

**Preparedness and Response Plan
for
Novel Infectious Disease of Public Health Significance
(2020)**

A. Introduction

Novel infectious disease is an infectious disease that has newly appeared in a human population. It may be caused by any infectious agents such as virus, bacteria or parasites which the human population has low or no pre-existing immunity. It may result in mortality and morbidity of different severity and may cause sustained community outbreak or proceed to a pandemic. In 2018, the World Health Organization (WHO) also added “Disease X”, an infectious disease of unknown pathogen, to its Blueprint list of priority diseases because of its public health risk and epidemic potential, and called for Member States to strengthen their preparedness and response to “Disease X” as far as possible.

2. Hong Kong was hit by a few novel infectious diseases in the last two decades: avian influenza in 1997, SARS in 2003 and Influenza A (H1N1) pandemic in 2009. To ensure that the Hong Kong Special Administrative Region Government (HKSARG) is equipped with the core capacities to prevent, detect, characterize and respond quickly, efficiently and in a coordinated manner to the novel infectious disease threats in order to reduce mortality and morbidity, this document sets out a preparedness and response plan of the HKSARG (“the Plan”) in case of detection of a novel infectious disease that may have significant public health impact to Hong Kong. While there may be emergence of novel infectious disease every now and then, whether to activate this plan depends on a comprehensive risk assessment based on the following key factors –

- clinical severity of the illness such as its clinical course and

any serious consequences leading to hospitalisations and deaths;

- trajectory of the epidemic;
- transmissibility of the infection, such as its effectiveness of transmission between reservoirs-to-human or human-to-human, capability of sustaining community level outbreaks;
- geographical spread of the novel infectious disease in humans, animals or vector, such as the global distribution of affected areas, the volume of trade and travel between the affected areas and Hong Kong;
- for vector-borne disease, the local existence of the vectors;
- vulnerability of the population, including pre-existing immunity, target groups with higher attack rates or increased risk of serious disease;
- availability of preventive measures, such as vaccine, and possible treatments; and
- recommendations by international health authorities, such as WHO.

3. The Plan defines the response levels and the corresponding command structures to be set up at each response level. A three tier response level is used which is in line with the “Preparedness Plan for Influenza Pandemic 2014”. The Plan aims to provide a framework of response system for agreed and coordinated efforts amongst different government departments and organisations with an aim to reduce the mortality and morbidity of Hong Kong population due to novel infection. It also serves as a tool for clear communication of the level of risk with the public. Relevant agencies, companies and organisations especially those involved in the care of vulnerable groups such as the elderly or children, should take note of this plan in devising their contingency plans and response measures. The Plan aims to be easily adapted as appropriate to cater for specific novel infectious disease.

4. The Plan includes the following key features –

- three-tier response level system with each level representing a graded risk of the novel infectious disease affecting Hong Kong and its health impact on the community;
- key factors to be considered in the risk assessment;
- activation and standing down mechanism;
- public health actions to be taken at each response level; and
- key Bureaux and Departments to be involved.

B. Government's Response Levels

5. The Plan includes three response levels – **Alert, Serious and Emergency**. These response levels are based on risk assessment of the novel infectious disease that may affect Hong Kong and its health impact on the community.

6. When **animals/vectors** are involved, the Agriculture, Fisheries and Conservation Department (AFCD) and the Food and Environmental Hygiene Department (FEHD) will assess the local and overseas epidemiology of the disease in wild/pet/food animal populations. In addition to the Director of Health (DoH), the Director of Agriculture, Fisheries and Conservation (DAFC) and/or the Director of Food and Environmental Hygiene (DFEH) will also provide input to advise the Secretary for Food and Health (SFH) on the activation of appropriate response level.

7. It should be noted that facts and knowledge available when the novel infection is first detected are often limited. As the situation evolves, crucial information on the aforesaid factors to support the risk assessment, such as the distribution of vector or animal reservoir, population with increased risk, case fatality ratio, complication rate, reproductive number and other transmission characteristics, will gradually come to light. The risk will be assessed and reviewed from time to time, having regard to the most updated scientific knowledge and the latest situation, to ensure that the appropriate response level is **activated** and corresponding measures are adopted.

8. When the situation scales down, DoH and DAFC/DFEH in case animal/vectors are involved, will advise SFH and/or the Chief Executive (CE) on the **standing down** of response level or a complete stand-down.

Alert Response Level

9. Alert Response Level corresponds to a situation where the immediate health impact caused by the novel infection on local population is **low** but there is risk of potential spread locally through human to human transmission or through vector/animal once the disease is introduced to Hong Kong. Generally, it depicts the following situation: When there is a novel infection that has caused serious health outcome in humans outside Hong Kong, but without imminent risk of causing any human infection in Hong Kong,

- there is sign of geographical spread of the novel infectious disease in humans;
- the pre-existing population immunity is low and there is little or no preventive measures; and
- there is recommendation from WHO to maintain global alert for this disease.
- for a vector-borne infection, the vector transmitting the disease exists in Hong Kong and there is potential spread of the disease in Hong Kong once the disease affects local vectors.

10. SFH may activate or stand down this response level upon the advice of the DAFC/DFEH and/or DoH.

11. DAFC/DFEH and/or DoH will consider the key factors mentioned in paragraph 2 in conducting the risk assessment for formulation of the advice.

Serious Response Level

12. 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**. Generally, it depicts a situation when there is limited spread of the disease in local population, e.g. sporadic or small

cluster(s) of infection. In case of zoonotic infection, when there is an outbreak of the novel infection in animals in Hong Kong that may have close contact with the general population and there is evidence of significant risk of animal to human transmission. It may also apply to situation when a significant number of human cases of the novel infection with serious health outcomes are reported in places/areas where the trade and travel relationship with Hong Kong is significant.

13. SFH may activate or stand down this response level upon the advice of the DAFC/DFEH and/or DoH.

14. DAFC, DFEH and DoH will consider the key factors mentioned in paragraph 2 in conducting the risk assessment for formulation of the advice.

Emergency Response Level

15. Emergency Response Level corresponds to a situation where the risk of health impact caused by the novel infection on local population in Hong Kong is **high and imminent**. Generally, it depicts a high risk of serious human infections caused by the novel infectious agent in Hong Kong, and serious infections may be widespread. It generally applies to situation when there is evidence or imminent risk of sustained community level outbreaks.

16. The CE may activate or direct stand down from this response level upon the advice of SFH. DoH will consider the key factors mentioned in paragraph 2 in conducting the risk assessment to support SFH in the formulation of advice.

Adjustment of Response Levels

17. Information about the emergence of a novel infectious disease is likely to be scarce during the initial stages of the outbreak. Risk

assessment under these circumstances requires flexibility and possibly erring on the side of caution. The response level will be suitably adjusted when better risk assessment can be made in light of more available information.

C. Command Structure

Alert Response Level

18. At the Alert Response Level, a simplified response command structure will be put in place. The Food and Health Bureau (FHB) will coordinate and steer Government response with the following as the main parties assessing the nature and level of risks –

- Department of Health (DH); and
- Hospital Authority (HA).

19. The following will be involved as the main parties as well if there is novel infection involving animals or vectors –

- AFCD; and
- FEHD.

Serious Response Level

20. At the Serious Response Level, a Steering Committee chaired by SFH will be set up to coordinate and steer Government response with FHB providing secretariat support.

21. The Steering Committee will have the following as its core members –

- Permanent Secretary for Transport and Housing (Housing) / Director of Housing;
- Permanent Secretary for Security;
- Permanent Secretary for Food and Health (Health);
- Permanent Secretary for Transport and Housing (Transport);
- Permanent Secretary for Food and Health (Food);
- Permanent Secretary for the Environment / Director of Environmental Protection;

- Permanent Secretary for Constitutional and Mainland Affairs;
- Permanent Secretary for Education;
- Permanent Secretary for Commerce and Economic Development (Commerce, Industry and Tourism);
- Permanent Secretary for Development (Works);
- Under Secretary for Food and Health;
- DoH;
- Director of Social Welfare;
- DAFC;
- DFEH;
- Director of Leisure and Cultural Services;
- Director of Information Services (DIS);
- Director of Home Affairs (DHA);
- Commissioner for Tourism;
- Director of Water Supplies;
- Commissioner for Transport;
- Director of Highways;
- Director of Civil Engineering and Development;
- Director of Architectural Services;
- Director of Drainage Services;
- Director of Electrical and Mechanical Services;
- Director of Lands;
- Director of the Hong Kong Observatory¹;
- Government Property Administrator;
- Controller, Centre for Health Protection (CCHP);
- Controller, Centre for Food Safety; and
- Chief Executive of HA.

22. The Steering Committee will co-opt other senior officials and non-Government experts as circumstances warrant. Members may send their representatives to attend the meetings as appropriate.

¹ To serve as ad hoc member.

Emergency Response Level

23. At the Emergency Response Level, the Steering Committee will be chaired by the CE with FHB providing secretariat support.

24. As the situation warrants, the Steering Committee will have the following as its core members –

- Chief Secretary for Administration;
- Financial Secretary;
- Secretary for Justice;
- Director, CE's Office;
- All secretaries of bureaux;
- DoH;
- DFEH;
- DIS;
- DHA;
- CCHP; and
- Chief Executive of HA.

25. The Steering Committee may co-opt other senior officials and non-Government experts as members. Members may send their representatives to attend Steering Committee meetings as circumstances warrant.

26. Sub-committees chaired by SFH may be set up under the Steering Committee as appropriate, to look after operational matters and specific issues and to make recommendations to the Steering Committee. Representatives from DH and HA should be the core members of the sub-committees. SFH may invite members from relevant bureaux/departments and non-Government experts to join the sub-committees.

D. Public Health Response Measures

27. **All relevant Government bureaux and departments** are advised to draw up contingency plans in response to novel infection to ensure coordinated responses and essential services in the Government and in major business sectors. All relevant bureaux and departments should also periodically conduct exercises and revise related contingency plans. DH will maintain close networking with private hospitals, professional medical organisations and other non-governmental organisations (NGOs) to mobilise community resources when needed. FHB and DH will also ensure legislation and communication mechanisms are put in place to ensure smooth responses under the International Health Regulations (2005).

28. **All relevant Government bureau and departments** are also advised to perform respective prevention and control measures on a continuous basis. For example,

- The Education Bureau (EDB) will disseminate information to schools on preventing the spread of the infectious disease in the premises.
- The Social Welfare Department (SWD) will disseminate information to child care centres, residential care homes for the elderly and persons with disabilities, drug treatment and rehabilitation centres, on preventing the spread of the infectious disease in the centres.
- SWD and other NGOs will reach out to vulnerable elders and needy persons and assist them to improve their home living environment and hygiene conditions.
- The Housing Department will conduct regular cleaning of public areas of public rental housing blocks, encourages residents to maintain good hygiene practices and takes enforcement action against hygiene offences.
- The Labour Department will disseminate information to employers, employees and associations on preventing the spread of the infectious disease in the workplace.

- The Transport Department will disseminate information to the transport sector on preventing the spread of the infectious disease on public transport service vehicles and ferries.
- The Home Affairs Department (HAD) will disseminate information to property management companies, owners' corporations and mutual aid committees through District Offices network on the infectious disease prevention measures.
- FEHD will carry out regular inspection to ensure that operators of licensed food premises keep their premises and equipment clean, and maintain hygiene practices in handling food. FEHD will also enforce hygiene and food safety requirements. FEHD will also take enforcement action against people who cause environmental hygiene problems in public places by littering, spitting and other unhygienic practices.
- DH, FEHD, HAD and other relevant government departments will organize health education activities and provide health advice on the infectious disease prevention, personal hygiene and environmental hygiene, targeting the general public as well as specific sectors of the community. Members of the public will also be encouraged to adopt preventive measures such as observe good personal hygiene including keeping hands clean by washing hands properly and maintaining cough manners, and consult a doctor promptly and wear a mask as and when necessary.
- Leisure and Cultural Services Department (LCSD) will disseminate information to staff of all districts and sections on preventing the spread of novel infectious disease in LCSD venues such as parks, playgrounds, sitting-out areas, sports grounds, sports centres, swimming pools and beaches, etc. Relevant cleansing operations and enforcement action against littering will be stepped up in LCSD venues. Roving exhibitions on the control and prevention of novel infectious disease of public health significance will be conducted in LCSD venues.

- Tourism Commission will help disseminate information targeting tourists and the travel sector on hygiene and infection control.

29. Depending on the different Response Levels, different levels of the public health response measures would be taken. In general, response measures should include the following key areas –

- Surveillance;
- Investigation and control measures;
- Laboratory support;
- Infection control measures;
- Provision of medical services;
- Vaccination and medication;
- Port health measures; and
- Communication.

Alert Response Level

30. At the Alert Response Level, the following response measures will be implemented –

- When the infectious agent(s) cannot be characterised, DH will actively collaborate with relevant stakeholders, WHO and overseas health authorities to formulate the case definitions for local surveillance.
- When information of the infectious agent becomes available, DH will actively collaborate with relevant stakeholders, WHO and overseas health authorities to characterize the pathogen, identify the immediate host, reservoirs and mode of transmission, etc.

30.1 Surveillance

- DH may set reporting criteria for the novel infectious disease

which will be reported as “Novel infectious disease of public health significance” under the Prevention and Control of Disease Ordinance (Cap 599) in Hong Kong (Schedule 1). When the infectious agent is known, DH will designate the disease as a separate notifiable disease and/or the infectious agent as a scheduled infectious agent (Schedule 2) in Hong Kong when necessary under the Prevention and Control of Disease Ordinance (Cap 599). All medical practitioners are required to report cases fulfilling the reporting criteria to DH.

- DH will also -
 - Keep in view any new surveillance definitions issued by WHO and modify local surveillance activities and communicate with relevant stakeholders.
 - Exchange information on novel infectious diseases with the National Health Commission (NHC) of the People’s Republic of China, and the Guangdong and Macao health authorities on a timely basis.
 - Liaise with WHO and international health authorities to monitor the global spread and impact of novel infection.

30.2 *Investigation and control measures*

- DH will conduct epidemiological investigation of suspected cases of novel infection and put contacts or other potentially exposed persons under medical surveillance as appropriate.
- DH and LCSD will prepare and get ready to convert suitable holiday camps into quarantine centres.

30.3 *Laboratory support*

- DH will –
 - Review laboratory diagnosis strategy and enhance capacity in laboratory diagnostic services, including acquiring detection, confirmatory and pathogen characterisation

techniques, and stockpiling necessary reagents.

- Conduct laboratory testing for the novel pathogen as required, including testing for HA and private hospitals to enhance laboratory surveillance on the novel pathogen.
- Develop laboratory diagnostic criteria between the Public Health Laboratory Centre and HA's Laboratory Network and transfer test technology to HA as necessary.
- Strengthen liaison with WHO and overseas counterparts to obtain updated information.

30.4 *Infection control measures*

- DH will –
 - Issue guidelines and health advice to residential institutions, schools and the general public, with the support of EDB and SWD.
 - Update healthcare workers' knowledge on infection control measures for the type of novel infection concerned.
 - Arrange briefings for government departments on the infection control guidelines and the proper use of personal protective equipment (PPE).
- DH and HA will review and promulgate enhanced infection control measures where necessary.
- DH, SWD and HA will inspect and review stock of PPE as appropriate.

30.5 *Provision of medical services*

- HA will –
 - Stockpile appropriate medications for public hospitals and clinics.
 - Formulate clinical management guideline on novel infection and community acquired infections.
 - Monitor daily bed occupancy, and review bed mobilisation

and compliance with admission guidelines. Assess and plan for scaling down non-emergency activities.

30.6 *Vaccination and medication*

- DH will liaise with WHO and relevant experts on latest development on the vaccine and recommendations on the medication whenever necessary.

30.7 *Port health measures*

- DH will -
 - Enhance dissemination of health message to travellers (e.g. inflight broadcast, distribution of leaflets, promulgating travel health news on its website and using posters).
 - Enhance health surveillance measures at BCPs by referring febrile inbound travellers with or without other symptoms and had travel history to the affected area(s) to public hospitals for isolation and further management.
 - Closely follow the latest overseas authorities' and WHO's recommendations on port health measures.
 - Keep the travel industry and BCP stakeholders updated of the disease situation.

30.8 *Communication*

- DH will -
 - Keep local stakeholders (e.g. doctors, private hospitals, Chinese Medicine Practitioners, schools, ethnic groups, etc.) and the general public informed of latest developments.
 - Disseminate information and step up health advice to public through various means including press releases, pamphlets, announcements in the public interest, website, and incorporate health messages in ongoing health education activities, and if necessary, set up a dedicated mini-webpage on the novel infection and upload to the CHP website and

- upload information onto the DH Health Education Infoline.
 - Maintain close liaison with overseas healthcare authorities and WHO to obtain latest information and expert advice (e.g. travel advice).
 - Provide materials to inform doctors, dentists, other health care professionals, private hospitals and institutions and the public of the latest situation.
 - Maintain close contact with the health authorities of Guangdong, Macau and the NHC to monitor possible novel infection cases occurring in the region.
 - Send letters to medical laboratory sector regarding amendment of Schedule 2 of Cap. 599 to include the pathogen in the Schedule.
- HA will promulgate health advice to clients.
 - HAD will gauge community concerns with regard to the local situation.
 - EDB will disseminate information to schools on preventing the spread of novel infection in the premises.
 - HA and SWD will liaise with medical professionals and other healthcare providers.

30.9 When the novel infectious agents are identified in animal population or vectors, the following response measures will be implemented with a view to monitoring and/or eliminating the intermediate host and reservoirs–

- AFCD will –
 - Conduct surveillance, farm and market biosecurity measures, communication with farmers, wholesalers and transporters, and strategic planning in medication, PPE, training and response, etc.
 - Remind farmers of the importance of good biosecurity and

the penalties for non-compliance.

- Step up surveillance and monitoring of local animal populations including farms, pet shops and wholesale/retail market, where appropriate.
 - Review veterinary laboratory diagnostic strategy and enhance testing capacity, where appropriate.
 - Strictly enforce local farm biosecurity measures, where appropriate.
 - Depopulate all quarantined animals and affected pet shops where appropriate, and suspend the import of live animals from the place of origin, where appropriate.
 - Close and quarantine the affected pet shop(s) as well as any adjacent pet shops, where appropriate.
 - Liaise with other animal care providers (including farmers, wholesalers and transporters), as well as NGOs involved in wild animal work (e.g. World Wide Fund for Nature and Ocean Park).
 - Inform World Organization for Animal Health (Office International des Epizooties, i.e. OIE) and local consulates about the local situation, and FHB will inform the Mainland authorities, as necessary.
- FEHD will –
 - Step up surveillance and monitoring of imported food animals, where appropriate.
 - Stay vigilant in monitoring the implementation of preventive measures and ongoing surveillance of animal population in retail outlets, and review the stock of PPE.
 - Increase frequency of cleansing and disinfection in public places at specific locations concerned.
 - In addition, AFCD and FEHD will jointly undertake actions related to import control of pet and live animals respectively as necessary –
 - Monitor novel infectious outbreaks in animals.
 - Liaise with OIE or animal health authorities of the affected

countries to ascertain the latest surveillance and epidemiological information.

- Suspend the import of live animals and/or animal meat/products from places with novel infection outbreaks in animals.
 - Issue reminders to all livestock farmers and retailers (and also retailers of pet animals where appropriate) to immediately report the presence of sick and dead animals for collection and laboratory examination.
 - Inspect and review the stock of PPE for culling operations.
 - Suspend the import of live animals and relevant meat/products from the Mainland based on the zonal approach.
 - Remind the public through the media about proper vector/pest control and to avoid contact with wild animal faeces.
- LCSD will strengthen the precautionary measures to ensure the health condition of animal collections.
 - In addition to the activities carried out for local farms as in the case of confirmed novel infection in the natural environment, AFCD and LCSD will undertake the following measures –
 - Step up monitoring and surveillance of wild animals at the location where the infected wild animal(s) was/were found.
 - Close and quarantine the infected area(s) as necessary according to the prevailing protocol.
 - Remind the public through the media to avoid contact with wild animal faeces.
 - AFCD, FEHD and LCSD, in consultation with DH, will consider carrying out corresponding activities set out above having regard to the type of affected animals and the prevailing circumstances.

- When there is confirmation of novel infectious agents in animals in Hong Kong, DH will conduct contact tracing and medical surveillance for persons who come into contact with sick or dead animal(s) confirmed to be agent-carrying. Depending on the risk assessment, antiviral chemoprophylaxis, if available, and camp confinement may be considered for asymptomatic persons who have direct contact with the sick or dead animal(s).

Serious Response Level

31. At the Serious Response Level, the following **response measures** will be implemented.

31.1 Surveillance

- DH will –
 - Notify WHO in accordance with International Health Regulations (2005) when locally confirmed cases are detected.
 - Activate electronic platform for the novel infection, if any, with HA to ensure timely monitoring of cases and contacts.
 - Liaise with HA’s information technology team on the updates of information systems for the novel infection as necessary.
 - Work with HA to review surveillance criteria.
 - Further enhance surveillance activities, including zero reporting² from the public and private hospitals on novel pathogen infection.
 - Liaise with private hospitals to step up surveillance and reporting of novel infectious pathogen, and give advice on infection control based on guidelines issued by CHP.
 - Closely monitor the risk assessment and advice from WHO

² According to WHO’s recommended surveillance standard, zero reporting means that “designated reporting sites at all levels should report at a specified frequency (e.g. weekly or monthly) even if there are zero cases.

and overseas situation for the possibility of sustained human to human transmission.

31.2 *Investigation and control measures*

- DH will –
 - Conduct epidemiological investigation and contact tracing of staff/patients meeting the agreed surveillance case definition with the hospitals.
 - Put close contacts of confirmed cases of the novel infection under quarantine/medical surveillance; and other contacts under medical surveillance.
 - Liaise with the Police to prepare for the activation of the “Major Incident Investigation and Disaster Support System” (MIIDSS) if necessary.
 - Obtain advice from WHO and collaborate with local academics to conduct special studies as necessary.
 - Liaise with FEHD to carry out disinfection of the building where the case was residing.
 - Activate the Multi-disciplinary Response Team to conduct building inspections as necessary.
 - Liaise with LCSO for immediate conversion of designated holiday camps into quarantine centres, if such decision is made, and set up a Task Force on Camp Confinement to support the operation of the quarantine camp(s) and collate relevant statistics on camp confinees.
- HAD will assist in the implementation of quarantine/relief measures in cooperation/coordination with DH and SWD as appropriate.
- Relevant bureaux/departments to disseminate messages to frontline staff and activate respective departmental contingency plans (e.g. adequate supplies) wherever appropriate.

31.3 *Laboratory support*

- DH will –
 - Review laboratory testing strategy to enhance effectiveness and timeliness of laboratory diagnosis of suspected cases of the novel infection.
 - Review diagnostic criteria between the Public Health Laboratory Centre and HA's Laboratory Network and share technology with HA.
 - Perform specific serology for the novel infectious pathogen on need basis as available.
 - Conduct characterization studies of the pathogen on any culture isolates / positive specimens.
 - Liaise with WHO and overseas authorities for further analysis and discuss on diagnostic development as appropriate.
- DH and HA will increase laboratory capacity for testing to assist diagnosis.

31.4 *Infection control measures*

- DH and HA will –
 - Review stock of PPE.
 - Enhance and/or review infection control measures according to the latest knowledge on the transmission route of the novel infectious pathogen.
- HA will review visiting policy in its hospitals.

31.5 *Provision of medical services*

- HA will –
 - Consider setting up designated clinics and protocol for triaging patients with relevant symptoms at primary care level.

- Isolate and treat confirmed cases in designated hospitals.
- Update/revise clinical guidelines on management and related admission criteria for various specialties. Further reduce non-urgent and non-emergency services where necessary.
- Provide situation updates to private sector and start discussion with private hospitals on patients' transfer/diversion.

31.6 *Vaccination and medication*

- DH will liaise with WHO and relevant experts on the latest development and recommendations on the use of vaccines and/or medication.

31.7 *Port health measures*

- DH will –
 - Review and modify existing port health measures and enact legislation, where necessary, in light of WHO's latest recommendations.
 - Assist in the retrieval of flight manifests from airlines to facilitate tracing of flight contacts.
 - Keep in view WHO's latest recommendations on port health measures, including measures to prevent exportation of cases from Hong Kong.

31.8 *Communication*

- DH will activate relevant centres (e.g. Emergency Response Centre, Outbreak Intelligence Centre and Emergency Hotline Centre) for information, monitoring and response, if necessary.
- HA will activate Major Incident Control Centre for information, monitoring and response, if necessary.

- DH will communicate with and disseminate information to hospitals, medical professionals in the private sector and other healthcare workers.
- Public communication will be strengthened –
 - DH and HAD will set up a telephone hotline as required.
 - FHB and DH will conduct regular briefings to the press and legislators.
 - HAD will help disseminate information to public through District Offices network.
- DH will also –
 - Together with HA, educate the public on use of personal protective equipment and practices.
 - Together with HAD, monitor community response and concerns.
 - Brief consulates and relevant businesses about the local situation.
 - Liaise with WHO, Mainland authorities (such as NHC and the General Administration of Customs), Macao and other health authorities on the local situation.
 - Liaise with WHO on international practice regarding travel advice and stay alert of possible travel advisories.
 - Inform the respective Consulate if the confirmed case has overseas citizenship.
 - Update the public and the media on the global and local situations.
 - Update guidelines and arrange briefings and community education activities to various community sectors (e.g. District Councils).
 - Update information of the novel infection on the 24-hour DH Health Education Infoline (28330111).

31.9 In case of zoonotic infection, when there is an outbreak of the novel infection in animals in Hong Kong that may have close contact with the general population and there is evidence of significant risk of

animal to human transmission, the following response measures will be implemented regarding the incriminated animal –

- AFCD will –
 - Step up monitoring and surveillance of pet shops.
 - Step up monitoring and surveillance of wild animals in recreational parks in association with LCSD and wild animal parks.
 - Give advice on and monitor pets in contact with infected animal or human cases as appropriate.
 - Monitor local farms as required.
 - Suspend the export of incriminated non-food animals from Hong Kong.
 - Suspend the import of incriminated animals to Hong Kong.
 - Enhance the diagnostic capacity of AFCD as appropriate.

- FEHD will –
 - Suspend the import of all live animals.
 - Step up monitoring and surveillance of live animal retail outlets.
 - Step up cleansing of live animal market.

- AFCD and FEHD will –
 - Liaise with other animal care providers (including farmers, retailers and wholesalers), as well as NGOs involved in wild animal work (e.g. World Wide Fund for Nature, Ocean Park)
 - Inform OIE and local consulates; and also brief legislators, the community, the media and relevant businesses about the local situation as necessary.

- Upon activation of the operational order for the culling of live animal in Hong Kong (Operation Season) by PS(F), AFCD will implement the culling of live animal in farms and the Wholesale Market, while FEHD will carry out culling at retail outlets. DH, the Hong Kong Police Force, the Environmental Protection Department and other relevant

departments will also assist in the implementation of Operation Season. HA may provide treatment to staff or contacts presenting with symptoms.

- AFCD and FEHD, in consultation with DH, will consider carrying out appropriate activities as set out in the preceding paragraph, including culling operation, having regard to the type of affected animals and the prevailing circumstances.
- DH will –
 - With the support of HA, monitor hospital admission for workers with close contact to live animal.
 - Conduct surveillance for workers with close contact to live animal of affected farms.
 - Consider sero-prevalence study, if available, on workers with close contact to live animal.
 - Monitor health status of cullers.
 - Provide antiviral prophylaxis to cullers if available.
 - Set up telephone hotlines to answer enquiries from workers with close contact to live animal and cullers.
 - Inform WHO, Mainland authorities (such as the NHC and the General Administration of Customs), other health authorities and medical professionals and healthcare workers of the updated situation of local infection among the animals.
- SWD will provide relief measures, counselling services and temporary residential placement for needy persons.

Emergency Response Level

32. At the Emergency Response Level, the following **response measures** will be implemented –

32.1 Surveillance

- DH will –
 - Monitor daily the number of detections of the novel infectious agent from Public Health Laboratory Services Branch of CHP.
 - Together with HA, monitor daily number of patients seen at Accident & Emergency Departments of hospitals and hospital admissions due to relevant symptoms.
 - Together with HA, adjust surveillance mechanisms with reference to the latest recommendation(s) of the WHO.
 - Collaborate with HA to monitor daily number of hospital admissions due to the novel infection.

32.2 *Investigation and control measures*

- DH will –
 - Assess the state of disease spread and potential for pandemicity jointly with WHO and relevant experts, where appropriate.
 - Conduct epidemiological studies to look into community sources and mode of transmission. Any suspected community sources will be thoroughly investigated.
 - Seek advice from Department of Justice, when necessary, on the legal authorities for implementation of the enhanced measures and on acquiring emergency public health power to enable enforcement of the control measures.
 - Work with MIIDSS to collect epidemiological data.
 - Closely liaise with relevant parties on the need to remove residents from affected premises to quarantine centre(s) and arrange with related departments accordingly if such decision is made.
- FHB and DH will enact legislation as appropriate to enable enforcement of control measures.

32.3 *Laboratory support*

- DH will –
 - Undertake virus detection and characterisation at appropriate scope and scale.
 - Perform antiviral resistance and vaccine immunogenicity study as appropriate.

32.4 *Infection control measures*

- HA will mobilise the PPE stockpile.

32.5 *Provision of medical services*

- HA will –
 - Stretch the capacity of isolation beds and management of confirmed and suspected cases.
 - Monitor closely the territory-wide utilisation of public hospital services and further re-organise or reduce non-urgent services to meet the surge in workload due to the novel infection.
 - Mobilise convalescent hospitals/wards to increase capacity to treat acute cases.
 - Review and promulgate updated guidelines and protocols on diagnosis, treatment and admission criteria.
- DH and HA will review and update protocols on research projects in collaboration with academia, private sectors and international organisations, if necessary.
- DH and HA will reprioritise their non-urgent and non-essential services.

32.6 *Vaccination and medication*

- DH will liaise with WHO and relevant experts on the latest development and recommendations on the use of vaccines and/or medication.

32.7 *Port health measures*

- DH will –
 - Subject to the WHO's recommendations, enhance health surveillance measures at BCPs by requiring outbound travellers to have their body temperature screened so as to prevent exportation of disease.

32.8 *Communication*

- DH will –
 - Provide daily updates of the course of the epidemic and governmental response plans and actions.
 - Step up public education on use of personal protective equipment and practices.
 - Educate the public regarding self-management of relevant symptoms and when and how to seek treatment.
 - Contact WHO on the subject of possible travel advisory against Hong Kong.
 - Prepare material to provide clear guidance on extra preventive measures to be taken and inform doctors, dentists, other health care professionals, private hospitals, institutions, tourist agencies, and the public of such measures.
 - Update other government departments of the updated situation.
 - Engage community NGOs and professional groups as partners in risk communication and health education.
- HA will communicate closely with private health sector for sharing of expertise and workload.
- FHB will facilitate the steering and implementation of a joint Government public relations strategy.

32.9 *Other measures*

- DH, EDB and LCSD will assess the need for closure of schools, public places, stopping public gatherings and curtailing non-essential activities and services.
- FEHD will prepare for the 24-hour operation of the six crematoria.
- FHB will prompt all Government agencies to respond according to their respective contingency plans.

33. The actions to be taken at Emergency Response Level will be reviewed and the strategy revised as appropriate to ensure the most efficient use of health resources. As the situation evolves to epidemic with multiple community outbreaks and a high attack rate in the population, containment strategies may become no longer effective in stopping disease spread. There may be a heavy burden of excessive morbidity and mortality overwhelming the healthcare system; a shortage of medical supplies; and territory-wide infrastructures (including transportation, utilities, commerce and public safety) may be disrupted. The purpose of emergency response at this stage will be to slow down progression of the epidemic and minimise the loss of human lives, in order to buy time for the production of an effective vaccine against the novel infection (i.e. mitigation). Specifically, surveillance activities will be limited to essential elements. Case investigation and quarantine measures will be scaled down or abolished. Confirmatory testing will not need to be performed on all patients with symptoms of the novel infection. Laboratory characterization studies will be performed for selected cases.

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