

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

Summary of Cases

On 27 May, 9 more patients with SARS has recovered from the disease and been discharged from hospitals, hence increasing the total number of recovered patients to 1,285 (i.e., 74.4% of all 1,728 SARS cases). Out of the 1,728 cases, 381 involved health care workers or medical students. There are currently 174 SARS patients remaining in hospitals, in which 69 patients are undergoing convalescence before discharge and 32 patients are receiving treatment in the intensive care units. There are also 12 suspected cases under treatment.

2. On 27 May, 2 more patients were confirmed to have SARS. Since 16 May, the daily number of newly confirmed SARS cases has fallen below 5 for the 12th consecutive day, and the average number of newly confirmed cases in the past week was only 1 per day.

3. As at 27 May, there were a cumulative total of 269 fatal cases, including five health care workers (four were HA staff and one was a private practitioner). 61% of the deceased patients were male, and 39% were female. The following table shows the breakdown of fatal cases according to age groups and history of pre-existing illness. 70% of the deceased patients had pre-existing medical illnesses, such as hypertension, heart diseases, diabetes mellitus and stroke. 63% of the deceased were aged 65 or above. Taking into account both of these factors, 78% had either pre-existing illnesses or were aged 65 or above, or both.

Age Group	Pre-existing Illness?		Total
	Yes	No	
0 – 14 years old	0%	0%	0%
15 – 64 years old	16%	22%	37%
65 years old or above	55%	8%	63%
Total	70%	30%	100%

Note: Percentages may not add up to total due to rounding.

4. For the 269 deceased patients, we have also studied the interval between their dates of disease onset and death. As shown in the following table, such intervals ranged from 3 to 73 days, with a mean interval of 23.5 days and a median interval of 21.0 days. The difference between males and females was small but the mean and median intervals for the elderly group (65 years old or above) were both about 9 days shorter than the younger age group (15 – 64 years old). We also found that the interval between the dates of disease onset and death among those deceased patients with history of pre-existing illness were shorter than those with good past health, and the mean and median intervals in the former group were both about 10 days shorter than the latter group.

Groups	Interval between disease onset and death (Days)		
	range	mean	median
Male	4 – 60	23.2	22.0
Female	3 – 73	23.9	21.0
65 years old or above	3 – 73	20.1	17.0
15 – 64 years old	5 – 64	29.3	26.0
Had pre-existing illness	3 – 58	20.7	18.0
No pre-existing illness	8 – 73	30.2	28.0
Overall	3 – 73	23.5	21.0

5. The distribution of the interval between disease onset and death in the fatal cases by gender groups, age groups and history of pre-existing illness are shown in figures 1, 2 and 3 respectively.

Figure 1

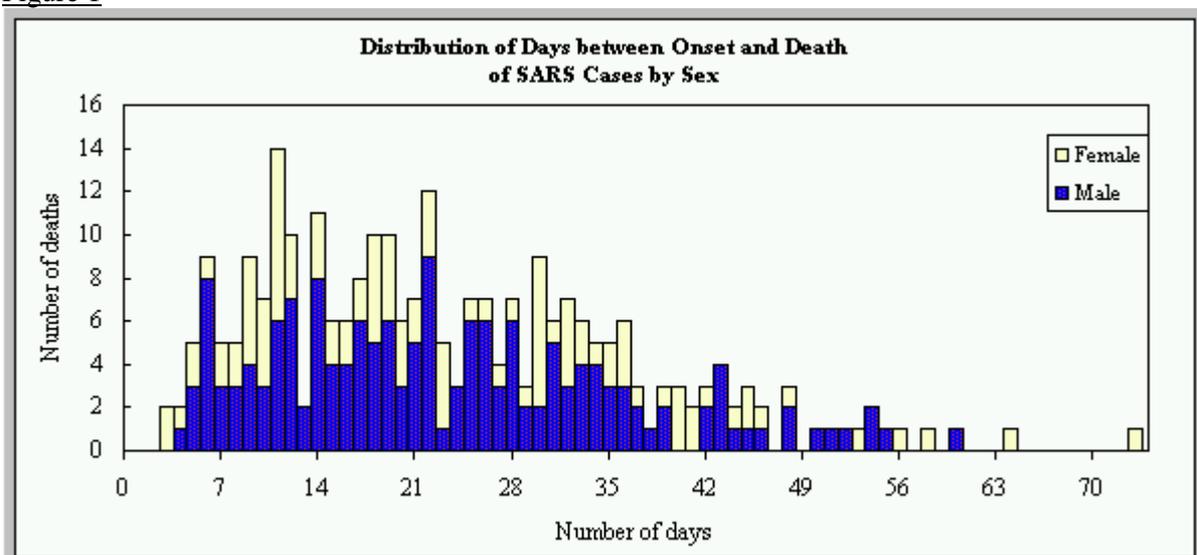


Figure 2

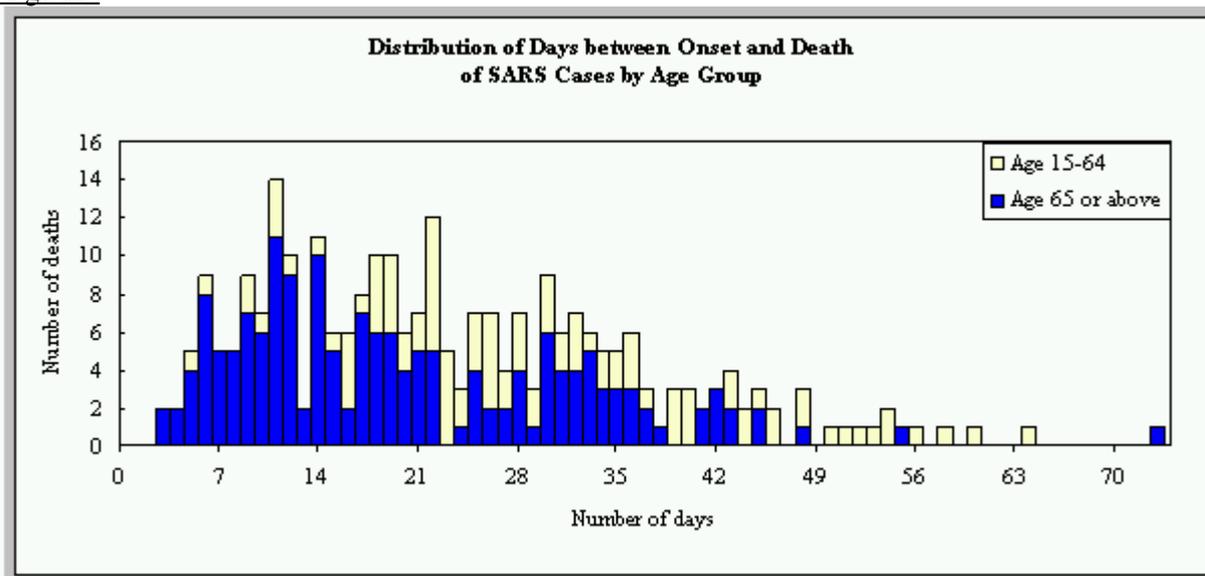
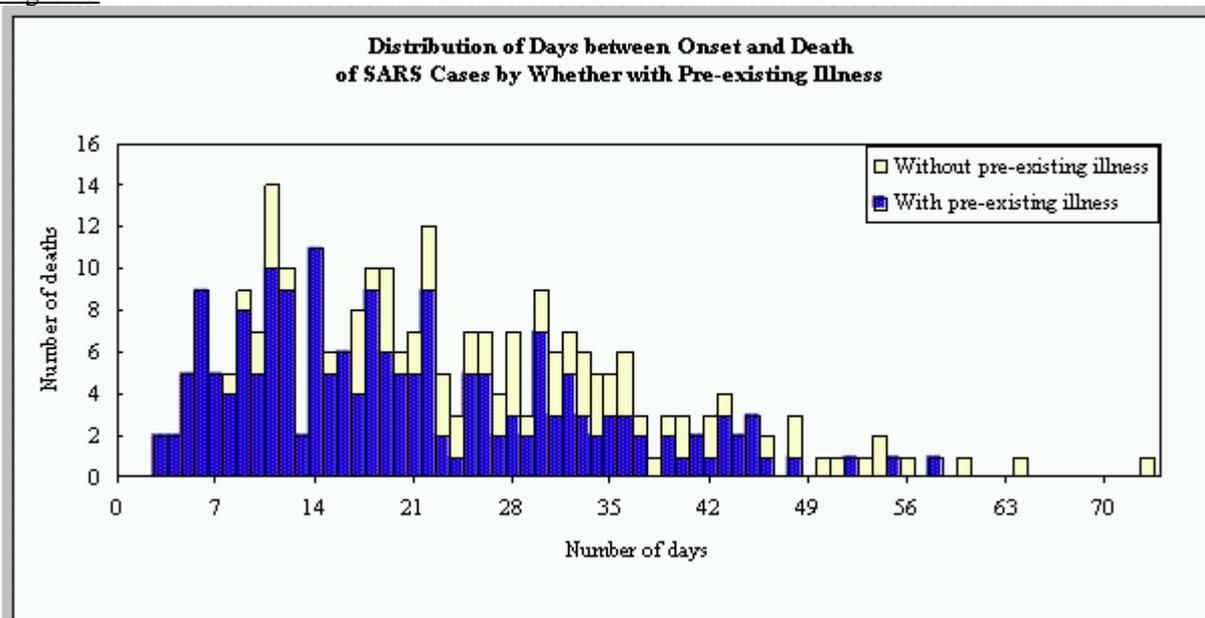


Figure 3



Update on Wing Shui House, Lek Yuen Estate

6. As at 27 May, 11 confirmed and 1 suspected SARS cases residing in 5 households of Wing Shui House, Lek Yuen Estate, Sha Tin District were reported to the Department of Health (DH) (the last case, which was a suspected one, was reported on 25 May).

7. Once it was noted that there was a suspicious clustering of cases, the Government’s multidisciplinary response team had taken prompt and proactive actions to

conduct several rounds of environmental and epidemiological investigations at the Estate between 7 and 23 May. A large scale cleansing and disinfecting operation was also carried out in all common parts of the Estate.

8. Among the environmental samples collected on 22 May, all environmental samples collected in connection with the sewage system and common areas in Wing Shui House did not show any presence of genetic material of the coronavirus. However, it was noticed that there was such material in a few samples collected from the inside floor, wall and window of 2 units in close proximity with a unit occupied by the two most recent cases on 4/F (one confirmed and one suspected). As these samples were collected before the units were disinfected in 22 and 23 May, DH is conducting another new round of post-disinfection investigation and further samples from the units on 27 May. The result of this new round of investigation is pending. Residents of these 2 units were interviewed and none of the residents had shown any symptoms suggestive of SARS.

9. We will continue to closely monitor the situation at Wing Shui House. DH has set up a medical post to provide health advice and temperature checks for the residents there. In addition, our nurses have been conducting visits to all residents of 4/F and provide them with daily health surveillance and other necessary assistance.

Ongoing Development

Health Checks at Border Points

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

11. As regards other control points, arriving passengers via ports and land boundary crossings are subject to temperature screening in addition to health declaration with effect from 26 April. Since mid-May, departing passengers from the Hong Kong

Macao Ferry Terminal and the China Ferry Terminal, and all passengers departing for the Mainland by through trains are required to undergo temperature checks before leaving Hong Kong. In addition, all close contacts of confirmed SARS patients are barred from leaving Hong Kong during their home confinement period.

12. As at 27 May, 2 passengers had been confirmed to have SARS since the implementation of all the above health checking measures.

Home Confinement

13. 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 27 May, a total of 1,230 persons (from 482 households) had been affected by this requirement, of whom only 29 persons (from 6 households) were still under home confinement. So far, 33 of them had been confirmed to have SARS.

Health Advice/Further Information

Wearing Mask

14. SARS can be transmitted by respiratory droplets over a short distance or through direct contact with a patient's secretions. To prevent contracting the disease, it is important to observe good personal hygiene and build up body immunity by developing a healthy lifestyle. Wearing a mask properly offers satisfactory protection against SARS and other respiratory tract infections, and is one of the ways to prevent spread of the infection. Surgical masks, if properly worn, are effective in preventing the spread of droplet infections. The following people should wear a facemask:

- People with respiratory infection symptoms.
- People who care for patients with respiratory infection symptoms.
- People who have been in close contact with confirmed or suspected SARS patients should wear a mask for at least 10 days from the last contact.
- People visiting clinics or hospitals.

- Health care workers in clinical settings.
- Workers handling food.
- Public transport operational staff.
- People at crowded or poorly ventilated places.
- Pupils and staff at schools. (Except during physical education lessons or in a well-ventilated and spacious venue with no “short distance face-to-face activity” involved.)

15. As the list cannot be exhaustive, members of the public are reminded to exercise judgement in accordance with guidance given above. In general, anyone who feels the need to wear a mask is advised to do so, and please remember:

- Always keep a mask handy so that you can put one on as the need arises.
- Wash hands before putting on a facemask, before and after taking one off.
- Follow the instructions given by the supplier.

16. More information on wearing mask is available at <http://www.info.gov.hk/dh/diseases/ap/eng/facemask.htm>.

Further Information

17. 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