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For information
on 30 April 2003

LegCo Panel on Health Services

Prevention of the Spread of Severe Acute Respiratory Syndrome

Further to the paper discussed at the meeting on 23 April 2003, this paper updates Members on the latest development in Severe Acute Respiratory Syndrome (SARS) (commonly known as atypical pneumonia) and measures implemented to combat the disease.

Summary of cases

2. As at 1 p.m. 28 April, a total of 1,557 patients admitted to public hospitals have been confirmed with SARS. Of these, 350 (22.5%) are health care workers or medical students while 1,207 (77.5%) are patients, family members or visitors/contacts. Meanwhile, 329 patients were Amoy Gardens residents, accounting for 21.1% of all the confirmed cases. The situation in Amoy Gardens has however stabilised, with only one case reported during the 9-day period from 20 - 28 April. A total of 710 patients (45.6%) have recovered and been discharged from public hospitals, of whom 42 were discharged on 28 April. There are 138 fatal cases, most of whom had a history of chronic diseases or sought treatment at a relatively late stage of infection. There are however a growing number of younger deaths whose illness was severe and did not respond to treatment. Among the 709 patients remaining in hospitals as at 28 April, most of them were showing positive responses to the treatment protocol. Of the 606 patients under treatment, 93 were receiving treatment in intensive care unit. 103 recovering patients were undergoing convalescence before discharge.

3. For the past two weeks, the number of additional confirmed cases per day has been on a declining trend. There have also been no new cases in

clusters like Amoy Gardens, Koway Court or Hing Tung House in Tung Tau Estate.

4. In terms of distribution by district, Kwun Tong, Sha Tin and Tai Po have disproportionately high number of cases. Kwon Tong (about 37% of total) is attributable to Amoy Gardens. Sha Tin (about 15%) and Tai Po (about 9%) are mostly related to cases in N.T. East hospitals.

Home Treatment Programme

5. Home confinement for household contacts of confirmed SARS patients began on 10 April. To broaden the coverage of home confinement to reduce the risk of the disease spreading to a minimum, all household contacts of suspected SARS patients are required to confine themselves at home for treatment up to a maximum of 10 days with effect from 25 April. As at 28 April, a total of 946 persons (from 361 households) had been affected by this requirement, of whom 187 persons (from 76 households) were still under home confinement. Implementation of the Home Treatment Programme has been smooth. So far, only 2 cases were referred to the Police for tracing of defaulters. A total of 27 household contacts who developed symptoms of SARS had been referred to hospitals for investigation. As at 28 April, 12 of them were confirmed to have SARS.

Measuring Body Temperature of Passengers

6. As part of the Government's strategies to contain the spread of SARS, all passengers arriving in or departing from the Hong Kong International Airport, including transit passengers, are required to have their body temperature taken. As at 27 April, no one among some 165,000 persons who had undergone this test was suspected to have SARS. The Department of Health has also started measuring the body temperature of inbound passengers arriving in Hong Kong via Hung Hom and Lo Wu with effect from 24 April and the measure has been extended to passengers arriving at all control points by land and by sea. As at 27 April, among the arriving passengers checked, 4 persons suspected to have SARS were referred to hospital for further investigation. Fifteen infra-red temperature scanners were installed at Lo Wu control point on 26 April for screening of fever of the passengers. Some 300

scanners will be installed at different immigration control points for more efficient mass screening of fever of passengers.

Public Hospitals

7. As at 28 April, the 709 confirmed SARS cases were under treatment or convalescence in 14 public hospitals. Princess Margaret Hospital has the largest number of patients at around 110. Queen Elizabeth Hospital, Untied Christian Hospital and Pamela Youde (Nethersole) Hospital follow but the number of patients in each hospital was below 100. Wong Tai Sin Hospital has 61 patients under convalescence.

8. To further enhance the key areas of work, the Hospital Authority (HA) has assigned the following:

- The Director (Professional Services and Public Affairs), to head the Central Task Force on Infection Control on SARS.

- The Director (Professional Services and Medical Development), to head the Central Task Force on Clinical Management and Information on SARS.

- The Cluster Chief Executive (N.T. East) to head the Central Task Force on Supplies and Environmental Control in Hospitals on SARS.

Infection Control

9. HA places great emphasis on infection control and universal high-risk precaution. Apart from enhanced training for staff there is an infection control network built up through a system of warden or coordinator in hospitals, and visiting infection control team to hospitals, case review and experience sharing forum. Emphasis is also placed on adequacy of facilities, equipment and protective gear and communication with staff through daily bulletin, posters, video, etc.

10. To ensure that the whole infection control system is running properly and guidelines and measures are being complied with, HA has established the

Central Task Force on Infection Control on SARS. Under the Task Force, there is an expert group to handle and decide on professional and technical issues. An implementation arm assists implementation of control measures in hospitals and an audit arm to ensure compliance. At the hospital level, the infection control coordinator will inspect on a daily basis to survey on compliance and identify issues of concern. He will provide input and feedback to the implementation arm of the Central Task Force through a hotline system. Issues which require the attention of the expert group for discussion and decision will also be channeled through the mechanism. In addition, a framework has been established for reports to be made to the HA Board. HA Board members, Hospital Governing Committee Chairmen, and experts from HA will also participate in the monitoring of the procedures and compliance of infection control measures in individual hospitals.

Provision of Facilities and Equipment

11. HA is responsible for the provision of facilities and equipment for use by public hospitals in the fight against SARS. Procurement of protective gears, such as goggles, masks, jackets and trousers, gowns, disposable caps and gloves, is centrally co-ordinated to ensure continuous supply and to meet demand in accordance with assessed priorities. HA keeps a stock of fourteen days of these gears, and there are weekly supplies locally, from the Mainland and overseas. As at 22 April 2003, the items that HA has bought and received include 18.9 million surgical masks, 3.5 million N95 masks, 137 000 linen gowns and 2.4 million disposable gowns, 1.7 million disposable caps, 17.2 million pairs of disposable gloves, 272 000 eye shields and 68 000 face shields. Current supply of standard items is steady and adequate. HA also keeps stock of and continues to procure higher level protective gears, such as "Barrier Man" (coveralls for use in areas which require greater protection), which are sourced from the USA and Mainland. In this connection, the use of Barrier Man is being piloted in SARS wards in the Prince of Wales Hospital and Alice Ho Miu Ling Nethersole Hospital. About 790 sets of ventilators are available for use by all patients (including SARS patients) requiring ventilator support. As at 28 April, only about 78 of the SARS patients in the intensive care units (ICU) of public hospitals were on ventilators. The number of ventilators available is thus adequate to meet service demand.

12. With the Central Task Force on Supplies established, there will be a

better mechanism to monitor stock levels, coordinate demands of the clusters, take a more proactive stance in assessing needs in advance and secure supplies, facilitate and ensure appropriate and effective distribution and define standards and address different levels of needs (with inputs from the Cluster Chief Executives) with regard to the different wards in hospitals.

13. Members are invited to note the contents of this paper.

Health, Welfare and Food Bureau
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