

Imported prepackaged lemon juice concentrate suspected to contain undeclared preservative

The Centre for Food Safety (CFS) of the Food and Environmental Hygiene Department today (January 4) announced that a batch of prepackaged lemon juice concentrate produced in Italy was suspected to contain a preservative, sulphur dioxide, but it was not declared on the product's food label. The CFS advised consumers who are allergic to sulphur dioxide to refrain from consuming the affected batch of the product. The trade should also stop using or selling the product concerned immediately.

Product details are as follows:

Product name: Würzmittel mit Zitronensaft (lemon juice concentrate)
Product brand: Piacelli Citrilemon
Place of origin: Italy
Packing: 200 millilitres per pack
Best-before-date: July 14, 2020

"The CFS received a notification from the Rapid Alert System for Food and Feed (RASFF) of the European Commission that the above-mentioned product was suspected to contain sulphur dioxide but undeclared on the food label. According to information provided by the RASFF, a local importer, Coils Electronic Co. Ltd. had imported the affected product into Hong Kong," the spokesman said.

The CFS immediately contacted the importer concerned for follow up. Preliminary investigation found that importer had imported the affected batch of product which were on sale in its chain stores. The CFS has instructed the importer to stop sale and remove from shelves the affected batch of product and initiate a recall. Members of the public may call the importer's hotline at 3960 9349 during office hours for enquiries about the recall.

Sulphur dioxide is a water soluble preservative of low toxicity. However, susceptible individuals who are allergic to this preservative may experience breathing difficulties, headache and nausea.

The CFS will alert the trade, continue to follow up on the incident and take appropriate action. Investigation is on-going.

CHP investigates three cases of severe paediatric influenza A infection

The Centre for Health Protection (CHP) of the Department of Health is today (January 4) investigating three cases of severe paediatric influenza A infection.

The first case involves a 4-year-old boy with good past health, who has presented with fever, cough with sputum and runny nose since December 28. He was admitted to Hong Kong Baptist Hospital (HKBH) on December 31 and was subsequently transferred to the paediatric intensive care unit (PICU) of Kwong Wah Hospital for further management today. He is now in a serious condition. His nasopharyngeal swab tested positive for influenza A(H3) virus upon laboratory testing. The clinical diagnosis was influenza A infection complicated with severe pneumonia.

Initial enquiries revealed that the patient had received seasonal influenza vaccination (SIV) for the current season and had travelled to the United Kingdom from December 12 to 26. His elder brother was diagnosed with pneumonia and admitted to HKBH and is now in a stable condition, while his father and grandmother had upper respiratory tract infection symptoms recently and had already sought medical attention without hospitalisation. His other home contacts have remained asymptomatic so far.

The second case involves a 4-year-old girl with good past health, who has presented with fever, cough, runny nose, decreased appetite and vomiting since December 26. She was brought to the Accident and Emergency Department of Princess Margaret Hospital (PMH) yesterday and was admitted to the PICU of PMH on the same day. She is now in a serious condition. Her nasopharyngeal aspirate (NPA) tested positive for influenza A virus upon laboratory testing. The clinical diagnosis was influenza A infection complicated with severe pneumonia.

Initial enquiries revealed that the patient had not received SIV for the current season and had no travel history during the incubation period. Her father and elder sister had upper respiratory tract infection symptoms recently and are in a stable condition. Her other home contacts have remained asymptomatic so far.

The third case involves a 6-year-old girl with good past health, who has presented with fever, cough and vomiting since January 1. She was admitted to United Christian Hospital (UCH) yesterday and was subsequently transferred to the PICU of UCH for further management on the same day. She is now in a critical condition. Her NPA tested positive for influenza A virus upon laboratory testing. The clinical diagnosis was influenza A complicated with encephalitis.

Initial enquiries revealed that the patient had not received SIV for the current season and had no travel history during the incubation period. Her

younger brother had influenza-like illness (ILI) symptoms since December 31 and had already sought medical attention and recovered. Her other home contacts have remained asymptomatic so far.

The CHP's investigations are ongoing.

"Hong Kong has entered the 2018-19 winter influenza season. We anticipate that local seasonal influenza activity will continue to rise in the coming weeks and remain at an elevated level for some time. Members of the public should remain vigilant for protection against influenza," a spokesman for the CHP said.

"Particularly, children, people aged 50 to 64 years, the elderly and those with underlying illnesses who have not yet received influenza vaccination this season are urged to get vaccinated as early as possible to prevent seasonal influenza as it takes about two weeks for antibodies to develop in the body after vaccination. They should promptly seek medical advice if influenza-like symptoms develop so that appropriate treatment can be initiated as early as possible to prevent potential complications. Parents and carers are reminded to render assistance in prevention, care and control for vulnerable people," the spokesman added.

Besides receiving seasonal influenza vaccination as early as possible for personal protection, the public should maintain good personal and environmental hygiene for protection against influenza and other respiratory illnesses. For more information, please visit the CHP's [influenza page](#) and weekly [Flu Express](#).

Correctional officers stop fighting among persons in custody

Correctional Officers at Shek Pik Prison on Lantau Island stopped a fight among persons in custody today (January 4).

At 1.20 pm today, nine male persons in custody aged from 24 to 38 engaged in a fight inside workshop. Officers at the scene immediately stopped the fight and called for reinforcements.

Two correctional officers sustained minor injuries to the head and knee respectively during the process of stopping the fight. The officer who sustained a knee injury was referred to a public hospital for further treatment after examination and treatment provided by the institution Medical Officer. One of the persons in custody also sustained injuries to his head and was referred to a public hospital for further treatment after treatment by the institution Medical Officer. After examination and treatment provided by the institution Medical Officer, the others involved did not need

to be sent to public hospital. The case has been reported to the Police for investigation.

The Correctional Services Department (CSD) immediately deployed reinforcements including a Regional Response Team, officers of the Security Section and a Dog Unit to conduct a search operation on a targeted location and persons in custody at Shek Pik Prison. At the moment, the aforementioned persons in custody suspected of being involved in the fight have been removed from association with one another and are under investigation. The atmosphere at Shek Pik Prison is currently stable. The CSD will continue to closely monitor any developments and the activities of the persons in custody concerned.

Shek Pik Prison is a maximum security institution for the detention of male adult persons in custody.

[SLW visits Sham Shui Po District \(with photos\)](#)

The Secretary for Labour and Welfare, Dr Law Chi-kwong, today (January 4) visited Sham Shui Po District, where he toured a youth hostel and a music education body and met with District Council members.

Accompanied by the Chairman of the Sham Shui Po District Council (SSPDC), Mr Ambrose Cheung, and the District Officer (Sham Shui Po), Mr Damian Lee, Dr Law visited YHA Mei Ho House Youth Hostel. The revitalised Mei Ho House invited past residents to contribute to exhibitions about the building and has introduced life in old estates to students through teaching materials and guided tours. Dr Law said he appreciated that students could learn more about the essence of neighbourhood with a deeper understanding of social capital from these activities.

He then proceeded to the Music Children Foundation, an organisation receiving a grant in the First Round Application of the Dedicated Portion of the Partnership Fund for the Disadvantaged (PFD) for implementing after-school learning and support programmes. The Foundation had provided free music training for underprivileged children since April 2016 with both its business partner's sponsorship and the Government's matching grant. Concerts have been held to boost participants' confidence during performance.

Dr Law said he was glad to note that, upon completion of the above project supported by the PFD's Dedicated Portion in March 2018, the Foundation obtained sponsorship from other charitable organisations to extend the project to other districts across the territory, achieving the goal of promoting partnership among the welfare sector, business corporations and the Government to help the disadvantaged.

The Social Welfare Department is inviting a new round of applications for the PFD. Its Regular Portion has so far approved grants of over \$437 million for 923 welfare projects covering more than 1 million disadvantaged persons, while its Dedicated Portion has approved about \$180 million in grants for 239 after-school learning and support projects benefiting more than 100 000 primary and secondary school students.

Prior to the visits, Dr Law went to the SSPDC to exchange views with SSPDC members on labour and welfare issues as well as matters of local concern.



CHP investigates case of invasive meningococcal infection

The Centre for Health Protection (CHP) of the Department of Health is today (January 4) investigating a case of invasive meningococcal infection, a communicable disease transmitted by direct contact with droplets from carriers or infected persons.

The case involves a 1-year-old baby boy with good past health, who had presented with fever, cough, vomiting and rash over limbs since January 3. He was sent to the Accident and Emergency Department of Queen Elizabeth Hospital for medical attention and was admitted on the same day. His clinical

diagnosis was meningitis. The patient is now in a stable condition.

His cerebrospinal fluid sample tested positive for *Neisseria meningitidis* upon laboratory testing.

Initial enquiries revealed that the patient had no recent travel history. His home contacts have remained asymptomatic so far. The CHP's investigation is continuing.

"Meningococcal infection is caused by a bacterium known as meningococcus. It is mainly transmitted by direct contact through respiratory secretions, including droplets from the nose and throat, from infected persons. The incubation period varies from two to 10 days, and is commonly three or four days," a spokesman for the CHP said.

The clinical picture may vary. Severe illness may result when the bacteria invade the bloodstream (meningococcaemia) or the membranes that envelop the brain and spinal cord (meningococcal meningitis).

Meningococcaemia is characterised by sudden onset of fever, intense headache, purpura, shock and even death in severe cases. Meningococcal meningitis is characterised by high fever, severe headache and stiff neck followed by drowsiness, vomiting, fear of bright light, or a rash. It can cause brain damage or even death. The brain damage may lead to intellectual impairment, mental retardation, hearing loss and electrolyte imbalance. Invasive meningococcal infections can be complicated by arthritis, inflammation of the heart muscle, inflammation of the posterior chamber of the eye or chest infection.

Meningococcal infection is a serious illness. Patients should be treated promptly with antibiotics.

To prevent meningococcal infection, members of the public are advised to take heed of the following measures:

- Wash hands with liquid soap and water properly, especially when they are dirtied by respiratory secretions, e.g. after sneezing, and clean hands with alcohol-based handrub when they are not visibly soiled;
- Cover the nose and mouth while sneezing or coughing, hold the spit with tissue, dispose of nasal and mouth discharge in a lidded rubbish bin, and wash hands immediately;
- Avoid crowded places;
- Avoid close contact with patients who have fever or severe headache;
- Travellers to high-risk areas may consult doctors for meningococcal vaccination; and
- Travellers returning from high-risk areas should seek medical advice if they become ill and should discuss their recent travel history with their doctor.

The public may visit the CHP's [website](#) for more information on meningococcal infection.