

本署檔號 Our Ref. : (48) in DH SEB CD/ 8/91/9  
來函檔號 Your Ref :  
電話 Tel. :  
傳真 Fax No. : (852) 2711 4847

October 6, 2010

Dear Doctor,

### **Removal of “Swine Influenza” from the list of Scheduled Infectious Diseases**

I write to draw your attention to the amendment of the Prevention and Control of Disease Ordinance (Cap. 599) by deleting “Swine Influenza” from Schedule 1 to the Ordinance. The amendment of the Schedule 1 to the Ordinance will be published in the Government Gazette on October 8, 2010. From October 8, 2010 onwards, you are no longer required by law to notify individual cases of “Swine Influenza” infection to the Department of Health.

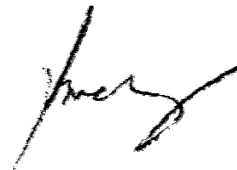
On August 10, 2010, the World Health Organization announced that the world was no longer in phase 6 of influenza pandemic alert, indicating that the human swine influenza (HSI) has run its course and the world is now moving into the post-pandemic period. Locally, the activity of HSI reached its peak in late September 2009. Since then, it has declined steadily and remained at a low level. Based on experience with past pandemics, the HSI virus is expected to take on the behaviour of a seasonal influenza virus and continue to circulate for some years to come. In view of the local as well as global situation of HSI, it is no longer necessary for “Swine influenza” to be included as one of the statutorily notifiable diseases.

A revised notification form is attached for your reference. Please be reminded that Influenza A (H2), Influenza A (H5), Influenza A (H7) and Influenza A (H9) are still notifiable according to the Ordinance. If you diagnose a notifiable disease, you should report the case to the Central



Notification Office (fax: 2477 2770, telephone: 2477 2772, or through CENO  
On-line at <https://ceno.chp.gov.hk>).

Yours faithfully,

A handwritten signature in black ink, appearing to read 'S K Chuang', written in a cursive style.

(Dr. S K Chuang)  
for Controller, Centre for Health Protection  
Department of Health

**FORM 2**  
**PREVENTION AND CONTROL OF DISEASE ORDINANCE**  
**(Cap. 599)**

**Notification of Infectious Diseases other than Tuberculosis**

**Particulars of Infected Person**

Name in English:	Name in Chinese:	Age / Sex:	I.D. Card / Passport No.:
Residential address:			Telephone No. (Home) :
Name and address of workplace / school:			(Mobile) :
Job title / Class attended:			(Office / school / others):
Hospital / Clinic sent to (if any):			Hospital / A&E No.:

Disease [“✓”] below Suspected / Confirmed on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Date: dd/mm/yyyy)

<input type="checkbox"/> Acute poliomyelitis <input type="checkbox"/> Amoebic dysentery <input type="checkbox"/> Anthrax <input type="checkbox"/> Bacillary dysentery <input type="checkbox"/> Botulism <input type="checkbox"/> Chickenpox <input type="checkbox"/> Chikungunya fever <input type="checkbox"/> Cholera <input type="checkbox"/> Community-associated methicillin-resistant <i>Staphylococcus aureus</i> infection <input type="checkbox"/> Creutzfeldt-Jakob disease <input type="checkbox"/> Dengue fever <input type="checkbox"/> Diphtheria <input type="checkbox"/> Enterovirus 71 infection <input type="checkbox"/> <i>Escherichia coli</i> O157:H7 infection <input type="checkbox"/> Food poisoning Number of persons known to be affected: ____ Place and district of consumption (e.g. “XX Restaurant in Mongkok”): _____ Date of consumption: _____	<input type="checkbox"/> <i>Haemophilus influenzae</i> type b infection (invasive) <input type="checkbox"/> Hantavirus infection <input type="checkbox"/> Influenza A(H2), Influenza A(H5), Influenza A(H7), Influenza A(H9) <input type="checkbox"/> Japanese encephalitis <input type="checkbox"/> Legionnaires' disease <input type="checkbox"/> Leprosy <input type="checkbox"/> Leptospirosis <input type="checkbox"/> Listeriosis <input type="checkbox"/> Malaria <input type="checkbox"/> Measles <input type="checkbox"/> Meningococcal infection (invasive) <input type="checkbox"/> Mumps <input type="checkbox"/> Paratyphoid fever <input type="checkbox"/> Plague <input type="checkbox"/> Psittacosis <input type="checkbox"/> Q fever	<input type="checkbox"/> Rabies <input type="checkbox"/> Relapsing fever <input type="checkbox"/> Rubella and congenital rubella syndrome <input type="checkbox"/> Scarlet fever <input type="checkbox"/> Severe Acute Respiratory Syndrome <input type="checkbox"/> Smallpox <input type="checkbox"/> <i>Streptococcus suis</i> infection <input type="checkbox"/> Tetanus <input type="checkbox"/> Typhoid fever <input type="checkbox"/> Typhus and other rickettsial diseases <input type="checkbox"/> Viral haemorrhagic fever <input type="checkbox"/> Viral hepatitis <input type="checkbox"/> West Nile Virus Infection <input type="checkbox"/> Whooping cough <input type="checkbox"/> Yellow fever
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Notified under the Prevention and Control of Disease Regulation by

Dr. \_\_\_\_\_ of \_\_\_\_\_ Hospital / Clinic / Private Practice  
 (Full Name in BLOCK Letters)

\_\_\_\_\_ Ward / Unit / Specialty on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Date: dd/mm/yyyy)

Telephone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

\_\_\_\_\_  
 (Signature)

Remarks:
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