

立法會
Legislative Council

LC Paper No. CB(2)2862/02-03
(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

**Minutes of special meeting
held on Wednesday, 23 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
Hon Andrew CHENG Kar-foo
Dr Hon LAW Chi-kwong, JP
Dr Hon TANG Siu-tong, JP

Members Absent : Hon CHAN Kwok-keung
Hon CHAN Yuen-han, JP
Dr Hon YEUNG Sum
Hon LI Fung-ying, JP

Members Attending : Dr Hon David CHU Yu-lin, JP
Ir Dr Hon Raymond HO Chung-tai, JP
Hon LEE Cheuk-yan
Hon Martin LEE Chu-ming, SC, JP
Hon Fred LI Wah-ming, JP
Hon LEUNG Yiu-chung
Hon SIN Chung-kai
Hon WONG Yung-kan
Hon LAU Kong-wah
Hon Henry WU King-cheong, BBS, JP

Hon Albert CHAN Wai-yip
Hon WONG Sing-chi

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

Mr Nicholas CHAN
Assistant Secretary for Health, Welfare and Food

Dr P Y LEUNG, JP
Deputy Director of Health (1)

Dr P Y LAM, JP
Deputy Director of Health (2)

Dr Thomas TSANG
Consultant (Community Medicine), Department of Health

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

Clerk in : Miss Mary SO
Attendance Chief Assistant Secretary (2) 4 (Acting)

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

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I. Update on atypical pneumonia
(LC Paper Nos. CB(2)1824/02-03(01) to (03))

Mr Fred LI expressed dissatisfaction that the Secretary for Health, Welfare and Food (SHWF) had failed to attend this and the previous meetings to discuss the latest development in Severe Acute Respiratory Syndrome (SARS). Mr LI pointed out that as a principal official under the accountability system, SHWF had a responsibility to come before the Panel to answer questions from members, unless there was valid reason for not being able to do so. Members concurred

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with Mr LI. Deputy Secretary for Health, Welfare and Food (DSHWF) undertook to convey members' request to SHWF.

Briefing by the Administration and the Hospital Authority (HA)

2. At the invitation of the Chairman, DSHWF and Deputy Director of Health (1) (DDH(1)) briefed members on the latest development in SARS and measures to combat the disease as set out in the Administration's paper tabled at the meeting. Director, HA supplemented that drawing on the Guangdong's experience in the prevention and treatment of SARS, HA had begun to provide preventive Chinese medicine to some of its health care staff and use the breathing equipment "BIPAP" on SARS patients this week on a trial basis. On the latter, Director, HA pointed out that experts from Guangdong found the use of "BIPAP" effective in preventing SARS patients from resorting to intubation and that the vapourising effect of the equipment did not pose a risk in spreading the disease which was a major concern of some experts from Hong Kong.

(Post-meeting note : The Administration's paper was subsequently issued to members vide LC Paper No. CB(2)1824/02-03(03) on 23 April 2003.)

Discussion

Infection of health care workers

3. Mr Fred LI noted that there had been incidents of public health care workers contracting SARS from caring patients who did not display any pneumonia symptom at the onset of the disease. In the light of this, Mr LI asked about the measures which would be taken by HA to ensure work safety and prevent the disease from spreading to the community.

4. Director, HA responded that in view of the absence of clinical definition of SARS, diagnosis of the disease was currently by exclusion. This, and coupled with the fact that some patients who came down with SARS did not show any pneumonia symptom at the initial stage of the disease, provision of protective gears to hospital staff, including those not working at acute and Intensive Care Unit (ICU) wards, had therefore been enhanced recently. Director, HA further said that HA presently kept a stock of 14 days of general protective gears. HA also kept stock of higher level protective gear such as "Barrier Man", the supply of which was so far adequate. Director, HA added that health care workers had been reminded to strictly observe all infection control measures to protect themselves from contracting SARS. To prevent the disease from spreading to the community, members of the public were discouraged from paying visits to hospitals. In particular, all acute wards and cohorting areas were not opened for visitors.

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5. The Chairman, Mr LEUNG Yiu-chung and Mr Albert CHAN expressed grave concern about the high infection rate of health care staff and urged HA to improve its strategy to address the problem. Director, HA responded that HA had taken measures on three fronts by -

- (a) increasing the supplies of protective items for staff and providing them with better protective gear and apparel;
- (b) issuing guidelines on infection control and appointing infection control wardens to monitor staff behaviour and the use of equipment to minimise the risk of infection; and
- (c) improving the environment of hospitals, such as improving the ventilation systems to increase exchange of air and increasing the space between hospital beds in SARS wards.

6. Mr WONG Yung-kan urged HA to ensure that non-health care staff, such as cleaners, were provided with protective gear against infection. He also urged the Administration to put in place adequate preventive measures to reduce the chance of infection at public swimming pools which had recently been re-opened. Director, HA responded that HA would take all measures to prevent other non-health care staff from being infected.

7. The Chairman asked whether there was any room for improvement in the HA management in order to reduce the number health care workers coming down with SARS. Director, HA responded that in addition to enhancing the protective gear, staff had been constantly updated on the latest measures in infection control against SARS which had been drawn up in light of new developments and improvements made to the ventilation systems in hospital wards.

8. Mr Andrew CHENG asked whether HA would follow the example of Singapore and provide higher level protective gear, such as "Barrier Man" for its staff to prevent infection. He was dissatisfied that there were still complaints from health care staff about inadequate supply of protective items. He said that preventing health care staff from getting infected should be the top priority and requested the Administration to provide more detailed information, by the next meeting, on measures for putting a stop to infection of health care staff. The Chairman also said that he had still received complaints from nurses that they were only supplied with large-sized N95 masks which did not fit them. He asked whether HA planned to provide shower facilities for staff working in high-risk areas.

9. Director, HA responded that he had followed up on the complaints made by

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some health care staff about inadequate protective gears, and concluded that the problem might be related to the distribution process. To this end, Cluster Chief Executives had been asked to conduct spot checks to ensure that supplies really reached frontline health care staff. In addition, an expert group had been formed under HA to ensure that the safety requirements of the protective gear were up to standard to cope with changed circumstances. Director, HA assured members that HA would try its best to secure adequate supply of protective items. Suggestions from staff on how to enhance their protection against SARS had also been adopted as far as possible. He added that instructions had been given to hospitals to provide shower facilities in wards for the use of staff as far as practicable. Higher level protective item, such as "Barrier Man", was also supplied to staff working in high-risk areas.

10. Mr Michael MAK said that little improvement had been made since the Chief Executive had demanded SHWF to reduce the number of health care staff coming down with the disease to zero. Mr MAK asked whether HA had conducted surveys to find out whether the infection of staff was due to their lack of alertness to protect themselves. He also asked whether there were adequate guidelines on infection control and protective gear given to staff.

11. Director, HA responded that some health care staff had been infected in caring for SARS patients who had been admitted to non-SARS wards. To tackle the problem, HA had upgraded the protective measures implemented in all wards. Some health care staff had been infected in high-risk areas, though they had already put on the protective gear and apparel which had matched the standard safety requirements set by experts. HA had suspected that this had to do with inadequate air circulation inside the wards and had tried to improve the ventilation systems of ICUs and SARS wards to increase the air exchange rate.

Measures to contain the spread of the disease to the community

12. Mr Andrew CHENG expressed grave concern about the steep rise in the number of infected cases in Tai Po. He said that staff at Alice Ho Miu Ling Nethersole Hospital infected with SARS were suspected to have spread the disease to the community. He suggested that instead of only announcing the names of the infected buildings on the DH website, DH should release more information, such as the sources of the confirmed cases.

13. DDH(2) said that DH was closely monitoring the situation in Tai Po. He added that to enable members of the community to grasp the developments of the outbreak, DH had also provided a "SARS Bulletin" on its website each day detailing summaries of cases, latest and ongoing development, health advice/further information, etc. Director, HA added that HA was considering to stop transferring SARS patients to Alice Ho Miu Ling Nethersole Hospital for the

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time being and there would be re-arrangement of services of the hospital.

Isolation of residents of Block E of Amoy Gardens

14. Mr Fred LI asked why the Administration did not move residents of Block E of Amoy Gardens to three holiday camps after the issue of an order to isolate the building for a period of 10 days starting from 6:00 am on 31 March 2003, but over 24 hours later. Noting from the investigation report on the outbreak of SARS at Amoy Gardens that one of the likely causes was environmental contamination, Mr LI further asked the Administration whether it considered its decision to evacuate these residents one day after the issue of the Isolation Order wrong. Dr LAW Chi-kwong echoed similar views expressed by Mr LI.

15. DSHWF disagreed that the decision to move residents of Block E of Amoy Gardens to holiday camps one day after the issue of the Isolation Order was wrong. The reason for issuing the Isolation Order was to quarantine the whole of Block E for 10 days. In so doing, the Department of Health also appealed to residents who had moved out prior to the isolation order to report to the Department. However, on 1 April after reviewing new information regarding the outbreak situation in Amoy Gardens, it was decided to move the residents to the three holiday camps for temporary accommodation to continue 10 days' quarantine and that an investigation would be conducted on the building. Mr LI maintained his view that the Administration had been wrong in not moving Block E residents to holiday camps upon the issuance of the Isolation Order, as the Administration was well aware that the investigation would take some time to complete. In actuality, the whole investigation took more than two weeks to complete. Mr LI hoped that the Administration would admit it had made a mistake, as even the Mainland authorities had sacked two top officials for mistakes made in handling the outbreak of SARS in the Mainland.

Provision of video conferencing facilities in hospitals for SARS patients and their families

16. Mr Fred LI asked about the possibility of providing video conferencing facilities for SARS patients and their families, having regard to the fact that acute and ICU wards were not opened to visitors.

17. Director, HA responded that video conferencing facilities for SARS patients and their families, supported by community sponsors, were currently provided in two public hospitals on a trial basis. Director, HA further said that HA would consider extending the provision of such facilities to other public hospitals with SARS patients after assessing the risks involved. Namely, the risk of technicians contracting the disease as they had to enter the SARS wards to install the facilities, and the risk of cross infection when arranging patients to use

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the facilities.

Development of rapid diagnostic tests for SARS

18. Mr Fred LI asked about the progress made in the development of rapid diagnostic tests for SARS. Director, HA responded that hitherto, rapid diagnostic tests could not accurately detect SARS patients, and diagnosis of the disease mainly relied on clinical examinations. According to the experts, rapid diagnostic tests were more effective in detecting SARS patients in severe condition than those in the initial stage of the disease, as the former carried a high virus load whereas the latter did not.

19. DDH(1) supplemented that a network of scientists from 11 laboratories in nine countries/territories under WHO had been working to develop fast and accurate laboratory tests for SARS. The Administration was closely monitoring the developments and would introduce any new rapid diagnostic tests which were found to be effective into Hong Kong.

Purchasing of services and hospital beds from private hospitals

20. Dr LAW Chi-kwong expressed concern about the effect of the reducing non-urgent clinical services in public hospitals, and asked about the progress made by HA in purchasing beds/services from private hospitals. Director, HA responded that it was necessary for HA to reduce its non-urgent clinical services in order to focus on caring SARS patients. As far as specialist out-patient services were concerned, patients would only be provided medication on follow-up appointments. Only patients who had urgent needs would be arranged to see doctors. However, other patient who could not see a doctor in the public clinics might still want to see a private doctor. In this regard, HA had made arrangements with private doctors associations for their members to obtain the case summary of discharged HA patients who went to visit the private doctors. HA would also provide these patients with their discharge summary so that they could present them to the private doctors on their medical appointments. Director, HA also took the opportunity to thank those private doctors who had volunteered to work in public hospitals.

21. Director, HA further said that HA intended to purchase infirmary beds from institutions so as to release more resources for caring SARS patients. DSHWF supplemented that through the Social welfare Department, some 100 elderly infirmary patients were being transferred to infirmaries operated by non-governmental organisations.

22. On the possibility of transferring patients to private hospitals to receive urgent surgical operations performed by private doctors, Director, HA said that

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HA's position was that patients requiring cardiac surgery and those suffering from cancer should be given priority when such services could not be provided in public hospitals for the time being because of SARS. He informed members that HA had already given the green light to two of its hospitals to select some urgent cases requiring cardiac surgery for performing in private hospitals. He explained that this was a trial scheme and if it proved feasible, more patients of similar circumstances might be transferred to private hospitals for treatment. Director, HA added that HA would also consider transferring cancer patients to private hospitals to receive urgent surgical operations if circumstances warranted.

23. Dr LAW Chi-kwong asked about the source of funding to meet the cost of urgent surgical operations performed by private hospitals. DSHWF responded that the Administration had to further discuss the funding arrangements with HA.

Disinfecting and cleansing of infected buildings

24. Dr LAW Chi-kwong asked whether DH would deploy staff to disinfect and cleanse infected buildings which had no Owners' Corporation (OC) or management company. DDH(1) replied that the Food and Environmental Hygiene Department (FEHD) had agreed to deploy staff to disinfect the homes of all confirmed SARS patients. If the infected building concerned had no OC or management company, FEHD staff would also disinfect the communal facilities inside the building and the vicinity.

Measuring body temperature of passengers

25. Mr Andrew CHENG and Mr LAU Kong-wah considered that the Administration was too slow in implementing body temperature check of passengers arriving at the airport, ports and land boundary crossings. Mr LAU then asked whether the Administration had a plan to conduct body temperature check for all incoming passengers as soon as possible.

26. DDH(2) responded that starting from 17 April, all passengers departing at the airport had already been required to have their body temperature taken before check-in. Starting later that week, all inbound passengers at the airport would also be required to have their temperature taken. As for people arriving at ports and land boundary crossings, they were required to fill out a health declaration form at the control points. DH staff also stationed at all control points to handle people with SARS symptoms. In addition, starting from the following Monday, the Administration would take body temperature of travelers crossing the border on a random basis.

27. DDH(2) informed members that he had recently visited the Entry-Exit Inspection and Quarantine Bureau in Shenzhen to look at their use of infra-red

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temperature scanners for screening of fever of passengers at Lo Wu control point, and subsequently placed order for 50 such scanners to be installed at Lo Wu control point on the Hong Kong side in the coming weeks. DDH(2) also informed members that the Hong Kong Government was liaising with Singapore to purchase a few thermal imaging equipment for use at the airport to speed up the process of checking body temperature.

28. Mr LAU further asked why DDH(2) had placed order for only 50 infra-red temperature scanners, as he estimated that more than 200 were needed for all checkpoints. He also asked about the timetable of installing the devices at all checkpoints. Dr Raymond HO said that infra-red temperature scanners were not high-tech devices and there was no need for the Administration to source from the United States (US) or other overseas suppliers. He considered that the Administration should immediately liaise with Mainland suppliers and place order for more of these scanners.

29. DDH(2) explained that the reason why only 50 infra-red temperature scanners had been purchased was because this was the quantity that Shenzhen could supply at the moment. He further explained that the 50 infra-red devices, when delivered to Hong Kong within that week, would be installed immediately. The Administration would also place order for more of these scanners. The timetable for their installation would depend on how fast they could be supplied to Hong Kong.

30. Mr LAU Kong-wah queried whether body temperature check was an effective measure to screen travelers suspected to have SARS, having regard to the fact that not all SARS patients would have fever. Director, HA responded that fever was the most common symptom of the disease, and only a minority of SARS patients who had a relatively poor immune system, such as the elderly, did not have fever.

Availability of intensive care facilities

31. Mr Martin LEE referred to paragraph 31 of the Administration's paper which mentioned that HA considered its ICU's capacity to be adequate, on the assumption of an ICU rate of 12% for SARS patients and taking into account the ICU utilisation rate for SARS patients during the past week. Mr LEE considered such an assumption far from adequate, and was of the view that HA should formulate contingency measures to prepare itself for an upsurge in the ICU utilisation and/or the shortage of ICU staff brought about by many of them coming down with the disease.

32. Director, HA agreed that HA's ICU capacity would not be able to cope with an infinite number of new cases, if measures to contain the spread of the disease to

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the community had failed to be effective. He said that HA had already been asked by the Administration to provide detailed data and information for development of contingency measures. He said that the contingency measures adopted by HA included increasing procurement of protective items, enhancing protective gear for health care staff; reducing non-urgent clinical services; testing the use of "BIPAP" to enable patients to be taken care of in acute wards and exploring more effective drugs for treating SARS patients.

33. Director, HA further said that although ICU utilisation had stabilised now, it was necessary to prepare for possible increase of ICU utilisation. He said that HA had ensured that the number of ventilators available was adequate and their supply would continue to be stable. On the manpower situation of ICUs, DSHWF said that HA had about 1 500 nurses qualified to work in ICUs, of whom some 1 100 were handling ICU-related work. Hence, there was still a pool of a few hundred nurses ready to be deployed to work in ICUs. He said that HA had tried to expand the pool by providing appropriate training to medical and nursing staff of other units (e.g. anaesthetic and medical units) and by launching recruitment exercise in Hong Kong and overseas of ICU-experienced health care workers.

34. DSHWF said that the Administration had tried to draw up plans for tackling various scenarios, such as another outbreak similar to that at the Amoy Gardens which might result in a sudden increase of some 300 confirmed SARS patients. Based on an ICU rate of 12% for SARS patients, 50 to 60 additional ICU beds would be needed and, taking into account the existing ICU utilisation rate for non-SARS patients, HA's ICU capacity would then be fully taken up. In view of the limits of the ICU capacity, HA was exploring measures, such as the use of "BIPAP" and arranging some non-SARS ICU patients to receive their step-down care in non-ICU wards, to release more ICU beds. In addition, the Administration was implementing control measures to stop the spread of the disease to the community.

Investigation report on the outbreak of SARS at Amoy Gardens

35. Dr Raymond HO said that the investigation report on the outbreak of SARS at Amoy Gardens was generally accepted by the engineering sector in Hong Kong. However, he suggested that the Administration should investigate whether the spread of the disease in Amoy Gardens was also caused by residents and visitors whose shoes stepped on the contaminated droplets in the podium which were ejected from the leakage in the sewage system. Dr HO further suggested that the Administration should issue guidelines on proper maintenance and repair of the drainage system and sanitary fitments to all owners direct, and not to rely on management companies and OCs to do so as not all buildings had a management company or an OC. DSHWF agreed to consider Dr HO's suggestions.

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36. Mr Albert CHAN asked why the investigation report on the outbreak of SARS at Amoy Gardens had not been accepted by WHO and whether the Government would submit further information to WHO to supplement the report. He said that non-acceptance of the report by WHO would undermine the confidence of the international community in Hong Kong to combat SARS.

37. DSHWF clarified that WHO had never said that it did not accept the findings of the investigation report. Rather, WHO experts had said that the explanation on the causes of infection given in the report was "a plausible hypothesis", and that more evidence was needed to ascertain the validity of the findings of the report. DSHWF informed members that the Administration would assist WHO to follow up the SARS outbreak at Amoy Gardens. He added that the investigation into the outbreak was not conducted by the Administration alone. DDH(1) supplemented that WHO would be sending a team of experts to Hong Kong shortly to understand more about the situation in Hong Kong before they would formally give their views on the findings of report.

Mobilising community resources in the fight against SARS

38. Ms Cyd HO said that the Administration should mobilise all the resources and voluntary workers available in the community to combat the disease and provide assistance to people in need. She suggested that the Administration should engage quasi-government organisations to cooperate with community groups, say, repairing the sewage pipes of infected buildings and mobilising housewives to teach school children good personal hygiene and providing assistance and support to elderly singletons living alone. DSHWF agreed to consider Ms HO's suggestions.

Use of Chinese medicine and health foods for prevention of SARS

39. Dr David CHU commended Director, HA's work in handling the SARS crises. He then asked whether HA would publish a list of Chinese proprietary medicines, herbal Chinese medicine prescriptions and health foods suggested by health experts for prevention of SARS.

40. Director, HA responded that HA would make available Chinese proprietary medicines, herbal Chinese medicine prescriptions and health foods suggested by health experts for prevention of SARS if these medicines, prescriptions and health foods were tested to be safe for human consumption. However, HA would not endorse their individual claims on prevention of SARS, which would be subject to further studies.

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Measures adopted by the Mainland authorities to prevent the spread of the disease to the community

41. Mr LEE Cheuk-yan asked whether the Administration could obtain information, through the notification mechanism established with Guangdong, as to whether other preventive measures, such as home confinement, had been implemented in Guangdong, Beijing and other areas in the Mainland infected with SARS. He considered that merely relying on checking the body temperature of passengers at border control points would not be adequate to prevent the spread of the disease from the Mainland to Hong Kong.

42. DDH(1) responded that the Mainland authorities had also put in place stringent measures to contain the spread of the disease. For instance, family members of SARS patients on the Mainland were also subject to home confinement.

Treatment of SARS

43. Mr LEE Cheuk-yan asked whether HA had looked at the experience in Canada, the US and the Mainland in administering drugs to SARS patients and whether the Administration would consider recruiting overseas experts to develop better treatment methods for use in Hong Kong. Director, HA responded that although some overseas experts had criticised the effectiveness of ribavirin in treating SARS, they could not come up with any better alternative. Director, HA further said that although a combination of steroid and ribavirin had proven to be the most effective treatment protocol for SARS thus far, local experts were pressing ahead in developing new drug for treatment of SARS. To this end, they had been exchanging information and experience with overseas researchers, and plan was underway to invite Chinese medicine practitioners from Guangdong to share their clinical experience in treating SARS patients with their Hong Kong counterparts.

Others

44. Mr Henry WU opined that a conscientious person should wear a face mask in public places, and asked whether the Administration would step up publicity in this regard. Mr WU further asked whether the investigation report on the outbreak of SARS at Amoy Gardens had revealed any new findings on the transmission of the virus, and whether the Government would provide more information to WHO to substantiate its findings, such as the amount of virus and the velocity of the emission of contaminated droplets from the sewer vent pipe.

45. Mr SIN Chung-kai asked about the chance for SARS to become an endemic disease, and if so, whether Hong Kong could come up with a vaccine for the

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disease.

46. The Chairman said that due to shortage of time, questions raised by members and could not be answered by the Administration could be discussed at the next meeting scheduled for 30 April 2003.

II. Any other business

Letter from Mr Michael MAK
(LC Paper No. CB(2)1842/02-03(01))

47. Referring to his letter tabled at the meeting, Mr Michael MAK appealed to Members to support his suggestions with regard to the \$200 million training and welfare fund for medical and nursing staff proposed to be set up by the Administration.

(Post-meeting note : Mr Michael MAK's letter was subsequently issued to Members vide LC Paper No. CB(2)1842/02-03(01) dated 24 April 2003.)

48. The meeting ended at 10:50 am.

Council Business Division 2
Legislative Council Secretariat
17 July 2003