

# Update on cases of Legionnaires' disease

The Centre for Health Protection (CHP) of the Department of Health today (June 11) reported the latest number of cases of Legionnaires' disease (LD), and stressed the importance of using and maintaining properly designed man-made water systems, and that susceptible groups should strictly observe relevant precautions.

From June 3 to 9, one community-acquired LD case was reported. The 64-year-old male patient, with good past health, lives in Elegant Court, Phase 2, Pictorial Garden, 23 On King Street, Sha Tin District.

"Epidemiological investigations are ongoing to identify potential sources of infection, high-risk exposure and clusters, if any," a spokesman for the CHP said.

As of June 9, 22 LD cases had been reported in 2018. In 2017 and 2016, there were 72 and 75 cases respectively.

"Men, people aged over 50, smokers, alcoholics and persons with weakened immunity are more susceptible to LD. Some situations may also increase the risk of infection, including poor maintenance of water systems leading to stagnant water; living in areas with old water systems, cooling towers or fountains; using electric water heaters, whirlpools and spas or hot water spring spas; and recent stays in hotels or vessels," the spokesman said.

Legionellae are found in various environmental settings and grow well in warm water (20 to 45 degrees Celsius). They can be found in aqueous environments such as water tanks, hot and cold water systems, cooling towers, whirlpools and spas, water fountains and home apparatus which support breathing. People may get infected when they breathe in contaminated droplets (aerosols) and mist generated by artificial water systems, or when handling garden soil, compost and potting mixes.

Immunocompromised persons should:

- Use sterile or boiled water for drinking, tooth brushing and mouth rinsing;
- Avoid using humidifiers, or other mist- or aerosol-generating devices. A shower may also generate small aerosols; and
- If using these devices, fill the water tank with only sterile or cooled freshly boiled water, and not tap water. Also, clean and maintain them regularly according to manufacturers' instructions. Never leave stagnant water. Empty the water tank, wipe all surfaces dry, and change the water daily.

The public should observe the health advice below:

- Observe personal hygiene;
- Do not smoke and avoid alcohol;
- Remove strainers in water taps and shower heads quarterly for cleaning;
- If a fresh water plumbing system is properly maintained, it is not necessary to install domestic water filters. Use of water filters is not encouraged as clogging occurs easily, which can promote growth of micro-organisms. In case water filters are used, the pore size should be 0.2 micrometres (µm) and they need to be changed periodically;
- Drain and clean water tanks of buildings at least quarterly;
- Drain or purge for at least one minute the infrequently used water outlets (e.g. water taps, shower heads and hot water outlets) and stagnant points of the pipework weekly or before use;
- Seek and follow medical advice regarding the use and maintenance of home respiratory devices and use only sterile (not distilled or tap) water to clean and fill the reservoir. Clean and maintain them regularly according to the manufacturer's instructions. After cleaning/disinfection, rinse the device with sterile water, cooled freshly boiled water or water filtered with 0.2-µm filters. Never leave stagnant water. Empty the water tank, keep all surfaces dry, and change the water daily; and
- When handling garden soil, compost and potting mixes:

1. Water gardens and compost gently using low pressure;
2. Open composted potting mixes slowly and make sure the opening is directed away from the face;
3. Wet the soil to reduce dust when potting plants; and
4. Avoid working in poorly ventilated places such as enclosed greenhouses.

The public may visit the CHP's [LD page](#), the [Code of Practice for Prevention of LD](#) and the [Housekeeping Guidelines for Cold and Hot Water Systems for Building Management](#) of the Prevention of LD Committee, and the CHP's [risk-based strategy](#) for prevention and control of LD.

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## Transcript of remarks by STH

Following is the transcript of remarks by the Secretary for Transport and Housing, Mr Frank Chan Fan, at a media session after attending the public hearing of the Legislative Council Public Accounts Committee today (June 11):

Reporter: Mr Chan, do you, yourself, know that one of the subcontractors has been contacting the Government about the scandal? Has the Government not learnt enough in this case? Has someone not done the job to alert the top minister about this incident?

Secretary for Transport and Housing: In respect of the question you just

asked, my colleagues in office, at the time when they received the email (from China Technology Corporation Limited), they had promptly sent it to the subject team to follow up. Our colleagues at the Highways Department have also followed up with the China Technology and the MTR (Corporation Limited). So far, we have very openly disclosed to the media all the facts and data. If you like, you may refer to those press statements.

(Please also refer to the Chinese portion of the transcript.)

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## HA announces enhanced clinic booking with voice input

The following is issued on behalf of the Hospital Authority:

The Hospital Authority (HA) today (June 11) announced the introduction of a new voice input method in the general out-patient clinic (GOPC) telephone appointment system to become effective from 5pm this Saturday (June 16) to make it easier for the public to book a medical consultation service.

According to the HA spokesperson, the Authority has been soliciting and gathering public views and suggestions on the GOPC telephone appointment system with a view to continuously improving and enhancing the services. "While the system has all along been providing the key-in mode of input, the voice input method is being introduced to offer one more option to cater to the specific needs of different users, such as elders, in making telephone bookings. With the new function in place, users can complete the appointment booking by simply narrating the personal information under the instructions.

"The voice input method is able to recognise three different languages, namely Cantonese, English and Putonghua. While the original key-in mode will remain, the flow of appointment bookings of the two input methods is identical. Users are allowed to choose between the two that suit them best to make an appointment booking. They have to provide the required information under instructions through a clear voice input," the spokesperson added. Notice will be posted in the clinics to inform members of the public of the introduction of the new voice input method.

The spokesperson said that the HA has recently added 75 lines to the telephone appointment system to cope with the increasing demand for general outpatient services, thereby enhancing the accessibility of the service. Furthermore, a total of 55,000 additional consultations is also planned for the GOPC service in the current financial year (2018-19).

Launched in 2006, the GOPC telephone appointment system allows patients to make appointments at home instead of queuing for discs, thereby

alleviating the problems of overcrowding and long waiting times in clinics as well as reducing the risk of cross-infection among patients. Through the system, which currently operates round-the-clock with about 800 lines, patients with episodic diseases can book, at any time of the day, consultation time slots at GOPCs during the next 24 hours.

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## **Employers and employees should take precautions against heat stroke**

As the Hong Kong Observatory has issued the Very Hot Weather Warning, the Labour Department (LD) reminds employers and employees to take appropriate precautions to prevent heat stroke.

Heat stroke could occur if an employee works in a hot or humid environment for prolonged periods of time, as the body may fail to regulate its temperature by effective heat dissipation through sweating.

The early symptoms of heat stroke include feeling thirsty, fatigue, nausea and headache. Later, the victim may experience shortness of breath, rapid and weak pulse, dizziness, confusion or even loss of consciousness and convulsion.

For example, construction workers, cleaning workers, kitchen workers and porters are more prone to heat stroke when working for long hours in such an environment, especially if appropriate preventive measures have not been taken.

The LD reminds employers to arrange for a suitable assessment of the risk of heat stress in the work environment and take appropriate preventive measures. The LD has produced two leaflets entitled "Checklist for Heat Stress Assessment at Construction Sites" and "Checklist for Heat Stress Assessment at Outdoor Cleansing Workplaces" respectively. Employers engaged in construction or outdoor cleaning work are advised to refer to these checklists in assessing the risk of heat stress at their workplaces. As for heat stress assessment at a workplace in general, employers can refer to a booklet entitled "Risk Assessment for the Prevention of Heat Stroke at Work" produced by the LD.

The LD also reminds employers and employees to take the following precautions to prevent heat stroke:

### **Employers**

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(1) Take heed of the weather report and adopt shift work arrangements for employees to reduce their exposure to the hot environment, or arrange

appropriate rest breaks for them during very hot periods;

- (2) Avoid working under direct sunlight and set up temporary sunshade wherever possible;
- (3) Provide cool potable water for employees at all times during work. If necessary, provide drinks containing minerals for employees to replenish loss of electrolytes during profuse sweating;
- (4) Minimise physical demands by using tools or mechanical aids at work;
- (5) Increase air flow by enhancing ventilation or air-conditioning as appropriate;
- (6) Isolate heat-generating facilities at the workplace and use insulating materials to minimise heat dissipation to the other work areas; and
- (7) Provide relevant information and training for employees on heat stroke such as preventive measures and first aid treatment.

## Employees

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- (1) Wear clothing made of suitable materials (for example, cotton) that is loose-fitting and light-coloured to help heat dissipation, minimise heat absorption and allow sweat evaporation;
- (2) Wear a wide-brimmed hat when working outdoors;
- (3) Drink plenty of water or other appropriate beverages to replenish the fluids and electrolytes lost through sweating; and
- (4) Whenever there are any symptoms of heat stroke, inform supervisors and take appropriate actions immediately.

Some employees may have difficulty in adapting to a hot working environment owing to their own health conditions. Employers should take this into account and consider the recommendations of their doctors when assigning work to these employees.

In addition to the publications on risk assessment, the LD has produced a leaflet entitled "Prevention of Heat Stroke at Work in a Hot Environment" for the public. The publications can be obtained free of charge from the offices of the Occupational Health Service of the LD, or downloaded from the department's webpage at [www.labour.gov.hk/eng/public/content2\\_9.htm](http://www.labour.gov.hk/eng/public/content2_9.htm).

The LD organises occupational health talks in public places and at its own training venues regularly to raise employers' and employees' awareness of occupational health. Details of health talks on the prevention of heat stroke at work in June to September are as follows:

### (A)

Dates: June 19 and 26; July 9 and 24; August 2, 13 and 30; and September 13 and 24 (am);  
June 22; July 5, 20 and 30; August 8 and 22; and September 5, 20 and 27 (pm)  
Time: Half-day  
Venue: Occupational Safety and Health Training Centre of the Labour Department, 13/F, Kolour Tsuen Wan I, 68 Chung On Street, Tsuen Wan, New Territories

### (B)

Dates: July 13 and 27 and August 10 and 20

Time: Half-day, morning

Venue: Occupational Safety and Health Centre of the Labour Department, G/F, Kwun Tong Community Health Centre Building, 60 Hip Wo Street, Kwun Tong (MTR Kwun Tong Station Exit A1)

(C)

Date: June 13 and August 13

Time: 3pm to 4.30pm

Venue: Lecture Hall, Hong Kong Space Museum, 10 Salisbury Road, Tsim Sha Tsui, Kowloon (MTR Tsim Sha Tsui Station Exit E)

(D)

Date: July 16 and September 14

Time: 3pm to 4.30pm

Venue: Activity Room I, Hong Kong Central Library, 66 Causeway Road, Causeway Bay, Hong Kong (Opposite Victoria Park, MTR Tin Hau Station Exit B)

For enrolment or enquiries about these occupational health talks, please call 2852 4040 or 2361 8240 (for talks organised at the Occupational Safety and Health Centre). Moreover, the LD also provides an outreach health education service and occupational health nurses will, on invitation, disseminate occupational health information at workplaces at a convenient time. Please contact the nursing officer at 2852 4062 for details. All these health talks are free of charge.

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## **Office of The Ombudsman announces results of direct investigation into Immigration Department's mechanism for following up on cases of unregistered birth**

The following is issued on behalf of the Office of The Ombudsman:

The Ombudsman, Ms Connie Lau, today (June 11) announced the completion of a direct investigation into the mechanism for following up on cases of unregistered birth by the Immigration Department (ImmD). The investigation report has been uploaded to the Office of The Ombudsman website at [www.ombudsman.hk](http://www.ombudsman.hk) for public viewing.

A tragedy happened in Hong Kong in which a 15-year-old girl plunged to

her death from a building. It was later discovered that the girl and her younger sister were born in Hong Kong, but their parents had never registered their births. In view of the public outcry arising from the incident, the Office decided to launch this direct investigation.

The Office's investigation found that prior to the tragic incident, ImmD's follow-up actions on cases of unregistered birth were feeble and ineffective. The department only sent out reminders in a routine manner to alert the parents concerned but never referred such cases to its Investigation Division, let alone instituted any prosecution. The situation was extremely undesirable as the follow-up procedure under ImmD's old mechanism was tantamount to inaction. In the wake of the tragedy, ImmD immediately reviewed its practice and introduced a new follow-up mechanism. Nevertheless, upon examination, the Office found that there is still room for further improvement. In particular, the cases often involve complicated family problems and call for the department's early intervention.

In this light, the Office made four recommendations to ImmD for improvement:

1. to collaborate with hospitals to solve the problem of incomplete address on birth returns;
2. to initiate early intervention in cases of unregistered births;
3. to enhance its public education campaign; and
4. to examine possible ways to strengthen the existing follow-up mechanism, including the feasibility of establishing a mandatory notification mechanism.

The department has accepted all the recommendations and implemented some already.