

**Progress of the implementation of the recommendations
of the SARS Expert Committee on
Communications, Surveillance, Information and Data Management**

This paper informs Members on the Administration's progress in the implementation of the recommendations of the SARS Expert Committee in the areas of communications, surveillance, information and data management, namely recommendations numbers 23 to 33 set out in the SARS Expert Committee Report and reproduced in full in the Annex.

Working towards better communication

2. We have learnt from the SARS outbreak in 2003 that communication is an essential aspect of outbreak management. We accept the SARS Expert Committee's observation that there was room for improvement in the Government's communication with the media and the public. We have therefore begun implementing the recommendations of the SARS Expert Committee to improve the quality and effectiveness of our communication. The progress is detailed in the ensuing paragraphs.

Recommendation 23 – overall responsibility for devising a communication strategy to rest with DH/CHP

3. In planning for the establishment of the Centre for Health Protection (CHP), we propose that one of the six functional branches should be the Emergency Response and Information Branch. This Branch will be responsible for emergency response and contingency planning, including the formulation and regular updating of a communication strategy for use in times of an infectious disease outbreak. This Branch will be headed by a senior administrator who is a generalist with broad exposure and experience. This will help ensure that the communication strategy will have due regard to prevailing social sentiments and expectations of the public and the media, and will effectively translate professional and scientific information/assessment

into language easy for the media and public to understand.

4. In developing our emergency response mechanism for a resurgence of SARS, DH has been designated the party to assume the overall responsibility for developing a communication strategy.

Recommendation 25, 26 and 27 – the capacity to communicate effectively and regularly must be described, available and understood. DH/CHP should match the message, the media and the audience and use multiple modes in implementing the strategy. HA should develop policies for communicating with the media that includes coordination with DH, and details of respective responsibilities of HA head office and individual hospitals.

5. We have mapped out the outline of a communication strategy to cope with possible outbreaks of infectious disease pending the establishment of the Emergency Response and Information Branch of the CHP. The strategy takes care of the need to communicate at different risk levels.

6. At the Alert Level of our emergency response mechanism (*confirmed SARS case outside Hong Kong or SARS Alert in Hong Kong*), the Health, Welfare and Food Bureau (HWFB) will monitor developments and decide on communication plans to keep the community closely informed. The message to give out include the risk assessment, precautionary and preventive measures that the public health sector and other sectors have taken/will take, and preventive measures that the general public should take. At Levels 1 (*sporadic, confirmed SARS case in Hong Kong*) and 2 (*confirmed SARS case plus signs of local transmission*), there will be daily updates of the situation provided to the public and the media. The briefings will be jointly conducted by DH and HA and spokesmen have already been identified. HWFB may join these briefings where there are policy decisions to announce or explain. The frequency of these media briefings will be increased if and when necessary. There will be full co-ordination amongst the different parties in delivering their messages.

7. To play their roles well, DH and HA are developing their respective communication strategy and are working closely together to ensure that areas of responsibility will be clearly demarcated.

Recommendation 26 – *DH/CHP should provide adequate training*

8. We have begun training for staff who may be involved in external and internal communication pending the establishment of the CHP. In order to enhance the knowledge base in the department, DH's senior officers attended a workshop on risk assessment and communication conducted by the School of Public Health of the University of Hong Kong in December 2003. The department has also initiated search for overseas experts on risk communication for organizing relevant in-house training courses for its staff and other interested parties.

9. The HA has also organized a Crisis Communication and Management seminar in October 2003 which more than 500 managers attended. The seminar gave an overview of crisis communication debriefing of the communication during SARS. Two courses on communication for collaboration and communication for influencing for results respectively are being planned for the first quarter of 2004. These courses are aimed at enhancing the internal communication skills of HA staff. Other useful training courses/programmes will be sought and the staff concerned will be refreshed of communication principles and skills from time to time.

Recommendation 28 – *HA should develop a communications strategy for its staff*

10. One of the identified weaknesses in HA's internal communication in the SARS outbreak in 2003 was over-reliance on the HA Intranet as a communication tool. The HA is committed to overcoming this weakness by developing new channels of communications. These include the appointment of internal communication co-ordinators at hospital level and the establishment of 24-hour staff help-desks during times of crisis. The HA is also developing plans to strengthen staff group communication.

Recommendation 29 – HA should make use of information and video technology to facilitate communication between patients and their families during isolation

11. We appreciate that, with visits to hospitals prohibited or restricted, the lack of communication with families would be a source of great anxiety for the patients. The HA is committed to improving the situation should there be another major outbreak in Hong Kong. Possible options such as the use of broadband videophone, public-switch-telephone-network videophone and video conferencing equipment are being considered for future use.

Recommendation 30 – Government should develop partnerships with the media through regular contact, communicable disease training initiatives and other means

12. Since the resolution of the SARS outbreak in mid 2003, we have been forging closer partnership with the media through closer regular contacts. DH and HA have been participating in briefing/training sessions for the media on public health matters so that they will be better placed to convey accurate information to the public. Plans are in hand for the Government to co-organise training workshops of this nature with the media and public health organizations in the future.

Improving surveillance, information and data management

13. Recommendations 31 and 32 call for –
- making permanent the enhanced data management system developed during the SARS outbreak in 2003 (comprising e-SARS, MIIDSS and SARS-CCIS) as part of the infrastructure to support the control of communicable diseases; and
 - extending the enhanced data management system to link up with other sectors, including the private sector and community clinics.

To implement these recommendations, we are planning the development of a Communicable Disease Information System (CDIS) that enables both the public and private sector to perform the critical functions of

disease surveillance including case notification, timely alert and early detection of emerging infectious diseases. The system will also facilitate collation of data for clinical management and the shaping of public health policies on communicable diseases.

14. The CDIS will capture data from the following sources:
 - (a) notification of patient information in the case of notifiable diseases by medical practitioners working in both the public and the private sectors;
 - (b) syndromic surveillance data obtained from the existing General Out-Patient Clinics sentinel network as well as schools, elderly homes and private primary care clinics;
 - (c) clinical and epidemiological data within the health care environment of DH and HA; and
 - (d) laboratory information from DH and HA laboratories.

15. In addition, information on related disease prevention and control guidelines and professional knowledge could also be disseminated to targeted health care practitioners.

16. In order to facilitate a timely and efficient development process and to make the most effective use of human resources, a single project team under a combined steering group will be responsible to conduct the development involved between the DH and HA simultaneously. Based on current estimate, the project will cost about \$234 million, with an annual recurrent cost of about \$47.5 million when completed.

17. Recommendation 33 calls for the formulation and promulgation of a clear policy of privacy of information that balances public and private interests. DH is working out this policy, reviewing the experience gained in the SARS outbreak in 2003 as well as the few cases that raised alarm but were confirmed to be not SARS cases in the recent months.

Annex

Recommendations 23 – 33 of the SARS Expert Committee

COMMUNICATIONS

23. The overall responsibility for devising a communications strategy in advance of a communicable disease outbreak should be given to DH/CHP.
24. In times of epidemic the public need to be kept informed. Capacity to communicate effectively and regularly must be described, available and understood.
25. DH/CHP should be responsible for the coordination and implementation of the communications strategy. They need to match the purpose, the message, the medium and the audience and to use multiple modes of communication.
26. DH/CHP should ensure adequate training is provided. This should include special training on how best to communicate risk and uncertainty. External consultancy to support this development should be considered.
27. HA should develop policies for communicating with the media that includes coordination with DH, and details of respective responsibilities of HA head office and individual hospitals, taking into account matters such as work priorities and the level of information available at HA head office and hospitals.
28. HA should develop a communications strategy for its staff, which includes face-to-face communication and avoids over-reliance on posting information on the intranet, which may exclude some groups of staff.
29. HA should make use of information and video technology to facilitate communication between patients and their families during isolation.

30. The Government should develop partnerships with the media through regular contact, communicable disease training initiatives, and other means.

SURVEILLANCE, INFORMATION AND DATA MANAGEMENT

31. The enhanced data management system (comprising e-SARS, MIIDSS, and SARS-CCIS) should be made a permanent part of the infrastructure to support the control of communicable diseases.
32. The enhanced data management system should be extended to link up with other sectors, including the private sector and community clinics.
33. DH should formulate and promulgate a clear policy of privacy of information that balances public and private interests.