

# Public urged to stay vigilant against infectious diseases during summer holidays

With the approach of the summer holidays, the Centre for Health Protection (CHP) of the Department of Health today (June 19) appealed to members of the public who intend to travel to stay alert to the situation of infectious diseases in their destinations. The CHP specifically reminded members of the public to adopt necessary precautions to guard against the recently increasing group A streptococcal (GAS) infection, including streptococcal toxic shock syndrome (STSS), and mosquito-borne diseases when travelling abroad.

## GAS infection

In Japan, an increase in STSS cases has been observed since 2023. According to information of the Japan Ministry of Health, Labour and Welfare, as of June 2, 977 cases have been reported in 2024, exceeding the previous record high of 941 in 2023 and the range of 622 to 894 during 2019 to 2022. Moreover, an increase in invasive group A streptococcal infections (iGAS disease) and scarlet fever has also been observed in at least five countries in Europe.

The rise in the number of STSS cases may possibly be contributed by the increase in various respiratory infections after the relaxation of COVID-19 measures. GAS infection is caused by the bacteria, namely *Streptococcus pyogenes*, that can be found in the throat and on the skin, which can be transmitted by droplets and contact. The bacteria can cause mild diseases including pharyngitis, impetigo and scarlet fever to iGAS disease such as necrotizing fasciitis and STSS.

Anyone can get iGAS disease, but the elderly and young children, persons with chronic illnesses (e.g. diabetes) or immunocompromised persons may be at higher risk. People with breaks in the skin or with recent viral infections (e.g. chickenpox, influenza, etc.) are also at higher risk of developing iGAS disease. On the other hand, the disease can be effectively treated with antibiotics and prompt treatment helps alleviate symptoms faster and prevent complications.

A spokesman for the CHP reminded travellers to maintain good personal and environmental hygiene as well as practising good wound care in order to reduce their chance of getting infected. Among others, travellers are strongly advised to practise hand hygiene frequently, avoid sharing personal items and put on a surgical mask in case of going to crowded places.

## Mosquito-borne diseases

During their travel, members of the public are also urged to stay

vigilant against mosquito-borne diseases including dengue fever (DF), Japanese encephalitis, zika virus infection, malaria, etc. Of note, according to the World Health Organization, the latest surveillance data shows significant increase in DF cases in some places in Asia (such as Indonesia, Malaysia, Singapore and Thailand) and America (such as Brazil, Argentina, Peru and Colombia) compared to the same period last year. The Americas have recorded over 8 million cases of DF reaching a record high number.

The CHP spokesman reiterated that members of the public should follow stringent anti-mosquito measures when travelling. When travelling to areas where vector-borne diseases are common, they may consider to arrange travel health consultation with doctor at least six weeks before the journey for risk assessment during which the need for any vaccinations, chemoprophylaxis and vector preventive measures will be determined.

The following measures on mosquito control could reduce the chance of acquiring mosquito-borne disease during travel:

- Wear loose, light-coloured, long-sleeved tops and trousers
- Use DEET-containing insect repellent on exposed parts of the body and clothing. For details about the use of insect repellents and the key points to be observed, please refer to '[Tips for using insect repellents](#)'
- When engaging in outdoor activities, avoid using fragrant cosmetics or skin care products, re-apply insect repellents according to instructions, and apply insect repellents after sunscreen if both are used

"Returned travellers should consult a doctor promptly if developing symptoms such as fever, respiratory symptoms, rash or painful swelling, and inform the doctor of their travel history for prompt diagnosis and treatment," the Spokesman added.

The CHP will continue to monitor local and overseas situation of infectious diseases and provide the latest information to members of the public timely for better understanding on the development of infectious diseases and preparation on precautionary works. For more information, please refer to the CHP website on GAS infection ([www.chp.gov.hk/en/healthtopics/content/24/107780.html](http://www.chp.gov.hk/en/healthtopics/content/24/107780.html)), DF ([www.chp.gov.hk/en/healthtopics/content/24/19.html](http://www.chp.gov.hk/en/healthtopics/content/24/19.html)) and travel health service ([www.travelhealth.gov.hk](http://www.travelhealth.gov.hk)).

---

## **CHP investigates suspected case of paralytic shellfish poisoning**

The Centre for Health Protection (CHP) of the Department of Health is

today (June 19) investigating a suspected case of paralytic shellfish poisoning affecting two members of a family.

The case involves two males aged 51 and 20 respectively, who presented with breathing difficulties, dizziness, slurring of speech, numbness of lower extremities, vomiting and diarrhoea within 3 to 3.5 hours after consuming goose barnacles at home yesterday (June 18). One of the patients attended the Accident and Emergency Department of Pamela Youde Nethersole Eastern Hospital in the small hours today and was subsequently admitted for treatment. The patients have been in a stable condition.

Initial enquiries revealed that the concerned seafood were purchased from a seafood stall in Yue Wan Market in Chai Wan. An investigation by the CHP is continuing.

"Paralytic shellfish poisoning toxin is a natural toxin sometimes found in bivalve shellfish. It is heat-stable and cannot be destroyed through cooking," a spokesman for the CHP said.

"The symptoms of paralytic shellfish poisoning are predominantly neurological and the onset is usually within minutes to hours after ingestion of the shellfish. Initial symptoms may include tingling, numbness of the mouth and extremities, a headache, dizziness and gastrointestinal discomfort. In the majority of cases, symptoms are resolved completely within a few days. In severe cases, difficulty in swallowing and speech, paralysis with respiratory arrest and even death may occur," the spokesman added.

The spokesman reminded members of the public that they should seek medical advice immediately if they develop shellfish poisoning symptoms, and save any leftovers for investigation and laboratory testing.

To reduce the risk of shellfish poisoning, the public should:

- Buy shellfish from reliable and licensed seafood shops;
- Remove the viscera, gonads and roe before cooking and discard any cooking liquid before consumption;
- Eat a smaller amount of shellfish in any one meal; and
- When symptoms occur after consuming shellfish, seek medical advice immediately.

---

## **FEHD interdicts five Health Inspectors from duty for conspiracy to steal**

A spokesman for the Food and Environmental Hygiene Department (FEHD)

said today (June 19) that, in response to the Independent Commission Against Corruption (ICAC) filing charges against five Health Inspectors of the Centre for Food Safety (CFS) yesterday (June 18) for conspiracy to steal, the FEHD has interdicted the staff members concerned from their duties.

The spokesman stressed that the FEHD attaches great importance to the discipline and conduct of staff and does not tolerate any illegal and fraudulent acts. The department has adopted extra precautionary measures, including refining the working guidelines, streamlining procedures and enhancing the information system for the procurement and record of food samples by the CFS. These efforts aim to enhance the supervisory work. The department has also invited the ICAC to assist in improving the relevant procedures.

In view of the ongoing legal proceedings, the FEHD will not comment on the specifics of the case.

---

## [SFST shares views on how to cope with challenges and promote market development under current international monetary policy at Lujiazui Forum \(with photos\)](#)

The Secretary for Financial Services and the Treasury, Mr Christopher Hui, attended the 2024 Lujiazui Forum in Shanghai today (June 19). He addressed the second plenary session "Strengthening International Monetary Policy Coordination and Addressing the Challenges of Global Economic Recovery" to talk about how Hong Kong copes with challenges and promotes market development under the current international monetary policy from three perspectives, namely global monetary policy and real economic performance, financial stability, and financial market development.

Mr Hui noted that the current monetary policy and the performance of the real economy interact with each other. With the current outlook for inflation in the United States (US) and the extent of future interest rate cuts uncertain, he opined that in the real economy, attention should be paid to the factors that concern global investors, including the geopolitical situation, the impact of artificial intelligence on productivity, and developments in the private credit market.

Mr Hui also pointed out that under the influence of global monetary policies, Hong Kong needs to keep in view the changes in capital flows caused by the interest rate environment and its impact on the financial market. He

said, "The Exchange Fund provides strong support for the stability of the Hong Kong dollar exchange rate. As of April this year, the foreign currency reserve assets exceeded HK\$3.2 trillion, equivalent to about 1.7 times the Hong Kong dollar monetary base. Moreover, the Hong Kong Special Administrative Region (HKSAR) Government also works with regulators to closely monitor the financial market to ensure that it operates in a stable manner."

Changes in the interest rate environment also give impetus to Hong Kong's financial development. Mr Hui remarked that Hong Kong has the largest offshore Renminbi (RMB) liquidity pool, and enjoys unique advantages under the "one country, two systems" arrangement to develop the offshore RMB market.

He said, "As US dollar interest rates are now relatively high, issuers will have a cost advantage in raising funds by issuing bonds in RMB. We have also noticed that the interest rate situation has boosted the issuance of offshore RMB bonds in Hong Kong. The issuance size exceeded RMB490 billion last year, representing an increase of 88 per cent over the previous year and reaching a record high." Mr Hui added that investors are more interested in products with floating interest rates and flexible terms under a rising interest rate environment, and have significantly increased their investments in private credit in the past few years. He expected Hong Kong to examine whether there is room to promote further development of the private credit market as it continues to foster the asset and wealth management market.

As artificial intelligence technology, which is constantly evolving, has been applied to many areas of Hong Kong's financial industry, Mr Hui said the HKSAR Government will keep an open mind, closely monitor market developments and draw on local and overseas experience in order to promote the responsible use of artificial intelligence in the financial industry.

This year's forum, themed "Promoting World Economic Growth with High-quality Financial Development", is cohosted by the Shanghai Municipal People's Government, the People's Bank of China, the National Financial Regulatory Administration and the China Securities Regulatory Commission. A number of top government officials and leaders of financial regulators from the country and abroad, heads of international financial organisations and financial institutions, as well as renowned experts and scholars, have been invited to speak at the forum to offer their unique insights.

Apart from attending the Luijiazui Forum, Mr Hui also visited the Denglin Technology Company Limited in Shanghai. The company is engaged in the research and development of artificial intelligence chips and technology innovation. Its research and development includes the creation of cutting-edge chip products and software, which continue to expand in finance and many other areas. Mr Hui encouraged the specialist technology company to apply for a listing in Hong Kong under Chapter 18C.

The Permanent Secretary for Financial Services and the Treasury (Financial Services), Ms Salina Yan, also attended the 2024 Luijiazui Forum today and joined other programmes of the visit. Yesterday (June 18) in

Shanghai, Ms Yan visited the Shanghai Environment and Energy Exchange and shared views on the carbon market development of Shanghai and Hong Kong with the Chairman of the Shanghai Environment and Energy Exchange, Mr Lai Xiaoming. Ms Yan then visited the Shanghai Futures Exchange to learn about the latest developments in Shanghai's futures markets and discussed further co-operation between the future markets of Shanghai and Hong Kong with the Chief Executive Officer of the Shanghai Futures Exchange, Mr Wang Fenghai.

Mr Hui and Ms Yan will visit and exchange views at the Shanghai Data Exchange and the CCB Fintech Company Limited (CCB Fintech) tomorrow (June 20). The Shanghai Data Exchange was established in November 2021, with the mission to build a data factor market and promote the process of data assetisation. Its trading scale is now expanding, and trading is becoming more active. CCB Fintech, founded in 2018, is the largest bank-based fintech company among large state-owned commercial banks. It has continuously strengthened the co-operation between industry, government, academia and research, contributing to the building of a strong financial country.

Mr Hui and Ms Yan will return to Hong Kong in the evening tomorrow.





## LCQ3: Early Assessment Service for Young People with Psychosis Programme

Following is a question by the Hon Lam So-wai and a reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (June 19):

Question:

The Hospital Authority (HA) has implemented the Early Assessment Service for Young People with Psychosis Programme (the Programme) for more than 20 years. The Programme provides early referral, assessment and ongoing treatment for people with psychosis. On the other hand, it has been reported that according to a study, for people with psychosis who received long-acting injections, the various risks with them (including relapse, hospitalisation and suicide attempts) were lower than those with psychosis who were treated with oral drugs, and patients who received long-acting injections within two years of their first episode showed a better curative effect. In this connection, will the Government inform this Council if it knows:

(1) the respective numbers of cases handled by the seven service centres under the Programme in the past five years, and whether the manpower of doctors and case managers was adequate;

(2) the use of oral drugs and long-acting injections under the Programme, and whether HA will consider more proactive use of long-acting injections in the early stage of patients' illness; and

(3) whether HA has reviewed the Programme on a regular basis to further shorten the duration of patients' untreated period, followed up on patients who have received services under the Programme for three years, and formulated performance indicators for the work of the Programme; if so, of the details; if not, the reasons for that?

Reply:

President,

The Hospital Authority (HA) has all along been providing mental health services in an integrated and multi-disciplinary approach. Psychiatrists, psychiatric nurses, clinical psychologists, occupational therapists and medical social workers provide comprehensive medical services to patients with mental health needs according to their medical conditions and clinical needs. As part of its psychiatric services, the HA launched the Early Assessment Service for Young People with Psychosis (EASY) Special Disease Programme (the Programme) in July 2001, which aims at identifying patients with psychosis as early as possible, so as to achieve the goal of "early detection, early diagnosis and early treatment", as well as providing more comprehensive intervention support to the patients.

Under the Programme, psychiatric healthcare professionals of the HA provide special disease services to patients with psychosis aged between 15 and 64 during the first three years of the onset of the illness. The HA has set up an EASY district service centre in each of the seven hospital clusters in Hong Kong. The HA will refer suitable inpatient and specialist outpatient patients to the Programme for follow-up, and members of the public may also contact the service centre directly via the EASY hotline (2928 3283) for referral of potential patients with psychosis.

Upon receipt of the referral, healthcare professionals of the service centre will make arrangements for the patient to receive assessment by a psychiatrist as soon as possible. New patients will be followed up within two weeks. Each centre has a multi-disciplinary medical team to provide personalised and targeted treatment plans for patients, including medication, psychological therapy and early adaptation programmes. After three years of service, patients will be referred to the psychiatric specialist outpatient clinics and community psychiatric services for continuous follow-up according to their conditions to ensure that they receive comprehensive, integrated and coherent services.

My reply to the question raised by the Hon Lam So-wai is as follows:



(1) Over the past five years, about 1 100 to 1 200 new patients diagnosed with psychosis joined the Programme each year, and the total annual attendances of the seven EASY district service centres maintained at around 40 000. The attendances at various hospital clusters in the past five years is at Annex I.

Since its launch in 2001, the Programme has been operating well and has been effective in providing early intervention for patients with psychosis in the first three years after the onset of the illness, which is the critical period for treatment and management of the illness to prevent further deterioration and achieve a better recovery outcome. After receiving service, the quality of life of the patients (including their general health condition, mental health condition and social life) has improved significantly so that they can live a normal life in the community; and it is possible that some of the symptoms such as thought and speech disorders, delusions and hallucinations will disappear completely. The HA has all along closely monitored the service level and adjust manpower according to service needs, with a view to further enhancing the effectiveness of the Programme.

(2) The HA has all along endeavoured to prescribe new generation oral or injectable psychiatric drugs with fewer side effects for all suitable psychiatric patients. In 2023-24, the use of new generation oral drugs is four times the use of conventional oral drugs. The medication expenditure for new generation antipsychotic drugs has seen a 40 per cent increase as compared with five years ago, which is 12 times the expenditure on conventional antipsychotics drugs. The use of new generation long-acting injectable antipsychotics has increased by nearly 40 per cent as compared with five years ago. Most of the new generation oral antipsychotic drugs are General Drugs in the HA Drug Formulary and the HA will only charge patients the standard fees for these drugs, i.e. \$15 per drug item. For a small number of psychiatric drugs which are Special Drugs, patients are only required to pay the standard fees if it is under specific clinical applications, and these drugs are not Self-financed Items. The number of patients prescribed with conventional and new generation antipsychotic drugs and the medication expenditure involved in the past five years are set out in Annex II.

Psychiatrists prescribe appropriate medications to patients mainly based on the principle of minimising side effects and achieving the best outcome in treatment. When considering whether to prescribe long-acting injectable antipsychotics, relevant considerations include the below four factors:

(i) some patients cannot tolerate the side effects of long-acting injectable antipsychotics and can only be treated with oral medications;

(ii) at the early onset of the illness, psychiatrists may need to adjust the dosage of drugs according to the clinical conditions of patients at that time. Under this circumstance, the use of long-acting injectable antipsychotics with a longer duration of action is not suitable;

(iii) not all drugs are available in injectable form, i.e., some drugs can only be taken orally; and

(iv) The most important point, also the fourth point, doctors must respect patients' right. These long-acting injectable antipsychotics will only be used with the patients' informed consent;

For some patients who are not suitable for the use of long-acting injectable antipsychotics, the HA has also adopted a series of measures to ensure patients' medication compliance, including the medical team will explain to patients the use and side effects of the drugs in the course of consultation as far as possible, and to check the quantity of medication taken, and examine the medication compliance through blood or urine tests in the course of treatment.

(3) At present, the Programme uses standardised assessment tools at different intervals (for example, at the beginning, six months, one year, two years and three years after receiving service) to assess the psychiatric conditions as well as the social and vocational skills of the patients receiving service, and to adjust the treatment plan according to the changes in the patients' symptoms.

The HA has all along regularly reviewed the effectiveness of the Programme, including the psychiatric conditions of the patients, the number of service users and home visits. The HA will monitor the operation of the Programme to ensure that new patients will be followed up under the Programme within two weeks.

Besides, the Programme has been providing mental health education and organising seminars and workshops to enhance the knowledge of social workers, teachers and parents about psychosis and the Programme, enabling them to identify and refer potential patients with psychosis to the Programme as soon as possible for assessment and treatment.

Thank you, President.