

For information
on 14 April 2003

LegCo Panel on Health Services

Prevention of the Spread of Severe Acute Respiratory Syndrome

Further to the paper circulated on 31 March 2003, this paper updates Members on the latest development in Severe Acute Respiratory Syndrome (commonly known as atypical pneumonia) and measures implemented to combat the disease.

Present situation

2. As at 1 pm 10 April 2003, 998 patients have been admitted to public hospitals with severe acute respiratory syndrome, among whom 253 are health care workers or medical students while 745 are patients, family members or visitors/contacts. A total of 154 patients have recovered and been discharged from public hospitals, of whom 12 were discharged on 10 April. Apart from the 30 fatal cases involving mostly individuals who had a history of chronic diseases or sought treatment at a relatively late stage of infection, the majority of the patients currently in hospital are showing positive responses to the new treatment protocol. 120 patients are receiving treatment in the intensive care unit. Of the total number of 998 confirmed patients, Amoy Gardens cases accounted for 289. The situation in Amoy Gardens has however stabilised, with 11 new cases from 8 – 10 April.

Measures taken

(a) Designated Medical Centres

3. With effect from 31 March 2003, the Director of Health, under Regulation 9 of the Prevention of the Spread of Infectious Diseases Regulations (Cap. 141B), has required people who have come into close

contact with those suffering from severe acute respiratory syndrome to attend one of the designated medical centres on a daily basis for a period up to 10 days. If they have developed symptoms of the disease, they will be referred to hospital for further management. They should stay at home as far as possible and should not go out unless absolutely necessary. The World Health Organisation defines close contact as persons having cared for, having lived with, or having had direct contact with respiratory secretions or body fluids of a person suffering from the disease. So far, about 1,500 close contacts have been required to attend medical assessment at the designated medical centres, and 30 clients with symptoms of the disease have been referred to hospital for further management.

(b) Measures relating to Amoy Gardens

4. In view of the continued steep rise in the number of cases of infection in Block E of Amoy Gardens in the last few days of March, the Director of Health has ordered the building to be isolated for a period of 10 days starting from 6 a.m. 31 March to prevent the spread of the disease. The Isolation Order was issued under Regulation 24 of the Prevention of the Spread of Infectious Diseases Regulations (Cap. 141B).

5. To enable in-depth investigation into the facilities and services of the entire building including water supply, sewage pipes and other communal facilities, residents of Block E in Amoy Gardens consisting 241 individuals in 115 households were moved to three holiday camps for temporary accommodation on 1 April for the remaining isolation period until midnight of 9 April. Residents of the other unattended households in Block E were either in hospital or had moved out of the building prior to 31 March. The Removal Order was issued by the Director of Health under Regulations 10 and 12 of the Prevention of the Spread of Infectious Diseases Regulations (Cap. 141B). These residents were provided with daily necessities and food during their stay at the camps. They were also given regular medical check-up.

6. With the cooperation of Block E residents, including those who had moved out of their apartments before the Isolation Order took effect, and the joint efforts of various Government agencies, an operation to thoroughly cleanse and disinfect the flats and common areas of Block E,

Amoy Gardens, was concluded on 10 April. The disinfection focussed on the kitchen and toilet of each flat. Particular attention was paid to sinks, bath tubs and drainage points, as the causative agent of the disease was believed to be able to survive much longer in the presence of organic materials. The Food and Environmental Hygiene Department (FEHD) also carried out pest control measures in Amoy Gardens and the surrounding areas. Waste storage tanks were also cleansed.

7. Residents who had moved away from Block E prior to the issue of the Isolation Order were free to move back to the building after the Isolation Order expired at midnight of 9 April. Those temporarily housed at the holiday camps were discharged subject to the opinion of medical officers. As at 10 April, among the 247 residents isolated at the camps (of whom 6 residents from 2 households moved in on 3 April), 8 with symptoms of the disease have been referred to hospital for further management and 4 are still in hospitals, 238 have been allowed to leave the camps (including the 4 residents returning to camps after receiving treatment at hospitals) and 5 have chosen to stay at the camps for two more days. The FEHD has also set up a station on the ground floor of Block E to give advice on disinfection and cleansing to residents returning to their apartments.

(c) Contingency measures at public hospitals

8. The Hospital Authority (HA) Head Office has coordinated among all hospitals on the deployment of manpower and equipment, and to step up infection control measures so as to reduce the chance of infection among health care workers. HA Head Office performs central sourcing, procurement and distribution of all supplies to ensure hospital staff are provided with adequate protective gears and apparel for their respective clinical services. In addition to purchasing additional equipment such as ventilators, measures to upgrade ventilation and improve environment in wards have been implemented. Meanwhile, guidelines on infection control measures have been issued and enhanced training has been provided to all staff. Staff are also informed of developments through daily communication. Before deployment to the pressurized areas, staff are provided with training in infection control and appropriate counselling. Cluster-based infection control teams and hospital-based infection control wardens have been established to monitor staff behaviour and the use of equipment to minimise the risk of infection. Moreover, staff in their first 13 weeks of pregnancy are allowed to take

paid leave and when they are back to work on their 14th week of pregnancy, they would not be deployed to work in areas for treating and caring of patients of severe acute respiratory syndrome.

9. To prevent the disease from spreading to the community through people visiting hospitals, members of the public are discouraged from paying visits to hospitals. All visitors and in-patients are required to wear a face mask to reduce the chance of infection. As part of the infection control measures, all acute wards and cohorting areas occupied by patients of severe acute respiratory syndrome are not opened for visitors. To enable the patients concerned to communicate with their relatives and friends, the use of mobile phones in hospital areas would be permitted provided that the operation of medical equipments therein is not interfered.

10. In order to alleviate the pressure mounted on designated receiving hospitals in treating patients of severe acute respiratory syndrome, the HA has asked each cluster of hospitals to plan to reduce one third of non-urgent service so that reserved resources could be mobilized to handle such cases. Whenever necessary, patients admissions will be re-directed to avoid undue overload of individual hospitals. All service re-arrangements are aimed at enhancing the infection control measures and relieving manpower pressure. Staff who worked in the most pressurized areas will be rotated to other areas after a period of time. The HA is also recruiting additional health care professionals and staff to reduce the strain on the manpower situation.

New Measure

Home Confinement

11. Close contacts of patients suffering from severe acute respiratory syndrome have already been required, since 31 March, to stay at home and attend medical assessment at one of the four Designated Medical Centres on a daily basis up to the tenth day from the last contact with the case. To facilitate early detection and treatment of the household contacts of patients and to reduce the risk of the disease further spreading in the community, we announced on 10 April that we would require all household contacts of confirmed severe acute respiratory syndrome patients to confine themselves at home for a period up to 10 days since the last contact with the confirmed cases with immediate effect. This measure, implemented under Regulation 11 of the Prevention of Infectious Diseases Regulations (Cap. 141B), is an additional

precautionary measure to reduce the risk of the disease spreading. Affected households which do not wish to stay at home will have the option of moving to a holiday camp.

12. During the confinement period, the household contacts will not be allowed to receive visitors into their flats. Permission to leave will be given only on exceptional grounds. Medical officers will conduct medical checks on these people and observe closely their health conditions. To tie in with this new measure, the names of the buildings in which there have been confirmed severe acute respiratory syndrome cases will be disclosed in Department of Health's website.

13. We do not consider it meaningful to require those household contacts who are approaching the end of their incubation period to stay at home for the remaining one or two days. This group of persons will continue their medical surveillance at the designated medical centres. The new measure will therefore cover all patients' household contacts whose surveillance period ends on 14 April and after, as there would still be at least three days remaining of the incubation period during which the health conditions of the household contacts would be monitored at their homes.

14. A press release we issued in the evening of 10 April on the above measure is at [Annex](#).

15. Members are invited to note the contents of the paper.

Health, Welfare and Food Bureau

11 April 2003

Annex

Household contacts of AP patients ordered to stay at home

The Government announces today (April 10) that all household contacts of confirmed Atypical Pneumonia (AP) patients would be required to confine themselves at home for up to 10 days with immediate effect.

The Secretary for Health, Welfare and Food, Dr Yeoh Eng-kiong, said the purpose of imposing this requirement, by virtue of Regulation 11 of the Prevention of the Spread of Infectious Diseases Regulations, Cap 141, was to facilitate early detection and treatment of AP and to reduce to the absolute minimum the risk of spreading the disease further.

He said people who had been in household contact with confirmed victims of the disease could choose between staying at home for up to 10 days or moving into holiday camps.

During the confinement period, they will not be allowed to have visitors into the flats. Permission to go out will be granted only on exceptional grounds.

The Department of Health will conduct medical checks on people who are shut in and closely monitor their state of health. There will also be compliance checks conducted by the Police initially, and by Department of Health surveillance staff when deployment is made available at a later stage.

Household contacts who are already under close monitoring at designated clinics, according to the earlier Government order, would not be required to go into home confinement if there are only two or three days before the end of their 10-day surveillance period, Dr Yeoh said.

But the new measure will cover all patients' household contacts whose surveillance period ends on or after April 14.

People who are affected by the home confinement requirement would receive a letter from the Department of Health. They would also be

contacted immediately by the Home Affairs Department, which would also take charge of arranging special help when needed.

Director of Health Dr Margaret Chan estimated that initially 70 to 80 households, representing a total of about 150 people, would be affected.

Dr Yeoh said this was the first time in recent history Hong Kong had invoked the powers to confine people in their homes, and such powers had to be exercised “most carefully, sensibly and responsibly.”

“Events in the past few days have indicated that the community accepts isolation arrangements despite the inconvenience it caused to the affected individuals,” he said. “We believe that, with the community’s support, the time is ripe for us to go one step further to help contain the spread of the disease.”

He appealed to the public to support families who come under the home confinement order and not to discriminate against them.

“The risk of infecting household contacts based on evidence to date is not very high. The rate of infection is estimated to be below five per cent. This is only an extra precautionary measure that we take. The family members of patients do not pose a clear and present danger to their neighbouring community.”

Dr Yeoh also noted demands from some members of the public for the Government to disclose the names of buildings in which patients with atypical pneumonia resided.

“To tie in with the new measure of home confinement and in order to avoid any further speculation on this matter, we have decided to place the names of the buildings in which there have been confirmed cases of the disease on the Health Department’s website,” he said.

“We completely understand the anxiety over this matter,” he added “but I would like to appeal to the community not to discriminate against the household contacts of these individuals because they generally do not pose a risk to others. The risk to the individuals is when the patients get sick and by the time the patient has been identified and admitted to hospital, the greatest danger has already passed.”

Dr Yeoh said families placed in confinement would need help from relatives, friends and neighbours, mainly to buy food and daily necessities and deliver them to the door. If any family needs help in making purchases, the Government will act as a conduit to engage private sector suppliers or non-governmental organisations to provide and deliver what is needed. In case of real hardship, the Government will provide direct assistance.

Dr Yeoh emphasised that the community should give support to these families. “They will need the community’s understanding that they are not, they must not, be treated as if they are contagious. These people are ordinary people like you and me. Some of them may be your friends and relatives. They are unfortunately the victims of circumstance and they must be given the dignity they rightly deserve in getting through this very difficult period.”

Dr Yeoh said he hoped the AP crisis would bring out the best in Hong Kong people. “This is a difficult time for everyone. But it is indeed a time that we should co-operate to make this measure work. I believe the AP crisis will bring out the best of Hong Kong people.”

End/Thursday, April 10, 2003
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