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CONFIDENTIAL

Dr the Hon Law Chi-kwong
Chairman of the Select Committee to inquire into the
handling of the Severe Acute Respiratory Syndrome
Outbreak by the Government and the Hospital Authority
Legislative Council Building
8 Jackson Road
Hong Kong

Dear Chairman,

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

With reference to your letter to the Chief Executive dated 29 December 2003, I am authorised to provide the Select Committee with the attached paper *Performance and Accountability of the Government in the Handling of the SARS Outbreak (SC10-01P-EX)*.

Yours sincerely,

(W K Lam)

Director

Chief Executive's Office

c.c. HWFB (Attn : Mr Patrick Nip)
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Performance and Accountability of the Government in the Handling of the SARS Outbreak

Written Submission to the Select Committee from the Office of the Chief Executive of the Hong Kong Special Administrative Region

Introduction

At the invitation of the Legislative Council Select Committee to inquire into the handling of the Severe Acute Respiratory Syndrome (SARS) outbreak by the Government and the Hospital Authority (HA), this paper provides relevant information on the performance and accountability of the Government in the handling of the SARS outbreak.

Overview

2. Before the SARS outbreak, Hong Kong had been proud of having a good and established health system in dealing with not only known diseases but also unknown diseases such as the avian flu. However, the outbreak of SARS in 2003 was an event unprecedented not only in the modern history of Hong Kong, but also around the world. It was a painful experience for all of the people of Hong Kong. The epidemic has exposed vulnerability in the Hong Kong health system both in the areas of public health and hospital care, under circumstances not previously encountered. The ferocity of the attack, the unknown nature of the disease, the magnitude and the scale of the outbreak all played a part requiring unprecedented response from our system, aspects of which were reactive during the initial stage of the epidemic. The SARS epidemic highlights to the world community that there is an urgent need for heightened awareness and alertness, and that we must be prepared for new and emerging infectious diseases.

3. The outbreak also brought out the best in our community. The dedication of frontline staff and colleagues in the public sector working day and night to look after patients and to control the outbreak; the hard work of academics and researchers to find the causative agent; and the individuals and organizations that organized help and support for patients, their families and those in need. The unity and selfless devotion of the community and the healthcare workers in particular has won the praise and recognition of the international community. To quote Dr David Heymann, the Executive Director for Communicable Diseases of the World Health Organization (WHO) at the time of the outbreak, Hong Kong's efforts to stem the spread of SARS were nothing less than "heroic".

The Government's work during the SARS outbreak

4. Right from the beginning, the Government attached great importance to the handling of the SARS outbreak. The Government took a number of strategic actions, which were instrumental in controlling the outbreak.

Before the setting up of the Chief Executive's SARS Steering Committee

Pre-outbreak

5. After the outbreak of atypical pneumonia in Guangdong came to light on 10 February 2003, the Department of Health (DH) contacted the Mainland health authorities on the same day and asked about the situation in Guangdong Province. The HA Head Office set up a Working Group on Severe Community-Acquired Pneumonia (SCAP) on 11 February 2003 to step up surveillance of cases of pneumonia in conjunction with DH. The Health, Welfare and Food Bureau (HWFB) convened a meeting on 13 February 2003 with officials and experts from DH and HA to collate and review available information, and to monitor the progress of local disease surveillance. During the period, health officials tried their best to liaise with the Mainland health authorities, WHO and local academics to gather information for local disease surveillance. HA had also updated and issued guidelines to hospitals on the management and infection control of patients with severe respiratory illness. Unfortunately, despite all our efforts, the SARS epidemic in Hong Kong began on 10 March 2003 when 11 healthcare workers from ward 8A of Prince of Wales Hospital (PWH) went on sick leave simultaneously.

PWH outbreak

6. After the outbreak of atypical pneumonia in PWH was recognized and reported on 11 March 2003, HA and DH worked together to investigate and control the outbreak. HWFB convened a meeting on 13 March 2003 with officials and experts from DH, HA and other health experts, including a WHO representative (who was also a senior infectious disease expert from the Centers for Disease Control and Prevention (CDC) in Atlanta, the United States of America (USA)). 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.

7. On 14 March 2003, the HWFB Task Force was established. It was chaired by the Secretary for Health, Welfare and Food (SHWF) and its membership included experts in public health, respiratory medicine and microbiology from DH, HA, local universities and WHO, as well as officials from DH and executives from HA. The work of the Task Force was to monitor the outbreak of the disease and to oversee its control, including the measures to be taken within the public health care sector. The Task Force collated expert advice about the disease, provided a forum for the principles of outbreak management to be articulated, coordinated outbreak control efforts in the health sector and provided steer on the actions to be taken to contain the spread of the disease, such as the endorsement of public health measures recommended by DH, the need for isolation measures, public education strategy on personal hygiene and the development of sector-specific guidelines. A total of six meetings were held within the period from 14 to 30 March 2003.

8. At the Senior Officials Meeting chaired by the Chief Executive of the Hong Kong Special Administrative Region (CE) in the morning of 14 March 2003, the Government made three strategic decisions on the handling of the PWH outbreak, as follows –

- (a) Information on the outbreak should be disseminated to the public on a daily basis.
- (b) Advice should be given to the public on precautionary measures.
- (c) Hong Kong should work closely with international organizations and seek expert help if necessary.

9. HWFB undertook to disseminate to the public on a daily basis new information it had collated about the disease and the number of cases. Daily press briefings were held to inform the public of the latest position and provide detailed information on what was known/unknown about the disease. The intention was to be open and transparent to keep the public informed of the situation. However, that had not been easy, particularly because the outbreak situation was changing rapidly and the case definition and knowledge about the clinical features of the disease were still evolving.

10. Accompanied by the SHWF and the Chief Executive/HA, the CE visited the PWH on 14 March 2003 to see for himself and receive briefings from frontline healthcare staff on the outbreak situation at PWH. The CE made clear at the time that the Government attached great importance to and would spare no effort in controlling the outbreak.

11. In view of the daily flow of people between Hong Kong and the Mainland, there was a need to step up cooperation with the Central and Guangdong authorities to exchange information on infectious diseases. The CE took the opportunity to liaise with the Minister of Health over the phone on 18 March 2003 when he was in Beijing, and sought to establish a closer liaison mechanism with Mainland authorities. Subsequently, accompanied by the Director of the Office of the Chief Executive, SHWF and the Director of Health, the CE met with the Minister of Health in Hong Kong on 22 March 2003 to further discuss cross-boundary cooperation on information exchange and disease notification. On both occasions, the Chinese Minister of Health indicated that the Central People's Government agreed in principle to our request for establishing a closer liaison and notification mechanism with the Mainland authorities, particularly with the Guangdong health authorities. The CE announced at a press conference on 27 March 2003 that we had the agreement of the Central People's Government to set up a liaison mechanism with Mainland authorities, including the Central and Guangdong authorities, which would strengthen cross-boundary cooperation in the areas of the state of the SARS disease, clinical treatment as well as control and cause of the disease.

Setting up of the Chief Executive's SARS Steering Committee

Epidemic escalated

12. As the magnitude and scale of the epidemic continued to escalate and the disease's social and economic impact became more severe, issues arose in the decision making process which required input from many policy areas. It was therefore necessary for a higher level forum than the HWFB Task Force to be set up to better coordinate the Government's overall response, which called for an intersectional approach, and make available the necessary manpower and financial resources in containing the disease. As a result, the CE set up and convened the first meeting of the Chief Executive's SARS Steering Committee (CESC) on 25 March 2003, the membership of which included relevant Principal Officials. CESC took over the HWFB Task Force's role as the overall commanding forum in steering the Government's response to the SARS outbreak, and mobilizing and coordinating relevant resources. The CESC met frequently to monitor the latest developments, providing overall steer and facilitating high-level coordination across Policy Bureaux. A total of 27 meetings were held from 25 March 2003 to 30 May 2003 and the relevant notes of meetings or records have already been provided to the Select Committee. After the CESC was set up, the HWFB Task Force continued to meet only when necessary and the Task Force experts continued to provide advice. The health sector response continued to be coordinated and led by HWFB.

13. An Inter-departmental Action Coordinating Committee (IACC), which was chaired by the Permanent Secretary for Health, Welfare and Food, was also formed. The functions of the IACC were to coordinate efforts and resources from different Government bureaux and departments and public bodies at the operational level to implement policy decisions and initiatives made by the CESC and HWFB Task Force to prevent and control the spread of SARS within the community.

14. The CESC had made a number of strategic decisions in controlling the SARS outbreak, including enhancing health check at the boundary; introducing home confinement; enhancing investigation work; promotion of personal and environmental hygiene; and enhancing liaison with the Mainland authorities. On the day that CESC was established, it was decided that approval would be sought from the Legislative Council Finance Committee for an initial sum of \$200 million to strengthen infection control and treatment as well as public health education. Some of the major strategic decisions made by the CESC are as follows –

25 March 2003

- (a) Emphasis was placed on disseminating information to the public from the onset. On this and many other occasions, the CESC reviewed local and overseas PR strategy to ensure prompt and accurate dissemination of information.

26 March 2003

- (b) The health control at the boundary should be stepped up in order to lower the chance of infection and allay some of the public concerns.
- (c) Health experts would review and advise on the most desirable and feasible "quarantine" option which would be effective in the control of the spread of the disease and be acceptable to the public.
- (d) The recommendation of the Director of Health to make SARS a notifiable disease under the Quarantine and Prevention of Disease Ordinance to facilitate implementation of enhanced public health control measures was endorsed. The relevant notice was gazetted on 27 March 2003.

27 March 2003

- (e) Starting from 29 March 2003, all persons arriving in Hong Kong would be required to fill out a health declaration form.
- (f) Classes in secondary schools, primary schools, kindergartens and day classes of the Vocational Training Council were suspended starting from 29 March 2003 until 6 April 2003 and subject to further review. Subsequently, school resumed in phases starting from 16 April 2003, with comprehensive precautionary measures in place to minimize the chance of any outbreak.
- (g) Starting from 31 March 2003, all close contacts of SARS patients would be required to report daily to one of the four designated medical centres of DH for check up for a period of up to ten days.

They were also required to remain at home and not to go to work or school.

30 March 2003

- (h) An isolation order for Block E of Amoy Gardens would be issued for implementation in the early morning of 31 March 2003, in view of the continuing increase in the number of cases in the block, to protect the health of both the residents and the community by restricting the movement of potentially infected persons to other places.

31 March 2003

- (i) Contingency planning should be made in case the number of infections continued to increase sharply.
- (j) In the light of the outbreak in the Amoy Gardens, efforts would be stepped up to improve the cleanliness of the living environment, including both private and public housing estates.

1 April 2003

- (k) The Secretary for the Environment, Transport and Works (SETW) informed SHWF and subsequently briefed the CESC in the morning on the findings of the field investigation by DH and its multi-disciplinary team which indicated that the lift and sewerage systems of Block E of the Amoy Gardens might have been involved in the vertical spread of SARS cases in Block E.
- (l) Block E residents of Amoy Gardens would be evacuated to converted holiday camps for temporary confinement while the building underwent an in-depth investigation in the light of preliminary evidence of the possibility of the lift and sewerage systems having contributed to the spread of SARS in Block E.
- (m) The CE asked SETW to conduct a detailed investigation on environmental factors for the infection at Block E as soon as possible.

2 April 2003

- (n) Consuls-General, airlines, shipping companies and the overseas Economic and Trade Offices etc. should be briefed on the latest situation.

7 April 2003

- (o) Compulsory quarantine, in the form of either home confinement or at quarantine centres, of household contacts of infected cases should be carried out as soon as possible, in view of the fact that the public health control measures introduced were generally accepted by the public and that the number of infected cases remained high. Home confinement measures were implemented on household contacts starting from 11 April 2003.

11 April 2003

- (p) Close contacts of SARS patients would be barred from leaving Hong Kong during quarantine period starting from 14 April 2003.

15 April 2003

- (q) To enhance public health control measures at boundary control points, legislative amendments were made to provide additional legal powers for authorized persons to take the body temperatures of and carry out medical examinations on persons arriving in or leaving Hong Kong. The relevant Regulation was made by the Executive Council on 15 April 2003.

1 May 2003

- (r) CESC discussed in detail the strategy to protect the elderly, particularly those residing in residential care homes.

15. There were also some special circumstances that required Government-wide involvement and co-ordination. In the evening of 29 April 2003, the Government promptly and smoothly arranged for members of a tour group stranded in Taiwan to return to Hong Kong. On 4 May 2003, upon receipt of a request from a Malaysian registered cargo vessel on its way to Guangdong from Thailand, claiming that 10 of the 24 crew members had developed symptoms similar to SARS, the Government carefully considered the health implications for Hong Kong and the humanitarian role that Hong Kong, as part of the international community, should play. The Government decided to provide refuge to the Malaysian vessel and prompt medical care to the sick crew. The operation was smoothly and successfully carried out and our efforts were greatly appreciated and welcomed by the international community, including the WHO.

16. With the setting up of the CESC, SHWF and his bureau started to take a more participatory role at the operational level in the work of HA and DH, particularly in the epidemiological investigation and control of the outbreak in Amoy Gardens and in tackling infections and outbreaks in various hospitals. This had served to enhance the collaboration and coordination between DH and HA in controlling the outbreak, as well as 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 could be more effective through availability of timely information, SHWF initiated on 28 March 2003 the development of an electronic database which would enable HA and DH to share and exchange information in real-time. An on-line database called e-SARS was subsequently launched on 8 April 2003. HWFB was also directly involved in reviewing the workflow and rebuilding the information system for carrying out case and epidemiological investigations, contact tracing and medical surveillance. It also proactively sought the assistance of other relevant government departments to enhance DH's capacity, for example, the assistance from the Environment, Transport and Works Bureau and its departments in the investigation of the outbreak in Amoy Gardens, and the Police in building up a more comprehensive contact tracing system. The CE and SHWF also met with the Chairman/HA and the Deputizing CE/HA on a number of occasions to review the latest development of the outbreaks in hospitals and to render the necessary support to the HA.

17. During the epidemic, the Government sought the assistance of experts from international bodies including the WHO, the CDC in Atlanta, USA and Health Canada to aid in the investigation of the outbreak and to advise on public health control measures. At various stages of the epidemic, the CE and SHWF also met with a number of world-renowned experts who provided invaluable advice to the Government. These included –

- Dr David Ho, Scientific Director and Chief Executive Officer of the Aaron Diamond AIDS Research Center, USA;
- Dr Robert Webster, Director of the US Collaborating Center of WHO;
- Dr Jeffrey Koplan, Vice President for Academic Health Affairs of the Emory University in USA, and former Director of CDC in Atlanta.

Efforts made by the relevant Policy Bureaux under the coordination of the CESC

18. In facing the unprecedented challenge of the epidemic, team effort was brought into play within the Government. Under the coordination of the CESC, other policy bureaux in addition to HWFB also contributed to the SARS control-related efforts. These are summarized as follows –

- (a) The Education and Manpower Bureau coordinated measures to prevent students from contracting the disease in schools.
- (b) The Environment, Transport and Works Bureau worked in collaboration with HWFB in the investigation into the possible environmental routes of transmission of the SARS virus at Block E of Amoy Gardens.
- (c) The Housing, Planning and Lands Bureau initiated actions for the inspection of the drainage systems in both private and public residential buildings.
- (d) The Home Affairs Bureau and the Police assisted DH in the isolation, evacuation and disinfection operations of Block E, Amoy Gardens.

The Home Affairs Bureau also coordinated community efforts in district clean-ups.

- (e) The Security Bureau mobilized disciplined forces which, together with the auxiliary services (the Auxiliary Medical Service and the Civil Aid Service), provided assistance by manning isolation camps, conducting temperature checks at boundary control points, and tracing contacts of patients.
- (f) The Civil Service Bureau liaised closely with departmental management to ensure that proper measures were taken to protect staff from being infected.
- (g) The Financial Services and the Treasury Bureau assisted in procuring medical supplies such as face masks.
- (h) The Constitutional Affairs Bureau arranged for the return to Hong Kong of members of a tour group stranded in Taiwan.
- (i) The Police rendered expert assistance in putting in place a comprehensive contact tracing system.

19. A dedicated team, chaired by the Chief Secretary for Administration, was set up on 5 May 2003 to implement a package of measures to improve the general level of cleanliness in Hong Kong to aid in the prevention of outbreak of disease. The Department of Justice provided advice on the legal aspects of fighting SARS.

Review

20. With the concerted efforts of the Government and the community through intense inter-departmental, multi-disciplinary and community-wide collaboration, the SARS outbreak was brought under control and the WHO lifted its travel advisory against non-essential travel to Hong Kong on 23 May 2003. Hong Kong was removed from the list of infected areas on 23 June 2003.

21. The handling of the SARS outbreak by the Government, like many other administrations elsewhere, was constrained by a number of factors. Some of the key factors were as follows –

- (a) The virus was previously unknown. At the time of the outbreak, there was no knowledge about the disease and the causative agent, including its mode of transmission, incubation period, period of communicability and importantly, methods of control. All these were elements of great uncertainty and the subject of speculative comments at the time.
- (b) Public health control actions were constrained by, inter alia, the absence of a laboratory diagnostic test and imprecise case definition. Draconian measures such as compulsory quarantine, which had not been used for decades, were not introduced at the outset and an evolutionary approach was adopted instead. There were doubts over the effectiveness of compulsory quarantine at the time, as it might drive SARS patients and their household contacts into hiding and/or result in delayed disclosure of information. There were also concerns about issues of civil liberty, public acceptability and the feasibility of enforcement.
- (c) Hong Kong, being one of the most densely populated places and amongst the busiest transportation and tourism hubs in the world, is particularly susceptible to any attack of infectious diseases.

22. Because of these limitations, in coping with the SARS outbreak, the Government inevitably had to go through a period from being initially somewhat reactive to becoming proactive and eventually taking full control of the situation, giving strong direction on what needed to be done.

23. At all times during the epidemic, the Government's foremost concern was the health of the people and our top priority was to contain and control the outbreak. Hence, the Government devoted all our energies and deployed all the necessary manpower and resources to reduce the number of infected cases, facilitate the recovery of those infected and enhance public co-operation in combating the disease.

24. SARS is a new infectious disease. Even now there are still a lot of unknowns about the disease. Our health care system had worked well for the past decades in providing efficient and effective health services to all people of Hong Kong. However, the vulnerability in our healthcare system was exposed during the initial stage of the SARS epidemic in the face of the unknown nature of the disease and the magnitude and scale and rapidity of the outbreak. Everyone who was involved in managing the epidemic was working in the most difficult circumstances. They had made their best efforts and done their best in the midst of the crisis. As detailed in the Report of the SARS Expert Committee produced by a distinguished panel of 11 renowned public health and hospital administration experts from the US, UK, Australia, the Mainland and Hong Kong, there were indeed significant inadequacies in our system in both public health and hospital care. To the credit of those who were involved in the fight against SARS, many system shortcomings were rapidly put right, while others were compensated for by the extraordinary dedication of people at all levels of the system and in very difficult circumstances. In the end, the epidemic in Hong Kong, which was regarded by WHO as one of the hardest to control because of the territory's immense population density and fluid boundaries with neighbouring areas, was put under control. It could not have been done without the concerted efforts of all those in the healthcare sector, the Government and the community.

25. The SARS epidemic was a painful experience for Hong Kong, particularly for those who had lost loved ones, and for patients and their families. The SARS crisis has brought into focus the vulnerability of our system in coping with outbreaks of unknown infectious diseases. As highlighted in the SARS Expert Report, there is a need for us to enhance the information exchange and notification mechanism with the Mainland, to improve our public health system including the setting up of a Centre for Health Protection, to ensure that the Hospital Authority can cope with outbreaks in the future, as well as to improve our living environment. We have learnt the lessons and have been devoting resources and efforts in the past months to that end.

Office of the Chief Executive
March 2004