

立法會
Legislative Council

LC Paper No. CB(2)2935/02-03

(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

**Minutes of special meeting
held on Wednesday, 14 May 2003 at 8:30 am
in Conference Room A 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 Andrew CHENG Kar-foo
Dr Hon LAW Chi-kwong, JP
Dr Hon TANG Siu-tong, JP
Hon LI Fung-ying, JP
- Members absent** : Hon CHAN Kwok-keung
Hon CHAN Yuen-han, JP
Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP
Dr Hon YEUNG Sum
- Members attending** : Dr Hon David CHU Yu-lin, JP
Ir Dr Hon Raymond HO Chung-tai, JP
Hon Martin LEE Chu-ming, SC, JP
Hon Fred LI Wah-ming, JP
Hon SIN Chung-kai
Hon Albert CHAN Wai-yip
- Public Officers attending** : Mr Thomas YIU, JP
Deputy Secretary for Health, Welfare and Food (Health)

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Miss Joanna CHOI
Principal Assistant Secretary for Health, Welfare and Food (Health) 2

Miss Eleanor JIM
Assistant Secretary for Health, Welfare and Food (Health) 7

Dr P Y LEUNG, JP
Deputy Director of Health

Dr Thomas TSANG
Consultant (Community Medicine)
Department of Health

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

Mr Alex LEUNG
Co-ordinator (Human Resources)
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

The Chairman invited all persons to rise and observe 30 seconds of silence in mourning for Dr TSE Yuen-man, who volunteered to take care of Severe Acute Respiratory Syndrome (SARS) patients in Tuen Mun Hospital (TMH) and died of the disease on 13 May 2003.

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I. Update on Severe Acute Respiratory Syndrome
(LC Paper No. CB(2)2076/02-03(01))

2. At the invitation of the Chairman, Deputy Secretary for Health, Welfare and Food (Health) (DSHWF) briefed members on the latest development of SARS as set out in the paper.

3. Mr Fred LI urged that the Secretary for Health, Welfare and Food should attend Panel meetings relating to SARS as far as practicable.

Protection of health care workers

4. Mr Andrew CHENG expressed concern that health care workers were still among those contracting the disease every day. He expressed concern that those who worked in non-SARS wards and infirmaries might not be provided with adequate protective gear. He urged that they be given the same protection as those working in SARS wards. Director (Professional Services & Public Affairs), Hospital Authority (Director, HA) assured members that adequate protective gear was provided to health care workers working in SARS and non-SARS wards alike. For instance, surgical masks and eye shields were standard items provided to those working in non-SARS wards. There were also guidelines setting out that infirmaries should provide health care workers, who carried out direct patient care such as feeding, with disposable gowns, disposable caps and disposable gloves, etc.

5. Mr Andrew CHENG expressed concern about the workload and stress experienced by health care workers in SARS wards. He said that the life of these frontline staff would be put at risk if they did not have enough rest. To this end, he suggested that a resting period be given to them in return. This would provide relief to staff after a prolonged period of stress and at the same time create an isolation period to prevent transmission of the disease to patients and colleagues.

6. Director, HA said that rest and isolation were two different concepts. HA shared the same concern as Mr CHENG in regard to relieving staff working in SARS wards from stress. It had therefore issued guidelines to hospitals setting out that management might grant extra days off to the frontline staff concerned. Whilst the standard recommended by the Hospital Authority (HA) was at least one extra day off after two weeks' work, individual hospitals would make arrangement for additional days off above the recommendation whenever operationally possible. In response to Mr Michael MAK, Director, HA explained that a "wash out" period was granted to staff after serving at related wards at the onset of the SARS outbreak when little was known about the disease and how to prevent transmission. Recently, experts on infection control of HA considered that the arrangement was no longer necessary since appropriate infection control measures had been

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implemented.

7. Ms Cyd HO said that human factors such as overwork and fatigue made a person vulnerable to infection. She noted that some health care workers had complained that they had been denied compensation leave in return for treating SARS patients as promised. She asked whether a monitoring mechanism was in place to ensure that minimum rest breaks were given to health care workers. While some people had suggested that allowances be given to these health care workers instead of granting leave, she was of the view that hiring more workers was a better alternative to relieve workload of the existing staff. She also suggested that the working hours of health care workers in intensive care units (ICU) should be reduced to six, to ensure that they were given sufficient rest to recover from heavy work pressure.

8. Director, HA said that individual hospitals were experiencing different levels of impact at different stages of the SARS outbreak. For instances, some hospitals were designated to handle SARS patients, with arrangements made to redirect other patients or services to other hospitals to allow reinforcement of manpower supply to SARS areas. HA Head Office had co-ordinated the deployment of manpower between hospitals. However, the work had not been easy as there were risks involved in transferring patients from one hospital to another, and rotating health care workers to other areas after working in a SARS ward for a period of time. In view of the different workload and stress experienced by staff working in various clinical areas of different hospitals, HA considered that it was appropriate to allow individual hospitals a certain degree of flexibility in handling leave of staff based on the minimal standard set up by HA.

9. On the suggestion to recruit more health care workers to reduce the strain on the manpower situation, Director, HA said that this had been pursued by HA all along. However, there was difficulty in recruiting a large number of health care workers at one time. At the present moment when there were still quite a number of SARS patients under treatment, it was practically not possible to reduce the working hours of staff working in ICU, or replace them with inexperienced new recruits.

10. Dr TANG Siu-tong and Mr Michael MAK expressed concern about the incessant cases of health care workers of public hospitals being infected with the disease. Director, HA said that health care workers worldwide were facing the same threat. As there was a number of factors associated with the spread of SARS, it was difficult to have complete control of its spread at all fronts. However, efforts had been made to enhance all known preventive measures in hospitals and the number of health care workers infected was on the decline.

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11. Mr Michael MAK asked for details of the work of the surveillance teams and said that they should discharge their duties more effectively so as to eliminate infection among health care workers entirely. Director, HA explained that the surveillance teams exercised control on three main areas to prevent health care workers from infection, namely surveillance on the use of medical facilities, work procedure and environment. In this connection, each ward was assigned with a warden who would monitor the process of work and the preventive measures undertaken by health care workers. Any procedure or action detected by wardens to have the risk of infection would be rectified on the spot. To enhance vigilance, health care workers had been providing mutual support to each other by reminding partners to be cautious and monitoring each other's work behaviour to ensure that precautionary activities such as putting on and removing protective gear were done properly. There were also independent voluntary inspection teams, formed by off-duty staff, to observe the work environment and control measures exercised in a ward with a view to minimizing the risk of infection.

12. Director, HA further said that apart from setting up the surveillance teams, HA had been following up every single case and tracing the source of disease and the contacts made by health care workers in a bid to analyze the cause of each infection. Reports had been and would be made on each of these 300 cases but in some cases, despite thorough investigation, the mode of transmission could not be ascertained.

13. Mr Michael MAK said that he would continue exerting pressure on HA until infection among health care workers was eliminated.

14. Mr Fred LI said that although TMH did not have many SARS patients, yet quite a number of health care workers had been infected. There were also complaints from health care workers about the shortage of protective gear and communication problems between the middle management and frontline staff. He asked whether HA would investigate into the problems of TMH.

15. Director, HA said that there was no necessary co-relation between the number of SARS patients and the number of health care workers infected with SARS in a hospital. HA was concerned about the management and preventive measures of each hospital and had made periodic inspection on them to ensure compliance of infection control measures. HA would also review the handling of the SARS outbreak in individual hospitals in due course. In respect of the complaints from health care workers, TMH had made a statement the day before to clarify the allegations. Like other hospitals, TMH had surveillance and audit teams to monitor compliance of procedure.

16. In response to Ms Cyd HO, Director, HA said that HA had set up a SARS 24-hour hotline to enhance communication with frontline staff. Feedback and

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suggestions from staff were referred to relevant clusters and hospitals for immediate follow-up action. A total of 150 messages had been received through the hotline and electronic mail so far.

17. Mr Martin LEE said that employers were required by law to provide a safe working environment to employees. As the SARS outbreak had put the life of health care workers at great risk, he expressed concern that employees might institute legal action against HA for negligence. He suggested that HA should seek legal advice on the matter.

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18. The Chairman asked whether coroner inquest would be held for the two health care workers who died in the course of duty. Director, HA said that HA would act in accordance with the law. He would provide a written response on the matter.

(Post-meeting note : The Administration's response was issued vide LC Paper No. CB(2)2143/02-03 on 20 May 2003.)

Liaison with the World Health Organization (WHO)

19. Mr Martin LEE asked whether WHO would take into account the spread of SARS in neighbouring cities in the Mainland when considering the lifting of the travel advisory against making non-essential trips to SARS affected areas. He also expressed concern that an infected Hong Kong resident, who showed no symptom of fever when crossing the border, might have exported the disease to other places thereafter.

20. DSHWF said that among the three criteria that would be applied before WHO would lift the travel advisory, Hong Kong had already met the one concerning no "exports" of cases to other countries. WHO had also confirmed that its assessment on Hong Kong was independent of the situation in the Mainland. Deputy Director of Health (DDH) added that WHO had indicated that there might be some flexibility allowed on the other two criteria. As SARS patients in Hong Kong were kept in hospitals for a longer period than other countries, the number of active cases should be smaller than the number of patients in hospitals. In the conference to be held in Geneva the following week, the Secretary for Health, Welfare and Food would further discuss the matter with WHO.

Treatment protocol

21. Mr Michael MAK enquired whether HA had conducted a review on the treatment protocol for SARS patients. He considered that the use of steroids, ribavirin, and serum therapy had resulted in high fatality. He also noted that some patients did not respond to the antiviral treatment, a combination of steroids

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and ribavirin, as effectively as at the beginning of the outbreak. He said that consideration should be given to prescribing an integrated protocol to patients. He also enquired about the role played by the two Chinese medicine experts from the Mainland and whether patients were allowed to opt for different treatments.

22. Director, HA said that the two Chinese medicine experts had been exchanging views with local clinicians on the management of SARS. They had significant experience and expertise in treating SARS patients using an integrated Chinese and Western medicine approach. At present, they had prescribed Chinese medicine to help patients recuperate. However, Chinese medicine was meant to complement and not to replace western medicine. In this connection, patients were given the option whether to choose Chinese medicine on top of western medication.

23. On the question of treatment protocol, Director, HA said that medical experts had been studying the effectiveness of various drugs and a combination of drugs on SARS patients. Apart from using the basic antiviral treatment, more new drugs, including convalescent serum, kaletra, pentaglobin and different immuno-modulating agents such as Thalidomide, had been added to the treatment protocol. Medical experts were well aware of the side-effects of some of these drugs and had been cautious in applying them to SARS patients. In fact, doctors modified their protocol after gaining clinical experience over the past two months. Depending on the condition of patients, doctors would apply different drugs to a patient at different stage. Given that this was a new virus, experts had been monitoring the response of patients after treatment, reviewing and modifying treatment protocol as and when necessary, collecting and analyzing medical data, exploring and researching on new protocol with a view to improving treatment. In Director, HA's view, Hong Kong was at the forefront of finding an effective cure for the illness.

24. Dr TANG Siu-tong asked about the effectiveness of serum therapy on SARS patients. Director, HA said that serum therapy was not suitable for every patient. The risk involved may sometimes be greater than the treatment. In this connection, serum therapy was usually applied on a SARS patient who did not respond satisfactorily to the first-line treatment.

Admin 25. The Chairman said that it was unfair to pose questions relating to treatment protocol to Director, HA for an answer. He suggested that a medical expert be invited to a future meeting to facilitate discussion on the subject.

Support to SARS patients and families

26. Mr Fred LI and Mr Albert HO said that moral support from families was one of the crucial factors in helping SAR patients to fight against the disease.

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Mr LI said that affected families had complained that they were prohibited from visiting the patient when he/she was in fair condition but when he/she was unconscious, they were asked to visit him/her. In this connection, Mr LI and Mr HO urged that video conferencing facilities in hospitals should be provided as expediently as possible. The Chairman asked whether counselling services were provided to patients and affected families.

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27. Director, HA said that the measure to prohibit visitors from acute wards and cohorting areas occupied by SARS patients had been hard on SARS patients and their families but it was an essential step to control the spread of the disease. HA was well aware of the importance of family support to a patient. In this connection, medical social workers of the Social Welfare Department (SWD) and HA, as well as volunteers of religious groups and other organizations, were now providing psychological counselling and assistance support to SARS patients and their families to help them overcome their fears and anxieties. In response to the Chairman, DSHWF said that he would convey to SWD the need to enhance publicity on counselling services so that affected families would be made aware of the avenues available.

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28. On video conferencing facilities, Director, HA said that these were provided in some hospitals by community sponsorship. He assured members that HA had been working closely with interested sponsors and voluntary groups to prioritize installation among hospitals and in pursuit of possible technologies to facilitate the setting up of different video conferencing systems. Some voluntary agencies such as NetCare also assisted in the provision of this facility. A number of organizations including RTHK, Breakthrough Limited, etc. had already joined the network. Apart from providing hardware technology support, NetCare also provided psycho-social care and counselling services to patients and their families. Director, HA undertook to provide a written response on the subject. Mr SIN Chung-kai said that given the physical constraint of hospitals, he appreciated that installation of video conferencing facilities in hospitals was complicated and might take longer time.

(Post-meeting note : The Administration's response was issued vide LC Paper No. CB(2)2143/02-03 on 20 May 2003.)

Cross-infection in hospitals

29. Mr Fred LI and Mr Albert HO were concerned about cross-infection among SARS patients, health care workers and non-SARS patients in hospitals, as they noted that some non-SARS patients contracted the disease while hospitalized. They asked for the number of such cases and details of the control measures.

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30. Director, HA said that cross-infection remained a headache to HA. SARS was a rapidly spreading disease with a lot of unknowns. Despite efforts made to follow up every single case and trace the source of the disease in a bid to identify the origin of the infection, some infected cases remained unexplained. He had personally asked persons who contracted the disease in hospitals about the causes but many of them had no idea as to how they were infected. While the mode of transmission was being traced for each case, the analysis needed to be verified by clinical study. In this connection, HA did not have full information on the mode of infection of all cases in hospitals for the time being.

31. Director, HA further said that one of the causes of cross-infection in hospitals was believed to be originated from persons who did not have obvious SARS symptoms and who spread the disease to other patients and health care workers while in hospitals. On control measures, Director, HA said that for a non-SARS patient who was later found to have infected SARS in hospitals, and a patient who did not have obvious SARS symptom but was later confirmed to have contracted the disease, immediate action would be taken to isolate the patients and the wards concerned. Persons who had close contacts with these patients would also be tracked down and the home confinement measures would be enforced.

Outbreak in residential buildings

32. Mr Albert HO opined that the Government should provide more details on the suspected cases in order to help control the spread of the disease in the community at an early stage. He pointed out that in the Amoy Gardens outbreak, the number of confirmed SARS cases had increased by 100 within three days. Had more details of the suspected cases been made known earlier, it would have been easier to control the spread of the disease in the community.

33. Mr Andrew CHENG asked whether there was any change to the Government's policy on investigating into the causes of outbreak of SARS in residential buildings, as he noted that there was a delay in investigating the cases in Lek Yuen Estate.

34. DDH informed members that the procedure for investigating the spread of SARS in residential buildings had been constantly revised taking into account new developments. At present, when a SARS case was confirmed in a residential building, the Department of Health (DH) would immediately proceed to interview the households. Cleansing and disinfection work would then follow. When a building was found to have two or more confirmed, suspected or under observation SARS cases, a multidisciplinary team would conduct investigations into the probable causes. It would analyze the relation between these cases, the timing of the individual infections, building structure and environmental factors. Disinfection measures and appropriate actions would follow. The investigation

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was assisted by the highly sophisticated computer system of the police, called the Major Incident Investigation and Disaster Support System. The system allowed SARS investigators to validate addresses of patients, map out the geographical distribution, reveal potential sources of routes of spread, and show the connectivity, or otherwise, between cases and contacts. The existing measures sought to control possible SARS outbreak in buildings by early detection. In response to a further question from the Chairman, DDH said that the response time to carry out disinfection work and investigation was within 24 hours after a case was confirmed.

35. Mr Albert HO asked for the number of suspected and under observation cases in Tung Tau Estate and Lek Yuen Estate. DDH replied that Tung Tau Estate had no confirmed or suspected case since the last case was reported about three weeks ago. Lek Yuen Estate had reported one suspected case, but the suspect was from the same household of a confirmed case.

36. Ms LI Fung-ying noted that one of the households in Lek Yuen Estate had declined to disinfect its household. She asked about the enforcement measures, if any, taken by DH.

37. DDH said that individual households affected by SARS were given pamphlets with advice on proper household cleansing and disinfection. Most of the affected households had been co-operative in carrying out disinfection work. For those who did not comply, DH would first persuade them to do so, failing which DH was empowered by law to gain access to the household to carry out disinfection work.

38. Ms LI Fung-ying said that the affected household must comply and DH must enforce disinfection work to prevent a few irresponsible persons from affecting the interest of the larger community. DDH concurred and added that the Administration would also step up its promotion on household and personal hygiene as well as effort on keeping Hong Kong clean.

Health checks at border control points

39. Mr SIN Chung-kai asked about the co-operation between Hong Kong and Shenzhen authorities in respect of health checks at border control points. He considered that in the longer term, the synchronized temperature screening procedure should apply to both arriving and departing passengers crossing each side of the land border so as to give double protection. Mr SIN also enquired about the error rate of the infra-red devices in checking body temperature.

40. DSHWF clarified that at present, both the Hong Kong and Shenzhen authorities implemented the synchronized temperature screening procedure by

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infra-red devices on arriving passengers only. At this stage, both authorities considered that such preventive measure was sufficient. Should there be a need to further enhance the health checking mechanism at border points in the future, the Administration would consider Mr SIN's proposal. As regards the accuracy of infra-red devices, DDH explained that the devices served to provide a fever screening process for travellers crossing the border. There was no question of error rate but the sensitivity of the devices in detecting high body temperature of travellers was crucial in the screening process. So far, the performance of the devices was satisfactory. At present, any person detected with a high body temperature by the infra-red devices would be subject to eardrum or oral temperature measurement by a thermometer. A review would be conducted in due course to compare the temperature difference between the two devices.

Class resumption

41. Ms LI Fung-ying enquired about the mechanism for monitoring infection control in secondary schools and tertiary institutions after resumption of classes. DDH said that there were several levels of surveillance. In secondary schools, control measures implemented by schools were monitored by the Education and Manpower Bureau. In tertiary institutions, students might seek assistance through a hotline or contact the school clinics for advice on SARS. As they were adults, their cases would be dealt with in the normal manner.

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42. Mr Albert CHAN asked for the measures to be taken by the Administration to prevent possible infection of school children by their classmates returning from the Mainland when more class resumed. DSHWF undertook to respond the question in writing.

(Post-meeting note : The Administration's response was issued vide LC Paper No. CB(2)2143/02-03 on 20 May 2003.)

Other preventive measures

43. Dr LAW Chi-kwong said that a research study revealed that the coronavirus, which caused SARS, might have originated from wild animals such as civet cats. In this connection, he asked whether the Administration would consider introducing legislative measure to prohibit Hong Kong residents from eating wild animals in the Mainland. DSHWF responded that there were practicable difficulties in enforcing such legislation, if it was introduced. Dr LAW considered that despite the difficulties, the measure was worth pursuing.

44. Dr LAW Chi-kwong urged the Administration to provide funding to the University of Hong Kong for research on the origin of the new virus. He considered that the Government should also encourage exchange of research

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findings between Hong Kong and the Mainland scientists in this regard. DSHWF responded that DH and the University of Hong Kong had been working closely on medical research to combat SARS. The Government would soon seek approval from the Legislative Council (LegCo) for funding to establish a research fund to encourage and support universities in Hong Kong to continue the medical research on SARS and other infectious diseases.

Review of the health care system

45. Mr Albert HO said that the community was in full support of HA and the Government in fighting against SARS. However, the public was disappointed at the many delays in reacting to new developments by HA and the Government since the outbreak. There was insufficient supply of protective gear to health care workers and ventilators to patients, delayed provision of infra-red devices for temperature checks at border control points and video conferencing facilities in hospitals, etc. There was a need to look into the problems of the existing medical system.

46. Ms Cyd HO said that although there were strained resources in HA and DH because of SARS, it was necessary to conduct a review on the existing medical system with a view to making improvements. Given that the Government might have political, financial and other considerations, she suggested that HA should conduct its review independently, with a view to completing the work before the next outbreak.

47. Director, HA said that HA Board was currently planning to set up a committee to investigate its handling of the SARS outbreak in the areas of risk management, deployment of resources, provision of facilities, response mechanism, environmental control, etc. Given the stretched resources, HA was considering seeking outside help in conducting the review.

48. DSHWF said that the Government would examine Hong Kong's health care system, including the operations of DH and HA, with a view to identifying areas for improvement. At this stage, he did not have a timetable for the review or information on whether a committee would be formed to carry out the review.

II. Any other business

Motion on the setting up of a select committee
(LC Paper No. CB(2)2076/02-03(02))

49. Mr Michael MAK tabled a motion proposing that a select committee should be formed to review the handling of the SARS outbreak by the Government.

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Mr MAK pointed out that the Administration was unable to grasp the seriousness of the situation and failed to take timely measures to prevent the spread of the disease to the community. He considered that a select committee should be set up as soon as practicable to inquire into shortcomings in the existing health care systems with a view to rectifying the problems before the next outbreak. The wording of his motion was as follows -

本會決議儘早成立專責委員會，以調查政府處理「嚴重急性呼吸系統綜合症」的整個過程，並作出全面的檢討。

50. The Chairman invited members to give views on Mr MAK's proposal. Mr Andrew CHENG opined that the Government was slow in reacting to the SARS crisis. He was disappointed that the Administration did not even have a timetable for the review. He considered that LegCo had an important role to play in reviewing the handling of the outbreak and its work in this regard would not duplicate the inquiries to be conducted by the Government and HA. Given that the current LegCo term would end in July 2004, a select committee, if formed, would have only limited time to conduct its inquiry. In this connection, he suggested that upon the passing of the motion by this Panel, the matter should be reported to the House Committee for consideration. If a resolution to set up a select committee was passed in the Council, the select committee would have to work through the summer recess with a view to completing its work before June 2004.

51. Ms Cyd HO shared Mr CHENG's view that even though both the Government and HA would conduct separate reviews of the handling of the SARS outbreak, LegCo should uphold its monitoring role by conducting an independent inquiry into the handling of the SARS outbreak. As a SARS outbreak was an entirely new phenomenon, Ms HO suggested that the select committee, if formed, could cooperate with the other bodies set up to review the handling of the outbreak.

52. Director, HA assured members that HA would fully co-operate with the select committee, if formed.

53. Dr LAW Chi-kwong proposed that the wording of the motion be amended as follows -

本委員會建議立法會成立專責委員會，以調查政府及醫院管理局處理「嚴重急性呼吸系統綜合症」的整個過程，並作出全面的檢討。

54. The proposed amendment was supported by members. The Chairman put the motion, as amended, to vote. Mr Michael MAK, Ms Cyd HO, Mr Albert HO, Mr Andrew CHENG, Dr LAW Chi-kwong and Ms LI Fung-ying voted for the

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motion. Dr TANG Siu-tong abstained from voting. The Chairman declared that the motion was carried. The proposal for a select committee to be appointed by LegCo to inquire into the handling of the SARS outbreak by the Government and HA would be put to the House Committee for consideration.

(Post-meeting note : The House Committee considered the Panel's proposal at its meeting on 30 May 2003.)

55. The meeting ended at 10:50 am.

Council Business Division 2
Legislative Council Secretariat
31 July 2003