

Annex

Measures to prevent and to prepare for the resurgence of SARS

I. Public Health Measures

(a) Prevention of importation/ exportation of new cases	<ul style="list-style-type: none">● To continue health checks measures at the border control points, including temperature screening for all passengers at the airport and other border control points and health declaration● To continue to bar SARS patients and their household contacts from leaving Hong Kong during the confinement period
(b) Extended disease surveillance in the international, regional and local context	<ul style="list-style-type: none">● To continue to maintain close communication with WHO and health authorities in other countries● To release timely and accurate information on SARS development to both the local and international communities to keep people on high alert should the disease re-emerge● To maintain close ties with the Mainland health authorities through regular exchanges and tripartite meetings of Guangdong-Hong Kong-Macao Expert Group on Prevention and Treatment of Infectious Disease● To provide a central database for all cases and contacts for tracking and analysis through DH's Centralised Case and Contact Information System● To build up a common electronic platform to enhance health surveillance in community institutions such as elderly homes and schools
(c) Disease control	<ul style="list-style-type: none">● Epidemiological investigations, contact tracing and medical surveillance of close contacts

	<ul style="list-style-type: none"> ● Isolation of suspected cases for hospital treatment and quarantine measures of home confinement or confinement at holiday camps for 10 days applied to all close contact of SARS patients ● Deployment of multidisciplinary response team for investigations, disinfection and health education to any buildings where SARS patients have been residing during the incubation period
(d) Public awareness, personal and environmental hygiene	<ul style="list-style-type: none"> ● DH to continue to educate the public and conduct public education campaigns to promote personal and environmental hygiene ● Team Clean has devised strategies to promote a sustainable, cross-sectoral approach to raise public awareness of the importance of environmental hygiene

II. Hospital Preparation Plan

(a) Surveillance of infectious diseases	<ul style="list-style-type: none"> ● Upon notification by DH, HA will promptly disseminate alerts and managements guidelines to hospitals, and clinicians will in turn report suspected cases to DH ● To further enhance the role of general outpatient clinics in disease surveillance
(b) Clinical management	<ul style="list-style-type: none"> ● HA to collaborate with academics in conducting research to fill the knowledge gaps on SARS ● HA SARS Collaborative Committee to steer future treatment direction in respect of SARS ● Priority areas identified for urgent follow up actions, including studies on the effectiveness of infection control measures.
(c) Infection control measures	<ul style="list-style-type: none"> ● Developing a more reliable diagnosis index for adoption by the Accident and Emergency Departments and fever clinics

	<ul style="list-style-type: none"> ● Early diagnosis and timely isolation of SARS patients to shorten the duration of unnoticed stay of patients with atypical presentation and reduce the chance of cross-infection among patients ● To conduct evidence-based evaluation of the effectiveness of existing infection control measures
(d) Care for the Elderly	<ul style="list-style-type: none"> ● To roll out and evaluate outreach support to elderly care homes with a view to reduce admission of elders into hospitals ● To collaborate with Government and Non-Governmental Organisations in reviewing and upgrading infection control practices and facilities of residential care homes for the elderly
(e) Strategy for Cohorting Patients	<ul style="list-style-type: none"> ● To adopt a staged approach in the mobilisation of hospitals in handling SARS ● The number of confirmed SARS patients in any hospitals limit to 50 to avoid major disruption to existing services. The number could be increased to 100 in the case of a major outbreak ● To give priority to suspected SARS cases for the use of isolation facilities ● In case of major epidemic, confirmed SARS patients may be cohorted in open wards with improved ventilation, and with beds suitably spaced ● To make available adequate backup facilities and expertise, including intensive care, in hospitals treating SARS patients
(f) Infection Control Facilities in Public Hospitals	<ul style="list-style-type: none"> ● To enhance "fever" ward and SARS ward facilities at nine major acute hospitals

	<ul style="list-style-type: none"> ● Short-term improvements in nine acute hospitals will result in 167 isolation rooms with a total of 492 beds for SARS patients and 369 isolation rooms with 789 beds for suspected SARS patients
<p>(g) Human Resources Capabilities in Handling Infectious Diseases</p>	<ul style="list-style-type: none"> ● To set up an infectious disease control training centre to identify and develop suitable training programmes on infection control and infection disease for HA staff across all disciplines ● To provide in-house induction training for all HA staff across all disciplines ● To send nurses and allied health professionals to attend local full time/part-time training courses on infection control ● To build up HA expertise in infectious disease by sending staff to attend overseas training programmes or local post-graduate diploma programmes on infectious disease
<p>(h) Contingency Planning</p>	<ul style="list-style-type: none"> ● To formulate an overall contingency plan to ensure HA has adequate surge capacity to cope with future outbreaks through staged mobilisation of its acute hospitals ● To formulate a plan for the construction, commissioning and operation of temporary isolation facilities within short notice