

For discussion
on 17 November 2003

**LegCo Panel on Health Services
Subcommittee to Monitor the Implementation of the
Recommendations of the SARS Expert Committee and
the Hospital Authority Review Panel on the SARS Outbreak**

Contingency Mechanism to Deal with Possible Resurgence of SARS

This paper briefs Members on the Administration's contingency mechanism to combat the possible return of SARS.

Checklist of Measures to Combat SARS

2. The battle against SARS is not yet over in Hong Kong and elsewhere in the world. The Administration, together with various sectors and trades, has already put in place a comprehensive package of preventive measures to guard against SARS. These measures are summarised in the booklet "**Vigilant & Prepared – Checklist of Measures to Combat SARS**", which was released on 22 September 2003. We have briefed the LegCo Panel on Health Services on the contents of the booklet on 10 November 2003.

Contingency Mechanism

3. The thrust of the checklist of measures to combat SARS is to ensure a swift and well-coordinated response to emergencies arising from the disease. In this connection, the Administration has prepared an overall Government emergency response mechanism that provides a clear command structure for making strategic decisions, distinct roles and responsibilities for different parties, the line of command to launch various types of operations, and the response times where appropriate. The mechanism will be fine-

tuned according to local and overseas experience and increased knowledge about the disease. The following paragraphs highlight the main features of this contingency mechanism.

The Three-level Response System

4. The Administration has developed a three-level response system to ensure an efficient and responsive internal management system—

- ☛ ***Alert Level Response*** – activated when there is (a) laboratory-confirmed SARS cases outside Hong Kong; or (b) a SARS Alert¹ in Hong Kong.
- ☛ ***Level 1 Response*** – activated when there is one or more laboratory-confirmed SARS cases in Hong Kong occurring in a sporadic manner². The activation should be completed within 12 hours of the laboratory confirmation;
- ☛ ***Level 2 Response*** – activated when there are signs of local transmission of the disease.

5. When the ***Alert Level Response*** is triggered, a simplified emergency response command structure will be put in place. The Health, Welfare and Food Bureau (HWFB), the Department of Health (DH) and the Hospital Authority (HA) are the three main parties assessing the nature and level of risks, taking appropriate actions in anticipation of problems and monitoring developments.

6. ***Level 1 Response*** or ***Level 2 Response*** will entail the establishment of a Steering Committee to steer Government actions. The

¹ The SARS Alert is an operational definition introduced by the World Health Organisation (WHO) to ensure that appropriate infection control and public health measures are implemented until SARS has been ruled out as a cause of the atypical pneumonia or respiratory distress syndrome. Definition of a SARS Alert is –

- ☛ two or more health care workers in the same ward/unit fulfilling the clinical case definition of SARS and with onset of illness in the same 10-day period; or
- ☛ hospital acquired illness in three or more persons (health care workers and/or other hospital staff and/or patients and/or visitors) in the same ward/unit fulfilling the clinical case definition of SARS and with onset of illness in the same 10-day period.

² In cases where there is one or more patients suspected to have contracted SARS in private hospitals, the Government has in place an isolation policy whereby the patient(s) concerned will be isolated. The Department of Health will provide rapid diagnostic laboratory support to promptly confirm or exclude the presence of SARS virus in clinical specimens collected from the patient(s).

definitions will be refined to provide greater clarity, where possible. The composition of CE's Steering Committee will be reviewed in light of the discussion of the last Panel meeting on 10 November.

Specific Roles of the Key Players

7. The roles of HWFB, DH and HA in the emergency response mechanism are as follows:–

HWFB

- ☛ to co-ordinate the public health sector response actions and other inter-departmental response actions as directed by the Steering Committee and to monitor implementation of the actions. Task Groups will be set up for this purpose where necessary;
- ☛ to assess and secure the necessary resources and to oversee the adequacy of infrastructural support;
- ☛ to re-assess the preparedness of government departments in coping with the situation at different stages and to take necessary actions to augment any inadequacy as directed by the Steering Committee;
- ☛ to be responsible for urgent legislative amendments;
- ☛ to co-ordinate logistical support for the departments involved in response actions;
- ☛ to co-ordinate internal and external communication, including keeping the community informed of developments and providing clear guidance on whether there is a need to step up preventive measures.

DH

- ☛ to liaise with affected foreign countries/areas and collect early intelligence on SARS cases outside Hong Kong;
- ☛ to implement public health measures to control the spread of disease in the community;
- ☛ to maintain an efficient surveillance system;
- ☛ to conduct prompt contact tracing as well as medical surveillance and confinement of close contacts;
- ☛ to identify and eliminate sources of infection, where possible;
- ☛ to communicate with and disseminate the latest information to

hospitals and medical professionals in the private sector and government departments;

- to review and enhance port health measures, where necessary; and
- to ensure rapid and accurate diagnostic laboratory support.

HA

- to maintain efficient surveillance to detect SARS in the public hospital system;
- to diagnose provide appropriate medical care and isolate SARS cases;
- to report promptly SARS cases and provide information to DH to enable timely implementation of public health measures;
- to co-ordinate hospital infection control measures;
- to investigate and manage outbreaks in public hospitals; and
- to communicate closely with private sector medical professionals on clinical management and the provision of medical services.

8. In addition, relevant government departments will prepare their own departmental contingency plans and conduct regular drills to ensure that parties concerned are familiar with the plans. Such departmental contingency plans will identify the likely emergency conditions the department may face during an outbreak and set out the responsive actions required to handle these conditions. These contingency plans will be documented, verified and tested.

The Way Forward

9. The Administration will continue to fine-tune the contingency measures as we gain more knowledge on the disease and on infection and outbreak control.

10. In addition, the Administration and the Hospital Authority will continue to conduct briefings and drills to facilitate thorough understanding of the emergency response plans, to familiarise the various parties with the work procedures and to identify room for improvement. So far, we have conducted 18 drills in the public hospital setting. Actions are in hand to

conduct a series of multi-sectoral drills involving more components of the emergency response mechanism. The experience gained from these drills will go a long way to enhancing the preparedness of the Government and the community to combat SARS in terms of systems, procedures, communications and personal practices.

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