

# The Hong Kong SARS report: an Australian perspective

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I was appointed to the Hong Kong SARS Expert Committee in my capacity as the President of the Royal Australasian College of Medical Administrators. This commentary on my experience was written with a view to considering how Australia would respond to a similar outbreak.

## Background

Hong Kong had been in crisis with Severe Acute Respiratory Syndrome (SARS) for only two months when its Government called upon individuals from across the world to participate on a panel that would review the work of the Government in the management and control of the SARS outbreak. The panel, to become known as the SARS expert committee (the Committee), would review the capabilities and structure of the Hong Kong health care system and identify lessons to be learnt to be better prepared for future outbreaks.

In Chinese, the word CRISIS is *weiji*, composed of the character *wei* which means DANGER and *ji* which means OPPORTUNITY. The report of the SARS Expert Committee seeks to identify opportunities from the dangerous situation of the outbreak. Hence the title of the report - SARS in Hong Kong: From experience to action.

Hong Kong became a Special Administrative Region of the People's Republic of China on 1 July 1997. It is administered by the Chief Executive under the "One Country, Two Systems" principle. It therefore maintains a high degree of autonomy. In July 2002, the accountability system for Principal Officials was introduced. Principal Officials have similar roles to Ministers in the Australian system but are appointed and not elected. There is also a Legislative Council of which some members are appointed and others are elected.

The three main administrative components of the Hong Kong public health system are:

- The Health, Welfare and Food Bureau (the Bureau) headed by the Principal Official known as the Secretary of Health.
- The Department of Health, headed by a medical professional reporting to the Bureau.
- The Hospital Authority, a statutory and independent body appointed by the Chief Executive and responsible for all public hospital services.

## The Committee's role and findings

My reaction to being invited to join the Committee was mixed - I was excited at the prospect of participating in such a challenging task but somewhat apprehensive, too. The apprehension was not related to personal safety issues, though these did cross my mind, but to the fact that the review was being initiated in the midst of a politically charged environment where there was growing community concern regarding the appropriateness of the actions being taken by the Government.

As the Government had appointed the Committee, concern was expressed about the independence of the Committee. In spite of repeated assurances from Government, this remains an issue particularly as community expectations (that the Committee would identify an individual deemed to be negligent) were not met.

The more the Committee learnt about the magnitude and speed of the outbreak and the selfless dedication of the people of Hong Kong, the more the Committee appreciated the courage with which the epidemic was attacked. It was evident to us that people were fatigued; many had contracted SARS in the course of duty. And yet, the fight went on. The virus was isolated in Hong Kong and in three and a half months the World Health Organisation (WHO) removed Hong Kong from the list of SARS affected regions.

All in all, 1,755 people were reported as having SARS and 300 of those people died. Among those who died were eight health care workers: four doctors, one registered nurse, two health care assistants and one ward attendant.

SARS was a new and emerging disease. The Committee made every effort, in each instance, to put itself in the context of what was known and what could have been done at the time. The Committee members considered it fair and reasonable to assess the decisions taken against the knowledge and information available at the relevant time.

Yet there was also a proper role for retrospective knowledge and hindsight in identifying the lessons learnt from the experience in order to be better prepared for the future. A high level of anxiety and fear gripped the community at the time. The major issues of community concern were:

1. Whether the Hong Kong authorities had reacted appropriately to early signals from the Guangdong Province in China.

This issue was investigated thoroughly and the Committee believed that the authorities acted reasonably on the information available. Information about the outbreak in the Guangdong Province was not available to Hong Kong or the international community at the time. Had there been a free flow of information the Hong Kong authorities could have been in a better position to control an outbreak.

2. Whether appropriate decisions were made in handling the initial outbreak at the Prince of Wales Hospital.

The decisions on hospital activity, hospital closure, restricted visiting policy and media communication were some of the issues that were reviewed.

3. Whether the outbreak in the residential location of Amoy Gardens was managed appropriately.

Issues relating to the discharge of a patient to Amoy Gardens and the epidemiological assessment and management of the subsequent outbreak were investigated.

4. Whether the designation of a particular hospital (the Princess Margaret Hospital) as a SARS hospital was appropriate.

The Committee believed that the designation at the time was appropriate, but should have been reviewed once patients from the Amoy Gardens outbreak started to present to the hospital.

5. Whether there was communication, cooperation and collaboration with the private health sector.

The Committee believed that the private sector was not sufficiently engaged during the epidemic.

6. Whether the case fatality rate for SARS in Hong Kong was acceptable.

The Committee believed that, after controlling for age, Hong Kong had a comparable standardised mortality rate to Canada and Singapore but the rate was significantly higher than Mainland China and lower than Taiwan.

7. Whether the Government down played the seriousness of the epidemic during the early stages and was slow in responding to it.

The Committee considered that the Government communication at the time was technically correct and was genuinely intended to allay panic, but could have been phrased better, and should have been dealt with by a senior member of the public health staff at the Department of Health.

8. Whether there was any delay in obtaining statutory powers to deal with the SARS epidemic by seeking legislative amendment to make SARS a notifiable disease.

SARS was added to the list of notifiable diseases on 27 March 2003. Given that WHO had issued an emergency travel advisory about SARS on 15 March 2003 the Committee felt it would have been prudent to add SARS to the list of notifiable diseases earlier.

In addition to specific concerns raised via 93 written submissions the Committee conducted face to face discussions with frontline healthcare workers, Amoy Gardens residents, recovered SARS patients, chronic illness patient groups, operators of residential care homes, media representatives, health care sector organisations, experts and academics, private practitioners, Members of the Legislative Council, hospital and public health authorities, policy makers and Government department heads. There was a review of:

- the health and healthcare system
- the health protection functions
- coordination of public health within Hong Kong
- collaboration with mainland China, particularly the Pearl River Delta Region
- communication with the international community
- surveillance, information and data management
- surge capacity
- clinical management, infection control and occupational health
- research and training
- communications
- community engagement, and
- the impact and after effects of SARS on the community.

## Conclusion

The review has resulted in 46 recommendations. The Committee has also recommended that an annual review of progress of accepted recommendations be undertaken and reported to the community.

The impact of SARS on Hong Kong provides an early warning system. We should heed the warnings. How would Australia be judged if faced with managing an outbreak of a new and emerging disease? What if the very people who are to manage the outbreak are struck down with the disease? These are questions that should be considered now.

“It wasn’t raining when Noah built the ark” (Howard Ruff).