

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

Further to the paper issued for the meeting on 28 May 2003, this paper updates Members on the latest development in Severe Acute Respiratory Syndrome (SARS).

**Summary of cases**

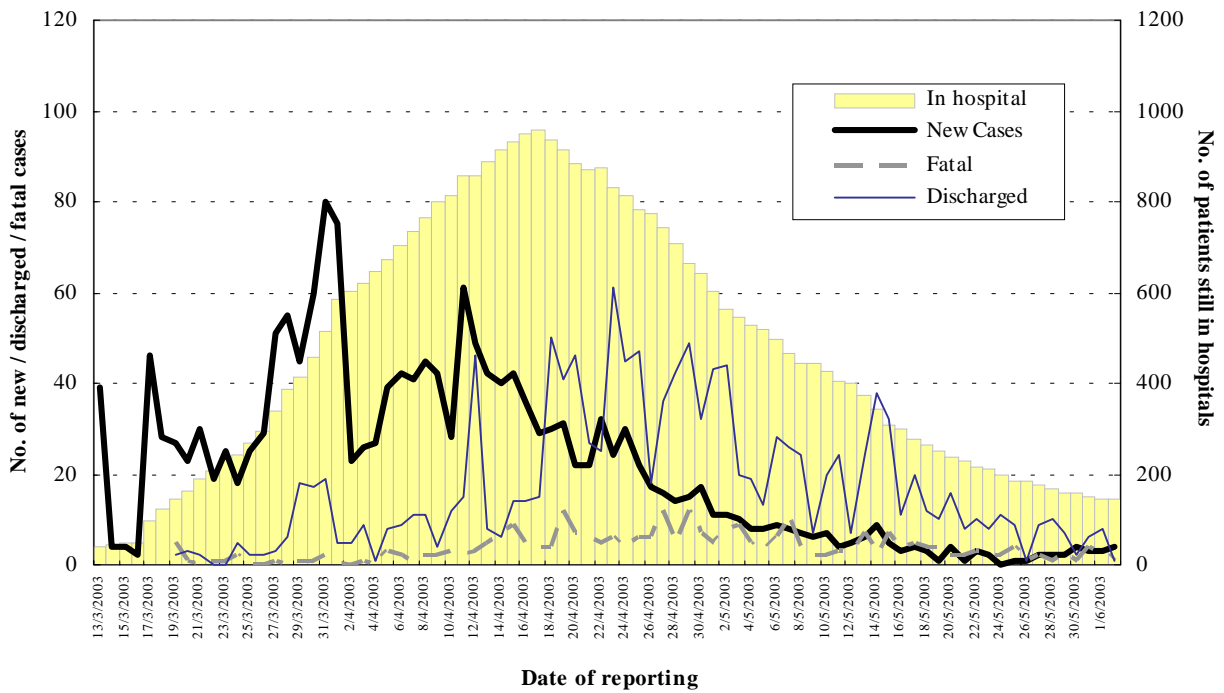
2. As at 2 June, a total of 1,746 patients have been admitted to public hospitals with SARS, among whom 385 were health care workers or medical students. The number of suspected cases was 5.

3. A total of 1,319 patients (i.e. about 75.5% of all SARS patients) have recovered from the disease and been discharged from hospitals. On 2 June, there were 145 SARS patients remaining in hospitals, of whom 59 were undergoing convalescence before discharge and 25 were receiving treatment in intensive care units. There are a total of 282 fatal cases.

**Analysis of statistics**

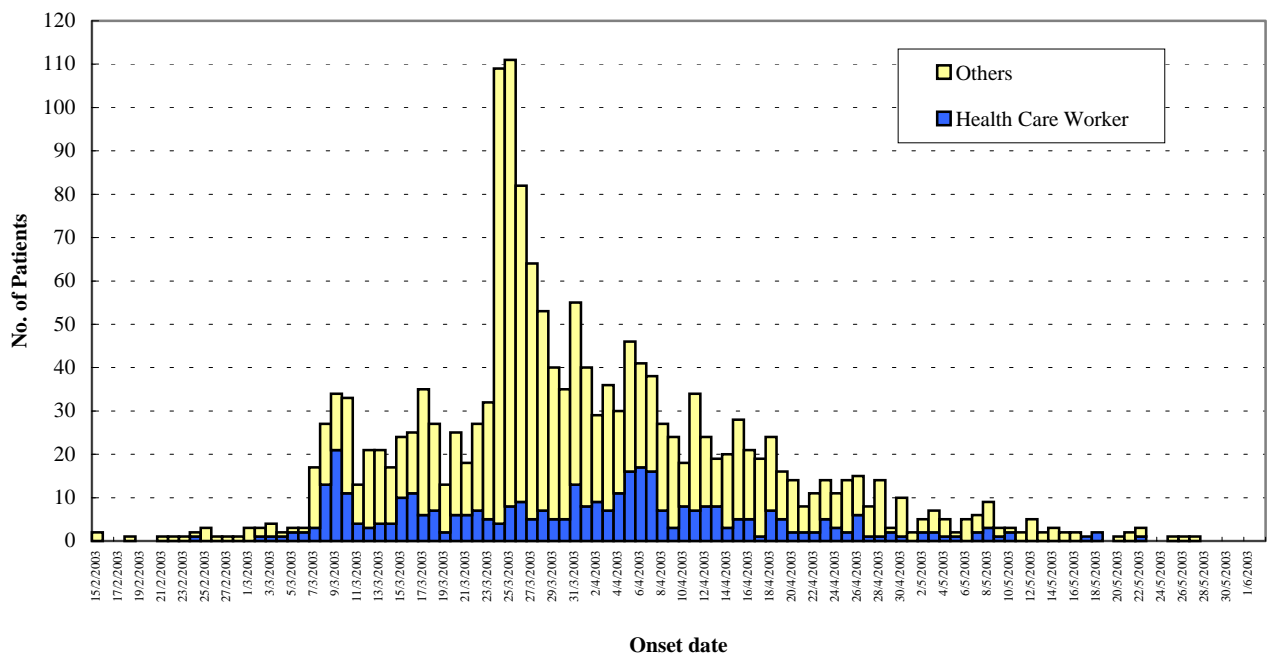
4. Four patients were confirmed to have SARS on 2 June. Since 16 May, the daily number of newly confirmed SARS cases has fallen below 5 for the 18<sup>th</sup> consecutive day, and the average number of newly confirmed cases in the past week was 3 per day. Figure 1 shows the daily number of newly confirmed 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



5. Figure 2 is the epidemic curve of 2 June showing the dates of onset of 1,721 patients (the dates of onset of the remaining 25 cases are to be confirmed).

Figure 2



6. Table 1 shows the distribution of cases by age group and gender.

**Table 1**

<b>Age group</b>	<b>Male</b>	<b>Female</b>
0-14	2%	2%
15-24	4%	6%
25-34	9%	15%
35-44	9%	12%
45-54	6%	9%
55-64	4%	4%
65-74	4%	4%
75 or above	6%	4%
<b>Total</b>	<b>44%</b>	<b>56%</b>

7. Information on the occupation of 1,602 patients (91.8% of all 1,746 SARS cases) has been collected and analysed. 963 of them (60.1%) belong to the working population, in which “Health Care Workers” is the largest single occupational group, representing 23.9% of all these 1,602 cases. The breakdown of the cases by the patient’s occupation is shown in Table 2.

**Table 2**

<b>Working Group</b>	<b>Percentage</b>	<b>Non-working Group</b>	<b>Percentage</b>
Health Care Workers	23.9%	Retired	11.5%
Food Handlers	1.7%	Housewives	10.4%
Domestic Helpers	1.7%	Students	8.3%
School Staff	1.4%	Pre-school Children	0.6%
Disciplinary Force	0.6%	Visitors/Tourists	0.2%
Others (e.g. drivers, clerical and administrative personnel)	30.7%	Others (e.g. unemployed)	8.9%
<b>Total</b>	<b>60.1%</b>	<b>Total</b>	<b>39.9%</b>

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

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

8. The Government’s Multi-Disciplinary Response Team had taken prompt and proactive actions to conduct several rounds of environmental and

epidemiological investigations at the Lek Yuen Estate between 7 and 23 May immediately after a clustering of suspected cases was noted. Public health measures including the setting up of medical posts, daily health surveillance of residents, cleansing and disinfecting operation of common areas and individual households as well as pest control measures have also been implemented.

9. Post-disinfection swabs taken from two neighbouring units which detected traces of virus genetic material before disinfection all returned as negative. There was no evidence to suggest that the disease had been transmitted in the building by structural factors. However, it was 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. As of 3 June 2003, the cumulative total was 11 confirmed cases and 1 suspected case.

### **Cluster of SARS cases in North District Hospital**

10. The Department of Health received notification of a highly suspected SARS case related to a health care assistant working in ward 4B of the North District Hospital (NDH) on 24 May. Joint actions with the Hospital Authority have been carried out immediately to ascertain the source of infection. The following measures are being taken to contain the spread of the disease -

- All wards of NDH which had admitted SARS cases were identified and put under medical surveillance for at least 10 days. Movements in and out of the affected wards were stopped during the surveillance period. Cleansing and disinfection of the wards would be conducted. As at 2 June, a total of 12 confirmed cases related to the NDH cluster were identified, including 4 hospital staff, 7 patients and 1 visitor. In addition, 3 patients were suspected to have contracted SARS pending confirmation.
- The staff of NDH would conduct self-monitoring of symptoms. Those who had symptoms would be asked to refrain from work and required to report to the Infection Control Nurse of the Hospital.
- Improvement measures have been implemented in the Hospital,

including the opening of more wards to improve segregation, the reduction of the number of beds in each ward to ease congestion, the segregation of each bed with plastic curtain, the strengthening of infection control measures as well as the increase in audit frequency to ensure compliance of such measures.

- Close contacts of the suspected and confirmed cases were traced and put under home confinement. Social contacts and hospital contacts including discharged patients and visitors were also traced and put under medical surveillance.

### **First tripartite meeting of Guangdong-Hong Kong-Macao Expert Group on Prevention and Treatment of Infectious Atypical Pneumonia**

11. The first tripartite meeting of Guangdong-Hong Kong-Macao Expert Group on Prevention and Treatment of Infectious Atypical Pneumonia, attended by 40 health and medical professionals from the three places, was held on 29 - 30 May in Hong Kong. During the meeting, experts from the three sides briefed their counterparts on their work and experience in the prevention of SARS. They also conducted in-depth discussion on areas including public health administration, clinical treatment, epidemiological investigations and pathological studies of the disease. Guangdong and Macao experts visited local medical and laboratory institutions to understand the progress made on clinical treatment and tracing of the source of infection.

12. At the two-day meeting, the three parties agreed on the following -

- To extend the present notification mechanism on SARS among Guangdong, Hong Kong and Macao. The existing point-to-point information exchange set-up between certain health units of Hong Kong and Guangdong will further be expanded to health administrative structures, disease surveillance and control as well as medical sectors of the three places.
- To enhance the information interflow on infection control in hospitals, data analysis on epidemic situation and clinical treatment of SARS.

- To strengthen the network of information flow on infectious diseases and expand the list of infectious diseases for notification among the three places to include AIDS, dengue fever, influenza, tuberculosis, cholera and malaria.
- To further enhance co-operation on scientific research and set up mutual visit programme for professionals and technical staff.

13. Experts of the three sides will continue to actively explore and study the characteristics of infectious diseases. This will serve as the basis and reference to the setting up of a medical facility for admission and treatment of patients with infectious diseases. The three places also agreed to discuss at the next meeting the prevention and control of seasonal infectious diseases such as dengue fever.

## **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 2 June, a total of 1,243 persons (from 488 households) had been affected by this requirement, of whom 15 persons (from 8 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. Meanwhile, 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 2 June, 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  
3 June 2003