

**PREPAREDNESS AND RESPONSE PLAN FOR EBOLA VIRUS
DISEASE
THE GOVERNMENT OF THE HONG KONG
SPECIAL ADMINISTRATIVE REGION**

I. INTRODUCTION

Viral haemorrhagic fever including Ebola virus disease (“EVD”) has been a statutorily notifiable disease and Ebola virus a scheduled infectious agent since July 2008. No cases have been recorded in human and animals in Hong Kong so far. Ebola virus is one of the haemorrhagic fever viruses. Some fruit bats are considered to be the natural host of the Ebola virus. Ebola virus is transmitted from infected animals to humans. It may then spread through human-to-human transmission, with infection resulting from direct contact through broken skin or mucous membranes with the blood, secretions, organs or other body fluids of infected people, and indirect contact with environments contaminated with such fluids.

2. Apart from good personal, food and environmental hygiene, travellers are also advised to avoid direct contact with patients or the deceased, or blood, body fluids or organs of infected or dead animals. There is currently no proven vaccine to prevent EVD nor approved medication to treat EVD patients. Nevertheless, DH will liaise with the World Health Organization (“WHO”) and relevant experts on the latest development on vaccine and recommendations on medical treatment for EVD.

3. To ensure that the Government of the Hong Kong Special Administrative Region Government (“HKSARG”) is equipped with the core capacities to prevent, detect, characterise and respond quickly, efficiently and in a coordinated manner to the EVD threats in order to reduce mortality and morbidity, this document sets out the preparedness and response plan of the HKSARG (“the Plan”) when EVD may have significant public health impact to Hong Kong. Whether to activate this preparedness and response plan depends on a comprehensive risk assessment based on the following general key factors -

- (a) clinical severity of the illness such as its clinical course and any serious consequences leading to hospitalisations and deaths;

- (b) transmissibility of the infection, and the capability of sustaining community level outbreaks;
- (c) geographical spread of the EVD in humans or animals, such as the global distribution of affected areas, the volume of trade and travel between the affected areas and Hong Kong;
- (d) vulnerability of the population; difference in attack rates or risk of serious consequences;
- (e) availability of preventive measures, such as vaccine, and availability of treatments;
- (f) impact on healthcare infrastructure in Hong Kong, risk of transmission in healthcare settings;
- (g) recommendations by international health authorities, such as the WHO; and
- (h) recommendations by international animal health authorities, such as the World Organization for Animal Health (Office International des Epizooties, i.e. “WOAH”).

4. 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. 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 EVD. It also serves as a tool for clear communication of the level of risk with the public. Relevant agencies, companies and organisations should take note of this plan in devising their contingency plans and response measures.

5. The Plan includes the following key features –

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

II. GOVERNMENT'S RESPONSE LEVELS

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

7. When **animals in Hong Kong have been incriminated**, 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 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 Health (“S for Health”) on the activation of appropriate response level.

8. It should be noted that facts and knowledge available when the EVD 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 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.

9. When the situation scales down, DoH and DAFC / DFEH in case animal are involved, will advise S for Health and / or the Chief Executive (“CE”) on the **standing down** of response level or a complete stand-down.

Alert Response Level

10. Alert Response Level corresponds to a situation where the immediate health impact caused by the EVD on local population is **low**. Generally, it depicts a situation when there is EVD with signs of geographic spread in human outside Hong Kong, but without imminent risk of causing any human infection in Hong Kong e.g. the human cases occur in countries

where there are possibilities of travel and trade and there is recommendation from WHO to maintain global alert for this disease.

11. DAFC / DFEH and / or DoH will consider the key factors mentioned in paragraph 3 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 EVD on local population in Hong Kong is **moderate**. Generally, it depicts a situation when there is an imported human case or infected animal coming from countries of travellers with frequent travel and trade.

13. S for Health may activate or stand down this response level upon the advice of DoH. DAFC, DFEH and DoH will consider the key factors mentioned in paragraph 3 in conducting the risk assessment for formulation of the advice.

Emergency Response Level

14. Emergency Response Level corresponds to a situation where the risk of health impact caused by the EVD on local population in Hong Kong is **high and imminent**. Generally, it depicts a high risk of serious human infections caused by the EVD in Hong Kong, and serious infections may be widespread such as the situation where there is evidence of local transmission. It generally applies to situation when there is evidence of spread in a healthcare facility or imminent risk of sustained community level outbreaks.

15. CE or a delegate may activate or direct stand down from this response level upon the advice of S for Health. DoH will consider the key factors mentioned in paragraph 3 in conducting the risk assessment to support S for Health in the formulation of advice.

Adjustment of Response Levels

16. Information about the emergence of EVD 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.

III. COMMAND STRUCTURE

Alert Response Level

17. At the Alert Response Level, a simplified response command structure will be put in place. The Health Bureau (“HHB”) will coordinate and steer Government response with the following as the main parties assessing the nature and level of risks. These parties include but not limited to the following –

- (a) Department of Health (“DH”); and
- (b) Hospital Authority (“HA”).

18. The following will be involved as the main parties as well if there is EVD involving animals –

- (a) AFCD; and
- (b) FEHD.

Serious Response Level

19. At the Serious Response Level, a Steering Committee chaired by S for Health will be set up to coordinate and steer Government response with HHB providing secretariat support.

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

- (a) Permanent Secretary for Environment and Ecology (Food);
- (b) Permanent Secretary for Health;
- (c) Permanent Secretary for Commerce and Economic Development;
- (d) Permanent Secretary for Education;
- (e) Permanent Secretary for Security;
- (f) Permanent Secretary for Culture, Sports and Tourism;
- (g) Under Secretary for Health;
- (h) DAFC;
- (i) DFEH;
- (j) DoH;

- (k) Director of Home Affairs;
- (l) Director of Information Services;
- (m) Director of Leisure and Cultural Services;
- (n) Director of Social Welfare;
- (o) Controller, Centre for Health Protection (“CHP”);
- (p) Controller, Centre for Food Safety;
- (q) Commissioner for Tourism; and
- (r) Chief Executive of HA.

21. 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.

Emergency Response Level

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

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

- (a) Chief Secretary for Administration;
- (b) Financial Secretary;
- (c) Secretary for Justice;
- (d) Deputy Secretaries of Departments
- (e) Director, CE’s Office;
- (f) All Directors of Bureaux;
- (g) DoH;
- (h) Director of Information Services;
- (i) Controller, CHP; and
- (j) Chief Executive of HA.

24. 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.

25. Sub-committees chaired by S for Health 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. S for Health may invite members from relevant bureaux / departments and non-Government experts to join the sub-committees.

IV. PUBLIC HEALTH RESPONSE MEASURES

26. **All relevant Government bureaux and departments** are advised to draw up contingency plans in response to EVD 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. HHB and DH will also ensure legislation and communication mechanisms are put in place to ensure smooth responses under the International Health Regulations (2005).

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

- (a) The Education Bureau (“EDB”) will disseminate information to schools on preventing the spread of EVD in the premises.
- (b) 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 EVD in the centres.
- (c) 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.
- (d) The Housing Department (“HD”) will conduct regular cleaning of public areas of public rental housing estates, encourage residents to maintain good hygiene practices and take enforcement action against hygiene offences.
- (e) The Labour Department will disseminate information to employers, employees and associations on preventing the spread of EVD in the workplace.

- (f) The Transport Department will disseminate information to the transport sector on preventing the spread of EVD on public transport service vehicles and ferries.
 - (g) The Home Affairs Department (“HAD”) will disseminate information to hotels, hostels, property management companies, owners’ corporations and mutual aid committees through District Offices network on EVD prevention measures.
 - (h) 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.
 - (i) DH, FEHD, HAD and other relevant government departments will organize health education activities and provide health advice on EVD 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.
 - (j) The Tourism Commission will disseminate information targeting tourist and travel sector on the hygiene and infection control.
28. 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 –
- (a) surveillance;
 - (b) investigation and control measures;
 - (c) laboratory support;
 - (d) infection control measures;
 - (e) provision of medical services;

- (f) review of vaccination and medication strategies;
- (g) port health measures; and
- (h) communication.

Alert Response Level

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

- (a) DH will actively collaborate with relevant stakeholders, WHO and overseas health authorities to formulate the case definitions for local surveillance.

29.1 Surveillance

- (a) As the Viral Haemorrhagic Fever (which includes EVD) is a notifiable disease in Hong Kong (Schedule 1), all medical practitioners are required to report cases fulfilling the reporting criteria to DH.
- (b) DH will also –
 - (i) Keep in view any new surveillance definitions issued by WHO and modify local surveillance activities and communicate with relevant stakeholders.
 - (ii) Exchange information on EVD with the National Health Commission of the People's Republic of China ("NHC"), the Guangdong and Macao health authorities and other health authorities as appropriate on a timely basis.
 - (iii) Liaise with WHO and international health authorities to monitor the global spread and impact of EVD.

29.2 Investigation and control measures

- (a) DH will conduct epidemiological investigation of suspected cases of EVD and put contacts or other potentially exposed persons under medical surveillance as appropriate.

- (b) DH and the Leisure and Cultural Services Department (“LCSD”) and Civil Aid Service (CAS) will prepare and get ready to convert suitable holiday camps into quarantine centres.

29.3 *Laboratory support*

- (a) DH will –
 - (i) Review laboratory diagnosis strategy and enhance capacity in laboratory diagnostic services.
 - (ii) Conduct laboratory testing for the Ebola virus for any notified suspected case.
 - (iii) Liaise 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.

29.4 *Infection control measures*

- (a) DH will –
 - (i) issue guidelines and health advice to residential institutions, schools, relevant sectors and the general public, with the support of EDB, SWD and relevant government departments.
 - (ii) update healthcare workers’ knowledge on infection control measures for EVD.
 - (iii) arrange briefings for government departments and other relevant sectors on the infection control guidelines and the proper use of personal protective equipment (“PPE”).
- (b) DH and HA will review and promulgate enhanced infection control measures where necessary.
- (c) DH, SWD and HA will inspect and review stock of PPE as appropriate.

29.5 *Provision of medical services*

- (a) HA will –
 - (i) formulate clinical management guidelines on EVD.

- (ii) monitor daily bed occupancy, and review bed mobilisation and compliance with admission guidelines. Assess and plan for scaling down non-emergency activities.

29.6 *Review of vaccination and medication strategies*

- (a) DH will liaise with WHO and relevant experts on latest development on vaccine and recommendations on treatment whenever necessary.

29.7 *Port health measures*

- (i) 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).
- (ii) assess inbound travellers with fever or other symptoms of the infection at border control points.
- (iii) identify inbound travellers from affected countries / areas and enhance health education or surveillance of these travellers if necessary.
- (iv) refer suspected cases to HA Infectious Disease Centre at Princess Margaret Hospital for further management. Isolation order will be issued as required
- (v) closely follow the latest situation overseas and WHO's recommendation on port health measures.
- (vi) keep the travel sectors and border control points stakeholders updated of the disease situation.

29.8 *Communication*

- (a) DH will –
 - (i) keep local stakeholders (e.g. doctors, private hospitals, Chinese Medicine Practitioners, schools, ethnic groups, etc.) and the general public informed of latest developments.
 - (ii) 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 EVD and upload to the CHP website and upload information onto the 24-hour DH Health Education Hotline.

- (iii) 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.

- (iv) maintain close contact with the health authorities of Guangdong, Macao, the NHC and other health authorities as appropriate to monitor possible EVD cases occurring in the region.
- (v) send letters to medical laboratory sector reminding them the Schedule 2 of the Prevention and Control of Disease Ordinance (Cap. 599) has included the Ebola virus in the Schedule.

- (b) HA will promulgate health advice to clients.

- (c) HAD will gauge community concerns with regard to the local situation.

- (d) EDB will disseminate information to schools on preventing the spread of EVD in the premises.

- (e) 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 EVD in the centres.

Serious Response Level

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

30.1 Surveillance

- (a) DH will –
 - (i) notify WHO in accordance with International Health Regulations (2005) when locally confirmed cases are detected.
 - (ii) activate electronic platform for EVD, if any, with HA to ensure timely monitoring of cases and contacts.
 - (iii) liaise with HA’s information technology team on the updates of information systems for EVD as necessary.
 - (iv) work with HA to review surveillance criteria.
 - (v) further enhance surveillance activities, including zero reporting¹ from the public and private hospitals on EVD. Liaise with private hospitals to step up surveillance and reporting of EVD, and give advice on infection control based on guidelines issued by CHP.
 - (vi) closely monitor the risk assessment and advice from WHO and overseas situation for the possibility of sustained human to human transmission.

30.2 *Investigation and control measures*

- (a) DH will –
 - (i) conduct epidemiological investigation and contact tracing, put close contacts of confirmed cases of EVD under quarantine / medical surveillance; and other contacts under medical surveillance.
 - (ii) liaise with the Police to prepare for the activation of the “Major Incident Investigation and Disaster Support System” (“MIIDSS”) if necessary.
 - (iii) obtain advice from WHO and collaborate with local academics to conduct special studies as necessary.
 - (iv) liaise with FEHD / HD / building management to carry out disinfection of the building where the case was residing.
 - (v) activate the Multi-disciplinary Response Team to conduct building inspections as necessary.
 - (vi) liaise with LCSD and CAS for immediate conversion of designated holiday camps into quarantine centres, if such decision is made, and set up a Task Force on Camp

¹ 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.

Confinement to support the operation of the quarantine camp(s) and collate relevant statistics on camp confinees.

- (b) Relevant bureaux / departments to disseminate messages to frontline staff and activate respective departmental contingency plans (e.g. adequate supplies) wherever appropriate.

30.3 *Laboratory support*

- (a) DH will –
 - (i) review laboratory testing strategy to enhance effectiveness and timeliness of laboratory diagnosis of suspected cases of EVD.
 - (ii) liaise between the Public Health Laboratory Centre and HA's Laboratory Network and share technology with HA as appropriate.
 - (iii) conduct molecular characterization studies of the pathogen on any nucleic acid testing positive specimens.
 - (iv) liaise with WHO and overseas authorities for further analysis and discuss on diagnostic development as appropriate.
- (b) DH and HA will increase laboratory capacity as appropriate for testing to assist diagnosis.

30.4 *Infection control measures*

- (a) DH and HA will –
 - (i) review stock of PPE and whether more stringent standard of PPE is required for frontline staff directly involved in the care of patients of EVD, as appropriate.
 - (ii) enhance and / or review infection control measures according to the latest knowledge on the transmission route of EVD
- (b) HA will review visiting policy in its hospitals.

30.5 *Provision of medical services*

- (a) HA will –

- (i) consider setting up designated clinics and protocol for triaging patients with relevant symptoms at primary care level.
- (ii) isolate and treat confirmed cases in designated hospitals.
- (iii) update / revise clinical guidelines on management and related admission criteria for various specialties. Further reduce non-urgent and non-emergency services where necessary.
- (iv) in collaboration with DH, to provide situation updates to private sector and start discussion with private hospitals on patients' transfer / diversion.

30.6 *Review vaccination and medication strategies*

- (a) DH will liaise with WHO and relevant experts on the latest development and recommendations on the use of vaccines and / or medication. In case of emergency and when the use of unregistered drug is clinically indicated, DH would process the application from doctors for the import of unregistered drug for the use of their particular patient via the established mechanism as provided under the Pharmacy and Poisons Ordinance (Cap. 138).

30.7 *Port health measures*

- (a) DH will –
 - (i) review and modify existing port health measures and enact legislation, where necessary, in light of WHO's latest guidelines.
 - (ii) assist retrieval of flight manifests from airlines to facilitate tracing of flight contacts.
 - (iii) keep in view WHO's latest recommendations on port health measures, including measures to prevent exportation of cases from Hong Kong.

30.8 *Communication*

- (a) DH will activate relevant centres (e.g. Emergency Response Centre, Outbreak Intelligence Centre and Emergency Hotline Centre) for information, monitoring and response, if necessary.
- (b) HA will activate HA Emergency Operation Command Centre /

Major Incident Control Centre for information, monitoring and response, if necessary.

- (c) DH will communicate with and disseminate information to hospitals, medical professionals in the private sector and other healthcare workers.
- (d) Public communication will be strengthened –
 - (i) DH and HAD will set up a telephone hotline as required.
 - (ii) HHB and DH will conduct regular briefings to the press and legislators.
 - (iii) HAD will help disseminate information to public through District Offices network.
- (e) DH will also –
 - (i) together with HA, educate the public on use of PPE and practices.
 - (ii) together with HAD, monitor community response and concerns.
 - (iii) brief consulates and relevant businesses about the local situation.
 - (iv) liaise with WHO, Mainland authorities (such as NHC and relevant Customs of Mainland China), Macao and other health authorities on the local situation.
 - (v) liaise with WHO on international practice regarding travel advice and stay alert of possible travel advisories.
 - (vi) inform the respective Consulate if the confirmed case has overseas citizenship.
 - (vii) update the public and the media on the global and local situations.
 - (viii) update guidelines and arrange briefings and community education activities to various community sectors (e.g. District Councils).
 - (ix) update information of EVD on the DH Health Education Infoline.

30.9 When Ebola virus is identified in local animal population the following response measures will be implemented with a view to monitoring and / or eliminating the intermediate host and reservoirs–

- (a) AFCD will –
 - (i) step up surveillance and monitoring of local animal populations including pet shops and wholesale / retail market, where appropriate.
 - (ii) review veterinary laboratory diagnostic strategy and enhance testing capacity, where appropriate.
 - (iii) depopulate all quarantined animals and affected pet shops where appropriate, and suspend the import of live animals from the place of origin, where appropriate.
 - (iv) close and quarantine the affected pet shop(s) as well as any adjacent pet shops, where appropriate.
liaise with other animal care providers (including wholesalers and transporters), as well as NGOs involved in wild animal work (e.g. Kadoorie Farm and Botanic Garden and Ocean Park).
 - (v) inform WOAHA and local consulates about the local situation, and HHB will inform the Mainland authorities, as necessary.

- (b) FEHD will –
 - (i) step up surveillance and monitoring of imported food animals, where appropriate.
 - (ii) stay vigilant in monitoring the implementation of preventive measures and ongoing surveillance of animal population in retail outlets, and review the stock of PPE.
 - (iii) increase frequency of cleansing and disinfection in public places at specific locations concerned.

- (c) In addition, AFCD and FEHD will jointly undertake actions related to import control of pet and live animals respectively as necessary –
 - (i) monitor outbreaks in animals.
 - (ii) liaise with WOAHA or animal health authorities of the affected countries to ascertain the latest surveillance and epidemiological information.
 - (iii) suspend the import of live animals and / or animal meat / products from places with EVD outbreaks in animals.
 - (iv) 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.
- (v) inspect and review the stock of PPE for culling operations.
 - (vi) suspend the import of live animals and relevant meat / products from the Mainland.
 - (vii) remind the public through the media about proper vector / pest control and to avoid contact with wild animal faeces.
- (d) LCSD will strengthen the precautionary measures to ensure the health condition of its animal collections.
- (e) In addition to the activities carried out above, in the case of confirmed EVD in the natural environment, AFCD will undertake the following measures –
- (i) step up monitoring and surveillance of wild animals at the location where the infected wild animal(s) was / were found.
 - (ii) close and quarantine the infected area(s) as necessary according to the prevailing protocol.
 - (iii) remind the public through the media to avoid contact with wild animals and their excreta.
- (f) AFCD, and FEHD, 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.
- (g) When there is confirmation of EVD 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, camp confinement may be considered for asymptomatic persons who have direct contact with the sick or dead animal(s).

Emergency Response Level

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

31.1 Surveillance

- (a) DH will –
 - (i) monitor daily the number of detections of the Ebola virus from Public Health Laboratory Services Branch of CHP.
 - (ii) together with HA, monitor daily number of patients seen at Accident & Emergency Departments of hospitals and hospital admissions due to relevant symptoms.
 - (iii) together with HA, adjust surveillance mechanisms with reference to the latest recommendation(s) of the WHO.
 - (iv) collaborate with HA to monitor daily number of hospital admissions due to EVD.

31.2 Investigation and control measures

- (a) DH will –
 - (i) assess the state of disease spread and potential for pandemicity jointly with WHO and relevant experts, where appropriate.
 - (ii) conduct epidemiological studies to look into community sources and mode of transmission. Any suspected community sources will be thoroughly investigated.
 - (iii) 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.
 - (iv) work with MIIDSS to collect epidemiological data.
 - (v) 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.
- (b) HHB and DH will enact legislation as appropriate to enable enforcement of control measures.

31.3 Laboratory support

- (a) DH will –
 - (i) undertake virus detection and characterisation at appropriate scope and scale.

31.4 Infection control measures

- (a) HA will mobilise the PPE stockpile.

31.5 Provision of medical services

- (a) HA will –
 - (i) mobilise the capacity of isolation beds and management of confirmed and suspected cases.
 - (ii) 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 EVD.
 - (iii) mobilise convalescent hospitals / wards to increase capacity to treat acute cases.
 - (iv) review and promulgate updated guidelines and protocols on diagnosis, treatment and admission criteria.
- (b) DH and HA will review and update protocols on research projects in collaboration with academia, private sectors and international organisations, if necessary.
- (c) DH and HA will reprioritise their non-urgent and non-essential services.

31.6 Vaccination and medication

- (a) DH will liaise with WHO and relevant experts on the latest development and recommendations on the use of vaccines and / or medication. In case of emergency and when the use of unregistered drug is clinically indicated, DH would process the application from doctors for the import of unregistered drug for the use of their particular patient via the established mechanism as provided under the Pharmacy and Poisons Ordinance (Cap. 138).

31.7 Port health measures

- (a) DH will –
 - (i) subject to the recommendation of WHO, require transit

passengers to have their body temperature screened.

- (ii) subject to the recommendation of WHO, conduct temperature screening for outbound travellers to prevent exportation of disease via international travel.

31.8 *Communication*

- (a) DH will –
 - (i) provide daily updates of the course of the epidemic and governmental response plans and actions.
 - (ii) step up public education on use of PPE and practices.
 - (iii) educate the public regarding relevant symptoms and when and how to seek medical attention or treatment.
 - (iv) contact WHO on the subject of possible travel advisory against Hong Kong.
 - (v) 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.
 - (vi) update other government departments of the updated situation.
 - (vii) engage community NGOs and professional groups as partners in risk communication and health education.
- (b) HA will communicate closely with private health sector for sharing of expertise and diversion of workload.
- (c) HHB will facilitate the steering and implementation of a joint Government public relations strategy.

31.9 In case of zoonotic infection, when there is an outbreak of the EVD in animals in Hong Kong that may have close contact with the general population and there is ample evidence of animal to human transmission, the following response measures will be implemented regarding the incriminated animal –

- (a) AFCD will –
 - (i) step up monitoring and surveillance of pet shops.
 - (ii) step up monitoring and surveillance of wild animals in

- recreational parks in association with LCSD and wild animal parks.
 - (iii) give advice on and monitor pets in contact with infected animal or human cases as appropriate.
 - (iv) suspend the export health certification for incriminated non-food animals from Hong Kong.
 - (v) suspend the import of incriminated animals from country of origin, where appropriate.
 - (vi) enhance the diagnostic capacity of AFCD as appropriate.
- (b) FEHD will –
- (i) suspend the import of all live animals.
 - (ii) step up monitoring and surveillance of live animal retail outlets.
 - (iii) step up cleansing of live animal market.
- (c) AFCD and FEHD will –
- (i) liaise with other animal care providers (including retailers and wholesalers), as well as NGOs involved in wild animal work (e.g. Kadoorie Farm and Botanic Garden, Ocean Park).
 - (ii) inform WOA and local consulates; and also brief legislators, the community, the media and relevant businesses about the local situation as necessary.
- (d) AFCD and FEHD, in consultation with DH, will consider carrying out appropriate activities, including culling operation, having regard to the type of affected animals and the prevailing circumstances. DH, the Hong Kong Police Force, and other relevant departments will also assist in the implementation of culling operation. HA may provide treatment to staff or contacts presenting with symptoms.
- (e) The Environmental Protection Department will –
- (i) assist in the implementation of culling operation.
 - (ii) activate the emergency response plan for disposal of clinical waste.
 - (iii) communicate with and keep HA informed of the latest clinical waste handling arrangement from time to time.
 - (iv) coordinate with AFCD/FEHD for disposal arrangement of

other concerned solid waste generated from the culling operation.

- (f) DH will –
 - (i) with the support of HA, monitor hospital admission for workers with close contact to live animal.
 - (ii) consider sero-prevalence study, if available, on workers with close contact to live animal.
 - (iii) set up telephone hotlines to answer enquiries from workers with close contact to live animal.
 - (iv) inform WHO, Mainland authorities (such as the NHC and the Relevant Customs of Mainland), other health authorities and medical professionals and healthcare workers of the updated situation of local infection among the animals.

31.10 Other Measures

- (a) DH, EDB and LCSD will assess the need for closure of schools, public places, stopping public gatherings and curtailing non-essential activities and services.
- (b) SWD will provide relief measures, counselling services and temporary residential placement for needy persons.
- (c) FEHD will prepare for the 24-hour operation of the six crematoria.
- (d) HHB will prompt all Government agencies to respond according to their respective contingency plans.

32. 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 disrupted territory-wide infrastructures (including transportation, utilities, commerce and public safety). 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 or medicine against EVD (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 EVD. Laboratory characterization studies will be performed for selected cases.

**Health Bureau
Department of Health
July 2024**

List of Abbreviations

AFCD	Agriculture, Fisheries and Conservation Department
CAS	Civil Aid Service
CE	Chief Executive
CHP	Centre for Health Protection
DAFC	Director of Agriculture, Fisheries and Conservation
DFEH	Director of Food and Environmental Hygiene
DH	Department of Health
DoH	Director of Health
EDB	Education Bureau
EVD	Ebola virus disease
FEHD	Food and Environmental Hygiene Department
HA	Hospital Authority
HAD	Home Affairs Department
HD	Housing Department
HHB	Health Bureau
LCSD	Leisure and Cultural Services Department
MIIDSS	Major Incident Investigation and Disaster Support System
NGOs	Non-governmental organisations
NHC	National Health Commission of the People's Republic of China
OIE	World Organisation for Animal Health (Office International des Epizooties)
PPE	Personal Protective Equipment
S for Health	Secretary for Health
SWD	Social Welfare Department
WHO	World Health Organization