SEVERE ACUTE RESPIRATORY SYNDROME (SARS)

Regional Response

SARS Preparedness and Response Team
World Health Organization
Western Pacific Regional Office
Western Pacific Region of WHO

Areas with Local Transmission in Western Pacific Region
From 1 Nov to 11 June
Cumulative Number of Cases by Region
1 November 2002 – 11 June 2003

Western Pacific 95.7%

Americas 3.6%

SE Asia 0.2%

Europe 0.5%

Others 0.0%
Early Regional Responses

10 Feb: Request for verification of pneumonia outbreak in Guangdong Province

11 Feb: China notifies WHO of outbreak of “atypical pneumonia” in Guangdong

20 Feb: Regional Director, WPRO, proposed WHO team to investigate outbreak in Guangdong

23 Feb: WHO team arrives in Beijing

28 Feb: WHO’s Dr Carlo Urbani informs Regional Office about the Hanoi index case

5 Mar: Hospital outbreak in Hanoi recognized

10 Mar: WHO staff arrives in Hanoi

12 Mar: *Global Alert*
WPRO SARS Response and Preparedness Team

- **Response Group**
  - Support for Field Team
    - Viet Nam
    - China
      - Hong Kong
      - Taiwan
    - Singapore

- **Preparedness Group**
  - Supporting unaffected countries
Response Group

• Support to Field Team
  – Daily communication
    • email
    • teleconference
  – Sending experts
  – Emergency supplies

• Epidemiological Investigations
  – Official notification
  – Rumor surveillance
  – Cross-border investigation
  – Descriptive analysis
Rumour Surveillance

- Information from different sources
  - WHO country teams
  - Anonymous emails from public
  - News media
  - Internet
  - Word of mouth

- Verification of information through the government

SARS cases suspected in 4 additional nations

Epidemic Unfolds To a Silent

A seventh probable victim

New Virus Cases Heighten Alarm
Cross-Border Follow-up

– Suspect and probable cases with travel history to areas with local transmission

– Events involving multiple countries
  • Hotel M in Hong Kong
  • Flight-associated cases
Cross-Border Follow-up
Flight Associated Cases

Flight Hong Kong – Beijing March 15

Flight: Bangkok – Beijing March 23

Inner Mongolia
Beijing
Taiwan
Hong Kong
Singapore
Bangkok
Steps to enhance country preparedness against SARS

- Identify national focal points
- Rapid country assessment
  - Identify priority countries
- Procurement of emergency supplies
- Developing guidelines and tool
- Country support team
Key Components of SARS Preparedness

• National structure
  – Establish national task force

• Infection control
  – Identify appropriate isolation facilities
  – Improve infection-control practices

• Stockpiles

• Enhanced surveillance

• Border screening

• Laboratory
  – Designate national laboratory
  – Shipping arrangements

• Public awareness
Preparedness Guidelines

- Country Preparedness Check List (2 April)
- National Preparedness Guidelines (4 April)
- Assessment Protocol for National Preparedness (6 April)

http://www.wpro.who.int/sars/
Infection Control Guidelines & Tools

- Infection Control Guidelines
- Presentations for training
- Video
- CD
- Q&A

Severe Acute Respiratory Syndrome (SARS)

Infection Control Measures to Prevent Hospital Transmission

WHO Western Pacific Regional Office
30 April 2003
Procurement and Distribution of Emergency Supplies

• Identification of a minimum requirement (WHO SARS Kit)
• Support from JICA ($3 million)
• Procurement and shipping
  – WPRO
  – WR office in Thailand
Development of Regional Laboratory Network

• Identification of national focal-point laboratories
• Identification of regional reference laboratories
  – Japan
  – Australia
• Shipping arrangements
• Laboratory guidelines
• Laboratory assessment
Consultants for Preparedness Activities

Macao SAR
Lao PDR
Cambodia
Philippines
CNMI
Kiribati
Tuvalu
Brunei
Guam
PNG
Tonga
Palau
Solomon
Samoa
Nauru
Vanuatu
Fiji
IC Specialist
Epidemiology / Public Health
Laboratory
Activities of Country Preparedness Team

- Rapid assessment
  - Based on assessment protocol

- Training
  - Infection Control
  - Surveillance
Lesson Learned
SARS Country Preparedness

• Preparedness level increased
  – Rapid mobilization of resources

• Early containment possible
  – Strong government commitment
  – Rapid and transparent information exchange

• Inadequate public health infrastructure
  – Surveillance and response system
  – Hospital infection-control practices
  – Trained staff
    • Infection control
    • Epidemiology
Future Challenges
Are we prepared for resurgence of SARS and other emerging diseases?

• Longer-term capacity building
  – Human resources
  – Public health infrastructure
• National and inter-country surveillance network
• Strengthening hospital infection control
• Use the lessons from SARS to be prepared for other epidemics and pandemics
Thank you

Dr Carlo Urbani on Mekong River