

立法會
Legislative Council

Ref : CB2/PL/HS

Panel on Health Services

Background brief prepared by the Legislative Council Secretariat

Outbreak of Severe Acute Respiratory Syndrome

Purpose

This paper summarises the major issues and concerns raised at meetings of the Panel on Health Services (HS Panel) regarding the handling of the outbreak of the Severe Acute Respiratory Syndrome (SARS) by the Government and the Hospital Authority (HA). A chronology of events in respect of the SARS outbreak is also provided for Members' reference.

Background

2. Following media reports of an outbreak of atypical pneumonia (AP) cases in Guangdong Province in late 2002 and early 2003, the HS Panel held a joint meeting with the Panel on Food Safety and Environmental Hygiene on 24 February 2003 to discuss with the Administration the notification mechanism for infectious diseases between Guangdong and Hong Kong, and the surveillance system for infectious diseases in Hong Kong.

3. After an outbreak of respiratory tract infection with pneumonia symptoms occurred among health care workers of the Prince of Wales Hospital (PWH) in early March 2003, the HS Panel held two special meetings in March 2003 to discuss with the Administration and HA their handling of the outbreak. At the meeting of the HS Panel on 14 April 2003, Members decided to hold weekly special meetings with the Administration to closely monitor the handling of the SARS outbreak by the Government and HA.

4. Members raised a number of issues and concerns, including -

- (a) notification mechanism for infectious diseases;

- (b) SARS outbreak at Amoy Gardens;
- (c) supply of protective gear for health care workers and infection control in public hospitals;
- (d) dissemination of information;
- (e) treatment protocol;
- (f) establishment of an infectious disease hospital;
- (g) frail elders in residential care homes for the elderly;
- (h) overall handling of the SARS outbreak; and
- (i) setting up of an independent Commission of Inquiry to inquire into the handling of SARS outbreak by the Government and HA.

A summary of the main issues and concerns raised is provided in paragraphs 5 to 58 below.

Major issues and concerns raised

Notification mechanism for infectious diseases

5. From the outset, Members of the HS Panel were very concerned as to whether an effective notification mechanism for infectious diseases between Hong Kong and the Mainland was in place.

6. At the joint meeting of the HS Panel and the Panel on Food Safety and Environmental Hygiene on 24 February 2003, Deputy Director of Health (DDH) informed Members that a mechanism already existed for the exchange of information on communicable diseases between the Department of Health (DH) and the Ministry of Health in Beijing, including exchange of reports on selected infectious diseases on a monthly basis. Close contact was maintained with health authorities of neighbouring places such as Guangdong Province, Zhuhai and Shenzhen Special Economic Zones and Macau on the surveillance, prevention and control of communicable diseases.

7. DDH also informed the meeting that DH had contacted the health authorities on the Mainland on 10 February 2003 to understand the latest situation of the pneumonia outbreak in Guangdong Province. The Guangdong health authorities replied on 11 February that 305 AP cases had occurred in some areas of the Province from 16 November 2002 to 9 February 2003 and

five persons had died from the disease.

8. At the special meeting of the HS Panel on 28 March 2003, the Secretary for Health, Welfare and Food (SHWF) informed Members that the Central Government had already agreed that a mechanism should be quickly set up between Hong Kong and the Mainland to strengthen the flow of information on communicable diseases.

9. The issue was pursued at a number of meetings of the Panel. At the special meeting of the HS Panel on 7 May 2003, Members were informed that experts from Hong Kong and Guangdong held the first meeting of the Expert Group on Prevention and Treatment of Infectious Atypical Pneumonia on 17 and 18 April in Guangzhou. The two sides agreed to further improve the notification mechanism by passing the latest information on SARS to each other regularly, including cumulative case reports, figures on the number of cases, deaths, patients discharged as well as clinical treatment, epidemiological investigations, and progress on pathological study. Both sides also agreed to set up a point-to-point mechanism to enhance communication and to draw on each other's experience in disease control. Members were briefed that both sides saw the importance of early exchange of information of infectious diseases which would facilitate control and prevention.

10. Members were informed in early June 2003 that the first tripartite meeting of Guangdong-Hong Kong-Macau Expert Group on Prevention and Treatment of Infectious Disease was held on 28 and 29 May 2003 to strengthen information exchange on communicable diseases. The following consensus was reached at the meeting -

- (a) to expand the list of notifiable infectious diseases to include AIDS, dengue fever, influenza, tuberculosis, cholera and malaria in the exchange of epidemiological information;
- (b) to further enhance co-operation on scientific research and set up mutual visit; and
- (c) to hold tripartite meetings regularly.

11. Hong Kong and Guangdong further discussed details of the communication mechanism on reporting notifiable infectious diseases on 8 September 2003. The health authorities on both sides agreed to maintain the frequency of reporting for notifying SARS cases on a weekly basis. For other infectious diseases, the frequency of reporting would be once a month (on the 15th of each month) with point-to-point communication via mail, electronic mail or facsimile.

SARS outbreak at Amoy Gardens

12. In view of the concentration of SARS outbreak in Block E of Amoy Gardens, the Director of Health imposed an Isolation Order under Regulation 24 of the Prevention of the Spread of Infectious Diseases Regulations (Cap. 141B) on the whole building for a period of 10 days starting from 6:00 am on 31 March 2003. DH also appealed to residents who had moved out prior to the Isolation Order to report to the Department.

13. On 1 April, after reviewing new information regarding the outbreak situation in Amoy Gardens, the Administration decided that it was necessary to move residents into holiday camps for the remaining isolation period until midnight of 9 April 2003 so that an investigation would be conducted on the building. A number of Members considered that the Administration had made a mistake in not moving residents of Block E to holiday camps immediately upon the issuance of the Isolation Order.

14. In order to identify the cause of the outbreak, DH, in collaboration with eight other government agencies, conducted a detailed investigation covering epidemiological, environmental, public hygiene, building design and utilities considerations. The major findings of the investigation, which observed that environmental factors had played a major role in the outbreak, were announced to the public and submitted to the HS Panel on 17 April 2003.

15. As of 31 March 2003, there were a total of 64 SARS cases in Amoy Gardens, representing 10.5 % of the cumulative total (610 cases). 18 of these 64 cases were in Block E, accounting for 28% of the total SARS cases in Amoy Gardens.

16. A World Health Organization (WHO) environmental expert team also conducted an independent investigation into the risk factors involved in the possible environmental transmission of SARS in residential buildings, including Amoy Gardens. The WHO environmental expert team released its findings to the public on 16 May 2003. The WHO findings largely corroborated the earlier findings of Hong Kong investigation team.

Supply of protective gear for health care workers and infection control in public hospitals

17. Members were very concerned about the continued infection of health care workers in public hospitals. Noting incessant complaints made to radio programmes about the shortage and poor quality of the protective gear, Members urged HA to come up with measures expeditiously to stop infection of health care workers and to provide them with the type of gear which would help them feel assured of being sufficiently protected. Members continued to pursue the issue until the target of zero infection of health care workers was

achieved in early June 2003.

18. To address health care workers' worries about contracting SARS, Director (Professional Services and Public Affairs, Hospital Authority (Director, HA) informed the meeting of the HS Panel on 14 April 2003 that HA had decided to step up infection control measures in all wards to reduce the chance of infection amongst health care staff. Apart from promulgating infection control guidelines against SARS to all its frontline staff, HA had established infection control wardens to monitor staff behaviour and their use of equipment to minimise the risk of infection. It had also organised training and refresher courses on infection control for frontline staff. The Electrical and Mechanical Services Department (EMSD) was assisting HA to upgrade ventilation in wards and additional ventilators were being purchased. In addition, HA had been procuring large quantity of protective items, and set up a centre responsible for the central procurement and distribution of all supplies to meet the needs of hospitals.

19. At the special meeting of the HS Panel on 23 April 2003, Director, HA informed Members that HA kept a stock of 14 days of general protective gear. HA also kept stock of higher level protective gear, such as "Barrier Man", the supply of which was so far adequate. As complaints made by some health care staff about inadequate protective gear might be related to the distribution process, Cluster Chief Executives had been asked to conduct spot checks to ensure that supplies really reached frontline health care staff. In addition, an expert group had been formed under HA to ensure that the safety requirements of the protective gear were up to standard to cope with changed circumstances. Suggestions from staff on how to enhance their protection against SARS had also been adopted as far as possible. Instructions had been given to hospitals to provide shower facilities in wards for the use of staff as far as practicable.

20. At the special meeting of the HS Panel on 30 April 2003, Director, HA conceded that there might be communication problems between frontline staff and the middle management who were caught between satisfying the demand from staff for the protective gear immediately and maintaining a certain stock level of such gear in case of inadequate supply in future. Although HA had so far not encountered any particular difficulties in the procurement of recommended standard items of protective gear for different levels of risks, there were pressure areas in the procurement of certain protective gear, such as small-sized N95 masks. HA was actively exploring alternative suppliers for such items.

21. At the special meeting of the HS Panel on 21 May 2003, Director, HA advised Members that arrangements were underway to improve the protective gear and apparel for hospital staff working in non-high risk areas. In addition to the one-day training session in infectious disease control for non-professional hospital staff organised by each hospital, further training on the

same would be conducted by HA Head Office in each hospital cluster. A resource centre, manned by staff trained in infectious disease control, would gradually be set up in hospital clusters to advise staff on the usage of different types of protective gear and apparel and how to wear them properly.

22. Members were informed that the HA Central Task Force on Supplies and Environmental Control had reviewed the problems relating to the supply of protective gear for frontline staff. The Task Force had identified, amongst others, that there was room for improvement in the communication between the middle management in a few hospitals and both frontline staff at the ward level, and the Supplies Office in HA Head Office. To rectify the problem, the Hospital Chief Executives of these hospitals had already put in place mechanisms to ensure effective communication amongst the parties concerned. The middle management of these hospitals would proactively communicate with frontline staff regarding their concern about the supply of necessary protective gear to ensure work safety, and report unresolved issues/problems to the attention of the senior management. The hospitals concerned had been advised to communicate closely with the Supplies Office in HA Head Office on their requirements for protective gear. The Task Force would monitor the effectiveness of the new mechanisms on a regular basis and suggest further improvements where necessary. HA had also set up a 24-hour SARS hotline to enhance communication with frontline staff. Feedback and suggestions from staff would be referred to relevant clusters and hospitals for immediate follow-up action.

23. At the special meeting of the HS Panel on 28 May 2003, Director, HA advised Members that actions had been taken to step up infection control in all non-SARS wards in public hospitals due to the fact that not all patients who contracted the disease displayed SARS symptoms at the onset of the disease.

Dissemination of information

24. Members welcomed the holding of daily press briefing by the Administration on the latest situation of SARS commencing 15 March 2003, but hoped that, in addition to providing information on the number of SARS patients, death cases and daily discharge figures, more details could be given. In response, the Administration provided more details of the cases, i.e. whether the SARS patients were health care workers/medical students or patients admitted to hospitals for other illnesses, the number of patients in convalescence and under treatment, the age of the patients who died from SARS and whether they had a history of chronic disease, the number of suspected cases, and the names of residential buildings with confirmed/suspected SARS patients, etc. Such information was supplemented by daily press releases and uploaded on the website of DH, and also disseminated to the medical profession through electronic means.

25. Members were also informed that as part of its efforts to combat SARS, the Administration had launched a campaign to raise public awareness of maintaining good personal and environmental hygiene. For instance, the public had been taught on the proper way to wear masks and use bleach for disinfection.

Treatment protocol

26. SARS patients were treated at the initial stage of the illness with antibiotics for presumptively known bacterial agents of community-acquired atypical pneumonia. For patients with unsatisfactory response to antibiotics, they were treated with Ribavirin and/or pretease inhibitor, with or without steroid, and/or any other treatments, on the advice of a panel of experts, comprising clinicians of HA and leading academics from the University of Hong Kong and the Chinese University of Hong Kong.

27. In the light of the comments made by some overseas experts about the efficacy of using Ribavirin and steroid in treating SARS patients in Hong Kong, some Members questioned whether such treatment protocol was appropriate. HA explained that there was yet no internationally agreed treatment protocol for SARS and the most effective treatment for the disease was still unknown. A SARS Collaborative Group comprising representatives from all hospitals and specialties involved in the management of SARS was formed by HA to understand more about the natural course of the new disease and study the factors that would influence outcome of the disease.

28. Advisory groups, comprising clinicians of HA and academics, had also been formed to evaluate the efficacy of alternative treatment options for SARS on the basis of evidence. One of the alternative treatment options being examined was the use of Chinese medicine.

29. Two experts from the Guangdong Provincial Hospital of Chinese Medicine arrived Hong Kong in early May 2003 to provide expert advice on the use of Chinese medicine in treating SARS patients.

30. The Chinese Medicine Expert Panel on SARS Exploratory Treatment had formulated research and treatment protocols for the prevention and treatment of SARS, which were being implemented in HA hospitals for SARS patients as appropriate. In addition to treating SARS patients, HA had arranged the use of prophylaxis Chinese medicines for its frontline staff.

31. A mechanism for evaluating the effectiveness of integrated western and Chinese medicine for the prevention of SARS and in the management of convalescent and acute SARS patients was formed under HA. Preliminary findings were expected to be available later in the year.

32. At the special meeting of the HS Panel on 25 June 2003, Director, HA informed Members that the death rate of SARS patients in Hong Kong was round 17%. As the situation in some other places with SARS was still not yet stabilised, he considered that it was not an appropriate time to compare the death rate of Hong Kong with other places with SARS. Moreover, a direct comparison of death rates should not be made without taking into the following three sets of variables -

- (a) the inclusion and exclusion applied in the case definition and the consistency and completeness of surveillance and reporting;
- (b) patient clinical profiles; and
- (c) the effectiveness of clinical treatment provided.

Establishment of an infectious disease hospital

33. Members were also concerned about possible resurgence of SARS later in the year and were worried about the lack of isolation facilities for infectious diseases in public hospitals. Some Members were in favour of building an infectious disease hospital and a temporary facility based on the Xiaotongshan Hospital model in Beijing.

34. The Administration advised the HS Panel at its special meeting on 28 May 2003 that possible options in combating possible emergence of new infectious diseases in future included the construction of infectious disease blocks at a few selected hospitals (including Princess Margaret Hospital which was a designated infectious disease centre equipped with dedicated facilities for handling patients with infectious diseases) and the construction of a hospital specially designed and equipped for treatment of infectious diseases with isolation facilities that could 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, HA would improve the ventilation and isolation facilities of existing hospitals to improve their ability in handling infectious diseases.

35. The Administration told the HS Panel at its special meeting on 12 June 2003 that the Health, Welfare and Food Bureau (HWFB) had set up a Working Group on Hospital Authority Isolation Facilities under the Inter-departmental Action Co-ordinating Committee on SARS to consider options on how to expand the existing infectious disease control facilities of the public hospital system, and oversee the smooth and timely implementation of feasible projects. Chaired by the Permanent Secretary for Health, Welfare and Food, the Working Group comprised representatives from the Environment, Transport and Works Bureau, Financial Services and the Treasury Bureau, HWFB, HA, DH, EMSD,

Architectural Services Department and the Planning Department.

36. In exploring additional isolation facilities for suspected SARS cases with a view to minimising the risk of cross infection, the following factors were relevant -

- (a) the cohorting of suspected patients should best be located in the acute hospitals backed up by Intensive Care Unit facilities in view of the high level of medical and nursing dependency of patients; and
- (b) the option of building fast track prefabricated construction as temporary isolation facilities was subject to various constraints. To build a centralised temporary isolation facility would require a large site. Such an approach required significant transport support to transport patients between the facility and the hospitals. Medical support would also be a problem if the facility was located away from any hospital. Such a facility could only take in patients with very low medical and nursing dependency. In this connection, SARS patients in convalescence could be accommodated in such a facility.

37. The Working Group agreed that as an immediate step there was the need to improve and develop the existing isolation facilities of all acute hospitals for suspected SARS cases, so that the handling of future SARS could be shared among acute hospitals. In this connection, HA proposed to adopt a staged approach to improve the hospital facilities to cater for the infection control needs of both the fever wards and the SARS wards.

38. The Working Group decided that the option of proceeding with a centralised temporary isolation facility should continue to be explored by way of active site search. At the same time, the Working Group would concurrently examine the option of building prefabricated construction in decentralised isolation facilities at various hospitals. The decentralisation approach would have the advantage of adequate medical backup from the acute hospitals. This approach would, however, only be feasible provided that there was readily available sites in the acute hospitals to accommodate the temporary facilities. HA had been asked to identify hospitals with readily available sites to take forward this option. Also, action was in hand in identifying camp facilities that could be converted into temporary isolation facilities.

39. At the special meeting of the HS Panel on 12 June 2003, Permanent Secretary for Health, Welfare and Food confirmed that the Administration had not ruled out the construction of an infectious disease hospital. The Administration would carefully examine the feasibility of constructing an infectious disease hospital in the light of the recommendations of the SARS

Expert Committee.

40. The Finance Committee approved on 18 July 2003 funding to strengthen the short-term isolation facilities of nine public hospitals at an estimated cost of about \$400 million in money-of-the-day prices. The proposed improvement works had commenced in July 2003 for completion in October 2003.

Frail elders in residential care homes for the elderly

41. As frail elders in residential care homes for the elderly (RCHEs) were a high risk group for SARS, Members urged the Administration to enhance outreach support to RCHEs to reduce hospital attendance of elders. The Administration informed Members that it had separately allocated \$10 million to HA for enhancing its outreach support to all elderly care homes, including the recruitment of additional visiting medical officers (VMOs) from the private sector, with a view to reducing the admission of elders into hospitals. HA had strengthened the coverage of its existing Community Geriatric Assessment Teams (CGATs) of HA to RCHEs through collaboration with VMOs.

42. Staff of DH and Social Welfare Department (SWD) had visited RCHEs more frequently to inspect on their facilities and ensure compliance with the guidelines on environmental hygiene and infection control. SWD would provide assistance to RCHEs with a shortage of staff to employ extra carers. Special measures such as measuring the temperature of visitors would be implemented in RCHEs. Half-way accommodation would be arranged for elderly SARS patients discharged from the hospital before they returned to RCHEs.

43. At the special meeting of the HS Panel on 18 June 2003, Deputy Secretary for Health, Welfare and Food advised that the Administration would consider allocation of additional resources for extending the VMO scheme beyond June 2003 and review the scope and effectiveness of services provided by VMOs.

44. It was reported in two newspapers on 18 September 2003 that HA had been allocated an additional amount of \$6 million for recruiting 100 private medical practitioners to join the VMO scheme.

Overall handling of the SARS outbreak

45. At the special meeting of the HS Panel on 28 March 2003, SHWF advised Members that consequent upon the outbreak of respiratory tract infection in PWH, a Steering Group, headed by himself and comprising health experts and officials from DH and HA, had been formed to speed up information exchange and coordinate preventive efforts.

46. Members were concerned whether the hospital cluster system was able to cope with the upsurge in workload in certain hospitals. In a paper to the special meeting of the HS Panel on 30 April 2003, Members were informed that HA had set up three Central Task Forces on Infection Control on SARS, Clinical Management and Information on SARS and Supplies and Environmental Control in Hospitals on SARS to better co-ordinate efforts in combating SARS.

47. Members were also informed in a paper provided by the Administration for the special meeting of the HS Panel on 7 May 2003 that the Administration had adopted an overall approach centred on “early detection, swift contact tracing, prompt isolation and quarantine, and effective containment” to contain the spread of the disease. The main features of the approach were as follows -

- (a) early detection - a comprehensive public education programme was established to heighten awareness of SARS symptoms;
- (b) swift contact tracing - modern technology, i.e. an online e-SARS database and the Police's Major Incident Investigation and Disaster Support System, was deployed to improve the timeliness and accuracy of the contact tracing;
- (c) prompt isolation and quarantine - all household contacts of confirmed or suspected SARS patients were required to undergo home confinement for monitoring and treatment up to a maximum of 10 days since 10 and 25 April 2003 respectively; and
- (d) containment of the disease - multi-disciplinary response teams were established. When two or more unrelated SARS cases occurred in a residential building, these teams would immediately proceed to interview the households, investigate the building and its services, such as drainage and other piping systems, lifts and sewerage systems.

48. Some Members considered that the Administration and HA had failed to adopt a proactive manner in handling the SARS outbreak, particularly at the initial stage, thereby resulting in some measures not implemented in a timely manner. Notably, at the special meeting of the HS Panel on 14 March 2003, SHWF maintained that there was no sign of spread of the disease in the community. The Chief Executive, HA, in response to a Member's question, said that he did not see the need to close PWH temporarily, having regard to the facts that there had been no upsurge in admission of patients to the hospital and that there was no further infection of health care workers after stepping up of infection control in the hospital.

49. On 25 March 2003, the Secretary for Education and Manpower (SEM) announced that there was no need to suspend classes. However, on 27 March 2003, SEM announced that all secondary schools, primary schools, special schools, kindergartens and the Vocational Training Council (day classes) would suspend classes with effect from 29 March to 6 April 2003.

50. At the special meeting of the HS Panel on 28 March 2003, a Member asked the Administration to set up a quarantine centre or provide temporary accommodation for people who had come into close contact with those suffering from SARS. However, SHWF responded that the Administration would not introduce the measure proposed. At the same meeting, some Members expressed reservation about the requirement for people who had come into close contact with SARS patients to attend medical assessment at a designated clinic on a daily basis for 10 days. These Members considered that a more effective way was to quarantine this group of people.

Setting up of an independent Commission of Inquiry to inquire into the handling of SARS outbreak by the Government and HA

51. At the special meeting of HS Panel held on 14 May 2003, Members passed a motion that LegCo should appoint a select committee to inquire into the handling of SARS outbreak by the Government and HA, and to conduct a comprehensive review of the whole process. Members agreed that the proposal for setting up a select committee should be put to the House Committee (HC) to seek its support.

52. The Chief Executive (CE) announced on 15 May 2003 that SHWF would invite local, Mainland and overseas experts to conduct a review of the handling of SARS outbreak. Relevant experts would also be invited to advise on the setting up of a centre for disease control to fight and prevent infectious diseases in Hong Kong.

53. On 28 May 2003, the Administration announced the establishment of the SARS Expert Committee, chaired by SHWF and comprising renowned experts from around the world, the Mainland and Hong Kong to conduct a thorough review of the work in combating SARS.

54. The HS Panel's proposal for LegCo to appoint a select committee to inquire into the handling of SARS outbreak by the Government and HA was considered by HC on 30 May 2003.

55. After discussion, the HC passed a motion requesting the Government to appoint an independent Commission of Inquiry in or before October 2003 to conduct an investigation to find out the truth and whether any persons should be held responsible. Should the Government refuse to do so, HC would consider setting up a select committee. In supporting the motion, some

Members expressed serious doubts about whether the SARS Expert Committee, being chaired by SHWF, would conduct the review of the SARS outbreak in a fair and impartial manner. This was because SHWF was the main decision-maker in dealing with the outbreak, and he was the key person in establishing HA. They also pointed out that the Expert Committee was not aimed at pinpointing who should be held responsible for the SARS outbreak, but would only focus on finding out what lessons could be learnt from past mistakes. Some other Members expressed the view that they would decide on the need for a Commission of Inquiry or a select committee after they had seen the report of the SARS Expert Committee.

56. The Chairman of HC wrote to CE on 6 June 2003 conveying the request for the appointment of a Commission of Inquiry to inquire into the handling of the outbreak of SARS. In his reply to the Chairman of HC on 28 June 2003, CE asked LegCo Members to give the SARS Expert Committee a chance to complete its report before drawing any conclusion on what follow-up action was necessary. CE's reply is in **Appendix I**.

57. On 17 July 2003, CE announced that SHWF would no longer chair the Expert Committee. The membership and terms of reference of the Expert Committee are in **Appendices II and III**.

58. Members of the HS Panel met with the Hospital Management and Administration Group and the Public Health Group of the SARS Expert Committee on 28 June and 9 July 2003 respectively to give their views. Members of the HS Panel were also joined by other Members to meet with the full Expert Committee on 19 August 2003, during the latter's week-long plenary meeting in Hong Kong to deliberate issues identified in the SARS outbreak and formulate ideas for their final recommendations to CE. The Expert Committee informed Members that it would release its full report simultaneously to the Hong Kong public when it was submitted to CE on 2 October 2003. The Expert Committee accepted an invitation made by the Chairman of the HS Panel to attend a Panel meeting to explain the findings of the report. The meeting will be held on 2 October 2003 at 2:45 pm.

Reference papers

59. A chronology of events in respect of the SARS outbreak is in **Appendix IV**. Two charts showing the daily and weekly statistics on SARS cases respectively are in **Appendices V to VI**.

董建華
中華人民共和國香港特別行政區
行政長官



C. H. TUNG
Chief Executive
The Hong Kong Special Administrative Region
of the People's Republic of China

28 June 2003

The Honourable Mrs Selina CHOW LIANG Shuk-ye
Chairman
Legislative Council House Committee
Legislative Council Building
8 Jackson Road, Central
Hong Kong

Dear Selina,

Thank you for your letter of 9 June 2003.

The Severe Acute Respiratory Syndrome (SARS) is a new disease. There remains a lot the world does not know about it. The epidemic has dealt a severe blow to Hong Kong. Through the public health measures taken by the Government, the selfless devotion and commitment of our fine team of healthcare workers, and the support and cooperation of the community, we have successfully brought the epidemic under control. The lifting of the travel advisories by the World Health Organisation (WHO) and other countries and the subsequent removal of Hong Kong as a SARS affected area by the WHO is a testimony and reinforcement of international confidence in the measures and actions taken by Hong Kong to control the spread of the disease.

As you have pointed out in your letter, there is a risk of a recurrence of the disease and some experts have predicted that this may happen as early as next winter or spring. We must remain vigilant and must constantly remind the community not to let down our guard. Our first priority is to protect public health, and the most important thing we must do now is to

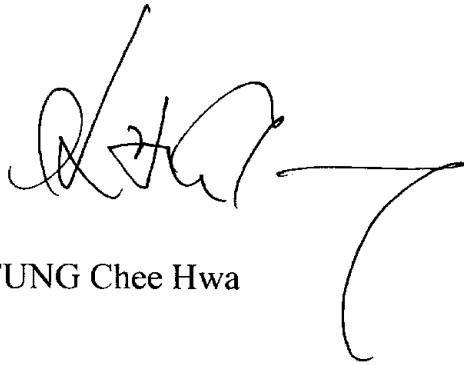
see as soon as possible what lessons we have learned or can be learned in the three months of our effort to fight the SARS epidemic, so that we are better prepared to respond to another possible outbreak of SARS, or other infectious diseases, should it occur.

The SARS Expert Committee appointed to investigate into the SARS epidemic, comprising some of the world's most experienced and knowledgeable medical experts in the fields of public health, epidemiology, disease control and hospital management, is best placed and equipped to undertake this review. Hong Kong is fortunate, and indeed honoured, to be able to assemble such a distinguished panel of international experts to assist us in undertaking the review, and we must make the best of use of their expertise to help us improve the capability and preparedness of our public health system to cope with the outbreak of infectious diseases.

The objective of the review is to carry out a detailed and professional study into the outbreak; to review the way we managed and controlled the epidemic; to examine and review the capabilities and structure of the health system and the operations of the Hospital Authority and the Department of Health in the prevention and management of infectious diseases such as SARS; and to make recommendation on areas of improvement so that we can learn from experience and do better next time round should the virus come to attack us again in winter. Two groups have been formed under the Committee to look at hospital management and administration, and public health issues, respectively. To underline the objectivity of the review, Sir Cyril Chantler, a member of the Committee, has been appointed to lead the group on hospital management and administration; and another member, Professor Sian Griffiths, has been appointed to lead the group on public health. They will oversee information gathering and fact-finding of related issues of the respective groups and lead the discussions.

The work of the Committee is of great urgency and vital importance to protecting the public health and safety of Hong Kong. I urge Members and the community to give their best support and cooperation to the Committee in conducting the review. Our aim is to complete the review in September, so that it will still leave us with sufficient time to implement the recommendations and gear up our public health system before the onset of winter. The Government is committed to publishing the report of the Committee and keeping the public fully informed of its findings and recommendations. I hope Members will give the Committee a chance to complete its report before drawing any conclusion on what follow-up action is necessary.

Yours sincerely

A handwritten signature in black ink, appearing to be 'Tung Chee Hwa', with a long horizontal stroke extending to the right.

TUNG Chee Hwa

SARS Expert Committee
Membership List

Chairman

1. Sir Cyril Chandler (Hospital Management and Administration Group)
Chairman, Board of the Great Ormond Street Hospital for Children NHS Trust, UK
2. Prof Sian Griffiths (Public Health Group)
President, Faculty of Public Health Medicine, The Royal Colleges of Physicians, UK

Hospital Management and Administration Group

1. Dr Sherene Devanesen
President, Royal Australasian College of Medical Administrators, Australia
2. Mr John Wyn Owen
Secretary, The Nuffield Trust, UK
3. Dr Tang Xiao-ping
Director, No. 8 People Hospital in Guangzhou, China
4. Prof Rosie Young
Former Chairman, Medical Council, Hong Kong
5. Prof Zhong Nan-shan
Head, Institute for Respiratory Disease in Guangzhou, China

Public Health Group

1. Dr Meirion Evans
Senior Lecturer, Department of Epidemiology, Statistics and Public Health, University of Wales College of Medicine, UK
2. Prof Harvey Fineberg
President, Institute of Medicine, National Academy of Sciences, USA
3. Dr Jeffrey Koplan
Vice President for Academic Health Affairs, Emory University, USA
4. Prof Lee Shiu-hung
Emeritus Professor of Community Medicine, Chinese University of Hong Kong

Severe Acute Respiratory Syndrome Expert Committee

Terms of Reference

Having regard to the experience gained in the recent SARS outbreak –

- (1) To review the work of the Government, including the Hospital Authority, in the management and the control of the outbreak;
- (2) To examine and review the capabilities and structure of the healthcare system in Hong Kong and the organization and operation of the Department of Health and the Hospital Authority in the prevention and management of infectious diseases such as SARS; and
- (3) To identify lessons to be learnt, and to make recommendations on areas of improvements in order to better prepare our system for any future outbreaks.

The Committee shall submit a report on their findings and recommendations to the Chief Executive.

SARS Expert Committee Secretariat

Panel on Health Services

Sequence of events in relation to the outbreak of Severe Acute Respiratory Syndrome in Hong Kong and related matters

Date	Events	Cumulative figures		
		SARS cases	Deaths due to SARS	Patients discharged
18 November 2002	First known case of atypical pneumonia (AP) reported in Foshan, Guangdong Province.	0	0	0
23 January 2003	Health authorities in Guangdong issue a report of an investigation conducted by health experts to alert the health units in the Guangdong Province of an outbreak of AP (based on information provided by Dr Hon David CHU at the special meeting of the Panel on Health Services (HS Panel) on 12 June 2003).	0	0	0
10 February 2003	The Department of Health (DH) contacts the health authorities in the Mainland to understand the latest situation of the outbreak in Guangdong Province.	0	0	0
11 February 2003	Guangdong health authorities reply that there were 305 AP cases and five deaths in Guangdong Province between 16 November 2002 and 9 February 2003. Several Hong Kong newspapers report that people in Guangdong Province are buying vinegar in a frenzy to prevent AP.	0	0	0
19 February 2003	Guangdong municipal officials declare that the AP outbreak is caused by Chlamydiae (an intracellular bacteria), and that the rising trend of AP has subsided but the disease is not yet completely under control. DH declares that it has stepped up surveillance of unusual pattern of the disease in Hong Kong and will closely monitor development in Guangdong. The Director of Health (D of H) explains to the public that boiling vinegar is of no use in preventing AP.	0	0	0
21 February 2003	A medical doctor from Guangdong checks into the Metropole Hotel (9 th floor).	0	0	0
22 February 2003	The medical doctor from Guangdong is admitted to Kwong Wah Hospital. He passed away on 4 March 2003.	0	0	0
3 March 2003	First case of a health care worker of Ward 8A of Prince of Wales Hospital (PWH) coming down with respiratory tract infection.	0	0	0

Date	Events	Cumulative figures		
		SARS cases	Deaths due to SARS	Patients discharged
4 March 2003	A Hong Kong resident is admitted to PWH with respiratory symptoms, after visiting an acquaintance at the Metropole Hotel.	0	0	0
6 March 2003	A businessman from Hanoi with an acute respiratory syndrome is admitted to Princess Margaret Hospital. He passed away on 13 March 2003.	0	0	0
10 March 2003	<p>PWH reports the outbreak of respiratory tract infection amongst health care workers of Ward 8A to DH for investigation.</p> <p>The Hospital Authority (HA) announces that its Infection Control Task Force will closely monitor the situation and development in all public hospitals.</p> <p>HA also reminds all health care workers in public hospitals to strictly observe infection control measures with regard to droplet precautions.</p>	0	0	0
12 March 2003	<p>DH issues letters to private doctors and hospitals advising them to take necessary infection control measures in handling patients, and to inform DH immediately if they detect any confirmed or suspected AP cases.</p> <p>DH reports the outbreak of cases in Ward 8A of PWH to the World Health Organization (WHO), following which WHO issues a global alert about the outbreak of AP in Hong Kong.</p>	0	0	0
14 March 2003	<p>43 staff of four hospitals are reported to have contracted respiratory tract infection, progressing to pneumonia. The Secretary for Health, Welfare and Food (SHWF) informs the Panel on Health Services (HS Panel) that no link between the outbreak of respiratory tract infection in these four hospitals is found. SHWF also informs the HS Panel that there is no sign of spread of AP in the community, and that on average Hong Kong has about 1 500 to 2 000 pneumonia cases every year, half of them being AP.</p> <p>The Chief Executive, HA told the HS Panel that he does not see the need to temporarily close PWH.</p> <p>A Steering Group, headed by SHWF and comprising health experts and officials from HA and DH, is formed to speed up information exchange and coordinate preventive efforts.</p>	43	0	0

Date	Events	Cumulative figures		
		SARS cases	Deaths due to SARS	Patients discharged
15 March 2003	WHO names the new infectious disease "Severe Acute Respiratory Syndrome" (SARS). DH starts to give a daily press briefing on the latest situation of SARS cases in Hong Kong.	47	0	0
16 March 2003	WHO includes Hong Kong on its list of areas with recent local transmission of SARS.	49	0	0
17 March 2003	Index patient suspected to have been the cause of the cluster of SARS cases in PWH is identified.	95	0	0
19 March 2003	Microbiologists of the Chinese University of Hong Kong announce that the causative agent of SARS is a member of the paramyxoviridae family of viruses that includes measles and mumps.	150	5	2
24 March 2003	HA issues treatment guidelines on SARS, including the use of Ribavirin and steroid on patients with unsatisfactory response to antibiotics.	265	10	12
25 March 2003	The Secretary for Education and Manpower (SEM) announces, at a press briefing, that there is no need to suspend classes.	290	10	14
27 March 2003	SEM announces, at a press briefing, that all classes will be suspended with effect from 29 March 2003 to 6 April 2003, as the disease has shown sign of spreading in the community. D of H makes the Quarantine and Prevention of Disease Ordinance (Amendment of First Schedule) Order 2003 and the Prevention of the Spread of Infectious Diseases Regulations Amendment of Form) Order 2003 to include SARS as one of the notifiable infectious diseases.	370	11	19
28 March 2003	SHWF informs the HS Panel that the Administration would not consider setting up a quarantine centre for people who have come into close contact with those suffering from SARS.	425	11	25
29 March 2003	Declaration of health status at entry points in Hong Kong begins.	470	12	43
31 March 2003	D of H uses her power under the Quarantine and Prevention of Disease Ordinance (Cap. 141) to require people who have come into close contact with those suffering from SARS to attend medical assessment at a designated clinic on a daily basis for 10 days.	610	15	79

Date	Events	Cumulative figures		
		SARS cases	Deaths due to SARS	Patients discharged
	<p>D of H imposes an Isolation Order on Block E of Amoy Gardens for a period of 10 days starting from 6:00 am on 31 March 2003. The Isolation Order is issued under Regulation 24 of the Prevention of the Spread of Infectious Diseases Regulations (Cap. 141B).</p> <p>The Finance Committee (FC) approves the creation of a new commitment of \$200 million to provide additional funds for the fight against SARS.</p>			
1 April 2003	Residents of Block E of Amoy Gardens move into holiday camps for the remaining isolation period until midnight of 9 April 2003.	685	16	84
2 April 2003	WHO issues travel advisory against non-essential travel to Hong Kong.	708	16	89
3 April 2003	SEM announces extension of class suspension period to 21 April 2003.	734	17	98
10 April 2003	All household contacts of confirmed SARS patients are required to confine themselves at home for a period up to 10 days since the last contact with the confirmed cases. This measure is implemented under Regulation 11 of the Prevention of Infectious Diseases Regulations (Cap. 141B).	998	30	154
12 April 2003	DH releases the names of the buildings with SARS patients who have been admitted to hospitals within the past 10 days.	1 108	35	215
16 April 2003	WHO announces that a new pathogen, a member of the coronavirus family never before seen in humans, is the cause of SARS. The virus is discovered by microbiologists of the University of Hong Kong (HKU) with help from a network of biology laboratories in 13 countries.	1 268	61	257
17 April 2003	<p>SHWF makes public the findings of the investigation into the outbreak of SARS at Amoy Gardens.</p> <p>The Prevention of the Spread of Infectious Diseases (Amendment) Regulation comes into operation. The Amendment Regulation provides statutory powers for health officers to restrict specified persons from leaving Hong Kong and for authorised persons to measure the body temperature of persons arriving in or departing Hong Kong.</p> <p>Checking of body temperature of passengers departing at the Hong Kong International Airport before check-in begins. Checking of body temperature for all in-bound passengers at</p>	1 297	65	272

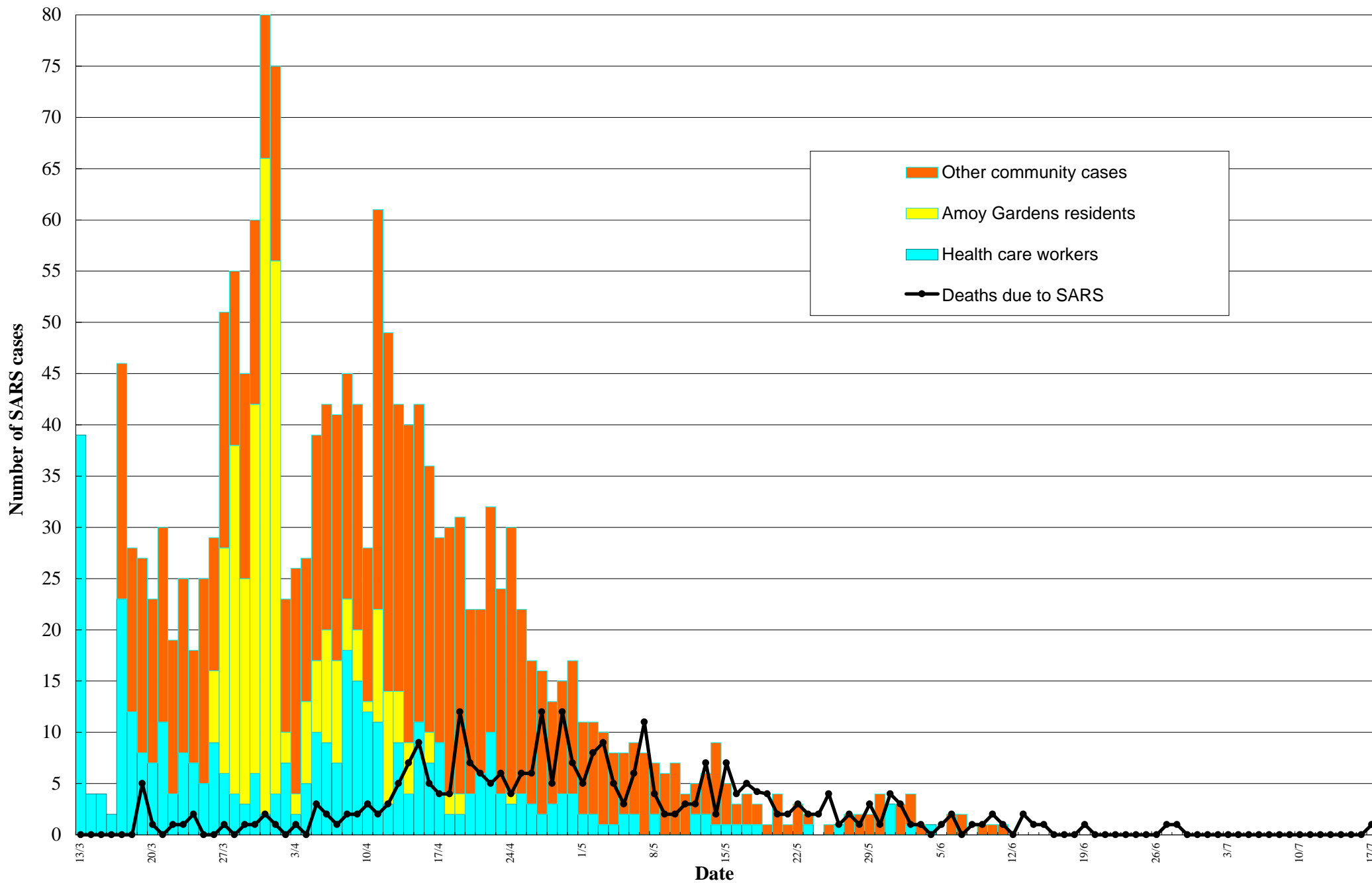
Date	Events	Cumulative figures		
		SARS cases	Deaths due to SARS	Patients discharged
	<p>the Airport also commences later in the week, followed gradually by similar body temperature taking arrangement at other border check points.</p> <p>The Expert Group on Prevention and Treatment of Infectious Atypical Pneumonia comprising representatives of the Guangdong Health Department, DH and HA holds its first two-day meeting in Guangzhou.</p>			
18 April 2003	Multi-disciplinary response teams are established. Whenever there is a building with two or more confirmed, suspected or under observation SARS cases, a team would conduct investigations into the probable causes and map out the measures and actions required.	1 327	69	322
22 April 2003	Students of Secondary Three level and above resume classes.	1 434	99	461
24 April 2003	Checking of body temperature of inbound passengers arriving in Hong Kong via Hung Hom and Lo Wu begins.	1 488	109	567
25 April 2003	<p>All household contacts of suspected SARS patients are required to confine themselves at home for treatment up to a maximum of 10 days.</p> <p>FC approves a commitment of \$3.5 billion for the Government to provide guarantee under a loan guarantee scheme for SARS impacted industries and to meet contingent liabilities arising from this guarantee.</p>	1 510	115	614
26 April 2003	Checking of body temperature of in-bound passengers via ports and land boundary crossings begins.	1 527	121	632
27 April 2003	WHO environmental expert team arrives in Hong Kong to assist DH in further investigating risk factors involved in the possible environmental transmission of SARS in residential buildings.	1 543	133	668
30 April 2003	The Administration informs the HS Panel that HA has set up three Central Task Forces on Infection Control on SARS, Clinical Management and Information on SARS and Supplies and Environmental Control in Hospitals on SARS.	1 589	157	791
1 May 2003	The United States Centers for Disease Control and Prevention (CDC) issues travel advisory against non-essential travel to Hong Kong.	1 600	162	834

Date	Events	Cumulative figures		
		SARS cases	Deaths due to SARS	Patients discharged
5 May 2003	The Chief Executive (CE) announces the establishment of Team Clean to promote a sustainable, cross-sectoral approach to improve environmental hygiene in the territory.	1 637	187	930
12 May 2003	Pupils of Primary Four and above at primary and special schools (except schools for the mentally handicapped) resume classes.	1 683	218	1 066
14 May 2003	The HS Panel passes a motion proposing that a select committee be appointed by the Legislative Council (LegCo) to inquire into the handling of the SARS outbreak by the Government and HA.	1 698	227	1 128
16 May 2003	The HA Board sets up a Review Panel to assess the performance of the public hospital system in handling the crisis situation of the outbreak of SARS. The Review Panel will submit its Report to the HA Board in September 2003.	1 706	238	1 171
19 May 2003	Pupils of Primary Three and below, schools for the mentally handicapped, kindergartens and child care centres resume classes.	1 714	251	1 213
21 May 2003	Checking of body temperature of people departing for the Mainland by through trains from the Hung Hom Station begins.	1 719	255	1 237
23 May 2003	WHO lifts travel advisory against non-essential travel to Hong Kong, as Hong Kong has met the three criteria set by WHO for the travel advisory to be lifted, namely, the number of reported cases has been running at less than five per day since 16 May 2003; the total number of cases on active treatment for SARS has fallen below 60 by 23 May 2003; and all local transmission of cases can be linked to exposure source since 1 May 2003.	1 724	260	1 255
24 May 2003	The Administration announces that the importation of game meat derived from civet cats has been temporarily suspended as a precautionary measure, following detection of viruses related to the SARS coronavirus in palm civets in live retail markets and in people working in the same markets in Guangdong Province by microbiologists from HKU and other experts.	1 724	262	1 266
28 May 2003	The Administration announces the establishment of the SARS Expert Committee, chaired by SHWF and comprising renowned experts from around the world, the Mainland and Hong Kong to conduct a thorough review of the work in combating SARS. The Expert Committee is expected to	1 730	270	1 295

Date	Events	Cumulative figures		
		SARS cases	Deaths due to SARS	Patients discharged
	conclude its work and submit a report to CE in September 2003.			
29 May 2003	The tripartite meeting of Guangdong-Hong Kong-Macau Expert Group on Prevention and Treatment of Infectious Atypical Pneumonia holds its first two-day meeting in Hong Kong.	1 732	273	1 302
30 May 2003	The House Committee (HC) passes a motion requesting the appointment of a Commission of Inquiry to inquire into the handling of the outbreak of SARS.	1 736	274	1 304
2 June 2003	The Chief Secretary for Administration informs HC Chairman that the Administration has decided not to appoint a Commission of Inquiry.	1 746	282	1 319
6 June 2003	HC Chairman writes to CE requesting the appointment of a Commission of Inquiry to inquire into the handling of the outbreak of SARS.	1 750	286	1 350
23 June 2003	WHO removes Hong Kong from its list of areas with recent local transmission of SARS, as 20 days, which is twice the maximum incubation period, have passed since the last case from the community at large was reported in Hong Kong on 2 June 2003.	1 755	296	1 411
25 June 2003	CDC lifts travel advisory against non-essential travel to Hong Kong, and concurrently issues a travel alert on Hong Kong. A travel alert advises travellers to take precautions when travelling to area where a health concern exists.	1 755	296	1 419
26 June 2003	The Hospital Management and Administration Group of the SARS Expert Committee meets in Hong Kong to review the work of public hospitals in the management and infection control of the disease from 26 to 28 June.	1 755	296	1 419
27 June 2003	FC approves the creation of a new commitment of \$200 million and supplementary provision for a grant of the same amount to HA for the setting up of a Training and Welfare Fund; and supplementary provision of \$22 million in 2003-04 to the Health, Welfare and Food Bureau (HWFB) for providing financial assistance to family members of those who sacrifice their lives to save others.	1 755	297	1 422
28 June 2003	CE writes to HC Chairman asking LegCo Members to give the SARS Expert Committee a chance to complete its report before drawing any conclusion on what follow-up action is necessary.	1 755	298	1 428

Date	Events	Cumulative figures		
		SARS cases	Deaths due to SARS	Patients discharged
7 July 2003	The Public Health Group of the SARS Expert Committee meets in Hong Kong from 7 to 11 July.	1 755	298	1 430
9 July 2003	CDC lifts travel alert on Hong Kong.	1 755	298	1 431
17 July 2003	CE announces that SHWF will no longer chair the SARS Expert Committee.	1 755	299	1 438
18 July 2003	FC increases the approved commitment for the fight against SARS from \$200 million to \$700 million, and approves the creation, under HWFB, of a commitment of \$500 million for financing research projects on controlling infectious diseases, with particular emphasis on emerging infectious disease such as SARS.	1 755	299	1 439
13 August 2003	The SARS Expert Committee begins its week-long plenary meeting in Hong Kong to deliberate issues identified in the SARS outbreak and formulate ideas for their final recommendations to CE.	1 755	299	1 446
19 August 2003	The SARS Expert Committee meets with LegCo Members in the morning, and announces at a press conference in the afternoon that it will release its full report simultaneously to the Hong Kong public when it is submitted to CE on 2 October 2003.	1 755	299	1 446

Daily Statistics on SARS Cases
(13 March to 17 July 2003)



Weekly Statistics on SARS Cases
(13 March to 17 July 2003)
(Cumulative Figures)

