監測及流行病學處



Protecting Hong Kong's health

Surveillance And Epidemiology Branch

Our Ref: DH SEB NCD/7/119/3/1C

21 September 2017

Dear Doctor,

Enhanced Water Quality Monitoring Programme Health Sector Response

I wish to draw your attention to the Government's recently announced Enhanced Water Quality Monitoring Programme (EWQMP, the "Programme") which will take effect in a few months. The EWQMP is part of the Government's overall improvement plan in response to recommendations made by the Commission of Inquiry into Excess Lead Found in Drinking Water. Under the Programme which is voluntary in nature, random water samples will be collected from consumers' drinking taps for testing six metals, namely antimony, cadmium, chromium, copper, lead and nickel that may be present in internal plumbing systems. Details of the Programme are available at the WSD's website: www.wsd.gov.hk/en/dwsewqmp.

In 2015, there was no local data pertaining to a similar type and extent of lead exposure through drinking water. The Government launched the voluntary blood lead level (BLL) screening programme to help understand the potential impact of exposure to excessive lead in drinking water on the health of exposed residents. After conducting 5,655 BLL tests, 165 persons, i.e. 2.9%, were found to have mildly elevated BLL (5.0 to 16.7 ug/dL). The observed mild elevation of BLL did not and is not expected to result in observable clinical features. For most people with elevated BLL, their BLL gradually returned to low levels as lead passed out of the body and further exposure to contaminated water had stopped. Given the mild elevation, no one required chelation therapy or any other specific treatment.



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Based on the above experience, it is considered that the most important element of clinical management is cessation of further exposure to lead contaminated water. Screening of BLL does not affect clinical management. Neither is it in line with

screening principles to perform routine BLL screening tests on asymptomatic individuals, including the more easily affected groups, which incur personal and public costs.

As for the other five metals, the World Health Organization's drinking water guideline values for these parameters are stringent and set at levels substantially lower than those causing clinical poisoning. The risk of causing harm to health from drinking contaminated water is very low. There is no scientific basis for biological screening in case of metal exposure in drinking water and similar screening programmes are not identified overseas.

That said, it will be advisable for persons with symptoms of metal poisoning or are unduly concerned about their health to consult their doctor for counseling and advice. To familiarise doctors with clinical management of persons who have been exposed to water contaminated by these metals, in particular lead, the Department of Health, in collaboration with the Hospital Authority, has developed a practical management guide for doctors' reference available at the Centre for Health Protection website (http://www.chp.gov.hk/en/view_content/40434.html). The same site will soon be enriched with information and materials developed for training sessions organised for primary care doctors, which will be held in the coming months. Invitations will be issued in due course.

I look forward to seeing you at the training sessions.

Yours faithfully,

(Dr. Regina CHING)

for Controller, Centre for Health Protection

Department of Health



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