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(These minutes have been
seen by the Administration)

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Panel on Health Services

**Minutes of special meeting
held on Friday, 28 March 2003 at 3:00 pm
in the Chamber 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 Albert HO Chun-yan
Hon CHAN Kwok-keung
Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP
Dr Hon YEUNG Sum
Hon Andrew CHENG Kar-foo
Dr Hon LAW Chi-kwong, JP
Dr Hon TANG Siu-tong, JP
Hon LI Fung-ying, JP
- Member absent** : Hon CHAN Yuen-han, JP
- Members attending** : Hon Kenneth TING Woo-shou, JP
Hon James TIEN Pei-chun, GBS, JP
Ir Dr Hon Raymond HO Chung-tai, JP
Hon LEE Cheuk-yan
Hon Fred LI Wah-ming, JP
Hon NG Leung-sing, JP
Hon Margaret NG
Hon Mrs Selina CHOW LIANG Shuk-ye, GBS, JP
Hon CHEUNG Man-kwong

Hon CHAN Kam-lam, JP
Hon SIN Chung-kai
Dr Hon Philip WONG Yu-hong
Hon WONG Yung-kan
Hon Jasper TSANG Yok-sing, GBS, JP
Hon YEUNG Yiu-chung, BBS
Hon Emily LAU Wai-hing, JP
Hon CHOY So-yuk
Hon TAM Yiu-chung, GBS, JP
Hon Abraham SHEK Lai-him, JP
Hon Henry WU King-cheong, BBS, JP
Hon Tommy CHEUNG Yu-yan, JP
Hon Albert CHAN Wai-yip
Hon LEUNG Fu-wah, MH, JP
Hon WONG Sing-chi
Hon IP Kwok-him, JP
Hon LAU Ping-cheung
Hon Audrey EU Yuet-mee, SC, JP
Hon MA Fung-kwok, JP

Public Officers attending : Dr E K YEOH, JP
Secretary for Health, Welfare and Food

Professor Arthur LI, GBS, JP
Secretary for Education and Manpower

Dr Margaret CHAN, JP
Director of Health

Dr P Y LEUNG, JP
Deputy Director of Health

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

Mr Nicholas CHAN
Assistant Secretary for Health, Welfare and Food

Mr W H CHEUK
Deputy Director, Food and Environmental Hygiene Department

Mr MA Siu-leung
Principal Assistant Secretary for Education and Manpower
(School Development)

Dr LIU Shao-haei
Senior Executive Manager, (Professional Services)
Hospital Authority

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

Staff in attendance : Miss Monna LAI
Assistant Legal Adviser 7

Miss Mary SO
Senior Assistant Secretary (2) 8

I. Measures to control the spread of atypical pneumonia in the community
(LC Paper Nos. CB(2)1615/02-03(01) and (02))

Members noted the Administration's paper on the atypical pneumonia incident (LC Paper No. CB(2)1615/02-03(02)) tabled at the meeting.

2. At the invitation of the Chairman, Secretary for Education and Manpower (SEM) said that in response to parents' concerns over the spread of Severe Acute Respiratory Syndrome (SARS) (commonly known as atypical pneumonia) in the community, the Education and Manpower Bureau (EMB) had announced that, with effect from 29 March 2003, classes would be suspended in all secondary schools, primary schools, special schools, kindergartens and the Vocational Training Council (day classes) until 6 April 2003. Taking into account the development of the disease, EMB would review the situation to decide if the period of suspension should be extended. During the suspension period, school premises would remain open and maintain certain degree of operation. Schools would arrange their teaching staff to be on duty to take care of those students whom did not have someone to look after during the day. Learning materials would also be arranged so that students could make better use of this period with no classes. SEM explained that the decision to suspend classes on 27 March

2003 was made on the basis that the disease showed sign of spreading in the community. There was no question that the Administration had changed its mind abruptly on the issue, as the Administration had never ruled out the possibility if so warranted. There was also no question that the Administration had acted too late to suspend classes as so far there had been no report of cases involving cross-infection among school children. Up to 27 March 2003, 18 infection cases in school were reported, of whom 14 were students, at least nine of them had been confirmed to be relatives of infected health care workers or patients. With information provided by the Department of Health (DH), students and staff identified as at risk, having had close contact with infected persons, had been asked to stay temporarily away from school with a view to minimising the spread of infection.

3. Mr WONG Sing-chi asked what caused SEM to suspend classes on 27 March 2003, when he himself had said at a press briefing on 25 March 2003 that there was no need to do so. Mr WONG further asked about the actions which would be taken by SEM to allay parents' concerns that the decision to suspend classes had not come too late.

4. SEM reiterated that the Administration had never said that it would never suspend classes. In view of the increasing trend of reported cases of SARS and the sign that the disease had spread to the community, an announcement was therefore made on 27 March 2003 to suspend classes to prevent the spread of the disease in schools. As to Mr WONG's second question, SEM reiterated that he did not see the decision to suspend classes as belated as so far there had been no report of cases involving cross-infection among school children. Following the announcement to suspend classes on 27 March 2003, schools had issued letters to parents advising them on the arrangement during the duration of class suspension and measures which parents should adopt to prevent their children from catching the disease during the period.

5. Before proceeding to the next question, the Chairman invited the Secretary for Health, Welfare and Food (SHWF), who joined the meeting at this juncture, to brief members on the latest developments of the atypical pneumonia incident, details of which were set out in LC Paper No. CB(2)1615/02-03(02).

6. Dr LAW Chi-kwong asked the following questions -

- (a) Whether consideration could be given to setting up a quarantine centre for people who had come into close contact with those suffering from SARS and who themselves had not developed symptoms of the disease. If the answer was in the negative, whether consideration could be given to at least providing temporary accommodation for these people to address their fear of

infecting their family members;

- (b) Whether consideration could be given to providing financial assistance to people whose livelihood was affected by their having to stop work and turn up at a designated clinic on a daily basis for 10 days for medical check under the Quarantine and Prevention of Disease Ordinance (Cap. 141); and
- (c) Whether any guidelines would be issued to promote public hygiene and increase SARS awareness of staff and service users of day centres, residential homes and other welfare units.

7. SHWF responded that at the moment the Administration would not introduce the measures proposed by Dr LAW in paragraph 6(a) above. Nevertheless, people who had come into close contact with those suffering from SARS would be advised to avoid close contact with their family members and take all possible precautionary measures at home according to the recommendations of DH as stipulated in the leaflet "Prevention of Atypical Pneumonia". The Administration would continue to monitor the situation closely and take all appropriate actions to protect the health of the community.

8. SHWF further said that the Administration understood that those persons who were required to stop going to work under an order issue by the Director of Health (D of H) under Cap. 141 might be concerned about the leave arrangement during the period. The Administration had been appealing to employers to adopt a considerate, compassionate and flexible attitude in this exceptional circumstance by granting such employees paid sick leave. DH would certify all affected persons that they were required under the law to stop going to work for 10 days. To set an example as a good employer, any civil servant whose household member was a confirmed SARS case would be granted paid sick leave during the period. SHWF also said that the Labour Department (LD) would issue guidelines to employers' associations, trade unions and human resources managers' associations to set out the arrangement. LD would also widely distribute health advisory leaflet on the prevention of respiratory tract infections in the workplace. Copies of the leaflet would soon be available at LD's branch offices throughout the territory. LD would also help disseminate health messages at its website through hyperlinking to the Administration's.

9. As to Dr LAW's last question, SHWF said that the Social Welfare Department (SWD) had implemented a series of precautionary measures to promote public hygiene and increase its staff and service users' awareness of SARS. The measures were contained in three sets of guidelines already sent to staff of all service units of SWD and non-governmental organisations. Welfare organisations were urged to observe the guidelines applicable to day centres,

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residential homes and other general service units. These guidelines contained advice on public education, preventive measures and specific measures in the event of confirmed cases of SARS among staff or service users or members of their families. If any staff or service users of day centres providing regular care and training, i.e. child care centres, day activity centres and sheltered workshops etc., were confirmed to have been infected with the disease, the centres should follow the guidelines issued by SWD and the directives of DH in arranging temporary suspension of service. As for residential homes, the guidelines stipulated that any residents who had been in contact with infected family members or medical staff should be isolated and be closely monitored for health problems. When considering suspension of service in situations other than those foreseen in the guidelines, units should consult with DH and SWD on ways of maintaining service to needy families. A variety of respite care services existed in all districts, including Occasional Child Care Service, Mutual Help Child Care Centres, respite care for the elderly and for people with disabilities. However, parents or carers were asked to use these services only in cases of genuine need, so as to prevent the occurrence of hygiene problems due to congregation.

10. Dr LAW Chi-kwong remained of the view that to prepare itself for a deteriorating crisis, the Administration should think ahead in identifying a place to quarantine people who had come into close contact with those suffering from SARS. Dr LAW further said that granting paid sick leave for people required to stop work under Cap. 141 would not help people who did not have full-time jobs with a regular income. In the light of this, Dr LAW urged the Administration to provide financial assistance to this group of people. In response, SHWF said that the Administration would seriously consider providing financial assistance to people who were not engaged in full-time jobs and were required to attend medical assessment at a designated medical centre for 10 consecutive days.

11. Dr Raymond HO asked whether there was any exchange of experience and knowledge between hospitals and universities in the fight against SARS. SHWF replied in the positive. For instance, doctors from the Prince of Wales Hospital (PWH), Princess Margaret Hospital (PMH) and Queen Mary Hospital had been working closely together to come up with the most appropriate treatment protocol. On a separate front, virus tests had been conducted by the Faculty of Medicine of both the Chinese University of Hong Kong (CUHK) and the Hong Kong University (HKU) to identify the causative agent of the disease. SHWF pointed out that although the causative agent of the disease had yet to be conclusively identified, this had facilitated the development of appropriate treatment protocol. Most of the patients had responded positively to the new treatment protocol and medication and their conditions showed signs of improvement if they sought treatment early. As at 27 March 2003, 79 patients had recovered from the disease. Amongst them, 60 were presently under observation at the hospitals and 19 had been discharged. 11 patients had died from the disease. Six of them had

pre-existing medical conditions, such as cancer and heart disease, and the remaining five patients only sought treatment at a very late stage.

12. Mrs Selina CHOW expressed support for requiring people who had come into close contact with those suffering from SARS to attend medical assessment at a designated clinic on a daily basis for 10 days. Nevertheless, Mrs CHOW was of the view that a more effective way to prevent the spread of the disease in the community was to quarantine this group of people, as had been done in Singapore.

13. SHWF responded that the Administration had been seriously considering the need to quarantine people who had come into close contact with those suffering from SARS. At the moment, the Administration's view was that the existing arrangement would encourage people who had come into close contact with those suffering from SARS, but whom DH had not been able to identify, to turn up for medical assessment.

14. At the request of Mrs Selina CHOW, SHWF agreed to include in the daily figures on SARS the number of patients who had recovered from the disease.

15. Mr Frederick FUNG noted that the Administration would launch a territory-wide cleansing and disinfection campaign that weekend. In the light of this, Mr FUNG asked whether, and if so, the actions which would be taken by the Administration to mobilise different sectors of the community to take part in cleaning their premises to prevent the spread of the disease in the community. Mr FUNG further said that the Administration, in encouraging the public to wear face masks and use disinfectant to clean furniture, should ensure that there was adequate supply of these items in the market. Otherwise, any shortage would create public panic.

16. SHWF responded that the Home Affairs Department (HAD) would issue letters to the District Councils, Area Committees, Owners' Corporations, Mutual-aid Committees, property management companies and other district organisations to call on them to join the territory-wide cleansing and disinfection campaign that weekend to combat SARS. SHWF further said that HAD and DH had been organising health talks by medical professionals in various districts since 26 March 2003. Pamphlets and posters had been distributed to various community organisations. Letters had also been issued to remind licensees of hotels, clubs and bedspace apartments to take precautionary measures.

17. SHWF agreed that there should be adequate supply of face masks in the market for the public to buy. SHWF however, pointed out that wearing a face mask was just one of the measures that could help to prevent contracting SARS. The most important thing a person should do was to observe good personal hygiene, such as washing hands frequently with liquid soap, especially after

sneezing, coughing or cleaning the nose. SHWF clarified that the Administration had never said that everyone should wear a face mask. However, those with respiratory symptoms or who cared for patients with respiratory symptoms or who had close contact with confirmed SARS cases, including healthcare workers, should wear a face mask to reduce the spread of infection.

18. Mr Frederick FUNG said that in order to better prevent the spread of SARS in the community, there should be input from the Home Affairs Bureau (HAB) in the Administration's efforts to combat the disease. In response, SHWF said that representatives of the relevant Government bureaux and departments, including those of HAB, were members of the Administration inter-departmental working group formed to combat the disease.

19. Mr Andrew CHENG expressed his gratitude for the dedication of health care workers in taking care of patients afflicted with SARS. Mr CHENG shared Dr LAW Chi-kwong's view that people required to stop work and attend medical assessment at a designated clinic on a daily basis for 10 days under Cap. 141 should be granted paid sick leave. In order to avoid dispute with their employers over the granting of paid sick leave, DH should issue medical certificates to these people. Mr CHENG further said that the Announcement of Public Interest (API) on television advising people to wear a face mask was very confusing. On the one hand, it extolled the benefit of wearing a face mask and on the other it said that it was up to individuals whether they wished to wear it or not. Mr CHENG further said that no matter how effective the measures adopted in Hong Kong were in containing the spread of communicable diseases, all efforts would go to waste if there was no way to prevent the spread of infectious diseases from the Mainland to Hong Kong.

20. SHWF responded that given the frequent contacts between people in Hong Kong and the Mainland, it was not meaningful to dwell on which side was the source of the infectious disease. The most important matter was to strengthen the co-operation between Hong Kong and the Mainland in the area of information exchange and sharing in order to combat SARS and other infectious diseases more effectively. In the light of the SARS incident, the Central Government had already agreed that a mechanism be quickly set up between Hong Kong and the Mainland, with the involvement of Guangdong Province, to strengthen the flow of information about the trend of communicable diseases, clinical treatment, experience of quarantine control and the study of causes of diseases.

21. Responding to Mr Andrew CHENG's enquiry as to how fast the mechanism referred to in paragraph 20 above could be set up, D of H said that a symposium to study ways of tackling SARS organised by World Health Organisation (WHO) was originally scheduled to be held in Hong Kong on 3-4 April 2003. One of the topics for discussion was on strengthening the notification mechanism on

communicable diseases between Hong Kong and the Mainland. Owing to the fact that many Member States were at present very busy in fighting SARS in their countries, the symposium had been postponed. She would follow-up with WHO on fixing a date for holding the symposium in Hong Kong as soon as practicable. D of H further said that a mechanism between DH and the health authorities in the Mainland for the exchange of information on communicable diseases, including exchange of reports on selected infectious diseases on a monthly basis, already existed prior to Reunification. The enhanced mechanism would enable the health authorities of both Hong Kong and the Mainland to find out the causes of diseases and share experience on clinical treatment which were hitherto lacking.

22. Regarding the comments made by Mr Andrew CHENG about the API on television concerning the wearing of face masks, D of H said that she had also heard similar comments from other members of the public. In the light of this, suitable changes would be made to the API to remove any ambiguities.

23. Dr YEUNG Sum said that the Democratic Party was supportive of suspension of classes, and asked whether the suspension would be extended, say, until the end of Easter holidays, given the continued rise in the number of reported SARS cases. Dr YEUNG further said that the Administration should set up a research fund for the development of vaccine against SARS by the two universities.

24. Mr Tommy CHEUNG asked whether mock examinations would be allowed to continue despite class suspension.

25. Mr Albert HO asked whether there would be changes to the timetable of public examinations if the suspension of classes continued beyond 6 April 2003.

26. SEM responded that EMB would review the situation daily to see whether it was necessary for the suspension of classes to be extended beyond 6 April 2003. SEM further said that public examinations would be held according to schedule for the time being. If the situation deteriorated, it would be necessary to continue suspending classes and, he would not rule out the possibility of changing the examination timetable. SEM also said that guidelines had been issued to ensure that the school premises used as examination centres were cleansed and sanitised everyday and ventilation was good. The Hong Kong Examinations and Assessment Authority had also devised a series of precautionary measures at the examination centres such as advising invigilators and candidates to put on face masks. As to mock examinations, Principal Assistant Secretary for Education and Manpower (School Development) said that they could continue within the coming one to two days.

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27. On Mr LEUNG Yiu-chung's enquiry as to whether all candidates attending public examinations would be provided with face masks, SEM replied in the negative as the number of face masks required would be huge. SEM pointed out that face masks would be provided at the examination centres for those who needed one, although candidates should bring their own.

28. Regarding the development of a vaccine to prevent contracting SARS, SHWF envisaged that this might take years. Moreover, for the prevention of the spread of the disease to be effective, at least 70% of the population must be vaccinated with the vaccine. Part of the \$200 million additional funds for the fight against the disease, which the Administration would seek from the Legislative Council's Finance Committee on 31 March 2003, would be deployed on strengthening research into the new virus which caused the disease. In the interim, work was underway to explore the feasibility of extracting blood serum from recovered patients to treat the disease. Preliminary findings showed that patients who did not respond well to existing treatment regime had responded to this treatment.

29. Mr Fred LI sought the Administration's view on the criticism made by a top Mainland official recently that the way the local media reported SARS was too exaggerated. Mr LI further said that, in order to better contain the spread of the disease, penalty for spitting in public places should be raised and public education on maintaining good personal hygiene and keeping the environment clean should be stepped up.

30. SHWF responded that everyone was entitled to his/her view on the way the local media had handled the reporting on SARS. Under the Basic Law, journalistic freedom in Hong Kong was safeguarded. Given the importance of maintaining good personal hygiene and keeping the environment clean in combating SARS, SHWF said that efforts to raise public awareness in this regard would be stepped up. As to raising the penalty for spitting in the light of SARS, Deputy Director, Food and Environmental Hygiene Department said that this had been done. Instead of issuing fixed penalty notices, summons would be served for spitting in public places whereby the penalty to be imposed by the court would be higher than the \$600 fixed penalty.

31. Ms Emily LAU hoped that more detailed breakdown on the daily figures on SARS, such the number of patients who had been admitted to hospitals, discharged, recovered and under observation in hospitals and in serious and stable conditions, etc. could be made public. Noting that Professor LIU from Guangdong, who was an index patient of the disease in Hong Kong, entered and passed away at Kwong Wah Hospital on 22 February and 4 March 2003 respectively, Ms LAU asked why a health care worker who worked at Ward 8A of PWH was first found to be infected with the disease on 3 March 2003. To

alleviate the workload of the over-stretched health care workers in their fight against SARS, Ms LAU further asked whether consideration could be given to enlisting the assistance of retired and former health care workers, and if so, what the arrangements were.

32. SHWF responded that more detailed breakdown on the daily figures on SARS would be provided as far as possible. However, it should be borne in mind that this might impose additional work on frontline staff. Information on the health condition of patients afflicted with the disease would be best provided on a weekly basis. SHWF further said that as SARS was a new disease which also presented as pneumonia, there was difficulty in distinguishing SARS from other causes of community acquired pneumonia. Suspected atypical pneumonia might or might not be included depending on whether it fulfilled WHO criteria, which included -

- (a) High fever (>38°C); AND
- (b) One or more respiratory symptoms including cough, shortness of breath, difficulty in breathing; AND
- (c) Close contact with a person who had been diagnosed with SARS.

33. On enlisting the assistance of retired and former health care workers, SHWF said that this was also the intention of DH and the Hospital Authority (HA). For instance, DH had launched a recruitment drive to hire registered nurses to operate a hotline to answer enquiries on the disease. He himself had also met with over 50 health care organisations on 27 March 2003 to exchange views on how the private sector could help in this endeavour. Responses from the private sector had been very positive.

34. As to why the disease had spread to PWH when Professor LIU was hospitalised at Kwong Wah Hospital, SHWF explained that this was because one of the patients of Ward 8A of PWH got infected with the disease when he visited the Metropole Hotel during the time when Professor LIU was also staying at the Hotel, i.e. between 21 and 22 February 2003.

35. D of H supplemented that about 72% of the infected cases as at the end of the week before were linked to Professor LIU when he was staying at the Metropole Hotel from 21 February 2003 until he was admitted to Kwong Wah Hospital the following day. The reason why investigative work to track down the source of the disease was only carried out some time after 4 March 2003 when Professor LIU died was because no one had suspected that the disease from which Professor LIU had died was a contagious one. It was only when it was discovered that dozens of staff of Ward 8A of PWH had developed fever and

upper respiratory infection symptoms that an investigation was launched. D of H further said that to cut off the route of disease transmission, she would use her powers under Cap. 141 to require people who had come into close contact with those suffering from SARS and who themselves had not developed symptoms of the disease to attend medical assessment at a designated clinic on a daily basis for 10 days. People who had causal contact with infected persons, especially those who had visited Ward 8A of PWH and the 9th floor of the Metropole Hotel were also asked to contact DH directly. DH would provide them with the relevant information and a hotline number for consultation. D of H also said that a rapid diagnostic test to facilitate prompt confirmation of SARS and evaluation of effectiveness of treatment had recently been developed, and would be used on patients in public hospitals shortly.

36. Ms Emily LAU further asked why the Chief Executive (CE) said at a press briefing on 27 March 2003 that the treatment for the disease had a success rate of 80% when the number of number recovered patients was only 79, representing a mere 22% of the total number of patients came down with the disease. SHWF clarified that the success rate referred to patients who were given the new treatment protocol and were showing signs of improvement. SHWF further said that the Administration would provide figures on how patients had responded to the new treatment protocol and the number concerned.

37. Mr IP Kwok-him expressed his appreciation, on behalf of the Democratic Alliance for the Betterment of Hong Kong, of the dedication of frontline health care workers involved in the fight against the disease. Mr IP then asked what was the worst case scenario of this incident.

38. SHWF responded that this would depend on many factors, such as how fast the new virus which caused the disease could be identified and its transmission understood, how effective the precautionary measures taken by health care workers were to prevent themselves from contracting the disease when treating patients, how many people who had come into close contact with those suffering from SARS would contact DH to attend medical assessment, how well the general public had observed good personal hygiene and kept the environment clean, etc.

39. On identification of the causative agent of the disease, SHWF said that so far two possible viruses had been identified, i.e. a new virus belonging to the coronavirus family identified by HKU and a new virus belonging to the paramyxoviridae family identified by CUHK. Experts were also considering the theory that the disease was caused by co-infection with the two new viruses which together caused severe disease in humans. Hypotheses included a virus known to cause disease in an animal host that had the species barrier to infect humans, or a known human virus that had mutated to acquire properties that were causing much more severe disease in humans. SHWF further said that transmission of some

viruses could become less efficient in subsequent cycles.

40. Mr Michael MAK declared that he had visited Ward 8A of PWH the previous Saturday. Mr MAK called upon the public not to discriminate against people who had come into contact with those suffering from SARS. Mr MAK then asked the following questions -

- (a) What measures would be taken by HA to alleviate the workload and reduce the work pressure of frontline health care personnel involved in taking care of patients suffering from SARS; and
- (b) What steps would DH take to ensure that people who needed to be quarantined were isolated from others.

41. SHWF responded that various measures had been taken to alleviate the workload and reduce the work pressure of frontline health care personnel involved in taking care of patients suffering from SARS. These included suspending non-urgent operations and some specialist out-patient services, deploying health care staff among individual hospitals to pressure areas, asking health care staff on leave to cut short their holidays, and ensuring an adequate supply of protective gears. SHWF pointed out that the Administration would foot the bill for the provision of protective gear, the sum of which was included in a new commitment of \$200 million to fight against the disease.

42. As to Mr MAK's second question, D of H said that she was empowered by Cap. 141 to isolate a person who was suffering from an infectious disease listed in Schedule 1 to Cap. 141. At the moment, people who had come into close contact with those suffering from SARS, however, would only be subjected to medical surveillance. According to WHO, close contact was defined as having cared for or having lived with, or having had direct contact with the respiratory secretions and bodily fluids of persons with the disease. As people who had causal contact with infected persons posed virtually no or very little risk to other people, they would not be subjected to surveillance under Cap. 141. Nevertheless, they had been asked to contact DH directly. In this particular case, people who had causal contact with infected persons, especially those who had visited Ward 8A of PWH and the 9th floor of the Metropole Hotel had been asked to contact DH directly. DH would provide them with the relevant information and a hotline number for consultation.

43. Mr Tommy CHEUNG asked whether there would be guidelines for restaurant operators advising them to turn away people who sneezed or coughed incessantly during this epidemic. Mr CHEUNG further requested the Administration to ensure there would be adequate supply of face masks in the market, as many people would now only patronise restaurants whose workers

wore face masks.

44. DH replied in the negative to Mr CHEUNG's first question, as people sneezing or coughing incessantly did not necessarily mean that the people in question had contracted SARS. However, these people should be advised to wear face masks inside the restaurants. As to Mr CHEUNG's second question, SHWF said that the Secretary for Financial Services and the Treasury (SFST) would see to it that there would be adequate supply of face masks to cope with demand.

45. Mr WONG Sing-chi declared that his wife was a patient of PMH. Noting that HA would designate PMH as the primary receiving hospital for new SARS cases, Mr WONG asked whether health care staff from other departments in PMH would be assigned to also take care of patients infected with SARS. SHWF replied in the negative, and pointed out that different teams of health care workers were deployed to take care of confirmed and suspected cases of SARS.

46. Mr SIN Chung-kai asked when the disease would disappear and at what point would the Administration consider that it had won the fight against the disease.

47. Mr Albert CHAN pointed out that given the frequent contacts between people in Hong Kong and the Mainland, it was questionable whether the spread of SARS in Hong Kong could be contained if no corresponding measures were adopted by the Mainland side. Mr CHAN criticised the Administration for downplaying the gravity of the matter. For instance, none of the public officials attending the meeting was wearing a face mask. In the light of this, Mr CHAN asked whether the Administration would re-consider his suggestion made at the last special meeting held on 14 March 2003 that a signal system, similar to that used by the Hong Kong Observatory on warning the public about inclement weather conditions, be adopted to indicate the spread of infectious diseases. Mr CHAN further said that the Administration should provide every citizen with a face mask, especially for those from the low income group or those with little or no means.

48. SHWF responded that there was no question of the Administration downplaying the SARS incident, and CE had already stated on 27 March 2003 that fighting the disease was the Administration's top priority. Following the discovery of a number of health care workers in PWH infected with the disease on 10 March 2003, a Steering Group chaired by himself was formed to provide guidance to, and co-ordinate, measures taken by various parties to prevent and contain the disease as well as to facilitate the exchange of information. An expert panel, led by D of H, was also formed to follow up and conduct thorough investigation into the matter. SHWF considered it not necessary to establish a

signal system suggested by Mr CHAN in paragraph 47 above.

49. As to when the disease would disappear in Hong Kong, SHWF said that he did not have the answer for the reasons already given in paragraph 38 above. SHWF, however, pointed out that the number of infected cases was expected to rise in the next one to two weeks, having regard to the facts that the incubation period of the disease was generally between two to seven days and that people carrying the new virus in the community could infect other people.

50. SHWF reiterated that dwelling on the Mainland as the original source of the disease would not help the matter. To combat the spread of SARS in Hong Kong, apart from strengthening the communication and co-operation mechanism with the Mainland health authorities as mentioned in paragraph 20 above, Hong Kong would institute quarantine declaration measures to avoid the import of virus from abroad. All persons arriving in Hong Kong, including those from the Mainland, would be required to fill out a health declaration form. Health staff would be stationed at all control points to handle people who had symptoms of SARS. In addition, DH would issue guidelines to airline operators requesting them to pay attention to the health status of persons departing Hong Kong and not to allow travellers with signs of SARS to board the planes.

51. D of H supplemented that as a result of globalisation, completely preventing importation of virus from abroad was not possible. It was more important for Hong Kong to rely on its own disease surveillance system to detect suspected cases of communicable diseases early and prevent them from spreading. In this particular case, she had made the Quarantine and Prevention of Disease Ordinance (Amendment of First Schedule) Order 2003 and the Prevention of the Spread of Infectious Diseases Regulations (Amendment of Form) Order 2003 to include SARS as one of the notifiable infectious diseases for which medical practitioners were required to report all suspected cases. Such measure would enable DH to better monitor cases of SARS, thereby containing the spread of the disease.

52. Mr LEE Cheuk-yan said that no matter how effective the notification mechanism between Hong Kong and the Mainland was, it would be of too little consequence in containing the spread of the disease in Hong Kong if the Mainland failed to take similar steps to trace and cut off the route of transmission of the disease in the Mainland. Mr Andrew CHENG and Mr LEUNG Yiu-chung echoed similar concerns. In view of the increased cleansing and disinfecting work brought about by the fight against SARS, Mr LEE hoped that the Food and Environmental Hygiene Department (FEHD) would re-hire people who had recently been laid off by it and the Drainage Services Department.

53. D of H responded that unlike Hong Kong which had one disease

surveillance system under DH, different localities in the Mainland had disease surveillance systems which varied from one and another. Moreover, unlike Hong Kong's public health care services which were heavily subsidised, hospitals in the Mainland could ill afford to conduct as many laboratory tests as possible to find out the cause of the disease as could be done in Hong Kong. D of H further said that numerous investigations had been conducted by the Mainland to trace and find out the cause of atypical pneumonia, now defined as SARS by WHO, the findings of which had been made available to Hong Kong. D of H, however, pointed out that no matter how effective a disease surveillance system was, it was not 100% fool-proof. On hiring additional hands to carry out cleansing and disinfection of public places, SHWF said that FEHD would do so if needed. The cost incurred would be met from savings identified from within FEHD.

54. Mr MA Fung-kwok asked when the rapid diagnostic test referred to in paragraph 35 above could be made available for use by the private sector. Mr MA further said that a disc jockey had mentioned on a radio programme that morning that some people were collecting used face masks for re-sale in Hong Kong. Mr MA requested the Administration to find out whether it was true. If the answer was in the positive, the Administration should prohibit selling of used face masks in Hong Kong. If the answer was in the negative, the Administration should prohibit the media from making such irresponsible remarks. Mr MA also said that the Administration should educate the public on how to properly discard their used face masks.

55. SHWF responded that subject to the identification of the causative agent of SARS, it was the Administration's intention to make the rapid diagnostic test available for use in the private sector in the long run. On selling of used face masks, D of H said that the Administration would not tolerate such an act and would follow up the matter.

56. Miss CHOY So-yuk asked the following questions -

- (a) Whether consideration would be given to publicising the names of the unscrupulous retailers which sold face masks at an unreasonable high price;
- (b) Whether the maximum incubation period of SARS was seven days;
- (c) Whether the Administration would designate one Sunday to launch a territory-wide cleansing campaign; and
- (d) What measure(s) could be taken to address public's fear of going to private clinics to take a lung X-ray for fear of contracting SARS in clinics.

57. SHWF responded that the situation depicted by Miss CHOY in paragraph 56(a) should not arise when there was adequate supply of face masks in the market. As mentioned earlier at the meeting, SFST would see to it that adequate supply would be available shortly. Regarding Miss CHOY's third question, SHWF said that a territory-wide cleansing and disinfection campaign would be launched by the Administration that weekend. Different sectors of the community would also be called on to take part in cleaning their premises to prevent the spread of the disease in the community. As to Miss CHOY's last question, SHWF said that discussion would be held with the private medical practitioners on ways to address public's fear of contracting SARS whilst waiting for their turn to attend medical assessment in clinics. On the incubation period of SARS, D of H said that it was generally two to seven days. However, isolated reports had suggested an incubation period as long as 10 days. In the light of this, people who had come into close contact with those suffering from SARS were therefore required to attend medical assessment at a designated clinic on a daily basis for 10 days.

58. Mr LEUNG Yiu-chung asked the Administration to explain the rationale for requiring people who had come into close contact with those suffering from SARS to attend medical assessment at a designated clinic on a daily basis for 10 days. D of H explained that this was to encourage people who had come into close contact with those suffering from SARS, but whom DH had not been able to identify to turn up for medical assessment. To mitigate loss to persons affected by this requirement, the Administration would appeal to employers to adopt a considerate, compassionate and flexible attitude in this exceptional circumstance by granting their employees paid sick leave for 10 days. As mentioned by SHWF earlier at the meeting, the Administration would seriously consider providing financial assistance to affected persons who were not engaged in full-time jobs with a regular income.

59. Mr Albert HO asked whether the Administration could release the place of residence of persons infected with SARS and whether the persons concerned were children or adults. For instance, if the infected persons were children, then the play area in the housing estates would need to be cleansed and disinfected. Mr Albert CHAN also asked whether more information on the background of the infected persons, such as age and places which they frequented, could be provided. Mr HO further asked whether it was necessary for people to wear face masks when travelling on enclosed public transport.

60. D of H responded that she would strive to provide as much information as possible about the infected persons on the condition that it would not violate the privacy of the infected persons. D of H further said that DH would advise the management company of the building in which the infected person lived and places which the infected person frequented, such as workplaces, to cleanse and

disinfect the premises concerned. On wearing of face masks, Deputy Director of Health (DDH) said that it was not advisable to wear them all the time. In his view, people should always have their face masks with them when going out, and wear them when in crowded places where ventilation was not good.

61. Ms Emily LAU hoped that more help would be given to residents of Sha Tin to improve infection control as Sha Tin was hardest hit by SARS. Ms LAU asked whether employers had the duty to cleanse and disinfect their premises if one of the their employees had contracted SARS.

62. DDH responded that DH would step up efforts to educate residents of Sha Tin on maintaining good personal hygiene and keeping their surrounding clean. It would also liaise with FEHD to step up cleansing and disinfection of public places in Sha Tin. D of H confirmed that employers had the duty to cleanse and disinfect their premises if one of the their employees had contracted SARS. Assistant Legal Adviser 7 referred members to section 19(a) of Cap. 141 which stipulated that "Where it appears to a health officer that any infectious disease exists or has existed in any building he may with the approval of the Director of Health by an order in writing served on the owners of such building require the same to be disinfected, disinsected and deratted to his satisfaction within the time specified in such order".

63. There being no other business, the meeting ended at 6:25 pm.

Council Business Division 2
Legislative Council Secretariat
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