

The Secretary  
SARS Expert Committee  
Room 1808, Murray Building  
Garden Road  
Hong Kong  
(Attention: Mr Patrick Nip)

12 August 2003

Dear Patrick,

**SARS Expert Committee  
Submission from the Hong Kong Doctors Union**

Thank you for your letter of 30 July inviting my comments on the Hong Kong Doctors Union's (HKDU) submission dated 28 June which mainly focused on some events/issues in the early stage of the outbreak.

2. First and foremost, I have to re-emphasize that our public health control work was constrained by a number of factors particularly during the initial stage of the outbreak, including the absence of a laboratory diagnostic test during the early phase and imprecise case definition resulting in some degree of over-diagnosis and under-diagnosis. On balancing risks and practical factors in the face of limited knowledge, we adopted a graduated and evidence-based approach in the light of the developing situation. Draconian quarantine measures were not introduced from the outset for fear of driving SARS patients into hiding and due regard was given to relevant considerations such as civil liberty, public acceptability, effectiveness of the measures (especially the counter productive effect of discouraging patients from disclosing contact history), risk of aggravating spread of the disease, as well as the feasibility of enforcement.

3. The background, rationales, objectives, progress etc. of the various public health control measures taken by Department of Health (DH) in the outbreak were already covered in details in our recent submissions to and discussions with the Expert Committee. In particular, the earlier papers summarized DH's efforts in the initial stage of the outbreak, provided a detailed chronology of the major events and measures, and focused on the full range of public health control measures which included medical surveillance, home confinement, border control, public health education and infection control guidance.

4. The information given is self-explanatory and we will not repeat the details here. Nevertheless, I wish to highlight/elaborate the following facts in the light of HKDU's submission:-

(a) We have maintained regular and open communication with the public:

- Upon learning the high incidence of pneumonia cases in Guangzhou on 10 February, DH immediately contacted the Mainland authorities and conducted a press briefing on the following day. Likewise, we also promptly informed and alerted the public when the two H5N1 infections were confirmed on 19 and 20 February respectively.
- On 12 March, DH held the first standup briefing expressing concern on the outbreak of atypical pneumonia (AP) among health care workers in the Prince of Wales Hospital (PWH). Thereafter, we conducted regular joint media briefings with the Hospital Authority – daily from 9 April onwards until early June – to keep the public abreast of developments. In fact, your recent paper has more details on public communication strategy in the SARS outbreak.
- Through the press briefings and frequent press releases, latest information on the outbreak, including updates on developments, numbers of cases reported, cluster information, related findings and health advice etc. were conveyed to the public. Indeed, Hong Kong was commended by the WHO in June 2003 for its open and transparent reporting of the outbreak.

(b) Medical professionals are our close partners and we always provide timely information and advice to them:

- Detailed information on the H5N1 infections was provided to all medical practitioners on 20 February, reminding them of the need to report on any unusual or unexplained pattern of illness detected.
- During 12 to 27 March, DH issued six letters to all doctors, providing information and advice on AP/SARS. Copies of the letters are at Annex. In gist, doctors were immediately alerted on the PWH cluster on 12 March and were reminded to take necessary infection control measures in handling patients. Specifically on wearing masks, the guidelines issued to doctors on 15 March included, inter alia, the advice to wear masks when treating/nursing patients with respiratory illness. Similar messages were repeated in further letters issued on 20 and 24 March.
- Apart from medical practitioners, persons with respiratory tract infection and their caretakers, including health care workers handling such patients and persons taking care of sick family members, were also advised to put on masks (and wash hand thoroughly) to reduce the chance of spreading/contracting the disease. Similar advice was extended to public transport operators, food handlers and the school community.
- Advice on infection control measures for clinics/health care facilities was also issued to other medical or health related professions/agencies, including the supplementary medical professionals, chiropractors, nurses, pharmacists, Chinese medicine practitioners, allied health professionals, exempted clinics and nursing homes.

(c) Effective border control measures were implemented:

- Health declaration for all arriving passengers was effected on 29 March and all departing passengers at the International Airport were also required to answer questions related to SARS before they were allowed to get on board. Travelers have been cooperative and two SARS cases were detected through health declaration.

- We started implementing body temperature check in the International Airport on 17 April and eventually covered all nine checkpoints. Limiting factors in logistics support including supply, efficiency and effectiveness of the required equipment, as well as physical setting were resolved through joint efforts of the parties concerned. There has not been any export of SARS from Hong Kong since implementation.

(d) Suitable resources were deployed to fight against SARS:

- To cope with the extra workload and activities associated with the SARS outbreak, DH has promptly mobilized internal resources and manpower. Temporary staff were employed to supplement the existing workforce. External help was also obtained through partnership and collaboration with other departments/agencies, as well as other organizations and sectors in the community.
- At the same time, the Government has allocated additional resources to support the cause. A total of \$1,809.6 million has been approved by the Finance Committee since 31 March to meet various funding requirements/commitments for the fight against SARS, including public health control measures such as port health, home confinement and isolation arrangements, infection control and surveillance; public health education; training and welfare of health care staff; and research on controlling infectious diseases.

5. Lastly, I wish to respond to two specific personal allegations in the submission. First, I did not recall having discussed the specific case of KK, a private practitioner, with the President of HKDU on 17 March. DH first noted the case when the President told the media on 13 March that KK and three nurses were suspected suffering from AP. We immediately initiated follow up action on the same day. Contact tracing was conducted on KK and all his close contacts, the four nurses of his clinic and their close contacts, as well as their hospital visitors. They were given health advice and placed under medical surveillance. Apart from the wife of KK who contracted the disease from her husband, no other contacts developed SARS. As regards the other private practitioner quoted by HKDU in the submission, the two cases were unrelated and they had the same onset date of 10 March. In short, the cluster relating to KK clinic only involved a total of five cases, namely KK, his wife and three clinic nurses. This could hardly be said as another source of SARS

in Hong Kong as alleged by HKDU.

6. Second, the allegation that Dr P Y Leung, Deputy Director of Health criticized the Union as creating panic in the community. What actually happened was that Dr Leung called the President of HKDU on 23 March to thank the Union's proactive effort in supporting the Government in the prevention and control of SARS and encourage continued collaboration in this regard. Dr Leung recalled having explained to the President that the Administration had been monitoring the situation closely with suitable consideration to various measures as appropriate, including closure of schools, but remarked that the latter would require thorough advance planning and a comprehensive communication strategy to avoid creating unnecessary panic in the community. Based on these facts, the allegation was unfounded and we regret the misunderstanding.

7. I trust the above has provided further insights into the matter.

Yours sincerely,

SIGNED

(Dr Margaret Chan)  
Director of Health