

**Monitoring Committee on Implementation of the SARS  
Expert Committee Report's Recommendations**

**Contingency Measures to Deal with Possible Resurgence of SARS**

**Purpose**

This paper briefs Members on the contingency measures implemented by the Government and relevant agencies to deal with the possible return of SARS, drawing reference to related recommendations in the SARS Expert Committee's Report.

**SARS Expert Committee's Recommendations**

2. The SARS Expert Committee has recommended that:-
  - an outbreak control plan should be in place with scenario planning and tabletop exercises as appropriate. The control plan should be across the system and include hospitals, regional and cluster level, private and voluntary sectors, and the business sector and territory-wide organisations (See recommendation 7 of the Expert Committee's Report);
  - contingent plans and relations should be established with organisations and individuals with outbreak control experience and capacity to pull together a team of expertise (See recommendation 11 of the Expert Committee's Report);
  - the command and control structure to manage an outbreak or epidemic should be made clear. Consideration should be given to the establishment of a small command group, chaired by the Secretary for Health, Welfare and Food (SHWF), with a limited number of personnel. This body should be responsible for taking all major decisions, such as invoking public health legislation, closure of hospitals and quarantine of residential areas. There should be clarity established beforehand as to what decisions are taken at what level and by whom during an epidemic (See recommendation 19 of the Expert Committee's Report); and

- contingency plans should be established to take account of the possibility that people whose roles are important in the management of an epidemic may themselves become victims. Nominated and trained deputies should be clearly identifiable for each of these key positions (See recommendation 21 of the Expert Committee's Report).

### **Overall SARS Contingency Mechanism**

3. To enhance Hong Kong's capacity to cope with a possible return of SARS, the HKSAR Government established an overall contingency mechanism to provide a clear command structure for making strategic decisions, distinct roles and responsibilities for different parties, the line of command to launch various types of operations, and the response times where appropriate. Central to this contingency mechanism is a three-level response system to ensure expeditious and effective interventions for various SARS emergencies:-

- ***Alert Level Response*** is activated when there is (a) a laboratory-confirmed SARS cases outside Hong Kong; or (b) a SARS Alert<sup>1</sup> in Hong Kong;
- ***Level 1 Response*** is activated when there are one or more laboratory-confirmed SARS cases in Hong Kong occurring in a sporadic manner<sup>2</sup>. The activation should be completed within 12 hours of the laboratory confirmation; and
- ***Level 2 Response*** is activated when there are signs of local ***transmission*** of the disease.

4. When ***Alert Level Response*** is triggered, the Health, Welfare and

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

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

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

Food Bureau (HWFB), the Department of Health (DH) and the Hospital Authority (HA) will be the major parties to assess the nature and level of risks, take appropriate actions in anticipation of problems and monitor developments. Their specific duties are set out at Annex A.

5. Level 1/Level 2 Response will entail the establishment of a *Steering Committee* to steer government actions. In parallel, a *Data Management Centre* manned by designated HA and DH officers will be activated to collate all facts, figures and statistics on local cases. A *Multi-disciplinary Response Team* led by DH will take action to disinfect the residence of a SARS patient and to inspect the building concerned within 24 hours of confirmation of the case. Legal orders to require *confinement* of household contacts of laboratory-confirmed SARS patients will be issued by DH within 12 hours of laboratory confirmation.

6. When *Level 1 Response* is triggered, the Steering Committee will be chaired by SHWF. Its membership will comprise the Director of Health (D of Health), Chief Executive of the Hospital Authority, Director of Food and Environmental Hygiene, Director of Social Welfare, Director of Home Affairs, Director of Information Services (DIS) and Permanent Secretary for Education and Manpower. Other senior officials and non-government experts will be co-opted as the circumstances warrant. The Committee is mandated to:-

- formulate overall disease control strategy and decide on the measures to prevent spread of the disease;
- monitor closely developments of the situation and evaluate the effectiveness of the measures taken;
- co-ordinate the work of major players, e.g. DH, HA, universities in combating the disease;
- evaluate the preparedness of the Government to cope with possible deterioration of the situation;
- consider whether urgent legislation is required should there be a more serious outbreak; and
- direct the overall communication strategy to ensure transparency and that the media and the community are kept informed of the situation and of the government's outbreak control efforts, and mobilise public support and cooperation in combating the disease.

The specific actions to be taken by HWFB, DH, HA and other sectors at Level 1 Response are summarised at Annex B.

7. In the event of a **Level 2 Response**, the Steering Committee will be chaired by the Chief Executive. Its membership will include the Chief Secretary for Administration, the Financial Secretary, the Secretary for Justice, SHWF, the Secretary for Housing, Planning and Lands, the Secretary for Home Affairs, the Secretary for Education and Manpower, the Secretary for Environment, Transport and Works, the Secretary for Security, D of Health, DIS and the Director of the Chief Executive's Office. Other senior officials and non-government experts will be co-opted if the circumstances warrant. The terms of reference of the Committee is to:-

- formulate an overall disease control strategy and decide on measures to be taken, including those that have a wider impact on the community;
- monitor closely developments of the situation and evaluate the effectiveness of the measures taken;
- direct the mobilisation of resources and urgent legislative amendments where necessary;
- assess the socio-economic impact of the crisis on Hong Kong and decide on the measures to minimise the impact;
- evaluate the preparedness of the Government to cope with possible deterioration of the situation; and
- direct the overall communication strategy to ensure transparency and that the media and the community are kept informed of the situation and of the government's outbreak control efforts and to mobilise public support and cooperation in combating the disease.

The specific actions to be taken by HWFB, DH, HA and other sectors at Level 2 Response are summarised at Annex C.

8. We will keep the SARS contingency mechanism under review and will make necessary refinements in the light of increased local/overseas experience and knowledge about the disease.

## **Departmental Contingency Plans**

9. The SARS contingency mechanism is underpinned by detailed contingency plans developed by DH and HA, the two operational agencies with the most involvement in the anti-SARS battle. *DH's contingency plan* features sections on case definitions, command structure, staff deployment, communication protocols, port health and quarantine measures, operational guidelines on isolation, evacuation and disinfection of building premises, and field investigation protocols for various SARS scenarios involving flights, hospitals, general practitioners, elderly homes, schools, etc. Included in *HA's contingency plan* are an outbreak definition, a three-tier response framework applicable to hospital setting, and a checklist of responses covering collation and dissemination of epidemiological information, infection control and outbreak management, decanting and mobilisation of patients, human resources deployment, supplies of drugs, consumables and equipment, clinical management and communication.

10. The preparation of SARS contingency plans is not confined to DH and HA. Other bureaux, departments and agencies have also been asked to draw up their own contingency plans to identify the possible emergency situations they may face during a SARS outbreak and to put down the steps for handling such situations. The objectives of these plans are to enable prompt and smooth response to an outbreak; to facilitate re-prioritisation of work during an outbreak, to minimise disruption to critical services and inconvenience to the public arising from an outbreak, to ensure that all staff know in advance the procedures to be followed in outbreak times; and to ensure the effective functioning of internal communication system during outbreaks. In general, a departmental contingency plan encompasses:-

- a command structure to be adopted within the organisation during an outbreak;
- the additional roles and responsibilities of various divisions/sections/units involved;
- suitable deputisation arrangements to cope with the unfortunate scenarios where key staff are somehow incapacitated during an outbreak;
- a list of emergency contact points to facilitate inter-agency communication and collaboration;

- a staff rotation plan to allow round-the-clock operation if necessary;
- arrangements to enlist the support and services of government officers, volunteers and experts from outside the organisation; and
- inter-agency arrangements to facilitate the sharing of resources (e.g. manpower, financial, facilities, equipment) with other organisations.

11. As at 9 January 2004, some 20 departments/agencies other than DH/HA including Hong Kong Police Force, Social Welfare Department, Building Department, Food and Environmental Hygiene Department, Home Affairs Department, Immigration Department, Housing Department, Civil Aid Services and Education and Manpower Bureau have drawn up contingency plans in accordance with the above objectives and guidelines.

### **Testing of Contingency Measures**

12. There have been three isolated SARS cases since the summer break – two confirmed cases in Singapore and Taiwan originating in the laboratory setting and another in Guangdong with unknown source of infection. In the domestic environment, two suspected cases (both eventually tested negative for SARS) have also been reported in the past two months. In the wake of these confirmed and suspected cases, HWFB, DH and HA have expeditiously and smoothly implemented all the responses as laid down in the contingency mechanism and plans.

13. Apart from real-life events, the contingency mechanism and plans have been put to rigorous tests through the conduct of drills and tabletop exercises. Over the past six months, HA has organized around 50 drills in the hospital setting to assess the workability and effectiveness of its contingency plans and to ensure that responsible officers are able to put the plans into practice.

14. On the broader front, HWFB and DH have also co-organised a multi-party exercise (coded as Exercise Evergreen) on 20 November 2003 to strengthen inter-agency communications and collective capacity and confidence in coping with SARS-related emergencies. A total of ten government bureaux/departments/agencies took part in that exercise. In gist, the storyline involves a Residential Care Home for the Elderly (RCHE) where a resident was found to be a laboratory-confirmed SARS case upon return from an overseas trip. During the exercise, the following major elements of the Government's contingency mechanism and departmental contingency plans were tested:-

- enhanced surveillance, contact tracing and epidemiological investigations by DH, HA and Social Welfare Department;
- isolation of close contacts of a confirmed patient to avert further spread of the disease;
- establishment of a Multi-disciplinary Response Team to arrange urgent cleansing, disinfection, pest control and sewage inspection for the RCHE concerned; and
- establishment and operation of the Steering Committee upon activation of Level 1 Response.

15. According to feedback from participants and observers, the above drills and exercise have provided useful opportunities for practising SARS emergency actions and identifying improvement areas in terms of systems, procedures, communications and personal practices, thereby enhancing the capacity of the Government and relevant agencies to combat SARS. We will plan and conduct more drills and tabletop exercises to test the operability of different components of the contingency mechanism/plans under different SARS-related scenarios.

### **Development of a Major Outbreak Control Plan**

16. The major outbreak control plan as envisaged in the SARS Expert Committee's report covers exigent health circumstances other than SARS-related emergencies. While the above-described SARS contingency measures constitute useful building blocks towards the development of the control plan, adaptations would be required if they were to be used for such other circumstances. Our tasks ahead are to knit the building blocks together into a totality with built-in flexibility to cater for non-SARS health hazards. In the process, we will have to draw on the advice and experience of relevant overseas agencies and contingency planning experts.

### **Establishment of International Contingent Relations**

17. The SARS outbreak has demonstrated that international collaboration is vital for effective control of emerging communicable diseases. The HKSAR Government has been working in close partnership with the World Health Organisation on prevention and control of communicable diseases of public health significance to the international community. We welcome the recent establishment of the ad-hoc APEC Health Task Force to

coordinate regional efforts to address priority health problems with a special focus on emerging infectious diseases. We will collaborate closely with fellow member economies in that context with a view to building a healthy and prosperous APEC region.

18. On more targeted collaborations, representatives of HWFB and DH have visited the UK Health Protection Agency (HPA) and US Centres for Disease Control in September 2003 and December 2003 respectively to establish contacts and learn from their experience. One of our priorities ahead is to sign a memorandum of understanding with HPA to cover collaboration in training, research and development, emergency response and support.

Health, Welfare & Food Bureau  
Department of Health  
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