

Advisory Council on Food and Environmental Hygiene

**Prevention and Control of
Human Swine Influenza Infection in Hong Kong**

PURPOSE

This paper briefs Members on the latest situation and measures being taken by the Government to prevent and control the spread of the human swine influenza (Flu A H1N1) infection in Hong Kong.

LATEST SITUATION

Global situation

2. On 30 April 2009 (Hong Kong time), the World Health Organization (“WHO”) raised the alert level for swine influenza pandemic to Phase 5, signifying that a global pandemic is imminent. The Government has been monitoring the global situation of human swine influenza (HSI) infection closely, with reference to, amongst others, reports issued by WHO and other national health authorities. During the past week, newly confirmed case of HSI have continued to emerge in more countries, and the total number of countries/areas with confirmed cases has increased up to 41 (including Hong Kong SAR) as of 18 May 2009. Apart from Mexico, US and Canada in North America, there is evidence suggestive of community spread in Spain and UK in Europe and Japan in Asia (notable for being the first country in our region, the Western Pacific Region of the WHO, to show evidence of community transmission). The global number of confirmed HSI cases has continued to rise, totalling more than 8 800 including 74 fatal cases as of 18 May 2009.

Local situation

3. Having regard to the outbreak of HSI infection in Mexico and the United States in April 2009, we have stepped up our local surveillance of the disease since 25 April 2009. Doctors and hospitals

are requested to report to the Centre for Health Protection (CHP) cases that fulfill reporting criteria¹ for further investigation. As at 11:00 a.m., 18 May 2009, a total of 166 cases were reported since 25 April 2009; 147 of them tested negative for swine influenza, and 16 patients still under isolation pending results of laboratory testing. There were so far 3 patients tested positive for swine influenza in Hong Kong. The first case was confirmed on 1 May 2009 involving a 25-year-old Mexican who arrived Hong Kong on 30 April. He had recovered and was discharged from the Princess Margaret Hospital (PMH) on 8 May 2009. The second case was confirmed on 13 May 2009 involving a 24 year-old male Hong Kong resident who arrived Hong Kong from San Francisco on 11 May. As at noon, 18 May, the patient is under isolation at PMH in stable condition. The third case was confirmed on 17 May 2009 involving a 23-year-old student, a Guangdong resident studying in the United States who travelled from New York to Hong Kong. He is now under isolation at PMH in stable condition.

4. The latest local and global situation of HSI infection is set out at [Annex A](#).

PREVENTIVE STRATEGY AND MEASURES

5. The Administration has taken prompt actions to deal with the emergence of HSI infection. We raised the response level from “alert response level” to “serious response level” under the Emergency Preparedness for Influenza Pandemic in Hong Kong on 26 April 2009. As soon as the confirmation of the first case in Hong Kong on 1 May 2009, we have raised the response level to “Emergency” level. An Emergency Response Level Steering Committee on Human Swine Influenza (Flu A H1N1) Pandemic chaired by the Chief Executive comprising Principal Officials of relevant bureaux and heads of concerned departments was established on 1 May 2009 to formulate and coordinate an overall disease control strategy and to oversee implementation of measures taken. The strategy for preventing and controlling HSI focuses on the following -

¹ Under the current reporting criteria, an individual fulfilling both the clinical criteria and epidemiological criteria should be reported to CHP for further investigation. Clinical criteria include person with acute respiratory illness, characterized with body temperature > 38 degrees Celsius and cough and/or sore throat, or person with pneumonia, or person died of unexplained acute respiratory illness. Epidemiological criteria include person with history of recent (7 days before onset of illness) travel to affected areas, or person with recent (7 days before onset of illness) contact with patient with swine flu or patient who has febrile respiratory illness and has visited the affected areas during the 7 days preceding his/her illness onset

- a) Enhancing surveillance and controlling the disease at the border control points and in the community;
- b) stepping up responses in hospitals and clinics and enhancing capacity;
- c) mobilizing the community to step up disease prevention effort;
- d) maintaining transparency of information;
- e) fostering collaboration with WHO, Mainland and overseas health authorities; and
- f) ensuring adequacy of legal powers in disease control.

6. A summary of measures being taken by Government bureaux and departments, the Hospital Authority (HA) and relevant parties are at **Annex B**.

STRATEGY AND MANAGEMENT OF HUMAN SWINE INFLUENZA

7 Having taken into consideration local data and experience in handling three HSI cases in Hong Kong, as well as new findings outside Hong Kong, the Government has adopted a revised strategy against this pandemic influenza. These public health strategies are characterized in two phases: containment and mitigation.

8. The World Health Assembly (WHA) currently underway in Geneva is discussing among other things the measures to tackle HSI as a global pandemic, and we have had first hand information exchanges with health experts about HSI. There appears to be emerging evidence that this novel virus remains relatively milder so far with limited mutability and Tamiflu remains an effective chemoprophylaxis against HSI so far. There also appears to be evidence that mortality rate outside Mexico is fairly similar to that of seasonal flu. Some countries which already have significant community transmission of the virus have adopted measures akin to treating seasonal flu in mitigating the pandemic. There is obviously a need to continuously adjust containment and mitigation measures accordingly as we gain more knowledge about the virus and as the global pandemic evolves.

Late containment phase

9. With the HSI progressing into a global pandemic and with the virus already widely-spread in North America and more recently spreading to our close neighbour Japan with signs of community transmission, it is our assessment that we are now probably at the late stage of the containment phase of our disease control strategy. It is a matter of time before we will have occurrence of the first local HSI case, signifying the transition into the mitigation phase of our strategy when mitigation takes priority. This may occur in the very near future, but before it does, during this late containment phase, we will continue to uphold the same objective of containing possible onward transmission by imported index cases thus preventing community spread. We consider that the objective of the containment strategy can be reasonably achieved so long as we can maintain good adherence to chemoprophylaxis supplemented by personal protective measures and close medical surveillance for symptoms and isolation as necessary. The new arrangement will involve daily reporting to specified Department of Health clinics for medication and medical checks. For details, please see **Annex C**.

Special consideration for schools

10. Schools remain a particularly important consideration. We remain of the view that, as a prudent measure to slow the local transmission of the disease, when the first local HSI case occurs, all primary schools, kindergartens, nurseries and other pre-schools should be closed for up to 14 days in the first instance and to be reviewed as appropriate. Meanwhile, we will assess the need to keep schools open for children where the parents have difficulties in arranging alternative child care, while avoiding dense congregation of children to minimise the risk of disease transmission.

Early mitigation phase

11. When the first local HIS case occurs, we will be entering the early mitigation phase, when local transmission will still be in its early stage. We would continue to maintain medical surveillance and chemoprophylaxis for close contacts during the early mitigation phase with a view to slowing the transmission of the disease. The general guidance for management of HIS contacts during the early mitigation phases is set out at **Annex D**. A range of public health measures may also be deployed in mitigation phase as the disease progress as appropriate:

- a) Active promotion and adoption of basic measures: personal protective measures such as hand hygiene and use of face masks; personal care for those who fall ill; environmental hygiene, etc.;
- b) Social distancing: school closure, work place contingencies, cancellation of mass gatherings, etc.;
- c) Antiviral stockpile mobilized for treatment of patients, chemoprophylaxis of healthcare workers and essential service providers in the public sector;
- d) Vaccine administration if available;
- e) Mobilize private sector, NGOs to increase medical surge capacity;
- f) Private enterprises mobilize business continuity plans;
- g) Self-care: sick patients stay home until their illness is over for at least 48 hours; and
- h) Risk communication to different community segments.

12. When the first local HSI case occurs, specific measures to be taken will include:

- a) suspending classes in all primary schools, kindergartens, nurseries and other pre-schools for up to two weeks in the first instance;
- b) opening seven Hospital Authority designated clinics for patients with flu symptoms, providing treatment including antiviral medication targeting high-risk patients such as those with underlying medical conditions;
- c) further enhancing the cleaning and environmental hygiene efforts of the community; and
- d) engaging different sectors and stakeholders in the community, briefing them on the disease control strategy and measures, and mobilising them to initiate response plans on preparedness for HSI.

SAFETY OF PORK CONSUMPTION AND MEASURES FOR LOCAL PIG FARMS AND SLAUGHTERHOUSES

13. Apart from adopting the above strategy and management of HSI, the Centre for Food Safety (CFS) has been monitoring closely World Health Organization (WHO), World Organization for Animal Health

(OIE), Food and Agriculture Organization of the United Nations (FAO) and other regulatory authorities' advice/action related to food safety. In this regard, we note that WHO issued a joint statement with OIE, FAO and World Trade Organization (WTO) on 30 April 2009, saying that influenza viruses were not known to be transmissible to people through eating processed pork or other pork products. It also stated that pork and pork products which were handled properly and thoroughly cooked would not be a source of infection. Such joint statement was re-issued on 7 May 2009. The Food and Environmental Hygiene Department (FEHD) has uploaded the information in the above statement and other advice relating to food safety on the department's website.

14. Despite the above, as a precautionary measure, the Government has stepped up the monitoring of local and imported live pigs and pork since the discovery of HSI cases in the world. The Agriculture, Fisheries and Conservation Department (AFCD) has completed inspections of all 43 local pig farms and issued guidelines to pig farmers, reminding them to stay vigilant and maintain good environmental/personal hygiene as well as bio-security measures on the farms, such as wearing masks when taking care of pigs and washing hands frequently. Furthermore, AFCD has set up a hotline for pig farmers to enquire and report any issues related to HSI. So far, no abnormalities have been found in local pig farms. FEHD has also reminded slaughterhouse staff and people who might be in contact with live pigs to pay attention to personal hygiene, wear masks and appropriate protective gear. Both AFCD and FEHD had collected nasal swabs from live pigs for testing. All swabs were tested negative to Influenza A using polymerase chain reaction (PCR) tests. The Government will continue to closely monitor the situation and ensure that only healthy pigs were slaughtered for human consumption.

ENVIRONMENTAL HYGIENE MEASURES

15. Maintaining good personal and environmental hygiene is the first line of prevention against the spread of disease. Since the outbreak of HSI in Mexico, all government bureaux and departments have stepped up cleansing and disinfection of their offices as well as premises and facilities under their management. For example, FEHD has stepped up the cleansing of streets and roads, public markets, public toilets, etc. The Housing Department has increased cleansing and disinfection frequency at public rental housing estates and encouraged members of Estate Management Advisory Committees to participate in floor washing

campaigns. The Lands Department has also undertaken a programme to maintain cleanliness and cut grass on all Government fenced-up sites. The Leisure and Cultural Services Department has enhanced the cleanliness of parks, sports centres, public libraries while the Home Affairs Department has increased the frequency of cleansing at community halls/ community centres and public enquiry service centres.

16. Apart from the efforts of the Government, the support of the community is vital to promoting a cleaner and healthier living environment. To call for pro-active community participation, the Government has published a guide to personal, home and environmental hygiene entitled "Keep Clean, Be Healthy". The booklets have been sent to all households by Hong Kong Post and uploaded onto government websites. The Government has also provided extra resources for District Councils (DCs), schools, etc., and joined hands with the DCs, public utilities, public transport operators, non-governmental organisations and various business associations to promote a clean and healthy environment. For instance, the Transport Department has all along been closely monitoring public transport operators' implementation of appropriate precautionary measures. The Lands Department has requested Members of the Real Estate Developers Association of Hong Kong to step up cleansing and disinfection of the private shopping centres and other facilities under their management. To maximize public awareness, a "Clean Hong Kong Day" was held on 10 May with over 80 activities organized territory-wide on that day.

17. The Government, DCs and non-governmental bodies will, in the weeks and months ahead, continue to organize over 200 activities to keep the environment clean and to promote good personal and environmental hygiene. As part of the campaign, FEHD has with the agreement of DCs and DOs selected 86 black spots throughout the territory, and will arrange major clean-up operations to address environmental hygiene problems at these spots. They include both public areas as well as private rear lanes which are accessible to members of the public. FEHD plans to cover all 86 black spots within a month, followed by subsequent upkeep. To achieve lasting improvements, FEHD will also liaise with relevant departments (e.g. HyD, BD) to arrange re-paving of broken pavements/road surfaces, repair of defective pipes, etc. which often contribute to environmental hygiene problems.

WAY FORWARD

18. As we are still ascertaining the clinical severity of HSI, we need to be very cautious in dealing with the situation. We would continue to take comprehensive and stringent measures to prevent and control the spread of the disease in Hong Kong. We will closely monitor the latest situation including the scientific development and advice from WHO; and to continue to implement appropriate measures to safeguard the health of our people.

Food and Health Bureau
May 2009

**Local and Global Situation of
Human Swine Influenza (Flu A H1N1) Infection**

I. Local Situation of Infection in Humans (position as at 11:00 a.m., 18 May 2009)

- Enhanced local surveillance for swine influenza infection in humans has been effective since 25 April 2009. Cases that fulfill the reporting criteria will be reported by doctors and public/private hospitals to the Centre for Health Protection (CHP). They will be put under isolation in public hospitals pending the results of laboratory testing. Details as follows –

Cumulative number of cases reported to CHP for testing since 25 April 2009	166
Number of patients tested negative for swine influenza	147
Number of patients still under isolation pending results of laboratory test for swine influenza	16
Number of patients tested positive for swine influenza	3

II. Global Situation of Infection in Humans (position as at 2:00 p.m., 18 May 2009)

- As of 2:00 p.m., 18 May 2009, 41 countries/areas in total (including Hong Kong SAR) have reported 8,829 confirmed cases of Human Swine Influenza (Flu A H1N1), including 74 fatal cases. Details are as follows-

Area/Country	Total No. of Confirmed cases	No. of fatal cases
Argentina	1	0
Australia	1	0
Austria	1	0
Belgium	5	0
Brazil	8	0
Canada	496	1
Chile	1	0
China	3	0
Colombia	11	0
Costa Rica	9	1
Cuba	3	0
Denmark	1	0
Ecuador	1	0
El Salvador	4	0
Finland	2	0
France	14	0
Germany	14	0
Guatemala	3	0
Hong Kong SAR	3	0

Area/Country	Total No. of Confirmed cases	No. of fatal cases
India	1	0
Ireland	1	0
Israel	7	0
Italy	9	0
Japan	125	0
Malaysia	2	0
Mexico	3,103	68
Netherlands	3	0
New Zealand	9	0
Norway	2	0
Panama	54	0
Peru	1	0
Poland	1	0
Portugal	1	0
Republic of Korea	3	0
Spain	103	0
Sweden	3	0
Switzerland	1	0
Thailand	2	0
Turkey	2	0
United Kingdom	101	0
USA	4,714	4
Total :	8,829	74

**Actions/Measures taken to prevent and control
Human Swine Influenza (Flu A H1N1) infection in Hong Kong**

Action Areas	Actions/Measures taken
Isolation and Quarantine	
1. The Metropark Hotel	<ul style="list-style-type: none"> • The Director of Health ordered the Metropark Hotel in Wanchai to be isolated under the Prevention and Control of Disease Ordinance. Hotel guests and staff were quarantined. • Tamiflu was provided to quarantined persons. • A help desk was set up at the Hotel with parties including the Department of Health (DH), Home Affairs Department (HAD), Social Welfare Department (SWD), Immigration Department, Civil Aid Service, Auxiliary Medical Service and the Police. • SWD, working with HAD on site, provided daily necessities and emotional support to the quarantined persons. • Cleansing and disinfection of the hotel lobby and common areas were carried out by Food and Environmental Hygiene Department while the cleansing and disinfection of bathrooms in individual guest rooms were undertaken by the hotel management. Laundry service for the quarantined persons was provided. • The Immigration Department arranged for extension of stay for hotel guests where necessary. • A hospitality package for the quarantined was distributed to those under quarantine at the hotel, quarantine centres and hospitals. • Books and magazines were made available to quarantined people in the hotel.

Action Areas	Actions/Measures taken
	<ul style="list-style-type: none"> • Travel arrangements and 2 nights' free hotel for visitors after expiry of the quarantine period were assisted by China Travel Service with support of Hong Kong Tourism Board, and the Travel Industry Council. • Certificates of Conclusion of Quarantine were issued to those completed quarantine without symptom of being infected. • The hotel and nearby streets were thoroughly cleansed and disinfected after the end of quarantine.
2. Quarantine Centres (Lady MacLehose Holiday Village and Lei Yue Mun Park and Holiday Village)	<ul style="list-style-type: none"> • Books, magazines, newspapers, game sets, internet, TV, DVD players, and other daily necessary items were made available to quarantined persons. • Other quarantine camps are being identified.
3. Close contacts tracing	<ul style="list-style-type: none"> • The Centre for Health Protection works closely with the Immigration Department, the Hong Kong Police Force and the relevant parties such as the concerned airline to trace people who have been in contact with patients infected with HSI.
Border Control	
4. Health declarations	<ul style="list-style-type: none"> • All inbound travelers arriving at airport and other land and sea boundary control points are required to fill in health declaration forms.
5. Health checks for in-bound travelers	<ul style="list-style-type: none"> • All inbound passengers at all boundary control points are subject to temperature screening. • Travelers from affected places found to have swine influenza symptoms will be taken to hospitals for further investigation. • Help desks have been set up at all land boundary control points starting from 1 May 2009.

Action Areas	Actions/Measures taken
6. Health advice to tourists	<ul style="list-style-type: none"> • Health education pamphlets have been distributed to travellers at all boundary control points. Health advice messages have been broadcast on board flights and vessels arriving Hong Kong. • The Hong Kong Tourism Board has distributed information leaflets at its Visitor Centres. • Travel Agents Registry and the Travel Industry Council have reminded tourist guides and inbound agents especially those receiving tours from affected areas to refer tourists with flu symptoms to seek medical consultation.
Local disease surveillance and control strategy and measures	
7. Surveillance	<ul style="list-style-type: none"> • Swine influenza was gazetted as a statutorily notifiable disease with immediate effect from 27 April 2009 under the Prevention and Control of Disease Ordinance (Cap. 599) and as a specified disease under the Prevention and Control of Disease Regulation (Cap.599A). • The Hospital Authority (HA) activated an e-flu system for public hospitals to report all influenza-like illness in patients with relevant travel and contact history since 27 April 2009. • Surveillance at private hospitals has also been stepped up.
8. Public Health and Clinical aspects	<ul style="list-style-type: none"> • Laboratory testing for swine influenza for suspected cases conducted by HA and Centre for Health Protection. • 1400 isolation beds in 14 HA hospitals have been mobilized to receive reported cases. The first 20 confirmed cases will refer to Infectious Disease Centre of Princess Margaret Hospital and subsequent cases will be referred to other hospitals.

Action Areas	Actions/Measures taken
9. Supplies of drugs and masks	<ul style="list-style-type: none"> • The Department of Health (DH) and HA have stockpiled around 20 million doses of antiviral drugs. A 3-month stock of personal protective equipment has been maintained by DH and HA. • DH and HA has been monitoring closely the adequacy of its drug supplies and personal protective equipment in light of latest development.
10. Environmental hygiene	<ul style="list-style-type: none"> • FEHD will disinfect hotels/hostels in which patients or his/her contacts have stayed. Lift and escalators in public markets and cemeteries and crematoria venues are disinfected on an hourly basis. • Walls and floors of all public markets, public toilets and refuse collection points are disinfected daily. Disinfection of various facilities in public toilets has been increased to once every two hours. • Street washing of public area at busy locations and hawker permitted places have been increased to once every two days, using disinfectant. • Each District Council will be provided with a provision of \$500,000 to enhance cleansing at the district level. • Hygiene guidelines have been issued to all owners' corporations, owners' committee, mutual assistance committees and the Hong Kong Association of Property Management Companies, licensed hotels/guesthouses, bedspace apartments, karaokes and clubs to encourage enhanced cleansing and improvement of hygiene.

11. Food Safety	<ul style="list-style-type: none"> • The Centre for Food Safety (CFS) has been monitoring closely World Health Organization (WHO)/OIE (World Organization for Animal Health)/FAO (Food and Agriculture Organization) and other regulatory authorities' advice/action related to food safety. So far, WHO/OIE/FAO have not issued advice to suspend import of live pigs or pork products from affected areas. Relevant information on swine flu has been uploaded onto CFS' website for the general public's information.
Social and Economic Impact	
12. Schools	<ul style="list-style-type: none"> • The Education Bureau has issued letters to all kindergartens, kindergarten-cum-child care centres, primary and secondary schools as well as tertiary institutions on preventive measures against swine influenza. Masks and cover for thermometers will be provided to schools upon request. • Schools with cross-boundary students have been informed of the need to fill out health declaration forms at the land control points. Assistance has also been provided to students in completing the health declaration forms at collection counters. • We have informed the public examination candidates, principals of participating schools, centre supervisors and invigilators on the influenza contingency and enhanced precautionary measures of the Hong Kong Examination and Assessment Authority. • Additional face masks and infrared thermometers have been prepared for public exam use. Centre supervisors are asked to report on a daily basis where candidates with a fever or flu symptoms

	<p>take the examination at the back/in a corner of the exam hall/room or in another classroom.</p> <ul style="list-style-type: none"> We have briefed the school sector about the Administration's new strategy and management of HSI, including the conditions under which school closure will be required.
Government/community mobilization	
13. Farm and slaughterhouses	<ul style="list-style-type: none"> The Agriculture, Fisheries and Conservation Department (AFCD) and FEHD have strengthened inspection of farms and cleansing of slaughterhouses and have conducted tests on pigs in farms and slaughterhouses. Testing of samples taken from the farms and the slaughterhouses so far is negative for HSI. Mainland authorities have been informed to strengthen surveillance and inspection at registered farms supplying pigs to Hong Kong. Health advisory notices and guidelines on prevention of pig diseases including swine influenza have been issued to all pig farmers. Guidelines on personal hygiene were provided to staff and workers in the slaughterhouses. AFCD also met with pig farmers and poultry farmers to brief them on the latest situation and remind them on insecurity measures. A hotline has been set up for pig farmers.
14. Public transport/essential services	<ul style="list-style-type: none"> Public transport operators, public utilities, telecommunication operators, the Housing Authority and the Housing Society have been asked to step up their cleansing efforts and to implement appropriate precautionary measures against swine influenza.

	<ul style="list-style-type: none"> • Telecommunication operators have been reminded to clean all telephone booths and public telephones on a regular basis. • Social welfare service units of SWD and non-government organizations have been requested to guard against swine influenza, especially at institutions, child care centres and elderly homes. All residential care homes for the elderly and for disabled persons, and day service units have been advised to conduct a thorough cleansing and disinfectant exercise on the premises. SWD has also activated its Departmental Emergency Response Team. • IT companies (e.g. Hong Kong Cyberport Management Company Ltd and Hong Kong Internet Registration Corporation Ltd) have been reminded to step up preventive and response measures against swine influenza.
Communication	
15. General public	<ul style="list-style-type: none"> • A mini-webpage on HSI has been created at CHP's website on 26 April 2009 to provide daily updates to the public. • DH has started running a 24-hour telephone hotline (2125 1111) on 30 April 2009 to answer any public enquiry. • A new dedicated Government website "The Fight Against Pandemic Disease" was launched on 6 May. • New radio and TV Announcement of Public Interests on HSI have been broadcast. • Swine flu leaflet is being translated into 7 languages for distribution to ethnic minorities.

<p>16. Medical Sector/Expert Group</p>	<ul style="list-style-type: none"> • Letters have been issued to healthcare professionals and Chinese Medicine practitioners to keep them abreast of the development. • The Hong Kong St John Ambulance and the Auxiliary Medical Services have been providing assistance in building surge capacity when necessary. • Briefings have been provided to the Hong Kong Medical Association, the Hong Kong Academy of Medicine, Hong Kong Doctors' Union, the Private Hospitals Association, and the Scientific Committee of CHP.
<p>17. External</p>	<ul style="list-style-type: none"> • CHP has been providing daily report on the latest situation of swine influenza to WHO, health authorities of the Mainland and Macao since 1 May 2009. • Briefings on the latest development have been provided to Chairmen and Vice Chairmen of District Council (DC). DH has started attending meetings of DCs to brief all DC members on HSI. • Briefings for Heung Yee Kuk, and all Consulate Generals in Hong Kong have also been provided. • All local chambers/industrial association have been informed of the latest situation and remind them of the need to take precautionary measures. • DH will continue to provide health talks to various parties including the Employers' Federation of Hong Kong.
<p>18. Overall preparedness</p>	<ul style="list-style-type: none"> • Employers and employees have been called to step up flu precautionary measures. Mobilisation plan has been activated to further enhance inspections of workplaces at a higher risk of infection, including 15 designated HA hospitals, 18 fever clinics and 38 elderly homes.

	<ul style="list-style-type: none">• Guidelines for employers and employees on prevention of HSI and related employment issues have also been issued. In collaboration with the Occupational Safety and Health Council, a public seminar has been organized on 18 May and the other two will be held on 27 May and 4 June respectively to raise public awareness of preparedness for HSI in the workplace.
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**General Guidance for Management of Contacts of Confirmed Human Swine Flu Cases
in Different Settings During the Late Containment Phase**

Setting	Close contacts	Social/Other contacts	Remarks
HSI in hotel	Guests and staff who stayed/served on the same floor/same service section on the same floor (depending on actual configuration), other close contacts: directly observed chemoprophylaxis plus medical surveillance	Other guests and staff at hotel: medical surveillance, chemoprophylaxis	Disinfect floor/section that the case stayed.
HSI on inbound flight	Passengers in same row and 3 rows in front and 3 rows behind and crew who have served the same cabin: directly observed chemoprophylaxis plus medical surveillance	Other passengers: medical surveillance, chemoprophylaxis	Advise to disinfect plane.
HSI in home, local resident	All close contacts: directly observed chemoprophylaxis plus medical surveillance	Social contacts: medical surveillance, chemoprophylaxis	Advise to disinfect household.
HSI in workplace	Co-worker close contacts: directly observed chemoprophylaxis plus medical surveillance	Other workers sharing same office environment: medical surveillance, chemoprophylaxis	Advise to disinfect workplace.
HSI in elderly home	All residents, unprotected staff and visitors with close contact: directly observed chemoprophylaxis plus medical surveillance	Visitors with no close contact: medical surveillance, chemoprophylaxis	Advise to disinfect elderly home. Elderly home staff to provide in-situ care. Infection control measures instituted early.

Setting	Close contacts	Social/Other contacts	Remarks
HSI in school	Teachers and students with close contact: directly observed chemoprophylaxis plus medical surveillance	Other staff and students of school: medical surveillance, chemoprophylaxis	For first local HSI case, all primary schools, kindergartens, nurseries and pre-schools may be closed for up to 14 days subject to review. Other schools with a confirmed case to close for 14 days in the first instance. Advise to disinfect schools.

Note:

- (1) The table above summarises the general guidance for management of contacts of confirmed HSI cases. The precise specification will have to be determined on a case-by-case basis having regard to actual circumstances of the settings.
- (2) Existing legislation allows the Director of Health and health officers considerable discretion to take the most appropriate steps in accordance with the actual circumstances, and quarantine measures may still be applied where the circumstances warrant.
- (3) For close contacts subject to directly observed chemoprophylaxis (DOC) plus medical surveillance, quarantine would still be maintained for those who fail to comply or fail to report to DH for medical surveillance.
- (4) First local HSI case is defined as occurrence of a confirmed local case that has no identifiable link, such as travel to an affected area in the previous 7 days, or exposure to a confirmed index case with such history or his secondary contacts.
- (5) During the late containment phase, contact tracing would not normally be conducted for public places with ill-defined contacts or where no contact list is available.

**General Guidance for Management of Contacts of Confirmed Human Swine Flu Cases
in Different Settings During the Early Mitigation Phase**

Setting	Close contacts	Remarks
HSI in hotel	Guests and staff who stayed/served on the same floor/same service section on the same floor (depending on actual configuration), other close contacts: medical surveillance, chemoprophylaxis	Disinfect floor/section that the case stayed.
HSI on inbound flight	Passengers in same row and 3 rows in front and 3 rows behind and crew who have served the same cabin: medical surveillance, chemoprophylaxis	Advise to disinfect plane.
HSI in home, local resident	All close contacts: medical surveillance, chemoprophylaxis	Advise to disinfect household.
HSI in workplace	Co-worker close contacts: medical surveillance, chemoprophylaxis	Advise to disinfect workplace.
HSI in elderly home	All residents, unprotected staff and visitors with close contact: medical surveillance, chemoprophylaxis	Advise to disinfect elderly home. Elderly home staff to provide in-situ care. Infection control measures instituted early.
HSI in school	Teachers and students with close contact: medical surveillance, chemoprophylaxis	For first local HSI case, all primary schools, kindergartens, nurseries and pre-schools may be closed for up to 14 days subject to review. Other schools with a confirmed case to close for 14 days in the first instance. Advise to disinfect schools.

Note:

- (1) The table above summarises the general guidance for management of contacts of confirmed HSI cases. The precise specification will have to be determined on a case-by-case basis having regard to actual circumstances of the settings.
- (2) Existing legislation allows the Director of Health and health officers considerable discretion to take the most appropriate steps in accordance with the actual circumstances, and quarantine measures may still be applied where the circumstances warrant.
- (3) First local HSI case is defined as occurrence of a confirmed local case that has no identifiable link, such as travel to an affected area in the previous 7 days, or exposure to a confirmed index case with such history or his secondary contacts.
- (4) During the early mitigation phases, contact tracing would not normally be conducted for social or other contacts as the priority shifts to mitigation measures.