# 立法會
# *Legislative Council*

LC Paper No. CB(2)484/04-05
(These minutes have been seen by the Administration)

Ref : CB2/PL/HS

**Panel on Health Services**

**Minutes of special meeting**
**held on Wednesday, 17 November 2004 at 10:45 am**
**in Conference Room A of the Legislative Council Building**

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| **Members present** | : | Hon Andrew CHENG Kar-foo (Chairman)<br>Dr Hon KWOK Ka-ki (Deputy Chairman)<br>Hon Albert HO Chun-yan<br>Hon CHAN Yuen-han, JP<br>Hon Bernard CHAN, JP<br>Hon Mrs Selina CHOW LIANG Shuk-yee, GBS, JP<br>Hon Vincent FANG Kang, JP<br>Hon LI Kwok-ying, MH<br>Dr Hon Joseph LEE Kok-long<br>Hon Albert Jinghan CHENG |
| **Members absent** | : | Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP<br>Dr Hon YEUNG Sum<br>Hon LI Fung-ying, BBS, JP |
| **Public Officers attending** | : | Miss Susie HO, JP<br>Deputy Secretary for Health, Welfare & Food (Health)<br><br>Dr P Y LEUNG, JP<br>Controller, Centre for Health Protection<br><br>Dr Raymond YUNG Wai-hung<br>Head, Infection Control Branch<br>Centre for Health Protection |

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Dr Thomas TSANG Ho-fai
Consultant, Community Medicine (Communicable Disease),
Surveillance and Epidemiology Branch
Centre for Health Protection
Department of Health

Dr Wilina LIM Wei-ling, JP
Head, Public Health Laboratory Services Branch
Centre for Health Protection

Dr LIU Shao-haei
Senior Executive Manager (Professional Services)
Hospital Authority

Dr K H CHAN
Chief of Service (Developmental Disabilities Unit/Paediatrics & Adolescent Medicine)
Caritas Medical Centre

**Clerk in attendance** : Ms Doris CHAN
Chief Council Secretary (2) 4

**Staff in attendance** : Ms Elyssa WONG
Deputy Head (Research and Library Services)

Miss Mary SO
Senior Council Secretary (2) 8

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**I. The outbreak of respiratory illness in the Developmental Disability Unit of the Caritas Medical Centre**
(LC Paper No. CB(2)234/04-05(01))

Members noted an information note setting out the sequence of events relating to the outbreak of respiratory illness in the Developmental Disability Unit (DDU) of the Caritas Medical Centre (CMC) prepared by the Research and Library Services of the Legislative Council Secretariat tabled at the meeting.

Briefing by the Administration

2. Controller, Centre for Health Protection (Controller, CHP) said that to date,

a total of 31 children, comprising 19 boys and 12 girls aged between four and 17, (25 from Ward Wai Yee 1 on the first floor and six from Wai Yee 3 on the third floor) had developed fever and respiratory symptoms from 5 November 2004 in Wai Yee Block of the CMC. A chart showing the onset of symptoms of the infected inpatients in Wai Yee Block from 5 to 15 November 2004 was tabled at the meeting.

3. Controller, CHP further said that upon notification by CMC of the outbreak in Wai Yee Block in the evening of 11 November 2004, CHP had so far performed contact tracing on 185 healthcare workers, their home contacts, visitors and patients discharged from the pediatrics wards. It was found that two staff (one registered nurse and one healthcare assistant) from Wai Yee 3 developed fever and respiratory symptoms on 7 and 13 November 2004 respectively. Both had now recovered.

4. Chief of Service (DDU/Paediatrics & Adolescent Medicine), CMC said that the four-story Wai Yee Block of CMC was a block for the DDU of its Paediatrics Department. DDU provided long-term residential care for severely mentally handicapped children. Most of the inpatients were totally dependent and many had congenital and multiple medical problems. Fever and respiratory symptoms among these inpatients were quite common, with a baseline of about 0 to two children developing fever within the same 24-hour period. The annual average mortality rate was between 5% and 10%.

5. Chief of Service (DDU/Paediatrics & Adolescent Medicine), CMC further said that when the number of children developing fever and respiratory symptoms in Wai Yee Block increased from one to four (three from Wai Yee 1 and one from Wai Yee 3) from 5 to 7 November 2004, the Infection Control Unit of CMC was immediately notified. The infected children were isolated from other inpatients and infection control in the infected wards was stepped up. Although the causative agent of the outbreak had yet to be identified, it appeared to be a mild viral, rather than a bacterial, infection having regard to the fact that the infected children generally had their fever subsided within two to seven days. A boy from Wai Yee 1, with fever onset on 12 November 2004, deteriorated and required intubation and ventilation support. He was transferred to the Intensive Care Unit (ICU) of CMC on the same day and had now left the ICU.

6. Head, Public Health Laboratory Services Branch, CHP said that specimens from the infected patients had been sent to the Public Health Laboratory Services Branch and the Laboratory of the University of Hong Kong to identify the causative agent. So far, results of the laboratory testing were negative to more than 10 viruses. Virus culture, which was the most definitive method to identify the causative agent, was presently being conducted. The results of the virus culture were expected to become available at the end of this

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week or early next week.

7. Head, Infection Control Branch, CHP said that in view of the continuous rise in the number of cases in Wai Yee Block, it was agreed on 15 November 2004 that all the cases would be isolated in Paediatric Ward 9B of CMC. The hospital had issued green alert on that day. All admissions to the Paediatric wards would be stopped, and all new patients would be diverted to Princess Margaret Hospital (PMH) for treatment. Visitors to the DDU would be restricted to close relatives with full personal protective equipment (PPE). Head, Infection Control Branch, CHP further said that to guard against infection, health care workers working in the isolation wards were required to wear full protective gear, such as masks, caps, gowns and gloves, when coming in close contact with the infected children and were reminded to wash hands immediately after touching patients' secretion and/or contaminated objects/surface. CHP in conjunction with the Hospital Authority (HA) were now closely monitoring the situation and the effective implementation of infection control measures.

Discussion

8. Mrs Selina CHOW asked the following questions -

(a) how many of the 31 infected children still had fever and/or respiratory symptoms; and

(b) apart from the inpatients of DDU, whether other persons were infected, if so, the number involved.

9. Responding to Mrs CHOW's first question, Chief of Service (DDU/Paediatrics & Adolescent Medicine), CMC said that four children still had fever and/or respiratory symptoms. As the causative agent of the outbreak was still unknown, all of the infected children who had ceased to have fever and display respiratory symptoms would still be isolated from other inpatients of DDU as their body fluids and excretions might still carry contagious agents which had an incubation period of seven to 10 days.

10. As regards Mrs CHOW's second question, Consultant, Community Medicine (Communicable Disease), Surveillance and Epidemiology Branch, CHP said that two healthcare workers were found to have developed fever and respiratory symptoms on 7 and 13 November 2004 respectively. Both of them had recovered two to three days later. To step up on medical surveillance, in the coming week, all staff working in the DDU would be required to report sick leaves or off work due to illness to their supervisors.

11. Dr KWOK Ka-ki asked the following questions -

(a) What was the role played by HA and the CHP in the management of infectious disease outbreak; and

(b) What infection control measures had CHP recommended to the DDU of CMC, given that the latter's patients were a high risk group for contracting respiratory illnesses.

12. Senior Executive Manager (Professional Services), HA responded that upon the establishment of the CHP on 1 June 2004, it was stipulated in the guidelines to all HA hospitals that they had to notify HA Head Office (HAHO) and the CHP simultaneously of any notifiable diseases to alert them of any unusual pattern of infection inside the hospital system. Under the enhanced infection control measures put in place by HA after the last Severe Acute Respiratory Syndrome (SARS) outbreak, all HA hospitals were required to notify HAHO and the CHP simultaneously when three or more healthcare workers in the same ward/unit had developed fever and respiratory symptoms. Likewise would be done if three or more elders and workers in the same residential care homes for the elderly (RCHEs) were found to have developed the same symptoms. Apart from the general infection control guidelines for use by all HA hospitals, each HA hospital also developed its own infection control guidelines to suit its unique circumstances. For instance, in June 2004 DDU of CMC in discussion with CHP had developed their infection control guideline which stipulated that the DDU should notify the Infection Control Unit of CMC if the number of its patients developing fever had exceeded the baseline of 0-2 children developing fever within the same 24-hour period.

13. Although appropriate infection control measures had been implemented by the Infection Control Unit of CMC in the DDU since 7 November 2004, Senior Executive Manager (Professional Services), HA conceded that with hindsight it would have been better if the CMC management had notified HAHO and CHP on an earlier day when it was revealed that the number of cases in DDU had accumulated to five so that more experts could join in the discussion on controlling the outbreak. Senior Executive Manager (Professional Services), HA pointed out that HAHO had immediately notified CHP once it was informed on 11 November 2004 of the outbreak in the DDU of CMC. Thereafter, experts from the CMC, HA and CHP had met on a daily basis to closely monitor the situation and implement effective infection control.

14. Controller, CHP supplemented that although CMC had not notified HAHO and CHP on 7 November 2004 of the outbreak in its DDU, it had nevertheless implemented appropriate infection control measures. Despite such,

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CHP would strengthen communication with CMC to ensure that they would closely observe the promulgated guidelines on infection control.

15. Mr Albert HO, Mr LEE Kwok-ying and Miss CHAN Yuen-han asked why CMC did not activate the green alert on 11 November 2004, but instead delayed it until four days later on 15 November 2004.

16. Senior Executive Manager (Professional Services), HA responded that although the green alert was issued on 15 November 2004, it did not mean that no step had been taken to control the outbreak in the DDU. Subsequent to 7 November 2004, various measures had been implemented. These included isolation of cases, cohorting of exposed patients, restriction of visitors, ceasing to admit new patients to the infected wards, conducting medical surveillance of the visitors (which included parents) and discharged patients, ceasing to send all patients from Wai Yee 1 and Wai Yee 3 to the special school on 11 November 2004 and later suspending the special school from 13 November 2004 onwards, thoroughly cleansing Wai Yee 1 and Wai Yee 3, and alerting parents of other inpatients of the whole Wai Yee Block and advising them to contact CHP if they developed fever or respiratory symptoms.

17. Senior Executive Manager (Professional Services), HA further said that the reason why the green alert was issued on 15 November 2004 was because the new measures taken to control the outbreak entailed changes to the existing services. Namely, all admissions to the Paediatric Wards of CMC would be stopped and new patients would be diverted to PMH. All the infected children would be isolated in Paediatric Ward 9B of CMC, as the isolation facilities inside Wai Yee Block could not accommodate them. Other reasons for deciding to issue the green alert on 15 November 2004 were because the number of infected children continued to rise and the commonly known viruses were not found in the specimens of the infected children thus far. Senior Executive Manager (Professional Services), HA pointed out that the decision to issue the green alert on 15 November 2004 was made collectively by CMC, HAHO and CHP based on close monitoring of the development of the outbreak on a daily basis.

18. Responding to the Chairman's question as to whether issuing the green alert at CMC on 7 November 2004 would have been better, Controller, CHP said that with hindsight it would be useful to issue the green alert earlier. Despite such, Controller, CHP said that it should be pointed out that infection awareness and control inside the hospitals had been heightened since the last SARS outbreak.

19. Mr Albert CHENG remained of the view that the issuing of the green alert at CMC on 15 November 2004 was too late, having regard to the facts that the number of cases had jumped from one to 28 from 5 to 15 November 2004 and

one 11-year old inpatient who suffered from respiratory illness had died on 9 November 2004. Mr CHENG urged HA to closely adhere to the guidelines on reporting to CHP, as Hong Kong could not afford to pay the price of another SARS outbreak. Mr CHENG wondered whether the activation of the green alert on 15 November 2004 was because two HA staff were found to have developed fever and respiratory symptoms on 7 and 13 November 2004 respectively or that it was instructed by the Secretary for Health, Welfare and Food (SHWF) when he visited the DDU of CMC on that day. Noting from the newspapers that some parents of the inpatients of DDU planned to take their children home for fear of them catching the unknown disease, Mr CHENG asked about the measures which would be taken to avoid the spread of the unknown disease to the community.

20. Senior Executive Manager (Professional Services), HA responded that the issuing of the green alert was based on risk assessment of the outbreak made by experts on communicable diseases, clinical examination and laboratory testing. Factors to be considered included how extensive the outbreak was, whether there were new cases, whether any staff were infected and whether the causative agent of the outbreak was known. Senior Executive Manager (Professional Services), HA admitted that with hindsight, a lesson had been learnt that it would be better if the green alert at CMC could be issued earlier.

21. Chief of Service (DDU/Paediatrics & Adolescent Medicine), CMC clarified that the death of the 11-year old girl in the DDU on 9 November 2004 was diagnosed clinically as bacterial pneumonia whereas this outbreak was considered to be caused by viral infection. Chief of Service (DDU/Paediatrics & Adolescent Medicine), CMC further said that there was no cause for concern that the outbreak in the DDU would spread to the community, as all inpatients of the DDU required long-term hospital care. What the newspapers referred to were those parents whose children were residing in Paediatric Ward 9A of CMC. These children were transferred from the accident and emergency department of CMC and generally only required short-term stay. There was also no cause for concern that the outbreak in Paediatric Ward 9B would spread to Paediatric Ward 9A, given the enhanced infection control implemented as mentioned earlier at the meeting. Moreover, all admissions to the Paediatric Wards of CMC had been stopped on 15 November 2004.

22. Mr Albert CHENG said that HA should not rush into conclusion that the 11-year old girl did not die from the outbreak, having regard to the fact that the causative agent of the outbreak was still not known. Mr CHENG maintained his view that the activation of the green alert was too late, as the conditions on 11 November 2004 had already met the criteria for activating the green alert. Mr CHENG remained of the view that the activation of the green alert on 15 November 2004 was in effect instigated by SHWF. Mr CHENG urged HA

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and the Administration not to repeat the mistake made during the last SARS outbreak by covering up the outbreak in the DDU of CMC.

23. Deputy Secretary for Health, Welfare and Food (DSHWF) responded that there was no question of any covering up of the outbreak in the DDU of CMC. Although the green alert was issued on 15 November 2004, infection control measures in the affected wards had been stepped up since the Infection Control Unit of CMC was alerted on 7 November 2004. These infection control measures were further enhanced when the CHP was notified on 11 November 2004. DSHWF further said that a drill to ensure that the parties concerned were familiar with the contingency plans in times of outbreak would be conducted in the coming week. The opportunity would be taken to review how the existing contingency plans against infectious diseases could be further improved in the light of the experience in handling the outbreak in CMC.

24. Controller, CHP supplemented that he had briefed SHWF in the morning of 15 November 2004 on the latest developments of the outbreak in the DDU of CMC. SHWF subsequently decided to visit the DDU on the same day to better understand the outbreak situation. SHWF, however, had not taken part in the decision made later on to issue the green alert. Controller, CHP further said that CHP supported the decision to activate the green alert on 15 November 2004, having regard to the incubation period of the disease yet to be confirmed, the fact that the isolation facilities inside DDU could no longer accommodate all the cases and the poor ventilation of Wai Yee Block.

25. Mr LEE Kwok-ying asked about the measures taken to avoid the spread of the respiratory illness outbreak in CMC to the community.

26. Controller, CHP responded that the outbreak in CMC was under control, as evidenced by the fact that the number of affected children still having fever or respiratory symptoms had decreased from 11 to six and four on 15, 16 and 17 November 2004 respectively. Moreover, the number of new cases during the past several days had dropped to one each day which was within the baseline of DDU patients developing fever within the same 24-hour period. To find out whether the outbreak had spread to the community, the test was whether the visitors to the affected wards had developed fever or respiratory symptoms. To date, no such case had been found under the ongoing contact tracing and medical surveillance.

27. Dr Joseph LEE asked the following questions -

(a) why the 31 infected children were not moved to the new isolation wards in CMC, and were instead moved to its Paediatric Ward 9B which was not designed for isolation purpose; and

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(b) what measures had been taken by CHP to ensure that the outbreak in the DDU of CMC would not happen in RCHEs.

28. Responding to Dr LEE's first question, Controller, CHP said that to his understanding, the reason for not moving the affected children to the new isolation wards in CMC was because the wards were not ready on 15 November 2004 due to a certification problem. The problem had since been solved and the isolation wards were now ready for use. Consideration would be given to transferring the four children who still had fever to the new isolation wards. Controller, CHP further said that consideration had earlier been given to moving all of the 31 infected children to PMH. Such an arrangement was subsequently ruled out, as this would entail deploying a team of DDU staff to work at PMH, the result of which would inevitably undermine the manpower support to the remaining inpatients at the DDU. There was also the concern that the affected children could not adjust to the new environment in PMH. Controller, CHP also said that although Paediatric Ward 9B was not designed for isolation purpose, arrangements had been made to segregate the affected children in cubicles to avoid cross infection.

29. As regards Dr LEE's second question, Consultant, Community Medicine (Communicable Disease), Surveillance and Epidemiology Branch, CHP said that guidelines to RCHEs and to home for the disabled on prevention of communicable diseases and SARS had been distributed to all these home operators and uploaded on the website of CHP.

30. Dr Joseph LEE considered it unacceptable if the delay in using the new isolation wards of CMC was due to a certification problem. Dr LEE further said that merely distributing guidelines to RCHEs and to home for the disabled on prevention of respiratory tract infections and SARS was not enough, and asked CHP what action it had taken to help these home operators to guard against any onslaught of infectious disease.

31. On the new isolation wards of CMC, Chief of Service (DDU/Paediatrics & Adolescent Medicine), CMC said that these facilities were open for use in the afternoon of 15 November 2004 after the ventilation system thereat was certified by the Architectural Services Department Chief of Service (DDU/Paediatrics & Adolescent Medicine), CMC further said that a team of staff trained in infection control from Kwong Wah Hospital, PMH as well as CMC had been lined up to work at the new isolation wards of CMC where necessary.

32. As to the measures taken to help home operators to guard against any onslaught of infectious disease, Consultant, Community Medicine (Communicable Disease), Surveillance and Epidemiology Branch, CHP said that

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Elderly Health Services of the Department of Health had Visiting Health Teams that regularly visited RCHEs to teach home operators about infection control and advise them on areas for improvement. Furthermore, seminars had been organised by CHP to brief institutions on specific topics, such as measures to prevent viral gastroenteritis.

33. Miss CHAN Yuen-han expressed surprise that the isolation wards of CMC only came on stream recently. Miss CHAN pointed out that when Members approved funding for the enhancement of infection control facilities in public hospitals in July last year, they were made to understand that the majority of the isolation beds would come on stream in October/November 2003, while the remaining isolation beds would come on stream between December 2003 and January 2004. In response, DSHWF undertook to revert members on the progress of the project on the enhancement of infection control facilities in public hospitals and reasons for not achieving the target delivery date, where applicable.

34. Mr Vincent FANG asked the following questions -

(a) what was the incubation period of the disease which caused the outbreak in CMC; and

(b) whether consideration should be given to requiring staff working at the DDU to wear PPE, given that DDU was a high risk area.

35. Consultant, Community Medicine (Communicable Disease), Surveillance and Epidemiology Branch, CHP replied that he did not have a definite answer to Mr FANG's first question, as the causative agent of the outbreak was yet to be identified. However, he surmised that it to be between two to 10 days according to the epidemic curve of affected patients.

36. As to Mr FANG's second question, Head, Infection Control Branch, CHP said that it might not be the best approach for two reasons. First, donning PPE in normal times would result in staff letting down their guard in times of outbreak. Second, as the inpatients of DDU were severely mentally handicapped and some of them were also blind, it would make it very difficult for these children to identify the staff who attended them by touch if the latter had to wear PPE. Controller, CHP also said that one way to reduce the risk of DDU was to improve its facilities, ventilation and cramped environment.

37. Dr KWOK Ka-ki requested the Administration to provide information on the plans, if any, to improve the facilities for long-term care of severely mentally handicapped children and the scope of the drill referred to in paragraph 23 above.

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Conclusion

38. On closing, the Chairman requested the Administration to provide in writing the following information as well as the information requested by Dr KWOK Ka-ki in paragraph 37 above, in two weeks' time -

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(a) progress of the project on the enhancement of infection control facilities in public hospitals and reasons for not achieving the target delivery date, where applicable;

(b) guidelines for reporting outbreaks drawn up between CHP, HA and DDU of CMC; and

(c) review of the outbreak of respiratory illness in the DDU of CMC.

39. There being no other business, the meeting ended at 12:46 pm.

Council Business Division 2
Legislative Council Secretariat
21 December 2004