

**立法會**  
**Legislative Council**

LC Paper No. CB(2)3096/03-04  
(These minutes have been  
seen by the Administration)

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**Panel on Health Services**

**Minutes of special meeting  
held on Monday, 19 January 2004 at 4:30 pm  
in the Chamber of the Legislative Council Building**

- Members present** : Hon Michael MAK Kwok-fung (Chairman)  
Dr Hon LO Wing-lok, JP (Deputy Chairman)  
Hon Cyd HO Sau-lan  
Hon CHAN Yuen-han, JP  
Dr Hon LAW Chi-kwong, JP  
Hon LI Fung-ying, JP
- Members absent** : Dr Hon David CHU Yu-lin, JP  
Hon CHAN Kwok-keung, JP  
Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP  
Hon Jasper TSANG Yok-sing, GBS, JP  
Dr Hon YEUNG Sum  
Hon Andrew CHENG Kar-foo  
Dr Hon TANG Siu-tong, JP
- Member attending** : Hon Howard YOUNG, SBS, JP
- Public Officers attending** : Item I  
Mr Thomas YIU, JP  
Deputy Secretary for Health, Welfare and Food (Health)

Dr Regina CHING  
Acting Deputy Director of Health

Dr Thomas TSANG  
Consultant Community Medicine (Communicable Diseases)  
Department of Health

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

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

**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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**I. Issues relating to the recent Severe Acute Respiratory Syndrome cases in Guangdong Province**  
(LC Paper No. CB(2)1053/03-04(01))

At the invitation of the Chairman, the Administration briefed members on the precautionary measures taken to prevent the resurgence of Severe Acute Respiratory Syndrome (SARS) in Hong Kong, arising from recent SARS outbreak in the Guangdong Province. These measures included the following -

- (a) Alert Level (a) under the Government's three-level response system had been activated to ensure an efficient and responsive internal management system to guard against the onslaught of SARS. A command response structure, with the Health, Welfare and Food Bureau, the Department of Health (DH) and the Hospital Authority (HA) being the main parties assessing the nature and level of risks, taking appropriate actions in anticipation of problems and monitoring developments had been put in place;

- (b) close communication with Guangdong health authorities for updated developments was maintained;
- (c) mandatory health declarations and temperature screening checks at all border control points were maintained;
- (d) broadcast of relevant health messages at all border control points had been stepped up;
- (e) extra port health staff had been deployed to distribute health alert cards to travellers at all border control points;
- (f) an enhanced surveillance system for reporting of pneumonia patients with a history of travel to Guangdong Province within 10 days of onset of symptoms had been set up since 6 January 2004. Under this system, public and private hospitals as well as general practitioners would pass information about pneumonia patients with a history of travel to Guangdong Province to DH for contact tracing and analysis. To date, DH had received about 140 such cases and none of them was tested positive for SARS coronavirus;
- (g) all health care workers and visitors to hospitals were required to wear surgical masks in all hospital areas;
- (h) all Accident and Emergency Departments and out-patient clinics of HA had been reminded to stay alert to any patients who have fever and respiratory disease symptoms and who have recent travel history to Guangdong Province, and those with fever or respiratory symptoms would have to wait and have consultation at designated areas; and
- (i) publicity efforts would continue to be stepped up to advise the public of the importance to observe good personal and environmental hygiene and immediately seek medical help if respiratory symptoms developed.

2. Miss CHAN Yuen-han noted from the paper entitled "Sequence of events relating to SARS resurgence in Guangdong Province" prepared by the Secretariat (LC Paper No. CB(2)1053/03-04(01)) that the Guangdong Province Health Department only notified DH on 26 December 2003 of a suspected SARS case despite the fact that the patient concerned, patient 'A', was suffering from headache and fever as early as 16 December 2003. Miss CHAN asked whether

DH came to know the case first from the media or from the World Health Organization.

3. Consultant Community Medicine (Communicable Diseases), DH (CCM(CD)) responded that the Guangdong Province Health Department had notified DH of the suspected SARS on 26 December, 2003 as soon as the patient concerned was classified as a suspected SARS case. CCM(CD) pointed out that taking some time to classify whether a patient was suspected with SARS case was understandable as not all patients developing pneumonia-like symptoms were SARS cases, and time was needed to determine whether they were suspected with SARS. Moreover, in this particular case, although the patient first developed symptoms on 16 December 2003, he did not seek medical help until several days later on 20 December 2003. CCM(CD) further said that upon receipt of notification from the Guangdong Province Health Department, DH immediately informed the public and implement enhanced preventive measures against resurgence of SARS in Hong Kong.

4. Miss CHAN Yuen-han opined that if the notification mechanism on infectious diseases between Guangdong Province and Hong Kong was working as well as it should be, the Mainland side should have notified DH of any inkling of suspected SARS case in the first instance. For instance, in the case of patient 'A', the Guangdong Province Health Department should have notified DH as soon as the patient concerned was transferred from a hospital in Chongshan to a hospital in Guangzhou for treatment on 24 December 2003. Deputy Secretary for Health, Welfare and Food (DSHWF) agreed to raise Miss CHAN's suggestion with the Mainland side for consideration.

5. Ms LI Fung-ying noted that under the enhanced surveillance system for reporting of pneumonia patients with a history of travel to Guangdong Province within 10 days of onset of symptoms, 119 of such cases were received by DH as at 13 December 2003. In the light of this, Ms LI asked about the follow-up actions taken by DH upon receipt of such cases and whether there were adequate isolation facilities to contain the patients concerned.

6. Acting Deputy Director of Health (DDH(Atg)) responded that DH had to date received over 140 cases of people developing pneumonia-like symptoms and who had a recent history of travel to Guangdong Province. The majority of these cases were reported by HA, whilst the remaining cases were reported by private hospitals and clinics. Most of the patients concerned were male of aged 40 and above who had recently visited places such as Shenzhen, Guangzhou and Dongguan. DDH(Atg) further said that upon receipt of these reports from public and private hospitals as well as general practitioners, DH staff would immediately contact family members who had come into close contact with the patients

concerned to look for any early signs of pneumonia-like symptoms. Health advice would also be provided to them even if they did not display any pneumonia-like symptoms, such as to immediately seek medical help if they felt unwell.

7. Director, HA also said that the great majority of the 140-odd pneumonia patients with a recent history of travel to Guangdong Province had been or were being treated by HA in its isolation wards. These patients would not be discharged from the hospital until their test for SARS coronavirus had come up negative and all respiratory disease symptoms had disappeared. Hitherto, most of these patients had returned home. Director, HA further said that thus far, HA had no shortage of isolation facilities to cope with this group of patients, as a result of the enhancement of the infection control facilities in the public hospital system. Most of them would only be isolated in the hospitals for several days for observation and treatment before discharging. Director, HA however pointed out that confining the isolation wards to pneumonia patients with a recent history of travel to Guangdong Province had brought about pressure to the medical wards, given that winter season was a peak period for influenza-like-illnesses.

8. Dr LO Wing-lok asked the following questions -

- (a) what measure(s) had been taken by DH to ensure it was kept most up-to-date on the latest SARS situation in Guangdong Province;
- (b) what Hong Kong people should be aware of when travelling to the Mainland during the coming Lunar New Year Holidays; and
- (c) whether the risk of a SARS outbreak in Hong Kong was higher this year than last year.

9. Responding to Dr LO's first question, CCM(CM) said that regular reporting had been maintained between Guangdong and Hong Kong regarding the latest SARS situation. In view of the occurrence of new SARS cases in Guangdong Province since late December 2003, DH had been communicating with the Guangdong Province Health Department on a daily basis, including holidays, for the most updated SARS situation there.

10. Regarding Dr LO's second question, DDH(Atg) responded as follows -

- (a) good personal hygiene should be maintained, including washing hands frequently. If hand-washing facilities were not available, an alcohol-containing disinfectant could be applied;

- (b) contact with live poultry or birds and visiting crowded places with poor ventilation should be avoided;
- (c) if respiratory symptoms developed, a doctor should be consulted promptly; and
- (d) wore a mask if suffering from respiratory tract infection to reduce the chance of spreading the disease to others.

11. As to Dr LO's last question, DSHWF said that although he could not give a definite answer as to whether the risk of a SARS outbreak was higher this year than last year, it should be pointed out all sectors of the community were now much better prepared for any onslaught of the disease. This was further strengthened by the establishment of more effective communication channels between Hong Kong and the Guangdong Province to enable timely exchange of important information about infectious disease incidents and outbreaks.

12. The Chairman asked the following questions -

- (a) whether DH had conducted any site visit to Guangdong Province, apart from having point-to-point communication with its Mainland counterparts; and
- (b) whether all civet cats in Guangdong had been culled to minimise the risk of the spread of SARS.

13. CCM(CM) responded that DH had paid a visit to the Guangdong health authorities on 8 January 2004 to gain a better understanding of the latest SARS situation there. More visits to the Guangdong health authorities would be made where necessary. As to the Chairman's second question, CCM(CM) replied in the negative. CCM(CM) however pointed out that the Guangdong authorities had already banned the sale and consumption of civet cats.

14. Ms Cyd HO asked the following questions -

- (a) whether HA would follow up on the health condition of the discharged pneumonia patients who had a recent history of travel to Guangdong Province, having regard to the fact that there were cases during the last SARS outbreak whereby discharged SARS patients subsequently turned out to have SARS;
- (b) whether the deployment of health care staff attending patients in the isolation wards would be higher than that in the general and acute

wards; and

- (c) whether there were adequate handing-washing and gowning and de-gowning facilities attached to the isolation wards to avoid the spread of the disease.

15. Director, HA reiterated that no pneumonia patients who had a recent history of travel to Guangdong Province would be discharged unless their tests for SARS coronavirus, at least two times, had come up negative and that all their pneumonia-like symptoms had disappeared or subsided. Moreover, arrangements had been made for them to come back for follow-up medical check at HA's out-patient clinics. At the same time, these patients had been advised to promptly consult medical help if they developed similar symptoms again. Director, HA further said that as these patients were not SARS patients, it would not be necessary for them to put under observation for 10 days after all their pneumonia-like symptoms had disappeared or subsided. Regarding Ms HO's second and third questions, Director, HA replied in the positive.

16. Responding to Ms HO's further enquiry as to whether the rest days of nurses would be disrupted by the additional workload brought about by the enhanced preventive measures against SARS, Director, HA said that this situation had not arisen so far. Director, HA however pointed that HA had already put in place a contingency plan on staff deployment, amongst others, in times of an outbreak of infectious disease.

17. Miss CHAN Yuen-han said that it was of paramount importance that, apart from the Government and HA, various sectors of the community, in particular the travel and hotel trade and public transport sector, should also step up precautionary measures against SARS. In view of the coming Lunar New Year Holidays, Miss CHAN asked whether there would be adequate resources to provide for the additional manpower required to carry out enhanced border control measures against SARS.

18. Director, HA responded that to ensure that infection control guidelines were adhered in the hospitals, decision had been made by the Chief Executive of HA to allow all hospital clusters to hire additional staff to carry out such work. In addition, members of the HA Board, together with headquarters staff responsible for formulating infection control guidelines, had been visiting public hospitals to better understand how well the infection control work had been implemented.

19. DSHWF agreed that concerted efforts from various sectors of the community were essential in the fight against SARS. To this end, an inter-

departmental meeting, chaired by the Secretary for Health, Welfare and Food, was convened on 8 January 2004 to redouble cross-sectoral effects to minimise the risk of the resurgence of SARS. Representatives of each Government department attending were tasked to follow up with the trades and related industries under their purview to remind them of the need to step up measures against SARS. DSHWF further said that there was sufficient fund to provide for the additional manpower required to combat SARS. For instance, approval would be sought from the Finance Committee in February 2004 to increase the \$230 million commitment created for the fight against SARS to \$930 million.

20. Miss CHAN Yuen-han queried if preventive measures were being carried out in practice by the community. For instance, she could not see any enhanced efforts being carried out in shopping arcades, hotels and public transport etc.

21. DDH(Atg) responded that to her understanding, a lot of work had been done by various sectors to minimise the risk of the return of SARS to Hong Kong, albeit not often obvious to the general public. For instance, the Travel Industry Council of Hong Kong had reminded its member travel agents to heightened vigilance against SARS infections amongst tourists and the hotel industry had stepped up cleaning frequency in public areas and reinforced surveillance on health condition of staff.

22. Ms Cyd HO asked whether the Administration had any concrete measures to engage the community in the fight against the possible resurgence of SARS, such as recruiting private health care practitioners to provide health care services. In response, DSHWF said that both DH and HA had been in discussion with the private healthcare sector for better collaboration during times of outbreaks. The HA and DH had designated officers as contact persons for liaising with the private sector during possible SARS outbreak. Guidelines for the referral/transfer of SARS patients between private and public institutions had also been developed and promulgated in November 2003. Director, HA supplemented that discussion was also being made with health care practitioners in the private sector about the mode of engagement they preferred to help out in times of an outbreak.

23. Dr LO Wing-lok asked whether any random check had been or would be made to ensure that all precautionary measures had been fully and correctly implemented by HA and DH. Dr LO pointed out that during his recent visit to a HA hospital, he was required to undergo temperature check in order to enter the hospital premises. However, he was not given a surgical mask to wear and it was later found out that the temperature checking service was not performed after certain hours.

24. Director, HA responded that requiring all visitors to public hospitals to



undergo temperature check had not been instituted, as the risk of the return of SARS to Hong Kong was not assessed at this stage to be so high as to warrant such a step. Director, HA however pointed out that arising from the last SARS outbreak, HA had limited the number of visitors and the visiting hours to the acute wards. Moreover, visitors displaying respiratory symptoms were barred from entering the acute wards. As regards distributing surgical masks to visitors, Director, HA said that HA had been advising visitors to bring their own. If this failed, there were convenient shops inside many hospitals which stocked the surgical masks. If for any reason that the visitors could not obtain the surgical masks, HA would provide.

25. To ensure no incoming travellers to Hong Kong with fever were amiss, DDH(Atg) said that DH would require those travellers screened out by the automatic temperature checking machine to undergo another more accurate manual temperature check administered by trained staff. If the second temperature check revealed that the traveller had no fever but displayed other symptoms such as headache, DH staff were required to report them to the port health staff of DH on a daily basis for follow-up. Port health staff would only cease following up on those travellers after the latter no longer displayed any symptoms or arrange them for treatment if their symptoms persisted. To ensure that all incoming travellers had submitted the health declaration forms and that no travellers who indicated they displayed symptoms were overlooked by DH staff, DDH(Atg) said that two measures were being taken. First, a daily check was made to see whether the number of health declaration forms received tallied with the number of incoming travellers. Second, routine random check was made on the health declaration forms received. Thus far, these checks did not reveal any major shortfall in the existing arrangements.

26. Dr LO Wing-lok queried how DH staff could ensure that every traveller had undergone temperature check screening. DDH(Atg) responded that at least two staff were deployed to supervise the procedure. Notably, one staff would set his eyes on the screen, and another staff would see to it that every traveller was properly screened.

27. Noting that the most recent suspected SARS case in Guangdong was classified on 9 January 2004, Dr LO Wing-lok wondered this would mean that the disease was continued if there was no more suspected or confirmed SARS case two weeks from 9 January 2004. CCM(CM) responded that he could not give an answer to the question, as the source of infection was still unknown.

28. On closing, the Chairman urged all Hong Kong citizens to maintain vigilance and pay more attention to personal and environmental hygiene.

**II. Any other business**

29. As most of the issues to be discussed by the Subcommittee to monitor the implementation of the recommendations of the SARS Expert Committee and the Hospital Authority Review Panel on the SARS Outbreak had been covered at this meeting, Ms Cyd HO, Chairman of the Subcommittee, sought members' view on canceling the next meeting of the Subcommittee scheduled for 26 January 2004. Members of the Subcommittee raised no objection.

30. There being no other business, the meeting ended at 6:00 pm.

Council Business Division 2  
Legislative Council Secretariat  
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