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(These minutes have been
seen by the Administration)

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Panel on Health Services

Minutes of special meeting
held on Thursday, 12 June 2003 at 1 pm
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 Hon CHAN Yuen-han, JP Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP Dr Hon YEUNG Sum Hon Andrew CHENG Kar-foo Dr Hon LAW Chi-kwong, JP Dr Hon TANG Siu-tong, JP Hon LI Fung-ying, JP
Members attending	:	Dr Hon David CHU Yu-lin, JP Hon LI Wah-ming, JP
Public Officers attending	:	Mrs Carrie YAU TSANG Ka-lai, JP Permanent Secretary for Health, Welfare and Food Miss Peggy LEUNG Head, Planning and Resource Management for Health, Welfare and Food

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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 : Mr Stanley MA
Senior Assistant Secretary (2) 6

Whether special meetings should continue to be held in July

In response to the Chairman, Dr LAW Chi-kwong and Miss CHAN Yuen-han suggested that the Panel should continue to meet weekly to discuss Severe Acute Respiratory Syndrome (SARS) and related issues with the Administration until 9 July 2003. The Administration responded that it would continue to attend and prepare the necessary information papers for discussion as long as there was the need. The Chairman proposed that the Panel should review the need for weekly special meetings on SARS after the World Health Organization (WHO) had removed Hong Kong from its list of SARS-infected areas. Members agreed.

Administration's comments on draft minutes

2. The Chairman requested the Administration to comment and return the draft minutes of the eight meetings on SARS which had been forwarded to the Administration for some time. Permanent Secretary for Health, Welfare and Food (PSHWF) agreed to return the draft minutes with the Administration's comments as soon as practicable.

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Matters arising from the last meeting

Insurance cover for volunteer workers and private medical practitioners attending patients at elderly homes under the Visiting Medical Officers Scheme

3. Responding to the Chairman, PSHWF said that the Administration would need more time to explore whether and how insurance cover for volunteer workers and private medical practitioners attending patients at elderly homes under the Visiting Medical Officers Scheme could be provided. She added that the Hospital Authority's (HA) current insurance cover, which would expire at the end of June, was being examined. She pointed out that the Government's provisions to non-government organizations had already covered employee compensation insurance.

Transfer of remaining general outpatient clinics from the Department of Health (DH) to HA

4. Responding to the Chairman, PSHWF said that the transfer of the remaining general out-patient clinics from DH to HA would commence on 1 July 2003 as scheduled. DH would collaborate with HA to ensure the smooth transfer of the clinics and service continuity for patients.

I. Update on Severe Acute Respiratory Syndrome
(LC Paper Nos. CB(2)2434/02-03(01) to (04))

5. Members noted the submissions tabled by Dr LAW Chi-kwong and Dr David CHU (LC Paper Nos. CB(2)2434/02-03(01) and CB(2)2469/02-03(01)). Members also noted the guideline on management of severe community acquired pneumonia issued by HA on 21 February 2003 (LC Paper No. CB(2)2434/02-03(02)).

6. At the invitation of the Chairman, PSHWF briefed members on the latest development in SARS (LC Paper No. CB(2)2434/02-03(04)) and the report on the funding position of the commitment for the fight against SARS (LC Paper No. CB(2)2434/02-03(03)) which were tabled at the meeting. PSHWF outlined the major considerations of the Working Group on HA Isolation Facilities (the Working Group) on the construction of a centralized temporary isolation facility to enhance support in the public hospital system. She stressed that the views of the Panel, the medical profession and the community as a whole would need to be taken into account by the Working Group on how to expand the existing infectious disease control facilities. The Administration would revert to the Panel for views and suggestions on the recommended options in due course.

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Construction of an infectious diseases hospital and expansion of isolation facilities in acute public hospitals

7. Mr Fred LI sought clarifications as to whether the Secretary for Health, Welfare and Food (SHWF) had openly said that there was no need to construct an infectious disease hospital with isolation facilities and that it was unlikely that SARS would recur in the coming winter. He also asked for more information on the decision process for the construction of such a hospital.

8. PSHWF responded that the construction of a centralized hospital for handling infectious diseases would require substantial public funds and therefore should be thoroughly discussed. She pointed out that SHWF as the Principal Official on health matters would play a significant role in the decision making process. She also pointed out that the Expert Committee on SARS (the Expert Committee), in reviewing the outbreak of SARS in Hong Kong, would examine the adequacy of the measures to contain the spread of the disease in the community and that of the infection control measures adopted in both public and private hospitals. She anticipated that the report of the Expert Committee, which would be available in September 2003, might provide some general indications on whether an infectious diseases hospital was needed in the long run. She added that in the meantime, the Administration was exploring the feasibility of a centralized temporary isolation facility. Such a facility would require a large site and sufficient medical support and transport facility for transporting staff and patients between the temporary facility and the hospitals.

9. PSHWF stressed that it was important for the Administration to draw up short term measures to prepare for the possible return of SARS in the coming autumn or winter. The Working Group was set up under the Inter-departmental Action Co-ordination Committee on SARS to consider options on how to expand the existing infection control facilities of the public hospital system, and oversee the smooth and timely implementation of feasible projects for preventing the spread of SARS. The Working Group would also assist the Health, Welfare and Food Bureau (HWFB) in formulating strategies and measures for handling patients with infectious diseases. She added that the Administration would seek funding approval from the Legislative Council (LegCo) to carry out the necessary improvement works as recommended by the Working Group before the end of the current session.

10. Mr Fred LI asked whether a decision regarding the construction of an infectious disease hospital would only be made after the Expert Committee had submitted its report in September 2003.

11. PSHWF replied that HWFB would carefully examine the feasibility of

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constructing an infectious disease hospital in the light of the recommendations of the Expert Committee. At this stage, HWFB would have to consider the pros and cons of constructing an infectious disease hospital with reference to overseas experience. The Administration would also examine the cost-effectiveness of an infectious disease hospital, taking into account its on-going recurrent operational and maintenance costs during periods when there was not an outbreak of infectious diseases. She reiterated that in the short term, the Administration would focus on the need for extra isolation facilities by October this year to cope with a possible outbreak of SARS later in the year . Once a consensus on the scope of the short term isolation facilities was reached, the Administration would proceed to seek the funding support of LegCo.

12. Mr Andrew CHENG agreed that the short term measures should focus on improving and developing the existing isolation facilities of acute hospitals for suspected SARS cases and identifying suitable camp facilities for conversion into temporary isolation facilities. He, however, did not consider the building of a centralized temporary isolation facility sufficient for the continuous fight against infectious diseases in the long term. He urged the Administration to examine whether an infectious disease hospital was justified and if so, to propose feasible construction options for detailed discussion in LegCo as soon as practicable.

13. PSHWF responded that the immediate task of the Working Group was to work out feasible options on how to expand the existing isolation facilities of the public hospital system and obtain the required funding support for completion of the necessary improvement works in the summer. She pointed out that the construction of an infectious disease hospital would be a major public project which should be thoroughly discussed within the Administration and widely supported by the community. The Chairman suggested that the Panel should discuss the need for an infectious disease hospital after the report of the Expert Committee was available.

14. Mr Andrew CHENG said that the Administration appeared not to be in favour of constructing an infectious disease hospital and had concentrated its efforts on the provision of temporary isolation facilities for suspected SARS patients. He urged the Administration to provide progressive updates on its ongoing deliberations on the need for a centralized infectious disease hospital for discussion at future meetings. The Chairman suggested that the Administration should brief members on its work plan in preparation for possible return of SARS at the meeting on 9 July 2003, and report the outcome of its deliberations on the need to construct a central hospital on infectious diseases in September 2003. PSHWF agreed.

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15. Miss CHAN Yuen-han considered that the Administration should make reference to the "Xiaotangshan hospital" model in Beijing and decide as soon as

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possible on the construction of sufficient isolation facilities to prepare for possible resurgence of SARS in the coming autumn or winter. She pointed out that the medical practitioners of public hospitals considered the construction of more isolation facilities for suspected SARS patients as most important in the short term. Dr David CHU expressed support for Miss CHAN's view. He considered the construction of an infectious disease hospital justified, having regard to the rapid transmission of such diseases in a densely populated territory such as Hong Kong.

16. PSHWF responded that the Working Group shared the view of Miss CHAN Yuen-han and agreed that as an immediate step there was a need to improve and develop the existing isolation facilities of all acute hospitals for suspected SARS cases so that the handling of future SARS could be shared among acute hospitals. In this connection, HA would adopt a staged approach to improve the hospital facilities to cater for the infection control needs of both the fever wards and the SARS wards. HA was now working on the proposed scope of improvement works for its major acute hospitals and would soon seek funding support from LegCo to carry out the necessary works.

17. PSHWF further said that the Working Group also decided that the option of proceeding with a centralized temporary isolation facility should continue to be explored by way of active site search. She pointed out that the views of the residents in the vicinity of a prospective site, the costs of construction, the lead time for completion of construction works, etc would all be considered before a decision would be made. She assured members that the Administration would brief the Panel on the work plan in preparation for possible return of SARS at the special meeting on 9 July 2003.

Centre for disease control (CDC)

18. Dr David CHU noted that the Administration and the Hong Kong Jockey Club (HKJC) would each contribute $500 million for setting up a CDC in Hong Kong. He asked when a CDC would be established.

19. PSHWF clarified that HKJC's contribution of $500 million was intended for the establishment of a CDC-like operation unit within the existing public health system. In other words, the donation should be used to strengthen the existing infectious disease control capability in the context of the current organization of public health care services. The Administration would make reference to overseas experience in the operation of a CDC and aim to establish a CDC to provide a one-stop service for co-operation with international health organizations in respect of the fight against infectious diseases. She added that a working group had been established to examine the possible options in the light of the SARS experience and plan the necessary preparatory work.

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20. Dr David CHU pointed out that the annual operating expenditure of the CDC in the United States was over US$50 billion. He questioned whether the Administration would be able to meet the expenditure for the operation of a CDC. PSHWF responded that the CDC in the United States was a federal level organization overseeing more than the control of infectious diseases and would not be an appropriate model for the CDC in Hong Kong to follow.

21. The Chairman suggested that the Panel should discuss the progress in the establishment of a CDC at a future meeting. Members agreed.

22. Mrs Sophie LEUNG held the view that the Panel should thoroughly discuss the pros and cons of constructing an infectious disease hospital and the establishment of a CDC, having regard to the local circumstances. She considered that the Administration should be given sufficient time to explore various alternatives for dealing with SARS or other infectious diseases in the future. She pointed out that there were both merits and demerits in the Xiaotangshan hospital model in Beijing and members should avoid exerting too much pressure on the Administration to follow the model.

23. PSHWF reiterated that the construction of a centralized temporary isolation facility for SARS patients would require a large site and other support facilities. Such a facility could only accommodate patients with very low medical and nursing dependency such as SARS patients in convalescence.

24. Deputy Director of Health (1) (DDH(1)) said that the Guangdong health authorities were also considering the merits and demerits of operating a centralized isolation facility similar to the Xiaotangshan model in Beijing. He added that a SARS patient could suffer from other diseases and would better be looked after in a hospital which was equipped with the necessary equipment and facilities.

25. Director (Professional Services & Public Affairs) of the Hospital Authority (Director, HA) said that HA had taken all feasible measures to isolate SARS patients in public hospitals. He stressed that HA would study the Xiaotangshan model so that it would be able to set up a similar isolation facility in a short time in case of need.

26. Mrs Sophie LEUNG pointed out that the diagnostic test of SARS infection was not 100% accurate and reliable at this stage. She considered that SARS had provided a useful lesson on the prevention of infectious diseases in the community. She cited a recent report which stated that some medical and nursing staff did not follow the procedure to wash hands as required. She stressed that medical and nursing staff should adhere to the stipulated procedures in order to prevent the spread of SARS and other infectious diseases from public hospitals to the

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community. She stressed that effective containment of new infectious diseases was a difficult task which would unlikely be achieved by the establishment of an infectious disease hospital or a CDC. The Administration should be given sufficient time to work out feasible options and make recommendations after extensive consultation and discussion within the medical sector.

27. The Chairman pointed out that any person who had a fever could go to the Accident and Emergency Department of any acute public hospital. It was therefore necessary to ensure that isolation facilities were available for suspected SARS patients. As to the Xiaotangshan model, Hong Kong would need to learn how to set up such a facility should the need arise.

28. Director, HA said that effective containment of SARS would depend on a number of factors including the provision of adequate protective gear and the availability of sufficient isolation facilities, all of which were important. He stressed that the medical and nursing professions were vigilant as regards precautionary measures against the spread of infectious diseases, and should not be regarded as a possible cause of the transmission of infectious diseases to the community.

Cluster of SARS cases in the Hong Kong Baptist Hospital (HKBH)

29. Referring to paragraph 10 of the Administration's paper (LC Paper No. CB(2)2434/02-03(04)), Mr Fred LI queried why DH had not promptly traced the source of SARS infection upon admission of the patients to a public hospital on 21 and 25 April respectively. He considered DH's requirement for HKBH to submit a report on 7 May was made too late for preventing and containing the spread of SARS in the hospitals concerned.

30. DDH(1) explained that DH immediately started contact tracing on 2 May after a nurse working in HKBH was confirmed to have contracted SARS, and had subsequently identified the other patients and health care workers who were infected with SARS. He also said that during contact tracing for the first female patient who was confirmed to have contracted SARS, neither the patient nor her family members provided information about the patient's previous hospitalization in HKBH.

31. Mr Fred LI expressed disappointment that DH had not started the contact tracing immediately after the female patient was confirmed to have contracted SARS on 24 April 2003. He considered it unreasonable that DH was unaware of the fact that the female patient was referred from HKBH and expressed sympathy for the health care workers who contracted SARS between the period from 21 April to 2 May 2003. The Chairman suggested that the Panel should follow up the cluster of SARS cases in HKBH at a future meeting.

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32. Referring to paragraph 13 of the Administration's paper on prevention of the spread of SARS, Mr Andrew CHENG asked what DH had done during the period from 7 May to early June in respect of the report of the cluster of SARS cases in HKBH.

33. DDH(1) explained that DH had followed up the SARS cases with HKBH on 2 May and HKBH had made a press release on 3 May. DH had announced the cluster of SARS cases at its daily press briefing on 6 May and subsequently received two complaints from members of the patients' families on 7 and 13 May respectively. He highlighted that DH had required HKBH to submit a report on the SARS outbreak on 7 May and received the report from HKBH on 20 May. On 22 May, DH also required HKBH to provide additional information, which was received on 27 May 2003. After an extensive investigation, DH concluded that there were two areas of inadequacy on the part of HKBH, i.e., delay in reporting to DH about the three suspected SARS cases involving health care workers and withholding of information concerning the cases from other in-patients. DH had sent an advisory letter to HKBH on 31 May instructing the management of HKBH to report suspected SARS cases to DH and improve communication with patients in the future. DH had subsequently announced the results of the investigation at its daily press briefing.

34. Mr Andrew CHENG remarked that DH should provide a detailed account of the actions it had taken during the period from 7 May to 31 May so as to remove any public doubts as to whether DH had taken a proactive approach to contain the spread of SARS in the case of HKBH.

35. Mr Michael MAK said that a patient admitted to a public hospital should be asked to provide a checklist of information including the details of his previous medical history. If the patient was in a state of unconsciousness, his family members should be asked to provide the details. He considered that DH and HA should tell the truth and be fair to the family members of the innocent victims.

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36. DDH(1) reiterated that the female patient had not revealed her previous hospitalization when she was contacted by DH staff for contact tracing. The Chairman requested the Administration to provide further details at the next meeting.

Compensation for workers employed by cleansing contractors appointed by HA who contracted SARS while on duty

37. Mr Fred LI noted that some staff of contractors appointed by HA to provide cleansing services in public hospitals had contracted SARS. He asked whether compensation would be provided to these cleansing staff who were not employed

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by HA.

38. Director, HA replied that staff of agents or contractors appointed by HA for provision of cleansing service in public hospital were protected under the Employees' Compensation Ordinance. Nevertheless, HA was inclined to include cleansing staff of such agents or contractors under the scope of the "special recuperation grant" as part of the proposed $200 million Training and Welfare Fund. Mr Fred LI expressed support for the inclusion and urged the Administration to seek approval of the Fund as soon as possible.

Recruitment of additional medical and nursing staff

39. Mr Andrew CHENG noted that the total additional staff cost incurred up to end of April 2003 was $4.8 million, and some 360 health care workers or medical students had been admitted to the public hospitals with SARS. He asked whether HA had difficulties in recruitment of additional manpower to fill the temporary vacancies arising from staff who had contracted SARS.

40. Since graduates of nursing and medical schools were only available at certain periods in a year, Director, HA acknowledged that there were difficulties in recruitment of medical and nursing staff at this time given the large number of vacancies arising from an outbreak of SARS. As a temporary measure, HA had strengthened its frontline health care teams by recruiting temporary undergraduate nursing students to cope with the sudden surge in workload. He took the opportunity to thank private medical practitioners and nurses who had volunteered to assist in the fight against SARS in various forms and at different levels.

41. In view of the difficulty of recruiting additional medical and nursing staff, Mr Michael MAK asked how HA would handle applications for voluntary or early retirement from nursing staff.

42. Director, HA said that HA had its established practices and policies to meet its manpower needs on an ongoing basis. However, given the large number of medical and nursing staff who were infected with SARS within a short period, it was understandable that there would not be a sufficient supply of medical and nursing professionals to meet the shortfall in the short term. In the circumstances, HA would adjust the retirement date of staff whose applications for voluntary or early retirement had been approved to cope with the current manpower needs in the public hospitals. DDH(1) said that DH would also adjust the date of retirement of its nursing staff who had applied under the voluntary or early retirement scheme in the light of its current manpower needs.

43. Miss CHAN Yuen-han pointed out that WHO also held the view that the long working hours of HA staff had made them more vulnerable to SARS

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infection. She suggested that HA should review the work schedule for its medical and nursing staff in the future.

44. Director, HA responded that the outbreak of SARS had proved that the existing public hospital system was notably efficient and effective. He pointed out that it might be difficult for a cost-effective public hospital system to cope with the additional medical and nursing manpower requirement arising from an outbreak of SARS. He added that HA would review its manpower and facilities planning and utilization strategies with a view to tackling any future outbreak of infectious diseases.

Training and Welfare Fund for HA

45. Mr Andrew CHENG asked whether HA employees who had contracted SARS whilst on duty would be given special compensation from the Training and Welfare Fund for HA on compassionate grounds.

46. Director, HA explained that the establishment of a Training and Welfare Fund for HA was announced by the Chief Executive on 22 April 2003. The Fund would be used for HA 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 who contracted SARS while on duty, and implement other staff welfare initiatives. HA would propose that grants under the Fund could be given to eligible persons irrespective of the requirements under the Employees' Compensation Ordinance, including ex-gratia payment for staff who passed away as a result of contracting SARS while on duty. In order to help the family members of a deceased staff member to maintain the previous level of living, such ex-gratia payment would be calculated on the basis of the deceased staff member's last salary. Director, HA anticipated that members would support the Administration's proposal for the setting up of the Fund which would be submitted to the Finance Committee for approval of funding support within a week or two.

Taxi driver infected with SARS

47. Mr Michael MAK asked how the Administration would follow up the case of a taxi driver who had contracted SARS and asked whether the Administration had assessed the risk of contracting SARS in the community.

48. DDH(1) said that so far DH had not identified the source of infection. He pointed out that the night shift taxi driver might have contracted SARS during or outside his shift hours, and through direct or indirect contact with SARS patients in the course of transporting them to public hospitals. DDH(1) acknowledged that there was still the risk of contracting SARS within the community because the

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incubation period of SARS was 10 days and that a person carrying the virus did not necessarily develop symptoms of the disease.

Health check at border check points

49. The Chairman said that there were complaints alleging that drivers and passengers in vehicles passing through the border check points did not have their body temperature checked. He requested and the Administration agreed to follow up the matter and provide a response at the next meeting.

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Infection control

50. Ms Cyd HO asked how many victims had been identified in the cluster of SARS cases contracted at the Metropole Hotel in February 2003. She cited the article published in the Washington Post and asked how many persons had contracted SARS from the case of Professor LIU. She also requested the Administration to provide the Panel with the report on Professor LIU's case.

51. Consultant, Community Medicine (C(CM)) responded that the Director of Health had stated at a press conference on 19 March 2003 that a total of seven persons staying on the same floor of the hotel between February 12 and 2 March had contracted SARS. As a result of continuous contact tracing efforts in collaboration with relevant overseas authorities, some 16 persons were suspected to have contracted SARS from their stay in the hotel in February 2003. He pointed out that after DH had ordered an extensive cleansing and disinfection for the affected floor on 19 March 2003, no further cases of SARS infection at the hotel were reported.

52. Ms Cyd HO suggested that DH should improve its contact tracing mechanism, given that the source of infection for about 10% of SARS cases had not been identified. She suggested that DH should review the mechanism, including the questionnaire and checklist, with a view to enhancing identification of source of SARS infection. She expressed concern about the potential risk and asked how DH would follow up those SARS cases the sources of which had not been traced.

53. C(CM) explained that DH would make every effort to trace the origin of each SARS case in accordance with the established practices. The responsible staff of DH would contact all those who had come into close contact with a SARS patient by way of a standard form. However, since the incubation period of SARS could be as long as 10 days, some patients, in particular the elders, would have difficulties in accurately recalling all the contacts they had made. Moreover, it might be difficult to obtain information from severely ill patients, especially those who were intubated. As a result, around 10% of the SARS infections could

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not be linked up epidemiologically. He added that a 90% success rate in establishing epidemiologic linkage was quite satisfactory compared with other places. DH would continue to review the procedures of contact tracing to improve the results of its tracing efforts.

54. Ms Cyd HO noted from Dr David CHU's submission that the Guangdong Health Authorities had issued an internal circular on 23 January 2003 which listed out the characteristics of the atypical pneumonia and precautionary measures to contain its spread when there were 28 confirmed cases and no casualty was reported. She considered that in contrast, the guidelines on the management of severe community acquired pneumonia (CAP) issued by HA on 21 February 2003 had not been widely circulated to all frontline workers.

55. Director, HA explained that the paper in question was not meant as guidelines but only sought to provide information on the management of severe CAP. It was prepared on the basis of the information available up to 21 February 2003 when SARS was still unknown to the medical profession. Nevertheless, the paper advised medical practitioners to report suspected cases, send blood and other specimen samples for laboratory tests and prevent transmission through droplets on identification of a suspected patient. Director, HA said that if the information tabled by Dr David CHU was made available to HA at the time, HA would have included the relevant information about the virus and the precautionary measures to prevent the spread of the disease. He said that the distribution of the information on the management of severe CAP was made through the Hospital Infection Control Teams and it was also put on HA's Intranet.

Notification mechanism

56. Referring to his submission tabled at the meeting, Dr David CHU said that on 23 January 2003, the health authorities in Guangdong had issued a notice and a report of an investigation conducted by local health experts to alert the health units in the Guangdong Province of an outbreak of atypical pneumonia. The report had set out, among others, the transmission mode, incubation period and symptoms of the disease, and the treatment and precautionary measures against the spread of the disease. He asked whether DH had received the notice from Guangdong health authorities or requested the Guangdong health authorities to provide the relevant information for reference.

57. DDH(1) replied that DH was unaware of the notice and investigation report referred to in Dr David CHU's submission. He stressed that DH had written to request the Guangdong health authorities to provide relevant information on the outbreak of atypical pneumonia on 10 February 2003 but was not provided with such information. DDH(1) said that DH had not specifically requested for a copy of the notice and the investigation report as it did not know that such

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information had been issued to health units in Guangdong Province.

58. The Chairman said that the Guangdong health authorities had announced on 10 February 2003 that 305 atypical pneumonia cases had occurred in some areas of Guangdong Province from 16 November 2002 to 9 February 2003, and five persons had died from the disease.

59. Dr David CHU remarked that the report was not classified as confidential and was issued to more than 1 000 health units in Guangdong Province. He considered that if DH had been able to obtain the report in time and had followed the recommendations in the report, such as isolation of patients and taking precautionary measures against transmission of the disease by way of droplets and secretions, the impact of SARS outbreak could have been substantially reduced.

60. Responding to Mr Albert HO, DDH(1) said that the Administration had sent a group of medical professionals to Guangdong in April 2003 to observe the management of the disease. PSHWF supplemented that DH had all along maintained close contact with the health authorities in Beijing and Guangdong as well as WHO since the outbreak of SARS in March 2003.

Aftercare for discharged SARS patients

61. Mr Albert HO asked whether it was likely that SARS patients discharged from hospitals would still carry the SARS virus and if so, whether the virus would be transmitted in the community by way of droplets or secretions.

62. Director, HA responded that HA had adopted a very cautious approach in deciding the discharge of SARS patients. SARS patients who recovered under a normal treatment would be observed in the hospital for a minimum period of three weeks before they would be discharged. So far no person had contracted SARS from a former SARS patient in Hong Kong. He added that although a convalescing patient might still carry a certain level of the SARS virus for a period of time, it was not certain whether such level of SARS virus would be sufficient for transmission of the disease to other persons. He added that HA would advise cured SARS patients to maintain a high level of personal hygiene in order to avoid possible transmission of SARS to other persons. However, the community should not regard former patients as a source of infection and therefore avoided contact with them.

63. DDH(1) supplemented that given the short history of SARS, there was so far no record of a transmission of SARS virus from a discharged patient to other persons. The Chairman also said that it was unlikely that a former SARS patient maintaining a high standard of personal hygiene would cause SARS transmission in the community.

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Compensation for workers who contracted SARS in residential care homes for the elderly

64. Mr Andrew CHENG expressed concern about prevention of the spread of SARS among elders in residential care homes for the elderly and compensation for workers who contracted SARS while taking care of the elders in these residential care homes. The Chairman suggested and the Administration agreed to provide a paper on the issue for detailed discussion at the next meeting.

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65. In concluding the discussion, the Chairman drew members' attention to paragraph 6 of the Administration's paper on prevention of the spread of SARS which stated that within the period from 4 May to 9 June 2003, 55 out of the 73 confirmed SARS patients had history of exposure to SARS patients in hospitals during the incubation period. He stressed that the figure highlighted the need to reinforce precautionary measures against the spread of SARS within a hospital setting. The Panel would follow up the discussion on the matter at future meetings.

II. Any other business

66. There being no other business, the meeting ended at 3:15 pm.

Council Business Division 2
Legislative Council Secretariat
27 August 2003