

立法會
Legislative Council

LC Paper No. CB(2)311/04-05
(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of meeting
held on Monday, 8 November 2004 at 8:30 am
in the Chamber of the Legislative Council Building

Members present : Hon Andrew CHENG Kar-foo (Chairman)
Dr Hon KWOK Ka-ki (Deputy Chairman)
Hon Albert HO Chun-yan
Hon Mrs Selina CHOW LIANG Shuk-ye, GBS, JP
Hon CHAN Yuen-han, JP
Hon Bernard CHAN, JP
Dr Hon YEUNG Sum
Hon LI Fung-ying, BBS, JP
Hon Vincent FANG Kang, JP
Hon LI Kwok-ying, MH
Dr Hon Joseph LEE Kok-long
Hon Albert Jinghan CHENG

Member absent : Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP

Public Officers attending : All items

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

Miss Susie HO, JP
Deputy Secretary for Health, Welfare and Food (Health)

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

Dr Yonnie LAM
Assistant Secretary for Health, Welfare and Food (Health) 6

Dr P Y LAM, JP
Director of Health

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

Item III

Dr York CHOW, SBS, JP
Secretary for Health, Welfare and Food

Dr William HO, JP
Chief Executive, Hospital Authority

Item IV

Miss Helen TANG
Head, Emergency Response and Information Branch
Centre for Health Protection

Item V

Dr S S LEE
Consultant, Special Preventive Programme
Centre for Health Protection

Dr LIU Shao-haei
Senior Executive Manager (Professional Services)
Hospital Authority

Item VI

Dr Howard WONG Kai-hay
Senior Veterinary Officer (Farm)
Agriculture, Fisheries and Conservation Department

Dr Philip HO Yuk-yin
Consultant (Community Medicine) (Risk Assessment and
Communication)
Food and Environmental Hygiene Department

Dr Thomas TSANG Ho-fai
Consultant, Community Medicine (Communicable Disease)
Surveillance and Epidemiology Branch
Centre for Health Protection

Clerk in attendance : Ms Doris CHAN
Chief Council Secretary (2) 4

Staff in attendance : Miss Mary SO
Senior Council Secretary (2) 8

I. Confirmation of minutes
(LC Paper No. CB(2)102/04-05)

The minutes of meeting held on 12 October 2004 were confirmed.

II. Items for discussion at the next meeting
(LC Paper Nos. CB(2)144/04-05(01) and (02))

2. The Chairman suggested and members agreed to defer this item to the end of the discussion of agenda item III.

3. Members further agreed to include the following items in the outstanding list of items for discussion -

(a) long term health care strategies proposed by Dr KWOK Ka-ki;

- (b) progress on the registration of Chinese medicine practitioners (CMPs) proposed by Mrs Selina CHOW; and
- (c) provision of Chinese medicine (CM) in public health care system proposed by Mr LI Kwok-ying.

Late provision of Panel papers by the Administration

4. Dr KWOK Ka-ki expressed dissatisfaction that papers for discussion at the meeting were only provided on 5 November 2004, and urged that more time be given to members to study the papers prior to the meeting concerned. The Clerk advised that according to the agreement made between the Legislative Council and the Administration on the provision of papers for discussions at meetings of Panels and Bills Committees in 2002, the Administration was required to provide these papers at least five clear days before the relevant meetings for items with at least three weeks' notice. Secretary for Health, Welfare and Food (SHWF) responded that the Administration would strive to adhere to the agreed deadlines for providing papers to the Panel meetings as far as practicable.

III. Briefing by the Secretary for Health, Welfare and Food

5. At the invitation of the Chairman, SHWF briefed members on the work plan of the Health, Welfare and Food Bureau (HWFB) in respect of provision of health services in 2004-2005. The relevant speaking note was tabled at the meeting.

6. Dr YEUNG Sum was of the view that -

- (a) the Administration should expeditiously come up with option(s) on long term health care financing for public consultation, such as the implementation of a medical savings scheme, instead of relying on containing/reducing cost and raising fees and charges to maintain the sustainability of the public health care system;
- (b) promotion and adoption of family medicine practice should be strengthened to facilitate building of relationship between family doctors and the patients' families;
- (c) all outpatient clinics of the Hospital Authority (HA)'s should include a CM division to meet patients' needs and provide employment and training ground for local CM graduates; and
- (d) in the development of a standardised drug list for use in all HA

hospitals, due regard should be given to the financial difficulties faced by some of the patients who had to purchase drugs outside the list.

7. SHWF responded as follows -

- (a) in order to ensure the sustainability of the public health care system, apart from improving cost effectiveness and raising fees and charges to target resources to areas most in need, other measures, such as the development of a community-focused and patient-centred health care programme and the development of effective preventive programmes, were being taken forward by HA. At the same time, the Administration was actively exploring options, such as medical savings and medical insurance, with a view to formulating proposals for further discussion with members;
- (b) HA would continue to press ahead with the promotion and adoption of family medicine practice to strengthen primary medical care;
- (c) consideration was being given to the setting up of additional CM outpatient clinics in the territory. This would provide some employment and training opportunities to local CM graduates; and
- (d) the Administration was in discussion with HA that in the development of a standard Drug Formulary, due regard would be given to ensuring that there was a wide selection for each class of drugs and that they were affordable. For patients who had financial difficulty in purchasing drugs outside the standard Drug Formulary, they could apply for grants from the Samaritan Fund.

8. Miss CHAN Yuen-han noted that long term health care financing was one of the items proposed by the Administration for future discussion by the Panel, and urged that this be discussed soon. Miss CHAN pointed out that many elders and disabled persons were very worried that in an effort to address its budget deficit, HA would further raise fees and charges and cutback expenses on medical services. Miss CHAN further expressed concern on the following issues -

- (a) long working hours of HA doctors in-training;
- (b) succession problem of HA doctors arising from employing doctors on contract terms; and
- (c) slow progress made in advancing CM practice.

9. SHWF said that it was the Administration's intention to consult members on long term health care financing options. Health care financing needed to be considered in context taking into account the overall social development. SHWF further said that in raising fees and charges, every effort would be made to ensure that the needy would be catered for and that no one would be deprived of appropriate medical care because of lack of means.

10. As regards the other issues raised by Miss CHAN, SHWF responded as follows -

- (a) in the past few years, HA had put in place a system to limit the on-call frequency for doctors and ensure that rest day rules were implemented. In respect of interns, the supervisors could have the flexibility to handle those who had difficulty in coping with the working hours. Depending on their specialties, some doctors in-training did not have enough patients to treat to develop their skills and gain experience. It was hoped that HA would review the present arrangement to seek improvements;
- (b) in his view, the voluntary retirement scheme also had a bearing on the succession problem of HA doctors. HA would need to consider the overall manpower position and identify the specialities that required special attention; and
- (c) as mentioned in paragraph 6(c) above, consideration was being given to setting up more CM outpatient clinics. This would provide training for local CM graduates, in view of the fact that only less than 800 of the some 8 000 CMPs in Hong Kong were presently under the age of 40.

11. Ms LI Fung-ying expressed doubt as to whether SHWF could accomplish all the tasks he set out to do as outlined in his work plan for the coming year, given the budgetary constraints. Noting the Administration's plan to require doctors to undergo continuing professional education, Ms LI was of the view that such a requirement should be extended to cover other health care professionals to safeguard public health.

12. SHWF responded that HWFB and HA would strive to commence work on all of the planned tasks in the coming year, if not to complete them. At the request of the Chairman, SHWF agreed to try as far as possible to provide a paper for discussion at the next meeting on the measures taken/to be taken in the coming year to address the budget deficit of HA, including how the fees should be tackled. SHWF however indicated that the Administration would need some time to collate relevant information.

13. Regarding continuing professional education for health care professional, SHWF said that doctors at present were not required to undergo mandatory continuing medical education (CME) because some of them had reservations and objections to linking such new requirement to application for renewal of the practising certificate. To this end, consultation with various doctors' associations was underway to address their concern.

14. Mr Albert CHENG said that undergoing CME should be made a prerequisite for renewing doctors' practising certificate. Mr CHENG further said that the legislation to extend the smoking ban should be introduced as soon as possible. He considered that there was no need to grant a grace period to businesses to comply with the smoking ban requirement in all indoor workplaces, if implemented, in view of the great risk posed by secondhand smoke to the health of the public and the fact that the discussion on the new smoking ban had already dragged on for a long time. Mr CHENG also said that HA should cease to develop a standard Drug Formulary, as to do so was against the principle of providing the best possible care to patients.

15. SHWF responded that it was also the Administration's thinking to make CME a condition in renewing the practising certificate of doctors.

16. Regarding granting a grace period to businesses to comply with the smoking ban requirement in all indoor workplaces, SHWF said that it was not unreasonable and in line with overseas practice to do so. Moreover, the Administration would also need time to prepare for implementation.

17. As to the issue of developing a standard Drug Formulary, SHWF said that resources were finite and it was a matter of treating one patient with very expensive drug or treating more patients with less expensive drugs. However, this did not mean that HA would merely base on costs to provide drugs to its patients. SHWF advised that the main criteria for the screening of drugs for inclusion on the standard Drug Formulary would include the available evidence on efficacy and safety; clinical data; current practice and cost effectiveness. Overseas as well as local clinical options and research findings would also be taken into consideration. In drawing up the standard list, HA had arranged consultation meetings and briefing sessions with relevant professional groups, patient groups as well as the pharmaceutical industry. Members of this Panel would be consulted before implementing the proposed standard Drug Formulary in public hospitals. SHWF further said that the Administration was aware that the level of funding in the Samaritan Fund was on the low side and steps were being taken to explore ways of injecting more money into the Fund.

18. Dr Joseph LEE made the following remarks -
- (a) the present public health care strategy should reduce the over-emphasis on institutional care and place more resources on the prevention of diseases;
 - (b) family medicine training opportunities should, apart from doctors, be provided to nurses and allied health professionals;
 - (c) there was a need for the Administration to conduct a manpower survey to find out the manpower requirements of the overall health sector in Hong Kong to avoid staff shortfall; and
 - (d) a committee/body should be set up to monitor measures taken to help recovered Severe Acute Respiratory Syndrome (SARS) patients resume normal live.
19. SHWF responded as follows -
- (a) a three-pronged approach was adopted by the Administration to promote prevention of diseases. First, on the macro level, the Centre for Health Protection (CHP) formed under the Department of Health (DH) was responsible for achieving effective prevention and control of diseases in Hong Kong. Second, family medicine professionals, apart from providing treatment and care to patients living in the community, were also responsible for helping them with prevention and self-care efforts. Third, community groups would continue to be mobilised to promote, for example, mental health and rehabilitate discharged mental health patients;
 - (b) the Administration recognised that family medicine practice required multi-disciplinary efforts. To this end, efforts had been and would continue to be made to provide training opportunities for nurses and allied health professionals;
 - (c) DH would conduct another Health Manpower Survey (HMS) in 2005 to collect updated information on the size, structure and employment status of health care personnel in Hong Kong. The results would provide a comprehensive picture of the supply of healthcare and its trend, which would serve as a basis for the formulation of policy on health manpower planning. In formulating the manpower planning strategy, the Administration would also take into account the projected future supply of health workforce from the other sources such as the number of students enrolled in and completing the

relevant courses in Hong Kong and expected number of professionals returning after completion of their training outside Hong Kong, to complement the data collected from HMS; and

- (d) much efforts had been put in by HA to provide continuous medical and psychological support to recovered SARS patients, many of whom were HA staff. To his knowledge, recovered SARS patients suffering from avascular necrosis were in general not serious. It was hoped that recovered SARS patients could overcome their psychologically barrier and that the society would not adopt a discriminatory attitude towards people recovered from the disease.

20. Mr LI Kwok-ying was of the view that -

- (a) HA should ensure that their health care personnel had the opportunities to apply what they learnt from CME in their work;
- (b) doctors should have the discretion to provide drugs not on the standard Drug Formulary but were similar to those drugs on the Formulary in terms of cost effectiveness, efficacy and safety to their patients;
- (c) the Administration and HA should see to it that the situation of patients being bogged down by family medicine clinics and not being able to receive the requisite specialised treatment, as occurred in the United Kingdom following reduction in resources, would not happen in Hong Kong; and
- (d) to promote CM, CM practice should also be provided in hospitals.

21. SHWF responded as follows -

- (a) to be effective, CME must be relevant to the work of the staff and their professional development and since enrollment was voluntary, the relevant staff should exercise discretion in choosing the courses that were relevant to his/her work. HA management and staff could work together to further enhance the 'relevance' aspect;
- (b) HA had no intention to reduce significantly the number of drugs to be prescribed by public hospitals. There would be a reasonable number of options for each class of drugs. For hospitals designated to handle certain complicated conditions, there would be an additional formulary for use in treating these conditions;

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- (c) the Administration and HA would see to it that the situation highlighted in paragraph 20(c) above would not happen in Hong Kong; and
 - (d) use of CM in hospitals in areas, such as the treatment of pain and terminal patients suffering from cancer, would be explored.
22. Dr KWOK Ka-ki said that -
- (a) the membership of the committee to be set up by the Administration to consider how best to strengthen the present advisory structure in respect of medical and health development should have a wide representation to ensure that the interests of the community at large were safeguarded. Moreover, the operation of the committee must be transparent; and
 - (b) the Administration, in its plan to amend the Dentists Registration Ordinance (Cap.156) to formalise the granting of specialist title by the Dental Council of Hong Kong, should also take the opportunity to revamp the Ordinance to bring it up-to-date to better meet present day circumstances.
23. SHWF responded that the Administration would come to a decision on the membership and the terms of reference of the committee referred to by Dr KWOK in paragraph 22 above in the next few weeks. SHWF pointed out that the Administration would not merely rely on the advice of the said committee in formulating health care strategies, but would also consult various concern groups before coming to a view on the matter. Regarding the review of Cap. 156, SHWF said that the views of the dentist associations would be sought prior to introducing the amendment bill into the Council.
24. In closing, members agreed to discuss the following items at the next regular meeting on 13 December 2004 -
- (a) prevention of influenzas (including H5N1 in human);
 - (b) remuneration of HA staff (including career development and training of HA doctors on contract term and working hours of HA doctors); and
 - (c) public hospital fees and charges.

IV. Centre for Health Protection - Objectives and strategies for 2004 - 2006
(LC Paper No. CB(2)144/04-05(03))

25. Controller, CHP briefed members on the objectives and strategies of CHP for 2004-06, details of which were set out in the Administration's paper.

26. Mr Albert HO asked whether the powers provided to the Director of Health (D of H) under the Quarantine and Prevention of Disease Ordinance (Cap.141) were adequate to combat infectious disease in times of a major outbreak. Mr HO expressed concern whether D of H, in exercising his powers under Cap. 141, might be influenced by SHWF and would yield to such pressure because of political consideration. Referring to the Board of Scientific Advisers established by the CHP, Mr HO was of the view that its membership should comprise more specialists in epidemiology and communicable disease.

27. D of H responded that on the whole Cap. 141 was adequate in combating infectious diseases, including SARS. When areas had been identified as lacking in the necessary powers, such as conducting temperature checks at border control points during the last SARS outbreak, relevant legislative amendments were made to the Prevention of the Spread of Infectious Disease Regulation of the Cap. 141. Nevertheless, D of H agreed that there was room for further improvement. The Administration was currently undertaking a review of the existing legislation to ensure its adequacy in dealing with threats posed by infectious diseases, having regard to the overall development in the control mechanism for communicable diseases in Hong Kong.

28. D of H further said that the enactment of Cap 141 was based on the principles stipulated in the International Health Regulations (IHR), which were adopted by the Fourth World Health Assembly in 1951 to prevent the international spread of designated infectious diseases and requirements for reports and notifications of cases of these diseases. Internationally, the World Health Organization was undertaking a review of the IHR to provide a stronger legal framework for global surveillance and reporting of infectious diseases and a mechanism by which measures to prevent international spread could be enforced. In the light of this, the Administration would also closely follow developments in the international arena to keep abreast with international policy and practices in its review of Cap. 141.

29. On the question of whether D of H, in exercising his powers under Cap. 141, might be influenced by SHWF and would yield to the latter's wishes because of political consideration, D of H said that there was no question of such a situation as his prime duty was to safeguard public health. D of H, however, pointed out that in carrying out his order provided under Cap. 141, such as isolating a building, collaboration with other Government departments and

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non-governmental organisations (NGOs)/community groups was essential.

30. Regarding the membership of CHP's Board of Scientific Advisers, Controller, CHP said that overseas experts had been and would continue to be invited to advise CHP on scientific matters. Apart from this, CHP also maintained close liaison with overseas health authorities to exchange views and strengthen collaboration in areas such as laboratory technical support, emergency preparedness planning and infectious disease modelling.

31. Miss CHAN Yuen-han queried whether the surveillance and notification system put in place by CHP was effective. A case in point was that CHP only announced that a five years old boy from Sha Kong Tsuen, Yuen Long had contracted Japanese encephalitis (JE) on 5 November 2004, when in fact the boy had already developed symptoms on 29 October 2004 and was diagnosed with the disease on 1 November 2004.

32. D of H clarified that DH had announced on 1 November 2004 that the five years old boy was confirmed with JE after serology tests on the boy's blood samples. D of H, however, pointed out that investigation and anti-mosquito operations around piggeries in the surrounding areas had been carried out once the boy was confirmed with the disease. D of H further said that the announcement on 5 November 2004 only confirmed positive results for JE in a batch of mosquitoes collected by the Food and Environmental Hygiene Department (FEHD) on 1 November 2004 at Tseung Kong Wai, which was 1.5 km south of Sha Kong Tsuen where the boy was confirmed to have contracted JE on the same day.

33. Ms LI Fung-ying asked whether CHP had drawn up any contingency plans to combat sudden upsurge of infectious diseases of unknown nature.

34. Dr KWOK Ka-ki said that the CHP should be made an independent statutory body and the powers provided under Cap. 141 to D of H should be transferred to Controller, CHP. Dr KWOK then sought more information on the notification mechanisms with the Mainland and the neighbouring places on infectious diseases, and training provided to CHP, such as how many staff had received/were receiving training from the Centers for Diseases Control and Prevention (CDC) in the United States (US).

35. Mr LI Kwok-ying noted that some of the objectives of the CHP were to reinforce the protection against non-communicable diseases and environmental hazards, buttress dissemination of health information to the public and encourage and facilitate community participation in health protection. Mr LI would like to know whether they would overlap with the work of FEHD and DH.

36. Noting that the Administration had signed a memorandum of understanding

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with the Health Protection Agency of England and Wales in May 2004, the Chairman asked whether the Administration would consider signing the same with the Mainland health authorities to enhance collaboration on combating infectious diseases.

37. Permanent Secretary for Health, Welfare and Food, D of H and Controller, CHP responded as follows -

- (a) to meet the challenges from new diseases, CHP would continue to work in partnership with overseas health protection agencies on outbreak development and control. Legislative review on Cap. 141 was in hand to provide better support to control of infectious diseases e.g. expeditious making of statutory notifiable disease;
- (b) under the tripartite agreement reached between Hong Kong, Guangdong and Macao on infectious diseases notification mechanism last year, the three places agreed to -
 - (i) exchange information about statutory notifiable diseases of the three places on a monthly basis, and infectious diseases of concern as and when necessary;
 - (ii) promptly report to the other two places sudden upsurge of any infectious diseases of unknown nature or of public health significance;
 - (iii) establish point-to-point communication via phone and/or fax; and
 - (iv) arrange mutual visits to deepen each others' understanding of public health work on infectious diseases.

In addition, the Mainland health authorities had been reminded to notify Hong Kong of all suspected and confirmed SARS cases in the first instance and 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;

- (c) there was merit for the setting up the CHP as part of DH which already performed some of the basic functions of a CHP and its staff were experienced in public health matters. The public health infrastructure and statutory authority for performing the health protection existed in DH. It should also be noted that most of the

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CHP-like organisations set up in developed countries were government agencies or government owned entities. For instance, the renowned US CDC was a government agency under the Department of Health and Human Services;

- (d) the revamp of Cap. 141 would include transferring the statutory powers from D of H to Controller, CHP. The Administration planned to consult members on the direction of the revamp of the Ordinance early next year;
- (e) the Controller of CHP had been authorised to exercise most of the statutory powers under Cap. 141. In fact, much of the preventive and control work were performed by frontline health officers who were also similarly provided with statutory authority under Cap. 141;
- (f) CHP needed to work in tandem with other Government departments in many instances in the prevention and control of infectious diseases. In this regard, clear delineation of duties between CHP and other Government departments had been laid down; and
- (g) apart from arranging overseas training for professional staff, an overseas epidemiologist had been appointed to provide training in field epidemiology for CHP staff and to undertake research on epidemiology. One virologist was also being recruited to, among others, provide training for medical and laboratory staff.

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38. On closing, the Chairman requested the Administration to provide in writing details of the notification mechanism on infectious diseases with the Mainland health authorities.

V. The Government's responses to HIV/AIDS in Hong Kong 1984 - 2004
(LC Paper No. CB(2)144/04-05(04))

39. Members noted the Administration's paper which set out the Government's responses to human immunodeficiency virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS) in Hong Kong in the past 20 years.

40. Dr KWOK Ka-ki asked the following questions -

- (a) what measures had been taken to help hemophiliacs who contracted HIV because of the use of contaminated blood products apart from establishing the AIDS Trust Fund in 1993; and

(b) how condoms were distributed to commercial sex workers.

41. Consultant, Special Preventive Programme (Consultant, SPP) responded that some 30 of the 59 HIV-infected hemophiliacs who had received ex-gratia payments under the AIDS Trust Fund had continued to undergo various medical treatments under HA and DH. Some also received counselling and/or financial assistance from the Social Welfare Department. Regarding Dr KWOK's second question, Consultant, SPP said that condoms were mainly distributed through and in collaboration with the network of NGOs working on HIV/AIDS to commercial sex workers.

42. Miss CHAN Yuen-han was of the view that the Administration should make use of NGOs working on HIV/AIDS to reach out to homosexual men, so as to better promote prevention of HIV/AIDS to this marginalised group.

43. Ms LI Fung-ying expressed concern about the rising trend of HIV/AIDS in Hong Kong due to the heightened traffic between Hong Kong and its neighbouring cities and countries, in particular the Pearl River Delta Region, and asked about the actions which would be taken to address this situation.

44. The Chairman sought information on the measures which would be taken to promote public acceptance of HIV-infected hemophiliacs.

45. Consultant, SPP responded as follows -

- (a) a list of recommendations on providing additional assistance to HIV-infected hemophiliacs made by the Advisory Council on AIDS had recently been submitted to HWFB for consideration;
- (b) since the decriminalisation of homosexuality in 1990, the scope of reaching out to homosexual men on prevention of HIV/AIDS had been greatly expanded; and
- (c) although the overall prevalence of HIV infection in Hong Kong had remained low at less than 0.1% in the adult population, the Administration was mindful of the potential risk for an explosive spread brought by the growing traffic between Hong Kong and its neighbours. To this end, collaboration with neighbouring cities in the region and with the Mainland in general had been stepped up by the formalisation of the communication channel.

VI. Any other business

Japanese encephalitis case in Yuen Long

46. Mrs Selina CHOW said that it was reported by a local newspaper on 6 November 2004 that some 150 000 people living in Yuen Long were at risk of being infected with JE, following the confirmation on 5 November 2004 that JE was found in a batch of mosquitoes collected by FEHD at Tseung Kong Wai in Yuen Long. Mrs CHOW asked how true this reporting was and what measures would be taken by the Administration to prevent and control the spread of the disease.

47. Dr KWOK Ka-ki asked about the Administration's stance on vaccination against JE and its strategy on carrying out anti-mosquito operations in rural areas.

48. Consultant, Community Medicine (Communicable Disease), CHP responded that from 1982 up till now, only four local JE cases had occurred in Yuen Long. Arising from a local JE case occurred in Yuen Long this July, serology tests on the blood samples of some 200 people living in the vicinity of the individual concerned had been carried out to ascertain JE exposure. Test findings revealed that the blood samples from those below 40 years old did not contain any JE antibody, which pointed to the low prevalence of JE in Yuen Long area during the past 40 years. Although the potential risk for explosive outbreak of JE in Yuen Long area was low, risk of sporadic outbreak of such still existed having regard to the fact that JE was transmitted by mosquitoes which bred where there was abundant water such as rice paddies and became infected by feeding on pigs and wild birds infected with JE virus. As the JE virus was transmitted by the bites of infected mosquitoes, pest control was considered the most effective way to control JE.

49. Consultant, Community Medicine (Communicable Disease), CHP further said that in overseas places, vaccination against JE would normally be carried out if there were one or more JE cases in 100 000 persons. Although the occurrence of JE in Hong Kong was far below the aforesaid level, there was no ruling out that vaccination against JE would be administered in future if circumstances warranted.

50. Consultant (Community Medicine) (Risk Assessment and Communication), FEHD supplemented that the principal JE vector, *Culex tritaeniorhynchus*, was widely distributed in the New Territories, notably in Yuen Long and North Tuen Mun. FEHD and Agriculture, Fisheries and Conservation Department worked in tandem to carry out regular anti-mosquito operations in piggeries and their surrounding areas to prevent JE. A one-year survey had also just been commenced to find out the distribution of JE vectors in Hong Kong, so as to formulate more focused preventive measures.

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51. Mrs Selina CHOW said that to more effectively prevent JE, the community should be engaged to combat the disease. Mrs CHOW further said that more work should be done by FEHD and other Government departments concerned to handle the problem of illegal disposal of pig faeces.

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52. In summing up, the Chairman requested the Administration to provide a written report on its efforts in handling the problem of pig faeces and to keep members updated on the issue of vaccination against JE.

53. There being no other business, the meeting ended at 10:50 am.

Council Business Division 2
Legislative Council Secretariat
1 December 2004