

17 January 2004

Your ref.: CB2/SC2

Miss Flora Tai
Clerk to Select Committee
Legislative Council
Legislative Council Building
78 Jackson Road
Central

Dear Ms Tai

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

With reference to your letter dated 24 December 2003, I enclose herewith my written submission as requested.

Thank you for your attention.

Yours sincerely



LIU Shao-haci

Written submission by Dr SH Liu on the performance and accountability of Central committee of Infection Control and the Working Group on Severe CAP in the handling of the SARS outbreak.

The main roles of Central Committee on Infection Control (CCIC), which was previously called the Task Force on Infection Control, are to develop and promulgate policy and provide expert support on issues related to infection control within Hospital Authority. It facilitates the coordination of surveillance programs and hospitals' responses to infections. On specific issues of infectious diseases, working groups are formed under CCIC to work out action plans. Before the outbreak of SARS, in view of media reports of atypical pneumonia in Guangdong, a Working Group on Severe Community Acquired Pneumonia (WG) was formed to advise HA on a surveillance mechanism to monitor the situation in public hospitals. The Working group comprised some members of CCIC as well as other specialists. The work of the WG during the period from 11 February 2003 to 18 March 2003 is summarized below:

- Formulated a reporting system and laboratory procedures for diagnosis on severe community acquired pneumonia (CAP);
- Informed Department of Health of all reported severe CAP cases;
- Conducted a lookback exercise on the baseline information for ascertaining whether there was any surge in cases of severe CAP;
- Promulgated advice on infection control measures on the handling of severe CAP and use of antiviral drugs by referring to the guideline on influenza which was further supplemented with 4 issues of Frequently Asked Questions before the disease was officially named SARS by World Health Organization;
- A total of 7 meetings were held with the last 5 meeting jointly held with CCIC to update members on cases of severe CAP and discuss measures related to infection control and treatment which was promulgated to all staff;
- Reported to the CCIC on the interim analysis of the earlier reported cases. Notification of Severe CAP ceased when the hospitals were requested to report SARS cases to the SARS Registry.

Before the outbreak, no linkage among the various cases which were later confirmed SARS could be made. The presentation of these cases was no different from previous and other CAP cases at that time. There was no upsurge of cases reported. The laboratory investigations initially did not provide any clue. The recommended droplets precaution as advised for influenza was effective. A main concern at that time was rather avian influenza infection, in view of the diagnosis (made on 19 Feb 2003) in one family of a cluster of H5N1.

Nevertheless, the WG looked into reported cases for etiological diagnosis and with collaboration of frontline professional, open lung biopsy was performed on a relative of Prof Liu from which the Coronavirus was identified on 22nd March 2003.

With the outbreak of SARS, the work of CCIC and WG was subsumed under the overall organization for SARS which was led by the daily SARS Round Up Meeting at Hospital Authority. Besides being invited to participate in various advisory groups formed during the SARS epidemic, members of the CCIC were consulted for advice on various infection control measures. The recommendations were reported back to the SARS round up meeting for incorporating into and updating HA guidelines which were promulgated through various channels including local briefing sessions, hospital forums, newsletters, designated SARS website, briefings by infection control teams and the reinforcement network during the SARS outbreak.

Overall the CCIC and WG performed reasonably in the face of unknown virus before and during the SARS outbreak. If it had not been their initiative in obtaining the lung biopsy from Prof. Liu's relative in early March 2003, the SARS virus could not have been identified on 22 March 2003. The discovery was a critical step in the further development on management of SARS subsequently.

I would like to take this opportunity to thank members of CCIC and WG for their dedicated and hard work in battling this new disease of SARS.

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