

Health, Welfare & Food Bureau
SARS Bulletin
(12 May 2003)

Summary of Cases

On 11 May, 24 more patients with Severe Acute Respiratory Syndrome (SARS) have recovered from the disease and been discharged from hospitals, hence increasing the total number of recovered patients to 1,059 (i.e., 63.1% of all 1,678 SARS cases). There are currently 404 SARS patients remaining in hospitals, in which 78 patients are undergoing convalescence before discharge and 63 patients are receiving treatment in the intensive care units. There are a total of 215 fatal cases. Out of the 1,678 cases, 370 involved health care workers or medical students. There are also 7 suspected cases under treatment.

2. On 11 May, 4 more patients were confirmed to have SARS. Since 4 May, the daily number of newly confirmed SARS cases has fallen below 10 for the 8th consecutive day. Since 9 May, there has been no new case reported among health care workers.

3. The epidemic curve of 11 May showing the dates of onset of 1,573 patients is shown in the figure on page 2 (the dates of onset of the remaining 105 cases are to be confirmed). The distribution by onset date and age group is shown in the table on page 2.

Figure: Dates of onset of 1,573 patients

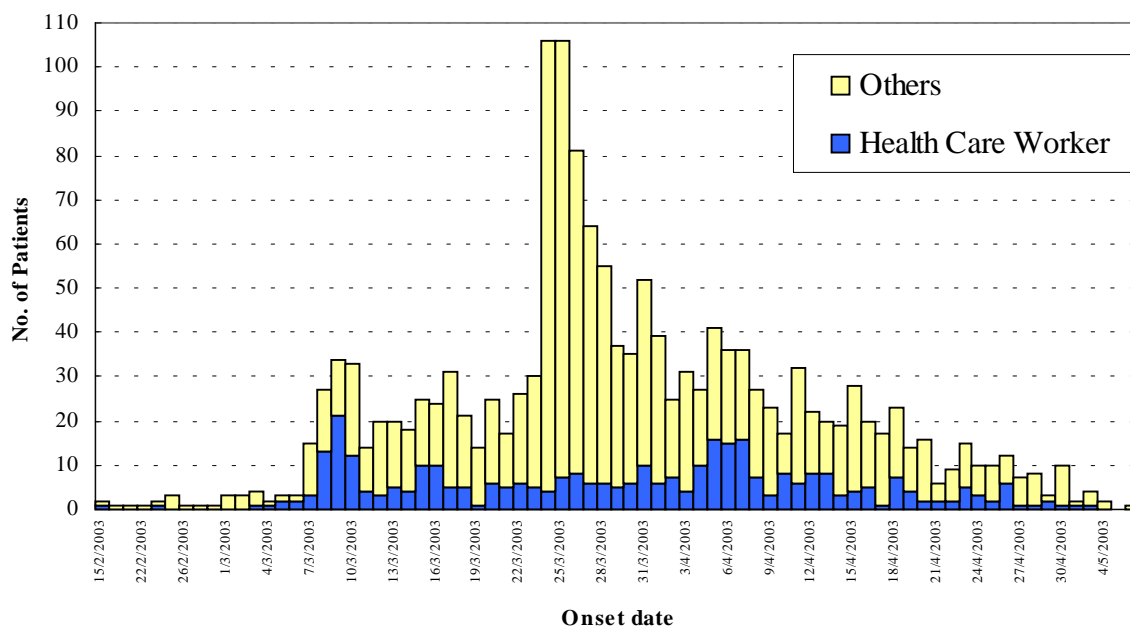


Table: Distribution by onset date and age group

Age group	Percentage in respect of total number of cases with confirmed onset dates		
	onset during 15/2 – 27/4	onset during 28/4 – 11/5	Overall
0 – 14	5.1%	0.1%	5.1%*
15 – 64	77.4%	1.2%	78.6%
65 or above	15.6%	0.6%	16.2%
Total	98.1%	1.9%	100.0%

* This figure is slightly different to the sum of the relevant two individual groups (by 0.1%) due to rounding.

Update on Contact Tracing Exercise

4. Since mid-March, the Department of Health (DH) has recalled passengers and crews of 16 flights for surveillance of SARS, as these flights were known to have SARS patients travelling on them. Subsequently, 2 flights involving a total of 26 passengers were found to have contracted SARS.

5. The first incident involved flight CA 112 of 15 March from Hong

Kong to Beijing. There was a very ill SARS patient on board who was suspected to have spread the disease to 22 other passengers on the same flight (of whom 13 were Hong Kong residents, 4 from Mainland China, 4 from Taiwan and 1 from Singapore). Amongst the 13 Hong Kong residents, 10 were members of a certain tour group.

6. The other incident involved flight TG 606 of 29 March from Bangkok to Hong Kong. The index patient was a tour guide who became ill two days before taking the flight. Four members of [his/her] tour group who returned to Hong Kong on the same flight subsequently developed the disease. However, as no other passenger on the same flight was infected, it was likely that these four tour group members had contracted the disease through contacts with the tour guide during the tour rather than on the flight.

7. Since the new control measures have been implemented at the airport (which include health declaration and temperature checking – please refer to paragraphs 9 to 11 for further details), the Government has not recorded any new incident which involves spreading of the disease during air travel.

Latest Development

SARS Treatment Protocol and Rehabilitation Programme

8. The Secretary for Health, Welfare and Food, Dr Yeoh Eng-kiong, and a panel of medical researchers and specialist clinicians held a press conference on 10 May to outline advances in treatment protocol and rehabilitation programme for SARS patients. The major points are summarized below:

- It has been recently established through research done in Hong Kong that SARS passed through 3 phases (each lasting about a week):
 - (a) viral replicative phase, when the SARS virus multiplied rapidly in the body;
 - (b) immune hyperactive phase, when the body's defences attacked the virus; and

- (c) pulmonary-destructive phase, when the lungs were severely damaged.
- Based on experience and studies, the treatment protocol for SARS patients could be modified as follows:
 - (a) During the first phase, patients are given an anti-viral agent such as Ribavirin and another drug, Kaletra which has been found to be active in laboratory experiment in inhibiting growth of coronavirus.
 - (b) As the second phase begins, steroids will be added to help soften the body's immune response and limit lung damage from the 8th day to the 21st day while the anti-viral agent will be discontinued after 14 days.
 - (c) At the third phase, patients may need extra help (e.g. use of ventilator) to assist breathing.
- Of the patients who responded to treatment, about 10% needed further rehabilitation.
- A pulmonary rehabilitation programme will be launched at the Tung Wah Group of Hospitals Wong Tai Sin Hospital to provide training in breathing techniques and exercises tailored to fit the individual's work and lifestyle. Treatment will also be provided to patients who have experience a post-disease psychological trauma.

Ongoing Development

Health Checks at Border Points

9. Since 29 March, health declaration posts have been set up at the airport, ports and border points to watch for travellers displaying symptoms of SARS, and all incoming travellers are required to complete a health declaration. In addition, temperature checks for all arriving, departing and transit passengers at the Hong Kong International Airport have also been implemented since mid-April.

10. With effect from 26 April, all arriving passengers via ports and land

boundary crossings are subject to temperature screening in addition to health declaration. 35 and 27 infra-red devices have been installed at Lo Wu and Lok Ma Chau immigration control points respectively for fever screening of arriving passengers. By the end of May, there will be a total of about 300 infrared devices installed at various immigration control points, with a view to eventually mandate all arriving passengers to undergo fever screening. Relevant authorities of Hong Kong and Shenzhen have agreed to implement synchronized temperature screening procedure for arriving passengers crossing the land border.

11. As at 11 May, 51 persons had been referred to hospitals for suspected SARS since the implementation of all the above health checking measures, in which 2 of them were later confirmed to have SARS.

Home Confinement

12. All household contacts of confirmed or suspected SARS patients are required to undergo home confinement for monitoring and treatment up to a maximum of 10 days. As at 11 May, a total of 1,138 persons (from 447 households) had been affected by this requirement, of whom only 58 persons (from 23 households) were still under home confinement. The Government has also provided assistance (e.g., provision of daily necessities and financial assistance) to 793 of these affected persons (from 304 households).

13. Implementation of the home confinement arrangement has been smooth. So far, only 2 cases were referred to the Police for tracing of defaulters. A total of 35 household contacts who developed symptoms of SARS had been referred to hospitals for investigation. As at 11 May, 21 of them were confirmed to have SARS.

Further Information

14. To empower the public in fighting against the SARS, DH has issued advices and guidelines on prevention of the disease for various sectors. Publicity

programmes have been made to educate the public on all aspects of the disease, including the symptoms, the mode of transmission, the importance of seeking early treatment and various preventive measures namely personal and environmental hygiene. Health education information is available on the 24-hour pre-recorded hotlines (2833 0111) and has been uploaded onto DH's homepage (<http://www.info.gov.hk/dh>). A hotline (187 2222) has also been provided for public enquiries.

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Government of the Hong Kong Special Administrative Region