

立法會
Legislative Council

LC Paper No. CB(2)534/04-05
(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of meeting
held on Monday, 13 December 2004 at 8:30 am
in Conference Room A of the Legislative Council Building

Members present : Hon Andrew CHENG Kar-foo (Chairman)
Dr Hon KWOK Ka-ki (Deputy Chairman)
Hon Mrs Selina CHOW LIANG Shuk-ye, GBS, JP
Hon Bernard CHAN, JP
Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP
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

Members absent : Hon Albert HO Chun-yan
Hon CHAN Yuen-han, JP
Dr Hon YEUNG Sum

Public Officers attending : All items

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

Dr Beatrice CHENG
Senior Executive Manager (Professional Services)
Hospital Authority

Item IV

Mr Eddy CHAN, JP
Deputy Secretary for Health, Welfare & Food
(Food & Environmental Hygiene)

Dr P Y LAM, JP
Director of Health

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

Dr Regina CHING
Acting Controller, Centre for Health Protection

Dr CHUANG Shuk Kwan
Acting Consultant Community Medicine (CD)
Centre of Health Protection

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

Item V

Mrs Ingrid YEUNG
Principal Assistant Secretary for Health, Welfare & Food
(Health) 2

Item VI

Mrs Ingrid YEUNG
Principal Assistant Secretary for Health, Welfare & Food
(Health) 2

Dr P Y LAM, JP
Director of Health

Dr Regina CHING
Acting Controller, Centre for Health Protection

Dr CHUANG Shuk Kwan
Acting Consultant Community Medicine (CD)
Centre of Health Protection

Dr Raymond YUNG
Head, Infection Control Branch
Centre for Health Protection

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

Staff in attendance : Ms Joanne MAK
Senior Council Secretary (2) 2

I. Confirmation of minutes
(LC Paper No. CB(2)311/04-05)

The minutes of meeting held on 8 November 2004 were confirmed.

II. Information paper issued since the last meeting

2. There was no information paper issued since the last meeting apart from the Administration's responses to requests for specific information made by members at the last meeting.

III. Items for discussion at the next meeting
(LC Paper Nos. CB(2)337/04-05(01) and (02))

3. Members agreed to discuss the following items at the next regular meeting to be held on 10 January 2005 at 8:30 am -

- (a) proposed amendments to the Smoking (Public Health) Ordinance (Cap. 371); and
- (b) remuneration of Hospital Authority staff.

4. Members also agreed to hold a special meeting to discuss the following items -

- (a) implementation of a standard Drug Formulary in public hospitals;

- (b) public-private collaborative initiatives; and
- (c) Health and Health Services Research Fund.

(Post-meeting note : members were informed vide LC Paper No. CB(2)429/04-05 that the special meeting was scheduled for Monday, 17 January 2005 at 10:45 am.)

5. At the suggestion of the Deputy Chairman, the Panel agreed to add the following items to the List of outstanding items for discussion -

- (a) review of the Dentists Registration Ordinance (Cap. 156); and
- (b) setting up of a registration system for clinical psychologists.

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The Deputy Chairman said he hoped that the Administration could provide a time table for conducting a review of the Dentists Registration Ordinance by the next regular meeting.

IV. Draft preparedness plan for influenza outbreak (LC Paper No. CB(2)337/04-05(03))

6. At the Chairman's invitation, Head/Emergency Response and Information Branch of the Centre for Health Protection (CHP) gave a PowerPoint presentation introducing the draft Preparedness Plan for Influenza Outbreak as detailed in the Administration's paper.

7. The Chairman informed members that he had a question to raise under this item and then he would have to leave the meeting to attend a public hearing of the Public Accounts Committee. He said that the Deputy Chairman would chair the meeting for items IV to VI on his behalf.

Discussion

8. The Chairman asked whether the Administration had defined which would be the targeted groups to receive free vaccination at the Serious/Emergency Response Levels. Director of Health (DoH) responded that vaccines were not expected to be available in the occurrence of novel influenza. He said that it was projected that even after a new virus was isolated, countries capable of producing the required vaccines would, at most, be able to produce an amount which would only be enough for about 5% of the world's population.

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9. DoH further said that should Hong Kong really enter into an emergency state, the required vaccines would probably not be available. DoH pointed out that even if Hong Kong was supplied with the required vaccines, the amount would be very limited and a decision would have to be made on who should be given priorities for receiving vaccination. DoH explained that if the objective was to reduce the number of people to be hospitalised, the elderly, children and the chronically ill should be given priorities. Priority should also be given to frontline health care staff in view of their close contact with infected people. DoH added that according to the general guidelines promulgated by the World Health Organisation (WHO), the general principle should be that, depending on the availability of vaccines, priority should be given to those who would easily get infected and, if infected, would develop serious complications.

10. The Chairman further asked whether the poor elderly who were not institutionalised would be given priority in receiving vaccination in the scenario of Emergency Response Level. Deputy Secretary for Health, Welfare & Food (Health) (DSHWF(H)) said when an effective vaccine against a novel pandemic influenza strain was developed, the supply of the vaccine would be very limited and priorities would have to be set based on the above as explained by DoH in paragraph 9 above.

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11. At the Chairman's request, DSHWF(H) agreed to provide information including statistical data on free influenza vaccination being offered to elderly home residents. Dr Joseph LEE requested information on influenza vaccination being provided for the high risk groups and frontline health care workers. DoH said that this year the Administration had spent some \$200,000 to purchase vaccines against influenza infection. He added that some voluntary welfare organisations were also providing free vaccination but he had no detailed information in that regard.

12. Ms LI Fung-ying expressed concern that despite the detailed draft Plan, Hong Kong health authorities' ability to respond swiftly to any potential influenza outbreak might still be curbed by delays on the part of the Mainland authorities in reporting any confirmed cases of highly pathogenic avian influenza occurred on the Mainland. Ms LI enquired about the time required for confirmation of such cases and whether any further improvements were required to be made to the cross-border notification mechanism.

13. DSHWF(H) said that pursuant to members' requests raised at the last meeting, the Administration had provided additional information on the notification system of infectious diseases between the Mainland and Hong Kong (LC Paper No. CB(2)354/04-05(01)). DoH said that the Department of Health (DH) had been maintaining close contact with the Mainland Ministry of Health and the health authorities in Guangdong. He said that point-to-point

communication had been established between those authorities and CHP via phone and/or fax. Moreover, Hong Kong and Guangdong had agreed to report to each other any sudden upsurge of infectious diseases of unknown nature or of public health significance. DoH added that under the existing mechanism, outbreaks of notifiable diseases in Guangdong and situations of a large number of people experiencing fever/cough/diarrhea would also be made known to Hong Kong.

14. DoH said that in Hong Kong, it only took a few hours for preliminary diagnosis of a suspected case of H5 avian influenza. As to the Mainland, DoH said that the major cities had already developed effective laboratory testing capabilities and their laboratory staff were also quite experienced. He was confident that any outbreaks of diseases of significant public health concern would be reported to Hong Kong in a timely manner. DoH said that however, it might take a longer time for information of outbreaks in remote regions of the Mainland to reach Hong Kong. However, he considered that the impact of such outbreaks on Hong Kong should be relatively small. DoH pointed out that the Administration could not rely solely on the cross-border notification system. He said that local practitioners had to remain alert in identifying any suspected cases of notifiable diseases so that necessary disease prevention and control measures could be taken in a timely manner.

15. Mr LI Kwok-ying asked about the command structure at the Alert Response Level and the expected participation of CHP at all response levels. DSHWF(H) said that at the Alert Response Level, a committee would be set up with representatives from the Health, Welfare and Food Bureau (HWFB), DH, Hospital Authority (HA), Agricultural, Fisheries and Conservation Department (AFCD) and the Food and Environmental Hygiene Department (FEHD). The committee would be chaired by the Permanent Secretary for Health, Welfare and Food and would co-opt senior officials from other relevant departments as circumstances warranted. DoH said that CHP was the frontline agency responsible for surveillance, laboratory support, diagnostic services and providing other important professional support. DoH said that CHP would continue in these key areas of activities during an influenza pandemic, and the Controller, CHP would be one of the core members of the Steering Committee to be set up at Serious Response Level.

16. Mr LI Kwok-ying further asked about the role expected to be assumed by Chinese medical practitioners in the draft Preparedness Plan. DSHWF(H) said that although there was no reference to Chinese medical practitioners in the draft Plan, they would certainly play an important role during any outbreaks since they were also members of the health care system.

17. In response to Mr LI Kwok-ying and Mr Vincent FANG's enquiries about animal vaccination, Deputy Secretary for Health, Welfare & Food (Food &

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Environmental Hygiene) (DSHWF(FEH)) said that chickens reared at local farms and chickens imported from the Mainland were all required to receive vaccination against H5 avian influenza infection. DSHWF(FEH) further said that the Administration had decided that vaccination against Japanese encephalitis should also be arranged for pigs and AFCD was currently conducting scientific research studies with a view to determining the best time for providing such vaccination.

18. Mr Vincent FANG said that the hygienic conditions of local pig farms were far from satisfactory and should be improved to prevent mosquito-borne diseases, such as Japanese encephalitis and dengue fever. DSHWF(FEH) responded that AFCD would strengthen inspections to pig farms as well as publicity and public education to ensure that the hygienic conditions of pig farms reached an acceptable level of standard.

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19. The Deputy Chairman requested information on the types of anti-virals for influenza to be stockpiled by DH and expenses involved. DSHWF(H) said that the Administration was still drawing up its plan in that regard. She undertook to provide the requested information once available.

20. Mrs Selina CHOW considered that communication was a very important area of work during a pandemic influenza and measures should be put in place to ensure effective communication management during outbreaks to prevent any unnecessary panic. She suggested that the Administration should educate the public/media on the framework of the draft Preparedness Plan. DSHWF(H) said that the Administration had been keeping in touch with the media in disseminating health advice. It would also take measures to familiarise members of the public with the three-level response system. DSHWF(H) pointed out that in the draft Preparedness Plan, communication was regarded as one of the key areas of work at all of the three response levels. DSHWF(H) further said that the Administration would ensure that appropriate communication measures were in place during an influenza pandemic to enhance transparency of the Administration's work of infection control and ensure speedy communication. DoH added that apart from maintaining close contact with local and overseas media, the Administration also attached importance to disseminating accurate information on any public health concerns to Consulates to prevent overseas visitors from misunderstanding the local situation.

21. Mrs Selina CHOW took the view that the public might not feel so worried if they were given more information and data on the worldwide health situation so that they could make objective comparisons between the situations in Hong Kong and in other places. She suggested that the Administration should constantly disseminate information on overseas infection and health messages from WHO/health experts to the public. DSHWF(H) agreed to take note of Mrs CHOW's comments and suggestion.

22. Dr Joseph LEE asked if it would be possible to devise an integrated response plan which could be applicable to outbreaks of different infectious diseases, as he was concerned that too many response plans might cause public confusion. DoH explained that the Administration had, matters of priority, so far drawn up detailed plans of contingency mechanisms to guard against outbreaks of SARS and influenza because these diseases were highly infectious and could cause serious morbidity and mortality. DoH added that the Administration would make good preparation for the implementation of these mechanisms to avoid causing any public confusion.

23. The Deputy Chairman expressed concern that the draft Preparedness Plan for Influenza Outbreak actually also covered avian influenza cases. DoH explained that while the Preparedness Plan mainly focused on pandemic influenza, it also included the contingency measures to be taken when there was confirmation of avian influenza outbreaks. DoH explained that based on the findings of the surveillance programme, it was believed that H5 avian influenza was the most likely strain which would cause a global outbreak.

V. Measures to address the increasing use of public medical services by non-residents of Hong Kong
(LC Paper No. CB(2)337/04-05(04))

24. At the Chairman's invitation, Principal Assistant Secretary for Health, Welfare & Food (Health) 2 gave a PowerPoint presentation introducing the possible measures under consideration by the Administration for addressing the increasing use of public medical services by non-residents of Hong Kong.

25. DSHWF(H) supplemented that the Administration had also considered the following measures to be adopted outside the medical sector for addressing the said problem -

- (a) refusing entry of pregnant women from the Mainland into Hong Kong; and
- (b) forbidding defaulters from leaving Hong Kong before settlement of their outstanding medical fees.

DSHWF(H) said that however, there would be difficulties in adopting the above measures. She explained that since some pregnant women might come to Hong Kong for reasons other than giving birth, it would be unfair to turn all of them away across the board. On the other hand, if the measure was to be applied to some pregnant women only, legal implications might arise.

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26. As to the other measure, DSHWF(H) explained that under the present mechanism, it would involve amending the law and that would be time-consuming. Moreover, as the defaulters did not have their homes in Hong Kong, administrative costs might be incurred in having to provide for the defaulters' necessities in Hong Kong in implementing this measure.

Discussion

27. Mr Bernard CHAN said that while he supported adopting the proposed measures, he was worried that the measures would not be workable in the case of such pregnant women being admitted to the hospital only at the last moment. Mr CHAN suggested that since many of these Mainland women giving birth in Hong Kong aimed at applying for birth certificates for their newborns, HWFB should explore in collaboration with the Immigration Department whether it was possible to require that a birth certificate would not be issued to a newborn until the relevant medical charges had been settled.

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28. DSHWF(H) responded that under the law, as long as the birth took place in Hong Kong, the birth would have to be registered and there were no other prerequisites for birth certificates to be issued. DSHWF(H) pointed out that the suggested measure would involve amending the law and that some people might also argue that whether infants would have to pay for the debts of their parents. DSHWF(H) said that the Administration would need more time to look at the legal implications for adopting this measure.

29. Mr LI Kwok-ying suggested that consideration should be given to the following measures for addressing the increasing use of public medical services by non-residents of Hong Kong -

- (a) not to provide public medical services for those who only required non-emergency services;
- (b) forbidding Mainland women who were already in their seventh or eighth months of pregnancy from entering Hong Kong;
- (c) extending the operating hours of the shroff offices of public hospitals, as patients might be tempted to default if they found that the shroff offices were closed; and
- (d) enlisting the assistance of Mainland authorities in recovering the outstanding medical fees, if the defaulters' Mainland residential addresses were available.

30. DSHWF(H) said that instead of ceasing to provide public medical services for non-residents who only required non-emergency services, the Administration considered that increasing medical fees could be a possible measure for addressing the increasing use of public medical services by non-residents of Hong Kong. DSHWF(H) explained that by increasing medical fees to a level close to or even higher than charges by the private sector, non-residents would be encouraged to make greater use of medical services provided by the private sector and this would also alleviate the heavy pressure of workload faced by the health care staff of public hospitals. In response to Mr LI Kwok-ying, DSHWF(H) said that the Administration would conduct a review to assess the effectiveness of increasing medical fees after this measure had been implemented for a period of time.

31. DSHWF(H) further said that at present, HA accepted payment to be made in certain foreign currencies by credit card and even Octopus card. She added that the Administration would consider options, such as engaging debt collecting companies to collect outstanding charges to help recover the outstanding medical fees. However, Mr LI Kwok-ying expressed doubt to the effectiveness of engaging debt collectors for the purpose.

32. Mrs Sophie LEUNG pointed out that the increasing use of public medical services by non-residents of Hong Kong had created very heavy pressure on the frontline health care workers of public hospitals. She suggested that, in order to encourage greater use of medical services in the private sector by non-residents, public hospitals should make available free transport services for transferring patients who were non-residents to private hospitals. DSHWF(H) agreed to consider the suggestion.

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33. Ms LI Fung-ying expressed doubt as to the effectiveness of some of the proposed measures, such as increasing medical fees and imposing a surcharge on outstanding fees, in addressing the problem of defaulting. Ms LI was concerned that the proposed measure of not providing non-emergency medical services, as set out in paragraph 7(e) of the Administration's paper, might lead to the consequence that many pregnant women in question would deliberately delay seeking hospitalisation until they were in acute medical conditions in order to ensure that they could be admitted to the public hospitals. Ms LI said that if that was the case, the risk of complications for the mothers and the newborns would be increased and this would in turn put additional pressure on the frontline health care staff and our medical resources. The Deputy Chairman shared Ms LI's concern and pointed out that the utilisation rate of Neonatal Intensive Care Units had increased by 200%. The Deputy Chairman requested more detailed information on the increase in medical expenses caused by delays of Mainland pregnant women in seeking hospitalisation. Mr Vincent FANG said that the proposed increase in medical fees might also lead to the consequence that some Mainland pregnant women would wait until after midnight before seeking

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hospitalisation in order to avoid an extra day's charge.

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34. Ms LI Fung-ying considered that the Administration might need to explore other more effective measures, such as forbidding defaulters from leaving Hong Kong before settlement of their outstanding medical fees, even though it would require amending the law in implementing such measures. DSHWF(H) reiterated that high administrative costs might have to be incurred by implementing this measure but she agreed to further consider it as a long-term measure.

35. DSHWF(H) pointed out that for non-eligible patients (NEPs) who required specialist hospitalisation service, 67.1% were users of obstetric service and 32.9% required other non-emergency specialist care. As regards NEPs who required specialist outpatient service, 57.8% were users of obstetric service and 42.2% required other non-emergency specialist care. DSHWF(H) explained that the proposed measure of increasing medical fees targeted at the 32.9% and the 42.2% of NEPs using non-emergency services. DSHWF(H) added that the Administration would also step up publicity on the importance of pre-natal health checks and antenatal healthcare. Senior Executive Manager (Professional Services) of HA pointed out that the proposed measures would provide some relief to the heavy workload of the frontline health care staff in the public sector.

36. Dr Joseph LEE asked whether the Administration had suggested to the private medical sector that private hospitals should consider lowering their charges in order to encourage non-residents to make greater use of medical services provided by the private sector. DSHWF(H) responded that the Administration could further discuss with the private medical sector on their charges, as the private sector had greater flexibility in fee adjustment than the public sector.

37. Dr Joseph LEE further asked whether there would be an increase in the allocation of resources to strengthen services of the Accident and Emergency Departments (A&EDs) of public hospitals since the number of attendances by NEPs at A&EDs might increase as a result of implementation of the proposed measures. Dr LI also asked whether the Administration would take measures to alleviate the heavy pressure faced by the staff of the Obstetrics and Gynecology Departments of public hospitals. DSHWF(H) responded that the Administration would implement a package of support measures, including increasing the manpower of the Obstetrics and Gynecology Departments on night duty and providing special training to midwives so that they could help out.

38. Dr Joseph LEE and Mrs Selina CHOW both considered that it would be necessary for HWFB to collaborate with the Security Bureau (SB) in tackling the problems of increasing Mainland women coming to Hong Kong for child birth and bad debts arising from such cases. Mrs Selina CHOW suggested that, for

example, Mainland women who were in a late stage of pregnancy should not be allowed entry into Hong Kong unless they could produce proofs showing that they had already made arrangements for admission to private hospitals in Hong Kong. Besides, HWFB should take a look at the fee charging levels of private hospitals. Mrs CHOW said that some private hospitals were only charging some \$20,000 as a package fee for women giving birth and that might seem attractive to some pregnant women. Mrs CHOW considered that the public medical sector should collaborate in a better way with the private sector in order to relieve the heavy pressure exerted on the public sector. Mrs CHOW further urged the Administration to set up an inter-bureau working group and devise a package of measures for tackling the said problems.

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39. DSHWF(H) responded that HWFB actually had been liaising with SB in tackling the said problems. She said that the Administration would still pursue such long-term measures, like refusing entry of Mainland pregnant women into Hong Kong and forbidding defaulters from leaving Hong Kong before settlement of their outstanding medical fees. She explained that however, the Administration would need some time to carefully consider the legal implications of these measures and legislative amendments would be necessary for their implementation. She undertook to provide a progress report on the Administration's deliberations on these issues in due course. Mr LI Kwok-ying reminded the Administration that the problem of increasing number of Mainland women coming to Hong Kong for child birth was not only putting pressure on the public medical sector but also on other public resources of the community, such as housing and education, as their children would have the right of abode in Hong Kong.

40. In response to Mrs Selina CHOW, DSHWF(H) said that the Court of Final Appeal ruled in the case of Director of Immigration v. Chong Fung-Yuen that the definition of "permanent resident in the Hong Kong Special Administrative Region (HKSAR)" in paragraph 2(a) of Schedule 1 to the Immigration Ordinance should include a Chinese citizen born in Hong Kong before or after the establishment of the HKSAR, irrespective of the status of his parent in the HKSAR at the time of the child's birth.

41. At the conclusion of discussion, members present unanimously supported the following motion moved by Mrs Selina CHOW -

“This Panel demands that the Government should set up an inter-bureau working group which will be convened by the Chief Secretary for Administration and whose membership comprises the Secretary for Health, Welfare and Food and the Secretary for Security to address and solve expeditiously the problems brought about by non-Hong Kong residents coming to Hong Kong for child birth.”

VI. Follow-up to the outbreak of respiratory illness in the Developmental Disability Unit of the Caritas Medical Centre
(LC Paper Nos. CB(2)337/04-05(05) to (07))

42. Mr LI Kwok-ying asked whether the outbreak had triggered the need for a review of the applicability of guidelines on infection control devised by HA to different kinds of wards or environments like the Developmental Disability Unit (DDU) of Caritas Medical Centre (CMC). DSHWF(H) pointed out that other than the guidelines for reporting outbreaks already drawn up by CHP and HA, each HA hospital had also devised their own local management guidelines on infectious disease to tie in with the reporting requirements as promulgated by HA. DSHWF(H) said that at DDU of CMC, local management guideline on infectious diseases in DDU had been refined and implemented since June 2004 by its Infection Control Team (ICT) which provided guidance to staff on the management approaches under various scenarios. DSHWF(H) pointed out that the special needs of DDU of CMC had been taken into account in drawing up the management guideline on infectious diseases in DDU.

43. Referring to page 3 of the Annex to the Administration's paper entitled "Review of the handling of the outbreak of respiratory illness in the Developmental Disability Unit of the Caritas Medical Centre", Mr LI requested the Administration to provide concrete details as to what "professional support" would be provided or how "supervision would be strengthened". DSHWF(H) responded that after review, it was considered that in future it might be necessary for CHP representatives to be involved in the hospital's outbreak control efforts at the early stage and that CHP should coordinate all resources required, such as mobilising other hospitals to provide care for the children in Wai Yee Block, during control of an outbreak.

44. Referring to paragraph 3 of the abovementioned paper, Dr Joseph LEE noted that the desirable residential capacity of Wai Yee Block of CMC was 168 children on four floors. However, there were 200 children at present and a small number of fever cases was often encountered. Dr LI considered the overcapacity situation was unfair both to the children and the staff of Wai Yee Block and requested the Administration to provide a concrete time table for improving the overcrowding problem. Dr LI further asked whether the Administration had drawn up a plan on actions to be taken to discharge the children to other places in case there was another outbreak of infectious disease at Wai Yee Block.

45. DSHWF(H) pointed out that the children required a high degree of nursing care and due to resources constraints, it would take some time for the Administration to sort out how the children could be cared for in the community or in small group homes. DSHWF(H) said that CMC would seek to explore the

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possibility of accommodating the children in small group homes or other long stay care facilities, and HA would also liaise with relevant service units and non-governmental organisations to seek to provide community and various support for those families willing to care for their children at home. However, she could not provide a concrete time table at present. DSHWF(H) added that the Director of Social Welfare was the guardian of many of the children in Wai Yee Block, which meant that those children had already been given up by their families.

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46. Dr Joseph LEE requested the Administration to take measures to ensure that the paediatrics services of CMC would not be adversely affected by the outbreak in DDU of CMC. DSHWF(H) said that consideration was being given to turning two floors of Wai Yee Block into dormitories so that the paediatrics services of CMC would not be affected. She said that preparation was being made for the refurbishment works. In response to the Deputy Chairman, DSHWF(H) agreed to provide a time table for the refurbishment works.

47. The Deputy Chairman asked whether the review had come to any conclusions regarding improvements that should be made by HA and CHP in future control of outbreaks. DSHWF(H) said that as set out in pages 3 and 4 of the Annex to the Administration's paper, it was considered that CHP should coordinate all resources required to control an outbreak, and should withdraw only after the outbreak was over. It was also found that infection control training should be enhanced and patrols during outbreaks should be introduced.

48. Head, Infection Control Branch of CHP added that in future, representatives of CHP and the Cluster Infection Control Officer would be involved in CMC's outbreak control efforts as soon as they were alerted and work in collaboration with the hospital's ICT to decide on whether any control measures should be enhanced and what professional support should be strengthened. Moreover, CHP representatives would review the effectiveness of the infection control measures in place and withdraw only after the outbreak was over.

49. There being no other business, the meeting ended at 10:40 am.