

For information
on 21 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 14 May 2003, this paper updates Members on the latest development in Severe Acute Respiratory Syndrome (SARS).

Summary of cases

1. As at 19 May, a total of 1,714 patients have been admitted to public hospitals with SARS, among whom 379 are health care workers or medical students. There are also 15 suspected cases.

2. On 19 May, 10 SARS patients have recovered from the disease and been discharged from hospitals, hence increasing the total number of recovered patients to 1,213 (i.e. about 70.8% of all SARS patients). There are currently 250 SARS patients remaining in hospitals, of whom 63 are undergoing convalescence before discharge. The number of active cases is therefore 187, of whom 45 are receiving treatment in intensive care units. There are a total of 251 fatal cases.

Analysis of statistics

New cases reported

3. The decreasing number of new cases over the past 8 weeks is encouraging (see Table 1). The daily number of new cases has decreased from the peak of 80 in late March to single digits since 4 May. Although there was only 1 new case reported on 19 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 8 Weeks

Period	Daily number of new cases reported	
	Range	Average
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
13 May – 19 May	1 – 9	4

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 1,213 on 19 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 250 on 19 May.

Fatal Cases

5. As at 19 May 2003, there was a cumulative total of 251 fatal cases, including 4 health care workers (3 were Hospital Authority staff and 1 was a private practitioner). 62.5% of the deceased patients were male, and 37.5% were female. A breakdown of fatal cases according to age groups is at Table 2.

Table 2: Breakdown of Fatal Cases (up to 19 May 2003)

Age Group	Pre-existing Illness?		Total
	Yes	No	
0-14	0 (0.0%)	0 (0.0%)	0 (0.0%)
15-34	2 (0.8%)	5 (2.0%)	7 (2.8%)
35-54	22 (8.8%)	41 (16.3%)	63 (25.1%)
55-64	16 (6.4%)	9 (3.6%)	25 (10.0%)
65 or above	137 (54.6%)	19 (7.6%)	156 (62.2%)
Total	177 (70.5%)	74 (29.5%)	251 (100%)

Note: Percentages may not add up to total due to rounding.

6. As shown in Table 2 above, 70.5% of the deceased patients had

pre-existing medical illnesses, such as hypertension, heart diseases, diabetes mellitus and stroke. 62.2% of the deceased were aged 65 or above. Taking into account both of these factors, 78.1% had either pre-existing illnesses or were aged 65 or above, or both.

Report of the World Health Organisation (WHO) Environmental Team on Amoy Gardens

7. At the invitation of the Hong Kong Government, a WHO Environmental Team headed by Dr Heinz Feldmann has recently completed an interim study on the risk factors involved in the possible environmental transmission of SARS in Amoy Gardens, a residential estate which has reported a total of 329 SARS cases from 26 March to 24 April. The Team's interim report concluded that a number of factors are probably responsible for the unusual spread of the coronavirus. Major findings and conclusions of the investigation, which were announced on 16 May, are summarized below -

- (a) An unusual cluster of SARS cases occurred in Block E of Amoy Gardens around 21 March, with apartment units 7 and 8 most affected. It was highly likely that an unfortunate set of environmental and health events happening simultaneously contributed to the spread of SARS in the Amoy Gardens. These events include -
- At the time of the outbreak, the floor drain traps (which when filled up with water are designed to prevent a reflux and act as a barrier between the floor drain and the soil stack) in many apartments seemed to have dried out and did not contain water for long periods.
 - Exhaust fans that have been installed in bathrooms were running with the door closed and contaminated droplets could have been drawn from the soil stack into the bathroom through the dried out floor drains.
 - The running exhaust fans could have also transported contaminated droplets present or generated in the bathroom into the light well, and then the contaminated droplets could have

entered into other apartments with an open window even several floors away from the source.

- Flush water was shut down for 16 hours starting on the evening of 21 March, to fix a break of a flush water pipe serving unit 8.
- (b) The physical condition of the Amoy Gardens structure is generally good and meets international standards.
- (c) The management of the building is delivered professionally and existing plumbing systems meet the needs to contain waste within piping, provided it is operated by the multitude of users as per original design intent.
- (d) Exhaustive testing of Amoy Gardens found no genetic material or footprint of the SARS related coronavirus in swabs taken from the affected apartments, the entrance between the units, the corridors, the roof, the ground floor and the sewer manholes.

8. The full and final report of the Environmental Team will be produced in due course.

Home confinement

9. 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 18 May, a total of 1,185 persons (from 467 households) had been affected by this requirement, of whom only 35 persons (from 16 households) were still under home confinement. So far, health nurses have paid 890 visits to the households under home confinement. 45 warning letters have been issued and only 3 referrals (involving 2 cases) to the Police for tracing of defaulters have been made thus far.

10. As at 18 May, a total of 87 persons under home confinement have been referred to Designated Medical Centres (50 persons) or hospitals (37 persons) for assessment and management when symptoms developed. 32 of them were later confirmed to have SARS.

Health checks at border control points

11. 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.

12. 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. By now, all arriving passengers entering Hong Kong via the airport, the ferry terminals and the various land borders, including those drivers of the container trucks, are subject to screening of body temperature. A total of 94 infra-red devices have been installed at various control points. With effect from 16 May, departing passengers from the Macao Ferry Terminal and the China Ferry Terminal are also required to undergo temperature checks before leaving Hong Kong. Departing passengers with fever and suspected to have SARS will be referred to hospital for further management. Passengers with fever are advised not to travel and postpone their trip.

13. As at 18 May, 2 persons had been confirmed to have SARS since the implementation of all the above health checking measures.

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

Health, Welfare and Food Bureau
20 May 2003