

立法會
Legislative Council

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Panel on Health Services

**Minutes of special meeting
held on Friday, 14 March 2003 at 4:30 pm
in Conference Room A of the Legislative Council Building**

Members Present : Dr Hon LO Wing-lok (Chairman)
Hon Michael MAK Kwok-fung (Deputy Chairman)
Hon Cyd HO Sau-lan
Hon CHAN Kwok-keung
Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP
Hon Andrew CHENG Kar-foo
Dr Hon TANG Siu-tong, JP
Hon LI Fung-ying, JP

Members Absent : Hon Albert HO Chun-yan
Hon CHAN Yuen-han, JP
Dr Hon YEUNG Sum
Dr Hon LAW Chi-kwong, JP

Members Attending : Hon Howard YOUNG, JP
Hon Emily LAU Wai-hing, JP
Hon Albert CHAN Wai-yip
Hon WONG Sing-chi
Hon IP Kwok-him, JP

Public Officers Attending : Dr E K YEOH, JP
Secretary for Health, Welfare & Food

Mr Thomas YIU, JP
Deputy Secretary for Health, Welfare and Food

Mr Nicholas CHAN
Assistant Secretary for Health, Welfare and Food

Dr William HO, JP
Chief Executive, Hospital Authority

Dr W M KO, JP
Director (Professional Services & Public Affairs)
Hospital Authority

Dr Margaret CHAN, JP
Director of Health

Dr P Y LEUNG, JP
Deputy Director of Health

Clerk in Attendance : Ms Doris CHAN
Chief Assistant Secretary (2) 4

Staff in Attendance : Miss Mary SO
Senior Assistant Secretary (2) 8

I. Recent outbreak of viral infection of staff at the Prince of Wales Hospital
(LC Paper Nos. CB(2)1412/02-03(01) and CB(2)1488/02-03(01))

At the invitation of the Chairman, Director of Health (D of H) briefed members on the latest development of the respiratory tract infection incident, details of which were set out in the Administration's paper (LC Paper No. CB(2)1412/02-03(01)) tabled at the meeting. Director, Hospital Authority (Director, HA) supplemented that since the reports of infections in the Prince of Wales Hospital (PWH), HA had co-ordinated amongst all its hospitals to step up infection control measures and issued guidelines to health care workers on proper preventive measures to be taken when treating patients with respiratory tract infection. To date, the admission statistics of public hospital staff suffering from

respiratory tract infection were as follows - PWH (34), Kwong Wah Hospital (3), Pamela Youde Nethersole Eastern Hospital (PYNEH) (5) and Princess Margaret Hospital (PMH) (1). Amongst them, 29 had shown signs of pneumonia.

2. On behalf of Members, the Chairman thanked health care workers for their dedication in caring for patients with respiratory tract infection.

3. Mr Howard YOUNG said that, in view of the global alert issued by the World Health Organization (WHO) about the outbreak of atypical pneumonia in Hong Kong, the Department of Health (DH) should provide visitors, upon their arrival at Hong Kong, with leaflets on ways to prevent atypical pneumonia and where to seek medical help if they felt unwell. D of H undertook to prepare these leaflets.

(Secretary for Health, Welfare and Food (SHWF) and Chief Executive, HA (CE, HA) joined the meeting at this juncture.)

4. SHWF said that at the moment there was no cause for concern for visitors to Hong Kong as there was no sign of spread of atypical pneumonia in the community. This was evidenced by the fact that there had been no significant increase in the number of pneumonia cases reported in Hong Kong in the past few months. SHWF pointed out that similar to places such as the United States of America, the United Kingdom, the Philippines and Singapore, pneumonia cases occurred in Hong Kong all year round. In Hong Kong, pneumonia was especially prevalent in the months of February, March, July and August. On average, Hong Kong had about 1 500 to 2 000 pneumonia cases every month, and half of them were atypical pneumonia.

5. SHWF further said that what was so unusual at PWH was that many health care workers of Ward 8A had contracted respiratory tract infection with pneumonia developed within a short period of time. To this end, investigation was being conducted by the Department of Health (DH) and HA to look into the matter. Based on available information, it was believed that the infection was transmitted by respiratory droplets and direct contact with a patient's secretions. Hence, the best way to prevent the spread of the infection was for people who cared for patients with respiratory infection symptoms and/or who had close contact with patients with respiratory infection symptoms to observe good personal hygiene and wear face masks.

6. Mr CHAN Kwok-keung asked the following questions -

- (a) Whether consideration could be given to closing PWH temporarily until the infected staff had fully recovered and resumed work and there was no more sign of spread of infection in PWH; and

- (b) Whether infected staff would be entitled to employees' compensation under the Employees' Compensation Ordinance (Cap. 282).

7. CE, HA responded that HA attached great importance to ensuring the well-being of both the physical and psychological health of its staff affected by the infection. For instance, a special clinic in PWH had been set up to perform clinical examination on those staff of Ward 8A of PWH who had not developed symptoms of fever and upper respiratory tract infection. A ward had also been designated in PWH for hospitalisation of those staff of Ward 8A with symptom of fever. Moreover, HA staff not working in Ward 8A of PWH and in other hospitals had also been encouraged to seek medical treatment immediately if they felt unwell. CE, HA further said that he did not see the need to close PWH at this stage, having regard to the facts that there had been no upsurge in the number of patients admitted to PWH in the past few days and there was no further infection amongst health care workers after the stepping up of infection control measures in PWH. Nevertheless, in order to cope with the shortfall of manpower at PWH, various measures, such as referring/transferring some PWH patients to other hospitals in the New Territories East (NTE) cluster for treatment, deploying staff from other hospitals in the NTE cluster and from a central pool of nurses at HA Head Office to work at PWH and curtailing out-patient services, had been implemented. As to Mr CHAN's second question, CE, HA replied in the positive.

8. Mr Michael MAK said that many HA staff were very worried about the absence of effective medication to treat the respiratory tract infection, having regard to the fact that the cause of the infection was still unknown. Mr MAK further said that it could not be ruled out that the infection had spread to the community. If that was the case, there would not be reported infection cases involving health care workers at Kwong Wah Hospital, PYNEH and PMH, albeit in much smaller number than that at PWH. Moreover, a private clinic in Kowloon had temporarily closed down because the doctor and his three nurses had developed pneumonia symptoms. Furthermore, the source and the cause of the infection were yet to be identified. Mr MAK hoped that the Administration and HA would not underplay the severity of the infection for fear of tarnishing Hong Kong's image. Mr MAK also urged the Administration not to reduce funding to HA, as cramped hospital wards were conducive to the spread of infectious diseases. For instance, many hospital wards had to accommodate patients up to over 50% of their capacity. Moreover, the recent outbreak had shown that health care workers were over stretched and further reducing their numbers would seriously undermine HA's capability in coping with an emergency situation effectively.

9. SHWF responded that although the cause of the infection was yet to be identified, it did not necessarily mean that there was no treatment for the disease.

Experts from HA, DH, the Faculty of Medicine of both the Chinese University of Hong Kong and the University of Hong Kong and WHO believed that the causative agent was a virus, either a new or an existing one, and was mainly transmitted by respiratory droplets. Antibiotics or drugs commonly used for treating patients suffering from atypical pneumonia had been used in treating patients. Other special drugs would, however, be used for treating patients who were unresponsive. CE, HA supplemented that discussion was being held with the two universities on developing an appropriate treatment protocol for the infection.

10. SHWF said that to date, no link between the outbreak of respiratory tract infection in the four hospitals, namely, PWH, Kwong Wah Hospital, PYNEH and PMH, was found. CE, HA informed that one each of the infected health care workers admitted to Kwong Wah Hospital and PMH with respiratory tract infection were in fact PWH staff. SHWF further said that the number of infection cases would not stop at 43, as the incubation period of the disease was believed to be between two to seven days. However, efforts had been made to track down the persons who had come into close contact with the infected patients and the former would be advised to seek medical treatment immediately if they felt unwell. SHWF assured members that there was no question of the Administration downplaying the severity of the infection, as support and co-operation from the public was crucial in containing the spread of the infection. To allay public concern over the respiratory tract infection incident, the Administration would hold a press briefing on a daily basis to update the public on the latest developments commencing from 15 March 2003.

11. On HA's resources, CE, HA said that due to tight fiscal constraints, it was incumbent upon HA to see that resources were used in areas most in need. HA envisaged that through rationalisation of services and the implementation of various cost-cutting initiatives, savings would be identified to enable HA to increase resources to alleviate the pressurised areas, such as the shortage of nursing staff.

12. Mr WONG Sing-chi said that in order to prevent the spread of respiratory tract infection to the community, it was of paramount importance that private health care providers would alert DH in the first instance if they detected any confirmed or suspected cases. In the light of this, Mr WONG asked whether there was a notification mechanism on infectious diseases between DH and the private health care providers. Mr WONG further asked whether DH would announce to the public if it suspected there was sign of spread of the infection in the community.

13. D of H responded that a notification mechanism for private health care providers to report infectious diseases already existed. For instance, DH had sent

letters to private hospitals and doctors on 12 March 2003 advising them to take necessary infection control measures in handling patients, and to inform DH immediately if they detected any confirmed or suspected cases. The latter would enable DH to trace the source of the infection and the people who had come into close contact with the patients. D of H assured members that DH would announce to the public if it suspected any sign of spread of the infection in the community at its daily press briefing.

14. Referring to the reports of infections involving one private doctor and his three nurses mentioned by Mr Michael MAK in paragraph 8 above, D of H said that DH immediately launched an investigation after these reports came to the attention of DH on 13 March 2003. The findings revealed that the doctor had treated a patient suffering from pneumonia on 7 March 2003, and later developed pneumonia symptoms on 10 March 2003. However, investigation was still underway to ascertain whether the doctor's illness was caused by his coming into close contact with his pneumonia patient. The doctor was being treated by HA doctors and was presently staying at home in stable condition. As regards the three nurses, D of H said that they were not infected by the pneumonia patient who visited the clinic on 7 March 2003 as they displayed influenza-like symptoms on 3, 4 and 5 March 2003 respectively. These three nurses were eventually admitted to hospitals for treatment, i.e. two at the Baptist Hospital and one at the Tuen Mun Hospital (TMH). The two nurses hospitalised at the Baptist Hospital were in stable condition, whilst the third one had already recovered and had been discharged from TMH.

15. Ms LI Fung-ying said that to say that the number of pneumonia cases in the past few months was similar to the figures during the same period last year would not help to placate concern. The fact of the matter was since 10 March 2003 there had been an unusually high number of health care workers of Ward 8A of PWH found to have developed respiratory tract infection or had clinical features of pneumonia. Ms LI further said that there were reports that HA had ordered its staff on sick leave to report to work, in order to cope with the additional workload brought about by the outbreak of respiratory tract infection amongst health care workers in PWH. Ms LI hoped that HA would have regard to the physical and psychological well-being of its staff, as health care workers had been working under great stress, and to her knowledge, some of them were afraid to go home for fear of infecting their family members.

16. CE, HA responded that there was no question of HA ordering its staff on sick leave to report to work as mentioned by Ms LI in paragraph 15 above. On the contrary, HA had been encouraging its staff to seek medical treatment immediately if they felt unwell, take adequate rest, and strictly observe such infection control measures, such as wearing face masks and washing their hands after treating patients.

17. Mr Albert CHAN criticised the Administration for downplaying the severity of the infection, as evidenced by the facts that it only came out to explain the matter after WHO had issued a global alert on the outbreak of atypical pneumonia in Hong Kong, Vietnam and Guangdong Province and that it only referred to the atypical pneumonia outbreak in Hong Kong as a respiratory tract infection in its paper to the Panel. Mr CHAN urged the Administration to come clean on the spread of atypical pneumonia in Hong Kong, so that members of the public could better protect themselves from contracting the mysterious disease.

18. SHWF urged people not to depict Hong Kong as an infected place, which was not only untrue and would cause alarm in the community. SHWF disagreed that the Administration had been downplaying the severity of the case of PWH staff developing fever and upper respiratory infection symptoms. On the contrary, the Administration had attached great importance to the situation. For instance, a Task Group chaired by himself had been formed to co-ordinate measures taken by various parties to prevent and contain the disease as well as to provide guidance and facilitate the exchange of information. In addition, the Chief Executive had visited PWH that day to understand the situation. SHWF also clarified that it was DH which had informed WHO about the outbreak of respiratory tract infection amongst PWH staff before WHO issued a global alert on the outbreak of atypical pneumonia in Hong Kong, amongst other places.

19. SHWF further said that the Administration had been totally honest and forthcoming in telling the public what it knew and did not know. The Administration believed that although the causative agent of the disease existed in the community, the virus was rather unusual that it did not easily spread in the community. However, it was easy for the virus to spread in a hospital environment and so far only health care workers had been infected. Should other people be infected with this unknown virus, they would most probably seek treatment from public hospitals where effective infection control measures had already been put in place. In the light of this, SHWF considered it sufficient at this stage to inform the public and to advise the public to take precautionary measures, such as building up good body immunity and maintaining good personal hygiene, to prevent respiratory tract infection.

20. D of H supplemented that upon receipt of the report from HA regarding the case of PWH staff developing fever and respiratory infection symptoms on 10 March 2003, DH immediately reported the matter to WHO as a similar incident had occurred earlier in Hanoi, Vietnam. D of H informed members that PMH had admitted a Chinese-American patient suffering from respiratory tract infection transferred from a hospital in Hanoi on 6 March 2003. As PMH staff had adopted the necessary infection control measures when caring for this patient, no staff had developed pneumonia symptoms or contracted respiratory tract infection.

Deputy Director of Health also said that prior to the issue of a global alert by WHO on the outbreak of atypical pneumonia in Hong Kong on 12 March 2003, he himself had held a press conference to brief the media on the case of PWH staff developing fever and upper respiratory infection symptoms.

21. Ms Emily LAU welcomed the Administration's plan to hold a press conference every day to brief the media on the latest developments, and hoped that it would disclose detailed information to address public concern over the matter. Ms LAU then asked whether HA had been slow in taking measures to contain the spread of the infection. According to a press release issued by HA on 12 March 2003, some PWH staff were found to have developed symptoms of fever and upper respiratory tract infection starting from 8 March 2003. However, a newspaper article reported that the onset of PWH staff developing symptoms of fever and upper respiratory tract infection occurred on 3 March 2003, but HA only informed DH on 10 March 2003 and stepped up infected control measures in PWH then.

22. CE, HA responded that HA had been prompt in addressing the case of PWH staff working in Ward 8A developing symptoms of fever and upper respiratory tract infection. The first instance the manager of Ward 8A became aware of the unusual phenomenon was 9 March 2003. The matter was immediately reported to the management of PWH on 10 March 2003 which then immediately reported the matter to DH on the same day for investigation. CE, HA further said that with hindsight, it was easy to say that infection control measures should have been taken earlier than 10 March 2003. It should, however, be pointed out that since PWH had over 3 000 staff, it was normal that there would always be some staff on sick leave or had developed influenza-like symptoms on any given day. Hence, it was understandable that the manager of Ward 8A was not aware of the problem until 9 March 2003 when the number of infections caught his attention. Moreover, there was no index patient in Ward 8A, as in the case of the Chinese-American patient who was transferred from a Hanoi hospital to PMH for treatment of atypical pneumonia. Although the symptoms of patients suffering from atypical pneumonia were usually not very apparent at the outset, their condition could deteriorate very quickly within a very short time. CE, HA also said that it only came to light that the first case of infection of Ward 8A staff had occurred on 3 March 2003, following the result of an investigation launched by DH staff to track down when the infected staff first felt unwell, amongst other things.

23. Ms LAU remained of the view that if communication within PWH was better, appropriate measures to control the spread of infection amongst health care workers could be implemented as early as 8 March 2003. She surmised that two days could make a significant difference in controlling the spread of the infection. Noting that four more patients with respiratory tract infection were admitted to

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public hospitals from 13 to 14 March 2003, Ms LAU asked whether all of them were PWH staff.

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24. CE, HA disagreed that there had a breakdown in the communication within PWH which led to delayed actions for the reasons already given in paragraph 22 above. At the request of the Chairman, CE, HA undertook to provide information on the number of health care workers of Ward 8A of PWH who had taken sick leave between 3 and 10 March 2003 after the meeting. SHWF supplemented that the primary reason why the manager of Ward 8A of PWH only reported the matter to the management on 10 March 2003 despite the fact that some staff had developed symptoms of fever and upper respiratory tract infection on 8 March 2003 or earlier was because he was not aware that some doctors had also fallen ill. Doctors' roster was not managed by the ward manager as in the case of the nurses' roster which was managed by the head nurse in the ward. Moreover, to his understanding, some staff who had fallen sick had continued to come to work.

25. As to Ms LAU's question on the number of infected HA staff, CE, HA reiterated that as at 2:00 pm on 14 March 2003, 34, three, five and one public hospital staff suffering from respiratory tract infection had been admitted to PWH, Kwong Wah Hospital, PYNEH and PMH respectively for treatment. Of the 34 HA staff in PWH, one of them was a PWH nurse who was originally treated at Union Hospital, and one of the HA staff in Kwong Wah Hospital and PMH was a PWH supporting services staff and a PWH doctor respectively. SHWF also said that it was suspected that the five staff at PYNEH got their infection from caring for a patient suffering from atypical pneumonia.

26. Ms Cyd HO asked the following questions -

- (a) Whether boiling vinegar was effective in preventing atypical pneumonia;
- (b) Whether arrangements would be made for patients with symptoms of flu to undergo chest X-ray, in view of the fact that patients suffering from the disease often showed very little symptoms at the early stage;
- (c) Whether staff from other hospitals in NTE cluster would be deployed to help out at PWH; and
- (d) Whether the Administration would reimburse HA for the extra money spent on combating the infection.

27. SHWF replied in the negative to Ms HO's first question. He reiterated that

the most effective way to prevent atypical pneumonia was, amongst others, to build up good body immunity, quit smoking, wash hands frequently and wear face masks when sneezing or coughing. SHWF replied in the positive to Ms HO's last question and pointed out that CE had announced during his visit to PWH earlier that day that the Administration would spare no expenses to combat the infection. As regards Ms HO's second question, CE, HA said that arrangements would be made for patients with symptoms of flu to undergo chest X-ray as far as practicable under the current circumstances when the causative agent of the infection was yet to be identified. As to Ms HO's third question, CE, HA said that this had been done. He added that where necessary, more staff from other hospitals in NTE cluster would be deployed to work at PWH.

28. Mrs Sophie LEUNG said that the Administration should also inform the public that the outbreak of viral infection was not unique to Hong Kong, and had occurred elsewhere in the world. Moreover, numerous overseas experiences had revealed that with the implementation of effective infection control measures, such outbreaks could be contained and eventually eradicated. Mrs LEUNG further said that compared with many places around the world, DH had acted very swiftly in the recent outbreak of viral infection in PWH. Mrs LEUNG then suggested that consideration could be given to altering the ventilation system in isolation wards by filtering in-flow air with ozonated water/gas as had been practised in Japan.

29. D of H responded that she could not give an answer to Mrs LEUNG's suggestion in paragraph 28 above for the time being as the causative agent of the infection was still unknown.

30. Dr TANG Siu-tong asked the following questions -

- (a) What actions had been taken by DH in the light of the recent outbreak of atypical pneumonia in some areas of Guangdong Province;
- (b) Whether the 43 public hospital staff in question had contracted atypical pneumonia;
- (c) Whether the ventilation system in Ward 8A of PWH was the reason for the infection of so many health care staff working thereat;
- (d) Whether there were contingency measures to cope with the spread of the infection to the community.

31. D of H responded that DH had been closely monitoring the development of the recent outbreak of atypical pneumonia in some areas of Guangdong Province.

For instance, arising from newspaper reports that some Hong Kong people were purchasing vinegar for fear of contracting atypical pneumonia, she herself immediately appeared on a radio programme the following day to explain to the public that boiling vinegar was of no use in preventing atypical pneumonia.

32. As regards Dr TANG's second question, CE, HA clarified that of the 43 HA staff suffering from respiratory tract infection, only 29 had developed pneumonia symptoms. Such diagnosis was based on clinical examination and chest X-ray of the patients. As to Dr TANG's third question, CE, HA said that immediately after the case of infection of PWH staff came to the attention of the management of PWH, a check was made to the ventilation system of Ward 8A. The findings revealed that the system had been functioning properly. CE, HA believed that the reason why so many staff in Ward 8A became infected was because of their coming into close contact with patients. If the virus which caused the infection could be transmitted by air, then the number of people who could be infected should greatly exceed the present number.

33. On contingency measures to cope with the spread of the infection to the community, SHWF said that he could not give an answer as the question was a hypothetical one. Nevertheless, he assured members that the public would be alerted if there was any sign of the spread of the infection to the community.

34. Mr Albert CHAN suggested that a signal system, similar to that used by the Hong Kong Observatory for warning the public about inclement weather conditions, be adopted to indicate the extent of the spread of infectious diseases. SHWF responded that this was not necessary, as the Administration had and would continue to advise the public on the precautionary measures to be taken in the light of the development of the infection. D of H supplemented that DH had issued guidelines to schools, elderly centres and child care centres on ways to prevent contracting atypical pneumonia.

35. In summing up, the Chairman said that the Administration had confirmed that there was no sign of the spread of the infection to the community at this stage. Secondly, although the causative agent of the infection was yet to be identified, this did not mean that nothing could be done to combat the infection. This was evidenced by the fact that the cholera epidemic could be contained over a century ago when there was no sophisticated scientific apparatus then to find out the pathogen which caused the disease. Thirdly, despite the lack of information on the causative agent of the recent infection outbreak in PWH, DH's effective disease surveillance system and HA's world-class public health care system were nevertheless well equipped to combat the infection.

36. There being no other business, the meeting ended at 6:50 pm.

Council Business Division 2
Legislative Council Secretariat
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