

**立法會**  
**Legislative Council**

Ref : CB2/PL/HS

LC Paper No. CB(2)2196/08-09

(These minutes have been  
seen by the Administration)

**Panel on Health Services**

**Minutes of special meeting  
held on Wednesday, 27 May 2009, at 8:00 am  
in the Chamber of the Legislative Council Building**

**Members present** : Dr Hon Joseph LEE Kok-long, JP (Chairman)  
Dr Hon LEUNG Ka-lau (Deputy Chairman)  
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 IP Kwok-him, GBS, JP  
Dr Hon PAN Pey-chyou

**Members absent** : Hon Albert HO Chun-yan  
Hon Albert CHAN Wai-yip  
Hon Alan LEONG Kah-kit, SC  
Hon Cyd HO Sau-lan  
Hon CHAN Hak-kan

**Public Officers attending** : Item I

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

Professor Gabriel M LEUNG, JP  
Under Secretary for Food and Health

Mr Patrick NIP, JP  
Deputy Secretary for Food and Health (Health)1

Dr Thomas TSANG  
Controller, Centre for Health Protection

Dr P Y LEUNG  
Director (Quality & Safety)  
Hospital Authority

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

**Staff in attendance** : Ms Maisie LAM  
Senior Council Secretary (2)7

Ms Sandy HAU  
Legislative Assistant (2)5

---

Action

**I. Strategy and management of human swine influenza - Late containment and early mitigation phases**  
(LC Paper No. CB(2)1634/08-09(01))

Secretary for Food and Health (SFH) provided an update in the light of further developments of the global situation of human swine influenza (HSI), the latest information about HSI from the World Health Assembly and the local experience in the effectiveness of containment measures, details of which were set out in the Administration's paper.

*Strategy and management of HSI*

2. Mr IP Kwok-him expressed concern about the effectiveness of the port health measures adopted by Hong Kong to prevent importation of HSI into Hong Kong, as the United States (US) did not take any measure to prevent infected people from leaving the country. This was particularly worrying as presently was the peak season for students studying in the US to return to Hong Kong for the summer break.

3. SFH responded that the World Health Organization (WHO) did not recommend countries to impose travel restrictions, which would have very little effect on stopping the virus from spreading but would be highly disruptive to the global community. However, people were advised to postpone their travel if they felt unwell. Similar message was disseminated by US to their citizens. SFH further said that the Administration had requested the Hong Kong Economic and Trade Offices in the US to appeal to Hong Kong students to postpone their return to Hong Kong if they felt unwell. If this could not be done, students who felt unwell should put on masks while on board the airplane. Upon arrival, if fever or influenza-like symptoms developed, they should seek medical consultation and contact the Department of Health hotline immediately. Several recently confirmed cases of HSI were detected from people seeking medical consultation from public clinics or hospitals, thus preventing local transmission of the disease.

4. Dr LEUNG Ka-lau said that it was unreasonable for the Administration to advise students not to return to Hong Kong if they felt unwell.

Action

5. Under Secretary for Food and Health (USFH) responded that doing so was to protect the students themselves and the health of travel collaterals. There should be no problem for students studying overseas to seek medical assistance before returning to Hong Kong as many schools, such as those in US and the United Kingdom, required their students to purchase medical insurance. If these students chose to return to Hong Kong despite feeling unwell, they should put on masks while on board and notify the crew right away so that the latter could follow established procedures and alert the ground control. Upon landing, port health team would board the flight to measure the body temperature of passengers and assess whether any one on board would need to be further assessed at public hospitals for HSI.

6. Mr IP Kwok-him asked about the actions that would be taken by port health officers on the inbound traveller who had indicated on the health declaration forms that he had developed, say, cough and sore throat.

7. Controller, Centre for Health Protection (Controller, CHP) responded that passengers who indicated on the health declaration 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 at the airport or boundary control points to undergo medical assessment. Where necessary, these passengers would be sent to hospitals for further assessment.

8. In response to the Chairman's enquiry on the consequence for failing to provide true information on the health declaration forms, Controller, CHP advised that section 8 of the Prevention and Control of Disease Regulation (Cap. 599A) stipulated that any person who knowingly gave to a health officer any information that was false in a material particular committed an offence and was liable on conviction to a fine at level 2 and imprisonment for six months.

9. Mr Andrew CHENG said that to deter people from knowingly providing false information in the health declaration form, the Administration should publicise cases where people were convicted of such illegal acts.

10. Mr Vincent FANG questioned the necessity of Hong Kong imposing such stringent port health measures, having regard to the facts that most affected places did not adopt any port health measures and that the HSI was relatively milder so far with limited mutability. Mr Fred LI expressed a similar view.

11. SFH responded that although there appeared to be emerging evidence that this novel virus remained relatively milder so far with limited mutability and that oseltamivir (known by trade name as Tamiflu) remained an effective chemoprophylaxis against HSI so far, it should be pointed out that the outbreak of HSI in Mexico, which did not occur in its normal influenza season, had caused much disruption to the daily lives of its citizens and economy. Hence, although it was a matter of time before the first local HSI case occurred in Hong Kong, it was important for Hong Kong to continue to contain possible onward transmission by imported index cases during this late containment stage in order

Action

to delay community spread.

12. USFH supplemented that although the fatality rate of HSI was similar to that of seasonal influenza, with the exception of that in Mexico, the secondary attack rate of HSI was about 30% higher than that of seasonal influenza. USFH also pointed out that past records suggested that seasonal influenza (of different variety of virus strain and type from season to season) accounted for about 1 000 deaths in Hong Kong every year. However, even if the severity of HSI remained similar to seasonal influenza, it was as yet unclear if hospitalisation needs and deaths arising from it would substitute or add to that of seasonal influenza, particularly in the coming influenza peak season.

13. Mr Andrew CHENG supported the Administration's strategy in preventing and controlling HSI in Hong Kong. To better prevent local outbreak of HSI, Mr CHENG asked whether consideration could be given to requiring all passengers on mass transport vehicles to put on masks.

14. SFH responded that it was more important to remind people who felt unwell to put on masks. More work would be done in this regard.

15. Mr Andrew CHENG said that the Airport Authority should at least provide masks to all inbound travellers. SFH responded that this was being done.

16. Dr PAN Pey-chyou agreed with the present strategy adopted by the Administration in preventing and managing HSI in Hong Kong. To mitigate the adverse effect of HSI on the travel trade, Dr PAN said that the Administration should provide clear guidelines to the trade on receiving inbound travellers. Dr PAN further asked about the advice which the Administration could provide to people attending mass gatherings.

17. SFH responded that the Administration had met with the travel trade last week to exchange views on the handling of visitors during the current HSI epidemic. For instance, detailed health advice for tour leaders and tour guides operating tours in and outside Hong Kong for the prevention of HSI had been issued. SFH further said that the Administration did not see the need to halt economic and social activities. However, organisers of mass gatherings were advised to set up helpdesks to meet the needs of participants, such as providing them with masks and alcohol-based hand rubs.

18. Dr LEUNG Ka-lau questioned the necessity of raising the response level to the highest level at "Emergency Response Level" under the Preparedness Plan for Pandemic Influenza in Hong Kong, upon the confirmation of an imported case of human swine influenza infection in Hong Kong on 1 May 2009. Dr LEUNG asked under what circumstances would Hong Kong lower its present response level.

19. USFH responded that this would depend on when WHO would lower the

Action

alert level for swine influenza pandemic and other expert views. USFH further said that although the response level was raised to "Emergency Response Level" in accordance with the Preparedness Plan for Pandemic Influenza in Hong Kong upon the confirmation of an imported case of HSI in Hong Kong on 1 May 2009, it should be pointed out that the number of imported HSI cases was on the rise and it was a matter of time before the first local HSI case would occur, not to mention that much of the nature of the novel virus and how it would affect the population in Hong Kong remained unknown.

20. Dr LEUNG Ka-lau asked why the response actions taken at the Hospital Authority (HA) did not tally with an Emergency Response Level situation. For instance, HA had not scaled down non-emergency activities and no extra rest day was given to staff working at high risk area.

21. Director (Quality & Safety) HA responded that as there was as yet no community transmission of HSI, HA did not see the need to scale down non-emergency activities at this stage. The HA Central Command Committee met every week to decide whether, and if so, what response should be taken, having regard to the last development of HSI in Hong Kong. Director (Quality & Safety) HA further said that staff working in the isolation wards and at the Accident and Emergency Departments of hospitals receiving patients suspected with HSI were already given an additional rest day for every two weeks' work.

*Suspension of classes*

22. Mr Andrew CHENG remained of the view that similar to all primary schools, kindergartens, nurseries and other pre-schools, all secondary schools should suspend their classes for up to 14 day in the first instance when the first confirmed local HSI case occurred.

23. SFH responded that the Administration would require the secondary school with a confirmed case of HSI to suspend classes for up to 14 days. USFH supplemented that the main reason for giving special consideration for primary schools, kindergartens, nurseries and other pre-schools was because unlike young people in secondary schools, children aged 12 and below usually were less capable of adhering to good personal hygiene and keeping a distance from their classmates. USFH, however, pointed out that the Administration would not rule out suspending the classes of all secondary schools if local transmission of HSI became sustained and significant.

*Medical services*

24. Mr Vincent FANG asked whether the Princess Margaret Hospital (PMH) had adequate isolation facilities to cope with patients infected with HSI.

25. SFH responded that only seven patients confirmed with HSI were isolated at PMH at present. Where necessary, HA would arrange cross-cluster mobilisation to receive patients with HSI. SFH further said that there were

Action

some 60 to 90 suspected HSI cases everyday. Most of them were discharged from public hospitals one day after undergoing testing.

26. Mr Andrew CHENG noted from paragraph 13 of the Administration's paper that upon the occurrence of the first local HSI case, HA would open in the first instance seven designated HSI clinics for patients with influenza-like illness to provide treatment, including antiviral medication targeting high-risk patients e.g. patients with underlying medical conditions. Mr CHENG asked HA whether it had any plan to open such clinics in all 18 districts in Hong Kong. Director (Quality & Safety) HA responded that depending on the number of local HSI cases, it was HA's plan to open these clinics in each of the 18 districts in Hong Kong. In response to Mr CHENG's further enquiry on how fast HA could open these clinics, Director (Quality & Safety) HA advised that it would only take one to two days as these clinics were converted from general out-patient clinics.

*Use of Chinese medicine*

27. Mr Vincent FANG asked whether consideration would be given to incorporating Chinese medicine in the treatment of patients infected with HSI.

28. SFH responded that there was as yet no scientific evidence that Chinese medicine was effective in treating HSI. However, Chinese medicine was proven to be effective in strengthening body immunity.

*Use of Tamiflu*

29. Ms Audrey EU said that the Administration should remind the public that they should not purchase Tamiflu, say, from the Internet, for preventing HSI as it was mentioned in its paper for the meeting of the Panel on 13 May 2009 that Tamiflu was an effective chemoprophylaxis for preventing the disease with no major side effects thus far. Dr LEUNG Ka-lau also sought clarification on the use of Tamiflu in the management of HSI.

30. Controller, CHP responded that the public had been advised that Tamiflu should only be prescribed by doctors. Controller, CHP further said that as the management of HSI was still at the containment phase, Tamiflu was presently prescribed to patients infected with HSI, as well as close and social contacts of the confirmed cases to prevent local transmission of the disease. However, if the management of HSI progressed into the mitigation phase upon the occurrence of the first confirmed local case that had no identifiable link, Tamiflu would only be prescribed to patients infected with HSI, as it was no longer feasible nor appropriate to treat close and social contacts where their risk of infection approximated that of the general public. SFH also said that the Administration had requested the private medical sector to refer all their patients suspected of HSI infection to public hospitals/clinics for assessment and treatment.

Action

*Vaccination*

31. Mr IP Kwok-him asked about the measures that would be taken by the Administration to protect the public from contracting HSI in the coming influenza season.

32. SFH responded that the Scientific Committees of CHP were examining whether Hong Kong should procure the HSI vaccines, and if so, to whom these vaccines should be administered. Consideration was also being given to administering pneumococcal vaccines to all elders, as pneumonia resulting from pneumococcal infection was a major and well-established complication of influenza (and hence HSI) among elders. SFH further said that the Scientific Committees were expected to come up with their recommendations on the vaccination programme for the coming influenza season in June 2009.

33. There being no other business, the meeting ended at 9:20 am.

Council Business Division 2  
Legislative Council Secretariat  
13 July 2009