

Checklist of Measures to Combat SARS

Preamble

The battle against SARS is not yet over in Hong Kong and elsewhere in the world. At the 54th annual conference of the World Health Organisation's regional committee for the Western Pacific region held in September 2003 in Manila, Dr Lee Jong-wook, Director-General of the World Health Organisation (WHO), said, "We have to prepare on the assumption that this (SARS) will come back." We will only win the battle if the Government and all sectors of the community take part in the fight. The HKSAR Government has already put in place a comprehensive strategy to guard against SARS. Various sectors and trades have also implemented preventive measures and are on full alert. We will remain vigilant and oversee the community's collective effort to ensure that a high level of preparedness is maintained on all fronts. Within the Government, the Health, Welfare and Food Bureau will ensure readiness of all Government departments and the Hospital Authority by conducting checks and keeping track of the progress in the implementation of necessary measures.

The Government is committed to safeguarding the health of the community by—

- ❖ Preventing a resurgence of the disease and strengthening our preparedness;
- ❖ Maintaining close and effective surveillance for the disease; and
- ❖ Combating it swiftly and rigorously, if it should come back.

The following chapters outline the work of the Government on each front. The list of measures will be fine-tuned as we gain more knowledge and experience on the disease and on infection and outbreak control.

CHAPTER ONE

PREVENTING RESURGENCE OF SARS AND STRENGTHENING OUR PREPAREDNESS

Forestalling import and export of cases

- to continue to strictly enforce public control measures including temperature screening and health declaration on passengers arriving or leaving Hong Kong at the airport, sea ports and land border control points. Passengers found to have fever or reporting sick will be further assessed and those suspected to have SARS will be referred to hospital for further management. (*Department of Health, Auxiliary Medical Service, Immigration Department, Airport Authority*)

Prevention in the Community

The Public Health Sector

- to continue with the policy of controlling hospital visits to reduce the spread of SARS. (*Hospital Authority*)
- to encourage health care workers to receive influenza vaccination in order to maintain a healthy workforce and avoid confusion arising from flu symptoms similar to those of SARS. (*Department of Health*)
- to put in place field epidemiology training programmes with other health authorities with a view to substantially enhancing the Department of Health's capacity in disease surveillance, investigation and control. (*Department of Health*)

- to set up an infectious disease control training centre to identify and develop suitable training programmes on infection control and infectious disease for Hospital Authority staff across all disciplines. Training on infection control and infectious diseases will be documented and audited. (*Hospital Authority*)
- to maintain contact with overseas health authorities with a view to securing backup epidemiological support when necessary. (*Department of Health*)
- to enhance manpower capacity for infection control and epidemiological studies. (*Department of Health*)
- to maintain a state of heightened preparedness, including (a) an adequate stock of Personal Protective Equipment; and (b) infection control measures, which will be further upgraded if any sign of a single case of SARS emerges. (*Hospital Authority*)
- to review and improve where necessary arrangements for imposing—
 - travel restrictions on outgoing travellers suspected/confirmed to have contracted SARS, and their household contacts;
 - home isolation of household contacts of SARS patients; and
 - temporary accommodation for health care workers who have come in close contact with SARS patients. These measures have proved to be effective means of SARS outbreak control. (*Department of Health, Hospital Authority*)

- to review and improve where necessary arrangements for evacuation and isolation in case such measures are necessary to combat an outbreak in a particular location. (*Health, Welfare and Food Bureau, various Government Departments concerned*)
- data collection for SARS outbreak investigation has been standardised. The Department of Health is now developing the information exchange schema, which will be ready by end of September 2003. (*Department of Health*)
- to carry out improvement works at nine major acute public hospitals to provide for some 1 290 additional isolation beds. (*Hospital Authority*)
- to carry out improvement works in another five public hospitals to provide for some 1 50 additional isolation beds. (*Hospital Authority*)
- to facilitate the evaluation of different treatment modalities by experts so as to ensure that treatment options are clinically effective and safe. A number of therapeutic regimes, including Chinese medicine, are being vetted vigorously, applying an evidence-based approach and ethically sound principles. (*Hospital Authority*)
- to implement risk-based management of patients in public hospitals so that suspected patients will be segregated and isolated in Accident and Emergency Departments and isolation wards of hospitals to avoid cross infections. (*Hospital Authority*)

- action is in hand to set up a Centre for Disease Control (CDC)-like organisation to strengthen the longer-term prevention and control of infectious diseases. Capabilities in various areas will be enhanced—

Surveillance

- new IT infrastructure to expand the surveillance network and generate early warning signals;
- public health laboratories to conduct more tests in a shorter time;
- specific programmes/divisions for the surveillance and control of target diseases;
- more information for the public about infectious diseases, e.g. through the setting up of a resource centre; and
- collaboration with universities on projects.

Emergency response

- organisation of structured training programme on field epidemiology;
- strengthened manpower in contact tracing and epidemiological investigations, in terms of number and mix of expertise;
- overseas expertise in staff training; and
- designated public health units to liaise specially with hospitals.

(Health, Welfare and Food Bureau, Department of Health)

Private practitioners

- to maintain close liaison with private practitioners and to remind them, from time to time—
 - to take appropriate infection control measures in their clinics;
 - to assess the requirement for Personal Protective Equipment and to maintain adequate stock;

- to educate patients about SARS and its prevention;
- to refer promptly patients suspected of having SARS to hospital for further investigation and management; and
- to notify the Department of Health of suspected SARS patients.

(Department of Health)

Private hospitals

- to maintain close liaison with private hospitals and to remind them, from time to time–
 - to maintain a high degree of alertness when acting as the initial point of receiving patients whose illness may be eventually diagnosed with SARS;
 - to assist in the surveillance of SARS by actively monitoring respiratory illness among hospital staff;
 - to assess the requirement for Personal Protective Equipment and to maintain adequate stock;
 - to audit infection control measures from time to time;
 - to report patients suspected of having SARS to the Department of Health on a daily basis; and
 - to have in place an effective and healthy workforce through implementing adequate infection control measures and providing training and Personal Protective Equipment to staff.

(Department of Health)

- to share with private hospitals guidelines on infection control and information on infectious diseases.

(Hospital Authority)

Schools

- to require parents to take the temperature of their children daily before letting them go to school. (*Education and Manpower Bureau*)

- to require schools –
 - to clean and disinfect their premises and facilities daily;
 - to provide adequate facilities and cleaning materials for hand-washing; and
 - to maintain good indoor ventilation and wash the dust filters of air-conditioners frequently.
 (*Education and Manpower Bureau*)

- the Education and Manpower Bureau has issued a handbook on SARS prevention in schools which sets out clearly the respective roles and responsibilities of parents, students, staff and schools. An extract of the main measures are set out in Annex A. The full text of the handbook is available on the Education and Manpower Bureau homepage at www.emb.gov.hk. (*Education and Manpower Bureau*)

Residential care homes for the elderly and people with disabilities

- to issue updated guidelines on infection control for residential care homes for the elderly and people with disabilities. (*Department of Health*)

- to implement an enhanced information exchange mechanism among relevant parties to enable early detection of infectious disease, timely notification and prompt action to combat any infectious disease outbreaks. (*Department of Health, Hospital Authority, Social Welfare Department*)

- to arrange influenza vaccination for all elderly/disabled residents in the institutions. (*Department of Health, Social Welfare Department*)
- to provide funds to make available suitable space in subvented homes for cohorting arrangements in the event of an outbreak of infectious disease. (*Social Welfare Department*)
- to designate an Infection Control Officer (ICO) in each residential care home for the elderly (RCHE) who would be responsible for dealing with infection control and prevention of communicable diseases in RCHEs. (*Department of Health, Hospital Authority, Social Welfare Department*)
- to visit all RCHEs by October 2003 to assess their capabilities in infection control, to provide on-the-spot coaching and to identify training needs. (*Department of Health, Social Welfare Department*)
- to arrange briefings and on-going training for ICOs and other RCHE staff on infection control. (*Department of Health, Hospital Authority, Social Welfare Department*)
- to institute sentinel surveillance system in RCHEs on common infectious diseases to monitor the trend of these diseases and to identify outbreaks in a timely fashion. (*Department of Health*)
- to improve surveillance in elderly homes through greater support by the Community Geriatric Assessment Teams (CGATs) for Visiting Medical Officers (VMOs) who will assist in monitoring medical surveillance for infectious diseases in RCHEs. The VMOs will provide regular on-site visits to RCHEs and manage episodic illness and subacute problems in the elderly residents. They will also attend to discharged patients

- with stable chronic illnesses referred to them by the assessment teams. (*Hospital Authority, Social Welfare Department*)

Elders in the community

- to enhance the information exchange system for infectious diseases among parties involved in community care services. (*Department of Health, Hospital Authority, Social Welfare Department, Hong Kong Council of Social Services*)
- to continue to prepare hygiene kits, conduct public health education and provide emotional support through home visits as well as phone contacts by elderly service units. (*Social Welfare Department, Non-governmental Organizations*)
- to continue public health education among elders living alone and other vulnerable groups and assist them to improve their home living environment. Over 100 000 elders and vulnerable families have been outreached through Operation CARE and some 2 000 participants of the Youth Ambassadors Programme will promote greater hygiene awareness amongst the target groups. (*Social Welfare Department, Non-governmental Organizations*)
- to deal with hard-core cases involving public health hazards through intensive efforts. (*Social Welfare Department*)

Welfare service units

- to continue to issue updated guidelines/reminders on measures to prevent the spread of infectious diseases to welfare service units (e.g. childcare centres, children and youth centres) and have these posted on the Social Welfare Department homepage for public access. (*Department of Health, Social Welfare Department*)

Public Housing

- to continue intensified cleansing of public housing estates. “Operation Tai Ping Tei (太平地)” will be held four times a year, starting in September 2003. (*Housing Department*)
- to step up cleansing and disinfection of lift cars, especially the control panels, to no less than three times a day, from September 2003 onwards. (*Housing Department*)
- to commence Phase Two of the Drainage Ambassador Scheme in September 2003, under which a team of 100 Estate Drainage Ambassadors will carry out door-to-door inspection of drains and pipes in domestic flats and minor repairs promptly. (*Housing Department*)
- to step up enforcement action against misdeeds, such as littering and spitting, that may be conducive to the spread of infectious diseases. The Marking Scheme for Tenancy Enforcement commenced in August 2003 will be sustained. (*Housing Department*)

Private Property Management

- to advise and remind all property management companies from time to time to step up cleansing and other SARS prevention measures. (*Home Affairs Department*)
- to issue guidelines on inspection and disinfection of common parts of buildings to property management companies, owners' corporations (OCs) and mutual aid committees (MACs) in September 2003. (*Home Affairs Department*)
- where there is no OC or MAC, to give advice on proper cleansing and maintenance of buildings to the owners and property management company if there is one. (*Home Affairs Department*)
- to continue cleaning old tenement buildings that have no OC or MAC and are in an unsatisfactory hygienic condition. The cleansing operation will last through the coming winter season until mid 2004. (*Food and Environmental Hygiene Department*)
- inspection of the external drainage pipes of over 11 000 private residential buildings without OCs or MACs has been completed. (*Buildings Department*)
- OCs, MACs and management companies of some 18 000 private buildings have been advised to inspect their buildings. Amongst these, some 11 100 have reported that inspection has been completed. The Buildings Department has helped inspect another 3 860 buildings and will closely monitor inspection of the rest. (*Buildings Department*)

- to track the progress of the repair works required of buildings issued with statutory orders and advisory letters as a result of the inspections conducted. Some 1 32 0 statutory orders and 990 advisory letters have been issued in respect of drainage defects and environmental nuisance identified during the inspections. (*Buildings Department*)
- a guideline for the inspection and maintenance of internal drainage pipes and sanitary fittings in residential buildings has been prepared and distributed to 1.2 million households in private buildings and 580 000 public housing estate households. The guideline is available on the Buildings Department's homepage at www.info.gov.hk/bd. (*Buildings Department, Food and Environmental Hygiene Department, Housing Department*)
- to hold a series of road shows and seminars to promote building inspection and maintenance in all 18 districts from November 2003 to February 2004. (*Buildings Department*)

Workplace

- to continue to disseminate health information useful for the prevention of SARS to employers and employees, especially the message that people with fevers should not go to work, and that employers should not require any employee who has a fever to work. A summary of the main messages is at Annex B. (*Labour Department*)
- to remind employers of the importance of taking measures to prevent the resurgence of SARS during workplace inspection visits and outreach occupational health talks. (*Labour Department*)

- to appeal to employers' associations, trade unions, industry-based committees and human resources managers' clubs to seek their assistance in reminding employers and employees of the need to exercise continued vigilance. (*Labour Department*)

Public Transport

- to issue health advice to the public transport sector. (*Transport Department, Department of Health*)
- to step up publicity efforts by organising health talks for operational staff of minor transport operators and cleansing campaigns for taxis, public light buses, coaches and nanny vans. (*Transport Department*)
- to monitor preventive measures taken by transport operators through weekly returns and experience sharing sessions. The detailed preventive measures contained in the guidelines issued to transport operators are available on the Transport Department's homepage at www.info.gov.hk/td/. (*Transport Department*)

Aviation sector

- to continue to require all airport staff entering the restricted area of the Hong Kong International Airport to undergo temperature checking, in addition to checking all passengers, including arriving, departing and transit passengers. (*Airport Authority*)
- to continue the Operation SkyFit launched in May 2003. Under this campaign, all airport workers are asked to take their body temperature before reporting for duty. Staff who have a higher-than-normal temperature should not report for duty and should seek medical treatment instead. All staff are encouraged to wear "Temperature OK" stickers to reassure passengers with whom they come into contact. (*Airport Authority*)

- local airlines, Cathay Pacific Airways and Dragonair, to continue to remain vigilant and take appropriate necessary preventive measures. (*Cathay Pacific Airways, Dragonair*)

The tourism industry, travel trade and hotels

- to work closely with the trade (including the Travel Industry Council of Hong Kong (TIC), Hong Kong Hotels Association, Federation of Hong Kong Hotel Owners, and Hong Kong Association of Registered Tour Coordinators) to remind all businesses in this field to diligently implement all preventive measures at all times. The following efforts will continue—
 - TIC has reminded its members to follow Department of Health SARS prevention guidelines for inbound visitors and tour guides;
 - TIC has asked (i) tour guides to distribute the health declaration forms and advise visitors to complete the forms before arrival in Hong Kong and to remind visitors to observe good personal and environmental hygiene; and (ii) coach drivers to ensure cleanliness of coaches; and
 - the Hong Kong Hotels Association has drawn up recommendations on best practices relating to health, safety and hygiene in hotels for its members and has reminded members to implement these best practices at all times.

(Tourism Commission, Department of Health)

Food premises and public markets

- to remind operators of food premises, market stalls and cooked food centres to follow the guidelines on –
 - keeping the premises and equipment clean; and
 - hygienic practices in food handling.

(Food and Environmental Hygiene Department)

- to put in place a loan scheme to assist restaurants, food factories, siu mei and lo mei shops and factory canteens to improve their food rooms, toilets and equipment so as to raise the overall hygiene standard. *(Food and Environmental Hygiene Department)*
- to rigorously enforce hygiene and food safety requirements such as those relating to proper protection of ready-to-eat food against contamination, pest and vermin infestation in food premises and dirty toilets. Enforcement will be carried out through regular inspections and blitz operations. Appropriate sanction, including improved demerit point and warning systems that may lead to suspension and cancellation of licences, will be put in place to provide sufficient deterrent effect. *(Food and Environmental Hygiene Department)*
- to encourage restaurants to provide serving chopsticks and spoons. *(Food and Environmental Hygiene Department)*
- to require market stall tenants to raise their standard of cleanliness through the enforcement of relevant laws and tenancy conditions and the implementation of monthly market cleaning days. Appropriate sanction, including a demerit points system and an improved warning system that may lead to termination of tenancy

agreements, will be put in place to provide sufficient deterrent. (*Food and Environmental Hygiene Department*)

Overall environmental hygiene

- to take rigorous enforcement action against violations of public cleanliness legislation such as littering and spitting. (*Food and Environmental Hygiene Department*)
- to encourage all cleansing staff of both the Government and its contractors to wear face masks to protect their health. (*Food and Environmental Hygiene Department*)
- to maintain all public toilets in a clean, well-ventilated and hygienic condition. (*Food and Environmental Hygiene Department*)
- to intensify street washing services in blackspots. (*Food and Environmental Hygiene Department*)

Control of wild animals

- to monitor and examine closely the scientific findings of any health risk posed by live wild animal and game meat. (*Health, Welfare and Food Bureau, Agriculture, Fisheries and Conservation Department*)
- to continue the suspension of the importation of game meat derived from civet cats. (*Food and Environmental Hygiene Department*)

Public education

- to continue the public education programme on SARS and its prevention (through TV and radio Announcement of Public Interests (APIs), booklets, posters et c.) and refine public education materials in the light of developments in scientific research. A new TV API will be launched by the end of September 2003. (*Health, Welfare and Food Bureau, Department of Health, Hospital Authority, Information Services Department, Home Affairs Department*)

- to mobilize various sectors of the community, including District Councils, District Clean Hong Kong Committees, District Hygiene Squads, Area Committees, non-government organisations and residents' organisations, to participate in cleaning, environmental improvement and anti-SARS initiatives. (*Health, Welfare and Food Bureau, Department of Health, Home Affairs Department*)

CHAPTER TWO

MAINTAINING CLOSE SURVEILLANCE

Surveillance of the local scene – SARS has been a statutorily notifiable disease since March 2003. All medical practitioners are required to report patients diagnosed with SARS and suspected case. Other initiatives are-

- to regularly review, update and disseminate the case definition of SARS to facilitate timely and rapid reporting of SARS by health care workers, laboratories and relevant service providers. *(Department of Health)*
- to introduce a sentinel surveillance system in addition to continuing surveillance using established channels including general outpatient clinics, general practitioners, schools, child care centres, and elderly homes. *(Department of Health)*
- to monitor respiratory illnesses among hospital staff, taking reference from WHO guidelines for alerting to clustering of respiratory illness and for upgrading of infection control measures as appropriate. *(Hospital Authority)*
- to enhance surveillance of clustering of influenza-like illness and pneumonia amongst health care workers in hospitals and residents of institutions. For elderly homes, the surveillance capability will be strengthened through enhanced support by the Community Geriatric Assessment Teams to Visiting Medical Officers of the homes. *(Hospital Authority, Department of Health, Social Welfare Department)*

- to provide public health laboratory consultation service for private hospitals and SARS testing to facilitate early detection. (*Department of Health*)
- to release timely and accurate information on matters relating to SARS (e. g. alerts and cases in other countries/areas, development in the understanding of the disease) to the local community to keep up a high degree of alertness. (*Department of Health*)

Liaison with the Mainland

- to keep in close contact with the Ministry of Health and the Guangdong and Macao health authorities on the latest situation on SARS –
 - maintaining the frequency of reporting SARS cases on a weekly basis with the Guangdong health authority. The frequency of reporting other infectious diseases is once a month;
 - on the 15th of each month, the Guangdong health authority will transmit its infectious disease information to Hong Kong via the Hong Kong Economic and Trade Office in Guangdong;
 - upon receiving the infectious disease information, the Department of Health will conduct preliminary analysis of the information for sharing with its Guangdong counterpart; and
 - for special public health incidents, the frequency of reporting can be adjusted upon agreement by the two sides.

(Health, Welfare and Food Bureau, Department of Health)

International exchange

- to continue to maintain close communication and share data with the WHO and health authorities in other countries. (*Department of Health*)

- to continue to maintain close communication with consular corps to obtain first-hand information about developments overseas and to explain Hong Kong's situation to foreign countries. (*Health, Welfare and Food Bureau, Department of Health*)

CHAPTER THREE

COMBATting THE DISEASE

Contingency planning

- Contingency plans to deal with possible resurgence of SARS have been prepared at all levels.

Overall Government response

- The Health, Welfare and Food Bureau has prepared an overall Government emergency response mechanism that provides a clear command structure for making strategic decisions, distinct roles and responsibilities for different parties, the line of command to launch various types of operations, and the response times where appropriate. The plan will be fine-tuned according to local and overseas experience and increased knowledge about the disease.
- The Health, Welfare and Food Bureau will ensure readiness by regular checking of the preparations made for putting the contingency plan into use.
- The parties involved in this plan will have in place their own contingency plans. The components of these contingency plans will be documented, verified and tested.

- To ensure an efficient and responsive internal management system, a three-level response system is planned–
 - **Alert Level** – activated when there is (a) laboratory-confirmed SARS cases outside Hong Kong; or (b) a SARS Alert¹ in Hong Kong.
 - **Level 1** – activated when there is one or more laboratory-confirmed SARS cases in Hong Kong occurring in a sporadic manner.² The activation should be completed within 12 hours of the laboratory confirmation;
 - **Level 2** – activated when there are signs of local transmission of the disease.

(The Hospital Authority has an internal alert system for early detection and response to infectious disease outbreaks not confined to SARS. Situations amounting to **Alert Level (a)** corresponds to Yellow Response in the hospital setting. **Alert Level (b)**, **Level 1** and **Level 2** in this plan are all Red Response conditions in the hospital setting.)

- At the **Alert Level**, a simplified emergency response command structure will be put in place. The Health, Welfare and Food Bureau, the Department of Health and the Hospital Authority are the main parties assessing the nature and level of risks, taking appropriate actions in anticipation of problems and monitoring developments.

¹ The SARS Alert is an operational definition introduced by the WHO to ensure that appropriate infection control and public health measures are implemented until SARS has been ruled out as a cause of the atypical pneumonia or respiratory distress syndrome. Definition of a SARS Alert is –

- two or more health care workers in the same ward/unit fulfilling the clinical case definition of SARS and with onset of illness in the same 10-day period; or
- hospital acquired illness in three or more persons (health care workers and/or other hospital staff and/or patients and/or visitors) in the same ward/unit fulfilling the clinical case definition of SARS and with onset of illness in the same 10-day period.

² In cases where there is one or more patients suspected to have contracted SARS in private hospitals, the Government has in place an isolation policy whereby the patient(s) concerned will be isolated. The Department of Health will provide rapid diagnostic laboratory support to promptly confirm or exclude the presence of SARS virus in clinical specimens collected from the patient(s).

- A Steering Committee is set up to steer Government response to Level 1 and Level 2 outbreaks.
 - At *Level 1*, the Steering Committee –
 - will be chaired by the Secretary for Health, Welfare and Food;
 - will have as its core members the Director of Health, Chief Executive of the Hospital Authority, Director of Food and Environmental Hygiene, Director of Social Welfare, Director of Home Affairs, Director of Information Services and Permanent Secretary for Education and Manpower; and
 - will co-opt other senior officials and non-Government experts as circumstances warrant.
 - At *Level 2*; the Steering Committee –
 - will be chaired by the Chief Executive;
 - will have the Chief Secretary for Administration, the Financial Secretary, the Secretary for Justice, the Secretary for Health, Welfare and Food, the Secretary for Housing, Planning and Lands, the Secretary for Home Affairs, the Secretary for Education and Manpower, the Secretary for the Environment, Transport and Works, the Secretary for Security, the Director of Health, the Director of Information Services and the Director of the Chief Executive’s Office as its members; and
 - will co-opt other senior officials and non-Government experts as circumstances warrant.
- At *Level 1*, the Steering Committee will –
 - formulate overall disease control strategy and make decisions on the measures to prevent spread of the disease;
 - monitor closely developments of the situation and evaluate the effectiveness of the measures taken;

- co-ordinate the work of major players, e. g. the Department of Health, the Hospital Authority, universities, in combating the disease;
 - evaluate the preparedness of Government to cope with possible deterioration of the situation and direct measures to be taken to augment any inadequacy;
 - consider whether urgent legislation is required should there be a more serious outbreak;
 - give directions on the overall communication strategy to ensure transparency and that the media and the community are kept informed of the situation and of the Government's outbreak control efforts, and to mobilise public support and cooperation in combating the disease.
- At *Level 2*, the Steering Committee will -
- formulate an overall disease control strategy and decide on measures to be taken, including decisions that have a wider impact on the community;
 - monitor closely developments of the situation and evaluate the effectiveness of the measures taken;
 - direct the mobilisation of resources and urgent legislative amendments where necessary;
 - assess the socio-economic impact of the crisis on Hong Kong and make decisions on the measures to minimise the impact;
 - evaluate the preparedness of Government to cope with possible deterioration of the situation and direct measures to be taken to augment any inadequacy; and
 - direct the overall communications strategy to ensure transparency and that the media and the community are kept informed of the situation and of the Government's outbreak control efforts, and to mobilise public support and cooperation in combating the disease.

- The roles of the Health, Welfare and Food Bureau, the Department of Health and the Hospital Authority in the emergency response mechanism are –

Health, Welfare and Food Bureau

- to co-ordinate –
 - the public health sector response actions; and
 - other inter-departmental response actions
 as directed by the Steering Committee and to monitor implementation of the actions. Task Groups will be set up for this purpose where necessary;
- to assess and secure the necessary resources and to oversee the adequacy of infrastructural support;
- to re-assess the preparedness of Government Departments in coping with the situation at different stages and to take necessary actions to augment any inadequacy as directed by the Steering Committee;
- to be responsible for urgent legislative amendments;
- to co-ordinate logistical support for the Departments involved in response actions;
- to co-ordinate internal and external communication, including keeping the community informed of developments and providing clear guidance on whether there is a need to step up preventive measures.

Department of Health

- to liaise with affected foreign countries/areas and collect early intelligence on SARS cases outside Hong Kong;
- to implement public health measures to control the spread of disease in the community;
- to maintain an efficient surveillance system;

- to conduct prompt contact tracing as well as medical surveillance and confinement of close contacts;
- to identify and eliminate sources of infection, where possible;
- to communicate with and disseminate the latest information to hospitals and medical professionals in the private sector and government departments;
- to review and enhance port health measures, where necessary; and
- to ensure rapid and accurate diagnostic laboratory support.

Hospital Authority

- to maintain efficient surveillance to detect SARS in the public hospital system;
 - to diagnose provide appropriate medical care and isolate SARS cases;
 - to report promptly SARS cases and provide information to the Department of Health to enable timely implementation of public health measures;
 - to co-ordinate hospital infection control measures;
 - to investigate and manage outbreaks in public hospitals; and
 - to communicate closely with private sector medical professionals on clinical management and the provision of medical services.
- The actions to be taken by the Health, Welfare and Food Bureau, the Department of Health, the Hospital Authority and other sectors at the three levels are outlined in Annexes C, D and E.
 - Other features of the plan are at Annex F.

- The Health, Welfare and Food Bureau, the Department of Health and the Hospital Authority will conduct regular briefings and drills to facilitate thorough understanding of the emergency response plans, to familiarise the various parties with the work procedures and to identify any room for improvement in the plans.
- The Government also encourages different sectors to prepare their own contingency plans and to conduct regular drills to ensure that all parties concerned are familiar with the plans.

Conclusion

We will keep the preventive, surveillance and contingency measures outlined in this document under constant review and improve them in the light of increased knowledge and experience on the disease, its mode of transmission and infection control. The Severe Acute Respiratory Syndrome Expert Committee will publish its report in early October 2003. We will study the recommendations made by the Committee and incorporate them where appropriate. We also welcome comments and suggestions from the community. Any comment or suggestion on the measures outlined in this document can be sent by e-mail to enquiry@hwfb.gov.hk or in writing to :

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Health, Welfare and Food Bureau
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Annex A**Main Measures for Keeping School Premises Hygienic and Healthy to Prevent SARS**

Parents/Students/Staff members	Schools
<ul style="list-style-type: none"> • Parents should take the temperature of their children daily, record the temperature on a record sheet and sign on the record sheet before letting them go to school; • If a student or staff member has a fever or is not feeling well, he/she should seek medical advice and stay at home; • School staff and students should wear face masks when they have mild respiratory tract infection symptoms; • Students should wash hands before meals and after sneezing, coughing or cleaning the nose. They should also avoid sharing towels or utensils at meal times; • School bus/nanny van drivers and the assistants should not drive/get on the bus/nanny van if they have a fever; and • Staff members/students who have close contact with confirmed/suspected cases of SARS should stay away from school for home confinement for 10 days. 	<p>Schools should –</p> <ul style="list-style-type: none"> • clean and disinfect premises and facilities daily with diluted household bleach. Disinfectant mats can be placed at the entrance of school premises; • provide adequate facilities and cleaning material for hand-washing; • maintain good indoor ventilation and wash dust filters of air-conditioners frequently; • notify the Regional Offices of the Department of Health and the Education and Manpower Bureau if unusual symptoms of infection are noticed or a large number of students are on sick leave; and • suspend classes for 10 days if a staff member/student is confirmed/suspected to have contracted SARS and should clean and disinfect the school premises according to the instructions of the Department of Health.

Annex B

Main Messages of the Health Information Disseminated to Employers and Employees

Keeping a clean and hygienic work environment	Enhancing employees' personal hygiene	Employers should
<ul style="list-style-type: none"> • maintain good ventilation, e.g. well-maintained air-conditioning system; • disinfect commonly-used equipment when necessary; • keep carpets, doors and windows clean; • ensure toilet facilities are clean, hygienic and properly maintained; • provide liquid soap, disposable towels or a hand-dryer in toilets. 	<ul style="list-style-type: none"> • wash hands before touching the eyes, mouth or nose; • do not share towels or eating utensils; • increase body immunity by eating a balanced diet, taking regular exercise, getting adequate rest and refraining from smoking; • wear a mask if suffering from respiratory tract infection; • consult a doctor promptly in case of fever and/or cough; and 	<ul style="list-style-type: none"> • ensure the workplace is kept clean and hygienic; • provide adequate and proper face masks, gloves and other personal protective equipment when necessary. Ensure workers are using such personal protective equipment properly when required; • communicate relevant health advice and guidelines to employees; • remind staff of the importance of good personal hygiene; • advise employees to consult a doctor in case of fever and/or cough; and • advise employees not to go to work if they have a fever.

Annex C

Actions to be taken by the Health, Welfare and Food Bureau, Department of Health and the Hospital Authority at the *Alert Level*

Health, Welfare and Food Bureau

- to closely monitor the situation overseas and in Hong Kong;
- to monitor implementation of response actions;
- to re-assess Government's preparedness to cope with a deterioration of the situation and to take necessary actions to augment any inadequacy;
- to formulate communication plans to -
 - remind all sectors to adhere to preventive measures and/or give clear guidance on any additional preventive measures needed; and
 - keep the community closely informed of developments.

Department of Health

(a) SARS case outside HK	(b) SARS Alert in HK
<ul style="list-style-type: none"> • proactively contact the affected country/area for first-hand information. If the affected area is a close neighbour, the Department of Health may organise an expert team comprising representatives of the Department, the Health, Welfare and Food Bureau and the Hospital Authority to visit the affected area to collect more information; • disseminate the information obtained and provide clear guidance to the Hospital Authority, private hospitals, doctors in private practice, relevant institutions, tourist agencies etc.; • review and step up port health measures in relation to the affected country and pay special attention to incoming and outgoing passengers from the affected country/area; and • monitor statistics of passengers coming from the affected area. 	<ul style="list-style-type: none"> • provide rapid and accurate diagnostic laboratory support to promptly confirm or exclude the presence of the SARS virus in clinical specimens; • conduct prompt and comprehensive contact tracing, even before laboratory results are available. Contacts of symptomatic staff/patients will be put under home confinement and medical surveillance; • station experienced staff at the affected facility for close communication and supervision regarding infection control, contact tracing, and outbreak monitoring; • provide accurate updates to private hospitals, doctors in private practice, schools and other relevant institutions, tourist agencies etc. on the most current situation and provide clear guidance on the extra preventive measures to be taken. • require private hospitals and elderly homes to enhance surveillance and reporting of SARS; • require private hospitals and residential care homes to re-assess their readiness to deal with any suspected SARS case, infection control measures, manpower

(a) SARS case outside HK	(b) SARS Alert in HK
	provision and stock supply; <ul style="list-style-type: none">• notify Guangdong and Macao health authorities, relevant consulates, and liaise with other international health agencies; and• review and step up necessary border control measures for both incoming and outgoing passengers.

Hospital Authority

(a) SARS case outside HK	(b) SARS Alert in HK
<ul style="list-style-type: none"> • the Hospital Authority's Central Committee on Infectious Diseases will closely monitor the situation and maintain close contact with the Government for updated information; • reinforce infection control measures amongst hospitals; and • monitor newly-admitted patients with a recent history of travelling to the affected area/country. 	<ul style="list-style-type: none"> • the Chief Executive of the Hospital Authority will activate the Hospital Authority Central Command Committee for SARS; • eSARS Registry (to collect information on patients under observation, suspected and confirmed SARS patients) will be activated and opened to the Department of Health; • progress and outcome of patients will be closely monitored; • the relevant hospital's infection control team, headed by the Cluster Chief Executive with a representative from the Department of Health as a member, will investigate the outbreak and report to the Hospital Authority Head Office; • patient and inpatient contacts will be isolated in appropriate areas;

(a) SARS case outside HK	(b) SARS Alert in HK
	<ul style="list-style-type: none"> • infection control measures in the affected hospital(s) will be upgraded to the level of ‘SARS’, including restriction on visiting and use of enhanced personal protective gear; • decision on stopping admissions to and/or discharges from the affected ward(s) will be made by the Cluster Chief Executive; • maintain close communication with the private sector and other care providers regarding personal precautionary measures, nature of the disease, treatment outcome and control of the outbreak; and • where appropriate, a dedicated communication group for the outbreak will be set up.

Annex D

**Actions to be taken by the Health, Welfare and Food Bureau,
Department of Health, the Hospital Authority and other sectors
at Level 1 – one or more local laborator-confirmed SARS cases**

Health, Welfare and Food Bureau

- to co-ordinate inter-departmental response actions decided upon by the Steering Committee and monitor implementation of these actions;
- to closely monitor the development of the case(s);
- to closely monitor the investigative work undertaken by the Multi-disciplinary Response Team;
- to re-assess Government's preparedness to cope with a deterioration of the situation and to take necessary actions to augment any inadequacy as directed by the Steering Committee; and
- to formulate communication plans according to the strategy set by the Steering Committee to -
 - remind all sectors to adhere to preventive measures and/or give clear guidance on any additional preventive measures needed; and
 - keep the local and international community closely informed of developments.

Department of Health

In addition to measures taken at the Alert level, the Department of Health will –

- continue home confinement of family contacts of SARS cases;
- launch SARS building list on SARS website;
- lead the Multi-disciplinary Response Team to investigate and disinfect buildings inhabited by SARS cases within 24 hours;
- set up telephone hotlines manned by professional staff to address public enquiries;

- step up health advice in collaboration with the Information Services Department;
- step up inspection to elderly homes to ensure adequate infection control measures;
- remind private hospitals and private practitioners to notify the Department of Health promptly of any suspected SARS case and of the way to handle a suspected SARS case before the case is assessed by the Department of Health or the Hospital Authority; and
- require private hospitals to audit the hospital infection control measures.

Hospital Authority

The Hospital Authority Central Command Committee for SARS will have already been in operation. In addition to measures taken at the Alert level, the Hospital Authority will –

- upgrade infection control measure in all Hospital Authority to the level of ‘SARS’, including restriction on visiting and use of enhanced personal protective gear;
- mobilise hospitals in accordance with a staged response plan to admit confirmed and suspected patients. Details of the plan are at ***Appendix I***;
- implement the service re-organisation plan to dovetail with the plan on patient mobilisation to ensure essential services will not be affected;
- activate the Hospital Authority Business Support Sub-command Centre to co-ordinate the procurement and distribution of supplies that are in high demand as well as the collection of feedbacks;
- monitor and assess continuously the trend of outbreak and possible implications to service and adjust the service reorganisation plan accordingly; and
- discuss with private hospitals and practitioners the provision of medical services and sharing of workload where necessary.

Schools

should a student or a staff member be suspected or confirmed to have contracted SARS

- suspend classes for 10 days;
- cleanse and disinfect school premises according to Department of Health instructions.

should a suspected or confirmed SARS patient be a household contact of a student or staff member

- require the student or staff member to stay away from school for home confinement for 10 days.

Residential care homes for the elders and people with disabilities

should a resident or staff be suspected or confirmed to have contracted SARS

- the residents will be subject to in-situ confinement for 10 days; and
- cleanse and disinfect the home premises according to the Department of Health instructions.

Other Government facilities

should a SARS patient be a staff member

- the facility or premises will be cleansed and disinfected and/or temporarily closed.

Communication with the public and the media

- daily updates of the situation will be provided to the public and the media; and
- other means of communication, e. g. special bulletins on the Government homepage, will be used to keep the community informed as directed by the Steering Committee.

Communication with the international community

- provide frequent updates of the situation to consular corps;
- Economic and Trade Offices overseas will provide updates on Hong Kong's situation to foreign countries.

Annex E

**Actions to be taken by the Health, Welfare and Food Bureau,
Department of Health, the Hospital Authority and other sectors
at Level 2 – local transmission has occurred**

Health, Welfare and Food Bureau

- to co-ordinate inter-departmental response actions decided upon by the Steering Committee and monitor the implementation of these actions;
- to closely monitor the development of the cases;
- to closely monitor the investigative work undertaken by the Multi-disciplinary Response Team;
- to evaluate the Government's overall resource requirement and co-ordinate acquisition of resources where necessary;
- to re-assess Government's preparedness to cope with a deterioration of the situation and to take necessary actions to augment any inadequacy as directed by the Steering Committee;
- to formulate communication plans according to the strategy set by the Steering Committee to -
 - remind all sectors to adhere to preventive measures and/or give clear guidance on any additional preventive measures needed; and
 - keep the community closely informed of developments.

Department of Health

In addition to measures taken at Alert level and Level 1, the Department of Health will –

- in collaboration with the Police, activate the Police Headquarters facility that houses the MIIDSS computer system;
- mobilise a special investigation team to conduct in-depth epidemiological investigation on case clusters

- involving local transmission, with a view to rapidly identify hidden community sources and their mode of transmission;
- provide clear guidance to the community and various sectors on extra preventive measures to be taken; and
- liaise closely with the WHO and other overseas health authorities and remain alert about possible travel advisories against Hong Kong.

Hospital Authority

The Hospital Authority Central Command Committee for SARS will have already been in operation. In addition to measures taken at Alert level and Level 1, the Hospital Authority will –

- mobilise and enhance cluster-based support in specific clinical areas, e.g. respiratory care, intensive care and infectious disease management to support the hospitals receiving SARS patients where appropriate. Where necessary, the Hospital Authority Head Of fice will arrange cross cluster mobilisation;;
- if necessary, deploy staff to augment the clinical areas in need in accordance with a pre-agreed deployment plan, taking in to consideration the required expertise and experience in the required service;
- analyse epidemiological data and strengthen infection control measures. If there is a need to consider stopping admissions and/ or discharges from a hospital or closing any Accident and Emergency Department, the decision will be made by the Chief Executive of the Hospital Authority;
- assess the need for additional isolation facilities and recommend to the Government an implementation plan for such an occurrence; and
- establish collaboration with private hospitals on mutual support, including management of patients under observation who are suspected to have contracted SARS..

Home Affairs Department

- designate the respective District Officer to liaise with the local community where a clustering of cases in a specific location warrants exceptional control measures such as evacuation or isolation.

Other Government Departments

- implement outbreak control measures, e.g. closure of public facilities, suspension of classes territory-wide, as directed by the Steering Committee.

Communication with the public

- continue daily updates of the situation to the public and media and other means of communication employed.

Communication with the international community

- continue with the communication with consular corps and foreign countries.

Annex F**Other Features of Contingency Plan**

- a Data Management Centre, situated in the Hospital Authority and staffed by designated Department of Health and Hospital Authority officers, will be activated in parallel with the Steering Committee. The Centre will collate all facts, figures and statistics on local cases;
- a Multi-disciplinary Response Team, led by the Department of Health, will take action to disinfect any household with a SARS patient and to inspect the building within 24 hours of confirmation of the Department of Health/Hospital Authority of the patient's disease;
- legal orders to require confinement of household contacts of laboratory-confirmed SARS cases will be issued by the Department of Health within 12 hours of receipt of such confirmation;
- should the Steering Committee decide to launch a specific operation, a directorate level officer from a relevant Government Department/public body will normally be designated as the Site Commander of that operation, e.g. –
 - isolation and evacuation operation – a directorate officer from the Department of Health as site commander, supported by the relevant Police District Commander and the appropriate District Officer;
 - management of Isolation Camps/Centre – a senior officer of the Civil Aid Services as Commandant of the isolation facilities;
 - emergency relief and refuge operation involving aircrafts or vessels – a directorate officer from HWFB as commander, supported by DH and other bureaux and departments as necessary.

Appendix 1

Hospital Mobilisation Plan

Stage	Hospital		Patient Intake	Total Patient Intake	
1	1 st 50 cases	Designated hospital	PMH	50	50
2	After 1 st 50 cases	Designated hospital in clusters	TMH, AHNH, UCH/QEH, KWH/PMH, PYNEH/QMH, (50 each)	50 x 5 = 250	300
3		Other major hospital in clusters	KWH/PMH, UCH/QEH, PYNEH/QMH, PWH (50 each)	50 x 4 = 200	500
4		Other cluster hospitals	TKOH (25), CMC (50), RH (25), NDH (25)	125	625
5	Cases over 625	Individual hospitals to increase intake up to 100	All acute major hospitals	Up to 100 for each hospital	>625

Note : The above are for reference only. The actual mobilisation in a particular outbreak will be subject to situational assessment coordinated by Hospital Authority Head Office.

PMH - Princess Margaret Hospital
 TMH - Tuen Mun Hospital
 AHNH - Alice Ho Miu Ling Nethersole Hospital
 QEH - Queen Elizabeth Hospital
 PYNEH - Pamela Youde Nethersole Eastern Hospital
 KWH - Kwong Wah Hospital
 UCH - United Christian Hospital

QMH - Queen Mary Hospital
 PWH - Prince of Wales Hospital
 TKOH - Tseung Kwan O Hospital
 CMC - Caritas Medical Centre
 RH - Ruttonjee Hospital
 NDH - North District Hospital