

Dr Margaret Chan

Department of Protection of the Human Environment
World Health Organization
Avenue Appia, 1211 Geneva 27, Switzerland

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Miss Flora Tai
Clerk to Select Committee
Legislative Council
Legislative Council Building
8 Jackson Road
Central, Hong Kong

Fax : (852) 2248 2011

Dear Madam,

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

At the hearings held on 12-13 January 2004, in response to Members' questions, I undertook to provide further information on a number of points. With the assistance of colleagues in the Department of Health (DH), I now submit my response. I also take the opportunity to further clarify issues relating to the inclusion of SARS in the legislation, the designation of Princess Margaret Hospital (PMH) as the SARS hospital to receive referrals from Designated Medical Centres (DMCs) and the isolation of Amoy Gardens, Block E.

2. At the risk of repetition, I would stress again that my testimony is in my capacity as the former Director of Health at the time of the SARS epidemic and is not related to my official duties at the World Health Organization (WHO).

Monitoring Infectious Diseases

3. DH had all along been monitoring infectious diseases in Hong Kong. Back in March 2002, DH sought assistance from the Hospital Authority (HA) for hospital admission figures on various infectious diseases including pneumonia. In September 2002, HA started to provide the figures from January 2001 onwards. Separately, on 11 November 2002, Dr Tse Lai-yin of DH was invited to be a co-opted member of the HA Task Force in Infection Control which coordinated the HA's surveillance of the trend and development of infectious diseases. Dr Tse attended her first meeting in the Task Force on 18 November 2002.

Guangdong Outbreak Reported in the Media on 10 February 2003

4. When DH was unable to establish contact with the health authorities in Guangzhou and Guangdong, I approached the Director General of the Department of International Cooperation, Ministry of Health in Beijing. In response to my specific enquiries, the Director General informed me that he had not received any report of plague and anthrax. He further advised that the Guangzhou Bureau of Health would hold a press conference on 11 February 2003.

5. The press conference was duly held at 10:30 hours on 11 February 2003. DH immediately downloaded the information on the press conference from the "Guangzhou Health Information" website. There is no record in DH that the Guangzhou or Guangdong authorities had sent written information to DH about the press conference.

6. At the press conference, the Guangzhou authorities briefed the public of what had been happening on atypical pneumonia cases in the area and that the situation in Guangzhou was under control. The authorities also highlighted the clinical presentations, transmission mode, hospital infection control and health advice/precautionary measures for the general public.

7. I reiterate that at the time of the Guangdong outbreak, DH was not aware of an investigation report from the Guangdong health authorities dated 23 January 2003. I should mention that at a meeting of the Legislative Council Panel on Health Services held on 12 June 2003, a Member tabled a 2-page "information note" referring to an investigation report conducted by experts in the Guangdong Province on pneumonia of unknown cause which

was dated 23 January 2003. The "information note" set out briefly the transmission mode, incubation period and symptoms of the disease, and the treatment and precautionary measures against the spread of the disease.

Surveillance of Mainland Media Reports

8. The mainland newspaper which DH monitored at the time of the Guangdong outbreak was the People's Daily.

Pneumonia Statistics

9. On 13 March 2003, the Secretary for Health, Welfare and Food (SHWF) convened a meeting to review the Prince of Wales Hospital (PWH) outbreak. Local surveillance data on pneumonia cases up to January 2003 was presented. The meeting noted that on average Hong Kong had about 1 500 to 2 000 cases a month and that there had been no significant increase in the number of pneumonia cases reported in the past few months. As requested by the Select Committee, I provide the following figures for February 2003 which were not available at the meeting held on 13 March 2003 -

	February 2003
No. of episodes	1 306
No. of deaths	190

Use of Nebulizer

10. According to the clinical notes of the index patient of the PWH cluster, nebulizer was prescribed for this patient during 6-14 March 2003.

Inclusion of SARS as a Notifiable Disease in the Legislation

11. The need for adding SARS to the Quarantine and Prevention of Disease Ordinance ("the Ordinance", Cap. 141) as a notifiable infectious disease first arose when I recommended a basket of public health measures, including the establishment of DMCs and the introduction of health declarations at border points, at a meeting of the Health, Welfare and Food Bureau (HWFB) Task Force held on 26 March 2003.

12. DMCs facilitated the conduct of medical examinations on contacts of SARS patients for a period up to 10 days. The legal basis requiring such

examinations was regulation 9 of the Prevention of the Spread of Infectious Diseases Regulations (Cap. 141 sub.leg. B). There was a need to include SARS in the Ordinance to invoke the powers under regulation 9.

13. Although health declarations per se do not require any amendment to the Ordinance, DH would need to invoke the powers under the Prevention of the Spread of Infectious Diseases Regulations to, for example, remove any sick person, contact or carrier identified in the health declarations to a hospital and there was a need to include SARS in the Ordinance to invoke those powers.

14. My recommendation to amend the First Schedule to the Ordinance to include SARS as an infectious disease was endorsed at a meeting of the Chief Executive's Steering Committee (CESC) held at 17:00 hours on 26 March 2003. The amendment was gazetted on 27 March.

15. According to DH record, the first occasions when DH had to exercise powers under the Ordinance in the fight against SARS, either before or after the amendment to the First Schedule, were in relation to the isolation of Block E of Amoy Gardens and the establishment of DMCs, both on 31 March. As regards discharge of patients against medical advice, the first case reported to DH was on 5 April 2003.

16. It is manifestly clear from para 15 that the inclusion of SARS as one of the infectious diseases in Cap. 141 on 27 March 2003 and not earlier had in no way undermined Government's efforts in combating the epidemic.

17. For completeness, I should also mention a case (MM) cited by Prof Sydney Chung in his letter of 19 March 2003 about the need to quarantine infected persons. When the Professor raised the case with me, MM had already been hospitalized and had spread the disease to all his household contacts. The facts were -

- MM was one of the healthcare workers in PWH on sick leave referred to DH in the afternoon of 11 March 2003;
- DH immediately interviewed MM over the phone. He said that his condition was improving and that all household contacts were asymptomatic. DH gave MM health advice and asked him to attend the PV/H special staff clinic that evening;

- on 12 March, DH noted that MM did attend the PWH special staff clinic on 11 March and was discharged home;
- in accordance with the agreement that PWH would monitor its own staff, the hospital should keep in view the conditions of MM. DH did not therefore follow up on him;
- on 17 March, DH was notified that MM was admitted to the Intensive Care Unit of PWH direct;
- investigations revealed that by the time he was hospitalized, MM had already spread the disease to his household contacts -
 - mother warded at PWH on 17 March (onset date: 15 March)
 - brother under observation in PWH Accident & Emergency Department on 17 March and admitted on 18 March (onset date: 18 March)
 - sister and domestic helper admitted to PWH on 20 March (respective onset dates: 16 and 17 March).

SARS / SRS and Case Definition

18. As I have emphasized in my written statement, since 15 March 2003, I had been giving consideration to the need to include SARS in the Ordinance, mainly in the light of the effect of such amendment on public health control measures. In this context, it should be noted that DH had from the early stage the full support from doctors in voluntarily reporting cases and a system for implementing medical surveillance.

19. Given the above and the fact that the relevant process for the inclusion of SARS as a notifiable infectious disease could be completed speedily, there was no pressing need for the legislative amendment until 26 March when I put forward the basket of public health measures. I therefore did not press ahead with the amendment earlier in the light of the evolving case definition and the views expressed on SARS / SRS.

20. To conclude, I would refer the Select Committee to the view of the SARS Expert Committee that it would be a prudent precaution to add SARS to the list of notifiable infectious diseases at the earliest possible time, and the fact that it was made on 27 March 2003 had not impeded actions in the fight against the disease. I agree with the view of this peer expert group.

Designation of PMH as a SARS hospital

21. At the HWFE Task Force meeting on 26 March 2003, I recommended a basket of health measures, including the establishment of DMCs and the designation of PMH as the SARS hospital to receive patients to be referred by the proposed DMCs. This would facilitate the collection of case information by stationing a DH health team at PMH, which had all along been an infectious disease hospital. The recommendation was accepted by HA.

22. In making the recommendation on the designation, I had considered the capacity of PMH in receiving referrals from the proposed DMCs. Indeed, DMCs commenced operation on 31 March and had referred a total of 34 cases to PMH until the hospital suspended admission of SARS patients on 11 April.

Amoy Gardens Outbreak Investigation

23. An epidemiological team from WHO joined DH's visit to Amoy Gardens on 28 March 2003. Separately, a WHO environmental team visited Amoy Gardens during the period 28 April - 16 May 2003 to assist in the environmental investigation of the Amoy Gardens outbreak.

24. A total of 76 cockroach samples were investigated. As regards rodent, the HWFB has already provided the information vide SC09-16N-EW on 12 March 2004.

Isolation of Amoy Gardens, Block E

25. A HWFB Task Force meeting was held on Sunday 30 March 2003 which ended at about 16:30 hours. The meeting agreed that more drastic public health measures including the option of isolation should be considered.

26. After the Task Force meeting, I received instruction from the SHWF to implement isolation as soon as possible. I then assembled in my office my senior staff to deliberate on the appropriate format of isolation, e.g., whether Block E residents with urgent business might be allowed to leave the building and whether visitors (including carers for the elderly and children) should be allowed entry to the building. There were also other logistic arrangements that needed to be considered, including the exact legal powers to be exercised. Separately, I met with senior staff from the management company of Amoy Gardens.

27. On the same night, HWFB rounded up staff from DH, the Police, Food and Environmental Hygiene Department, Home Affairs Department, Social Welfare Department and Leisure and Cultural Services Department for a meeting at around 21:30 to 22:00 hours to plan for the isolation operation. As legal issues were also involved, DH invited representatives from the Department of Justice (DoJ) to attend the meeting as well.

28. In parallel, I attended an emergency meeting of CESC. The decision to issue an isolation order in respect of Block E, Amoy Gardens for implementation in the early morning of 31 March 2003 was endorsed. Accordingly, DoJ prepared the legal instrument for the isolation order and I signed it at 01:30 hours on 31 March.

Enhanced Communication with the Mainland

29. The first meeting of the Guangdong – Hong Kong Expert Group on Prevention and Treatment of Atypical Pneumonia was held on 17-18 April 2003. Dr PY Leung from DH led the Hong Kong delegation.

Yours faithfully,



(Dr Margaret CHAN)

cc Director of Health