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Health, Welfare and Food Bureau
Government Secretariat, Government of the Hong Kong Special Administrative Region
The People's Republic of China

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Miss Flora TAI
Clerk to Select Committee to inquire into the
handling of the Severe Acute Respiratory Syndrome
outbreak by the Government and the Hospital Authority
Legislative Council
8 Jackson Road, Hong Kong
(Fax: 2248 2011)

Dear Miss TAI,

**Select Committee to inquire into the handling of
the Severe Acute Respiratory Syndrome outbreak by
the Government and the Hospital Authority**

I refer to your letter of 24 December 2003 inviting a written submission on the performance and accountability of the Health, Welfare and Food Bureau in the handling of the SARS outbreak. I am pleased to provide the Select Committee with the attached paper *Performance and Accountability of the Health, Welfare and Food Bureau in the Handling of the SARS Outbreak* (~~SC09-12P-EY~~).

Yours sincerely,

Dr E. K. Yeon
Secretary for Health, Welfare and Food

Encl.

Performance and Accountability of the Health, Welfare and Food Bureau in the Handling of the SARS Outbreak

Introduction

This paper provides an account of the role and work of the Health, Welfare and Food Bureau (HWFB) during the SARS epidemic. In order to provide a better understanding of the context for the Bureau's role during the outbreak and the policies and procedures in force for outbreak control at the material time, the paper also gives an overview of the respective roles of HWFB, the Department of Health (DH) and the Hospital Authority (HA) in health matters and the working relationship between them. A brief overview of the roles and work of DH, HA and other departments under HWFB's ambit during the SARS outbreak is also included.

Role of HWFB

2. HWFB is one of the 11 policy bureaux of the Government. It has overall policy responsibility for all matters relating to health, social welfare, food and environmental hygiene and women's interests. It is underpinned by DH, HA, the Food and Environmental Hygiene Department (FEHD), the Social Welfare Department (SWD) and the Government Laboratory (GL). The recurrent public expenditure under HWFB's portfolio amounts to \$61.4 billion during the financial year 2003/04.

3. On matters relating to health, HWFB is responsible for the development and formulation of policies and the management and allocation of government resources to the departments and organizations under its ambit. It is responsible for the resource allocation of a health budget of \$33.4 billion in 2003/04. In addition, it has a monitoring and supervisory role. It keeps track of the work of DH and HA in their implementation of health-related policies and execution of statutory health functions, and ensures that the provision of public health care services to Hong Kong residents is in accordance with the guiding principle that no one should be denied adequate medical treatment due to lack of means. With a manpower of approximately 200 covering all the portfolio of the Bureau, HWFB usually does not participate at the operational level in the work of DH and HA, as with all the other departments under the Bureau's purview.

4. On a regular basis, HWFB provides reports to the Legislative Council (LegCo) and its Health Services Panel on the status and progress of the health programmes that it oversees. The Secretary for Health, Welfare and Food (SHWF) and his Permanent Secretary as well as the Deputy Secretary participate in discussions

with members of the LegCo regularly and answer their queries on health matters within the portfolio of HWFB.

Role of DH

5. DH is the health adviser of the Government and its executive arm in health legislation and policy. DH is also responsible for public health and the Director of Health is the statutory authority responsible for the prevention and control of infectious diseases. It safeguards the health of the community through promotive, preventive, curative and rehabilitative services. It also works with the private sector and teaching institutions to protect public health. DH carries out its public health functions with a manpower of some 6,300 staff. Its budget for 2003/04 is \$3.2 billion.

6. On infectious diseases, DH performs surveillance on 27 statutory notifiable diseases (prior to SARS) and other infections of public health significance. It also coordinates the operation of a sentinel surveillance system that monitors the trends of influenza-like illness, hand-foot-and-mouth disease, antibiotic resistance, acute conjunctivitis and acute diarrhoeal diseases in the community. The Quarantine and Prevention of Disease Ordinance (Chapter 141 of the Laws of Hong Kong) and its subsidiary legislation provide DH with the legislative framework for the prevention and control of infectious diseases of public health importance. During an outbreak of infectious disease, DH is responsible for undertaking the necessary public health functions, including outbreak investigation and control, disease surveillance, contact tracing, enforcement of public health legislation, liaison with the healthcare community, public education, liaison with Mainland health authorities and the international health community as well as the provision of pathology laboratory services.

Role of HA

7. HA is a statutory and independent organisation responsible for the provision of all public hospital services. Under the Hospital Authority Ordinance (Chapter 113 of the Laws of Hong Kong), HA is responsible for the management and control of public hospitals, advising the Government of the needs of the public for hospital services and of the resources required to meet those needs, managing and developing the public hospitals system, establishing public hospitals, and promoting, assisting and taking part in the education and training of persons involved in hospital services. It manages 43 hospitals and institutions with a total capacity of 29,500 beds and employs some 53,000 staff. Its budget for 2003/04 is \$29.6 billion.

8. HA has an established mechanism for the surveillance and control of hospital-acquired infections, which is overseen by a corporate-wide committee on infection control. The committee comprises clinical microbiologists, infectious disease

physicians, paediatricians, infection control nurses and virologists from the University of Hong Kong and the Chinese University of Hong Kong, representative of DH and executives of HA. Guidelines on infection control are regularly updated and issued to all hospitals. There are also infection control teams designated by individual cluster and hospital to coordinate and implement infection control measures at operational level and to investigate and control hospital outbreaks promptly.

Working relationship between HWFB and DH

9. Managerially, DH is accountable to HWFB. However, the statutory powers required for carrying out public health functions are vested in the Director of Health. Legally, approval from HWFB is not needed for the Director of Health to take decisions or action on public health ground. As a matter of practice, the Director of Health would normally consult or seek the views of HWFB on major decisions on public health. In addition, should the Director of Health identify the need to amend legislation, the Director will recommend the proposed amendments to HWFB as the Bureau is responsible for providing policy support and liaising with the relevant authorities to carry out the legislative process.

10. Within HWFB's policy parameters, DH is responsible for designing its annual plan setting out the initiatives and programmes it will implement for the coming year. During those times when there is no outbreak or epidemic, HWFB monitors the progress of DH's work through formal Quarterly Progress Review (QPR) meetings. In addition, monthly meetings are held with senior directorate officers of DH to discuss work matters and health-related issues. For specific matters of public health concern, ad hoc meetings are convened. There are further communication channels on an individual basis with the Director of Health or his/her staff. Where appropriate, special working groups may be established to take matters forward.

Working relationship between HWFB and HA

11. As a statutory and independent organisation, HA is governed by an HA Board. The Board comprises 21 members from the community, 3 public officials and the Chief Executive of HA. There are six committees under the Board, which are chaired by community representatives, to oversee issues relating to planning, auditing, finance, human resources and the development of medical and supporting services. The Deputy Secretary for Health, Welfare and Food sits on the HA Board as one of the three public officials.

12. As with the case of DH, HWFB monitors the progress of HA's work through formal Quarterly Progress Review (QPR) meetings. In addition, monthly meetings are held with senior executives of HA to discuss work matters and policy issues. For specific matters of concern, ad hoc meetings are convened. There are further communication channels on an individual basis with HA Chief Executive or

his staff. Where appropriate, special working groups may be established to take matters forward.

13. As HWFB is responsible for the overall policy on the provision of public hospital services and for funding HA services, HA is accountable to the Government for the effective and efficient delivery of public hospital services. However, HA is autonomous in the management and control of its hospitals. It needs not obtain approval from HWFB in making decisions on hospital operations, such as temporary curtailment of any of its hospital services, transfer or diversion of cases among hospitals and closure of any of its wards or service departments. In practice, HA would normally either inform or seek the views of HWFB on major decisions related to hospital operations which could have a substantial impact on the provision of hospital services to the public.

Roles of HWFB and its departments during the SARS outbreak

14. During the SARS outbreak, HWFB monitored and reviewed the work of DH and HA in investigating and controlling the spread of the disease.

15. For DH, it undertook the necessary public health functions as the statutory authority responsible for the control and prevention of infectious diseases, such as case and epidemiological investigations, laboratory testing, contact tracing, medical surveillance, enforcement of public health legislation, liaison with the healthcare community, public education and health advice, and liaison with Mainland health authorities and the international health community.

16. For HA, it mobilized and managed its resources in the public hospital system for the management of the outbreak. The evolving knowledge of the disease was collated and infection control measures implemented. Both suspected and confirmed SARS patients were provided with the necessary diagnostic service and medical treatment. HA also assisted DH in disease surveillance as well as case and epidemiological investigations by providing relevant data and laboratory samples.

17. HWFB had frequent contacts with both DH and HA and was briefed on how DH would proceed in managing the outbreak, and the infection control measures taken by HA for controlling hospital outbreak and preventing the spread of the disease. SHWF and staff of the Bureau also visited affected hospitals and attended staff forums to gain first-hand information about the outbreak situation and the concerns of healthcare workers, and to show support and appreciation for their dedication. For instance, SHWF visited Prince of Wales Hospital (PWH) on 14 March 2003 and attended a staff forum at PWH on 20 March 2003. He also attended a staff forum at the Princess Margaret Hospital on 2 April 2003.

18. As the outbreak situation progressed, the role of HWFB evolved from one of monitoring, coordinating and supervision to one that included also a more

participatory and direct role in assessing and management of the outbreak. When the outbreak was recognized in March 2003, HWFB set up a Task Force to gather inputs and advice from DH, HA, experts from local universities and the World Health Organization (WHO) in managing and controlling the epidemic; coordinated efforts in the health sector, including the private healthcare sector; and oversaw the implementation of SARS control-related public health measures.

19. When the outbreak escalated, HWFB also mobilized other departments under its ambit to carry out or provide support for its SARS-control operations –

- (a) The Government Laboratory assisted in the investigations into the Amoy Gardens outbreak by collecting environmental samples and providing laboratory services for the analysis of possible environmental contamination.
- (b) The Food and Environmental Hygiene Department began playing an important role in the fight against SARS after scientific evidence from the Amoy Gardens outbreak suggested that SARS could be spread through environmental factors. It undertook environmental investigations in “hotspots” or buildings with SARS cases and carried out disinfection and disinfestations to eliminate any possible environmental contamination. It also offered advice on cleansing and disinfection, pest control and ways to ensure proper functioning of the drainage system.
- (c) The Social Welfare Department provided assistance and support for the isolation and evacuation of Amoy Gardens Block E residents as well as for people subject to the home confinement scheme. It also provided assistance and support, including counseling and financial assistance, to SARS patients and their families. The Department had also assisted child care centres and residential care homes for the elderly and disabled to take precautionary measures against SARS through the issuance of guidelines and the distribution of cleansing and protective equipments.

20. The work of HWFB at different stages of the epidemic is described in greater depth in the following section.

HWFB's work during the SARS outbreak

Pre-outbreak

21. After the outbreak of atypical pneumonia in Guangdong came to light on 10 February 2003, HWFB contacted DH to solicit information and advice regarding the outbreak and its implications for public health in Hong Kong. HWFB

noted that DH contacted the Mainland health authorities on the same day and asked about the situation in Guangdong Province. DH would closely monitor the situation and keep the Bureau informed of the discussions with the Mainland health authorities and the WHO.

22. HWFB convened a meeting on 13 February 2003 with officials and experts from DH and HA to collate and review available information and to monitor the progress of local disease surveillance. At the meeting, HWFB was also briefed on the establishment of the HA Working Group on Severe Community-Acquired Pneumonia (SCAP) on 11 February 2003 to step up surveillance of cases of pneumonia in public hospitals. During the period, HWFB noted that DH and HA had intensified local disease surveillance, particularly with regard to SCAP cases, with support solicited from private hospitals. In addition, DH had also liaised with the Mainland health authorities, the WHO and local academics to gather information regarding the outbreak in Guangdong Province. HA had also updated and issued guidelines to its hospitals on 21 February 2003 on the management and infection control of patients with severe respiratory illness. During the period, HWFB maintained a close liaison with DH and HA, and was kept informed of significant development. Despite all these efforts, the SARS epidemic in Hong Kong began on 10 March 2003 when 11 healthcare workers from ward 8A of PWH went on sick leave simultaneously.

PWH outbreak

23. After the outbreak of atypical pneumonia in PWH was recognized and reported on 11 March 2003, HWFB convened a meeting on 13 March 2003 with officials and experts of the DH, HA and other health experts, including a WHO representative (also a senior infectious disease expert from the Centers for Disease Control and Prevention (CDC) in Atlanta, the United States of America (USA)). The meeting reviewed local surveillance data on pneumonia cases, the situation in PWH and other hospitals, and the infection control measures taken for the outbreak in PWH. It was decided during the meeting that SHWF would chair a steering group to coordinate efforts of outbreak control and enhance information exchange and a Deputy Director of Health would chair an expert group to focus on investigation. However, in view of the evolving nature of the unknown outbreak and as the issues covered in the two groups were closely inter-related and often overlapping, it was decided at a meeting on 14 March 2003 that the two groups should be merged to form the HWFB Task Force for effectiveness and operational efficiency.

24. On 14 March 2003, the HWFB Task Force was established. It was chaired by SHWF and its membership included experts in public health, respiratory medicine and microbiology from DH, HA, local universities and WHO, as well as officials from DH and executives from HA. As the outbreak involved an unknown disease with no diagnostic test, unspecific symptoms and case definition, the purpose of the Task Force was to collate new information and obtain expert advice about the disease, provide a forum for the principles of outbreak management to be articulated

and coordinate outbreak control efforts in the health sector. The term “SARS” was only coined by WHO on 15 March 2003 and a virus was only identified and proposed as the causative agent of SARS by the University of Hong Kong on 22 March 2003. In fact, the newly identified coronavirus was only accepted by WHO as the causative agent on 16 April 2003. Six Task Force meetings were held during the period from 14 to 30 March to review the latest position of the outbreak and the accumulated scientific knowledge of the unknown causative agent, such as the evolving case definition, treatment protocol and infection control precautions.

25. The HWFB Task Force also provided a steer on the actions to be taken to contain the spread of the disease, such as public education strategy on personal hygiene and the development of sector-specific guidelines. In other words, after the outbreak in PWH was recognized, other than monitoring and supervision, HWFB took a more participatory role in assessing and managing the outbreak. After the Chief Executive’s Steering Committee (CESC) was established on 25 March, the HWFB Task Force continued to meet only when necessary and the Task Force experts continued to provide advice. The health sector response continued to be coordinated and led by HWFB.

26. DH notified WHO about the PWH outbreak on 12 March 2003, which led to the issue of a global alert by WHO on the same day about cases of acute respiratory syndrome in Vietnam, Hong Kong and Guangdong Province in China with unknown aetiology that appeared to place health workers at high risk. HWFB undertook on 13 March 2003 to disseminate on a daily basis any new information it had collated about the disease and the number of cases. Daily press briefings were made to inform the public of the latest position and detailed information on what was known/unknown about the causative agent, transmission mode, precautionary measures, etc. These were attempts to keep the public informed of the situation and to educate them in a timely manner. However, these had not been easy, particularly because the outbreak situation was changing rapidly, the case definition and knowledge about the clinical features were still evolving, and the great anxiety and fear of the public. Furthermore, as the definitive laboratory tests were still in the process of development, new and suspected cases took time to be diagnosed and verified before they could be confirmed.

Epidemic escalated

27. As the magnitude and scale of the epidemic escalated with other hospital outbreaks and the outbreak in the Amoy Gardens, HWFB started to participate at the operational level in the work of HA and DH. Members of the HWFB attended HA’s Daily SARS Round Up Meeting to keep track of the latest situation of hospital outbreaks, the conditions of SARS patients and treatment results and the measures taken by HA to protect healthcare workers, patients and visitors from infection.

28. As the situation relating to the outbreak developed rapidly, HWFB initiated frequent meetings with DH staff including the community physicians and

officials of DH in order to keep abreast with the latest position and contribute to decision-making at operational level. Other than monitoring the progress of their work, HWFB was also directly involved in reviewing operational matters of the Department, such as the workflow and information system for carrying out case and epidemiological investigations, contact tracing, and medical surveillance. For instance at the instruction of SHWF, DH invited experts from the Environment, Transport and Works Bureau (ETWB) to help in the investigations of the Amoy Gardens outbreak on 29 March 2003. The investigative work of the integrated team comprising DH and ETWB's experts and oversight by HWFB was instrumental in discovering preliminary evidence which suggested that the sewerage and drainage system might have accounted for the outbreak of the infections in Block E, thereby enabling key decisions to be made to evacuate the whole block on 1 April 2003.

29. The involvement of HWFB has served to enhance the collaboration and coordination between DH and HA in controlling the outbreak, as well as DH's capacity in carrying out the necessary public health functions for outbreak control. For instance, when it was realized that DH's efforts in contact tracing and case investigation were hampered by the lack of timely information, SHWF instructed both DH and HA on 28 March 2003 and oversaw that they develop an electronic database which enabled them to share and exchange information in real-time. An on-line database called e-SARS, with internet access, was launched on 8 April 2003. At about the same time in early April, the Police, through its involvement in the Inter-departmental Action Coordinating Committee (IACC), offered their sophisticated computer-cum-geographical information system called the Major Incident Investigation and Disaster Support System (MIIDSS) to facilitate DH's work on contact tracing. The combination of e-SARS and MIIDSS facilitated DH's work in conducting prompt case investigation and swift contact tracing.

30. HWFB also convened and DH was represented at two meetings on 25 March 2003 and 27 March 2003 respectively with nearly 100 representatives of healthcare professionals, the majority of whom came from the private healthcare sector, to establish closer partnership with the health sector in the prevention and control of the disease. At the meetings, infection control measures and practical problems faced by the frontline healthcare workers were discussed, and mutual support between the public and private healthcare sectors agreed.

31. As the outbreak escalated, more and more Government departments were involved in responding to the situation. On 24 March 2003, HWFB established the IACC within the Government to respond to emergency situations arising from the epidemic and to coordinate response efforts from different departments. IACC was chaired by the Permanent Secretary for Health, Welfare and Food (PSHWF) and comprised representatives from over 25 policy/resource bureaux, Government departments and public bodies. It coordinated inputs and responses at the operational level to implement SARS control-related decisions made by the Chief Executive's Steering Committee and the HWFB Task Force. Meetings were held on a daily basis.

32. During its operation from 27 March 2003 to 20 May 2003, IACC was responsible for the planning and implementation of many SARS control-related operations, including the isolation and evacuation of Amoy Gardens Block E, the management of accommodation at holiday camps used for isolation, port health measures including body temperature checking and health declaration of travellers, the home confinement scheme, the relief operation of Hong Kong tourists stranded in Taiwan, and the rescue operation for the entry of a Malaysian freighter with suspected SARS cases onboard. IACC also set up a Multi-disciplinary Response Team on 18 April 2003 to undertake proactive environmental investigations and elimination of environmental contamination in "hotspots" or buildings with SARS cases. IACC also devised and coordinated public education campaigns to promote the importance of personal and environmental hygiene.

33. After WHO's imposition of a travel advisory against Hong Kong on 2 April 2003, HWFB began to lead the negotiation strategy and communication process with WHO. Other than meeting WHO representatives face-to-face, frequent video and teleconferences were held to report to WHO the latest position in Hong Kong and the progress of the measures taken to control the epidemic, and to understand better the criteria for the lifting of the travel advisory. HWFB also monitored and coordinated measures taken to ensure that the WHO criteria were met as soon as possible. Similar interaction processes were also conducted with CDC in Atlanta of USA. These efforts contributed to the downgrading of CDC's travel advisory against Hong Kong on 5 June 2003, the lifting of the advisory by WHO on 23 May 2003 and the eventual removal of Hong Kong from the list of infected areas by WHO on 23 June 2003.

34. As part of the Government's international communications efforts, HWFB, with the support of DH and HA, held six briefings for Consuls-General during the SARS epidemic to address issues of general concern. HWFB had also kept the media and key contacts in overseas Governments, business sectors and academia informed of the situation of Hong Kong through the support of overseas Economic and Trade Offices (ETOs), and coordinated replies in response to enquiries from Government's overseas offices. These efforts by HWFB and ETOs also helped to reduce the scope of discriminatory measures imposed by foreign Governments and individual organizations on the flow of travellers, students and goods from Hong Kong.

35. During the epidemic, HWFB also reported regularly to LegCo and its Health Services Panel the status and progress of the outbreak control measures taken by the health sector, particularly DH, HA, as well as the Government as a whole, and responded to their queries. Between 24 February and 25 June, members of HWFB attended 15 Health Services Panel meetings and provided written or oral replies to 19 LegCo questions.

Conclusion

36. The SARS epidemic was the greatest public health challenge faced by modern Hong Kong. It was an event unprecedented not only in the modern history of Hong Kong, but also around the world. It was a very painful experience for all of us, particularly for the many people who lost their loved ones. However, the outbreak also brought out the best in our community, with many people having contributed to the battle against the disease through their extraordinary service, hard work, professionalism and attention to duty. To quote Dr. David Heymann, the Executive Director for Communicable Diseases of WHO at the time of the outbreak, Hong Kong's efforts to stem the spread of SARS were nothing less than "heroic".

37. The epidemic had made enormous demands on the public health services as well as the capacity of HWFB and its departments to cope with the situation. Information dissemination, specific health advice and concrete actions had been constrained by how little was known about the disease, and by its unspecific symptoms and evolving case definition at the initial stage of the epidemic and compounded by the fear that struck even members of our community. However, the Bureau and its departments had all tried our very best to meet the challenge within the constraints. Those efforts were instrumental to the eventual containment and control of the SARS epidemic. The unprecedented threat to public health brought about by SARS also highlighted the remarkable courage, dedication and resilience of not only our healthcare workers but also health management and colleagues in both the public and private sectors.

38. During the SARS outbreak, HWFB had worked closely with local and overseas experts, the healthcare sector as well as other policy/resource bureaux, government departments and public bodies to exchange information and experience about the disease, and to implement effective public health and infection control measures to contain its spread. The Bureau's dedicated efforts and involvement at various levels, including in operational matters, during the SARS outbreak had strengthened collaboration and coordination between DH and HA in outbreak investigation and information exchange, and enhanced the capacity of DH in carrying out the necessary public health functions for outbreak control and in implementing SARS control-related public health measures. The Bureau's deployment of modern technology through the on-line e-SARS database and MIIDSS had improved the timeliness and accuracy of contact tracing. IACC's planning and implementation of public health measures such as port health measures and home confinement as well as its multi-disciplinary response teams contributed to the effective containment of SARS.

39. All relevant departments/public bodies under HWFB's ambit had also collaborated in and contributed to the efforts in controlling SARS, for example –

- (a) DH had traced over 26,000 persons and provided medical surveillance for all close contacts and over 1,200 persons from nearly 500 households who had undergone the home confinement scheme;
- (b) HA had provided diagnostic service and medical treatment for all 1,755 SARS patients as well as a large number of suspected cases;
- (c) SWD had provided assistance and support to most of the home confinees and had also visited over 900 residential care homes for the elderly and disabled to ensure compliance with precautionary measures.

40. Overall, our efforts in controlling the SARS outbreak have been acknowledged by health experts and the international community. WHO has also commended the Government on a number of occasions for our openness and transparency in the management of the SARS epidemic.

41. Our health care system had worked well for the past decades during those times when there is no outbreak or epidemic in providing efficient and effective health services to all people of Hong Kong. However, the system was overwhelmed during the initial stage of the SARS epidemic in the face of the unknown nature of the disease and the magnitude and scale and rapidity of the outbreak.

42. The SARS Expert Committee, which comprised a distinguished panel of renowned experts in public health and hospital administration from various countries and chaired by Sir Cyril Chantler and Prof Sian Griffiths, had conducted a comprehensive review of what had happened before and during the SARS outbreak. The Expert Committee's report has pointed out that overall, the epidemic in Hong Kong was handled well, although there were clearly significant shortcomings of system performance during the early days of the epidemic when little was known about the disease or its cause (paragraph 4.2 of the Report of the SARS Expert Committee). Many of the shortcomings were rapidly put right, while others were compensated for by the extraordinary hard work of people at all levels of the system and in very difficult circumstances (paragraph 4.3 of the Report). The Report has made invaluable recommendations on how our systems and facilities can be improved so that we can better prepare ourselves and guard against new and emerging infectious diseases.

43. The former director of the Centers for Disease Control and Prevention of the United States, Dr. Jeffrey Koplan, once likened our public healthcare system to that of a dam wall protecting us from floods. For 50 years, it worked well. However, an unprecedented massive flood strikes and the wall is found to be deficient. So there is a need to build a higher wall. In the light of the recommendations of the SARS Expert Committee, the Bureau and its departments have been working very hard to that end, to ensure that the healthcare system will be better prepared for possible resurgence of SARS and other new and emerging infectious diseases. In the past months, we have worked unremittingly and closely with different sectors in the

community to build up comprehensive prevention, close surveillance and swift control measures. We have also invited health experts in the form of a Monitoring Committee to provide advice on the implementation of the recommendations of the Expert Committee. We will continue to take forward the various recommendations of the Expert Committee to improve the health care system, to protect public health and to better prepare ourselves for new and emerging diseases.

March 2004