

For information  
on 14 May 2003

**LegCo Panel on Health Services**  
**Prevention of the Spread of Severe Acute Respiratory Syndrome**

Further to the paper issued for the meeting on 7 May 2003, this paper updates Members on the latest development in Severe Acute Respiratory Syndrome (SARS).

**Summary of cases**

1. As at 12 May, a total of 1,683 patients have been admitted to public hospitals with SARS, among whom 372 are health care workers or medical students. There are also 5 suspected cases.

2. On 12 May, 7 SARS patients have recovered from the disease and been discharged from hospitals, hence increasing the total number of recovered patients to 1,066 (i.e. 63.3% of all SARS patients). There are currently 399 SARS patients remaining in hospitals, of whom 76 are undergoing convalescence before discharge and 61 are receiving treatment in intensive care units. Most patients are showing positive responses to the treatment protocol. There are a total of 218 fatal cases.

**Analysis of statistics**

New cases reported

3. The decreasing number of new cases over the past 7 weeks is encouraging (see Table 1). The daily number of new cases has decreased from the peak of 80 in late March to single digit since 4 May. We urge members of the public to continue their efforts to incorporate good hygienic practice into their living, and guard against lapses in personal and environmental hygiene.

*Table 1: Daily Number of New Cases Reported in the Past 7 Weeks*

<i>Period</i>	<i>Daily number of new cases reported</i>	
	<i>Range</i>	<i>Average</i>
25 March – 31 March	25 – 80	49
1 April – 7 April	23 – 75	39
8 April – 14 April	28 – 61	44
15 April – 21 April	22 – 42	30
22 April – 28 April	14 – 32	22
29 April – 5 May	8 – 17	11
6 May – 12 May	4 – 9	7

### Patient Load in Hospital

4. Since mid-April, the number of recovered and discharged patients has been steadily increasing – from a cumulative total of 84 on 1 April to 1,066 on 12 May. The number of patients under treatment in hospitals (including those who are undergoing convalescence before discharge) has therefore been decreasing – from the peak of 960 on 17 April to 399 on 12 May.

### **Liaison with the World Health Organisation**

5. The Government has maintained close dialogue with the World Health Organisation (WHO) on the latest situation of the control of SARS in Hong Kong. The WHO Review Panel (the Panel) had outlined three general criteria that would be applied before it could lift the travel advisory warning against making nonessential trips to SARS affected areas, as follows –

- (a) the number of new cases has to fall below 5 per day and the overall active case number to 60;
- (b) there should be no "exports" of cases to other countries; and
- (c) the mode of transmission should be understood in each case.

6. The Panel agreed that Hong Kong was already cleared of “exporting” cases. The Panel also agreed that there might be some flexibility allowed on the other two criteria so long as the general trend was downwards and the average of new cases was fewer than five in the previous three-day period. In this connection, the number of new cases reported in Hong Kong on

11 and 12 May was 4 and 5 respectively. However, as we keep patients in hospitals for a week after they have responded to treatment, we may appear to have more patients in hospitals. We shall continue discussion with the WHO on this.

## **Highlights on recent clusters**

### *Tung Tau Estate*

7. As at 11 May, a total of 6 confirmed of SARS involving 3 families in Tung Tau Estate, Wong Tai Sin District were reported. The 3 units involved were all Unit 14 on different floors of Hing Tung House. The earliest onset date was 2 April while the last onset date was 14 April.

8. Detailed investigations on the building by the multidisciplinary response team were conducted to identify structural and environmental factors. All the environmental swabs taken were found negative of Coronavirus except for one environmental swab showing presence of residual virus genetic material taken on 29 April from the rooftop soil stack serving Unit 14. Viral culture of that sample does not yield any growth. The result only showed the presence of genetic material of the virus which was no longer viable. The finding probably reflects previous virus excretion by SARS patients into the soil stack, but it by no means proves spread of disease via the soil stack. Disinfection of soil stack with bleach was also conducted. The 2 water samples for bacterial culture revealed insignificant coliform bacterial count. Findings showed that this building did not have any environmental factors similar to those in relation to the Amoy Gardens that could lead to an outbreak.

9. There has been no confirmed or suspected case from Tung Tau Estate since the last case was reported about 3 weeks ago on 20 April.

### *Tai Po District*

10. As at 11 May, a cumulative total of 186 confirmed cases of SARS were reported in Tai Po District. About 80% of these cases were believed to have contracted the disease from hospitals, i.e. either health care workers or with history of being admitted to or visiting hospitals. Cases were scattered

over a number of buildings within the District. Person-to-person spread was the predominant mode of transmission in most cases.

11. The situation in Tai Po is being closely monitored. Where unusual clustering is suspected, the multidisciplinary response team will be mobilized to conduct investigation.

12. To contain the disease and prevent further spread in the District, the hospitals have stepped up infection control measures. Visitors are not allowed in order to minimise community exposure to the risk of infection. Household and social contacts of confirmed patients were traced and followed up, and health education and control measures (including disinfection of environment, pest control and advice on personal hygiene) in the community were strengthened. The last confirmed case was reported on 10 May.

#### Lek Yuen Estate

13. As at 11 May, there were a total of 5 confirmed SARS cases in Wing Shui House of Lek Yuen Estate in Sha Tin. Among the first 3 cases which were reported to the Department of Health between 22 and 28 April, 2 cases were from one household residing in Flat 8 of a certain floor. The fourth case, reported on 7 May, was from a Flat 8 unit just one floor above the aforementioned unit with 2 confirmed cases. The fifth case, reported on 8 May, was from a unit far away from Flat 8 of the same floor and on a floor different from the previous 4 cases.

14. A multidisciplinary investigation involving various government departments was conducted. Household survey in Flats 6 and 8 showed that none of them reported symptoms suggestive of SARS. To prevent spread of the disease in the building, the toilet and drainage of all Flats 6 and 8 (the main sewage pipes of Flats 6 were connected to those of Flats 8), except one that refused, were disinfected. Their floors were thoroughly cleansed and disinfected. In addition, the whole building and its vicinity, including common areas, were thoroughly cleansed and disinfected.

15. There has been no new case reported in Lek Yuen Estate since the last case was reported on 8 May. The Department of Health will continue to monitor the situation in Lek Yuen Estate.

## **Home confinement**

16. All household contacts of confirmed or suspected SARS patients are required to undergo home confinement for monitoring and treatment up to a maximum of 10 days. As at 11 May, a total of 1,138 persons (from 447 households) had been affected by this requirement, of whom only 58 persons (from 23 households) were still under home confinement. The Government has also provided assistance (e.g. provision of daily necessities and financial assistance) to 793 of these affected persons (from 304 households).

17. Implementation of the home confinement arrangement has been smooth. So far, only 2 cases were referred to the Police for tracing of defaulters. A total of 35 household contacts who developed symptoms of SARS had been referred to hospitals for investigation. As at 11 May, 21 of them were confirmed to have SARS.

## **Health checks at border control points**

18. Since 29 March, medical posts have been set up at the airport, ports and border points to watch for travellers displaying symptoms of SARS, and all incoming travellers are required to complete a health declaration. To enhance the preventive measures in containing the spread of SARS, temperature checks for all arriving, departing and transit passengers at the Hong Kong International Airport have also been implemented since mid-April. Since 14 April, all close contacts of SARS patients are also barred from leaving Hong Kong during the home confinement period.

19. As regards other control points, arriving passengers via ports and land boundary crossings are subject to temperature screening in addition to health declaration with effect from 26 April 2003. 47 and 27 infra-red devices have been installed respectively at Lo Wu and Lok Ma Chau immigration control points for fever screening of arriving passengers. In addition, 6 infra-red devices have just been installed respectively at the arrival halls of Man Kam To and Sha Tau Kok control points. A total of about 300 infrared devices will be installed at various immigration control points by end May, eventually to mandate all arriving passengers to undergo screening. To minimize the duplication of work and streamline the procedure, relevant authorities of Hong

Kong and Shenzhen have agreed to implement synchronized temperature screening procedure for arriving passengers crossing the land border.

20. As at 11 May, 51 persons had been referred to hospitals for suspected SARS since the implementation of all the above health checking measures, of whom 2 were later confirmed to have SARS.

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

Health, Welfare and Food Bureau  
14 May 2003