立法會
Legislative Council

LC Paper No. CB(2)372/03-04

Ref : CB2/PL/HS

Panel on Health Services

Minutes of special meeting
held on Thursday, 2 October 2003 at 2:45 pm
in the Chamber of the Legislative Council Building

Members present	:	Dr Hon LO Wing-lok, JP (Chairman) Hon Michael MAK Kwok-fung (Deputy Chairman) Hon Cyd HO Sau-lan Hon Albert HO Chun-yan Hon CHAN Kwok-keung, JP Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP Hon Andrew CHENG Kar-foo Dr Hon LAW Chi-kwong, JP Dr Hon TANG Siu-tong, JP Hon LI Fung-ying, JP
Members absent	:	Hon CHAN Yuen-han, JP Dr Hon YEUNG Sum
Members attending	:	Hon Kenneth TING Woo-shou, JP Hon James TIEN Pei-chun, GBS, JP Dr Hon David CHU Yu-lin, JP Ir Dr Hon Raymond HO Chung-tai, JP Hon Fred LI Wah-ming, JP Dr Hon LUI Ming-wah, JP Hon NG Leung-sing, JP Hon Margaret NG Hon James TO Kun-sun Hon SIN Chung-kai Hon Emily LAU Wai-hing, JP Hon TAM Yiu-chung, GBS, JP

Action

Hon Abraham SHEK Lai-him, JP
Hon Henry WU King-cheong, BBS, JP
Hon Tommy CHEUNG Yu-yan, JP
Hon IP Kwok-him, JP
Hon Audrey EU Yuet-mee, SC, JP

By invitation : Sir Cyril Chantler
Co-Chair, SARS Expert Committee

Professor Sian Griffiths
Co-Chair, SARS Expert Committee

Professor LEE Shiu-hung
Member, SARS Expert Committee

Professor Rosie YOUNG
Member, SARS Expert Committee

Mr Patrick NIP
Secretary, SARS Expert Committee

Dr S V LO
SARS Expert Committee Secretariat

Clerk in attendance : Miss Mary SO
Senior Assistant Secretary (2) 8

Staff in attendance : Miss Monna LAI
Assistant Legal Adviser 7

In order to allow time for members to study the report of the SARS Expert Committee, the Chairman sought members' view on holding another special meeting to discuss the appointment of a select committee by the Legislative Council to inquire into the handling of the outbreak of Severe Acute Respiratory Syndrome (SARS) by the Government and the Hospital Authority (HA). Members agreed to hold another special meeting on 6 October 2003 at 8:30 am. The Chairman said that if the Panel should decide on 6 October 2003 that such a select committee be appointed by the Council, the support of the House Committee would be sought on 10 October 2003.

Action

I. Report of the SARS Expert Committee
(LC Paper No. CB(2)3097/02-03(01))

2. The Chairman welcomed the Co-chairs and members of the SARS Expert Committee (the Committee), and staff of the SARS Expert Committee Secretariat to the meeting.

3. Members noted the Report of the Committee, including the Summary Report, tabled at the meeting.

4. Sir Cyril Chantler and Professor Sian Griffiths, Co-chairs of the Committee, expressed their admiration for the courage and dignity shown by the people of Hong Kong and their deep respect for the healthcare workers of Hong Kong during the SARS outbreak. They also expressed condolences to the families of those who died from the disease.

5. Sir Cyril and Professor Griffiths said that the Committee was aware of the concerns expressed by some that the Committee's deliberations would not be independent of the Government or other interests. Both of them stressed that there was no reason for them or other members of the Committee to be partial to the Government or other interests in the handling of the SARS epidemic. Each member of the Committee had his or her own roles and responsibilities in his or her own countries and their integrity actually mattered to them. Professor Griffiths pointed out that in keeping with the importance which the Committee attached to the independence and transparency of the review of the handling of the SARS epidemic by the Government, including HA, amongst others, the report was made available to the public at the same time it was presented to the Chief Executive (CE) in the morning of 2 October 2003. Submissions presented to the Committee could be accessed through a website where it was possible to do so without infringing an individual's right to confidentiality.

6. Sir Cyril and Professor Griffiths further said that the review identified that there were system failures in the response to the SARS epidemic, particularly in the early phase. Lessons must be learnt and there was much that needed to be done to strengthen the public health function, to improve the coordination of the different parts of the health sector, to provide clarity in roles and responsibilities and to improve communications. The Committee however did not identify any individual deemed to be culpable of negligence, lack of diligence or maladministration in the handling of the SARS epidemic. In reaching this judgment, Sir Cyril and Professor Griffiths explained that the Committee was fully aware of the hazards of retrospective judgment, and therefore made efforts in each instance in the context of what was known, and what could have been done, at the

Action

time. In view of the fact that SARS was a new and emerging disease, the Committee therefore considered it fair and reasonable in its evaluation to assess critically the decision-making process and decisions taken against the knowledge and information available at the particular time.

7. Sir Cyril and Professor Griffiths then took Members through the Committee's commentary on eight key issues and its conclusions and 46 main recommendations, details of which were set out in Chapters 4, 17 and 18 of the Report, through a power point presentation. On closing, Sir Cyril and Professor Griffiths said that the Committee strongly advised that an annual review of progress made on the implementation of the 46 recommendations be undertaken by the Government and reported to the public.

Declaration of interest

8. Mr Albert HO declared that he was at present representing some nurses and Amoy Gardens residents to seek compensation from the Government and HA for the mishandling of the SARS epidemic. Mr Fred LI declared that residents of Amoy Gardens were his constituents. Mr Michael MAK declared that he was an employee of HA.

Issues discussed

Lack of contingency planning to handle major outbreak of infectious diseases

9. Mr Albert HO queried why the Government failed to have a contingency plan to handle communicable disease outbreak nor have the necessary infectious disease facilities in place to cope with such outbreak, given that Hong Kong was an international trading and service hub and a principal gateway to the Mainland.

10. Professor Rosie YOUNG, member of the Committee responded that the improving public health in Hong Kong and the absence of major communicable disease outbreaks over the past decades, save for the occurrences of small outbreaks of such infectious diseases as cholera and dengue fever from time to time, had made Hong Kong complacent. Such a phenomenon, however, was not unique to Hong Kong. The situation was also not helped by the fact that SARS was a new and emerging disease. Professor YOUNG believed that the Government and HA had learnt important lessons from the SARS experience in Hong Kong, and would see to it that Hong Kong was adequately prepared for any future public health emergency.

Handling of the SARS outbreak at the Prince of Wales Hospital (PWH)

11. Mr Albert HO disagreed with the Committee that the SARS epidemic was

Action

well handled by the Government and HA, and that no one was deemed to be culpable of negligence, lack of diligence or maladministration. Mr HO pointed out that if PWH was closed to all admissions and visitors when the outbreak in ward 8A came to light, as had been done by a hospital in Hanoi when a number of its healthcare staff who had cared for a patient with respiratory tract infection also became ill, the SARS epidemic in Hong Kong could have been ameliorated.

12. Sir Cyril responded that the Hanoi experience was different from that of Hong Kong. Notably, the index patient of the hospital outbreak in Hanoi had clinical features of severe community-acquired pneumonia on admission, whereas the index patient of the outbreak in PWH had a much milder presentation. Hence, the latter's admission to ward 8A did not trigger the usual infection control precautions nor did he meet the case definition for reporting under the enhanced surveillance system. Six days after admission on 4 March 2003, his fever and chest condition gradually improved. Throughout this period, he neither required assisted ventilation nor received treatment in the intensive care or high dependency care units, although he was put on nebuliser treatment between 6 and 12 March 2003. The use of nebuliser treatment on the patient was reasonable, but unfortunately it was an important factor contributing to the extensive spread of the infection in ward 8A which was subsequently identified on 18 March 2003.

13. Professor YOUNG supplemented that the fact that the hospital concerned in Hanoi was closed did not mean that such an arrangement was suitable in Hong Kong. The hospital in Hanoi was a small hospital, whereas PWH was an acute general hospital serving the New Territories East region and was the teaching hospital of the Chinese University of Hong Kong (CUHK). In view of the impact of the closure of PWH on a large number of people, it was understandable that the decision to close PWH would only be made as a last resort. Professor YOUNG pointed out that the management of HA and PWH was aware of this, and to this end, a number of issues relating to hospital closure had been discussed at the cluster meetings on atypical pneumonia. These ranged from whether medical patients should attend the hospital only to obtain medication without being seen by a doctor, whether medical emergencies should be diverted, whether the accident and emergency department should be closed, whether elective surgery that might require intensive care support should be stopped, whether the hospital should be closed to all admissions. The guiding principle adopted by the management of HA and PWH regarding decisions on hospital activity was patient safety, both with respect to infection control and workforce availability. The Committee considered such guiding principle reasonable.

14. Sir Cyril pointed out that the Committee had carefully considered the question of closure of PWH and came to the conclusion that the decisions made by the management of HA and PWH on the curtailment of services at the hospital level were, on the whole, reasonable and justified. Sir Cyril advised that when

Action

the outbreak in ward 8A first came to light on 10 March 2003, a possible communicable disease outbreak was suspected and ward 8A was immediately closed to admission and visitors. The no-visiting policy to ward 8A was modified on 11 March 2003 to restrictions that required visitors to wear surgical masks, disposable gowns and gloves. The Committee agreed with the rationale to change the no-visiting policy to ward 8A to that of restricted visits, which was threefold. Firstly, the uncertainty of the source or the causative agent at the time (the World Health Organization (WHO) only first described the symptom complex of SARS on 15 March 2003 and a novel variant coronavirus was only identified as the causative agent of SARS by the University of Hong Kong (HKU) on 22 March 2003) and intense media publicity made ward 8A patients extremely anxious and agitated. Continuing with the no-visiting policy could have resulted in situations in which patients would be discharging themselves against medical advice, thereby increasing the risk of spreading infection to the community. Secondly, the no-visiting policy was also regarded as having a deterrent effect to potential patients, preventing them from presenting early to hospital. Thirdly, it was considered that appropriate droplet precautionary measures with mask, gown and gloves would confer adequate protection to visitors.

15. Professor LEE Shiu-hung, member of the Committee pointed out that the decision to modify the no-visiting policy to ward 8A from 11 March 2003 to a restricted visiting policy was justified. This was because the 42 visitors subsequently found to have acquired the infection through direct contact with the index patient made their visit to ward 8A on or before 10 March 2003.

16. Professor YOUNG also pointed out that ward 8A had in fact been closed to admission between 10 and 12 March 2003, and was re-opened on the evening of 13 March 2003. In re-opening ward 8A, a series of infection control measures were implemented by PWH to ensure that there should not be mixing of patients suspected or confirmed to have atypical pneumonia with patients who had other diagnoses and to prevent cross-contamination among staff and cross-infection to patients. These included making the 8th floor of the main building, where ward 8A was situated, a restricted area, designating wards 8A and 8B as cohort wards for patients with suspected or confirmed atypical pneumonia, and dividing the medical team into a "dirty team" and a "clean team" (the former was responsible for taking care of patients with atypical pneumonia, while the latter was responsible for all non-atypical-pneumonia cases). In the light of this, the Committee considered that the re-opening of ward 8A as a cohort ward for suspected atypical pneumonia patients on the evening of 13 March 2003 was reasonable given the prevailing circumstances at PWH and the lack of knowledge about the disease at that time.

Action

Handling of the SARS outbreak at Amoy Gardens and making SARS a notifiable disease

17. Mr Albert HO said that the Department of Health (DH) should have immediately evacuated Block E residents of Amoy Gardens to holiday camps after it was notified by the United Christian Hospital on 26 March 2003 that it had admitted 15 suspected SARS cases from seven households in Amoy Gardens. Instead, DH dithered on until 31 March 2003 to impose an isolation order on Block E, despite growing suspicion that the continued steep rise in the number of infection in Block E was due to environmental hazards. Mr HO pointed out that the delay in evacuating Block E residents to holiday camps for quarantine until 1 April 2003 had resulted in more people getting infected. As mentioned in paragraph 4.34 of the Report of the Committee, a retrospective study revealed that five residents of Block E developed SARS symptoms between 1 and 15 April 2003; four became symptomatic within the first three days in April, while one had an onset date of 15 April 2003. Mr Fred LI concurred with Mr HO.

18. Professor Griffiths responded that the Committee considered the outbreak at Amoy Gardens was well handled overall. For instance, SARS was added to the list of infectious diseases specified in the First Schedule to the Quarantine and Prevention of Disease Ordinance (Cap. 141) with immediate effect on 27 March 2003. This in turn had facilitated the imposition of an isolation order on Block E of Amoy Gardens in the early morning of 31 March 2003. In view of the continued steep rise in the number of cases in that block, the purpose of the order was to prevent infected persons from Block E spreading the disease to the wider community. On 1 April 2003, the Secretary for Environment, Transport and Works informed the Secretary for Health, Welfare and Food (SHWF) that her team of experts working with DH investigators had found preliminary evidence suggesting that the sewerage and drainage system might have been involved in the vertical spread of SARS cases in Block E. As soon as this new information came to light, Block E residents were evacuated to a place of safety on 1 April 2003. Another reason why the Committee considered the outbreak at Amoy Gardens was well handled overall was that the whole evacuation plan went reasonably smooth.

19. Mr Albert HO maintained his view that DH should have evacuated Block E residents before 31 March 2003, in view of the continued steep rise in the number of infection in Block E from 26 March 2003.

20. Professor LEE responded that DH had done the best it could within the context in which it operated and under the prevailing circumstances. For instance, apart from placing family members of suspected SARS cases under medical surveillance and initiating contact tracing in the first instance, DH also distributed letters to other Block E residents advising them to watch out for symptoms. Pamphlets about SARS were further distributed to all residents in the

Action

housing estate. The building management was instructed to disinfect common areas of all blocks, starting from Block E.

21. Professor LEE pointed out that SARS was only made a notifiable disease on 27 March 2003. One of the reasons given by DH for not making SARS a notifiable disease earlier, and which the Committee agreed, was that there was concern that the public might not accept such draconian measures as compulsory quarantine. Professor LEE further said that the Committee was not sure whether making SARS a notifiable disease earlier would have helped in containing the spread of the disease. Nevertheless, given that WHO had issued an emergency travel advisory about SARS on 15 March 2003, and in the light of how little was known about the disease, the Committee considered that it would have been a prudent precaution to add SARS to the list of notifiable diseases at the earliest possible time. Professor LEE added that the Committee considered that for epidemiological investigation to only focus on individual SARS cases, and not on the entire population at risk at Amoy Gardens had made it impossible for DH to appreciate the full significance of unfolding events at Amoy Gardens, and the unique opportunity to learn more about the epidemiology of SARS. The Committee considered it important that epidemiological investigation should be conducted on a population basis, and not just concentrated on cases that had been infected.

22. Mr Fred LI disagreed with the reason given by Professor LEE for not evacuating Block E residents to a place of safety before 31 March 2003, as the Owners' Committee of Amoy Gardens had repeatedly requested the Government to do so before 31 March 2003. Mr LI pointed out that some Block E residents were so worried of getting infected with SARS that they left their homes several days before the imposition of isolation order on Block E on 31 March 2003.

23. Mr Fred LI noted that by 30 March 2003, there was a cumulative total of 190 suspected and confirmed SARS cases amongst Amoy Gardens' residents. The distribution was Block E accounted for 49% of the total cases, whereas Blocks B, C and D, which were situated nearby Block E, accounted for 12.6%, 10.5% and 7.9% of the total cases. In the light of this, Mr LI asked why Block F, which was also adjacent to Block E, only had a handful of suspected and confirmed SARS cases. Professor Griffiths and Professor LEE responded that they did not have the answer as much about SARS was still unknown.

24. Mr LI further asked who made the decision to isolate Block E and subsequently evacuate residents of Block E to holiday camps. Professor Griffiths replied that the decision to isolate Block E was made by the Government in the evening of 30 March 2003 after discussion by a Task Force chaired by SHWF with participation of experts from DH, HA, HKU, CUHK and WHO.

Action

Downplaying the seriousness of the SARS epidemic during the early stages

25. Referring to the phrase "SHWF made clear to the Committee that the Government had certainly not, at any point in time, tried to downplay the extent of the problem, but had endeavoured to give as much information as possible to the public" in paragraph 4.24 of the Summary Report, Mr Fred LI asked the Committee why it believed to be the case.

26. Sir Cyril responded that the Committee had questioned SHWF whether his saying that there was no community outbreak in mid-March 2003 was to downplay the seriousness of the SARS epidemic. The Committee came to the conclusion that the reason why SHWF said what he said was trying to explain what was actually happening and was genuinely intended to allay public panic, but in hindsight, a more prudent phrase could have been used. Sir Cyril further said that in facing an outbreak of a new and unknown disease, the authorities in Hong Kong had adopted from the outset a transparent and open approach in the dissemination of information. The real difficult challenge in such situations was how to convey messages in a way that was open, honest, clear and sympathetic, and at the same time not likely to be proved wrong. There was a delicate balance between keeping the public on the alert and trying to reassure the public and allay fear.

27. Referring to paragraph 6.2 of the Summary Report which mentioned that a clear distinction should continue to be made between professional and political decisions, Ms Cyd HO queried whether the reason for saying so was because there had been incidents of mix-up of such decisions made by some senior officers in the Government, and if so, what were they. In particular, whether the statement made by SHWF in mid-March 2003 that there was no community outbreak was a political or professional decision. On the recommendation made by the Committee that in order to avoid any confusion of SHWF's political role and his professional background, technical questions should in future be dealt with by a senior member of the public health staff at DH, Ms HO expressed concern that this might still cause confusion if the DH staff made one statement from a professional angle whilst SHWF made his own statement over the same matter from a political angle. In the light of this, Ms HO requested the Committee to give some examples of what acts it considered would be political and professional decisions.

Why the Committee deemed no one was to be culpable of negligence, lack of diligence or maladministration in the handling of the SARS epidemic

28. Ms Emily LAU thanked the Committee for presenting the Report to Members and hoped that the Report would help the community to understand what had happened during the SARS outbreak which had traumatised many families in Hong Kong who had lost their loved ones. Ms LAU further said that the reason

Action

why the public was so preoccupied in finding out who should be held responsible should be seen against the background of the accountability system introduced in July 2002 proclaiming that principal officials should be held accountable for policy mistakes. Noting that the Committee did not deem any individual to be culpable of negligence, lack of diligence or maladministration in the handling of the SARS epidemic, Ms LAU asked whether this was because the Committee had set out not to find the culpable parties from the outset because of the terms of reference of the Committee.

29. Sir Cyril responded that it was true that the focus of the Committee had been to identify lessons to be learnt from the SARS experience in Hong Kong. Nevertheless, the Committee did ask itself the question as to whether the key personnel, from SHWF and downwards but excluding the central government, responsible for combating the SARS were culpable of negligence, lack of diligence or maladministration. Sir Cyril pointed out that culpability was defined by the Committee in terms of whether people did what was reasonably expected of them, were they diligent, did they do anything which was against the rules and procedures or had committed an act of omission, which was negligence. In the final analysis, the Committee had not found any individuals to be culpable in that regard. Sir Cyril further pointed out that as far as he was concerned, that was how he would define accountability. In his view, justice was important in a society, and justice in any society had to start with the defence of the individual. To blame an individual inappropriately was just as bad as not identifying the individual to be culpable. Sir Cyril further said that the Committee was not a judicial committee. It was for Members and the public to decide, in the light of the Report and other circumstances, how they would like to pursue the issue of pinpointing responsibility for the SARS epidemic in Hong Kong.

30. Professor YOUNG supplemented that it was easy to make criticisms with the benefit of hindsight. However, in passing judgments, it would only be fair if this was done against the knowledge and information available at the particular time. Professor YOUNG further said that from April 2003 onwards, the handling of whole epidemic was greatly improved.

31. Mr Andrew CHENG said that he could not agree with the Committee's conclusion that no one was culpable of negligence, lack of diligence or maladministration in the handling of the SARS epidemic. For instance, the performance of SHWF in handling the SARS outbreak fell far short of meeting the leadership quality required in managing and control the SARS outbreak set out in paragraph 6.6 of the Report. Mr CHENG further referred Members to paragraph 6.1 of the Summary Report of the Committee which mentioned that "The Government should review the organisational structure and the relationship between HWFB and the constituent Government departments under the Bureau in the areas of health, social welfare and food. Consideration should be given to

Action

merging the functions of separate departments under HWFB, headed by SHWF, in order to improve the capacity for coordination across the departments and to facilitate policy making and commissioning for health protection matters". Mr CHENG asked whether the reason for coming up with such recommendation was because the Committee considered that the wide range of portfolios under the purview of the Bureau had rendered it unmanageable by SHWF or that SHWF lacked the ability to manage the Bureau.

32. Professor LEE explained that the reason for making the recommendation mentioned in paragraph 6.1 of the Summary Report was made in light of the SARS epidemic. The SARS epidemic had highlighted several deficiencies and ambiguities that existed in the relationship between HWFB and DH, and between DH and the rest of the health care community. Professor LEE further said that although the existing communicable disease control mechanism had served Hong Kong well for many years, the SARS epidemic had exposed many weaknesses in the system, particularly when faced with the threat of a major new disease. The Committee therefore recommended that the Government should establish a Centre for Health Protection (CHP) for consolidating existing diseases and addressing new challenges. This Centre would not only have professional knowledge and expertise in combating communicable and non-communicable diseases, but also the administrative skills and statutory power to coordinate various government departments and the community when taking appropriate measures to tackle health threats and respond to outbreaks. The CHP should be set up within the Government since many of the core functions of the Centre, such as collecting sensitive data from patients and contacts for surveillance purposes, requiring healthcare institutions to comply with directives and international liaison, could not be performed effectively by non-government entities.

33. Sir Cyril said that another reason for making the recommendation mentioned in paragraph 6.1 of the Summary Report was because the SARS had amplified tensions between the political and administrative structure. For instance, it was not clear who performed the function of "surgeon general" or "chief medical officer". There was imbalance between responsibility, authority and accountability in the health system. The current organisational separation between HWFB and DH might lead to a lack of coherence in policy development, decision making, funding and resource allocation, systems in monitoring, audit and accountability.

34. On the leadership quality required in outbreak management and control mentioned in the Report, Professor YOUNG said that it was intended for reference only. Professor YOUNG further said that she firmly believed that SHWF and other key personnel had learnt lessons from the SARS epidemic and would better prepare the health care system for any future outbreak. Sir Cyril added that it would not be appropriate for the Committee to comment on the leadership of any

Action

individual in the Government or HA. After interviewing SHWF, all 11 members of the Committee did ask themselves the question whether the performance of SHWF in handling the SARS outbreak was satisfactory. The Committee felt that the performance of SHWF was good overall. In particular, the Committee was most impressed with the e-SARS system, which was implemented at the instigation of SHWF. The Committee hoped that the system would be made a permanent part of the infrastructure to support the control of communicable diseases, and be extended to link up DH with other sectors, including the private sector and community clinics.

35. Responding to Mr Andrew CHENG's further enquiry as to whether policies relating to social welfare should be taken out from HWFB, Professor LEE said that it was a matter for the Administration to decide. Nevertheless, Professor LEE was of the view that it was not inappropriate for social welfare policies to be put under the purview of HWFB as many social welfare policies had public health element. Care of the elderly and the disabled was a case in point.

36. Dr LAW Chi-kwong thanked the Committee for the Report and expressed his gratitude that Sir Cyril, Professor Griffiths, Professor LEE and Professor YOUNG had agreed to join a monitoring committee to oversee the implementation of recommendations set out in the Report. Dr LAW however pointed out that the Report was too polite in pinpointing who was at fault for failing to prevent the disease from spreading to the community. For instance, despite adding SARS to the list of notifiable diseases on 27 March 2003, which was 12 days after WHO had issued an emergency travel advisory against Hong Kong on 15 March 2003, the Committee did not explicitly say it outright that such a decision was made too late. Instead, the Committee considered that, in light of how little was known about the diseases, it would have been a prudent precaution to make SARS a notifiable disease at the earliest possible time. Dr LAW further pointed out that the Report was too lenient. For instance, the Committee did not consider evacuating Block E residents on 1 April 2003 too late, despite the fact that there were reasons to suspect days before 1 April 2003 that environmental hazards were a possible cause for the outbreak in Amoy Gardens. In the light of this, Dr LAW disagreed with the criteria used by the Committee in judging who should be held accountable for the SARS epidemic, i.e. judgment should be made in the context of what was known and what could be done at the time. In his view, in light of so many unknowns about SARS at the time, more stringent criteria should be used to judge the performance of the Government and HA. Notably, the Government and HA should have acted promptly when there was reason to suspect that something was causing the outbreak.

37. Professor Griffiths clarified that by saying that making SARS a notifiable disease would have been prudent did not mean that this would have been good, as the Committee considered that doing so earlier would not have made any impact

Action

on the course of the outbreak. Professor Griffiths further said that making a disease notifiable was useless if it was not underpinned by a comprehensive and sophisticated surveillance and information system and law on infectious diseases which was in keeping with the latest developments. These were areas which Hong Kong still lack and which the Committee had recommended areas of improvement in the Report.

38. Ms Cyd HO asked the Committee why it did not deem any one to be culpable in the handling of the SARS epidemic. For instance, despite the fact that the Guangzhou professor had told staff at Kwong Wah Hospital on 24 February 2003 that he had a history of having been in contact with patients suspected to have atypical pneumonia during 11-13 February 2003, case investigation and contact tracing of the professor still focused on whether the professor and people who had come into close contact with him had been exposed to any poultry in the two weeks prior to the onset of the symptoms. Another example was the absence of DH staff in the discussion of the activity of PWH when outbreak struck at the hospital in early March 2003. This had led to Professor Sydney CHUNG, a professorial staff of CUHK, to appeal to DH in public in the evening of 17 March 2003 to take prompt action to control the disease which might have already spread to the community. Ms HO further said that she disagreed with the Committee's view that the authority of the Director of Health was unclear, and as such, consideration should be given to the establishment of a small command group, chaired by SHWF, for taking all major decisions, such as invoking public health legislation, closure of hospitals and quarantine of residential areas. She pointed out that the Director of Health was empowered to make SARS a notifiable disease and evacuating Block E residents of Amoy Gardens to holiday camps, and wondered whether the delay to do so in these two incidents was due to decisions made from the highest levels of the Government.

39. Mr Michael MAK said that the fact that the Report had failed to pinpoint who should be held accountable for the handling of the SARS epidemic had seriously undermined the independence of the Committee and greatly disappointed the public, having regard to the fact that the epidemic had resulted in 1 755 people getting infected and 299 deaths. According to a survey done by his office, about 90% of the respondents considered the handling of the SARS epidemic by the Government and HA was poor, and over 500 of them indicated that SHWF was the culprit. Mr MAK also expressed disappointment at the failure of the Report to address the issue of inadequate supply of personal protection equipment so strongly felt by frontline hospital staff during the crisis. Mr MAK then asked the Committee whether it was aware of the reason(s) why SHWF had recommended them for appointment by CE, the criteria adopted by SHWF for selecting them, whether SHWF, when he was chairman of the Committee, had influenced the Committee's work in any way, and if so, how, and whether it had obtained

Action

materials documenting how major decisions were made during the SARS epidemic.

Leaking of the contents of the Report of the Committee prior to its publication

40. Ms Emily LAU noted that in proving the independence of its work, the Committee had presented the Report to CE and the public simultaneously. However, much of the contents of the Report were widely reported by the media quoting sources from the Government over the past several days prior to the release of the Report on 2 October 2003. In the light of this, Ms LAU wondered whether the Report of the Committee had been disclosed to some privileged people to enable them to test public response.

41. Professor Griffiths responded that she did not know why the contents of the Report were leaked to the media prior to the publication of the Report. She however assured Members that the process of putting together the Report involved only all 11 members of the Committee seeing the copy, commenting and having final say on the copy. What were in the Report were no different from the final copy the Committee had signed off for printing.

Expenditure of the Committee

42. Ms Emily LAU sought information on the cost of the Committee, including whether honorarium was paid to the 11 members.

43. Professor YOUNG said that local members were paid $2,500 per day for attending meeting of the Committee. Mr Patrick NIP, Secretary of the Committee supplemented that members of the Committee were paid a daily allowance for attending meetings of the Committee in Hong Kong. The Government was also responsible for the air-passage and accommodation of overseas members during their stay in Hong Kong. It was estimated that the tentative total expenditure of the Committee was in the region of $3 million. At the request of Ms Emily LAU, Mr NIP agreed to provide details on the expenditure of the Committee in due course.

Secretary, SARS Expert Committee

Case of the Guangzhou professor

44. Mr James TO sought confirmation whether it was true that some one in the Government was aware that the professor from Guangzhou, referred to as AA in the Report, was coming to Hong Kong for medical treatment. Mr TO pointed out that if this was the case, the whole conclusion of the Report would need to be altered. At the request of the Chairman, Mr NIP undertook to provide a reply to Mr TO's question after the meeting.

Secretary, SARS Expert Committee

Action

Implementation of the 46 recommendations of the Committee

45. Mr IP Kwok-him asked the Committee what difficulties which the Government and HA would encounter in implementing the recommendations contained in the Report.

SARS Expert Committee

46. Due to time constraints, Sir Cyril said that the Committee would provide a written response to the some of the questions raised by Members after the meeting.

47. On closing, the Chairman thanked Sir Cyril, Professor Griffiths, Professor LEE and Professor YOUNG for attending the meeting. As the Committee had only set aside 2 and 3 October 2003 to brief the public on its Report, the Chairman suggested and members agreed to invite representatives of the Administration and HA to attend the meeting on 6 October 2003 to continue discussion on the Report. Mr NIP undertook to convey members' request to the Administration.

Secretary, SARS Expert Committee

48. There being no other business, the meeting ended at 5:15 pm.

Council Business Division 2
Legislative Council Secretariat
25 November 2003