

**立法會**  
**Legislative Council**

LC Paper No. CB(2)2643/03-04

(These minutes have been  
seen by the Administration)

Ref : CB2/PL/HS

**Panel on Health Services**

**Minutes of special meeting  
held on Thursday, 29 April 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)  
Dr Hon David CHU Yu-lin, JP  
Hon Cyd HO Sau-lan  
Hon Jasper TSANG Yok-sing, GBS, JP  
Dr Hon YEUNG Sum  
Hon Andrew CHENG Kar-foo
- Members absent** : Hon CHAN Kwok-keung, JP  
Hon CHAN Yuen-han, JP  
Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP  
Dr Hon LAW Chi-kwong, JP  
Dr Hon TANG Siu-tong, JP  
Hon LI Fung-ying, JP
- Public Officers attending** : Mrs Carrie YAU, JP  
Permanent Secretary for Health, Welfare and Food
- Mr Jeff LEUNG  
Principal Assistant Secretary for Health, Welfare and Food  
(Health)<sup>1</sup>

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

Dr P Y LEUNG, JP  
Controller, Centre for Health Protection

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

Mr Duncan Pescod, JP  
Deputy Commissioner for Tourism,  
Economic Development and Labour Bureau

Dr LIU Shao-haei  
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. Latest SARS situation in the Mainland and preventive measures taken in Hong Kong**  
(LC Paper No. CB(2)2205/03-04(01))

Permanent Secretary for Health, Welfare & Food (PSHWF) advised that since 28 April 2004, the total number of confirmed and suspected Severe Acute Respiratory Syndrome (SARS) cases in Beijing and the Anhui Province remained at nine. The number of confirmed cases had increased from two to four, as a result of two out of the seven suspected cases diagnosed as confirmed. PSHWF then briefed members on the implementation of various response actions to prevent resurgence of SARS in Hong Kong, such as the convening of an inter-departmental meeting chaired by the Secretary for Health, Welfare and Food on 26 April 2004 to review the preventive measure taken and the convening of a meeting by the Controller, Centre for Health Protection (CHP) on 27 April 2004 to

review laboratory safety in Hong Kong, details of which were set out in the above Administration's paper.

2. In view of the Labour Day Golden Week, which was typically a peak period for travel to Hong Kong by Mainland visitors, Dr YEUNG Sum enquired about the measures to be taken by the Administration against onslaught of SARS in Hong Kong.

3. In response, Controller, CHP and Deputy Commissioner for Tourism referred members to paragraph 6 of the Administration's paper which set out the measures to enhance border control and disease surveillance, the preventive measures in hospitals and the precautionary measures to be taken by the travel industry to protect visitors' health.

4. Dr YEUNG Sum further enquired whether the World Health Organization (WHO) considered the outbreak in the Mainland under control, having regard to the fact that the National Institute of Virology in Beijing had been identified as the source of the outbreak.

5. PSHWF responded that investigation was still ongoing by WHO to ascertain whether the source of the outbreak was indeed the National Institute of Virology in Beijing. As to whether the outbreak in the Mainland was contained in the view of WHO, PSHWF said that she did not have the answer. PSHWF however pointed out that to date, all diagnosed cases and cases under investigation had been linked to chains of transmission involving close personal contact with an identified case. Joint investigation between WHO and Mainland authorities would continue.

6. Controller, CHP supplemented that the reason why the National Institute of Virology in Beijing could not yet be established as the source of the outbreak was because of the long time gap between the development of SARS symptoms between the first and second confirmed SARS patients who were researchers of the institute. The first confirmed case developed SARS symptoms on 25 March 2004, whereas the second confirmed case developed SARS symptoms on 17 April 2004. Moreover, neither was known to have conducted research using the live virus. Controller, CHP further said that extensive field epidemiological investigation was being conducted by the Mainland authorities since the outbreak. To date, more than 600 people from Beijing and over 130 people from Anhui Province had been kept under surveillance.

7. Dr David CHU expressed concern that some visitors suffering from fever might avoid taking temperature check from their tour guides, so as not to disrupt their stay in Hong Kong. To prevent such situation from occurring, Dr CHU

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suggested rewarding visitors who voluntarily reported their fever with a sum of, say, \$500 or \$1,000.

8. Deputy Commissioner for Tourism responded that he did not see the need for Dr CHU's proposal mentioned in paragraph 7 above, as tour guides would know which tour group members had not taken the daily body temperature check. For those visitors who came to Hong Kong individually, the hotel industry had been reminded to watch out for visitors with fever symptoms. Moreover, such a scheme might give rise to abuse.

9. Controller, CHP supplemented that a better approach was to educate the visitors on the importance of observing good personal hygiene and seeking medical help if they felt unwell. To this end, broadcast at all boundary check points to remind visitors of the same had been made in addition to distributing health information leaflets and health alert cards to all visitors upon their arrival in Hong Kong.

10. PSHWF also said that with lessons learnt from the SARS outbreak last year, people had become more aware of the dire consequences of hiding the fact that they had developed symptoms of an infection such as fever. This would not only bring harm to themselves, but also to people in close contact with them such as their family members.

11. Dr LO Wing-lok said that another way to avoid visitors from concealing that they had developed infection symptoms was to encourage visitors to purchase travel insurance to cover sickness during their stay in Hong Kong.

12. Deputy Commissioner for Tourism responded that the Tourism Commission would continue to liaise with overseas travel industry and bodies, such as the World Tourism Organisation, to encourage visitors coming to Hong Kong to purchase travel insurance to cover their sickness during their stay here.

13. Noting that DH had provided a SARS hotline to answer public enquiries in relation to SARS, the Chairman asked whether such information would be disseminated to all visitors. Deputy for Commissioner responded that the hotline was contained in the pamphlet "Health Advice for Visitors to Hong Kong" for distribution to each incoming traveller upon their entry here.

14. Dr LO Wing-lok said that it appeared that the Mainland authorities had been adopting an overly conservative approach in notifying the Department of Health (DH) of any suspected or confirmed SARS cases. This was evidenced by the long lead time between the time the patients concerned developed SARS symptoms and the time these individuals were diagnosed as suspected or

confirmed SARS cases. Dr LO asked whether the Administration had raised this point with the Mainland health authorities. Dr LO further asked whether there was any plan in place to step up the preventive measures set out in the Administration's paper in the event that the recent outbreak in the Mainland had worsened.

15. PSHWF responded that since the SARS outbreak last year, DH had been maintaining close contact with the Mainland Ministry of Health (MoH). DH had been receiving timely and regular reports from MoH on the SARS situation in the Mainland. There were also frequent exchanges between the health officials of the Mainland and the Hong Kong Special Administrative Region (HKSAR) on the latest situation in the Mainland and preventive measures taken on both sides. Controller, CHP supplemented that it was not unusual that a certain amount of time was often needed to confirm whether a patient was a suspected or confirmed SARS case. This was particularly so for the first generation of cases, given that much about SARS was not yet known. Controller, CHP however pointed out that much progress had been made in the Mainland on the reporting of SARS with the setting up of a computerised reporting system. As regards Dr LO's second question, Controller, CHP replied in the positive.

16. Dr LO Wing-lok further asked the Administration whether, in its meeting with MoH officials in Beijing on 28 April 2004, had discussed with the Mainland authorities the circumstances under which the Mainland would prohibit people from Beijing and Anhui Province visiting Hong Kong during the coming Labour Day Golden Week. PSHWF responded that such an issue was not raised in the HKSAR delegation meeting with MoH officials. She surmised that this was due to the fact that there was no sign of spread of SARS in the community, as all diagnosed cases and cases under investigation then had been linked to chains of transmission involving close personal contact with an identified case.

17. Mr Andrew CHENG wondered whether MoH had notified DH of any suspected or confirmed case promptly at all times. For instance, MoH notified DH of two suspected SARS cases on 22 April 2004, and one day later notified DH that these two suspected cases were diagnosed as confirmed cases. This raised doubt as to whether MoH had known that these two cases were suspected cases earlier than 22 April 2004, as it was not plausible for diagnosis of SARS to be completed in one day time given that three to four tests were often required for such.

18. PSHWF responded that there was no rule on the time required to diagnose a case as a suspected or confirmed SARS case. For instance, the two cases diagnosed as suspected SARS cases on 23 April 2004 were diagnosed as confirmed cases on 29 April 2004 and notified to DH on the same day. 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.

19. Controller, CHP assured members that the Mainland authorities had been notifying DH promptly of any suspected SARS in Beijing and Anhui Province. The reason why a suspected case could be diagnosed as a confirmed case overnight was because it was a standing practice in the Mainland that no notification of any confirmed case could be made without being ascertained by the specialists from the Center for Disease Control and Prevention in Beijing.

20. Mr Andrew CHENG remained unconvinced that the Mainland authorities had been notifying DH promptly of any suspected SARS case. If that was the case, there would be no need for the Administration to send a delegation to Beijing on 28 April 2004 to obtain an update on the latest SARS situation in the Mainland.

21. PSHWF responded that the purpose of the HKSAR delegation's visit to MoH was not just to obtain an update on the latest SARS situation in the Mainland, but also to gain an insight on the preventive measures taken by the Mainland to control the spread of the disease. Both sides also exchanged views and experience on enhancement of laboratory safety.

22. Dr LO Wing-look expressed support for the health officials of Hong Kong to visit the places in the Mainland which had outbreak of infectious diseases, such as SARS, in the earliest possible time in order to have a better grasp of the situation. In response, PSHWF said that the visit to MoH on 28 April 2004 was made on the recommendation of the expert groups formed to advise on the setting up of the CHP.

23. The Chairman asked about the measures which had been taken by the Administration to ensure laboratory safety in Hong Kong, in light of the recent experience in the Mainland. The Chairman further asked what "Biosafety level 3" (i.e. P3), referred to in page 5 of the Administration's paper, meant.

24. Controller, CHP responded that laboratory representatives from DH, HA and the universities had been reminded to review their safety practice, ensure all laboratory personnel to remain vigilant and receive all necessary training. All laboratory work should also be undertaken at the appropriate biocontainment level. Staff involved in handling SARS virus who had fallen sick would be closely monitored to minimise risk. Controller, CHP further said that P3 laboratories were those engaged in live SARS virus research. All personnel of P3

laboratories had been reminded to inform DH promptly of any incident/accident of spillage and personal infection occurred during laboratory work involving SARS virus. Controller, CHP added that the implicated laboratory in the National Institute of Virology in Beijing was not yet a P3 laboratory. Hence, the investigation to find out why the two researchers who worked there had contracted SARS.

25. The Chairman asked whether public hospital beds were adequate to meet increased demand in the event of a resurgence of SARS in Hong Kong. The Chairman further asked about the utilisation rate of beds in medical and geriatric wards in public hospitals.

26. Senior Executive Manager (Professional Services), HA responded that plans on decanting and mobilisation of patients had been put in place in the event of a resurgence of SARS in Hong Kong. As to the Chairman's second question, Senior Executive Manager (Professional Services), HA said that the utilisation rate of beds in medical and geriatric wards was about 80% to 90% at present.

27. On closing, the Chairman urged all members of the public to remain vigilant, particularly in view of the large number of Mainlanders who would visit Hong Kong in the coming week.

28. There being no other business, the meeting ended at 5:35 pm.