

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

Further to the paper issued for the meeting on 21 May 2003, this paper updates Members on the latest development in Severe Acute Respiratory Syndrome (SARS).

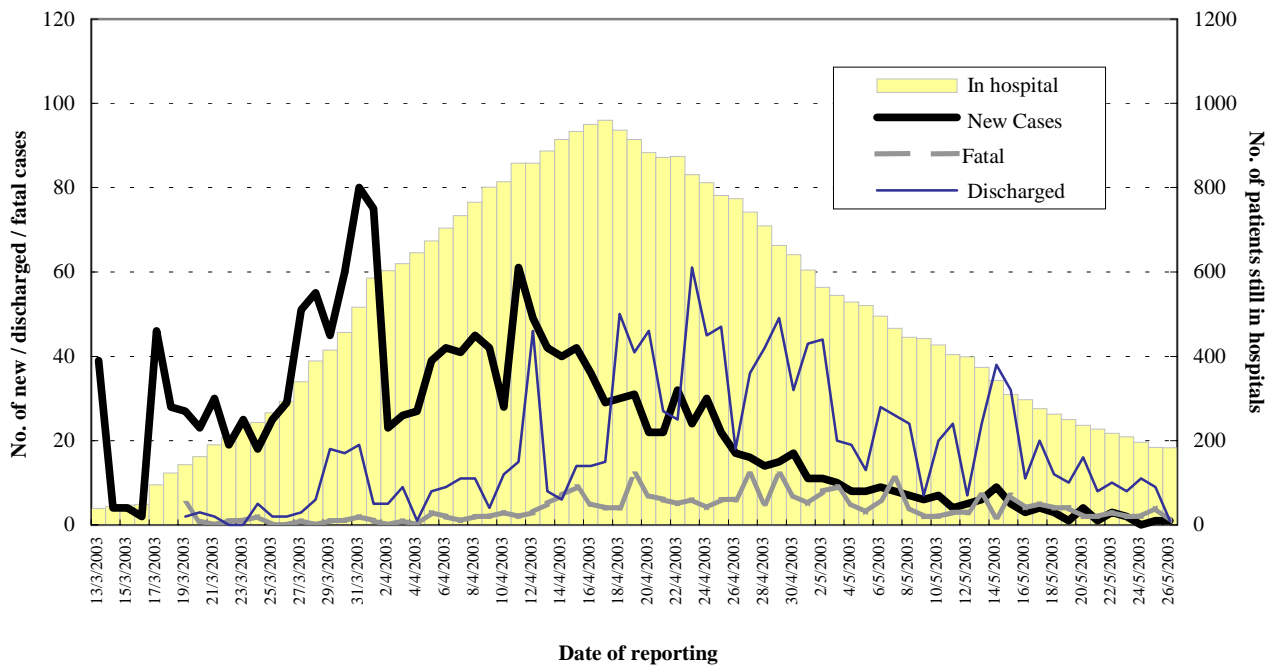
Summary of cases

1. As at 26 May, a total of 1,726 patients have been admitted to public hospitals with SARS, among whom 344 were health care workers or medical students. The number of suspected cases was 11.
2. A total of 1,276 patients (i.e. about 74% of all SARS patients) have recovered from the disease and been discharged from hospitals. On 26 May, there were 183 SARS patients remaining in hospitals, of whom 63 were undergoing convalescence before discharge and 45 were receiving treatment in intensive care units. There are a total of 267 fatal cases.

Analysis of statistics

3. Only 1 patient was confirmed to have SARS on 26 May. Since 16 May, the daily number of newly confirmed SARS cases has fallen below 5 for the 11th consecutive day, and the average number of newly confirmed cases in the past week was only 2 per day. Figure 1 shows the daily number of newly confirmed cases, discharged cases and fatal cases according to the date of reporting, and the number of patients still in hospital on the corresponding date.

Figure 1



4. Figure 2 is the epidemic curve of 26 May showing the dates of onset of 1,697 patients (the dates of onset of the remaining 29 cases are to be confirmed). The distribution of cases by age group and gender is shown in Table 1.

Figure 2

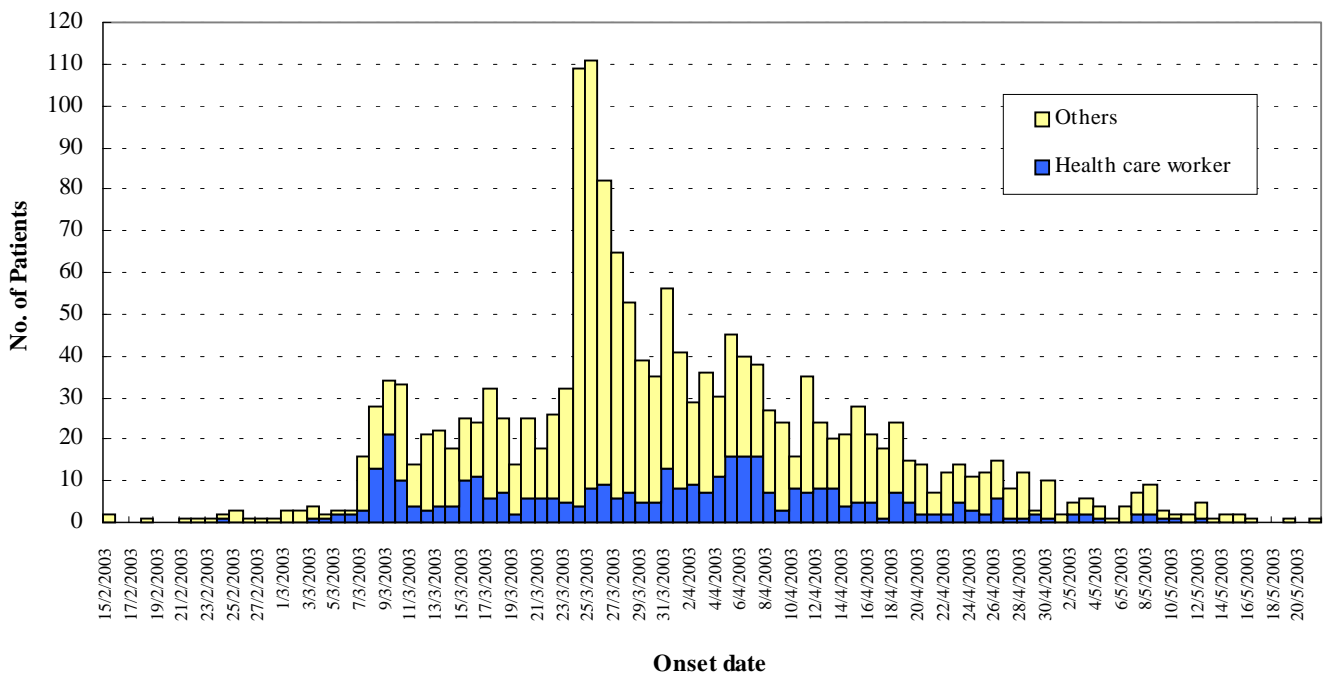


Table 1

Age group	Male	Female
0-14	2%	2%
15-24	4%	6%
25-34	9%	15%
35-44	9%	12%
45-54	6%	9%
55-64	4%	3%
65-74	4%	4%
75 or above	6%	4%
Total	45%	55%

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

5. Information on the occupation of 1,576 patients (91.3% of all 1,726 SARS cases) has been collected and analysed. 955 of them (60.6%) belong to the working population, in which “Health Care Workers” is the largest single occupational group, representing 23.9% of all these 1,576 cases. The breakdown of the cases by the patient’s occupation is shown in Table 2.

Table 2

Working Group	Percentage	Non-working Group	Percentage
Health Care Workers	23.9%	Retired	11.3%
Food Handlers	1.8%	Housewives	10.0%
Domestic Helpers	1.8%	Students	8.4%
School Staff	1.5%	Pre-school Children	0.6%
Disciplinary Force	0.6%	Visitors/Tourists	0.3%
Others (e.g. drivers, clerical and administrative personnel)	31.2%	Others (e.g. unemployed)	8.8%
Total	60.6%	Total	39.4%

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

Participation at the 56th World Health Assembly

6. The Secretary for Health, Welfare and Food, together with other representatives from the Hong Kong Special Administrative Region

Government, participated as members of the People's Republic of China's delegation at the 56th World Health Assembly held in Geneva, Switzerland in May 2003.

7. The Assembly, attended by delegations from all 192 member states, is the supreme decision-making body for the World Health Organisation (WHO). It also provides a valuable platform for participants from different parts of the world to exchange information and ideas on medical and health issues of international concern. A technical briefing session on SARS was held on 20 May to facilitate the sharing of experience in handling SARS – a new disease that has become a major health threat to the world population within a few months. As an area which has emerged gradually, but surely, from the brunt of this ferocious disease, we briefed experts around the world on how stringent control measures and the concerted and strenuous efforts of health care professionals, Government departments and the community have worked together to bring SARS in Hong Kong under control.

8. We also took the opportunity to update the WHO on our latest progress in combating SARS and discuss in detail about the criteria for lifting the travel advisory against making nonessential trips to SARS affected areas. The in-depth discussions with the WHO experts during the 56th World Health Assembly, especially in relation to the number of cases with active treatment, has enabled us to conduct further analysis of the situation in Hong Kong.

The WHO lifts travel advisory against Hong Kong

9. The WHO lifted the travel advisory against non-essential travels to Hong Kong on 23 May. The change of the WHO's travel advice for Hong Kong was made following consideration of several factors, including the magnitude of probable SARS cases, the pattern of recent local transmission and the last dates of export of cases. In this connection, Hong Kong has met the three criteria set by the WHO for the travel advisory to be lifted given that –

- The number reported cases has been running at less than 5 per day since 16 May;
- The total number of cases on active treatment for SARS, which

excludes former SARS patients in convalescence and those being treated for other conditions, has fallen below 60 by 23 May; and

- All local transmission of cases can be linked to exposure source since 1 May.

10. We welcome the WHO's decision which shows that Hong Kong has successfully contained SARS. This is a result of the tremendous efforts by all members of the community, especially our dedicated health care professionals and medical experts. Nonetheless, we must remain vigilant and continue with all the necessary measures to ensure that the disease does not spread. With our collective efforts to keep up with the high standard of personal and environmental hygiene, we are confident that we will achieve the next goal of "zero infection" and get Hong Kong off the WHO's list of SARS infected areas.

Cluster of SARS cases in Wing Shui House, Lek Yuen Estate

11. On 22 May, a female resident on the 4th floor of Wing Shui House, Lek Yuen Estate was confirmed to have SARS. In the same afternoon, the Government's Multi-Disciplinary Response Team (the Team) promptly initiated an investigation into the probable causes, and mapped out the appropriate protective measures and actions. This was the Team's second investigation into the Estate. The first investigation was conducted between 7 and 9 May after a suspicious clustering of cases was noted but there was no evidence to suggest that the disease had been transmitted in the building by environmental factors. The following measures and actions are being taken by the Team in Lek Yuen Estate -

- Daily health surveillance for all residents in the 4th floor of Wing Shui House has been conducted for 10 days starting from 22 May.
- Between 22 and 23 May, a large scale cleansing and disinfecting operation was carried out in all common parts of Lek Yuen Estate, including the shopping centre, market and other facilities within the Estate's boundary. Such cleansing and disinfecting exercises will be conducted regularly in the future.

- An inspection of Wing Shui House's drainage system had been conducted. The floor drains of all the households were found functioning and the U-traps were filled with water.
- Bleaching solution (at a dosage of 1:99) has been added to the rooftop flushing water tanks twice daily to disinfect the drainage system.
- The underground sewage system in the vicinity of Lek Yuen Estate was flushed and disinfected again in the afternoon of 23 May.
- A pest survey on all households of Wing Shui House and the vicinity of the building was carried out. Effort in pest control has also been stepped up within the Estate by applying pesticides to the potential harbourage places for cockroaches and rodents.
- Notice was posted up in the lift lobby of Wing Shui House to inform the residents the latest situation. In addition, health advice pamphlets to alert residents of the need to maintain satisfactory hygienic conditions and carry out cleansing and disinfection in their own units were also distributed to each household.
- Environmental and other swabs were collected for further laboratory testing.

12. It was very likely that person-to-person transmission had occurred. We will continue to monitor the situation closely and take appropriate actions to protect the health of the residents.

Infectious disease facilities

13. The Princess Margaret Hospital (PMH) is a designated infectious disease centre in Hong Kong equipped with dedicated facilities for handling patients with infectious diseases. Due to the declining demand for this type of medical services over the years, there are 86 isolation beds in PMH at present. The recent outbreak of SARS has, however, demonstrated the tremendous stress

that a major outbreak of infectious disease could impose on the public hospital system. There is a need to further expand our existing infectious disease facilities. We are considering how best to take this forward in the context of the current organisation of public hospital services and possible emergence of new infectious diseases which we may encounter in future. Possible options include the construction of infectious disease blocks at a few selected hospitals (including PMH), and the construction of a hospital specially designed and equipped for treatment of infectious diseases with isolation facilities that can meet the isolation requirements for infectious diseases with different modes of transmission, including air-borne, droplet and oral-fecal transmission. As it would take time to build the infectious disease facilities, as a short-term measure, the Hospital Authority will improve the ventilation and isolation facilities of existing hospitals to improve their ability in handling infectious diseases.

On-going development

Home confinement

14. 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 26 May, a total of 1,227 persons (from 480 households) had been affected by this requirement, of whom only 32 persons (from 7 households) were still under home confinement. So far, 33 of them had been confirmed to have SARS.

Health checks at border control points

15. We have set up medical posts at all border points to watch for travellers displaying symptoms of SARS and required all incoming passengers to complete a health declaration since late March. To strengthen the preventive measures in containing the spread of the disease, all close contacts of SARS patients have been barred from leaving Hong Kong during the home confinement period while temperature checks for all arriving, departing and transit passengers at the Hong Kong International Airport have been implemented since mid-April. As regards other control points, arriving passengers via ports and land boundary crossings are subject to temperature

screening with effect from 26 April. In addition, departing passengers from the Macao Ferry Terminal, the China Ferry Terminal and the Hung Hom Station are required to undergo temperature checks before leaving Hong Kong beginning mid-May. As at 26 May, 2 persons had been confirmed to have SARS since the implementation of all the above health checking measures.

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

Health, Welfare and Food Bureau
28 May 2003