

立法會
Legislative Council

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Panel on Health Services

Minutes of special meeting
held on Monday, 8 April 2013, at 2:00 pm
in Conference Room 2 of the Legislative Council Complex

- Members present** : Dr Hon LEUNG Ka-lau (Chairman)
Dr Hon Joseph LEE Kok-long, SBS, JP (Deputy Chairman)
Hon Vincent FANG Kang, SBS, JP
Hon WONG Ting-kwong, SBS, JP
Hon CHAN Kin-por, BBS, JP
Dr Hon Priscilla LEUNG Mei-fun, JP
Hon CHEUNG Kwok-che
Hon Mrs Regina IP LAU Suk-yee, GBS, JP
Hon Charles Peter MOK
Hon Alice MAK Mei-kuen, JP
Dr Hon KWOK Ka-ki
Dr Hon Fernando CHEUNG Chiu-hung
Dr Hon Elizabeth QUAT, JP
Hon POON Siu-ping, BBS, MH
Dr Hon CHIANG Lai-wan, JP
- Members absent** : Hon Albert HO Chun-yan
Hon Albert CHAN Wai-yip
Hon CHAN Han-pan
Dr Hon Helena WONG Pik-wan
- Members attending** : Hon Emily LAU Wai-hing, JP
Hon Tommy CHEUNG Yu-yan, SBS, JP
Hon WONG Kwok-hing, MH
Hon Claudia MO
Hon Michael TIEN Puk-sun, BBS, JP

Dr Hon Kenneth CHAN Ka-lok
Hon CHAN Yuen-han, SBS, JP
Hon SIN Chung-kai, SBS, JP

Public Officers : Item I
Attending

Dr KO Wing-man, BBS, JP
Secretary for Food and Health

Mrs Marion LAI CHAN Chi-kuen, JP
Permanent Secretary for Food and Health (Food)

Mr Richard YUEN Ming-fai, JP
Permanent Secretary for Food and Health (Health)

Dr LEUNG Ting-hung, JP
Controller, Centre for Health Protection
Department of Health

Dr LEE Siu-yuen, JP
Assistant Director (Food Surveillance & Control)
Centre for Food Safety, Food and Environmental
Hygiene Department

Mr FAN Yung-kai
Assistant Director (Operations)²
Food and Environmental Hygiene Department

Dr Thomas SIT Hon-chung
Assistant Director (Inspection & Quarantine)
Agriculture, Fisheries and Conservation Department

Dr LIU Hing-wing
Director (Quality & Safety)
Hospital Authority

Dr LIU Shao-haei
Chief Manager (Infection, Emergency and
Contingency)
Hospital Authority

Dr Dominic TSANG
Chief Infection Control Officer
Hospital Authority

Clerk in attendance : Ms Elyssa WONG
Chief Council Secretary (2) 5

Staff in attendance : Ms Maisie LAM
Senior Council Secretary (2) 5

Ms Priscilla LAU
Council Secretary (2) 5

Ms Michelle LEE
Legislative Assistant (2) 5

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I. Prevention and control measures on human influenza A (H7N9) infection and severe respiratory disease associated with novel coronavirus

[LC Paper Nos. CB(2)914/12-13(01) and CB(2)935/12-13(01) to (03), FS23/12-13 and FS24/12-13]

The Chairman referred members to the two letters dated 5 April 2013 from Dr Joseph LEE and Dr KWOK Ka-ki respectively (LC Paper Nos. CB(2)935/12-13(01) and (02)) requesting a discussion on prevention and control measures on human infections with avian influenza A(H7N9), which were tabled at the meeting. The Chairman said that in response to members' requests and in view of the new development concerning human infections with avian influenza A(H7N9), he decided to call this special meeting in order to provide an early opportunity for members to receive a briefing from the Administration on the preparedness measures in place to safeguard Hong Kong against Severe Respiratory Disease associated with Novel Coronavirus ("SRD-NCoV") and human infections with avian influenza A(H7N9). He thanked members for agreeing to hold a special meeting despite the short notice given.

2. At the invitation of the Chairman, Secretary for Food and Health ("SFH") briefed members on measures for the prevention and control of SRD-NCoV and avian influenza A(H7N9) in Hong Kong, details of which were set out in the Administration's paper (LC Paper No. CB(2)914/12-13(01)). The speaking note of SFH was issued to members vide LC Paper No. CB(2)935/12-13(03) after the meeting.

3. Members noted the fact sheets entitled "Prevention and control measures on human influenza A(H7N9) infection" (FS23/12-13) and "Measures to monitor and control severe respiratory disease associated with

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novel coronavirus" (FS24/12-13) prepared by the Research Division of the Legislative Council ("LegCo") Secretariat.

Contingency plan on outbreak of the diseases

4. Dr Joseph LEE asked whether there was any updating of the Emergency Preparedness for Influenza Pandemic in Hong Kong in view of the latest development of both SRD-NCoV and avian influenza A(H7N9). He was particularly concerned about the development of SRD-NCoV, as much of the media and public attention was now focused on issues relating to human infections with avian influenza A(H7N9). Miss Alice MAK raised a similar concern, and enquired about how members of the public could minimize the risk of contracting SRD-NCoV.

5. SFH responded that there had been ongoing reviews of the contingency plans on major outbreaks of infectious diseases. This included the launch of the Preparedness Plan for Influenza Pandemic 2012 in August 2012. The updated plan included the three response levels, namely Alert, Serious and Emergency, with each response level representing a graded risk of pandemic affecting Hong Kong instead of the scenario-based approach in the previous plan. The key factors in risk level assessment covered areas of transmissibility, geographical spread, clinical severity, pre-existing immunity, availability of effective preventive measures and recommendations of international health authorities. It was expected that with the new approach in defining the response level, the responsiveness of the plan would improve. SFH added that at present, the Alert Response Level had been activated and relevant surveillance and control measures had been stepped up. Expressing concern about the outbreak of human infections with avian influenza A(H7N9) on the Mainland, Mr WONG Kwok-hing sought information about the circumstances for raising the response level to Serious Response Level. SFH advised that examples of scenarios under this response level included confirmation of outbreak of avian influenza A(H7N9) in poultry populations, or confirmation of cases of human infections with influenza A(H7N9), in Hong Kong. At the request of Dr Joseph LEE, SFH undertook to provide after the meeting the Preparedness Plan for Influenza Pandemic 2012.

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6. As regards SRD-NCoV infections, SFH advised that to date, there was very limited information on the main exposures and routes of transmission, albeit that the latest evidence was suggestive of limited human-to-human transmission. While SRD-NCoV had been found to be genetically related to a virus identified in bats, there was no definitive evidence that it originated in bats. The existence of other virus reservoirs, such as mammalian species, had yet to be determined. This

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notwithstanding, exposure to infected animals was a likely risk factor for both avian influenza A(H7N9) and SRD-NCoV infections. Travellers visiting the affected areas were advised to avoid direct contact with animals, wild birds and poultry; visiting zoos and wet markets with live poultry; and eating wild animals. The Administration would remain vigilant against the risks of the two diseases.

7. In response to Dr Fernando CHEUNG's enquiry about the availability of tests for rapid diagnosis of human infections with avian influenza A(H7N9), Chief Infection Control Officer, Hospital Authority ("CICO, HA") advised that currently, the only available diagnostic test was polymerase chain reaction. Any suspected cases fulfilling the reporting criteria and notified to the Department of Health ("DH") would immediately be isolated in negative pressure rooms of public hospitals. Specimens from the patients would be sent to the Public Health Laboratory Services Branch of the Centre for Health Protection ("CHP") for testing. The test results would be available in three to four hours. Dr KWOK Ka-ki considered it necessary to ensure that there would not be any variations in the standard adopted by the laboratories on the Mainland and those in Hong Kong for avian influenza A(H7N9) virus testing. SFH advised that the Administration and the Mainland authorities had maintained communication in this regard.

8. Dr Priscilla LEUNG sought clarification as to whether the Food and Health Bureau ("FHB") was currently responsible for co-ordinating and steering the government response to the two novel infectious diseases. SFH replied in the affirmative, adding that SRD-NCoV and influenza A(H7) were statutorily notifiable diseases in Hong Kong. This enabled enhanced surveillance of the diseases to ensure prompt implementation of effective public health preventive and control measures in Hong Kong. Mr POON Siu-ping was concerned about the Administration's preparedness for cross-bureaux and inter-departmental collaboration to respond to possible epidemics. Dr Joseph LEE asked whether there was a need for the Administration to secure additional financial resources to enable it to carry out the preventive and control measures on these two diseases.

9. SFH advised that CHP had organized a high level desktop exercise code-named "Exercise Ruby" conducted on 27 March 2013 to ensure the Administration's preparedness for any outbreaks of SRD-NCoV. At the cross-bureaux and inter-departmental meeting held the week before, the Chief Secretary for Administration had requested all relevant bureaux and departments to put in resources to step up their disease preventive effort on all fronts. The Administration would seek funding support from the Finance Committee as and when necessary to ensure that additional

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funding was available if the developments of the diseases demanded new or enhanced measures.

Liaison with the Mainland and international health authorities

10. Noting the frequent release of information on suspected cases of human infections with avian influenza A(H7N9) by the media on the Mainland, Dr KWOK Ka-ki called on the Administration to ensure that Hong Kong would be immediately notified by the Mainland health authorities of confirmed cases of human infections with avian influenza A(H7N9) on the Mainland, as prompt and timely exchange of credible information was of utmost importance for the taking of preventive and control measures against the disease. Ms Claudia MO held a similar view, adding that the flow of information from the Mainland on the development of Severe Acute Respiratory Syndrome ("SARS") was not desirable during the outbreak of the disease in 2003. SFH advised that the Administration had been maintaining close liaison with the Mainland health authorities, including the National Health and Family Planning Commission ("NHFPC"), to ensure expeditious notification of confirmed human infection cases. That said, given the rapid information flow, there could be circumstances in which the media resorted to various channels to get hold of information on human infection cases even before the release of confirmatory result of laboratory tests for H7N9 virus.

11. Miss Emily LAU remained gravely concerned about the time lapse between the patient's disease onset and notification on confirmed human infection cases. A case in point was that while the first two fatal cases of human infections with avian influenza A(H7N9) occurred on 4 and 10 March 2013 respectively in Shanghai Municipality, it was not until 31 March 2013 that the World Health Organization ("WHO") received from NHFPC reports of the detection of three cases of human infections with avian influenza A(H7N9) in Shanghai Municipality and Anhui Province. SFH explained that this was the first time human infections with this influenza subtype had been detected. It took time for the Shanghai health authority to report those pneumonia cases of unknown cause to NHFPC, and for the Chinese Centre for Disease Control and Prevention to conduct laboratory testing and confirm the presence of the avian influenza A(H7N9) virus. Since its reporting of the first three cases of human infections with avian influenza A(H7N9) on 31 March 2013, NHFPC had made regular reports to WHO and its Member States. SFH added that likewise, while the early fatal cases of SRD-NCov, which caused a severe, acute respiratory infection presenting as pneumonia, occurred in April 2012, WHO confirmed this novel coronavirus when it published a report on 23 September 2012. He assured members that the Administration would

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keep in close contact with WHO, the Mainland and overseas health authorities to monitor the latest development and obtain timely and accurate information of these two diseases.

12. The Chairman opined that SFH should recommend the Mainland health authorities to consider conducting a study of blood samples among the population, in particular the poultry farm workers, to assess whether there had been hidden or silent cases of human infections with avian influenza A(H7N9) in the larger population. SFH responded that the Mainland health authorities had indicated that they were planning to do so. The Administration would maintain close communication with the Mainland health authorities, and would make recommendations, where appropriate, on strategies and measures on the prevention and control of the disease.

Port health measures

13. Holding the view that Hong Kong was susceptible to the risk of local outbreaks of human infections with avian influenza A(H7N9) resulting from imported cases due to the large number of travellers from the Mainland, Dr KWOK Ka-ki asked whether it would be made mandatory that inbound travellers from affected provinces had to fill in health declaration forms upon arriving Hong Kong. Noting that the latest evidence of SRD-NCoV was suggestive of limited human-to-human transmission, Mr POON Siu-ping considered that the Administration should request all arrivals from areas affected by the two novel diseases to fill in the health declaration forms. Mr WONG Kwok-hing asked whether consideration could be given to requiring all inbound travellers to fill in the health declaration forms at all boundary control points. Pointing out that it was not uncommon for some well-off Mainlanders to seek medical treatment in Hong Kong, Dr Priscilla LEUNG asked whether any travel restrictions would be applied on these inbound travellers if they were from areas with suspected or confirmed cases of human infections with avian influenza A(H7N9). Mr SIN Chung-kai enquired about the conditions for issuance of Outbound Travel Alert to enhance public understanding of the possible health risk when travelling to the affected areas, as summer vacation would be the peak season for study and travel tours.

14. SFH responded that it was possible that an infected person, who might or might not have symptoms, would travel to Hong Kong. There were divergent views over the effectiveness of requiring travellers bound for Hong Kong to fill in the health declaration forms, albeit that it could facilitate contact tracing in certain circumstances. There was also possibility that travellers chose not to provide full information when filling

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in the forms. In case higher response levels were activated, the Administration would consider requiring all inbound travellers to fill in the health declaration forms at all boundary control points. DH was making preparations on operational matters for expeditiously implementing the arrangement when necessary. Dr KWOK Ka-ki considered it too late to introduce the arrangement when there was confirmation of outbreak of influenza A(H7N9) in poultry populations, or confirmation of cases of human infections with avian influenza A(H7N9), in Hong Kong. SFH clarified that in the Preparedness Plan for Influenza Pandemic 2012, activation of the response level was not based on a scenario-based approach as in the previous plan. Each response level currently represented a graded risk of pandemic affecting Hong Kong having taken into account the basket of factors mentioned in the earlier part of the meeting.

15. SFH added that a series of port health measures had been put in place to safeguard Hong Kong against the two novel infectious diseases. These included display of posters about the diseases at all boundary control points; delivery of health leaflets to arriving travellers coming from the affected areas; broadcasting health messages on board for flights, vessels and rails arriving Hong Kong; surveillance of travellers having fever through temperature screening at all boundary control points; regular updates to the tourism industry, including the message that inbound agents should advise travellers feeling unwell to postpone their trip to Hong Kong until recovery. As regards outbound travellers, efforts had been and would continuously be made to advise them to observe good personal and environmental hygiene; avoid direct contact with wild animals, wild birds and poultry; avoid visiting zoos and wet markets and eating wild animals. At present, WHO did not advise special screening at points of entry or recommend any travel or trade restrictions. DH would continue to monitor the development and follow up relevant recommendations on port health measures made by WHO, and would step up control measures as appropriate.

16. Dr KWOK Ka-ki asked whether it would be made mandatory that inbound travellers from the affected areas had to undergo temperature check before boarding the plane. Ms Claudia MO was of the view that it was questionable whether the spread of avian influenza A(H7N9) to Hong Kong could be contained if no corresponding port health measures, such as advising outbound travellers having respiratory symptoms to postpone their trip, were adopted by the Mainland. She also cast doubt on the accuracy of the infra-red devices for screening the body temperature of all arriving passengers at the boundary control points in Hong Kong. Noting that Mainland arrivals accounted for the largest proportion of the 50 million-odd visitor arrivals to Hong Kong each year, she asked whether consideration could be given to temporarily restricting the number of

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Mainland residents travelling to Hong Kong on the Individual Visit Scheme. Mr Michael TIEN said that no temperature checks were implemented at the Guangzhou East Station when he took the Guangzhou-Kowloon Through Train back to Hong Kong on 6 April 2013. While all arrivals by rail at Hung Hom would have their body temperature screened, he questioned how a traveller detected to have fever could be traced under the current mass screening arrangement.

17. SFH responded that the Administration currently had no plan to restrict the number of Mainland residents travelling to Hong Kong. It was also difficult to request the affected places to check whether their outbound travellers had fever or respiratory symptoms before departure. As regards the temperature screening arrangements at boundary control points, it should be noted that the infra-red devices did not seek to take the exact temperature of travellers, but rather served as a mass screening for fever among inbound travellers to identify suspected cases. Travellers detected to have fever would undergo further medical assessment. The Guangdong health authorities had also indicated that they would enhance surveillance of the disease.

18. Referring to the School-based Fund for Cross Boundary Learning Activities established by the Community Care Fund ("CCF") to subsidize primary and secondary school students from low-income families to take part in cross-boundary learning activities, Miss CHAN Yuen-han noted that CCF would not be responsible for any related financial loss in case the schools or students concerned could not participate in the planned learning activities. She considered that an exception should be granted in the event that there was an outbreak of communicable diseases in the areas where the activities were to be held, such as Shanghai Municipality as in the current case. SFH responded that he would liaise with the relevant departments to look into the matter.

Control measures on imported poultry

19. Dr KWOK Ka-ki considered that the Administration should suspend the import of live birds (including live poultry), poultry meat or products from Guangdong Province and Shenzhen Municipality in cases of confirmation of outbreak of influenza A(H7N9) in poultry populations, or confirmation of cases of human infections with avian influenza A(H7N9), in these places. Noting that the Food and Environmental Hygiene Department ("FEHD") would start conducting rapid tests against H7 avian influenza in imported live poultry upon their entry at Man Kam To Control Point starting from 11 April 2013, Mr WONG Kwok-hing enquired about the reason for not starting the tests at an earlier time. Mr Vincent FANG

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asked whether the rapid test would also screen for the presence of the H5 virus.

20. SFH advised that representatives of FHB, the Agriculture, Fisheries and Conservation Department ("AFCD") and FEHD held an urgent meeting on 7 April 2013 in Zhuhai with representatives of the General Administration of Quality Supervision, Inspection and Quarantine, representatives of the entry-exit inspection and quarantine authorities of Guangdong, Shenzhen, Zhuhai and Hainan, as well as the Macao Special Administrative Region Government to formulate concerted responses to cases of influenza A(H7N9) on the Mainland. The meeting had discussed and reached a consensus on the methods, as well as the validation of standards and results, for reverse transcription polymerase chain reaction ("RT-PCR") testing for avian influenza, including H5 and H7 subtypes. Starting from 11 April 2013, samples would be taken from each consignment of imported live poultry for RT-PCR test of avian influenza at the Man Kam To Animal Inspection Station. The live poultry would then be transported to the Cheung Sha Wan Temporary Wholesale Poultry Market. The test results would be available in four to five hours. Only the consignments that passed the RT-PCR test would be released for sale.

21. Mr Michael TIEN enquired about how the Administration could trace the source of chickens for sale at the Cheung Sha Wan Temporary Wholesale Poultry Market and ensure that they would not be sold before the release of test results. Assistant Director (Inspection & Quarantine), AFCD ("AD(IQ)/AFCD") advised that all imported chickens had to be sourced from registered farms on the Mainland. A health certificate had to accompany each consignment of imported chickens. All these chickens would be imported via the designated Man Kam To Food Control Office. At present, vehicles of imported chickens would arrive at the Food Control Office from 9:00 am to 12:00 noon. Samples would be taken from each consignment for RT-PCR test of genetic sequences of avian influenza viruses prior to their transportation to the Cheung Sha Wan Temporary Wholesale Poultry Market. It was expected that the test results would be available by around 7:00 pm. There would be sufficient time for completion of the tests before the consignments with samples tested negative would be released to retail outlets in the early morning of the following day.

Measures to step up environmental hygiene

22. Referring to the concern raised by the Wan Chai District Council members about bird feeding black spots at their recent meeting with LegCo Members, Dr Kenneth CHAN considered that apart from strengthening

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inspection on the black spots and initiating prosecutions against feral bird feeders who had littered public places, the Administration should also step up public education, say, through the District Councils, to remind the public not to feed feral birds. Mr WONG Kwok-hing also relayed the grave concern of the Wan Chai District Council members about the congregation of feral birds at the junction of Leighton Road and Wong Nai Chung Road, and urged the Administration to step up enforcement actions against feeding of feral birds. Pointing out that pigeons were a possible source of exposure for human infections with influenza A(H7N9), Dr CHIANG Lai-wan urged FEHD and AFCD to strengthen inspections on popular pigeon feeding spots, particularly those in Sham Shui Po and Cheung Sha Wan.

23. Dr Elizabeth QUAT asked whether consideration could be given to fencing off areas with high density of feral birds, in particular those located in public housing estates, so as to reduce public exposure to feral birds. Actions should also be taken to intensify cleansing operations to hygiene black spots and organize territory-wide activities to enhance public awareness of the need to maintain good personal and environmental hygiene. Dr CHIANG Lai-wan expressed concern about the hygiene conditions of those private streets which lacked proper management. Miss Alice MAK was concerned about the hygiene conditions of the light wells of private buildings where feral birds congregated. Miss CHAN Yuen-han remarked that the Administration should strengthen publicity to educate the public on safe handling and disposing of dead wild birds found in public places and private properties.

24. SFH advised that FEHD had intensified cleansing operations at environmental hygiene and bird feeding black spots in public areas, as well as strengthened enforcement actions against littering through feeding of feral birds. The Administration would request owners of private properties to maintain the environmental hygiene of the streets in order to maintain a clean environment. It would also follow up on the black spots referred to by District Council members. In addition, efforts had been and would continuously be made to step up public education through different channels, such as District Councils, via the Home Affairs Department ("HAD") to the residents' organizations (including Owners' Corporations, Mutual Aid Committees and Owners' Committees and other residential associations), as well as announcements in public interest on radio and television, to keep public vigilance to the risk of feral bird feeding so as to avoid the birds congregating. At the request of Mr WONG Kwok-hing, SFH undertook to provide after the meeting information on the number of prosecution cases against littering through feeding of feral birds in public places in the past few years.

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25. Mr WONG Kwok-hing enquired whether the Administration would conduct H7 avian influenza surveillance in feral birds. Mr Vincent FANG raised a similar question, pointing out that human infections with avian influenza A(H7N9) appeared to be related to exposure to pigeons and the environment contaminated by their droppings. SFH advised that much remained unknown about this virus, including the main exposures and routes of transmission. Genetic analysis of the influenza A(H7N9) viruses found on the Mainland suggested that the virus might have originated from wild birds and be transmitted to poultry. The Administration would step up surveillance and monitoring at all levels of the live poultry supply chain, as well as feral birds. AD(IQ)/AFCD supplemented that Hong Kong had a standing practice of conducting H5 and H7 avian influenza surveillance in dead wild birds. About 2 000 to 3 000 dead wild pigeons collected in the territory as well as the specimens from the environment where feral birds congregated were tested each year under the regular surveillance programme, and none of them was tested positive for H7 avian influenza.

26. Dr Kenneth CHAN considered that apart from reminding schools to stay vigilant and maintain good hygiene standard of the school premises, the Administration should provide schools, in particular kindergartens and those admitting cross-boundary students, with guidelines on cleansing and disinfection of the premises and school buses.

27. SFH advised that CHP had, through the Education Bureau, issued guidelines to schools to remind them to put in place preventive and control measures for infection control, such as carrying out daily temperature check for students and disinfecting the school premises and facilities. In addition, DH had dispatched staff to check the body temperature of the cross-boundary students onboard the school buses at the border control points. Mr CHEUNG Kwok-che remarked that similar guidelines should also be provided to welfare service units, in particular the residential care homes for the elderly ("RCHEs"). SFH advised that CHP had been doing so. CHP had recently held an exercise to test the preparedness and coordination of relevant government departments in setting up on-site isolation of residents of an RCHE, with a view to identifying areas for improvement. Efforts would continuously be made to strengthen the work in this regard.

28. Referring to the allocation of additional financial resources from the Social Welfare Department to its subvented welfare service units under various non-governmental organizations for stepping up their cleanliness and precautionary measures during the SARS period, Mr CHEUNG Kwok-che asked whether similar arrangement would now be made, and if so, whether consideration could be given to providing

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personal protective equipment ("PPE"), such as alcohol-based hand rub and face masks. SFH responded that he would liaise with relevant departments to look into the matter.

29. Pointing out that transmission of virus via the sewerage and drainage system was one of the factors that accounted for the vertical spread of SARS cases in Block E of Amoy Gardens, Dr Priscilla LEUNG relayed the grave concern of the residents of a private estate in the Kowloon West district on whether the design of the drainage system of their estate could guard against the spread of infectious diseases. She enquired about the avenue for private building owners to seek professional advice on the conditions of their buildings in relation to disease prevention and control. SFH advised that owners of private buildings could seek advice on building management through HAD. He also invited Dr Priscilla LEUNG to provide after the meeting further information of the individual case she mentioned to facilitate follow-up.

Preparedness in the hospital setting

30. Dr Joseph LEE enquired about the support to be provided to the frontline healthcare workers of the Hospital Authority ("HA") to enhance their preparedness against SRD-NCoV and avian influenza A(H7N9). Noting that public hospitals currently had a shortage of hospital beds and healthcare manpower, Dr Elizabeth QUAT was concerned about their capacity to manage local outbreaks. Dr Fernando CHEUNG expressed a similar concern, adding that it was necessary to immediately isolate suspected cases emerged in RCHEs and residential care homes for the disabled to minimize the risk of cross infection. Pointing out that there had once been insufficient supply of face masks for frontline healthcare staff of HA during the SARS period, Miss CHAN Yuen-han remarked that it was of utmost importance for HA to ensure that it maintained sufficient stock of PPE for its healthcare staff.

31. SFH advised that at present, there were a total of 1 400 isolation beds with special facilities for infectious diseases in public hospitals. A three-month stock of PPE, including 38 million surgical masks and 1.4 million N95 respirators, was maintained by HA. While admitting that HA was facing manpower constraint, SFH stressed that the current strategy in addressing the threats of SRD-NCoV and avian influenza A(H7N9), i.e. "timely diagnosis", "timely isolation", "timely reporting" and "timely treatment", was aimed at preventing community outbreaks. The Administration would remind the public through the media to avoid related risks and seek medical attention when suspicious symptoms were noticed,

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so that patients could be identified, isolated and treated early in the course of illness.

32. In response to Mr Vincent FANG's enquiry about whether all cases of human infections with avian influenza A(H7N9) in Hong Kong would be referred to Princess Margaret Hospital ("PMH") for treatment, Chief Manager (Infection, Emergency and Contingency), HA advised that the first 20 confirmed cases would be referred to the Infectious Disease Centre of PMH and subsequent cases would be referred to other hospitals.

33. The Chairman informed members of his decision to extend the meeting for 15 minutes beyond its appointed time to allow more time for discussion.

34. Noting the significant mortality currently associated with human infections with avian influenza A(H7N9), Mr Michael TIEN asked whether consideration could be given to isolating persons confirmed to have infected the virus at holiday villages instead of public hospitals. SFH advised that all confirmed cases would be isolated in the hospital setting. Community facilities, such as holiday villages, would only be designated as quarantine centres for close contacts of the confirmed cases where necessary.

Antiviral stockpile

35. Mr Vincent FANG was concerned about whether there would be adequate supply of oseltamivir (commonly known as Tamiflu) to deal with an influenza pandemic. SFH advised that Hong Kong currently had a stock of around 18 million doses of Tamiflu. CICO, HA supplemented that laboratory results and human cases showed that neuraminidase inhibitors, such as Tamiflu, were effective for the treatment of influenza A(H7N9) infection.

Risk communication

36. Dr Elizabeth QUAT was of the view that the Administration should identify misleading or untrue information on SRD-NCoV and avian influenza A(H7N9) disseminated on the Internet and via mobile messaging applications, such as WhatsApp, and clarify any public misunderstanding of the latest situation on the two diseases. SFH responded that under the principle of preserving the free flow of information, it was not possible for the Administration to prohibit the circulation of information on the Internet. He however appealed to the public to stop circulating any groundless rumours. Mr CHEUNG Kwok-che asked whether there was a hotline for members of the public to make enquiries about issues relating to the two

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diseases in one stop. SFH advised that DH would ensure that its hotline could provide information to the public around-the-clock on SRD-NCoV and avian influenza A(H7N9).

37. Dr Elizabeth QUAT pointed out that the confirmation of human infections with avian influenza A(H7N9) on the Mainland had given rise to public concern over the safety of consuming poultry products and eggs. There were also rumours that taking Isatidis Radix (known in Chinese as banlangen) and boiling vinegar at home could prevent contracting the disease. She considered it necessary for the Administration to provide clear health advice on the prevention of avian influenza A(H7N9) to members of the public. SFH advised that while no infection had so far been detected in local and imported chickens, members of the public should observe good food hygiene and only consume thoroughly cooked poultry products and eggs. They should also follow the advice of Chinese medicine practitioners on the taking of banlangen instead of self-medication. It should also be noted that there was no scientific evidence on the efficacy of vinegar in preventing infection of the disease.

38. There being no other business, the meeting ended at 3:47 pm.

Council Business Division 2
Legislative Council Secretariat
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