立法會 Legislative Council

LC Paper No. CB(2)1719/02-03

Ref : CB2/SS/9/02

Paper for the House Committee meeting on 11April 2003

Report of the Subcommittee on Quarantine and Prevention of Disease Ordinance (Amendment of First Schedule) Order 2003 and Prevention of the Spread of Infectious Diseases Regulations (Amendment of Form) Order 2003

Purpose

This paper reports on the deliberations of the Subcommittee on Quarantine and Prevention of Disease Ordinance (Amendment of First Schedule) Order 2003 and Prevention of the Spread of Infectious Diseases Regulations (Amendment of Form) Order 2003.

Background

2. The Quarantine and Prevention of Disease Ordinance (Cap. 141) (the Ordinance) and its subsidiary legislation provide a legislative framework for the prevention of communicable diseases of public health importance. Regulation 4 of the Prevention of the Spread of Infectious Diseases Regulations (the Regulations) requires medical practitioners to notify the Director if they have reason to suspect the existence of any of the infectious diseases specified in the First Schedule to the Ordinance in a form as prescribed in the Schedule to the Regulations. At present, there are 27 infectious diseases listed in the First Schedule to the Ordinance.

3. In order to effectively control the spread of "Severe Acute Respiratory Syndrome" (SARS) the Director considers it necessary to add it to the list of infectious diseases specified in the First Schedule to the Ordinance, so that the provisions of the Ordinance and its subsidiary legislation can apply to SARS.

4. On 27 March 2003, the Director of Health (the Director) made the Quarantine and Prevention of Disease Ordinance (Amendment of First Schedule) Order 2003 (the Amendment of Schedule Order) and the Prevention of the Spread of Infectious Diseases Regulations (Amendment of Form) Order 2003 (the

Amendment of Form Order) under sections 72 and 8(4) of the Ordinance to include SARS in the First Schedule to the Ordinance and Form 2 of the Schedule to the Regulations.

The Amendment Orders

5. The Amendment of Schedule Order amends the First Schedule to the Ordinance by adding SARS to the list of infectious diseases specified in the Schedule. The Amendment of Form Order amends Form 2 of the Schedule to the Regulations by adding SARS to the list of infectious diseases in that Form. The Orders came into operation on 27 March 2003.

The Subcommittee

6. At the House Committee meeting on 28 March 2003, Members agreed that a subcommittee should be formed to study the two Amendment Orders. The membership list of the Subcommittee is in the **Appendix**.

7. Under the chairmanship of Hon Michael MAK, the Subcommittee has held one meeting with the Administration.

Deliberations of the Subcommittee

The Amendment Orders

8. Members unanimously support the two Amendment Orders which they agree are necessary. However, some members have expressed concern about the related measures adopted by the Administration to control the spread of SARS.

Other issues raised

Legal basis of the various measures to control the spread of SARS

9. Hon Margaret NG has asked the Administration to provide a paper setting out all the measures being taken so far and the relevant authority as provided in the Ordinance and its subsidiary legislation. The Administration has agreed to provide the requested paper as soon as possible.

Provision of clear guidelines to the public

10. In order to enhance cooperation of the community, Miss NG has suggested that clear guidelines similar to those relating to the Industrial Safety Regulations should be provided to the public.

11. The Administration has pointed out that quite a number of pamphlets providing guidelines for prevention of SARS have been produced for distribution to the public and such information is constantly being updated. The Administration has nevertheless agreed to consider Miss NG's suggestion.

Review of the Ordinance

12. As the Ordinance was enacted in 1936, Hon Margaret NG is of the view that some of the provisions may be outdated. Miss NG has therefore suggested that an overall review should be made and amendments proposed where necessary.

13. The Administration has agreed to consider whether further amendments are necessary and revert to members within two weeks.

Case definition of SARS

14. A number of members including Dr Hon LAW Chi-kwong, Dr Hon TANG Siu-tong, Hon Albert CHAN and Hon IP Kwok-him have expressed concern about the case definition of SARS and whether other atypical pneumonia cases would also come within the definition.

15. The Administration has explained that SARS is a new disease which also presents as pneumonia. The World Health Organisation (WHO) has been providing the case definitions for surveillance of SARS. The case definitions are subject to limitations because of the rapidly evolving nature of the disease. They are based on current understanding of the clinical features of SARS and the available epidemiological data and may be revised as new information accumulates. Whether a case of suspected atypical pneumonia may or may not be included depends on whether it fulfils the WHO case definition, which include, but not limited to, -

- (a) high fever $(>38^{\circ}C)$; and
- (b) one or more respiratory symptoms including cough, shortness of breath, difficulty in breathing; and
- (c) close contact with a person who has been diagnosed with SARS.

Confirmation of whether a patient is a SARS case is subject to diagnostic tests such as X-ray investigation. The relevant detailed information has been provided to all medical practitioners for their reference.

Definitions of close contact and social contact

16. Both Hon Andrew CHENG and Hon Albert CHAN have expressed concern about the definition of close contact and social contact. The Administration has pointed out that the disease is spread through close contact. According to WHO, close contact is defined as those having cared for or having lived with, or having direct contact with the respiratory secretions and body fluids of persons with SARS.

17. Hon Albert CHAN has also questioned why apart from residents of Block E of Amoy Gardens, no other persons who have had close contact are isolated. The Administration has explained that Block E of Amoy Gardens is a very exceptional case because of the high number of cases of infection within a short period of time in that building. For this reason, the Director has ordered the building to be isolated for 10 days to prevent the spread of the disease. Persons elsewhere in Hong Kong who have had close contact with those suffering from SARS are required to attend medical assessment at a designated medical centre on a daily basis for a maximum of 10 days. They should stay at home as far as possible. They should not go out unless absolutely necessary, and would be given sick leave to enable them to stay away from work.

18. Hon LEE Cheuk-yan has pointed out that some employers have asked their employees who may have contracted SARS not to disclose their places of work. He has asked the Administration to clarify whether there is any reporting obligation on the part of employers. The Administration has clarified that there is no requirement for employers to report suspected cases of SARS. However, the Department of Health will find out from the infected person information regarding his contacts. The Administration has pointed out that colleagues are social contacts only and the risk of infection arising from such contacts is very low.

Sick leave for pregnant employees

19. Recalling that paid sick leave was previously granted to pregnant employees during a German measles outbreak in Hong Kong, Hon LEE Cheukyan has asked for more information in that regard. The Administration has agreed to provide the relevant information as soon as possible.

Follow-up action by the Panel on Health Services

20. Hon Albert CHAN considers that the various issues raised at the meeting should be followed up by the Subcommittee. However, other members are of the view that the issues should be followed up by the Panel on Health Services, and it is not necessary for the Subcommittee to hold further meeting(s).

Follow-up action by the Administration

21. The Administration has undertaken to provide -

- (a) the paper requested by Hon Margaret NG in paragraphs 9 and 13 above to the Panel on Health Services within two weeks; and
- (b) the information relating to sick leave for pregnant employees during a German measles outbreak in Hong Kong some years ago requested by Hon LEE Cheuk-yan in paragraph 19 above.

Views of the Subcommittee

22. The Subcommittee expresses support for the Amendment Orders.

23. Hon Albert CHAN has proposed that a motion should be moved in the Council to extend the scrutiny period of the Amendment Orders but other members have not expressed support.

Advice sought

24. The House Committee is invited to note the Subcommittee's views in paragraphs 22 and 23 above.

Council Business Division 2 Legislative Council Secretariat 10 April 2003

Appendix

Subcommittee on Quarantine and Prevention of Disease Ordinance (Amendment of First Schedule) Order 2003 and Prevention of the Spread of Infectious Diseases Regulations (Amendment of Form) Order 2003

Membership List

Chairman	Hon Michael MAK Kwok-fung
Members	Dr Hon David CHU Yu-lin, JP
	Hon Cyd HO Sau-lan
	Hon LEE Cheuk-yan
	Hon Margaret NG
	Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP
	Hon Emily LAU Wai-hing, JP
	Hon Andrew CHENG Kar-foo
	Dr Hon LAW Chi-kwong, JP
	Dr Hon TANG Siu-tong, JP
	Hon LI Fung-ying, JP
	Hon Albert CHAN Wai-yip
	Dr Hon LO Wing-lok
	Hon IP Kwok-him, JP
	Hon Audrey EU Yuet-mee, SC, JP
	(Total : 15 Members)
Clerk	Ms Doris CHAN
Legal Adviser	Miss Monna LAI
Date	7 April 2003