

立法會
Legislative Council

LC Paper No. CB(2)1025/05-06
(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of meeting
held on Monday, 9 January 2006 at 8:30 am
in Conference Room A of the Legislative Council Building

Members present : Dr Hon KWOK Ka-ki (Chairman)
Dr Hon Joseph LEE Kok-long (Deputy Chairman)
Hon Fred LI Wah-ming, JP
Hon Mrs Selina CHOW LIANG Shuk-ye, GBS, JP
Hon CHAN Yuen-han, JP
Hon Bernard CHAN, JP
Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP
Hon Andrew CHENG Kar-foo
Hon LI Fung-ying, BBS, JP
Hon Vincent FANG Kang, JP
Hon LI Kwok-ying, MH

Members absent : Hon Albert HO Chun-yan
Dr Hon YEUNG Sum

Public Officers attending : Items IV and V
Miss Susie HO, JP
Deputy Secretary for Health, Welfare and Food (Health) 1

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

Item IV

Mr Wallace LAU
Principal Assistant Secretary for Health, Welfare & Food
(Food & Environmental Hygiene)¹

Dr LEUNG Pak-yin, JP
Controller
Centre for Health Protection
Department of Health

Dr Thomas TSANG
Consultant
Community Medicine (Communicable Disease)
Centre for Health Protection
Department of Health

Dr Wilina LIM
Head
Public Health Laboratory Services Branch
Centre for Health Protection
Department of Health

Item V

Dr TSE Lai-yin, JP
Head
Surveillance and Epidemiology Branch
Centre for Health Protection
Department of Health

Dr Regina CHING Cheuk-tuen
Head, Programme Management and Professional
Development Branch
Centre for Health Protection
Department of Health

**Deputations
by invitation** : Item IV

Dr LAI Sik-to
Consultant
Department of Medicine & Geriatrics
Princess Margaret Hospital

Dr SETO Wing-hong
Department of Microbiology
Queen Mary Hospital

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

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

Miss Maggie CHIU
Legislative Assistant (2) 4

I. Confirmation of minutes
(LC Paper No. CB(2)767/05-06)

The minutes of the meeting held on 12 December 2005 were confirmed, with the exception of revising the term “保健組織” to “醫療集團” in paragraphs 6, 44 and 45 of the Chinese version of the minutes.

II. Information paper(s) issued since the last meeting

2. There was no information paper issued since the last meeting.

III. Items for discussion at the next meeting
(LC Paper Nos. CB(2)768/05-06(01) and (02))

3. Members agreed to discuss the following items at the next regular meeting to be held on 13 February 2006 at 8:30 am -

- (a) Incorporation of organ donation details in the Hong Kong identity card; and
- (b) Regulation of health maintenance organisations.

The Chairman suggested and members agreed to invite concerned groups, such as medical associations, to give views on item (b). The Clerk would draw up a deputations list for invitation to members for their comments and other

suggestions, if any.

4. Members further agreed to hold a joint meeting with the Panel on Welfare Services and the Panel on Manpower to discuss with the Administration on injecting money into the depleted Trust Fund for Severe Acute Respiratory Syndrome, raising the \$500,000 ceiling of the special ex-gratia payment for each eligible family or family member and other related matters.

5. The Chairman proposed to discuss the issue of misleading or exaggerated claims made by slimming/fat reduction products and services provided by beauty parlours at a future meeting. In response, Deputy Secretary for Health, Welfare and Food (Health)1 (DSHWF(H)1) said that the Administration would be in a position to discuss the matter in March 2006.

IV. Notification of infectious diseases between the Mainland and Hong Kong
(LC Paper Nos. CB(2)768/05-06(03) to (06))

6. At the invitation of the Chairman, DSHWF(H)1 introduced the Administration's paper (LC Paper No. CB(2)768/05-06(03)) detailing the developments of the notification mechanisms in respect of human and animal/plant infectious diseases between the Mainland and Hong Kong.

7. Controller, Centre for Health Protection (Controller, CHP) supplemented that the CHP had been maintaining close contact with the Mainland Ministry of Health (MoH) and the Health Department of the Guangdong Province (HDGP) to facilitate timely exchange of information on human infections of infectious diseases as well as any sudden and unusual upsurge of infectious diseases of unknown nature or of public health significance. For instance, the Mainland authorities concerned had promptly notified CHP of all incidents of human infections of Streptococcus suis and avian influenza occurred in some areas in the Mainland last year. Controller, CHP further said that in view of the inconsistency in the understanding of the case definitions of infectious diseases in the Mainland, it was inevitable that some time was needed for the MoH and the HDGP to ascertain the nature of the infectious disease cases before notifying Hong Kong.

8. Controller, CHP then briefed members on the developments of electronic platform for reporting infectious diseases and other infectious diseases of public health concern in Hong Kong and in the Mainland. In Hong Kong, online reporting had been launched by CHP since March 2005 to facilitate reporting by registered medical practitioners. Upon notification of a suspected case, CHP would conduct case investigation, contact tracing, health education, medical

surveillance and other public health measures. To further enhance and integrate the functional and analysis capabilities of computer systems for disease surveillance, a Communicable Disease Information System was being developed by the Department of Health (DH). In the Mainland, an electronic platform had also been put in place to facilitate reporting by health authorities at provincial and city levels to the MoH in Beijing, so that MoH could undertake appropriate follow-up actions, most notably, conducting investigation of suspected cases. Controller, CHP pointed out that the electronic platform for reporting infectious diseases in the Mainland was vertical in nature, meaning that the communication was only between the reporting party and the MoH and that one reporting party say, the health authorities of the Guangdong Province, could not view the reported cases made by another party, say, the health authorities of the Anhui Province. To further enhance exchange of information and collaboration to prevent outbreak of infectious diseases between Hong Kong and the Mainland, Controller, CHP said that the Administration was currently exploring with the Mainland authorities concerned on the feasibility of establishing a common electronic platform on the Internet to facilitate exchange of epidemiological information.

9. The Chairman enquired about the notification arrangements between Hong Kong and the Mainland during long holidays, such as the Lunar New Year holidays. In response, Controller, CHP said that both sides would provide each other with a call list for use during the long holidays in advance.

10. The Chairman then invited Dr LAI Sik-to, Consultant, Department of Medicine & Geriatrics, Princess Margaret Hospital, to give his views on notification of infectious diseases between Hong Kong and the Mainland. Dr LAI urged for more timely dissemination of information about outbreaks of infectious diseases of an unknown nature, apart from that of the statutory notifiable diseases of Hong Kong, so that better preparation could be formulated in advance at the hospital level.

11. Mr Fred LI urged the Administration to discuss with the Mainland authorities concerned of the need to notify Hong Kong of all suspected human influenza A (H5N1) infection cases, having regard to the long time taken to confirm these cases in the Mainland. According to a newspaper article provided by Dr HO Pak-leung, Associate Professor, Department of Microbiology of the University of Hong Kong in his submission to the Panel (LC Paper No. CB(2)768/05-06(06)), the criteria for laboratory confirmation of influenza A (H5N1) infections used in the Mainland were more stringent than those recommended by the World Health Organisation (WHO) in its latest guideline on laboratory tests to identify avian influenza virus in specimens from humans. In the Mainland, an extra test was required to confirm a human influenza A (H5N1) infection case tested by a local laboratory. A longer time, from three to four weeks, had therefore been taken for notification by the Mainland. Mr LI

expressed concerned about the increased risk to Hong Kong, in view of the heavy cross-border traffic between Hong Kong and the Mainland.

Admin

12. Controller, CHP responded that in view of the varying standards of laboratories in the Mainland, it was understandable that the Mainland health authorities would only inform Hong Kong after all specimens taken from patients suffering from influenza-like illnesses were tested again by one of the two national laboratories in the Mainland to confirm the diagnosis. Nevertheless, Controller, CHP agreed to take up with the Mainland health authorities concerned on the possibility of advancing notification to Hong Kong. Controller, CHP also explained that the reason why the Mainland side only notified Hong Kong after a case was confirmed an avian influenza H5N1 human case was because the outbreak of such in humans was sporadic, and there was no evidence to date of any efficient human-to-human transmission of the disease.

13. Controller, CHP further said that apart from relying on the formal notification mechanism to combat avian influenza, CHP regularly monitored reports of cases of infection occurring in the Mainland and overseas through the media, the Internet and other formal and informal sources, and sought verification and details from the MoH, relevant health authorities and the WHO as appropriate. As the most effective way to reduce risk of human infections of avian influenza was to tackle H5N1 virus at source and its potential carriers, culling actions would be taken if the virus was detected among the poultry and birds in Hong Kong.

14. Mr Fred LI noted from the Administration's paper that the Mainland authorities concerned would also inform Hong Kong of any major outbreaks of plant/animal diseases occurred in the Mainland, and asked what these major outbreaks referred to.

15. Principal Assistant Secretary for Health, Welfare and Food & Environmental Hygiene¹ responded that major animal and plant infection outbreaks referred to those transmissible diseases of plants and animals which might affect the health of the public as well as plants and animals across the border. The list of transmissible diseases of plants and animals which the Administration had drawn up with the State General Administration of Quality Supervision, Inspection and Quarantine and the Ministry of Agriculture for notification included those diseases notifiable to the World Organisation for Animal Health and the WHO, such as the foot and mouth disease.

16. DSHWF(H)¹ supplemented that major outbreaks of infectious diseases in humans also referred to those diseases, both notifiable and of an unknown nature or of public health significance, which might affect the health of the public across the border. DSHWF(H)¹ further said that under the "Cooperation Agreement on Response Mechanism for Public Health Emergencies" signed by the MoH, Hong

Kong and Macao in October last year, a mutual co-ordination and support mechanism in terms of manpower, technologies and resources would be in place, in case of serious public health emergencies in the three places. Moreover, if cross-boundary public health emergencies occurred among the three places or between any two, the concerned places would notify the other parties, activate their respective emergency mechanism and coordinate joint response actions as appropriate.

17. Ms LI Fung-ying said that to ensure timely response could be formulated by the Administration to prevent any onslaught of infectious diseases in Hong Kong from across the border, the Administration should expand its communication network with health authorities in the Mainland, apart from the Guangdong Province as well as request the Mainland side to notify Hong Kong of all suspected cases, including sudden upsurge of infectious diseases of an unknown nature. Ms LI pointed out that many cases which turned out to be infectious disease cases had in fact been reported in the media earlier.

18. DSHWF(H)1 responded that there was no question of the Administration learning any confirmed infectious disease cases occurring in the Mainland from the media, as Hong Kong was kept fully abreast of the developments in areas likely to be affected by infectious diseases by the Mainland side through the existing notification system between Hong Kong and the Mainland. This was evidenced by the swift responses made by the Administration following the announcement of any confirmed infectious disease cases. DSHWF(H)1 further said that under the existing agreements with the MoH and the HDGP, both sides were obliged to notify their counterparts of any outbreak of infectious diseases of an unknown nature, apart from the notifiable diseases. It was also agreed that the responsibility of announcing details about infectious disease outbreaks lay with the notifying party. As such, although there appeared little action in public, the truth of the matter was that a close monitoring system was in place.

19. On establishing more point-to-point communication with the health authorities in the Mainland, Controller, CHP said that to do so would not help to speed up notification, as many of the local health authorities in the Mainland had yet to fully grasp the case definitions of infectious diseases, and they did not have the know-how and/or equipment to diagnose a suspected case. For instance, village health authorities in the Guangdong Province had to send specimens of patients suffering from influenza-like illnesses to the Center for Disease Control and Prevention of the Guangdong Province for diagnosis. Such an arrangement was however not unique to the Mainland, as local health authorities around the world were required to send their specimens to a recognised laboratory for establishment of infectious diseases.

20. The Chairman enquired whether the Administration would provide travel

alert to people planning to travel to areas in the Mainland which had sudden upsurge of infectious diseases of an unknown nature or of public health significance yet to be confirmed by the Mainland authorities. Controller, CHP responded that he saw no problem of doing so, if prior understanding had been struck with the Mainland side. In fact, this had been done in the past.

21. Ms LI Fung-ying said that the existing notification system could be further improved to better protect public health, and urged the Administration to discuss with the Mainland authorities concerned on disclosing more information to the public about any sudden upsurge of suspected infectious diseases of an unknown nature or of public health significance occurring in the Mainland.

22. Mr LI Kwok-ying echoed views similar to those of Mr Fred LI and Ms LI Fung-ying. Mr LI then asked whether it was possible for experts from Hong Kong to participate in the investigation of suspected cases occurring in the Mainland, so as to enable Hong Kong to gain first-hand knowledge of the outbreaks directly and have a better understanding of the handling of outbreaks in the Mainland.

23. DSHWF(H)1 reiterated that the Administration would explore with the Mainland authorities concerned on notifying Hong Kong of suspected cases but cautioned on the risks of causing unnecessary alarm to the public. DSHWF(H)1 further reiterated that it was not true that no precautionary measures were taken by the Administration until the notification of a confirmed case by the Mainland authorities concerned. Depending on the risk assessment, different precautionary measures would be taken. For instance, to prevent human infections of H5N1 avian influenza, both the Agricultural, Fisheries and Conservation Department (AFCD) and the Food, Environmental and Hygiene Department (FEHD) had stepped up surveillance activities among the poultry population in farms, wholesale market and retail outlets, pet bird shops and parks in Hong Kong, apart from requiring all chickens imported from the Mainland must come from registered farms and accompanied by health certificates, among others. She expressed the view that “suspected cases” would be very difficult to define. The practice in WHO at present was to report confirmed cases. As to the question of dispatching experts from Hong Kong to participate in the investigation of suspected infectious disease cases occurring in the Mainland, Controller, CHP said that this had been done in the past upon request from Hong Kong.

24. Dr Joseph LEE said that the Administration should adopt a more proactive approach in gathering information about suspected infectious disease outbreaks in the Mainland, such as media surveillance and contact tracing, instead of relying on the formal notification mechanisms established with the MoH and the HDGP.

25. Consultant, Community Medicine (Communicable Disease), CHP

responded that CHP regularly surveyed media reports of cases of infections occurring in the Mainland and overseas, and sought verification and details from the MoH, relevant health authorities and the WHO as appropriate. In respect of seeking verification and details from the MoH and HDGP, responses from them had all along been very forthcoming. Consultant, Community Medicine (Communicable Disease), CHP further said that apart from the high level liaison to enhance collaboration on infectious disease controls as set out in paragraph 13 of the Administration's paper, there were also working level liaisons between health experts of the Mainland and Hong Kong through activities such as mutual visits and participation in case investigation.

26. Controller, CHP also said that it was unlikely that the Mainland side would allow person(s) who had come into close contact with another person suffering from H5N1 avian influenza to come to Hong Kong, unless they were Hong Kong residents. In that case, the Mainland side would notify the CHP and medical surveillance would be performed on the individual(s) concerned after they returned to Hong Kong. Controller, CHP further said that should there be any confirmed cases of avian influenza infections in animals and humans occurring in the Mainland and overseas, the Hospital Authority (HA) would be alerted to take appropriate actions and all incoming travellers from the affected places displaying influenza-like symptoms would be transferred to hospitals for a medical check.

Admin

27. At the request of Dr Joseph LEE, Controller, CHP undertook to provide information on the time required for the Mainland to notify Hong Kong of each confirmed case of infectious disease occurred in the Mainland in recent years.

28. Mrs Selina CHOW noted that prior to announcing to the public about confirmed infectious disease cases occurring in the Mainland, the Administration had in fact been receiving important information about these cases which was shared among various parties, such as health experts. Mrs CHOW pointed out that sometimes such information shared behind closed doors among a handful of people was leaked to the public, thereby giving rise to much public speculation and alarm. In the light of this, Mrs CHOW asked about the measures to mitigate the effect of such a leak. Mrs CHOW shared Dr LAI Sik-to's call for more timely dissemination of information about outbreaks of infectious diseases of unknown nature to frontline doctors so that better preparation could be formulated in advance at the hospital level, and asked how this could be achieved in both public and private hospitals, having regard to the sensitive nature of the information.

29. Controller, CHP responded that if an unconfirmed case or an unfounded case occurring in the Mainland or overseas was reported in the media, the normal course of action would be for the Administration to come out to make clarifications to dispel public concern or misconception. Prior consultation

would however be conducted with the jurisdictions concerned before taking the aforesaid action. Controller, CHP further said that much improvement had been made to strengthen communication among healthcare professionals in Hong Kong to combat infectious diseases. For instance, some HA staff were seconded to work in the CHP, there was close collaboration between HA and CHP staff in the investigation and control of outbreaks in hospitals and community institutions, and CHP staff were represented on HA's Central Committee on Infectious Diseases. Latest outbreak news and surveillance results were also shared with private doctors through correspondence. To ensure all its members were aware of the occurrences of all confirmed infectious disease cases occurring in the Mainland, the Medical Association of Hong Kong had been helping to relay the relevant press releases issued by the Administration to all its members. Consultant, Community Medicine (Communicable Disease), CHP supplemented that in view of the recent spread of avian influenza around the world, a daily summary of reported cases of avian influenza occurring in the Mainland and overseas was presently compiled by the CHP to facilitate dissemination to frontline doctors in public hospitals through the HA.

30. Mrs Selina CHOW further asked the Administration whether there was any mechanism in place to share information about yet to be confirmed cases of infections occurring in the Mainland and overseas with other Government departments, so as to better prepare Hong Kong for possible onslaught of infectious diseases.

31. DSHWF(H)1 responded in the positive to Mrs CHOW's question in paragraph 30 above. For instance, arising from the recent avian influenza outbreaks in the Mainland, both the AFCD and the FEHD had stepped up surveillance activities among the poultry population in farms, wholesale market and retail outlets, pet bird shops and parks in Hong Kong, apart from requiring all chickens imported from the Mainland must come from registered farms and accompanied by health certificates, among others. To ensure that different policy bureaux/Government departments were familiarised with their respective contingency plans for managing avian influenza outbreaks in Hong Kong, exercises had been and would continue to be conducted by the CHP to test their preparedness for and during an outbreak situation and to identify rooms for improvements.

32. The Chairman interrupted the discussion to invite Dr SETO Wing-hon, Department of Microbiology, Queen Mary Hospital, who had just joined the meeting to present his views on the notification of infectious diseases between Hong Kong and the Mainland.

33. Dr SETO Wing-hon presented his views as set out in his submission tabled at the meeting (LC Paper No. CB(2)824/05-06(01) issued on 11 January 2006).

Notably, Dr SETO did not find any inhibition on the part of the Mainland in the sharing of infectious disease data. Given that China was a large country, time must be allowed for the accurate collection of data and for the authorities to adequately evaluate the data before release. Such practices existed all over the world and the resultant delays should not be viewed as a lack of transparency.

34. The Chairman expressed concern about the long time taken for the Mainland health authorities to notify Hong Kong of confirmed infectious disease cases, which had put Hong Kong at an unacceptably high risk in view of the heavy cross-border traffic between the two places. In the light of this, the Chairman considered that there was a need for the Mainland side to notify Hong Kong of all suspected cases occurring in the Mainland in the first instance, so that appropriate responses could be formulated in advance. He also considered that the existing notification mechanisms for human infectious diseases should be further enhanced by establishing point-to-point communication with health authorities in other provinces and cities in the Mainland. Having regard to the public health threat of emerging infectious diseases, there was also a need for the Mainland side to adopt a syndromic surveillance approach to better detect infectious diseases of an unknown nature.

35. DSHWF(H)1 responded as follows -

- (a) the Administration would explore with the Mainland authorities concerned on the possibility of notifying Hong Kong of all suspected cases. It should however be pointed out that in so doing, there would be a need to define what was meant by “suspected cases” and whether such indiscriminate reporting would create unnecessary alarm;
- (b) the Administration had no plan to establish point-to-point communication with individual health authorities in provinces other than Guangdong and cities in the Mainland at this stage, as the existing notification mechanism established with the MoH was working satisfactorily. Since 2003, MoH had been providing Hong Kong with a monthly summary of information on infectious diseases as well as information on important outbreaks in other parts of the Mainland. The notification mechanism covered diseases of significant public health concern, for instance, the avian influenza in the Hunan Province and the Anhui Province in the past two months, cholera cases in the Zhejiang Province in October 2005 and Streptococcus suis infection in the Sichuan Province in July and August 2005. In the Administration’s view, establishing separate notification mechanism with each and every province in the Mainland would complicate matters, given the varying standards in

the understanding and handling of infectious diseases across the country. Hence, a better way forward was to see what could be done to improve on the existing notification system, i.e. with the MoH and with the health authorities of the Guangdong Province; and

- (c) the MoH and the health authorities of the Guangdong Province well understood that they were obliged to notify Hong Kong of any sudden upsurge of infectious diseases of an unknown nature which had cross-border effect, and had done so. More time should be allowed to see what could be done to improve notification in this regard.

36. The Chairman asked Dr LAI Sik-to and Dr SETO Wing-hon what areas should be improved on providing timely and up-to-date information about infectious diseases to frontline doctors so as to better facilitate their work.

37. In response, Dr SETO Wing-hon said that he did not see that frontline doctors were deprived of timely and up-to-date information about infectious diseases, as Infection Control Officers stationed at the hospital stood ready to answer their queries on the matter. Dr SETO further said that it was not fair to say that the Mainland side was always late in notifying Hong Kong of infection cases, as not all cases reported in the media were based on substantiated grounds.

38. Dr LAI Sik-to said that the sharing of information about infectious diseases with frontline doctors was adequate. Dr LAI however hoped that CHP staff could also attend the sharing session or forums organised by the HA from time to time to update frontline doctors on the latest information about infectious diseases to answer questions. To better facilitate the work of frontline doctors of the Accident and Emergency Department, Dr LAI hoped that doctors would be informed of the patients' travel history and occupations in times of possible avian influenza outbreak in Hong Kong. It would also be useful if all frontline doctors were apprised of the symptoms of different types of infectious diseases.

39. Mr Andrew CHENG said that to prevent onslaught of avian influenza in humans in Hong Kong, there was a need for the Mainland side to adopt the WHO's diagnosis of the disease as far as possible so as to shorten the time for notification to Hong Kong and for Hong Kong to establish point-to-point communication with the health authorities of those provinces which had suspected cases of human influenza A (H5N1).

40. DSHWF(H)1 reiterated the Administration's views given in paragraph 35 (a) and (b) above. Controller, CHP supplemented that the reason why the Mainland side sometimes had to require a specimen taken from a patient suffering from influenza-like symptoms to undergo another test for influenza A virus, such

as antibody test by a national laboratory, after the specimen had been tested for the virus under the PCR rapid testing at a local/regional laboratory, was because the test specimen was not collected as close to the onset of the symptoms as possible for it to be accurate for screening of the H5N1 virus. Controller, CHP further said that another reason why a longer time was needed for the Mainland to notify Hong Kong of confirmed infection cases was because the varying standards of laboratories across the country had made it necessary for the test specimens to be diagnosed again at one of the two national laboratories for certainty before notification.

41. Mr Andrew CHENG maintained his views in paragraph 39 above, and proposed that a letter be written to the Mainland authorities concerned to request such.

Chairman

42. The Chairman suggested that he, on behalf of the Panel, wrote to the MoH requesting the Mainland to notify Hong Kong of all suspected cases of infectious diseases prior to laboratory confirmation of such cases and to put in place an electronic platform to facilitate Hong Kong to communicate direct with health authorities at provincial level in the Mainland about infectious disease outbreaks and incidents. Members did not raise any query.

43. Mr Vincent FANG noted that the lists of notifiable diseases of Hong Kong, the Mainland and Macao were not identical, and asked why this was the case. Mr FANG further said that the conflicting comments made by local and Mainland experts on infectious diseases confused and worried the public, and enquired whether any action could be taken by the Administration to ameliorate the problem.

44. Mr LI Kwok-ying sought information from the Administration on the progress made in using Chinese and western medicines in treating patients suffering from infectious diseases.

45. DSHWF(H)1 responded that different places having their own list of notifiable diseases were not unique to Hong Kong, the Mainland and Macao. Different states of the United States of America also had different lists. This was because the infectious diseases to be included in the list of notifiable diseases of a particular place were determined by the circumstances of that place. DSHWF(H)1 however pointed out that if Hong Kong wished to have a particular notifiable disease of the Mainland and/or Macao added to its list of notifiable diseases, it could do so under the existing tripartite agreement on prevention and control of communicable diseases entered in May 2003. DSHWF(H)1 further said that outside experts were free to form their own views about infectious diseases, which could be at odds with one another or with the views of the CHP for that matter. Nevertheless, seminars were regularly organised by the

Action

Administration to provide a forum for these experts to exchange views about infectious diseases and hopefully more uniformed views about infectious diseases could come up at the end. As regards progress made in using Chinese and western medicines in treating patients suffering from infectious diseases, Admin DSHWF(H)1 undertook to provide a note on such after the meeting.

46. Controller, CHP supplemented that the adequacy of the list of notifiable diseases of Hong Kong was periodically reviewed having regard to the epidemiological developments in the Mainland and overseas.

V. Promoting healthy eating habit among school children
(LC Paper No. CB(2)768/05-06(07))

47. DSHWF(H)1 and Head, Programme Management and Professional Development Branch, CHP introduced the Administration's paper detailing the background of the new initiative to promote healthy eating habit among school children and how the Administration planned to take it forward.

48. Mr Andrew CHENG said that in order to reduce obesity in children, schools should require each student to take up a sports activity each school year, require lunchbox suppliers to provide adequate amount of fruits and vegetables in their menus and ban the sale of unhealthy snacks on school premises.

49. DSHWF(H)1 responded that encouraging students to take up more sports and eat healthily was already set out in the guidelines to schools, and work in this regard would continue and be stepped up.

50. Dr Joseph LEE expressed support in principle for the initiative in promoting healthy eating habit among school children. Dr LEE then asked about the definition of obesity in children, and whether the Administration had set down any targets for measuring the effectiveness of the new initiative, such as the percentage of obesity among primary and secondary school students.

51. Head, Surveillance and Epidemiology Branch, CHP responded that a child would be considered obese if his/her weight exceeded 120% the median weight for his/her height. Head, Programme Management and Professional Development Branch, CHP also said that how far the proportion of obese school children could be reduced would depend not only on the success of the new initiative which targetted the school environment, but would be dependent on other factors such as eating habit at home and the overall eating culture in the community. The Administration however would consider the new initiative effective, if the trend of obesity among school children had ceased to rise or better still, was found to be on the decline, say, one to two years after

implementation. A baseline study of knowledge, attitude and practice on healthy eating among primary school students and school's existing environment in support of healthy eating would soon be conducted. Results of a subsequent comprehensive review would be compared with those of the baseline assessment and used to formulate longer term strategies.

52. Mrs Sophie LEUNG said that given the vast number of schools in the territory, district-based advocacy plan should be drawn up and parents teachers associations (PTAs) should be enlisted to take the initiative forward.

53. Ms LI Fung-ying was of the view that more forceful measures, such as requiring children to take up sports and eating healthy food at schools, should be taken to address the problem of obesity in children, as the adverse impact of obesity was clear.

54. DSHWF(H)1 responded that PTAs would be enlisted in taking forward the initiative, as a partnership approach based on strong intersectoral collaboration involving integrated programmes with the participation of/undertaken by Government departments, school staff, students, parents, food suppliers, professional bodies and academia would be adopted. DSHWF(H)1 further said that the Administration would consider implementing mandatory measures to contain the problem of childhood obesity, if all else failed to do so. In the meantime, efforts would be focused on raising the awareness of the importance of healthy eating among students, teachers, parents and the public; improving the knowledge, attitude and practice towards healthy eating among primary school children; and creating a school and wider environment that supported healthy eating.

55. Miss CHAN Yuen-han said that the Administration should expeditiously map out implementation details of various programmes to take the initiative forward. Miss CHAN suggested that one way to rectify the growing sedentary lifestyle of school children was to increase the proportion of sports activity in the school curriculum.

56. Mr Bernard CHAN urged for the early introduction of a labelling scheme on nutrition information for pre-packaged food to enable consumers to make a healthy choice in buying pre-packaged food.

57. DSHWF(H)1 responded that a multi-sectoral and interdisciplinary team, comprising medical practitioners, nurses, dietitians, health promotion officers, research officers, and media and marketing personnel, had been set up to map out implementation details of various programmes to take the initiative forward. It was envisaged that the programmes would roll out in the 2006-07 school year. These programmes would be subject to a comprehensive review in early 2008.

DSHWF(H)1 further said that it was the Administration's plan to legislate the proposed food labelling scheme.

58. The Chairman said that the initiative was too weak to rectify the unhealthy eating habit of school students, as evidenced by the lack of requirements to make food suppliers to provide health lunchboxes and ban tuckshop operators from selling unhealthy snacks. The Chairman pointed out that without the involvement of the Education and Manpower Bureau (EMB), it would not be possible to realise healthy eating habit among school children.

59. DSHWF(H)1 responded that EMB would certainly be involved in taking the initiative forward, and referred members to the approach and strategies for such set out in paragraphs 9 to 15 of the Administration's paper.

60. In closing, the Chairman suggested to further discuss the progress made in taking forward the initiative of promoting healthy eating habit among school children in the latter half of the year. Members expressed support.

61. There being no other business, the meeting ended at 10:48 am.