



Items Information required by LegCo

- and development of SARS"*
- III) Hospital Authority Board Meeting on 27 March 2003 (a public meeting) - H133**
- Items discussed at the meeting
- (i) Voluntary early retirement
 - (ii) Revision of fees and charges
 - (iii) Report on progress of work of the Hospital Authority Committees
 - (iv) Progress report of the Public Complaints Committee
 - (v) Hospital Authority Annual Plan 2003/2004
 - (vi) Chief Executive's progress report – Outbreak of Severe Respiratory Syndrome
 - (vii) 2003/2004 Hospital Authority Budget
- The attached Appendix III(b) sets out the meeting notes on item (vi) "Chief Executives Progress Report - Outbreak of Severe Respiratory Syndrome".
- IV) HA Board Meeting on 26 April 2003 - H12(C)**
- See Appendix III(c)
- Note : Except for the meeting held on 27 March 2003 which was a public meeting; the minutes of the above meetings are treated as "CONFIDENTIAL".

4. Whether the SARS Roundup notes of meeting were sent to the HA Board members. - **H134**

Answer: The notes of the SARS Roundup meeting were only sent to those who participated in the meeting.



Hospital Authority
13 April 2004



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醫院管理局

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群策群力為病人·優質醫護滿杏林

Quality Patient-Centred Care Through Teamwork

Extract from Minutes of the Hospital Authority Board Meeting
held on Thursday 27 March 2003 at 2:30 p.m.
in Conference Hall, 2/F, HA Building, 147B Argyle Street, Kowloon

Appendix III(b)

Present : Dr C H LEONG, GBS, JP (Chairman)

Miss Eliza C H CHAN, JP

Dr Constance CHAN
(representing Director of Health)

Mr Clifton CHIU Chi-cheong

Prof Sydney CHUNG

Mr Vincent FANG Kang

Dr Anthony HO Yiu-wah

Mr Edward HO Sing-tin, SBS, JP

Dr James HWANG Shu-tak

Dr W M KO, JP
Deputising Chief Executive

Prof S K LAM

Mrs Virginia MONG KO Mei-yee

Ms Scarlett PONG Oi-lan

Dr Raymond WU Wai-yung, GBS, JP

Mr Thomas YIU Kei-chung, JP
Deputy Secretary for Health, Welfare & Food
(Health)

Dr Vivian WONG TAAM Chi-woon, JP (Secretary)
Director
(Professional Services & Medical Development)

Absent with
Apologies
(*Out of HK)

: Miss Iris CHAN Sui-ching

* Dr Lily CHIANG

Mr LEE Jark-pui, JP

* Mrs Eleanor LING, SBS, JP

* Mr LO Chung-hing, SBS

Mrs Gloria NG WONG Yee-man, JP (sick)

* Prof Judy TSUI LAM Sin-lai

Dr Lawrence T WONG

Prof Richard WONG Yue-chim, SBS, JP

Prof Thomas WONG Kwok-shing

Mr Anthony WU Ting-yuk

Mr Stanley YING, JP
(representing Secretary for Financial Services and
the Treasury)

Mr Paul YU Shiu-tin, JP (sick)

In attendance

: Dr York CHOW, SBS
Cluster Chief Executive (Hong Kong West)

Dr Lawrence LAI, JP
Cluster Chief Executive (Kowloon Central)

Dr Kathleen SO, JP
Director
(Professional Services & Human Resources)

Ms Nancy TSE
Director (Finance)

Dr M Y CHENG
Deputy Director
(Professional Services & Facilities Management)

Mr Stephen MA
Senior Manager (Board & Committees)

Chief Executive's progress report (HAB Paper No. 57)

Dr W M KO briefed members on the progress of work of HA, highlighting the latest developments in the outbreak of Severe Respiratory Syndrome in Hong Kong. Reporting on the measures taken by HA and the Department of Health (DH) to control spread of the disease and the contingency plans for coping with the rising trend of admission, Dr Ko assured members that both Government and HA were committed to deploying whatever resources required to control the outbreak, including the supply of medicine, consumables such as masks, protective apparels and antiseptics, as well as human resources. The executives were working closely with DH and HWFB in a number of operational, health education and public relation areas to update the community on latest developments of the outbreak through daily joint press briefings. In view of the escalation of the outbreak, Government would make an announcement this evening on the implementation of a number of more drastic community-wide measures to manage the situation. HA had undertaken to introduce corresponding measures to control the outbreak, including temporarily suspending the Accident & Emergency (A&E) services of Princess Margaret Hospital (PMH) and designating it to receive patients screened to be probable cases of Severe Respiratory Syndrome. Having considered the tremendous work pressure facing the healthcare workers at this time of need, the executives had decided to defer implementation of the interim remuneration arrangements for serving contract employees agreed by the Board at the last Administrative & Operational Meeting.

Dr Raymond WU stressed the importance of implementing the following additional measures to control the Severe Respiratory Syndrome outbreak and asked the executives to relate his demand to the government authorities:

- (a) There should be compulsory reporting of suspected Severe Respiratory Syndrome cases from medical practitioners in both the public and private sectors.
- (b) Close surveillance should be conducted on the discharged Severe Respiratory Syndrome patients, with restrictions to their activities if necessary.

Dr Wu also enquired whether there was any evidence to confirm the safety of discharging the recovered Severe Respiratory Syndrome patients after 21 days.

Dr Ko undertook to raise these issues for discussion and decision at the daily meetings with DH and HWFB. He informed members that according to the known evidence available to the expert group, it would normally be safe to discharge patients recovered from Severe Respiratory Syndrome after at least 21 days from onset of their disease or seven days after their recovery. For severe cases, there might be a need to keep the recovered patients in hospital for a longer period of time. The need for putting the discharged patients under close surveillance was well recognised by the expert group. Dr Vivian WONG added that a Severe Respiratory Syndrome coordinating centre had been set up by HA to collate evidence and information about the disease for analysis and dissemination to relevant parties. The executives would follow up on the issue of compulsory reporting with DH and make appropriate arrangements on surveillance after discharge.

At the Chairman's request, Mr Thomas YIU briefed members on the new measures to be announced by the Chief Executive of HKSAR this evening to combat atypical pneumonia. He reported that DH would use its powers under the Quarantine & Prevention of Disease Ordinance to require people who had come into close contact with those suffering from atypical pneumonia to report each day for ten days to designated surveillance centres for check-up. In case they had developed symptoms of the disease, they would be admitted to hospital for isolation and treatment. Compulsory house quarantine might not be strictly enforced at this stage for fear of driving infected persons underground. For those who had contact, but not close contact, with infected persons on social occasions, DH would provide them with relevant information and a hotline number for consultation. As the disease might be imported into Hong Kong, Government would introduce infectious disease declaration measures at all immigration control points. To address parents' concern about the health of their children, school classes would be suspended for a certain period of time. The Government would initiate a Clean Hong Kong Campaign during the coming weekend to encourage all public and private organisations as well as individuals to clean and sterilise their premises. Public health information would continue to be disseminated via the electronic and print media to help members of the public understand the disease and how they could protect themselves against it. Tailor-made guidelines for managing the disease had been compiled for various businesses and professions and would be widely distributed. An application would be submitted to Finance Committee of the Legislative Council next week for the allocation of \$200 million

additional funding for combating the disease. SHWF was chairing a steering committee to monitor latest developments of the outbreak every day.

Mr Clifton CHIU proposed and members joined him to express a sincere vote of thanks and support to the staff of HA for managing the outbreak of Severe Respiratory Syndrome orderly with dedication and professionalism. Dr Ko thanked the Chairman and members for the unfailing support they offered to the HA staff since the outbreak of Severe Respiratory Syndrome in early March.

Prof Sydney CHUNG said that he reflected during the past few weeks on why we ended up in this quagmire and why our response could be so slow. He asked whether the political and economic issues had caused us to neglect common sense in medicine. The fierce outbreak of atypical pneumonia in Mainland China and in Hanoi was well known to us. Yet, we could still say that this virus seemed to attack only the healthcare workers in the hospital setting and would not cause an outbreak in the community. Prof Chung could not understand how this virus could only identify the healthcare workers to infect them, while sparing others in the community. He also queried whether DH, at this stage of development, had adequate manpower to follow up with all those people who had contacts with the over 300 patients confirmed to have contracted the disease. He was concerned that if the required manpower was not available, we might have to wait for the coming out of the sun to kill this virus.

Dr Wu also emphasised the importance of taking appropriate follow-up actions on this group of high-risk people in order to control further spread of atypical pneumonia. He opined that the response of the local authorities concerned was sometimes unduly affected by political considerations such as possible violation of privacy and human rights. He said that given the current widespread public concerns, it would be the most opportune time for Government to take more drastic actions for combating the disease.

The Chairman assured members that HA would take appropriate action to supplement Government's latest measures in combating Severe Respiratory Syndrome, e.g., suspending the A&E services of PMH to re-deploy resources of the hospital for managing the suspected and hospitalised atypical pneumonia patients. Members' views on the outbreak of Severe Respiratory Syndrome would be reflected to Government.

Mr Yiu informed the meeting that Government had accorded top priority to managing the current outbreak of Severe Respiratory Syndrome. The Chief Executive/HKSAR had committed to

the deployment of whatever necessary resources to combat the disease. DH would be provided with the required manpower to follow up with those people who had come into contact with the atypical pneumonia patients. Facing the threat of this new contagious disease, SHWF had taken proactive steps to inform the public of all the available facts about the incident throughout its course of development. While there was a need to alert the public about possible outbreak of the disease as early as possible, it would also be important for Government to avoid creating unnecessary panic in the community.

In response to the Chairman's questions on DH's future course of action and the predicted development of the outbreak, Dr Constance CHAN replied that additional staff would be deployed to conduct check-ups for those who had come into close contact with the atypical pneumonia patients commencing next Monday. Social contacts with the patients could also call DH's telephone hotline for health advice. DH was working closely with HA, the universities and World Health Organisation (WHO) to control spread of the disease. Updated information on this new disease was being shared with the local public and private medical practitioners as well as the health authorities in the Mainland and overseas countries. The control measures and discharge policies were under constant review as more and more information about how this new virus spread came into light. The evidence currently available indicated that it spread through droplets and close contact with patients. In view of the outbreak in the community, the Chief Executive/HKSAR had mobilised the entire government mechanism to combat the disease with a view to controlling its spread in the near future.

Mr Vincent FANG remarked that given the outbreak of the disease in the community, Government should consider enforcing the quarantine requirement more strictly. He was also concerned about whether the facilities of PMH were adequate for receiving all the suspected cases.

Mrs Virginia MONG emphasised the need to educate the public on the symptoms of atypical pneumonia and to set up a hotline or other community contact points for providing relevant information and advice to citizens with health concern. Transportation should also be made available to admit those suspected cases directly to PMH for proper management.

In response to members' comments, Dr Ko explained that standard procedures would be developed and implemented for advising concerned citizens to visit the DH's surveillance centres for medical check-up. He suggested that X-Ray facilities should be made available

at these centres to facilitate quick assessment. While PMH would be designated to receive patients screened to be probable cases of Severe Respiratory Syndrome, other major acute hospitals of HA would continue to provide medical treatment to patients suffering from this disease to alleviate the work pressure imposed on PMH. Details of the arrangement would be worked out with DH and other relevant parties.

Dr Anthony HO was concerned that DH might not have adequate manpower to conduct follow-up checks for those who had contact with the infected persons, while stepping up public education efforts at the same time. He emphasised the importance for DH to start the work of the designated surveillance centres as soon as possible. Dr Wu opined that Government should adopt a more proactive approach in containing the outbreak of Severe Respiratory Syndrome at this stage, including the introduction of appropriate legislative measures to cut off the path by which the virus spread and studying how it spread in the community. Mr Edward HO pointed out the need to give proper advice to those who had come into contact with atypical pneumonia patients, but had not developed any symptoms of the disease.

Dr Chan explained that DH had planned to conduct follow-up checks for those who might have been infected through close contact with patients suffering from atypical pneumonia. All patients would be interviewed to identify their close contacts to facilitate follow-up action. These close contacts would be required to report each day for check-up at a designated centre up to ten days since the last contact with a confirmed case. If they developed symptoms of the disease, they would be referred to hospital for further investigation. For social contacts, relevant information and a hotline number would be provided to them for health advice.

Mr Thomas YIU undertook to relate members' comments and suggestions on the control of atypical pneumonia to Government. He informed the meeting that according to the Quarantine & Prevention of Disease Ordinance enacted since 1955, the Director of Health had statutory powers to impose a mandatory quarantine requirement upon those who were infected or might have been infected by a contagious disease. The only legislative change that Government would need to make was to add atypical pneumonia to the list of contagious diseases appended to the Ordinance. Before using the powers under this Ordinance, Government would have to consider carefully the benefits and risks of enforcing a strict house quarantine requirement.

The Chairman concluded the discussion by highlighting the need for more drastic Government actions to control the outbreak of Severe Respiratory Syndrome in the community. He urged Government to adopt a more proactive and practical approach in containing spread of the disease. Mr Ho echoed his view and stressed the importance of advanced thinking in the combat against Severe Respiratory Syndrome. Mr Chiu added that emphasis should be placed on the safe side when implementing measures to combat atypical pneumonia.

Ms Scarlett PONG commented on the need for more effective publicity programmes to educate members of the public on the symptoms of atypical pneumonia and what they should do when these symptoms emerged. Mrs Mong suggested developing some general guidelines for dissemination to the public, making reference to those issued by the Academy of Medicine to family physicians.

Dr Wu suggested consideration be given to encourage those people developing symptoms of fever and cough to approach the surveillance centres for screening of atypical pneumonia. Prof Chung stressed the need to strike a balance between alerting the public of the threat of Severe Respiratory Syndrome and over-alarming them on the issue. He cautioned that such a measure might be counter-productive, if too many people with respiratory infection symptoms gathered at the surveillance centres.

Mr Yiu stated that Government was fully aware of the need to disseminate accurate and evidence-based information on Severe Respiratory Syndrome to the public. General information and tailor-made guidelines for various industries had been compiled and would be widely distributed. The purpose of setting up the four surveillance centres was to follow up with those people who had contact with atypical pneumonia patients, rather than to conduct general screening for the public.

Hospital Authority
HAB\MINUTES\16
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