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FROM: NIGEL HAMILTON
30 June 2003

cc: Dr Etta Campbell
Dr Elizabeth Mitchell

TO: NI PERMANENT SECRETARIES
DAVID WATKINS

SARS – IMPLICATIONS FOR NORTHERN IRELAND

1. At PSG on 27 June, we had a presentation from Etta Campbell and Elizabeth Mitchell on the background to and experience of handling the very recent outbreak of SARS. Since a number of colleagues were not able to attend, I attach a copy of the presentation, for information and consideration.
2. One of the reasons for having this presentation was to invite Departments to consider the potential implication for Northern Ireland should SARS, or a similar new disease, emerge in the United Kingdom, and Northern Ireland in particular. We agreed at PSG that each Department would consider the implications, at senior level, and would make direct contact with Dr Elizabeth Mitchell in Dundonald House in respect of specific Departmental issues. The purpose of this note therefore is to invite colleagues in all Departments to undertake this work and make direct contact with Dr Mitchell. I would be grateful if Departments could respond to Dr Mitchell by **18 July**.
3. This is of course important contingency planning but I would be grateful if colleagues in Departments would handle this issue in an appropriate and considered way.

pp *Bernie Rooney*

NIGEL HAMILTON

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SARS

Presentation to PSG

27 June 2003

Dr Henrietta Campbell
Chief Medical Officer

&

Dr Elizabeth Mitchell
Principal Medical Officer

Severe acute respiratory syndrome (SARS)

- Started November 2002 in Guangdong, China
- First severe new infectious disease in 21st C
- Caused by new virus (SARS coronavirus)
- Capacity for spread along routes of international air travel
- 14 March WHO issued a travel advisory as a global alert
- SARS now reported from 30 countries
- 8461 probable cases (804 deaths) by 20 June

SARS

- Started November 2002 in Guangdong, China
- From there outbreaks in Hanoi, Hong Kong, Singapore and Toronto
- First in hospitals - rapid increase in cases among health care workers
- Subsequently spread outside hospitals

SARS

- Initial symptoms non-specific and common
- Available tests have limitations
- No specific treatment or vaccine
- Mortality increases with age
(50% in >65 yrs)
- In Toronto widespread disruption
(see attached email)

SARS

- Estimated costs of \$ 30 billion in Far East
- Public panic widespread in hardest hit areas
- Hospitals, schools and borders have been closed
- In Singapore military deployed to assist with contact tracing and enforce quarantine
- In Toronto widespread disruption (see attached email)

Learning from SARS

- Importance of preparedness – adequate surge capacity
- Integration with existing emergency plans
- Immediate political commitment at the highest level eg Vietnam
- Clear command and control structure

Impact of SARS outbreak in UK/NI

- Economic - tourism, business
- Disruption - transport, essential supply chains, food production/supply
- Local retail and hospitality sector
- Education sector
- Public order

Key control points

- early case detection and swift isolation
- thorough control of infection measures
- vigorous identification and management of close contacts by home quarantine
- public information
- education of health care professionals
- exit screening at ports

Swift executive action required *e.g.*

- designate SARS facilities
- quarantine contacts ... **Toronto currently has 5,000 people in home isolation ...**
- maintain essential services - *e.g.* HPSS, transport, utilities
- exit screening of travellers at ports
- close schools
- ?close borders

DHSSPS - action to date

- Urgent contingency planning - bid for in-year resources
- SARS Taskforce for NI
- Liaison with GB and ROI
- Rapid cascade of information to HPSS
- SARS section on DHSSPS website - frequent updates

Levels of response

- 0: no active cases in UK/Ireland
- 1: sporadic imported case(s) in UK/Ireland
- 2: spread within hospital / limited spread within defined groups in community
- 3: extensive spread in community
- 4: post-outbreak

Conclusion

We need to prepare now
for a SARS outbreak
at Level 3
this winter!