

[Appeal for information on missing man in Sheung Shui \(with photo\)](#)

Police today (April 1) appealed to the public for information on a man who went missing in Sheung Shui.

Lau Pui-yin, aged 37, went missing after he was last seen in San Wan Road on March 29 night. His family made a report to Police yesterday (March 31).

He is about 1.8 metres tall, 65 kilograms in weight and of thin build. He has a long face with yellow complexion and short black hair. He was last seen wearing a long-sleeved shirt with black, grey and white stripes, a black trousers and black shoes.

Anyone who knows the whereabouts of the missing man or may have seen him is urged to contact the Regional Missing Person Unit of Kowloon West on 3661 8035 or 9020 6542 or email to rmpu-kw-2@police.gov.hk, or contact any police station.



[Update on measles cases](#)

The Centre for Health Protection (CHP) of the Department of Health (DH) is today (April 1) investigating two additional cases of measles infection involving workers at Hong Kong International Airport (HKIA).

â€‹ The first case involves a 37-year-old man with good past health, who

developed fever on March 28 and rash on March 30. He consulted a general practitioner on March 28 and sought medical attention at the Accident and Emergency Department at Princess Margaret Hospital on March 30 and was admitted for treatment. A laboratory test of his respiratory specimen was positive for measles virus. He has been in a stable condition and could not recall measles vaccination history. He had no travel history during the incubation period or the communicable period.

The second case involves a 24-year-old woman with good past health, who developed fever on March 26 and rash on March 29. She sought medical attention at the Accident and Emergency Department at Yan Chai Hospital on the same day and was admitted for treatment. A laboratory test of her respiratory specimen was positive for measles virus. She has been in a stable condition and had received two doses of measles vaccination. She had travelled to Shenzhen during the incubation period but had no travel history during the communicable period.

According to the patients, both of them did not have contact with measles patients during the incubation period. Their home contacts have remained asymptomatic so far and have been put under medical surveillance.

Upon notification of the cases, the CHP immediately commenced epidemiological investigations and conducted relevant contact tracing. Initial investigations revealed that no contact has shown measles-related symptoms so far. The public places the patients visited during the communicable period are listed in the appendix.

The DH anticipates that the measles outbreak at the airport will not be concluded in the near future, hence the control measures at the airport including vaccination and blood testing services will continue for a period of time till further notice. Detailed arrangement will depend on the latest situations and will be announced in due course.

"In view of the tight supply of measles vaccines around the globe currently, the DH has to reserve vaccines for people who are most in need and arrange vaccination for those who do not have sufficient immunity against measles in a more effective and timely manner," the spokesman said.

From today to April 4, the vaccination quota for the measles vaccination stations at the airport is set at 500 doses daily. Eligible airport staff will be limited to the following target groups:

- (1) Born in or after 1967, and have not received two doses of measles vaccination, and have not been infected with measles before, and with evidence of living with infants under 1-year-old or living with pregnant women; or
- (2) Have laboratory evidence of testing not positive against measles antibody (IgG).

Details of evidence are as follows:

(a) Supporting documents for living with infants under 1-year-old: for example birth certificate, discharge summary or vaccination card of the infant

(b) Supporting documents for living with pregnant women: for example, positive pregnancy tests or antenatal follow-up cards of the pregnant women

(c) Supporting documents for laboratory evidence: for example blood results from the DH's measles serology test or any laboratory within the past 12 months

The vaccination arrangements at the airport vaccination stations are as follows:

Venue:	Port Health Office Health Post (South Arrival Apron Passenger Vehicle Lounge, Level 4, Terminal 1)
	Multi-function Room, HKIA Tower (Level 5, Terminal 2)
Hours:	April 2 to 4 10am to 1pm 2pm to 5pm 6pm to 9pm

A total of 144 persons received measles vaccination at the vaccination stations as at 5pm today, bringing the cumulative number of vaccinations given to 7 502. A hotline (2125 1122) has been set up for public enquiries and operates from 9am to 5.45pm daily. As of 5pm today, the hotline had received a total of 2 491 enquiries.

The spokesman reiterated that for airport staff who do not belong to the target groups, there is no pressing need for them to receive measles vaccination and resources should be reserved for those in most need.

In addition, the DH will continue with the provision of a measles serology test service for airport staff belonging to target group (1) to identify those who need measles vaccination. The DH will be able to provide blood test service to around 100 airport staff daily tomorrow to April 4. Fifteen blood samples have been collected today.

The blood test station is located at the south side before the Immigration Hall at Level 3 of Terminal 2 (non-restricted area). The station will be open from 10am to 1pm and 2pm to 4pm. The DH will notify the participants individually of the serology results by phone.

[CE to visit Japan](#)

The Chief Executive, Mrs Carrie Lam, will depart for Tokyo, Japan, on

April 7 to attend the Symposium on the Guangdong-Hong Kong-Macao Greater Bay Area jointly organised by the governments of Guangdong, Hong Kong and Macao on April 9. The Governor of Guangdong Province, Mr Ma Xingrui, and the Secretary for Administration and Justice of the Macao Special Administrative Region Government, Ms Sonia Chan, will also attend the symposium.

While in Japan, Mrs Lam will meet with the Prime Minister of Japan, Mr Shinzo Abe, and the Minister for Foreign Affairs, Mr Taro Kono. She will also meet with leaders of the business sector as well as organisations and institutions in relation to innovation and technology (I&T), and visit I&T, elderly care and medical facilities.

Mrs Lam will return to Hong Kong on April 9 afternoon. During her absence, the Chief Secretary for Administration, Mr Matthew Cheung Kin-chung, will be the Acting Chief Executive.

Secretary for Justice visits Islands District (with photos)

The Secretary for Justice, Ms Teresa Cheng, SC, visited Islands District today (April 1) to see the latest developments in the district. She also met with young people and District Council members during her visit.

Accompanied by the Chairman of the Islands District Council, Mr Chow Yuk-tong, and the District Officer (Islands), Mr Anthony Li, Ms Cheng visited the Neighbourhood Advice-Action Council Tung Chung Integrated Services Centre. With government funding, the council set up the TOUCH – Support Service Centre for Ethnic Minorities on-site. Cantonese lessons, interest classes and cultural exchange activities are arranged for the ethnic minorities in Tung Chung. In addition, the Centre provides a range of support services and assistance to families and residents in need.

Ms Cheng then proceeded to YMCA of Hong Kong Christian College to meet with students. She chatted with them and listened to their views on studies and extracurricular activities.

Before concluding her visit, Ms Cheng met with Islands District Council members and exchanged views on issues of concern.



[CHP investigates case of invasive meningococcal infection](#)

The Centre for Health Protection (CHP) of the Department of Health is today (April 1) investigating a case of invasive meningococcal infection, a communicable disease transmitted by direct contact with droplets from carriers or infected persons.

The case involves a 26-year-old woman with underlying chronic illness, who had presented with fever, vomiting and headache since March 27. She attended the Accident and Emergency Department at Princess Margaret Hospital and was admitted for treatment on the same day. Her clinical diagnosis was meningococcaemia. The patient is now in a stable condition.

Her blood specimen tested positive for *Neisseria meningitidis* upon laboratory testing.

Initial enquiries revealed that the patient had no travel history during the incubation period. Her home contacts have remained asymptomatic so far. The CHP's investigation is continuing.

"Meningococcal infection is caused by a bacterium known as

meningococcus. It is mainly transmitted by direct contact through respiratory secretions, including droplets from the nose and throat, from infected persons. The incubation period varies from two to 10 days, and is commonly three or four days," a spokesman for the CHP said.

The clinical picture may vary. Severe illness may result when the bacteria invade the bloodstream (meningococcaemia) or the membranes that envelop the brain and spinal cord (meningococcal meningitis).

Meningococcaemia is characterised by sudden onset of fever, intense headache, purpura, shock and even death in severe cases. Meningococcal meningitis is characterised by high fever, severe headache and stiff neck followed by drowsiness, vomiting, fear of bright light, or a rash. It can cause brain damage or even death. The brain damage may lead to intellectual impairment, mental retardation, hearing loss and electrolyte imbalance. Invasive meningococcal infections can be complicated by arthritis, inflammation of the heart muscle, inflammation of the posterior chamber of the eye or chest infection.

Meningococcal infection is a serious illness. Patients should be treated promptly with antibiotics.

To prevent meningococcal infection, members of the public are advised to take heed of the following measures:

- Wash hands with liquid soap and water properly, especially when they are dirtied by respiratory secretions, e.g. after sneezing, and clean hands with alcohol-based handrub when they are not visibly soiled;
- Cover the nose and mouth while sneezing or coughing, hold the spit with a tissue, dispose of nasal and mouth discharges in a lidded rubbish bin, and wash hands immediately;
- Avoid crowded places;
- Avoid close contact with patients who have fever or severe headache;
- Travellers to high-risk areas may consult doctors for meningococcal vaccination; and
- Travellers returning from high-risk areas should seek medical advice if they become ill and should discuss their recent travel history with their doctor.

The public may visit the CHP's [website](#) for more information on meningococcal infection.