

### Introduction of Centre for Health Protection

#### Purpose

The purpose of this paper is to introduce the organization structure and work of the newly established Centre for Health Protection (CHP), Department of Health (DH).

#### Background of the CHP

2. In May 2003, the Government began to consider the establishment of an organization similar to Centers for Disease Control and Prevention. The SARS Expert Review Committee Report in October 2003 also recommended the setting up of such an organization. With the assistance and participation of many stakeholders, the CHP was established in June 2004.

#### Brief Introduction of the CHP

3. The CHP is a new public health structure set up under the DH. Our mission is to achieve effective prevention and control of diseases in Hong Kong in collaboration with major local and international stakeholders.
4. The CHP has six functional branches: Surveillance and Epidemiology Branch (SEB), Infection Control Branch (ICB), Emergency Response and Information Branch (ERIB), Public Health Services Branch (PHSB), Public Health Laboratory Services Branch (PHLSB) and Programme Management and Professional Development Branch (PMPDB). While there is clear demarcation of duties, the six branches work cohesively as a team to help leverage available resources to respond to public health threats and emerging issues as well as chronic health conditions.
5. The **SEB** conducts detailed epidemiological investigations on disease outbreaks and comprehensive public health surveillance on communicable diseases. It develops strategies for the effective control of communicable diseases. It conducts systematic surveillance and control of non-communicable diseases of significance to the population and formulates strategies for effective control of the diseases.

6. The **ICB** develops guidelines and protocols, promulgates and evaluates best practices in infection control at health care and non-health care settings. It coordinates, facilitates and support training in infection control for all levels of health care staff and personnel in health care settings. It supports quality management of infectious disease with public health perspective.
7. The **ERIB** comprises a multi-disciplinary workforce including medical staff, police and administrative officers to strengthen inter-departmental and inter-sectoral coordination. It facilitates emergency preparedness and management of public health crisis, develops overall corporate plan, manages resources and logistics and formulate risk communication strategy.
8. The **PHSB** works on disease prevention and support the control of communicable disease in the community (tuberculosis, human immunodeficiency virus infection and sexually transmitted diseases). Besides providing clinical services, collaboration with the Hospital Authority (HA), other clinics and the community will be strengthened.
9. The **PHLSB** provides quality assured laboratory diagnostic services to support disease surveillance and control, health promotion and disease prevention. It provides public health consultation services relating to microbiology and virology and supports outbreak investigation. It collaborates with local and international partners on disease surveillance, infection control standards and timely information exchanges.
10. The **PMPDB** coordinates and organizes training activities for medical and nursing professionals of the CHP, the HA, and other institutions. It liaises with local and international institutions to arrange attachment and exchange programmes. It coordinates with various scientific committees on specific public health hazards. Experts from various health care organizations, universities and private sectors are invited to serve on the committees to advise on effective disease control and prevention. It also administers health protection programmes and undertakes health promotion activities.
11. The **Community Liaison Division** is one of the divisions of the **PMPDB**. It is a newly established unit designated for district liaison and community-based health promotion. The Division establishes and enhances closer partnerships with District Councils, community groups and members of the public to promulgate Departmental policy and promote population health.
12. As highlighted in the mission statement of the CHP, collaboration with local and international stakeholders is the cornerstone of our work in health protection. In order to achieve this, the

CHP must work together with the community and build up partnership to protect the health of our citizens.

**More information**

13. For more information, members of the public may visit the CHP's website (<http://www.chp.gov.hk>)

Seasonal Risk Communication on Communicable Diseases,  
Department of Health

**Purpose**

The purpose of this paper is to introduce a new initiative "Seasonal Risk Communication on Communicable Diseases" by Centre for Health Protection (CHP), Department of Health (DH).

**Background**

2. The CHP is committed in responsive risk communication to provide members of the public with accurate information on disease risks so that various sectors of the community can take timely precautionary measures to safeguard public health. "Seasonal Risk Communication on Communicable Diseases" is the new initiative of the CHP in this regard.
3. Being a representative organization in the district, District Council (DC) is our strategic partner in community health protection and hence, is the primary target for this new initiative.

**Brief Introduction**

4. "Seasonal Risk Communication on Communicable Diseases" aims at effective communication on up-to-date communicable diseases news and knowledge relevant to a particular season in Hong Kong, e.g. risk of seasonal occurrence of different communicable diseases and relevant precautionary measures. It is also an indication of the CHP's commitment in responsive risk communication to address the growing community concern on communicable diseases.
5. Communicable diseases information will be provided to DC members regularly as appropriate for the period of the year. Advice on relevant preventive measures will be included for DC's reference in managing local health related policies / activities.
6. The first round will cover the period (about January to April 2005). The topics will include Influenza, Avian Influenza and Viral Gastroenteritis.

**Influenza**

7. Around the world, Influenza rapidly spreads during epidemics and imposes a considerable economic burden and productivity loss to the society. Three times in the last century, the Influenza A viruses have undergone major genetic changes, resulting in global pandemics and

large tolls in terms of both disease and deaths. In contrast to the usual Influenza epidemics, these pandemics were associated with severe outcomes also among healthy younger persons.

8. The World Health Organization (WHO) held an Influenza pandemic consultation meeting in December 2004. WHO and Influenza experts worldwide are concerned that the recent appearance and widespread distribution of an Avian Influenza virus (Influenza A/H5N1) has the potential to ignite the next pandemic.
9. The CHP, as a new public health agency launched in June 2004, has strengthened Hong Kong's capacity to prevent and control communicable diseases. Intensive surveillance systems for Influenza and effective response mechanisms are in place. The CHP also disseminates health messages via various channels to urge the public to maintain vigilance against Influenza.
10. To prevent the spread of Influenza in the coming peak season, the Government Influenza Vaccination Programme (GIVP) was implemented in accordance with recommendations of the Scientific Committee on Vaccine Preventable Diseases of the CHP. The GIVP was tailor-made for those who were either at a higher risk or those who were needy and less likely to access the private medical sector for vaccination.
11. To respond effectively to emerging Influenza outbreaks, the "Preparedness Plan for Influenza Pandemic" was developed by the Government. It includes a three-level response system (Alert Response Level, Serious Response Level and Emergency Response Level). These levels are based on different risk-graded epidemiological scenarios relevant to Hong Kong, and each of them prescribes a given set of public health actions required. They are designed to match with the WHO's guideline for pandemic influenza planning.
12. As of 5 February 2005, 5 Influenza outbreaks involving 45 persons were reported to the CHP since December 2004. These outbreaks were investigated and controlled in a timely fashion.

### **Avian Influenza**

13. The Government has announced the activation of the Alert Response Level on 6 January 2005 in accordance with the "Preparedness Plan for Influenza Pandemic" following reports of a confirmed human case of Avian Influenza on 30 December 2004 in Vietnam.
14. Preventive measures under the Alert Response Level had been put in place. In addition to the ongoing health screening measures including temperature screening at the airport, broadcasting of health messages at all in-bound flights from Vietnam and the distribution of health

information leaflets to passengers leaving for the country were implemented.

15. All doctors in Hong Kong as well as and hospitals were notified and alerted about the human cases of Avian Influenza in Vietnam. All parties are required to report suspected cases to the CHP for follow up actions.
16. The CHP has been also liaising with the WHO and the Vietnamese Government to obtain information on the latest developments of the cases. As of 15 February 2005, the WHO confirmed 13 human cases of Avian Influenza in Vietnam since mid-December 2004. Of these, 12 have died. Besides, the WHO reported one new case of H5N1 on 2 February 2005 in Cambodia and the case has died.
17. Following the reports of two and one human cases of Influenza A (H9N2) in 1999 and 2003 in Hong Kong, an influenza A (H7N7) outbreak involving over 80 persons with one death in Netherlands in 2003 and two cases of human influenza A (H7) in Canada in 2004, the Government has stepped up the surveillance of influenza. Effective from 31 December 2004, Influenza A (H7) and A (H9) have been added, in addition to the statutorily notified A (H5), to the list of infectious diseases specified in the First Schedule to the Quarantine and Prevention of Disease Ordinance (Cap. 141). The amendment is to enhance the coverage of the infectious diseases surveillance system and to enable more effective and early detection and the implementation of appropriate public health control measures when necessary.
18. Moreover, poultry workers and staff who may be involved in poultry culling operations were immunized against Influenza under the GIVP in order to minimize the chance of co-infection of Avian Influenza and Human Influenza. The CHP will liaise with the WHO on the latest development of Avian Influenza vaccine.
19. Intensive local human and poultry surveillance systems for Influenza are already in place. In case of outbreaks of Avian Influenza among poultry population in Hong Kong, the Government will decide whether culling operation for poultry population is indicated. The CHP will liaise with the Agriculture, Fisheries and Conservation Department and the Food and Environmental Hygiene Department to conduct medical surveillance of their staff involved in poultry culling operations.

### **Viral Gastroenteritis**

20. Viral gastroenteritis occurs in Hong Kong all year round, but it tends to occur more in winter months. It is commonly caused by Noroviruses in Hong Kong. Forty-one outbreaks of

gastroenteritis caused by Noroviruses were reported to the CHP between 26 December 2004 and 5 February 2005. The CHP reminded institutions to follow the various relevant guidelines on prevention of communicable diseases, to watch out for symptoms of viral gastroenteritis and to report suspected outbreaks to the CHP promptly. The CHP also reminded members of the public, in particular the management of residential institutions and schools to maintain strict personal and environment hygiene to prevent viral gastroenteritis.

21. To enhance communicable diseases surveillance in the community, on 3 December 2004, more than 40 childcare centres were also involved. Under the system, participating childcare centre report weekly statistics on absenteeism, fever, diarrhoea and vomiting among children in these centres.

**More information**

22. For more information, members of the public may visit the CHP's website (<http://www.chp.gov.hk>) or call the Central Health Education Hotline 2833 0111.

Community Liaison Division  
Department of Health  
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