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(These minutes have been seen by the Administration)

Panel on Health Services

Minutes of special meeting
held on Wednesday, 13 May 2009, at 8:30 am
in Conference Room A of the Legislative Council Building

Members present	:	Dr Hon Joseph LEE Kok-long, JP (Chairman) Dr Hon LEUNG Ka-lau (Deputy Chairman) Hon Albert HO Chun-yan Hon Fred LI Wah-ming, JP Hon Andrew CHENG Kar-foo Hon Albert CHAN Wai-yip Hon Audrey EU Yuet-mee, SC, JP Hon Vincent FANG Kang, SBS, JP Hon Cyd HO Sau-lan Hon CHAN Hak-kan Hon IP Kwok-him, GBS, JP Dr Hon PAN Pey-chyou
Member absent	:	Hon Alan LEONG Kah-kit, SC
Public Officers attending	:	Item I Dr York CHOW, SBS, JP Secretary for Food and Health Mr Patrick NIP, JP Deputy Secretary for Food and Health (Health)1 Dr Thomas TSANG Controller, Centre for Health Protection Dr P Y LEUNG Director (Quality & Safety) Hospital Authority

Clerk in attendance	:	Miss Mary SO Chief Council Secretary (2) 5
Staff in attendance	:	Ms Maisie LAM Senior Council Secretary (2)7 Ms Sandy HAU Legislative Assistant (2)5

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I. Briefing by the Secretary for Food and Health on prevention and control of human swine influenza infection in Hong Kong
(LC Paper No. CB(2)1542/08-09(01))

At the invitation of the Chairman, Secretary for Food and Health (SFH) briefed members on the Administration's paper setting out the strategy and management of human swine influenza (HSI) adopted by the Administration, having taken into consideration local data and experience in handling the first HSI case in Hong Kong, as well as new findings outside Hong Kong.

Strategy

2. Ms Audrey EU noted that the Administration's strategies against pandemic influenza were characterised in two phases - containment and mitigation. Containment applied when Hong Kong was free from HSI or when there was insignificant local transmission. Containment involved stringent port health measures, aggressive isolation of cases, contact tracing, quarantine and chemoprophylaxis to cut off disease introduction and transmission. Mitigation applied when local transmission of HSI became significant and containment strategy was no longer appropriate or feasible. Hong Kong's present strategy was containment for as long as it took to delay community transmission, after which mitigation would take priority. In the light of this, Ms EU asked the Administration when it would change its strategy and management of HSI from containment to mitigation. Ms Cyd HO raised a similar question.

3. SFH responded that transition from containment to mitigation phase would occur if the number of occurrences of confirmed local cases which had no identifiable link had rendered the implementation of such containment measures as aggressive isolation of cases, contact tracing, quarantine and chemoprophylaxis to cut off disease introduction and transmission no longer appropriate or feasible. SFH further said that transition from containment to mitigation phase was necessarily a gradual, phased process. It would depend on factors, such as epidemic progression (indicated by daily number of new cases and/or the effective reproduction number), disease severity (indicated by proportion of those infected with complications, requiring hospitalisation and case fatality), burden to medical services, resource capacity and effectiveness of containment, and broader considerations in the community. As local

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transmission became sustained and significant, isolation and quarantine would no longer be appropriate or practical. A range of public health measures that might be deployed in mitigation phase was set out in paragraph 19 of the Administration's paper.

4. Whilst expressing support for the management of HSI in different settings in the containment phase as set out in the Annex to the Administration's paper, Mr CHAN Hak-kan expressed concern that such changes in the strategy of managing HSI might cause members of the public to lower their guard against the disease.

5. SFH responded that with new knowledge gained about the human swine virus from local experience in handling the first HSI case in Hong Kong on 1 May 2009, as well as new findings outside Hong Kong, options other than wholesale quarantine of the entire hotel (or equivalently a building block) could be reasonably pursued from a scientific viewpoint. SFH stressed that robust enforcement and adherence would continue to be adopted to meet the present goal of containment.

6. Mr Andrew CHENG urged the Administration not to lower its guard in the fight against HSI because of its success in containing the first confirmed HSI case in Hong Kong. Mr CHENG pointed out that although all guests and staff at the Metro Park Hotel in Wan Chai were quarantined for seven days, only guests and staff who stayed/served on the same floor/same service section on the same floor (depending on actual configuration) and other persons who fell within the definition of close contacts mentioned in paragraph 11 of the Administration's paper, would be quarantined under the guidelines on contact tracing and management under the hotel setting in the containment phase set out in the Annex to the Administration's paper.

7. Controller, Centre for Health Protection (Controller, CHP) responded that the reason for not placing all guests and staff of a hotel under quarantine if the person who was a case of HSI had lived in the hotel was because experience from the first HSI case in Hong Kong revealed that there was no evidence for large-scale SARS-like environmental transmission in hotel. Controller, CHP further said that the standard used by Hong Kong in tracing contacts of HSI in the context of inbound flight was more stringent than many overseas places. In Hong Kong, passengers in same row and three rows in front and three rows behind and crew who had served the same cabin would be placed under quarantine, whereas the United Kingdom only adopted two rows in front to two rows behind and crew who had served the same cabin. Notwithstanding, the Administration would not rule out placing all air passengers in a cabin under quarantine if more than one passengers who had sat in the cabin were confirmed with HSI. Controller, CHP also said that Tamiflu was administered to all close as well as social contacts, unlike many overseas places.

8. Dr PAN Pey-chyou expressed support for the strategy and management of HSI adopted by the Administration. Dr PAN further said that the

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Administration should make use of the current epidemic to raise public awareness about the importance of maintaining good personal hygiene.

9. Dr LEUNG Ka-lau asked whether the Administration would adopt the usual strategy on managing seasonal influenza to managing HSI, if the nature of HSI remained similar to that of seasonal influenza as the epidemic evolved around the world, say, one to two months from now.

10. SFH responded that as much about the novel virus was still not known, coupled with the fact that the HSI vaccines might not be available in time for the coming influenza season in Hong Kong at end 2009/early 2010, it was necessary for the Administration to continue to uphold the objective of containing possible onward transmission by imported index cases thus delaying community spread.

11. In response to Mr Andrew CHENG's enquiry on the preparation for quarantine of contacts of HSI case, SFH advised that two holiday villages stood ready to receive close contacts of HSI cases and three others were under preparation. The five holiday villages would offer a total of some 1 000 places. SFH further advised that more venues would be identified for quarantining contacts of HSI cases where necessary.

Health checks of inbound travellers

12. Mr Vincent FANG asked the Administration whether it had requested airlines to instruct their cabin crew to measure the body temperature of passengers on aircrafts bound for Hong Kong.

13. SFH responded that there was as yet no study on the risk of HSI infection inside aircrafts. Furthermore, cabin crew did not have the authority to require passengers to undergo body temperature measurement. SFH further said that not every one infected with HSI would develop fever. According to a study conducted in US, only about 60% of people infected with HSI had fever. Hence, a better approach was to broadcast on aircrafts bound for Hong Kong that passengers should notify cabin crew right away if they felt unwell, so that appropriate precautionary actions could be taken by cabin crew, such as providing passengers concerned with face masks and alerting ground control for port health team to board the aircrafts to assess and follow up on landing. SFH also said that all inbound travellers were advised that they should put on face masks and immediately seek medical attention from public hospitals or clinics if they developed flu symptoms after coming to Hong Kong. Public hospitals had been able to detect several HSI cases through this manner.

14. Mr Albert CHAN said that one way to prevent importation of HSI into Hong Kong was to allow air cabin crew to give out Tamiflu to passengers who displayed flu-like symptoms on flights bound for Hong Kong.

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15. SFH responded that it was not appropriate for cabin crew to give out Tamiflu to passengers who displayed flu-like symptoms on flights bound for Hong Kong as not everyone who displayed such symptoms were infected with HSI. Moreover, Tamiflu could not be used on persons unless it was prescribed by doctors.

16. Dr LEUNG Ka-lau said that cabin crew could seek the opinions of doctors on the ground before giving out Tamiflu to the passengers concerned.

17. SFH responded that the existing arrangement of requiring cabin crew to inform the authority concerned of any suspected case, prior to the airplane's landing in Hong Kong, was effective in preventing importation of HSI into Hong Kong.

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18. Mr Albert CHAN requested the Administration to provide information on measures to prevent inbound air passengers who displayed flu symptoms from importing HSI into Hong Kong.

19. Mr Fred LI said that at present, visitors transiting between the Hong Kong International Airport (HKIA) and the Mainland did not have to undergo body temperature screening and fill in health declaration forms. Mr LI urged that these be done to prevent importation of HSI into Hong Kong.

20. SFH responded that Hong Kong had established an effective exchange and communication channel with the Mainland authorities concerned on infectious diseases. Notwithstanding, SFH agreed to consider appropriate measures to prevent the importation of HSI into Hong Kong from visitors transiting via HKIA to the Mainland.

21. Mr CHAN Hak-kan asked about the measures to prevent HSI outbreak in the community, having regard to the fact that many students studying in US would be returning to Hong Kong for the summer. Mr CHAN further asked the Administration what advice it would give to parents planning on enrolling their children in overseas study tours for the coming summer holidays.

22. SFH responded that the Administration had been appealing to all inbound travellers/returnees to Hong Kong, especially students returning from affected areas, to postpone their trip if they developed flu symptoms and seek medical attention immediately. If they developed symptoms while on board the aircraft, they should put on a mask and notify the crew right away. Upon landing, they should present themselves to the port health post stationed at the airport if they had a health concern. After arrival from an affected area, they should pay close attention to their health and wear a mask for seven days after arrival. They should seek medical consultation from public clinics or hospitals and contact the Department of Health (DH) immediately if fever or influenza-like symptoms appeared. As regards Mr CHAN's second question, SFH said that the Administration had been advising travellers to affected areas to wear masks during travel, maintain good personal hygiene and avoid contact with

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sick people. If signs or symptoms of influenza appeared, medical assistance should be sought promptly. It was also advisable that they should purchase medical travel insurance. People suffering from chronic disease and/or had underlying condition should postpone travelling to affected areas if unavoidable.

Vaccination

23. Mr Fred LI noted from paragraph 8 of the Administration's paper that the mortality rate in the United States (US) was 0.1%-0.2% amongst confirmed cases, and deaths occurred rarely but especially amongst patients with underlying medical conditions. In the light of this, Mr LI asked whether the nature of the human swine virus was similar to that of seasonal flu viruses.

24. SFH responded that although similar to seasonal flu, HSI was predominantly transmitted through droplet, little was still known about the effect of human swine virus to humans. For instance, although the mortality rate of HSI in US was similar to that of seasonal flu, the mortality rate of HSI in Mexico appeared to be higher. Another example was that the secondary attack rate of human swine virus in North America appeared to be higher than that in Europe.

25. In response to Mr Fred LI's enquiry about the production of HSI vaccines, SFH said that the World Health Organization (WHO) was liaising closely with vaccine manufacturers so large-scale vaccine production could start as soon as indicated. WHO would hold a meeting with vaccine manufacturers on 14 May 2009 in this regard.

26. Mr Andrew CHENG said that as the elderly population group was most prone to hospitalisation and was already the heavy user of public hospital services, the Administration should provide seasonal influenza vaccination for all elderly persons free of charge to reduce hospitalisation and complications.

27. SFH responded that consideration was given to providing vaccination to elderly persons against bacterial infections caused by HSI.

Use of Tamiflu

28. Ms Audrey EU noted from paragraph 8 of the Administration's paper that local experience with HSI revealed that Tamiflu was effective chemoprophylaxis for preventing HSI with no major side effects thus far. Ms EU expressed concern that in saying so, the Administration might cause people who did not have flu symptoms to ask their doctors to give them Tamiflu to prevent contracting HSI.

29. SFH responded that whether a doctor would prescribe Tamiflu to a patient would depend on the circumstances and health needs of the patient, taking into consideration the presence of any contraindication and balancing the benefits of taking the anti-viral drugs against the possible adverse side effects.

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30. Dr LEUNG Ka-lau questioned the appropriateness of HA and DH using Tamiflu on HSI contacts who did not develop any flu symptoms.

31. Controller, CHP explained that the reason for using Tamiflu on contacts of HSI cases was to contain possible local transmission of HSI. Controller, CHP further said that Tamiflu would be reserved for treatment of HSI if local transmission became significant and it was no longer feasible nor appropriate to contain the disease.

HSI testing

32. Mr Albert CHAN urged the Administration to expedite the testing for HSI, so as to reduce the need to place persons, who had close contact with a person who was a case of HSI, under quarantine for seven days.

33. Controller, CHP responded that as the incubation period of HSI could be up to seven days, it was necessary to place persons, who had close contact with a person who was a case of HSI, under quarantine for seven days even though their initial tests for HSI were negative.

Surge capacity

34. Mr Albert CHAN expressed concern about whether HA had the surge capacity to handle patients who required hospitalisation as local transmission became significant.

35. Director (Quality & Safety), HA responded that HA had drawn up guidelines for triage and management of HSI to ensure that patients most in need of hospitalisation would not be denied of proper treatment, including the setting up of designated clinics operated by HA as focused first-line to triage and to look after patients with flu symptoms.

Suspension of classes

36. Mr Andrew CHENG was of the view that classes of all secondary schools should be suspended for up to 14 days in the first instance when the first local HSI case occurred, as in the case of all primary schools, kindergartens, nurseries and other pre-schools.

37. SFH responded that the reason for targeting suspension of classes to all primary schools and below was because the risk of young children contracting HSI was twice that of young adults and adults according to latest scientific information. SFH, however, pointed out that depending on how the epidemic would evolve, the Administration would not rule out suspending the classes of all secondary schools.

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38. Mr Andrew CHENG remarked that the Administration should at least re-consider suspending the classes of Form One to Form Three in all secondary schools for up to 14 days in the first instance when the first local HSI case occurred.

39. Ms Cyd HO urged the Administration to appeal to employers to allow their employees to stay at home to look after their young children, where necessary, in case of closure of all primary schools, kindergartens, nurseries and other pre-schools.

Others

40. Ms Audrey EU said that the Home Affairs Department had been giving out packets containing such personal protective items as face masks and alcohol-based hand cleansers to residents of private buildings in certain districts. Ms EU asked why this was not done across-the-board in all of the 18 districts in Hong Kong. SFH responded that giving out such packets was one way to heighten public awareness about the importance of maintaining good personal hygiene in the fight against HSI to suit the specific demographic characteristics of districts. The fact that these packets were not given out to residents of private buildings in all 18 districts should not make it less easy for members of the public to maintain good personal hygiene, as face masks and alcohol-based hand cleansers were readily available in the marketplace and affordable.

41. There being no other business, the meeting ended at 10:20 am.

Council Business Division 2
Legislative Council Secretariat
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