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Information provided in response to letter of 5 December from the Clerk to Select Committee to inquire into the handling of the Severe Acute Respiratory Syndrome outbreak by the Government and the Hospital Authority

1. Considerations taken into account and the basis for the decision made on 27 March 2003 to suspend classes in all schools from 29 March to 6 April 2003.

In making the decision on whether classes in all schools should be suspended from 29 March to 6 April 2003, Education and Manpower Bureau (EMB) had the following considerations –

(a) Whether class suspension would help to prevent the spread of SARS in the community;

(b) Whether parents' worries about the possibility of their children contracting SARS in, and while commuting to and from, school would be alleviated;

(c) Whether pupils' learning activities in school would be disrupted during class suspension; and

(d) Whether inconvenience would be caused to working parents who might have to arrange for the custody of their children during the class suspension period.

The basis for the decision was that class suspension would help to alleviate the worries of parents about the possibility of their children contracting SARS in, and while commuting to and from, school. Parents' worries heightened as it appeared that SARS could spread in the community at that time.

2. Measures taken by the Education and Manpower Bureau to prepare for the suspension and resumption of classes.

Measures taken by EMB to prepare for the suspension and resumption of classes –

(a) Setting up of a Crisis Management Team in EMB to co-ordinate actions and closely monitor the situation as well as liaise with other Government bureaux, departments, the media and educational

institutions;

(b) Issuing to schools guidelines and health advice on prevention of SARS and detailed arrangements on suspension and resumption of classes;

(c) Uploading learning materials onto the EMB homepage and broadcasting ETV programmes for use by teachers and pupils during the class suspension period and after class resumption;

(d) Distributing to schools SARS prevention materials, such as face masks and thermometers;

(e) Briefing schools and parents on arrangements upon class resumption;

(f) Publicizing through the media the necessary precautionary measures to be followed by parents, students and schools upon class resumption; and

(g) Conducting school visits on the day of class resumption to ensure schools had taken proper precautionary measures.

3. Whether there was any student infected with Severe Acute Respiratory Syndrome (SARS) through contacts at schools? If yes, the number of student(s) so infected.

According to records, no student was infected with SARS through contacts at schools.

4. The number of cross-infection cases at workplace, if any; and the procedures for following up such cases.

The information provided below is on possible workplace infection clusters based on epidemiological data known such as onset dates. Discounting cases of healthcare workers, workplace infection clusters comprise one individual in a company on Hong Kong Island; five individuals in two companies in Kowloon; and one individual in one company in the New Territories (N.B. index patient has not been included in the aforesaid figures).

In following up the cases, site visits were conducted to the workplaces with suitable health advice and disinfection guidance given as appropriate. For detailed contact tracing procedures, please refer to **SC-01-38P-EX** *Contact Tracing – Then and Now.*

6. The methodology including procedures and mechanism for contact tracing conducted by DH and the manpower resources deployed for such purpose at various phases of the SARS outbreak.

On contact tracing procedures, please refer to **SC-01-38P-EX** *Contact Tracing – Then and Now* which is further elaborated in paras. 84 to 93 of **SC05-01L-EZ** *Director of Health's letter dated 18 August.*

Contact tracing was mainly conducted by the respective Regional Offices (ROs) of the Department of Health (DH). To cope with the heavy and increasing caseloads, additional staff was deployed to the four ROs through internal redeployment in DH. The pool of medical and nursing staff, who was the core team in contact tracing in the four ROs, was gradually strengthened from 60 odd staff when the Prince of Wales Hospital (PWH) outbreak first came to notice on 11 March, to over 130 during the peak period in the later part of March to mid April, and maintained at around 100 thereafter. The staff worked extended hours and on weekends and holidays, and other administrative and supporting staff in the ROs also took on additional duties to support their colleagues in contact tracing. Separately, one doctor and a group of 2 to 9 nurses at the Wan Chai Control Centre (which was set up on 13 April for "real-time" contact tracing data through e-SARS and the Police's Major Incident Investigation and Disaster Support System) also assisted in contact tracing. In addition, the DH Call Centre (its main function was to answer public enquiries on SARS), where over 120 members of staff were deployed during the peak period, also played a role in liaising with contacts through the hotlines.

7. The time from which DH started to conduct contact tracing in respect of suspected cases and the reason(s) for taking this action.

The PWH outbreak first came to notice on 11 March. From the very beginning, DH conducted contact tracing within 24 hours of receiving notifications from hospitals. During this early phase, the "suspected cases" category did not exist, and DH conducted contact tracing on all reported cases fulfilling a surveillance case definition agreed with PWH. The surveillance case definition was designed to be sensitive such that potential cases were not missed. The aim was to ensure that contacts could be reached so that they could be promptly referred to hospitals should they develop symptoms. Furthermore, health advice was given to contacts about the protective measures to prevent infection.

With the introduction of e-SARS in the second week of April, patients were categorized into four categories: confirmed SARS, suspected SARS, patients admitted for observation, and not SARS. DH conducted contact tracing on all confirmed and suspected SARS cases. As regards patients under observation,

DH collected telephone numbers of their contacts so that they could be reached as soon as possible if they later became classified as confirmed or suspected SARS. Contact tracing was not applicable to the "Not SARS" category.

8. The difference, if any, between the contact tracing procedure and mechanism for suspected cases and those for other cases.

There was no difference in contact tracing procedure and mechanism between confirmed and suspected cases. For both categories, their close contacts and social contacts were traced. Contacts of confirmed cases were put under home confinement since 10 April, and the scheme was later extended to contacts of suspected SARS cases from 25 April onwards. From risk management perspective, contacts of confirmed cases were accorded higher priority than contacts of suspected cases in terms of the order for conducting contact tracing, and medical surveillance on close contacts was conducted on a daily basis by phone while that on social contacts was conducted at regular intervals, at least twice during the 10-day medical surveillance period.

9. The difference, if any, between the procedures and methodology adopted by DH for contact tracing and those adopted by the Disease Control Centre in Prince of Wales Hospital (PWH) and the Hospital Authority (HA) respectively; and the reasons why contact tracing was conducted by three separate bodies.

10. The mechanism, if any, for the flow of contact tracing case information among DH, HA and PWH; and how such information was used.

Questions 9 and 10 both relate to the PWH outbreak. The investigation of the outbreak was a joint effort between DH and PWH. Detailed information was provided in paras. 35 to 80 and paras. 84 to 93 of **SC05-01L-EZ** *Director of Health's letter dated 18 August*. As detailed therein, information was shared between PWH and DH through various channels, including through joint meetings, the DH Control Team stationed in PWH, and liaison between the Control Room in New Territories East Regional Office and PWH.

11. Follow-up actions taken by DH after the names of buildings with SARS cases were released on a daily basis and the date when the Food and Environmental Hygiene Department started to undertake disinfection measures in these buildings.

DH started releasing daily the names of buildings with SARS cases on 12 April. Prior to that, DH, with the assistance of the Home Affairs Department (HAD),

had been issuing letters to management offices of affected buildings/estates to inform them of the existence of SARS cases in the buildings and advise them to carry out thorough disinfection of common areas.

As the scientific evidence that SARS could be spread through environmental factors emerged, the Food and Environmental Hygiene Department (FEHD), on receiving the information from the DH and with the assistance of the HAD, began inspections of buildings with confirmed SARS cases on 2 April 2003. Staff from FEHD inspected the buildings with the building management concerned and offered advice on how to maintain cleanliness, focusing on –

- Cleanliness of common parts, such as corridors, staircases, lifts, lightwells, refuse collection chambers;
- Proper functioning of the drainage system;
- Signs of pest infestation and offering pest control advice as appropriate; and
- Advice on cleansing and disinfection.

Where appropriate, FEHD would also issue warnings or notices to building management, owners' corporations, owners or occupiers for abatement of nuisances and conduct follow-up inspections.

Since 7 April 2003 and on notification by DH, FEHD conducted disinfection of specific residential units. This was made an established system from 22 April onwards, where residential units with SARS cases would automatically be disinfected. Demonstration on cleansing techniques for owners or occupiers would also be made in addition to the standard advice given out during inspections as detailed above.

16. The time when the decision was made to issue the Removal Order for Block E of Amoy Gardens; the time when the Secretary for Home Affairs and the responsible directorate officer(s) of the Leisure and Cultural Services Department were informed about the Government's plan to move residents at Block E of Amoy Gardens to holidays camps; and the time when preparation work started. Please provide the name and post title of the directorate officer(s) concerned.

On 1 April 2003, the Secretary for Health, Welfare and Food informed the Permanent Secretary for Health, Welfare and Food at around 11:00 am that Block E Amoy Gardens would need to be evacuated. Preparation work for the evacuation of the residents started immediately. The Home Affairs Bureau and the responsible directorate officers of the Leisure and Cultural Services

Department (LCSD) were concurrently informed of the preparation plan. The "Removal Order" was made at around 4:30pm in the afternoon of 1 April 2003.

For the Home Affairs Bureau and LCSD, the names and post titles of the directorate officers concerned were Ms. Shelley Lee, Permanent Secretary for Home Affairs, Ms. Anissa Wong, Director of Leisure and Cultural Services and Mr. Eddy Yau, Assistant Director of Leisure and Cultural Services.

19. According to paragraph 9 of the paper entitled "Public Health Control Measures" submitted by DH to the SARS Expert Committee, the target clientele of Designated Medical Centres changed significantly to cater mainly for close contacts of confirmed and suspected SARS patients starting from 10 April 2003. Please explain whether suspected SARS patients are included in the contact tracing and medical surveillance.

Please refer to our response to items 6, 7, 8 and 20 on our elaboration on contact tracing, in particular with respect to "confirmed" and "suspected" SARS cases.

20. According to paragraph 3 of the paper entitled "Contact tracing for SARS – then and now" submitted by DH to the SARS Expert Committee, contacts traced by DH may be put under medical surveillance. Please explain the meaning of medical surveillance, the criteria for determining whether contacts may or may not be put under medical surveillance.

Paragraph 3 of **SC-01-38P-EX** *Contact Tracing – Then and Now* refers to the general practice of contact tracing for infectious diseases. However, in DH's conduct of contact tracing during the SARS outbreak, all close and social contacts[1] were put under medical surveillance. When the contacts were traced, DH would contact these individuals, ask questions about any signs and symptoms of SARS, follow them up to ascertain if they remained in good health, and refer them promptly to appropriate medical facilities should they develop SARS symptoms. Health advice and information on protection against SARS were also given. All contacts of SARS patients were followed up between Day 0 and Day 10 (maximum incubation period of SARS), more frequently depending on the level of risk. Designated Medical Centres and home confinement were also measures that facilitated medical surveillance.

[1] Close contact was defined by the WHO as those who lived with, cared for, or having been exposed to respiratory or bodily secretions of SARS cases. Social contacts were individuals who had contact with SARS cases but falling outside the WHO definition for close contact.

21. Referring to paragraph 4 of the paper entitled "Contact tracing for SARS – then and now", please give the exact date for establishing a surveillance system on severe community-acquired pneumonia.

Both HA and DH had been fully on the alert for severe community acquired pneumonia (SCAP) cases. Following the setting up of the HA Working Group on SCAP on 11 February (to which staff from DH subsequently joined), HA issued on 12 February memos to hospitals to set up a reporting system for cases of community acquired pneumonia which required assisted ventilation or Intensive Care Unit/High Dependency Unit care (SCAP cases) and requested the hospitals to activate surveillance of cases and gathering of epidemiological information. On 13 February, DH extended the arrangement to private hospitals, requiring the latter to report SCAP cases upon admission.

22. Referring to paragraph 12 of the paper entitled "Contact tracing for SARS – then and now", please give the exact date when close contacts of SARS cases were advised not to go to work for at least seven days.

As early as on 11 March, DH had been advising symptomatic close contacts (i.e. contacts who reported respiratory symptoms or fever) not to go to work/school for at least seven days and similarly for the asymptomatic close contacts from 15 March. The advice that all close contacts should stay away from work/school for seven days was made a standard practice for SARS cases from 24 March onwards.

Health, Welfare and Food Bureau
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