

立法會
Legislative Council

LC Paper No. CB(2)1100/14-15

(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

**Minutes of special meeting
held on Friday, 22 August 2014, at 4:30 pm
in Conference Room 2 of the Legislative Council Complex**

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

**Public Officers : Item I
attending**

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

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

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

Dr Derrick AU
Director (Quality and Safety)
Hospital Authority

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

Dr Dominic N C TSANG, BBS
Chief Infection Control Officer
Hospital Authority

Dr Owen TSANG
Medical Director (Infectious Disease)
Hospital Authority

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

**Staff in
attendance** : Ms Janet SHUM
Senior Council Secretary (2) 5

Ms Priscilla LAU
Council Secretary (2) 5

Ms Michelle LEE
Legislative Assistant (2) 5

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I. Measures for the prevention and control of Ebola virus disease
[LC Paper Nos. CB(2)2218/13-14(01) and (02)]

Secretary for Food and Health ("SFH") briefed members on the Administration's measures for the prevention and control of Ebola virus disease ("EVD") in Hong Kong, details of which were set out in the Administration's paper (LC Paper No. CB(2)2218/13-14(01)).

2. Members noted the information note entitled "Local response in view of the Ebola virus disease outbreak in West Africa" (LC Paper No. CB(2)2218/13-14(02)) prepared by the Legislative Council Secretariat.

Transmission of EVD

3. Holding the view that it could be difficult to distinguish EVD from influenza at the onset of first sign of illness which included sudden onset of fever, muscle pain, headache and sore throat, Dr CHIANG Lai-wan enquired about the risk of human-to-human transmission when patients were in the early stage of the illness. She was concerned about the types of bodily fluids of a patient that could transmit EVD and whether EVD was capable of airborne transmission. Dr Priscilla LEUNG sought clarification about the risks of transmission of EVD during air travel and social contact, and whether wearing masks could reduce the transmission of EVD.

4. Controller, Centre for Health Protection ("Controller, CHP") advised that asymptomatic patients were not contagious during the incubation period which would range from two to 21 days. Patients became contagious once they began to show symptoms. Unlike influenza, EVD was not transmitted through the air. Infection of EVD would result from direct contact with the blood, secretions, organs or other bodily fluids of infected people. Hence, a person would not get infected from a EVD patient through social contact like shaking hands unless he/she had broken skin or his/her mucous membranes in the eyes, nose or mouth came into contact with the blood, secretions or other bodily fluids (such as sweat, saliva, excrement and vomitus) of the patient with symptoms. In gist, keep cleansing hands on a regular basis and avoid touching the eyes, nose and mouth could prevent oneself from infection. Wearing a mask and/or face shield was only necessary when a person was caring an infected patient. Chief Infection Control Officer, Hospital Authority ("CICO, HA") supplemented that as a reference, the basic reproductive rate (i.e. the average number of people that were infected by a case of EVD) of the Ebola virus in the current outbreak was less than two persons.

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5. The Chairman sought information about the survival of Ebola virus outside host. Dr CHIANG Lai-wan raised a similar question. CICO, HA advised that the Ebola virus was an RNA virus. While it could be found on contaminated surfaces, such as the clothing of an EVD patient, it would survive at the most for a few days.

Port Health Control

6. Dr CHIANG Lai-wan considered it necessary to enhance health surveillance at the boundary control points ("BCPs") given the increasing number of Africans entered Hong Kong from the Mainland. Given the large number of Africans working in or travelling to the Mainland, Ms Cyd HO expressed concern about the risk of imported cases of EVD due to the significant number of cross-border travellers (including the Mainlanders and Africans) from the Mainland. Mr Albert HO asked whether Hong Kong would make reference to the practice of Macau to require inbound travellers from the four EVD-affected countries (viz. Guinea, Liberia, Nigeria and Sierra Leone) to undergo health checks on arrival such that suspected cases would be isolated for further assessment and those not showing any symptoms would be contacted by phone on a daily basis during their visit to Hong Kong. SFH explained that given the high passenger flow at the Hong Kong International Airport ("the Airport") and other BCPs, and the possibilities that travellers from other countries might also have travelled to the EVD-affected countries in the past few weeks, it was considered more appropriate to remind the sick travellers to approach port health personnel immediately if they were already sick upon arrival through broadcast at the Airport and other BCPs.

7. Mr CHAN Han-pan asked whether consideration could be given to require incoming travellers from the EVD-affected countries to make health declaration and provide their local contact information upon their arrival at the Airport and other BCPs. SFH advised that the Administration had no plan to require all incoming travellers to make health declaration at this stage. As revealed by the experience of the Severe Acute Respiratory Syndrome ("SARS") outbreak and Influenza A (H1N1) 2009 pandemic, the effectiveness of health declaration as a preventive and control measure depended largely on the travellers' goodwill to disclose accurate information. In addition, the gathering of a large number of travellers in an arrival hall in the course of filling in the health declaration forms would increase the risks of cross infection if there were any infected cases among the travellers.

8. Given that prolonged Ebola virus shedding could occur up to seven weeks after recovery from illness, Ms Cyd HO expressed grave concern that incoming travellers who had recovered from EVD and no longer displayed

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any symptoms of infection would remain contagious. In her view, countries with confirmed EVD cases should conduct exit screening and convalescent patients should not be allowed to travel until seven weeks after recovery. SFH responded that the Administration would keep in view of the guideline promulgated by World Health Organization ("WHO"), if any, in this regard. CICO, HA clarified that studies revealed that Ebola virus was detected by reverse-transcription polymerase chain reaction in some specific bodily fluids, such as breast milk and semen, of convalescent patients weeks after recovering from the acute phase of their illness and the virus had been cleared from their blood. However, the risk of person-to-person transmission from convalescent patients to people in the community leading to an outbreak was low, as the EVD virus would only spread by means of direct contact with these specific bodily fluids, such as through breast feeding and sexual intercourse.

9. In response to Mr CHAN Han-pan's enquiry about the assistance provided to local volunteers servicing in or returned from the EVD-affected countries, SFH advised that the Administration had maintained contact with the relevant volunteer organizations to understand the number of local volunteers deployed to the EVD-affected countries. For known returning cases, such as the two local volunteers of Hong Kong Red Cross who returned from Liberia on the day of the meeting, staff of the Port Health Office would assess their health conditions at the Airport and arrange them for further examination if necessary. They would also be required to monitor and report to the Department of Health ("DH") their health conditions over the next 21 days (i.e. the incubation period for EVD).

Liaison with the Mainland health authorities

10. Ms Cyd HO called on the Administration to ensure that Hong Kong would be immediately notified by the Mainland health authorities of confirmed cases of EVD on the Mainland. Dr Priscilla LEUNG expressed a similar view. SFH advised that the Administration had maintained close liaison with the Mainland health authorities, including the National Health and Family Planning Commission. The Mainland health authorities were aware of the clustering of Africans in some cities on the Mainland. Should there be any EVD cases reported on the Mainland or Hong Kong, there would be a prompt exchange of information so that preventive measures could be taken as early as possible.

Overseas Travel Alert

11. Dr Helena WONG noted that Kenya of East Africa and South Africa had imposed travel ban for travellers from the EVD-affected countries, and

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the Centers for Disease Control and Prevention of the United States had issued a level 3 travel health notice to urge its residents to avoid nonessential travel to Guinea, Liberia and Sierra Leone. She was concerned that while a travel notice advising Hong Kong residents to avoid unnecessary travel to the EVD-affected countries had been uploaded to the front page of the website of the Centre for Health Protection ("CHP") and the Travel Health Service website of the DH, as well as the Outbound Travel Alert ("OTA") website of the Security Bureau, no OTA had been issued for these countries.

12. SFH stressed that WHO did not recommend general bans on international travel or trade as measures to contain the outbreak of EVD. The Administration would not consider imposing any travel ban at this stage. As regards the issuance of OTA, it should be noted that the OTA System was aimed at facilitating Hong Kong residents to better understand possible risks to their personal safety in travelling to those countries that were the more popular travel destinations for Hong Kong residents, whereas the travel advice issued by DH was relating to health risk of specific travel destinations. From the public health perspective, the current arrangement could already alert Hong Kong residents to the health risk of the EVD-affected countries.

13. Dr Helena WONG did not subscribe to SFH's views, adding that the travel notice issued by DH could not provide a comparative level of alert to members of the public. In addition, while many of the travel insurance plans in the market would provide enhanced coverage relating to travel alert issued under the OTA System, there were no similar arrangements for the travel notice issued by DH. She urged the Security Bureau to review the OTA System to include health conditions of a country as a factor for consideration in assessing the travel risk and the need to issue an OTA. Mr CHAN Han-pan held a similar view. Pointing out that the current arrangement of posting the travel advice of DH onto the OTA website was a result of discussion between himself and the Secretary for Security to heighten the awareness of members of the public of the travel risks of the EVD-affected countries, SFH responded that he had no particular views on the suggestion. Dr Helena WONG suggested that the Chairman should write to the Secretary for Security on the matter.

14. Mr CHAN Han-pan asked whether the Administration would evacuate local residents from the EVD-affected countries. SFH advised that efforts had been focused on disseminating the EVD-related health promotion messages to travellers through the airline operators and tourism industry and at the Airport.

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Control measures for suspected EVD cases

15. Mr Albert CHAN sought elaboration about the control measures putting in place by the Administration for handling suspected EVD cases, and the provision of personal protective equipment ("PPE") for healthcare personnel. Noting that all suspected cases would be referred to the Hospital Authority Infectious Disease Centre ("HAIDC") in Princess Margaret Hospital ("PMH") for isolation, diagnosis and treatment, he was particularly concerned about whether members of the public should seek consultation at PMH directly if they developed symptoms of EVD after travelling to the affected areas.

16. SFH advised that people who developed symptoms of EVD upon returning from the affected areas should attend to the Accident and Emergency Departments ("AEDs") of public hospitals for consultation. For walk-in patients attending the AEDs of HA who were identified by the triage nurses as suspected cases of EVD, healthcare personnel with appropriate PPE would transfer the patient to the negative pressure room of AED, where clinical assessment would be conducted by an emergency physician. The patients concerned would then be transferred to HAIDC in PMH for further treatment. As regards ambulance calls, operators of the Fire Services Communication Centre or the ambulance crew would identify whether the patients had developed EVD clinical symptoms and history of travel to the EVD-affected countries for the taking of appropriate infection control measures. The patient would be conveyed to the nearest AED of HA for doctors with appropriate PPE to conduct assessment of the patient on ambulance. Any suspected case of EVD would be transferred to HAIDC for isolation and arrangement of clinical tests.

17. Chief Manager (Infection, Emergency and Contingency), Hospital Authority ("CM(IEC), HA") explained that the above measures were in line with the principle of "early notification, early isolation and early testing" to ensure that patients meeting the case definition of EVD would be isolated immediately for testing and treatment at HAIDC. Director (Quality and Safety), Hospital Authority ("D(Q&S), HA") supplemented that HA had adopted necessary infection control measures, including those related to the use and standards of PPE, at hospitals and clinics since end of July 2014. It was expected that the newly procured additional PPE items for use of frontline staff when handling suspected or confirmed cases of EVD would be available by end of August 2014. In response to Dr CHIANG Lai-wan's enquiry, SFH advised that the Central Committee on Infectious Disease and Emergency Responses ("CCIDER") of the Hospital Authority would coordinate efforts relating to the handling of suspected EVD cases.

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18. Miss Alice MAK expressed concern about whether there would be adequate isolation beds and manpower in the public hospitals for the management of suspected and confirmed cases of EVD, and quarantine centres for accommodating close contacts of these cases for medical quarantine in order to achieve secure containment of the disease. SFH advised that at present, there were 1 400 isolation beds in public hospitals. Measures had also been put in place to enable DH and the relevant Government departments, when and where necessary, to convert suitable holiday camps into quarantine centres. That said, it was hoped that with the adoption of the strategy of "early notification, early isolation and early testing", there would not be a community level outbreak of EVD.

Patient management

19. Mr Albert HO noted with grave concern that some investigational drugs and vaccines against the disease were still in the early stage of product development. He asked about the management of patient if there was a confirmed EVD case in Hong Kong. Miss Alice MAK and Dr CHIANG Lai-wan raised a similar question. Miss Alice MAK added that estrogen receptor antagonist, a drug registered for use of treatment of breast cancer, was reported to be effective in treating EVD.

20. SFH advised that no drug regulatory authorities had registered any drugs or vaccines for the treatment or prevention of EVD. Most of the investigational drugs and vaccines were in the stage of pre-clinical studies with animals and were not registered pharmaceutical products in Hong Kong. The Administration had maintained contact with WHO and the developers on the latest situation of product development and the possibility to obtain the investigational drugs and vaccines against EVD. According to the Pharmacy and Poisons Ordinance (Cap. 138), doctors could, through the established mechanism, apply to DH for the import of unregistered pharmaceutical products for the treatment of specified patients when clinically indicated.

21. As regards the management of patient if there was a confirmed EVD case in Hong Kong, SFH advised that since there was currently no specific treatment for EVD, the patient concerned would be isolated and managed by supportive treatment. This notwithstanding, WHO had announced that it was ethical to offer interventions with yet unknown efficacy and adverse effects as potential treatment of EVD. While Hong Kong had stock of the cancer drug which according to some pre-clinical laboratory test results, might be effective for treating EVD, prescription of drugs would be based on doctors' professional judgments about the clinical indications of the patient concerned under the clinical protocols to be formulated by CCIDER in the

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light of the latest scientific evidence on clinical efficacy, safety and cost-effectiveness.

22. Mr CHAN Kin-por sought elaboration about the supportive treatment for EVD patients. The Chairman asked about the effectiveness of such treatment in improving the survival of the patients concerned. D(Q&S), HA explained that the high fatality rate in the current EVD outbreak, which stood at around 54%, was partly due to the lack of facilities and equipment in the EVD-affected countries for the provision of supportive treatment. CM(IEC), HA advised that there was currently no antiviral treatment for EVD. The aim of supportive treatment was to improve survival of EVD patients who would become severely ill. Medical Director (Infectious Disease), HA supplemented that depending on the clinical conditions of the patient concerned, supportive care and symptomatic treatment included providing paracetamol to relieve fever and pain, keeping electrolytes and fluid balances to prevent dehydration due to diarrhea and vomiting, and platelet transfusions to control bleeding. Patients who developed multi-organ failure would require intensive care, such as dialysis treatment for renal failure and ventilation support for cardiorespiratory failure.

[At this juncture, the Chairman informed members of his decision to extend the meeting for 15 minutes beyond its appointed time to allow more time for discussion.]

Health education

23. Dr CHIANG Lai-wan urged the Administration to step up publicity on the prevention of EVD. Ms Cyd HO considered that the health advice on the prevention of EVD should be easily apprehended by the public. Dr Priscilla LEUNG was of the view that the Administration should strengthen health education on information related to EVD, particularly its transmission mode. Mr Albert CHAN called on the Administration to step up the production of Announcement of Public Interests ("API") for broadcast on television and radio so as to heighten the awareness of the members of the public of the symptoms of EVD and how to prevent infecting the disease.

24. SFH advised that the Administration had stepped up publicity and public education on the prevention of EVD, personal and environmental hygiene, targeting the general public as well as specific sectors of the community since the current EVD outbreak in West Africa. It should also be noted that through years of effort, public awareness of hygiene had been significantly enhanced when compared with the period of the outbreak of SARS. DH would continue to remind members of the public to take heed of personal and environmental hygiene, especially washing hands properly.

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CHP was in the process of producing the relevant television and radio API. Information on EVD including disease updates would also be posted onto the CHP website.

25. Mr CHAN Kin-por asked whether there were any health education activities targeting at guesthouses where local African community commonly resided. Controller, CHP advised that CHP had earlier visited guesthouses in relevant buildings where the local African community resided to deliver health advice, pamphlets and posters, followed by health talks and briefings for representatives of guesthouses in Yau Tsim Mong District as well as management companies and owners' corporations of relevant buildings.

26. There being no other business, the meeting ended at 6:08 pm.

Council Business Division 2
Legislative Council Secretariat
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