

**立法會**  
**Legislative Council**

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seen by the Administration)

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**Panel on Health Services**

**Subcommittee to monitor the implementation of the recommendations  
of the SARS Expert Committee and  
the Hospital Authority Review Panel on the SARS Outbreak**

**Minutes of meeting  
held on Tuesday, 6 April 2004 at 8:30 am  
in Conference Room B of the Legislative Council Building**

**Members present** : Hon Michael MAK Kwok-fung (Chairman)  
Hon CHAN Yuen-han, JP  
Dr Hon LAW Chi-kwong, JP  
Hon LI Fung-ying, JP

**Members absent** : Hon Cyd HO Sau-lan (Chairman)  
Dr Hon David CHU Yu-lin, JP  
Hon Andrew CHENG Kar-foo  
Dr Hon LO Wing-lok, JP

**Public Officers attending** : All items  
Mr Thomas YIU, JP  
Deputy Secretary for Health, Welfare and Food (Health)  
Dr P Y LEUNG, JP  
Controller, Centre for Health Protection

Dr W M KO, JP  
Director (Professional Services and Human Resources)  
Hospital Authority

Dr Sarah CHOI  
Principal Medical and Health Officer (4)

Mr Freely CHENG  
Assistant Secretary for Health, Welfare and Food (Health) 1

Mr Nicholas CHAN  
Assistant Secretary for Health, Welfare and Food (Health) 6

**Clerk in attendance** : Miss Mary SO  
Chief Assistant Secretary (2) 4

**Staff in attendance** : Ms Amy LEE  
Senior Assistant Secretary (2) 8

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Due to the absence of Ms Cyd HO, Chairman, Mr Michael MAK was elected to chair the meeting on her behalf.

**I. Continue discussion on engaging the community in times of outbreak**  
(LC Paper Nos. CB(2)770/03-04(01), CB(2)787/03-04(01) and (02), CB(2)817/03-04(01), CB(2)835/03-04(01) and (02), CB(2)857/03-04(01) to (03), CB(2)896/03-04(01), CB(2)937/03-04(01), CB(2)973/03-04(01) and (02), CB(2)1022/03-04(01), CB(2)1062/03-04(01) and CB(2)1913/03-04(01) and (02))

2. Deputy Secretary for Health, Welfare and Food (Health) (DSHWF) took members through the Administration's paper (LC Paper No. CB(2)1913/03-04(02)) which set out the latest progress concerning implementation of the recommendations made by the SARS Expert Committee. Controller, Centre for Health Protection (Controller, CHP) supplemented that the CHP would be established by mid-2004. Initial attention would be paid to the development of the Surveillance and Epidemiology Branch and Infection Control Branch. With the commencement of operation of these two branches, there would be

enhancement and integration of resources to strengthen disease surveillance and standardisation of infection control protocols in various settings. All six functional branches would become fully operational in 2005. A place had been set aside at the Kowloon Hospital Nursing Quarters as the headquarters of the CHP. 10 to 12 months' time would be needed to complete the necessary renovation work for the CHP. To improve the current data management system to better support the control of communicable diseases, plan was in hand to develop a Communicable Disease Information System to support the critical functions of disease surveillance including case notification, timely alert and early detection of infectious diseases. Based on the current estimate, the project would largely be completed in three years' time.

3. Dr LAW Chi-kwong said that the effective functions of CHP were predicated on the co-operation of the relevant stakeholders in the public health infrastructure, such as the universities. In the light of this, Dr LAW asked whether CHP would consider entering, say, a Memorandum of Understanding (MOU) with these stakeholders to better secure the latter's co-operation and mobilise their resources in times of infectious disease outbreak.

4. Controller, CHP responded that the CHP was also thinking along the lines mentioned by Dr LAW in paragraph 3 above. Upon the establishment of the CHP, it would act as a platform for relevant stakeholders to collaborate and contribute to various issues relevant to communicable disease control. He advised that the CHP also planned to sign a MOU with the Health Protection Agency of England and Wales next month to enhance Hong Kong's capacities in the prevention and control of communicable diseases. Controller, CHP further said that the mixing of CHP experts coming from the Hospital Authority (HA), Department of Health (DH), academic institutions and private sector would further help to enhance the ongoing efforts to improve the working relationships amongst different sectors. For instance, it had been agreed that about 40 professional staff of HA would be seconded to different branches of the CHP to provide support and exchange experience in various public health specialties in mid-2004. It had also been agreed with universities that experts in the relevant fields be invited as honorary advisers to provide input to the public health programmes. The CHP would set up a number of scientific committees comprising professionals of the CHP, HA, academia and other organisations to make recommendation on control strategies and measures on the prevention and control of communicable diseases.

5. Ms LI Fung-ying queried whether CHP could obtain information on infectious diseases in the first instance, in order to carry out one of its functions for coordinating emergency response, contingency planning, risk communication, and facilitating the development of preventive strategy and cross-sector logistic support. For instance, the Health, Welfare and Food Bureau (HWFB) was

responsible for coordinating the public sector response actions and other inter-departmental response actions in times of infectious disease outbreak. It was also not clear whether the Mainland authorities would notify CHP in the first instance of any sudden upsurge of infectious diseases of unknown nature or of public health significance occurred in the Mainland, as this was presently being reported to DH.

6. DSHWF responded that CHP would assume primacy in disseminating information to the public and media on infectious diseases. There would be no need for CHP to approach all Government departments concerned and HA to obtain information on the management of infectious disease outbreaks, as representatives of CHP would be members of the inter-departmental committee set up for the management of infectious disease outbreaks. Moreover, CHP could retrieve information on the management of infectious disease from a monitoring centre to be set up under HWFB in times of major outbreak.

7. Controller, CHP supplemented that CHP, as part of DH, would be the point of contact with Guangdong Province and Macao on the exchange of information on infectious diseases after its establishment in June this year. Controller, CHP further said that with an integrated approach to be adopted by CHP in performing many of its activities, such as incorporating professional staff from DH, HA and other relevant organisations to serve in the same programmes, inter-agency collaboration could be enhanced. The CHP would also work towards the integration of DH and HA IT systems to provide a common platform for better information sharing and exchange. Controller, CHP also said that CHP would develop guidelines and contingency plans to better prepare the Government and the community to combat infectious diseases in terms of systems, procedures, communication and personal practices, based on the experience gained from a series of multi-sectoral drills involving more components of the emergency response mechanism.

8. Ms LI further asked whether CHP could obtain information on outbreak of infectious disease in the private hospital and clinics settings and in the Mainland in the first instance. Ms LI said that she did not wish to see the recurrence of the failure of the Mainland authorities to promptly inform DH of the fourth Severe Acute Respiratory Syndrome case occurred in Guangdong Province earlier in the year.

9. Controller, CHP responded that at present, DH's Disease Prevention and Control Division conducted surveillance on statutorily notifiable diseases and other infections of public health significance through the operation of a sentinel surveillance system. Private hospitals and doctors were also required to submit to DH weekly return on pneumonia cases, and daily return on SARS and acute respiratory illness outbreak. Such arrangements would continue and would be

further enhance under the Surveillance and Epidemiology Branch of CHP. Controller, CHP further said that the agreement reached with experts from Guangdong Province and Macao on the notification of infectious diseases, including SARS, would remain unchanged upon the establishment of CHP. Apart from exchanging information on infectious diseases of concern on a monthly basis and holding regular meetings to foster collaboration for disease surveillance, CHP would liaise with the Mainland health authorities through mail, fax, telephone, email and request to hold ad hoc meetings whenever necessary. Controller, CHP added that communication with the Mainland health authorities had greatly improved since the last SARS outbreak in Hong Kong.

10. Dr LAW Chi-kwong said that at present, the Director of Health (D of H) was vested with powers under the Quarantine and Prevention of Disease Ordinance (QPDO) (Cap.141) to deal with threats posed by infectious diseases. Dr LAW asked whether such powers would be transferred to Controller, CHP upon the establishment of the Centre in June this year.

11. DSHWF responded that as CHP was part of DH, the Administration would review the statutory powers to be rested upon the Controller, CHP in the review of the QPDO. As reported at the last meeting on 15 December 2003, a review was being conducted by the Administration to identify areas for early action and take forward the necessary legislative amendment exercise. However, as the QPDO was based on the International Health Regulations (IHR) which were currently under review by the World Health Organization, a comprehensive revamp of the QPDO would not be possible in the short term. The review of the IHR was expected to take up to 2005 to complete. However, having taken into account members' comments at the last meeting, the Administration had further looked into the adequacy of the QPDO in the combat against infectious diseases. In doing so, reference had been made to the experience gathered from the SARS outbreak last year, and the recent threat of SARS resurgence and Avian Influenza outbreaks in neighbouring places. Having consulted the Department of Justice, the Administration had come to the view that the powers conferred upon the Administration in the QPDO and the various disease prevention and control measures in place already provided sufficient and comprehensive safeguard for public health. Nonetheless, the Administration was also aware of the need to modernise the QPDO, and more importantly, to bring it in line with the development of the overall control mechanism for communicable diseases in Hong Kong, and international best practices. To this end, the Administration considered it appropriate to undertake a comprehensive revamp of the QPDO. The exercise would take into account the statutory powers to be vested upon CHP to enable its effective operation and the review of IHR which would entail international best practices in the combat of infectious diseases. Opportunity would also be taken to modernise the QPDO and to make necessary amendments

to other public health related legislation. DSHWE advised that the Administration should be in a position to seek members' view on the revamp of the QPDO in the next legislative session.

12. Dr LAW Chi-kwong urged the Administration to expeditiously transfer the statutory powers under the QPDO from D of H to Controller, CHP, to avoid delaying and complicating the decision-making process in the fight against infectious diseases. This was particularly pertinent in times of major outbreak. Dr LAW further said that consideration should be given to making the post of Controller, CHP a political appointment given that the functions and role of the CHP were to protect public health. DSHWE agreed to consider Dr LAW's views.

13. Miss CHAN Yuen-han hoped that the Administration would not use excuses such as technical problems, political considerations and cultural differences to explain the delayed or non-notification of infectious disease outbreaks occurred in the Mainland by the Mainland health authorities. Any obstacles on the communication with the Mainland authorities concerned should be sorted out as a matter of priority by the Administration with the Ministry of Health in Beijing. She did not wish to see the incidents such as the Guangdong health authorities refusing to answer an enquiry from the then D of H on 10 February 2003 about the reason why people in Guangdong were boiling white vinegar from recurring.

14. Controller, CHP assured members that every effort would be made to foster closer collaboration with the Mainland health authorities on the notification of infectious diseases. Apart from enhancing cooperation with the Mainland authorities through the Guangdong-Hong Kong-Macau Expert Group on Prevention and Treatment of Infectious Diseases, the Administration would take the lead in promoting more professional exchange between Hong Kong and the Mainland. Despite the aforesaid, the difficulties arising from the wide geographical area of the Mainland and the varied economic condition in remote areas where there was even a lack of such basic communication devices as telephone and fax machine should be taken into account when considering the timeliness of notification of infectious disease by the Mainland.

15. Ms LI Fung-ying welcomed that HA had also given basic and/or refresher training on infection control to contractors' staff. Ms LI however wondered whether HA had adequate manpower to cope with any possible outbreak of infectious disease, having regard to the implementation of the Voluntary Early Retirement Scheme and deployment of staff to work in the CHP, etc. To her knowledge, some HA staff suffering from SARS had been forced to return to work despite the fact that they had not fully recovered from the disease.

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16. Director, HA responded that HA planned to recruit an additional 300 doctors and 400 nurses to cope with increased workload arising from the need to step up infection control in public hospitals and clinics. Apart from this and the stepping up of staff training on infection control, each hospital cluster had already put in place a mobilisation plan for clinical areas likely to be stressed, such as intensive care or respiratory care, as well as a staff deployment plan in times of outbreak. Recently, two specialists had been deployed to work in HA Head Office to coordinate the infection control work of HA and to serve as a link with the ICB of the CHP. Through communicating with staff, HA management found out that staff generally understood the aforesaid mobilisation and deployment plans. Director, HA further said that HA had been recruiting doctors and nurses in the private sector to work in public hospitals in times of outbreak. Although the number recruited to date was not significant, it was hoped that with the establishment of such engagement mechanism, more private health care workers would come forward to join HA on a temporary basis in times of outbreak.

17. As regards patient care, Director, HA said that it was HA's policy to provide continuous medical and psychological support to SARS recovered patients, including its own staff. There was no question that HA would force any staff to return to work if they did not feel ready to do so. Director, HA further said that HA had extended the contract of those staff who had contracted SARS until at least after they had fully recovered from the disease.

18. Ms LI further asked if HA could arrange SARS recovered patients who were HA staff to have all their follow-up treatments at the same clinic.

19. Director, HA responded that HA would strive to have each staff suffering from SARS to have their follow-up treatments at the same clinic as far as practicable. Where this was not possible, the clinics to be visited would be in the same cluster. Director, HA further said in order to provide the best possible care for its staff suffering from SARS, each cluster had assigned a staff to coordinate the follow-up care of this group of staff and act as a contact point between them and HA management.

20. The Chairman asked if HA had received any complaints from public hospital staff suffering from SARS; if so, what the number was thus far. In response, Director, HA said that these staff were generally satisfied with the care provided by HA.

21. Miss CHAN Yuen-han said that the financial assistance provided by the Trust Fund for SARS for HA staff suffering from SARS was inadequate to meet their expenses from treating their longer-term effect of the disease. In the light of this, Miss CHAN urged the Administration and HA to explore other means to tide

them over such difficulties.

22. Director, HA responded that HA would consider utilising money donated to HA during the last SARS outbreak to help those staff in need. DSHWF supplemented that he would convey members' concern about the insufficient financial assistance to health care workers suffering from SARS to the Committee on Trust Fund for SARS and explore with Social Welfare Department on how best to assist this group of people.

23. The Chairman said that at the meeting of the Panel on Health Services held on 8 March 2004, the Administration reported objection from the Kwai Tsing District Council (KTDC) against the construction of an infectious disease centre attached to the Princess Margaret Hospital (PMH). In the light of this, the Chairman asked about the progress made by the Administration in allaying the concerns of KTDC.

24. DSHWF responded that a letter had been issued to KTDC to explain to them again that the construction of an infectious disease centre attached to PMH would not pose any major public health threat to people living in the vicinity of the hospital. Arrangements were being made for members of KTDC to visit the site of the infectious disease centre attached to PMH. Director, HA supplemented that similar actions had been taken by HA to address the concerns of local concerned groups to allay their concern.

25. As regards the site for the second infectious centre, DSHWF advised that the Administration was still considering whether it should be constructed nearby the North District Hospital or the Alice Ho Miu Ling Nethersole Hospital. Director, HA assured members that thorough consultation would be made with the District Councils concerned before deciding on the way forward.

26. The Chairman further asked if the Administration would still proceed to seek funding approval from the Finance Committee for the construction of the infectious disease centre attached to PMH, despite objection from KTDC. DSHWF replied that with all the efforts made and to be made by the Administration and HA to allay the concerns of KTDC, it was envisaged that KTDC would come to support the construction of the project.

27. The Chairman noted that a sum of \$50 million had been provided to support research projects on infectious diseases in the Mainland through the Chinese Ministry of Science and Technology. In the light of this, the Chairman asked how the Administrator could ensure that the money was used properly and effectively.



28. DSHWF responded that the Administration had apprised the Chinese Ministry of Science and Technology of the objective of the fund. Although the Administration took no part in monitoring how the fund was used, which was the domain of the Chinese Ministry of Science and Technology, fruits of the research projects conducted by Mainland researchers would be shared with Hong Kong.

29. In summing up, the Chairman hoped that the Administration would press ahead with the implementation of the 46 recommendations made by the SARS Expert Committee, in particular the revamp of the QPDO.

**II. Any other business**

30. There being no other business, the meeting ended at 10:15 am.

Council Business Division 2  
Legislative Council Secretariat  
7 May 2004