

LC Urgent Q1: Tackling the outbreak of measles epidemic

Following is an urgent question by Dr the Hon Elizabeth Quat under Rule 24(4) of the Rules of Procedure and a reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (March 27):

Question:

Measles is a highly contagious disease which may cause various kinds of complications and even death. It has been reported that the Centre for Health Protection (CHP) has confirmed that there is a recent outbreak of measles epidemic. This year up to the present, more than 20 confirmed cases of measles infection have been recorded, and a number of those who have contracted the disease work in the airport. The Director of the Carol Yu Centre for Infection of the University of Hong Kong has pointed out that there may be a second-round spread of measles and the situation is bleak. Regarding the immediate measures to tackle the outbreak of measles epidemic, will the Government inform this Council:

(1) given that members of the public born before 1967 did not receive measles vaccination in their childhood, whether the Government will immediately conduct measles antibody tests and provide measles vaccination for such members of the public for free; if so, of the details; if not, the reasons for that;

(2) whether it will immediately request airline companies to step up cleansing and disinfection of cabins of aircraft departing from and arriving in Hong Kong; if so, of the details; if not, the reasons for that; and

(3) whether CHP will immediately classify the measles response level as "emergency" and announce in a timely manner the latest development of the measles epidemic and the corresponding measures, so as to allay the concern of the public and visitors; if so, of the details; if not, the reasons for that?

Reply:

President,

Measles is a highly infectious disease caused by the measles virus. It can be transmitted by airborne droplet spread or direct contact with nasal or throat secretions of infected people, and, less commonly, by articles soiled with nasal or throat secretions. Generally speaking, a patient can pass the disease to other people from four days before to four days after the appearance of skin rash. The incubation period normally ranges from seven to 18 days, but can be up to 21 days. Although there is no specific treatment, drugs may be prescribed to reduce the symptoms of measles, and antibiotics

may be used to treat bacterial complications. My reply to the three parts of the question on the control measures taken in Hong Kong is as follows:

(1) Vaccination is the most effective way to prevent measles. Measles vaccination has been in use in Hong Kong for about 50 years. Since 1967, measles vaccination has been incorporated into the Hong Kong Childhood Immunisation Programme, under which a dose of measles vaccine is given to infants aged six months to one year for free. From 1997 onwards, two doses of vaccine are given to children for free, one at one year old and the other at Primary 1. From July to November in 1997, the Department of Health conducted the Special Measles Vaccination Campaign, under which a dose of measles-containing vaccine was given to over a million children and youngsters aged one to 19 (Note) who had not received the second dose of vaccine.

Generally speaking, it is expected that the majority of the people born before 1967 in Hong Kong already have antibodies against measles from previous infections. Those who have received two doses of measles-containing vaccine, including the majority of the people born in 1985 or after and attended primary school in Hong Kong, will normally have sufficient protection against measles.

In fact, the incidence rate of measles in Hong Kong has decreased substantially since the introduction of measles vaccine in 1967. As revealed by the findings of the territory-wide immunisation surveys regularly conducted by the Department of Health, the two-dose vaccination coverage has been consistently maintained at well above 95%, and the local seroprevalence rates of measles virus antibodies reflect that most of the people in Hong Kong are immune to measles. On the whole, the information available indicates that the risk of contracting measles by the general public is considered to be low in Hong Kong. In this connection, the Regional Verification Commission for Measles Elimination in the Western Pacific of the World Health Organization confirmed in 2016 that Hong Kong had achieved the interruption of endemic measles virus transmission.

[Note: Those born between 1978 and 1996.]

(2) To prevent the spread of infectious diseases into Hong Kong, the Port Health Office of the Centre for Health Protection (CHP) has been carrying out health surveillance at all boundary control points, including the Hong Kong International Airport, seaports and ground crossings, with the use of infrared thermal imaging systems for body temperature checks on inbound travellers. Suspected cases of infectious diseases will be immediately referred by the Port Health Office to healthcare facilities for follow-up. Upon receiving notification of a confirmed measles case, the Port Health Office will notify the airline concerned so that thorough disinfection will be carried out on the aircraft on which the patient travelled.

In response to the recent outbreak of measles at the Hong Kong International Airport, the CHP has set up vaccination stations at the airport since March 22 to provide vaccination for people working there who are non-

immune to measles. The vaccination exercise aims to protect those non-immune to measles. The target groups working at the airport are as follows –

- (a) those born abroad or born between 1967 and 1984 in Hong Kong; and
- (b) those who have not received two doses of measles vaccine; and
- (c) those who have not been infected with measles before.

At the same time, the Airport Authority has immediately stepped up its disinfection and cleansing work in the busy areas of the Terminal Buildings to maintain environmental hygiene.

(3) According to the Prevention and Control of Disease Ordinance (Cap. 599), measles is one of the 50 statutory notifiable infectious diseases in Hong Kong. All registered medical practitioners are required to notify the CHP of all suspected or confirmed cases of these diseases for the purpose of disease control. Hong Kong has a well-established notification system of measles, with effective epidemiology and laboratory surveillance. We will take prompt actions in case of cases or outbreak of measles infection. Upon receiving notification of measles cases, the CHP will immediately commence epidemiological investigations to identify potential sources of infection and high-risk exposure, and notify relevant medical facilities and institutions so as to take follow-up investigations and control measures. Besides, the CHP will trace the patients' contacts in order to provide them with relevant health advice and information and put them under medical surveillance. Based on the information obtained after epidemiological investigations, the CHP will timely recommend taking further specific measures to reduce the risk of spreading the disease, including provision of measles vaccination to those who need the vaccination. To keep the public informed of the latest situation, the CHP has been reporting through press releases the latest developments in its investigations into measles cases and the follow-up actions being taken.