

LCQ8: Measures to prevent the spread of Mpox

Following is a question by Dr the Hon Dennis Lam and a written reply by the Acting Secretary for Health, Dr Libby Lee, in the Legislative Council today (November 8):

Question:

It has been reported that a number of confirmed cases of Mpox have been recorded in Hong Kong this year, whilst the National Health Commission has since September this year included Mpox in the management of Class B infectious diseases, which is on a par with the Coronavirus Disease 2019. In this connection, will the Government inform this Council:

- (1) of the number of people who have received Mpox vaccination under the Mpox vaccination programme for high-risk groups since the programme was launched by the authorities in October last year;
- (2) of the current promotion and publicity programmes for Mpox vaccination for high-risk groups; and
- (3) of the current measures to prevent the spread of Mpox from overseas into Hong Kong?

Reply:

President,

Mpox is a zoonosis caused by monkeypox virus. The first case of human infection of monkeypox virus was reported in 1970. Since May 2022, there has been an outbreak of Mpox in many places around the world, and most cases involved sexual contact. As of November 5, 2023, a total of 52 confirmed cases of Mpox were recorded in Hong Kong.

Mpox is not transmitted through respiratory droplets or aerosols in general, and transmission would not occur through social contact. Proper personal and hand hygiene can help prevent getting infected via contact. However, human-to-human transmission is also possible through respiratory droplets during prolonged face-to-face contact or direct contact with body fluids.

The first few days after infection with Mpox are characterised by fever, intense headache, myalgia and lymphadenopathy. Lesions in mouth and rashes in other part of the body appear about one to three days after onset of fever. The rashes progress from maculopapules to vesicles, pustules and followed by crusts within a period of ten days to two weeks and the rashes typically progress simultaneously at all parts of the body. Patients of Mpox can usually recover on their own with symptoms lasting from 14 to 21 days. The case fatality in previous outbreaks has been between 1 per cent and 10 per

cent. In principle, treatment of Mpox includes relief of symptoms, management of complications and prevention of long-term sequelae.

Taking reference to the recommendations of the Scientific Committee on Vaccine Preventable Diseases and the Scientific Committee on Emerging and Zoonotic Diseases, the Government has commenced the Mpox Vaccination Programme in October 2022, using a third-generation vaccine for contacts of confirmed cases as well as individuals at high risk of exposure on a voluntary basis. With reference to the World Health Organization (WHO)'s recommendation, Mpox cases would be isolated in public hospitals, until all infectious lesions are resolved and the patients become non-infectious. Their local contacts would also be required to undergo medical surveillance. The Centre for Health Protection (CHP) is committed to implementing related prevention and control measures to prevent massive spread of Mpox in the local community and will continue to keep in view the latest development of international prevention and control strategies.

The reply, in consultation with the Department of Health (DH), to the questions raised by Dr the Hon Dennis Lam is as follows:

(1) Under the Mpox Vaccination Programme for high-risk groups, the following high-risk target groups can receive Mpox vaccination on a voluntary basis at selected centre or clinics under the DH and the Hospital Authority:

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- (i) individuals with high-risk sexual practices, e.g. men who have sex with men, having multiple sexual partners, sex workers, or having a history of sexually transmitted infection within the past 12 months;
- (ii) healthcare workers responsible for caring of patients with confirmed Mpox;
- (iii) laboratory personnel working with zoonotic pox viruses; and
- (iv) Animal care personnel with high risk of exposure in case of Mpox occurrence in animals in Hong Kong.

Since the commencement of the programme to October 29, 2023, a total of 14 397 doses of vaccines were administered.

(2) The CHP has been disseminating Mpox information to the public and encouraging high-risk target groups to receive Mpox vaccination through various online and offline channels, including broadcasting Announcements in the Public Interest on television, radio and social media platforms. The CHP has established a dedicated webpage and regularly issues press releases to update the public on the latest developments regarding Mpox.

The CHP has tailored a promotional video specifically for the high-risk target groups and disseminated through dating apps more commonly used by the target groups, as well as collaboration with key opinion leaders on social media platforms. Furthermore, the CHP distributes posters, leaflets and promotional materials through relevant non-governmental organisations at locations likely to be visited by the high-risk target groups as well as in relevant events, with a view to encouraging these high-risk target groups to receive Mpox vaccine. The CHP has also set up an Mpox telephone hotline (2125 2373). The hotline operates from Monday to Friday (excluding public holidays)

from 9am to 5pm, which enables persons who suspect or are concerned they have had high-risk contact with confirmed patients, to make enquiries and receive relevant health advices.

In addition to the Vaccination Programme, the CHP also holds health talks for staff working at locations with high risk of Mpox infection, which aimed to enhance their understanding of Mpox, recommend infection control measures against Mpox, and provide details of Mpox vaccination.

(3) Having regard to the WHO's recommendation, the DH has been implementing port health measures to prevent Mpox from being introduced into Hong Kong, including dissemination of health message to travellers (e.g. inflight broadcast, distribution of leaflets, promulgating travel health news on its website and posting posters); and measuring body temperature for travellers arriving Hong Kong at the seaport, Hong Kong International Airport and land boundary control points where those with fever would be further assessed and referred to healthcare facilities for medical assessments.

The DH will continue to maintain close contact with the WHO and closely monitor the Mpox infection cases recorded overseas, as well as the WHO's latest recommendations of port health measures.

Same as locally acquired cases, imported Mpox cases would be isolated in public hospitals, until all infectious lesions are resolved and the patients become non-infectious. The CHP would also conduct contact tracing and their local close contacts would be required to undergo 21 days of medical surveillance. This is to prevent the confirmed Mpox cases to further spread the disease in the community and to lower the risk of the public being exposed to Mpox infection.