

# CHP investigating case of influenza A (H9) infection

The Centre for Health Protection (CHP) of the Department of Health (DH) is today (February 21) investigating a case of influenza A (H9) infection affecting a 22-month-old girl.

The patient has developed fever and cough with sputum since February 15 and was brought to Union Hospital for medical advice on February 16. No hospitalisation was required at that time. Her clinical specimen was tested positive for the influenza A (H9) virus today upon testing by the Public Health Laboratory Services Branch of the CHP. Subtyping result is pending. Her clinical diagnosis was avian influenza. She is in stable condition and arrangements have been made for her to be admitted to isolation ward of Princess Margaret Hospital for further treatment.

Preliminary investigation of the CHP revealed that the patient had visited Zhongshan during the incubation period. The patient had no direct poultry contact recently, nor consumption of undercooked poultry, or contact with patients. One of her home contacts developed sore throat on February 17 who had taken medication and the symptom had subsided. Her other home contacts are asymptomatic so far. Investigations are ongoing.

The CHP will inform the health authority of Guangdong and the World Health Organization of the case.

Novel influenza A infection, including influenza A (H9), is a notifiable infectious disease in Hong Kong. Influenza A (H9N2) infection is a mild form of avian influenza. Nine cases of influenza A (H9N2) had been reported since 1999. The recent case was an imported case reported in 2020. No deaths have been recorded so far.

A spokesman for the CHP explained that a stringent surveillance mechanism with public and private hospitals, with practising doctors and at boundary control points is firmly in place. Suspected cases will be immediately referred to public hospitals for follow-up investigation.

"Travellers, especially those returning from avian influenza-affected areas and provinces with fever or respiratory symptoms, should immediately wear masks, seek medical attention and reveal their travel history to doctors. Healthcare professionals should pay special attention to patients who might have had contact with poultry, birds or their droppings in affected areas and provinces," the spokesman advised.

Members of the public should remain vigilant and take heed of the preventive advice against avian influenza below:

\* Do not visit live poultry markets. Avoid contact with poultry, birds and

their droppings. If contact has been made, thoroughly wash hands with soap;

- \* Poultry and eggs should be thoroughly cooked before eating;
- \* Wash hands frequently with soap, especially before touching the mouth, nose or eyes, handling food or eating; after going to the toilet or touching public installations or equipment (including escalator handrails, elevator control panels and door knobs); or when hands are dirtied by respiratory secretions after coughing or sneezing;
- \* Cover the nose and mouth while sneezing or coughing, hold the spit with a tissue and put it into a covered dustbin;
- \* Avoid crowded places and contact with fever patients;
- \* Wear masks when respiratory symptoms develop or when taking care of fever patients;
- \* Travellers if feeling unwell when outside Hong Kong, especially if having a fever or cough, should wear a surgical mask and inform the hotel staff or tour leader and seek medical advice at once; and
- \* Travellers returning from affected areas with avian influenza outbreaks should consult doctors promptly if they have flu-like symptoms, and inform the doctor of the travel history and wear a surgical mask to help prevent spread of the disease.

The public may visit the CHP's avian influenza page ([www.chp.gov.hk/en/view\\_content/24244.html](http://www.chp.gov.hk/en/view_content/24244.html)) and website ([www.chp.gov.hk/files/pdf/global\\_statistics\\_avian\\_influenza\\_e.pdf](http://www.chp.gov.hk/files/pdf/global_statistics_avian_influenza_e.pdf)) for more information on avian influenza-affected areas and provinces.

---

## **Labour Department launches special inspection exercise targeting bamboo scaffolding work**

The Labour Department (LD) today (February 21) commenced a two-week special inspection exercise, targeting construction sites with large-scale bamboo scaffolds throughout the territory, including checking the safety and stability conditions of these bamboo scaffolds, with the aim of ensuring the work safety of workers.

If any violations of the legislation are detected during the inspection exercise, occupational safety officers of the LD will take rigorous enforcement actions, including issuing suspension notices and improvement notices, and taking out prosecutions without prior warning, in order to deter unsafe operations.

A spokesman for the LD said, "We are deeply concerned about the serious work accident involving the collapse of a bamboo scaffold at a construction site in Kai Tak yesterday (February 20), resulting in the deaths of two

workers and injuries to three others. The LD is collaborating with relevant departments to conduct a thorough investigation to identify the cause of the accident and ascertain the liability of duty holders. The LD will take actions pursuant to the law if there are any violations of the occupational safety and health (OSH) legislation."

The spokesman added, "The LD is currently amending its Code of Practice for Bamboo Scaffolding Safety (CoP), which involves enhancement of the stability of bamboo scaffolds, including the technical requirements for putlogs, and prohibiting unauthorised alteration of bamboo scaffolds. The amendments will also require bamboo scaffolders to possess valid safety training certificates before they are allowed to carry out relevant scaffolding work. In addition, the CoP will also set out in detail the work requirements of 'Competent Persons' in supervising workers performing scaffolding work. We plan to issue this revised CoP between March and April this year."

Under the general duty provisions of the OSH legislation, employers who commit extremely serious offences can be prosecuted on indictment, which is subject to a maximum fine of \$10 million and imprisonment for two years. Employees who contravene the aforesaid provisions are liable to a maximum fine of \$150,000 and imprisonment for six months.

The LD reminds contractors and employers to provide plant and systems of work that are safe and without risks to health to safeguard the work safety of workers. Employees should also co-operate with their employers, adopt all safety measures and properly use personal protective equipment provided to avoid endangering their own work safety and that of other workers.

---

## **Scientific Committees under CHP update consensus interim recommendations on use of COVID-19 vaccines**

â€‹The Scientific Committee on Vaccine Preventable Diseases and the Scientific Committee on Emerging and Zoonotic Diseases (JSC) under the Centre for Health Protection (CHP) of the Department of Health convened a meeting yesterday (February 20) to discuss and issue the updated consensus interim recommendations on the use of COVID-19 vaccines in Hong Kong.

The JSC reviewed the latest scientific evidence, and noted that all available COVID-19 vaccines (including inactivated virus and mRNA vaccines) are effective in reducing death and severe COVID-19 infection. Experts also noted results of early studies indicating that the monovalent XBB mRNA vaccines could provide enhanced protection against JN.1, which has become the predominant COVID-19 variant in Hong Kong.

Experts made the following recommendations:

1. Use of vaccines – When there is adequate supply, monovalent XBB mRNA vaccine (now provided to high-risk priority groups as a choice for initial and booster vaccination) is recommended to be extended to initial vaccination of non high-risk priority groups (e.g. healthy adults) who do not require booster vaccination, having regard to the enhanced protection offered by the vaccine. Individuals can also choose other available COVID-19 vaccines (including inactivated virus and mRNA vaccines), based on personal preference, for initial and booster vaccination given their effectiveness in reducing death and severe COVID-19 infection.
2. Priority groups and vaccination schedule for booster – The JSC considered the previous recommendation could remain applicable throughout the year. In other words, a booster dose is recommended to be given at least six months after the last dose or COVID-19 infection (whichever is later), regardless of the number of doses received previously, for the following high-risk priority groups for enhanced protection –
  - older adults aged 50 or above including those living in residential care homes;
  - persons aged 18 to 49 years with underlying comorbidities;
  - persons with immunocompromising conditions aged six months and above;
  - pregnant women; and
  - healthcare workers.

Having regard to the above recommendation on the use of vaccines for non high-risk priority groups, the Government will continue to closely monitor the supply of monovalent XBB mRNA vaccines, and make suitable adjustment to the use of vaccines as and when appropriate.

Details of the interim recommendations are available on the CHP's website at [www.chp.gov.hk/en/static/24008.html](http://www.chp.gov.hk/en/static/24008.html).

---

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

Police today (February 21) appealed to the public for information on a man who went missing in Tin Shui Wai.

À Á À Á Kwok Ping-sum, aged 70, went missing after he was last seen in Tin Yiu Estate yesterday (February 20) afternoon. His family made a report to Police on the same day.

À Á À Á À Á À Á

À Á À Á He is about 1.65 metres tall, about 60 kilograms in weight and of medium build. He has a square face with yellow complexion and short white hair. He was last seen wearing a grey striped short-sleeved shirt, blue shorts, a green vest, blue sports shoes, a blue cap and a silver bracelet.

À Á À Á Anyone who knows the whereabouts of the missing man or may have seen him is urged to contact the Regional Missing Persons Unit of New Territories North on 3661 3115 or email to [rmpu-ntn-1@police.gov.hk](mailto:rmpu-ntn-1@police.gov.hk), or contact any police station.



---

## [LCQ3: Prevention of diabetes](#)

Following is a question by the Hon Lam So-wai and a reply by the Acting Secretary for Health, Dr Libby Lee, in the Legislative Council today (February 21):

Question:

It is learnt that at present, about 700 000 people in Hong Kong suffer from diabetes, meaning that 1 out of every 10 people is a diabetic patient, with more than one fifth of patients under the age of 40. In addition, it has been reported that according to a study, the youngest diabetic patient in Hong Kong is only three years old. In this connection, will the Government inform this Council:

(1) given that diabetic patients have become increasingly younger, whether

the Government will review if the current approach of health education alone is effective in raising the awareness of diabetes prevention among parents, adolescents and children, hence making adolescents and children reduce the consumption of drinks with a high sugar content; if it will, of the details;

(2) as it has been reported that the number of diabetic patients seeking consultation from the Hospital Authority has risen in recent years, whether the Government has projected the additional manpower and resources required in the public healthcare system in the current financial year as well as each of the next five financial years to cope with the situation; and

(3) whether it will, from the perspective of "prevention is better than cure", consider following the practice of countries such as France, the United Kingdom, Denmark and Norway in introducing a sugar levy to raise the prices of sugary drinks, so as to dampen the desire of the public (especially children) to buy such drinks, and subsidise public healthcare expenditure with the revenue from the sugar levy?

Reply:

President,

While Hong Kong's various health indices rank among the best in the world, just like many developed places, non-communicable diseases (NCDs), including diabetes, have exerted heavy pressure on citizens' health and social development. In 2018, the Government announced the "Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong" which focuses on four NCDs, including diabetes, as well as four shared behavioural risk factors, namely unhealthy diet, physical inactivity, tobacco use and harmful use of alcohol.

In consultation with the Environment and Ecology Bureau, the Hospital Authority (HA) and the Department of Health (DH), my consolidated reply to the questions raised by the Hon Lam So-wai is as follows:

(1) Diabetes is classified into two types, Type 1 and Type 2. Type 1 is caused by the damaged insulin producing cells and is associated with hereditary factors, immunity or environmental factors. Diabetes diagnosed in children or adolescents is primarily Type 1. In theory, the 3-year-old child with diabetes mentioned by the Hon Lam is very likely a case of Type 1 diabetes. Type 2 is caused by the resistance to insulin inside the body. Apart from hereditary factors, the main factors for Type 2 are related to unhealthy lifestyle and eating habits, obesity or lack of physical activity. In general, diabetes diagnosed in adults is Type 2. According to the results of the Population Health Surveys in recent years, there is no significant rise in diabetes diagnosis among individuals aged 15 to 44, and also no trend of persons suffering from diabetes at a younger age. The relevant figures are at Annex I.

Nevertheless, the Government has been promoting public awareness of diabetes prevention through a life-course and environment-based approach. Measures particularly targeted at adolescents and children include:

(i) In the 2009/10 school year, the DH, in collaboration with the Education Bureau (EDB), launched the EatSmart School Accreditation Scheme under the EatSmart@school.hk Campaign, which encourages family, school and the community to work together with the aim of motivating and helping all primary schools in Hong Kong to formulate and implement healthy eating school policy. In view of the positive outcome, the DH therefore launched the StartSmart@school.hk Campaign to promote healthy eating and physical activity among preschoolers across the city since 2012.

At present, about 300 primary schools and special schools (i.e. about 45 per cent of the total number in Hong Kong) and about 640 kindergartens and child care centres (i.e. about 60 per cent of the total number in Hong Kong) are participating in the campaigns.

(ii) In the 2018/19 school year, the DH launched the Healthy Drinks at School Charter. Participating kindergartens and child care centres have committed to encouraging young children to drink water, avoiding to provide drinks with added sugar or with a relatively high sugar content, etc. Number of participating schools has increased from around 380 at the beginning to around 480 in the 2022/23 school year.

(iii) The District Health Centres (DHCs) and DHC Expresses in all 18 districts in Hong Kong draw up personalised health plan for citizens in accordance with the framework of Life Course Preventive Care Plan. Measures particularly targeted at adolescents and children include weight management and group classes on healthy diet; and providing outreach activities at schools including health education, health risk assessment, and dietary education focusing on low-salt low-sugar.

(iv) "To lead a Healthy Lifestyle" is one of the seven learning goals of school curriculum set by the EDB. Students learn about healthy lifestyle and diet (including diabetes prevention) through different subjects.

Apart from the above measures, the Student Health Service also checks enrolled students' body weight during annual health assessments, provides counselling and health advice to students with sub-optimal weight, and makes referrals to specialists if necessary. The relevant data is at Annex II. In fact, about 20 per cent of school children were overweight or obese. Prevention of diabetes cannot be attained solely by reducing the consumption of drinks with high sugar content. It requires an array of measures, including a healthy diet, suitable physical activity and appropriate body weight. The DH will step up promotion at the school level through the Whole School Health Programme to help children develop a habit of regular physical activity starting from childhood.

The Government has also been encouraging members of the public to actively manage their own health through the eHealth mobile application (eHealth App). Members of the public can input data of their bodyweight and blood pressure in the eHealth App, with a view to monitoring their own bodyweight for weight management or health management. This year, under the Government's public health promotion programme, a health challenge platform on eHealth App will be launched to encourage students to be more physically

active.

(2) The second question is related to figures. There were about 540 000 diabetes patients in the HA in 2022, with an annual growth rate at 4 to 5 per cent, similar to that in the past. While the HA will not make assessment of manpower and resource requirements regarding individual diseases, it is more important to note that complications of diabetes will incur the use of more medical resources. Poor control of diabetes may lead to serious complications. For example, at present, about 50 per cent of incident cases of end stage renal failure are attributable to diabetes, some 30 per cent of diabetic patients are diagnosed with diabetic retinopathy and over 16 per cent diabetes patients had a history of coronary heart disease. Effective control of diabetes can therefore reduce the need for other specialist services arising from complications of diabetes.

To achieve the goal of "early prevention, early identification and early treatment", the Government launched the Chronic Disease Co-Care Pilot Scheme (CDCC Pilot Scheme) last year to provide subsidised screening services in the private healthcare sector to Hong Kong residents aged 45 or above with no known medical history of diabetes or hypertension. As at February 15, 2024 (i.e. after launching the Scheme for around three months), more than 20 000 citizens have participated in the CDCC Pilot Scheme. Among that, over 9 000 participants have completed screenings whereas their family doctors have explained the results and arranged appropriate health management plans for them. We noted that about 3 000 participants (about 30 per cent) were diagnosed with prediabetes (note), diabetes or hypertension.

On the whole, the Government will conduct regular planning and projection exercises for healthcare professional manpower and project the demand systematically.

(3) Lastly, according to the information provided by the Environment and Ecology Bureau, the Government has all along been making reference to the measures taken by different regions in promoting healthy eating and prevention of diabetes, and has noted that different local and overseas stakeholders have different views on the effectiveness of introducing tax measures to achieve the goal of reducing public's sugar intake from food.

In fact, getting the public to accept less-salt-and-sugar cannot be achieved overnight and requires comprehensive information dissemination, active promotion by the Government and participation of the industry. Regarding food information, according to relevant legislation, food claiming to be "low-sugar" must contain no more than 5 grams of sugar per 100 grams or 100 millilitres of food. According to a survey conducted by an academic institute commissioned by the Committee on Reduction of Salt and Sugar in Food (the Committee) in 2022, the public had improvement in terms of awareness and action towards reduction of salt and sugar when compared with that in 2021, showing a positive impact from the current promotion work. The Committee, in conjunction with relevant bureaux and departments, will continue to enhance the publicity and education efforts with a view to further raising the public's awareness and action towards reduction of salt and sugar.



Thank you, President.

Note: A blood glucose level ranging from 6.0 to 6.4 per cent for glycated haemoglobin or a fasting glucose level of 6.1 to 6.9 mmol/L.