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3 September 2003

Your ref. 來函檔號 :

The Secretary
SARS Expert Committee
Room 1808, Murray Building
Garden Road
Hong Kong

Dear Sir,

Mr William Meacham's article on SARS

On 1 September, you sought our comments on an article "How Hong Kong ignored weeks of signals that SARS was coming" by Mr William Meacham, Honorary Research Fellow at the Centre of Asian Studies, University of Hong Kong. The article was published on 23 May 2003 in the South China Morning Post (SCMP).

The allegations

2. Mr Meacham made a number of allegations against the Health, Welfare and Food Bureau, the Department of Health (DH) and the Hospital Authority (HA). Insofar as DH is concerned, these could be summarized as follows -

- (a) Hong Kong made little or no efforts to understand the problems from the Guangdong authorities. On 10 February, the Guangdong authorities made a public announcement that was reported around the world: 305 people were infected and five had died. Six of the infected were in Shenzhen. There should have been persistent, strenuous and urgent efforts by Hong Kong officials to obtain all available information about the new disease, even raising the matter with the central government in Beijing if rebuked by Guangdong;

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- (b) a fact-finding team should have been arranged to visit Guangzhou to collect medical information about the disease. The assistance of Hong Kong laboratories could have been offered in the search for pathogen;
- (c) DH did not ask the index patient -- a Guangdong doctor -- where he had stayed in Hong Kong. The [REDACTED] (Hotel M) "M Hotel" was not identified as the nexus of infection until reports came in from Singapore and Toronto; and
- (d) in late February, after two cases of suspected bird flu, epidemic response plans were discussed at inter-departmental meetings. Officials said surveillance of all pneumonia cases had been stepped up. And yet the outbreak of SARS was not officially recognized in Hong Kong until 12 March.

Letters to the HA Review Panel

3. We have provided a detailed account to the HA Review Panel in two letters dated 18 and 28 August respectively on the efforts taken by DH in response to specific queries from the Panel. We have copied our letters to you. We would wish to clarify / elaborate / reiterate / supplement a number of points in the following paragraphs.

Liaison with Mainland Authorities

4. Following local media coverage about an outbreak of pneumonia in Guangzhou on 10 February, DH immediately tried to contact the Guangzhou and Guangdong authorities and eventually took the matter up to the Ministry of Health (MoH) in Beijing on the same day. The Guangzhou Bureau of Health made the official announcement on the following day, 11 February, not the 10th as reported by Mr Meacham. Since then, DH had maintained regular contacts with Beijing officials on the outbreak.

5. On 18 February, the Centre of Disease Control in Beijing announced that a probable causative agent was chlamydia. Then on 7 March, the Mainland MoH verbally advised that no definite cause had been identified to account for the atypical pneumonia outbreak in Guangdong Province.

6. Given the information we had been provided by the Mainland authorities, we did not consider it appropriate to send a fact finding team to the Mainland. In this respect, we note that the World Health Organization (WHO) stationed a team of experts in Beijing between 23 February and 9 March to

check media reports of the outbreak and the visit was reported as "hitting a brick wall" by the SCMP.

Academic Exchanges

7. We understand that there were academic exchanges between Hong Kong and the Mainland on the fight against the disease involving the use of local laboratories. We did not receive any reports from the local academics of any unusual findings.

Surveillance in Hong Kong

8. On 11 February, HA set up a Working Group on severe community acquired pneumonia (SCAP) to review the statistics, clinical presentation and laboratory findings related to SCAP cases admitted into HA hospitals. Rather than setting up a separate mechanism, DH joined the HA's Working Group to strengthen the surveillance system which was expanded to cover private hospitals as well with statistics from both sources covering the period commencing 1 January 2003.

9. On 13 February, DH received notification of a suspected SCAP case who had a history of travel to Fujian with his family, and whose 9-year old son had also been hospitalized. DH conducted extensive epidemiological and laboratory investigations promptly. The Government Virus Unit (GVU) of DH confirmed on 19 February H5N1 infection for the 9-year old boy. DH immediately alerted WHO as well as the Mainland MoH, following which WHO issued a global alert on the same day on the confirmed "bird flu" case in Hong Kong. H5N1 infection was also confirmed on the father on 20 February and the WHO and the Mainland MoH were again duly informed.

10. Locally, DH initiated comprehensive public health measures including prompt communication of information and health advice to the public by frequent media briefings and press releases, health alert to all doctors, and strengthened health education, all aiming to prevent a resurgence of avian flu. That was in fact what we knew at the time.

11. The case of the Guangzhou doctor was also picked up under the SCAP surveillance arrangement, details of which were explained in our letter of 18 August.

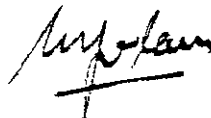
Discovery of Hotel M Cluster and the Prince of Wales Hospital Outbreak

12. On 24 February, DH was notified of the admission of the Guangzhou doctor to Kwong Wah Hospital. Case investigation and contact

tracing conducted on the same day revealed that he and his wife stayed in Hotel M on 21-22 February. We did not conduct contact tracing at Hotel M at the time because there was no environment factor supporting such action. We would wish to emphasize that contact tracing involves the tracing of close contacts (i.e. persons), not places.

13. The index patient for the Prince of Wales Hospital (PWH) cluster had onset of symptoms on 24 February and was hospitalized on 4 March. By 8 March when the three Singapore cases were reported, he had already spread the disease to a number of persons in PWH. As explained in the two previous letters, no contact tracing action on the part of DH could have changed the course of events in the PWH outbreak.
14. On learning the PWH outbreak on 11 March, DH immediately assessed the situation and notified WHO the following day. This had enabled WHO to issue a global alert about cases of acute respiratory syndrome on 12 March. It should be recognized that we were dealing with a new disease for which very little was known at the time and that WHO issued on 15 March emergency travel advisory naming the illness Severe Acute Respiratory Syndrome (SARS) and listing out the main syndromes and signs.
15. Mr Meacham's allegation that "the outbreak of SARS was not officially recognized in Hong Kong until 12 March" is misleading and should be seen in the context of paragraphs 9 and 14 above.
16. Finally, I should add that DH involved WHO early to assist in investigation work. First, under WHO, a network of scientists from 11 laboratories in nine countries / territories, including the University of Hong Kong, the Chinese University of Hong Kong and the GYU was set up. This had led to early identification of the causative agent and transfer of specimens to facilitate diagnostic development. Second, the WHO epidemiological team started work in DH on 17 March. Hong Kong was able to make use of the expertise of WHO.
17. I trust that the above has adequately explained our position.

Yours faithfully,



(Dr P Y Lam)
Director of Health