



Guidance Notes for Management of Communicable Disease Outbreaks in Private Hospitals

1. Purpose

- 1.1. This document has been developed in collaboration with the Communicable Disease Branch and Infection Control Branch of the Centre for Health Protection (CHP) and provides general guidance for private hospitals licensed under the Private Healthcare Facilities Ordinance (Cap. 633) to manage outbreaks of communicable diseases in the private hospital setting.
- 1.2. The main objective of outbreak management in private hospitals is to protect hospital patients and staff by identifying the source and implementing control measures to prevent further spread or recurrence of the infection. Other objectives include refining outbreak management, training and disseminating lessons learnt for improving communicable disease control at the hospital.

2. Relevant Regulatory Requirements

- 2.1. The Department of Health (DH) regulates private hospitals under the Private Healthcare Facilities Ordinance (Cap. 633). The Code of Practice for Private Hospitals (CoP), issued by the Director of Health under section 102 of Cap. 633; sets out the licensing standards in respect of the governance, staffing, facilities and equipment, service delivery, quality and safety of care, price transparency and other matters related to the operation of a hospital.
- 2.2. Under section 11.1 of the CoP, an infection control programme must be established to ensure the safety of both hospital staff and patients. Written policies, procedures and guidance for the prevention and control of infection must be developed, including, among others, notification of suspected outbreak of infectious disease to CHP of DH and management of the outbreaks.
- 2.3. Sections 11.2 and 11.3 of the CoP specify that private hospitals must establish a high level infection control committee (ICC) and infection control team (ICT)

for implementation of infection prevention and control measures. The ICC must include at least one member who is a specialist in clinical microbiology & infection, infectious disease, or public health medicine; and develop infection control policies, endorse infection control guidelines, and monitor the work of the ICT in carrying out the infection control programmes.

- 2.4. Clauses 11.3.2, 11.3.5 and 6.5 (c) of the CoP further stipulate that the ICT, headed by a trained infection control practitioner, should undertake on-going activities and surveillance to monitor nosocomial infections, outbreaks of infectious diseases and to detect multi-drug resistant organisms. In the event of unusual clustering of communicable diseases, the hospital is required to inform the Director of Health upon identification, in addition to the statutorily reportable infectious diseases specified in the Prevention and Control of Disease Ordinance (Cap. 599).

3. Notification of Hospital Outbreak and Conducting Outbreak Investigations

- 3.1. ICT of a private hospital is headed by a designated and trained infection control practitioner, the Infection Control Officer (ICO), who leads a team of Infection Control Nurses (ICNs). The work of ICT is supported by timely medical and microbiological services. ICT conducts timely risk assessment of a suspected cluster of infectious disease cases in the hospital, documents the findings properly and implements appropriate infection control measures. ICT should seek advice from CHP with respect to investigation and strengthening management measures as appropriate.

- 3.2. In the event that a hospital outbreak is suspected or established, ICT should notify the Central Notification Office (CENO) of CHP via fax or email by a standardised report form (Report Form for Infectious Disease Outbreak at [Annex](#)), and should be preceded by phone if immediate action is necessary. The notification form is available at the following URL: https://cdis.chp.gov.hk/CDIS_CENO_ONLINE/ceno.html

Place of notification	Telephone (office hour)	Fax	E-mail	Emergency after office hour (pager)
CENO	2477 2772	2477 2770	diseases@dh.gov.hk	7116 3300 call 9179 (MCO)

- 3.3. Upon notification, CHP will contact ICT to verify the details. In general, CHP will request ICT to provide the following information:
 - 3.3.1. Background information of the affected ward(s) – location & floor plan, nature of the ward and type of inpatients, bed capacity, number of staff and patients, etc.
 - 3.3.2. Information of the affected cases – case definition, onset date, no. of affected cases identified, line listing of cases including basic demographic details, symptoms, onset date, condition, admission and discharge dates, risk factors, bed location, etc.
 - 3.3.3. Actions taken by ICT for outbreak investigation and control – isolation and/or cohort management of cases, case findings and medical surveillance, enhanced infection control measures with monitoring, arrangement for visiting, admission and transfer, risk communication, etc.
- 3.4. ICT must take full responsibility of monitoring the implementation of appropriate infection control measures at the earliest possible time. ICT should consult CHP to assess if a meeting on outbreak management with CHP is to be convened. If such a meeting is to be convened, the composition of the meeting should include:
 - 3.4.1. Private hospital representatives: Chief Medical Executive (“CME”)/ deputy CME, ICT, a senior nursing staff, a senior administrative staff, ward representatives and media relations persons
 - 3.4.2. CHP representatives from Communicable Disease Branch and Infection Control Branch
- 3.5. The meeting will discuss epidemiological information, infection control measures and actions to be taken, including risk communication measures. CHP representatives may also visit the affected ward/area with ICT to review infection control measures and provide recommendations if necessary. Private hospitals should cooperate with CHP’s instructions / advice.
- 3.6. ICT should be responsible to conduct contact tracing, medical surveillance and to implement infection control measures. ICT should agree with CHP the period of medical surveillance and provide regular update to CHP when new cases are identified during the period.

- 3.7. CHP will communicate with the Office for Regulation of Private Healthcare Facilitates (ORPHF) about its investigation findings. ORPHF will assess if there is non-compliance with Cap. 633 and CoP and institute regulatory actions against the private hospital concerned if indicated.

4. Risk Communications

- 4.1. Private hospitals should keep their staff, public, and media informed without prejudicing the investigation and without compromising any statutory responsibilities and legal requirements.
- 4.2. CHP and/or private hospital may consider to issue press release concerning the outbreak, and issue press updates when further cases are identified.
- 4.3. Any press statements or responses to press enquiries to be issued by the private hospital involving DH should have obtained prior agreement from DH.
- 4.4. Private hospitals should establish mechanism to disseminate the lessons learnt from the outbreak to its staff and associated doctors.

5. Reference

- 5.1. Private hospitals are advised to take reference from “ICB Infection Control Guidelines” devised by CHP, which are available at the following URL: <http://www.chp.gov.hk/en/guideline1/346/349/365.html>

Restricted

**REPORT TO DEPARTMENT OF HEALTH ON POISONING OR COMMUNICABLE DISEASES
OTHER THAN THOSE SPECIFIED IN THE PREVENTION AND CONTROL OF DISEASE ORDINANCE
(CENTRAL NOTIFICATION OFFICE, CENTRE FOR HEALTH PROTECTION)
(FAX: 2477 2770; TEL: 2477 2772)**

PARTICULARS OF AFFECTED PERSON

Name in English:	Name in Chinese:	Age/Sex:	I.D. Card/Passport No.:
Residential address:		Telephone Number:	
Name and address of workplace/ school:		(Home):	
Job title/ Class attended:		(Mobile):	
Hospital/ Clinic sent to (if any) :		(Office/ school/ others):	
		Hospital/A&E No.:	

Disease ["✓"] below Suspected/Confirmed on ____ / ____ / ____ (dd/mm/yyyy)

<input type="checkbox"/> Suspected Outbreak Please specify the nature of outbreak: _____ Number of persons affected: _____
<input type="checkbox"/> Infectious Disease that is rare, severe or important (e.g. acute flaccid paralysis, <i>Vibrio vulnificus</i> infection etc.) Please specify: _____
<input type="checkbox"/> Chinese medicine-related Adverse Event Please specify: _____ (Please attach supplementary form for reporting Chinese medicine-related adverse events)
<input type="checkbox"/> Heavy Metal Poisoning Please specify: _____
<input type="checkbox"/> Other Poisoning Please specify: _____

Remark: For occupational infection or poisoning specified in Schedule 2 of the Occupational Safety and Health Ordinance, please notify Labour Department as appropriate. Details can be found on the website <http://www.labour.gov.hk>

Reported by

Dr. _____ of _____ Hospital / Clinic / Private Practice
(Full Name in BLOCK Letters)
_____ Ward / Unit / Specialty on ____ / ____ / ____ (Date: dd/mm/yyyy)

Telephone No.: _____ Fax No.: _____

(Signature)

Remarks:
