

立法會
Legislative Council

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seen by the Administration)

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Panel on Health Services

**Minutes of special meeting
held on Thursday, 3 February 2005 at 2:30 pm
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 Albert HO Chun-yan
Hon Bernard CHAN, JP
Dr Hon YEUNG Sum
Hon LI Fung-ying, BBS, JP
Hon Vincent FANG Kang, JP
Hon LI Kwok-ying, MH
Hon Albert Jinghan CHENG
- Members absent** : Hon Mrs Selina CHOW LIANG Shuk-ye, GBS, JP
Hon CHAN Yuen-han, JP
Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP
Dr Hon Joseph LEE Kok-long
- Member attending** : Hon WONG Kwok-hing, MH
- Public Officers attending** : Miss Susie HO, JP
Deputy Secretary for Health, Welfare & Food (Health)

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

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

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

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

I. Recent situation of meningococcal infections
(LC Paper No. CB(2)807/04-05(01) and FS09/04-05)

At the invitation of the Chairman, Controller, Centre for Health Protection (C/CHP) briefed members on the recent situation of meningococcal infections (MI) in the Mainland and details of the response of the Department of Health (DH) to the MI situation (LC Paper No. CB(2)807/04-05(01)).

Notification system between the Mainland and Hong Kong

2. The Deputy Chairman said that effective communication channels between Mainland provinces and Hong Kong were most important to enable timely exchange of information on sudden upsurge of infectious diseases so that Hong Kong could take preventive measures at an early stage. However, the failure of DH to obtain timely information on the recent MI situation in the Mainland had reflected that the existing notification system on infectious disease between the Mainland Provinces (apart from Guangdong Province) and Hong Kong was still in need of strengthening. He further said that in view of public concern in Hong Kong about the recent MI situation in the Mainland, the Ministry of Health in Beijing (MOH) might be going to provide information on the situation on a daily basis. He asked whether the Department of Health (DH) would disseminate such information to the public when it was received.

3. C/CHP pointed out that MOH provided statistics of statutory notifiable diseases on a monthly basis. Unless there was sudden upsurge of infectious diseases, the Ministry normally did not report the situation of any particular provinces during its routine reporting. In its latest reporting, the Ministry had provided Hong Kong with information on the recent MI situation in Mainland

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China. C/CHP said that DH had already issued the information received to the public, and it would continue to do so when it received any further information.

4. C/CHP added that the existing notification system on infectious diseases between the Mainland and Hong Kong was working well. The Deputy Chairman suggested that a common electronic platform for reporting infectious diseases should be established on the Internet to facilitate all health authorities at the provincial level or equivalent in the Mainland, as well as DH, to exchange statistics of infectious diseases and outbreak information. C/CHP responded that the suggested common electronic platform would be a major mechanism and many technical problems would have to be resolved in order to put in place such a system. He said that the Administration would have to further explore with the Mainland authorities on the feasibility of developing the proposed common electronic platform for reporting infectious diseases.

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5. The Chairman pointed out that in the past two days, there had been news reports quoting Mainland provincial newspapers which had strongly criticised the health authorities of Anhui province for not reporting its MI situation to MOH in a timely manner. He asked whether HKSAR was relying on the Ministry of Health in Beijing to obtain information on infectious disease outbreaks in provinces other than Guangdong province and, if so, whether this would delay HKSAR in being notified of the emergence of an infectious disease.

6. C/CHP responded that after the Severe Acute Respiratory Syndrome (SARS) outbreaks in Guangdong and Hong Kong in 2003, the notification system on infectious diseases between Guangdong province and Hong Kong had been greatly enhanced. He confirmed that under the present arrangement, the health authorities of other provinces only reported their situation to the Ministry of Health in Beijing.

7. Referring to the Administration's paper and the fact sheet prepared by the Legislative Council (LegCo) Secretariat, Ms LI Fung-ying noted with concern that there had been unusual upsurge of MI cases in Anhui province well before 31 January 2005 and yet the Ministry of Health in Beijing had not provided the information to DH until 31 January 2005 when such information was sought by DH on that day.

8. C/CHP said that DH had contacted the Ministry of Health in Beijing, on 31 January 2005 morning, for information regarding the recent situation of MI in Mainland China. A response had been obtained in the afternoon on the same day. He added that the Ministry probably had taken into consideration the forthcoming Chinese New Year holidays and occurrence of focal clusters of MI cases in certain provinces in deciding that it was necessary to notify all provinces of the recent MI situation in Mainland China.

9. Ms LI Fung-ying considered that whenever there was unusual or sudden upsurge of infectious diseases in the Mainland, the Mainland authorities should take the initiative to notify Hong Kong and not to provide such information only when Hong Kong contacted the authorities for the information. Dr YEUNG Sum shared Ms LI's view and expressed worry that failures of the Mainland to promptly notify Hong Kong of unusual upsurge of infectious diseases in the Mainland had remained a problem. They urged DH to discuss the shortcomings of the notification system with the Mainland authorities concerned to make improvement. C/CHP responded that DH would continue to enhance the system in the light of LegCo Members' comments. He added that although much improvement had been made to the system, DH would strive to further its cooperation with the Mainland authorities in exchanging information about infectious diseases.

10. Mr LI Kwok-ying considered that communication on infectious diseases between Guangdong province and Hong Kong was also in need of improvement. He said that for example, DH should have been notified by Guangdong after the occurrence of the first MI case in Guangzhou this year on 13 January 2005, because before that a large number of MI cases had already occurred in other provinces. He considered that the occurrence of the first MI case in Guangzhou might be a sign of the disease spreading to Hong Kong's neighbouring places.

11. Consultant, Community Medicine (Communicable Disease) (C/CM(CD)) responded that MI was different from SARS in that the latter was an unknown disease when it was first detected. He said that MI could be regarded as an endemic disease which occurred round the year and almost on a daily basis. Therefore, reporting every single MI case was not necessary. He also briefed members on the MI situations in the Mainland and in overseas countries –

- (a) *Mainland*: about 2 700 MI cases were reported in 2004 and the incidence rate was between 0.2-0.3 per 100 000 population;
- (b) *the United States*: 3 000-plus MI cases were reported each year and the incidence rate was between 0.8-1.3 per 100 000 population;
- (c) *the United Kingdom*: the incidence rate was between 2.5-3.0 per 100 000 population; and
- (d) *Canada*: the incidence rate was between 0.7-1.13 per 100 000 population.

C/CM(CD) pointed out that there were 11 cases reported in Guangdong province in January 2005. The incidence rate in Guangdong and Hong Kong in January

2005 was similar. He added that DH would continue to maintain close contact with Guangdong Department of Health on any increases in MI cases.

12. Mr Albert HO pointed out that with the implementation of the Individual Travelers Scheme, the volume of cross-border travel was extremely high and it was really necessary to strengthen the notification system between the Mainland (other than Guangdong province) and Hong Kong. In response to Mr HO, C/CHP said that the Ministry of Health in Beijing had made the same arrangements in releasing information on infectious diseases to other Mainland provinces/cities as to HKSAR.

The Panel issuing a letter to request the HKSAR Government to reflect the Panel's concerns about the notification system to the Ministry of Health in Beijing

13. The Chairman said that in view of members' serious concern about the existing notification system on infectious diseases between the Mainland and Hong Kong, he and the Deputy Chairman both considered it necessary for the Panel to write to Vice Premier cum Minister of Health, Madam WU Yi, on the needs to enhance the effectiveness of the system and to put in place a common electronic platform for reporting infectious diseases.

14. Mr Vincent FANG suggested that it seemed more appropriate for the Panel to write to the Chief Executive (CE) of HKSAR, instead of Madam WU Yi, to request him to reflect the concerns of the Panel to the Mainland authorities. Mr Albert HO also expressed doubt as to whether it was appropriate for the Panel to write direct to the Ministry of Health in Beijing as he did not see there were any precedents of the Panel writing to the Mainland authorities. After discussion, the Panel agreed that it would write to CE to request him to reflect the concerns of the Panel on the need to strengthen the notification system to the Ministry of Health in Beijing.

(Post-meeting note : a letter dated 7 February 2005 from the Panel Chairman to CE and response from Private Secretary to CE were circulated to members vide LC Paper No. CB(2)1158/04-05 dated 30 March 2005.)

DH's response to the recent MI situation

15. Regarding the MI situation in Hong Kong, C/CHP said that the annual incidence rate during 1990-2004 was between 0.03-0.21 per 100 000 population. The incidence rate in Guangdong and Hong Kong in January 2005 was similar. A total of 11 MI cases were reported in Guangdong in January 2005, of which nine cases occurred in Guangzhou. C/CHP pointed out that CHP had been closely monitoring the situation of MI, and it was noted that the MI cases which had occurred in Guangdong and in Hong Kong in January 2005 were sporadic.

He added that no new MI cases had been reported in Guangdong province in the past two days.

16. Mr WONG Kwok-hing expressed dissatisfaction with the Administration's paper which, in his view, was too brief. Referring to paragraphs 10 to 15 of the Administration's paper and its Annex, Mr WONG raised the following questions –

- (a) whether the Administration had any information on the number of travelers from Anhui province each day and whether DH had taken measures to monitor these travelers' health conditions;
- (b) whether the requirement of health declaration and temperature screening to detect travelers with active fever were still being implemented at border control points between the Mainland and Hong Kong and at the airport;
- (c) whether the Administration had already activated response protocols for the control of MI in Hong Kong and what enhanced border health measures would be initiated;
- (d) whether DH had alerted schools, hotels, and elderly homes about the situation and the need to take the necessary health precautions; and
- (e) what was the volume of meningococcal vaccine that had been stockpiled and whether it would be sufficient to cope with large scale outbreak.

As regards (e), the Chairman said that he had heard from the Hong Kong Medical Association that private doctors had no stock of meningococcal vaccine as it had all been stockpiled by DH.

17. Deputy Secretary for Health, Welfare & Food (Health) responded that even before the recent outbreaks of MI in some parts of the Mainland, CHP had already put in place comprehensive preventive and surveillance programme and measures in the wake of the recent avian influenza outbreaks in Southeast Asia. C/CHP confirmed that since the SARS outbreak in 2003, temperature screening had all along been implemented at all boundary control points and it was still being performed. Mr WONG Kwok-hing said that however, when he recently traveled to the Mainland, he found that body temperature checking was not implemented at the border crossing points at Lo Wu and Lok Ma Chau. C/CHP responded that the Administration would follow up and see if there were any implementation problems of this measure. Mr Vincent FANG said that he had also traveled to Guangdong province on 1 February 2005 and he had seen that body temperature

checking was performed at the border crossing points at Huanggang and Lok Ma Chau.

18. As regards the requirement of health declaration, C/CHP explained that the Administration had decided to cease this measure having regard to its cost-effectiveness and the outbreak situation outside Hong Kong. He said that however, the Administration could implement this measure again if it saw the need, such as in the event of a global epidemic.

19. C/CHP said that CHP had been closely monitoring infectious diseases in neighbouring economies. He said that the possibility of occurrence of MI outbreak in Hong Kong was very low, given that only one local case had been reported so far in 2005 and the cases that had occurred in Guangdong were sporadic. He pointed out that there were well established response protocols in Hong Kong for the control of infectious diseases, which included surveillance (local and global) network, investigation and infection control measures, and anti-viral stockpile, etc. He cautioned that actually the recent avian influenza situation in Vietnam had proven to be more threatening and had posed even a greater risk than MI.

20. C/CHP explained that given the mobility of travelers, collecting information on the number of travelers from Anhui province each day served no purpose because it was also possible for these travelers to have traveled to other provinces first before coming to Hong Kong. He pointed out that it was most important to put in place effective monitoring measures at border control points between the Mainland and Hong Kong. Therefore, in addition to performing routine temperature screening at those points, DH had been distributing special pamphlets to alert travelers and provide them with educational guidelines on MI prevention.

21. C/CHP further said that CHP had sent out letters to remind all schools and social welfare institutions, through the Education and Manpower Bureau and the Social Welfare Department, to be vigilant and take necessary preventive measures. In addition, CHP briefed the media and issued press releases about MI each day.

Precautionary measures, vaccination and treatment

22. C/CHP informed members that DH had stockpiled about some 1 000 doses of meningococcal vaccine. Besides, 1 000 additional doses would be delivered to Hong Kong in the following week and more in the week after. He said that depending on the actual demands, DH could place order for more doses. He advised that travelers to high incidence places could consult their family doctors or visit DH's Travel Health Service website for information on meningococcal vaccinations and travel advice. He said that based on available information,

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pharmacies had sold 700-odd to 800-odd doses of meningococcal vaccine to private doctors within this month. As to medication for MI, C/CHP said that the disease could be effectively cured with antibiotics and DH had very adequate stock of antibiotics. He added that should MI outbreak occur in Hong Kong, antibiotics would mainly be relied on to treat MI cases and for prophylaxis of close contacts, while vaccines would be used as a supplementary measure in the control of the disease.

23. C/CHP added that travelers going to places with high incidence of MI or to Southeast Asian places should bring along surgical masks and disinfectant and observe good personal hygiene, which would greatly reduce the risk of infection. For the general public, CHP had set up a telephone hotline for public enquiries about MI. Updates on the MI situation were also uploaded on the CHP website.

24. Referring to page 6 of the fact sheet prepared by the LegCo Secretariat, Mr WONG Kwok-hing pointed out that it was reported by the press on 2 February 2005 that 2 463 construction workers in Guangzhou had been vaccinated on 31 January to prevent MI. He expressed serious concern about the adequacy of meningococcal vaccine that DH had stockpiled. He requested DH to assess what the required stock should be in case a major outbreak occurred in Hong Kong.

25. Consultant, Community Medicine (Communicable Disease) (C/CM(CD)) said that MI was not as highly infectious as influenza and based on Mainland or overseas experiences, outbreaks usually occurred in institutions such as schools, barracks, and hostels, etc. He said that although Hong Kong might have a few sporadic MI cases in the next few months as what had occurred in the past, the chance of a large outbreak would be small, as experience in the past 50 years had shown.

26. C/CM(CD) further said that should MI outbreak occur in Hong Kong, antibiotics would mainly be relied on to treat MI cases, and persons who had been in close contact with the patients would also be given antibiotics. He explained that in the light of relevant guidelines of the World Health Organisation and the United States, about 1 000 doses of meningococcal vaccines should be sufficient to cope with occurrence of focal outbreak of MI in, for example, a school. He added that CHP had also ordered for more doses, as the possibility of focal outbreaks occurring in more than one institution could not be excluded.

27. In response to Mr Vincent FANG, C/CHP said that members of the public could get vaccination at the Port Health Office of DH. He said that in the past couple of days, some 50 people had got vaccination from the Office and 80 more had been arranged to receive vaccination soon. In response to Mr Albert HO, C/CHP said that it took about one week for the delivery of vaccine from the manufacturer and there should be no problem in vaccine supply.

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28. The Chairman asked that in case a few MI cases really emerged in Hong Kong during the Chinese New Year holidays, whether the Administration would launch a vaccination programme targeting at people such as children and the elderly then. C/CHP responded that CHP's assessment of the situation was that while Hong Kong might have a few sporadic MI cases in the next few months, or even a small scale focal outbreak, the antibiotics and vaccine stockpile of DH should be sufficient to cope.

29. Ms LI Fung-ying took the view that DH should get prepared for all possible scenarios and remain highly vigilant. She suggested that DH should step up publicity and public education on the preventive measures at schools and through the mass media during this period of time when many children would be visiting Mainland China during the Chinese New Year holidays. C/CHP said that DH would follow up Ms LI's suggestion.

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30. Dr YEUNG Sum sought the Administration's views as to whether the forthcoming Chinese New Year holidays which would trigger a large volume of cross-border travel would increase the risk of MI outbreak in Hong Kong. C/CHP said that since the occurrence of meningococcaemia cases in Baguio City in the Philippines in early 2005, CHP had been closely monitoring the local situation and taking steps to promote awareness of preventive measures. C/CHP added that CHP would sustain its efforts in monitoring the local situation and enhancing public awareness of preventive measures in collaboration with the Hospital Authority and private doctors.

31. Mr LI Kwok-ying pointed out that the body temperature check being performed at border control points between the Mainland and Hong Kong could not detect infected travelers without onset of fever during incubation period. He was worried that the chance of occurrence of MI outbreak in Hong Kong was high given the heavy cross-border traffic and he was also concerned about DH's capability to cope if a major outbreak really occurred in Hong Kong.

32. C/CM(CD) said that body temperature check was not solely relied on in the prevention of spread of MI through infected travelers and, in fact, disease carriers of MI could show no symptoms. He pointed out that in addition to body temperature check, DH had been distributing special pamphlets to alert travelers and providing them with educational guidelines on MI prevention. Moreover, CHP had sent letters and messages to all doctors and professional medical groups on 1 February 2005 giving them the most up-to-date situation, with a view to facilitating doctors to recognise potential MI cases and promptly report to CHP for investigation and control.

33. C/CHP supplemented that there might be sporadic cases, or even a small

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outbreak in a certain institution in Hong Kong. However, there should not be an outbreak in the scale of the SARS outbreak in 2003 to occur, given that comprehensive preventive and surveillance programme and infection control measures were in place. He said that CHP would also be ready to step up the preventive and infection control measures as and when necessary in the light of new developments.

34. Mr Vincent FANG asked about the treatment of MI patients. C/CHP responded that a patient displaying MI symptoms would be hospitalised in isolation ward and treated with antibiotics. People who had been in close contact with the patient needed not be hospitalised if they had not developed symptoms and they would only be given antibiotics.

35. Mr Albert HO suggested that the Panel should also arrange to discuss the Administration's overall plan to reduce the risk of avian influenza outbreaks in Hong Kong as soon as possible.

36. There being no other business, the meeting ended at 4:10 pm.

Council Business Division 2
Legislative Council Secretariat
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