For discussion Paper No. CB(2)1913/03-04(01)
6 April 2004

LegCo Panel on Health Services
Subcommittee to Monitor the Implementation
of the Recommendations of the SARS Expert Committee

Response to Members' Queries on
Engaging the Community in Times of Outbreak

This paper provides the Administration's response to the questions raised by Members in respect of the subject Engaging the Community in Times of Outbreak (paper CB(2)669/03-04(02)) at the meeting on 15 December 2003.

(a) Administration's plan to introduce legislative amendments relating to the control of infectious diseases

2. Taking into account Members' comments at the Subcommittee meeting on 15 December 2003, the Administration has further looked into the adequacy of the Quarantine and Prevention of Disease Ordinance (QPDO) (Cap. 141) in the combat against infectious diseases. In doing so, we have made reference to the experience we 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 has 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 provide sufficient and comprehensive safeguard for public health.

3. Nonetheless, the Administration is also aware of the need to modernise the Ordinance, 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 considers it appropriate to undertake a comprehensive

revamp of the QPDO. The exercise will take into account the statutory powers to be vested upon the Centre for Health Protection to enable its effective operation and the impending review of the International Health Regulations which will entail international best practices in the combat of infectious diseases. Opportunity will also be taken to modernise the Ordinance and to make necessary amendments to other public health related legislations.

(b) The Community Geriatric Assessment Teams (CGAT) / Visiting Medical Officers (VMOs) Collaborative Scheme

4. When the Hospital Authority (HA) re-launched the CGAT/VMO Collaborative Scheme in October 2003, the target was to recruit 100 private medical practitioners for strengthening medical support and infectious disease surveillance in Residential Care Homes for the Elderly (RCHEs). So far, the HA has recruited a total of around 80 private medical practitioners under the scheme and will continue to seek out suitable candidates from the private sector.

5. Subject to a review of the effectiveness of the CGAT/VMO Collaborative Scheme, the Administration plans to implement the scheme on a long-term basis as one of the Government's initiative to enhance the community mode of health care delivery. We have already made funding provision for the HA to operate the scheme until the end of 2004-05. In the meantime, we will work out the long-term arrangements for the scheme's operation. We will carefully consider various issues, including whether RCHEs should be required to pay a fee for the service and if so at what level, and how we can optimise the participation of the private sector under the scheme.

(c) Support provided by the Department of Health in preventing staff of RCHEs from contracting infectious disease at work

6. The Department of Health (DH) provides staff of RCHEs with comprehensive skills training and professional advice so as to reduce their risk of contracting infectious diseases at work. In addition, DH has provided the Infection Control Officers (ICOs) and other staff of RCHEs with training on infection control through 15 one-day workshops

in November 2003. The workshops aimed at reinforcing the basic principles of infection control as promulgated in the guidelines on the prevention of communicable diseases issued by DH to all RCHEs in October 2003. A specific session of the workshop focused on the protection of staff from infectious diseases through the application of standard precautionary procedures, highlighting the importance of proper hand-washing and proper usage of personal protective equipment.

7. Apart from organising workshops, DH also reaches out to individual RCHEs and provides them with additional training through the Visiting Health Teams. The Visiting Health Teams target its efforts particularly on those RCHEs identified by DH to require more intensive support in a comprehensive on-site assessment conducted between August and October 2003. During the visits, the Visiting Health Teams would provide professional advice on infection control in accordance with the specific situation of each RCHE and the training needs of its staff. The Teams has also adopted a train-the-trainer approach, under which the ICOs of the RCHEs who receive training from the Visiting Health Teams would be responsible for keeping other RCHE staff updated on the latest information/guidelines on infection control and for providing orientation to new staff on these guidelines.

(d) Assistance provided to RCHEs for the setting up of isolation facilities

8. The Social Welfare Department (SWD) has obtained a grant of $17.8 million from the Lotteries Fund to assist RCHEs to improve their infection control facilities. All subvented and non-subvented RCHEs in Hong Kong can apply for the one-off subsidy, which is provided on a reimbursement basis and will cover basic material and installation cost of a prescribed set of building and building services installation fittings/items, covering toileting and bathing facilities, partitions, exhaust fans and emergency call bell. SWD issued letters to all RCHEs in mid-November 2003 to inform them of the subsidy scheme. The improvement works are required to be completed within three months of the commencement of the scheme, i.e. by mid-February 2004.

(e) Co-ordination of resources from the community in times of

outbreak

9. Since late 2003, the Health, Welfare and Food Bureau has proactively co-ordinated inter-departmental efforts to combat communicable diseases of public health significance to our community. The underlying tenet is that a population-based, cross-disciplinary approach is vital for effective prevention and control of infectious diseases, and hence departments/agencies other than DH/HA as well as different sectors of the community must be engaged to contain outbreaks.

10. A case in point is the high-level inter-departmental meeting chaired by the Secretary for Health, Welfare and Food on 8 January 2004 for formulate cross-department precautionary measures to prevent the return of SARS in Hong Kong. A major objective of this inter-departmental meeting was to ensure effective co-ordination of resources from the community with those of the Government by harnessing member departments' well-established connections with the trades concerned. For example, as a contribution to that meeting, the Tourism Commission sought the commitment of the hotel industry to step up hygiene improvement measures and cleaning frequency in public corridors and communal areas within hotel complexes, reinforced surveillance on health conditions of staff and reinforced management control on relevant work procedures.

(f) Contingency Fund for Public Relief

11. The Finance Committee approved on 7 November 2003 a new commitment of $150 million for the setting up of a Trust Fund for SARS to provide special ex-gratia assistance on compassionate grounds for the unique and unprecedented outbreak of SARS from March to June 2003. Community donations to the Trust Fund are welcomed.

12. Specifically, the Trust Fund provides :

(a) special ex-gratia relief payments, ranging from $100,000 to $500,000 per eligible individual, to the families of the deceased SARS patients; and

(b) special ex-gratia tide-over financial assistance of up to $500,000 each for eligible recovered SARS patients and "suspected" SARS patients treated with steroids[1] suffering from longer term effects, attributable to SARS (including the effects of medication received for SARS, if any), which may result in some degree of relevant dysfunction (if any), subject to medical proof and financial need. The assistance will cover two aspects, namely monthly financial assistance and medical expenditure covered.

Up to 25 March 2004, we have received a total of 856 applications and approved 489 applications, involving a total amount of $78.89 million so far.

13. Volunteers who contracted SARS in the course of helping to contain the outbreak last year may apply for assistance under the SARS Trust Fund. We will, in the light of the operating experience gained through the Trust Fund for SARS and discussion within the Administration, consider the idea of a general contingency fund to provide public relief as proposed in the Report of the SARS Expert Committee.

Health, Welfare and Food Bureau
April 2004

[1] "suspected" patients treated with steroids refer to those who were clinically diagnosed as having SARS on admission, treated with steroids as medication for SARS, but turned out subsequently not to have SARS