

JANUARY

- 23 January 2003 (Thu) ♦ Health authority in Guangdong Province of Mainland China produced an expert investigation report on the cases of atypical pneumonia occurring in the Province.

[NB: The report was circulated to a limited audience in the Mainland. Hong Kong authority was not a recipient of the report, neither was the World Health Organization (WHO).]

February

- 10 February 2003 (Mon)
- ◆ Local media began to report the atypical pneumonia outbreak in Guangdong Province.
 - ◆ Department of Health (DH) tried to contact Municipal Health and Anti-epidemic Station of Guangzhou and Director General of Department of Health, Guangdong Province. Faxed a letter to the respective officials in Guangzhou and Guangdong Province to enquire about the reported outbreak. Follow-up phone calls unanswered. Assistance was then sought from the Director General of Department of International Cooperation, Ministry of Health, Beijing.

- 11 February 2003 (Tue)
- ◆ DH contacted Ministry of Health, Beijing and asked about the situation in Guangdong Province. Guangzhou Bureau of Health held a press conference informing the public that the situation was under control. Separately, DH phoned Hospital Authority (HA), private hospitals and sentinel doctors for unusual pattern of influenza-like illness or pneumonia. None was observed.
 - ◆ Stand-up media briefing by Director of Health. Issued press release on the Guangdong Province outbreak and health advice, with a copy to the Mainland health officials.
 - ◆ WHO received reports from the Ministry of Health, Beijing, of an outbreak of acute respiratory syndrome with 300 cases and 5 deaths in Guangdong Province.
 - ◆ HA head office set up a Working Group on Severe Community-Acquired Pneumonia (CAP) with involvement of experts from microbiology, medicine, and intensive care medicine to advise on the monitoring and approaches to be adopted on cases of severe CAP.

- 13 February 2003 (Thu)
- ◆ HA commenced notification to DH of suspected and confirmed severe CAP cases.
[NB: Severe CAP is not a statutory notifiable disease. Definition of Severe CAP: cases of community acquired pneumonia requiring assisted ventilation or care in intensive care unit / high dependency unit.]

February

- ◆ Princess Margaret Hospital (PMH) of HA notified DH of a case of suspected atypical pneumonia, a 33-year old man, with history of travel to Fujian, China.
- ◆ New Territories West Regional Office of DH initiated investigation on the case and his family, including epidemiological and laboratory investigation.

[NB: The case was subsequently confirmed as Avian Flu (H5N1). Family composition of the case: wife, two young daughters and a 9-year-old son.

The youngest daughter developed pneumonia on 28.1.03 in Fujian, was admitted to a local hospital and eventually died on 4.2.03 in Fujian, China.

The 33-year old man and 9-year old son were admitted to PMH on 11.2.03 and 12.2.03 respectively. The man subsequently died on 17.2.03, while the boy made an eventual recovery.

The wife had cough on 11.2.03, was admitted to a hospital in Hong Kong on 13.2.03 and discharged on 20.2.03.

The other daughter was asymptomatic throughout.]

- ◆ DH asked private hospitals to report severe CAP cases upon admission.

17 February 2003 (Mon)

- ◆ A lady was admitted to the private Union Hospital after arriving in Hong Kong from a trip to Guangzhou.

[NB: She was later found to be a SARS case in April.]

- ◆ HA Working Group on severe CAP held its 2nd meeting. Expanded its membership to include DH's senior consultant in community medicine (communicable disease), all members of the HA Central Committee on Infection Control and Chief Pharmacist Office. The meeting –
 - Refined the reporting mechanism for severe CAP cases from hospitals to HA's Secretariat of Infection Control Task Force
 - Discussed the contents of "Frequently Asked Questions" on Severe CAP to be disseminated to HA staff
 - Discussed the use of Tamiflu.

February

18 February 2003 (Tue) ♦ Chinese Centre for Disease Control and Prevention in Beijing reported that they had identified *Chlamydia Penumoniae* as the probable cause of the atypical pneumonia outbreak in Guangdong Province.

19 February 2003 (Wed) ♦ Government Virus Unit confirmed H5N1 Infection (Avian Flu) of the 9-year old boy in PMH. Findings were discussed with the University of Hong Kong (HKU) and HA.

♦ Director of Health alerted WHO and Ministry of Health, Beijing. Joint press briefing by DH and HA. Press release issued to all parties: the public, Mainland China, WHO, international health authorities, Expert Working Group on Avian Influenza (H5N1), and Legislative Council Panel on Health Services.

♦ DH took action to strengthen health education on prevention of Avian Flu. Health information on influenza, including Avian Flu, put on DH's 24-hr Health Education Hotline and its Central Health Education Unit website. Roving exhibitions conducted from January to March 2003 in various shopping malls and DH Health Education Centres.

♦ HA Working Group on Severe CAP held its 3rd meeting: the H5N1 paediatric case in PMH was discussed.

20 February 2003 (Thu) ♦ Government Virus Unit confirmed H5N1 infection (Avian Flu) of the 33-year old man, the father of the affected boy in PMH. Findings were discussed with HKU and HA.

♦ DH alerted WHO and Ministry of Health, Beijing, and made a stand-up media briefing. Press release issued to all parties. Issued letter to inform all doctors of the two cases of H5N1 infection.

♦ DH's New Territories West Regional Office visited the school attended by the 9-year old boy of the H5N1 case and his siblings for health education and surveillance on influenza.

21 February 2003 (Fri) ♦ A professor (AA) from Guangzhou, China, arrived in Hong Kong with his wife and checked into room 911 of *Hotel M*, where they stayed for one night.

February

[NB: AA was later found to be the source of SARS outbreak in Hotel M and beyond.]

- ◆ HA Working Group on Severe CAP prepared an information package on management of severe CAP which was disseminated to all HA hospitals through the hospital's Infection Control Officer, as well as placed on the HA website, with information on –
 - Case definition, reporting mechanism, arrangement of laboratory testing, infection control measures, and empirical treatment using antiviral agents. Infection control measures to include droplets precautions (cohorting of patients, wearing of gown/gloves, mask when within three feet from patients, hand washing, environmental disinfections).

22 February 2003 (Sat)

- ◆ AA, suspected of severe CAP infection, was admitted to Kwong Wah Hospital (KWH).
- ◆ The intensive care unit of KWH made a notification of the case to HA's Secretariat of Infection Control Task Force. The Clinical Record Form for severe CAP was further completed by the Infection Control Team of KWH and faxed to HA's Secretariat of Infection Control Task Force in the evening.
- ◆ The lady in Union Hospital was transferred to the intensive care unit of Prince of Wales Hospital (PWH) after developing respiratory failure.

[NB: DH was notified by PWH of this case of severe CAP on the same day. Upon notification, DH's New Territories East Regional Office carried out epidemiological investigation and contact tracing. The patient later discharged herself from PWH against medical advice on 4.3.03.]
- ◆ DH's New Territories West Regional Office and the Kwai Tsing School Development Section of Education and Manpower Bureau jointly organised health talk on Avian Flu for parents and teachers at the school attended by the children of the H5N1 case.

February

- 24 February 2003 (Mon)
- ◆ HA notified DH of the case AA in KWH. The patient was jointly managed by clinicians from KWH, Queen Mary Hospital and HKU.
 - ◆ DH's Kowloon Regional Office obtained clinical notes of AA from KWH and conducted contact tracing and surveillance of family members and relatives in Hong Kong. Also initiated epidemiological and intensive laboratory investigation.
- [NB: As AA was already intubated at the time, no direct interview with the patient was made.]*
- 27 February 2003 (Thu)
- ◆ HA Working Group on Severe CAP held its 4th meeting. Reviewed all reported cases in February. Also discussed appropriate infection control measures and streamlining of reporting mechanism.
- 28 February 2003 (Fri)
- ◆ A brother-in-law (a Hong Kong resident) of AA was admitted to KWH.
- [NB: He was later found to be a SARS case.]*
- ◆ HA issued 2nd version of “frequently asked questions” on Management of severe CAP, with the following additions/amendments-
 - Report form revised to capture more relevant case data
 - History of returning from the Mainland or recent poultry contact added as criteria for special testing at appropriate laboratories.

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4 March 2003 (Tue)	<ul style="list-style-type: none"> ◆ The Guangzhou professor, AA, died in KWH. His brother-in-law in the same hospital was intubated and transferred to intensive care unit. ◆ A local resident, JJ, was admitted to Ward 8A of the PWH with a diagnosis of CAP. <p><i>[NB: JJ's fever and chest condition gradually improved after admission and was never categorised as a severe CAP case. He was put on a nebuliser treatment between 6.3.02 and 12.3.03. He was later found to be a SARS case linked to the outbreak in Hotel M, and confirmed as the index patient of the PWH outbreak.]</i></p>
5 March 2003 (Wed)	<ul style="list-style-type: none"> ◆ DH informed by WHO that DD would be transferred from Hanoi to Hong Kong for treatment. Presumptive diagnosis in Hanoi was Influenza B. WHO also indicated that seven healthcare workers who had rendered care or assistance to DD reported high fever, malaise and headache. <p><i>[NB: DD was later linked to the outbreak in Hotel M, and confirmed as the source of the SARS outbreak in Hanoi, Vietnam.]</i></p> <ul style="list-style-type: none"> ◆ DH and HA discussed the arrangement to handle this patient.
6 March 2003 (Thu)	<ul style="list-style-type: none"> ◆ DD was admitted to intensive care unit of PMH and nursed in an isolation room. ◆ DH conducted contact tracing and surveillance, epidemiological and intensive laboratory investigations on the case of DD.
7 March 2003 (Fri)	<ul style="list-style-type: none"> ◆ Telephone communication by Director of Health: Ministry of Health, Beijing advised that no definite cause identified to account for the outbreak in Guangdong Province. Neither was there evidence to suggest H5N1. However, WHO experts were of the view that H5N1 could not be excluded. ◆ HA issued 3rd version of “frequently asked questions” on Management of severe CAP, with the following additions/amendments – <ul style="list-style-type: none"> ○ accident and emergency departments were recommended to take universal precautions for all patients

March

- information provided on infectiousness nature of severe CAP
- the recommended method of isolation for most respiratory infections (except pulmonary tuberculosis) added in addition to influenza
- clinical management of cases of severe CAP

10 March 2003 (Mon)

- ◆ PWH management was notified of a possible infectious disease outbreak with 11 healthcare staff on sick leave from Ward 8A of the Medical Department. The hospital issued a press statement.
- ◆ PWH management closed Ward 8A to admission, discharge, and visiting.

[NB: The visiting policy was subsequently modified to restriction on visiting, with precautionary measures for upgraded droplet infection required for all visitors, ie mask, gloves and gown.]

11 March 2003 (Tue)

- ◆ Media coverage on a group of medical staff of Ward 8A in PWH who reported to have respiratory infection symptoms in the past 3 to 4 days.
- ◆ DH's New Territories East Regional Office initiated contact and met with management of PWH. Advised hospital to isolate cases, screen other wards, and monitor sick-leave record. Designed a questionnaire which would be used to conduct an epidemiological survey and provide a basis for working out the case definition and estimating the incubation period. Also initiated active case finding and disease surveillance in collaboration with the hospital. Names and contact telephone numbers of affected staff were available in the afternoon from hospital management.
- ◆ DH's New Territories East Regional Office interviewed cases through the newly designed questionnaire at night. Collected clinical, travel and exposure history from affected staff. Gave health advice to affected staff. Epidemic curve plotted.
- ◆ PWH management called back all staff on sick leave, totalled 50 in all, for physical check up and screening. 23 staff were assessed to require immediate admission. Observation ward in accident and emergency department vacated and the first batch of 23 staff were admitted for isolation.

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- 12 March 2003 (Wed)
- ◆ DH alerted WHO on the outbreak in PWH, and conducted media briefing alerting the community of the outbreak of atypical pneumonia among healthcare workers in PWH as well as explaining follow up actions.
 - ◆ (Geneva time) WHO issued global alert about cases of acute respiratory syndrome in Vietnam, Hong Kong, and Guangdong Province in China with unknown aetiology that appeared to place health workers at high risk.
 - ◆ DH reminded doctors and private hospitals on infection control in view of outbreak of fever and respiratory tract infection in PWH. Health advice on preventive measures against respiratory tract infections issued to Education and Manpower Bureau and Social Welfare Department for distribution to schools and childcare centres.
 - ◆ DH's New Territories East Regional Office presented to a meeting in PWH clinical features, epidemic curve, probable incubation period and case definition. Shared views on mode of spread (likely droplets). The hospital advised that review of sick leave record in other wards suggested no similar pattern.
 - ◆ PWH set up Disease Control Centre to manage the outbreak. Medical department divided into 'clean' and 'dirty' teams to prevent cross-contamination among staff and cross-infection to patients. Additional cohorting wards set up for new admissions of suspected or confirmed atypical pneumonia cases.
 - ◆ HA head office met with PWH management to appraise the hospital's service arrangements and infections in healthcare workers.
 - ◆ HA's Working Group on Severe CAP held its 5th meeting –
 - discussed the Hanoi case of suspected severe CAP
 - discussed Ward 8A situation in PWH.
- 13 March 2003 (Thurs)
- ◆ DD died. DH liaised with PMH. Post-mortem specimen sent to Centers for Disease Control and Prevention (CDC) Atlanta for testing.
 - ◆ Secretary for Health, Welfare and Food (SHWF) reviewed the outbreak situation in PWH with officers from DH and HA, and a WHO representative. The meeting agreed that –

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- both DH and HA would work together to investigate the outbreak
- surveillance of cases and contacts would be intensified
- departments would inform all relevant groups to follow the infectious disease guidelines
- exchange of information with WHO, Mainland China and CDC Atlanta, USA would be maintained and strengthened
- SHWF would chair a steering group to coordinate preventive efforts and enhance information exchange of the outbreak
- Deputy Director of Health would chair an expert group with experts from DH, HA, HKU, Chinese University of Hong Kong (CUHK) and WHO to focus on investigation.

[NB: For operational efficiency, the steering group and the expert group were later combined to become the HWFB Task Force, chaired by SHWF with participation of experts from DH, HA, HKU, CUHK and WHO. The HWFB Task Force held its first meeting on 14.3.03.]

- ◆ DH's New Territories East Regional Office stationed a team of medical and nursing staff in PWH to facilitate communication and investigation.
- ◆ Working together with PWH, DH's team screened records of affected staff, in-patients and discharged patients to identify the source of the outbreak. Also interviewed a probable index case, JJ, in Ward 8A.
- ◆ PWH management took further action in response to the outbreak –
 - suspended non-emergency surgical operation, day services and cardiac specialist out-patient clinic
 - diverted non-atypical pneumonia emergency medical patients attending accident and emergency department at PWH to nearby Alice Ho Miu Ling Nethersole Hospital and North District Hospital
 - issued infection control guidelines and measures for upgraded droplet infection
 - commenced twice-a-week training sessions on infection control for staff
 - established a forum called "cluster meeting on atypical pneumonia" which met twice daily to steer direction and make decisions on disease and infection control.
- ◆ HA's Pamela Youde Nethersole Eastern Hospital notified DH regarding suspected outbreak among healthcare workers in its medical ward. Cohort ward designated in hospital for atypical pneumonia cases. DH's Hong Kong Regional Office started investigation and contact tracing for the outbreak in the hospital.

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[NB: The probable infection source of Pamela Youde Nethersole Eastern Hospital was subsequently found to be a patient with severe CAP who died on 16.3.03 and had a history of travel to Zhongshan on 22–23 February.]

- ◆ DH's Kowloon Regional Office investigated the atypical pneumonia cases in General Practitioner (GP) KK's Clinic. Conducted contact tracing and surveillance on family members of all clinic staff.

[NB: The probable infection source of KK, his wife and his nurses was subsequently found to be a patient with a recent history of travel to Mainland China, who died of severe CAP on 15.3.03.]

- ◆ DH posted atypical pneumonia-related information on its website. Enhanced health education on prevention of respiratory infections to elderly homes. Health advice on Acute Respiratory Syndrome issued to all travel agencies via the Travel Industry Council of Hong Kong.

14 March 2003 (Fri)

- ◆ YY, who works and lives in Shenzhen, China, stayed overnight at his brother's flat in Amoy Gardens. He was having fever and diarrhoea.

[NB: He was later identified to be the index case of the Amoy Gardens outbreak. He was admitted to PWH on 15.3.03 with suspected atypical pneumonia. He was discharged on 19.3.03 after his condition improved, with a positive diagnosis of Influenza A. He was later readmitted to the hospital on 22.3.03 and subsequently found to be a SARS case on 27.3.03.]

- ◆ At the weekly Senior Officials Meeting chaired by the Chief Executive of the Hong Kong Special Administrative Region, the Government made three strategic decisions –
 - information on the outbreak should be disseminated to the public on a daily basis
 - advice should be given to the public on precautionary measures
 - Hong Kong should work closely with international organizations and seek expert help if necessary.
- ◆ Chief Executive of the Hong Kong Special Administrative Region visited PWH, accompanied by SHWF, HA's Chief Executive and his senior staff.

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- ◆ SHWF convened and chaired the first meeting of the HWFB Task Force. Areas of discussion centred on –
 - refinement of case definition to include fever of more than 38°C
 - further epidemiological and laboratory investigations needed for cases in PWH, the case transferred from Hanoi, and sick healthcare workers from Pamela Youde Nethersole Eastern Hospital and a private clinic
 - contact tracing as a part of the epidemiological investigation and control measure
 - infection control measures with particular emphasis on droplet precautions
 - treatment of cases with anecdotal evidence of effectiveness involving high dose steroids plus ribavirin in certain category of patients
 - messages for public communication to include the fact that pneumonia was common in Hong Kong and causative agent could not be identified in about half of the cases.

- ◆ Working together with PWH, DH's team confirmed the index case, JJ, as the source of the outbreak in Ward 8A. Discharged patients and visitors exposed to the source patient (ie in the community) were followed up by DH. Staff, medical students and in-patients exposed were followed up by PWH. In view of the growing number of cases, DH requested assistance from PWH to collect clinical and exposure history on new cases.

[NB: Subsequent investigations revealed that JJ infected 143 persons (termed secondary cases, because they became infected through direct contact with the index patient, JJ). These comprised 50 healthcare workers, 17 medical students, 4 relatives, 30 Ward 8A patients and 42 visitors to Ward 8A.]

- ◆ PWH management further decided to stop all clinical admissions to the medical department.
- ◆ DH continued to provide health advice on prevention of respiratory tract infections to the general population, healthcare professionals, travellers, public transport operators through its 24-hour telephone system and webpage. Issued letters to private hospitals requiring them to provide surveillance on pneumonia cases.
- ◆ HA's Working Group on Severe CAP held its 6th meeting –
 - discussed organisation of staff forums

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	<ul style="list-style-type: none"> ○ updated situation in PWH and KWH ○ reviewed HA stock situation of ribavirin and steroids ○ formulated HA Guidelines on severe CAP (later renamed SARS) for dissemination (guidelines posted on HA intranet on 19.3.03). ◆ HA head office set up the outbreak coordination centre, later named the HA head office SARS Coordination Centre.
15 March 2003 (Sat)	<ul style="list-style-type: none"> ◆ WHO issued emergency travel advisory naming the illness Severe Acute Respiratory Syndrome (SARS) and listing out the main syndromes and signs. No recommendation to restrict travel to any destination. ◆ DH deployed additional staff to PWH to strengthen its contact tracing team based in the hospital. ◆ DH updated all travel agents on SARS via Travel Industry Council of Hong Kong.
16 March 2003 (Sun)	<ul style="list-style-type: none"> ◆ DH issued letters to all airlines via Airport Authority, alerting them on WHO's emergency travel advisory and advising on ways to deal with suspected SARS cases on board aircrafts. ◆ Following the WHO's advisory on 15.3.03, DH and PWH revised their case definition to include chest x-ray features of pneumonia as an additional parameter. ◆ HA's Chief Executive held a meeting with Cluster Chief Executive (New Territories East), Dean (Faculty of Medicine)-CUHK and Prof (Medicine)-CUHK in the evening to discuss possible closure of accident and emergency department of PWH. Decision made to divert all medical emergencies from the accident and emergency department of PWH to other hospitals outside the New Territories East Cluster.
17 March 2003 (Mon)	<ul style="list-style-type: none"> ◆ WHO set up a network of scientists from 11 laboratories in 9 countries/territories, including HKU, CUHK and Government Virus Unit. Collaboration involved daily teleconference, exchange of samples and results, etc.

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- ◆ WHO Epidemiological team stationed in DH to begin studies on SARS.
- ◆ SHWF chaired the 2nd meeting of the HWFB Task Force –
 - HA/DH developed revised case definitions
 - noted WHO/CDC's recommended infection control guidelines
 - experts were of the view that current infection control measures adequate
 - considered route of transmission likely through droplets.
- ◆ Private St. Paul's Hospital and HA's Pamela Youde Nethersole Eastern Hospital separately notified DH regarding admission of suspected atypical pneumonia cases among healthcare workers from St. Paul's Hospital. DH's Hong Kong Regional Office sent staff to St. Paul's Hospital for interview and contact tracing. Provided health and infection control advice, and kept close contacts under medical surveillance.

[NB: The probable infection source of St. Paul's Hospital was subsequently traced to a 72-year old Canadian visitor, who stayed in Hotel M since 12.2.03. He was admitted to St Paul's Hospital on 2.3.03 and was transferred to Queen Mary Hospital on 8.3.03. DH was notified of the case as having severe CAP on 13.3.03 and initiated contact tracing and medical surveillance.]
- ◆ DH advised private hospitals in writing on WHO guidelines on Hospital Infection Control Guidance and Management of SARS. Issued letters on respiratory tract infection to travel industry related organisations. Issued health advice to Chinese medicine professionals on prevention of respiratory tract infection.
- ◆ HA commenced diversion of medical emergencies from PWH to other hospitals outside New Territories East Cluster.

18 March 2003 (Tue)

- ◆ CUHK, working with PWH, identified *paramyxoviridae* virus as a possible causative organism of the outbreak.
- ◆ HA's Queen Elizabeth Hospital submitted notification to DH on suspected SARS cases among healthcare workers in the hospital. DH's Kowloon Regional Office investigated the cases in the hospital, and conducted contact tracing and surveillance on family members and other staff of the affected ward.

[NB: The index case was subsequently identified as a frequent traveler

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to Guangzhou. He was admitted to Queen Elizabeth Hospital on 9.3.03. He later passed away on 30.03.03.]

- ◆ DH undertook further public health actions –
 - Director of Health briefed Consul Generals (DH conducted similar briefings to Consul Generals in April and May)
 - DH wrote to private hospitals requesting them to report cases of SARS in Daily Reply Slip starting from 19.3.03
 - DH set up hotline for public enquiry.
- ◆ Key events in HA –
 - HA head office commenced daily meetings with all cluster management to strengthen coordination
 - HA's Chief Executive met with key staff of PWH to further assess progress. Decided that accident and emergency department of the hospital to close from 00:00 19.3.03, with review on 21.3.03
 - HA's Working Group on Severe CAP held its 7th meeting on Infection Control.
- ◆ The use of nebuliser on the index patient was identified as an important factor contributing to the extensive spread of SARS in Ward 8A of PWH.

[NB: An alert was issued on the use of nebuliser in HA Guideline on Management of SARS on 19.3.03.]

19 March 2003 (Wed)

- ◆ The infected brother-in-law of AA passed away in KWH.
- ◆ DH announced that at least 7 SARS cases were related to *Hotel M*. Index case to this cluster was identified as AA, the professor from Guangzhou, who was admitted to KWH on 22.2.03. JJ, the index case of the PWH outbreak, had visited *Hotel M* during the period while AA was there. The index patient of St. Paul's Hospital outbreak was a guest of the hotel. DH's Kowloon Regional Office conducted site investigation at *Hotel M*. DH held a press conference.
- ◆ PWH temporarily suspended accident and emergency service, subject to a review on 21.3.03.
- ◆ DH discussed with PWH ways to streamline data collection. WHO team visited PWH to obtain further information.

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- ◆ HA Guideline on Management of SARS (19.3.03) issued. Additions/ amendments included alert on the use of nebuliser. Two new annexes were also added –
 - Guidelines to primary care physicians / family physicians on the management of cases of suspected SARS
 - Revised case definition of SARS.
- ◆ HA conducted a meeting with all hospital infection control nurse representatives to update them on the guidelines, and launched its SARS webpage at HA intranet.

20 March 2003 (Thur)

- ◆ SHWF chaired the 3rd meeting of the HWFB Task Force –
 - noted the tentative identification of *paramyxoviridae* virus and the investigation results of *Hotel M*
 - discussed SARS infection control in schools
 - noted that contaminated surfaces or fomite might play a role in transmission
 - investigation thus far had found no evidence of spread through air ventilation system.
- ◆ DH's Kowloon Regional Office made 2nd site investigation to *Hotel M*. Ensured hotel management conducted proper cleansing and disinfection.
- ◆ DH's New Territories East Regional Office attended meeting at PWH. Epidemic curve showed the healthcare workers outbreak had peaked and was compatible with point-source outbreak. Infection in household contacts and visitors of patients noted.
- ◆ DH's New Territories East Regional Office had been trying to contact *PP*, a GP from a Tai Po clinic, during follow up of two symptomatic close contacts of a SARS case. Both contacts consulted the doctor during the incubation period.
- ◆ DH further advised private hospitals and doctors on the outbreak with information extracted from HA's Guidelines on the Management of SARS.
- ◆ HA's Chief Executive had a meeting with PWH management and the Faculty of Medicine, CUHK regarding their concern on community spread and the need for urgent contact tracing. He later contacted

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Deputy Director of Health around midnight on the need to step up contact tracing and disease control in the community.

- ◆ HA also strengthened manpower in staff clinics to cater for extra sessions.

21 March 2003 (Fri)

- ◆ Deputy Director of Health visited PWH and further enhanced DH's contact tracing team in the hospital with the addition of a Principal Medical Officer. DH also extended its surveillance of SARS symptoms of visitors to all acute medical wards.
- ◆ DH's New Territories East Regional Office started contact investigation on a GP, NN, who was admitted to PWH with suspected SARS. DH Team at PWH also noted that GP PP had been admitted to the hospital.

[NB: The probable infection source of NN was subsequently found to be a home helper who made daily visit to Ward 8A of PWH on 3-6 March. The helper consulted NN on 13.3.03 and required hospital admission the following day. The probable infection source of PP was an in-patient of Ward 8A during 6-7 March in PWH who developed fever on 9.3.03, consulted PP the following day, and re-admitted to PWH on 13.3.03.]

- ◆ DH received notification from private Baptist Hospital of suspected SARS cases involving 4 healthcare staff. DH's Kowloon Regional Office started investigation, and obtained relevant information on patients and clinicians in-charge. Conducted contact tracing on staff, patients and visiting doctors, including private practitioner SS, his staff, patients and their families. Clinic patients were urged via the media to call hotline. Communicated with infection control nurse of Baptist Hospital and advised on control measures.

[NB: The probable infection source of Baptist Hospital was subsequently found to be the sister-in-law of the index patient of PWH, JJ.]

- ◆ DH organised community health talks in collaboration with numerous parties. Started various modalities of public health education, including posters, pamphlets, exhibition boards, advertisements, media

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interviews, write-ups, TV exposures, roving exhibitions, frequently asked questions, etc. Developed a series of health education resource materials and activities.

- ◆ HA's Chief Executive reported his meeting in PWH to SHWF, and issued letter to Hong Kong Medical Association and Hong Kong Doctors Union informing private doctors on precautionary measures against SARS.
- ◆ HA SARS Coordination Centre further strengthened case reporting and information sharing.

22 March 2003 (Sat)

- ◆ HKU announced identification of coronavirus as the agent responsible for SARS and the development of diagnostic test for detection of antibody on infected patients. Joint HKU-HA press briefing, at which 2 electron micrographs of the newly identified virus obtained from lung biopsy sample of a SARS patient (brother-in-law of AA, the Guangzhou Professor) was shown.
- ◆ DH's Kowloon Regional Office conducted 3rd site visit to Hotel M (post disinfection). Environment inspected and found satisfactory. Informed hotel management that they could resume business on 9/F.
- ◆ SHWF discussed with Minister of Health, China on cross-boundary cooperation on health matters. Both sides agreed to foster closer ties on information exchange and disease notification on SARS, and would enhance communication with Guangdong Province.

23 March 2003 (Sun)

- ◆ HA's Chief Executive admitted to hospital with SARS infection.
- ◆ DH's New Territories West Regional Office initiated investigation of SARS cases admitted to Tuen Mun Hospital. The cases were later found to be from a tour group who had visited Beijing from 15.3.03 to 19.3.03. Also commenced contact surveillance.

[NB: The probable infection source of the Beijing tour group was subsequently found to be a Beijing resident who visited Ward 8A of PWH between 4.3.03 and 9.3.03, and who developed symptoms on 11.3.03.]

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- ◆ Education and Manpower Bureau issued more proactive measures and guidelines for schools. Students and staff who were contacts or relatives of SARS patients would suspend school for one week. Leaflets and guidelines distributed.

24 March 2003 (Mon)

- ◆ SHWF chaired the 4th meeting of the HWFB Task Force –
 - agreed to launch a mass publicity campaign with emphasis on positive actions on personal hygiene etc
 - sector-specific guidelines would be developed
 - reported use of high dose ribavirin with steroid in the early phase of the illness showed positive response in majority of patients.
- ◆ The Government announced that PSHWF would coordinate implementation efforts to control SARS involving 20 Government departments and 4 bureaux.
- ◆ DH sent letters to nursing homes on “Infection Control Measures for Healthcare Facilities”. Advised doctors in private practice in writing on “Infection control measures for medical clinics in the community”. Started issuing similar letters to other healthcare personnel on statutory registration (eg nurses, radiographers, medical laboratory technologists and Chinese medicine practitioners), professional associations, and exempted clinics. Also commenced development of sector-specific guidelines for deployment by other Government departments.
- ◆ HA issued Guideline on Management of SARS. Additions/amendments include –
 - infection control measures at home
 - effectiveness of wearing mask
 - proposed treatment regime.
- ◆ HA made public announcement urging members of the public to avoid visiting public hospitals unless necessary.

25 March 2003 (Tue)

- ◆ A high-level SARS Steering Committee, chaired by Chief Executive of the Hong Kong Special Administrative Region and involving the relevant Principal Officials, was established to steer Government response to the SARS epidemic.

March

- ◆ DH urged passengers on board two flights (related to outbreak in the Beijing tour group) to contact DH hotline.

[NB: Relevant Consul Generals in Hong Kong and/or health authorities overseas were informed of any overseas visitors involved in SARS cases, eg in flights or hotels.]

- ◆ DH continued to update guidelines and advice to social welfare institutions, schools and elderly homes.

26 March 2003 (Wed)

- ◆ DH's Kowloon Regional Office was notified by HA's United Christian Hospital that it had admitted 15 suspected SARS cases from 7 households, all residing in Amoy Gardens. DH's health team made site visit to Amoy Gardens Block E. Interviewed 20 available units in 7 floors with suspected cases. Distributed letters to Block E and pamphlets to all Amoy Gardens residents advising them to watch out for symptoms. Building management instructed to disinfect common areas of all blocks, starting with Block E.
- ◆ SHWF chaired the 5th meeting of the HWFB Task Force. DH reported the situation in Amoy Gardens. Key discussion points included the following –
 - Transmission routes of SARS coronavirus most compatible with droplets spread and through fomite. However, rare instance of aerosol transmission needed further examination
 - Frequent hand washing and surface cleaning important
 - discharge protocol required for SARS patients
 - Increased background pneumonia cases observed during the past week
 - The need to revise public health measures in view of the community outbreak in Amoy Gardens
 - Director of Health recommended a basket of public health measures, including adding SARS to the Quarantine and Prevention of Disease Ordinance (Chapter 141 of the Laws of Hong Kong) to make it a notifiable disease, requiring incoming visitors to Hong Kong to complete health declaration forms, temporarily suspending schools, setting up medical surveillance centres at designated locations to screen contacts of SARS patients, and designating HA's PMH to receive new SARS cases referred by designated medical centres.
- ◆ Deputy Director of Health chaired the first Interdepartmental Meeting

March

on Control of SARS in Hong Kong. Three major issues discussed –

- amendment of Cap 141 to provide legal power for the control and prevention of spread of SARS in Hong Kong
 - enhancement of public health measures at airport, seaports and land border control points
 - setting up of designated medical centres to carry out medical surveillance for contacts of SARS patients.
- ◆ HA's senior executives including cluster chief executives held internal discussions. A decision was taken to designate PMH to receive all SARS cases referred from DH's designated medical centres as well as from accident and emergency departments of other HA hospitals. To prepare for this, the plan was –
 - decant all non-SARS services out of PMH and the entire non-acute Wong Tai Sin Hospital
 - close accident and emergency department of PMH
 - arrange for HA-wide staff deployment and training
 - put in place logistics support such as ventilation improvement, personal protection equipment, and temporary accommodation for staff who did not want to go home.
 - ◆ HA released 1st issue of HASLink Express (internal newsletter).

27 March 2003 (Thu)

- ◆ The Government announced measures to combat SARS, including –
 - adding the disease to the list of infectious diseases specified in First Schedule to the Quarantine and Prevention of Disease Ordinance (Chapter 141 of the Laws of Hong Kong)
 - health declaration for incoming visitors to Hong Kong effective from 29.3.03
 - designated medical centres for medical surveillance of contacts from 31.3.03
 - suspension of classes in all schools from 29.3.03 to 6.4.03.
- ◆ Orders gazetted with immediate effect adding SARS to the list of infectious diseases on the above-mentioned Schedule.
- ◆ DH's Kowloon Regional Office health team made a 2nd site visit to Amoy Gardens. Letters of health advice distributed to residents.
- ◆ Second Inter-departmental Meeting on Control of SARS in Hong Kong was held. Agreed that all public health measures at border entry points would be implemented from noon of 29.3.03, and designated medical clinics would commence operation on 31.3.03.

March

- ◆ DH contacted CDC, Taiwan to obtain confirmation on media reports that some passengers on board a flight to Beijing on 15.3.03 had developed respiratory illness suggestive of SARS and returned to Taiwan.
- ◆ HA Board held a meeting –
 - announced suspension of non-urgent services in all hospitals
 - stopped visiting to suspected and confirmed SARS patients
 - decided to defer implementation of new remuneration arrangement for new recruits and serving employees.
- ◆ HA Guideline on Management of SARS (27.3.03) issued. Additions/ amendments include “Guideline on discharge of patients recovering from SARS”.
- ◆ Government Virus Unit started testing patients’ specimens for coronavirus using primers from CDC Atlanta.

28 March 2003 (Fri)

- ◆ SHWF made a visit to PMH, and initiated the setting up of an electronic database to capture on-line and in real time clinical and administrative details of all SARS patients admitted to HA hospitals. These on-line information would be accessible by DH for immediate contact tracing and follow up.
[NB: The database was subsequently named e-SARS.]
- ◆ Following announcement of PMH as a designated SARS hospital effective from 29.3.03, DH’s New Territories West Regional Office liaised with the hospital on the setting up of control room and other logistics for data flow and case follow up.
- ◆ DH’s Kowloon Regional Office made the 3rd site visit to Amoy Gardens with WHO representatives.
- ◆ The Inter-departmental Action Coordinating Committee, chaired by (PSHWF), held its first meeting involving representatives from 4 policy bureaux, more than 20 Government departments and the Airport Authority, to discuss the implementation of public health measures to control the spread of SARS. Daily meetings were held afterwards.
- ◆ Third Inter-departmental Meeting on Control of SARS in Hong Kong was held to finalise logistics of implementation of various measures.

March

The following documents were discussed and agreed at the meeting –

- Procedures for Public Health Measures at Airport, Borders and Ports
 - Proposed Management Protocol for Borders Checks
 - Procedures for Hotlines and Designated Medical Centres.
- ◆ CDC Taiwan advised that 3 probable and 2 suspected cases identified as having travelled on the flight to Beijing on 15.3.03. They returned to Taiwan on 21.3.03 on 2 flights routed via Hong Kong. DH urged passengers on board the two affected flights to contact DH hotline.

29 March 2003 (Sat)

- ◆ Government required all arriving passengers to fill out Health Declaration forms at all immigration border control points at air, sea and land. Departing air passengers to answer questions relating to SARS.
- ◆ DH set up another hotline with 20 lines. DH's Kowloon Regional Office made the 4th and 5th site visits to Amoy Gardens in the morning and afternoon respectively. Medical stations set up at the 2 entrances of Block E, manned by staff from Auxiliary Medical Services to provide pamphlets, masks, demonstrate temperature taking and answer enquiries.
- ◆ PMH's accident and emergency department closed at 00:00 on 29.3.03, and started admitting SARS patients referred from all other hospitals, from 09:00. PMH informed DH that a control and coordinating centre would start functioning at the hospital on 31.3.03.
- ◆ HA's Business Support Services Command Centre commenced operation to strengthen emergency supplies arrangements and other support functions covering patient transport, ward ventilation, sewage system and additional medical equipment for the cohorting hospitals.
- ◆ Class suspension in schools and childcare centres commenced.

30 March 2003 (Sun)

- ◆ SHWF chaired the 6th meeting of the HWFB Task Force to discuss the Amoy Gardens outbreak. Key discussion points centred on the following –
 - a prominent vertical stack of cases noted in Block E, with high concentration in units 8 and 7

March

- field investigations by DH and its multi-disciplinary team had examined the possibilities of spreading through people movement, water supplies, garbage and elevators, sewerage system, vectors, and construction site next to the housing estate. No firm conclusion yet, and intensive investigation would continue as a matter of urgent priority. Staff of the Environment, Transport and Works Bureau would undertake additional studies on possible environmental factors
- possibility that Block E residents had already formed an infected pool in view of the high number of cases
- option of isolating the building to control the spread of the disease in the community.
- ◆ DH's Kowloon Regional Office made the 6th site visit to Amoy Gardens.
- ◆ Government Virus Unit succeeded in designing another pair of primers to replace the initial pair. Started growing virus in suitable cell line and determining growth characteristics.
- ◆ Government launched a territory-wide Household Cleansing Day.
- ◆ PWH's accident and emergency department reopened for walk-in cases.

31 March 2003 (Mon)

- ◆ A total of 213 Amoy Gardens' residents had been admitted with suspected infection, with 107 coming from Block E. DH served an order to isolate the whole of Block E for 10 days as from 06:00 (to expire on 9.4.03 midnight). DH also appealed to residents who have moved out prior to the isolation order to report to the Department.
- ◆ DH mandated all close contacts of SARS patients under the Quarantine and Prevention of Disease Ordinance to report daily to one of the four designated medical centers for check-up for a period of up to 10 days. All contacts were further required to remain at home and not go to work, or school.
- ◆ By end March, DH produced and widely distributed "Guidelines for workplaces", "health advice for social contacts" and "guidelines for close contacts".
- ◆ Finance Committee of Legislative Council approved a new commitment of HK\$200 million for treatment of SARS patients and strengthening of infection control and public health education.

March

- ◆ HA published a daily update for all staff, entitled "Battling SARS Update", in an attempt to enhance internal staff communication; 1st Edition issued. HA initiated recruitment of healthcare workers from local and overseas. Also called for volunteer workers.
- ◆ HA commenced Infection Control training courses for all HA healthcare workers, 2 sessions each day (Mon-Fri) until 30.4.03.
- ◆ PMH control and coordinating centre commenced operations.

April

1 April 2003 (Tue)

- ◆ Government experts found preliminary evidence suggesting that sewerage and drainage system might have been involved in the vertical spread of SARS cases in Block E. The Government announced evacuation of its residents to holiday camps under the removal order to continue the 10 days' quarantine. The camps were declared as appointed places under the Quarantine and Prevention of Disease Ordinance. Investigation of the outbreak by different Government departments continued in Amoy Gardens.
- ◆ Alice Ho Miu Ling Nethersole Hospital notified DH about suspected cases of SARS involving patients and healthcare workers in a ward. DH's New Territories East Regional Office liaised with the hospital for outbreak investigation, contact tracing and control measures. Hospital staff and in-patients were put under surveillance by the hospital. Discharged patients, household and social contacts of cases were traced and put under surveillance by DH.

[NB: The outbreak in the hospital took place in 5 wards, with the last being reported on 15.4.03. Two of the index patients were surgical patients who had not presented the typical symptoms of SARS.]

- ◆ Government Virus Unit had gathered enough experience by early April to start virus culture and antibody testing. Requested to evaluate a few test methods developed by overseas institute. Started working on survival time of the new virus. Embarked on large scale environmental testing following the outbreak in Amoy Gardens.
- ◆ DH standardised by early April the practice of duly alerting building management companies of those buildings in which residents had been confirmed with SARS to step up cleansing and disinfection.
- ◆ HA head office created a new leave category "Special leave for employees who have household/family members confirmed SARS". Also announced –
 - a 10-day special leave arrangement for employees who were household close contact of SARS cases
 - requiring pregnant employees to be deployed to low risk areas
 - encouraging leave encashment with immediate effect.

April

- 2 April 2003 (Wed)
- ◆ WHO revised its advice to international travellers and recommended postponing all but essential travel to Hong Kong and Guangdong Province.
 - ◆ DH notified by HA about SARS cases in United Christian Hospital. DH's Kowloon Regional Office liaised with the hospital on outbreak investigation, contact tracing and control measures. The regional office also put staff and exposed patients of the hospital under surveillance.
- [NB: At the end of the outbreak in United Christian Hospital, a total of 26 staff were found to have been infected, only 5 of whom worked in SARS wards. The source of infection was traced to 3 patients, two of whom lived in Amoy Gardens and were admitted with non-SARS diagnoses.]*
- ◆ HA head office set up outbreak infection control team to support hospital clusters' efforts in investigating staff infections. Released 2nd issue HASLink Express.
 - ◆ In response to HA's press advertisement for recruitment of Temporary Resident, Associate Consultant, and Radiographer II, a total of 53 applications were received, including –
 - 28 for Temporary Resident
 - 1 for Associate Consultant
 - 24 for Radiographer II.
- 3 April 2003 (Thu)
- ◆ Education and Manpower Bureau announced that class suspension period would be extended to 21.4.03. Also issued revised guidelines to schools in light of the 10-day surveillance period at designated medical centres required of close contacts.
 - ◆ HA implemented no-visiting policy in all acute wards, and a restricted-visiting policy for convalescent and psychiatric wards in public hospitals. All in-patients were required to wear surgical masks.
- 4 April 2003 (Fri)
- ◆ With assistance from the Police, virtually all households that moved out of Amoy Gardens Block E before imposition of the isolation order had contacted DH for medical surveillance. All households required disinfection under Regulation 19 of the Prevention of the Spread of Infectious Diseases Regulations.

April

- ◆ Director of Health conducted briefing to international business community. DH made available 62 lines in the Call Centre for public enquiry on health advice and assistance related to SARS.
- ◆ HA deployed reinforcement of intensive care unit staff from Yan Chai Hospital to PMH. The head office further advised hospital clusters on special arrangement to deploy pregnant staff out of high-risk areas.

5 April 2003 (Sat)

- ◆ DH Port Health Office set up a 24-hour International Direct Dial hotline to assist Hong Kong residents in distress while abroad because of quarantine reasons on grounds of SARS. Advised airlines in writing to strengthen control measures for suspected SARS cases on board.
- ◆ In PMH, total SARS patients reached 423. A core team of intensive care unit doctors and nurses had contracted SARS. Reinforcement deployed from Caritas Medical Centre's intensive care unit to PMH.
[NB: It later turned out that a total of 62 healthcare workers, including 25 staff from the intensive care unit, were infected in PMH between 30.3.03 and 14.4.03.]
- ◆ HA commenced hotline services in staff clinics. The IT team also linked e-SARS to HA's clinical management system to collate clinical information.

6 April 2003 (Sun)

- ◆ The Police commenced assisting DH in epidemiological investigations using its sophisticated computer system called the Major Incident Investigation and Disaster Support System (MIIDSS).
[MIIDSS allows SARS investigators to validate addresses, map out the geographical distribution, reveal potential sources or routes of spread, and show the connectivity between cases and contacts.]
- ◆ PWH resumed full accident and emergency service at 09:00. In view of SARS infections among healthcare workers and high SARS caseload, United Christian Hospital stopped all medical admissions through its accident and emergency department.
- ◆ HA defined personal protection equipment (PPE) standards and requirement projections.

April	
7 April 2003 (Mon)	<ul style="list-style-type: none"> ◆ Food and Environmental Hygiene Department undertook thorough disinfection and pest control in Amoy Gardens and surrounding area, including Ngau Tau Kok Lower Estate. ◆ PMH started transferring convalescent SARS patients to Wong Tai Sin Hospital. HA decided to stop admitting referrals from other hospitals to PMH and to confine its admission to referrals from DH's designated medical centres.
8 April 2003 (Tue)	<ul style="list-style-type: none"> ◆ An on-line e-SARS database was launched. Through e-SARS, HA could provide real-time information of confirmed or suspected SARS patients to DH to facilitate prompt case investigation and rapid contact tracing. ◆ Food and Environmental Hygiene Department undertook disinfection of individual flats in Amoy Gardens Block E. ◆ HA posted training materials on Infection Control Precaution on HA e-learning Centre. Also released 30,000 VCDs on Infection Control Precaution to clusters hospitals.
9 April 2003 (Wed)	<ul style="list-style-type: none"> ◆ Isolation order on Amoy Garden Block E (since 31.3.03) expired at midnight. Residents were discharged on 10.4.03 morning. Special arrangements made for residents who wished to leave the camp at midnight on 9.4.03. ◆ Pamela Youde Nethersole Eastern Hospital notified DH of a suspected outbreak of SARS cases among residents of Koway Court in the Eastern District of the Hong Kong Island. DH's Hong Kong Regional Office investigated these cases, traced contacts and put them under surveillance. Distributed household disinfection guideline to residents through the property management company. Residents were advised to fill up with water the U-traps of drainage outlets to ensure proper functioning, and to disinfect their flats as precautionary measures. <p><i>[NB: DH investigation had found no evidence of environmental cause. Outbreak was attributed to person-to-person spread. The source of infection was subsequently traced to a resident who had probably</i></p>

April	
	<p><i>contracted the disease from the Ngau Tau Kok Lower Estate next to the Amoy Gardens.]</i></p> <ul style="list-style-type: none"> ◆ Inter-departmental Action Coordinating Committee held meeting to discuss implementation of the home confinement scheme for household contacts.
10 April 2003 (Thu)	<ul style="list-style-type: none"> ◆ Government announced that all household contacts of confirmed SARS patients would be confined (quarantined) at home, with no visitors allowed, for a period of up to 10 days with immediate effect. ◆ Government agreed to provide 1,162 housing units at 2 public housing estates as temporary accommodation for HA staff engaged in SARS clinical work.
11 April 2003 (Fri)	<ul style="list-style-type: none"> ◆ Government reached consensus with Guangdong Government on SARS-related matters regarding exchange of information, medical cooperation, notification mechanism and border quarantine arrangement. Agreed to establish an expert group to take these forward. ◆ Government announced that close contacts of SARS patients would be barred from leaving Hong Kong during quarantine period with effect from 14.4.03. DH also effected home confinement (Regulation 11 of the Prevention of the Spread of Infectious Disease Regulations) on household contacts. ◆ PMH stopped admissions of new SARS cases, including referrals from the designated medical centres.
12 April 2003 (Sat)	<ul style="list-style-type: none"> ◆ Canadian scientists sequenced the genome of the SARS coronavirus. ◆ DH started to release on a daily basis the names of buildings with SARS patients admitted to hospitals within the past 10 days. List uploaded onto DH website. ◆ Referrals from DH's designated medical centres and SARS patients from Yan Chai Hospital directed to Tuen Mun Hospital of the New Territories West Cluster.

April	
13 April 2003 (Sun)	<ul style="list-style-type: none"> ◆ DH chaired a meeting with relevant departments and organisations to work out details of checking the body temperature of departing passengers at the airport. ◆ SHWF met with HA clinical experts to discuss clinical definition of SARS, treatment and discharge criteria.
14 April 2003 (Mon)	<ul style="list-style-type: none"> ◆ DH increased the capacity of its Call Centre to 84 lines for public enquiry on SARS. ◆ United Christian Hospital resumed medical admissions through its accident and emergency department. PMH also resumed admission of its own staff.
15 April 2003 (Tue)	<ul style="list-style-type: none"> ◆ The Government amended the existing Quarantine and Prevention of Disease Ordinance (Cap 141) to empower persons authorised by DH to take body temperature of persons arriving in or leaving Hong Kong, and to prohibit persons who have been exposed to the risk of SARS from leaving Hong Kong. <i>[The amendment is enshrined in the Prevention of the Spread of Infectious Diseases (Amendment) Regulation 2003.]</i> ◆ DH started liaising with overseas and local suppliers to identify suitable infrared thermal imaging system. ◆ Secretary for the Environment, Transport and Works made a visit to Tuen Mun Hospital to review environmental factors of SARS infection.
16 April 2003 (Wed)	<ul style="list-style-type: none"> ◆ Alice Ho Miu Ling Nethersole Hospital commenced diverting non-SARS medical admissions to other HA hospitals. HA piloted training on “SARS Management for Doctors on Secondment”.
17 April 2003 (Thu)	<ul style="list-style-type: none"> ◆ The Prevention of the Spread of Infectious Diseases (Amendment) Regulation 2003 was gazetted, which – <ul style="list-style-type: none"> ○ prohibits a SARS patient, contacts of a SARS patient or carrier of SARS from leaving Hong Kong

April

- empowers an authorised person to take body temperature of persons arriving or leaving Hong Kong
- empowers a health officer or authorised medical practitioner to carry out medical examination for the purpose of ascertaining whether a person is likely to be infected with SARS.
- ◆ Government effected body temperature check on departing passengers at the airport. Those with fever would not be allowed to board unless cleared by an authorised medical practitioner.
- ◆ Government made public the investigation findings of the Amoy Gardens outbreak. The vertical spread of SARS in Block E was attributed to a combination of dried-up U-traps, contaminated sewage, and updraft in lightwell that facilitated droplet spread.
- ◆ First issue of SARS Bulletin published on HWFB and DH webpage to provide updated information, statistics, epidemiology of SARS cases, on-going development, and health advice to the public.
- ◆ First meeting of the Guangdong-Hong Kong Expert Group on Prevention and Treatment of SARS (17-18 April 2003, Guangzhou). The two sides agreed to –
 - further improve the notification mechanism and exchange latest information regularly
 - set up a point-to-point exchange mechanism between counterpart organisations to enhance communications and to draw on each other's experience in disease control
 - expand the existing scope of information exchange on infectious diseases.
- ◆ DH Elderly Health Service conducted a briefing to the operators of residential care homes for the elderly on Infection Control Guidelines and stress management in view of emergent SARS outbreaks in elderly homes.
- ◆ PMH resumed admission for SARS patients from Yan Chai Hospital.

18 April 2003 (Fri)

- ◆ DH was tasked to lead the Multi-disciplinary Response Team set up by the Inter-departmental Action Coordinating Committee. The Team would be called in to investigate buildings where 2 or more residents had been confirmed or suspected with SARS, or admitted for observation within a period of 10 days apart.

April	
19 April 2003 (Sat)	<ul style="list-style-type: none"> ◆ Government implemented a territory-wide cleansing day.
20 April 2003 (Sun)	<ul style="list-style-type: none"> ◆ DH's Kowloon Regional Office started investigation of SARS cases in Hing Tung House of the Tung Tau Estate, a public housing estate in the Wong Tai Sin District of Kowloon. <i>[NB: The Multi-disciplinary Response Team led by DH also conducted environmental investigation and later, disinfection. No further SARS cases detected from the outbreak other than the 6 cases initially reported.]</i> ◆ HA head office organised an experience-sharing seminar entitled "Exploration of alternative approach in infection control at hospitals". This was based on the lessons learnt by the clinical experts from Guangdong in their management of SARS cases.
21 April 2003 (Mon)	<ul style="list-style-type: none"> ◆ Deputy Director of Health, together with representatives of Immigration Department and Security Bureau, met with Shenzhen Entry-Exit Inspector and Quarantine Bureau in Shenzhen to discuss land border control measures on prevention of SARS. ◆ Between 21.4.03 and 2.5.03, DH developed a dedicated computer programme - SARS-CCIS (centralised case and contact information system) - for keeping and updating a centralised database on cases and contacts. The system could also generate lists of cases and contacts for other departments assisting in home confinement, and perform mail merge to generate permits for home confinement. ◆ HA head office designated specific officers to handle staff issues referred from Oasis hotline (a hotline set up for staff facing pressure from the SARS epidemic).
22 April 2003 (Tue)	<ul style="list-style-type: none"> ◆ Chief Executive of the Hong Kong Special Administrative Region and SHWF had a meeting with 3 internationally renowned experts to discuss management and control of SARS epidemic, including the issue of research and development – <ul style="list-style-type: none"> ○ Dr David Ho, scientific director and chief executive officer of the Aaron Diamond AIDS Research Center, USA

April

- Dr Jeffrey Koplan, former director of CDC, Atlanta, USA
- Dr Robert Webster, director of the USA Collaborating Center of WHO.
- ◆ Class resumption began in secondary schools for students in Form 3 or above.
- ◆ DH, Electrical and Mechanical Services Department, Immigration Department, Security Bureau visited Research Institute of Tsinghua University in Shenzhen to source infrared fever scanners in relation to border control measures.
- ◆ Chief Executive of the Hong Kong Special Administrative Region visited HA head office to meet with executives and frontline staff. HA also finalised research protocols for Pentaglobulin/Thalidomide treatment options.

23 April 2003 (Wed)

- ◆ Government announced a package of measures costing HK\$11.8 billion to relieve the impact of SARS on the economy.
- ◆ DH Kowloon Regional Office began investigating SARS cases involving healthcare workers in HA's Caritas Medical Centre upon notification by the hospital. Initiated contact tracing on patients and commenced surveillance for staff and exposed patients. Discussed with infection control nurse and advised on control measures.
[NB: The index case was subsequently identified as a healthcare worker who had probably contacted the disease outside the hospital.]
- ◆ DH was notified that 2 staff and 15 patients from different wards of HA's non-acute Tai Po Hospital had developed SARS symptoms.
[NB: The hospital outbreak affected 37 individuals comprising 3 staff, 29 patients, 3 visitors and 2 close contacts.]
- ◆ Secretary for the Environment, Transport and Works made a visit to PMH to review environmental factors of SARS infection. Measures on various environmental improvement, environmental protection and occupational safety were proposed and discussed. Environment, Transport and Works Bureau, Architectural Services Department, Environmental Protection Department, and Electrical and Mechanical Services Department worked together with HA to plan and implement these measures.

April	
	<ul style="list-style-type: none"> ◆ Government made available the first batch of 500 units at a designated public housing estate as temporary accommodation for hospital staff.
24 April 2003 (Thu)	<ul style="list-style-type: none"> ◆ Government effected body temperature check on transit and arriving passengers at Airport, Lo Wu land border and Hung Hom railway station. ◆ Government participated in the ASEAN+3 Ministerial meeting on SARS held in Kuala Lumpur. Measures to strengthen cross-border control and international collaboration were agreed. ◆ Queen Elizabeth Hospital reported through e-SARS of an enrolled nurse from the 6th floor of Baptist Hospital admitted with suspected SARS. DH's Kowloon Regional Office conducted investigation, contact tracing and surveillance of Baptist Hospital staff and exposed patients. Discussed with infection control nurse and advised on control measures. ◆ PMH resumed receiving referrals of SARS cases from DH's designated medical centres, while Alice Ho Miu Ling Nethersole Hospital closed its accident and emergency department.
25 April 2003 (Fri)	<ul style="list-style-type: none"> ◆ The home confinement scheme was extended to household contacts of suspected SARS patients. ◆ Listing of buildings on DH webpage extended to those with suspected SARS cases. ◆ HA decided to make ex-gratia payment of \$100,000 from Charitable Fund to family of deceased staff who had contracted SARS at work, and to provide assistance in funeral expenses.
26 April 2003 (Sat)	<ul style="list-style-type: none"> ◆ SHWF convened a meeting with HA, DH and Social Welfare Department (SWD) to review measures implemented to prevent the spread of SARS in residential care homes for the elderly. Agreed on enhancement of preventive and support measures. ◆ Government effected body temperature check on arriving passengers at land borders in Sha Tau Kok, Man Kam To and Lok Ma Chau, China

April

Ferry Terminal in Tsimshatsui and Hong Kong-Macao Ferry Terminal in Sheung Wan.

- ◆ HA held a special Board Meeting to discuss the SARS crisis and set up Task Force on SARS comprising the full HA Board.
- ◆ A 6-year old girl of a Hong Kong tour group visiting Taipei developed fever while there and was admitted to hospital as a suspected SARS case. Tour group placed under isolation by Taipei health authority.

27 April 2003 (Sun)

- ◆ WHO Environmental Health team arrived in Hong Kong to assist DH to further investigate risk factors involved in possible environmental transmissions of SARS in residential buildings.
- ◆ Tuen Mun Hospital notified DH of an outbreak of SARS cases among healthcare workers. DH's New Territories West Regional Office commenced investigation and discussed with the hospital on management of the cases.

28 April 2003 (Mon)

- ◆ Secondary school students from Form 1 and 2 resumed class. Any schools with a suspected or confirmed SARS case must suspend classes for 10 days.
- ◆ Tuen Mun Hospital notified DH of further SARS cases among its staff. DH's New Territories West Regional Office agreed with hospital on investigation and management plans for joint outbreak control.
[NB: The source of infection was later traced to 2 patients with atypical presentations of SARS.]
- ◆ HA strengthened support from its Community Geriatric Assessment Team for residents of elderly homes who had been discharged from hospitals.
- ◆ SWD and DH conducted a round of concern visits during the week to some 730 residential care homes for the elderly, to ascertain compliance in infection control measures and to assess the need to enhance health education and advice.

April

- 29 April 2003 (Tue)
- ◆ Following further communication with Taipei authority, Government arranged a chartered flight to take members of the tour group, including the girl and her relatives, back to Hong Kong. The girl was sent to Yan Chai Hospital for observation on return, and all tour group members were put under home confinement. The girl was subsequently confirmed to be a non-SARS case. Home confinement order on tour group lifted accordingly.
 - ◆ Chief Executive of the Hong Kong Special Administrative Region and SHWF had a bilateral meeting with Dr David Heymann, Executive Director of Communicable Diseases of WHO Geneva head office in the ASEAN+3 SARS Conference in Bangkok. A presentation on Hong Kong's efforts to control SARS was made.
 - ◆ HA's Ruttonjee Hospital prepared to admit SARS patients from its accident and emergency department.
 - ◆ HA enhanced injury-on-duty sick leave from 4/5 pay to full pay for temporary and contract part-time employees and interns who had contracted SARS at work.
- 30 April 2003 (Wed)
- ◆ HA's Chief Executive resumed duty.
 - ◆ HA started an internal staff feedback hotline.

May	
1 May 2003 (Thu)	<ul style="list-style-type: none"> ◆ PMH resumed receiving SARS cases from Caritas Medical Centre.
2 May 2003 (Fri)	<ul style="list-style-type: none"> ◆ SHWF had a meeting with Dr Meirion Evans, a member of the WHO SARS expert team to Guangdong, to exchange views on the public health measures implemented in Hong Kong to control SARS. ◆ DH was notified by Baptist Hospital of a second outbreak in the hospital. DH's Kowloon Regional Office continued its investigation and contact tracing in Baptist Hospital. <i>[NB: The second outbreak had occurred around mid-April. The source of infection was traced to 2 patients with no exposure history. The hospital board subsequently commissioned an independent inquiry on the management's handling of the outbreak.]</i> ◆ DH contacted Hong Kong Medical Association to rally support for the Visiting Medical Officer (VMO) scheme, which aimed to reduce the hospital admission of elders from residential care homes for the elderly. ◆ HA Board convened its 1st HA Board Task Force Meeting, and formed 3 executive task forces: Infection Control, Supplies and Environmental Control, and Medical Therapy. ◆ HA further decided to grant an additional special leave at a minimum of 1 day in every 2 weeks for staff working in SARS or SARS cohort wards. Flexibility to be given to cluster management in the arrangement of the leave.
3 May 2003 (Sat)	<ul style="list-style-type: none"> ◆ Chief Executive of the Hong Kong Special Administrative Region made a visit to HA head office to meet with HA experts on SARS management and control. ◆ Two traditional Chinese medicine experts from the Chinese Medicine Hospital of Guangdong Province arrived in Hong Kong to provide advice to HA on the use of Chinese medicine in treating SARS patients.

May	
4 May 2003 (Sun)	<ul style="list-style-type: none"> ◆ Malaysian-registered freighter with 10 sick crew members entered Hong Kong water. Government departments made a joint operation to convey sick crew members to PMH for check-up. No SARS cases found. All crew members released. ◆ HA organised a seminar entitled “An Exploration on Treatment of SARS – Chinese Medicine, Modern Medicine & Integrative Approaches”.
5 May 2003 (Mon)	<ul style="list-style-type: none"> ◆ Government announced that Chief Secretary for Administration would lead a cross-bureau, inter-departmental task force “Team Clean”, to improve environmental hygiene in Hong Kong. ◆ Government announced that Financial Secretary would head an economic re-launch strategy group. Earmarked HK\$1 billion to promote Hong Kong as soon as WHO announced lifting of the travel advisory against Hong Kong. ◆ Government announced that SHWF would look into establishing a CDC-type organization to better prepare for future outbreak of communicable diseases. It further announced the setting up of a research fund, totalled HK\$500 million, to encourage, facilitate and support research work on SARS and other communicable diseases. ◆ Hong Kong Jockey Club Charities Trust pledged HK\$500 million to support Government’s effort to establish a CDC-type organisation and to support professional training and public education.
6 May 2003 (Tue)	<ul style="list-style-type: none"> ◆ SHWF and Director of Health had a video-conference with WHO Geneva head office to provide updated data on SARS epidemic and exchange views on its management and control. ◆ SHWF had a video-conference with the Secretary for Health and Human Services, USA to discuss the latest SARS situation in Hong Kong and cooperation on SARS research and disease control. ◆ HA Board held its 2nd HA Board Task Force Meeting, and made a visit to Pamela Youde Nethersole Eastern Hospital. HA also launched a door-to-door delivery of “Food for Soul” package to discharged colleagues who had contracted SARS.

Appendix III

May	
7 May 2003 (Wed)	<ul style="list-style-type: none">◆ Investigation visit by Multi-disciplinary Response Team to Wing Shui House of the public Lek Yuen Estate in Shatin Tin District upon identification of 3 cases coming from 2 units in the housing block. <i>[NB: A total of 12 cases were eventually identified. However, the Team had found no evidence of environmental factors being involved in the spread of the outbreak.]</i>◆ DH issued letters to remind private hospitals to strictly adhere to stringent infection control measures and prompt notification.◆ HA Board made a visit to United Christian Hospital and Tseung Kwan O Hospital.
8 May 2003 (Thu)	<ul style="list-style-type: none">◆ Government received the first batch of personal protection equipment from the Central Government.
9 May 2003 (Fri)	<ul style="list-style-type: none">◆ HA Board held its 3rd HA Board Task Force Meeting, and made a visit to Queen Elizabeth Hospital.
10 May 2003 (Sat)	<ul style="list-style-type: none">◆ DH launched a series of roving exhibitions on effective prevention against SARS at selected Mass Transit Railway stations.◆ HA Board made a visit to PWH.
12 May 2003 (Mon)	<ul style="list-style-type: none">◆ SHWF and Director of Health convened another video-conference with WHO Geneva head office to update the SARS situation in Hong Kong.◆ Students in primary 4 and above from primary and special schools (except schools for the mentally handicapped) resumed class.◆ Secretary for the Environment, Transport and Works made a visit to Queen Mary Hospital to review environmental factors of SARS infection.◆ HA issued invitation circular to GPs to participate in a project with Community Geriatric Assessment Team as Honorary VMOs to strengthen support for residential homes for the elderly.

May	
13 May 2003 (Tue)	<ul style="list-style-type: none"> ◆ The multi-disciplinary response team stepped up pro-active environmental decontamination efforts by extending coverage to buildings with 1 confirmed SARS case instead of the previous 2 or more cases. ◆ HA Board held its 4th HA Board Task Force Meeting.
14 May 2003 (Wed)	<ul style="list-style-type: none"> ◆ Caritas Medical Centre notified DH of a SARS case involving a healthcare worker who worked in the affected ward of an earlier outbreak and who lived in its Nursing Quarters. DH's Kowloon Regional Office obtained information from patients and clinicians at the hospital. Conducted contact tracing and commenced surveillance of all patients of the affected ward and occupants of the quarters. Discussed with infection control nurse and advised on control measures, including disinfection of the Nursing Quarters and home confinement of the patient's room-mates. ◆ HA Board made a visit to Queen Mary Hospital. ◆ Secretary for the Environment, Transport and Works made a visit to PWH to review environmental factors of SARS infection.
15 May 2003 (Thu)	<ul style="list-style-type: none"> ◆ A delegation from the Chinese Academy of Science made a visit to Hong Kong to exchange views with Government, HA, and academic sector on scientific and medical developments relating to SARS. ◆ HA Board made a visit to PMH.
16 May 2003 (Fri)	<ul style="list-style-type: none"> ◆ WHO released investigation findings on the SARS outbreak at Amoy Gardens, which corroborated with the report findings of Hong Kong Government: a unique sequence of environmental and health events that happened simultaneously contributed to the SARS outbreak in Amoy Gardens. ◆ The Research Grant Council of the University Grants Committee launched a special fund of HK\$12 million to support SARS research, including HK\$10 million as special project grants and HK\$1 million to each of the 2 medical faculties at CUHK and HKU.

May	
	<ul style="list-style-type: none"> ◆ Government extended body temperature check to departing passengers at China Ferry Terminal and Macao Ferry Terminal. ◆ HA Board held its 5th HA Board Task Force Meeting and decided to set up a Review Panel to assess the performance of public hospital system in handling the SARS outbreak. ◆ Secretary for the Environment, Transport and Works made a visit to Alice Ho Miu Ling Nethersole Hospital and Tai Po Hospital to review environmental factors of SARS infection.
17 May 2003 (Sat)	<ul style="list-style-type: none"> ◆ SHWF chaired the 7th meeting of the HWFB Task Force to review the laboratory results and diagnosis of SARS cases – <ul style="list-style-type: none"> ○ Noted that a proportion of the SARS cases under current case definition had negative laboratory results for coronavirus ○ Agreed to set up a data bank linking up clinical, laboratory and epidemiological data on SARS cases. ◆ HA Board made a visit to Alice Ho Miu Ling Nethersole Hospital and Tai Po Hospital. ◆ HA met and discussed with representatives of Medicins Sans Frontieres regarding infection Control measures on SARS.
19 May 2003 (Mon)	<ul style="list-style-type: none"> ◆ SHWF participated in the World Health Assembly in Geneva and had bilateral meetings with health minister from Canada, Ireland, United Kingdom and Finland. ◆ Students from primary 3 and below as well as students in schools for the mentally handicapped resumed classes. ◆ Canadian Team headed by Commissioner of Public Security visited HA to exchange views on SARS outbreak.
20 May 2003 (Tue)	<ul style="list-style-type: none"> ◆ HA Board held its 6th HA Board Task Force Meeting.
21 May 2003 (Wed)	<ul style="list-style-type: none"> ◆ Government effected body temperature check on departing passengers at the railway station in Hong Kong.

May	
23 May 2003 (Fri)	<ul style="list-style-type: none"> ◆ WHO lifted the travel advisory against Hong Kong. ◆ HA Board made a visit to KWH.
24 May 2003 (Sat)	<ul style="list-style-type: none"> ◆ Media reports that a joint study by HKU and Shenzhen Centre of Disease Control found coronavirus in civet cats. DH made enquiries to Ministry of Health, Beijing for details of the study. The importation of game meat derived from civet cats was suspended in Hong Kong as a precautionary measure. ◆ DH was notified of a SARS case of a healthcare worker in HA's North District Hospital. DH's New Territories East Regional Office and the hospital conducted investigation and contact tracing. <i>[NB: The outbreak eventually affected a total of 4 staff, 11 patients and 3 close contacts. The source of infection was traced to 2 patients with atypical presentations of SARS.]</i>
25 May 2003 (Sun)	<ul style="list-style-type: none"> ◆ New Territories East Cluster announced resumption of limited accident and emergency department service in Alice Ho Miu Ling Nethersole Hospital.
26 May 2003 (Mon)	<ul style="list-style-type: none"> ◆ DH was notified of a SARS case involving another nurse of Caritas Medical Centre who also lived in the Nursing Quarters. Actions taken to confine all occupants of the affected floor of the Nursing Quarters. ◆ HA decided to implement mandatory Infection Control Training for new intake of June 2003 Interns. ◆ HWFB, DH, HA and SWD met with Hong Kong Medical Association to discuss recruitment of more VMOs for elderly homes.
27 May 2003 (Tue)	<ul style="list-style-type: none"> ◆ Deputy Director of Health visited Shenzhen with representatives from Security Bureau, Immigration Department to further discuss on border control measures. ◆ HA Board held its 7th HA Board Task Force Meeting. ◆ HA Board made a visit to Caritas Medical Centre.

May

28 May 2003 (Wed)

- ◆ Government announced the membership of the SARS Expert Committee, tasked to review the management and control of SARS outbreak in Hong Kong.
- ◆ Government's "Team Clean" unveiled strategies and measures to boost environmental hygiene and cleanliness in Hong Kong.
- ◆ DH met with tourism and hotel industries, Tourism Commission and Tourism Board on health awareness programme for visitors.
- ◆ HA Board made a visit to Tuen Mun Hospital.
- ◆ HA commenced 17 reinforcement training sessions on infection control for HA healthcare support workers in all clusters (28.5.03 – 19.6.03).

29 May 2003 (Thu)

- ◆ Government received another batch of medical supplies from the Central Government.
- ◆ Experts from Guangdong and Hong Kong held its second meeting in Hong Kong (29.5.03 - 30.5.03). Expanded membership to include experts from Macao. The 3 sides agreed to –
 - extend the present notification mechanism and point-to-point exchange mechanism between Guangdong Province and Hong Kong to that of Guangdong Province, Hong Kong and Macao
 - strengthen the information network on infectious diseases and arrange mutual visits for experts
 - explore and study the characteristics of infectious diseases as a basis and reference for the setting up of a medical facility for admission and treatment of patients with infectious diseases
 - enhance information exchanges on infection control and data analysis on clinical treatment of SARS
 - expand the list of notifiable infectious diseases
 - further enhance cooperation on scientific research and set up mutual visit programmes for professional and technical staff
 - further enhance the exchange of information and cooperation on the integration of Western and Chinese medicines for treatment of infectious diseases.

May

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| 30 May 2003 (Fri) | <ul style="list-style-type: none">◆ HA announced membership of its Review Panel.◆ Government launched an international campaign to promote Hong Kong as a safe place to travel.◆ HA Board held its 8th HA Board Task Force Meeting. |
| 31 May 2003 (Sat) | <ul style="list-style-type: none">◆ DH made available post-outbreak advisories on health advice for inbound travellers, as well as tour leaders and tour guides receiving foreign tourists for Hong Kong tours. |

Appendix III

June	
1 June 2003 (Sun)	<ul style="list-style-type: none">◆ PSWHF and Deputy Director of Health attended the China-ASEAN Entry-Exit Quarantine Management Meeting on SARS in Beijing.◆ DH stepped up its promotion of healthy tourism by extending the operating hours (07:00 to 22:00) of its SARS hotline for tourists and tour guides.
3 June 2003 (Tue)	<ul style="list-style-type: none">◆ Multi-disciplinary Response Team further stepped up its environmental decontamination efforts by extending coverage to buildings with single suspected SARS case.
5 June 2003 (Thu)	<ul style="list-style-type: none">◆ CDC Atlanta, USA, downgraded its travel advisory against Hong Kong.◆ DH made available post-outbreak advisories on health advice for outbound travellers, tour leaders and tour guides operating overseas tours.
6 June 2003 (Fri)	<ul style="list-style-type: none">◆ DH held a meeting with tourism and hotel industries, Tourism Commission, Tourism Board on implementation of health awareness programme for tourists.◆ HA Board held its 9th HA Task Force Meeting –<ul style="list-style-type: none">○ review on isolation facilities○ proposal on benefits for staff with SARS infection○ report on supplies of personal protection equipment from Central Government.
9 June 2003 (Mon)	<ul style="list-style-type: none">◆ Government formed a working group comprising representatives from Government departments and HA to examine options to increase isolation facilities in the public hospital system.◆ HA Review Panel on SARS Outbreak commenced.
10 June 2003 (Tue)	<ul style="list-style-type: none">◆ HA commenced its training programme on Infection Control for incoming interns.

June	
11 June 2003 (Wed)	<ul style="list-style-type: none"> ◆ The last SARS case was confirmed and reported. <i>[NB: The patient had been isolated in hospital since 2.6.03.]</i>
12 June 2003 (Thu)	<ul style="list-style-type: none"> ◆ SARS Expert Committee issued invitation to the general public for written submissions on issues relating to the SARS epidemic. ◆ HA Review Panel on SARS Outbreak invited written submissions from the general public for its consideration. ◆ DH organised 6 briefing sessions during 12-20 June for the travel trade (Tourism Board, tour agencies, tour guides and tour leaders) on the prevention of SARS.
13 June 2003 (Fri)	<ul style="list-style-type: none"> ◆ WHO and HWFB jointly organised a 2-day SARS Clinical Management Workshop in Hong Kong. ◆ DH issued revised guidelines on prevention of SARS in residential care homes for the elderly via SWD. ◆ HA Board held its 10th HA Task Force Meeting – <ul style="list-style-type: none"> ○ additional payment to families of staff deceased due to SARS acquired at work ○ report on work of the Communication Strategy Working Group.
15 June 2003 (Sun)	<ul style="list-style-type: none"> ◆ WHO Executive Director of Communicable Diseases, Dr David Heymann, made a visit to Hong Kong to exchange views on SARS management with community leaders.
16 June 2003 (Mon)	<ul style="list-style-type: none"> ◆ HA's Kowloon West Cluster announced resumption of all its clinical services in phases, including Wong Tai Sin Hospital resuming its TB and Chest service on 16.6.03, and all PMH's clinical services including accident and emergency services with effect from 28.6.03.
17 June 2003 (Tue)	<ul style="list-style-type: none"> ◆ Government attended WHO's International SARS Conference held in Kuala Lumpur, Malaysia. Director of Health represented Hong Kong to chair a session on future prevention strategies for SARS.

Appendix III

June

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| 19 June 2003 (Thur) | <ul style="list-style-type: none">◆ WHO Director-General Dr Gro Harlem Brundtland made a visit to Hong Kong to exchange views with senior Government officials on SARS issues. |
| 21 June 2003 (Sat) | <ul style="list-style-type: none">◆ HA issued reminders to all staff, through Cluster and Hospital Chief Executives –<ul style="list-style-type: none">○ all staff to remain alert over their state of health and check their daily body temperature daily○ maintain existing level of infection control and precautionary measures and a high level of vigilance in identifying and reporting possible cases of SARS. |
| 23 June 2003 (Mon) | <ul style="list-style-type: none">◆ WHO removed Hong Kong from the list of areas with local transmission of SARS, declaring Hong Kong SARS-free. |