

**立法會**  
**Legislative Council**

LC Paper No. CB(2)2011/02-03  
(These minutes have been  
seen by the Administration)

Ref : CB2/PL/HS

**Panel on Health Services**

**Minutes of meeting**  
**held on Monday, 14 April 2003 at 8:30 am**  
**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 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

**Members absent** : Hon CHAN Kwok-keung  
Hon CHAN Yuen-han, JP

**Members attending** : Dr Hon David CHU Yu-lin, JP  
Hon Martin LEE Chu-ming, SC, JP  
Hon Fred LI Wah-ming, JP  
Dr Hon LUI Ming-wah, JP  
Hon SIN Chung-kai  
Hon LAU Kong-wah  
Hon Emily LAU Wai-hing, JP  
Hon Henry WU King-cheong, BBS, JP

**Public Officers attending** : Mr Thomas YIU, JP  
Deputy Secretary for Health, Welfare and Food

Mr Nicholas CHAN  
Assistant Secretary for Health, Welfare and Food

Dr P Y LAM, JP  
Deputy Director of Health

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

Dr Thomas TSANG  
Consultant

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

**Staff in attendance** : Ms Joanne MAK  
Senior Assistant Secretary (2) 2

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**I. Confirmation of minutes**  
(LC Paper No. CB(2)1735/02-03)

The minutes of the regular meeting on 10 March 2003 were confirmed.

**II. Items for discussion at the next meeting**  
(LC Paper Nos. CB(2)1736/02-03(01) and (02))

2. Members agreed to discuss the following items at the next regular meeting to be held on 12 May 3002 at 8:30 am -

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- (a) Registration assessment for listed Chinese medicine practitioners and eligibility of part-time students attending Chinese medicine course at the Baptist University to sit for the Licensing Examination; and
- (b) Regulation of medical devices.

Proposal to form a subcommittee under the Panel to monitor the Severe Acute Respiratory Syndrome (SARS) incident  

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(LC Paper No. CB(2)1765/02-03(01))

3. Dr LAW Chi-kwong proposed that the Panel should form a subcommittee, or hold special meetings on a weekly basis, to closely monitor the development of SARS and to facilitate exchange of information with the Administration. Members supported that the Panel should convene special meetings on Wednesdays at 8:30 am to discuss the subject and agreed to hold the next meeting on 23 April 2003. The Administration agreed to the arrangements.

**III. Information papers issued since the last meeting**

(LC Paper Nos. CB(2)1685/02-03(01) and (02))

4. Members noted that the following papers had been issued since the last meeting -

- (a) submission from Mr Sean LIN, President of the Hong Kong of Science and Technology Alumni Association; and
- (b) submission from Mr CHAN Kui-chiu.

**IV. Update on atypical pneumonia**

(LC Paper No. CB(2)1736/02-03(03))

5. At the invitation of the Chairman, Deputy Secretary for Health, Welfare and Food (DS(HWF)) briefed members on the salient points of the Administration's paper setting out the following new measures implemented to combat SARS -

- (a) home confinement requirement; and
  - (b) publicising the names of the buildings in which there had been confirmed cases of SARS on the website of the Department of Health (DH).
6. DS(HWF) also informed members that, as at 13 April 2003, 1 150 patients

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had been admitted to public hospitals with SARS, among whom 276 were health care workers or medical students and 874 were patients, family members or visitors. A total of 223 patients had recovered and 40 fatal cases had been reported. Of the 1 150 confirmed patients, Amoy Gardens cases accounted for 316. During 8 to 13 April, Amoy Gardens cases stood 38, i.e. an average of over five cases each day. DS(HWF) said that the report on the investigation into the facilities and services of Block E of Amoy Gardens would be released within a few days.

7. In response to Ms Emily LAU, DS(HWF) provided a breakdown on the number of infected cases in Amoy Gardens from 8 to 13 April -

<u>Date</u>	<u>New cases in Amoy Gardens</u>	<u>Cases of infection in Block E of Amoy Gardens</u>
8 April	5	1
9 April	5	1
10 April	1	0
11 April	11	2
12 April	11	4
13 April	5	Not available

DS(HWF) said that the situation in Amoy Gardens had to be further observed to determine if it had really stabilised.

8. In response to Ms Emily LAU, Deputy Director of Health (DD(H)) said that the Isolation Order issued to residents of Block E was effective in preventing the spread of SARS and the Administration had based on scientific evidence in deciding to issue the Order. He said that new infection cases announced each day were confirmed cases and the patients concerned had been admitted to hospitals for a period of time before confirmation of their infection.

9. Dr LAW Chi-kwong asked why the investigation on Block E of Amoy Gardens had taken such a long time and when the report would be published. DD(H) responded that the investigation was conducted by an expert group and the report would be published within a few days. In response to Dr LAW, DD(H) said that the expert group was made up of representatives from departments including DH, the Buildings Department, Drainage Services Department, Food and Environmental Hygiene Department and the view of the academics were taken into consideration.

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10. Mr Michael MAK expressed grave concern about the large number of medical and nursing staff infected with SARS and the adequacy of protective gears and apparel supplied for the staff. He said that the staff were very worried that they would contract the disease at work and yet they had not been provided with adequate protective apparel. Many of the staff had even avoided going home to prevent spreading the disease to their family members and a minority of the staff had already shown signs of depression. Mr MAK urged the Chief Executive (Acting) of the Hospital Authority (CE/HA(Ag)) to ensure adequate supply of protective gears and apparel for use by all health care staff. He further said that some staff still complained that they could not obtain N95 face masks. Besides, he pointed out that staff not provided with disposable protective clothing had actually posed the risk of cross-contamination in the staff changing rooms.

11. CE/HA(Ag) said that the pressure suffered by health care staff was understandable. He said that HA had decided to step up infection control measures in all wards so as to reduce the chance of infection among health care staff. Apart from promulgating infection control guidelines against SARS to all its frontline staff, HA had established infection control wardens to monitor staff behaviour and their use of equipment to minimise the risk of infection. It had also organised training and refresher courses on infection control for the frontline staff. In addition, HA had been procuring large quantity of protective items and their supplies were as follows -

- (a) the supply of surgical face masks for the staff had become stable over the past two weeks and the supply would continue to be stable;
- (b) N95 face masks were being purchased and staff's demands for these masks would be met as far as possible;
- (c) orders had been placed for the supply of 500 000 to 600 000 disposable protective gowns each week and recyclable protective gowns. There should be a stable supply of protective gowns starting from the following week or the week after;
- (d) goggles were being provided to staff in wards of high risk. When supplies increased, all staff working in the acute wards would be provided with goggles; and
- (e) all staff in the Intensive Care Units (ICUs) would be provided with protective gowns nicknamed "spacesuits" when supplies increased.

12. CE/HA(Ag) added that the Electrical and Mechanical Services Department was assisting HA to upgrade ventilation in wards and additional ventilators were being purchased.

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13. Ms Emily LAU asked when HA had placed orders for the protective gears and apparel. CE/HA(Ag) said that given the urgent need for these items, HA was no longer purchasing them through normal procurement procedures. He said that, for many times, he himself had contacted the suppliers direct and requested them to supply HA with their entire stock. Very often orders were placed immediately after the suppliers had confirmed that they could provide the required items. In some cases, the orders were placed while the required items were already being delivered. However, Ms LAU considered that it remained unclear as to when HA saw the need to take action to ensure adequate supply of the protective items. The Chairman suggested that CE/HA(Ag) could provide further details in writing later. He also pointed out that the Secretary for Financial Services and the Treasury had earlier undertaken that the Administration, if necessary, could assume the overall responsibility of central sourcing and supply of the necessary protective items for the health care system.

14. Referring to paragraph 8 of the Administration's paper, Ms Emily LAU asked when the HA Head Office had started coordinating among all hospitals on the deployment of manpower and equipment. CE/HA(Ag) responded that the HA Head Office had all along been playing this coordinating role. About two weeks ago, it had further set up a centre responsible for the central procurement and distribution of all supplies to meet the needs of hospitals.

15. Mr LAU Kong-wah asked about the progress made in improving the notification system between Hong Kong and Guangdong authorities on quarantine arrangements, medical co-operation, etc. DS(HWF) responded that the Administration had taken measures to strengthen the notification mechanism. In the previous week, officials from the Health, Welfare and Food Bureau had met with their Guangdong counterparts to discuss a cross-border mechanism on disease prevention. Consensus had been reached on a number of issues, including the exchange of information, medical co-operation, a notification mechanism and border quarantine arrangements. The Administration would further set up an expert group to follow up the issues. DD(H) added that notification systems had all along been put in place between the Hong Kong Government and the health authorities in Beijing and Guangdong province. The Administration had also established a direct phone-line with the Guangdong authorities.

16. Dr LAW Chi-kwong considered that the Administration's reply on the notification mechanism was too brief and more details should be given to the Panel for follow-up discussion. Referring to a submission from the Democratic Party which was tabled at the meeting, Dr LAW requested the Administration to provide more detailed information on the notification mechanism. DD(H) said that the Administration would try to provide more information on the mechanism

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at the next meeting. DS(HWF) added that to follow up the recent meeting held with the Guangdong officials, the Administration would set up an expert group which would work out proposals on implementing the decisions reached. He said that the Administration would provide details of the proposals to the Panel when they were available.

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17. Referring to the meeting between the Chief Executive (CE) and President HU Jin-tao in Shenzhen on 12 April 2003, Ms Emily LAU pointed out that only brief information on their discussion was released by the Administration after the meeting. As the Government should handle the SARS outbreak with a high degree of transparency and since the public had great expectation that the Central Government and the Hong Kong Government should fully cooperate to combat the disease, she considered it highly inappropriate for the Administration to have provided only limited information about the meeting. DS(HWF) said that he would convey Ms LAU's comments to the Administration for consideration.

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18. Mr LAU Kong-wah said that the community was in need of prompt medical advice from DH on matters relating to SARS and there were complaints that the telephone hotline service was always engaged. He suggested that DH should enlist the assistance of more intermediaries such as the Home Affairs Department (HAD) to improve the dissemination of information to the community.

19. DD(H) said that at present there were 50 telephone hotlines, operated by health care workers, for handling SARS-related enquiries and he agreed to explore strengthening the hotline service. He explained that many departments had rendered much support and assistance to DH. He added that DH had already adopted a proactive approach to infection control. For example, it had sent staff to contact every household in a building at an early stage when only one or two infected cases had been detected within the building to explain the disinfection and cleansing work that needed to be done.

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20. Ms LI Fung-ying asked whether the Administration would consider providing temporary accommodation for health care staff, as many of them did not want to go home to avoid contacts with their family members. CE/HA(Ag) responded that HA had made available all its hostels for the staff. Some holiday camps had also been used for accommodating them. DS(HWF) said that the Administration had also arranged for about 300 Home Ownership Scheme flats in Kowloon to be used as temporary hostels for medical staff. The Administration would continue to identify other suitable premises to be used. Ms LI Fung-ying said that the accommodation arrangements should be made available not only to medical staff but also to other frontline staff. CE/HA(Ag) responded that HA would allocate the temporary hostels to its staff irrespective of their ranks/grades on a need basis.

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21. Dr TANG Siu-tong asked whether the Administration would consider it more appropriate to accommodate the health care staff in areas far away from densely-populated areas. CE/HA(Ag) responded that the public should have confidence in health care staff who were well trained in infection control measures. He said that he was more concerned about whether there were adequate temporary quarters so that needy staff would each be provided with a flat. DS(HWF) clarified that the Administration was not taking measures to isolate health care workers. He explained that the purpose of the provision of temporary quarters for frontline health care staff was to address their needs after having worked hard in the hospitals.

22. The Chairman asked whether any special allowance would be provided to health care workers to meet extra expenses arising from the need to live away from home. CE/HA(Ag) responded that at present, HA was responsible only for the cost of accommodation for its staff who could not be allocated a quarter due to inadequate supply. No other special allowances were available to the staff concerned.

23. Dr TANG Siu-tong suggested that the Administration should look into why no SARS infection case had been found in Macau. In view of the continued increase in the number of SARS patients, Dr TANG expressed concern as to whether there would be adequate essential equipment such as respirators and medical/nursing staff to operate ICUs to cope with further rise in the number of patients. He asked whether HA had any plans to recruit medical staff from overseas.

24. CE/HA(Ag) responded that as at 13 April, there were 122 patients in ICUs, against a total number of about 400 ICU beds in Hong Kong. He said that the manpower situation in ICUs was very strained and HA had been re-deploying ICU staff and others from less pressurised hospitals to Princess Margaret Hospital. Urgent training and refresher courses had been organised for staff to enhance the manpower support for ICUs. CE/HA(Ag) pointed out that there was no problem in converting wards into ICUs or in the procurement of respirators and medications. The greatest problems laid with staff deployment, training and pressure of work.

25. CE/HA(Ag) further said that the HA had adopted the strategy of applying more "aggressive" treatment with a view to reducing the number of patients required to be admitted to ICUs. He said that in normal circumstances, doctors would confirm the diagnosis first and weigh up the risk of the treatment before prescribing drugs. However, the approach could no longer be used now. He said that the drugs being used to treat SARS patients could cause severe side-effects to the heart, liver and blood. Doctors also applied a high dosage of steroids for SARS patients even though they only showed mild symptoms.



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CE/HA(Ag) said that although about 90 per cent of patients were reacting favourably to the present treatment methods, it had been a warning that recently a few relatively young patients who did not have a history of chronic diseases had died. Hence, other treatment methods were being developed and tested.

26. In response to Dr TANG Siu-tong, CE/HA(Ag) said that he did not have information on the number of respirators in hospitals at present. He added that it only took a few days for the delivery of respirators to Hong Kong and orders for additional respirators had already been placed.

27. Mr Andrew CHENG said that the Administration should be more proactive and decisive in handling the SARS outbreak and explore contingency measures at all fronts. He queried why the Administration, after announcing a few days ago that all air passengers leaving Hong Kong would be required to have their body temperature taken at the airport, had still not implemented the requirement. Mr CHENG further suggested that the Administration should consider taking the following courses of action -

- (a) to explore the feasibility of purchasing beds and other services (e.g. intensive care services) from private hospitals;
- (b) to consider the use of Chinese medicine for treating SARS patients;
- (c) to consider the need for setting up large-scale isolation camps to deal with possible emergencies; and
- (d) to require all incoming passengers including Mainland visitors to have their body temperature taken so as to prevent people with SARS from entering Hong Kong. In view of the large number of incoming passengers at border control points daily, this requirement could be implemented by way of random checks, like what was being done in Australia and Singapore.

28. CE/HA(Ag) responded that while public hospitals would probably be responsible for handling SARS patients, the feasibility of purchasing beds and services, such as in the area of rehabilitative care, from private institutions and hospitals, was being actively considered. He said that at present HA was looking at the cost implications and other necessary arrangements. HA would provide the relevant information to the Administration for consideration.

29. As to the use of Chinese medicine, CE/HA(Ag) said that an expert team had been set up to study the use of Chinese medicine. Any Chinese medicine prescriptions provided to HA would be forwarded to the team for further studies. CE/HA(Ag) stressed that at the present stage, the use of Chinese medicine was

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explored only for the purpose of preventing infection.

30. The Chairman said that DH should remind Chinese medicine practitioners that they must take the necessary precautionary measures to protect themselves against SARS infection. DD(H) responded that DH had been sending letters and guidelines to Chinese medicine practitioners to remind them to take such measures.

31. CE/HA(Ag) said that to alleviate the pressure on hospitals, HA was considering the need for setting up rehabilitation camps so that patients who were recovering and were in stable conditions could be transferred there for further management.

32. DS(HWF) said that after some minor problems had been resolved, the Administration would implement the requirement of body temperature checks for departing passengers. After doing that, the Administration would consider whether it should make similar arrangements for all incoming passengers. It would also consider whether it should conduct random tests for Mainland visitors at land border control points. He added that the requirement of health declaration being implemented at border control points had been effective in identifying problematic cases.

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33. The Chairman requested the Administration to provide more concrete details on the above issues to members for follow-up discussion at the next meeting.

34. Mr Albert HO said that he had received complaints from frontline health care workers regarding the recent admission of a SARS patient from Shenzhen into a local hospital and that the patient was neither a Hong Kong permanent resident nor of Chinese nationality. Moreover, the patient was already in very critical conditions on arrival. Mr HO said that the admission was unfair to health care staff, unless the admission was a case which was justified on humanitarian grounds. Mr HO further asked the Administration to explain its policy on such admissions of SARS patients from outside Hong Kong and to inform members how many such patients were seeking treatment in Hong Kong.

35. DS(HWF) said that the Administration's policy was to discourage SARS patients from outside of Hong Kong to seek treatment here. However, the Administration would consider giving exceptional permissions in individual cases on humanitarian grounds and consideration would be given on a case-by-case basis. DD(H) supplemented that the Administration had already clearly told consulates that the situations in Hong Kong hospitals were extremely strained and it did not encourage SARS patients to travel to Hong Kong to seek treatment. However, he pointed out that in individual cases where SARS patients had already

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arrived at Hong Kong, the Administration had to reluctantly admit the patients to local hospitals for humanitarian reasons and also for the sake of containing the spread of disease by isolating the patient immediately.

36. DD(H) further said that he did not have information on the number of non-Hong Kong resident SARS patients who had been admitted to Hong Kong hospitals. He added that these patients had been admitted to hospitals as they had developed symptoms only after arrival.

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37. Mr Albert HO pointed out that health care staff were very dissatisfied and they had also pointed out that the patient was all along receiving treatment in a Shenzhen hospital before being transferred to Hong Kong. The Chairman considered that the message given out by the Administration that it did not encourage SARS patients to travel to Hong Kong to seek treatment was not strong enough. He said that the policy should disallow such patients from seeking treatment in Hong Kong, and require those non-Hong Kong resident patients who were still in mild conditions to return to their homeland to seek treatment. He considered that the Administration should clearly convey these messages to consulates. DD(H) said that the Administration had clearly explained to consulates that their SARS patients should seek treatment in their place of abode and avoid travelling to Hong Kong as it was already strained with SARS patients.

38. Mr Fred LI expressed strong dissatisfaction with the indecisiveness and the lack of coordination shown in the Administration's handling of the SARS outbreak. He said that it was unacceptable that the investigation report still had not been published even after residents of Block E of Amoy Gardens had already moved back to the building. He asked who was the decision maker in this battle against SARS. DS(HWF) responded that the top officials of the Administration all attached great importance to the outbreak and CE had also chaired many of those meetings which had made important policy decisions. He added that the Secretary for Health, Welfare and Food was also working in collaboration with an expert team to take prompt actions.

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39. Mr Fred LI further asked whether health talks on prevention of atypical pneumonia was encouraged. He said that the Housing Department (HD) had recently stopped a health talk from being organised at a kindergarten in Kwun Tong just because the activity would be in breach of the relevant Deed of Mutual Covenant. DS(HWF) agreed to follow up the case with HD.

40. Dr YEUNG Sum said that the Democratic Party was in support of purchasing beds and other services from private hospitals and transferring non-SARS patients to private hospitals for management. He said that the Democratic Party also considered it imperative for the Administration to conduct body temperature checks for both outgoing and incoming passengers. He further

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suggested that it was more appropriate for the Chief Secretary for Administration (CS), rather than CE, to direct policy bureaux and departments in tackling the outbreak since CS had more experience in such work.

41. CE/HA(Ag) said that he agreed in principle with Dr YEUNG Sum's comments on purchasing services from private hospitals. DS(HWF) reiterated that the Administration would consider whether it should conduct body temperature checks for incoming passengers, after it had implemented this measure for outgoing passengers first. He added that CS was also one of the attendees at the steering committee meetings chaired by CE.

42. Mr Martin LEE considered that the Administration now should have a plan for containing the spread of the disease across the border since the Labour Day holiday was approaching. DS(HWF) reiterated that health declaration measures had been put in place at land border control points already. The Administration would further consider conducting body temperature checks for incoming passengers after it had conducted checks for departing passengers first.

43. Mr Martin LEE asked whether the possibility that the disease was air-borne could really be ruled out and, if not, whether the Administration had formulated further contingency measures (such as recruiting experts from overseas) to tackle the worst-case scenario. DD(H) said that based on evidence to date, transmission of the disease was by respiratory droplets and direct contact with a patient's secretions. He said that based on information available, there was no suggestion that the disease was air-borne.

44. CE/HA(Ag) said that apart from seeking medical advice from the World Health Organization and Mainland medical experts, recruitment of experts from overseas had already started. The Chairman requested the Administration to explain further, at the next meeting, its contingency plan for tackling the worst-case scenario (say, patients increased by 10 times).

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45. Regarding the recruitment of medical experts from overseas, Mr Michael MAK suggested that HA should review the remuneration package in order to enhance its attractiveness to overseas experts. In response to Ms Emily LAU, CE/HA(Ag) said that long before launching the exercise for recruitment of overseas experts, HA had started recruitment of local experts as well. Several dozens of nurses had been recruited and some of them had ICU experience. However, among the 10-odd medical practitioners recruited, none of them was an ICU expert.

46. In response to Mr Martin LEE, DS(HWF) said that based on evidence to date, the risk of infecting through household contacts was not very high. The rate of infection was estimated to be below five per cent. The family members of

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patients did not pose a clear danger to their neighbouring community.

47. Mr SIN Chung-kai said that he had received an e-mail from a businessman who travelled a lot across the border. The businessman had expressed worry that, in filling out the health declaration forms at border control points, the shared use of pens provided at the border control points by many passengers had already posed a risk of cross-contamination, if any of the passengers was a carrier of the disease. Mr SIN further said that since President HU Jin-tao had expressed full support for Hong Kong in its fight against the outbreak, CE should now request the Guangdong authorities to take the body temperatures of passengers departing for Hong Kong at their border control points. The same arrangements should be made on our side to check the body temperatures of passengers departing for the Mainland. Mr SIN said he believed that these arrangements were necessary in order to contain the spread of disease across the border.

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48. DS(HWF) said that he would relay Mr SIN's suggestion to the Administration for consideration. He would also convey the concern about the risk of cross-contamination as pointed out by Mr SIN to the Immigration Department to seek improvements.

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49. Ms Emily LAU agreed with other members that the body temperature check requirement should apply to both incoming and outgoing travellers. Moreover, it should not be confined to air travellers. The arrangement should be extended from the airport to land and sea border control points as well. DS(HWF) responded that the Administration would first implement the requirement at the airport and further consider extending it to other border control points later. The Chairman requested the Administration to give more concrete details at the next meeting.

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50. Ms Emily LAU requested the Administration to explore the feasibility of the use of "walk-through" scanners which had already been in use at the airports of some countries such as Singapore to check the body temperatures of passengers. DS(HWF) responded that the use of such scanners was under consideration. The Chairman requested the Administration to provide further information at the next meeting.

51. The meeting ended at 10:53 am.