

**Health, Welfare and Food Bureau's supervision of and working
relationship with Department of Health
in the handling of the SARS outbreak**

Purpose

The purpose of this paper is to -

- (a) describe the respective roles of the Health, Welfare and Food Bureau (HWFB) and the Department of Health (DH) with regard to public health;
- (b) provide an overview of the working relationship, and governance, between HWFB and DH during peace time when there is no outbreak or epidemic, and
- (c) set out an account of HWFB's supervision of and working relationship with DH in the handling of the SARS outbreak.

Role of HWFB

2. HWFB is one of the 11 policy bureaux of the Government. It has overall policy responsibility for all matters relating to health, social welfare, food and environmental hygiene and women's interests. It is underpinned by DH, Hospital Authority, Food and Environmental Hygiene Department, Social Welfare Department and Government Laboratory.
3. On matters relating to health, HWFB is responsible for the development and formulation of policies, and the management and allocation of Government resources of the departments and organisations under its ambit. In addition, it has a monitoring and supervisory role, keeping track of the implementation of health policies by DH and its execution of statutory public health functions, and ensuring that the provision of public health care services

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to Hong Kong residents is in accordance with the guiding principle that no one should be denied adequate medical treatment due to lack of means.

Role of DH

4. DH is the health adviser of the Government and an executive arm in health legislation and policy. DH is also responsible for public health and is the statutory authority responsible for the prevention and control of communicable diseases. It safeguards the health of the community through promotive, preventive, curative and rehabilitative services. It also works with the private sector and teaching institutions to protect public health.

5. One of the service divisions in DH is the Disease Prevention and Control Division. Established in July 2000, this division is responsible for formulating strategies and implementing measures in the surveillance, prevention, and the control of communicable diseases and non-communicable diseases. This is achieved through the assessment of the health status and health needs of the community, planning and implementation of health intervention programmes, as well as conduct of research and evaluation.

6. On communicable diseases, DH performs surveillance on 27 statutory notifiable diseases (prior to SARS) and other infections of public health significance. It also coordinates the operation of sentinel surveillance system that monitors the trends of influenza-like illness, hand-foot-and-mouth disease, antibiotic resistance, acute conjunctivitis and acute diarrhoeal diseases in the community.

7. The Quarantine and Prevention of Disease Ordinance (Chapter 141 of the Laws of Hong Kong) and its subsidiary legislation provide the legislative framework for the prevention and control of infectious diseases of public health importance. It provides the statutory basis for DH to prevent the import and spread of infectious diseases.

8. The Prevention of the Spread of Infectious Diseases Regulations (Cap. 141B) provides the regulatory framework to contain and prevent the spread of infectious diseases within Hong Kong. The Director of Health may

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make an order to include a new infectious disease in the list of infectious diseases specified in the First Schedule to Cap. 141, so that the provisions of Cap. 141 and 141B could apply to the disease as appropriate.

9. On collaboration with international health authorities, DH has established a mechanism whereby epidemiological data on infectious diseases are exchanged with the World Health Organisation (WHO). DH also contributes data to WHO's FluNet which publishes influenza surveillance data worldwide. A good communication network has further been developed with authorities such as the CDC of USA, Health Canada etc to facilitate the exchange of public health intelligence.

10. Over the years, DH has developed a good working relationship with the Chinese Ministry of Health in Beijing. There is an established mechanism for DH to exchange intelligence on issues of public health importance including infectious diseases. DH also exchanges infectious diseases data on cholera, malaria, viral hepatitis and HIV/AIDS with Guangzhou, Shenzhen, Zhuhai, Hainan, as well as Macao SAR.

An overview of relationship between HWFB and DH

11. Managerially, DH is accountable to HWFB. However, the statutory powers required for carrying out public health functions are mostly vested in the Director of Health.

12. HWFB monitors and supervises DH's work as the Department carries out its public health functions with the support of some 6,300 staff. At a manpower level of only 200, HWFB usually does not participate at an operational level in DH's work, as with all the other departments under the Bureau's purview.

13. During peace time situation, HWFB discharges its governance function as follows -

- (a) Within HWFB's policy parameters, DH designs its annual plan setting out the initiatives and programmes it will implement for the

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coming year. The overall objectives are as set out in DH's mission: to protect and improve the health of the people of Hong Kong.

- (b) HWFB monitors the progress of these initiatives and programmes through formal Quarterly Progress Review (QPR) meeting with DH. In the meeting, achievement of milestones or otherwise and other issues relevant to its work are reported and raised, and discussed. Where appropriate, further direction is provided to ensure that the programmes are on course to meeting the intended objectives. In addition, a monthly meeting is held with senior directorate officers of DH to discuss work matters and health-related issues. For specific matters of public health concern, ad hoc meetings are convened. There are further communication channels on an individual basis with the Director of Health or his/her staff. Where appropriate, special working groups may be established to take matters forward.
- (c) On a regular basis, HWFB reports to the Legislative Council (LegCo) and its Health Services Panel the status and progress of the health programmes that it oversees. The Secretary for Health, Welfare and Food (SHWF) and his Permanent Secretary as well as the Deputy Secretary participate in discussions with members of the LegCo regularly and answer their queries on health matters within the portfolio of HWFB.

Relationship between HWFB and DH during the SARS Outbreak

14. During the SARS outbreak, HWFB continued to discharge its governance function while DH maintained its roles as the government's health advisor and the statutory authority responsible for the control and prevention of communicable diseases. HWFB monitored and reviewed the progress of DH's work as the Department undertook the necessary public health functions, including disease surveillance, contact tracing, enforcement of public health legislation, liaison with the healthcare community, public education, liaison with Mainland health authorities and the international health community, as well

as the provision of pathology laboratory services. HWFB had frequent contacts with DH to understand how they would proceed in managing the outbreak, and their response. As the outbreak situation progressed, the role of HWFB evolved from monitoring and supervision to more participatory roles of coordination and management, as follows-

Pre-outbreak

- (a) Prior to the PWH outbreak and after the outbreak in Guangdong came to light, HWFB's role was to oversee that DH had an appropriate disease surveillance mechanisms and to monitor the progress of DH's liaison with Mainland health authorities and WHO.

PWH outbreak

- (b) After the outbreak was recognised in PWH, other than monitoring and supervision, HWFB took a more participatory role in assessing and managing the outbreak. The HWFB Task Force comprising DH, HA and health experts was established and chaired by SHWF. The purpose was to assess the outbreak situation, collate and review accumulated scientific knowledge of the unknown causative agent, and coordinate outbreak control efforts in the health sector.

Epidemic escalated

- (c) As the magnitude and scale of the epidemic escalated with the outbreak in the Amoy Gardens, HWFB started to contribute at the operational level through frequent interactions and reviews with DH staff including contacts with the community physicians of DH, as well as the setting up of the Inter-departmental Action Coordinating Committee (IACC). The purpose was to enhance DH's capacity in carrying out the necessary public health functions for outbreak control and in implementing SARS control-related public health measures.

15. The evolution of HWFB's roles during the SARS outbreak in terms of its involvement in outbreak management and its supervision and working relationship with DH are elaborated in greater depth in the ensuing paragraphs.

Pre-outbreak

16. After the outbreak of atypical pneumonia in the Guangdong Province was reported in February, HWFB contacted DH to solicit information and advice regarding the outbreak and its implications to public health in Hong Kong. It also oversaw that DH had proper channels of communication with the relevant health authorities such as the Ministry of Health, Beijing and WHO. HWFB was kept informed of the discussions.

17. The situation in Guangdong further prompted HWFB to convene a meeting on 13.2.03 with officials and experts from DH and HA to collate and review available information, and to monitor the progress of local disease surveillance. At the meeting, HWFB was also briefed on the establishment of the HA Working Group on Severe Community-Acquired Pneumonia on 11 February.

PWH outbreak

18. After the outbreak in PWH was reported on 11.3.03, HWFB convened a meeting on 13.3.03 with DH, HA and health experts. A senior expert from CDC Atlanta, in his capacity as WHO representative, was also present at the meeting. It was decided during the meeting that SHWF would chair a steering group to coordinate efforts of outbreak control and enhance information exchange; a Deputy Director of Health would chair an expert group to focus on investigation. However, in view of the evolving nature of the unknown outbreak and the issues covered in the two groups were closely inter-related and often overlapping, it was decided at the meeting on 14.3.03 that the two groups should be merged to form the HWFB Task Force for effectiveness and operational efficiency.

19. Chaired by SHWF, the Task Force collated expert advice, coordinated outbreak control efforts in the health sector, and provided a forum for the principles of outbreak management to be articulated. Key discussion items included-

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- (a) evolving definition of cases from WHO, including clinical features;
- (b) epidemiological investigations to provide better understanding of the outbreak, identify index case and trace close contacts for further public health actions;
- (c) laboratory investigations to identify the causative agent;
- (d) infection control measures particularly on droplet precautions, and
- (e) empirical evidence on treatment of cases.

20. Six meetings were held during the period from 14 to 30 March to review the latest position of the outbreak and the accumulated scientific knowledge of the unknown causative agent, as well as to provide steering on the actions to be taken to contain the spread of the disease. Other than the Task Force meetings, HWFB also had frequent contacts with expert members of DH.

Epidemic escalated

21. The SARS epidemic escalated in late March when cases in the Amoy Gardens started to emerge. As the situation during the Amoy Gardens outbreak changed rapidly, HWFB initiated frequent meetings with DH staff including the community physicians and officials of DH in order to keep abreast with the latest position and contribute to decision-making at operational level. Other than monitoring the progress of their work, HWFB was also directly involved in reviewing operational matters of the Department, such as the workflow and information system for carrying out case and epidemiological investigations, contact tracing, and medical surveillance.

22. The involvement of HWFB had served to enhance DH's capacity in carrying out the necessary public health functions for outbreak control. For instance, when it was realized that DH's efforts in contact tracing and case investigation were hampered by the lack of timely information, SHWF instructed both DH and HA on 28.3.03, and oversaw that they develop an electronic database which would enable them to share and exchange

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information in real-time. An on-line database called e-SARS, with internet access, was launched on 8.4.03. At about the same time in early April, the Police, through its involvement in the IACC, offered their sophisticated computer with geographical information system called the Major Incident Investigation and Disaster Support System (MIIDSS) to facilitate DH's work on contact tracing. The combination of e-SARS and MIIDSS facilitated DH's work in conducting prompt case investigation and swift contact tracing.

23. On 24 March, HWFB set up the IACC. Chaired by the Permanent Secretary for Health, Welfare and Food (PSHWF), IACC was to coordinate efforts and resources from different government departments and public bodies at the operational level to implement SARS control-related policy decisions and initiatives. IACC coordinated inputs and responses from over 25 policy/resource bureaux, Government departments and public bodies.

24. During and after the outbreak in Amoy Gardens, IACC was instrumental in enhancing the capacity of DH in carrying out SARS control-related public health measures, such as the isolation and evacuation of Amoy Gardens Block E, port health measures (e.g. body temperature checking and health declaration of travelers), and the home confinement scheme. IACC also set up a Multi-disciplinary Response Team on 18.4.03 to undertake proactive environmental investigations and elimination of environmental contamination in "hotspots" or buildings with SARS cases. Although coordinated by IACC, the Response Team was led by DH at the working level.

Conclusion

25. During the SARS outbreak, HWFB monitored the progress of DH's work as the Department undertook the necessary public health functions as the statutory authority responsible for the control and prevention of communicable diseases. As the outbreak situation progressed, the role of HWFB evolved from monitoring and supervision to more participatory roles of coordination and management through the setting up of the HWFB Task Force and IACC, as well as direct involvement of HWFB in reviewing the workflow and information system of DH's works, which had served to enhance the capacity of DH in carrying out the necessary public health functions for

outbreak control and in implementing SARS control-related public health measures.

Health, Welfare and Food Bureau
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