

SECRETARY OF STATE FOR HEALTH STATEMENT ON
SARS, 28 APRIL 2003

1. Mr Speaker, with permission, I wish to make a statement on Severe Acute Respiratory Syndrome (SARS).
2. SARS was first reported to the World Health Organisation from a number of countries in South East Asia in mid-February this year. Subsequent information from the Chinese authorities suggests it probably started to emerge in Southern China during November last year. It presented as an unknown illness causing fever and severe chest symptoms (including pneumonia). Since then, laboratories around the world including those in the United Kingdom have been working to pinpoint the precise cause of this serious new illness. At this stage there is neither a test to diagnose SARS nor an antidote to treat it.
3. SARS has spread to 26 countries but it has been concentrated in a handful of areas with major outbreaks in Hong Kong, Hanoi, Beijing and other parts of China, Singapore and Toronto in Canada. According to the most up-to-date information I have received from the WHO this

morning, there have been 4,836 probable cases of SARS world-wide and 293 deaths.

4. There are of course understandable public concerns about the impact SARS might have in the United Kingdom. I can confirm to the House that in this country to date there have been just six probable cases of SARS. The last reported case was admitted to hospital on 10 April. All the patients involved were quickly identified and have been successfully looked after by the NHS. All have now returned home and are well. The Chief Medical Officer, Professor Sir Liam Donaldson has advised that at present SARS poses a low risk for people in this country. So serious though SARS is, it is important to keep it in perspective.
5. Our approach has been to take a precautionary but proportionate approach. The handling of SARS in this country has been informed - as it must continue to be - by the best scientific and medical advice. In particular the CMO and the new Health Protection Agency, in advising Ministers and the NHS, have been working extremely closely with the World Health Organization which has the

global responsibility for dealing with this disease.

Throughout we have followed WHO advice to the letter.

6. It might be helpful Mr Speaker to the House if I set out the action that has been taken to date and the further action we now propose.
7. First, we have provided early, accurate information to both the public and the health service. The CMO contacted all doctors on 14th March and subsequently on 7th April with detailed information on the symptoms and signs of SARS, and what to do if they encountered a possible case. Up to date information on SARS is also available to the public on the WHO, HPA and Department of Health websites as well as through the NHS Direct telephone helpline which many members of the public have contacted.
8. Second, we have put in place high quality public health surveillance to enable the disease to be tracked closely. In early March, the Health Protection Agency set up a system for reporting suspect and probable cases.
9. Third, the CMO issued advice to people travelling abroad on 2nd April and subsequently on 23rd April in line with

WHO recommendations. He strongly advised against travel to specific SARS affected areas. That remains his very strong advice.

10. Fourth, the WHO have advised that screening of passengers should take place at departure from the countries affected and as a further precaution, in line with that WHO guidance, information has been distributed to the main airports in this country giving advice to returning travellers on SARS.
11. Fifth, we have laid down, in line with WHO advice, specific requirements through guidance issued by the CMO on 14th March and 7th April for the management of patients within NHS hospitals to reduce the risks of cross-infection.
12. Sixth, and perhaps most importantly of all for the long term, we have put our country's considerable scientific expertise to work in helping to identify a causative organism for SARS. The HPA central laboratory in Colindale is a key part of the international collaboration, which led to the identification of the likely cause. It is also at the leading edge of work to discover an accurate diagnostic test.

- one other – for example between health care workers and
13. Over the last few weeks we have been able to draw on the UK's strength in public health and infectious disease control to deal with the threats posed by SARS.
- attack or could change in infectivity or find new routes of
14. I must stress to the House, however, that this is an evolving situation. We are keeping our plans and policies constantly under review: learning lessons where they need to be learned, building on good ideas wherever they are to be found, and particularly, tracking this disease very closely in collaboration with our counterparts in other countries around the world. For example, this week we have sent an expert from the HPA to Canada to assist them, but at the same time to learn as much as we can from the health to unfortunate events in Toronto so that we can build the lessons learned there into our own plans here.
- most affected.
15. So far the approach taken to dealing with SARS in this country has proven effective. There is, however, no room for complacency. My clinical and scientific advisors have stressed that we need to retain flexibility in how we respond. We do not yet fully understand how SARS is also spreads. We do know that most of the cases have been transmitted between people who are in close contact with

one other – for example between health care workers and SARS patients - rather than through normal social contact in the wider population. But we cannot reliably predict whether the SARS virus will maintain its current pattern of attack or could change in infectivity or find new routes of transmission. That is why it is so important to strike a balance in how we respond to it.

16. Some have asked why we do not adopt a policy of screening all entrants to the United Kingdom from countries which have had cases of SARS.
17. The problem is there is no such test. Screening involves asking people a series of questions about their health to identify any signs or suspicious symptoms. This is being done, according to WHO advice, at airports in the areas most affected.
18. I am advised, however, that the early signs and symptoms of SARS occur commonly in the general population, and are found with a cold, cough or minor viral infection. Air travel with its propensity to induce dry throats and coughs is also a potential source of a large number of false leads. So trying to identify a genuine case of SARS is, as the CMO

has put it, like looking for a needle in a hay stack. With 4 million British and other visitors travelling between this country and the most affected areas each year, quarantining all those with such non-specific symptoms is simply impractical. Indeed I have been advised by our scientific experts that none of the six probable cases of SARS so far identified in this country would have been prevented or detected by screening at points of exit, points of entry or on aircraft themselves. Instead each case was picked up because of the patient's awareness of SARS and because of the high level of awareness amongst NHS staff.

19. Fortunately the evidence so far is that SARS is only transmitted by people once they have symptoms of the disease not before. With a disease incubation period of up to 10 days, successful identification and treatment of SARS sufferers so far has been achieved by concentrating public health expertise on people who have returned to this country and developed the disease in the succeeding days. However, this is a changing situation globally and if our experts' advise changes to our approach, we will not hesitate to introduce new measures.

20. Others have asked why we do not make SARS a notifiable disease. In this early and important stage of the SARS outbreak it is vitally important that we find out about all cases of the disease through rapid notification of cases rather than through the slow and bureaucratic processes associated with the notifiable disease regime. Unfortunately it has become associated with significant under-reporting of disease.

21. It is, in any case, extraordinarily unusual for a person in this country suffering from an infectious disease to refuse treatment, to reject advice and persuasion and to necessitate the police being called to compulsorily detain them. We do not foresee this power being necessary in detaining people who fall ill with SARS at this stage. For the benefit of the House, however, I should mention that the Public Health (Aircraft) Regulations 1979 does provide the power to detain for examination any person leaving an aircraft where there are "reasonable grounds" for suspecting that they are suffering from or have been exposed to infection. There is a similar provision in the Public Health (Ships) Regulations. I can tell the House that should the CMO advise me that wider powers become

necessary, then SARS will be made notifiable. If necessary I am advised that we could do so within 48 hours.

22. We remain vigilant to the threat posed by SARS to public health in our country. So I can also tell the House today that I am taking further action following advice from the CMO.
23. Firstly, following emerging evidence from the main affected areas that SARS spreads through poor cross-infection control measures, all chief executives of NHS organisations are being reminded to ensure rigorous controls are in place when treating a patient with possible SARS. This communication will also include an instruction to defer the start-date of appointments of any foreign recruits to the NHS from SARS affected areas.
24. Secondly, I am taking steps to check that the exit screening from ports of departure is robust. The UK is sending observers to these areas this week to ensure that passengers are being screened in line with WHO guidance. Where we have doubts that this is the case we will consider screening passengers on specific flights on entry to Britain including asking them to make a signed declaration they

have not been in close contact with SARS cases or have symptoms themselves.

25. Thirdly, I intend with my right honourable friend, the Secretary of State for Transport to ask airlines returning passengers from SARS-affected areas to distribute information along with boarding cards. We also intend to discuss with the airlines other means of informing passengers about SARS on all long-haul flights from affected areas.
26. Fourthly, I will be reminding all airlines of their obligations to provide a declaration of health when a plane arrives in the UK.
27. Fifthly, next month at the World Health Assembly in Geneva I will be meeting with other Health Ministers to discuss whether there are any further measures above and beyond those already taken which could be put in place at a European or international level.
28. Mr Speaker, the whole House will want to pay tribute to staff in the NHS for their prompt, effective and successful action in responding to SARS. The best advice I have is

that the UK, alongside many other countries who have experienced a very low incidence of SARS to date, may see further cases over the months ahead.

29. Given the importance and ease of global travel we cannot isolate ourselves from the rest of the world. Given the complexity of detection the test of success of our disease control policy rests on keeping to an absolute minimum the spread of the disease and successfully treating those affected.

30. To date the NHS has met that challenge because of the precautionary but proportionate approach that has been taken. We will continue to be vigilant. We will take whatever means are necessary to safeguard the public health of our people. And we will continue working with the international community to tackle and, in time, defeat this serious new disease.