# 立法會
# *Legislative Council*

LC Paper No. CB(2)107/14-15
(These minutes have been seen by the Administration)

Ref : CB2/PL/HS

**Panel on Health Services**

**Minutes of meeting**
**held on Monday, 16 December 2013, at 4:30 pm**
**in Conference Room 3 of the Legislative Council Complex**

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| **Members present** | **:** Dr Hon LEUNG Ka-lau (Chairman)<br>Prof Hon Joseph LEE Kok-long, SBS, JP, PhD, RN (Deputy Chairman)<br>Hon Albert HO Chun-yan<br>Hon Vincent FANG Kang, SBS, JP<br>Hon WONG Ting-kwong, SBS, JP<br>Hon CHAN Kin-por, BBS, JP<br>Hon CHEUNG Kwok-che<br>Hon Mrs Regina IP LAU Suk-yee, GBS, JP<br>Hon Albert CHAN Wai-yip<br>Hon Charles Peter MOK<br>Hon CHAN Han-pan<br>Hon Alice MAK Mei-kuen, JP<br>Dr Hon KWOK Ka-ki<br>Dr Hon Fernando CHEUNG Chiu-hung<br>Dr Hon Helena WONG Pik-wan<br>Dr Hon Elizabeth QUAT, JP<br>Hon POON Siu-ping, BBS, MH<br>Dr Hon CHIANG Lai-wan, JP |
| **Member attending** | **:** Hon Steven HO Chun-yin |
| **Member absent** | **:** Dr Hon Priscilla LEUNG Mei-fun, SBS, JP |

**Public Officers attending :** Item III

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

Ms Hinny LAM
Principal Assistant Secretary for Food and Health (Food) 3

Ms Fiona CHAU
Principal Assistant Secretary for Food and Health (Health) 1

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

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

Dr Thomas SIT
Assistant Director (Inspection and Quarantine)
Agriculture, Fisheries and Conservation Department

Mr SIN Kwok-hau, JP
Assistant Director (Operation) 3
Food and Environmental Hygiene Department

Dr Raymond HO
Assistant Director (Food Surveillance and Control),
Centre for Food Safety (Acting)
Food and Environmental Hygiene Department

Dr Allen CHAN
Senior Veterinary Officer (Veterinary Public Health)
Food and Environmental Hygiene Department

Item IV

Professor Sophia CHAN Siu-chee, JP
Under Secretary for Food and Health

Mr Davey CHUNG
Deputy Secretary for Food and Health (Health) 2

Dr Joseph CHAN Cho-yee, JP
Consultant i/c Dental Service
Department of Health

Item V

Professor Sophia CHAN Siu-chee, JP
Under Secretary for Food and Health

Ms Fiona CHAU
Principal Assistant Secretary for Food and Health (Health) 1

Dr Ronald LAM
Assistant Director of Health (Traditional Chinese Medicine)
Department of Health

Mr Stephen YUNG
Senior Pharmacist (Traditional Chinese Medicine) 4
Department of Health

**Clerk in attendance** : Ms Maisie LAM
Chief Council Secretary (2) 5

**Staff in attendance** : Ms Mina CHAN
Senior Council Secretary (2) 5

Ms Priscilla LAU
Council Secretary (2) 5

Ms Michelle LEE
Legislative Assistant (2) 5

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**I. Information paper(s) issued since the last meeting**
[LC Paper Nos. CB(2)413/13-14(01) and CB(2)517/13-14(01)]

Members noted that the following papers had been issued since the last meeting -

(a) Referral from the Public Complaints Office of the Legislative Council ("LegCo") Secretariat regarding a submission from a

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member of the public on the proposed Health Protection Scheme and public healthcare services; and

(b) Referral from the Public Complaints Office of the LegCo Secretariat regarding dental care services for the elderly.

## II. Items for discussion at the next meeting

[LC Paper Nos. CB(2)477/13-14(01) and (02)]

2. Members agreed to receive a policy briefing by the Secretary for Food and Health ("SFH") on the Chief Executive's 2014 Policy Address in respect of the portfolio of health services at the next regular meeting scheduled for 20 January 2014 at 4:30 pm.

3. Members also agreed to discuss the item "Resources allocation among hospital clusters by the Hospital Authority" at the next regular meeting. Dr KWOK Ka-ki was of the view that the new Chairman of the Hospital Authority ("HA") should attend the meeting to answer questions from members on this item. SFH advised that he would relay Dr KWOK's view to HA after the meeting.

4. The Chairman suggested that the next regular meeting be extended by 30 minutes to end at 7:00 pm in order to allow sufficient time for discussion of the agenda items. Members agreed.

## III. Measures for the prevention and control of human infections of avian influenza A(H7N9)

[LC Paper Nos. CB(2)518/13-14(01), CB(2)529/13-14(01), CB(2)539/13-14(01) and CB(2)548/13-14(01)]

5. The Chairman said that having taken into account that Hong Kong had confirmed two cases of human infection with avian influenza A(H7N9) in early December 2013, he decided to accede to the request of Dr KWOK Ka-ki for the Panel to discuss the subject. In this connection, this additional item was included on the agenda for this meeting and the meeting time had been extended by 30 minutes to allow sufficient time for discussion.

6. Members noted the background brief entitled "Measures for the prevention and control of human infections of avian influenza A(H7N9)" (LC Paper No. CB(2)529/13-14(01)) prepared by the LegCo Secretariat.

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7. At the invitation of the Chairman, SFH briefed members on the latest situation on avian influenza A(H7N9). He advised that the first two human cases of avian influenza A(H7N9) in Hong Kong, which were confirmed on 2 and 6 December 2013 respectively, were likely to be imported cases from Shenzhen. Meanwhile, close contacts and other contacts of these two patients had been put under medical surveillance and were offered Tamiflu prophylaxis. All of them had been tested negative for the avian influenza A(H7N9) virus. With the report of an additional confirmed human case of avian influenza A(H7N9) involving a man in Dongguan by the Guangdong Province on 15 December 2013, a total of 141 human cases of avian influenza A(H7N9) infection had been confirmed on the Mainland. The Centre for Health Protection ("CHP") of the Department of Health ("DH") had been maintaining close liaison with the Mainland health authorities to monitor the latest development of the disease. At present, there had been no evidence of sustained human-to-human transmission of the avian influenza A(H7N9) virus, and the risk of community outbreaks remained low.

8. SFH added that as soon as confirmation of the first case in Hong Kong on 2 December 2013, the Government had escalated the response level under the Preparedness Plan for Influenza Pandemic from "Alert" to "Serious" on the same day. DH and HA had stepped up their disease preventive efforts on all fronts. Given that the two human cases of avian influenza A(H7N9) in Hong Kong had reported contact with or consumption of poultry, as a precautionary measure, the Administration had suspended the import of live poultry from the registered farms in Shenzhen starting from 3 December 2013. That said, it should be noted that under the registered farm system, live poultry supplied to Hong Kong from the Mainland would only come from registered farms where strict biosecurity measures, traceability arrangements and drug residue monitoring were imposed. A comprehensive avian influenza control and surveillance mechanism for poultry, including vaccination against H5 avian influenza, was also in place. All live poultry bounded for Hong Kong had to be accompanied by an official animal health certificate.

9. SFH advised that in view of the H7N9 avian influenza outbreak on the Mainland, the Centre for Food Safety ("CFS") of the Food and Environmental Hygiene Department had been collecting samples from imported live poultry at the Man Kam To Control Point for Polymerase Chain Reaction ("PCR") tests against H7 avian influenza since April 2013. All testing results were negative so far. The Administration was discussing with the General Administration of Quality Supervision, Inspection and Quarantine ("AQSIQ") on the early introduction of serological test for H7 avian influenza with a view to strengthening the capacity in background monitoring and in providing early alerts. The Administration did not

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consider it necessary to suspend import of all live poultry from the Mainland at this stage.

Control measures on imported live poultry

10. While expressing support for the suspension of the import of live poultry from the registered farms in Shenzhen, Dr KWOK Ka-ki considered that the Administration should extend the import suspension to live poultry from all Mainland registered farms as it was evident that contact with infected live poultry was a major source of human infection of the avian influenza A(H7N9) virus on the Mainland and it was possible that the virus was circulating among poultry on the Mainland. Expressing similar views, Dr Helena WONG pointed out that the culinary pattern of ordinary citizens had changed in recent years. There was increasing consumption of chilled and frozen chicken and live chicken accounted for only 5% of the total chicken consumption in Hong Kong. In her view, local chicken farms, which were subject to stringent biosecurity requirements, were capable of supplying sufficient live chickens to meet the market demand.

11. Mr Steven HO opined that the preventive and control measures against avian influenza that the Administration had developed over the years and put in place in collaboration with the relevant Mainland authorities were already comprehensive. In view of the confirmation of the first human case of avian influenza A(H7N9) in Hong Kong, the Administration had taken a step ahead to suspend the import of live chickens from Shenzhen. This had caused dissatisfaction amongst local live poultry operators. The impact on these operators would be even greater if the Administration took forward some members' suggestion of suspending import of live poultry from all registered farms on the Mainland. Pointing out that Mainland was a major supplier of fresh food produce and live food animals to Hong Kong, Mr CHAN Han-pan expressed concern that implementing the suggestion would affect the steady food supply to Hong Kong in the future.

12. SFH stressed that all imported live poultry from the Mainland had to be sourced from registered farms which were subject to stringent biosecurity measures. On the Mainland, the supply chain of live poultry bound for Hong Kong was separate from that for its domestic consumption. All live poultry bound for Hong Kong would be delivered to Man Kam To directly from the registered farms. In view of the recent H7N9 avian influenza outbreak on the Mainland, the Administration had agreed with the Mainland authorities that import of live poultry and/or poultry products would be suspended from registered farms/processing plants within a radius of 13 km from an infected farm/live bird market in case of any confirmed H7N9 poultry case. While the two human cases of avian influenza A(H7N9) in

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Hong Kong had reported contact with or consumption of poultry in Shenzhen, their sources of infection were still unknown. The current import suspension arrangement on live poultry from Shenzhen was only a precautionary and exceptional risk-management measure. As regards the newly confirmed human case of avian influenza A(H7N9) in Dongguan of Guangdong Province, it should be noted that the registered farm which located within a radius of 13 km from the possible place of infection was within the boundary of Shenzhen and hence, had been covered under the aforementioned import suspension arrangement.

13. Dr Helena WONG maintained the view that the Administration should suspend the import of live poultry from all Mainland registered farms to safeguard public health. SFH reiterated that the decision to suspend the import of live poultry from the registered farms in Shenzhen was already a step ahead than the import control zone arrangement which was worked out on the basis of available scientific evidence for the purpose of reducing the risk of virus circulation in the event of an avian influenza outbreak. The Administration would closely monitor the development and take additional prevention and control measures as and when necessary in accordance with the prevailing Preparedness Plan for Influenza Pandemic, under which each response level represented a graded risk of pandemic affecting Hong Kong instead of the scenario-based approach in the previous plan.

14. Mr CHAN Han-pan was concerned that the existing arrangement to allow overnight keeping of imported chickens in the Cheung Sha Wan Temporary Wholesale Poultry Market might increase the risks of cross infection and avian influenza outbreaks in Hong Kong. He asked whether the Administration had stepped up disinfection and cleansing of the Market. Assistant Director (Inspection and Quarantine) of the Agriculture, Fisheries and Conservation Department ("AD(I&Q), AFCD") replied in the positive, adding that overnight keeping of imported chickens in the Cheung Sha Wan Temporary Wholesale Poultry Market was necessary due to the requirement that only the consignments of imported live poultry that passed the relevant tests for avian influenza would be released to retail outlets for sale.

15. Dr Helena WONG urged the Administration to actively inspect the registered farms to ensure their compliance with the prescribed biosecurity requirements. SFH advised that all registered farms were subject to regular inspections by the relevant entry-exit inspection and quarantine authorities and CFS.

16. Mr Albert CHAN expressed concern about the media report on smuggling of live chickens from the Mainland into Hong Kong. SFH responded that the Administration had contacted the relevant Mainland

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authorities to obtain further details of the case. The initial feedback was that the media report might be a result of a misunderstanding that had been confused with a nearby registered farm.

Testing for avian influenza A virus

17. Miss Alice MAK asked whether the Administration would deploy additional manpower for conducting avian influenza testing on imported poultry at boundary control points. SFH advised that CFS had conducted PCR tests against H7 avian influenza in imported live poultry upon their entry at the Man Kam To Control Point since April 2013. AD(I&Q), AFCD supplemented that this apart, efforts had been made to enhance the H7 avian influenza surveillance in dead wild birds, as well as specimens taken from local chicken farms, poultry wholesale market and retail outlets. He assured members that the existing manpower was adequate to cope with the workload.

18. Dr Helena WONG asked whether consideration could be given to increasing the number of chilled and frozen poultry samples taken for avian influenza testing to ensure the safety of poultry products supplied from the Mainland to Hong Kong. SFH replied in the positive.

19. Noting that the Administration was in discussion with AQSIQ about implementing H7 serological testing on live poultry at Mainland registered farms, Dr Helena WONG hoped that the testing could be implemented as early as possible and the test should also be introduced to local poultry farms. She asked whether the Administration would suspend the import of live poultry from Mainland registered farms immediately if, after implementation of the serological test, a single sample from the live poultry imported from the Mainland was tested positive to H7. The Chairman sought clarification as to whether the serological test would measure the antigens of or the antibodies against the H7 avian influenza virus.

20. SFH explained that serological testing detected the presence of antibodies against the H7 avian influenza virus. It tested whether the live poultry had been exposed to the virus in the past for background monitoring. The presence of antibodies was generally interpreted as indicating immunity from previous infection with the virus, but did not confirm current infection with the virus. If a sample in a batch of live poultry from a registered farm was tested positive in the serological test, the corresponding consignment of live poultry would be subject to PCR testing to confirm whether there was presence of the H7 avian influenza virus. The concerned consignment would not be supplied to Hong Kong as a risk-management measure.

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Regulation of local chicken farms

21. Dr Helena WONG noted that at present, all chickens in local chicken farms would be vaccinated for protection against avian influenza A(H5N1) virus. In addition, the local chicken farms were required to place sentinel chickens (i.e. unvaccinated chickens) in each batch of vaccinated chicken for the purpose of detecting infection. She was concerned about the measure to protect local chickens as there was currently no vaccine against avian influenza A(H7N9) virus for use in poultry.

22. SFH advised that The University of Hong Kong ("HKU") was working with the Zhejiang University on the development of vaccine against the H7N9 virus. The introduction of the vaccine in poultry might however be controversial, as unlike H5N1 which was highly pathogenic to poultry, the H7N9 strain bore low pathogenicity in poultry and did not necessarily induce any clinical symptoms that might provide early alert to human beings. That said, vaccination was only one of the measures to reduce the risk of infection with the avian influenza viruses by the chickens.

23. Mr Steven HO expressed concern that live poultry trading had been adversely affected by the avian influenza A(H7N9) threat. Given that local chicken farms could only sell their chickens through the wholesalers but were not permitted to slaughter their live chickens for selling them as chilled or frozen chickens, it was estimated that there were around 120 000 chickens on farms at or above the best marketable age. The stocking of such a large number of live chickens at local chicken farms might increase the risk of avian influenza outbreaks in Hong Kong. Mr CHAN Han-pan expressed a similar concern. Mr Steven HO urged the Administration to review the sale channels for local live chickens in the longer term.

24. SFH responded that the suspension of imported live poultry supply from registered farms in Shenzhen might help to rebuild public confidence in live chicken consumption. While expressing understanding of the concern of local chicken farmers over the sale channels, he stressed that there was a need to maintain the number of live poultry retailers at the present level as part of the efforts to reduce the risk of avian influenza outbreaks in Hong Kong. AD(I&Q), AFCD supplemented that the current number of live chickens kept by the local chicken farms had not yet reached their respective licensed rearing capacity. The Agriculture, Fisheries and Conservation Department had also stepped up environmental surveillance at local chicken farms and had increased the number of environmental samples collected. Mr CHAN Han-pan sought information about the actions to be taken by the Administration if the number of chickens kept by a farm had reached its licensed rearing capacity. AD(I&Q), AFCD advised that the

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farm concerned would be advised to depopulate some of the live chickens on farm. It should be noted that since the outbreak of human infection of avian influenza A(H7N9) on the Mainland, the Administration had reminded local chicken farms to control the import of day-old chicks to avoid an over-supply of local live chickens in anticipation of a decrease in market demand for live chickens.

25. Mr Albert CHAN sought clarification about the accuracy of a media report that a large number of chickens were found dead in Tai Po. SFH responded that the situation described by the media would not happen, as keeping of poultry at backyards of domestic households was prohibited in Hong Kong. Mr Albert CHAN remarked that the Administration should seek to clarify as soon as possible any inaccuracies in media reports relating to avian influenza to ease public concern. SFH said that efforts had been, and would continue to be made in this regard.

Manpower support for enhanced port health measures

26. Referring to the submission from the Government Frontline Employees Union of the Neighbourhood and Worker's Service Centre ("the Union") which was tabled at the meeting (LC Paper No. CB(2)539/13-14(01)), Miss Alice MAK expressed concern about the adequacy of the manpower of Health Surveillance Assistants ("HSAs") of DH for the implementation of the enhanced port health measures. Dr Fernando CHEUNG sought clarification about whether there was a shortfall of manpower for conducting temperature screening at ports and land control points. According to the Union, only some 460 persons (including HSAs and the extra manpower from Auxiliary Medical Services and Civil Aid Service), instead of 600 persons as claimed by the Administration, had been deployed to the control points. He also called on the Administration to review the arrangement to employ HSAs on non-civil service contract terms.

27. SFH advised that all arriving passengers were currently subject to temperature screening by infrared devices at the airport and other border control points. Efforts had been, and would continue to be, made to deploy additional manpower at border control points to conduct random temperature checks using handheld devices. Suspected cases would be referred to public hospitals for further management. Controller, CHP clarified that apart from sea-ports and land control points, temperature screening was also conducted at the airport through the Aviation Security Company Limited. At present, about 600 persons (including HSAs and Health Surveillance Supervisors of DH and staff members of the Aviation Security Company Limited) were responsible for screening body temperature of inbound travellers.

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**IV. Dental care policy and services for the elderly and people with disabilities**
[LC Paper Nos. CB(2)477/13-14(03) and (04)]

28. Under Secretary for Food and Health ("USFH") briefed members on the Administration's dental care policy and dental care support for the elderly and people with disabilities, details of which were set out in paragraphs 3 to 22 of the Administration's paper (LC Paper No. CB(2)477/13-14(03)). Consultant i/c Dental Service of DH ("Consultant i/c DS, DH") then briefed members on the major findings of the Oral Health Survey ("OHS") 2011 conducted by DH, details of which were set out in paragraphs 23 to 34 of the Administration's paper.

29. Members noted the background brief entitled "Dental care policy and services for the elderly and people with disabilities" (LC Paper No. CB(2)477/13-14(04)) prepared by the LegCo Secretariat.

Dental care support for the elderly and people with disabilities

30. Noting from the findings of the 2011 OHS that 5.6% of non-institutionalized older persons aged between 65 and 74 years suffered from complete tooth loss, Dr Helena WONG asked whether elderly persons could be accorded priority for receiving public dental care services so as to deploy the limited resources for the people most in need.

31. USFH advised that under the Elderly Health Care Voucher ("EHV") Scheme, eligible elders could make use of the voucher with an annual value of $1,000 to seek private dental care services that best met their needs. The Community Care Fund ("CCF") had also launched the Elderly Dental Assistance Programme ("EDAP") to provide free dentures and related dental services for elders who were users of the Integrated Home Care Services or the Enhanced Home and Community Care Services subvented by the Social Welfare Department. The Administration would continue to work closely with the CCF Task Force to consider expanding the service scope to benefit more needy elders.

32. Miss Alice MAK considered that the annual EHV amount of $1,000 were of little help to needy elders seeking dental treatment. She urged the Administration to further increase the annual voucher value, and consider introducing a voucher specifically for dental care services. Dr KWOK Ka-ki opined that the annual voucher amount of $1,000 was far from adequate to barely cover the expenses incurred from treatment of acute episodic illness, let alone curative dental treatments like dentures. USFH responded that the EHV Scheme would be converted into a recurrent support programme in

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2014 and the Administration would regularly review the Scheme operation including the voucher amount. On the suggestion of providing a separate voucher for dental services, it was considered that the present arrangement for the EHV Scheme would provide greater flexibility for eligible elders to choose the healthcare services that met their needs.

33. Dr Fernando CHEUNG considered the target number of beneficiaries of the four-year Pilot Project on Dental Service for Patients with Intellectual Disability, which was set at 1 600 patients with moderate intellectual disability aged 18 or above who were receiving Comprehensive Social Security Assistance ("CSSA"), far from adequate having regard to large numbers of patients in need. In his view, the Administration should extend the Pilot Project to include those with severe intellectual disability aged 18 or above given that these persons, with his severe intellectual disabled daughter being one of them, needed special support measures during dental treatment, such as special anesthetic procedures, and the waiting time for the special oral care services provided by public hospitals could take years. The Administration should also make reference to an outreach programme carried out by Happy Tree Social Services and the Hong Kong Society of Paediatric Dentistry and provide outreach dental care services, including, where necessary, dental treatment under sedation or general anesthesia, at the residential care homes for persons with disabilities irrespective of whether the residents were on CSSA.

Services provided by public dental clinics

34. Dr Fernando CHEUNG pointed out that currently, there were only 11 government dental clinics with general public sessions in Hong Kong and their operating hours were short. The services provided were also limited to pain relief and tooth extraction. He asked whether the Administration could consider increasing the number of government dental clinics to cover all 18 districts in the territory, extending the operating hours and expanding the scope of services of the clinics to include free annual dental check-up for the elderly and people with disabilities. Dr Helena WONG and Mr CHEUNG Kwok-che expressed a similar view. Mr CHAN Han-pan shared the view that the service scope of these clinics should be expanded to cover other curative treatments.

35. USFH advised that the Administration adopted a risk-based approach for the provision of public dental services and focused its resources on the most needy groups. The 11 government dental clinics had reached their maximum service capacity. While the capacity of the clinics could not be expanded given the existing resources, DH was exploring enhancement measures for the current public dental services. This apart, the CCF Task

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Force under the Commission on Poverty would continue to monitor the progress of EDAP and consider further expanding the pool to benefit more elders. At the request of Mr CHEUNG Kwok-che, USFH agreed to provide after the meeting the financial implications for increasing the number of government dental clinics to cover all 18 districts in the territory and expanding the scope of services of the clinics to include oral check-up and other curative treatments, for example, fillings, for the general public.

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Oral Health Survey 2011

36. Miss Alice MAK urged the Administration to make better efforts in achieving the goal of 80/20 (i.e. everyone having 20 teeth at the age of 80) promoted by the World Health Organization. Mr CHEUNG Kwok-che enquired about the Administration's follow-up actions in response to the findings of the 2011 OHS.

37. USFH advised that the purpose of OHS was to regularly assess the health status and needs of the community for planning and evaluation of the oral health programmes, and to plan for future oral health care development. Consultant i/c DS, DH explained that the goal of 80/20 could not be accomplished by increasing the service capacity only. Instead, efforts should be made in promoting preventive dental care at the early stage. As such, the Administration would review the existing public dental care for population of different age groups, including pre-school children and adults. At the request of Mr CHEUNG Kwok-che, Consultant i/c DS, DH agreed to provide after the meeting the oral health conditions (in terms of tooth loss and decay experience) of institutionalized older persons aged 65 and above as captured by the 2001 and 2011 OHS.

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38. Dr Fernando CHEUNG was dissatisfied with the Administration's silence about the oral health condition of non-institutionalized older persons aged 75 and above and people with disabilities. USFH agreed to provide a reply in writing after the meeting.

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Supply and training of dentist manpower

39. Miss Alice MAK expressed concern over the adequacy of undergraduate places for increasing the dentist manpower with a view to improving the public dental care services. Dr KWOK Ka-ki and Mr CHAN Han-pan raised a similar concern.

40. USFH advised that there were about 1 800 registered dentists working in the private sector and dental clinics operated by the non-governmental organizations and some 50 local dentist graduates each year. At present, the

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Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development had been set up for a strategic review which would formulate recommendations on, among others, how to cope with anticipated demand for healthcare manpower (including dentists and other 12 healthcare professions under statutory regulation). To assist the Steering Committee in making informed recommendations to the Government in this regard, the Administration had commissioned HKU to conduct a consultancy study to produce a comprehensive projection on the manpower demand for various healthcare professionals. Mr CHAN Han-pan asked about the availability of the projection on dentist manpower. The Chairman advised that to his knowledge, the projection on dentists would be available in the latter half of 2014.

Review of dental care policy

41. Expressing dissatisfaction that the Government's dental care policy had remained unchanged during the past decade, Dr KWOK Ka-ki asked when the Administration would conduct a review in this regard. Sharing a similar concern, Mr Albert CHAN considered that the Administration should take into account demographic factors when reviewing its dental care policy.

42. USFH stressed that the Administration had all along been attaching great importance to the dental care services provided for the general public. Efforts had been made to improve the services given the limited manpower resources. For instance, in addition to the dental care services provided by DH, the Administration had in recent years partnered with the private sector to introduce various dental care initiatives for the needy elders and people with disabilities. That said, the Administration would explore ways to further enhance its dental care services after taking into account of the findings of the 2011 OHS.

43. Mr Albert CHAN surmised that most of the recurrent expenditure on dental services was allocated to dental services for civil service eligible persons. Dr Fernando CHEUNG shared his view and pointed out that the current dental care policy only focused on the promotion and education of oral health as well as the provision of emergency dental services with far more weight given to those provided for civil service eligible persons. He urged the Administration to improve the dental care services provided for the elderly and people with disabilities and earmark additional funding for public dental services in the 2014-2015 Budget. USFH explained that the Government, as the employer of civil servants, had a contractual obligation to provide civil service medical and dental benefits.

44. The Chairman remarked that the crux of the problem with the

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Government's policy on dental care laid in the fact that little public health expenditure was allocated to dental services. To his understanding, the annual Government recurrent expenditure on dental services was less than $1 billion, accounting for less than 2% of its total recurrent expenditure on medical and health services which amounted to $49 billion in 2013-2014. The Chairman requested the Administration to make a comparison of the amount of public expenditure on dental care services and its percentage share in public health expenditure in Hong Kong and that of other developed countries such as the United States and major European countries. With such information, the Administration could justify its future increase in the funding for public dental care services by catching up with the percentage share of dental services in the public health spending of other developed countries. USFH agreed to provide the requested information after the meeting.

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## V. Regulation of pesticide residues in Chinese herbal medicines

[LC Paper Nos. CB(2)477/13-14(05) and (06)]

45. USFH briefed members on the Administration's work in regulating Chinese herbal medicines and testing for pesticide residues in Chinese herbal medicines, details of which were set out in the Administration's paper (LC Paper No. CB(2)477/13-14(05)).

46. Members noted the information note entitled "Regulation of pesticide residues in Chinese herbal medicines" (LC Paper No. CB(2)477/13-14(06)) prepared by the LegCo Secretariat.

Testing for pesticide residues in Chinese herbal medicine

*Sample size*

47. Dr KWOK Ka-ki queried whether it was sufficient for DH to merely draw samples of around 30 Chinese herbal medicines every month for testing given that there were more than 6 000 licensed retailers and wholesalers of Chinese herbal medicines in Hong Kong. His concern was shared by Dr Helena WONG. USFH explained that apart from the random testing of samples of Chinese herbal medicines under the market surveillance system, a regulatory mechanism was introduced for Chinese medicine traders under which DH conducted regular inspections to the premises of licensed retailers and wholesalers of Chinese herbal medicines to ensure their compliance with the requirements of the law and the practising guidelines. DH had also established a mechanism for reporting adverse incidents relating to Chinese medicines to collate information

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through various channels so as to perform risk assessment, management and reporting. In case of adverse events, urgent testing of the suspected Chinese herbal medicines would be conducted.

48. Assistant Director of Health (Traditional Chinese Medicine), DH ("ADH(TCM), DH") supplemented that to protect public health, DH adopted a risk-based approach in selecting samples of Chinese herbal medicines to be tested with the emphasis on those commonly used by the general public or previously associated with adverse incidents. Samples would be collected from retailers across the 18 districts, particularly those retailers with records of malpractice. He drew members' attention to the fact that Chinese herbal medicine, unlike food, was not suitable for being taken chronically or in large amounts. As such, the sampling and testing of Chinese herbal medicines would focus on those which would pose greater threat to public health. Under the adverse events reporting mechanism, DH could monitor the safety of Chinese herbal medicines and maintained close communication with the healthcare sector. If any reports of adverse incidents relating to substandard Chinese herbal medicines were received, special follow-up tests would be conducted. He pointed out that in the past five years, no poisoning cases relating to Chinese herbal medicines were caused by pesticides residues.

49. Mr CHAN Han-pan asked whether there was any international standard for the number of samples collected for testing of pesticide residues. ADH(TCM), DH responded that risk-base approach was commonly adopted internationally to collect samples of medicines that were commonly used by the general public or prone to adverse events. He reiterated that DH took a two-pronged strategy in testing Chinese herbal medicines, namely the routine market surveillance system and the adverse events reporting mechanism, to enhance the monitoring of the safe use of Chinese herbal medicines.

50. The Chairman enquired about the rationale for setting the number of samples of Chinese herbal medicines collected by DH every month for testing by the Government Laboratory at the level of around 30 samples. ADH(TCM), DH advised that the number of Chinese herbal medicines related to adverse incidents in the past was taken into account in determining the number of samples collected for testing. The Administration was requested to provide a written response after the meeting.

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*Scope of testing*

51. Dr Helena WONG asked whether the Chinese herbal medicines other than the 605 types listed in Schedules 1 and 2 to the Chinese Medicine

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Ordinance (Cap. 549) ("CMO"), for example, honeysuckle, were subject to any regulatory control. USFH advised that some Chinese herbs commonly used by the general public were classified as food and were regulated under other relevant food legislation such as the Public Health and Municipal Services Ordinance (Cap. 132), which sought to ensure that food for sale was fit for human consumption. Under the Food Surveillance Programme, CFS tested about 65 000 food samples, which covered, among others, such kinds of commonly-used Chinese herbs, every year.

52. In response to Dr Helena WONG's enquiry about the 37 tests on Chinese herbal medicines for pesticide residues, ADH(TCM), DH advised that the 37 tests included 20 for organochlorine pesticides and 17 for organophosphate pesticides, which were defined by the Chinese Medicine Council of Hong Kong ("CMCHK") as two major classes of chemical pesticides that were commonly used in agriculture.

*Testing methods*

53. Expressing concern that many commonly-used Chinese herbs, for instance, Chinese wolfberry, were usually taken directly without decoction by members of the public, Mr CHAN Kin-por sought information about the number of samples of Chinese herbal medicines which had been found containing pesticide residues in the first-stage test (i.e. testing for pesticide residues before decoction). He enquired whether there was another testing system put in place to ensure that such kinds of Chinese herbs were safe for human consumption. Dr Helena WONG asked why the risk assessment on the Chinese herbal medicines was based on the testing for pesticide residues in the decoctions of the Chinese herbal medicines concerned.

54. ADH(TCM), DH advised that in 2013, less than 3% of the samples was found containing pesticide residues in the first-stage test. He explained that the use of pesticide was necessary in agriculture to reduce harmful effects of the pests and ensure crop quality, but would inevitably leave some residues on the crops. According to the expert advice from the Scientific Committee on Hong Kong Chinese Materia Medica Standards, the risk assessment on a particular Chinese herbal medicine should be based on the amount of pesticide residues remained after its decoction as it was a closer simulation of the circumstances of actual consumption by human.

55. Mr CHAN Kin-por and Dr Helena WONG held the same view that the Administration should publicize the results of the first-stage test to remind the public of the safe use of the concerned Chinese herbs. ADH(TCM), DH stressed that Chinese medicine should be decocted before consumption. A Chinese herbal medicine was considered suitable for human intake if its test

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result of pesticide residues in the decoction was satisfactory. It should also be noted that testing of Chinese herbal medicines was conducted on a batch-to-batch basis. There would be variation in the test results among different batches of the Chinese herbal medicines. The Administration considered it inappropriate to publicize the results of the first-stage test, which might deter some patients from taking the Chinese herbal medicines concerned and hence affecting their treatments. That said, the Administration would issue press statements as soon as DH had found any pesticide residues in the Chinese herbal medicines exceeding the safety standards in the second-stage test.

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Mr CHAN Kin-por and Dr Helena WONG requested the Administration to provide after the meeting a list of the types of Chinese herbal medicines collected from the market for testing against pesticide residues in the past 12 months, including information on those samples which had been found containing pesticide residues in the first-stage test.

56. On the testing conducted by a green group in June 2013 on samples of Chinese herbal medicines for pesticide residues, Dr Helena WONG expressed concern about the difference between the test results reported by the Administration and the green group on the amount of pesticide residues detected in the Chinese herbal medicines concerned.

57. USFH explained that the green group assessed the level of safety of the Chinese herbal medicines by making reference to the Maximum Residue Limits ("MRL"), which was used to reflect the food quality, whereas the Administration took the safety reference values of Acceptable Daily Intake ("ADI") as the testing standard to measure whether the amount of pesticide residues in the Chinese herbal medicines had exceeded their maximum consumption quantity by human. The Administration considered that instead of MRL, ADI should be adopted in assessing the health risk of pesticide residues in Chinese herbal medicines. At the request of Dr Helena WONG,

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USFH agreed to provide after the meeting a written response explaining the reason why DH used the safety reference values of ADI for pesticide instead of MRL as the standard for assessing the safety of Chinese herbal medicines.

58. In response to Mr CHAN Han-pan's enquiry about the Administration's handling of the investigation results announced by some organizations about harmful substances detected in food or products that were commonly consumed by the general public, USFH advised that the Administration would follow up the matter with the relevant organization on the testing methods, the standards adopted and the testing institute, so as to conduct risk assessment and management.

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*Safety of Chinese herbal medicines for direct intake*

59. In response to Mr CHEUNG Kwok-che's concern about the regulation of Chinese herbal powder for direct oral intake, ADH(TCM), DH explained that all proprietary Chinese medicines ("pCm") prescribed by Chinese medicine practitioners, including those in granule or powder form, had to be registered under CMO, whereas Chinese herbal medicines grinded into powder by retailers for oral consumption were included in the market surveillance system for testing against pesticide residues and heavy metals. Mr CHEUNG Kwok-che asked whether the Administration would take samples of Chinese medicines from Chinese medicine practitioners ("CMP") for testing. ADH(TCM), DH advised that CMO not only provided for the mandatory registration of pCm, but also for CMP to take the responsibility for providing safe and quality of Chinese medicines to treat their patients. For those contravening CMO, DH would refer the case to CMCHK for possible disciplinary action.

Publicity and public education

60. Mr CHEUNG Kwok-che said that people seldom washed the Chinese herbal medicine before cooking due to the traditional concept of the reduction in the effectiveness of the Chinese herbal medicine after washing. Dr Helena WONG raided a similar concern. USFH responded that Chinese herbal medicines should be washed and soaked before being decocted, and had to be used according to one's own body constitution and clinical condition under CMP advice. The Administration would step up publicity and public education on the safe use of Chinese herbal medicines.

Regulation of Chinese medicines

61. Mr CHEUNG Kwok-che was concerned as to whether the regulation of Chinese medicines would be led by Western medicine practitioners, who had all along taken a dominant role in DH. ADH(TCM), DH advised that CMCHK, which was a statutory body established under CMO to implement regulatory measures for Chinese medicine practitioners and Chinese medicines, consisted of representatives from the trade and professionals of Chinese medicines, as well as consumers. As such, there was no cause for concern that the regulation of Chinese medicines would be led by Western medicine practitioners.

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62. There being no other business, the meeting ended at 7:03 pm.

Council Business Division 2
Legislative Council Secretariat
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