

Enhanced Communication between DH and the Mainland

Purpose

This paper provides an overview of the communication mechanism between the Department of Health (DH) and the Mainland health authorities before, during and after the Severe Acute Respiratory Syndrome (SARS) outbreak in Hong Kong.

2. Given the large number of people travelling to and from the Mainland everyday, DH fully reckons the importance of monitoring the trend of infectious diseases and disease outbreaks in the Mainland so that timely preventive measures could be put in place, and that enhancing communication and collaboration with the Mainland can strengthen prevention and control of communicable diseases.

Established communication mechanism

3. Information exchange mechanism has all along been established with the Mainland on selected infectious diseases including cholera, viral hepatitis, malaria and HIV/AIDS to monitor the trend of diseases. In addition, meetings, visits and participation in seminars/conferences are also channels of communication, information sharing and skill transfer.

4. For outbreaks of communicable diseases of public health significance, DH will communicate with the Mainland health authorities by various means to obtain more information. For instance, upon learning the outbreak of pneumonia cases in Guangzhou on 10 February, DH immediately contacted the health officials in the Mainland through telephone and fax. The prompt action and the information so obtained had enabled DH to alert the public through a press briefing on the following day.

Initial experience in the SARS outbreak

5. Difficulties were experienced in communication with the Mainland health authorities during the initial stage of the outbreak. Contacts through telephone and fax were sometimes to no avail, and release of information was often subject to prior approval from the Ministry of Health. Other gaps were also revealed, including the lack of point-to-point direct communication and low awareness on the need for timely notification to DH on emerging diseases that were outside the scope of the established notification system. These had resulted in delays in reporting/communication which was crucial to the institution of timely prevention and control measures against the spread of communicable diseases.

Enhanced communication

6. Since the outbreak of atypical pneumonia (AP)/SARS in March 2003, both sides had taken positive steps to strengthen liaison and cooperation. Following initial discussions with the Guangdong health officials in early April, consensus was reached between Hong Kong and the Mainland on further cross-border cooperation on disease prevention, including in the exchange of information, medical cooperation, notification mechanism and border arrangements. The setting up of an expert group to facilitate future cooperation was also agreed.

7. A delegation of medical professionals, led by a Deputy Director of Health and comprising other experts from DH, the Hospital Authority and the Health, Welfare and Food Bureau etc., visited Guangzhou on 17 and 18 April and the first meeting of the Expert Group on Prevention and Treatment of Infectious AP was held. The Mainland expert group included representatives from the Health Department of Guangdong Province and the Center for Disease Control and Prevention and several hospitals in Guangdong. Through the meeting, both sides agreed to:

- further improve the notification mechanism for infectious AP. There would be regular exchange of latest information on the disease, including relevant statistics as well as clinical treatment, epidemiological investigations, and progress on pathological study;
- set up a point-to-point exchange mechanism between counterpart organisations to enhance communication and to draw on each other's experience in controlling the disease; and
- expand the scope of information exchange to include other infectious diseases.

8. Following from the meeting in April, the first tripartite meeting of Guangdong-Hong Kong-Macau Expert Group was held in Hong Kong on 29 and 30 May. Noting that effective tracing of cases and source of infection was paramount to surveillance and control of diseases, the three sides agreed to strengthen the network of information flow on infectious diseases and arrange mutual visits by experts. Specifically, the following consensus were reached:

- To further enhance co-operation on scientific research and set up mutual visit programme for professionals and technical staff. The programme will cover professionals and technical staff engaged in different scope of works including epidemiological investigations, pathological studies and clinical treatment.
- To further enhance information interflow on infection control in hospitals, data analysis on epidemic situation and clinical treatment.
- To expand the list of notifiable infectious diseases to include cholera, dengue fever, HIV/AIDS, influenza, malaria and tuberculosis. The information includes cumulative case reports, the number of deaths and patients discharged.
- To enhance information exchange and co-operation on blending the merits of Western and Chinese medicines.

9. The list of notifiable diseases was later further expanded to cover Japanese encephalitis (JE) as discussed between DH and the Mainland health authorities following a reported surge in JE cases in Guangdong in June. Since July, DH has been sending statistics on the eight diseases i.e., SARS, cholera, dengue fever, HIV/AIDS, influenza, malaria, tuberculosis and JE, on a weekly basis to the Guangdong and Macau health authorities. Similar information is expected to be received from the Mainland and Macau counterparts in due course.

Border control

10. In view of the SARS outbreak in Hong Kong and the Guangdong areas, and given the heavy cross-border traffic, DH initiated a meeting with Shenzhen counterparts in mid April 2003 to discuss cross-border quarantine health measures. Further meetings and site visits between the Mainland and DH as well as representatives from other departments were held since the later part of April for discussions on detailed arrangements of border control, including synchronization of body temperature check on passengers at the four land border control points, procurement of infra-red scanners for body temperature check, and procedures of handling feverish passengers detected at the border.

11. The latest meeting was initiated by the State Administration of Quality Supervision, Inspection and Quarantine of the People's Republic of China, through which the Guangdong, Shenzhen and Hong Kong port health authorities had a fruitful discussion on 11 and 12 August resulting in consensus on further cooperation and collaboration in port health. Specific areas of discussion in this regard include joint efforts in health screening of travellers; information exchange; experience and knowledge sharing on public health issues and communicable diseases; control of vector and vector-borne diseases; and designation of respective liaison officers for coordination of these tasks.

12. The close liaison with the Mainland counterparts has contributed to the effective handling of special cases in the past months among travelers with fever detected at the immigration control points.

Continued collaboration

13. With the SARS outbreak came to an end in late June, daily reporting of SARS data between the Mainland and Hong Kong has changed to a weekly basis effective from mid-July. Nonetheless, DH has continued to maintain close liaison with the Mainland health authorities, ensuring that urgent information on individual cases can be promptly obtained and that exchange of information on special cases can be arranged to facilitate epidemiology investigation by both sides.

13. During the Vice Minister of Health's visit to Hong Kong in early August, a meeting was held between the two sides to further strengthen the disease notification mechanism, particularly with respect to emerging infectious diseases or unusual pattern of illness. Detailed logistic arrangements were discussed in the second tripartite meeting held in early August and it was agreed that the list of infectious diseases would be expanded to include all current statutorily notifiable infectious diseases as well as other infectious diseases of public health concerns.

Department of Health
August 2003