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Legislative Council

LC Paper No. CB(2)3005/02-03
(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of special meeting
held on Wednesday, 28 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 CHAN Kwok-keung Dr Hon YEUNG Sum Hon Andrew CHENG Kar-foo Dr Hon LAW Chi-kwong, JP Hon LI Fung-ying, JP
Members absent	:	Hon CHAN Yuen-han, JP Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP Dr Hon TANG Siu-tong, JP
Members attending	:	Dr Hon David CHU Yu-lin, JP Hon Martin LEE Chu-ming, SC, JP Hon Fred LI Wah-ming, JP Hon SIN Chung-kai Hon LAU Kong-wah Hon TAM Yiu-chung, GBS, JP Hon WONG Sing-chi Hon Audrey EU Yuet-mee, SC, JP

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Public Officers attending	:	Dr E K YEOH, JP Secretary for Health, Welfare and Food Mr Thomas YIU, JP Deputy Secretary for Health, Welfare and Food (Health) Miss Eleanor JIM Assistant Secretary for Health, Welfare and Food (Health) 7 Dr P Y LEUNG, JP Deputy Director of Health (1) Dr Thomas TSANG Consultant (Community Medicine) Department of Health Dr W M KO, JP Director (Professional Services & Public Affairs) Hospital Authority
Clerk in attendance	:	Ms Doris CHAN Chief Assistant Secretary (2) 4
Staff in attendance	:	Miss Betty MA Senior Assistant Secretary (2) 1

I. Update on the Severe Acute Respiratory Syndrome

(LC Paper Nos. CB(2)2237/02-03(01) to (03))

The Chairman said that he, on behalf of members, expressed the deepest condolence to the family of the late Ms LAU Kam-yung, Health Care Assistant of the United Christian Hospital who died of Severe Acute Respiratory Syndrome (SARS) contracted while on duty. The meeting observed a moment of silence in mourning for Ms LAU.

2. The Chairman said that at the special meeting of the Health Services Panel on 14 May 2003, the Panel passed a motion proposing that a select committee be formed to review the handling of SARS outbreak by the Government. The

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Chairman informed members that a paper on the Panel's proposal would be submitted to the House Committee for discussion at its meeting on 30 May 2003.

3. The Chairman further said that the Administration had provided three papers [LC Paper No. CB(2)2237/02-03(01) to (03)], which were tabled at the meeting.

4. At the invitation of the Chairman, Deputy Secretary for Health, Welfare and Food (Health) (DS(HWF)) took members through the paper which provided an update on the Government's measures on controlling the SARS outbreak in Hong Kong and the statistical analysis of SARS cases [LC Paper No. CB(2)2237/02-03(02)]. DS(HWF) also briefed members on the on-going development regarding home confinement and health checks at border control points, which were detailed in the Administration's paper.

5. DS(HWF) said that the World Health Organization (WHO) had lifted the travel advisory against non-essential travels to Hong Kong on 23 May 2003, after Hong Kong had met the three criteria set by the WHO for the travel advisory to be lifted, viz. the number of reported cases had been running at less than five per day since 16 May 2003, the total number of cases on active treatment for SARS had fallen below 60 by 23 May 2003 and all local transmission of cases could be linked to exposure source since 1 May 2003. DS(HWF) said that the Administration was confident that it would achieve the next goal of "zero infection" for a period of 20 consecutive days which would get Hong Kong off the WHO's list of SARS infected areas.

6. DS(HWF) informed members that the Government's Multi-Disciplinary Response Team had conducted investigations after a suspicious cluster of cases were reported in Wing Shui House, Lek Yuen Estate. He further informed members of the measures and actions taken by the Team in Lek Yuen Estate.

7. DS(HWF) pointed out that in the light of the recent outbreak of SARS, the Administration was considering the need to further expand the existing infectious disease facilities. Possible options included the construction of infectious disease blocks at a few selected hospitals, and the construction of a hospital specially designed and equipped with isolation facilities for treatment of infectious disease.

8. Secretary for Health, Welfare and Food (SHWF) said that the discussion with WHO on lifting the advisory travel against Hong Kong started at the ASEAN meeting in Thailand on 21 and 22 April 2003. He and his colleagues met with Dr David Heymann of WHO to explain the SARS situation and control measures implemented in Hong Kong. The Administration was also informed of the three criteria set by WHO for the travel advisory to be lifted. Since the meeting with Dr David Heymann, he had video conference with Dr Heymann and his team

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every week.

9. SHWF further said that he had attended the 56th World Health Assembly held in Geneva, Switzerland in May 2003. A technical briefing session on SARS was held on 20 May 2003 to facilitate the sharing of experience in handling SARS. He also took the opportunity to update WHO on the latest progress in Hong Kong in combating SARS and discuss in detail about the criteria for lifting the travel advisory against making non-essential trips to SARS affected areas. SHWF pointed out that at that point in time, Hong Kong had met the first criterion set by the WHO only, i.e. the number of reported cases was less than five per day. However, the number of cases on active treatment for SARS had not yet fallen below 60 as set by WHO. Although Hong Kong had only been able to trace the source of infection of 91.3% of all SARS cases, it was able to demonstrate that of the 8.7% of untraceable cases, about 50% were not due to the coronavirus that caused SARS. As Hong Kong had not totally met the criteria, WHO advised that it was not yet in the position to lift the travel advisory. WHO was particularly concerned about the relatively large number of cases on active treatment for SARS.

10. Regarding the number of cases on active treatment for SARS, SHWF said that although quite a number of SARS patients were still staying in hospitals, they were not receiving active treatment for SARS but were in convalescence under the WHO criteria. According to the WHO criteria of convalescing i.e. the patient did not have fever for 48 hours, there was improvement in the chest X-ray for pneumonia, and there was improvement in the blood counts and other improvements, a lot of these patients in fact had met these criteria. As such, the Administration had reviewed the nature of those SARS cases receiving treatment. It was coincidental that it came to the figure of 59. WHO subsequently lifted the travel advisory against Hong Kong on 23 May 2003.

Cluster of SARS cases in Wing Shui House, Lek Yuen Estate

11. Mr LAU Kong-wah said that given that there were new reported SARS cases in Wing Shui House, residents had expressed grave concern about the transmission of the disease in the building. While agreeing with the measures and actions being taken in Lek Yuen Estate, Mr LAU considered the actions were inadequate. He pointed out that the present home confinement was insufficient to safeguard the health of residents in the building as hygienic conditions of the infected units in Wing Shui House might not be satisfactory, e.g. certain household sundries were placed in the corridor. Moreover, the elderly living in the building would need assistance to carry out cleansing and disinfection in their own units. He asked whether the Administration would mobilize volunteers from local non-governmental organizations (NGOs) to provide assistance in this respect.

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12. Deputy Director of Health (DD(H)) responded that he fully agreed that maintaining satisfactory hygienic conditions of households which were required to undergo home confinement was very important. The Administration, however, could not force residents of the two households in Wing Shui House having contact with confirmed or suspected SARS patients to undergo home confinement in an isolated camp, given that they had not been infected with the disease.

13. As regards assistance to carry out cleansing and disinfection in individual units in Wing Shui House, DD(H) said that staff from the Social Welfare Department and volunteers from NGOs could work together to assist residents to carry out cleansing and disinfection. SHWF added that thorough cleansing and disinfection had been carried out on the third to fifth floors of Wing Shui House. Cleansing and disinfection would be extended to the whole building, if the Department of Health so advised. SHWF pointed out that volunteers should be asked to carry out disinfection only when adequate training had been provided to volunteers to ensure that they could carry out the work properly and know how to protect themselves from contracting the disease.

Preventive measures in respect of frail elders in residential care homes for the elderly (RCHEs)

14. Dr LAW Chi-kwong enquired about the progress made in enlisting Visiting Medical Officers (VMOs) from the private sector to meet the medical needs of RCHEs, in order that the elders in RCHEs would be treated by VMOs at RCHEs to avoid getting infected at hospitals.

15. DS(HWF) advised that with the support the Hong Kong Medical Association, 60 VMOs had so far been recruited. Having regard to the huge demand for VMOs, the recruitment exercise would continue. He would report to the Panel on the progress.

16. Dr LAW said that the progress made in respect of the VMOs Scheme was too slow. Depending on 60 VMOs to pay regular visits to RCHEs to manage episodic illnesses of elderly residents could barely meet the medical needs of elders in RCHEs who were frequent users of hospital services, nor reduce hospital admissions. The Hospital Authority (HA) should strengthen the coverage of its Community Geriatric Assessment Teams (CGATs) to RCHEs so that the elders did not need to attend medical follow-up or collect repeat prescriptions in Government clinics. Dr LAW Chi-kwong said that if RCHEs were provided with the funding for recruiting their own VMOs, the problem could be resolved quickly.

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17. Director (Professional Services & Public Affairs), HA (Director, HA) said that through the enhanced coverage of CGAT to RCHEs, HA had been working closely with RCHEs to avoid unnecessary hospitalization, and thereby reducing the risk of exposure to the disease. Director, HA pointed out that HA had played an active role in enlisting VMOs. He hoped members would appreciate that it was technically difficult to recruit several hundreds of VMOs at one time.

18. Speaking in his capacity as the Chairman of the Hong Kong Medical Association, the Chairman said that to his knowledge, medical practitioners in the private sector had only been informed about the VMOs Scheme through leaflets and hence the low participation. He hoped that their participation would increase following a briefing on the Scheme which was being arranged by the Hong Kong Medical Association.

19. Responding to Dr LAW Chi-kwong's enquiry, DS(HWF) said that the Administration would conduct a comparative study shortly on whether the number of elderly who died of pneumonia had dropped after the outbreak of SARS.

Prohibition of consumption of game

20. Dr LAW Chi-kwong said that as revealed from research studies, the consumption of game had a direct correlation with infection of SARS. He asked whether consideration would be given to prohibiting Hong Kong residents from consuming game in the Mainland.

21. DS(HWF) responded that having regard to the difficulties in enforcing legislation to prohibit consumption of game in other jurisdictions, the Administration's immediate task was to step up publicity against consumption of game.

22. Dr LAW Chi-kwong said that while he agreed that his proposal would give rise to enforcement difficulties, consideration might be given to making reference to the experience in enforcing legislation in relation to prevention of child pornography in other jurisdictions.

Setting up of the SARS Expert Committee on SARS (Expert Committee)

23. Dr LAW Chi-kwong enquired about the progress of setting up the Expert Committee. SHWF responded that membership of the Expert Committee was being finalized, and would be announced shortly. The terms of reference of the Expert Committee would be promulgated together with the membership list.

24. Mr Andrew CHENG queried whether it was appropriate for SHWF to take part in the Expert Committee as SHWF was the main decision-maker in dealing

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with the SARS outbreak. Mr CHENG said that the investigation into Government's handling of the SARS outbreak was a pressing job as some experts had advised that another SARS outbreak would likely occur in coming winter. As SHWF was presently heavily involved in combating SARS, he was not sure whether SHWF could spare time for the work of the Expert Committee. Mr CHENG considered that an independent Commission of Inquiry or a Legislative Council select committee should be appointed to carry out the investigation into Government's handling of the SARS outbreak and make recommendations.

25. SHWF responded that as clearly pointed out by the Chief Executive (CE), the objectives of setting up the Expert Committee was to review the work of the Government, including HA, in the management and control of the outbreak, to identify lessons to be learnt; and to make recommendations on areas of improvement to better prepare our public health care system for any possible outbreak of the disease in winter. He saw no reason why he should refrain from taking part in the work of the Expert Committee as he was responsible for the public health care system. As members of the Expert Committee would be experts in fields of epidemiology, public health and clinical treatment, they would provide valuable advice and recommendations.

26. Mr Albert HO said that the role played by SHWF in Government's handling of the outbreak of SARS was so important that he should maintain an independent position in the course of investigation. Hence Mr HO considered that SHWF should not take part in the work of the Expert Committee.

27. Dr YEUNG Sum said that according to the survey conducted by the Democratic Party, over 80% of the respondents considered that an independent investigation into Government's handling of the SARS outbreak should be conducted. The respondents expressed doubts about the appropriateness of SHWF being a member of the Expert Committee. This was because SHWF was the main decision-maker in dealing with the SARS outbreak, and he was the key person in establishing HA. Dr YEUNG pointed out that there were a number of important questions to which the Administration must provide satisfactory answers. These questions included at which point the Administration considered that there was an outbreak of SARS in the community, when it decided to take the various control measures, and whether the hospital cluster arrangement was working effectively. Justice should be done to the SARS victims and the health care workers. Dr YEUNG further said that an independent investigation would aim at finding the facts first, and a decision on whether any persons should be held responsible could be followed up later.

28. DS(HWF) said that CE had stated that the objective of the review of the SARS outbreak was fact-finding and not fault-finding. The Experts Committee

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would comprise overseas and local experts, and would work independently. As the Expert Committee would look at the public health care system including HA and the Department of Health, it was appropriate for SHWF, who was well versed in the system, to take part in the work.

29. The Chairman said that the Administration might also consider appointing an independent inquiry chaired by a judge to inquire into the handling of the SARS outbreak.

Compensation for HA staff who contracted SARS while on duty

30. Noting from the Administration's paper [LC Paper No. CB(2)2237/02-03 (01)] that HA employees who contracted SARS and died in the course of taking care of SARS patients in HA hospitals would be compensated in accordance with the Employees' Compensation Ordinance (ECO), Ms Audrey EU said that compensation should not be confined to those died in the course of taking care of SARS patients, but also HA employees who contracted SARS in the course of their duties. Ms EU further said that under the current compensation arrangements, the amount of compensation was limited as a maximum amount was imposed by ECO. She considered that the Administration should consider adopting the compensation arrangements under common law, i.e. in addition to the statutory compensation, ex-gratia compensation would also be payable to HA employees who contracted SARS or died in the course of taking care of SARS patients without the need to prove that they contracted SARS owing to negligence of their employers. Moreover, such compensation arrangements should not only be applicable to health care workers in HA, but to all those who worked in HA hospitals.

31. DS(HWF) responded that ECO was enacted not for the purpose of making compensation to those who sacrificed their lives in taking care of SARS patients. The Government had decided that the three HA staff who had passed away because of SARS contracted in their course of patient service would be given the recognition of "Heroic Death" and their estates would be given a grant of $3 million as financial assistance. As a $200 million HA Training and Welfare Fund was to be established, allocations would also be made for providing assistance to those in need. In addition, estates of those HA employees who died of SARS contracted in the course of taking care of patients would be paid a death benefit to be determined by HA. There would also be disbursement of urgent financial assistance and coverage for funeral expenses.

32. Ms Audrey EU stressed that HA employees who contracted SARS in the course of their duties and those who died of the disease must be compensated for an amount no less than that available under common law. DS(HWF) said that he did not have details in respect of the compensation arrangements under common

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law at the moment but HA would no doubt look into the matter. The Chairman requested and the Administration agreed to provide further information in that regard.

33. Mr Andrew CHENG said that the Administration should provide more details of how compensation for HA employees who contracted SARS would be calculated, e.g. compensation for those who died, compensation according to the length of hospitalization.

34. Mr Albert HO said that he had discussed the subject with some staff unions of health care workers. He proposed that the Administration might make reference to overseas experience and set up a misadventure fund for making compensation to HA employees who contracted SARS in the course of their duties. Mr HO explained that the misadventure fund aimed to compensate victims for an unfortunate event that was not totally unforeseeable, and with hindsight, the unfortunate event could have been prevented. The event was not entirely accidental, but no proof of negligence was required. In the case of the outbreak of SARS, with hindsight, e.g. sufficient protective gear should have been purchased and distributed to health care workers, a hospital specially designed and equipped for treatment of infectious diseases with isolation facilities should have been built. Mr HO pointed out that the amount of compensation under a misadventure fund would be higher than that made under ECO and lower than that under common law. Once compensation was made under the misadventure fund, the victims received no other forms of compensation. Mr HO added that he was studying the details of the proposal and would provide more information to the Panel for consideration when the study was completed.

35. DS(HWF) said that funding approval from the Finance Committee would be sought for the setting up of a $ 200 million Training and Welfare Fund for HA, in which provision would be made for providing assistance to those health care staff who contracted SARS in the fight against the disease. It was expected that each affected health care staff would receive a recuperation grant of about $50,000. Nevertheless, the Administration would consider Mr Albert HO's proposal.

Incident of mixing up the identity of two patients at the North District Hospital (NDH)

36. Referring to paragraph 7 of the Administration's paper reporting on the incident of mixing up the identity of two patients at NDH [LC Paper No. CB(2)2237/02-03(03)], Ms Audrey EU asked how the mix-up was discovered.

37. Director, HA explained that on 4 May 2003, two female patients aged 88 and 79 were brought to the Accident & Emergency (A&E) Department of NDH at 13:02 and 14:15 respectively. The two patients were residents of two different

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Old Age Homes and both of them presented with fever and respiratory symptoms. The attending doctor decided to admit both patients to the same fever ward for observation and investigation so as to confirm whether they had SARS. The admission of both patients had taken place at around the same time. Director, HA pointed out that as both of the patients had difficulty in communication because of their other antecedent medical conditions, a possible mix-up occurred during their admission procedures from the A&E department to the ward, resulting in the two patients each being labeled the other's identity by way of a wrist bracelet carrying the other's name. Director, HA said that one of the patients was confirmed to have contracted SARS and passed away on 12 May 2003. The other patient was discharged on 15 May 2003. Eventually the mix-up was discovered upon the discharge of this patient to the wrong Old Age Home.

38. Director, HA said that investigation into the incident revealed that the unfortunate event was due to the standard procedure for verifying patients' identity in front of their relatives or caretakers being compromised by the "no visiting" policy implemented for infection control purpose during the SARS outbreak. Director, HA further said that upon discovery of the mix-up on 15 May 2003, NDH immediately had taken action to further verify and confirm the identity of the two patients and informed their relatives of the incident. At the same time, NDH had extended apologies to the relatives for the mix-up as well as for all the inconvenience and confusion caused.

39. Director, HA stressed that irrespective of the mix-up, both patients were given appropriate clinical management for their clinical conditions, including clinical consultation, investigation and treatment.

40. Mr WONG Sing-chi pointed out that since the two patients were not admitted in the same hour, their identity should have been verified separately. Since both patients were suffering from other diseases, doubts should have been cast on their identity having regard to their medical history. Moreover, one of the patients was transferred to the Prince of Wales Hospital on 8 May 2003. He wondered why her identity had not been reaffirmed by the Prince of Wales Hospital staff, and whether there was any negligence in observing the procedures for checking patients' identity. Mr WONG expressed concerned whether there were other similar cases of mixing up because of the implementation of the "no visiting" policy.

41. Director, HA said that following the discovery of the mix-up on 15 May 2003, measures had been taken immediately by NDH to prevent future similar incidents from recurring. For all elderly or unconscious patients, it was mandatory to apply the patient identification bracelet in the presence of their relatives or caretakers before their admission to ward. On admission to ward, ward staff would immediately check the patients' identity bracelet against the

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patient's file to ensure that the correct patient file was received. As to verification of patients' identity after being transferred to another hospital, there was no problem with this arrangement, with the exception of the elderly or unconscious patients. As there was a need for implementing a "no visiting" policy for infection control purpose during the SARS outbreak, it was therefore difficult to verify the identity of an elderly patient who had difficulty in communication. To strengthen admission procedures, HA had issued alert to all hospitals to require verification of patients' identity for unconscious patients or those with communication problem in the presence of their relatives or caretakers before affixing the identification bracelet. Director, HA stressed that appropriate treatment was given to the two patients. He added that there was no other similar cases reported.

42. Mr WONG Sing-chi said that apart from adopting measures to strengthen admission procedures, consideration should also be given to providing video conferencing facilities so that the patients' identity could be verified at an early stage. Director, HA responded that the admission procedures was the most important steps to verify and confirm the identity of patients. Nevertheless, video conferencing facilities were being installed in some hospitals. He believed that the facilities would be able to meet the demand shortly.

Statistics on SARS cases

43. Mr Martin LEE asked about the number of infected public health care workers who had recovered from the disease and resumed duty, especially those who contracted SARS at the onset of the outbreak. Director, HA said that to his knowledge, quite a number of these health care workers had resumed duty already. He would provide the figure after the meeting.

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44. Mr Fred LI asked about the length of hospitalization of SARS patients currently in Intensive Care Units. The Administration agreed to provide the figures after the meeting.

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Paying tribute to private medical practitioners in combating SARS

45. Mr Martin LEE said that while he fully appreciated the efforts made by HA medical staff in combating SARS, medical practitioners in the private sector had also actively participated in combating SARS. Private medical practitioners, in particular those died of SARS contracted in the course of attending to patient, should also be paid tribute to.

46. SHWF shared Mr LEE's view that the effort of medical practitioners in the private sector in combating SARS should also receive recognition and appreciation. He would consider the appropriate way to pay tribute to them and

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would appreciate input from members.

47. The Chairman said that the Administration might consider obtaining information from the list of confirmed cases kept by the Department of Health on the name of private medical practitioners who contracted SARS.

Infection control and getting off the list of WHO's list of SARS infected areas

48. Mr Martin LEE said that although WHO had lifted the travel advisory against non-essential travels to Hong Kong, there were still a number of patients receiving treatment in the Intensive Care Unit. He questioned whether it was the appropriate time for the Government to launch a series of celebration programmes, as the public might be given a false impression that they could relax the preventive measures against SARS.

49. SHWF stressed that while the Government welcomed the decision by WHO to lift the travel advisory against non-essential travels to Hong Kong, it remained vigilant in containing the spread of SARS. It would next endeavour to achieve the goal of "zero infection" for a period of 20 consecutive days and have Hong Kong removed from the WHO's list of SARS infected areas. SHWF pointed out that the Administration would strike a proper balance between vigilance against the spread of SARS and recovering from SARS and leading a normal life.

50. Mr Andrew CHENG pointed out that the number of SARS cases involving health care workers remained on the high side. He enquired about the specific measures adopted to get Hong Kong off the WHO's list of SARS infected areas, in particular the protective measures for health care workers from being infected.

51. SHWF stressed that the next challenge was to achieve the goal of "zero infection" for a period of 20 consecutive days and get Hong Kong off the WHO's list of SARS infected areas. SHWF pointed out that one of the greatest difficulties in the infection control of SARS was due to the fact that not all patients who contracted the disease displayed typical symptoms of SARS at the onset of the disease, such as in the case of some elderly patients. To this end, actions had been taken to step up infection control in all non-SARS wards in public hospitals. The number of health care workers infected was reducing.

52. Mr Fred LI said that Hong Kong had been facing difficulty in meeting the WHO criterion for lifting travel advisory that the number of cases on active treatment for SARS should be less than 60. He wondered if there was any misunderstanding in how the number of cases on active treatment for SARS should be counted, as it was surprising that Hong Kong was able to meet the criterion all of a sudden.

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53. DS(HWF) advised that the number of cases on active treatment on SARS was calculated according the criteria set by WHO. The figure of 59 was arrived at following a review on the nature of the cases in question. On being informed of the updated position, WHO decided to lift the travel advisory against non-essential travels to Hong Kong.

54. Director, HA said that the Administration was fully aware of WHO's criteria of convalescing. However, the length of stay in hospital for SARS patients in Hong Kong was longer than those in other infected areas. The patients would be discharged only when they were fully recovered, instead of having no fever for 48 hours and improvement in chest X-ray for pneumonia and other improvements. Director, HA further said that the Administration had explained the local situation to WHO and requested it to consider the number of cases on active treatment for SARS with flexibility, having regard to the arrangement in Hong Kong. Given that WHO insisted on meeting the criterion of the number of cases on active treatment for SARS should be less than 60, the Administration reviewed the nature of the cases according to the criteria of convalescing set by WHO. Following the review, Hong Kong was able to meet the criteria set by WHO, which decided to lift the travel advisory against Hong Kong.

55. Ms Cyd HO said that some experts had predicted that an outbreak of influenza would probably occur in June. As patients with flu would have fever, which was similar to one of the symptoms of SARS, Ms HO was concerned about the arrangements to be put in place to handle these patients. If they were put under observation in hospitals, it would impose additional burden on health care staff in hospitals. But if they were discharged from hospitals and subsequently confirmed to have contracted SARS, they might infect others after being discharged from hospitals.

56. DD(H) responded that generally speaking, an influenza outbreak in June and July would be of a smaller scale than in February and March. DD(H) pointed out that the latest statistics showed that the number of influenza cases had dropped, which might be due to stepping up personal hygiene and wearing of face masks. Given that there was a reported outbreak of influenza in the Mainland, the Administration would remain vigilant in preventing the spread of influenza in Hong Kong. Director, HA said that in combating influenza, vaccination was available in public hospitals. As the diagnosis of influenza was in fact not very difficult, these patients were not required to be admitted into hospitals for treatment.

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57. Ms Cyd HO said that to prevent the spread of SARS, the Administration should be cautious not to discharge SARS patients from hospitals for believing that they were having influenza.

58. Mr Albert HO asked whether the length of hospitalization for SARS patients in Hong Kong was longer due to the drugs or treatment methods adopted in Hong Kong, and whether there was any evidence that SARS patients in other infected areas were re-admitted into hospitals resulting from their premature discharge. Director, HA reiterated that the longer period of hospitalization for SARS patients in Hong Kong was simply because the Administration had adopted a more prudent approach in SARS treatment. There was no information at the moment on the number of SARS patients re-admitted into hospitals in other SARS infected areas.

59. Mr TAM Yiu-chung said that as shown from the situation in Canada and Singapore, the control of the spread of SARS was not an easy task, especially when not all patients who contracted the disease displayed SARS symptoms at the onset of the disease. The Administration might consider making reference to overseas experience in combating SARS. Noting that the mortality rate for SARS victims in the Mainland was lower than that in Hong Kong, Mr TAM said that HA should discuss with the Mainland counterparts on the treatment methods and drugs for SARS patients.

60. Director, HA responded that the Administration had maintained constant contact with the Mainland counterparts on treatment methods for SARS patients.

Ventilation and isolation facilities in public hospital

61. Mr Andrew CHENG expressed strong dissatisfaction that none of the wards in the Prince of Wales Hospital was equipped with negative pressure facilities, as shown in paragraph (d) of LC Paper No. CB(2)2237/02-03(01). He strongly urged HA to expeditiously improve the ventilation of hospital wards to reduce infection amongst health care workers and patients.

62. Director, HA responded that not all public hospitals had negative pressure facilities because not all of them were built to receive infectious disease cases. In the light of SARS outbreak, every effort had been made to improve the ventilation of SARS wards by installing exhaust fans to extract more air from these wards so as to bring about the required negative pressure effect. HA was working with the Electrical and Mechanical Services Department to identify means to improve the ventilation of hospital wards. As a short-term measure, HA had taken measures to improve the ventilation and isolation facilities of existing hospitals to improve their ability in handling infectious diseases.

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63. Director, HA pointed out that ideally, SARS patients should be isolated in a room having negative pressure relative to surrounding accommodation, but patients suffering from other ailments needed positive pressure facilities instead. As a medium to long term measure, consideration was being given to further expanding the existing infectious disease facilities.

64. Mr Andrew CHENG asked about the timetable for the construction of a hospital with isolation facilities specially designed and equipped for treatment of infectious diseases.

65. Director, HA said that the Administration should be very careful in taking forward the proposal of constructing a hospital with isolation facilities specially designed and equipped for treatment of infectious diseases. The Administration must be very prudent in using public money, e.g. how a specialized hospital should be put to use and how medical staff would be deployed when there was no outbreak of infectious disease. Moreover, the provision of single ward for isolation purpose might be regarded as competing with private hospitals service. Director, HA further said that the Princess Margaret Hospital (PMH) was a designated infectious disease hospital in Hong Kong equipped with dedicated facilities for handling patients with infectious disease. The Administration was also considering how best to take forward the proposal of expanding the existing infectious disease facilities in the context of the current organization of public hospital services and possible emergence of new infectious diseases which might be encountered in future. Apart from the construction of a specialized hospital, the construction of infectious disease blocks at a few selected hospitals, including PMH, was being considered.

Health checks at border control points

66. Mr Fred LI said that, with the lifting of travel advisory against Hong Kong by WHO, more and more people from the Mainland would be visiting Hong Kong and vice versa. In the light of this, Mr LI was concerned about the enforcement of temperature and health checks at border control points.

67. Mr SIN Chung-kai said that it was envisaged that visitors from Guaugdong Province was going to increase. Although Guangdong was no longer on the WHO's list of infected areas, people in other infected areas, e.g. Beijing were allowed to travel freely to Guangdong. The Administration should take this into account when setting up health checks at border control points.

68. DS(HWF) assured that the Administration had maintained a close dialogue with the Mainland counterparts regarding the enforcement of health checks at border control points in Hong Kong as well as on the Mainland side.

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69. There being no other business, the meeting ended at 10:47 am.

Council Business Division 2
Legislative Council Secretariat
21 August 2003