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**Panel on Health Services and
Panel on Food Safety and Environmental Hygiene**

**Minutes of joint meeting
held on Saturday, 5 November 2005 at 11:30 am
in the Chamber of the Legislative Council Building**

**Members
present**

: Panel on Health Services

- * Dr Hon KWOK Ka-ki (Chairman)
- * Dr Hon Joseph LEE Kok-long (Deputy Chairman)
Hon Albert HO Chun-yan
Hon CHAN Yuen-han, JP
Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP
- * Hon Andrew CHENG Kar-foo
Hon LI Fung-ying, BBS, JP
- * Hon Vincent FANG Kang, JP
Hon LI Kwok-ying, MH

Panel on Food Safety and Environmental Hygiene

Hon WONG Yung-kan, JP (Deputy Chairman)
Hon TAM Yiu-chung, GBS, JP
Hon Alan LEONG Kah-kit, SC

**Members
absent**

: Panel on Health Services

- # Hon Fred LI Wah-ming, JP
Hon Mrs Selina CHOW LIANG Shuk-ye, GBS, JP
- * Hon Bernard CHAN, JP
Dr Hon YEUNG Sum

Panel on Food Safety and Environmental Hygiene

Hon Tommy CHEUNG Yu-yan, JP

Member attending : Hon WONG Kwok-hing, MH

(# Also Chairman of the Panel on Food Safety and Environmental Hygiene)

(* Also members of the Panel on Food Safety and Environmental Hygiene)

Public Officers attending : Item II

Dr York CHOW, SBS, JP
Secretary for Health, Welfare and Food

Miss Susie HO, JP
Deputy Secretary for Health, Welfare and Food (Health)

Mr Eddy CHAN, JP
Deputy Secretary for Health, Welfare and Food
(Food & Environmental Hygiene)

Dr LAM Ping-yan, JP
Director of Health

Dr TSANG Ho-fai, Thomas
Consultant, Community Medicine (Communicable Disease)
Department of Health

Miss Helen TANG
Head, Emergency Response and Information Branch

Dr Vivian WONG, JP
Chief Executive, Hospital Authority

Dr LIU Shao-haei
Deputy Director (Professional Services)
Hospital Authority

Mr LEUNG Wing-lup, Gregory, JP
Director of Food & Environmental Hygiene

Mr CHAN Chun-yuen, Thomas, JP
Director of Agriculture, Fisheries and Conservation

Dr Thomas SIT
Assistant Director (Inspector and Quarantine) (Acting)

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

**Staff in
attendance** : Miss Mary SO
Senior Council Secretary (2) 8

Miss Maggie CHIU
Legislative Assistant (2) 4

I. Election of Chairman

Dr KWOK Ka-ki was elected chairman of the joint meeting.

II. Preparedness for Influenza Pandemic

(LC Paper Nos. CB(2)199/05-06(01), CB(2)294/05-06(01) and CB(2)301/05-06(01))

2. At the invitation of the Chairman, Secretary for Health, Welfare and Food (SHWF) introduced the Administration's paper (LC Paper No. CB(2)294/05-06(01)) detailing the Government's preparedness for influenza pandemic, and a document entitled "Emergency Preparedness for Influenza Pandemic in Hong Kong" tabled at the meeting.

3. Mr Albert HO said that the Administration should disseminate more information about avian influenza to the public, so as to raise their awareness about the risk of influenza pandemic. Mr HO further asked whether the Administration was well prepared for the eventuality of outbreak of influenza pandemic, including maintaining an adequate stock of personal protective equipment (PPE).

4. SHWF responded that advice for the public on seasonal influenza, avian influenza and influenza pandemic had been uploaded onto the Department of Health (DH)'s website for public information. The Government's preparedness plan for influenza pandemic as well as the document entitled "Emergency

Preparedness for Influenza Pandemic in Hong Kong” would also shortly be uploaded onto the DH’s website.

5. On the preparation for influenza pandemic, SHWF said that interdepartmental meetings involving more than 30 departments and agencies had been convened to review the Government’s readiness to fight avian influenza. Some of the major initiatives/undertakings of Government departments and agencies in relation to disease prevention and control were at Annex D of the Administration’s paper. To ensure effective emergency preparedness and response for pandemic influenza, regular exercises and drills were being conducted to enhance the emergency preparedness of Government departments. Exercise MAPLE, conducted on 18 and 19 November 2004, was a case in point. The Exercise involved over 30 bureaux, departments and organisations, as well as the Acting Chief Executive who convened a high-level meeting with major Principal Officials when local transmission of the mock infectious disease was confirmed to formulate an overall strategy. Further to the drills conducted last year, DH had conducted a table-top exercise on avian influenza in July 2005 and the Food and Environmental Hygiene Department (FEHD) conducted an in-house culling drill in September 2005. An exercise on avian influenza/influenza pandemic would also be held in November 2005.

6. As to whether public hospitals and clinics had adequate supply of PPE to deal with a pandemic, Director of Health (D of H) advised that a three-month stock of PPE was maintained by all public hospitals and clinics. Additional orders for PPE would be placed to meet any heightened demand for the equipment in the community. Chief Executive, Hospital Authority (CE/HA) supplemented that the PPE stock level at HA was equivalent to three times the peak monthly consumption during the last Severe Acute Respiratory Syndrome (SARS) outbreak for the PPE supplies. Agreements had also been made with PPE suppliers to stock two-month supply of the equipment in Hong Kong in case there was an upsurge of demand for the equipment. To ensure effective delivery of PPE supplies to the frontline workers, a computerised logistics system had been put in place. CE/HA further said that work had recently been stepped up to ensure all HA staff knew their roles and duties in times of infectious disease outbreaks. For instance, each hospital had been providing refresher courses on infection control to its frontline staff. SHWF added that the Agriculture, Fisheries and Conservation Department (AFCD) stood ready to conduct massive culling operations where necessary, and the FEHD had stepped up monitoring of live poultry at import and retail levels. Through the interdepartmental meetings mentioned in paragraph 5 above, departments, such as the Police and the Immigration Department, had also made preparation to render assistance where necessary to prevent and control infectious diseases.

7. Mr Andrew CHENG was of the view that Emergency, instead of Serious,

Response Level under the Government's three-level response system to deal with influenza pandemic should be activated when there was confirmation of human case(s) of avian influenza in Hong Kong without evidence of efficient human-to-human transmission. In his view, the mere confirmation of a human case of avian influenza was severe enough to justify swift responses from the Government under the command of the Chief Executive (CE). At Serious Response Level, the Steering Committee to steer Government response would be chaired by SHWF. Whereas at Emergency Response Level, the Steering Committee would be chaired by CE. As Tamiflu was the antiviral for avian influenza, Mr CHENG requested the Administration to explore with the manufacturer of Tamiflu, Roche Pharmaceuticals, on sub-licensing the production of the drug to other manufacturers to meet heightened demand.

8. SHWF responded as follows -

- (a) not activating Emergency Level Response when there were confirmation of human case(s) of avian influenza in Hong Kong without evidence of efficient human-to-human transmission was justified for the reason that avian influenza, unlike SARS, could be rapidly diagnosed, say, within a few hours. Nevertheless, close monitoring was being made on the latest scientific evidence on the epidemiology, clinical features and virology of the avian influenza virus to assess the pandemic risk. Depending on circumstances, decision could be made to step up actions prescribed under Emergency Response Level;
- (b) the Administration had written to Roche Pharmaceuticals on 19 October 2005 requesting it to sub-license the production of Tamiflu to other manufacturers to meet heightened demand for the drug. Roche Pharmaceuticals had subsequently replied on 24 October 2005 that it intended to do so;
- (c) it should, however, be pointed out that Tamiflu was not a cure-all for people infected with avian influenza virus. There was also no guarantee that Tamiflu would be effective against a novel influenza strain that might appear in the next pandemic. Nevertheless, stockpiling of the antiviral was considered necessary to ensure an adequate response to a pandemic. The target antiviral stockpile level of DH and HA was in line with the recommendation of the World Health Organisation made in this regard for influenza pandemic planning; and
- (d) members of the public should only take Tamiflu, which was a prescription medicine, upon doctors' advice. To do otherwise

would greatly increase the chance of the antiviral resistance emerging.

9. Dr Joseph LEE asked the following questions -

- (a) under the Government's three-level response system for influenza pandemic, why CE/HA was a core member of the Steering Committee set up under Serious Response Level but not of the same set up under Emergency Response Level, and why HA Chairman was not made a core member of the Steering Committees;
- (b) whether professionals from local universities had any role(s) to play in dealing with influenza pandemic, having regard to the fact that they were not mentioned in the Government's preparedness plan for influenza pandemic in Hong Kong;
- (c) whether the Social Welfare Department (SWD) would also help private residential care homes for the elderly (RCHEs) to prepare for infectious disease outbreaks and influenza pandemic;
- (d) what measure(s) would be taken by the Administration to ensure that private hospitals would take in patients suffering from avian influenza during a pandemic; and
- (e) what measure(s) would be taken by the Administration to ensure that the public could get hold of clear and factual information about infectious disease outbreaks.

10. SHWF responded as follows -

- (a) HA was an integral party of the Government's preparedness plan for influenza pandemic. The fact that CE/HA was not mentioned as a core member of the Steering Committee set up under the Emergency Response Level did not mean that he had no role to play upon the activation of that Level. The HA Chairman as well as HA Board members would also be involved in the emergency response where matters pertaining to policies were involved, as had been done during the last SARS outbreak;
- (b) there was close collaboration between the CHP and professionals from local universities in areas such as epidemiological surveillance and data analysis. Professionals from local universities also sat on the Board of Scientific Advisers set up by the CHP to formulate comprehensive and effective strategies for reinforcing the local

health protection system;

- (c) support to operators of RCHEs by SWD on the prevention and control of infectious disease outbreaks were the same regardless of whether these homes were privately-run or subvented by the Government. For instance, flu vaccination was also administered to residents of private RCHEs;
- (d) as private hospitals were not as well-equipped as public hospitals on infection control facilities, private hospitals had been advised to transfer patients infected with unknown transmissible diseases to public hospitals for treatment; and
- (e) it had also been the practice of the Administration to convey clear and factual information about infectious disease outbreaks to the public, with a view to dispelling any misunderstanding and unnecessary alarm.

CE/HA supplemented that in the event of any occurrence of influenza outbreak in Hong Kong of which the causative agent was new, HA would immediately set up an Expert Group with experts from local universities to study the new virus and examine how the existing treatment protocol should be changed to fight the new virus.

11. Mr WONG Yung-kun asked the following questions -

- (a) what precautionary measures had been taken by the Administration to monitor wild birds, having regard to the fact that recent events had made it likely that some migratory birds were carrying the H5N1 virus and spreading it to poultry flocks in areas that lay along their migratory routes;
- (b) whether all levels of Governmental staff, including those hired by outside contractors, were familiarised with their roles and duties on the preparedness and response plans for influenza pandemic; and
- (c) whether the treatment protocol for human infection of avian influenza would include the use of Chinese medicine.

12. Responding to Mr WONG's first question, Director of Agriculture, Fisheries and Conservation (D of AFC) said that AFCD had maintained a stringent monitoring regime on wild birds in Mai Po Nature Reserve and had been collecting wild birds' droppings for H5 avian influenza tests since 2002. On discovering dead birds, staff of AFCD would immediately follow up and

conduct tests to ascertain whether the deaths were caused by avian influenza. About 14 800 samples of wild birds and birds from parks had been tested for H5 avian influenza virus in 2004. Between January and September 2005, about 7 000 bird samples were tested. All the wild birds' droppings were tested negative for H5 avian influenza, with the exception of one positive test result in wild bird dating back to the Chinese pond heron carcass collected from Lok Ma Chau in January 2005. D of AFC further said that if wild birds were found/caught alive, blood, in addition to faecal, samples would continue to be collected for H5 avian influenza tests.

13. Regarding Mr WONG's second question, Director of Health (D of H) said that relevant Government departments had developed their own contingency plans and detailed operating manuals on infectious disease prevention and control, and had been conducting regular drills to ensure that parties concerned were familiar with the plans. CE/HA also said that in the coming weeks, HA would step up actions to see that all frontline staff were familiar with their roles and duties in the prevention of and during an outbreak of influenza in the hospitals.

14. As to Mr WONG's last question, SHWF said that more clinical tests needed to be carried out to see how Chinese medicine should be administered in the prevention and/or treatment of human infections of avian influenza. D of H supplemented that letters had been issued to all registered and listed Chinese medicine practitioners (CMPs) to update them on the developments of the avian influenza. In view of the important role played by CMPs in the health care system, two large scale forums had been organised on how CMPs could assist in the event of outbreak of influenza in Hong Kong, and responses from the participating CMPs had been very positive. As flu prevention was one of the strongest forte of Chinese medicine, DH had enlisted the support of CM experts from the universities and HA in producing public health education materials on using Chinese herbal medicines in preparing soups to build up body resistance against the disease, among others. CMPs had also been encouraged to undergo training on prevention and treatment of influenza, as part of their continuing education required by the Chinese Medicine Ordinance. Although only doctors were at present required to notify the Centre for Health Protection (CHP) of all suspected or confirmed notifiable diseases, the Administration would explore whether or not to involve CMPs in such notification in future.

15. CE/HA also advised that HA had commenced discussion with the three local universities offering Chinese medicine studies several months ago on conducting a clinical research on using Chinese medicine in the prevention of influenza. The resultant formulation had been proven by the laboratory of the Chinese University of Hong Kong to be helpful in boosting human resistance against influenza. In the light of this, HA planned to conduct clinical trials of the aforesaid formulation on patients in the hospital which had outbreak of

influenza. Should the outbreak in the hospital be of a large scale, there was a mechanism to turn the formulation for use by a wider spectrum of patients as a means of prevention against influenza. CE/HA further said that discussion would shortly be held with the three local universities offering Chinese medicine studies on developing a formulation for the treatment of influenza, in view of the growing knowledge about influenza. Chinese medicine experts in universities had also agreed to work jointly with HA in treating patients during an influenza outbreak.

16. Mr TAM Yiu-chung asked the following questions -

- (a) what measures had been taken by the Administration to ensure the collaboration of employers in the fight against influenza pandemic;
- (b) how many people in the high risk groups for contracting avian influenza had received influenza vaccination;
- (c) whether the Administration had liaised with the Guangdong Province on the use of Chinese medicine in the prevention and control of avian influenza in humans; and
- (d) what measures had been taken by AFCD in preventing members of the public from coming into contact with the pigeons in Victoria Park in Causeway Bay.

17. D of H responded as follows -

- (a) DH had been conducting forums and producing leaflets and handbooks on avian influenza and influenza pandemic for the public and specific sectors in the community. As the next step, DH planned to issue a user-friendly checklist on what employers/enterprises should know about influenza preparedness;
- (b) exploring the use of Chinese medicine in the prevention and treatment of avian influenza was one of the areas which DH had been discussing with the health authorities of the Guangdong Province; and
- (c) although it was unclear how many people of the high risk groups for contracting avian influenza, such as the elderly and patients with chronic diseases, had received influenza vaccination, it was believed that about half of them had been vaccinated based on the number of vaccines imported into Hong Kong and the relatively low cost and accessibility of getting the vaccination in the community.

18. Regarding Mr TAM's last question, Assistant Director (Inspector and Quarantine) (Acting) (AD(I&Q)(Atg)) said that AFCD had been testing samples of pigeons' droppings and dead pigeons for H5 avian influenza virus in the past few years. To date, the results had been negative. AD(I&Q)(Atg) pointed out that this was not surprising, as many overseas documentation had shown that the risk of pigeons catching avian influenza was low. Should the public consider the presence of pigeons in Victoria Park a nuisance, AFCD would be happy to lend some cages to the Leisure and Cultural Services Department to catch these pigeons.

19. Mr Vincent FANG asked the following questions -

- (a) as people who had close contact with live poultry, such as live poultry farmers, wholesalers, retailers and transporters, were at risk of being infected with avian influenza, what additional protection was provided to these groups of people;
- (b) whether there was a need for central slaughtering, if all the chickens were culled in the event of an avian influenza outbreak in Hong Kong; and whether consideration could be given to locating the central slaughterhouse in a remote area in Hong Kong or across the border; and
- (c) what actions could be taken to mitigate the spread of the avian influenza virus in Hong Kong by migratory birds.

20. SHWF responded as follows -

- (a) people working in the poultry trade had been advised to strictly comply with the infection control guidelines to prevent contracting avian influenza. It should however be pointed out that maintaining personal hygiene, such as washing hands frequently, was more important than donning PPE;
- (b) to prevent the spread of H5N1 in humans, healthcare workers had been asking all patients displaying influenza-like symptoms if they were working in the live poultry trade; if so, these patients would immediately be isolated for treatment and medical surveillance would be conducted on persons who had close contact with them;
- (c) even though the live poultry in Hong Kong were still safe due to the tightened biosecurity measures adopted in local farms, the establishment of a central slaughtering hub was still being pursued,

as there could be changes to the avian influenza virus which would render the vaccine currently administered to live chickens ineffective; and

- (d) the most effective way to tackle the spread of avian influenza virus by migratory birds was to prevent live poultry and birds from coming into contact with migratory birds.

21. Ms LI Fung-ying asked the following questions -

- (a) how soon would the Administration introduce legislative amendments to prohibit or to empower certain public officers to stop and detain persons suspected of being infected with avian influenza virus from leaving and entering Hong Kong;
- (b) whether SHWF could activate responses to deal with influenza pandemic without the advice of, say, the D of H or D of AFC; and
- (c) whether the working hours of HA staff in times of outbreak would be set at a reasonable level.

22. Responding to Ms LI's first question, D of H said that the Administration planned to introduce legislative amendments to the Prevention of the Spread of Infectious Diseases Regulations shortly to prohibit or empower certain public officers to stop and detain persons suffering from or having been exposed to the risk of, or were carriers of avian influenza (Influenza A (H5), Influenza A (H7) and Influenza A (H9)) seeking to leave Hong Kong to control the spread of the disease. The amended Regulations also sought to provide explicit authority to him to empower persons authorised by him to conduct temperature checks or medical examination on any person arriving in or leaving Hong Kong for the purpose of ascertaining whether that person was likely to have been infected with the disease.

23. Regarding Ms LI's second question, SHWF said that the situation of him not taking any action to deal with an influenza pandemic except upon the advice of his subordinates would not arise. Although he could always activate responses to deal with an influenza pandemic as he saw fit, he would need to obtain all the relevant information before taking a decision.

24. As to Ms LI's last question, CE/HA said that the period which each HA staff had to work in times of outbreak would be between four to six weeks. The exact number of working hours in a day for each type of staff was yet to be determined, but the duration would be kept within a reasonable timeframe to avoid staff from being overworked.

25. Miss CHAN Yuen-han said that although the preparedness plan for influenza pandemic was very detailed, it was hoped that the Administration would not repeat the mistakes made during the last SARS outbreak by ensuring that all levels of staff of the relevant Government departments knew their roles and duties in times of outbreak, there were adequate PPE supplies for all frontline healthcare workers and a clear command structure understood by all parties concerned was put in place.

26. SHWF responded that the communication and coordination among departments concerned in preventing and combating influenza pandemic had been smooth. Nevertheless, the Administration would not be complacent. Close liaison would continue to be maintained among the relevant departments to fine-tune the preparedness plan and drills would continue to be conducted to ensure that staff familiarisation with the contingency plans and identify areas for improvement.

27. Mr WONG Kwok-hing said that despite the existence of the Government's preparedness plan for influenza pandemic, members of the public were unsure of the actions they should take to combat avian influenza. For instance, not every building manager had arranged for the buttons of the elevators inside the building to be disinfected regularly.

28. SHWF responded that CHP had been and would continue to educate the public on ways to prevent contracting avian influenza. For instance, members of the public had been advised to observe good personal and environmental hygiene, avoid contact with live poultry and birds and immediately consult a doctor if they had flu symptoms. These actions might appear mundane, they were in fact very effective in preventing the disease. SHWF considered the aforesaid actions, if taken by the public, should be sufficient at this stage, i.e. the Alert Level. The public, however, was at their liberty to do more if they so wished, such as disinfecting the buttons of the elevators regularly.

29. Mr LI Kwok-ying asked the Administration about the chance of the avian influenza becoming efficient in transmitting from human to human; and if so, whether there were any ways to prevent people from contracting the disease then.

30. SHWF responded that no one could tell at this stage whether the transmission of avian influenza between humans would become efficient or whether the fatality rate would be high if this should happen. The reason for taking so many precautionary steps against the disease was because historically influenza pandemic occurred every 30 to 40 years. Hence, it could not be ruled out that the avian influenza in humans might be the next influenza pandemic. SHWF however pointed out that the likelihood of Hong Kong having an avian

influenza pandemic was very low, given the precautionary steps taken, the preparedness plan put in place and the high standards of the health care system. SHWF further said that even if the avian influenza should become efficient, it did not necessarily mean that the fatality rate would be high. For instance, the nurse who took care of a patient with the disease in Hong Kong in 1997 did not become sick although she was found to be carrying the virus.

31. The Chairman said that to his knowledge, not all health care staff in public hospitals well understood their roles and duties in times of outbreak. In the light of this, the Chairman urged HA to expeditiously take action to address the problem. The Chairman further said that at present private doctors were advised to refer patients at high risk of contracting influenza to HA for follow up treatment, instead of prescribing these patients with antiviral drugs, such as Tamiflu, as in the past. To segregate patients in high risk groups from other patients during the coming peak period for seasonal influenza in public hospitals, the Chairman said that HA should consider setting up a dedicated clinic inside a hospital for treating the former group of patients. The Chairman also said that the Administration should consider holding press conferences on a regular basis to apprise the public of the actions they needed to take to prevent the onslaught of avian influenza, so as to address the present state of public confusion on the matter.

32. CE/HA responded that in the coming weeks, HA would step up actions to see that all frontline staff were familiar with their roles and duties in the prevention of and during an outbreak of influenza in the hospitals, and provide refresher courses on infection control where necessary. The opportunity would also be taken to understand and allay their concerns in this regard.

33. On the suggestion of setting up a dedicated clinic inside a public hospital for treating patients at high risk of contracting avian influenza referred by private doctors, SHWF said that there was no need for such. Should private doctors and private hospitals be unable to obtain Tamiflu to treat their patients, HA would be happy to loan them some. As mentioned earlier at the meeting, the Administration had recently liaised with the manufacturer of Tamiflu for further supplies of the antiviral drug. As to the suggestion of holding regular press conference to apprise the public of the precautionary measures to take against avian influenza, SHWF said that the Administration could do so if circumstances warranted as had been done during the last SARS outbreak. SHWF further said that after the finalisation of the emergency preparedness plan for influenza pandemic in the coming one to two weeks, the Administration planned to hold a press conference to brief the public on the plan.

34. Mr Andrew CHENG said that to better protect public health, the measure of requiring inbound travellers from affected areas to declare health status and undergo temperature check, and requiring transit travellers to have temperature

screened, should be applied at all border checkpoints, and not wait until there was evidence of efficient transmission of avian influenza occurring overseas or in Hong Kong. Mr CHENG queried whether the notification of infectious diseases between Hong Kong and the Mainland had been working well. Although an avian influenza outbreak had occurred in the Liaoning Province more than a week ago, Hong Kong was not notified of the outbreak until the last one or two days.

35. Mr WONG Kwok-hing said that the Administration should promulgate a set of behavioural guidelines for members of the public to follow to guard against onslaught of avian influenza. Such behaviours could include taking temperature daily, washing hands frequently, wearing a mask when sneezing/coughing, disinfecting the common areas of buildings and not to shake hands with others.

36. SHWF responded that at present, all inbound travellers at the airport had to undergo temperature check. Moreover, all these inbound travellers from affected areas, such as Vietnam and Indonesia, had been advised through public announcement on board the aircraft to seek medical assistance if they felt unwell. The Government also kept copies of the contact addresses of these inbound travellers from affected areas in Hong Kong, to facilitate contact tracing in the event of an outbreak of avian influenza in human. SHWF further said that although no temperature screening was presently carried out at the land checkpoints, the body temperature screening machines stood ready for operation if circumstances warranted.

37. On the notification of infectious diseases between Hong Kong and the Mainland, SHWF said that DH had been maintaining close liaison with the health authorities in the Mainland, particularly that of the Guangdong Province. Regarding the recent avian influenza outbreak in the Liaoning Province, SHWF said that AFCD received notification of such from the Ministry of Agriculture in the Mainland at about 8:47 pm on 3 November 2005. In the first stance, check was made on whether Hong Kong had imported live poultry and poultry meat from the Liaoning Province. The Administration subsequently announced on 4 November 2005 that it had suspended processing the applications for importation of live poultry and poultry meat from the Liaoning Province with immediate effect, in view of a confirmed H5N1 avian influenza outbreak in the Province.

38. As to the suggestion of promulgating a set of behavioural guidelines for members of the public to follow to guard against avian influenza, SHWF agreed that this was needed and in fact the Administration had already promulgated such on the DH's website and in the two-page information leaflets provided to the public.

39. Mr Andrew CHENG remarked that the belated notification from the

Liaoning Province, coupled with the fact that it was reported by the Ministry of Agriculture and not the Ministry of Health (MoH) in the Mainland, were evidenced that the notification of infectious diseases between Hong Kong and the Mainland had not been working effectively.

40. SHWF explained that under the existing arrangements, MoH would only notify DH if there had been an occurrence of infectious disease in humans. As the avian influenza in the Liaoning Province only occurred in live poultry, it was understandable it should be notified by the Ministry of Agriculture in the Mainland to its counterpart in Hong Kong, i.e. AFCD. Deputy Secretary for Health, Welfare and Food (Food & Environmental Hygiene) supplemented that although the outbreak had occurred more than one week ago, time was needed for the Mainland side to conduct laboratory testing, particularly if the affected area was located in a remote part of the Province, to ascertain the cause of the outbreak before notifying Hong Kong.

41. Mr WONG Yung-kan said that to avoid the spread of the avian influenza virus by migratory birds, the Administration should strive to find out which types of migratory birds were the carriers of the virus and their flight paths.

42. D of AFC responded that Mr WONG' suggestions in paragraph 41 would need very significant resources. To his knowledge, no place in the world to date was able to do so. Nevertheless, he would closely monitor the development in the surveillance of migratory birds for the prevention of avian influenza.

43. There being no other business, the meeting ended at 2:04 pm.