

For information
on 18 June 2003

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

Further to the paper issued for the meeting on 12 June 2003, this paper updates Members on the latest development in Severe Acute Respiratory Syndrome (SARS).

Summary of cases

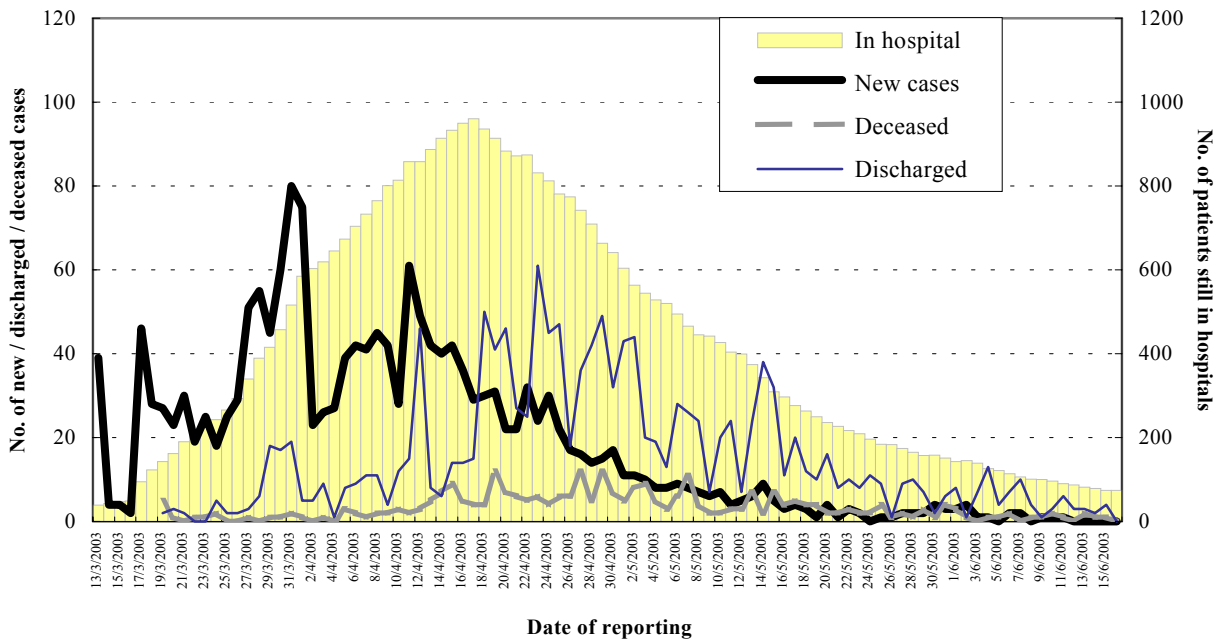
2. As at 16 June, a total of 1,755 patients have been admitted to public hospitals with SARS, among whom 386 were health care workers or medical students. There was one suspected case.

3. A total of 1,386 patients (i.e. about 79% of all SARS patients) have recovered from the disease and been discharged from hospitals. On 16 June, there were 74 SARS patients remaining in hospitals, of whom 32 were undergoing convalescence before discharge and 15 were receiving treatment in intensive care units. There are a total of 295 fatal cases.

Analysis of statistics

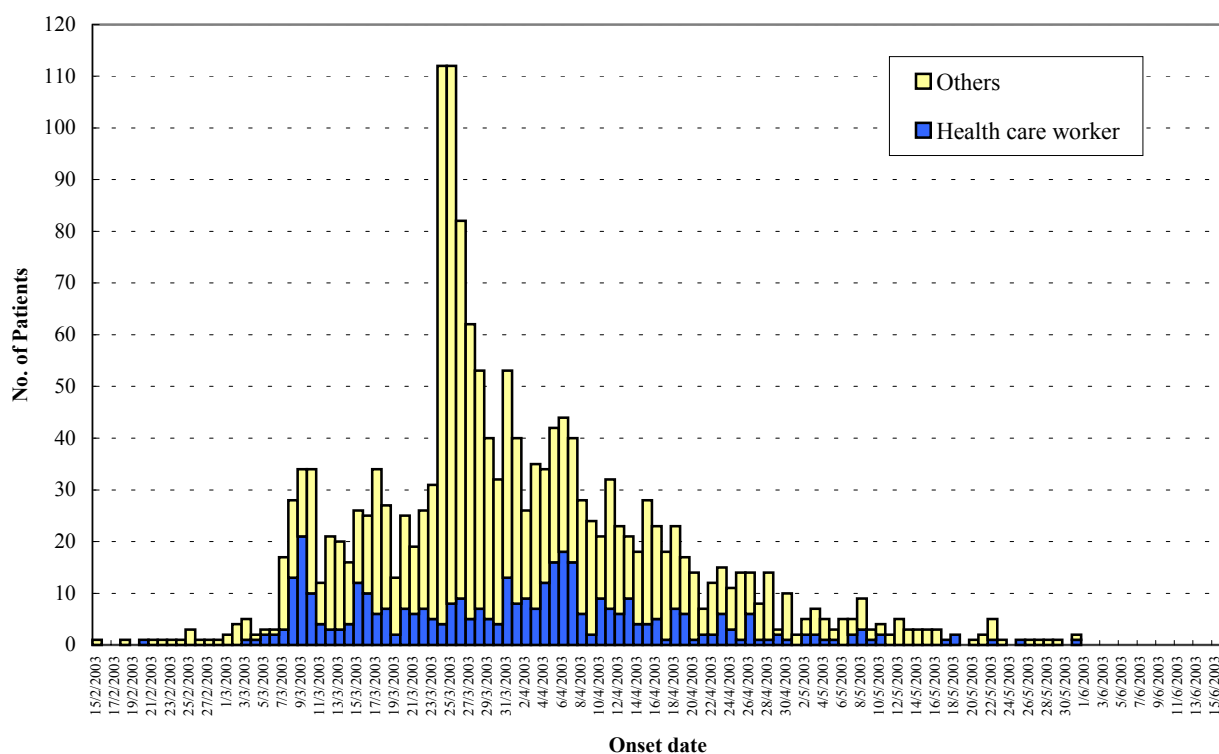
4. No new patient was confirmed to have SARS during 12 – 16 June, and the average number of newly confirmed cases in the past week was 0 per day. Since 16 May, the daily number of newly confirmed SARS cases has fallen below 5 for the 32nd consecutive day. Figure 1 shows the daily number of newly confirmed 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 16 June showing the dates of onset of 1,731 patients (the dates of onset of the remaining 24 cases are to be confirmed).

Figure 2



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

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%	4%
65-74	4%	4%
75 or above	6%	4%
Total	44%	56%

7. Information on the occupation of 1,621 patients (92.4% of all 1,755 SARS cases) has been collected and analysed. 966 of them (59.6%) belong to the working population, in which “Health Care Workers” is the largest single occupational group, representing 23.6% of all these 1,621 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	23.6%	Retired	11.8%
Domestic Helpers	1.8%	Housewives	10.6%
Food Handlers	1.7%	Students	8.2%
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)	30.5%	Others (e.g. unemployed)	9.0%
Total	59.6%	Total	40.4%

Visit by the Executive Director of Communicable Disease of the World Health Organisation

8. In recognition of Hong Kong's significant contribution to global efforts in containing the SARS outbreak, the Executive Director of Communicable Diseases of the World Health Organisation (WHO), Dr David Heymann, visited Hong Kong between 15 – 16 June. The purpose of his visit was three-fold -

- (a) to pay respect to local health care workers in Hong Kong who have fully devoted themselves to the fight against SARS;
- (b) to understand two unique parts of the global outbreak that were happening in Hong Kong, namely the transmission of the disease through environmental factors at the Amoy Gardens as well as the enhanced computer surveillance system specially developed to enable swift contact tracing of suspected and confirmed cases; and
- (c) to thank local scientists for their contribution to the knowledge base of SARS, including the cause and the diagnostic test, as well as the animal studies being carried out.

9. Dr Heymann also commended Hong Kong for its regular updates to the WHO on the local situation of SARS and its openness and transparency in reporting. Our official report of the infection cases among health care workers

in early March was particularly critical as it provided the information which the WHO needed to make a decision on issuing the first global alert on 12 March. In addition, Dr Heymann acknowledged our prompt actions undertaken to control the local outbreak despite environmental transmission at Amoy Gardens. Such actions include effective case identification, swift contact tracing, isolation and infection control measures, surveillance and quarantine.

10. Dr Heymann also mentioned during his two-day visit that Hong Kong would be removed from the list of areas with recent local transmission twenty days after the last case was isolated. Noting that the last SARS case reported in Hong Kong was isolated on 3 June, Dr Heymann was positive that time is approaching for Hong Kong to be removed from the list.

Further information on the cluster of SARS cases in the Hong Kong Baptist Hospital

11. The first patient was hospitalized on the 9th Floor of Hong Kong Baptist Hospital (HKBH) on 20-21 April. She was admitted to a public hospital on 21 April and subsequently confirmed to have SARS on 24 April. In response to a telephone interview conducted by a registered nurse of the Department of Health (DH) on 22 April which specifically enquired about her close contacts and doctors consulted after the onset of the disease, the patient only advised that she had consulted a Chinese medicine practitioner but did not provide information on her hospitalization at HKBH. When she was confirmed to have SARS on 24 April, she was in critical condition.

12. In the light of the sporadic case involving a health worker reported on 24 April and other cases thereafter, DH has followed up with HKBH to carry out contact tracing for all SARS patients and provide advice on infection control measures. All 99 staff who worked on the three concerned floors had been put under surveillance. Contact tracing of 214 and 130 patients who were discharged from 6th, 7th and 9th Floor were conducted by DH and HKBH respectively. All household contacts were put under home confinement. The cluster of SARS cases in HKBH was reported by DH at the daily press conference on 6 May. Two inspections were carried out by DH on 7 and 10 May to examine the infection control measures undertaken by HKBH.

On-going development

Home confinement

13. 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 16 June, a total of 1,262 persons (from 493 households) had been affected by this requirement, of whom 34 had been confirmed to have SARS. Currently, no person is under home confinement.

Health checks at border control points

14. 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.

15. As regards ports and land boundary crossings, all arriving passengers are currently subject to temperature screening. At the three land border control points where vehicles can go through with drivers and passengers remaining on board i.e. Lok Ma Chau, Man Kam To and Shataukok, AMS members will use hand-held infrared thermometers to check the body temperature of the drivers and passengers. 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 16 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
17 June 2003