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seen by the Administration)

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**Panel on Health Services**

**Minutes of special meeting**
**held on Wednesday, 30 April 2003 at 8:30 am**
**in Conference Room A of the Legislative Council Building**

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| **Members present** | : | Dr Hon LO Wing-lok (Chairman)<br>Hon Michael MAK Kwok-fung (Deputy Chairman)<br>Hon Cyd HO Sau-lan<br>Hon Andrew CHENG Kar-foo<br>Dr Hon LAW Chi-kwong, JP<br>Dr Hon TANG Siu-tong, JP |
| **Members absent** | : | Hon Albert HO Chun-yan<br>Hon CHAN Kwok-keung<br>Hon CHAN Yuen-han, JP<br>Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP<br>Dr Hon YEUNG Sum<br>Hon LI Fung-ying, JP |
| **Members attending** | : | Dr Hon David CHU Yu-lin, JP<br>Ir Dr Hon Raymond HO Chung-tai, JP<br>Hon Martin LEE Chu-ming, SC, JP<br>Hon Fred LI Wah-ming, JP<br>Hon SIN Chung-kai<br>Hon Emily LAU Wai-hing, JP<br>Hon Albert CHAN Wai-yip |

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**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 LEUNG, JP
Deputy Director of Health

Dr Thomas CHUNG
Principal Medical & Health Officer
Department of Health

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

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

**Staff in attendance** : Miss Lolita SHEK
Senior Assistant Secretary (2) 7

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The Chairman invited all persons to observe 30 seconds of silence to pay tribute to Mr LAU Wing-kai, nurse of Tuen Mun Hospital, and Dr James T K LAU, a private practitioner, who had sacrified their lives for caring Severe Acute Respiratory Syndrome (SARS) patients.

## I. Update on atypical pneumonia

(LC Paper No. CB(2)1908/02-03(01))

2. At the invitation of the Chairman, Deputy Secretary for Health, Welfare & Food (DS(HWF)) briefed members on the latest developments of SARS as well as the measures implemented to combat the disease including the Home Treatment Programme and measuring body temperature of passengers as set out in the Administration's paper. He added that the Home Treatment Programme was so named since it was implemented in accordance with section 11 of the Prevention

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of the Spread of Infectious Diseases Regulations (Cap. 141 sub. leg. B) under which the Director of Health (D of H) had required all household contacts of confirmed SARS patients to confine themselves at home for treatment and medical surveillance up to a maximum of 10 days rather than staying in hospital. Director (Professional Services & Public Affairs) of the Hospital Authority (DPSPA/HA) then updated members on the infection control and provision of facilities and equipment in public hospitals.

3. Mr Michael MAK said that Secretary for Health, Welfare and Food (SHWF) should attend the special meetings of the Panel on SARS to answer questions from members. He asked whether SHWF would attend the next special meeting on 7 May 2003. DSHWF explained that SHWF could not attend this special meeting because he had to attend the Special ASEAN-China Leaders' Meeting on SARS in Bangkok. SHWF would attend the special meetings of the Panel as far as possible.

Home Treatment Programme

4. Ms Emily LAU informed members that she had complained to D of H in writing that a person in Tai Yuen Estate in Tai Po had violated the quarantine order by leaving his flat. She pointed out that such behaviour had imposed a threat on the health of the community. She asked what measure would be taken to ensure that the Home Treatment Programme would be implemented more strictly so as to safeguard public health.

5. In reply, Deputy Director of Health (DD(H)) said that the Home Treatment Programme had been operating quite well so far with only two cases referred to the Police for tracing of defaulters. Individuals who breached quarantine orders might be sent to isolation camps. He assured members that the case reported by Ms Emily LAU would be followed up.

Measuring body temperature of passengers

6. Ir Dr Raymond HO said that he had written to DPSPA/HA commending on his performance in the battle against SARS and paying tribute to Mr LAU Wing-kai and other frontline medical staff. He indicated that he was glad to note from paragraph 6 of the Administration's paper that some 300 infra-red temperature scanners would be installed at different immigration control points for mass screening of fever of passengers. He pointed out that measuring different parts of the face of an individual might result in different temperatures. He said that the Biomedical Division of the Hong Kong Institute of Engineers would be willing to provide advice and assistance to the Government on the operation of the scanners. DD(H) welcomed the offer of assistance from the Hong Kong Institute of Engineers. He said that the Administration would liaise with the Institute shortly.

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7. Mr SIN Chung-kai asked when the Government would start measuring the body temperature of passengers arriving at Lo Wu and other control points by land. He also sought clarification whether the body temperature of drivers who remained seated in the trucks would be measured at the control points. DD(H) responded that some 300 scanners would be installed at different immigration control points by end of May 2003 for mass screening of fever of departing and arriving passengers. As regards the truck drivers, DD(H) informed members that sampling screening was conducted at present. He advised that all drivers would be screened in future.

Infection control in public hospitals

8. Mr Michael MAK said that he was very sorry for the continuous large number of infections amongst health care workers. He pointed out that the latter had already complied fully with the infection control measures laid down by HA but still got infected while discharging their duties. He urged HA to introduce measures to eliminate infection among staff in hospitals. He was also worried about the condition of Dr TSE Yuen-man who contracted the disease together with Mr LAU Wing-kai in Tuen Mun Hospital. He urged HA to adopt the most effective treatment protocol on SARS patients.

9. In response, DPSPA/HA said that he understood very well the worries and concern of Mr Michael MAK about the safety of health care workers. He assured members that Tuen Mun Hospital had followed strictly the treatment protocol for SARS patients and it had tried its best to save Mr LAU and Dr TSE and other SARS patients. He said that the treatment protocol adopted for SARS patients had proved to be effective so far and had successfully cured a lot of SARS patients although there were some criticisms on its efficacy. DPSPA/HA stressed that HA was very open. Apart from antiviral treatment, more new drugs, including convalescent plasma, had been added to the treatment protocol with a view to improving treatment.

10. As regards infections among hospital staff, DPSPA/HA informed members that HA had conducted analysis on the infection among health care workers. Factors such as environment, the use of protection gears, and infection prevention measures and guidelines were examined. HA had also followed up every single case and tracing the source of disease and the contacts made by health care workers to analyze the cause of each infection. However, the source of transmission could not be ascertained in some cases despite thorough investigation. He explained that since numerous factors might contribute to infections among health care workers, no single preventive measure could guarantee the elimination of infection. He quoted as an example cases in which some SARS patients who were not in a clear state of mind scratched the face masks worn by the health care

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workers thereby transmitting the virus to the latter.

11. To eliminate infection among health care workers, Mr Michael MAK urged HA to take all the necessary steps to plug the loopholes in the existing preventive measures and shared with staff all the important information on the causes of infections. He stressed that health care workers were extremely distressed by the incessant cases of infection among them.

12. Dr LAW Chi-kwong enquired about the reasons for the differences in the staff infection rates in the Intensive Care Units (ICUs) in different hospitals. He also considered that the independent inspection teams proposed by HA for the inspection of infection prevention control in public hospitals should be formed immediately in order to reduce infection among hospital staff.

13. In response to the first question from Dr LAW Chi-kwong, DPSPA/HA informed members that most cases of infection among ICU staff were found in the Princess Margaret Hospital (PMH) when there was a sudden increase in the number of SARS patients admitted to the hospital. To relieve some of the pressure on the hospital, HA had ceased admitting SARS patients to PMH and the number of infections in the ICU of PMH was subsequently reduced. DPSPA/HA advised that the experience in other hospitals was quite similar to that of PMH. As regards Dr LAW's remarks on the inspection teams, DPSPA/HA assured members that voluntary teams consisted of off-duty staff to observe the work environment and control measures exercised in a ward with a view to minimizing the risk of infection would be formed within a few days.

14. Dr LAW Chi-kwong also expressed concern that the low risk environment in public hospitals might become potential areas of staff infection. He sought clarification whether health care workers had contracted SARS in the low risk environment as revealed by the statistics of past infection cases. DPSPA/HA said that he shared the concern of Dr LAW. He informed members that in some recent cases, health care workers were infected while taking care of patients in non-SARS wards. However, he pointed out that as there were many low risk areas in hospital and all newly admitted patients might be regarded as potential SARS patients, it would be very difficult to eliminate the risk of staff infection in these areas.

15. Ms Emily LAU noted from paragraph 2 of the Administration's paper that health care workers and medical students constituted 22.5% of the total number of SARS patients as at 28 April 2003. She asked if this infection rate was higher than those in other places infected with SARS. DPSPA/HA undertook to provide the information later.

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16. Ir Dr Raymond HO opined that the existing ventilation system in the wards in hospital might increase the risk of spread of the disease from SARS patients to staff and other patients. He suggested HA to introduce improvements to the system. DSHWF advised that the Central Task Force on Supplies and Environmental Control in Hospitals on SARS headed by the Cluster Chief Executive (N.T. East) (CCE(NTE)) was reviewing the issue. DPSPA/HA supplemented that efforts were being made to improve the ventilation in wards. The Electrical and Mechanical Services Department had been assisting HA in investigating into this issue including the number of air changes per hour and the direction of air flow in relation to the location of beds and nurse stations in wards. He stressed that the environmental problems faced by different wards might be different and so were their solutions. In some wards, additional ventilators had been installed to increase the air changes while in other wards, exhaust fans might be a better solution.

17. Ir Dr Raymond HO urged HA to solve this complicated problem as soon as possible. He said that the Hong Kong Institute of Engineers would be willing to offer assistance if required. The Chairman suggested that the Institute might also provide professional advice on the improvement to the sewerage systems in private buildings so as to prevent the spread of SARS in the community. Dr HO said that the Institute would assist the Government in examining this issue readily and suggested the Administration to contact him if assistance from the Institute was required.

Provision of protective gear to hospital staff

18. Expressing concern about the continuous complaints from staff in public hospitals about the shortage of protective gear, Mr Fred LI asked whether the problems in the middle management mentioned by CCE(NTE) recently were the cause for the complaints. He urged HA to address this problem as soon as possible so as to eliminate staff infection.

19. To address the concern of Mr Fred LI, DPSPA/HA informed members that the Central Task Force on Supplies was established to monitor the supply of protective gear to staff. To facilitate communication with frontline staff, a hotline would be set up shortly. He explained that at the initial stage of the outbreak, there had been some difficulties in the procurement of the gear but this had since been addressed. At present, the stock levels had been raised to ensure continuous supply and to meet demand in accordance with assessed priorities.

20. DPSPA/HA added that there might be differences in opinion between management and staff on whether the protective gear supplied by HA could provide staff with adequate protection against SARS. He said that such differences existed even among medical specialists who held different opinions on

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the modes of transmission of the virus and hence the most effective kinds of protective gear. He clarified that based on evidence so far, transmission of the disease was by respiratory droplets and direct contact with a patient's secretions. There was no suggestion that the disease was air-borne. On the basis of scientific evidence and after extensive discussion with its medical experts, HA had set the levels of protective gear for staff working in different areas in hospital and promulgated a set of guidelines for infection control measures to protect staff from SARS. Since then, HA had tried to ensure that the guidelines were strictly complied with in all public hospitals and that protective gear would be supplied in accordance with the established standard and guidelines. Communication with frontline staff had also been enhanced to increase their safety awareness as well as the basis on which the standard and guidelines were set.

21. DPSPA/HA continued to explain that given the fact that SARS was a new disease caused by a new virus with a lot of unknowns, it was inevitable that there were uncertainties among hospital staff which might result in doubts on the standard of protective gear and guidelines for control measures set by HA. Staff might demand for a higher level of protective gear which offered them a sense of security. DPSPA/HA said that HA would try to satisfy the demands of staff in this respect. However, there had been a shortage of such gear because of difficulties in procurement. Recently, the Government of Hong Kong as well as the Central People's Government (CPG) have come to the assistance of HA in ensuring continuous adequate supply of these gear to health care workers.

22. DPSPA/HA supplemented that there might be communication problems between frontline staff and the middle management who were caught between satisfying the demand from staff for the protective gear immediately and maintaining a certain stock level of the gear in case of inadequate supply in future. To address this issue, HA had assured hospitals that there would be continuous supply of protective gear in future. DPSPA/HA added that some staff might have brought their own protective gear to work but the use of which had not been permitted by the hospital management. He said that HA had already clarified with hospital management that private gear at work were allowed on the condition that they were safe to use.

23. Mr Fred LI expressed concern that the middle management in public hospitals might be caught between the frontline staff and HA if the former's expectations on the level of protective gear were different from those adopted by HA. He also pointed out that there was lack of cooperation amongst hospital clusters and the guidelines for infection control measures might not be strictly complied with by hospitals. The directions and messages from HA might not reach the middle management in hospital directly hence creating misunderstanding between middle management and frontline staff. He urged HA to address these problems as soon as possible in order to reduce staff infection.

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24. DPSPA/HA responded that the cluster system had been functioning very well so far. He explained that since all the public hospitals were put under HA, there might be expectations that the management and operation of all these hospitals should be uniform. DPSPA/HA said that this would not be possible as in the case of other countries. The Chairman commented that the effectiveness of the protective gear in preventing staff infection should be the foremost important consideration for both HA and frontline staff.

25. Sharing similar concern of Mr Fred LI, Mr Andrew CHENG considered the incessant cases of staff infection not acceptable. He requested the Administration to provide more detailed information on the protection of health care staff in its papers to the Panel in future. He opined that HA should ease the worries of staff by ensuring them adequate supply of protective gear. He considered that HA should keep a stock of one month instead of 14 days only of the gear. He also noted that apart from demanding for higher levels of protective gear, frontline hospital staff had also complained to the media that the protective gowns were not waterproof. To increase the confidence of staff and to reduce staff infection, he urged HA to raise the standard of the protective gear.

26. In reply, DPSPA/HA clarified that the stock level of 14 days was not a target of HA but a description of the existing situation. He assured members that the stock level could be increased further if there was continuous supply of the gear from the suppliers. As regards the expectations of staff on the protective gear, DPSPA/HA said that some staff might request for Barrier Man which was a coverall for use in areas which required greater protection. He pointed out that the effectiveness of the gear had not been scientifically proven. On the other hand, as the weather was getting hotter, it might be very uncomfortable wearing the Barrier Man. Putting on and removing the gear might also increase the risk of infection. Nevertheless, he said that as there was no budgetary constraint on the procurement of protective gear, as long as there was supply and the gear was safe to use, HA would procure and provide Barrier Man for staff, if requested.

27. Both Dr LAW Chi-kwong and Mr Albert CHAN supported Mr LI's request. Mr CHAN added that HA should satisfy the demand for protective gear from staff so that there would not be any further staff complaints. Echoing the views of Mr Albert CHAN, Ms Emily LAU urged HA to assure the middle management in public hospitals of the continuous supply of protective gear so that they would be willing to distribute the gears to frontline staff.

28. To address members' concern about the provision of protective gear to staff, DPSPA/HA reiterated that all levels of management in public hospitals would comply with the established standards and guidelines for infection control measures. He also stressed that as long as there was supply and the items were

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safe for use, HA would provide gear which might be above the established standard on request from staff. However, he said that because staff might demand a different standard of protective gear, it might not be possible to guarantee that there would not be any more complaints from staff. He added that gear of high level of protection might provide a false sense of security to staff but might not be suitable for all working environment. He informed members that recently, an urgent warning was issued to prevent staff from using one type of protective gear which might impose risks on staff.

29. Ms Cyd HO opined that the recent donation campaigns initiated by many organizations and individuals and originally intended for providing protective gear to HA had resulted in competing with HA for the supplies of the gears. She also pointed out that the quality of the gear procured by these organizations or individuals might not be strictly controlled. She therefore suggested that these donors should authorize HA to follow up with the suppliers concerned on their behalf on the quality of the gear, if necessary.

30. DPSPA/HA responded that HA was very demanding on the quality of the supplies to public hospitals. He informed members that recently, HA had reported to the Police when some face masks purchased by HA were found to be substandard and the supplier had refused to replace them. DPSPA/HA thanked the community for their recent donations to HA. To ensure the quality of the protective gear, he said that HA would prefer to receive cash donations the use of which might be specified by the donors. The community might also assist in providing information on the sources of supply of the gear. As regards donations in kind which involved installation of equipment of high technology, such as video-conferencing facilities, HA would arrange for the donors to install the equipment if no commercial interests were involved in the donations.

31. Dr David CHU expressed appreciation for the dedication of DPSPA/HA and frontline health care workers in the fight against SARS. He noted that CPG had offered assistance to Hong Kong in the provision of protective gear for frontline staff. He asked whether Hong Kong had accepted the offer and received any supplies from CPG.

32. DSHWF replied that Hong Kong had already responded to CPG and informed it of the areas in which its assistance was required. DPSPA/HA said that HA was grateful for the assistance offered by CPG. He informed members that HA had already related to CPG the difficulties it had encountered and requested CPG's assistance in the procurement of protective gear such as N95 face masks. It had also requested CPG to arrange for two traditional Chinese medicine experts who had treated SARS patients in the Mainland to visit Hong Kong so as to assist HA in exploring alternative treatment protocols for SARS patients.

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33. Mr Andrew CHENG sought clarification whether HA had planned to transfer all SARS patients from the Prince of Wales Hospital and Alice HO Miu Ling Nethersole Hospital to Tai Po Hospital (TPH). He pointed out that since TPH was not an acute hospital, it had not been equipped with an ICU which was essential for treating SARS patients.

34. In response, DPSPA/HA explained that overseas experience revealed that when the number of infections was small, SARS patients would be centrally treated in one or two hospitals. However, when there was a large number of infections, patients would be treated in several different hospitals. The treatment of SARS patients in the Hong Kong had also followed this model. He added that since there might be possible outbreak of SARS again, and epidemiologists had also forewarned of similar outbreaks of epidemics in future, HA might need to review the functions of individual public hospital and devise long term plans to cope with such possible outbreaks. He clarified that the future role of TPH had not yet been determined. Meanwhile, it would function like other hospitals and assisted in treating SARS patients as one of the hospitals in the New Territories East Cluster.

35. Mr Andrew CHENG said that residents in Tai Po had expressed concern since TPH was not equipped with the necessary facilities for treating SARS patients. He urged HA to assure members and the public that if SARS patients were to be centrally treated in TPH in future, TPH would be equipped with sufficient facilities required for the task and for protecting its staff from being infected.

36. To address the concern of Mr Andrew CHENG, DPSPA/HA informed members that he had visited the facilities in TPH recently. TPH was better equipped than some other hospitals in that there were isolation facilities for infectious diseases on one of the floors in the hospital. However, he admitted that the requirements for treating SARS patients might be different from those of other infectious disease. He said that he agreed with Mr Andrew CHENG that ICU facilities were very essential for treating SARS patients. He assured members that consideration would be given to all related factors before decision on the appropriateness of a certain hospital in treating SARS patients was made.

37. Sharing similar concern of Mr Andrew CHENG, Ms Emily LAU said that she had received many complaints from residents in Tai Po who were worried that TPH would not be able to cope with a large number of SARS patients. She remarked that their worries were not unfounded as there were many infection cases in Tai Po.

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38. The Chairman added that the safety of other patients in the same hospital would also need to be taken into consideration in designating a particular hospital to treat SARS patients. Measures had to be implemented to ensure their safety. He quoted the case in the United Christian Hospital (UCH) as an example where there were complaints of leakage in the sewage pipes which might increase the risk of infection among non-SARS patients and staff.

39. In reply, DPSPA/HA reiterated that it was not the policy of HA to admit all SARS patients to TPH. He assured members that confirmed SARS patients would be treated in isolation wards and patients who had contact with SARS patients would also be put in wards separated from other non-SARS patients. Measures had also been taken to segregate SARS patients from the other patients. HA was therefore confident that TPH would be able to cope with the existing number of SARS patients admitted to the hospital. DPSPA/HA also assured members that the leakage in UCH would be followed up immediately. In response to a further question from Ms Emily LAU, DPSPA/HA advised that the Alice Ho Miu Ling Nethersole Hospital would not be able to receive additional SARS patients. As regards TPH, since SARS patients would only be admitted to the floor with isolation facilities in the hospital, the number of intake would not be large.

Special allowance and compensation for health care workers

40. Mr Andrew CHENG sought information on the compensation to be granted to health care workers who contracted the disease while on duty or even died of SARS. He also asked whether any special cash allowance would be granted to frontline staff who worked in high risk areas like SARS wards as an appreciation towards the efforts and sacrifice they made in the battle against SARS. He pointed out that a compensation policy was badly needed as staff morale and confidence had dropped drastically because of the high staff infection rate.

41. DSHWF advised that apart from the compensation to be made under the Employees' Compensation Ordinance (Cap. 282) and assistance to be provided by HA, the proposed $200 million Training and Welfare Fund would provide additional assistance to health care workers who had contracted SARS while on duty as well as training on infection control. He informed members that an application for funding with more details on the Fund would be submitted to the Finance Committee (FC) for approval in mid May 2003. Mr Andrew CHENG urged the Administration to finalize the details of the Fund as soon as possible. The Chairman requested the Administration to provide details of the Fund to the Panel at the next special meeting on 7 May 2003.

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42. Mr Michael MAK informed members that he had provided a proposal to the Administration on the Fund and suggesting to increase it to $300 million. He

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requested for a response from the Administration to his proposal. DSHWF advised that the Administration would respond to Mr MAK's proposal, when it submitted the details of the Fund to the Panel at the next meeting on 7 May 2003.

Infection control in the community

43. Dr TANG Siu-tong said that he felt very sorry for the death of Mr LAU Wing-kai. He also expressed his gratitude for the efforts of DPSPA/HA and health care workers in the fight against SARS. He pointed out that diluted household bleach solution had been used extensively recently as a disinfectant in the community. He sought information on the impact of the use of the solution on public health, environment and sewerage system. He also asked whether other choices were available to the public for disinfection.

44. In reply, DD(H) clarified that DH had advised the public to use household bleach at 1:99 or 1:49 and then rinse or flush with water to disinfect the environment. If it was done properly, only a very small amount of hypochlorite would remain and this should not pose any health hazard. However, hypochlorite was an active oxidizing agent. Mixing it with other detergents might cause strong chemical reaction. To obviate such risk, DH had advised against mixing bleach with other detergents. As regards the impact on the sewerage system, DD(H) explained that pouring diluted bleach solution down sewage pipes would not damage them. However, pouring concentrated disinfectant down the pipes for a long period of time might cause erosion to cast iron pipes and reduce their lifespan.

45. DD(H) continued to explain that in choosing a suitable disinfectant for disinfecting the environment, DH had sought advice from other relevant departments. Factors such as concentration, toxicity, price, convenience of use, etc had also been taken into consideration. As household bleach was widely available, inexpensive and fast acting, DH had recommended the use of diluted household bleach as an environmental disinfectant. He said that apart from household bleach, there might be other choices of disinfectant such as alcohol, printol and lysol. However, their activity against virus might be variable. DD(H) undertook to provide detailed information on this subject to the Panel after the meeting.

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46. Ms Emily LAU pointed out that with the outbreak of SARS, environment disinfection and cleanliness were emphasized more in the community. However, as disinfection and cleansing work incurred additional expenses, most of the private buildings had not been thoroughly cleaned. She urged the Administration to provide guidance and advice to the owners' corporations (OCs) in private buildings.

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47. DD(H) responded that the Food, Environment and Hygiene Department (FEHD) would disinfect the residence of confirmed SARS patients. Private buildings in general would need to be cleaned by their owners with diluted household bleach solution which was inexpensive. He added that owners with difficulties in environment disinfection might contact FEHD for assistance. Ms Emily LAU suggested that the Administration should meet with OCs to understand the difficulties they encountered in environment disinfection.

48. Dr LAW Chi-kwong pointed out that in view of the high risk of SARS infection in public hospitals, individuals, in particular elders in residential care homes for the elderly (RCHEs) suffering from chronic diseases, were not willing to return to the outpatient clinics there for follow-up appointments. He added that even staff of the homes and carers of the elders might not be willing to accompany the latter to hospitals for treatment. He called upon the Administration to address this issue as soon as possible. Otherwise, the health conditions of these patients would deteriorate and might result in their hospitalization which might further strain the health care system. Dr LAW remarked that since the public health care system had already been fully stretched in coping with SARS patients, HA might not have spare manpower to take care of elders in RCHEs. He suggested that the Government might consider allocating a special grant to each of the RCHEs for seeking medical treatment from the private sector for elders.

49. Expressing a similar concern for RCHEs, the Chairman said that some of the homes were very crowded. Some elderly SARS patients had also displayed symptoms which were different from those of other SARS patients, making early case detection not possible. He therefore warned that RCHEs might be high risk areas for outbreak of SARS.

50. DSHWF agreed with Dr LAW Chi-kwong that it was important that elderly patients should keep their follow-up appointments so that their health conditions could be closely monitored. He informed members that the hospitals under HA would continue to provide medical services for these patients during the outbreak of SARS. However, if these patients preferred to seek treatment from the private sector, referrals would be made by hospitals. DPSPA/HA supplemented that the services of the specialist out-patient clinics in public hospitals had resumed gradually. He also advised that private hospitals and clinics offered information on their services to the public through telephone hotlines. Staff in public hospitals would also provide such information to patients in their out-patient clinics who wished to turn to the private sector for medical treatment during this period.

51. To address the concern of Dr LAW Chi-kwong and the Chairman on RCHEs, DSHWF informed members that the Government was also concerned

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about the residents in RCHEs and agreed that the admission of elders into hospitals should be reduced as far as possible in this critical period. To this end, DH, the Social Welfare Department (SWD) as well as HA had cooperated in strengthening the support services for RCHEs. Accordingly, HA would enhance coverage of its Community Geriatric Assessment Teams to RCHEs. Assistance was also being sought from private practitioners for paying visits to RCHEs and providing treatment to the residents there so as to reduce the admission of the latter into hospitals. DSHWF added that resources would be made available to strengthen the Visiting Medical Officer scheme and pay private doctors so that they would pay daily visits to RCHEs. DH and SWD staff would also visit the homes more frequently to inspect on their facilities and ensure compliance with the guidelines on environmental hygiene and infection control. SWD would provide assistance to RCHEs with a shortage of staff to employ extra carers. Special measures such as measuring the temperature of visitors would be implemented in RCHEs. Half-way accommodation would be arranged for elderly SARS patients discharged from the hospital before they returned to RCHEs. DSHWF said that all these measures would help reduce the risk of infection in RCHEs. He added that the Administration would consider the suggestion from Dr LAW Chi-kwong of a special grant to RCHEs.

52. In response to the question from Dr LAW Chi-kwong on the number of SARS patients who relapsed after discharged from hospital, DPSPA/HA informed members that only a few SARS patients suffered possible relapses during convalescence. He assured that Hong Kong had adopted a more conservative clinical approach than other countries in the discharge of SARS patients from hospital so as to reduce the risk of relapse. In other countries, a patient whose fever had been cured and whose chest X-ray showed an improvement for two days would be discharged. However, in Hong Kong, he had to stay in hospital for another five days for observation before he would be discharged from hospital after which he would be put under home confinement for another 10 days.

53. The Chairman remarked that despite the implementation of all the above mentioned measures, there were still numerous enquiries from RCHEs. He said that in view of this, the Hong Kong Medical Association had established district teams through its network of private practitioners to help answer enquiries from RCHEs. He pointed out that the private sector might support the public health sector in various ways and the Administration should explore the formation of such a partnership which would benefit the public at large. DSHWF thanked the private medical sector for its assistance. He said that the Administration would be very willing to cooperate with the private medical sector and would consider the possibility of establishing the proposed partnership.

54. Dr LAW Chi-kwong expressed concern that patients under convalescence might transmit the disease to their families if they returned home after discharged

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from hospital. He asked whether it would be necessary to review the isolation policy and isolate these patients in view of the risk of relapse. DD(H) clarified that discharged SARS patients would be granted 14 days of sick leave which was longer than that in other countries. These patients would be required to return to hospital for follow-up appointments during which they would be closely monitored. As they might still carry the virus, they had to follow precautionary measures while under convalescence such as staying at home and wearing masks. DD(H) added that the risk of transmitting the disease to neighbours or family members was very low if the patients complied with the precautionary guidelines and observed proper hygiene. It was therefore not necessary to impose compulsory isolation at this stage. However, the isolation policy would be reviewed in accordance with change in circumstances.

55. Referring to the indication by the Administration at previous special meetings of the Panel that consideration was being given to purchasing beds and services from private institutions and hospitals, Dr LAW Chi-kwong enquired about the updated position of the issue. DSHWF explained that the Administration had been considering engaging private hospitals in performing urgent operations for patients in public hospitals. The need for purchasing such services from the private sector would to a large extent depend on the pressure on pubic hospitals arising from the treatment of SARS patients.

56. Mr Albert CHAN, however, considered that the issue should further be pursued in order to alleviate the pressure on public hospitals. He pointed out that while public hospitals were overloaded with patients, its private counterparts had not been operated to their full capacity. To ensure that the health of members of the public would not be endangered by any delay in treatment in the overloaded public hospitals, the Government had to address this problem as soon as possible. He suggested that HA might rent the facilities in private hospitals so that HA doctors might perform operations there. DSHWF said that the Administration might review the need for such arrangement subject to its cost effectiveness as well as the private hospitals' willingness to participate.

Treatment of non-Hong Kong resident SARS patients

57. Noting from paragraph 6 in the Administration's paper that four arriving passengers suspected to have SARS were referred to hospital for further investigation, Mr Fred LI expressed concern that Mainland SARS patients might come to Hong Kong with an intention to seek treatment here. He considered that such passengers should not be allowed entry to Hong Kong to further drain on its medical resources. Sharing a similar concern, Mr Albert CHAN pointed out that there was a risk that visitors from the Mainland might spread the disease to Hong Kong.

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58. DD(H) clarified that to contain the spread of SARS, passengers arriving in or departing from the immigration control points were required to have their body temperature taken. He informed members that the four passengers concerned had not been infected with SARS. Under the existing laws of Hong Kong, an individual would not be denied entry to Hong Kong even though he was detected to be infected with SARS. He said that the concern expressed by Mr Fred LI had also been considered by DH and that the Administration would discuss the issue with the relevant Mainland authorities.

59. In response to the request from the Chairman for clarification on the Government policy on the treatment of non-Hong Kong resident SARS patients, DSHWF explained that the Government did not encourage SARS patients outside Hong Kong to seek treatment here. However, each case would be considered on its own merits and exceptional permission might be granted to individual cases on humanitarian grounds. In individual cases where SARS patients had already arrived at Hong Kong, the Administration had to admit them to local hospitals for humanitarian reasons and also for the sake of containing the spread of the disease by isolating these patients immediately.

60. Ms Cyd HO asked whether in view of the large number of people commuting frequently between Hong Kong and the Mainland, a notification mechanism was in place for the exchange of patient information. She also sought clarification whether there was a consensus between Hong Kong and the Mainland on where visitors infected with SARS should be treated and how hospital charges would be paid. Ms HO suggested that an agreement should be reached with the Mainland authorities so that SARS patients might be given the choice of the place of treatment since some of them might prefer to return to their place of residence for treatment.

61. DD(H) replied that a notification mechanism was in place between Hong Kong and the Mainland for the report of SARS cases. Normally, patients would be treated in the place where their infection was detected because it would not be appropriate for SARS patients to travel. He said that hospital charges were not the primary consideration since the main objective was to cure the patients. DD(H) added that the Mainland would need to be consulted in case a resident of Hong Kong contracted with SARS in the Mainland insisted on returning to Hong Kong for treatment.

Quarantine measures for travelers from Hong Kong

62. Mr Fred LI informed members that a visitor from Hong Kong had been expelled from Hainan province recently. There was a rumour that in several districts in Shanghai such as Changning, visitors from Hong Kong and other areas affected by SARS would be put in 14-day quarantine in the districts' hotels

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whereas in Hainan, they had to be quarantined for 20 days. He urged the Administration to clarify whether it was the decision of the authorities of the districts concerned to do so.

63. Expressing similar concern, Mr Albert CHAN pointed out that since CPG had not imposed any discriminatory measures on visitors from Hong Kong, individual districts in the Mainland should not impose their own quarantine measures. He urged the Hong Kong Government to prevent any further discrimination against residents of Hong Kong in the Mainland.

64. Both DD(H) and DSHWF clarified that formal notice had not been issued by the Mainland authorities of the quarantine measure. DSHWF added that it was heard through some informal channels that hotels in some districts in the Mainland had received instruction from their district authorities on the quarantine measure. He undertook to check with the Mainland authorities and revert to the Panel.

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65. Echoing the views of Mr Fred LI and Mr Albert CHAN, Ms Cyd HO considered that the Chief Executive (CE) should raise the issue of discriminatory quarantine measures against Hong Kong residents with Premier WEN Jiabao and other leaders attending the Special ASEAN-China Leaders' Meeting in Bangkok. She also requested information on the issues relating to the fight against SARS in Hong Kong raised by CE in his meeting with the Premier as well as the agreement reached at the meeting. DSHWF undertook to refer Ms HO's request to CE's Office.

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Case fatality ratio

66. Ms Emily LAU noted that the mortality rate of SARS patients in Hong Kong was around 7.8% and that in Guangdong was around 4%. She asked whether the mortality rate in Hong Kong was very high in comparison with those in other places. DD(H) explained that case fatality ratio was calculated by dividing the number of deaths by the total number of SARS cases. Based on the experience in Vietnam, the World Health Organization (WHO) had arrived at a mortality rate of 3% to 5%. However, he pointed out that the situation in Hong Kong was different from that in Vietnam in that the disease had been spread to the community here. As a result, WHO had to review and re-calculate the case fatality ratio in Hong Kong and other places.

67. In response to a further question from Ms Emily LAU, DD(H) explained that the case fatality ratio would vary everyday with changes in the number of deaths and total number of SARS cases. The final rate could only be calculated when the epidemic was over and the final number of deaths and total number of cases were available. He added that the Health, Welfare and Food Bureau and

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the University of Hong Kong were conducting a joint study on the case fatality ratio but any ratios arrived at the moment were estimated figures only. The Chairman agreed with DD(H) that a final case fatality ratio could only be calculated when the epidemic was over.

## II. Any other business

68. There being no other business, the meeting ended at 10:55 am.

Council Business Division 2
Legislative Council Secretariat
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