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Legislative Council

LC Paper No. CB(2)3027/02-03
(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of meeting
held on Wednesday, 9 July 2003 at 8:30 am
in Conference Room A of the Legislative Council Building

Members present	:	Dr Hon LO Wing-lok, JP (Chairman) Hon Michael MAK Kwok-fung (Deputy Chairman) Hon Albert HO Chun-yan 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 absent	:	Hon Cyd HO Sau-lan Hon CHAN Kwok-keung, JP Hon CHAN Yuen-han, JP Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP
Member attending	:	Hon Fred LI Wah-ming, JP
Public Officers attending	:	All Items Mr Thomas YIU, JP Deputy Secretary for Health, Welfare and Food (Health)

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Mr Peter KWOK
Assistant Secretary for Health, Welfare and Food (Health) 1

Items IV to VI

Miss Angela LUK
Principal Assistant Secretary for Health, Welfare and Food (Health) 1

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

Dr P Y LAM, JP
Deputy Director of Health (2)

Dr Thomas TSANG
Consultant, Community Medicine (Non-Communicable Disease)

Items V and VI

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

Item VII

Dr Sarah CHOI
Principal Medical Officer (Research Office)
Health, Welfare and Food Bureau

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

Staff in attendance : Ms Joanne MAK
Senior Assistant Secretary (2) 4

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I. Confirmation of minutes
(LC Paper No. CB(2)2712/02-03)

The minutes of the meeting on 9 June 2003 were confirmed.

II. Information papers issued since the last meeting
(LC Paper Nos. CB(2)2391/02-03(01), CB(2)2698/02-03(01), FS10/02-03 and IN30/02-03)

2. Members noted that the following papers had been issued since the last meeting -

(a) submission in support of smoking ban in restaurants from the Committee on Youth Smoking Prevention;

(b) letter dated 23 June 2003 from Mr Edward MAN of Hang Lung Trading (H.K.) Co. on the tender requirements of Government Supplies Department and Hospital Authority;

(c) fact sheet on Anthrax prepared by the Research and Library Services Division of the Legislative Council Secretariat; and

(d) information note on the National Center for Infectious Diseases of the Centers for Disease Control and Prevention in the United States of America prepared by the Research and Library Services Division of the Legislative Council Secretariat.

III. Items for discussion at the next meeting
(LC Paper Nos. CB(2)2747/02-03(01) and (02))

3. The Chairman said that this was the last meeting of the Panel in the current session. Unless urgent matters requiring immediate attention came up, the Panel would not hold any meetings until the next session. The Chairman said that the agenda for the next regular meeting would be decided at the first Panel meeting (for the election of chairman and deputy chairman) in the next session. Members agreed.

4. Referring to the letter from Hang Lung Trading (H.K.) Co. [LC Paper No. CB(2)2698/02-03(01)], Dr TANG Siu-tong suggested that the tendering system for pharmaceutical products be included in the list of outstanding of items for discussion. He also suggested that the subject be discussed when the report on the review of the tendering system was available. Members agreed.

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IV. Cervical Screening Program in Hong Kong
(LC Paper No. CB(2)2747/02-03(03))

5. At the invitation of the Chairman, Consultant, Community Medicine (Non-Communicable Disease) (C(CM)) gave a powerpoint presentation on the Cervical Screening Programme (CSP) for women in Hong Kong to be launched in 2003-04. C(CM) briefed members on the background to and details of the CSP.

6. Dr TANG Siu-tong said that the Chinese versions of some of the discussion papers provided for this meeting were only tabled at the meeting. He said that the Administration should have provided the papers earlier to allow sufficient time for members to read the papers and to facilitate discussions.

7. Referring to the paper provided for this item, Dr TANG Siu-tong asked whether the Administration had looked into the social factors accounting for the high incidence of cervical cancer in Hong Kong. C(CM) responded that international evidence had shown that a well-organised screening programme having good coverage could substantially reduce the incidence and mortality of cervical cancer. However, in Hong Kong the coverage rate of cervical screening was relatively low (approximately 45%) and this was the main reason for the high incidence of cervical cancer in Hong Kong. C(CM) said that studies had shown that many women lacked knowledge about cervical screening and had misconceptions about it. Some women felt that cervical screening was embarrassing and some thought that the screening was not necessary unless they had developed abnormal symptoms. It was also found that doctors could be more proactive by reminding their female patients to take cervical smears. Smoking also increased the risk of cervical cancer.

8. Dr TANG Siu-tong said that assessments of cervical smears were done by pathologists, who relied on their training received and experience in judging whether or not cancer cells were present. To enhance the accuracy of the assessments, Dr TANG asked if any objective criteria could be drawn up under the CSP for reference by pathologists.

9. C(CM) said that to ensure quality services, professional institutions had been organising training courses for examination of cervical smears. Refresher courses would also be organised for private doctors in conjunction with professional training institutions. In addition, the future Cervical Screening Information System (CSIS) to keep track of cervical smear results would help improve the quality of cervical screening services.

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10. Dr TANG Siu-tong pointed out that some pathologists might delegate the task of making diagnostic assessments on smears to technicians under their supervision. He asked whether this would pose problems to the accuracy of work. C(CM) said that pathologists would be overseeing the work of the technicians and the CSP had come up with Quality Management Guidelines for laboratories examining cervical smears.

11. In response to Ms LI Fung-ying, C(CM) said that in 2000, there were 444 new cases and 128 deaths due to cervical cancer. About 65% of the new cases and 43% of deaths had occurred in women aged below 65 years. He said that the cure rate for cervical cancer was high if the illness was detected early. In response to Ms LI, C(CM) said that there had not been a large increase in the number of new cases in 2000 compared with previous years.

12. Ms LI Fung-ying said that the cooperation between the Administration and women groups should be tightened up in order to achieve the interim target coverage rate of 60%. She suggested that the assistance of women groups be enlisted in organising the target population to receive cervical screening. She said that this could encourage more women to have cervical screening as some women needed the company of others to go for the screening. The Family Planning Association of Hong Kong (FPA) could make available appointments for these women groups to facilitate their use of its cervical screening service.

13. C(CM) responded that the Administration would mobilise women groups in organising the target population to receive cervical screening. He pointed out there were representatives from women groups in the Cervical Screening Task Force (CSTF) who could also render assistance. He added that a series of publicity and education campaigns on the CSP would be launched to promote cervical screening.

14. Dr LAW Chi-kwong requested the Administration to provide information on the percentages of caseload of cervical screening being handled by the public and private sectors and the fees charged. He asked whether any studies had found that a substantially large share of the screening coverage was taken up by women of high income groups. He also asked whether any measures should be introduced to extend the screening coverage to women of the low income group.

15. C(CM) said that women who used the Maternal and Child Heath Centres (MCHC) under DH only had to pay $1 for cervical screening and MCHCs took about 100,000 smears each year. DH's women health centres charged an annual fee of $310 for a package of health services including cervical screening.

16. C(CM) further said that the estimated coverage rate of cervical screening among women aged 25-64 was approximately 45%. C(CM) said that studies had

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only shown that women aged 50-64 who were at higher risk of developing cervical cancer had distinctly lower coverage rates. There was no good data on screening coverage in relation to income groups.

17. Dr LAW Chi-kwong considered that the Administration should conduct studies to see whether most of the women within the screening coverage were those of the high income groups. He stressed that the Administration should ensure that the poor who were in need should also be provided with the screening services. He said that the Administration should take measures, such as by reviewing the level of fees of public clinics, to ensure that the screening coverage was also extended to women of the low income group. The Chairman said that what Dr LAW had raised was about the concept of equity in health, which should be further discussed by the Panel in the future.

18. Deputy Secretary for Health, Welfare and Food (Health) (DSHWF(H)) said that each year the number of cervical smears taken by the public sector, FPA and the private sector were about 100,000, 100,000 and 200,000-300,000 respectively. He said that this ratio was expected to remain the same even after the coverage rate had increased. He said that the Administration would review the level of fees for cervical screening at public clinics but details had yet to be worked out. He emphasised that the Administration would seek to ensure that low-income people were also provided with the screening service. He pointed out that the purpose of the CSP was also to make cervical screening services more accessible to women in Hong Kong and to strengthen private-public collaboration in providing the services.

19. Mr Michael MAK asked whether the Administration had conducted any studies on the life styles of Hong Kong people to understand why they resisted to receive important health checkup such as the cervical screening services. C(CM) said that studies had shown that many women lacked knowledge about cervical screening and had misconceptions about it. Some women said that they had no time for the screening while some considered that the screening was too expensive or not useful.

20. Deputy Director of Health (1) (DDH(1)) said that DH considered it necessary to improve the cervical screening services by making them more organised to achieve better coverage. He said that the CSP sought to set quality assurance standards and guidelines for all stages of the screening pathway. In addition, the CSP aimed at achieving more equitable screening, especially among women aged 50-64, who were at higher risk of developing cervical cancer but had been found having lower coverage rates.

21. The Chairman expressed concern about whether the service providers in the public and private sectors had enough capacity to take up additional cervical

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smears each year to achieve the coverage rate of 60%. C(CM) responded that at present, the population of women aged 25 to 64 years was about 2.1 million. C(CM) said that the private medical sector was the largest service provider taking 200 000 to 300 000 smears each year. In preparing for the launching of the CSP, DH was strengthening its manpower and screening facilities and it was hopeful that public clinics could take about 100,000 additional smears each year. As to the capacity of private sector, C(CM) said based on surveys conducted with private doctors, many showed interest in the CSP and would be willing to take up more smears.

22. The Chairman commented that it was an effective measure to send personalised invitation letter to women in recruiting them into the CSP. He asked whether the letters would give details such as the locations of clinics where cervical screening services were provided. C(CM) responded that the invitation letters would set out the locations of those clinics for easy reference of the clients.

23. Dr LAW Chi-kwong asked why the Administration's paper did not mention at all the responsibility of men in cervical cancer prevention, as he understood that men were possibly the agents passing cervical cancer-causing pathogens on to women. DDH(1) responded that the CSP would be effective in reducing cervical cancer in women. The issue brought up by Dr LAW would fall in the context of prevention and control of sexually transmitted diseases.

V. Prevention and control of communicable diseases in Hong Kong
(LC Paper No. CB(2)2747/02-03(04))

24. At the invitation of the Chairman, DD(H)(1) briefed members on the salient points of the Administration's paper on this item.

25. Dr TANG Siu-tong said that although Hong Kong had established regular exchange of information on infectious diseases with five South China cities since 1988, both the information exchange process and DH's response to media reports of outbreaks of diseases were too slow. He said that these problems had all surfaced in the SARS incident. He said that at the initial stage of the SARS outbreak in Guangdong, DH had failed to take the initiative to obtain more information on the outbreak from the Mainland authorities. He asked what improvements would be made by DH, in the light of the SARS incident, to ensure early exchange of information on infectious disease to facilitate control and prevention.

26. DD(H)(1) responded that DH was well aware of the importance of maintaining close communication with the Mainland health authorities as well as the international communities to exchange information on infectious diseases.

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Apart from regular exchanges of information, the first tripartite meeting of Guangdong-Hong Kong-Macau Expert Group on Prevention and Treatment of Infectious Disease had been held on 28 and 29 May and such meetings would be held regularly to strengthen information exchange on communicable diseases. He said that Hong Kong had already reflected to the Central Government the importance of strengthening the mechanism of information exchange on communicable diseases and the subject would be followed up at future meetings between both sides. He said that recently the Guangdong Health Department had released more information on infectious disease outbreaks. He hoped that the exchange of information, such as on data analysis on epidemic situation, could be further enhanced in the future.

27. Dr TANG Siu-tong said that the release of information by the Guangdong authorities often had to go through the Central Government. He asked whether DH had established contacts with Mainland hospitals to obtain more timely information and data on diseases detected on the Mainland.

28. DDH(1) said that since there were many counties and cities on the Mainland, it would not be efficient for DH to establish contacts with the hospitals or health authorities in each of them, and it was still necessary for DH to liaise with the Health Department of Guangdong Province. DDH(1) pointed out that apart from the Mainland, DH also had to strengthen disease intelligence in other countries because some diseases (such as dengue fever) posing threat to public health in Hong Kong were also major public health problems in east and southeastern Asia.

29. Dr LAW Chi-kwong said that the SARS incident had revealed several shortcomings in the system of prevention and control of communicable diseases in Hong Kong and requested the Administration to seek improvements in the following areas -

(a) DH should review whether the capacity of its laboratory testing facilities could cope with a sudden surge of service demands arising from an epidemic situation;

(b) DH should review whether it had enough manpower to carry out public health surveillance work and conduct contact-tracing in an epidemic situation;

(c) the Administration should review the need to strengthen research work on controlling infectious diseases; and

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(d) DH should review the process of triggering the outbreak response mechanism when any unusual pattern of illness was reported to enhance efficiency in dealing with potential public health threat.

Dr LAW said that the existing surveillance mechanism only instituted monitoring of the 28 statutorily notifiable diseases stipulated in the Quarantine and Prevention of Infectious Diseases Ordinance (Cap.141). He considered that this was unsatisfactory and suggested that Hong Kong should also have a notification and surveillance mechanism for unusual or emerging diseases so that DH could also trigger contingent response when such diseases were detected. The Chairman further suggested that the notification mechanism between Hong Kong and the Mainland could cover "collective symptoms" of, for examples, fever, rash or collective deaths of animals, which should also be made notifiable under the mechanism.

30. DDH(1) responded that one of the lessons learnt from the SARS incident was that at times there were needs to pool resources and expertise within the Administration to carry out speedy investigations and control work during an epidemic situation. For example, the investigation into the outbreak of SARS at Amoy Gardens had been conducted by DH in collaboration with eight other government departments. Based on the lessons learnt from SARS, the Administration would review its mechanism to allow greater flexibility in pooling multi-disciplinary experts and resources to carry out immediate investigations and undertake prompt remedial actions during epidemic situation. DDH(1) said that the review being conducted by the SARS Expert Committee would also examine the existing infectious diseases control mechanism.

31. DDH(1) further said that efficiency of the communication among health care staff and their alertness would also impact on the ability of the surveillance mechanism to trigger speedy response to deal with emerging infectious diseases. As to the list of the 28 statutorily notifiable diseases, DDH(1) explained the factors taken into account in drawing up the list. He said that there were many different kinds of infectious diseases and it would be unrealistic to include all of them in the list. However, the list could be expanded to cover new diseases, such as Japanese encephalitis, depending on risk assessments. DSHWF(H) supplemented that DH's surveillance system did not only institute monitoring of the 28 notifiable infectious diseases. He said that DH would also closely monitor and follow up any unusual pattern of illness.

32. On the need to strengthen research work on controlling infectious diseases, DSHWF(H) agreed that there was a need to increase allocation of resources to support such research work. He said that the Administration was seeking to create under the Health, Welfare and Food Bureau (HWFB) a commitment of

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$450 million for financing research projects on controlling infectious diseases, with particular emphasis on emerging infectious diseases such as SARS. The Administration had already provided a paper on the proposal for discussion by the Panel under agenda item VII.

33. In response to Ms LI Fung-ying, DDH(1) said that under the existing cross-border notification mechanism, Hong Kong and Mainland authorities had agreed to exchange information on seven infectious diseases in addition to SARS. He agreed with the Chairman that it would be desirable to extend the mechanism to cover outbreaks with "collective symptoms" such as fever, rash and diarrhoea, etc. to facilitate early control and prevention.

34. Also commenting on the cross-border notification mechanism, Mr Fred LI said that it was inadequate for Hong Kong to have established regular exchange of information on infectious diseases with only five South China cities. He asked why the system was not extended to cover other cities like Dongguan, Chaozhou and cities outside Guangdong which were also frequently visited by Hong Kong people. Mr LI further said that all along the Guangdong health authorities had been not forthcoming in revealing information on infectious disease outbreaks on the Mainland. Sometimes it was only after such outbreaks had been reported by the media that Hong Kong came to know about the outbreaks and then made enquiry with the Mainland authorities. As a result, Hong Kong had delayed in taking preventive measures. He asked whether the Administration would take actions to strengthen its collaboration with the Mainland health authorities.

35. DDH(1) responded that the Mainland also saw the need to strengthen the mechanism for issuing information on infectious diseases and consideration was being given to building a network to enhance the exchange of information among provinces and cities. He explained that given the large area of the Mainland and the remoteness of some places, the transmission of information from one place to another could take a long time. Moreover, the Mainland health authorities had to observe their legislation and official guidelines on the release of epidemiological information. Nevertheless, he noted that improvements were being made in the cross-border notification mechanism and DH would continue to seek improvements by strengthening communication with the Mainland authorities.

36. DSHWF(H) said that following the SARS incident, a consensus had been reached between Hong Kong and the Mainland authorities on the need to further strengthen the cross-border notification mechanism. Apart from regular exchanges of information, tripartite meetings of Guangdong-Hong Kong-Macau Expert Group on Prevention and Treatment of Infectious Disease would be held regularly to strengthen information exchange on communicable diseases. In response to Mr Fred LI's comments, DSHWF(H) said that the tripartite meetings could discuss strengthening the exchange of information on infectious diseases

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between Hong Kong and more other Chinese cities and he agreed to follow up the issue.

37. Mr Fred LI asked whether DH had established direct telephone links with the Mainland authorities. DDH(1) responded that DH had established direct telephone links with the head of the Centre for Disease Control and Prevention of Guangdong Province as well as the deputy head of the Health Department of Guangdong Province so that urgent contacts could be made anytime.

38. Ms LI Fung-ying said that during the SARS outbreak, some private doctors had said that they had not received any response or advice from DH after reporting cases of SARS to DH. Ms LI asked whether DH was going to improve the voluntary reporting system in the light of the SARS incident and what measures it would take to encourage doctors to report infectious disease and unusual pattern of illness to DH.

39. DDH(1) said that DH had been sending out individual letters to doctors, publishing articles in the Public Health and Epidemiology Bulletin, and engaging them in professional exchange in regard to notification of infectious diseases. He assured members that DH would follow up every case reported and would contact the doctor concerned to obtain more information, such as the patient's profile and conditions. He agreed to consider the need to step up publicity on the reporting system and to improve communication with doctors. For example, consideration could be given to providing doctors with more information on the investigations that DH had undertaken to follow up cases reported. Both Ms LI Fung-ying and the Chairman considered that in handling cases of SARS reported by private doctors, it was necessary for DH to maintain close liaison with the doctors concerned and advise them of any actions required to be taken.

40. In response to the Chairman, Director (Professional Services & Public Affairs) of Hospital Authority (Director, HA) said that good coordination between HA and DH in infectious disease surveillance was very important to the control of infectious disease in Hong Kong. He said that in HA, a Task Force in Infection Control (TFIC) had been established for the surveillance and control of hospital acquired infections and to draw up relevant quality assurance programmes. The membership of TFIC included representatives of DH so as to facilitate exchange of surveillance data and to foster better coordination between HA and DH. For the same reason, some advisory committees on infectious diseases under DH also included HA specialists as their members.

41. Director, HA further said that under the surveillance system of HA, doctors were required to report any unusual pattern of illness and symptoms and to collect samples of body secretions from patients concerned for laboratory tests and diagnosis. If the tests results indicated risk of infectious diseases or other

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problems, the laboratory staff was required to alert the duty microbiologist, who would immediately report the case to the HA Head Office. The HA Head Office would notify DH of the threat detected and would immediately strengthen clinical reporting and laboratory support. Diagnostic assessments on the disease would be made and its route of transmission would be assessed to enable infection control measures to be taken immediately.

42. Mr Michael MAK considered that more emphasis should be put on personal hygiene in the prevention and control of infectious diseases. He asked whether HWFB would strengthen its coordination with other bureaux, such as the Education and Manpower Bureau and Home Affairs Bureau, in promoting personal hygiene. DSHWF(H) responded that HWFB had all along put emphasis on promoting personal hygiene and prevention of infectious diseases. He said that the Bureau would continue to strengthen its work in these respects and enhance its coordination with relevant bureaux and government departments.

VI. Measures to prevent and to prepare for the resurgence of SARS
(LC Paper No. CB(2)2747/02-03(05))

43. At the invitation of the Chairman, DSHWF(H) briefed members on the salient points of the Administration's paper on this item.

44. Referring to paragraphs 13 and 18 of the paper, Mr Andrew CHENG asked what were the consideration factors based on which the nine major acute hospitals were identified. He also asked why HA was going to carry out improvement works to provide isolation facilities in these nine hospitals only but not in other hospitals which also had acute facilities, such as the North District Hospital (NDH). He pointed out that in Tai Po, acute patients (e.g. victims in traffic accidents) were very often delivered to either NDH or the Prince of Wales Hospital (PWH) but not to Alice Ho Mui Ling Nethersole Hospital (AHNH). He was concerned whether in future SARS patients identified through A&E triaging would also be admitted to NDH which, however, had no isolation facilities.

45. Director, HA said that to prepare for the possible resurgence of SARS in Hong Kong later this year, it was necessary to carry out improvement works to provide isolation facilities in hospitals and to secure funding approval of the Finance Committee for the works as early as possible. He said that AHNH had been selected because there were already some isolation facilities in the hospital which would be easier to be converted into negative pressure rooms and isolation rooms. Director, HA added that in identifying the nine acute hospitals, the need for each hospital cluster to have one to two major acute hospitals for handling of SARS patients had been taken into account. Director, HA also pointed out that the identification of the nine major acute hospitals for improvement works was

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only a short-term measure. More hospitals could be converted to provide isolation facilities at a later stage if there was a need.

46. Director, HA further explained that paragraph 13 of the paper sought to provide information on the adoption of a more reliable diagnostic index by A&E Departments and fever clinics for early identification of SARS patients. SARS patients identified, if falling within the NTE Hospital Cluster, would be sent to AHNH for hospitalisation in the future.

47. However, Mr Andrew CHENG considered that given the large population in Tai Po, North District and Shatin, there should be three major acute hospitals provided with isolation facilities under the NTE Hospital Cluster. Mr CHENG further asked whether the Administration had a concrete plan for the construction of an infectious disease hospital. Director, HA said that he fully supported that the Administration should conduct studies to look at the need and feasibility of setting up an infectious disease hospital. However, he suggested that the matter could be decided after the SARS Expert Committee and the HA Review Panel on SARS Outbreak had made their recommendations. As it was necessary to prepare Hong Kong for the possible re-surgence of SARS outbreak later this year, HA proposed that, as a short-term measure, the handling of future SARS patients be shared among the nine acute hospitals. Substantial improvement works would be carried out in these nine hospitals to enhance their "fever" ward / SARS ward facilities.

48. Mr Andrew CHENG considered that based on local and international experiences in handling SARS in the past few months, the handling of SARS patients should be consolidated in one hospital rather than spreading them out in different hospitals. Mr Michael MAK echoed the views of Mr CHENG. However, Director, HA pointed out that the approach of consolidating SARS patients in one hospital, as what HA had done in consolidating SARS patients in Princess Margaret Hospital (PMH) at the peak of the outbreak, had also come under criticism. He considered that both approaches had their demerits and which approach should be adopted depended on the severity of the outbreak situation at its different stages. He also pointed out that, taking into account the utilisation rate (10-15%) of intensive care unit (ICU) facilities for SARS patients, it was not feasible to consolidate SARS patients in one single hospital when the patient load was very large as the ICU facilities of any hospital had their limit. The Chairman considered that there was no contradiction between the two approaches for handling SARS patients. He said that at present the most important thing to do was to upgrade the isolation facilities of each acute hospital so that these hospitals would be able to handle a small number of SARS patients at times of a minor outbreak. However, an infectious disease hospital could provide suitable facilities for the management of probable SARS patients. He said that there was also a suggestion that SARS patients who were recovering should be

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consolidated in one hospital for rehabilitative care.

49. DSHWF(H) supplemented that apart from the nine identified major acute hospitals, HA would also explore the feasibility of providing isolation facilities in other hospitals which also had acute wards including NDH. He also informed members that the Administration was conducting studies on the feasibility of establishing an infectious disease hospital in Hong Kong. The studies would take into account the findings and recommendations of the SARS Expert Committee. DSHWF(H) said that when the Administration had reached a decision on the matter later this year, it would present its proposal to the Panel to seek members' views.

50. Referring to the recent news report about a Hong Kong resident infected with SARS found to have entered the Mainland, Mr Fred LI asked whether a mechanism was in place to check the accuracy of the temperature screening facilities at border control points. He also asked whether the Administration had a plan as to when the health check measures at the border control points would cease.

51. Deputy Director of Health (2) (DDH(2)) said that the resident in question actually had been subject to home confinement for 10 days before leaving Hong Kong. However, she had developed no SARS symptoms throughout the surveillance period. DDH(2) said that records at Shenzhen had shown that the resident had no fever when crossing the border. As to the maintenance of the temperature screening devices, DDH(2) said that it was the responsibility of the Electrical and Mechanical Services Department, which was also responsible for the installation of and conducting checks for the devices to ensure that they worked properly. He said that the Administration planned that the health check measures should be implemented at the border control points for at least 12 months and then subject to a further review.

52. Referring to paragraph 24 of the paper, Mr Fred LI asked about the working relationship among the Secretary for Health, Welfare and Food (SHWF), the HA Chairman and HA Chief Executive in the management and control of the SARS outbreak and who had played the role of the decision-maker over important issues. Director, HA said that SHWF, the HA Chairman and HA Chief Executive had cooperated well in handling the SARS outbreak. He said that there were representatives from HWFB and two other Government departments on the HA Board, which had all along maintained very close liaison and collaboration with HWFB. At the peak of the outbreak, HA had held daily meetings to monitor the development and representatives of HWFB had also attended these meetings. Internally, the HA Chairman and HA Chief Executive had also been working closely together in handling the SARS outbreak.

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53. DSHWF(H) said that statutory powers in relation to the prevention and control of communicable diseases were mainly vested in the Director of Health (D of H), who was also a member of the HA Board. He said that HA, HWFB and DH had all along maintained very close working relationship and cooperation. DSHWF(H) said that HA had full independence in the management of hospitals as it was a statutory body tasked to manage all public hospitals in Hong Kong. However, HA was required by law to act on the instructions of the Chief Executive in handling certain matters of significant public concern.

54. Mr Fred LI asked what directives had been given by the Chief Executive in the management and control of the SARS outbreak. He asked who had made the decision of consolidating SARS patients in PMH, for example. DSHWF(H) said that many important decisions had been made, in the process of controlling the SARS outbreak, by different levels of the Government and HA. On the decision of consolidating SARS patients in PMH, Director, HA said that the decision had been made at the end of March 2003 when the patient load was very large and DH was going to conduct daily medical check of SARS patients' close contacts. He said that the decision had been endorsed by the task force which was chaired by SHWF and comprised members who were representatives from HWFB, DH and HA.

55. Ms LI Fung-ying said that since the nine major acute hospitals could only provide a total of 369 isolation rooms with 789 beds for suspected SARS patients, she asked whether there were other contingency plans which could be triggered in the case of another major SARS outbreak. Director, HA said that the provision of an infectious disease hospital was a long-term measure. To prepare Hong Kong for the possible resurgence of SARS outbreak later this year, improvement works had been planned for the nine major acute hospitals as a short-term measure. In addition, HA would formulate a plan for the operation of temporary isolation facilities at pre-selected site(s) within short notice to accommodate patients with relatively mild SARS symptoms or convalescing SARS patients who might need isolation.

56. In response to Mr Michael MAK, Director, HA said that to prevent future resurgence of SARS, HA would remain vigilant and maintain the existing infection control measures implemented in hospitals at least for the next few months. HA would review its existing ward routines, including the visiting policies, with a view to exploring how the routines could be improved for better infection control. He said that the existing visiting measures would not be relaxed until August 2003. Moreover, even if they were to be relaxed, certain infection control measures would have to be put in place to prevent hospital acquired infection. For example, consideration would be given to controlling the number of visitors admitted and the duration of their stay in hospitals, and the need to record the visitors' particulars for any necessary tracing required in the

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future.

57. DSHWF(H) said that should there be resurgence of SARS, HWFB again would assume the central coordination of all disciplines and sectors in the management and control of outbreaks. The task force chaired by SHWF and the inter-disciplinary mechanism under the charge of the Permanent Secretary for Health, Welfare and Food would also take immediate actions to contain SARS.

VII. Establishment of Research Fund for the Control of Infectious Diseases
(LC Paper No. CB(2)2658/02-03(01))

58. At the invitation of the Chairman, DSHWF(H) briefed members on the salient points of the Administration's paper on this item.

59. Mr Michael MAK expressed concern about the assessment criteria adopted for granting approvals to applications for the research fund and the coordination between the Research Council and the Mainland authorities in monitoring the funded research projects. DSHWF(H) said that the Administration proposed that, subject to Members' approval, $50 million of the research fund would be allocated to Mainland China for financing research projects on controlling infectious diseases. The money would be provided to the Mainland authorities, which would be responsible for approving grants to and monitoring the funded projects undertaken by Mainland applicants. HWFB would not be involved in their work. However, a condition imposed was that their research output would be shared between Hong Kong and the Mainland.

60. DSHWF(H) further said that it was proposed that the Research Council be supported by a secretariat and two working committees, namely, the Grant Review Board and the Referee Board. He briefed members on the mechanisms that would be put in place to screen applications for funding and monitor the outcome of funded projects.

61. At the request of Ms LI Fung-ying, DSHWF(H) agreed to provide an organisation chart for the administration of the proposed research fund for the control of infectious diseases.

> (*Post-meeting note* : The Administration subsequently provided an organisation chart for the administration of the proposed research fund for the control of infectious diseases, which was issued vide LC Paper No. CB(2)2850/02-03(01).)

62. Ms LI Fung-ying asked about the administrative costs for the Research Council. DSHWF(H) said that apart from the estimated staff cost (about 0.5%

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per year of the total fund) and costs including remuneration for overseas referees, publication of research dissemination reports and maintenance of webpage (about 1.2% of the total fund), no other administrative cost was envisaged. In response to the Chairman, DSHWF(H) said that the proposal would be discussed by the Finance Committee at its meeting on 18 July 2003.

63. There being no other business, the meeting ended at 11:10 am.

Council Business Division 2
Legislative Council Secretariat
29 August 2003