

立法會
Legislative Council

LC Paper No. CB(2)1891/18-19

(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of meeting
held on Monday, 21 January 2019, at 4:30 pm
in Conference Room 2 of the Legislative Council Complex

Members present : Dr Hon Pierre CHAN (Chairman)
Prof Hon Joseph LEE Kok-long, SBS, JP (Deputy Chairman)
Hon CHAN Kin-por, GBS, JP
Hon Mrs Regina IP LAU Suk-ye, GBS, JP
Hon YIU Si-wing, BBS
Hon Charles Peter MOK, JP
Hon CHAN Chi-chuen
Hon Alice MAK Mei-kuen, BBS, JP
Dr Hon KWOK Ka-ki
Dr Hon Fernando CHEUNG Chiu-hung
Dr Hon Helena WONG Pik-wan
Dr Hon Elizabeth QUAT, BBS, JP
Hon POON Siu-ping, BBS, MH
Dr Hon CHIANG Lai-wan, SBS, JP
Hon CHU Hoi-dick
Hon SHIU Ka-fai
Hon SHIU Ka-chun
Hon CHAN Hoi-yan

Member attending : Hon Starry LEE Wai-king, SBS, JP

Members absent : Hon Tommy CHEUNG Yu-yan, GBS, JP
Hon WONG Ting-kwong, GBS, JP
Hon CHAN Han-pan, BBS, JP
Hon KWONG Chun-yu

**Public Officers :
attending**

Item III

Prof Sophia CHAN Siu-chee, JP
Secretary for Food and Health

Mr FONG Ngai
Deputy Secretary for Food and Health (Health) 3
Food and Health Bureau

Miss Lily LEE Lee-man
Principal Assistant Secretary for Food and Health (Health) 4
Food and Health Bureau

Ms Annie CHOI Suk-han, JP
Commissioner for Innovation and Technology
Innovation and Technology Commission

Dr Ivan LO Fai-man
Consultant Clinical Geneticist
Department of Health

Dr CHUNG Kin-lai
Director (Quality and Safety)
Hospital Authority

Item IV

Dr CHUI Tak-yi, JP
Under Secretary for Food and Health

Ms Leonie LEE Hoi-lun
Principal Assistant Secretary for Food and Health (Health)1
Food and Health Bureau

Dr Albert AU Ka-wing
Principal Medical & Health Officer (Surveillance Sec)
Department of Health

Mr LEE Ming-wai
Pest Control Officer i/c
Food and Environmental Hygiene Department

**Clerk in
attendance**

Ms Maisie LAM
Chief Council Secretary (2) 5

Staff in attendance : Miss Kay CHU
Senior Council Secretary (2) 5

Ms Priscilla LAU
Council Secretary (2) 5

Miss Maggie CHIU
Legislative Assistant (2) 5

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I. Information paper(s) issued since the last meeting

[LC Paper Nos. CB(2)502/18-19(01), CB(2)569/18-19(01), CB(2)570/18-19(01) and CB(2)605/18-19(01)]

Members noted that the following papers had been issued since the last meeting:

- (a) Information paper provided by the Administration on the regulation and testing of pharmaceutical products;
- (b) Rare Diseases Bill to be introduced by Dr Fernando CHEUNG;
- (c) Letter dated 9 January 2019 from Dr Elizabeth QUAT requesting the Administration to provide whooping cough vaccine for pregnant women; and
- (d) Referral from the Public Complaints Office of the Legislative Council ("LegCo") on policy issues relating to inclusion of drugs for treatment of serious mental disorder in the Drug Formulary of the Hospital Authority ("HA").

II. Items for discussion at the next meeting

[LC Paper Nos. CB(2)607/18-19(01) and (02)]

2. Members agreed that the Panel would discuss the subject "Re-organization of the Department of Health" as proposed by the Administration at the next regular meeting scheduled for 18 February 2019 at 4:30 pm.

(Post-meeting note: At the request of the Administration and with the concurrence of the Chairman, an additional discussion item on "Promotion of breastfeeding" has been added to the agenda for the February regular meeting.)

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III. Hong Kong Genome Project

[LC Paper Nos. CB(2)607/18-19(03) and CB(2)679/18-19(01)]

3. Secretary for Food and Health ("SFH") briefed members on the Hong Kong Genome Project ("HKGP"), details of which were set out in the Administration's paper (LC Paper No. CB(2)607/18-19(03)). Consultant Clinical Geneticist, Department of Health, with the aid of powerpoint presentation materials which were tabled at the meeting (LC Paper No. CB(2)679/18-19(01)), gave a brief introduction on genomic medicine.

Genome database under HKGP

4. Dr Elizabeth QUAT and Mrs Regina IP expressed support for and urged an early implementation of HKGP which could enhance clinical application of genomic medicine to benefit patients and their families, and promote research in genomic medicine and related field. Referring to the genome studies conducted in the Mainland and other places on Chinese population, Dr Elizabeth QUAT asked if any collaborative studies could be conducted to achieve synergy and facilitate the development of a genome database of Chinese population. Mrs Regina IP pointed out that there was a large-scale public genome infrastructure platform namely China National GeneBank in the Mainland. Expressing support for HKGP, the Chairman asked whether the Administration would accede to other places' request to access HKGP's anonymized genome data of the local population for the carrying out of various studies and, if so, whether a fee would be charged.

5. SFH advised that it was expected that the implementation of HKGP, which aimed to cover 20 000 cases in two phases and sequence 40 000 to 50 000 genomes in total, would contribute to the enhancement of clinical application of genomic medicine, the development of genome profiles on Chinese population and relevant scientific exchanges with other places, including the Mainland. The Chairman requested the Administration to provide in writing a summary, including the background, implementation, aims, scope, outcomes and way forward, of the genome project(s) being carried out in the Mainland. Mrs Regina IP asked whether the application of genomic medicine could also be achieved by making use of the genome profiles developed under China National GeneBank alone. Commissioner for Innovation and Technology advised that the transfer of domestic genome data to places outside the Mainland was not allowed under the laws of the Mainland. Separately, it should be noted that HKGP would create synergies with the world-class biomedical technology and information and communications technology clusters to be established in the Hong Kong Science Park.

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6. While supporting the development of genomic medicine in Hong Kong, Mr Charles MOK raised concern about the privacy-related issues arising from the access to the genomic and clinical data under HKGP, such as the circumstances under which informed consent from participants would be sought and the parties responsible for approving data access requests. Expressing a similar concern, Mr CHAN Chi-chuen asked whether a regulatory framework or administrative measures would be put in place to protect patient privacy under HKGP. The Chairman was particularly concerned about the privacy of the genomic and clinical data of patients with rare diseases, whom were small in case numbers and hence, could be easily identified.

7. SFH advised that similar to the practice of some overseas genome projects, a secure database infrastructure platform would be established under HKGP and data access guidelines and protocols would be developed. Informed consent would be sought from participants. Researchers could only access the anonymized genomic and clinical data with the approval of the specific advisory committee and under an ethically approved research protocol. Deputy Secretary for Food and Health (Health) 3 ("DS(H)3") supplemented that the Working Group on HKGP set up under the Steering Committee on Genomic Medicine would continue to examine issues relating to patient privacy under HKGP with reference to overseas practices. In response to Mr Charles MOK's follow-up query, SFH advised that the Administration would consult the view of the Privacy Commissioner for Personal Data in this regard.

8. Mr POON Siu-ping sought information about the timetable for the implementation of HKGP. Dr Helena WONG raised a similar question, adding that more cases of undiagnosed disorders and cancers should be covered under HKGP for achieving the objective of enhancing clinical application of genomic medicine, in particular the diagnosis of uncommon disorders and the provision of more personalized treatment for cancer patients. Expressing support for HKGP, Dr Fernando CHEUNG remarked that it was of paramount importance to ensure that the sample size or case selection for whole genome sequencing would be of statistically significance to achieve the aim of enhancing genetic diagnosis of rare diseases. Dr CHIANG Lai-wan asked about the selection criteria for and the processing of cases under the pilot phase of HKGP.

9. SFH and DS(H)3 advised that the framework of HKGP would be further discussed by the Working Group on HKGP, the membership of which comprised representatives from HA, the Innovation and Technology Commission as well as experts from the academic, clinical and research

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sectors. Issues to be considered included the types of diseases to be covered; the workflow for sample handling, sequencing and interpretation; the setting up of a limited by guarantee company wholly owned by the Government, tentatively named the Hong Kong Genome Institute ("HKGI"), to coordinate the implementation of HKGP as well as a system of advisory committees to advise on the scientific, data and ethics issues. DS(H)3 added that the plan of the Administration was to commence the pilot phase of HKGP, which would cover 2 000 cases of undiagnosed disorders and cancers having clinical clues linked to possible hereditary genetic components, in 2020. The number of samples collected from each case might vary. For instance, a case of undiagnosed genetic disorders might involve three samples from the patient and the parents. It was estimated that the pilot phase of HKGP would sequence 4 000 to 5 000 genomes in total.

10. In response to the Chairman's enquiry, SFH advised that participants who were referred by HA and the Department of Health ("DH") for participation in HKGP would not be required to bear the expenditure arising from genome sequencing.

Funding for the implementation of HKGP

11. Mr POON Siu-ping and Dr Helena WONG sought elaboration about the funding requirement for the implementation of HKGP. SFH advised that the Administration had earmarked \$1.2 billion for the implementation of HKGP, which included a non-recurrent provision of \$682 million to meet the project cost of HKGP and a subvention of about \$87 million per year on average for six years starting from 2019-2020 to support the operation of HKGI. In response to the Chairman's question about the estimated annual remuneration of the Executive Director of HKGI, SFH advised that reference would be made to the market rate in this regard.

12. Mr Charles MOK asked whether it was common in other places for the Government to set up an agent to deliver the genome projects. Dr Fernando CHEUNG called on the Administration to ensure the transparency and accountability of HKGI. SFH advised that the genome projects of Singapore and the United Kingdom were respectively led by an institute and a company set up by the Government. The setting up of HKGI would enhance the flexibility and efficiency in the implementation of HKGP. The operation of HKGI would be bound by a Memorandum of Administrative Arrangement, which would incorporate important checks and balances to ensure transparency and public accountability of HKGI on the use of public fund.

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Development of genome medicine

13. Mr POON Siu-ping and Dr CHIANG Lai-wan expressed concern over the sufficiency of local experts in the sphere of genomic medicine. SFH advised that there were experts in genomic medicine or related field working in HA, DH and local universities. It was expected that the implementation of HKGP would facilitate the enlargement of the talent pool.

14. Dr Helena WONG questioned about whether genomic medicine services would be provided in public healthcare sector to benefit patients in need. Dr CHIANG Lai-wan asked if the development of genomic medicine in the long run would involve the controversial issue of human genome editing technology. SFH advised that the implementation of HKGP would benefit some patients by giving them earlier and more accurate diagnosis, and more personalized disease management. It was hoped that a wider scope of clinical application in genomic medicine could be achieved in the longer term when more experts were nurtured and pooled under HKGP. Based on international experience, the introduction of HKGP would enhance the diagnostic rate of uncommon genetic disorders, enabling more targeted clinical management which ranged from targeted diagnostic testing, medication, surgical procedures, surveillance to lifestyle changes. It would also provide psychological relief to the patients and their families, and inform parents of hereditary risks that might help in reproductive decision.

IV. Prevention and control of various mosquito borne diseases

[LC Paper Nos. CB(2)607/18-19(04) and (05)]

15. Under Secretary for Food and Health ("USFH") briefed members on the measures adopted by the Administration to prevent and control mosquito-borne diseases, details of which were set out in the Administration's paper (LC Paper No. CB(2)607/18-19(04)).

16. Members noted the background brief prepared by the LegCo Secretariat on the subject under discussion (LC Paper No. CB(2)607/18-19(05)).

Latest situation of Zika virus and dengue fever infection

17. Mr SHIU Ka-chun expressed concern about the local dengue fever outbreak in 2018, as well as the increase in the annual number of imported dengue fever cases, in particular from neighbouring places such as the Mainland, the Philippines and Thailand, from 53 in 2012 to 134 in 2018.

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18. Principal Medical & Health Officer (Surveillance Sec), DH ("PMO(SS), DH") explained that dengue fever, which was mainly transmitted to human through the bites of infected female Aedes mosquitoes, could spread rapidly in densely populated areas. The upward trend of the number of imported dengue fever cases were attributable to the dramatic increase in the dengue fever incidence in neighbouring places in the past decades due to population growth, urbanization, climate change and increasing exchanges in tourism and commerce. The Administration would continue to keep liaising with the health authorities in other places, and to raise public awareness of the disease by taking various measures, such as stepping up the publicity on travel health advice and releasing on every Friday a press release on an update on the situation of dengue fever infection in Hong Kong and other places.

19. Dr CHIANG Lai-wan questioned about whether there was any local death case caused by mosquito-borne diseases in 2018. USFH replied in the negative. Noting with grave concern that Zika virus infection during pregnancy was a cause of congenital brain abnormalities, Dr CHIANG Lai-wan expressed concern over the Zika epidemic in Hong Kong, other Asian countries and Brazil where there was an outbreak in 2016. The Chairman said that according to the Centre for Health Protection ("CHP"), the respective numbers of reported confirmed cases of Zika virus infection in Hong Kong in 2016, 2017 and 2018 was 2, 1 and 0.

20. PMO(SS), DH advised that all reported cases of Zika virus infection were imported from endemic countries and areas. In Brazil, there had been a downward trend in Zika virus infection cases after the outbreak in 2016. That said, the Administration would continue to take various measures to prevent and control Zika virus infection. These measures included advising pregnant women and those planning pregnancy not to travel to Zika-affected areas; liaising with the Travel Industry Council for disseminating travel health advice to travellers; and publishing updated information on Zika virus infection on the website of CHP.

21. The Chairman sought information about the existing arrangement for the provision of laboratory testing for Zika virus infection for members of the public in need, in particular pregnant women who had travelled to Zika-affected areas. PMO(SS), DH stressed that pregnant women and women preparing for pregnancy should not travel to areas with on-going Zika virus transmission. Travellers returning from these areas would be advised to, among others, observe for symptoms of Zika virus infection and seek medical advice as soon as possible if feeling unwell. Public and private hospitals could send specimens of suspected cases to the Public Health

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Laboratory Services Branch of CHP for Zika virus infection testing. The Chairman requested the Administration to advise the number of laboratory testing for Zika virus infection conducted by the Public Health Laboratory Services Branch in each of the past two years. In his view, information on the types of laboratory diagnosis that patients with fever required should be provided for HA's frontline doctors' reference.

Prevention of mosquito proliferation

22. Holding the view that the carrying out of mosquito prevention and control work at district level was crucial to prevent mosquito-borne diseases, Mrs Regina IP was concerned about the Administration's work in making regular announcement of Ovitrap Indices under mosquito surveillance programmes, application of new technologies and stepping up public education. Ms CHAN Hoi-yan queried about the mosquito species covered and the factors taken into account in the selection of survey areas under the surveillance programmes. Dr KWOK Ka-ki asked if the Food and Environmental Hygiene Department ("FEHD") would set up more ovitraps in those selected areas with rather high Ovitrap Indices and extend the coverage of the surveillance programmes to Lamma Island, Peng Chau, Hung Shui Kiu and Yuen Long South, etc.

23. Pest Control Officer i/c, Food and Environmental Hygiene Department ("PCO i/c, FEHD") advised that at present, FEHD conducted regular surveillance programmes on, among others, dengue fever vector, Japanese encephalitis vector and malaria vector. For monitoring the breeding of *Aedes albopictus*, which could transmit dengue fever and Zika virus, FEHD had made reference to the recommendations of the World Health Organization and would select areas with high population and/or local cases detected to conduct surveillance. FEHD would timely notify the District Environmental Hygiene Offices and the relevant government departments of the Ovitrap Indices to facilitate their prompt actions to prevent and control mosquito. In 2019, FEHD planned to increase the survey areas from 57 to 61 covering, among others, the locations with local dengue fever cases identified during the 2018 outbreak, including San Tin. Separately, FEHD would keep in view the latest technological development in mosquito control, and explore the feasibility of adopting new technologies, such as genetic technology, in Hong Kong.

24. Mr POON Siu-ping questioned about the experience gained by the Administration from the local dengue fever outbreak in 2018. Dr KWOK Ka-ki was concerned that during the 2018 outbreak, local dengue fever cases were detected at Cheung Chau and Wong Tai Sin although the Ovitrap Indices for *Aedes albopictus* in the two areas did not reach the

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warning level (i.e. 20% or above). He asked what measures would be put in place by FEHD to ensure that the level of Ovitrap Indices could better reflect the risk of mosquito-borne diseases.

25. PCO i/c, FEHD explained that the Ovitrap indices reflected the infestation level of *Aedes albopictus* in individual survey areas. The Administration would conduct anti-mosquito operations once a survey area had a positive Ovitrap Index; and would step up the scale of the operations according to the level of infestation. For those areas with the Ovitrap Indices reaching 20% or above, the Administration would, among others, enhance the coordination among various government departments and other stakeholders at district level to strengthen the anti-mosquito operations.

26. Mr POON Siu-ping remarked that in response to the dengue fever outbreak in 2018, the Food and Health Bureau had allocated extra funding of \$4 million to FEHD to facilitate additional anti-mosquito work with an aim to eradicate the black spots of mosquito breeding grounds in various districts. He asked whether similar measures would be taken in 2019. Mr SHIU Ka-chun asked whether the Administration would enhance anti-mosquito operations and public education to curb the spread of mosquito-borne diseases.

27. USFH advised that the Administration would continue to, among others, use the ultra-low-volume foggers, including those purchased with the extra funding allocated in 2018, to eliminate mosquitoes at districts. In addition, the Pest Control Steering Committee would shortly held a meeting to discuss, among others, how to strength the coordination among FEHD, Leisure and Cultural Services Department, Highways Department, and other relevant bureaux and government departments, to facilitate early commencement of mosquito control work before the upcoming rainy season.

28. In response to Dr KWOK Ka-ki's query about the measures to be implemented by FEHD to prevent Japanese encephalitis, PCO i/c, FEHD advised that FEHD would continue to conduct monthly trapping of adult mosquitos at selected areas, in particular those in Yuen Long, Tin Shui Wai and North district where the environment was conducive to the breeding of mosquitos, including *Culex tritaeniorhynchus*, for test on Japanese encephalitis virus. He undertook to provide in writing the findings in this regard in the past two years. Separately, there would be targeted mosquito control measures with emphasis on areas at high risk, such as pig farms, housing estates and major grounds for migratory birds.

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29. In response to Ms CHAN Hoi-yan's concern about the manpower of FEHD for carrying out the pest control work, PCO i/c, FEHD advised that the Pest Control Teams of FEHD, together with the out-sourced pest control roving teams, which had an establishment of about 700 and 2 000 staff members respectively, were responsible for, among others, carrying out pest control work to prevent and control the breeding of disease vectors, such as rodents and mosquitos, and other arthropod pests. FEHD would keep in the view the manpower requirement in this regard.

V. Any other business

30. There being no other business, the meeting ended at 6:30 pm.

Council Business Division 2
Legislative Council Secretariat
30 August 2019