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Legislative Council 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

Progress of the implementation of the recommendations on Communications, Surveillance, Information and Data Management

This paper informs Members on the Administration's progress in the implementation of the recommendations of the SARS Expert Committee in the areas of communications, surveillance, information and data management, namely recommendations number 23 to 33 set out in the SARS Expert Committee Report

Working towards better Communication

2. We have learnt from the SARS outbreak earlier this year that a critical task of the Government in managing an infectious disease outbreak is to communicate effectively with the public. Communication is an essential aspect of outbreak management. In the event of a serious outbreak, the Government must do all that it can to provide the public with quality, accurate and consistent information in a timely manner. This is important in all stage of the outbreak notably in the early stages when the public needs to be informed of the symptoms to watch for, updated of the potential risks, advised of the necessary precautionary measures and what to do if they suspect themselves to be infected. Accurate information is the most effective weapon against fear, and the ability of the authorities to provide such information will enhance public confidence. It will also carry significant implications on the outcome of the outbreak because the chance of success of the Government's public health efforts in containing a major outbreak depends heavily on the public's co-

operation.

Overall Communication Strategy

3. We accept the SARS Expert Committee's observation that there is room for improvement in the Government's communication with the media and the public. The SARS Expert Committee commented in its report that communication with the media was not very organized at the initial stage of the outbreak. The daily media briefings then were conducted at different times and by different persons with no standardised format. The information provided also left something to be desired in its timeliness and consistency, and there was at times some confusion between the roles of the Department of Health (DH) and the Hospital Authority (HA) in conveying information. The communication with the public in the early stage of the epidemic was also considered to reflect inadequate preparedness. In view of these weaknesses, the SARS Expert Committee made a number of recommendations for improvements in this regard. In essence, the recommendations call for –

- devising a communication strategy in advance of a communicable disease outbreak;
- responsible officers should be given sufficient training on risk communication and should have a good understanding of how best to discharge their responsibility at times of outbreak;
- the overall responsibility of devising the communication strategy and preparing staff for risk communication should rest with the Centre for Health Protection (CHP).

4. We will pursue and implement these recommendations when setting up the CHP and will designate specific personnel for risk communication. Pending the formal establishment of the CHP, the Health, Welfare and Food Bureau (HWFB), Department of Health (DH) and the Hospital Authority (HA) have already begun planning for development of a communication strategy and staff training. On the planning side, HWFB is developing an overall communication strategy at times of an outbreak. The strategy should take care of different groups of audience, including –

- the general public;
- specific sectors and vulnerable groups, e.g. residential homes for the

elderly, schools, patient groups, non-governmental organisations, the business sector, etc;

- health care providers and practitioners; and
- the media.

The objective is to communicate the level of risks, hazard analysis, critical preventive measures, control measures and the rationale for implementing such measures (especially measures that will have significant socio-economic impact) as well as general knowledge of communicable disease in an easy-to-understand and timely manner. We will also set out clearly in the strategy the extent to which information will be given, balancing personal privacy rights and public interests and the need-to-know. The strategy will incorporate a wide variety of means to disseminate information as recommended by the SARS Expert Committee. We will retain those means which have been assessed to be useful in the SARS outbreak, in particular the daily media briefings by lead spokespersons. The frequency of these media briefings will be increased if and when necessary. For example, there can be a morning plus an afternoon briefing. Important messages will be given out by more senior officers.

5. The overall strategy will demarcate the roles of HWFB, DH and HA in communicating with different sectors of the community. There will be full co-ordination amongst the different agencies in delivering their messages. To play their roles well, DH and HA are developing their respective communication strategy and are closely working together to ensure that their strategies dovetail with each other and contribute to the overall governmental goal of providing clear, timely and accurate information to the public.

6. We hope that the communication strategy being developed will not only be useful at times of major outbreaks, but will also improve our risk communication and public health education work in normal times and in respect of certain “seasonal” communicable diseases as well as educate the public on pertinent health concepts and practices.

7. As the media play a crucial role in disseminating Government’s health messages to the public, we have been forging closer partnerships with them through closer regular contacts. DH and HA have been participating in briefing/training sessions for the media on public health matters so that they will

be better placed to convey accurate information to the public. Plans are in hand for the Government to co-organise training workshops of this nature with the media and public health organisations in the future.

Training

8. On the training side, again we have begun training for our staff pending the formal establishment of the CHP. In order to enhance the knowledge base in the department, DH has invited the School of Public Health of the University of Hong Kong to conduct a workshop on risk assessment and communication for its senior officers in December 2003. The department has also initiated search for overseas courses on risk communication for organising relevant in-house training courses for its staff and other interested parties.

9. The HA has also organized a Crisis Communication and Management seminar in October 2003 which more than 500 managers attended. The seminar gave an overview of crisis communication debriefing of the communication during SARS. Two courses on communication for collaboration and communication for influencing for results respectively are being planned for the first quarter of 2004. These courses are aimed at enhancing the internal communication skills of HA staff. Other useful training courses/programmes will be sought and the staff concerned will be refreshed of communication principles and skills from time to time.

Communication with Health Care Workers

10. One of the problems the HA encountered during the SARS outbreak was communication with its staff. In this respect, the SARS Expert Committee recommended the HA to develop a communication strategy for its staff. One of the identified weaknesses in HA's internal communication in the SARS outbreak was over-reliance on the HA Intranet as a communication tool. The HA is committed to overcoming this weakness by developing new channels of communication. These include the appointment of internal communication co-ordinators at hospital level and the establishment of 24-hour staff help desks during times of crisis. The HA is also developing plans to strengthen staff group communication.

Communication between Patients and their Families

11. During the SARS outbreak when a restricted visitation policy has to

be adopted for a prolonged period, the HA had to find ways of facilitating communication between patients and their families. With visits to hospitals prohibited or restricted, the lack of communication with families was a source of great anxiety for some of the patients. The HA is committed to improving the situation should there be another major outbreak in Hong Kong. Possible options such as the use of broadband videophone, public-switch-telephone-network videophone and video conferencing equipment have been considered for future use.

IT Infrastructure for Infectious Disease Surveillance and Data Management

12. The report of the SARS Expert Committee highlighted the importance of information system in strengthening surveillance and hospital infection control and early warning of outbreak. While it pointed out that the pre-existing information systems of DH and HA proved inadequate in supporting the enormous volume of contact-tracing required at the height of the SARS outbreak, the Committee praised the efforts made by Government and HA in rectifying the situation within a very short period of time, through the development of a number of data management systems in April 2003 including the e-SARS System, the SARS-case Contact Information System (SARS-CCIS) and the Major Incident Investigation and Disaster Support System (MIIDSS). These systems provide the authorities with the capability to share case information in real-time, analyse the distribution of SARS cases and identify links between cases and report hotspots of SARS activity. The SARS Expert Committee recommended that the Government should make the enhanced data management system developed during the SARS outbreak a permanent part of the infrastructure to support the control of communicable diseases.

13. Since the containment of the SARS outbreak in June this year, we have conducted a comprehensive assessment of the capabilities of our existing information system with a view to identifying the gaps with our long term information needs for effective infectious disease surveillance. Our current plan is to develop systems that will –

- in the long-term future, perform infectious disease surveillance function;
- during outbreaks, perform the functions of data analysis, identification of clustering, links between cases and hotspots and geospatial analysis of

the outbreak.

14. For the infectious disease surveillance system, we are planning to develop a case notification system as a first phase whereby all medical practitioners, including those of the private sector and private hospitals, will be able to notify DH of statutorily notifiable diseases when such is identified. For medical practitioners of the public sector, the system will be linked to clinical management systems so that whenever a statutorily notifiable disease is diagnosed, the data will automatically be reported to DH. This will save the manpower dedicated to disease reporting as well as minimize under-reporting. For private hospitals, we will also engage them in the development of such automatic reporting functions so that they can be put to use in private hospitals.

15. The second phase of the infectious disease surveillance system will be a syndromic surveillance system. This system will enable syndromes to be reported for surveillance purpose, and does not require a definitive diagnosis of an infectious disease pathogen to be made. One example is the sentinel surveillance system now operated by the DH where participating doctors report influenza-like-illness, acute diarrheal disease, acute conjunctivitis, and hand-foot-mouth disease among their patients. Syndromic surveillance will enable significant syndromes to be captured, analysed and monitored. This will be useful in recognizing new disease threats and identifying outbreaks early.

16. Our long-term aim is to extend the infectious disease surveillance system into the community. Apart from private medical practitioners, we plan to enable Visiting Medical Officers of the Community Geriatric Assessment Teams serving residential homes for the elderly, schools and other institutions to provide input into the system as well.

17. In developing the system, we will develop a policy of privacy of information so that it is clear to the community that patient/personal/business privacy will not be infringed upon while essential information and data are captured for public health purposes. We hope that by so doing, the private medical sector and the community users of the system can be reassured and will be willing to participate in the overall surveillance programme.

18. For communicable disease control systems, we will build on the

success of the e-SARS, MIIDSS and SARS-CCIS systems to provide real-time linkage of relevant data between the information systems of DH and HA as well as linkage to the private medical sector. We will also plan for systems that will provide regular feedback to information providers. The systems will have geospatial analytical ability to track outbreak trends and identify hotspots in the community and in hospitals.

19. The systems are now in the initial planning stage and the estimate of the costs is being worked out. These systems will in the future be operated by the CHP. Subject to availability of resources, the case notification part of the infectious disease surveillance system is expected to be completed in 2004. The entire surveillance system is expected to be completed in 2006/07. The communicable disease control system will be developed in parallel and is estimated to be completed by 2006/07.

Health, Welfare and Food Bureau
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