立法會
Legislative Council

LC Paper No. CB(2)1821/03-04
(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of meeting
held on Monday, 9 February 2004 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 CHAN Kwok-keung, JP Hon CHAN Yuen-han, 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 LAW Chi-kwong, JP Dr Hon TANG Siu-tong, JP Hon LI Fung-ying, JP
Member absent	:	Hon Cyd HO Sau-lan
Member attending	:	Hon Fred LI Wah-ming, JP
Public Officers attending	:	All items Mr Thomas YIU, JP Deputy Secretary for Health, Welfare and Food (Health)

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Mr Jeff LEUNG
Principal Assistant Secretary for Health, Welfare and Food (Health)1

Dr Regina CHING
Acting Deputy Director of Health (1)

Dr TSE Lai-yin
Consultant, Community Medicine

Mr Paul CHENG
Assistant Secretary for Health, Welfare and Food (Health) 4

Item IV

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

Items IV and V

Mrs Carrie YAU, JP
Permanent Secretary for Health, Welfare and Food

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

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

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

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

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I. Confirmation of minutes
(LC Paper No. CB(2)1171/03-04)

The minutes of the meeting held on 8 December 2003 were confirmed.

II. Information paper issued since the last meeting
(LC Paper No. CB(2)1165/03-04(01))

2. Members noted the above information paper entitled "Code of Practice for Private Hospitals" prepared by the Administration, and did not raise any query.

III. Items for discussion at the next meeting
(LC Paper Nos. CB(2)1180/03-04(01) and (02))

3. Members agreed to discuss the following items at the next regular meeting scheduled for 8 March 2004 -

(a) Construction of Infectious Disease Centre at Princess Margaret Hospital; and

(b) Monitoring and enforcement of the sale of pharmaceutical products in Hong Kong.

4. Deputy Secretary for Health, Welfare and Food (DSHWF) said that he would advise the Secretariat after the meeting which one of the following items the Administration would be in a position to discuss in March 2004 -

(a) Way forward on the regulation of health care personnel not currently subject to statutory registration; or

(b) Provision of primary care.

IV. Notification mechanism on infectious diseases between Guangdong Province and Hong Kong
(LC Paper Nos. CB(2)1180/03-04(03) and (04))

5. Acting Deputy Director of Health (Atg DDH) presented an update on the notification mechanism on infectious diseases between Guangdong Province and Hong Kong, details of which were set out in the above Administration's paper (LC Paper No. CB(2)1180/03-04(03)). Permanent Secretary for Health, Welfare & Food (PSHWF) pointed out that in light of the public concern on the notification

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mechanism with Guangdong, the Department of Health (DH) had written to the Ministry of Health (MOH) in Beijing and the Guangdong Province Health Department to remind them of the need to keep DH informed of any suspected and confirmed Severe Acute Respiratory Syndrome (SARS) cases. The Administration would continue to liaise with the Mainland health authorities for the betterment of the notification mechanism.

6. The Chairman noted that on 27 January 2004, the Government Virus Unit (GVU) of DH received a request from the Guangdong Province Center for Disease Control and Prevention (CDC) for SARS coronavirus testing on the clinical specimens from a 40-year old health care worker with pneumonia in Guangzhou. In the afternoon of 30 January 2004, GVU of DH reported the test results to the Guangdong Province CDC. On 31 January 2004, the Guangdong Province Health Department notified DH that the pneumonia patient was classified as a confirmed SARS case and that a press release would soon be issued. In the light of this, the Chairman asked whether it was possible for DH to announce the test results to the people of Hong Kong at the same time these results were reported to the Guangdong Province CDC.

7. Atg DDH replied in the negative to the Chairman's question mentioned in paragraph 6 above. Being a member of the World Health Organisation (WHO) International Verification and Reference Laboratory Network for SARS, GVU of DH could only release test results to the requesting party.

8. Ms LI Fung-ying said that the notification mechanism on infectious diseases with Guangdong was not working as well as it should be, as evidenced by the delayed notification by the Guangdong Province Health Department of the fourth SARS case in Guangdong referred to by the Chairman in paragraph 6 above. According to the agreement reached by the Guangdong-Hong Kong-Macau Expert Group on Prevention and Treatment of Infectious Diseases (the Expert Group), one place should promptly report to the two other places of any sudden upsurge of infection of unknown nature or of public health significance. However, this had not happened in the fourth SARS case in Guangdong. The Guangdong Province Health Department only notified Hong Kong when a patient was confirmed with SARS and not when he/she was suspected with SARS. Moreover, a Guangdong Province official told the media recently that the Mainland law only allowed the public announcement of confirmed infectious disease case.

9. PSHWF responded that there was no question of any breakdown of communication and/or misunderstanding with Guangdong Province with regard to the notification mechanism on infectious diseases. In fact, regular exchange and communication 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 for the most updated SARS situation there. PSHWF further said that it would not be appropriate for DH to interfere with how the Mainland side conducted its business with regard to classification of diseases. Nevertheless, DH had been communicating with the Mainland health authorities to relay the concerns of the people of Hong Kong on the notification mechanism and had suggested ways for the betterment of the system.

10. Atg DDH supplemented that Hong Kong had good communication and cooperation with the Guangdong Province on the prevention of infectious diseases. A case in point was that DH was promptly notified by the Guangdong authorities of the first three SARS cases in Guangdong as soon as these cases were classified as suspected cases. Atg DDH surmised that the reason why the Guangdong authorities only notified DH of the fourth SARS case after the case was confirmed as a SARS case was due to the difficulty in determining whether the patient concerned was with pneumonia or was suspected with SARS. Such uncertainty was evidenced by the fact that the Guangdong Province CDC requested GVU of DH for coronavirus testing on the clinical specimens from the patient concerned. As it could not be ruled that the patient concerned was with SARS, DH enquired the Guangdong Province Health Department daily on the health status of the patient concerned. The Guangdong Province Health Department advised that the case had not been classified as suspected or confirmed SARS, pending further laboratory tests by China CDC and GVU. All contacts under medical surveillance were asymptomatic. Nevertheless, DH concluded that it would be better if the Mainland health authorities could inform DH of any suspected SARS so that Hong Kong could be better prepared for any onslaught of the disease.

11. Ms LI Fung-ying said that despite the explanation given by the Administration, it would be useful if the deficiencies in the notification mechanism exposed by the fourth SARS case in Guangdong could be discussed by the Expert Group in detail.

12. PSHWF responded that the Expert Group met regularly to exchange the latest information, including statistics, clinical treatment, epidemiology and progress on research, and to enhance collaboration on timely exchange of information about infectious disease incidents and outbreaks. Apart from these, if there were reports of unusual outbreaks occurring in the Guangdong Province, DH would make use of the point-to-point information exchange mechanism agreed by the three sides to find out more information about the incident. In a recent example, DH staff visited Guangdong to exchange views on the prevention of avian flu. Health officials of the three places also visited each other regularly to enhance communication and collaboration on health matters of mutual concern. Atg DDH supplemented that DH would raise its concern over the notification of the fourth SARS case in Guangdong at the next regular meeting of the Expert

Group. Where necessary, such regular meeting might be advanced, subject to the agreement of the other two places.

13. Mr Jasper TSANG said that if the Guangdong authorities had notified DH of the first three SARS cases in Guangdong once they were classified as suspected cases, it should have adopted the same approach when dealing with the fourth SARS case in Guangdong. The fact that this was not the case raised the concern whether the criteria adopted by the Guangdong authorities in the case definition of SARS were different from those adopted by WHO and DH.

14. The Chairman referred members to page 8 of the paper entitled "Sequence of events on the resurgence of SARS in Guangdong Province" prepared by LegCo Secretariat (LC Paper No. CB(2)1180/03-04(04)) which stated that the fourth patient with SARS in Guangdong was diagnosed by specialists on 25 January 2004 as with SARS. In the light of this, the Chairman queried why the Guangdong authorities did not notify DH on 25 February 2004 when the patient concerned was diagnosed to be with SARS or two days later on 27 January 2004 when a request was made to GVU of DH for coronavirus testing.

15. Atg DDH responded that as mentioned by PSHWF in paragraph 9 above, DH had been communicating with the Guangdong Province Health Department on a daily basis for the most updated SARS situation there in view of the occurrence of new SARS cases in Guangdong Province since late December 2003. In respect of the fourth SARS case in Guangdong, Atg DDH said that DH was not advised of any case that had been classified as suspected or confirmed SARS in Guangdong during its daily exchanges with the Guangdong Province Health Department between 24 and 26 January 2004. Upon being notified by GVU of a request from the Guangdong Province CDC for SARS coronavirus testing on the clinical specimens from a 40-year-old health care worker in Guangzhou on 27 January 2004, DH staff immediately enquired the Guangdong health authorities whether the patient was a suspected SARS case. In response, the Guangdong health authorities advised that the patient concerned was with pneumonia, pending further laboratory tests by China CDC and GVU. As the patient concerned turned out to be suspected SARS prior to 27 January 2004 by the Guangdong experts, DH had written to MOH in Beijing and the Guangdong Province Health Department to remind them of the need to keep DH informed of any suspected and confirmed SARS case. Atg DDH further said that GVU of DH, as a member of WHO International Verification and Reference Laboratory Network for SARS, had been receiving requests not only from the Mainland but also from neighbouring places during the past several months for SARS coronavirus testing. As mentioned earlier at the meeting, all test results could only be released to the requesting party.

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16. Mr Jasper TSANG asked whether the Guangdong Province CDC had also sent the clinical specimens from the three patients in Guangdong, who turned out to be with SARS, to the GVU of DH for SARS coronavirus testing. If the answer was in the positive, whether the requests were made before or after the patients concerned had been classified as suspected SARS. Atg DDH responded that such requests for testing were made after the patients concerned had been classified as suspected SARS.

17. Mr Jasper TSANG asked whether DH considered it odd that the Guangdong Province CDC had requested GVU of DH to conduct SARS coronavirus testing on a patient with pneumonia. Atg DDH replied in the positive, and as such, DH immediately enquired the Guangdong health authorities as to whether the patient was a suspected SARS case. In response, the Guangdong health authorities advised that the patient concerned had not been classified as suspected or confirmed SARS, pending further laboratory by China CDC and GVU.

18. Mr Fred LI asked the following questions -

(a) Whether there was a time limit for the Guangdong Province Health Department to report to DH of any case in Guangdong which had been classified as suspected or confirmed SARS; and

(b) Whether DH had encountered other delayed notification from the Guangdong Province Health Department on the notification of infectious diseases, including SARS. If the answer was in the positive, whether it would take up the matter with MOH in Beijing.

19. Atg DDH responded that the cut-off time for the Guangdong Province, Hong Kong and Macau to report to the other two places of any suspected or confirmed SARS case was 10:00 am on the following day. There was no time limit for one place to report to the other two places of any suspected or confirmed SARS prior to the 10:00 am cut-off time on the following day. The principle was that such a report should be made as soon as a case had been classified as suspected or confirmed SARS. Atg DDH further said that apart from the 10:00 am cut-off time on the following day, DH could always communicate with the relevant officials of MOH in Beijing and the Guangdong Province Health Department by telephone or fax round the clock as and when necessary. Thus far, DH found the Mainland side to be very responsive to any views/concerns raised by DH on the notification mechanism.

20. Mr Fred LI further enquired whether the health authorities in Mainland had given any explanation for the delayed notification of SARS to Hong Kong, having regard to the 10:00 am cut-off time for reporting to Hong Kong of any suspected

or confirmed SARS case. In response, Atg DDH said that DH had sent letters to MOH in Beijing and the Guangdong Province Health Department to remind them of the need to keep DH informed of any suspected and confirmed SARS case in the morning of 2 February 2004. Replies from MOH in Beijing and the Guangdong Province Health Department were still pending.

21. Mr Andrew CHENG said that by merely writing letters to MOH in Beijing and the Guangdong Province Health Department to express concern over the delayed notification of SARS in Guangdong was too passive. DH should be more assertive in demanding prompt reporting from the Guangdong Province Health Department on any outbreak of infectious diseases, say, by seeking assistance from WHO.

22. Atg DDH responded that as soon as the information that the fourth SARS patient in Guangdong was diagnosed to be suspected with SARS as early as 25 January 2004 after the case was announced by the Guangdong Province Health Department as confirmed SARS on 31 January 2004, DH had immediately taken up the matter with MOH in Beijing and the Guangdong Province Health Department by letters and by telephone. The matter was again raised with the representatives of the Mainland health authorities during a conference on 1 February 2004. It should be pointed out that, as mentioned in paragraph 15 above, DH was not advised of any case that had been classified as suspected or confirmed SARS in Guangdong during its daily exchanges with the Guangdong Province Health Department between 24 and 26 January 2004. Upon being notified by GVU of a request from the Guangdong Province CDC for SARS coronavirus testing on the clinical specimens from a 40-year-old health care worker in Guangzhou on 27 January 2004, DH staff immediately enquired the Guangdong authorities whether the patient was a suspected SARS case. In response, the Guangdong authorities advised that the patient concerned was with pneumonia, pending further laboratory tests by China CDC and GVU. Atg DDH further said that apart from reporting the delayed notification of the fourth SARS case in Guangdong to WHO, DH considered it more useful to discuss the matter during the forthcoming tripartite meeting of the Expert Group to avoid such delay from recurring.

23. Mr Andrew CHENG remained of the view that DH was too passive in taking up the delayed notification of the fourth SARS case in Guangdong with the Mainland health authorities. Mr CHENG hoped that the Administration would not succumb to the authority of the Mainland to avoid the recurrence of the SARS outbreak in Hong Kong last year.

24. PSHWF said that there was no question of the situation mentioned by Mr CHENG in paragraph 23 above, as no one could bear the responsibility for any loss to human lives. PSHWF further said that DH had all along been very

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transparent to the public as well as WHO with regard to its communication with the Mainland health authorities on the notification mechanism on infectious diseases. PSHWF pointed out that a stern statement had been issued by WHO over the delayed notification of the fourth SARS case in Guangdong.

25. Dr YEUNG Sum said that there should be no compromise with regard to the notification mechanism on infectious diseases, as to do so would result in loss to in human lives. Moreover, misunderstanding between Hong Kong and Guangdong Province on the notification mechanism would undermine the relationship between the two places. In the light of this, Dr YEUNG urged that the notification mechanism be thoroughly reviewed to ensure effective communication for the prevention of infectious disease incidents and outbreaks. Notably, it should be made clear amongst the three places the need to promptly report of any suspected and confirmed SARS cases. Secondly, the case classification of SARS should be made clearer and agreed upon amongst the three places. Thirdly, the notification mechanism should be made more transparent. For instance, the public should be informed of when a patient was diagnosed as suspected SARS.

26. PSHWF reiterated that it was the Administration's intention to continue to liaise with the Mainland health authorities for the betterment of the notification mechanism. As mentioned earlier at the meeting, DH planned to raise the incident of the fourth SARS case in Guangdong at the forthcoming tripartite meeting of the Expert Group. PSHWF however pointed out that as the Mainland health authorities were presently focussing all their efforts on combatting the avian flu outbreak in the Mainland, they might not be able to readily respond to the concerns raised by DH over the incident of the fourth SAR case in Guangdong.

27. Dr LO Wing-lok noted from the paper entitled "Sequence of events on the resurgence of SARS in Guangdong Province" that patient 'D' (who was the patient concerned of the fourth SARS case in Guangdong) was diagnosed by experts in Guangzhou on 24 January 2004 as a suspected SARS case and by experts in the Guangdong Province on 25 January 2004 as a confirmed SARS case. On 26 January 2004, MOH in Beijing received a report of patient 'D' from the Guangdong Province Health Department. On 27 January 2004, China CDC requested GVU of DH for SARS coronavirus testing on patient 'D'. Dr LO suggested that to speed up the notification process, the Guangdong Province Health Department should in future report to DH at the same time it reported to MOH in Beijing. If that had been done in the handling of patient 'D', DH should have been advised of the suspected case two days earlier, i.e. 25 instead of 27 January 2004. In response, PSHWF said that the Administration was also considering along the same lines and might raise such with the Mainland health authorities.

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28. In summing up, the Chairman urged the Administration to take into account views expressed by members in its discussion with the Mainland health authorities for the betterment of the notification mechanism.

V. Contingency plan for avian flu

29. PSHWF said that Hong Kong had experienced four H5N1 avian influenza (AI) outbreaks in poultry since 1997. Throughout the years, the Government had put in place a series of preventive measures to guard against possible outbreaks targetting in particular the sources of the virus and potential carriers, i.e. live poultry and wild birds. In the light of the recent AI outbreaks in Asia, monitoring and surveillance efforts had been stepped up to minimise the risk of AI infections in Hong Kong.

30. Atg DDH said that public health measures had been geared up on two fronts to prevent human infections as follows -

(a) On disease surveillance

(i) Influenza A (H5) was made a statutorily notifiable disease since 30 January 2004;

(ii) Health check measures at border control points had been stepped up. Travellers returning from AI-infected areas and detected to have fever during temperature check and/or indicated in their health declaration form that they felt unwell would be referred to a hospital under the Hospital Authority (HA) for follow up. Where necessary, these persons would be placed in isolation ward. Medical surveillance of close contacts might also be conducted;

(iii) Monitoring of the influenza situation locally through sentinel surveillance, laboratory surveillance, and investigation of influenza-like-illness outbreaks had been enhanced;

(iv) Close contacts with relevant health authorities in the Mainland, WHO and overseas health authorities for latest information on human infections had been stepped up. During DH's recent visit to Guangdong, the Guangdong Province Health Department agreed to report DH any suspected or confirmed human case of AI; and

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(v) All live-poultry workers had been invited to receive vaccination at HA clinics for personal protection against influenza;

(b) On public education

(i) A dedicated website had been launched by DH to provide updated information on the global situation of AI and to advise on preventive measures for the community;

(ii) Educational leaflets and posters had been produced for wide distribution and display in Hong Kong;

(iii) Health advice and information (including guidelines, updates and educational materials) had already been issued to healthcare professionals, schools, child care centres, elderly homes and other service agencies for vulnerable groups;

(iv) Announcements in the public interests were being broadcast on radio and television channels in Hong Kong at regular intervals. Health messages were being disseminated at Hong Kong's land and sea control points, and on vessels and trains to and from infected places; and

(v) Regular contacts with the consulates and tourism trade, etc., to keep them abreast of the development in Hong Kong were maintained.

31. As far as HA was concerned, Director, HA said that -

(a) Risk assessment of the recent outbreak of AI in some Asian countries was constantly carried out by the HA Central Committee on Infectious Disease to facilitate the implementation of corresponding measures in public hospitals. For instance, experts from HA had visited Vietnam and the Guangdong Province to better assess the risk involved in the event of a confirmed human H5 case in Hong Kong;

(b) Yellow Alert had been activated in all public hospitals to ensure the implementation of stringent infection control measures. When there was one or more laboratory-confirmed local case of H5N1 human infection, HA would consider activating the Red Alert in all public hospitals;

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(c) Mechanism for surveillance and reporting of Influenza A (H5) cases in public hospitals had been enhanced to tie in with the decision of DH to include Influenza A (H5) as one of the reportable infectious diseases. Patients meeting a set of criteria would be reported to HA Head Office and DH for necessary follow up, including viral tests for influenza. The set of criteria included clinical symptoms (fever, cough, sore throat, myalgia, chill), contact with a case of Influenza A (H5), recent (less than one week) visit to a poultry farm in an area known to have outbreaks of AI, working in laboratory that was processing samples of AI infection, presented with severe pneumonia and had contact with poultry within one week before onset of illness. During the past few months, about 300 persons returning from Guangdong and who displayed influenza-like symptoms had been put under observation by HA for SARS or AI infections. Not a single one of them was tested positive for such diseases;

(d) HA had reviewed and revised the current set of clinical guidelines according to the latest development and need, which covered laboratory tests, patient admission and isolation arrangements, prescription guidelines, infection control measures, etc;

(e) Training had been provided to hospital staff to update them on the latest development of AI and the clinical guidelines concerned. Seminars on AI had also been organised for health care workers working in the private sector;

(f) To ensure the effective use of isolation facilities in public hospitals, HA had issued clinical protocol/guidelines for influenza-like-illnesses taking into account the relevant risk factors;

(g) The current stocking level of drugs for treatment of influenza and provision of personal protection equipment had been reviewed to ensure adequate supply to meet the demand; and

(h) As Hong Kong was entering into the influenza peak season, the specialist and general out-patient clinics of HA would provide influenza vaccination free of charge for appropriate out-patients with a view to strengthening their immunity to influenza and also reducing the possibility of co-infection of different types of influenza. Furthermore, the Community Geriatric Assessment Teams would actively suggest to the elderly they visited to receive influenza vaccination. Public hospitals would also continue to encourage their frontline health care workers to receive vaccination.

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32. Mr Andrew CHENG hoped that the Administration would not repeat the mistake made during the last SARS outbreak in Hong Kong by not paying due attention to any unusual development of AI in the Mainland. Referring to a recent Times reporting that there were cases of human contracting AI in the Mainland and with some deaths from the disease, Mr CHENG enquired whether DH had sought confirmation from the Mainland health authorities on the report and/or the assistance from WHO to confirm the same. Mr CHENG further enquired about the measures which had been taken by the Administration to prevent importation of AI into Hong Kong. Mr CHENG also expressed dissatisfaction at the failure of the Administration to prepare a paper on the matter under discussion, which further demonstrated that it had not treated the possible onslaught of the disease in Hong Kong seriously.

33. PSHWF responded that the Administration was fully aware of all types of reporting on AI, including that from Times. It should be noted that the Mainland health authorities had flatly refuted the report from Times mentioned by Mr CHENG in paragraph 32 above. PSHWF assured members that there was no question of the Administration treating the possible outbreak of AI in Hong Kong lightly. For instance, in anticipation of the possible resurgence of AI during the winter season, a vaccination programme was introduced in June 2003 to cover all local chicken farms. An agreement had also been reached with the Mainland to vaccinate all chickens for export to Hong Kong. From 15 January 2004, all imported and local chickens in the market had to be vaccinated to ensure their immunity status was maintained at a satisfactory level. In view of the possible transmission from wild birds and migratory birds, the installation of bird-proof facilities was required in all local farms. In the event of a case of H5N1 virus being found in a dead chicken or detection of a local H5N1 human infection in Hong Kong, all live poultry would be culled to prevent the spread of AI and to minimise the risk of human infections. PSHWF further said that the reason why no paper on the contingency plan for AI was prepared for the meeting was because the adding of such item to the meeting agenda at a very late stage had left very little time for the Administration to prepare the paper. Nevertheless, PSHWF undertook to provide the paper to the Panel shortly after the meeting.

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34. Mrs Sophie LEUNG hoped that the Administration could persuade the Mainland authority to adopt the more stringent biosecurity measures imposed on local chicken farms to the Mainland farms. Mrs LEUNG further said that one way to prevent chickens from contracting AI was to feed them with organic feed, and enquired whether consideration could be given to encouraging local farms as well as the registered farms in the Mainland to do so. PSHWF agreed to convey Mrs LEUNG's suggestion to local chicken farmers and the Mainland authority. PSHWF however pointed out that the retail price of a chicken fed on organic feed might not be affordable to the general public. At present, an organically-fed

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frozen chicken imported from places such as France was retailed between $200 and $300 each.

35. Dr LO Wing-lok said that according to estimation, the existing live chicken stock could only satisfy local demand for about 100 days. To enable local farmers to replenish their stock after they had sold all their existing stock, importation of day-old chickens might be inevitable. Dr LO however urged the Administration to suspend importation of day-old chickens from infected areas. In importing day-old chickens from non-infected areas, due regard should be given to ensuring that the density of chicken farms was not too high in order to reduce the possibility of AI infection. Dr LO noted that the Administration had temporarily suspended the importation of live birds and poultry meat from the infected areas such as Thailand and Vietnam, but had not done the same to the United States. Dr LO pointed out that although a poultry farm in the State of Delaware was found to have an outbreak of AI on 7 February 2004, the Administration only temporarily suspended importation of live birds and poultry meat from that State and not all other States of the United States. In the light of this, Dr LO enquired about the reason(s) for the different measures adopted by the Administration to temporarily suspend importation of live birds and poultry meat from infected areas. Dr LO opined that Hong Kong should best apply uniformed criteria for suspending importation of live birds and poultry meat from infected areas to avoid criticisms from the international community.

36. PSHWF responded that day-old chickens used in local farms mainly came from the Mainland. As the AI outbreaks in the Mainland were still not under control, the suspension of importation of day-old chickens to Hong Kong would continue despite the fact that the live chicken stock would deplete in about three months' time. PSHWF further said that subject to formal confirmation of details of the outbreak from the relevant authorities, the Administration would temporarily cease processing of applications for the importation of live birds and poultry meat from the State of Delaware in the United States as a precautionary measure to protect public health. Further information was being sought from the United States Government on the details of the outbreak before deciding as to whether or not additional precautionary measures should be taken to protect public health. Reference would also be made to the guidelines and recommendations of the Office International des Epizooties, which was the international authority on animal health and diseases. PSHWF added that according to the available information, the farm in Delaware was infected by H7 AI virus, which was thought to be a low pathogenic AI.

37. Miss CHAN Yuen-han urged the Administration to be well prepared for any possible outbreak of AI in Hong Kong, to avoid repeating the mistakes made during the last SARS outbreak. PSHWF assured members that this had been done, as demonstrated by the measures taken and would be taken by the

Administration and HA mentioned in paragraphs 29 to 31 above. PSHWF further said that it was not appropriate to equate the SARS outbreak with that of AI as SARS was a new disease whereas Hong Kong and many places elsewhere had accumulated ample experience in dealing with AI outbreaks.

38. Mr Fred LI advised that a special meeting of the Panel on Food Safety and Environmental Hygiene would be held on 12 February 2004 at 9:00 am to discuss measures against outbreak of AI in Hong Kong.

39. In summing up, the Chairman called upon concerted efforts from all sectors of the community to prevent the possible outbreak of AI in Hong Kong.

(*Post-meeting note* : The Administration's paper entitled "Preventive and contingency measures to combat avian influenza in Hong Kong" was issued to members vide LC Paper No. CB(2)1325/03-04 dated 12 February 2004.)

VI. Cervical cancer screening service
(LC Paper No. CB(2)1180/03-04(05))

40. Atg DDH took members through the Administration's paper detailing the major features of the Cervical Screening Programme (CSP), which would be launched on 8 March 2004, and the proposed fee schedule for the cervical screening service conducted by DH under the Programme.

41. Dr YEUNG Sum welcomed the launching of CSP, which had long been advocated by the Democratic Party to substantially reduce the incidence and mortality of cervical cancer. Dr YEUNG however hoped that the publicity to promote the Programme would be comprehensive enough to ensure a high coverage rate. Dr YEUNG further said that the proposed charge of $120 for cervical screening at the Maternal and Child Health Centres (MCHCs) in DH was on the high side, and should be lowered.

42. Miss CHAN Yuen-han echoed Dr YEUNG's views mentioned in paragraph 41 above. Miss CHAN noted from paragraph 11 of the Administration's paper that around 380 000 cervical smears were taken by women in Hong Kong each year. This number was expected to go up to 570 000 when CSP was in its fifth year of operation, and 740 000 in the long run. Miss CHAN queried whether the estimated number of 740 000 cervical smears to be taken by women in Hong Kong in the long run would correspond to the target coverage rate of 80% amongst women aged 25-64.

43. Dr LAW Chi-kwong asked if the Administration would consider renaming MCHCs, as some women who did not have child(ren) might feel embarrassed to

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seek cervical screening from these Centres.

44. Dr LO Wing-lok said that although it was mentioned in the Administration's paper that private-public collaboration was crucial to the success of CSP and the private sector was expected to take up two-thirds of the market share, it was unclear from the paper the role of the private sector in that regard. Dr LO disagreed that the proposed fee of $120 for cervical screening was on the high side, as the proposed fee was a small price to pay to prevent cervical cancer.

45. Mrs Sophie LEUNG advised that the Capacity Building Mileage Programme, to be launched by the Women's Commission in partnership with the Open University of Hong Kong and a local radio station on 8 March 2004, would also include courses to raise women's awareness on the importance of undergoing cervical screening.

46. On the proposed fee, Atg DDH gave an explanation on setting the fee at $120, details of which were set out in paragraphs 12 to 16 of the Administration's paper. Nevertheless, the Administration would closely monitor the fee level vis-a-vis its effect on the coverage rate and the pattern of women's participation in CSP. At the same time, every effort would be made to raise women's awareness on the importance of undergoing cervical screening and the worthiness of paying such a fee for the service. Atg DDH further said that as a woman would generally need to undergo cervical screening once every three years after two consecutive yearly negative smears, the cost for the service would only come up to $72 annually during a five years' period. DSHWF supplemented that there was already in existence a medical fee waiver mechanism to assist those who were in financial need. This waiver mechanism would apply to users of DH's cervical screening service. No one would be denied the service due to lack of means.

47. On the collaboration between the private and public sectors, Atg DDH said that private service providers who joined CSP would receive professional training kits like smear-taking manual, educational VCDs, pamphlets, posters and fact sheets, and be invited to attend briefing sessions. They would be able to search cervical smear and biopsy results, make on-line enquiries and give feedback about quality indicators through the Cervical Screening Information System (CSIS). The CSIS, which was currently under development, would support multiple functions such as the enrolment of the target population, maintaining information on screening history and results, tracking utilisation and follow up, sending reminders, linking records across different providers, generating indicators for coverage and quality assurance. DH would also issue letters to participating doctors to remind them of the need for next screening of their clients. Refresher courses would be organised for participating doctors in conjunction with professional training institutions.

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48. As to the suggestion of renaming MCHCs, Atg DDH said that DH had no plan to do so as women in general were familiarised with the services provided by these Centres.

49. As regards the coverage rate of CSP, Consultant, Community Medicine said that about 85% of the target population, i.e. women aged 25-64, would be covered by CSP if the number of cervical smears to be taken by women each year could reach 740 000. Although women aged 25-64 presently stood at 2.1 million, the great majority of them would only need to undergo cervical screening once every three years.

50. Dr YEUNG Sum was adamant that the proposed fee was too high. He requested the Administration to re-consider the fee level and provide a reply to the Panel prior to 8 March 2004. DSHWF agreed.

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(*Post-meeting note* : The Administration's response on the fee chargeable for cervical screening service at MCHCs of DH was issued to members vide LC Paper No. CB(2)1486/03-04 dated 25 February 2004.)

VII. Regulation of Medical Devices : Outcome of Public Consultation and the Proposed Way Forward

(LC Paper No. CB(2)1180/03-04(06))

51. Due to time constraint, members agreed to defer the discussion of the above item at a special meeting. Members further agreed to invite deputations to give views on the matter.

(*Post-meeting note* : A special meeting was scheduled for 22 March 2004 at 8:30 am to discuss the regulation of medical devices.)

52. There being no other business, the meeting ended at 10:49 am.

Council Business Division 2
Legislative Council Secretariat
23 March 2004