience and other service factors.
- (d) **Data analysis** : HA will systematically analyse the data collected at DCs and SACs. The results will be used for further risk assessment and risk communication, and for refinement of referral criteria and clinical management protocols.
- (e) Government will commission research to assess the potential medium to long term health effects associated with melamine exposure including laboratory studies and basic science research. These should take the form of multi partite collaboration between DH, HA and the universities.
- (f) FHB will maintain close liaison with the Mainland MoH on developments and exchange views and experience.

Food Safety, Supply and Control

9. The Group noted that the CFS has taken a series of measures to ensure food safety since the discovery of melamine in Mainland infant formula. These include conducting tests on milk and dairy products in the market; making daily announcements on the test results and the latest developments; setting up an enquiry hotline to answer public enquiries about problem food; maintaining close liaison with the trade, overseas and Mainland authorities; monitoring any relevant findings and studies on melamine in food

conducted locally or in overseas jurisdiction; and introducing legislation to regulate the level of melamine in food. FHB has also liaised closely with major importers of infant formula to ensure a stable supply of the product. The Group took note of CFS's work progress and recommendations, which are set out below :

- (a) **Surveillance and sampling** : CFS has been conducting tests through the Government Laboratory (GL) on milk and dairy products on a systematic basis since 11 September 2008. As at 19 October 2008, CFS has conducted tests and announced the test results on over 2,692 samples, of which 32 (covering 15 brands) were found to contain melamine above the legal limits. All implicated products have been withdrawn from the market and the importers concerned have recalled the product on the advice of CFS. Since infants and young children of 36 months old or below are the most vulnerable group, CFS has given top priority to testing infant formula and food for babies. All infant formula in the local market have been tested (84 samples) and the results comply with the legal standard. The Group endorses a priority list for testing of food types with milk content in descending order as follows : infant milk powder and infant food; raw milk/fresh milk; dairy products; dairy based desserts/confectioneries; beverages and drinks; cereals and cereal products; preserves/confectionaries containing milk products; soups, sauces, gravies and salad cream. The test results are published daily through press releases and the websites of CFS and FHB.
- (b) **Surveillance Strategy** : In light of the progress and testing results, CFS shall adjust the focus of the upcoming surveillance programme and map out the long-term testing strategy. As recommended by the Group, CFS shall extend the scope of testing to cover Mainland raw materials commonly used in manufacturing local food products. To this end, CFS

has contacted the major retailers to seek their support in providing market information.

- (c) **Testing Programme** : The Group observed that in the first round of the surveillance from mid September to mid October, about 60-100 samples are tested everyday and a total of over 2,000 have been tested in less than a month's time. The test results show that the number of problem food is about 1% of the total products sampled. Taking the results into account, and the increased emphasis on control at source, CFS will further revise its testing programme. Given the relatively higher risk associated with infant formula and food for pregnant/lactating women, testing of the relevant products will continue in the second round (for two weeks from late October to early November 2008). The measure of testing every consignment of raw milk and pasteurized/UHT milk from the Mainland (which started on 25 September 2008) will continue. Besides snack food with milk ingredient from the Mainland, CFS will also test more products with no milk content but may be subject to melamine contamination (e.g. meat, vegetables and processed food). With a more targeted approach and increased emphasis on control at source in the second round, the Group endorsed that CFS will gradually adjust the quantity of the samples to be tested from 100 per day to around 100 per week.

The Group recommended CFS to conduct a review at the end of the 3-month period to determine the frequency and targeted products testing as part of the routine surveillance programme. Apart from monitoring the situation through testing, CFS will also require importers to provide appropriate certification on the melamine content of the food, should they intend to import products that have been found failing the legal standard under the surveillance.

- (d) **Regulatory standards of melamine in food** : The Group noted that FHB and CFS have expeditiously studied the international practice to set a standard which is applicable to local circumstances and amended the Harmful Substances in Food Regulation (Cap 132AF) to set the legal limit of melamine at -
- 1mg/kg for milk, any food intended to be consumed principally by children under the age of 36 months and any food intended to be consumed principally by pregnant or lactating women; and
 - 2.5mg/kg for other food.

The Harmful Substances in Food (Amendment) Regulation 2008 was gazetted on 23 September 2008 and came into force the same day. It has been tabled at LegCo on 8 October 2008.

The Group observed that these standards are set with reference to the US Food and Drug Administration (FDA) and are in line with the standards promulgated by most places that have set standards for melamine in food, e.g. New Zealand and Canada. The approach in the Amendment Regulation is considered appropriate to protect public health. CFS will closely monitor international developments in the setting of standards for melamine analogues (which may produce adverse health effects if found present with melamine) and review the current melamine standards accordingly. GL is also working on method development for cyanuric acid and other analogues of melamine.

- (e) **GL testing capability** : The Group noted that GL has taken reference of the US FDA quantitative method in its testing of milk powder and dairy products. It provides CFS with an express analytical service to ensure that analytical results are available within 24 hours. With

overtime work and redeployment of resources, GL is able to analyse about 100 food samples for melamine per day. But such intense testing of food samples for a prolonged period will affect its other services and FHB will review the medium and long term resource requirements of GL.

- (f) **Testing capability of private laboratories** : The Group took note that some private laboratories are already offering service to the trade for melamine testing. In addition, a number of local private laboratories are said to have acquired the necessary instruments for melamine testing. GL organized a technical seminar on the chemical testing of melamine in dairy products for the private laboratories on 23 September 2008.
- (g) **Further legislative measures** : FHB will accord top priority to making legislative amendments to the Public Health and Municipal Services Ordinance (Cap 132) to empower the authorities to where necessary issue orders to prohibit import and sale, and order recall of problem food. FHB intends to introduce the Amendment Bill into the Legislative Council in November 2008.

Communication with the Public

10. The Group is keenly aware of public concerns on the incident and considers it highly important to make timely and clear announcements to the public on CFS food testing results, HA's screening services for eligible children and CHP's melamine surveillance reports. These are done daily as mentioned above and we will continue to do so. We will also closely monitor developments in the Mainland and other countries and announce any action we may take arising from these developments.

11. The Group also considers it useful to provide the public, particularly parents with health information relating to MTMP disorders. We have invited clinical experts to explain to the public, the potential health effects of melamine tainted milk and dairy

products. The HA has organized two public health talks on 4 and 5 October 2008. The HA also distributes a note to parents when they bring their children to the DCs on the screening procedures which the children will undergo so as to ease their anxieties. Through the Education Bureau, we have also distributed a pamphlet to schools and parents on the toxicity of Melamine and health effects.

Inter Bureau and Departmental Co-ordination

12. With the Group taking the lead, all Bureaux and Departments concerned have worked smoothly and effectively in addressing the range of issues. The Department of Justice have provided FHB with timely legal advice and drafts of legislative amendments. The Security Bureau and Immigration Department have promptly collected and collated the land and ferry control points arrival and departure statistics for FHB on a daily basis since 28 September 2008. The Education Bureau has helped to disseminate information to schools and parents. The Information Services Department has worked with FHB closely on our daily public announcements and response to the media. DH have deployed resources to handle public enquiries, worked with HA to meet the service demands and participated in the clinical studies. HA staff have worked overtime, rising to the challenge in serving the public in the DCs and SACs and have worked smoothly with government departments concerned. The Group will enlist the support of other departments if necessary.

Non-officials

13. The Expert Group Chairman is grateful to the non-officials who serve on the Group and its Sub-groups for their expert advice and contributions to the deliberations of the Group.

Way Forward

14. The Expert Group will take forward the recommendations set out above and ensure that its tasks, as set out in its Terms of Reference, are promptly and effectively discharged.

The three Sub-groups will closely monitor implementation and report progress to the Expert Group in three months' time. We will remain vigilant on any new development and endeavour to address with top priority, public concerns on the issue. We will keep the Chief Secretary for Administration apprised of our work.

Expert Group on Melamine Incident
Food and Health Bureau
Government Secretariat
20 October 2008

三聚氰胺事件專家小組報告
呈交政務司司長
(二零零八年十月二十日)

簡介

二零零八年九月，內地生產的嬰兒奶粉驗出含有三聚氰胺，而內地亦有嬰兒和兒童，因飲用這些受三聚氰胺污染的奶及乳類產品，而出現腎石和患上腎衰竭。事件一經發現，食物及衛生局隨即採取行動，以回應本港市民對食物安全的關注，評估事件對可能曾飲用受污染奶及乳類產品的嬰兒和兒童的健康影響，並設立專為 12 歲或以下兒童而設的公共醫療服務，為他們進行健康檢查。

成立三聚氰胺事件專家小組

2. 當局在二零零八年九月二十六日成立三聚氰胺事件專家小組(專家小組)，由食物及衛生局局長擔任主席，以確保本港市民的健康獲得保障。專家小組的職權範圍載於**附件 A**。專家小組的成員來自公營和私營的各個界別，包括學術界、醫學界、公共衛生、食物安全及公眾宣傳方面的專家，以及多個政府決策局和部門的代表，成員名單載於**附件 B**。專家小組之下另設三個工作組，分別是醫療服務工作組、治療工作組和食物安全供應及管制工作組，專責研究不同事宜。三個工作組的職權範圍和成員名單，分別載於**附件 C、D 和 E**。

3. 專家小組先後於二零零八年九月二十六日和十月二十日舉行了兩次會議，各工作組也分別舉行了一次會議。本報告在二零零八年十月二十日的專家小組會議上獲得通過。

專家小組的工作進度及建議

目前情況

4. 我們的公共醫療服務一直能應付各方面的需求。醫院管理局(醫管局)的 18 間指定普通科門診診所及 9 間特別評估中心能應付為本港 12 歲或以下兒童進行健康檢查的需求。雖然在二零零八年九月底檢查服務開展初期，接受檢查的人數較多，但現時人數已經穩定，並有下降趨勢。醫管局至今為 10 個呈報個案提供了治療。衛生署衛生防護中心進行的監察工作，亦充分發揮功能，每日收集、整理和發放有關個案報告的資料。市民對該中心電話熱線服務的需求初期較為殷切，但現已下降。

5. 雖然由三聚氰胺污染奶類製品引起的病症屬新病例，但本港臨牀專家可從內地和本港醫院收集資料，並就個案定義、診斷和臨牀治理提出建議。我們現正考慮作進一步臨牀醫學觀察及科研。

6. 我們明白到，必須加強食物安全，以保障市民健康。食物安全中心已有系統地加強奶及乳類產品的監察、抽查及檢測的工作，優先處理項目為嬰兒奶粉及嬰兒食品。我們每日公布有關結果，並將結果即日上載食物安全中心網頁供公眾參考。目前在超過二千五百個檢測中，約百分之一被驗出三聚氰胺超出法定標準。我們已為市面上發售的所有嬰兒奶粉進行檢測，結果令人滿意。檢測計劃一直順利推行，並已採用更具針對性的策略。此外，我們已為食物內三聚氰胺的含量制定法定標準，而首要工作是進一步修訂法例，以賦權有關當局在有需要時發出命令禁止進口和銷售有問題食品，以及下令回收有關食品。

衛生事務

7. 為消除市民的憂慮，食物及衛生局認為必須就市民對本身及子女健康的疑問作出回應，同時，亦須在公營醫療界別為 12 歲或以下合資格的本港兒童，提供免費和方便的健康檢查服務、與私營醫療界別作出協調，以便每日就全港情況作出評估，以及確保政府提供的健康檢查服務可應付需求。為此，食物及衛生局要求每日收取各項有關服務的報告，包括衛生署轄下衛生防護中心的電話熱線服務、公營及私營醫療機構提交的個案報告、醫管局 18 間指定普通科門診診所及 9 間特別評估中心的處理能力和接受檢查人數，以及陸路及水路的出入境管制站的出入境人數，包括持回港證的 11 歲以下兒童的出入境情況。專家小組的觀察所得及建議如下：

- (a) **衛生防護中心**：根據每日的電話查詢數目，市民對事件最關注的期間為九月底。自二零零八年九月二十一日設立每日上午九時至下午五時的電話熱線服務以來，在二零零八年九月二十三至二十六日期間，衛生防護中心每天共處理超過 1,000 宗電話查詢，最高記錄是在二零零八年九月二十五日，當天共接獲 1,876 宗查詢。其後查詢數目大幅減少，至二零零八年十月十八日減至 65 宗。二零零八年九月二十一日至十月十八日期間，衛生防護中心共處理 9,866 宗電話查詢。專家小組贊同，熱線應繼續在平日及星期六上午的辦公時間提供服務，但由於需求減少，因此可停止星期六下午及星期日的服務。

- (b) **衛生防護中心個案報告**：截至二零零八年十月十九日，衛生防護中心共接獲十宗個案報告，其中兩宗由私人醫療機構呈報，四宗來自醫管局轄下的特別評估中心，四宗來自醫管局其他單位。這項通報安排及每日公布個案報告的做法，應繼續實行，直至另行通知為止。
- (c) **醫管局的指定門診診所及特別評估中心**：醫管局自二零零八年九月二十三日起共設立 18 間指定門診診所及 9 間特別評估中心。平均來說，指定診所每日為 2,000 名兒童提供服務，但在星期六、日及學校假期，求診人數有所增加。二零零八年九月二十七日星期六的求診人數最多，合共 4,160 人；十月一日國慶日，人數回落至 3,598 人；十月十八日星期六，人數為 976 人。特別評估中心平均每日為 500 至 600 名兒童進行檢查。雖然無法得知有多少在內地居住的在港出生兒童曾經來港進行檢查，但根據國慶假期的接受檢查人數顯示，服務需求並無異常激增，而增幅亦與本港學校假期脛合。在國慶假期期間，醫管局曾延長開放時間，而衛生署亦調派人手至醫管局增援。截至二零零八年十月十八日，醫管局的指定診所總共為 41,748 兒童檢查及在特別評估中心為 12,394 兒童作評估。現時指定診所及特別評估中心已恢復正常開放時間。專家小組認為，目前安排可以繼續，但當局應密切監察服務需求情況，如有需要便當調整服務時間。此外，當局亦應繼續每日通報及公布接受檢查人數。政府較早前已宣布，指定診所及特別評估中心會提供為期六個月的服務。我們將按此繼續安排服務。
- (d) **私營醫療機構**：私家醫院和醫生目前亦有提供檢查服務。雖然當局已要求他們向衛生防護中心報告病例個案，但我們沒有私營醫療機構檢查人數的全部數目。

治療方法

8. 由於受三聚氰胺污染的奶類產品所引致的疾病屬新病例，缺乏任何人類醫療文獻(動物方面的研究亦非常少)，因此在臨牀流行病學特徵、身體檢查、診斷和治理方式方面，尚未有廣泛的共識。專家小組在二零零八年九月二十八日至三十日派出代表團往內地，就三聚氰胺污染奶類產品所影響的兒童的身體檢查和臨牀治理事宜，收集資料和交流經驗。專家小組與本地專家共同合作，並參考從內地所得的知識，以及研究世界衛生組織(世衛)和其他海外機構發表的文獻後，詳細討論了下列事項，

包括個案定義、呈報準則、臨牀治理(檢查、診斷和治療方法)，以及就受三聚氰胺污染奶類產品所引致的疾病，作進一步研究的範圍。專家小組並提出下列建議：

- (a) **監察個案的定義**：根據世衛的定義，監察個案是指“曾在二零零八年八月六日前食用中國製嬰兒配方奶粉並患有腎石或其他腎臟問題(例如尿閉症及腎衰竭)的嬰兒，而鑑別診斷又排除腎石是由其他可能成因所引致”。根據這項參考指引及臨牀經驗，專家小組通過採用一套更明確的個案定義，將個案分為三類：懷疑病例、臨床病例及確診病例。有關定義載於**附件 F**。衛生防護中心會把香港的個案定義轉達中國衛生部及世衛，並通知本地的醫護人員。我們將密切留意各國科學界就個案定義達成的最新共識，不時檢視上述定義。
- (b) **呈報準則**：衛生防護中心現行的呈報準則應繼續使用，即“任何呈腎病(包括結石)症狀並曾食用含三聚氰胺乳類產品的兒童”。
- (c) **臨牀治理**：醫管局會把內部頒布並現正採用的檢查、診斷及治療原則，通知私營界別的醫生。醫管局日後會根據各項新證據與實際經驗，以及其他服務因素，重新檢視指定普通科門診診所，把個案轉介至特別評估中心的準則。
- (d) **數據分析**：醫管局會有系統地分析由指定普通科門診診所及特別評估中心收集所得的數據。有關結果會用作進一步風險評估及風險傳達，以及改進個案轉介準則及臨牀治理工作常規。
- (e) 政府會委託機構研究三聚氰胺對人類健康可能造成的中、長期影響，包括進行實驗室研究及基本科學研究。這些工作應以衛生署、醫管局及大學多方合作的形式進行。
- (f) 食物及衛生局會就事件的發展與中國衛生部保持緊密聯繫，並交流意見及經驗。

食物安全、供應及管制

9. 專家小組留意到，自內地嬰兒奶粉發現含有三聚氰胺後，食物安全中心已採取一連串措施，以確保食物安全。這些措施包括為市面上的奶及乳類產品進行檢測；每日公布檢測結果及

最新發展；設立查詢熱線答覆市民對問題食物的查詢；與業界、海外和內地機關保持密切聯繫；留意任何本地或海外國家就食物含有三聚氰胺所作的相關調查及研究所得結果；以及立法規管食物內三聚氰胺的含量。同時，食物及衛生局亦與嬰兒奶粉主要進口商保持密切聯繫，以確保產品供應情況穩定。專家小組備悉食物安全中心以下的工作進度及建議：

- (a) **監察及抽取樣本**：自二零零八年九月十一日以來，食物安全中心一直透過政府化驗所對奶及乳類產品進行有系統的檢測。截至二零零八年十月十九日，食物安全中心已就 2,692 多個樣本進行檢測及公布檢測結果，發現其中 32 個(涉及 15 個品牌)所含的三聚氰胺高於法定上限。全部有問題產品已從市場撤回，有關進口商亦已按照食物安全中心的建議，回收有關產品。由於嬰兒和 36 個月或以下的幼兒最容易受到傷害，因此食物安全中心已優先檢測嬰兒奶粉及嬰兒食品。本地市場所有嬰兒奶粉已進行檢測(84 個樣本)，結果全部附合法例要求。專家小組亦通過各種含奶類成分的食品的優先檢測名單，優次順序如下：嬰兒奶粉及嬰兒食品；未經加工奶類／鮮奶；乳類產品；以乳類為主的甜品／甜食；飲料及飲品；穀類及穀類製品；含奶類產品的醃製品／甜食；湯水、醬料、肉汁及沙律醬。檢測結果每日以新聞稿形式及在食物安全中心和食物及衛生局的網站公布。
- (b) **監察策略**：食物安全中心會因應工作進度及檢測結果，調整下一個監察計劃的重點，以及制定長遠的檢測策略。食物安全中心會參照專家小組的建議，擴大檢測範圍，以包括本地食品慣常使用的內地原材料。為此，食物安全中心已聯絡主要的零售商，要求提供市場資料。
- (c) **檢測計劃**：專家小組注意到，從二零零八年九月中至十月中的第一輪監察工作中，食物安全中心每日驗測約 60 至 100 個樣本，在不足一個月內已驗測了超過 2,000 個樣本。檢測結果顯示，有問題的食物數目約佔檢測樣本總數的 1%。食物安全中心會因應檢測結果，以及加強食品源頭監控工作的需要，進一步修訂檢測計劃。由於嬰兒奶粉和供懷孕或授乳女性食用的食物所涉風險較高，二零零八年十月底至十一月初為期兩星期的第二輪檢測，會繼續包括上述產品。此外，食物安全中心已由九月二十五日起，檢測來自內地所有批次的未經加工奶類，以及經巴士德消毒法處理／高溫法處理的奶類，此項措施亦會持續。食物安全中心除對內地製造的含奶類成分的小食進行檢測外，亦會

檢測更多不含奶類成分但卻可能會受到三聚氰胺污染的食品(例如肉類、蔬菜和經加工處理的食物)。在第二輪的檢測中，由於食物安全中心採取更針對性的處理方式，並更為着重源頭監控工作，專家小組同意中心逐步調節檢測樣本的數量，由每日 100 個調低至每周 100 個。

專家小組建議，食物安全中心可在三個月監察期完結後進行檢討，以決定進行檢測的目標產品及頻密度，作為恆常監察計劃的一部分。除了進行檢測以監察有關情況外，食物安全中心如曾發現不符合法定標準的食品，會要求擬進口該等食品的進口商提交有關食品三聚氰胺含量的適當證明文件。

- (d) **對食物含三聚氰胺的規管標準**：專家小組注意到，食物及衛生局和食物安全中心已迅速研究國際上的做法，以釐定本地適用的標準，並修訂《食物內有害物質規例》(第 132AF 章)，把三聚氰胺的法定上限訂定如下—

— 奶類、擬主要供 36 個月以下幼兒食用的任何食物和擬主要供懷孕或授乳的女性食用的任何食物的上限為每公斤食物含 1 毫克；以及

— 任何其他食物的上限為每公斤食物含 2.5 毫克。

《2008 年食物內有害物質(修訂)規例》於二零零八年九月二十三日刊登憲報，並同日起生效。該修訂規例已於二零零八年十月八日提交立法會。

專家小組觀察到，這些標準是參考美國食物及藥物管理局的規定而制定，並與大部分已就食物所含三聚氰胺制定標準的地方(例如新西蘭及加拿大)所頒布的標準一致。對保障市民健康來說，實施修訂規例的內容是恰當的做法。另外，由於三聚氰胺類似品(如含於三聚氰胺)也會對健康造成不良影響，食物安全中心會密切注視各國在制定三聚氰胺類似品標準方面的發展，並相應檢討現時的三聚氰胺標準。政府化驗所亦正研究和發展有關三聚氰酸及其他三聚氰胺類似品的檢驗方法。

- (e) **政府化驗所的檢測能力**：專家小組注意到，政府化驗所在檢測奶及乳類產品時參照了美國食品及藥物管理局的量化方法。政府化驗所為食物安全中心提供特快分析服務，以確保中心可在 24 小時內取得分析結果。政府化驗所經安排人員 超時工作及重新調配資源後，

可在一天內分析 100 個食物樣本，以確定是否含三聚氰胺。但政府化驗所如長期進行如此密集的食物樣本檢測，將會影響該部門的其他服務。為此，食物及衛生局會檢討政府化驗所的中長期資源需求。

- (f) **私家化驗所的檢測能力**：專家小組亦注意到，有些私家化驗所已為業界提供檢測三聚氰胺的服務。此外，一些本地私家化驗所據報亦購置了檢測三聚氰胺所需的儀器。二零零八年九月二十三日，政府化驗所為私家化驗所舉辦技術研討會，簡介有關乳類產品所含三聚氰胺的化學檢測。
- (g) **進一步立法措施**：食物及衛生局會優先處理《公眾衛生及市政條例》(第 132 章)的法例修訂工作，賦權當局在有需要時發出命令以禁止有問題食品入口及出售，以及下令回收有關產品。食物及衛生局擬於二零零八年十一月向立法會提交該《修訂條例草案》。

與公眾溝通

10. 專家小組深明公眾對事件的關注，並認為當局及時向公眾明確公布各項有關資料至為重要，包括食物安全中心的食品檢測結果、醫管局為合資格兒童提供的檢查服務，以及衛生防護中心的三聚氰胺監察報告。如前所述，我們每日都作出公布，並會繼續這樣做。我們亦會密切留意內地及其他國家的事態進展，並公布我們因應這些進展情況所可能採取的行動。

11. 專家小組亦認為，向市民特別是家長提供有關三聚氰胺污染奶類產品所引起的病症方面的健康資料，十分有用。我們邀請醫學專家向公眾解釋有關食用受三聚氰胺污染的奶及乳類食物對健康的影響。醫管局在二零零八年十月四日及五日舉辦兩場健康講座，並向所有帶同子女前往指定普通科門診診所進行健康檢查的家長派發資料單張，讓他們了解有關檢查程序，以減輕他們的憂慮。此外，我們亦通過教育局向學校及家長派發有關三聚氰胺毒性及對健康影響的小冊子。

決策局及部門之間的合作

12. 在專家小組帶領下，各有關的決策局及部門已順利而有效地處理多項事宜。律政司為食物及衛生局提供了適時的法律意見，以及草擬有關的法例修訂建議。保安局和入境事務處已由二零零八年九月二十八日起，迅速收集和整理每日經陸路及水路的出入境管制站抵港／離港的人士的統計數字，供食物及衛

生局參考。至於教育局，則協助向學校和家長發放有關資訊。政府新聞處亦與食物及衛生局緊密合作，每日向本港市民公布有關資訊，以及回應傳媒。衛生署已調撥資源解答市民查詢，並與醫管局攜手合作，應付有關服務需求和參與臨牀研究。醫管局人員亦積極面對挑戰，在指定門診診所和特別評估中心加班工作，服務市民，並與有關的政府部門合作無間。在有需要時，專家小組會請其他部門提供支援。

非公職人士

13. 專家小組主席感謝擔任小組及工作組成員的非公職人士，提供專家意見及建議，供專家小組考慮。

未來路向

14. 專家小組會推行上文所述的建議，並確保其職權範圍所載的各項職務能迅速而有效地完成。三個工作組會密切監察各項建議的落實，並在三個月內，向專家小組報告進度。我們會對事件的最新發展保持警覺，並把釋除公眾疑慮列為首要工作。我們會繼續向政務司司長報告工作的最新進展。

政府總部
食物及衛生局
三聚氰胺事件專家小組
二零零八年十月二十日

三聚氰胺事件專家小組
Expert Group on Melamine Incident

職權範圍
Terms of Reference

- (一) 確保公營醫療系統的人力及配套設施，能為受三聚氰胺事件影響市民提供適當的身體檢驗及治療，及制訂有效的檢驗及治療程序及方法，和建議有關醫療衛生服務的跟進措施。

To ensure that the manpower and supporting facilities of the public healthcare system can provide appropriate medical assessment and treatment for those citizens affected by the melamine incident, to formulate effective procedures and methods for medical assessment and treatment and to propose follow-up measures on medical and health services.

- (二) 評估事件的影響，確保對有關奶品及相關食品進行有效監察和檢驗，保障市民健康。

To assess the impact of the incident and ensure effective monitoring and inspection on dairy products and related food in order to protect the health of citizens.

- (三) 就對有問題食品限制輸入、銷售及作出回收的最快速及切實可行的立法工作提出建議。

To make proposals on the practical and expeditious means to legislate to prohibit import and sale, and order recall of problem food.

- (四) 制訂向公眾發佈有關的資料，及完善發佈的方法、時間、內容等。

To consider the most effective method, timing and content, etc to disseminate information to the public.

- (五) 密切監察事件發展，包括內地居住的香港兒童來港尋求醫療服務的情況，及落實相關的有效應變措施，包括在學校，口岸及私營醫療服務等方面。

To closely monitor the situation and development of the incident, including the situation regarding Hong Kong children residing in the Mainland coming to Hong Kong to seek medical services, and to put in place effective response measures at schools, border control points and private medical service organizations, etc.

Expert Group on Melamine Incident

Membership List

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Secretary for Food and Health
- Vice Chairman** Ms Sandra LEE
Permanent Secretary for Food and Health (Health)
- Members**
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- Representatives of Food and Health Bureau
Representatives of Department of Justice
Representatives of Education Bureau
Representatives of Security Bureau
Representatives of Department of Health
Representatives of Food and Environmental Hygiene
Department
Representatives of Government Laboratory
Representatives of Immigration Department
Representatives of Information Services Department
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- III. Representatives of Consumer Council**
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三聚氰胺事件專家小組

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副主席 食物及衛生局常任秘書長(衛生)李淑儀女士

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保安局代表
衛生署代表
食物環境衛生署代表
政府化驗所代表
入境事務處代表
政府新聞處代表
(其它政策局及部門按需要出席)

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三聚氰胺事件專家小組
食物安全供應及管制工作組
**Food Safety, Supply and Control Sub-group of the
Expert Group on Melamine Incident**

職權範圍
Terms of Reference

- (一) 研究為奶類及相關受三聚氰胺污染的食品進行有效檢驗的策略。

To work out the strategy for effective monitoring and inspection on dairy products and food contaminated by melamine.

- (二) 研究在港供應食物受三聚氰胺污染的問題，並就事件對一般食物安全進行風險評估。

To study the problem of the contamination of food supply by melamine in Hong Kong, and to conduct risk assessment in regard to the impact of the incident on general food safety.

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三聚氰胺事件專家小組
醫療服務工作組
**Health Services Sub-group of the
Expert Group on Melamine Incident**

職權範圍
Terms of Reference

- (一) 研究及評估含有三聚氰胺污染的奶品及相關食品對市民，尤其是兒童，包括在內地居住的香港兒童，及其他高風險人士的健康造成的影響。

To study and assess the impact of melamine contaminated dairy products and related food on citizens, particularly children including Hong Kong children residing in the Mainland, and other high-risk groups.

- (二) 確保公營醫療系統的人力及相關配套設施，能為受影響市民提供適當的身體檢驗及治療，並經常檢討服務需求及情況。

To ensure that the manpower and related supporting facilities of the public healthcare system can provide appropriate medical assessment and treatment for affected citizens, and to conduct regular review of the situation and service demand.

三聚氰胺事件專家小組
醫療服務工作組
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三聚氰胺事件專家小組
治療工作組
**Treatment Sub-group of the
Expert Group on Melamine Incident**

職權範圍
Terms of Reference

- (一) 制訂有效的檢驗及治療程序及方法，並建議有關醫療衛生的跟進措施。

To formulate effective procedures and methods for medical assessment and treatment, and to propose follow-up measures on medical and health services.

- (二) 參考內地及海外的治療經驗，並就本地個案作醫學研究。

To make reference to the treatment experience in the Mainland and overseas, and to conduct medical research on local cases.

三聚氰胺事件專家小組
治療工作組
**Treatment Sub-group of the
Expert Group on Melamine Incident**

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Reporting Criteria

“Any child presenting with renal diseases including calculi and with history of exposure to melamine containing dairy products.”

Case Definition

Suspected case (懷疑病例)	Individuals having consumed food that is tainted with melamine (according to the lists of unsatisfactory/tainted foods promulgated by CFS and/or AQSIQ and/or other official agencies overseas); AND either of the following conditions:- <ul style="list-style-type: none"> ▪ Having a positive ultrasound finding of renal stone(s), sand or filtrated residues,* where other potential causes have been excluded by differential diagnosis; OR ▪ Having a verified, positive history of passing renal stone(s), sand or filtrated residues, where other potential causes have been excluded by differential diagnosis.
Probable case (臨床病例)	A “suspected case” with melamine intake exceeding the tolerable daily intake threshold of 0.63 mg/kg for those over 36 months of age or 0.32 mg/kg body weight for those 36 months or younger **, for a significant duration.
Confirmed case (確診病例)	A “probable case” with laboratory confirmation. ***

* Exact radiologic criteria defining a positive ultrasound examination as per the HA Expert Group on MTMP related Disorders. If ultrasound was performed outside HK, a written report or ultrasound film should be available to confirm the finding.

** According to Centre for Food Safety.

*** Subject to further assessment of technical feasibility and scientific validity.

呈報準則

「任何呈腎病(包括結石)症狀並曾食用含三聚氰胺奶類產品的兒童。」

個案定義

懷疑病例	<p>曾食用受三聚氰胺污染的食物(根據食物安全中心及 / 或國家質量監督檢查檢疫總局及 / 或其他海外官方機構公布的不符合要求 / 受污染食物名單所列食物), 並且符合以下任何一種情況的人士: -</p> <ul style="list-style-type: none"> ■ 超音波檢查結果顯示腎臟出現結石、幼小沙石或固體剩餘物*的陽性結果, 並經由鑑別診斷排除了其他可能成因; 或 ■ 經證實確曾有排出腎石、幼小沙石或固體剩餘物的病歷, 並經由鑑別診斷排除了其他可能成因。
臨床病例	<p>“懷疑病例”人士所攝取三聚氰胺超過每日可容忍攝入量上限達一段相當的時間。年齡為 36 個月以上, 其攝取量上限為每公斤體重 0.63 毫克, 至於年齡為 36 個月或以下, 其攝取量上限則為每公斤體重 0.32 毫克**。</p>

確診病例	經化驗證實的“臨床病例”。***
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* 超音波檢查陽性定義是根據醫管局的三聚氰胺專家小組釐定。如病人的超音波檢查在香港以外的地方進行，則須有書面報告或超音波底片以證實檢查結果。

** 根據食物安全中心的資料。

*** 須就技術可行性及科學求證作進一步評估。