

立法會
Legislative Council

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(These minutes have been
seen by the Administration)

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Panel on Health Services

**Minutes of special meeting
held on Thursday, 27 November 2003 at 8:30 am
in Conference Room A of the Legislative Council Building**

- Members present** : Hon Michael MAK Kwok-fung (Chairman)
Dr Hon LO Wing-lok, JP (Deputy Chairman)
Dr Hon David CHU Yu-lin, JP
Hon Jasper TSANG Yok-sing, GBS, JP
Hon Andrew CHENG Kar-foo
Dr Hon TANG Siu-tong, 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
Dr Hon YEUNG Sum
Dr Hon LAW Chi-kwong, JP
Hon LI Fung-ying, JP
- Public Officers attending** : All items

Mr Thomas YIU, JP
Deputy Secretary for Health, Welfare and Food

Mr Edward LAW
Principal Assistant Secretary for Health, Welfare and Food

Dr Regina CHING
Acting Deputy Director of Health

Dr S H LIU
Senior Executive Manager (Professional Services)
Hospital Authority

Dr Raymond W H YUNG
Consultant-in-charge of Infectious Disease Control Training Centre
Hospital Authority

Mrs SIN CHOW Dick-yee
Principal Education Officer (Hong Kong)
Education and Manpower Bureau

Miss Noel TSANG
Assistant Secretary for Health, Welfare and Food

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

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

I. Viral gastroenteritis outbreaks
(LC Paper No. CB(2)464/03-04(01))

Acting Deputy Director of Health (DDH(Atg)) and Principal Assistant Secretary for Health, Welfare and Food (PAS/HWF) conducted a power point presentation on the latest developments of the viral gastroenteritis outbreaks and on the inter-departmental actions to combat the outbreaks respectively, details of which were given in the Appendix and in the above press release issued by the Administration.

2. Mr Andrew CHENG expressed concern about the rise in the number of viral gastroenteritis cases, as compared with past years, and asked why this was the case. As of 25 November 2003, 1 237 persons were affected with the disease, whereas that in 2001 and 2002 were 678 and 892 respectively. As viral

Action

gastroenteritis could be transmitted by food/water contaminated with the viruses, by contact with vomits/faeces/aerosol from infected persons and by contact with contaminated objects, food and environmental hygiene were key to prevent and control outbreak of the disease. Mr CHENG called upon the Administration to attest to its pledge of ensuring food safety and improving environmental hygiene standards by actions and not by mere words. Mr CHENG pointed out that although the Administration had all along been advocating the importance of food safety and clean environment, it was still a long way from attaining such objectives. For instance, incidents of food premises and market stalls failing to install proper filtration and disinfection facilities to filter and disinfect water used for keeping live marine fish or shellfish intended for human consumption continued to occur from time to time. Another example was that toilets in public markets and public housing estates, especially those located in remote areas, still remained very unhygienic. This was not surprising, given that the contracts of cleansing public toilets were invariably awarded to private firms based on price rather than on quality of service to be provided. Mr CHENG said that he had brought these matters up with the Administration at numerous meetings of the Panel on Food Safety and Environmental Hygiene, but no marked improvements on them had been made thus far. Mr CHENG suggested that the Chairman should liaise with the Chairman of the Panel on Food Safety and Environmental Hygiene on making a joint random visit to public toilets to better understand the situation.

3. Deputy Secretary for Health, Welfare and Food (DSHWF) agreed that more work needed to be done to ensure food safety and improve environmental hygiene. To this end, he would convey to the Food and Environmental Hygiene Department (FEHD) to step up efforts in that regard, and in particular to address the two problem areas highlighted by Mr CHENG in paragraph 2 above. DDH(Atg) also said that the Department of Health (DH) attached great importance to ensuring that operators of residential care homes for the elderly (RCHEs) regularly cleansed and disinfected the toilets inside the homes and provided adequate hand-washing facilities, such as liquid soaps and paper towels.

4. DSHWF further said that the question as to why the number of people affected with viral gastroenteritis was higher this year was also raised at the inter-departmental meeting to combat viral gastroenteritis outbreaks held on 26 November 2003. According to a professor of pathology from the Chinese University of Hong Kong attending the meeting, there was no definite answer for such a phenomenon as the viruses which caused gastroenteritis were present in the environment. Hence, the best way to combat the disease was to observe good personal, environmental and food hygiene. This was particularly important for people in institutional settings, such as schools, child care centres and RCHEs. DDH (Atg) supplemented that although the rise in the number of people affected

with viral gastroenteritis this year could not be fully explained, the disease was most prevalent in cooler climate when the causative viruses were more active.

5. Mr Andrew CHENG maintained his views that food safety and good environmental hygiene were integral to the prevention of infectious disease outbreak, including viral gastroenteritis, and urged FEHD to step up efforts in that regard. In particular, Mr CHENG suggested that FEHD should develop a set of standards for assessing the hygiene conditions of public toilets, as had been done by the now dissolved two municipal councils. DSHWF undertook to convey the suggestion to FEHD for consideration.

6. Dr TANG Siu-tong asked the following questions -

- (a) Why the number of infections involving viral gastroenteritis peaked in November this year, as opposed to August and September in 2001 and 2002 respectively, and wondered whether this was due to more frequent human traffic between Hong Kong and the Mainland;
- (b) What percentage of viral gastroenteritis was caused by Norwalk virus;
- (c) Which types of seafood were more prone to be contaminated with the viruses which caused viral gastroenteritis;
- (d) Whether consideration would be given to making viral gastroenteritis a notifiable disease;
- (e) Whether consideration would be given to updating the public on the developments of viral gastroenteritis outbreak, as had been done during the Severe Acute Respiratory Syndrome (SARS) outbreak earlier this year; and
- (f) What other alternative(s) could be used for disinfection apart from household bleach.

7. DDH (Atg) responded as follows -

- (a) Delay in the peaking of the number of infections involving viral gastroenteritis this year might be due to the fact that the climate had just turned cooler in November. It should, however, be pointed out that one of the reasons why the number of reported cases was higher than the total number of cases in the past two years was because one recent outbreak in a school already affected over 200 children;

- (b) There was no evidence that the more frequent human traffic between Hong Kong and the Mainland was the cause for the rise in the number of infections involving viral gastroenteritis. Epidemiological investigation revealed that no infected persons had a recent history of travelling outside Hong Kong nor had they had come into close contact with any persons who had travelled outside Hong Kong recently;
 - (c) Majority of the recent viral gastroenteritis cases occurred in institutions, such as RCHEs, schools and child care centres, and were confirmed or suspected to be caused by Norovirus. The number of persons affected by viral gastroenteritis and food poisoning was comparable during the same period. Up to end of September 2003, about 1 300 food poisoning cases were recorded;
 - (d) Generally speaking, shellfish was at higher risk of being contaminated with viruses than other types of seafood. Despite such, the public had all along been advised that they should cook their food thoroughly before eating;
 - (e) Acute diarrhoeal diseases surveillance was implemented in all public general out-patient clinics in July 2001 as a pilot programme to monitor the disease trend so as to identify outbreaks in a timely fashion. In May 2002, some 20 doctors in private practice also joined the programme. Under this programme, doctors were required to submit weekly reports to DH on any consulted cases of selected infectious diseases, statistics of which would also be publicised on DH's Homepage. DH also maintained regular contacts with institutions such as schools, kindergartens, child care centres and RCHEs etc. to see whether they had unusual upsurge of clients fallen ill;
 - (f) In view of the wide public concern on viral gastroenteritis outbreaks, DH had been disseminating all relevant information to the media through press releases. If the public considered such practice useful, efforts in this regard would continue; and
 - (g) Household bleach was not the only effective disinfectant. It was so recommended because of its easy accessibility and affordability.
8. Mr Jasper TSANG said that it was hard to comprehend why the number of viral gastroenteritis cases was higher than in the past years. Although the disease

was more commonly found during cooler months of the year, the weather in Hong Kong in this November was still warm. Moreover, arising from the last SARS outbreak, the public had become more aware of the importance to observe good personal and environmental hygiene. Mr TSANG queried whether the higher number of viral gastroenteritis cases than the past years was due to the mutation of the causative agent.

9. DDH (Atg) surmised that people might have become complacent about the importance of observing good personal and environmental hygiene after the resumption of normalcy. Moreover, as viral gastroenteritis was highly contagious, it was particularly easy to occur and spread in institutional setting like RCHEs and schools. Central air-conditioning commonly used in institutions like RCHEs would also aggravate the spread of infectious diseases.

10. Consultant-in-charge of Infectious Disease Control Training Centre, Hospital Authority supplemented that apart from the fact that the causative agents of viral gastroenteritis, such as Norovirus, were particularly active in a cooler and drier climate, the fact that more people had become aware of the importance to seek treatment in the first instance had definitely caused the figure to go up. Another factor was that many affected people were not aware of the fact that their faeces would still have the virus up to one week after they had recovered from the disease. Hence, if they failed to wash their hands after going to the toilet, they could spread the disease to other people. Furthermore, the virus could survive in a temperature as low as 4°C. Thus food stored in refrigerator could still cause viral gastroenteritis if it was not thoroughly cooked.

11. Mr Jasper TSANG said that the explanation given by the Administration above was unconvincing. Mr TSANG asked the Administration whether it considered the existing phenomenon abnormal and would investigate. In response, DSHWF said that the higher number of infections of viral gastroenteritis this year was a subject for further study. In the meantime, efforts would continue to be made to raise public awareness of the preventive measures against the disease.

12. Dr LO Wing-lok said that he did not consider the viral gastroenteritis outbreaks this year abnormal. Apart from the fact that people would now more likely seek treatment once displaying infectious disease symptoms, the cyclical pattern of infectious disease outbreak should not be overlooked. Dr LO pointed out that if more people acquired antibody from the virus which caused viral gastroenteritis, the number of people infected with the disease the following year would usually drop.

13. Dr LO further said that although it was regrettable that some people failed

to flush public toilets after use, consideration should be given to providing automatic or stepped on flusher in these toilets. Apart from changing the design of public toilets to circumvent people's behaviour of not using their hands to flush toilets, it was of paramount importance that all surface areas of the public toilets should be kept hygienic at all times.

14. Dr LO also said that to keep all institutions vigilant against infectious disease outbreaks, DH should remind them of the need to observe all the relevant guidelines nearer the peak periods for the occurrence of such outbreaks. Dr LO further urged the Administration to be concise and consistent in disseminating information on infectious disease outbreaks, so as to avoid unnecessary panic and misunderstanding.

15. On closing, the Chairman urged the Administration to take into account members' views in its fight against viral gastroenteritis. The Chairman also hoped that members of the public would join forces with the Administration in such endeavour.

16. There being no other business, the meeting ended at 9:43 am.

Council Business Division 2
Legislative Council Secretariat
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