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seen by the Administration)

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Panel on Health Services

Minutes of special meeting
held on Wednesday, 18 June 2003 at 8:30 am
in Conference Room A of the Legislative Council Building

Members present	:	Dr Hon LO Wing-lok (Chairman) Hon Cyd HO Sau-lan Hon Albert HO Chun-yan Hon CHAN Yuen-han, JP Dr Hon LAW Chi-kwong, JP Hon LI Fung-ying, JP
Members absent	:	Hon Michael MAK Kwok-fung (Deputy Chairman) Hon CHAN Kwok-keung Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP Dr Hon YEUNG Sum Hon Andrew CHENG Kar-foo Dr Hon TANG Siu-tong, JP
Members attending	:	Dr Hon David CHU Yu-lin, JP Hon Fred LI Wah-ming, JP Hon SIN Chung-kai
Public Officers attending	:	Mr Thomas YIU, JP Deputy Secretary for Health, Welfare and Food (Health) Miss Eleanor JIM Assistant Secretary for Health, Welfare and Food (Health) 7

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Dr P Y LEUNG, JP
Deputy Director of Health (1)

Dr W M CHAN, JP
Assistant Director of Health (Elderly Health Services)

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

Mrs Kathy NG
Assistant Director (Elderly)
Social Welfare Department

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

Staff in attendance : Mr Stanley MA
Senior Assistant Secretary (2) 6

I. Update on Severe Acute Respiratory Syndrome

(LC Paper Nos. CB(2)2526/02-03(01) to (03))

At the invitation of the Chairman, Deputy Secretary for Health, Welfare and Food (Health) (DSHWF(H)) briefed members on the Administration's response to the questions raised by members at the special meeting on 12 June 2003 [LC Paper No. CB(2)2526/02-03(01)], and the papers on "Prevention of the spread of Severe Acute Respiratory Syndrome (SARS)" [LC Paper No. CB(2)2526/02-03(02)] and "Work relating to prevention of SARS among Elderly" [LC Paper No. CB(2)2526/02-03(03)].

Work relating to prevention of spread of SARS among elderly

2. Referring to paragraph 17 of the Administration's paper, Dr LAW Chi-kwong expressed disappointment that the regular visits by honorary Visiting Medical Officers (VMOs) to residential care homes for the elderly (RCHEs) would only cover episodic illnesses of elderly residents. Dr LAW considered that apart from treating episodic illnesses, VMOs should also attend to medical

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follow-ups at RCHEs to reduce elders' risk of exposure to SARS when attending such follow-ups in hospital or clinics. As there was no way that Community Geriatric Assessment Teams (CGATs) would be able to cover the 700-odd RCHEs, Dr LAW suggested that RCHEs should be provided with resources to engage private practitioners to provide visiting medical services in the long term.

3. In response, DSHWF(H) said that he agreed that the long term objective for provision of health care services to elders in RCHEs should aim at reducing hospital admissions. As to Dr LAW's suggestion, he pointed out that even if each RCHE was provided with the resources to recruit a medical practitioner, elders would still be referred to hospitals for treatment.

4. Dr LAW Chi-kwong agreed that some VMOs might still refer elders to public hospitals for treatment in order to avoid risks. However, he considered that by also attending to medical follow-ups for elders in RCHEs, VMOs could help further reduce hospital admissions. He asked whether the policy direction was to include medical follow-ups for elders in RCHEs under the VMO scheme. Dr LAW also expressed concern about the lack of isolation facilities at RCHEs and pointed to the need to consider support services for residents discharged from hospitals.

5. Director (Professional Services and Public Affairs), Hospital Authority (Director, HA) said that the role of CGATs was to enhance interface between medical and social service through outreach service for elderly people living in residential care settings by providing comprehensive multi-disciplinary assessment and management. There was no target to cover all the RCHEs. Recently, to reduce hospital admission of RCHE residents, HA had strengthened coverage of CGATs to RCHEs through collaboration with VMOs in the private sector.

6. The Chairman said that the VMO scheme was a pilot scheme under continuous review and evaluation. More private practitioners were being recruited to participate in the scheme. Whether medical follow-ups and other services should be included under the scheme would be considered during the pilot run.

7. In response to the Chairman's question whether the VMO scheme would continue after June 2003, DSHWF(H) said the VMO scheme had proved to be valuable to elders in RCHEs. The Administration would consider allocation of additional resources for extending the scheme beyond June 2003 and review the scope and effectiveness of services provided by VMOs in the light of members' views.

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8. Ms LI Fung-ying asked whether DH had provided workers in RCHEs with any tailor-made training programmes or guidance on precautionary measures against SARS infection. She also asked how the Administration would enforce the provision of holistic and appropriate care to a discharged elder who should be isolated from other elders in the same RCHE which was not spacious and adopted an open plan in bed arrangement.

9. Assistant Director of Health (Elderly Health Services) (ADH(EHS) said that DH had sent reminders to all RCHEs in mid-March to observe the "guidelines on the prevention of communicable diseases in residential care homes for the elderly and people with disabilities" which was issued in 2000 and distributed to all elderly homes. The Elderly Health Services (EHS) of DH had been delivering health talks on prevention of respiratory infections to elders and carers in both the community and residential care settings. As at 14 June, health talks for elders and carers covered 285 elderly service units in the community and 689 RCHEs, with over 52 600 attendances. DH had also provided professional input on the expanded "guidelines on the prevention of the spreading of atypical pneumonia in social welfare service unit (residential services)" which was issued on 25 March to all RCHEs and other residential services units.

10. ADH(EHS) highlighted that EHS had issued a new set of guidelines in collaboration with SWD specifically on infection control measures and conducted a half-day briefing session for RCHE workers and operators. During the briefing session, instructions were disseminated on the use of meter-dose inhalers to prevent droplet infection through the use of nebulizers and the concept of universal precaution in infection control was emphasized. In the past few months, EHS had contacted some 300 RCHEs where there had been confirmed/suspected cases, cases under observation, or cases put under surveillance after discharge from hospital wards with SARS to advise them on proper infection control measures. ADH(EHS) further said that RCHEs were advised to treat all elders recently discharged from hospitals as potentially infected persons who should be cared for separately from other elders. She pointed out that although most smaller RCHEs adopted an open plan in bed arrangements, they had managed to provide home isolation measures for discharged elders with satisfactory results.

11. Assistant Director (Elderly), Social Welfare Department (AD(E)SWD) supplemented that as the overall occupation rate of some 500 private RCHEs providing around 40 000 places was about 70%, there should not be much difficulty in arranging isolation for elders recently discharged from hospitals. In case a RCHE had difficulty in implementing isolation measures for residents discharged from hospitals, the Medical Social Workers would work out alternative placements in consultation with the relatives.

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12. Ms LI Fung-ying asked whether the Administration had provided adequate protective gear and cleansing materials to assist RCHEs in preventing cross-infection of SARS.

13. AD(E)SWD responded that SWD had conducted a round of concern visits during the week from 28 April to 2 May 2003 to some 730 RCHEs to ascertain compliance with infection control measures and to assess the need for EHS to enhance health education and advice. During these concern visits, educational pamphlets and gift packs of protective materials, including gloves, clinical masks, bottles of bleach and liquid soap were distributed to RCHEs. Using its departmental resources of $580,000 and the donations of $600,000 by two charity organizations, SWD also acquired ear thermometers, face shields, goggles, anti-microbial hand rinse, and other protective gear for distribution to all RCHEs during the period from 11 June to 21 June 2003.

14. Ms LI Fung-ying expressed disappointment that SWD had only started to distribute protective gear and other supplies to RCHEs in late April, when the outbreak of SARS started in early March and reached its peak in mid-April 2003. Given that frail elders in RCHEs were a high risk group for SARS, she stressed that the Administration should review the arrangements and improve support services to RCHEs in case of a resurgence of SARS in the coming winter.

Compensation for carers who contracted SARS while on duty

15. Ms LI Fung-ying pointed out that some carers had contracted SARS while providing care services to elders in RCHEs, and two of them had died. She asked how the Administration would assist these SARS patients or their family members in seeking compensation from the employers.

16. DSHWF(H) responded that RCHE carers who contracted SARS while on duty should be compensated in accordance with the Employees' Compensation Ordinance. The Labour Department would provide appropriate assistance to SARS patients and their family members on compensation matters.

17. Ms Cyd HO considered that the Government had adopted a double standard in not applying the same compensation arrangements for staff in DH and HA, and staff in RCHEs, who contracted SARS while on duty.

18. DSHWF(H) explained that the provisions under the Employees' Compensation Ordinance stipulated the minimum level of protection for employees of private companies who suffered from an accident while on duty. The Government and HA had their own compensation policies for their staff. It would be difficult for the Government to require the private sector to follow the public sector on provision of compensation to their employees.

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

19. Mr Fred LI noted that the patient who was confirmed to have contracted SARS on 24 April had not advised the Department of Health (DH) on 22 April over a telephone interview conducted by a registered nurse about her hospitalization at HKBH, as well as other relevant details, such as close contacts and doctors consulted after the onset of the disease. He queried why HKBH had not provided the details to DH when it referred the patient to the public hospital for treatment and why DH had not contacted the patient's family members for further information.

20. Deputy Director of Health (1) (DDH(1)) responded that HKBH had not informed DH that it had referred the patient to a public hospital. DH had contacted the family members of the patient but no additional information was provided. He pointed out that whether the cluster of SARS cases in HKBH was a direct result of the late identification of the patient as a SARS patient remained to be verified. Mr Fred LI remarked that HKBH should have informed DH of the patient's history of hospitalization in the first place.

Notification mechanism for infectious diseases between Guangdong and Hong Kong

21. Referring to the recent outbreak of Japanese encephalitis in Meizhou, Guangdong, Mr Fred LI asked whether DH was informed of the outbreak through the notification mechanism and if not, how DH would collaborate with the health authorities in the Mainland to ensure prompt notification in the future. He expressed concern that there were still pigs imported daily from Meizhou for domestic consumption and asked whether such import would give rise to an outbreak of Japanese encephalitis in Hong Kong.

22. DDH(1) responded that following a meeting in April 2003, the health authorities in Guangdong had agreed to include SARS in the reported list of infectious diseases. The expanded list of infectious diseases also covered AIDS, dengue fever, influenza, tuberculosis, cholera and malaria. DDH(1) acknowledged that the existing notification mechanism could be further developed and improved through on-going discussions with the health authorities in Guangdong in order to enhance its efficiency in exchange of information on infectious diseases.

23. As regards the outbreak of Japanese encephalitis in Meizhou, Guangdong, DDH(1) said that the disease, which was endemic in Guangdong, was not included in the list of infectious diseases for notification. In response to DH's enquiry, the Guangdong health authorities had readily confirmed the outbreak of the disease in

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the Province. In fact, the health authorities in Guangdong were gathering the data and facts on the outbreak of the disease and would provide DH with a regular update.

24. Mr Fred LI considered that the list of infectious diseases for exchange of information between Hong Kong and Guangdong should include endemic diseases and any new infectious diseases. He asked whether an outbreak of Japanese encephalitis could occur in Hong Kong and whether Japanese encephalitis would be included in the list. He also asked whether importation of pigs from Meizhou should be discontinued in order to prevent the transmission of the disease to Hong Kong.

25. DDH(1) explained that Japanese encephalitis was an endemic disease occurring mainly in rural areas and information regarding any outbreak of an endemic disease should be made available to neighbouring jurisdictions under threat. He, however, considered it difficult to include all infectious diseases in the list of infectious disease for notification. He informed members that arrangements had been made for DH to discuss with the Guangdong and Macao health authorities once every two months on ways to improve the notification mechanism. As Japanese encephalitis was transmitted by mosquitoes, it was therefore important to prevent and control mosquito infestation. DDH(1) further said that he did not consider it necessary to restrict the importation of pigs from Meizhou at this stage, but would maintain close liaison with the Food and Environmental Hygiene Department and Agriculture, Fisheries and Conservation Department to prevent an outbreak of Japanese encephalitis in local communities.

26. Ms Cyd HO suggested that the details of the communication between DH and the Mainland health authorities on prevention and control of infectious diseases under the notification mechanism should be made public. She considered that the disclosure would enable the public and the media to assist DH in exerting pressure on the health authorities in the Mainland to cooperate and provide information on any outbreak of infectious disease in the Mainland. She held a strong view that the community as a whole had the right to know and should play a role in enhancing cross-boundary cooperation and efforts on prevention and control of infectious diseases. In view of the increasing inflow and outflow of human and cargo traffic in the Pearl River Delta and other areas, the Administration should also reinforce communication with the central authorities in Beijing on collaborative efforts to prevent and control cross-boundary spread of infectious diseases. Ms HO also asked whether WHO had provided funding support to the health authorities in the Mainland for the provision of information on infectious diseases by way of a notification system before 2000.

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27. DDH(1) responded that he did not know whether WHO had provided funding support to health authorities in the Mainland for provision of information on infectious diseases. However, WHO had organized regular meetings with Mainland health authorities for updating and exchange of information on infectious diseases. DDH(1) pointed out that the notification mechanism between Hong Kong and Guangdong was established for immediate notification and exchange of up-to-date information on any outbreak of specified infectious diseases. In response to the Chairman, DDH(1) added that before reunification, WHO had arranged meetings for Hong Kong, Macao and health authorities in the Mainland to exchange information on infectious diseases on a biennial basis.

28. Dr David CHU shared the view that DH should improve the notification mechanism through its regular meetings with Guangdong health authorities on the prevention and control of infectious diseases. In addition, he considered that the Administration should take note of news circulating in the community for early detection of infectious diseases.

29. Miss CHAN Yuen-han noted that WHO had praised Hong Kong, particularly its transparency, as a model in the fight against SARS, and had paid tribute to the local health care workers who had fully devoted themselves to the fight. Referring to the failure of health authorities in Guangdong to provide details of the outbreak of SARS in February 2003, Miss CHAN said that the Administration should review the efficiency and effectiveness of the notification mechanism in the light of the lessons learnt. In view of the possibility that SARS could return in winter and new infectious diseases could emerge in the future, she urged the Administration to follow up the matter with the Mainland authorities to make sure that an effective notification mechanism was in place. She suggested that there might be a need to raise the matter at a higher level to ensure that the notification mechanism would be able to work effectively.

30. DSHWF(H) responded that the notification mechanism was in place to facilitate immediate exchange of information and sharing of experience on prevention and control of infectious diseases. The Administration would improve operation of the mechanism and reinforce cooperation with Mainland health authorities on an on-going basis. He added that joint efforts between Hong Kong, Guangdong Province and Macao to improve the effectiveness of the mechanism was underway.

31. DDH(1) agreed that there was room for improvement in the existing notification mechanism. He said that the Expert Committee on SARS would review the operation of the notification mechanism and in the meantime, DH would continue to discuss with the health authorities in Guangdong to enhance the efficiency and effectiveness of the mechanism. He pointed out that there were inherent differences in the health care systems and cultures between Hong Kong

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and the Mainland. Following the outbreak of SARS, cooperation between Guangdong Province and Hong Kong had improved considerably in recent months, as the outbreak had shown clearly that a major outbreak of infectious disease could seriously impact local economic activities.

Health checks at border control points

32. Mr SIN Chung-kai considered that implementation of the current health check measures at border control points was appropriate when an infectious disease such as SARS was raging. In view of the costs involved, he asked whether the Administration had any cost-saving plans for long-term implementation of these measures without compromising the standard of reliability required.

33. DDH(1) responded that the health checks at the Hong Kong International Airport and the temperature screening at the ports and land border control points were carried out by appropriate devices and equipment. Passengers suspected of having a fever would have to undergo a more detailed body temperature check by assigned duty staff. He highlighted that the reliability of the existing system was accepted by WHO as comparable to the standard of similar systems adopted by overseas jurisdictions. From a long term perspective, DH would collaborate with relevant departments, universities and professional bodies to improve the system. He stressed that the important thing was that the health check measures at border control points should convey the message to the community that persons who had a fever should not travel.

Distribution of research information

34. Ms Cyd HO said that it was reported that the University of Hong Kong (HKU) was provided with some research data and information which were not made available to the Chinese University of Hong Kong (CUHK). She asked the Administration whether it had provided HKU and CUHK with the same set of data and information for their medical researches.

35. DSHWF(H) replied that the Government would provide relevant data and information to HKU and CUHK on an equal basis. He, however, pointed out that the two universities also had accesses to different sources of information. Whether such information would be shared with the other party would be a matter for them to decide.

Infection control

36. Dr David CHU considered that the Government should enhance and expand the existing infectious disease control facilities in the public hospital system in

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preparation for the possible return of SARS in the coming winter. If vaccines for SARS were available, the Government should purchase sufficient quantities for community consumption even though the costs were high. He also considered that the construction of an infectious disease hospital was necessary for prevention of infectious diseases in a densely populated territory such as Hong Kong. He added that the infectious disease hospital could be used for other purposes when there was not a major outbreak of infectious disease.

Work plan of the Expert Committee on SARS

37. Dr LAW Chi-kwong requested the Administration to provide a work plan of the Expert Committee on SARS. DSHWF(H) replied that the Expert Committee would hold its first audio-visual conference next week and hopefully would arrive at a preliminary work plan after the meeting.

38. There being no other business, the meeting ended at 9:55 am.

Council Business Division 2
Legislative Council Secretariat
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