

## **ITEM FOR FINANCE COMMITTEE**

### **HEAD 149 – GOVERNMENT SECRETARIAT : HEALTH, WELFARE AND FOOD BUREAU**

#### **Subhead 700 General other non-recurrent**

#### **New Item “Commitment for the fight against Severe Acute Respiratory Syndrome”**

Members are invited to approve the creation of a new commitment of \$200 million to provide additional funds for the fight against the Severe Acute Respiratory Syndrome.

#### **PROBLEM**

In connection with the spread of the Severe Acute Respiratory Syndrome, additional resources are required for treatment of patients with Severe Acute Respiratory Syndrome, and strengthening infection control and public health education.

#### **PROPOSAL**

2. The Secretary for Health, Welfare and Food (SHWF) proposes to create a commitment of \$200 million to meet the additional funding requirements arising from the fight against Severe Acute Respiratory Syndrome. Such additional funding will be provided to the Hospital Authority (HA), the Department of Health (DH), the Information Services Department (ISD) and any other bureaux/departments for treatment of patients with Severe Acute Respiratory Syndrome, and to step up infection control and public health education, subject to the approval of SHWF.

## JUSTIFICATION

3. Severe Acute Respiratory Syndrome is a new respiratory illness, probably of viral origin. As of 30 March, 530 persons in Hong Kong have been found to have contracted Severe Acute Respiratory Syndrome. Of the 530 cases, 13 have died, 52 under intensive care, 60 have been discharged and 32 have recovered but remained hospitalized for convalescence. As the infection has spread in the community, we need to put in place various public health measures to reduce the spread of the Severe Acute Respiratory Syndrome, prevent further cases of infection, and prevent complications of patients infected with Severe Acute Respiratory Syndrome. Additional resources are required, and we propose to create a commitment of initially \$200 million.

### Treatment of Patients

4. Treatment of Severe Acute Respiratory Syndrome draws a lot on the already strained resources of the public hospital system. With an increasing number of clinical staff falling sick and to cope with the additional workload arising from treatment of patients with Severe Acute Respiratory Syndrome, HA has already suspended non-urgent operations and some specialist out-patient services. Health care staff have been deployed among individual hospitals and diverted from their mainstream duties to pressure areas. On a separate front, the number of clinical staff taking sick leave has been on the increase. Additional health care staff (including doctors, registered nurses and supporting staff) are required to provide strengthened acute care to patients infected with the virus, as well as to support the enhanced surveillance programme and enhanced infection control measures. On the basis of the existing patient load in respect of the Severe Acute Respiratory Syndrome, HA estimates that its health care team need to be strengthened by 120 doctors, 400 registered nurses and 360 health care assistants. The total remuneration for this additional team is \$29 million per month. Depending on future development, HA may need to recruit further hands or redeploy additional staff on top of this additional team, or pursue appropriate human resource measures to fight against the spread of the virus.

5. Patients infected with Severe Acute Respiratory Syndrome need to be treated with anti-viral agent, which is fairly expensive, at an average cost of \$14,000 per patient (a full course for ten days at a daily cost of \$1,400) using existing treatment regimen. As new specific rapid diagnostic tests are now available, HA will, on the basis of clinical assessment of patients, administer such tests for the purpose of identifying patients with Severe Acute Respiratory Syndrome. A very rough estimate of the average unit cost per tested case (including suspected cases) is in the region of \$500. We need to anticipate that other new tests or treatments will be available in the course of research, which may be very expensive.

### **Infection Control**

6. To contain the spread of Severe Acute Respiratory Syndrome, port health measures have been stepped up with effect from 29 March 2003. Health Declaration Posts have been set up at the airport, ports and border control points. All persons arriving at Hong Kong are required to declare their health status. DH has enlisted the support of the Auxiliary Medical Service and Civil Aid Service to mobilize over 250 members who will be stationed at the control points to handle persons reporting sick or with symptoms of Severe Acute Respiratory Syndrome. Suspected cases will be referred to public hospitals for investigation. Additional resources in the region of \$46 million are required.

7. Infection control measures have to be stepped up, including the provision of protective gears for healthcare staff of HA and DH who will be in contact with suspected or confirmed cases, regular cleansing and/or disinfection for offices and clinic areas, etc. To illustrate, HA needs to provide mouth masks for use by HA staff, inpatients, outpatients and visitors to public hospitals (at a daily cost of \$370,000).

8. Strengthening research into the new virus plays an important role in combating Severe Acute Respiratory Syndrome. Government will need to commission the two universities to conduct further laboratory and clinical research into the new virus, including identification of the new virus, gene sequencing of the new virus, period of excretion of the new virus by the infected person and through what type of body fluids the new virus is transmitted.

**Public Health Education**

9. Public health education plays an equally important role in the fight against the Severe Acute Respiratory Syndrome. To enhance the understanding of the community and the various sectors of the disease and the precautionary measures to be taken, Government departments have issued guidelines to schools, public transport operators, social service centres, catering operators, entertainment establishments and housing estates, etc. We shall continue to enhance public awareness and vigilance through Announcements of Public Interest on television and radio, promotional packages of major transport systems, leaflets and posters. Health advice and guidelines will also be issued for different sectors in the community. We estimate that about \$25 million is required for DH and ISD to step up public health education.

**FINANCIAL IMPLICATIONS****Non-recurrent cost**

10. We propose an initial commitment of \$200 million. Depending on need, we may need to increase the commitment. As with other commitments, any funds surplus to requirement will return to the Centre.

11. Subject to Members' approval, we shall provide supplementary provision to fund this commitment as and when required, offset by deleting an equivalent amount under Head 106 Subhead 789 Additional commitments.

**Recurrent Cost**

12. The activities supported by the commitment are on a one-off basis, and will not generate additional recurrent expenditure.

**ADMINISTRATION OF THE COMMITMENT**

13. DH, HA, ISD and any other bureaux/departments in need of additional funding support to cope with the workload / activities associated with the fight against Severe Acute Respiratory Syndrome need to file an application with the Health Welfare and Food Bureau (HWFB). SHWF will approve the

applications having regard to their relevance to the scope of the commitment and their relative priority. HWFB will keep the Legislative Council Panel of Health Services posted on applications approved on a regular basis.

**BACKGROUND INFORMATION**

14. We informed the Legislative Council Panel on Health Services on 28 March on this proposal.

**URGENCY**

15. As resources need to be made available to DH, HA, ISD and any other bureaux/departments immediately in the fight against the spread of Severe Acute Respiratory Syndrome, this item has been placed on the agenda for the Special Finance Committee meeting on 31 March 2003.

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Health, Welfare and Food Bureau  
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