

Report of the Expert Group on Melamine Incident

**Submitted to the Chief Secretary for Administration
(20 October 2008)**

Introduction

In September 2008, in the wake of the discovery of melamine in infant formula produced in the Mainland and that there were infants and children in the Mainland who suffered from Kidney stones and kidney failure after consuming these melamine contaminated milk and dairy products, Food and Health Bureau (FHB) took immediate action to address local public concerns on food safety, the health impact on infant/children who might have consumed such contaminated milk and dairy products; and the setting up of dedicated public health services for health screening for children at or under 12 years of age.

Setting up of Expert Group on Melamine Incident

2. An Expert Group on Melamine Incident (the Group) chaired by the Secretary for Food and Health was set up on 26 September 2008 to ensure the protection of the health of our citizens. The Group's Terms of Reference is in **Annex A**. The Group comprises members from both the public and private sectors : academics, medical, public health, food safety and public communication experts, and representatives of a number of Government Bureaux and Departments. The Group's membership list is in **Annex B**. The Group has also formed three Sub-groups to look into different issues : namely the Health Services Sub-group, the Treatment Sub-group and the Food Safety, Supply and Control Sub-group. The Terms of Reference and the membership of these three Sub-groups are in **Annexes C, D and E**.

3. The Group met twice on 26 September and 20 October 2008 and each Sub-group met once. This report is endorsed by the Group at its meeting on 20 October 2008.

Present situation

4. Our public health services have been able to cope with the demand in various aspects. The Hospital Authority's (HA's) 18 Designated Clinics (DCs) and nine Special Assessment Centre (SACs) have been able to meet the demand for screening of Hong Kong children at or under 12 years of age. The attendance rate was high when the screening service first commenced at the end of September but it has now stabilized and is on a decreasing trend. HA has also provided treatment for ten reported cases so far. The surveillance conducted by the Centre for Health Protection (CHP) of the Department of Health (DH) have fully performed their functions of collecting, collating and disseminating daily information on case reports. The Centre's telephone hotline service was in high demand at the beginning and this is now reduced.

5. Notwithstanding the novel nature of the melamine tainted milk product (MTMP) disorders, our local clinical experts have been able to gather information from Mainland and local hospitals, and make recommendations on the case definition, diagnosis and clinical treatment of these cases. Further clinical follow-up and research studies are being considered.

6. We are mindful of the need to enhance food safety for our citizens. The Centre for Food Safety (CFS) has intensified its surveillance, sampling and testing of milk and dairy products on a systematic basis, with priorities for infant formula and food for babies. The results are announced and uploaded onto the CFS website the same day for public information. With over 2,500 tests conducted so far, about 1% of the samples were found to contain melamine exceeding the legal limit. All infant formula in the local market have been tested and the results are satisfactory. The testing programme is continuing smoothly with a more targeted approach. After setting legal standards for melamine in food, top priority is given to further legislative amendments to empower the authorities to, when necessary, issue orders to prohibit input and sale, and order recall of problem food.

Action Progress and Recommendations of the Expert Group

Health Services

7. Noting that it is essential to allay public fear through answering the questions they have on their or their children's health; providing free and accessible health screening service in the public sector for eligible Hong Kong children at or under 12; coordinating with the private medical sector to ensure that we have daily assessment of the territory-wide situation and ensuring that the public health screening service is meeting the demand, the Food and Health Bureau receives daily reports on the various services. These are : the telephone hotline operated by the CHP of DH and the report of cases from both the public and private medical sectors; the capacity and attendance numbers at HA's 18 DCs and nine SACs; and the cross border movement of people including arrival and departure of children under 11 who are re-entry permit holders at our land and ferry control points. The Group's observations and recommendations are set out below :

(a) **CHP** : From the daily number of telephone enquires handled, the height of public concern was at end September. Since the setting up of the hotline on 21 September 2008, which operated daily from 9 am to 5 pm, CHP handled over 1,000 telephone enquiries from 23 to 26 September 2008 per day, peaking on 25 September 2008 which registered 1,876 enquiries. The number has decreased substantially since, down to 65 on 18 October 2008. The CHP has handled a total of 9,866 telephone enquiries from 21 September to 18 October 2008. The Group endorses that the hotline should continue to operate during office hours on weekdays and Saturday mornings but in view of the reduced demand, it can stand down its service on Saturday afternoon and Sunday.

(b) **CHP case reports** : As of 19 October 2008, CHP

received a total of 10 case reports, of which 2 came from the private medical sector, 4 from HA SACs and 4 from other units of HA. This notification arrangement and daily public announcement of case report should continue until further notice.

- (c) **HA DCs and SACs** : Since 23 September 2008, HA has set up 18 DCs and nine SACs. On average, the DCs provide 2,000 consultations per day, but on Saturdays, Sundays and school holidays, the demand increases, peaking at 4,160 on Saturday 27 September 2008, decreasing to 3,598 on 1 October 2008 (National holiday) and 976 on Saturday 18 October 2008. The SACs provide on average about 500-600 consultations per day. Although it is not possible to identify how many Hong Kong born children living in the Mainland have come to Hong Kong for the screening service, the attendance rate during the National Day extended holiday suggests that there has not been an unusual surge and the increased demands tie in with local school holidays. HA has extended its operating hours during the National Day extended holiday, with the Department of Health deploying staff to HA. As of 18 October 2008, the DCs have screened 41,748 cases and the SACs assessed 12,394 cases. The DCs and SACs have now reverted to its regular operating hours and the Group agrees that this could continue, while the demand should be closely monitored and the operating hours adjusted if the demand warrants increased service. The daily report and public announcement of attendances will also continue. Government have announced earlier that the DCs and SACs will operate for six months and this remains our plan.
- (d) **The private medical sector** : Screening service is available in the private hospitals and by medical doctors. Although they are requested to report cases to CHP, we have no information on the number of screenings

conducted by the private medical sector.

Medical Treatment

8. Given the novel nature of the MTMP disorders and the lack of any human literature (and scant animal studies), there is as yet no widely accepted consensus on clinical epidemiologic features, screening, diagnosis and management. The Group sent a delegation to Mainland from 28 to 30 September 2008 to gather information and exchange experience on the screening and clinical management of children affected by MTMP. Working with our local experts, drawing from the knowledge we gain in Mainland, and researching literatures published by the World Health Organization (WHO) and others overseas institutions, the Group deliberated on the case definition, reporting criteria, clinical management (screening, diagnosis and treatment) and scope of further studies/research on MTMP disorders. The recommendations are set out below :

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- (a) **Surveillance case definition** : According to the WHO, a case for surveillance purpose is defined as “an infant with kidney stones or other kidney problems (e.g. anuria, renal failure) having consumed powdered infant formula produced in China before 6 August 2008, and where other potential causes of kidney stones have been excluded by differential diagnosis”. Drawing on this reference and clinical experience, the Group endorsed the adoption of a set of more specific case definitions in three categories, namely “suspected case, probable case and confirmed case”. These definitions are in **Annex F**. CHP will communicate with MoH and WHO to relay Hong Kong’s set of case definitions and disseminate the same to local health professionals. The proposed set of definitions will be revisited from time to time, as and when new information becomes available taking reference from scientific consensus internationally.
 - (b) **Reporting criteria** : The present reporting criteria used by CHP should continue to be used, i.e. “any child

presenting with renal diseases including calculi and with history of exposure to melamine containing dairy product”.

- (c) **Clinical Management** : HA will communicate with private sector clinicians regarding HA’s current screening, diagnosis and treatment principles which have been promulgated within HA. HA will revisit the referral criteria from DC to SAC, taking into account new evidence and empirical experience and other service factors.
- (d) **Data analysis** : HA will systematically analyse the data collected at DCs and SACs. The results will be used for further risk assessment and risk communication, and for refinement of referral criteria and clinical management protocols.
- (e) Government will commission research to assess the potential medium to long term health effects associated with melamine exposure including laboratory studies and basic science research. These should take the form of multi partite collaboration between DH, HA and the universities.
- (f) FHB will maintain close liaison with the Mainland MoH on developments and exchange views and experience.

Food Safety, Supply and Control

9. The Group noted that the CFS has taken a series of measures to ensure food safety since the discovery of melamine in Mainland infant formula. These include conducting tests on milk and dairy products in the market; making daily announcements on the test results and the latest developments; setting up an enquiry hotline to answer public enquiries about problem food; maintaining close liaison with the trade, overseas and Mainland authorities; monitoring any relevant findings and studies on melamine in food

conducted locally or in overseas jurisdiction; and introducing legislation to regulate the level of melamine in food. FHB has also liaised closely with major importers of infant formula to ensure a stable supply of the product. The Group took note of CFS's work progress and recommendations, which are set out below :

- (a) **Surveillance and sampling** : CFS has been conducting tests through the Government Laboratory (GL) on milk and dairy products on a systematic basis since 11 September 2008. As at 19 October 2008, CFS has conducted tests and announced the test results on over 2,692 samples, of which 32 (covering 15 brands) were found to contain melamine above the legal limits. All implicated products have been withdrawn from the market and the importers concerned have recalled the product on the advice of CFS. Since infants and young children of 36 months old or below are the most vulnerable group, CFS has given top priority to testing infant formula and food for babies. All infant formula in the local market have been tested (84 samples) and the results comply with the legal standard. The Group endorses a priority list for testing of food types with milk content in descending order as follows : infant milk powder and infant food; raw milk/fresh milk; dairy products; dairy based desserts/confectioneries; beverages and drinks; cereals and cereal products; preserves/confectionaries containing milk products; soups, sauces, gravies and salad cream. The test results are published daily through press releases and the websites of CFS and FHB.
- (b) **Surveillance Strategy** : In light of the progress and testing results, CFS shall adjust the focus of the upcoming surveillance programme and map out the long-term testing strategy. As recommended by the Group, CFS shall extend the scope of testing to cover Mainland raw materials commonly used in manufacturing local food products. To this end, CFS

has contacted the major retailers to seek their support in providing market information.

- (c) **Testing Programme** : The Group observed that in the first round of the surveillance from mid September to mid October, about 60-100 samples are tested everyday and a total of over 2,000 have been tested in less than a month's time. The test results show that the number of problem food is about 1% of the total products sampled. Taking the results into account, and the increased emphasis on control at source, CFS will further revise its testing programme. Given the relatively higher risk associated with infant formula and food for pregnant/lactating women, testing of the relevant products will continue in the second round (for two weeks from late October to early November 2008). The measure of testing every consignment of raw milk and pasteurized/UHT milk from the Mainland (which started on 25 September 2008) will continue. Besides snack food with milk ingredient from the Mainland, CFS will also test more products with no milk content but may be subject to melamine contamination (e.g. meat, vegetables and processed food). With a more targeted approach and increased emphasis on control at source in the second round, the Group endorsed that CFS will gradually adjust the quantity of the samples to be tested from 100 per day to around 100 per week.

The Group recommended CFS to conduct a review at the end of the 3-month period to determine the frequency and targeted products testing as part of the routine surveillance programme. Apart from monitoring the situation through testing, CFS will also require importers to provide appropriate certification on the melamine content of the food, should they intend to import products that have been found failing the legal standard under the surveillance.

(d) **Regulatory standards of melamine in food** : The Group noted that FHB and CFS have expeditiously studied the international practice to set a standard which is applicable to local circumstances and amended the Harmful Substances in Food Regulation (Cap 132AF) to set the legal limit of melamine at -

- 1mg/kg for milk, any food intended to be consumed principally by children under the age of 36 months and any food intended to be consumed principally by pregnant or lactating women; and
- 2.5mg/kg for other food.

The Harmful Substances in Food (Amendment) Regulation 2008 was gazetted on 23 September 2008 and came into force the same day. It has been tabled at LegCo on 8 October 2008.

The Group observed that these standards are set with reference to the US Food and Drug Administration (FDA) and are in line with the standards promulgated by most places that have set standards for melamine in food, e.g. New Zealand and Canada. The approach in the Amendment Regulation is considered appropriate to protect public health. CFS will closely monitor international developments in the setting of standards for melamine analogues (which may produce adverse health effects if found present with melamine) and review the current melamine standards accordingly. GL is also working on method development for cyanuric acid and other analogues of melamine.

(e) **GL testing capability** : The Group noted that GL has taken reference of the US FDA quantitative method in its testing of milk powder and dairy products. It provides CFS with an express analytical service to ensure that analytical results are available within 24 hours. With

overtime work and redeployment of resources, GL is able to analyse about 100 food samples for melamine per day. But such intense testing of food samples for a prolonged period will affect its other services and FHB will review the medium and long term resource requirements of GL.

- (f) **Testing capability of private laboratories** : The Group took note that some private laboratories are already offering service to the trade for melamine testing. In addition, a number of local private laboratories are said to have acquired the necessary instruments for melamine testing. GL organized a technical seminar on the chemical testing of melamine in dairy products for the private laboratories on 23 September 2008.
- (g) **Further legislative measures** : FHB will accord top priority to making legislative amendments to the Public Health and Municipal Services Ordinance (Cap 132) to empower the authorities to where necessary issue orders to prohibit import and sale, and order recall of problem food. FHB intends to introduce the Amendment Bill into the Legislative Council in November 2008.

Communication with the Public

10. The Group is keenly aware of public concerns on the incident and considers it highly important to make timely and clear announcements to the public on CFS food testing results, HA's screening services for eligible children and CHP's melamine surveillance reports. These are done daily as mentioned above and we will continue to do so. We will also closely monitor developments in the Mainland and other countries and announce any action we may take arising from these developments.

11. The Group also considers it useful to provide the public, particularly parents with health information relating to MTMP disorders. We have invited clinical experts to explain to the public, the potential health effects of melamine tainted milk and dairy

products. The HA has organized two public health talks on 4 and 5 October 2008. The HA also distributes a note to parents when they bring their children to the DCs on the screening procedures which the children will undergo so as to ease their anxieties. Through the Education Bureau, we have also distributed a pamphlet to schools and parents on the toxicity of Melamine and health effects.

Inter Bureau and Departmental Co-ordination

12. With the Group taking the lead, all Bureaux and Departments concerned have worked smoothly and effectively in addressing the range of issues. The Department of Justice have provided FHB with timely legal advice and drafts of legislative amendments. The Security Bureau and Immigration Department have promptly collected and collated the land and ferry control points arrival and departure statistics for FHB on a daily basis since 28 September 2008. The Education Bureau has helped to disseminate information to schools and parents. The Information Services Department has worked with FHB closely on our daily public announcements and response to the media. DH have deployed resources to handle public enquiries, worked with HA to meet the service demands and participated in the clinical studies. HA staff have worked overtime, rising to the challenge in serving the public in the DCs and SACs and have worked smoothly with government departments concerned. The Group will enlist the support of other departments if necessary.

Non-officials

13. The Expert Group Chairman is grateful to the non-officials who serve on the Group and its Sub-groups for their expert advice and contributions to the deliberations of the Group.

Way Forward

14. The Expert Group will take forward the recommendations set out above and ensure that its tasks, as set out in its Terms of Reference, are promptly and effectively discharged.

The three Sub-groups will closely monitor implementation and report progress to the Expert Group in three months' time. We will remain vigilant on any new development and endeavour to address with top priority, public concerns on the issue. We will keep the Chief Secretary for Administration apprised of our work.

Expert Group on Melamine Incident
Food and Health Bureau
Government Secretariat
20 October 2008

三聚氰胺事件專家小組
Expert Group on Melamine Incident

職權範圍
Terms of Reference

- (一) 確保公營醫療系統的人力及配套設施，能為受三聚氰胺事件影響市民提供適當的身體檢驗及治療，及制訂有效的檢驗及治療程序及方法，和建議有關醫療衛生服務的跟進措施。

To ensure that the manpower and supporting facilities of the public healthcare system can provide appropriate medical assessment and treatment for those citizens affected by the melamine incident, to formulate effective procedures and methods for medical assessment and treatment and to propose follow-up measures on medical and health services.

- (二) 評估事件的影響，確保對有關奶品及相關食品進行有效監察和檢驗，保障市民健康。

To assess the impact of the incident and ensure effective monitoring and inspection on dairy products and related food in order to protect the health of citizens.

- (三) 就對有問題食品限制輸入、銷售及作出回收的最快速及切實可行的立法工作提出建議。

To make proposals on the practical and expeditious means to legislate to prohibit import and sale, and order recall of problem food.

- (四) 制訂向公眾發佈有關的資料，及完善發佈的方法、時間、內容等。

To consider the most effective method, timing and content, etc to disseminate information to the public.

- (五) 密切監察事件發展，包括內地居住的香港兒童來港尋求醫療服務的情況，及落實相關的有效應變措施，包括在學校，口岸及私營醫療服務等方面。

To closely monitor the situation and development of the incident, including the situation regarding Hong Kong children residing in the Mainland coming to Hong Kong to seek medical services, and to put in place effective response measures at schools, border control points and private medical service organizations, etc.

Expert Group on Melamine Incident

Membership List

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Representatives of Education Bureau
Representatives of Security Bureau
Representatives of Department of Health
Representatives of Food and Environmental Hygiene
Department
Representatives of Government Laboratory
Representatives of Immigration Department
Representatives of Information Services Department
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III. Representatives of Consumer Council

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三聚氰胺事件專家小組
食物安全供應及管制工作組
**Food Safety, Supply and Control Sub-group of the
Expert Group on Melamine Incident**

職權範圍
Terms of Reference

- (一) 研究為奶類及相關受三聚氰胺污染的食品進行有效檢驗的策略。

To work out the strategy for effective monitoring and inspection on dairy products and food contaminated by melamine.

- (二) 研究在港供應食物受三聚氰胺污染的問題，並就事件對一般食物安全進行風險評估。

To study the problem of the contamination of food supply by melamine in Hong Kong, and to conduct risk assessment in regard to the impact of the incident on general food safety.

三聚氰胺事件專家小組
食物安全供應及管制工作組
**Food Safety, Supply and Control Sub-group of the
Expert Group on Melamine Incident**

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**Health Services Sub-group of the
Expert Group on Melamine Incident**

職權範圍
Terms of Reference

- (一) 研究及評估含有三聚氰胺污染的奶品及相關食品對市民，尤其是兒童，包括在內地居住的香港兒童，及其他高風險人士的健康造成的影響。

To study and assess the impact of melamine contaminated dairy products and related food on citizens, particularly children including Hong Kong children residing in the Mainland, and other high-risk groups.

- (二) 確保公營醫療系統的人力及相關配套設施，能為受影響市民提供適當的身體檢驗及治療，並經常檢討服務需求及情況。

To ensure that the manpower and related supporting facilities of the public healthcare system can provide appropriate medical assessment and treatment for affected citizens, and to conduct regular review of the situation and service demand.

三聚氰胺事件專家小組
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三聚氰胺事件專家小組
治療工作組
**Treatment Sub-group of the
Expert Group on Melamine Incident**

職權範圍
Terms of Reference

- (一) 制訂有效的檢驗及治療程序及方法，並建議有關醫療衛生的跟進措施。

To formulate effective procedures and methods for medical assessment and treatment, and to propose follow-up measures on medical and health services.

- (二) 參考內地及海外的治療經驗，並就本地個案作醫學研究。

To make reference to the treatment experience in the Mainland and overseas, and to conduct medical research on local cases.

三聚氰胺事件專家小組
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**Treatment Sub-group of the
Expert Group on Melamine Incident**

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杜美琪醫生
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Reporting Criteria

“Any child presenting with renal diseases including calculi and with history of exposure to melamine containing dairy products.”

Case Definition

Suspected case (懷疑病例)	Individuals having consumed food that is tainted with melamine (according to the lists of unsatisfactory/tainted foods promulgated by CFS and/or AQSIQ and/or other official agencies overseas); AND either of the following conditions:- <ul style="list-style-type: none"> ▪ Having a positive ultrasound finding of renal stone(s), sand or filtrated residues,* where other potential causes have been excluded by differential diagnosis; OR ▪ Having a verified, positive history of passing renal stone(s), sand or filtrated residues, where other potential causes have been excluded by differential diagnosis.
Probable case (臨床病例)	A “suspected case” with melamine intake exceeding the tolerable daily intake threshold of 0.63 mg/kg for those over 36 months of age or 0.32 mg/kg body weight for those 36 months or younger **, for a significant duration.
Confirmed case (確診病例)	A “probable case” with laboratory confirmation. ***

* Exact radiologic criteria defining a positive ultrasound examination as per the HA Expert Group on MTMP related Disorders. If ultrasound was performed outside HK, a written report or ultrasound film should be available to confirm the finding.

** According to Centre for Food Safety.

*** Subject to further assessment of technical feasibility and scientific validity.