

For information

SARS Expert Committee

Public Health Legislation on Infectious Diseases Control in Hong Kong

Purpose

This paper aims to outline the public health legislation for control of infectious diseases including Severe Acute Respiratory Syndrome (SARS) in Hong Kong and the international convention and regional initiatives in this connection.

Quarantine and Prevention of Disease Ordinance (Cap. 141)

2. The Quarantine and Prevention of Disease Ordinance (Cap. 141) (the Ordinance) and its subsidiary legislation provide the legislative framework for the prevention of infectious diseases of public health importance. The enactment of this piece of legislation was based on the principles stipulated in the International Health Regulations (IHR), previously known as International Sanitary Regulations which were adopted by the Fourth World Health Assembly (WHA) in 1951 as the first single international code of measures for preventing the international spread of designated infectious diseases and requirements for reports and notifications of cases of these diseases. Measures were designed to ensure the maximum security against the international spread of disease with a minimum interference in world traffic.

3. Under the IHR, countries are required to report three quarantinable diseases i.e. cholera, plague and yellow fever. These requirements are given effect in Hong Kong through Cap. 141 which stipulates detailed provisions for the prevention and control of these three quarantinable diseases.

4. Cap. 141 provides the legal basis to prevent the import and spread of infectious diseases. The list of infectious diseases to which the provisions of Cap. 141 apply is stipulated in the First Schedule to the Ordinance. There were 27 infectious diseases in the list prior to the inclusion of SARS. Master of an aircraft or a vessel is required to declare whether there are any infectious diseases on board. Health Officers may visit any vessel or aircraft and have the power to medically examine persons on board. Persons suspicious of being infected may be removed to a hospital for further management. Contaminated areas can be disinfected and disinfected. Contacts may be isolated or being put under surveillance.

5. The Prevention of the Spread of Infectious Diseases Regulations (Cap. 141B) (the Regulations) provide a regulatory framework to contain and prevent the spread of infectious diseases within Hong Kong. Section 4 of the Regulations requires medical practitioners to notify the Director of Health if they have reason to suspect the existence of any of the infectious diseases specified in the First Schedule to the Ordinance in a form as prescribed in the Schedule to the Regulations. The reporting of infectious diseases is an important element to the surveillance, control and prevention of outbreak of infectious diseases. The list of infectious diseases required to be so notified by medical practitioners is regularly reviewed to enhance surveillance of infectious diseases.

6. The legislation provides a framework for notification, surveillance, prevention and control of outbreak of infectious diseases specified in the Ordinance. Meanwhile, some other infectious diseases of public health importance not specified in the Ordinance are also monitored by the disease surveillance systems operated by the Department of Health (DH). Examples of such systems include sentinel surveillance, laboratory surveillance, monitoring hospital discharges, voluntary reporting, and animal/vector surveillance. Before SARS was named a disease entity by the World Health Organization (WHO) in March 2003, the DH has established a surveillance system on severe community-acquired pneumonia (SCAP) comprising a network of hospitals, clinics and laboratories in both private and public sectors to monitor the trend of SCAP and detect any unusual pattern in February 2003.

Amendment of Legislation

Inclusion of SARS in the List of Notifiable Diseases

7. In view of the upsurge of cases of SARS and its significant impact on the local community and other places worldwide, the Director of Health made two Orders on 27 March 2003 to include SARS to the list of infectious diseases specified in the First Schedule to the Ordinance and the specified notification form, so that the provisions of the Ordinance and its subsidiary legislation could apply to the disease as appropriate. In particular, the requirement of notification has extended to SARS. A list of the current 28 statutory notifiable diseases is attached at Appendix 1.

Control Measures on Persons Arriving in and Leaving Hong Kong

8. As the number of SARS cases continued to increase, some overseas countries were worried that the disease would spread to their communities through international travel. On 2 April 2003, the WHO recommended that persons traveling to Hong Kong, amongst other places, considered postponing all but essential travel. A few countries had gone further and imposed temporary travel restrictions on Hong Kong residents.

9. In light of the developments, the Prevention of the Spread of Infectious Diseases (Amendment) Regulation 2003 (the Amendment Regulation 2003) were made by the Chief Executive in Council to step up control measures to prevent the disease from being exported from or imported into Hong Kong. The Amendment Regulation 2003 was gazetted on 17 April 2003 and came into force with immediate effect to provide explicit provisions to prohibit the departure from Hong Kong of persons who are not subject to detention but have been exposed to the risk of infection of SARS. It also provides additional legal power for measuring the body temperature of and carrying out medical examination on people arriving in and leaving Hong Kong so as to ascertain whether they are likely to be infected with SARS.

International Convention

10. SARS has taken advantage of opportunities for rapid international spread made possible by the unprecedented volume and speed of air travel.

SARS has also shown how, in a closely interconnected and interdependent world, a new and poorly understood infectious disease can adversely affect economic growth, trade, tourism, business and industrial performance, and social stability as well as public health. As demonstrated by SARS, any upsurge in cases of infectious disease in a given country is potentially of concern for the international community, and that weakness in disease reporting and control in a given country can compromise containment globally.

11. The IHR are the only legally binding set of regulations, for the WHO Member States, on global alert and response for infectious diseases. The WHO has been reviewing the IHR since 1995. Following the SARS incident, revision of the IHR was discussed at the 56th WHA in May 2003 as one of the agenda items. It is anticipated that the outcome of the IHR revision will provide a stronger legal framework for global surveillance and reporting of infectious diseases and a mechanism by which measures to prevent international spread can be enforced.

Regional Initiatives to Combat SARS

12. Apart from complying with international regulation, Hong Kong has actively taken part in international and regional forums to control the spread of SARS. The key initiatives include -

(a) *China-ASEAN Entry-Exit Quarantine Management Meeting on SARS*

- Leaders of China and Association of the Southeast Asian Nations (ASEAN) countries met in Bangkok on 29 April 2003 to discuss the co-operation between China and ASEAN countries on co-operation of measures against SARS. Representatives of these countries met again in Beijing on 1 June 2003 to further discuss the implementation of the common understanding of the entry-exit quarantine measures. Hong Kong participated in the meeting as part of the Chinese delegation. The meeting agreed to jointly adopt an entry-exit quarantine plan including management of entry-exit travelers, conveyances and goods, as well as establish a co-operation mechanism and exchange of information.

(b) *APEC Health Ministers Meeting*

- The Health Ministers of the Asia-Pacific Economic Cooperation

(APEC) met in Bangkok on 28 June 2003 and agreed on common actions to contain the spread of SARS, increase further defences against similar infectious disease outbreak as well as other new threats and challenges, and rebuild the confidence of people in the Asia-Pacific region.

13. Hong Kong has participated actively in regional collaboration in the combat against SARS. Specifically, the Entry-Exit Quarantine Action Plan for controlling the spread of SARS as agreed by China and ASEAN countries on 1 June 2003 and the APEC common actions in fighting SARS in the Health Ministers' Statement adopted on 28 June 2003 were fully implemented.

Way Forward

14. Public health legislation and relevant control measures are in place for preventing the introduction to and spread of infectious diseases in Hong Kong. However, SARS has shown that emerging infectious disease could easily find its way to spread rapidly over the world.

15. With the enhanced control measures, SARS has been kept under control through global efforts. It would be an appropriate time to learn from the experience and review the various control measures locally while taking into account the global issues. One of the important aims of public health legislation in the control of infectious diseases is to prevent international spread. As the WHO is reviewing the IHR which is the principal guide of regulatory instrument in control of infectious diseases internationally and the review is expected to be completed by 2005, DH would closely follow the new development in this area so that local legislation could be updated to keep pace with international practice.

Department of Health

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**List of Infectious Diseases in the First Schedule to
the Quarantine and Prevention of Disease Ordinance**

1. Acute poliomyelitis
2. Amoebic dysentery
3. Bacillary dysentery
4. Chickenpox
5. Cholera
6. Dengue fever
7. Diphtheria
8. Food poisoning
9. Legionnaires' disease
10. Leprosy
11. Malaria
12. Measles
13. Meningococcal infections
14. Mumps
15. Paratyphoid fever
16. Plague
17. Rabies
18. Relapsing fever
19. Rubella
20. Scarlet fever
21. Severe Acute Respiratory Syndrome
22. Tetanus
23. Tuberculosis
24. Typhoid fever
25. Typhus
26. Viral hepatitis
27. Whooping cough
28. Yellow fever