

監測及流行病學處



Surveillance  
And  
Epidemiology  
Branch

本署檔號 Our Ref.: (12) in DH SEB CD/8/6/1 II

來函檔號 Your Ref.:

電話 TEL.:

傳真 FAX No.: (852) 2711 4847

30 December 2004

Dear Doctor,

**Addition of Influenza A (H7) and Influenza A (H9) to the First Schedule of the  
Quarantine and Prevention of Disease Ordinance, Cap.141**

The Director of Health issued an Order on 24 December 2004 to amend the First Schedule to the Quarantine and Prevention of Disease Ordinance (Cap.141), in item 7A, by adding “Influenza A (H7) or Influenza A (H9)” after “(H5)”. Another Order to amend Form 2 of the Schedule to the Prevention of the Spread of Infectious Diseases Regulations (Cap. 141 sub. leg. B) by adding “Influenza A (H7) or Influenza A (H9)” after “(H5)” has also been issued in consequence of these diseases being added to the First Schedule of Cap.141. The two Orders will come into operation on 31 December 2004 upon gazettal, making influenza A (H7) and influenza A (H9) statutorily notifiable infectious diseases.

In December 2004, the World Health Organization conducted a consultation in Geneva to discuss and update its influenza pandemic plan. You may recall that influenza A (H5), which poses the most imminent threat, was included as a notifiable disease since 30 January 2004 in Hong Kong. However, besides influenza A (H5), human infections with influenza A (H7) and influenza A (H9) have also occurred in recent years. In 1999, two human cases of Influenza A (H9N2) were reported in Hong Kong. In 2003, an influenza A (H7N7) outbreak involving over 80 persons with one death occurred in the Netherlands. This year in Canada, two cases of human influenza A (H7) infection were reported. There is therefore a compelling case to strengthen surveillance of influenza A (H7) and influenza A (H9) for local and global public health needs.



衛生防護中心乃衛生署  
轄下執行疾病預防  
及控制的專業架構  
The Centre for Health  
Protection is a  
professional arm of the  
Department of Health for  
disease prevention and  
control

香港九龍亞皆老街 147C 號 2 樓  
2/F, 147C Argyle Street, Kowloon, Hong Kong

**Case definition for Influenza A (H5), Influenza A (H7) or Influenza A (H9)**

A person with

- positive viral culture for Influenza A (H5), Influenza A (H7) or Influenza A (H9), **OR**
- positive Polymerase Chain Reaction for Influenza A (H5), Influenza A (H7) or Influenza A (H9), **OR**
- a  $\geq$  4-fold rise in H5, H7 or H9 specific antibody titre

Medical practitioners are required to report suspected or confirmed cases of these diseases to the Director of Health in accordance with Form 2 under Regulation 4 of the Prevention of the Spread of Infectious Diseases Regulations.

**Criteria for reporting**

1. Person with acute respiratory illness, characterized by fever (temperature  $>38^{\circ}\text{C}$ ) **and** cough and/or sore throat, **AND EITHER**
  - contact with a case of Influenza A (H5), Influenza A (H7) or Influenza A (H9) during the infectious period, **OR**
  - recent (less than 1 week) visit to poultry farm in an area known to have outbreaks of highly pathogenic avian influenza (HPAI), **OR**
  - worked in a laboratory that is processing samples from persons or animals that are suspected from HPAI infection

**OR**

2. Person with severe pneumonia caused by Influenza A (e.g. Directigen test positive for Influenza A) **AND** had contact with live birds/poultry within 1 week before onset of illness

Notification can be made directly to Central Notification Office, Centre for Health Protection (**Telephone: 2477 2772, Fax: 2477 2770**). Attached please find a revised notification form for reporting infectious disease (Form 2), which can also be downloaded from Centre for Health Protection's website ([www.chp.gov.hk](http://www.chp.gov.hk)) with effect from 31 December 2004.

Yours sincerely,



(Dr Thomas TSANG)  
for Director of Health

### Notification of Infectious Diseases other than Tuberculosis

#### Particulars of Infected Person

Remarks:	
----------	--

表格2  
檢疫及防疫條例  
(第141章)  
非屬結核病的傳染病通知書  
受感染人士的詳情

英文姓名：	中文姓名：	年齡/性別：	身分證/ 護照號碼：
地址：			電話號碼：
工作地點/就讀學校：			電話號碼：
就診醫院：			醫院/急症室 編號：

懷疑/證實於 \_\_\_\_ 年 \_\_\_\_ 月 \_\_\_\_ 日患上以下疾病(√)

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>急性脊髓灰質炎 (小兒麻痺)</td></tr> <tr><td><input type="checkbox"/></td><td>阿米巴痢疾</td></tr> <tr><td><input type="checkbox"/></td><td>桿菌痢疾</td></tr> <tr><td><input type="checkbox"/></td><td>水痘</td></tr> <tr><td><input type="checkbox"/></td><td>霍亂</td></tr> <tr><td><input type="checkbox"/></td><td>登革熱</td></tr> <tr><td><input type="checkbox"/></td><td>白喉</td></tr> <tr><td><input type="checkbox"/></td><td>食物中毒</td></tr> <tr><td><input type="checkbox"/></td><td>甲型流行性感冒(H5)、甲型流行性感冒(H7) 或甲型流行性感冒(H9)</td></tr> </table>	<input type="checkbox"/>	急性脊髓灰質炎 (小兒麻痺)	<input type="checkbox"/>	阿米巴痢疾	<input type="checkbox"/>	桿菌痢疾	<input type="checkbox"/>	水痘	<input type="checkbox"/>	霍亂	<input type="checkbox"/>	登革熱	<input type="checkbox"/>	白喉	<input type="checkbox"/>	食物中毒	<input type="checkbox"/>	甲型流行性感冒(H5)、甲型流行性感冒(H7) 或甲型流行性感冒(H9)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>日本腦炎</td></tr> <tr><td><input type="checkbox"/></td><td>退伍軍人病</td></tr> <tr><td><input type="checkbox"/></td><td>麻風</td></tr> <tr><td><input type="checkbox"/></td><td>瘧疾</td></tr> <tr><td><input type="checkbox"/></td><td>麻疹</td></tr> <tr><td><input type="checkbox"/></td><td>腦膜炎雙球菌感染</td></tr> <tr><td><input type="checkbox"/></td><td>流行性腮腺炎</td></tr> <tr><td><input type="checkbox"/></td><td>副傷寒</td></tr> <tr><td><input type="checkbox"/></td><td>瘟疫</td></tr> <tr><td><input type="checkbox"/></td><td>狂犬病</td></tr> </table>	<input type="checkbox"/>	日本腦炎	<input type="checkbox"/>	退伍軍人病	<input type="checkbox"/>	麻風	<input type="checkbox"/>	瘧疾	<input type="checkbox"/>	麻疹	<input type="checkbox"/>	腦膜炎雙球菌感染	<input type="checkbox"/>	流行性腮腺炎	<input type="checkbox"/>	副傷寒	<input type="checkbox"/>	瘟疫	<input type="checkbox"/>	狂犬病	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>回歸熱</td></tr> <tr><td><input type="checkbox"/></td><td>風疹 (德國麻疹)</td></tr> <tr><td><input type="checkbox"/></td><td>猩紅熱</td></tr> <tr><td><input type="checkbox"/></td><td>嚴重急性呼吸系統綜合症</td></tr> <tr><td><input type="checkbox"/></td><td>破傷風</td></tr> <tr><td><input type="checkbox"/></td><td>傷寒</td></tr> <tr><td><input type="checkbox"/></td><td>斑疹傷寒</td></tr> <tr><td><input type="checkbox"/></td><td>病毒性肝炎</td></tr> <tr><td><input type="checkbox"/></td><td>百日咳</td></tr> <tr><td><input type="checkbox"/></td><td>黃熱病</td></tr> </table>	<input type="checkbox"/>	回歸熱	<input type="checkbox"/>	風疹 (德國麻疹)	<input type="checkbox"/>	猩紅熱	<input type="checkbox"/>	嚴重急性呼吸系統綜合症	<input type="checkbox"/>	破傷風	<input type="checkbox"/>	傷寒	<input type="checkbox"/>	斑疹傷寒	<input type="checkbox"/>	病毒性肝炎	<input type="checkbox"/>	百日咳	<input type="checkbox"/>	黃熱病
<input type="checkbox"/>	急性脊髓灰質炎 (小兒麻痺)																																																											
<input type="checkbox"/>	阿米巴痢疾																																																											
<input type="checkbox"/>	桿菌痢疾																																																											
<input type="checkbox"/>	水痘																																																											
<input type="checkbox"/>	霍亂																																																											
<input type="checkbox"/>	登革熱																																																											
<input type="checkbox"/>	白喉																																																											
<input type="checkbox"/>	食物中毒																																																											
<input type="checkbox"/>	甲型流行性感冒(H5)、甲型流行性感冒(H7) 或甲型流行性感冒(H9)																																																											
<input type="checkbox"/>	日本腦炎																																																											
<input type="checkbox"/>	退伍軍人病																																																											
<input type="checkbox"/>	麻風																																																											
<input type="checkbox"/>	瘧疾																																																											
<input type="checkbox"/>	麻疹																																																											
<input type="checkbox"/>	腦膜炎雙球菌感染																																																											
<input type="checkbox"/>	流行性腮腺炎																																																											
<input type="checkbox"/>	副傷寒																																																											
<input type="checkbox"/>	瘟疫																																																											
<input type="checkbox"/>	狂犬病																																																											
<input type="checkbox"/>	回歸熱																																																											
<input type="checkbox"/>	風疹 (德國麻疹)																																																											
<input type="checkbox"/>	猩紅熱																																																											
<input type="checkbox"/>	嚴重急性呼吸系統綜合症																																																											
<input type="checkbox"/>	破傷風																																																											
<input type="checkbox"/>	傷寒																																																											
<input type="checkbox"/>	斑疹傷寒																																																											
<input type="checkbox"/>	病毒性肝炎																																																											
<input type="checkbox"/>	百日咳																																																											
<input type="checkbox"/>	黃熱病																																																											

由下述醫生根據《防止傳染病蔓延規例》作出通知

_____ 醫生 (請用正楷填寫姓名)	____ / ____ / ____ (日期)
------------------------	----------------------------

電話號碼： _____	_____ (簽署)
-------------	---------------

附註：
-----