

**PREPAREDNESS AND RESPONSE PLAN FOR MPOX
THE GOVERNMENT OF THE HONG KONG
SPECIAL ADMINISTRATIVE REGION**

I. INTRODUCTION

Mpox (also known as monkeypox) is a zoonosis caused by monkeypox virus. Infection could occur when a person comes into contact with the virus from infected animals, infected humans or contaminated materials. Humans could get infected from various wild animals, such as some species of non-human primates and rodents, etc., through bite or scratch, or direct contact with their body fluids. According to the World Organisation for Animal Health (“WOAH”), so far there is no documented evidence of domestic animals, such as cats and dogs, being affected by monkeypox virus. There is also no evidence or reports of livestock infected with monkeypox virus. Human-to-human transmission is also possible through respiratory droplets during prolonged face-to-face contact or direct contact with body fluids. Transmission can also occur via the placenta from mother to fetus (congenital mpox). The incubation period is usually from 6 to 13 days, with a range from 5 to 21 days. The longest documented chain of transmission in a community was nine successive person-to-person infections.

2. The virus was first discovered in 1958 at an animal facility in Denmark. The nature reservoir of monkeypox virus remains unknown, though wild rodents are the most likely. Since first reported in humans in 1970 in the Democratic Republic of Congo, most of the reported outbreaks have occurred in Central and West Africa where the disease is endemic. In 2003, the first mpox outbreak outside of Africa was recorded in the United States of America affecting over 70 cases which was linked to contact with infected pet prairie dogs. These pets had been housed with Gambian pouched rats and dormice imported from Ghana. Mpox has also been reported in travellers from Nigeria to Israel in September 2018, to the United Kingdom in September 2018, December 2019, May 2021 and May 2022, to Singapore in May 2019, and to the United States of America in July and November 2021. Since May 2022, cases of mpox have been reported in non-endemic countries

in Europe, North America and Australia. According to the World Health Organisation (“WHO”), cases have mainly but not exclusively been identified amongst men who have sex with men seeking medical help in primary care and sexual health clinics. The situation is evolving and WHO expects there will be more cases of mpox identified as surveillance expands in non-endemic countries.

3. Mpox is usually a self-limited disease. For some patients, the first few days after infection with mpox are characterised by fever, intense headache, sore throat, myalgia and lymphadenopathy. The rashes appear about 1 to 3 days after onset of fever. For others, the first symptom could be a rash. The lesions progress from maculopapules to vesicles, pustules and followed by crusts within a period of 10 days to two weeks and the lesions typically progress simultaneously at all parts of the body. Severe cases occur more commonly among children and are related to the extent of virus exposure, patient health status and nature of complications. The case fatality ratio of mpox has varied between 0 and 11 % in the general population, and has been higher among young children.

4. Vaccination against smallpox with Vaccinia vaccine was demonstrated to be about 85% effective in preventing mpox. Persons younger than 40 or 50 years of age may be more susceptible to mpox as a result of the termination of routine smallpox vaccination worldwide after the eradication of smallpox. Although one vaccine, namely JYNNEOS^{TM1} (MVA-BN, also known as Imvamune or Imvanex²) and one specific treatment (Tecovirimat^{3,4}) were approved for mpox, in 2019 and 2022 respectively, related pharmaceutical products are not widely available around the world and are currently not registered in Hong Kong.

5. To ensure that the Government of the Hong Kong Special Administrative Region (“HKSARG”) is equipped with the core capacities to prevent, detect, characterise and respond quickly, efficiently and in a coordinated manner to a mpox outbreak in order to reduce mortality and

¹ <https://www.fda.gov/vaccines-blood-biologics/jynneos>

² <https://www.cdc.gov/smallpox/clinicians/vaccines.html>

³ <https://www.globenewswire.com/news-release/2022/01/10/2363875/9738/en/SIGA-Technologies-Receives-Approval-from-the-European-Medicines-Agency-for-Tecovirimat.html>

⁴ <https://www.ema.europa.eu/en/medicines/human/EPAR/tecovirimat-siga>

morbidity, this document sets out a preparedness and response plan of the HKSARG (“the Plan”) when mpox may have significant public health impact to Hong Kong. Whether to activate this plan depends on a comprehensive risk assessment based on the following 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 mpox 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 WOAHA.

6. The Plan defines the response levels and the corresponding command structures to be set up at each response level. 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 mpox. 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.

7. The Plan includes the following key features –
- (a) three-tier response level system with each level representing a graded risk of mpox 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 (“B/Ds”) to be involved.

II. GOVERNMENT'S RESPONSE LEVELS

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

9. The Department of Health (“DH”) will assess the local and overseas epidemiology of mpox, particularly in human population. The Agriculture, Fisheries and Conservation Department (“AFCD”) and the Food and Environmental Hygiene Department (“FEHD”) will assess the local and overseas epidemiology of mpox in wild/pet and food animal populations respectively. The Director of Health (“DoH”), as well as the Director of Agriculture, Fisheries and Conservation (“DAFC”) and/or the Director of Food and Environmental Hygiene (“DFEH”) as appropriate, will advise the Secretary for Health (“S for Health”) on the **activation** of appropriate response level.

10. When the situation scales down, DoH and DAFC/DFEH 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

11. Alert Response Level corresponds to a situation where the immediate health impact caused by mpox on local population is low. Generally, it depicts a situation when there is an imported human case and/or epidemiologically linked cases or an imported animal case.

12. S for Health may activate or stand down this response level upon the advice of the DAFC/DFEH and/or DoH.

13. DAFC/DFEH and/or DoH will consider the key factors mentioned in paragraph 5 in conducting the risk assessment for formulation of the advice.

Serious Response Level

14. Serious Response Level corresponds to a situation where the risk of health impact caused by mpox infection on local population in Hong Kong is **moderate**. Generally, it depicts a situation when there is evidence of apparently unlinked sporadic cases/clusters of cases in the community or infected animals epidemiologically linked to human or imported animal cases.

15. S for Health may activate or stand down this response level upon the advice of the DAFC/DFEH and/or DoH.

16. DAFC, DFEH and DoH will consider the key factors mentioned in paragraph 5 in conducting the risk assessment for formulation of the advice.

Emergency Response Level

17. Emergency Response Level corresponds to a situation where the risk of health impact caused by mpox infection on local population in Hong Kong is **high and imminent**. Generally it depicts a situation when there is evidence of spread in a healthcare facility, or imminent risk of sustained transmission in the community; or finding of infected animals in the community which are not epidemiologically linked to human or imported animal cases.

18. The CE 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 5 in conducting the risk assessment to support S for Health in the formulation of advice.

Adjustment of Response Levels

19. 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

20. 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) DH;
- (b) Hospital Authority (“HA”);
- (c) AFCD; and
- (d) FEHD.

Serious Response Level

21. 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.

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

- (a) Permanent Secretary for Security;
- (b) Permanent Secretary for Health;
- (c) Permanent Secretary for Environment and Ecology (Food);
- (d) Permanent Secretary for Education;
- (e) Permanent Secretary for Culture, Sports and Tourism;
- (f) Under Secretary for Health;
- (g) DoH;
- (h) Director of Social Welfare (“DSW”);
- (i) DAFC;
- (j) DFEH;
- (k) Director of Leisure and Cultural Services;
- (l) Director of Information Services (“DIS”);

- (m) Director of Home Affairs (“DHA”);
- (n) Director of Government Logistics (“DGL”);
- (o) Government Property Administrator (“GPA”);
- (p) Commissioner for Tourism;
- (q) Controller, Centre for Health Protection (“CCHP”);
- (r) Controller, Centre for Food Safety; and
- (s) Chief Executive of HA.

23. 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

24. At the Emergency Response Level, the Steering Committee will be chaired by the CE (or a delegate) with HHB providing secretariat support.

25. 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) DAFC;
- (i) DFEH;
- (j) DIS;
- (k) DHA;
- (l) DGL;
- (m) DSW
- (n) GPA;
- (o) CCHP; and
- (p) Chief Executive of HA.

26. 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.

27. 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 B/Ds and non-government experts to join the sub-committees.

IV. PUBLIC HEALTH RESPONSE MEASURES

28. **All relevant government B/Ds** are advised to draw up contingency plans in response to mpox infection to ensure coordinated responses and essential services in the Government and in major business sectors. All relevant B/Ds 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).

29. **All relevant government B/Ds** 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 mpox 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 mpox 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 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 mpox in the workplace.
- (f) The Transport Department will disseminate information to the transport sector on preventing the spread of mpox on public transport service vehicles and ferries.
- (g) The Home Affairs Department (“HAD”) will disseminate information to property management companies, owners’ corporations and mutual aid committees through District Offices network on mpox prevention measures.
- (h) FEHD will carry out regular inspection to licensed food premises to ensure that the operators keep their premises and equipment clean, and maintain hygiene practices in handling food. FEHD will take enforcement actions on breaches of 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 and other relevant government departments will organise health education activities and provide health advice on mpox 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) Leisure and Cultural Services Department (“LCSD”) will disseminate information to staff of all districts and sections on preventing the spread of mpox 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. Provide venues for conducting roving exhibitions on the control and prevention of mpox infection.

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

30. 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) Vaccination and medication;
- (g) Port health measures; and
- (h) Communication.

Alert Response Level

31. At the Alert Response Level, DH will actively collaborate with relevant stakeholders, WHO and overseas health authorities to formulate the case definitions for local surveillance.

31.1 Surveillance

- (a) DH will –
 - (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 mpox with the National Health Commission (“NHC”) of the People’s Republic of China, and the Guangdong and Macao health authorities on a timely basis.

- (iii) liaise with WHO and international health authorities to monitor the global spread and impact of mpox infection.

31.2 *Investigation and control measures*

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

31.3 *Laboratory support*

- (a) DH will –
 - (i) review laboratory diagnosis strategy and enhance capacity in laboratory diagnostic services, including acquiring detection, confirmatory and pathogen characterisation techniques, and stockpiling necessary reagents.
 - (ii) conduct laboratory testing for monkeypox virus as required, including testing for HA and private hospitals to enhance laboratory surveillance on monkeypox virus.
 - (iii) develop laboratory diagnostic criteria between the Public Health Laboratory Centre and HA's Laboratory Network and transfer test technology to HA as necessary.
 - (iv) strengthen liaison with WHO and overseas counterparts to obtain updated information.

31.4 *Infection control measures*

- (a) DH will –
 - (i) issue guidelines and health advice to residential institutions, schools and the general public, with the support of EDB and SWD and relevant government departments.
 - (ii) update healthcare workers' knowledge on infection control measures for the type of mpox infection concerned.

- (iii) arrange briefings for government departments 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.

31.5 Provision of medical services

- (a) HA will –
 - (i) stockpile appropriate medications for public hospitals and clinics.
 - (ii) formulate clinical management guideline on mpox infection and community acquired infections.
 - (iii) monitor daily bed occupancy, and review bed mobilisation and compliance with admission guidelines. Assess and plan for scaling down non-emergency activities.

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.

31.7 Port health measures

- (a) DH will –
 - (i) 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) enhance health surveillance measures at border control points (“BCP”) by referring inbound travellers fulfilling referral criteria as agreed with HA to public hospitals for isolation and

further management.

- (iii) closely follow the latest overseas authorities' and WHO's recommendations on port health measures.
- (iv) keep the travel industry and BCP stakeholders updated of the disease situation.

31.8 *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 mpox infection and upload to the CHP website and upload information onto the DH Health Education Infoline.
 - (iii) maintain close liaison with overseas healthcare authorities and WHO to obtain latest information and expert advice (e.g. travel advice).
 - (iv) provide materials to inform doctors, dentists, other health care professionals, private hospitals and institutions and the public of the latest situation.
 - (v) maintain close contact with the health authorities of Guangdong, Macau and the NHC to monitor possible mpox infection cases occurring in the region.
 - (vi) send letters to medical laboratory sector regarding amendment to Schedule 1 of Cap. 599 to include mpox as a statutorily notifiable disease if necessary.
- (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 mpox infection in the premises.
- (e) HA and SWD will liaise with medical professionals and other healthcare providers.

31.9 *The following response measures will be implemented with a view to monitoring and/or eliminating the intermediate host and reservoirs–*

- (a) AFCD will –
 - (i) advise pet traders and importers, veterinary clinics as well as relevant organisations and universities which may be involved in keeping or handling susceptible animal species to maintain alert and immediately report on any irregularities observed or suspected case(s) of mpox.
 - (ii) carry out surveillance and monitoring of susceptible wild animal populations, pet shops selling rodents and wild animal rescue centres, where appropriate.
 - (iii) review veterinary laboratory diagnostic strategy and make preparation to enhance capacity in laboratory diagnostic services.
 - (iv) conduct laboratory testing for monkeypox virus in animals as required.
 - (v) take appropriate measures, such as isolation of infected animals, to contain infection if animal cases are found.
 - (vi) close the affected pet shop(s) as well as any adjacent or epidemiologically linked pet shops, put the animals under quarantine and arrange testing of the animals, where appropriate.
 - (vii) suspend the import of susceptible live animal species which have been shown to present a risk of infection to humans or other animals from countries/places where mpox is spreading in animals, with reference to the risk assessment and/or advice of the WOAHA.

- (viii) inform WOAHA, local consulates and relevant Mainland authorities (through HHB) about the local situation as appropriate.
 - (ix) advise the public through the media to observe good hygiene practices after handling their pet animals and to avoid contact with wild animals and their excreta.
- (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 poultry population in retail outlets, and review the stock of PPE.
 - (iii) increase frequency of cleansing and disinfection in public places at specific locations concerned, as necessary.
- (c) LCSD will strengthen the precautionary measures to ensure the health condition of animal collections.
- (d) 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.
- (e) When there is confirmation of the monkeypox virus in animals in Hong Kong, DH will conduct contact tracing and medical surveillance for persons who come into contact with animal(s) confirmed to be infected and presenting a risk of onward transmission. Depending on the risk assessment, vaccination or antiviral chemoprophylaxis, if available, and camp confinement may be considered for asymptomatic persons who have direct contact with the infected animal(s).

Serious Response Level

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

32.1 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 mpox infection, 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 mpox infection as necessary.
 - (iv) work with HA to review surveillance criteria.
 - (v) further enhance surveillance activities, including zero reporting⁵ from the public and private hospitals on mpox infection.
 - (vi) liaise with private hospitals to step up surveillance and reporting of mpox, and give advice on infection control based on guidelines issued by CHP.
 - (vii) closely monitor the risk assessment and advice from WHO and overseas situation for the possibility of sustained human to human transmission.

32.2 Investigation and control measures

- (a) DH will –
 - (i) conduct epidemiological investigation and contact tracing of staff/patients meeting the agreed surveillance case definition with the hospitals.
 - (ii) put close contacts of confirmed cases of mpox infection under quarantine/medical surveillance; and other contacts under medical surveillance.

⁵ 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.

- (iii) obtain advice from WHO and collaborate with local academics to conduct special studies as necessary.
 - (iv) liaise with FEHD / Housing Department / Housing Authority to carry out disinfection of the household/building where the case was residing.
 - (v) activate the Multi-disciplinary Response Team to conduct building inspections as necessary.
 - (vi) liaise with LCSD 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.
- (b) HAD will assist in the implementation of quarantine/relief measures in cooperation/coordination with DH and SWD as appropriate.
- (c) Relevant B/Ds to disseminate messages to frontline staff and activate respective departmental contingency plans (e.g. adequate supplies) wherever appropriate.

32.3 *Laboratory support*

- (a) DH will –
 - (i) review laboratory testing strategy to enhance effectiveness and timeliness of laboratory diagnosis of suspected cases of mpox infection.
 - (ii) review diagnostic criteria between the Public Health Laboratory Centre and HA's Laboratory Network and share technology with HA.
 - (iii) perform specific serology for the monkeypox virus on need basis as available.
 - (iv) conduct characterization studies of the pathogen on any culture isolates/positive specimens.
 - (v) liaise with WHO and overseas authorities for further analysis and discuss on diagnostic development as appropriate.

- (b) DH and HA will increase laboratory capacity for testing to assist diagnosis.

32.4 *Infection control measures*

- (a) DH and HA will –
 - (i) review stock of PPE.
 - (ii) enhance and/or review infection control measures according to the latest knowledge on the transmission route of the monkeypox virus.
- (b) HA will review visiting policy in its hospitals.
- (c) GLD will provide support services in procurement of PPE and emergency items and transportation, if necessary, on the advice of relevant B/Ds e.g. HHB and DH.
- (d) GPA will identify suitable government-owned premises under its purview or, if unavailable, leased commercial/storage premises to meet the accommodation needs of user B/Ds for storage of anti-epidemic supplies and setting up of operational/support offices/centres (i.e. investigation/tracing/command offices, hotline centres and vaccination centres) in combating mpox.

32.5 *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) provide situation updates to private sector and start discussion with private hospitals on patients' transfer/diversion.

32.6 *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.

32.7 *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 recommendations.
 - (ii) assist in the retrieval of flight manifests from airlines to facilitate tracing of flight contacts.

32.8 *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 personal protective equipment 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 the relevant Customs of Mainland), 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).

32.9 When there is an outbreak of mpox 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 subject animal –

- (a) AFCD will –
 - (i) step up liaison and communication with pet traders and importers, veterinary clinics as well as relevant organisations (e.g. SPCA, KFBG, Ocean Park Conservation Foundation Hong Kong and universities) which may be involved in keeping or handling susceptible animal species and advise them on the latest situation, to stay vigilant and to immediately report on any irregularities observed or suspected case(s) of mpox.

- (ii) step up monitoring and surveillance of susceptible wild animal populations, pet shops selling rodents and wild animal rescue centres, where appropriate.
 - (iii) enhance the diagnostic capacity of AFCD and step up testing of monkeypox virus in animals as necessary.
 - (iv) give advice on and monitor pet animals in contact with infected human or animal cases.
 - (v) take appropriate measures, such as isolation of infected animals, to contain infection if animal cases are found.
 - (vi) close the affected pet shop(s) as well as any adjacent or epidemiologically linked pet shops, put the animals under quarantine and arrange testing of the animals, where appropriate.
 - (vii) suspend the import of susceptible live animal species which have been shown to present a risk of infection to humans or other animals from countries/places where mpox is spreading in animals, with reference to the risk assessment and/or advice of the WOAAH.
 - (viii) inform WOAAH, local consulates and relevant Mainland authorities (through HHB), and brief legislators, the community, the media and relevant parties about the local situation as appropriate.
 - (ix) step up dissemination of relevant information and provision of advice to the public through the media and other channels as appropriate.
- (b) FEHD will –
- (i) suspend the import of all affected live food animals.
 - (ii) step up monitoring and surveillance of live poultry at retail outlets.
- (c) AFCD and FEHD, in consultation with DH, will consider implementing and/or adjusting as necessary the measures set out in the preceding paragraph having regard to the type of affected animals and the prevailing circumstances.

- (d) DH will –
 - (i) with the support of HA, monitor hospital admission for workers with close contact to live animal.
 - (ii) conduct surveillance for workers with close contact to live animal of affected premises.
 - (iii) consider sero-prevalence study, if available, on workers with close contact to live animal.
 - (iv) monitor health status of cullers.
 - (v) provide antiviral prophylaxis/vaccination to cullers as appropriate.
 - (vi) set up telephone hotlines to answer enquiries from workers with close contact to live animal and cullers.
 - (vii) 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.

- (e) SWD will provide relief measures, counselling services and temporary residential placement for needy persons.

Emergency Response Level

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

33.1 Surveillance

- (a) DH will –
 - (i) monitor daily the number of detections of the monkeypox 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 mpox infection.

33.2 *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) 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.

33.3 *Laboratory support*

- (a) DH will –
 - (i) undertake virus detection and characterisation at appropriate scope and scale.
 - (ii) perform antiviral resistance and vaccine immunogenicity study as appropriate.

33.4 *Infection control measures*

- (a) HA will mobilise the PPE stockpile.

33.5 *Provision of medical services*

- (a) HA will –
 - (i) stretch 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 mpox infection.
 - (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.

33.6 *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.

33.7 *Port health measures*

- (a) DH will keep in view WHO's latest recommendations on port health measures, including measures to prevent exportation of cases from Hong Kong.

33.8 *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 personal protective equipment and practices.
 - (iii) educate the public regarding self-management of relevant symptoms and when and how to seek 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 workload.
- (c) HHB will facilitate the steering and implementation of a joint government public relations strategy.

33.9 *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) AFCD will implement and step up as necessary the measures set out in paragraph 32.9 having regard to the prevailing circumstances.
- (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.

- (e) GLD will provide support services in procurement of PPE and emergency items and transportation, if necessary, on the advice of relevant B/Ds e.g. HHB and DH.
- (f) GPA will identify suitable government-owned premises under its purview or, if unavailable, leased commercial/storage premises to meet the accommodation needs of user B/Ds for storage of anti-epidemic supplies and setting up of operational/support offices/centres (i.e. investigation/tracing/command offices, hotline centres and vaccination centres) in combating mpox.

34. 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.

Health Bureau
Department of Health
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