



來函檔號 YOUR REF. : CB2/SC2
電話 TEL NO. : (852) 2878 3373
圖文傳真 FAXLINE : (852) 2971 0854

26 March 2004

Dr the Hon Law Chi-kwong
Chairman of the Select Committee to inquire into the
handling of the Severe Acute Respiratory Syndrome
Outbreak by the Government and the Hospital Authority
Legislative Council Building
8 Jackson Road
Hong Kong

Dear Chairman,

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

Further to my letter dated 25 March 2004, I am pleased to provide the Select Committee with my written statement, setting out the work of the Chief Executive in the handling of the SARS outbreak as requested in the Clerk to Select Committee's letter dated 11 March 2004, as well as responses to the questions in the Appendix to your letter to the Chief Executive dated 8 March 2004 (~~SC10-02P-EX~~).

Yours sincerely,

(W K Lam)

Director

Chief Executive's Office

c.c. HWFB (Attn : Mr Patrick Nip)
D of J (Attn : Ms Ada Chung)

中華人民共和國香港特別行政區行政長官辦公室

Office of the Chief Executive of the Hong Kong Special Administrative Region of the People's Republic of China

香港中環下亞厘基道中國政府合署中座五樓 電話 : (852) 2878 3300 傳真 : (852) 2509 0577
5/F Main Wing, Central Government Offices, Lower Albert Road, Hong Kong Telephone: (852) 2878 3300 Fax: (852) 2509 0577

WRITTEN STATEMENT OF MR. LAM WOON KWONG

Introduction

In response to the questions raised by the Select Committee in its letter dated 8 March 2004, I have been authorised by the Chief Executive (CE) to respond to the Select Committee. In compiling this statement, I have consulted the CE and have perused relevant records.

Overview

2. Before the SARS outbreak, Hong Kong had been proud of having a good and established health system in dealing with not only known diseases but also unknown diseases such as the avian flu. However, the SARS epidemic has exposed vulnerability in the Hong Kong health system both in the areas of public health and hospital care, under circumstances not previously encountered. The ferocity of the attack, the unknown nature of the disease, the magnitude and the scale of the outbreak all played a part requiring unprecedented response from our system.

3. The outbreak brought out the best in our community. The dedication of frontline staff and colleagues in the public sector working day and night to look after patients and to control the outbreak; the hard work of academics and researchers to find the causative agent; and the individuals and organizations that organized help and support for patients, their families and those in need. The unity and selfless devotion of the community and the healthcare workers in particular has won the praise and recognition of the international community. To quote Dr David Heymann, the Executive Director for Communicable Diseases of the World Health Organization (WHO) at the time of the outbreak, Hong Kong's efforts to stem the spread of SARS were nothing less than "heroic".

The work of the Chief Executive in the handling of the SARS outbreak

4. Right from the beginning, the CE attached great importance to the handling of the SARS outbreak. At all times during the outbreak, the Government's foremost concern was the health of the people and our top priority was to contain and control the outbreak. Hence, the Government devoted all our energies and deployed all the necessary manpower and resources to combat the disease.

5. During the SARS epidemic, the Secretary for Health, Welfare and Food (SHWF), who is the Principal Official responsible for policy matters relating to, amongst other things, health, had overseen and coordinated the management of the SARS outbreak in the health sector, and monitored and reviewed the work of the Department of Health (DH) and Hospital Authority (HA) in handling the outbreak. Before the establishment of the Chief Executive's SARS Steering Committee (CESC) on 25 March 2003, the CE maintained close contact with SHWF and was kept informed of the latest development of the outbreak situation at all times. The CE visited the Prince of Wales Hospital (PWH) on 14 March 2003. The CE also contacted the Chinese Minister of Health on 18 March 2003 and later met with him in Hong Kong on 22 March 2003 to enhance cooperation between Hong Kong and the Mainland health authorities on information exchange and disease notification. As the magnitude and scale of the epidemic continued to escalate and the disease's social and economic impact became more severe, issues arose in the decision making process which required an intersectional approach in the response of the Government and input from many policy areas. To facilitate co-ordination and to serve as a central commanding forum, the CE set up and convened the first meeting of the CESC on 25 March 2003. The CESC also mobilised the necessary manpower and financial resources in containing the disease. The CESC had made a number of strategic decisions in controlling the SARS outbreak, including enhancing health checks at border control points; introducing home confinement; enhancing investigation work; promotion of personal and environmental hygiene; and enhancing liaison with the Mainland authorities. After the CESC was set up, SHWF continued to coordinate and lead the health sector response.

6. At the invitation of the Select Committee, the Office of the Chief Executive has provided to the Select Committee a paper on the performance and accountability of the Government in the handling of the SARS outbreak. The paper contains an account of the work of the CE and the CESC in the handling of the SARS outbreak. A copy of the paper is at Annex.

Written replies to the questions raised by the Select Committee

Q1. *When and how did the Chief Executive first learn about the outbreak of atypical pneumonia (AP) in Guangdong? What was his reaction on learning about the outbreak? Did he give any instruction to deal with the situation?*

A1. On 10 February 2003, I briefed the CE on reports in the media, one of which was the reported outbreak of atypical pneumonia (AP) in Guangdong. I also reported to the CE that the Health, Welfare and Food Bureau (HWFB) would be seeking more information from the Mainland authorities. CE took note of the report and the work to be carried out by the Bureau. No specific instruction was considered necessary at that time.

Q2. *Was the Chief Executive informed of the difficulties encountered by the Director of Health (D of Health) and her staff in obtaining information about the AP outbreak from the relevant Mainland health authorities, prior to the press conference held by the Guangzhou Bureau of Health on 11 February 2003?*

Q3. *If the Chief Executive was informed of the difficulties, how and by whom was he informed and what was his reaction?*

A2-3. The CE was aware that there were regular liaisons between Hong Kong Special Administrative Region Government (HKSARG) health officials and their Mainland counterparts, mostly with the Ministry of Health in Beijing. At that time, he had no knowledge about the difficulties in the D of Health's communication with the Mainland health authorities with regard to the AP cases in Guangdong.

Q4. *In January 2003, the health authorities, in Guangdong Province issued an investigation report to alert the health units in Guangdong Province of an AP outbreak. A copy of the report which the Select Committee has obtained is at Annex A. Was the Chief Executive aware of the report? If yes, when and how did he first become aware of it? Did he ask for a copy of the report? If yes, when and from whom did he obtain it? What did he do after receipt of it?*

A4. The CE was not aware of the existence of the investigation report issued by the Guangdong Province health authorities in January 2003.

Q5. *On 12 March 2003, World Health Organization (WHO) issued a global alert about cases of acute respiratory syndrome in Vietnam, Hong Kong and Guangdong Province. When and by whom was the Chief Executive informed of the global alert? What was his reaction on learning about the global alert? Did the Secretary for Health, Welfare and Food (SHWF) provide the CE with any advice on the follow-up action to be taken? If not, should he have provided such advice? If yes, what were the details of his advice and did the CE give any instruction for follow-up action to be taken?*

A5. SHWF called me on 12 March 2003 to report that WHO would issue the global alert later in the day. He explained what it was about and updated me on the situation. He said that HA and DH had been dealing with the PWH outbreak jointly and as a matter of emergency. I briefed the CE on SHWF's report. The CE instructed that he should be kept closely informed of development. Please also see A6.

Q6. *When and how did the Chief Executive first learn that a large number of healthcare workers (HCWs) in Prince of Wales Hospital (PWH) had gone on sick leave on 11 March 2003? What did he do upon learning about the incident?*

A6. The CE was informed on 11 March 2003 on reports of sick leave of a group of healthcare workers in PWH. SHWF also informed the CE that DH and HA were investigating the outbreak situation together, and that PWH was taking the necessary infection control measures. The CE asked SHWF to

- 5 -

monitor the situation closely and to oversee the outbreak control efforts taken by DH and HA.

The HKSARG reported the situation in PWH to the WHO on 12 March 2003. It was based on such information that WHO issued a global alert on 12 March 2003 (Geneva time). The alert described cases of acute respiratory syndrome with unknown aetiology in Vietnam, Hong Kong and Guangdong Province in China that appeared to place health workers at high risk.

As the CE was concerned about the infections, especially amongst HCWs in PWH, AP was included as one of the discussion items at the weekly Senior Officials' Meeting (SOM) chaired by the CE on the morning of 14 March 2003. The meeting made three strategic decisions as follows –

- Information on the outbreak should be disseminated to the public on a daily basis.
- Advice should be given to the public on precautionary measures.
- Hong Kong should work closely with international organizations and seek expert help if necessary.

In the afternoon of the same day on 14 March, the CE met with SHWF and was briefed on the meetings convened by SHWF on 13 and 14 March 2003 with DH, HA and health experts, including a senior expert from the Centers for Disease Control and Prevention (CDC) in Atlanta, USA, who attended the meeting in his capacity as a representative of WHO. The CE was informed that there was no unusual increase in background pneumonia cases in the community but there were clusters of cases in healthcare settings which could have been caused by a new yet unidentified virus. SHWF also briefed the CE on the gist of the experts' advice about the disease and its control measures. The view of the experts at the time was that the actions taken by PWH and DH were appropriate. The CE told SHWF that Government must accord top priority to the matter and that SHWF would have full Government support to tackle this disease.

Later in the afternoon of 14 March 2003, accompanied by SHWF, the CE visited PWH to meet with frontline staff to show his concern and better

- 6 -

understand the situation on the ground. The hospital management and senior clinicians provided an update on the outbreak situation in the hospital and its control measures. The CE also visited the disease control centre at the hospital to lend support to both DH and HA staff who were working together in the investigation and management of the outbreak.

After the visit, the CE held a press briefing in PWH and stressed that the Government would render full support in controlling the outbreak. An English translation of his transcript is as follows –

"The SAR Government is highly concerned about this incident. The Secretary, Dr Yeoh, is already leading a Task Force to coordinate all the measures. We are facing a big challenge. Therefore, we will render full support in terms of manpower, logistics and financial resources. My visit here is to allow me to understand the actual situation in the hospital. Actually, there are four hospitals with healthcare workers taken ill, but the situation in this hospital is most severe, which is why I have come personally to examine the situation. Healthcare workers are working very hard, the most important thing is to prevent the disease from spreading. Although the time spent here is very short, I have met with a number of healthcare workers and have understood the situation here. I am very touched by their selflessness and professionalism. They are a blessing to Hong Kong. I would like to express my respect and appreciation to them. Thank you."

- Q7.** *On 14 March 2003, SHWF told the media that the cases in PWH appeared to be a subset of AP. SHWF said that surveillance data at that time did not reveal any unusual or abnormal increase in AP cases in the community. On the same day, SHWF also told the Panel on Health Services of the Legislative Council that there was no sign of the spread of AP in the community. SHWF "urged people not to depict Hong Kong as an infected place, which was not only untrue and would cause alarm in the community". Was the Chief Executive aware that SHWF was going to make such public statement? If not, should he have been informed?*

- 7 -

Q8. *If the Chief Executive was aware of SHWF's statements before they were made, did he ask SHWF to explain to him the basis for his making such statements, given that WHO had issued the global alert on 12 March 2003? If yes, what was SHWF's explanation? According to the Chief Executive's assessment at that time, did he think SHWF was trying to alleviate public concern about the severity of the situation?*

A7-8. The CE was aware that SHWF would be speaking to the media some time on 14 March 2003, but was not aware of the details. SHWF had briefed CE earlier that day. He had explained to the CE that there was no unusual increase in background pneumonia cases in the community, and that the infections were clustered in hospitals. The CE therefore felt that what SHWF had said to the media on that day was just telling the facts as SHWF saw them at that time. At the SOM on that same day, CE had emphasized that Government should ensure that information be disseminated to the public on a daily basis and that full advice should be given to the public on precautionary measures. Right from the beginning, he had asked that Government should be on high alert, that we should err on the safe side, and that we should keep the public fully informed.

Q9. *Did SHWF, at any point in time during the outbreak of Severe Acute Respiratory Syndrome (SARS), report to the Chief Executive that the infection had spread in the community? If yes, exactly when did he report to the Chief Executive and what were the details of his report? If not, should SHWF have made such a report to the Chief Executive?*

A9. While the CE could not recall any specific occasion when it was reported to him that the infection "had spread in the community". SHWF did update the CE regularly and closely on the epidemic. This was done several times a day at the peak. The CE was therefore fully aware of the situation.

- 8 -

Q10. *On 14 March 2003, the Chief Executive made a visit to PWH. What was the purpose of his visit and why was it necessary at that point in time? What were the findings of the visit? Did the Chief Executive give any instruction for follow-up action to be taken after the visit? If yes, what was his instruction? What was his assessment, at that time, of the seriousness of the situation at PWH and the effectiveness of the actions taken by the Government and Hospital Authority (HA) to handle the outbreak? Did anyone raise with the Chief Executive the need to close PWH and/or quarantine infected persons, including infected HCWs? If yes, by whom was the matter first raised? What was his reaction? Did the Chief Executive give any instruction for follow-up action? If yes, what was his instruction?*

A10. Please see A6. The CE recognised how little we knew about the disease, which directly compounded the seriousness of the situation. He stressed time and again that all necessary resources should be made available to SHWF in the fight to contain and control the outbreak.

At no point during the visit was the option to close PWH and/or the need to quarantine infected persons raised with the CE.

Q11. *On 15 March 2003, WHO issued an emergency travel advisory naming the infection SARS and listing out the main syndromes and signs. When and by whom was the Chief Executive informed of the travel advisory? What was his reaction on learning about WHO's travel advisory? Did SHWF provide the Chief Executive with any advice on the follow-up action to be taken? If not, should he have provided such advice? If yes, what were the details of his advice and did the Chief Executive give any instruction for follow-up action to be taken? If yes, what was his instruction?*

A11. From the outset, the Government had worked closely with WHO in the management of the outbreak. The HKSAR Government and WHO kept each other informed of local and global developments respectively. In response to the emerging situation globally, WHO issued on 15 March 2003 (Geneva time) the emergency travel advisory. The CE could not recall when and by whom he was informed of the news, but he was kept informed of the development by SHWF throughout the period. He could not recall whether

and if so, what particular instructions he had issued on that day, but right from the beginning, the CE had emphasized time and again that public health must come first and priority must go to the control of the outbreak and the treatment of the patients. Everything else should be secondary, tourism included.

It should also be noted that the travel advisory did not contain a recommendation to member countries to restrict travel to any destination. The advisory was issued to put the international community on high alert that SARS was a worldwide health threat. It also offered guidance to travellers, airline crew and airlines so that they are aware of the main symptoms and signs of SARS for their own protection and/or for alerting the destination airport. In response, the Government had issued letters to all airlines via the Airport Authority to alert them of the travel advisory and advise on ways to deal with suspected SARS cases on board aircrafts.

Q12. *Was the Chief Executive concerned about the possibility that the acronym "SARS" would give a poor image to the Hong Kong Special Administrative Region the short form of which is HKSAR? Did he ask any of his Principal Officials or senior health officials to raise with WHO the possibility of changing the acronym to some other form such as SRS?*

A12. No, the CE did not have any strong view on the matter and did not ask any officials to raise with the WHO the possibility of revising the acronym.

Q13. *At that time, did anyone advise the Chief Executive on the need to add SARS to the list of infectious disease specified in the First Schedule to the Quarantine and Prevention of Disease Ordinance (Cap. 141)? If yes, how and by whom was the advice given? If not, should he have been so advised at that time? Why was the law not amended immediately and why did the Government have to wait until 27 March 2003 to amend Cap. 141?*

A13. The proposal of adding SARS to the list of infectious diseases specified in the First Schedule to the Quarantine and Prevention of Disease Ordinance (Cap 141) was first brought to the CE's attention at the CESC meeting held on 26 March 2003. At the CESC meeting, SHWF and D of Health reported on the

- 10 -

deliberations of the meeting of the HWFB Task Force held earlier on the same day. D of Health's proposal of adding SARS to the list of infectious diseases specified in the First Schedule to Cap 141 was endorsed by the CESC.

D of Health's proposal was in line with the graduated approach adopted in launching various public health control measures, taking into account their effectiveness, implementability and public acceptability. It was noted that prior to making SARS a notifiable disease, HA and DH had already established a system for the identification of cases and their contacts, and DH was already conducting medical surveillance of the contacts. In addition, DH had received full support from doctors in voluntarily reporting cases. Legislative amendment to the First Schedule to Cap 141 was made as soon as there was a need to do so.

Q14. *The Chief Executive's Steering Committee, chaired by the Chief Executive personally, was established on 25 March 2003. Why was it necessary to establish the Steering Committee? Did anyone advise the Chief Executive that there should be a higher level committee than the Task Force of the Health, Welfare and Food Bureau? If yes, when was the advice offered and by whom? Were there decisions/actions for handling the SARS outbreak that could not have been taken without the Chief Executive's and/or the Steering Committee's involvement? If yes, what were these decisions/actions? What was the Chief Executive's involvement in the handling of the SARS outbreak prior to the establishment of the Steering Committee? How was he kept informed of the spread and control of the disease at that time?*

A14. In late March, as the magnitude and scale of the epidemic and its social and economic impact continued to escalate, issues arose in the decision making process which required input from many policy areas. It was therefore necessary for a higher level forum to be set up to better coordinate the Government's overall response. In this connection, the CE set up and convened the first meeting of the CESC on 25 March 2003.

The CESC functioned as the command forum in steering the Government's response to the SARS outbreak, and in mobilizing and coordinating the

- 11 -

provision of relevant resources. The CESC met frequently to monitor the latest developments, provide overall steer and facilitate high-level coordination across Policy Bureaux. A total of 27 meetings were held from 25 March 2003 to 30 May 2003.

The CESC had made a number of strategic decisions in controlling the SARS outbreak, including enhancing health checks at the boundary; introducing home confinement; enhancing investigation work, promotion of personal and environmental hygiene; and enhancing liaison with the Mainland authorities. On the day that the CESC was established, it was decided that approval would be sought from the Legislative Council Finance Committee for an initial sum of \$200 million to strengthen infection control and treatment as well as public health education.

Some of the major strategic decisions made by the CESC are as follows –

25 March 2003

- (a) Emphasis was placed on disseminating information to the public from the onset. On this and many other occasions, the CESC reviewed local and overseas PR strategy to ensure prompt and accurate dissemination of information.

26 March 2003

- (b) The health control at the boundary should be stepped up in order to lower the chance of infection and allay some of the public concerns.
- (c) Health experts would review and advise on the most desirable and feasible “quarantine” option which would be effective in the control of the spread of the disease and be acceptable to the public.
- (d) The recommendation of the D of Health to make SARS a notifiable disease under the Quarantine and Prevention of Disease Ordinance to facilitate implementation of enhanced public health control measures was endorsed. The relevant notice was gazetted on 27 March 2003.

- 12 -

27 March 2003

- (e) Starting from 29 March 2003, all persons arriving in Hong Kong would be required to fill out a health declaration form.
- (f) Classes in secondary schools, primary schools, kindergartens and day classes of the Vocational Training Council were suspended starting from 29 March 2003 until 6 April 2003 and subject to further review. Subsequently, schools resumed in phases starting from 16 April 2003, with comprehensive precautionary measures in place to minimize the chance of any outbreak.
- (g) Starting from 31 March 2003, all close contacts of SARS patients would be required to report daily to one of the four designated medical centres of DH for check up for a period of up to ten days. They were also required to remain at home and not to go to work or school.

30 March 2003

- (h) An isolation order for Block E of Amoy Gardens would be issued for implementation in the early morning of 31 March 2003, in view of the continuing increase in the number of cases in the block, to protect the health of both the residents and the community by restricting the movement of potentially infected persons to other places.

31 March 2003

- (i) Contingency planning should be made in case the number of infections continued to increase sharply.
- (j) In the light of the outbreak in the Amoy Gardens, efforts would be stepped up to improve the cleanliness of the living environment, including both private and public housing estates.

1 April 2003

- (k) The Secretary for the Environment, Transport and Works (SETW) informed SHWF and subsequently briefed the CESC in the morning on

the findings of the field investigation by DH and its multi-disciplinary team which indicated that the lift and sewerage systems of Block E of the Amoy Gardens might have been involved in the vertical spread of SARS cases in Block E.

- (l) Block E residents of Amoy Gardens would be evacuated to converted holiday camps for temporary confinement while the building underwent an in-depth investigation in the light of preliminary evidence of the possibility of the lift and sewerage systems having contributed to the spread of SARS in Block E.
- (m) The CE asked SETW to conduct a detailed investigation on environmental factors for the infection at Block E as soon as possible.

2 April 2003

- (n) Consuls-General, airlines, shipping companies and the overseas Economic and Trade Offices etc. should be briefed on the latest situation.

7 April 2003

- (o) Compulsory quarantine, in the form of either home confinement or at quarantine centres, of household contacts of infected cases should be carried out as soon as possible, in view of the fact that the public health control measures introduced were generally accepted by the public and that the number of infected cases remained high. Home confinement measures were implemented on household contacts starting from 11 April 2003.

11 April 2003

- (p) Close contacts of SARS patients would be barred from leaving Hong Kong during quarantine period starting from 14 April 2003.

15 April 2003

- (q) To enhance public health control measures at boundary control points, legislative amendments were made to provide additional legal powers for authorized persons to take the body temperatures of and carry out medical examinations on persons arriving in or leaving Hong Kong. The relevant Regulation was made by the Executive Council on 15 April 2003.

1 May 2003

- (r) CESC discussed in detail the strategy to protect the elderly, particularly those residing in residential care homes.

There were also some special circumstances that required Government-wide involvement and co-ordination. In the evening of 29 April 2003, the Government promptly and smoothly arranged for members of a tour group stranded in Taiwan to return to Hong Kong. On 4 May 2003, upon receipt of a request from a Malaysian registered cargo vessel on its way to Guangdong from Thailand, claiming that 10 of the 24 crew members had developed symptoms similar to SARS, the Government carefully considered the health implications for Hong Kong and the humanitarian role that Hong Kong, as part of the international community, should play. The Government decided to provide refuge to the Malaysian vessel and prompt medical care to the sick crew. The operation was smoothly and successfully carried out and our efforts were greatly appreciated and welcomed by the international community, including the WHO.

Prior to the setting up of the CESC, the CE liaised closely with SHWF on a daily basis and was kept fully in the picture on the outbreak situation and the control of the disease at the time. He gave strategic directions to SHWF as necessary. For example, on various occasions, he gave instructions to :

- Enhance the Government's and the community's sense of alert;
- Plan for the worst; and
- Rather err on the safe side.

Q15. On 30 March 2003, the Government made the decision to issue an Isolation Order for Block E of Amoy Gardens and on 31 March 2003, D of Health imposed an Isolation Order on Block E for a period of 10 days starting from 6:00 am on that day. On what basis was the decision made? Why was the decision not made earlier? Prior to that date, did anyone raise with the Chief Executive that the infection in Block E might be due to environmental hazards? If yes, when and by whom was it first raised? What was the Chief Executive's reaction?

A15. The CE attended part of the discussions relating to Amoy Gardens at the meeting of the HWFB Task Force held on 30 March 2003. It was noted that there was a possibility that Block E residents had already formed an infected pool in view of the high number of cases coming from the block. Against the background of the continuing increase in the number of cases in Block E, the meeting also discussed the option of isolating the building to control the spread of the disease in the community. It was considered that isolating Block E would protect the health of both the residents and the community by facilitating medical surveillance of potentially infected persons and preventing them from spreading the infection to others.

Having consulted the CE after the meeting, SHWF asked the D of Health to exercise the necessary statutory power to isolate Block E residents as a public health protection measure. In the evening of the same day, given D of Health's concerns, which were based on her public health expertise, as well as her concerns about the practicalities, an emergency meeting of the CESC was convened. CESC endorsed the decision to issue an isolation order in respect of Block E.

Early the next morning on 31 March 2003, DH implemented the Isolation Order on Block E for a period of 10 days. At the CESC meeting held in the afternoon of 31 March 2003, the CE requested that the cause of infection in Block E must be ascertained as soon as possible.

Q16. On 1 April 2003, the Government announced evacuation of the residents of Block E of Amoy Gardens to designated holiday camps under a Removal Order to continue the 10 days' quarantine. What had triggered off the Government's decision to issue the Removal Order one day after issuance of the Isolation Order? On what basis was the decision made? Why was the decision not made earlier?

A16. Between 29 to 31 March 2003, field investigations on the Amoy Gardens outbreak carried out by DH and its multi-disciplinary team had examined the possibilities of the disease spreading through people movement, water supplies, garbage, elevators, sewerage system, animal vectors and contaminations related to the construction site next to the housing estate. The CE was aware of the work.

On the morning of 1 April, SHWF reported to the CE that he and SETW suspected that the lift and sewerage systems might have been involved in the unusual spread in Block E. The CE immediately convened a meeting of CESC that morning. At the meeting, SETW and SHWF explained how the lift shaft and the sewerage system could have been the possible means accounting for the massive outbreak of the infections in Block E of Amoy Gardens. Given this newly-identified threat, SHWF strongly recommended evacuating all Block E residents. The meeting agreed that Block E should be evacuated, so that thorough cleansing and in-depth investigation work could be carried out. Later that day, the Removal Order was issued.

Q17. There was a clear sign of community outbreak at Amoy Gardens and Lower Ngau Tau Kok Estate in late March and April 2003 when the number of infected cases increased exponentially. Was the Chief Executive concerned about the workload and pressure faced by frontline HCWs at that time? Did he consider whether there were sufficient frontline HCWs to deal with the SARS outbreak? What was the follow-up action taken to address the problem?

A17. The CE was most concerned about the protection of frontline healthcare workers against infection right from the beginning. He visited PWH on 14 March and gave strong support and encouragement to the frontline staff. During the SARS epidemic, he had again met with frontline medical and

nursing staff and was impressed by their selfless devotion to public service. He had also met with HA executives and the Chairman of HA several times and asked about the frontline manpower situation, including the supply of protective gears such as masks and robes. The CE was very concerned about the effectiveness of infection control in hospitals, and asked that HA accord top priority to cutting down hospital staff infection. He pledged to the Chairman that Government would mobilise all resources to support HA's work.

The Government had assisted HA in its purchase of protective gears and arranged for the provision of temporary quarters for HCWs. Under the instruction of the CE, SETW had also provided support to HA in improving the ventilation and air-conditioning systems of public hospitals to help reduce infection among healthcare workers.

Q18. During the SARS outbreak, did the Government ever make an estimate of the total number of SARS cases that HA hospitals would have to handle and their capacity for doing so? If yes, what was the number? Did the Government discuss with HA the need for a plan as to how many SARS patients would need to be handled by individual Clusters and hospitals? If yes, did the Chief Executive know the details of the plan?

A18. The CE was aware that Government and HA had discussed contingency arrangements for various scenarios. He did not pursue the details of the contingency plans, however, as they were operational issues which were left to SHWF to handle.

Q19. Did the Government ask HA to make an assessment of why so many HCWs in HA hospitals were infected during the SARS outbreak before the appointment of the SARS Expert Committee? If yes, what was the assessment? Was the assessment reported to the Chief Executive? Did the Government also ask HA to review what could have been done to prevent HCWs and non-SARS patients in as well as visitors to HA hospitals from contracting SARS during the outbreak? If yes, what was the outcome of the review?

- A19. The CE was very concerned that many health care workers had been infected. He had urged SHWF to pay personal attention and to work closely with the HA to cut down hospital staff infections as soon as possible. The CE had also asked the Chairman of the HA to do whatever he could to reduce infections in hospitals, pledging full support from the Government. Details of the control measures were left to SHWF.

Mr. LAM Woon-kwong
Director, Office of the Chief Executive
26 March 2004

ANNEX**Performance and Accountability of the Government
in the Handling of the SARS Outbreak****Written Submission to the Select Committee
from the Office of the Chief Executive
of the Hong Kong Special Administrative Region****Introduction**

At the invitation of the Legislative Council Select Committee to inquire into the handling of the Severe Acute Respiratory Syndrome (SARS) outbreak by the Government and the Hospital Authority (HA), this paper provides relevant information on the performance and accountability of the Government in the handling of the SARS outbreak.

Overview

2. Before the SARS outbreak, Hong Kong had been proud of having a good and established health system in dealing with not only known diseases but also unknown diseases such as the avian flu. However, the outbreak of SARS in 2003 was an event unprecedented not only in the modern history of Hong Kong, but also around the world. It was a painful experience for all of the people of Hong Kong. The epidemic has exposed vulnerability in the Hong Kong health system both in the areas of public health and hospital care, under circumstances not previously encountered. The ferocity of the attack, the unknown nature of the disease, the magnitude and the scale of the outbreak all played a part requiring unprecedented response from our system, aspects of which were reactive during the initial stage of the epidemic. The SARS epidemic highlights to the world community that there is an urgent need for heightened awareness and alertness, and that we must be prepared for new and emerging infectious diseases.

3. The outbreak also brought out the best in our community. The dedication of frontline staff and colleagues in the public sector working day and night to look after patients and to control the outbreak; the hard work of academics and researchers to find the causative agent; and the individuals and organizations that organized help and support for patients, their families and those in need. The unity and selfless devotion of the community and the healthcare workers in particular has won the praise and recognition of the international community. To quote Dr David Heymann, the Executive Director for Communicable Diseases of the World Health Organization (WHO) at the time of the outbreak, Hong Kong's efforts to stem the spread of SARS were nothing less than "heroic".

The Government's work during the SARS outbreak

4. Right from the beginning, the Government attached great importance to the handling of the SARS outbreak. The Government took a number of strategic actions, which were instrumental in controlling the outbreak.

Before the setting up of the Chief Executive's SARS Steering Committee

Pre-outbreak

5. After the outbreak of atypical pneumonia in Guangdong came to light on 10 February 2003, the Department of Health (DH) contacted the Mainland health authorities on the same day and asked about the situation in Guangdong Province. The HA Head Office set up a Working Group on Severe Community-Acquired Pneumonia (SCAP) on 11 February 2003 to step up surveillance of cases of pneumonia in conjunction with DH. The Health, Welfare and Food Bureau (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. During the period, health officials tried their best to liaise with the Mainland health authorities, WHO and local academics to gather information for local disease surveillance. HA had also updated and issued guidelines to hospitals on the management and infection control of patients with severe respiratory illness. Unfortunately, despite all our efforts, the SARS epidemic in Hong Kong began on 10 March 2003 when 11 healthcare workers from ward 8A of Prince of Wales Hospital (PWH) went on sick leave simultaneously.

PWH outbreak

6. After the outbreak of atypical pneumonia in PWH was recognized and reported on 11 March 2003, HA and DH worked together to investigate and control the outbreak. HWFB convened a meeting on 13 March 2003 with officials and experts from DH, HA and other health experts, including a WHO representative (who was 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.

7. On 14 March 2003, the HWFB Task Force was established. It was chaired by the Secretary for Health, Welfare and Food (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. The work of the Task Force was to monitor the outbreak of the disease and to oversee its control, including the measures to be taken within the public health care sector. The Task Force collated expert advice about the disease, provided a forum for the principles of outbreak management to be articulated, coordinated outbreak control efforts in the health sector and provided steer on the actions to be taken to contain the spread of the disease, such as the endorsement of public health measures recommended by DH, the need for isolation measures, public education strategy on personal hygiene and the development of sector-specific guidelines. A total of six meetings were held within the period from 14 to 30 March 2003.

8. At the Senior Officials Meeting chaired by the Chief Executive of the Hong Kong Special Administrative Region (CE) in the morning of 14 March 2003, the Government made three strategic decisions on the handling of the PWH outbreak, as follows –

- (a) Information on the outbreak should be disseminated to the public on a daily basis.
- (b) Advice should be given to the public on precautionary measures.
- (c) Hong Kong should work closely with international organizations and seek expert help if necessary.

9. HWFB undertook to disseminate to the public on a daily basis new information it had collated about the disease and the number of cases. Daily press briefings were held to inform the public of the latest position and provide detailed information on what was known/unknown about the disease. The intention was to be open and transparent to keep the public informed of the situation. However, that had not been easy, particularly because the outbreak situation was changing rapidly and the case definition and knowledge about the clinical features of the disease were still evolving.

10. Accompanied by the SHWF and the Chief Executive/HA, the CE visited the PWH on 14 March 2003 to see for himself and receive briefings from frontline healthcare staff on the outbreak situation at PWH. The CE made clear at the time that the Government attached great importance to and would spare no effort in controlling the outbreak.

11. In view of the daily flow of people between Hong Kong and the Mainland, there was a need to step up cooperation with the Central and Guangdong authorities to exchange information on infectious diseases. The CE took the opportunity to liaise with the Minister of Health over the phone on 18 March 2003 when he was in Beijing, and sought to establish a closer liaison mechanism with Mainland authorities. Subsequently, accompanied by the Director of the Office of the Chief Executive, SHWF and the Director of Health, the CE met with the Minister of Health in Hong Kong on 22 March 2003 to further discuss cross-boundary cooperation on information exchange and disease notification. On both occasions, the Chinese Minister of Health indicated that the Central People's Government agreed in principle to our request for establishing a closer liaison and notification mechanism with the Mainland authorities, particularly with the Guangdong health authorities. The CE announced at a press conference on 27 March 2003 that we had the agreement of the Central People's Government to set up a liaison mechanism with Mainland authorities, including the Central and Guangdong authorities, which would strengthen cross-boundary cooperation in the areas of the state of the SARS disease, clinical treatment as well as control and cause of the disease.

Setting up of the Chief Executive's SARS Steering Committee

Epidemic escalated

12. As the magnitude and scale of the epidemic continued to escalate and the disease's social and economic impact became more severe, issues arose in the decision making process which required input from many policy areas. It was therefore necessary for a higher level forum than the HWFB Task Force to be set up to better coordinate the Government's overall response, which called for an intersectional approach, and make available the necessary manpower and financial resources in containing the disease. As a result, the CE set up and convened the first meeting of the Chief Executive's SARS Steering Committee (CESC) on 25 March 2003, the membership of which included relevant Principal Officials. CESC took over the HWFB Task Force's role as the overall commanding forum in steering the Government's response to the SARS outbreak, and mobilizing and coordinating relevant resources. The CESC met frequently to monitor the latest developments, providing overall steer and facilitating high-level coordination across Policy Bureaux. A total of 27 meetings were held from 25 March 2003 to 30 May 2003 and the relevant notes of meetings or records have already been provided to the Select Committee. After the CESC was set up, 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.

13. An Inter-departmental Action Coordinating Committee (IACC), which was chaired by the Permanent Secretary for Health, Welfare and Food, was also formed. The functions of the IACC were to coordinate efforts and resources from different Government bureaux and departments and public bodies at the operational level to implement policy decisions and initiatives made by the CESC and HWFB Task Force to prevent and control the spread of SARS within the community.

14. The CESC had made a number of strategic decisions in controlling the SARS outbreak, including enhancing health check at the boundary; introducing home confinement; enhancing investigation work; promotion of personal and environmental hygiene; and enhancing liaison with the Mainland authorities. On the day that CESC was established, it was decided that approval would be sought from the Legislative Council Finance Committee for an initial sum of \$200 million to strengthen infection control and treatment as well as public health education. Some of the major strategic decisions made by the CESC are as follows –

25 March 2003

- (a) Emphasis was placed on disseminating information to the public from the onset. On this and many other occasions, the CESC reviewed local and overseas PR strategy to ensure prompt and accurate dissemination of information.

26 March 2003

- (b) The health control at the boundary should be stepped up in order to lower the chance of infection and allay some of the public concerns.
- (c) Health experts would review and advise on the most desirable and feasible "quarantine" option which would be effective in the control of the spread of the disease and be acceptable to the public.
- (d) The recommendation of the Director of Health to make SARS a notifiable disease under the Quarantine and Prevention of Disease Ordinance to facilitate implementation of enhanced public health control measures was endorsed. The relevant notice was gazetted on 27 March 2003.

27 March 2003

- (e) Starting from 29 March 2003, all persons arriving in Hong Kong would be required to fill out a health declaration form.
- (f) Classes in secondary schools, primary schools, kindergartens and day classes of the Vocational Training Council were suspended starting from 29 March 2003 until 6 April 2003 and subject to further review. Subsequently, school resumed in phases starting from 16 April 2003, with comprehensive precautionary measures in place to minimize the chance of any outbreak.
- (g) Starting from 31 March 2003, all close contacts of SARS patients would be required to report daily to one of the four designated medical centres of DH for check up for a period of up to ten days.

They were also required to remain at home and not to go to work or school.

30 March 2003

- (h) An isolation order for Block E of Amoy Gardens would be issued for implementation in the early morning of 31 March 2003, in view of the continuing increase in the number of cases in the block, to protect the health of both the residents and the community by restricting the movement of potentially infected persons to other places.

31 March 2003

- (i) Contingency planning should be made in case the number of infections continued to increase sharply.
- (j) In the light of the outbreak in the Amoy Gardens, efforts would be stepped up to improve the cleanliness of the living environment, including both private and public housing estates.

1 April 2003

- (k) The Secretary for the Environment, Transport and Works (SETW) informed SHWF and subsequently briefed the CESC in the morning on the findings of the field investigation by DH and its multi-disciplinary team which indicated that the lift and sewerage systems of Block E of the Amoy Gardens might have been involved in the vertical spread of SARS cases in Block E.
- (l) Block E residents of Amoy Gardens would be evacuated to converted holiday camps for temporary confinement while the building underwent an in-depth investigation in the light of preliminary evidence of the possibility of the lift and sewerage systems having contributed to the spread of SARS in Block E.
- (m) The CE asked SETW to conduct a detailed investigation on environmental factors for the infection at Block E as soon as possible.

2 April 2003

- (n) Consuls-General, airlines, shipping companies and the overseas Economic and Trade Offices etc. should be briefed on the latest situation.

7 April 2003

- (o) Compulsory quarantine, in the form of either home confinement or at quarantine centres, of household contacts of infected cases should be carried out as soon as possible, in view of the fact that the public health control measures introduced were generally accepted by the public and that the number of infected cases remained high. Home confinement measures were implemented on household contacts starting from 11 April 2003.

11 April 2003

- (p) Close contacts of SARS patients would be barred from leaving Hong Kong during quarantine period starting from 14 April 2003.

15 April 2003

- (q) To enhance public health control measures at boundary control points, legislative amendments were made to provide additional legal powers for authorized persons to take the body temperatures of and carry out medical examinations on persons arriving in or leaving Hong Kong. The relevant Regulation was made by the Executive Council on 15 April 2003.

1 May 2003

- (r) CESC discussed in detail the strategy to protect the elderly, particularly those residing in residential care homes.

15. There were also some special circumstances that required Government-wide involvement and co-ordination. In the evening of 29 April 2003, the Government promptly and smoothly arranged for members of a tour group stranded in Taiwan to return to Hong Kong. On 4 May 2003, upon receipt of a request from a Malaysian registered cargo vessel on its way to Guangdong from Thailand, claiming that 10 of the 24 crew members had developed symptoms similar to SARS, the Government carefully considered the health implications for Hong Kong and the humanitarian role that Hong Kong, as part of the international community, should play. The Government decided to provide refuge to the Malaysian vessel and prompt medical care to the sick crew. The operation was smoothly and successfully carried out and our efforts were greatly appreciated and welcomed by the international community, including the WHO.

16. With the setting up of the CESC, SHWF and his bureau started to take a more participatory role at the operational level in the work of HA and DH, particularly in the epidemiological investigation and control of the outbreak in Amoy Gardens and in tackling infections and outbreaks in various hospitals. This had 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 could be more effective through availability of timely information, SHWF initiated on 28 March 2003 the development of an electronic database which would enable HA and DH to share and exchange information in real-time. An on-line database called e-SARS was subsequently launched on 8 April 2003. HWFB was also directly involved in reviewing the workflow and rebuilding the information system for carrying out case and epidemiological investigations, contact tracing and medical surveillance. It also proactively sought the assistance of other relevant government departments to enhance DH's capacity, for example, the assistance from the Environment, Transport and Works Bureau and its departments in the investigation of the outbreak in Amoy Gardens, and the Police in building up a more comprehensive contact tracing system. The CE and SHWF also met with the Chairman/HA and the Deputizing CE/HA on a number of occasions to review the latest development of the outbreaks in hospitals and to render the necessary support to the HA.

17. During the epidemic, the Government sought the assistance of experts from international bodies including the WHO, the CDC in Atlanta, USA and Health Canada to aid in the investigation of the outbreak and to advise on public health control measures. At various stages of the epidemic, the CE and SHWF also met with a number of world-renowned experts who provided invaluable advice to the Government. These included –

- Dr David Ho, Scientific Director and Chief Executive Officer of the Aaron Diamond AIDS Research Center, USA;
- Dr Robert Webster, Director of the US Collaborating Center of WHO;
- Dr Jeffrey Koplan, Vice President for Academic Health Affairs of the Emory University in USA, and former Director of CDC in Atlanta.

Efforts made by the relevant Policy Bureaux under the coordination of the CESC

18. In facing the unprecedented challenge of the epidemic, team effort was brought into play within the Government. Under the coordination of the CESC, other policy bureaux in addition to HWFB also contributed to the SARS control-related efforts. These are summarized as follows –

- (a) The Education and Manpower Bureau coordinated measures to prevent students from contracting the disease in schools.
- (b) The Environment, Transport and Works Bureau worked in collaboration with HWFB in the investigation into the possible environmental routes of transmission of the SARS virus at Block E of Amoy Gardens.
- (c) The Housing, Planning and Lands Bureau initiated actions for the inspection of the drainage systems in both private and public residential buildings.
- (d) The Home Affairs Bureau and the Police assisted DH in the isolation, evacuation and disinfection operations of Block E, Amoy Gardens.

The Home Affairs Bureau also coordinated community efforts in district clean-ups.

- (e) The Security Bureau mobilized disciplined forces which, together with the auxiliary services (the Auxiliary Medical Service and the Civil Aid Service), provided assistance by manning isolation camps, conducting temperature checks at boundary control points, and tracing contacts of patients.
- (f) The Civil Service Bureau liaised closely with departmental management to ensure that proper measures were taken to protect staff from being infected.
- (g) The Financial Services and the Treasury Bureau assisted in procuring medical supplies such as face masks.
- (h) The Constitutional Affairs Bureau arranged for the return to Hong Kong of members of a tour group stranded in Taiwan.
- (i) The Police rendered expert assistance in putting in place a comprehensive contact tracing system.

19. A dedicated team, chaired by the Chief Secretary for Administration, was set up on 5 May 2003 to implement a package of measures to improve the general level of cleanliness in Hong Kong to aid in the prevention of outbreak of disease. The Department of Justice provided advice on the legal aspects of fighting SARS.

Review

20. With the concerted efforts of the Government and the community through intense inter-departmental, multi-disciplinary and community-wide collaboration, the SARS outbreak was brought under control and the WHO lifted its travel advisory against non-essential travel to Hong Kong on 23 May 2003. Hong Kong was removed from the list of infected areas on 23 June 2003.

21. The handling of the SARS outbreak by the Government, like many other administrations elsewhere, was constrained by a number of factors. Some of the key factors were as follows –

- (a) The virus was previously unknown. At the time of the outbreak, there was no knowledge about the disease and the causative agent, including its mode of transmission, incubation period, period of communicability and importantly, methods of control. All these were elements of great uncertainty and the subject of speculative comments at the time.
- (b) Public health control actions were constrained by, inter alia, the absence of a laboratory diagnostic test and imprecise case definition. Draconian measures such as compulsory quarantine, which had not been used for decades, were not introduced at the outset and an evolutionary approach was adopted instead. There were doubts over the effectiveness of compulsory quarantine at the time, as it might drive SARS patients and their household contacts into hiding and/or result in delayed disclosure of information. There were also concerns about issues of civil liberty, public acceptability and the feasibility of enforcement.
- (c) Hong Kong, being one of the most densely populated places and amongst the busiest transportation and tourism hubs in the world, is particularly susceptible to any attack of infectious diseases.

22. Because of these limitations, in coping with the SARS outbreak, the Government inevitably had to go through a period from being initially somewhat reactive to becoming proactive and eventually taking full control of the situation, giving strong direction on what needed to be done.

23. At all times during the epidemic, the Government's foremost concern was the health of the people and our top priority was to contain and control the outbreak. Hence, the Government devoted all our energies and deployed all the necessary manpower and resources to reduce the number of infected cases, facilitate the recovery of those infected and enhance public co-operation in combating the disease.

24. SARS is a new infectious disease. Even now there are still a lot of unknowns about the disease. Our health care system had worked well for the past decades in providing efficient and effective health services to all people of Hong Kong. However, the vulnerability in our healthcare system was exposed 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. Everyone who was involved in managing the epidemic was working in the most difficult circumstances. They had made their best efforts and done their best in the midst of the crisis. As detailed in the Report of the SARS Expert Committee produced by a distinguished panel of 11 renowned public health and hospital administration experts from the US, UK, Australia, the Mainland and Hong Kong, there were indeed significant inadequacies in our system in both public health and hospital care. To the credit of those who were involved in the fight against SARS, many system shortcomings were rapidly put right, while others were compensated for by the extraordinary dedication of people at all levels of the system and in very difficult circumstances. In the end, the epidemic in Hong Kong, which was regarded by WHO as one of the hardest to control because of the territory's immense population density and fluid boundaries with neighbouring areas, was put under control. It could not have been done without the concerted efforts of all those in the healthcare sector, the Government and the community.

25. The SARS epidemic was a painful experience for Hong Kong, particularly for those who had lost loved ones, and for patients and their families. The SARS crisis has brought into focus the vulnerability of our system in coping with outbreaks of unknown infectious diseases. As highlighted in the SARS Expert Report, there is a need for us to enhance the information exchange and notification mechanism with the Mainland, to improve our public health system including the setting up of a Centre for Health Protection, to ensure that the Hospital Authority can cope with outbreaks in the future, as well as to improve our living environment. We have learnt the lessons and have been devoting resources and efforts in the past months to that end.

Office of the Chief Executive
March 2004

行政長官辦公室主任林煥光先生，GBS JP 的陳述書
(專責委員會(2)文件編號：W160(C))的附件中文本

政府在處理嚴重急性呼吸系統綜合症
疫情方面的表現和問責

香港特別行政區行政長官辦公室
致
立法會專責委員會
資料文件

引言

本文件旨在應立法會調查政府與醫院管理局（醫管局）對嚴重急性呼吸系統綜合症（綜合症）爆發的處理手法專責委員會的要求，提供有關資料，闡述政府處理綜合症爆發的表現和責任。

概況

2. 綜合症爆發前，香港向以擁有良好穩健的衛生體制，能夠處理已知、甚至未知的疾病（例如禽流感）而自豪。2003 年綜合症爆發，在近代香港或世界任何地方來說也是史無前例。這場疫症給全港上下帶來一次慘痛經歷。疫症顯示香港衛生體制的公共衛生和醫院護理兩方面，處於前所未見情況時的弱點。由於疫症突如其來、病毒性質不明、蔓延勢速廣泛，令衛生體制需要採取全新應變措施；疫症初期，我們的衛生體制在某些方面被動回應。疫症提醒全世界，急需提高警覺、作好準備，防範新發現及新出現的傳染病隨時來襲。

3. 這場疫症也激發出香港社會至善至美的一面。公營機構前線人員以至各級同事盡心盡力、日以繼夜地照顧患者，遏止疫情；學者和研究人員鏗而不捨找尋病原體；市民和團體結合力量以協助患者、患者家人和有需要人士。港人團結無私的精神表露無遺，特別是醫護界，贏得國際社會稱許。疫症期間擔任世界衛生組織（世衛）傳染病科行政總監的海曼醫生曾說，香港在遏止綜合症蔓延的工作上，所展現的是“無比的勇氣”。

綜合症爆發期間政府的工作

4. 政府一開始就高度重視處理疫症的工作，採取了多項策略性措施，對控制疫情發揮關鍵作用。

行政長官督導委員會成立前

疫症爆發前

5. 2003年2月10日，廣東省爆發非典型肺炎一事曝光後，衛生署即日與內地衛生當局聯絡，查問省內疫情。2003年2月11日，醫管局總部成立嚴重社區型肺炎工作小組，聯同衛生署加強監察肺炎個案。2003年2月13日，衛生福利及食物局與來自衛生署、醫管局的管理層和專家開會，整理和檢討所得資料，並查察本港疾病監察工作的進度。期間，衛生官員盡力與內地衛生當局、世衛和本地學者聯繫，收集資料以助監察本港疾病情況。醫管局更新了有關指引，說明怎樣處理嚴重呼吸疾病患者的治理和感染控制工作，並分發給各醫院。雖經各方努力，疫症仍於香港爆發；2003年3月10日，威爾斯親王醫院8A病房11名醫護人員同時放取病假。

威爾斯親王醫院爆發疫症

6. 2003年3月11日，得悉和證實威爾斯親王醫院爆發非典型肺炎疫症後，醫管局和衛生署聯手調查和控制疫情。2003年3月13日，衛生福利及食物局召開會議，與會者有來自衛生署和醫管局的人員和專家，另有其他衛生專家，包括一名世衛代表（美國亞特蘭大疾病控制及預防中心的資深傳染病專家）。會上檢討了本港肺炎個案的監察資料、威爾斯親王醫院和其他醫院的情況，以及威爾斯親王醫院為控制疫情所採取的感染控制措施。

7. 2003年3月14日，衛生福利及食物局成立專責小組，由衛生福利及食物局局長擔任主席，成員包括來自衛生署、醫管局、本港大學和世衛的公共衛生、呼吸系統科和微生物學專家，以及衛生署和醫管局的管理層。專責小組負責監察疫情，並且督導有關控制疫情的工作，包括公營醫護機構採取的措施。專責小組就疫症收集專家意見、商議處理疫情的原則、協調醫護界的疫症控制措施，以及策導遏止疫症蔓延的工作，例如採納衛生署所建議的公共衛生措施、研究隔離措施的需要、訂定個人衛生公眾教育策略，以及為各界別制訂指引。2003年3月14日至30日期間，專責小組共舉行六次會議。

8. 2003年3月14日早上，在行政長官主持的高級官員會議中，政府就威爾斯親王醫院疫情，作出三項策略性決議：

(a) 應每日向公眾發放疫情資料。

(b) 應提醒市民採取適當預防措施。

(c) 香港應與國際組織緊密合作，有需要時尋求專家協助。

9. 衛生福利及食物局每日發放搜集所得關於疫症和個案數目的新資訊，每日舉行新聞簡報會，告知市民最新情況和對於疫症已知或未知的詳細資料。目的在於以公開、透明方式，讓市民了解最新疫情。不過，執行上述措施並不容易，尤其因為疫情瞬息萬變，而個案定義和有關臨牀病徵的知識還在演變中。

10. 2003年3月14日，行政長官在衛生福利及食物局局長和醫管局行政總裁陪同下到訪威爾斯親王醫院，親自視察該醫院的疫情，聽取前線醫護人員匯報。行政長官即場表明政府高度重視並會傾盡全力控制疫情的工作。

11. 鑑於香港與內地之間人流頻繁，必須與中央和廣東省當局交流傳染病情報，行政長官乘訪京之行，在2003年3月18日致電國家衛生部部長，爭取與內地當局建立更緊密的聯絡機制。2003年3月22日，在行政長官辦公室主任、衛生福利及食物局局長和衛生署署長陪同下，行政長官與衛生部部長在香港會面，進一步討論跨境合作，以求交流資料和通報疾病。衛生部部長兩次都表示，對於港方建議與內地當局，特別是廣東省衛生當局，設立更緊密的聯絡通報機制一事，中央政府原則上贊成。2003年3月27日，行政長官在新聞發報會公布，已取得中央政府同意，可與包括中央和廣東省當局在內的內地當局建立聯絡機制，從而加強跨境合作，以助了解疫症現狀、臨牀治療、疫症控制和成因。

行政長官督導委員會成立

疫情加劇

12. 隨着疫症蔓延速度和規模不斷加劇，對社會和經濟的影響日趨嚴重，決策過程所涉及的問題需要由多個政策部門共同處理。因此，必

須設立一個較衛生福利及食物局專責小組更高層次的單位，以跨界別方式更妥善協調政府的整體應變措施，並且提供所需的人力和財政資源來控制疫症。有見及此，行政長官於 2003 年 3 月 25 日召開首次督導委員會會議，成員包括有關的主要官員。行政長官督導委員會（督導委員會）接替衛生福利及食物局專責小組，擔任督導政府部門處理綜合症疫情的總指揮部，調動和協調有關資源。督導委員會經常開會監察最新發展，在高層面督導和協調各決策局的工作。督導委員會在 2003 年 3 月 25 日至 5 月 30 日期間共舉行 27 次會議，各次會議紀要和記錄已交立法會專責委員會。督導委員會成立後，衛生福利及食物局專責小組必要時才召開會議，小組專家繼續提供意見。醫護界的應變措施繼續由衛生福利及食物局協調領導。

13. 由衛生福利及食物局常任秘書長擔任主席的跨部門統籌委員會（統籌委員會）也告成立，負責在運作層面協調政府部門和公共機構的工作和資源，以落實督導委員會和衛生福利及食物局專責小組，就控制綜合症所作的公共衛生應變政策和措施的決定，以預防和遏止綜合症在社區蔓延。

14. 督導委員會在控制疫症方面作出多項策略性決議，包括加強邊境健康檢查、實施家居隔離、加緊調查工作、推動個人及環境衛生，以及密切與內地機關聯絡等。督導委員會成立當日，決定向立法會財務委員會申請初步撥款 2 億元，用以加強控制疫症和提供治療，並推動公共衛生教育。督導委員會重要策略性決議羅列如下：

2003 年 3 月 25 日

- (a) 重申向市民發放資料的重要性。在這次及其他多次會議上，督導委員會研究本地及海外公關策略，確保資料得以迅速準確發放。

2003 年 3 月 26 日

- (b) 須加強邊境健康檢查，以減低受感染機會，並紓緩市民的憂慮。
- (c) 由衛生專家研究最恰當可行，並為市民大眾所接受的「檢疫」方案，以期有效控制疫症蔓延。

- (d) 通過衛生署署長的建議，把綜合症列為根據《檢疫及防疫條例》須通報的疾病，以便實施更嚴密的公共衛生控制措施。有關公告在 2003 年 3 月 27 日的憲報刊登。

2003 年 3 月 27 日

- (e) 由 2003 年 3 月 29 日起，所有抵港人士一律須填寫健康申報表。
- (f) 所有幼稚園、小學、中學及職業訓練局日間課程將由 2003 年 3 月 29 日至 4 月 6 日停課，屆時再作檢討。學校其後由 2003 年 4 月 16 日起分階段復課，並採取全面防疫措施減低疫症爆發的機會。
- (g) 由 2003 年 3 月 31 日起，與綜合症患者有密切接觸的人士須每日往衛生署四間指定醫療中心之一接受檢查，為期最多 10 日，並須留在家裏，不得上班上學。

2003 年 3 月 30 日

- (h) 鑑於淘大花園 E 座的疫症數目繼續增加，當局於 2003 年 3 月 31 日凌晨向該座發出隔離令，限制有可能受感染人士的活動範圍，以保障大廈居民和廣大市民的健康。

2003 年 3 月 31 日

- (i) 須擬訂應變計劃，應付染病人數如繼續大增的情況。
- (j) 鑑於淘大花園爆發疫症，將加強措施改善私人及公共屋邨的家居環境衛生。

2003 年 4 月 1 日

- (k) 環境運輸及工務局局長告知衛生福利及食物局局長，衛生署和屬下跨部門小組的實地調查結果顯示，淘大花園 E 座的電梯和排污系統有可能涉及綜合症在 E 座垂直樓層擴散。兩位局長並在同日早上向督導委員會作簡報。

- (l) 由於初步證據顯示，淘大花園 E 座的電梯和排污系統有可能引致綜合症在該座擴散，因此決定把 E 座居民遷往經改裝的度假營舍暫時隔離，以便對該大廈作深入調查。
- (m) 行政長官請環境運輸及工務局局長儘快就 E 座的疫情，進行詳細環境因素調查。

2003 年 4 月 2 日

- (n) 須向各國駐港總領事、航空公司、航運公司及海外經濟及貿易辦事處等簡報最新情況。

2003 年 4 月 7 日

- (o) 鑑於推行的公共衛生控制措施普遍為市民所接受，而受感染個案數目仍然高企，實有必要儘快實施強制隔離，把與患者有家居接觸的人士作家居隔離或遷往營舍隔離。這項家居隔離規定於 2003 年 4 月 11 日起執行。

2003 年 4 月 11 日

- (p) 由 2003 年 4 月 14 日起，規定與綜合症患者有密切接觸的人士在隔離期間不得離港。

2003 年 4 月 15 日

- (q) 為加強邊境管制站的公共衛生控制措施，當局修訂法例讓獲授權人士具有法定權力，為離境及抵港人士量度體溫 and 進行身體檢查。有關規例在 2003 年 4 月 15 日由行政長官會同行政會議訂立。

2003 年 5 月 1 日

- (r) 督導委員會詳細討論保障長者（特別是居於安老院舍的長者）免受感染的策略。

15. 還有其他特殊事件需要政府各部門參與協調。2003年4月29日黃昏，政府迅速妥善安排一個滯留台灣的旅行團返回香港。2003年5月4日，一艘由泰國駛往廣東的馬來西亞註冊貨輪向港府要求協助，報稱24名船員中有10名出現類似綜合症病徵。政府審慎考慮這對香港醫療衛生所帶來的影響，以及香港作為國際社會一分子所負有的人道責任後，決定容許該馬來西亞貨輪到港，讓染病船員得到迅速治理。行動順利而圓滿結束，香港深受世衛等國際社會讚許。

16. 督導委員會成立後，衛生福利及食物局局長及衛生福利及食物局，更實質參與醫管局和衛生署在運作層面的工作，特別是流行病學調查、控制淘大花園疫情、處理醫院感染和爆發等工作。這促使衛生署與醫管局加強合作協調以控制疫情，也增強衛生署履行抗疫所需公共衛生職能的效能。舉例來說，衛生福利及食物局局長知悉衛生署如取得適時的資料，該署在追查與患者有接觸的人士和個案調查方面之工作會更為有效，衛生福利及食物局局長便於2003年3月28日促使衛生署和醫管局建立一個可供雙方即時共用和交換資訊的電子數據網。綜合症網上電子資料庫於2003年4月8日正式啓用。衛生福利及食物局也直接參與檢討和重整有關個案調查、流行病學調查、追查與患者有接觸的人士及健康監察的工作流程和資訊系統。衛生福利及食物局也主動邀請其他有關政府部門協助加強衛生署的效能，例如邀請環境運輸及工務局和轄下部門參與調查淘大花園的疫症爆發；警務處也協助建立一套更全面的系統，追查與患者有接觸的人士。行政長官和衛生福利及食物局局長也多次與醫管局主席和醫管局署理行政總裁會面，檢討醫院疫情的最新發展，並向醫管局提供所需援助。

17. 在疫症期間，政府曾尋求一些國際組織的專家，包括世衛、美國亞特蘭大疾病控制及預防中心，以及加拿大衛生局，協助疫症的調查工作，並就公共衛生控制措施提供意見。在疫症爆發的不同階段，行政長官及衛生福利及食物局局長也曾與數位國際知名專家會面，取得不少寶貴意見，計有 -

- ✧ 美國阿倫戴艾蒙德愛滋病研究中心科學總監兼行政總裁何大一醫生；
- ✧ 世衛美國合作中心主管 Robert Webster 醫生；
- ✧ 美國艾莫里大學學術衛生事務副校長及前美國亞特蘭大疾病控制及預防中心主管高栢安醫生。

各有關決策局在督導委員會協調下所進行的工作

18. 面對這前所未有的挑戰，政府各部門齊心合力，共同抗疫。在督導委員會的協調下，除衛生福利及食物局外，還有多個決策局曾協助控制疫情。現簡述如下：

- (a) 教育統籌局協調措施，保障學生免在校內感染疫症。
- (b) 環境運輸及工務局與衛生福利及食物局聯手在淘大花園 E 座進行環境調查，研究綜合症病毒的可能傳播途徑。
- (c) 房屋及規劃地政局採取行動，為公共和私人住宅大廈檢查排水系統。
- (d) 民政事務局及警務處協助衛生署進行淘大花園 E 座的隔離、搬遷和消毒工作。民政事務局更協調各區進行地區清潔工作。
- (e) 保安局調動各紀律部隊聯同輔助機構（醫療輔助隊和民安隊），協助管理隔離營、在邊境管制站量度旅客體溫，以及追查與患者有接觸的人士。
- (f) 公務員事務局與各部門管理階層緊密聯絡，確保已採取有效措施保障員工免受感染。
- (g) 財經事務及庫務局協助購置口罩等醫療物資。
- (h) 政制事務局安排接返滯留台灣的香港旅行團。
- (i) 警務處提供專業支援，協助設立更全面的系統，追查與患者有接觸的人士。

19. 由政務司司長率領的專責小組於 2003 年 5 月 5 日成立，推行連串措施提升全城衛生水平，以助預防疫症。律政司就對抗綜合症的法律問題，提供專家意見。

檢討

20. 政府與市民大眾同心一德，匯集不同部門、不同界別，以至全體市民的力量，緊密合作，終於把疫情控制下來。世衛遂於 2003 年 5 月 23 日撤銷非必要不宜訪港的旅遊警告；2003 年 6 月 23 日，香港從疫區名單上除名。

21. 政府處理綜合症的爆發時，和其他地方的政府一樣，受一些因素限制。部分主要因素如下：

(a) 有關病毒是前所未聞的。疫症爆發時，我們對這個疾病和病原體，包括其傳播模式、潛伏期、傳播時限，還有十分重要的控制方法，完全一無所知。這些都令情況極不明確，引起當時種種猜測。

(b) 公共衛生控制措施也受多種限制，例如缺乏實驗室診斷測試、個案定義不精確。當時政府對強制隔離的成效存疑，因這可能促使患者和與患者有家居接觸的人逃匿或延誤披露病情。此外，也顧慮到公民自由、公眾接受程度和執行的可行性等問題。事實上強制隔離措施已數十年不曾施行。因此，在疫症爆發初期政府採用了循序漸進的步驟，沒即時實施強制隔離措施。

(c) 香港是全球人口最稠密、交通運輸和旅客出入最繁忙的地方之一，傳染病特別容易肆虐。

22. 礙於上述因素所限，政府處理疫情時，難免要經歷一段時間才能由最初的略為被動，轉為主動抗擊，最終完全掌握疫情，主導所需抗疫工作。

23. 疫症期間，政府由始至終以市民健康為依歸，以遏止和控制疫情為首務。因此，政府傾注全力、調動一切所需人手和資源，力求減少感染人數、幫助患者康復、加強全民合作同心抗擊疫症。

24. 綜合症是新的傳染病，至今仍有很多鮮為人知的地方。過去數十年本港醫療系統行之有效，為全港市民提供周全高效的醫護服務。不過，綜合症爆發初期，面對着性質不明、傳染範圍廣泛和速度迅猛的疫症，暴露了香港醫護系統的弱點。每個抗疫人員都在極困難的環境下工作，在危機中竭盡全力奮勇抗疫。來自美國、英國、澳洲、內地

和香港的 11 位知名公共衛生及醫院行政專家組成的專家委員會所撰寫的報告指出，香港的公共衛生和醫護系統確有不足之處。幸而得到抗疫人士的共同努力，很多體制上的缺失已迅速地被糾正過來，而各級人員在逆境中的努力不懈，也克服了其餘的不足之處。世衛認為香港這場疫症極難控制，原因是香港人口稠密而且過境人流頻繁。疫症給控制下來，全賴醫護界、政府和全體市民戮力同心群策群力，我們才得以成功。

25. 這場疫症對香港來說是一場痛苦的經歷，對患者、患者家人，還有那些痛失摯親的人來說，更是刻骨銘心。疫症危機使大家注意到，本港醫療衛生系統在處理不明傳染病爆發方面存在弱點。正如專家委員會報告所指，我們必須加強與內地交流資料和通報疫症的機制、改善公共衛生體制（包括成立衛生防護中心）、確保醫管局能夠應付日後爆發的疫症，以及改善居住環境。我們已汲取教訓，過去多月來一直投放資源和推動計劃，全力加強香港的防疫能力。

行政長官辦公室
2004 年 3 月