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DEPARTMENT OF HEALTH

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From : *Dr Leung Pak-yin* *Deputy Director* *Department of Health*	**To :** *Clerk to Select Committee* *(Attn: Miss Flora Tai)*
Our Ref :	**Your Fax No :** *2248 2011*
Date Fax Sent : *14 February 2004*	**This message (including this page) consists of** *1+1+ 11* **page(s).**

Please notify Miss Choi on Tel No 2961 8901 if message received is incomplete

Message/Remarks :

Dear Miss Tai,

Attached please find for your necessary action:

(a) a summary of my professional qualification and experience; and

(b) my written statement.

(Dr P Y Leung)
Deputy Director of Health

WRITTEN STATEMENT OF DR LEUNG Pak-yin

Throughout the SARS epidemic, I assisted the Director of Health (DoH) in coordinating efforts in the prevention and control of the disease on the public health front. The scope of my work was wide-ranging. Broadly speaking, I coordinated and oversaw command of operations in DH in the fight against SARS, particularly with respect to disease surveillance and control, pathology investigations and public health advocacy. Externally, I assisted in the dissemination of information and risk communication and facilitated coordination/collaboration within the Administration, with the Hospital Authority (HA), the World Health Organization (WHO) as well as other partners and agencies in public health. In this written statement, I will focus on certain areas which have been highlighted in previous hearings and which are relevant to my work.

2. To assist me in recollecting events and presenting information to the Select Committee, I have consulted colleagues in the Department of Health (DH) and perused relevant files and records. However, I remain responsible for the accuracy of this written statement which has been prepared to the best of my knowledge.

<u>My Role as Deputy Director (1)</u>

3. All along, DH has two deputy directors. In early February 2003 when the outbreak of atypical pneumonia (AP) in the Mainland was reported, I was responsible for the coordination and overall development of a number of services, including -

- Child Assessment Services
- Clinical Genetic Services
- Disease Prevention and Control Division (DPCD)
- Elderly Health Services
- Forensic Pathology Services
- Pathology Services
- Personal Health Services including Regional Offices
- Professional Development and Quality Assurance
- Public Health Nursing Division

- Student Health Service
- Internal Audit Section

4. Since the outbreak in Prince of Wales Hospital (PWH), I had concentrated on the management and control of the SARS epidemic.

Communication with the Mainland (Part 1)

5. Prior to the AP outbreak in Guangdong, the then DoH had personally maintained close contacts with the Mainland Ministry of Health (MoH) on exchange of information on infectious diseases of public health importance. She was supported at the working level by colleagues in DPCD and I was kept informed of such communications. At that time, Hong Kong had regular exchange of information on four infectious diseases, namely, cholera, malaria, hepatitis and AIDS with Guangzhou, Shenzhen, Zhuhai, Hainan and Macao. My personal involvement in communicating with the Mainland started in April 2003 (see paras 24-25 below).

6. In accordance with the established arrangements, Dr LY Tse, Consultant (Community Medicine) in-charge of DPCD rang health officials in Guangzhou and Guangdong on 10 February 2003 to enquire about an AP outbreak reported in the media on that day. The attempts were unsuccessful. Eventually, DoH managed to obtain assistance from the MoH.

7. On 11 February, DoH contacted the MoH again and was told that there would be a press conference that day. At the conference, the Guangzhou Bureau of Health announced that the situation in Guangzhou was under control. In late afternoon, after ascertaining that there was no unusual pattern of influenza-like illness or pneumonia in Hong Kong, DoH conducted a stand-up briefing. She reminded members of the public to take precautionary measures on personal hygiene.

Surveillance System on Pneumonia Cases

8. With the outbreak in Guangdong Province, HA set up on 11 February 2003 a Working Group on Severe Community Acquired

Pneumonia (SCAP) cases. The aim was 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 Working Group to strengthen the surveillance system. Dr LY Tse was the DH representative. Under an enhanced surveillance system, both HA and private hospitals were required to notify DH of SCAP cases to enable DH to coordinate actions on control measures.

9. The review of SCAP cases was in addition to the then DH's surveillance system on monitoring the pattern of "in-patient discharges due to pneumonia" in Hong Kong.

10. In the light of the outbreak in Guangzhou, I kept a close eye on the developments in relation to SCAP surveillance in DPCD. On 19 February 2003, DH confirmed through the SCAP surveillance system an H5N1 infection case in Hong Kong of a 9-year old boy who had a recent history of travel to Fujian with his family. The same infection was confirmed for the boy's father on the following day i.e. 20 February. As these were the first cases after the local outbreak of avian flu in 1997, DH immediately alerted the WHO as well as the MoH on both occasions. This prompted the WHO to issue a global alert on 19 February.

11. In parallel, DH initiated prompt communication of information and health advice to the public. Press releases and media briefings were arranged, including a briefing session with the press conducted by me on 19 February evening to reinforce the media briefing given by Dr LY Tse earlier the day. I also ensured extensive laboratory investigations, coordinated public health measures and closely liaised with the HA on the surveillance programme.

<u>The Guangzhou Professor and Hotel M Cluster</u>

12. The case of the Guangzhou Professor was among the cases picked up under the SCAP surveillance system. The question that has been raised in previous Select Committee hearings is whether DH should have initiated investigation at Hotel M on 14 March, instead of 18 March.

13. The two Consultants (Community Medicine) in DPCD, Dr LY

Tse and Dr Thomas Tsang, have given extensive evidence on DH's efforts in the case of the Professor and the Hotel M cluster where the existing protocol in epidemiological investigations had been adopted. They pointed out that places where a case had visited were normally not a point of significance for contact tracing of diseases of which the mode of spread was through droplets or fomites. The way which SARS had spread in Hotel M was a novel incident which had no parallel anywhere in the world.

14. It is relevant to note that at the material time, we had no knowledge of the disease and SARS was only coined by WHO on 15 March 2003. In any case, the primary mode of transmission of SARS is also direct contact with infectious respiratory droplets and/or through exposure to fomites (WHO document produced by the SARS Epidemiology Working Group in May 2003).

15. From a professional angle, my opinion is that initiating investigation on Hotel M on either 14 or 18 March would not be unreasonable, having regard to the practice of case investigation and the contact tracing information system at that time. The linkage is only obvious when the whole thing is looked at retrospectively. The situation was not so simple and clear at the time and I would refer the Select Committee to the opinions of peers as follows -

> SARS Expert Committee Report
> Para 4.7 . . . the (SARS Expert) Committee considers that the authorities in HK acted reasonably on the information available, and pursued with due diligence a course of investigation commensurate with the evidence available at the time.
>
> WHO SARS Update of 20 March 2003
> described the discovery of the Hotel M cluster as an outstanding example of detective work.

The Initial Days in the Epidemic

16. I think it would assist the Select Committee in its inquiry by setting out some relevant highlights of my work in the first few days.

17. In the morning of 12 March, I reviewed with DoH the PWH outbreak position having regard to the result of the exploratory epidemiological investigation carried out by Dr TK Au, Community Physician (New Territories East) in the previous evening. We agreed to beef up the staff complement in the DH New Territories East Regional Office to enable it to cope with the increase in workload. We also decided to adopt an open and transparent approach by notifying WHO of the outbreak. In the afternoon, I conducted a media briefing to inform the public about the situation in PWH.

18. On the same day, WHO issued a global alert, raising awareness all over the world. As a result, we had received reports from Singapore and Canada which had led to the discovery of the Hotel M cluster and the source of infection in Hong Kong.

19. In the morning of 13 March, DoH, Dr Thomas Tsang and I discussed with Dr Au the development in PWH. We were concerned about the situation and decided that Dr Tsang should be redeployed to support Dr Au in conducting epidemiological investigations. In addition, we agreed to deploy a small team of DH staff to PWH to assist in the investigation. This on-site team had facilitated in the identification and confirmation of the PWH index patient on 14 March. This Team had since been stationed at the PWH Disease Control Centre to facilitate communication and case investigation.

20. In the afternoon, DoH and I attended a meeting convened by the Health, Welfare and Food Bureau (HWFB) and chaired by SHWF with officials and experts from HA and WHO. The meeting reviewed local surveillance data on pneumonia cases, the situation in PWH and other hospitals, and the infection control measures taken for the outbreak in PWH. It was decided during the meeting that SHWF would chair a steering group to coordinate efforts of outbreak control and enhance information exchange and I would chair an expert group to focus on investigation. However, in view of the evolving nature of the unknown outbreak and as the issues covered in the two groups were closely inter-related and often overlapping, it was decided at a meeting on 14 March that the two groups should be merged to form the HWFB Task Force for effectiveness and operational efficiency.

21. The Task Force was chaired by SHWF and included experts in the areas of public health, epidemiology, respiratory medicine, microbiology and virology from DH, HA, the University of Hong Kong, the Chinese University of Hong Kong and WHO as well as officials from HWFB, DH and executives from HA. Both DoH and I were members of the Task Force which had become the platform for monitoring the outbreak of the disease and overseeing its control, including the measures to be taken within the public health care sector.

22. In the first meeting of the HWFB Task Force held on 14 March, we reviewed, among other things, the pattern of in-patient discharges due to pneumonia. We noted that on average, Hong Kong had about 1 500 to 2 000 pneumonia cases every month and there was no significant increase in the past few months. In the afternoon, I accompanied SHWF at a press briefing, during which SHWF responded to a media question on whether there was a community outbreak of AP on the basis of the above information.

23. In the late afternoon, SHWF, DoH and I attended a special meeting of the LegCo Panel on Health Services. SHWF also made reference to the number of pneumonia cases reported in Hong Kong in the past few months. An extract of his remarks at the meeting of the Panel is given below -

> "4. SHWF said that . . . there was no sign of spread of AP in the community. This was evidenced by the fact that there had been no significant increase in the number of pneumonia cases reported in Hong Kong in the past few months. . . On average, Hong Kong had about 1 500 to 2 000 pneumonia cases every month, and half of them were AP."

Communication with the Mainland (Part 2)

24. I led a delegation from Hong Kong for the first expert group meeting with the Guangdong Health Department on 17-18 April. The Mainland expert group included representatives from the Health

Department of Guangdong Province, Centre for Disease Control and Prevention and several hospitals in Guangdong, and the Hong Kong delegation comprised representatives from the HWFB, HA and DH. The two sides shared their experience and reached consensus to -

- introduce a SARS notification mechanism;

- set up a point-to-point exchange mechanism between counterpart organisations; and

- expand the scope of information exchange to include other infectious diseases.

25. The exchange mechanism was extended to include Macao in May, with the first tripartite meeting held on 29 and 30 May. The three sides agreed to strengthen the network of information flow on infectious diseases and arrange mutual visits by experts. Specifically, the following consensus were reached -

- to further enhance co-operation on scientific research and set up mutual visit programme for professionals and technical staff;

- to further enhance information interflow on infection control in hospitals, data analysis on epidemic situation and clinical treatment;

- to expand the list of notifiable infectious diseases to include cholera, dengue fever, HIV/AIDS, influenza, malaria and tuberculosis; and

- to enhance information exchange and co-operation on blending the merits of Western and Chinese medicines.

26. I should also mention that given the heavy cross-border traffic, DH had initiated a meeting with Shenzhen counterparts in mid April 2003 to discuss cross-border quarantine health measures. The delegation was led by my counterpart deputy director at the time, Dr PY Lam. Further meetings between the Shenzhen authorities and DH were held since the

later part of April for discussions on detailed arrangements of border control, including body temperature check on passengers at the four land border control points, procurement of infra-red scanners for body temperature check, and procedures of handling feverish passengers detected at the border.

27. For further details of enhanced communication between DH and the Mainland, I would refer the Select Committee to ~~SC-01-42P-EX~~. SC2 Paper No. : E3(c)-10

Contact Tracing

28. On contact tracing procedures, I would refer the Select Committee to ~~SC-01-38P-EX~~: Contact Tracing – Then and Now. DH has further elaborated on the subject in paras. 84-93 of ~~SC05-01L-EZ~~: DH's letter dated 18 August 2003. SC2 Paper No. : E3(c)-6 SC2 Paper No. : A32

29. From evidence presented in previous hearings, there is a lot of misconception about the purpose and effect of contact tracing. According to the Oxford Textbook of Public Health, 4th Edition, the chief purposes of contact tracing are to confirm the diagnosis, determine the extent of secondary transmission, and identify control measures. Contact tracing would not prevent a contact from contracting a disease if the contact were already incubating the disease through exposure to the case.

30. There was also a perception that there were deficiencies in DH's performance in contact tracing, particularly in the first two weeks of the outbreak in PWH. In this respect, my colleague Dr TK Au has clarified the position at the hearing held on 7 February 2004.

31. I would however wish to clarify the telephone conversation which the Chief Executive / HA [CE/HA] had with me in the early hours on 21 March 2003. In that conversation, CE/HA said that two general practitioners had been admitted to PWH and that he was concerned that apparently DH had been unable to take timely action on contact tracing.

32. Subsequent to the CE/HA's call and with the agreement of DoH, I arranged for an experienced Principal Medical and Health Officer [PMO]

to head the DH Team at the PWH Disease Control Centre [DCC] in the morning of 21 March. Together with the PMO, I inspected the Special Control Team at NTERO and the DCC. I was satisfied that adequate measures were in force for case investigation and contact tracing and that good progress had been made – please see workload statistics at the Annex. I also met with HCE / PWH to brief him of DH's work. I reported the above to DoH and SHWF.

Quarantine and Prevention of Disease Ordinance (Cap 141)

33. On 15 March 2003, WHO named the unknown infectious disease as Severe Acute Respiratory Syndrome (SARS). When Singapore included SARS as an infectious disease in its statutes on 17 March, I had a discussion with DoH on whether we should also make it a statutory notifiable disease. Noting that the authority to include an infectious disease in the First Schedule to the Ordinance rested with DoH and this could be done speedily by making a simple order, we agreed that it was not necessary to go ahead with the enactment at the time.

34. On being notified of six cases in Amoy Gardens in the morning on 26 March, I discussed with DoH the need to take more stringent health intervention measures. DoH said that she was also concerned about the mounting caseload of contact cases and the limited capacity of accident and emergency departments of hospitals. After discussion, we came up with a basket of measures which DoH put to the HWFB Task Force at its meeting later that day. This included the establishment of designated medical centres and implementation of health declarations at border control points. To facilitate the implementation of the measures, it was also recommended on 26 March that SARS should be included in the First Schedule to Cap 141. DoH made the relevant order on 27 March 2003. I recall that the legal amendment was straightforward and that there was no discussion about the name of the disease or its definition at the Task Force meeting on 26 March.

Infection Control

35. During the SARS outbreak in 2003, the division of responsibility was that DH was responsible for epidemiological studies and the prevention of the spread of the disease in the community. The Hospital Infection Control Teams, comprising Consultant Microbiologists, medical doctors and nurses, would be responsible for infection control measures within hospitals.

Dr PY Leung
Deputy Director
Department of Health
14 February 2004

Annex

Prince of Wales Hospital Cluster

Work done by DH Team at PWH and Special Control Team at NTERO

Date	Total No. of Referred Cases & Contacts Interviewed	Referred Cases Interviewed		Contacts Follow-up	
		Total No.	*No. turned SARS*	Total No.	*No. turned SARS*
11 Mar (Tue)	87	26	*24*	61	*0*
12 Mar (Wed)	66	17	*13*	49	*1*
13 Mar (Thu)	227	77	*12*	150	*3*
14 Mar (Fri)	133	26	*9*	107	*10*
15 Mar (Sat)	161	29	*18*	132	*19*
16 Mar (Sun)	95	4	*2*	91	*3*
17 Mar (Mon)	101	26	*5*	75	*5*
18 Mar (Tue)	63	20	*8*	43	*2*
19 Mar (Wed)	129	41	*12*	88	*6*
20 Mar (Thu)	179	56	*7*	123	*4*
21 Mar (Fri)	34	9	*3*	25	*1*
22 Mar (Sat)	805	37	*7*	768*	*1*
23 Mar (Sun)	53	6	*2*	47	*0*
24 Mar (Mon)	60	2	*2*	58	*1*
25 Mar (Tue)	77	10	*10*	67	*3*
Total	2270	386	*134*	1884	*59*

*Note: The figure includes 599 contacts of a private practitioner, 82 hospital visitors, 34 contacts of an ambulance man and contacts of other cases.