

立法會
Legislative Council

LC Paper No. CB(2)1389/19-20

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seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of meeting
held on Friday, 10 January 2020, at 10:45 am
in Conference Room 2 of the Legislative Council Complex

- Members present** : Dr Hon CHIANG Lai-wan, SBS, JP (Chairman)
Hon CHAN Hoi-yan (Deputy Chairman)
Hon Tommy CHEUNG Yu-yan, GBS, JP
Prof Hon Joseph LEE Kok-long, SBS, JP
Hon WONG Ting-kwong, GBS, JP
Hon Starry LEE Wai-king, SBS, JP
Hon CHAN Kin-por, GBS, JP
Hon Mrs Regina IP LAU Suk-ye, GBS, JP
Hon YIU Si-wing, BBS
Hon CHAN Chi-chuen
Hon CHAN Han-pan, BBS, JP
Hon Alice MAK Mei-kuen, BBS, JP
Dr Hon KWOK Ka-ki
Dr Hon Fernando CHEUNG Chiu-hung
Hon Elizabeth QUAT, BBS, JP
Hon POON Siu-ping, BBS, MH
Hon CHU Hoi-dick
Hon SHIU Ka-fai, JP
Hon SHIU Ka-chun
Dr Hon Pierre CHAN
Hon KWONG Chun-yu
- Members attending** : Hon Michael TIEN Puk-sun, BBS, JP
Hon WU Chi-wai, MH
- Members absent** : Hon WONG Kwok-kin, SBS, JP
Dr Hon Helena WONG Pik-wan

Public Officers : Item III
attending

Dr CHUI Tak-yi, JP
Under Secretary for Food and Health

Mr FONG Ngai, JP
Deputy Secretary for Food and Health (Health)³
Food and Health Bureau

Mr Chris FUNG Pan-chung
Principal Assistant Secretary for Food and Health
(Health)³
Food and Health Bureau

Dr Florence LEE Mun-yau
Consultant Paediatrician (Child Assessment Service)
Department of Health

Dr Deacons YEUNG
Director (Cluster Services)
Hospital Authority

Dr Frank CHAN
Chief Manager (Integrated Care Programs)
Hospital Authority

Advisory Committee on Mental Health

Mr WONG Yan-lung, GBM, SC
Chairman
Advisory Committee on Mental Health

Dr HUNG Se-fong, BBS
Member
Advisory Committee on Mental Health

Prof Eric CHEN Yu-hai
Member
Advisory Committee on Mental Health

Item IV

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

Ms Leonie LEE Hoi-lun
Principal Assistant Secretary for Food and Health
(Health)1
Food and Health Bureau

Dr WONG Ka-hing, JP
Controller, Centre for Health Protection
Department of Health

Dr CHUANG Shuk-kwan, JP
Head, Communicable Disease Branch
Department of Health

Dr K L CHUNG
Director (Quality & Safety)
Hospital Authority

Dr Vivien CHUANG
Chief Manager (Infection, Emergency & Contingency)
Hospital Authority

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

Staff in attendance : Miss Kay CHU
Senior Council Secretary (2) 5

Mr Ronald LAU
Council Secretary (2) 5

Miss Maggie CHIU
Legislative Assistant (2) 5

Action

I. Information paper(s) issued since the last meeting

Members noted that no information paper had been issued since the last meeting.

Action

II. Items for discussion at the next meeting

[LC Paper Nos. CB(2)468/19-20(01) and (02)]

2. Members agreed to discuss the subjects "Four projects under the first 10-year Hospital Development Plan and proposed creation of one supernumerary post of Government Architect in the Architectural Services Department" and "Prevention of Osteoporosis" at the next regular meeting of the Panel scheduled for 14 February 2020 at 10:45 am.

(Post-meeting note: On the instruction of the Chairman, relevant deputations have been invited to make oral representations to the Panel on the subject "Prevention of osteoporosis" at the above meeting. Subsequently, in view of the latest situation of the novel coronavirus infection, the Chairman decided on 7 February 2020 to cancel the above meeting.)

3. Referring to the decision of the Panel in November 2019 to refer the subject "Update on Chinese medicine development and amendments to the Chinese Medicine Ordinance (Cap. 549)" listed on the Panel's list of outstanding items for discussion to the Subcommittee on Issues Relating to the Development of Chinese Medicine for follow-up, the Chairman suggested that the subject be removed from the list as the Subcommittee had commenced its work in December 2019. Members raised no other views.

III. Enhancement of mental health services

[LC Paper Nos. CB(2)468/19-20(03) and (04)]

4. At the invitation of the Chairman, Under Secretary for Food and Health ("USFH") highlighted the background for the setting up of the Advisory Committee on Mental Health ("the Advisory Committee"). The Chairman of the Advisory Committee ("Chairman, AC") then briefed members on the major work of the Advisory Committee from December 2017 to November 2019, details of which were set out in the Work Report of the Advisory Committee ("the Work Report") attached to the Administration's paper (LC Paper No. CB(2)468/19-20(03)).

5. Members noted the updated background brief on mental health policy and services prepared by the Legislative Council ("LegCo") Secretariat.

Mental health prevalence surveys

Action

6. Mr POON Siu-ping noted with concern that according to the dated Hong Kong Mental Morbidity Survey conducted between 2010 and 2013, roughly one in seven adults aged between 16 and 75 had common mental disorders (such as depression and anxiety disorder). Noting that on the advice of the Advisory Committee, three surveys were embarked in 2019 to gather information on the prevalence of mental health problems among school-based children and adolescents aged six to 17, youth aged 15 to 24, and elders aged 60 or above, he sought details of their respective timeframes. Expressing concern that there had long been short of statistics on the state of mental health of the population in Hong Kong to support policy making, Mr SHIU Ka-chun commended that the conduction of three territory-wide surveys was a big leap forward on this direction. He was particularly concerned about the prevalence of mental health problems among the youths. Mrs Regina IP asked whether there was any comparison between the mental health state of the population of Hong Kong and that of other places, such as the Guangdong-Hong Kong-Macao Greater Bay Area and Singapore, to examine the associated risk factors and the trend.

7. Chairman, AC advised that same as Hong Kong, the burden of mental health issues continued to grow in other places. An objective of the three mental health prevalence surveys was to identify potential risk factors associated with various mental health problems. Dr HUNG Se-fong, member of the Advisory Committee advised that the school-based survey covering children and adolescents aged six to 17 aimed at identifying the prevalence of mental health problems and the associated risk factors (such as socio-demographics, personal and family factors, peer influence, social and environmental factors, etc.) in the target group with a view to minimizing the risk of onset of mental disorders and facilitating service planning in future. The survey would take about 30 months to complete. As regards the community-based survey for adolescents to early adulthood who were at the age of 15 to 24, Prof Eric CHEN Yu-hai, member of the Advisory Committee remarked that a preliminary observation from some 380 randomly chosen youths showed that 14.7% of them had major depressive episode. The relevant statistics in the Mainland, Japan, Korea and Singapore was about 3% to 4%. The prevalence of depression was associated with the factors of the respondents' adversity quotient in the face of social unrest, familial relationship, peer influence and mobile access to the internet.

8. Expressing concern about the mental health needs of the working population, Mr WU Chi-wai proposed the carrying out of a prevalence survey in this regard. Chairman, AC advised that at present, the statistical data relating to mental health status of young adult and adult population

Action

was relatively updated. Hence, the Advisory Committee advised the Administration to conduct territory-wide mental health surveys for all age groups in Hong Kong in two phases. Phase I survey which was underway focused on children to early adulthood as well as the elderly. Phase II survey, which would be commissioned at a later stage, would cover adults at the age of 16 to 75 with mental health needs.

New service protocol for child and adolescent mental health services

9. The Chairman sought elaboration about the enhancement work in relation to mental health support services for children and adolescents. Chairman, AC advised that according to the statistics of the Hospital Authority ("HA"), over 45% of patients under the age of 18 receiving its psychiatric services were attention deficit/hyperactivity disorder ("AD/HD") cases. An expert group under the Advisory Committee was exploring whether support and treatment to children and adolescents with AD/HD could be provided at the community level by piloting a new service protocol that could provide timely assessment via utilizing cross-sectorial multi-disciplinary professionals ("the new service protocol"). In the school setting, the Student Mental Health Support Scheme ("SMHSS"), which would be further expanded to a total of 150 schools in the 2020-2021 school year, had strengthened the collaboration and capability of the professionals from the healthcare, educational and social service sectors to facilitate early identification and intervention of cases with mental health needs. Details of these two initiatives were set out in sections 7.3 and 7.4 of the Work Report respectively.

10. Holding the view that prevention was better than cure, Dr Pierre CHAN asked about the measures in place to address the study pressure of students which, in his view, was the major cause of mental health problems among students. Chairman, AC advised that greater emphasis had to be placed on both prevention and early intervention. Timely attention of the mental health problems was crucial particularly among young people. An objective of SMHSS was to facilitate early identification and intervention of those students with mental health needs in the school setting.

11. Dr KWOK Ka-ki cast doubt on the effectiveness of tapping on the capacity of professionals other than those from the medical discipline to provide treatment to children and adolescents with AD/HD. In his view, the Administration should increase the manpower supply of psychiatric doctors, clinical psychologists, educational psychologists, psychiatric nurses and social workers so as to increase the service capacity of HA's child and adolescent psychiatric specialist outpatient ("SOP") services, as the median waiting time of those new cases triaged as routine (i.e. stable)

Action

cases could be more than 110 weeks. Mr POON Siu-ping asked about how far the new service protocol could relieve the pressure of public psychiatric SOP services. Citing the emergence of different types of treatment, such as music therapy and religious therapy, in the private market, Mrs Regina IP was concerned about how to protect the interests of patients who had to receive mental health support from service providers other than registered healthcare professionals in the community.

12. Chairman, AC explained that while statistical data was an important tool in policy making, such as for increasing training places, there was a lack of data on the prevalence of mental health problems among children and adolescents in Hong Kong. This was a reason why territory-wide surveys in this regard had to be conducted. Given that the manpower supply of psychiatric doctors could not be increased within a short period of time, there was a need to tap on the capacity of other professionals such as clinical psychologists to provide timely intervention for children and adolescents currently in need. In developing the new service protocol, the expert group would ensure that there would be no compromise in the service quality. It had also drawn reference to the relevant experience of Australia and the United Kingdom. USFH added that the implementation of the Accredited Registers Scheme for Healthcare Professions, which covered 15 non-statutorily regulated healthcare professions, aimed at assuring the professional competence of the healthcare professionals concerned and providing more information for the public to make informed decisions.

13. Dr Pierre CHAN remarked that it was worthy to note that for the hospital cluster which had the largest establishment of psychiatric doctors, the waiting time for its psychiatric SOP service was longer than those hospital clusters which had a smaller establishment of psychiatric doctors. As regards the hospital cluster which had the largest number of psychiatric SOP attendances, the waiting time for which was the shortest. Mr SHIU Ka-fai asked about whether the manpower of HA's psychiatric doctors had been increased to address the growing service demand for its psychiatric SOP service. Holding the view that it was undesirable that a psychiatric doctor of HA had to provide treatment for about 50 outpatient attendances in a half-day session, Mrs Regina IP asked about the measures to be put in place to address the manpower shortage problem in the psychiatric stream of HA.

14. Chairman, AC stressed that apart from continuing efforts to increase and broaden manpower supply in the short to long term, there was an urgent need to try new service models to diversify the management approaches of less complex cases by relevant professionals available in the

Action

community. While the Advisory Committee had examined the waiting time of HA's psychiatric SOP services, members were welcomed to provide any further observations in this regard.

Latest local mental health situation

15. Dr KWOK Ka-ki and Mr CHAN Chi-chuen were concerned that according to a research conducted by The University of Hong Kong ("HKU") which was published in The Lancet medical journal ("HKU's research"), one in five adults in Hong Kong reported symptoms of post-traumatic stress disorder in 2019 when the social events took place. Mr SHIU Ka-fai said that HKU's research also indicated that around 11% of the adult population reported symptoms of depression in 2019, which was five times higher than that of 2014 when the Occupy Central Movement took place. Dr Fernando CHEUNG asked about the psychological interventions that should be provided for adolescents who had, due to the social events, experienced mental distress from different aspects such as relationships with family members and peers and academic and career stress. Noting from the findings of HKU's research that the point prevalence of probable depression and potential suicidal ideation had reached 37% and 4% respectively in 2019, Mr KWONG Chun-yu was concerned about how to deal with the current mental health burden given the long waiting time for public psychiatric SOP services which stood at 64 weeks on average.

16. Chairman, AC advised that HKU's research, together with the mental health prevalence surveys being conducted by the Administration, would provide a basis for long-term manpower and service planning. As an immediate response to the expected mental health tsunami arising from the social events, the Advisory Committee had promptly convened a meeting in July 2019 to examine the issue. As part of the ongoing Mental Health Promotion and Public Education Initiative, the Department of Health ("DH") launched the "Mental Health Infostation" website in July 2019 to provide mental health-related information, including those related to conflict management. Apart from HA's Mental Health Direct, an 24-hour hotline service, which had recorded an increased number of enquiries in the past few months, various initiatives and programmes had been launched in recent months by non-governmental organizations ("NGOs") to provide responsive mental health support for persons in need. These included the "Care4ALL 香港精神-同舟共行計劃" by the Hong Kong College of Psychiatrists, "港講訴 Time To Heal" by The Hong Kong Council of Social Service, and an online round-the-clock text platform "Open Up" which was organized by The Boys' and Girls' Clubs Association of Hong

Action

Kong, Caritas Hong Kong and the Hong Kong Federation of Youth Groups and funded by the Hong Kong Jockey Club Charities Trust. The Advisory Committee had maintained close communication with the NGOs concerned on whether any financial resources were required to meet the increase in service needs arising from the recent social events. Separately, HA was planning to increase its service capacity to meet the anticipated increase in mental health service demand.

17. The Chairman said that the experience from other places suggested that organization of retreats for children and adolescents was conducive to their mental health. Mr SHIU Ka-chun opined that there was a need to implement various policies, not just on the medical front, to deal with the mental health tsunami arising from the social unrest in the past few months. Referring to the various ad hoc programmes rolled out by NGOs to render support for those people who were in need of emotional support as a result of the recent social events, he called on the Advisory Committee to give due recognition to the efforts made by these NGOs as they had to face the criticism that they should not shelter the adolescents.

18. Mrs Regina IP remarked that apart from adolescents, some females of older age group also suffered from common mental problems such as anxiety due to the recent social unrest. Ms Elizabeth QUAT expressed grave concern over the emotional disturbances experienced by different quarters in the community, including family members of the police officers, in reaction to the recent social events. She considered that the root cause of the social unrest was the advocacy by certain people and media of the misconception that breaches of law or violent acts in the name of achieving righteousness was justifiable. However, certain Members did not condemn such violent acts of adolescents. Dr KWOK Ka-ki said that he condemned the violence used by the police officers during dispersal operations. Mr CHAN Chi-chuen opined that a study on the mental health of the police officers should be conducted.

19. Chairman, AC stressed that the focus of the Advisory Committee was to explore the availability of appropriate support for those people with mental health needs due to the recent social events, but not the underlying reasons causing the problem. To encourage help-seeking by adolescents who had mental health needs, empathetic messages were disseminated through the school setting as well as social media. As regards the mental health needs of police officers, the Hong Kong Police Force had in place a range of counselling and advisory services to officers in need. In response to Mr SHIU Ka-fai's enquiry, Chairman, AC affirmed that there was no mention in HKU's research that the current level of depression in the adult population was caused by violence of the police.

Action

20. Referring to the Mental Health Workplace Charter ("the Charter") launched by the Advisory Committee and DH in November 2019 and the recent incidents whereby some employees were dismissed because of being reported by their colleagues of having expressed certain political views on social media, Mr CHAN Chi-chuen cast doubt on how to foster the adoption of measures by employers to create an inclusive and mental health-friendly workplace environment under the prevailing political atmosphere. Mr WU Chi-wai considered that it was important to help those working population with mental health symptoms, particularly the relatively mild cases, so that they would be vigilant of their own mental state and seek help promptly. Citing the Heads Up campaign in the United Kingdom which harnessed the influence and popularity of football to raise awareness of and spark conversation on mental health and signpost support for those in need as an example, Mr SHIU Ka-chun urged the Advisory Committee to develop more creative initiatives other than the Charter and the dedicated website to promote mental health.

21. Chairman, AC advised that while it took time to achieve the building of a mental health-friendly society, with the support of all five key chambers of commerce and Employers' Federation of Hong Kong, a number of organizations had already pledged to become signatories to the Charter. The Advisory Committee had studied the experience of many other places in the promotion of mental well-being and help-seeking. On this front, the Charter and the dedicated mental health website which would provide, among others, one-stop service navigation were only part of the ongoing Mental Health Promotion and Public Education Initiative. As a community, all members of the public needed to learn more about mental health and its symptoms. Enhanced understanding would reduce stigma and increase openness. To this end, there was a need for the entire community to pitch in.

Financial and manpower resources

22. Dr KWOK Ka-ki expressed concern about the decrease in the Hong Kong's public expenditure on mental health to Gross Domestic Product from about 2.5% in 2004 to the present level of 0.17%. Mr WU Chi-wai asked whether the Administration had any commitment in resource allocation to improve the mental well-being in Hong Kong. Prof Joseph LEE pointed out that perhaps due to the reason that HA said that it did not have adequate resources to recruit additional psychiatric nurses several years ago, there was not enough intakes for the University Grants Committee ("UGC")-funded psychiatric nursing places this year. A lack of manpower resources would hinder the implementation of the

Action

recommendations put forth in the Mental Health Review Report ("the Review Report") and by the Advisory Committee to enhance the overall mental health services in Hong Kong.

23. USFH assured members that the Administration would deploy sufficient resources and enhance the supporting infrastructure to keep improving the healthcare services provided by the public sector. It introduced a new arrangement in 2018-2019 and undertook to increase the recurrent funding for HA progressively on a triennium basis having regard to population growth rates and demographic changes. On the mental health front, a case in point was that the number of HA's case managers, including those who were psychiatric nurses, had been increased to improve the case manager to patient ratio from 1:50 in 2016-2017 to 1:44 in 2019. As regards the 40 recommendations made in the Review Report, Chairman, AC advised that the Advisory Committee had followed up on and monitor the implementation of the recommendations. A number of the recommendations were either at an advanced stage of implementation or were underway. Details of the progress were set out in Annex B to the Work Report.

24. The Chairman queried about the provision of healthcare-related UGC-funded first-year-first-degree intake places. USFH advised that since the release of the report of the Strategic Review on Healthcare Manpower Planning and Professional Development in 2017, the Administration would conduct a new round of manpower projection exercise for healthcare professionals once every three years in step with the triennial planning cycle of UGC. Subject to the findings of each manpower projection exercise, the Administration would consider whether to further increase the number of healthcare training places in the next UGC triennium. In the 2019-2020 to 2021-2022 UGC triennium, there was an increase in the number of UGC-funded training places for the medical discipline as well as other healthcare-related disciplines.

IV. The Administration's response measures for the emergence of a cluster of pneumonia cases in Wuhan of Hubei Province

[LC Paper Nos. CB(2)468/19-20(05) to (09), CB(2)476/19-20(01), CB(2)492/19-20(01) and CB(2)498/19-20(01)]

25. At the invitation of the Chairman, Secretary for Food and Health ("SFH") briefed members on the Administration's latest measures in response to the emergence of a cluster of pneumonia cases in Wuhan of Hubei Province, details of which were set out in the Administration's paper (LC Paper No. CB(2)468/19-20(05)).

Action

26. Members noted the following papers on the subject under discussion:
- (a) information note prepared by the LegCo Secretariat (LC Paper No. CB(2)468/19-20(06));
 - (b) letter dated 2 January 2020 from Prof Joseph LEE (LC Paper No. CB(2)468/19-20(07));
 - (c) two letters dated 2 January 2020 from Mr CHU Hoi-dick (LC Paper Nos. CB(2)468/19-20(08) to (09)) and a reply letter from the Administration (LC Paper No. CB(2)506/19-20(01)) which was tabled at the meeting;
 - (d) a joint letter dated 7 January 2020 from Dr KWOK Ka-ki and Dr Pierre CHAN (LC Paper No. CB(2)476/19-20(01));
 - (e) a letter dated 8 January 2020 from Dr Pierre CHAN (LC Paper No. CB(2)498/19-20(01)); and
 - (f) a submission from a member of the public (LC Paper No. CB(2)492/19-20(01)).

27. At 12:31 pm, the Chairman suggested that due to time constraint, the discussion of the next agenda item on "Development of primary healthcare and setting up of DHC Express" be deferred to the February regular meeting. SFH and members raised no other views.

(Post-meeting note: On the instruction of the Chairman, the February regular meeting of the Panel has been cancelled on 7 February 2020 in view of the latest situation of novel coronavirus infection.)

Communication with the Mainland health authorities

28. Noting that the National Health Commission ("NHC") had preliminarily determined that the pathogen of the cluster of viral pneumonia cases occurring in Wuhan was a kind of novel coronavirus, Ms CHAN Hoi-yan held the view that the Administration should be more proactive by arranging an expert delegation visit to Wuhan to get first-hand clinical information of the cases of novel coronavirus infection. Mr CHAN Chi-chuen requested the Administration to meet with the Mainland health authorities to urge them to provide as early as possible the genetic sequence of the novel coronavirus, so as to expedite the laboratory testing in this regard. Dr Fernando CHEUNG urged the Administration to step up its

Action

efforts for obtaining the genetic sequence as early as possible. Dr Pierre CHAN sought elaboration about the communication mechanism between the Mainland and Hong Kong health authorities. Noting that the Centre for Health Protection ("CHP") of DH was only being notified by NHC on 31 December 2019 on the emergence of cases but not at an earlier time, Mr CHU Hoi-dick was concerned about whether the relevant communication was in a timely manner. Ms Alice MAK considered it important for the Administration to ensure that it would have the most up-to-date information in relation to the novel disease, say, by meeting with the health authority in Wuhan to better understand the situation, so as to boost public confidence that the Administration's response measures were timely and effective.

29. SFH advised that a Co-operation Agreement on Response Mechanism for Public Health Emergencies was signed between the Government of the Hong Kong Special Administrative Region and the Mainland's former Ministry of Health and the Secretariat for Social Affairs and Culture of the Government of the Macao Special Administrative Region in 2005. Under the established mechanism, CHP had maintained close communication with NHC on the latest development of the novel coronavirus infection in Wuhan, and had already expressed the wish to obtain the genetic sequence of the novel coronavirus on 9 January 2020 so as to provide accurate testing for the virus. In mapping out the measures for the prevention and control of the novel disease, CHP would also take into account the relevant information provided by the World Health Organization and local experts' advice. She would not rule out the possibility of meeting with the health authorities in the Mainland to learn more about the latest situation of the infection cases in Wuhan, the prevention and control measures in place as well as clinical management of the disease. In response to Dr Fernando CHEUNG's enquiry, SFH affirmed that high-throughput diagnostic assay was being provided by HKU where necessary.

30. Mr Michael TIEN was concerned about whether there were any reported viral pneumonia cases in other cities in the Mainland. Referring to the media report that the novel coronavirus might be arisen from bats and civets, Mr WU Chi-wai raised a similar concern. SFH advised that according to the latest notification received under the established mechanism, all cases were identified in Wuhan.

Inter-departmental actions

31. In response to Mr SHIU Ka-chun's query about whether any drills had been conducted in the light of the cluster of viral pneumonia cases in

Action

Wuhan, SFH advised that CHP had conducted a public health exercise code-named "Sunstone" in June 2018 for a communicable disease that could be caused by a pathogen currently unknown to cause human disease, with a view to testing the Administration's capacity in this regard. Separately, she had convened an inter-departmental meeting on 2 January 2020 to examine the prevention and control measures in response to the cluster of pneumonia cases identified in Wuhan, and chaired a Steering Committee at Serious Response Level under the Preparedness and Response Plan for Novel Infectious Disease of Public Health Significance ("the Plan") on 6 January 2020 to discuss the latest situation, as well as prevention and control measures, with various relevant government bureau and departments to safeguard public health.

Risk communication

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32. Expressing concern over the infectiousness of the pathogen and the frequent travel of people between the Mainland and Hong Kong, Mr Michael TIEN requested the Administration to advise in writing its estimation on the daily and total numbers of arrivals from Wuhan since the emergence of the cluster of pneumonia cases of unknown cause in Wuhan in mid-December 2019. Noting that the Outbound Travel Alert System did not cover the Mainland, he asked about the measures to be put in place by the Administration to help Hong Kong residents better understand the health risk in travelling to Wuhan and other areas in the Mainland.

33. SFH advised that while the Outbound Travel Alert System did not cover the Mainland, CHP had set up a dedicated webpage of "Severe Respiratory Disease associated with a Novel Infectious Agent" for easy public access of the relevant information, including the travel health advice on not visiting wet markets and consuming game meat when travelling outside Hong Kong. Mr CHAN Chi-chuen opined that the Administration should at the same time alert residents in the Mainland of the need to stay vigilant against the disease.

Handling of suspected case

34. Referring to the media report that the departure of a patient, who had been to Wuhan recently and presented with fever, respiratory infection or pneumonia symptoms, from the Ruttonjee Hospital had been lost trace of, Ms CHAN Hoi-yan was concerned about how stringent was the handling of suspected cases by HA and the Administration. Controller, CHP advised that CHP had referred the case to the Police and the Immigration Department for follow-up actions. The preliminary assessment was that the

Action

case was of mild symptoms and would not pose high risk to public health. Controller, CHP stressed that with effect from 8 January 2020, "Severe Respiratory Disease associated with a Novel Infectious Agent" had been added as a scheduled infectious disease to Schedule 1 of the Prevention and Control Ordinance (Cap. 599) and a specified disease in section 56 of the Prevention and Control of Disease Regulation (Cap. 599A). The Director of Health had the legal power to effectively handle confirmed or suspected cases if the patients concerned were uncooperative and refused to, for example, be isolated or quarantined.

35. Prof Joseph LEE suggested that the Administration should promote the application of FTOCC (i.e. Fever, Travel, Occupation, Contact and Clustering) criteria in identifying suspected cases of novel coronavirus infection in the community through various channels, including the 18 District Councils ("DC"). SFH advised DH could provide updates and health advice to DC members through 18 DC secretariats who could further disseminate the information via their own channels.

Response measures of HA

36. Given the already overloaded Accident and Emergency Departments of public hospitals, the additional pressure brought about by the winter surge and the healthcare manpower constraint of public hospitals, Ms CHAN Hoi-yam expressed concern about the surge capacity of HA to cope with the possible outbreak of the novel coronavirus infection in the community. Mr POON Siu-ping and Ms Alice MAK raised similar concerns.

37. Director (Quality & Safety), HA ("D(Q&S), HA") advised that meetings of the HA Central Commend Committee were held to discuss strategies and measures to manage the disease. Measures implemented with immediate effect included enhancing HA's laboratory service so that rapid test result could be available earlier to facilitate isolation or discharge arrangements; adjusting ventilation system to increase fresh air exchange in public hospitals and clinics; transferring stable patients to rehabilitation or convalescence wards, and in accordance to the agreement with two private hospitals transferring out patients for continuous treatment in order to vacate acute beds to meet emergency need; and exploring the feasibility to defer the elective surgeries and non-emergency services.

38. Dr Pierre CHAN requested the Administration to provide a written reply to his letter dated 8 January 2020 concerning the stockpile of surgical and N95 masks in each public hospital. Referring to the remarks made by SFH about the opening of the 1 400-odd negative pressure isolation beds in

Action

public hospitals, he pointed out that some public hospitals had currently turned the isolation wards for other medical use. Hence, the opening of more isolation beds would aggravate the shortage of general beds.

39. D(Q&S), HA advised that HA's current stockpile of personal protection equipment, including about 30 million surgical masks, was adequate for about three months' consumption if reference was made to the consumption rate during the swine influenza pandemic in 2009. To facilitate deployment of personal protective equipment and key linen items for each public hospital, designated contact points had recently been set up in each of the seven hospital clusters to answer internal enquiries concerning the supply of these items. As regards the availability of isolation beds, there were currently some 500 isolation beds in public hospitals, with an occupancy rate of around 60%. Where necessary, HA would mobilize patients and resources and use the remaining several hundreds of isolation beds by phases.

[At 1:01 pm, the Chairman informed members of her decision to extend the meeting for 15 minutes beyond its appointed time to allow more time for discussion.]

40. Prof Joseph LEE cast doubt about whether HA could deal with the corresponding jump in hospital intake under the current healthcare manpower constraint and in the absence of additional funding from the Administration in this regard. He was particularly concerned that the opening of more isolation beds through mobilization of patients might result in requiring healthcare staff of other specialties (such as the specialties of general surgery and orthopaedic) to handle cases of novel coronavirus infection which belonged to the specialty of internal medicine. Dr Fernando CHEUNG expressed concern about the manpower constraint of HA in the face of both the novel disease and the winter surge. SFH assured members that the Administration would render full financial support in meeting any additional resources required by HA to tackle the disease. D(Q&S), HA advised that HA had maintained close communication with its staff on the response measures currently put in place. To strengthen its manpower supply, HA had so far recruited more than 400 doctors, 2 000 nurses, 1 800 student nurses and hundreds of ward clerks in the 2019-2020 financial year. In addition, more than 400 part-time healthcare professionals had been recruited by the Locum Office.

Maintaining of personal and environmental hygiene

41. Mr POON Siu-ping sought elaboration about the response measures to be taken by the Administration in the case that the Serious Response

Action

Level which had been adopted under the Plan since 4 January 2020 was escalated to Emergency Response Level. SFH advised that more stringent measures for prevention and control of novel coronavirus infection would be taken in case there was any imported case or outbreak in the community. Members of the public should, at all times, maintain good personal and environmental hygiene at all times and seek medical advice promptly when having a fever or respiratory symptoms. Controller, CHP supplemented that CHP had stepped up publicity in the community level to enhance promotion of the importance of maintain personal and environmental hygiene.

42. Dr Pierre CHAN said that as wearing of surgical masks was one of the effective ways to prevent the spread of infectious diseases including seasonal influenza and the novel coronavirus, the Administration should address the shortage in supply and the surge in price of the products in the market to better safeguard public health. SFH advised that according to the retail industry, new batches of masks had been ordered for stock replenishment. The Administration and the chambers of pharmacies had appealed the trade to maintain the price level of masks.

43. Expressing concern about how to safeguard vulnerable persons who were residing in residential care homes for the elderly and residential care homes for persons with disabilities from novel coronavirus infection, Mr SHIU Ka-chun asked whether the Administration would request each institution to designate an Infection Control Officer to monitor the situation, keep track of the number of staff of these institutions who had visited the Mainland recently, and provide cleansing and disinfection services for the premises of these institutions. Dr Fernando CHEUNG called on the Administration to provide on-site staff training for the private institutions on the prevention of infectious diseases.

44. SFH advised that CHP had issued letters to those institutions to advise them to heighten their prevention and control measures to guard against the disease. Controller, CHP supplemented that guidelines on prevention of communicable diseases in institutions were in place. All institutions were required to designate an Infection Control Officer and arrange for staff training to assist in preventing the spread of communicable diseases.

V. Any other business

45. There being no other business, the meeting ended at 1:32pm.

Action

Council Business Division 2
Legislative Council Secretariat
30 July 2020