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**Panel on Health Services and
Panel on Food Safety and Environmental Hygiene**

**Minutes of joint meeting
held on Saturday, 2 May 2009, at 10:00 am
in Conference Room A of the Legislative Council Building**

**Members
present**

: Panel on Health Services

- * Dr Hon Joseph LEE Kok-long, JP (Chairman)
- * Dr Hon LEUNG Ka-lau (Deputy Chairman)
- Hon Albert HO Chun-yan
- # Hon Fred LI Wah-ming, JP
- * Hon Andrew CHENG Kar-foo
- Hon Audrey EU Yuet-mee, SC, JP
- * Hon Vincent FANG Kang, SBS, JP
- * Hon Cyd HO Sau-lan

Panel on Food Safety and Environmental Hygiene

Hon TAM Yiu-chung, GBS, JP
Hon Tommy CHEUNG Yu-yan, SBS, JP
Hon WONG Kwok-hing, MH
Hon KAM Nai-wai, MH
Hon WONG Yuk-man

**Member
attending**

: Hon James TO Kun-sun

**Members
absent**

: Panel on Health Services

- Hon Albert CHAN Wai-yip
- * Hon Alan LEONG Kah-kit, SC
- Hon CHAN Hak-kan

Hon IP Kwok-him, GBS, JP
Dr Hon PAN Pey-chyou

Panel on Food Safety and Environmental Hygiene

Hon WONG Yung-kan, SBS, JP

(* Also member of the Panel on Food Safety and Environmental Hygiene)
(# Also Chairman of the Panel on Food Safety and Environmental Hygiene)

Public Officers : Item I
attending

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

Dr P Y LAM
Director of Health

Mr Shane SOLOMON
Chief Executive
Hospital Authority

Clerk in : Miss Mary SO
attendance Chief Council Secretary (2) 5

Staff in : Mrs Vivian KAM
attendance Assistant Secretary General 2

Mr Stephen LAM
Assistant Legal Adviser 4

Ms Maisie LAM
Senior Council Secretary (2) 7

Ms Sandy HAU
Legislative Assistant (2) 5

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I. Election of Chairman

Mr Fred LI nominated Dr Joseph LEE as chairman of the joint meeting. Members present seconded the nomination. Dr LEE accepted the nomination. As there was no other nomination, Dr Joseph LEE was elected Chairman of the joint meeting.

II. Briefing by the Secretary for Food and Health on prevention and control of human swine influenza infection in Hong Kong

2. Secretary for Food and Health (SFH) thanked members for agreeing to hold a joint meeting at such a short notice. SFH reported that the Government had activated the Emergency Response Level under the Preparedness Plan for Pandemic Influenza in Hong Kong upon confirmation of an imported case of human swine influenza infection in Hong Kong on 1 May 2009 which involved a 25-year-old Mexican man (the index patient). The index patient travelled from Mexico to Hong Kong through Shanghai via MU505 on 30 April 2009. The index patient developed symptoms hours after his arrival at Hong Kong and sought treatment at the Ruttonjee Hospital in the evening of 30 April 2009. The index patient was immediately sent to an isolation ward at Princess Margaret Hospital (PMH). Initial test results indicated that it was a suspected swine influenza infection case. Further investigation by the University of Hong Kong confirmed it as a swine influenza infection case at about 8:00 pm on 1 May 2009. The index patient, who did not develop a fever until the middle of the night on 30 April 2009, was stable. To prevent the spread of the human swine flu, two persons who travelled with the index patient to the Metro Park Hotel in Wan Chai after arriving Hong Kong and a local person who contacted the index patient were also admitted to PMH's isolation ward, even though they did not have any symptom. An isolation order on the Metro Park Hotel was issued by the Director of Health (D of Health) under section 25 of the Prevention and Control of Disease Regulation (Cap. 599A) on 1 May 2009 to designate the hotel as a place to be isolated and quarantine orders were issued to hotel guests and staff for a period of seven days. Meanwhile, the Centre for Health Protection (CHP) had started tracing people with opportunities to have contact with the index patient.

Naming of human swine influenza

3. Mr WONG Kwok-hing expressed his appreciation to all frontline health care workers, Police and other personnel of their hard work in containing the spread of human swine flu in Hong Kong. Mr WONG then asked the Administration whether it would change "Swine influenza" in Schedule 1 to Cap. 599 to "Influenza A (H1N1)" used by the World Health Organization (WHO) when referring to the new virus affecting humans as from 30 April 2009. Mr James TO raised a similar question.

4. SFH responded that the Administration would not consider doing so for the time being, as "Swine influenza" had been widely used by local and overseas media and health authorities to refer to the new virus affecting humans prior to 30 April 2009. Moreover, the term "Influenza A (H1N1)" might still be subject to change later by WHO, as there were differing views among experts on the appropriateness of the term when referring to the new virus affecting humans.

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Risk of human swine influenza infection

5. Mr TAM Yiu-chung commended the Administration's efforts in containing the spread of human swine influenza infection. Mr TAM further sought information on the risk of the new virus to humans.

6. SFH responded that little was known about the swine influenza virus, save the facts that its mode of transmission was similar to other seasonal influenza, i.e. person-to-person, and that its incubation period was on average two to four days and could run up to seven days. Little was also known about the effect of the new virus to humans at this moment. While death had occurred in Mexico as a result of illness associated with this virus, other affected areas were currently observing a less severe clinical spectrum of disease with infection by the identical virus strain that only one fatal case was reported outside Mexico in the United States, and it was reported that there were other factors leading to the death of the patient concerned. It was difficult to ascertain at this moment the attack rate and virulence of this virus to the Asian, including the population of Hong Kong. In the light of this, it was necessary for the Administration to take drastic action to place all lodgers and staff of Metro Park Hotel under quarantine for a period of seven days.

7. Mr TAM Yiu-chung asked about the actions taken by the Administration to allay the concerns of lodgers of Metro Park Hotel.

8. SFH responded that most of the lodgers at the Metro Park Hotel accepted the Administration's explanation for them to be quarantined for seven days at the hotel, albeit 12 lodgers chose to be quarantined at the Lady Maclehoose Holiday Village in Sai Kung. SFH further said that immediately following the issue of an isolation order to the Metro Park Hotel at about 8:30 pm on 1 May 2009, thorough cleansing and disinfecting of the hotel was carried out by the Food and Environmental Hygiene Department (FEHD). Arrangements had also been made to send some 40 lodgers, who indicated that they felt unwell, to hospital for medical assessment. Some of these lodgers had returned to the hotel after consultation, whereas the remaining were admitted to the hospital for observation.

9. Mr Vincent FANG expressed support for the drastic measures adopted by the Administration to contain the spread of human swine influenza to the community. Mr FANG then asked whether FEHD had carried out cleansing and disinfecting to the U-traps connected to the bathroom floor drains of the hotel.

10. SFH responded that the bathrooms in guest rooms of the hotel and toilets in its common areas would be cleansed and disinfected. SFH further said that studies were being conducted to find out whether the influenza A(H1N1) virus could be transmitted through faeces.

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Symptoms of human swine influenza

11. In response to Mr Tommy CHEUNG's enquiry on the symptoms of human swine influenza, SFH advised that the symptoms were usually similar to those of human seasonal influenza and included fever, lethargy, loss of appetite and coughing. Some people infected with swine influenza might also have a runny nose, sore throat, nausea, vomiting and diarrhoea.

Wearing of face masks by air cabin crew

12. Mr WONG Kwok-hing, Dr LEUNG Ka-lau and Mr James TO were of the view that airlines should not prohibit cabin crew from wearing face masks while on duty. They urged the Administration to take this up with the airlines.

13. SFH responded that it was incumbent upon airlines to safeguard the health of its staff. Hence, to his understanding, airlines would not prohibit crew members from wearing face masks while on duty if deemed necessary by the crew members concerned to protect themselves and passengers.

14. Mr WONG Kwok-hing remained of the view that the Administration should make it mandatory that airlines must allow cabin crew to wear masks if deemed necessary by the crew.

Tracing and surveillance

15. Mr WONG Kwok-hing called upon the two taxi drivers, one who took the index patient from the airport to the hotel and another one who took the index patient from the hotel to the hospital, to immediately get in touch with CHP.

16. SFH advised that the Administration had enlisted the assistance of Police to trace the two taxi drivers and that of the taxi associations to encourage these drivers to get in touch with CHP immediately to protect themselves and the community against human swine influenza infection.

17. On the question raised by Ms Cyd HO as to whether DH had adequate manpower to do the contact tracing, Director of Health (D of Health) replied in the positive. D of Health further said that apart from Department of Health (DH) staff, Police and Immigration Department (ImmD) also rendered assistance to contact tracing.

18. Mr James TO asked how many lodgers of Metro Park Hotel had not returned to the hotel to undergo quarantine and how many air passengers who had sat close to the index patient had the Administration located.

19. D of Health responded that he did not have information in hand on the number of lodgers of Metro Park Hotel who had not returned to the hotel to undergo quarantine. D of Health further said that of the 36 air passengers who had sat close to the index patient, DH was able to get in touch with 19 of them,

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whereas six of them had left Hong Kong and the remaining 11 were not yet located.

20. In response to Mr Vincent FANG's enquiry on ways to prevent the missing lodgers from leaving Hong Kong, D of Health said that information on the missing lodgers had been provided to ImmD.

Health checks at airport and border points

21. Mr Fred LI pointed out that the fact that the Administration failed to detect the index patient upon his arrival at Hong Kong demonstrated that merely measuring the body temperature of passengers arriving in Hong Kong was not enough, as the incubation period of human swine influenza was up to seven days. To better protect the community against human swine influenza infection, the Administration should require all inbound passengers from affected areas, such as Mexico, to undergo medical assessment at the airport and border control points before allowing them to enter Hong Kong.

22. SFH explained that in addition to body temperature screening, all incoming passengers were required to complete and submit health declaration forms upon arriving at the Hong Kong International Airport. Passengers indicated in the forms that they came from affected areas and/or had flu-like symptoms, such as coughing or sneezing, would be sent to the medical posts set up at the airport to undergo medical assessment. To enhance the preventive measures against human swine influenza infection, ImmD staff at the airport had been instructed to clarify with all Mexican passport holders the countries/regions they had visited in the past seven days and send them for medical assessment at the medical posts deemed appropriate. If a Mexican visitor was assessed to have no flu-like symptoms, he/she would be asked to leave his/her contact address and/or number to enable DH staff to check on his/her health condition daily and for a period of seven days. On the other hand, if a Mexican visitor was suspected to have flu-like symptoms, he/she would be placed under quarantine for seven days.

23. Mr Andrew CHENG considered it more effective if all incoming passengers were required to remain in the airplane after landing in Hong Kong to facilitate checking by DH staff to see if these passengers had flu-like symptoms; and if so, to take down the names of the passengers sitting three rows in front and three rows behind the suspected passenger and where they would be staying in Hong Kong for tracing later on if required.

24. SFH responded that if no passenger displayed or developed any flu-like symptoms, neither measuring body temperature nor dispatching DH staff to check the health conditions of passengers onboard a plane would be useful in screening suspected passengers. Hence, airlines had been advised that their cabin crew should inform the authority concerned of any suspected case, prior to the airplane's landing in Hong Kong.

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25. Mr Tommy CHEUNG asked whether Hong Kong Government could require all airline and cross-boundary bus and vessel operators to take the body temperature of their passengers bound for Hong Kong as a condition for allowing their passengers to enter Hong Kong. Mr Vincent FANG raised a similar question.

26. D of Health responded that to do so would be at variance with WHO's recommendation that imposing travel restrictions would have very little effect on stopping the virus from spreading, but would be highly disruptive to the global community. Moreover, not every place outside Hong Kong considered taking body temperature of all incoming and departing travellers at airport and border control points an effective means to prevent outbreak of communicable disease, as had been practised by Hong Kong since the SARS outbreak in Hong Kong in April 2003. D of Health, however, pointed out that it could not be ruled out that WHO would later recommend affected countries to require all airlines to take the body temperature of their passengers before allowing passengers with no fever to board the plane.

27. Mr Albert HO suggested placing all incoming travellers from Mexico under isolation or quarantine for seven days.

28. D of Health explained that under the Prevention and Control of Disease Regulation, only persons whom a health officer had reason to believe to be infected with a specified infectious disease could be placed under isolation and only persons whom a health officer had reason to believe to be a contact of a specified infectious disease could be placed under quarantine. SFH supplemented that the Consul General of Mexico had been informed that Hong Kong would not rule out prohibiting people from Mexico to enter Hong Kong if WHO recommended imposing travel restrictions on Mexico related to the outbreak of the influenza A (H1N1) virus. SFH added that the Consul General of Mexico had called upon Mexican visitors in Hong Kong to immediately seek medical assistance if they felt unwell. To his understanding, some Mexican visitors went to hospitals to seek medical treatment yesterday.

29. Dr LEUNG Ka-lau said that the Administration should obtain from all airlines the names and contact addresses and/or numbers of all passengers bound for Hong Kong, including transit passengers, to facilitate tracing by DH staff where necessary. SFH replied that this had been done. As such, DH staff was able to swiftly locate the passengers sitting in the three rows in front and in the three rows behind the index patient on MU505.

30. Mr KAM Nai-wai expressed dissatisfaction about the ways which the Administration had adopted in preventing and controlling human swine influenza in Hong Kong. Mr KAM urged the Administration to step up efforts in this regard.

31. Ms Audrey EU was of the view that Mexican visitors should at least be subject to medical surveillance for seven days upon their arrival at Hong Kong. Ms EU further sought clarification from the Administration on the criteria for

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placing a person under quarantine, isolation and medical surveillance respectively.

32. D of Health responded that the criteria to require a person to be placed under medical surveillance, quarantine and isolation were laid down in sections 15, 22 and 23 of Cap. 599A respectively. Under section 15 of Cap. 599A, a health officer was empowered to require a person to be placed under medical surveillance if he/she had reason to suspect that a person was a contact or was infected with a specified infectious disease or was contaminated. Under section 22 of Cap. 599A, a health officer was empowered to require a person to be placed under quarantine, if he/she had reason to believe that the person was a contact of a specified infectious disease. Under section 23 of Cap. 599A, a health officer was empowered to require a person to be placed under isolation if he/she had reason to believe that the person was infected with a specified infectious disease. As little was known about the human swine influenza, person infected with the disease or suspected to be infected with the disease was required to be placed under isolation, whereas person who was a contact of the infected person or of a person likely to be infected was required to be placed under quarantine. D of Health further said that the Administration would consider the feasibility of placing incoming travellers from Mexico, who did not display flu-like symptoms upon their arrival at Hong Kong, under medical surveillance for seven days.

Vaccine

33. Mr Andrew CHENG asked whether the Administration had adequate stock of seasonal influenza vaccines to vaccinate all elderly who were most at risk of contracting human swine influenza.

34. SFH responded that the present stock of seasonal influenza vaccines was not high. Moreover, according to WHO, the existing human seasonal influenza vaccines had not been proved to be effective against the new influenza A (H1N1) virus. Development of a new Influenza A (H1N1) vaccine, which could take five to six months, was underway. The Administration had contacted the vaccine manufacturers that Hong Kong would order the new vaccine once it became available.

Closure of schools

35. Mr Fred LI asked the Administration whether it would order schools to be suspended, to prevent the spread of human swine influenza in the community.

36. SFH responded that the Steering Committee chaired by the Chief Executive in the afternoon would discuss whether all schools in Hong Kong needed to be suspended on 4 May 2009. The Education Bureau would announce the Government's decision on the matter on 3 May 2009.

37. Mr Andrew CHENG held the view that all schools should be suspended. Mr CHENG further said that even if it was not possible to postpone the dates of

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public examinations, students attending public examinations should at least be required to wear face masks.

38. Mr KAM Nai-wai said that according to WHO, in Mexico, as of 24 April 2009, there were more than 854 cases of pneumonia from the capital. Of those, 59 had died. The majority of these cases had occurred in otherwise healthy young adults. In the light of this, Mr KAM asked about the considerations which the Administration would take into account in suspending schools. SFH responded that decision to suspend schools would depend on the risk that human swine influenza would pose to the community. In response to Mr KAM's enquiry on the countries which had suspended schools due to outbreak of human swine influenza, SFH said that apart from Mexico, schools had been suspended in New York and Nova Scotia, Canada.

Prevention of human swine influenza in the community

39. Mr Fred LI asked what measures would be taken by the Administration to guard against outbreak of human swine influenza in the community, having regard to the numerous public functions to be held to celebrate the coming Mother's Day and the Hong Kong Games to be held from 9 to 13 May 2009 where large number of people would congregate.

40. SFH responded that as there was no evidence that human swine influenza had spread to the community, the Administration did not see the need to halt all public functions at this stage. However, the Administration had been advising members of the public to refrain from attending public functions if they felt unwell, especially if they had a fever and/or respiratory symptoms such as coughing or sneezing.

Reporting of suspected cases of human swine influenza

41. Ms Audrey EU said that some private doctors were unsure when they should report suspected cases of human swine influenza to DH, having regard to the fact that symptoms of human swine influenza infection were similar to those of seasonal influenza infection.

42. D of Health responded that apart from the clinical criteria, private doctors should ask the recent travel history of their patients, such as whether they had visited Mexico, or Texas or California of the United States during the past seven days, as well as the recent contact history of their patients, such as whether they had contacted with patient with swine flu or patient who had febrile respiratory illness and had visited Mexico, Texas or California of the United States during the seven days preceding their illness onset.

43. Mr Vincent FANG asked whether private hospitals were also asked to report suspected cases of human swine influenza to DH. SFH replied in the positive.

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Personal protective equipment

44. Ms Audrey EU asked the Hospital Authority (HA) whether it had adequate supply of personal protective equipment.

45. Chief Executive, HA (CE, HA) responded that HA had a central stockpile of personal protective equipment which would last for 42 days for use in all public hospitals/clinics. For face masks, HA currently had a stockpile which could last for 174 days on normal use at the time before the current E1 Level. Moreover, HA had a contract supplier to allow it to promptly access some 30 million face masks.

46. Ms EU further asked HA whether it would provide staff with portable disinfectant. CE, HA responded that disinfectant was freely available to staff to carry with them as they saw fit.

47. Mr KAM Nai-wai said that there were complaints from residents and shop owners nearby the Metro Park Hotel that personal protective equipment were improperly discarded outside the hotel.

48. SFH responded that FEHD had been requested to remove the discarded personal protective equipment outside the hotel as soon as possible and government departments concerned had been advised to follow proper procedures to discard used personal protective equipment.

Legislation

49. Ms Audrey EU asked whether additional legislation needed to be enacted for the prevention and control of human swine influenza infection in Hong Kong, such as empowering D of Health to require medical surveillance on travellers suspected to have infected with human swine influenza.

50. SFH responded that Cap. 599 was adequate in providing the necessary powers for the control and prevention of infectious diseases. D of Health supplemented that there were provisions in Cap. 599 empowering him to make subsidiary legislation by gazettal to implement new recommendations made by WHO to prevent and control human swine influenza infection in Hong Kong.

Providing assistance to people under home confinement

51. Ms Cyd HO said that the Administration should expeditiously come up with a plan on providing assistance and support to people required to be quarantined at home, if the human swine influenza should spread to the community.

52. SFH responded that the Administration had assessed what needed to be done and mobilised in the event of a large scale outbreak of the human swine influenza in the community. SFH further said that as a result of the isolation of the Metro Park Hotel, help desk supported by DH, Home Affairs Department

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and other relevant departments had been set up in the hotel as well as in the Lady Macle hose Holiday Village to meet the needs and requests of the residents. Clinical psychologists had also been mobilised to go to the hotel and the holiday village to provide any counselling or any particular support that the residents might need.

Providing medical insurance to contract staff

53. Ms Cyd HO requested the Administration to ensure that contract cleansing and health care staff working for government departments and HA were provided with adequate medical insurance protection should they contract human swine influenza in the course of their duties. SFH responded that the Administration would see that this was done.

Number of persons placed under isolation in PMH

54. In response to the Chairman's enquiry on the number of persons placed under isolation in PMH, CE, HA said that there were currently 15 patients, not including the four patients who had been in close contact with the index patient, remained asymptomatic and results of their Polymerase Chain Reaction test were expected to be available in the afternoon. In response to the Chairman's further enquiry on whether HA was well prepared to fight against the onslaught of human swine influenza, CE, HA replied in the affirmative.

55. In closing, the Chairman requested the Administration to liaise with the Secretariat on providing members with updates on the latest situation regarding human swine influenza through electronic mail. The Chairman further said that a joint meeting between the Panel on Health Services and the Panel on Food Safety and Environmental Hygiene would be held as and when necessary.

56. There being no other business, the meeting ended at 11:33 am.