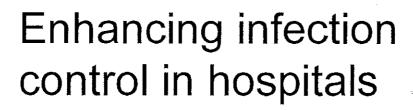
SC2 Paper No.: A127

Measures to prevent and prepare for resurgence of SARS



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- Enhancing surveillance and preventing outbreaks
- > Enforcing infection control measures
- > Augmenting isolation facilities
- Strengthening expertise in clinical management and outbreak management
- > Ensuring supplies
- > Formulating plans for distributing patients
- > Enhancing management capabilities



Enhancing surveillance and outbreak prevention

- Visiting Medical Officer Scheme for old age homes
- Extending influenza vaccination programme
- Surveillance of infectious diseases in patients and staff
- > Monitoring trends of infectious diseases
- Collaborating with DH on surveillance at border control points and monitoring tourists with fever
- > Enhancing collaboration with DH

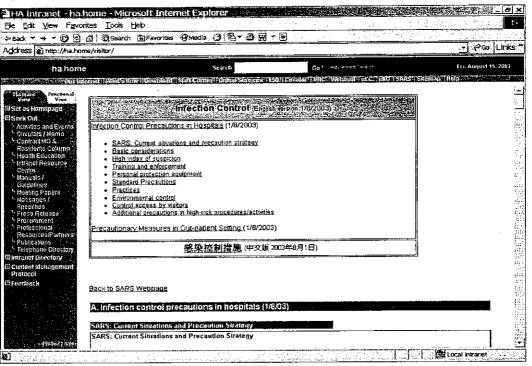
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Enforcing infection control measures

- Reduce overcrowding
- Revised infection control guidelines
- Enhance support by infection control teams
- Audits on compliance



Revised infection control guidelines



Revised infection control guidelines

- Maintaining vigilance
- Sustainable, risk stratified infection control practices



Visiting

- > No visiting to high risk wards (Fever triage wards, SARS screening wards)
- > Other acute and convalescent wards: ≤ 3 hours per day
- > Infirmary: ≤ 6 hours per day
- > 2 per patient per day
- Keeping registers for visitors
- > Health advice and infection control precautions

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- > Categorisation according to risk stratified patient areas
- > Procedure
- > Exposure to contaminated items, secretions, excreta



Strengthening expertise in clinical management

- Surveillance
- Triage
- Case identification
- > Alerting
- Isolation
- Clinical management of patients
- Each clinical specialty to establish a plan on enhanced preparedness and contingency response in the event of an outbreak

Specialty based preparedness Examples: Triage at A&E

Triage Checklist for Febrile patients

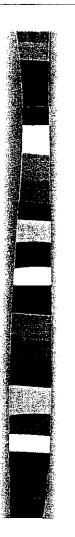
- Fever documented at triage station, or a history of documented fever in the past 48 hours; and
- No other obvious cause of fever e.g. Cellulites, cholangitis
- 1.Presence of any of the following symptoms in the past 2 days
 History of chills in the past 2 days
 Cough (new or increased cough) or breathing difficulty
 General malaise or myalgia
- 2.Have you have any unprotected contact with (suspected) SARS patient in the past 10 days?
- 3. Have you been a patient or visitor in a hospital or long-term care facility with known SARS patients in the past 10 days?
- 4.Recent (10 days) travel history outside HK (

5. Any association or contact with:

- a cluster of persons with fever of recent onset, or
- a known cluster with high attack rate (during time with outbreak)

If patient has fever as above, together with (1) and any one out of (2) - (5), allocate the patient to SARS screening area.

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Strengthening expertise in outbreak management

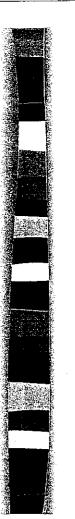
Enhance training on and support to outbreak management.

- >Hospital outbreak control team
- >Central outbreak control team
 - Identification of source of infection
 - Control of infection
 - Identification and implementation of measures to prevent recurrence
 - Sharing of lessons

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Augmenting isolation facilities

- > 1280 isolation beds by November 2003 (+530)
- Continuous efforts on other minor works to support infection control
- Portable HEPA filters to other areas where permanent structures cannot be installed
- Contingency plan for further increase in isolation capacity



Ensuring supplies of drugs consumables and equipment

- > 3 month supplies of PPE and other essential consumables / equipment
- Source additional supplier
- Enhance training on proper use

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Mobilisation of patients

Staged mobilisation plan

1st50PMHNext2006 hospitalsNext2006 hospitalsNext1755 hospitals

> 625 Each hospital to increase intake up

to100

> HA Head Office to coordinate



Strengthening human resources capabilities

Designated funds from the Government to enhance training:

- >Set up Training Centre for Infectious Disease Control
- >In house induction training for all staff
- >Annual updates for staff with patient contacts
- >Train 10,000 HCW each year in 5 years
- >Develop a pool of expertise to partner with infection control teams
- >In-depth training to selected health professionals on infectious disease and outbreak management

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Communication

Internal and external communication network

- > Dissemination of information
- >Collection of feedbacks



Contingency plan for another epidemic

- Surveillance and notification
- Collection of epidemiological information
- > Outbreak investigation and control
- Infection control
- Decanting and mobilisation of patients
- > Human resources
- Supplies and facilities
- > Clinical management
- Communications

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End