

立法會
Legislative Council

LC Paper No. CB(2)2828/02-03
(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

**Minutes of special meeting
held on Wednesday, 7 May 2003 at 8:30 am
in Conference Room A of the Legislative Council Building**

Members Present : Dr Hon LO Wing-lok (Chairman)
Hon Cyd HO Sau-lan
Hon Albert HO Chun-yan
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 Michael MAK Kwok-fung (Deputy Chairman)
Hon CHAN Kwok-keung
Hon CHAN Yuen-han, JP
Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP
Dr Hon YEUNG Sum

Members Attending : Ir Dr Hon Raymond HO Chung-tai, JP
Hon Martin LEE Chu-ming, SC, JP
Hon Fred LI Wah-ming, JP
Hon Audrey EU Yuet-mee, SC, JP

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

Action

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

Miss Joanna CHOI
Principal Assistant Secretary for Health, Welfare and Food

Miss Eleanor JIM
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 W M KO, JP
Director (Professional Services & Public Affairs)
Hospital Authority

Mr Alex LEUNG
Co-ordinator (Human Resources Policies & Systems)
Hospital Authority

Dr Raymond YUNG
Consultant (Microbiologist)
Hospital Authority

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

Staff in Attendance : Mrs Eleanor CHOW
Senior Assistant Secretary (2) 4

I. Matters arising from the last meeting
(LC Paper No. CB(2)1998/02-03(01))

Members noted the above paper which provided the Administration's response to questions raised by members at the meeting on 30 April 2003.

Action

II. Update on atypical pneumonia
(LC Paper No. CB(2)1998/02-03(02))

2. At the invitation of the Chairman, Deputy Secretary for Health, Welfare and Food (DSHWF) briefed members on the paper which provided an update on the Government's measures on controlling the Severe Acute Respiratory Syndrome (SARS) outbreak in Hong Kong and the statistical analysis on SARS cases.

Centre for diseases control

3. Mr Andrew CHENG asked about the resources allocated to and the timing for establishing the proposed centre for diseases control (CDC). Secretary for Health, Welfare and Food (SHWF) said that the proposal to establish a CDC-type of organization was still at the conceptual stage. The Government would consult this Panel and other relevant parties before deciding on the structure and functions of CDC. It would also pay visits to overseas CDCs to understand more about their operation. It was expected that the proposed CDC would serve as the focus for developing and applying measures to prevent and control infectious diseases. The set-up and location of the proposed organisation would also need further consideration.

4. Dr LAW Chi-kwong said that while Hong Kong could make reference to the CDC in the United States, it could not model on it as Hong Kong had far less resources, in particular in terms of technology and talents. Instead of setting up a new organization to fight and prevent infectious diseases, it might be more realistic for Hong Kong to rationalize and consolidate the services now rendered by various organizations and enhance co-operation with its counterpart in the Mainland to develop and research on medical technology. SHWF responded that Hong Kong would only consider measures that were suitable for Hong Kong when studying overseas CDC operations.

Closure of hospitals

5. Mr Andrew CHENG said that both Singapore and Canada had been effective in combating the outbreak of SARS in their community by taking decisive actions to close the hospitals concerned at an early stage. He asked the Administration to explain the reasons for not closing the Prince of Wales Hospital (PWH) earlier and the Government's policy on closure of hospitals. He expressed concern about the capability of Hong Kong in containing the spread of another infectious disease, say dengue fever, if the problems in the existing health care system were not rectified.

Action

6. SHWF responded that when a number of health care workers took sick leave at the same time indicating the possibility of an infectious disease outbreak among health care staff in PWH, the cases were immediately reported to the World Health Organization (WHO). There was then concern of a new virus posing risk to public health. By the time that the index patient was identified, he had already spread the disease to other patients, visitors and health care workers in PWH. At that time, the Government had immediately taken a number of measures which it believed would put the disease under control.

7. SHWF further explained that the decision to close a hospital or suspend the services of a hospital was based on a number of considerations. The main consideration was whether the measure(s) would be effective in controlling the spread of an infectious disease. The extent of services suspension would depend on the seriousness of the situation and manpower considerations. For instance, medical services in clinical units might be suspended in stages to alleviate the pressure on hospitals treating infected patients. In the case of PWH, it had suspended the operation of its accident and emergency service, outpatient service and other non-emergency services. It also barred visitors to acute wards to prevent the disease from spreading to the community. SHWF said that medical services would be re-arranged among hospitals when the need arose and the re-arrangement aimed to enhance infection control measures and relieve manpower pressure at individual hospitals.

Causes of SARS outbreak

8. Mr Fred LI asked whether the Administration had conducted an analysis on the causes of the outbreak of SARS in the community.

9. SHWF said that the allegation that health care workers had spread SARS to the community was unfounded. Of the 1 637 infected cases as at 5 May 2003, over 80% was associated with the clusters of PWH, Pamela Youde Nethersole Eastern Hospital and Amoy Gardens. In PWH, a SARS patient in Ward 8A had spread the disease to other patients, visitors and health care workers in the hospital, who in turn infected their friends and families. In Amoy Gardens, it was found that an index patient suffering from chronic renal failure had infected a group of residents in Block E and subsequently other residents in the same block through the sewage system, person-to-person contact and the use of communal facilities such as lifts and staircases.

10. SHWF further said that DH had been following up every single case and tracing the source of the disease and the contacts made in a bid to identify the origin of the infection as well as those who had come into close contact with the patients. However, the source of 20% of the patients remained unidentified, as

Action

some patients had difficulty in recalling whom they had contacted. Patients contracted SARS through three channels, namely contact with a SARS patient, contact with a person who had been exposed to SARS, or contact in a building with SARS infected residents. As there was sometimes difficulty in distinguishing the virus causing other atypical pneumonia cases from the coronavirus which caused SARS, SHWF said that the number of SARS cases in Hong Kong might be overstated.

11. SHWF said that tests on each and every case would be conducted. As many samples were involved, the tests would take quite some time to complete. DH would first analyze tests on the 20% unidentified cases to ascertain whether the infection was caused by the coronavirus. Two tests would be conducted in this regard, one was done early in the illness and the other was the antibody test, which was usually not positive until at least one week after the onset of the illness. The result of the antibody test was usually reliable by the third week. SHWF said that he would discuss with WHO about the findings of these tests and whether atypical pneumonia cases not caused by the coronavirus could be discounted from the statistics. He informed members that pediatricians had been requested to analyze the tests of some 80 cases involving children to ascertain whether those cases were caused by the coronavirus. Given this was a new virus, WHO was looking forward to the information to be provided by Hong Kong.

Outbreak in residential buildings

Tung Tau Estate

12. In response to Mr Fred LI, SHWF undertook to report at the next meeting the findings of the investigation on Tung Tau Estate, where six residents involving three families were infected with SARS.

Amoy Gardens

13. SHWF said that the investigation report on Amoy Gardens had been submitted to WHO, which by and large agreed to the findings of the investigation. At present, WHO's environmental team was also conducting an independent investigation on Amoy Gardens.

14. SHWF informed members that to contain SARS effectively, multi-disciplinary response teams had been established. When two or more unrelated SARS cases occurred in a residential building, the multidisciplinary response teams would immediately conduct investigations into the probable causes. It would also carry out advance actions of environmental decontamination and pest control in these buildings. The building management would be alerted to the need to step up cleaning and disinfect common areas.

Action

15. Dr LAW Chi-kwong urged that the homepage of DH should provide updated and comprehensive information on the development of SARS. He had tried to access the full report of the investigation on Amoy Gardens without success. He also found that some information had been deleted from the website too soon. Deputy Director of Health 2 (DDH2) responded that the websites of Health, Welfare and Food Bureau, Social Welfare Department (SWD) and DH were constantly being updated to provide the latest information relating to SARS, while statistics on SARS cases were updated on a daily basis. He would follow-up Dr LAW's suggestion for improving the content of the website.

Liaison with WHO

16. Mr Fred LI asked for details of the three criteria stipulated by WHO for lifting the travel advisory against making nonessential trips to Hong Kong and whether the criteria were applicable to other countries.

17. SHWF confirmed that the three criteria, which were general and objective, were applicable to any SARS-affected areas in the world. The criteria were -

- (a) the number of new cases had to fall below five per day and the overall active case number to 60;
- (b) there should be no "exports" of cases to other countries; and
- (c) the mode of transmission should be understood in each case.

18. SHWF said that WHO was most concerned about the number of new cases every day. It had emphasized that there should be a gradual and stable decline in the daily number of new cases, as this reflected the effectiveness of the overall control measures on SARS.

19. Noting that WHO had removed some countries from the list of areas with recent local transmission of SARS because they had no new case for 20 consecutive days, the Chairman asked whether the threshold of 20 days was based on twice the incubation period. SHWF said that he had enquired about the basis for the thresholds of 20 days as well as the 60 active cases but WHO could not explain how they were derived. He would follow up the matter with WHO.

20. Mr Fred LI asked whether WHO would also take into account the spread of SARS on the Mainland when considering the lifting of the travel advisory. SHWF said that WHO had clarified that its assessment on Hong Kong was independent of the situation on the Mainland. He conceded that in comparison with other countries, Hong Kong was more vulnerable to "import" SARS cases

Action

because of the heavy passenger traffic at boundary crossings.

SARS preventive measures for residential care homes for the elderly

21. Dr LAW Chi-kwong said that given that frail elders in residential care homes for the elderly (RCHEs) were frequent users of hospital services, they were a high risk group for SARS. To reduce hospital visits, he asked whether arrangement could be made for the elderly in some 700 RCHEs to see private medical practitioners.

22. SHWF said that the Housing Authority (HA), DH and SWD had discussion over the issue and all parties agreed that the admission of elders into hospitals should be reduced as far as possible in this critical period. Accordingly, the following measures had been taken -

- (a) guidelines were issued to RCHEs to promote environmental hygiene and to take precautionary measures to prevent the spread of SARS;
- (b) visits to elderly residents by Visiting Medical Officers and Community Geriatric Assessment Teams were stepped up to enhance provision of medical services;
- (c) cohorting arrangements were made for the elderly discharged from hospitals; and
- (d) private homes were provided with advice on contingency arrangements in case they had an infected case.

Home confinement

23. Mr Albert HO queried the effectiveness of the home confinement programme. He asked for information on overseas practices and the enforcement measures against defaulters.

24. DDH2 said that all household contacts of confirmed or suspected SARS patients were required to undergo home confinement for monitoring and treatment up to a maximum of 10 days in order to contain the spread of the disease. The measure had proven to be effective as some suspected patients had actually turned out to be confirmed cases. As at 6 May 2003, 19 persons under home confinement were confirmed to have contracted SARS.

25. DDH2 said that he did not have first hand information on other countries' home confinement practices. He was aware that in one overseas case, the person concerned was warned that non-compliance would result in imprisonment. From

Action

this perspective, DDH2 considered that the measures imposed in Hong Kong were more reasonable and systematic. To enforce the measure, health teams from DH would visit the households to conduct medical checks. There was also compliance checks by the Police on a daily basis. The response from affected households had been positive and cooperative. The majority realized that it was their social responsibility to isolate themselves to contain the infection. So far only two cases involving one household were referred to the Police for tracing of defaulters. The two persons were now detained in an isolation camp.

Notification mechanism between Guangdong and Hong Kong

26. Given the heavy passenger traffic at border points, Ms Cyd HO said that it was important to ensure prompt exchange of information on infectious disease between Guangdong and Hong Kong. She opined that the notification mechanism should be extended to Macau and other neighbouring countries.

27. SHWF said that Hong Kong and Guangdong held a meeting of the Expert Group on Prevention and Treatment of Infectious Atypical Pneumonia in April 2003. At the meeting, experts from the two sides conducted in-depth discussion on the occurrence of atypical pneumonia in the two regions from various perspectives, namely, health administration and management, clinical treatment, epidemiology and pathology. The two sides also discussed the mechanism to enhance exchange of information on the latest situation of SARS cases and disease control work. As far as combating infectious disease was concerned, the two sides did not see any boundary and were determined to fight the battle together.

Health checks at border control points

28. Dr TANG Siu-tong questioned the need for requiring persons arriving in Hong Kong to fill out a health declaration. SHWF said that this was one of the measures to prevent the import of virus from abroad. It also helped to increase awareness of SARS among travellers and alert them of their health status.

29. Dr Raymond HO was concerned about the reliability of infra-red devices in taking the body temperature of travellers at immigration control points. He said that the Institute of Engineers could assist in setting up a device for checking the body temperature, if required by the Government.

30. DDH2 clarified that infra-red devices did not seek to take the exact temperature of travellers, but merely served as a fever screening process for travellers crossing the borders. Relevant authorities of Hong Kong and Shengzhen had agreed to implement synchronized temperature screening procedure for arriving passengers crossing the land border. The measure would be seen as a positive action taken by Hong Kong to detect SARS. As the

Action

measure had just been introduced, it was too early to assess its effectiveness. However, the measure would be reviewed in due course.

Protection of health care workers

31. Dr TANG Siu-tong expressed concern about the number of health care workers being infected by the disease. SHWF said that infection among health care workers was on the decline but not eliminated. There were two main factors in preventing health care workers from infection, namely environmental factors and protective measures. In respect of the latter, hospital staff were provided with training in infection control and with the appropriate protective gears before being deployed to high-risk areas. SHWF cautioned that overdressing could expose health care workers to high risk of contamination when the protective gears were removed. The experience at the Queen Mary Hospital had demonstrated that infection among health care workers could be prevented by adhering to the guidelines in using protective gears. Protective measures aside, environmental factors were also found to be important in the control of hospital infection. SHWF conceded that some hospital wards were too crowded and there was a need to improve the ventilation systems in hospitals.

Other concerns

32. Dr Raymond HO said that the public should be educated on the proper use of face masks, as he noted that some people took off their masks when sneezing. DDH2 considered that the problem reflected civic education had to be enhanced. DH's website in fact had already set out the proper procedure for wearing a face mask. He would follow up the matter to see whether further improvements could be made.

33. Dr TANG Siu-tong expressed concern that SARS would become endemic. SHWF said that he could not say with certainty that SARS would be completely wiped out nor rule out the possibility of another outbreak in the future. It was therefore important to take precautionary measures at all times to contain the disease. Given the heavy border traffic, the control of disease in the Pearl River Delta region required the co-operation of the Guangdong authorities.

III. Training and Welfare Fund for the Hospital Authority
(LC Paper No. CB(2)1998/02-03(03))

34. Members noted the paper which set out the Administration's proposal to set up a Training and Welfare Fund for the Hospital Authority to provide its health care staff with training to enhance their expertise in infectious disease control in the hospital setting, provide special recuperation grant for those health care staff

Action

who contracted SARS while on duty, and implement other staff welfare initiatives.

35. Ms Cyd HO asked about the name of the expert who would head the proposed Infectious Disease Control Unit mentioned in paragraph 5 of the paper. DSHWF explained that the function of the Unit was to formulate infection control procedures, protocols and guidelines and oversee their implementation in hospital clusters, as well as to monitor the epidemiological development in the clusters. As the setting up of the Unit was still a proposal, HA had yet to identify the person to head the Unit.

36. The meeting ended at 9:37 am.

Council Business Division 2
Legislative Council Secretariat
14 July 2003