

Guidance on Notification of Leakage of Scheduled Infectious Agents in the Laboratory

1. Where it is known to the person in charge of a laboratory that a leakage of a scheduled infectious agent (Appendix 1) that may pose a public health risk has occurred, he/she shall notify the Department of Health immediately, and provide any information that is required to facilitate the investigation of the leakage.
2. Notifications should be directed to the Public Health Laboratory Services Branch (PHLSB), Centre for Health Protection (CHP), Department of Health via telephone at **6505-4264** (24 hours).
3. The notifying person will be requested to complete and return a form (Appendix 2) as soon as possible.
4. The health officer will liaise with the person in charge of the laboratory upon receiving the form and take necessary action to contain the leakage.

Scheduled Infectious Agents

1. *Bacillus anthracis*
2. *Clostridium botulinum*
3. Crimean-Congo haemorrhagic fever virus
4. Dengue virus
5. Ebola virus
6. *Francisella tularensis*
7. Guanarito virus
8. Hantavirus
9. Hendra virus
10. Herpes simiae virus (B virus)
11. Influenza virus type A (subtype H2, H5 and H7)
12. Japanese encephalitis virus
13. Junin virus
14. Kyasanur Forest disease virus
15. Lassa virus
16. Machupo virus
17. Marburg virus
18. Monkeypox virus
19. *Mycobacterium tuberculosis* (multidrug-resistant)
20. Nipah virus
21. Omsk haemorrhagic fever virus
22. Polio virus (wild)
23. Rabies or rabies-related virus
24. Rift Valley fever virus
25. Sabia virus
26. Severe Acute Respiratory Syndrome - coronavirus
27. Tick-borne encephalitis virus
28. Variola virus
29. West Nile virus
30. Yellow fever virus
31. *Yersinia pestis*



Notification Form on Leakage of Scheduled Infectious Agents in the Laboratory

Section 1: To be completed by health officer, Public Health Laboratory Services Branch, Centre for Health Protection

Reference number: LIN20 - _____

Fax number for return of completed form: 2776-2553 / _____

Health officer handling notification (name / post): _____

Section 2: To be completed by notifying person

Description of leakage incident:

- Date/time: _____
 - Location: _____
 - Organism(s) involved: _____
 - Event and persons involved (attach separate sheet if insufficient space): _____
- _____
- _____
- _____
- _____
- _____

Actions taken with indication of timing (attach separate sheet if insufficient space):

Reported by:

- Signature / Name: _____
 - Post: _____
 - Institution: _____
 - Address: _____
- _____
- Telephone number: _____
 - Facsimile number: _____
 - E-mail address: _____
 - Date: _____