



SARS – Epilogue (Part 13)

By Prof Chee Yam Cheng, Editorial Board Member

Editorial note:

The following article was submitted on 6 April 2004. Contents are current at the time of submission.

SARS was first recognised as a global threat by the World Health Organisation (WHO) in mid March 2003. With the cooperation of international authorities, governments and industry, the disease was contained within four months. On 5 July 2003, the WHO reported that the last chain of human transmission had been broken. In this article I wish to discuss tourism and travel, money matters and China, the source of SARS.

TOURISM

Tourism was gutted by the SARS outbreak. Air travel almost came to a standstill. Airlines were reeling under debts and empty flights. Airports became ghost centres. Sales plummeted. As most travellers take aeroplanes, Singapore's regional air hub came under siege. Our motto of "neither an importer nor exporter of SARS be" was sound. But could it be quickly and effectively implemented? Airports and aeroplanes had to be fortified against the SARS virus. How to do so for airports and airlines of the many countries in this region who themselves were fighting SARS?

AIRPORTS

International Air Transport Association (IATA) and International Civil Aviation Organisation (ICAO) are the two international bodies that worked hard to ensure airport and airline safety. IATA in a press release on 2 May 2003 stated: "A fundamental approach to containing the spread of SARS will be a rigorous pre-departure screening of air passengers by government health officials to prevent this virus from crossing national borders. This had the support of the WHO. Effective and efficient passenger screening processes will result by combining the public health expertise of governments with the operational expertise of airports and airlines".

Effective passenger health screening would prevent probable infectious SARS victims from carrying the virus to other locations, protect travellers and airport and airline workers, and maintain public confidence in the air transport system. To be most effective, this screening had to identify people displaying SARS symptoms at the earliest point possible. IATA strongly urged governments to ensure that departing passenger health screening procedures occurred before check-in. Similarly, any arrival screening should take place as close to the arrival point as possible. IATA research indicated that passengers' greatest concern was the health condition of their fellow travellers. Screening of passengers by

government health officials is technically simple, very effective and essential to rebuild public confidence in the air transport system. IATA represents over 270 airlines comprising 98% of scheduled international air traffic.

On 5 May 2003, the world airline CEOs and members of a special committee of IATA's Board of Governors met in London to discuss the impact of SARS and evaluated the measures being taken. They endorsed the idea of a standardised pre check-in screening of air passengers in countries affected by the SARS outbreak.

By 4 June 2003, ICAO announced it had developed a set of protective measures for use at international airports to prevent the spread of SARS. The measures, based on guidelines issued by the WHO, consist of specific procedures for screening of passengers at departure and on arrival, and airport workers. Included was information for all passengers about SARS and guidance on handling of suspected cases on board and at destination.

ICAO representatives met in Singapore with officials of Ministry of Health (MOH), Civil Aviation Authority of Singapore (CAAS), Civil Aviation Medical Board (CAMB) and Raffles Medical Group (RMG), using the Singapore airport as the model on which to work out and test these procedures. Singapore's Changi Airport was the first to be certified as having met the requirements for these protective measures against SARS. The ICAO team then certified other airports in the region, including those in Hong Kong and China.

There is a checklist of eight protective measures plus an optimal one, including: (*Straits Times*, 7 June 2003, pg. H2, col. 5-7.)

- (i) Appointing a public health emergency official who will be responsible for implementing protective measures against SARS if necessary.
- (ii) Screening departing passengers and passengers arriving from SARS-affected areas for symptoms of the virus.
- (iii) Daily temperature screening for all airport workers who have direct contact with passengers.
- (iv) Setting up response procedures for any incoming aircraft carrying possible SARS cases, which include measures to remove all passengers directly from the aircraft, and infection control measures such as face masks and gloves.

AIRLINES

During the four months from March to July 2003, the international airline industry, particularly in Asia, saw passenger numbers plummet and losses amount to US\$4 billion as a result. The air transport industry was one of the hardest hit sectors of the economy. IATA gathered the world's airlines



About the author:

Prof Chee Yam Cheng MBBS(S)(1973), PPA, FRCP(Lond)(Edin)(Glasg), FRACP, FACP(Hon), FCFPS, is a Senior Consultant Physician, Department of General Medicine, Tan Tock Seng Hospital, Clinical Professor of Medicine, Faculty of Medicine, National University of Singapore, and Assistant CEO (Clinical), National Healthcare Group.

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with the WHO in Bangkok on 23 April to refine battle plans in the war on SARS. Earlier, by 5 April, guidelines were issued to crew on international flights from areas affected by SARS. In particular, it dealt with symptoms of SARS, precautions to be taken, and the management of possible SARS cases on board, contacts of the ill passenger, and other passengers.

For purposes of air travel, a contact is defined as:

- (i) Passenger sitting in the same seat row or within at least two rows in front or behind the ill passenger.
- (ii) All flight attendants on board.
- (iii) Anyone having intimate contact, providing care or otherwise having contact with respiratory secretions of the ill passenger.
- (iv) Anyone on the flight living in the same household as the ill passenger.
- (v) If it is a flight attendant who is considered to be a SARS case, all passengers are considered to be contacts.

For disinfecting of aircraft, the WHO's Guide to Hygiene and Sanitation in Aviation is available at <http://www.who.int/csr/ihr/guide.pdf>. HEPA filters are used in aircraft, and when installed, filter down to three microns and become more efficient with time. "The air in aircraft cabins is probably safer than anywhere else," said Mr Richard Stirland, Director General of the Association of Asia-Pacific Airlines, a group of 17 Asian, mainly national airlines. (*ST*, 28 April 2003, pg. 4, col. 5.) The cabin air is fresher than in office buildings, other transport modes and any other enclosed spaces for big crowds, said aircraft manufacturer Boeing and Singapore Airlines. Plane air is completely replaced with air from outside the aircraft 20 to 30 times every hour. This compares favourably against one to three times an hour in a typical building, and five to seven times in a hospital operating theatre. Before each replacement, passengers breathe in a mix of fresh external air and recycled air that is, to all intents and purposes, devoid of bacteria and virus. This recycled air is filtered so well that it is more than 99.9% sterile.

Every SIA plane, including Silk Air, uses powerful HEPA filters (high efficiency particulate air filters). They are similar to those used in critical wards of hospitals – such as organ transplant and burns wards, and industrial clean rooms. SIA and Silk Air replace them at intervals of between 2,000 and 3,000 flight hours, much shorter than the 5,000 to 6,000 hours recommended by Boeing and Airbus. Additionally, since the SARS outbreak, SIA started two procedures to disinfect planes. One involves disinfecting all transit and night stop aircraft, and the other, cleaning a plane that had a suspected sick passenger. (Remember our own doctor quarantined in Frankfurt en route back from New York to Singapore? He flew SQ.) Similarly Silk Air disinfects all night stop planes and those that have arrived from SARS-affected places.

The super clean air in planes was also underlined by IATA. It quoted the WHO saying that passenger screening procedures at airports around the world have reduced the

likelihood of the SARS virus being introduced into a plane. IATA's Kevin Dobby, who heads its SARS task force said: "Of the 200 million travellers who have boarded aircraft since the beginning of this crisis, there have been fewer than five cases of possible transmission in the cabin, and those were on flights that occurred before the screening procedures were put in place."

AIRCRAFT TRANSMISSION

Is aircraft transmission of SARS for real? The answer is yes. In an article in the *New England Journal of Medicine*, 18 December 2003, pages 2416-22, its authors (including doctors from Thailand, Taiwan, Hong Kong, Singapore and CDC Atlanta) analysed three flights that transported a patient or patient with SARS. One flight carried one symptomatic person and 119 other persons. Laboratory tests confirmed SARS developed in 16 persons, and two others were given diagnosis of probable SARS. Illness in passengers was related to the physical proximity to the index patient, with illness reported in eight of the 23 persons who were seated in the three rows in front of the index patient as compared with ten of the 88 persons who were seated elsewhere. Another flight carrying four symptomatic persons resulted in transmission to at most one person, and on the third flight, which carried a person with asymptomatic SARS, no illness was documented in passengers on that flight.

CRUISE SHIPS

SARS also hit the cruise operations. The hospitalisation of two Star Cruises crew on SARS fears, and cancellation of luxury voyages were the news on page 6 of *Weekend Today*, 12 April 2003, pages 12-13. SuperStar Virgo had arrived in Singapore with 625 passengers and 1,354 crew. An Indian national crew had fever and was isolated at Tan Tock Seng Hospital. Another 13 crew who could have had contact with the man on the ship were quarantined. The ship left Singapore for Port Klang and returned two days later with 814 passengers and 1,350 crew. All crew and passengers were checked but none had SARS symptoms. The ship while docked at Singapore was disinfected. Because of these suspect cases, Star Cruises cancelled a weekend cruise and a one-week cruise to Bangkok and Ko Samui. Next day, *Today* reported that the Indian national had been discharged from hospital. He did not have SARS. SuperStar Virgo was taken off quarantine and allowed to sail away. It had no passengers on board.

On 17 April 2003, *Today* (page 3) reported that Malaysian cruise operator, Star Cruises, was deploying its two Asia-based luxury cruise ships to Australia, following worsening business conditions in the region. SuperStar Virgo will be based at Perth instead of Singapore, and SuperStar Leo in Sydney instead of Hong Kong, for the next three months. On Anzac Day, 25 April, the luxury liners will take on board Australian-based passengers. Star Cruises has 20 ships in its entire fleet, the world's fourth largest cruise operator. In recent weeks, the company's shares were sold down 25.6% and 23.9% in the Singapore and Hong Kong markets respectively.

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As a result, the S\$50 million Singapore Cruise Centre will wind down operations. The centre used to have at least one ship a week making port calls. Since the SARS outbreak, hardly any vessel had called.

AIRLINES SUFFER

The *Straits Times* reported on 17 April 2003 (page H5) that Changi Airport was hit far harder by SARS and the war in Iraq, than it was after the September 11 terrorist attacks. A total of 2.21 million passengers passed through Changi in March 2003, a sharp drop of 11.2% compared to March 2002, as business and leisure travellers shunned Singapore. Investment Bank Merrill Lynch likened the crisis to “watching a train crash.” In its latest report on Singapore Airlines and Hong Kong’s Cathay Pacific, it said that “while March was bad, clearly April is going to be a lot worse.” In the first week of April, passenger traffic fell 38.3% compared to last year. The number of scheduled flights each week fell by 19.7% (compared to 7% fall after 9/11). For Asian airlines, cuts in services ranged from 30 to 50 percent. And for SIA, 199 weekly flights were cut in March, spread across North Asia (80 fewer flights), S.E. Asia (70 fewer), and Europe and USA (about 20 each).

Tourist arrivals were down 15% in March 2003, followed by 61% in the first 13 days of April. The crash in hotel occupancy was down to 20-30% against the normal 70-80%, and retail sales crashed 10-50%. (Editorial. *ST*, 18 April 2003.) “China, a principal source of visitors, is careening down a slippery slope of SARS under-reporting even as Singapore is succeeding in blocking its spread to the general population.” (But on 19 April 2003, Pasir Panjang Wholesale Centre was closed because of community spread of SARS.) “At the macro level, the government has halved the growth forecast for 2003 from the 2-5% band to 0.5-2.5%; the prognosis is very black.”

For Singapore Airlines, cabin crew had to tighten their belts. (*Streets*, 16 April 2003, pg. 1.) Besides axing 206 cabin crew trainees and ceasing recruitment in March, SIA was asking flight attendants to take no pay leave for any reason e.g. studies, exam, personal. Cabin crew were also asked to consume any annual leave earned to date. SIA was doing this in line with that recommended in a tripartite statement by the government, trade union and employers the previous day. The measures adopted by sectors most hit by the SARS outbreak – airlines, hotels and travel agencies – were temporary cost cutting steps to remain viable and preserve jobs. These were a shorter working week, temporary layoffs, asking employees to attend training or take their annual leave.

Post 9-11, SIA did not axe a single employee. But, this time, the situation was dire. SIA said in the first week of April, that it had just filled 54% of its seats, way below its average breakeven load factor of 70%. So it slashed air fares by as much as 50% to top spots with economy class return tickets to London, Paris, Rome, Frankfurt, Zurich and Amsterdam costing just S\$800. (*ST*, 26 April 2003, pg. 4.) SIA shares closed at a 17-month low of S\$8.30 the day before.

On 30 April 2003, it was reported (*ST*, pg. H4.) that “SIA lines up action plan to battle ‘worst crisis’, shrinking of fleet size and talks with its unions are part of airlines plans, Silk Air to release 8 expatriate pilots early”. By slashing 200 weekly flights, its capacity had been reduced by 20%. Losses were close to S\$1 million a day.

Said IATA regional Vice President Andrew Drysdale: “This is a crisis of unprecedented magnitude.” Fallout from SARS would dwarf those of the 9-11 terror attacks in the U.S., the mid 1997 Asian crisis and the Iraq War. (*ST*, 16 May 2003, pg. A2, col. 2.) He estimated global industry losses from SARS at US\$10 billion. The 9-11 and Iraq war cost the industry a combined US\$30 billion last year. He noted that “the travel industry underpins the economies” of many of the worst affected Asian countries. Health experts say that SARS was the first global epidemic to be spread by jet travel. Aviation officials insist the chances of contracting the virus during flight are minimal (but not zero). Mr Drysdale said governments and industry officials need to address the public “misunderstanding the level of risk” of contagion through flying. The aviation industry carries about 1.2 billion passengers every year. A new study by Oxford Economic Forecasting showed that the four Asian nations slapped with travel advisories by WHO because of their outbreaks of SARS – China, Hong Kong, Singapore and Vietnam – will lose 2.9 million travel and tourism jobs in 2003.

On 13 October 2003, “Good times are taking off at Changi Airport” was the headline on page 4 of the *Straits Times*. Data were showing a better picture after 10 months of turmoil caused by the SARS outbreak. SIA was operating again near its pre-SARS level, after reporting its first ever quarterly loss of S\$312 million at the end of June. The profit estimate for SIA for the year ending March 2004 was raised by UBSAG on 15 September to S\$558 million, compared to last year’s profit of S\$618 million.

HELP PACKAGES

The government announced on 17 April 2003, assistance to help hotels, airlines and cabbies with new moves to protect jobs. (*ST*, 18 April 2003, pg. 1.) Businesses in the transport and tourism-related sectors, hardest hit by the SARS outbreak, will receive S\$230 million worth of help through rebates, fee cuts and grants which took effect from May 2003. The three bigger packages relate to S\$64 million for property tax rebates for shops, hotels and restaurants; S\$57 million for training grants for tourism related courses, generating some 27,000 training places, and S\$45 million for the aviation industry through rebates on aircraft landing fees, and rentals for airport and air freight centre tenants.

SARS-AFFECTED VICTIMS

Singaporeans donated graciously to the Courage Fund. This fund was used to financially assist all probable SARS cases, unemployed and self-employed observation, and suspect cases, who under the Infectious Diseases Act, had to be hospitalised or quarantined to protect the rest of society.

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The SARS Home Quarantine Order Allowance was applicable to several categories of quarantined people. It included all discharged probable and suspect cases; all contacts of probable, suspect and observation cases; all discharged patients from the “hot wards” in TTSH, SGH and NUH since 3 May 2003; all persons with chronic illness/immunocompromised status, discharged from TTSH and SGH and all renal dialysis patients discharged from NUH. All these categories of people had their HQO issued by MOH (delegated down to the CMBs/CEOs of the three hospitals – TTSH, SGH and NUH). Those warded just for observation with no history of contact did not qualify for the allowance. Some were put on phone surveillance but not quarantined; they did not qualify.

The rates for suspect and observation cases with history of contact given allowance only for days of hospitalisation strictly related to SARS, were S\$50 per day of hospitalisation for the unemployed and S\$100 for the self-employed. Those who qualified for the HQO allowance scheme were persons issued with HQO, and small business establishments ordered to close by government. The payment was S\$70 per day for each day of quarantine. Those self-employed were paid directly. Those employed had the payments made to their employers.

By 15 August 2003, about S\$2.8 million had been paid out under the HQO Allowance Scheme. (*ST, 15 August 2003, pg. H1.*) More than 600 people and some firms had benefited and more would benefit as claim forms had been sent to 8,533 people, of which 4,056 had their applications approved under this scheme. People had three months from the time they received the forms to claim relief. The most recent quarantine case had up to October to do so. Payment was through the People’s Association, which ran the scheme with the five community development councils.

Those who broke their quarantine orders or were not working were not eligible. Neither were foreign domestic maids, whose workplace is the home, and civil servants. Among those who had claimed were tenants at the Pasir Panjang Wholesale Centre (shut for 15 days) and the S-11 coffee shops in Serangoon Central (shut for 15 days). For the wholesale centre, the HDB waived its rent during the closure, saving tenants between several hundred dollars for a small stall and S\$4,000 for those renting a cold room. The HDB also waived about S\$780,000 in rent for over 600 tenants occupying the centre’s 1,200 units. Tenants also received a one-off payment of S\$1,600 for each stall they had.

The financial assistance programmes were administered by the Community Development Councils, which sent the application forms to all those ordered to stay home. (*ST, 30 April 2003, pg. H4, col. 5-6.*) Three groups received help as mentioned above. The self-employed received S\$350 up front when they were served the HQO and another S\$350 at the end of the 10 days. If a person violated his HQO, the upfront S\$350 would not be taken back, but the allowances for those salaried will not be paid to their employers. More than 4,600 people had been served HQOs and the payments could reach S\$3.3 million.

CHINA UNCOVERED

When the WHO issued the warning on the global threat of SARS in mid March 2003, there was little doubt that Southern China was where the disease originated. On 2 April, the WHO issued a travel advisory against travel to Hong Kong and neighbouring Guangdong province. “WHO gets tough on China” was the *Straits Times* headline on 3 April, and by 7 April, “China yet to provide samples” to the WHO. (*ST, 7 April 2003, pg. 6, col. 7.*) After five months of covering up its SARS problem for political reasons, China was forced to face the bad news and gave in to the international pressure to change its attitude and cooperate with the international communities’ efforts to contain the spread of SARS. (*ST, 7 April 2003, pg. 8.*) President Hu Jintao finally urged full-scale cooperation with the WHO. It was only when Premier Wen Jiabao made it the first item on the agenda of a recent State Council meeting to discuss the main tasks of the cabinet for 2004, that approval was given for WHO officials to carry out investigations in the stricken province. Between 1 November 2002 and 6 April 2003, there were a total of 2,600 cases worldwide and 90 had died.

More than four out of five deaths worldwide had occurred in Guangdong and Hong Kong at this time. All this might have been different if the Chinese Communist Party (CCP) had adopted a more responsible attitude towards dealing with the outbreak. The CCP issued a circular to the Chinese Official media in October 2002 outlining how it could help maintain a stable and secure environment, to ensure that the party’s 16th Congress in November would be held successfully. The circular had a list of “Do’s and Don’ts”, including an item on dealing with the possible spread of flu. Every year between winter and spring, there will be a high incidence of flu and pneumonia in China. Apart from dismissing any outbreak as nothing more than the usual bout of seasonal illness, the circular urged the media to avoid running “negative news”. Party secretaries at various levels were warned that they would be held accountable should such bad news break out in their areas. The circular suggested that the CCP was fully aware of the possible spread of illness, but decided that the party image had to come first. Instead of sounding the alert, the official media were directed towards avoiding news that might mar the congress.

Other mistakes equally avoidable followed. When the Guangdong outbreak began to get out of control and was reported in Hong Kong, the Chinese accused the media there of scare mongering. The Hong Kong media were openly criticised for “excessive coverage” that would frighten off foreign investors. The result was that instead of initiating actions to deal with the disease, China politicised the issue and erected a barricade in self-defence. It claimed that the WHO’s request to do field work in Guangdong, as well as identifying the province as the source of SARS, were politically motivated. A MOH official even threatened to scrap cooperation with the WHO if it continued calling Guangdong the source of the disease. The Health Minister Zhang Wenkang was quoted as saying: “The fact that HIV and Aids cases were first reported in the United States does not mean that the fatal epidemic

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started there.” To the Chinese, pressure from the WHO, coupled with American media calls to ban travel to China, added up to a political conspiracy. It was only when the World Economic Forum cancelled its April 2003 summit meeting in Beijing that the country appeared to wake up to the reality of SARS. When Vice Premier Wu Yi announced plans to step up action and public education in the first week of April 2003, China even said sorry for the way it handled the crisis.

Chinese Premier Wen Jiabao said on 6 April that his government was fully capable of controlling the spread of SARS. “The CCP and the government pay much attention to SARS, have adopted a series of timely measures and achieved obvious results,” he was quoted as saying by Xuihua news agency. “The Chinese government and people warmly welcome friends from all over the world to come to our country for travel or business. We will adopt a series of measures to guarantee the health and safety of friends coming to China.” Mr Wen urged all levels of government to “fully recognise the complexity and difficulty of SARS.” (*ST*, 7 April 2003, pg. 8, col. 6-7.)

Today, 3 April 2003, on page 20 ran a report titled: “Unmasking the mighty dragon”, which commented that if China cannot come clean on the SARS crisis, how can investors expect to get reliable data on its economy? For months, China had denied it had a growing number of SARS cases, and only in late March 2003, did Beijing welcome a team from the WHO to study the origins of the epidemic and devise ways to halt its spread. It was troubling that WHO’s data on SARS in China was “of February 2003” when it was already April 2003. By word of mouth, China had about 800 cases in Beijing, Guangdong and Shanxi. There was no data on the other 28 provinces and municipalities.

ABOUT TURN

Chinese officials then back-pedalled on earlier claims that the virus had been kept under control. Another 17 cases were reported with Fujian and Inner Mongolia hit. (*ST*, 16 April 2003, pg. H4.) Altogether, China had 1,435 cases, of which 1,094 recovered and 64 died. President Hu Jintao’s message was sombre. He called for an all out effort to keep SARS from “spreading and rebounding” and urged the government to support the front line staff. Premier Wen Jiabao also appeared to change tack when he said: “The overall situation remains grave.” Chinese health officials then said SARS was being “effectively contained” rather than “effectively controlled.”

The central government appointed Vice Premier Wu Yi to drive the anti-SARS campaign, now made a top national priority. (*ST*, 17 April 2003, pg. H4, col. 1-3.) Chinese President Hu went on an inspection tour of Guangdong province as part of damage control. (*ST*, 18 April 2003, pg. A1.) He also met with Hong Kong Chief Executive, Mr Tung Chee Hwa in Shenzhen to show the central government’s support for the beleaguered government of the SAR (Special Administrative Region) and for Hongkongers in their fight

against SARS. He also met health workers in the front line of the fight against the deadly disease, to raise people’s confidence and to show them that no effort was spared to control the disease. But it was also a signal to the rest of the world that China was serious about tackling the SARS issue. The SARS outbreak has shown that China cannot afford to have “a long leg in economic reform and a short leg in political reform,” he said.

“China leaders order all-out action” was the heading on 18 April 2003. (*ST*, pg 4.) China’s top leaders directed all levels of government, from central to the township, to go all out in a nationwide bid to prevent and treat SARS cases. No money or effort should be spared in the fight. And no late or false reporting. This directive, broadcast by China Central TV (CCTV) at prime time, was issued after a meeting of the CCP’s all-powerful Politburo Standing Committee. Analysts saw this as the leaders’ response to the WHO criticism of poor case reporting and contact tracing by Beijing hospitals. Along with this directive was news that SARS had spread to the remote western Ningxia region. There were 1,457 cases of SARS in China with 66 deaths as of this date. “Cover-up SARS and you will be punished, says Beijing.” (*ST*, 20 April 2003, pg. 4, col. 7.) Massive under-reporting of cases was occurring but WHO’s Dr John Mackenzie did not think there was a cover-up. The problem, he said, was a lack of communication between Beijing and the provinces. The gross under-reporting was also due to a very complex situation – at this time every year, China usually has many cases of atypical pneumonia and avian flu.

THE WHISTLE-BLOWER

Aided by the information revolution, a Chinese military doctor’s accusation that his government was lying about the extent of the flu-like pneumonia in the country led to the sacking of two senior government officials. On 3 April 2003, 72-year-old senior retired surgeon Jiang Yanyong, watched Chinese Health Minister Zhang Wenkeng report on national TV a mere 12 cases of SARS in Beijing. He knew first hand that the actual number was much higher. “I simply could not believe what I was seeing,” he wrote in an email to CCTV-4. “All the doctors and nurses who saw yesterday’s news were furious.” He reserved his strongest language for Mr Zhang, who like Dr Jiang, had come up the ranks as an army doctor. “Zhang Wenkang is ... abandoning even his most basic standards of integrity as a doctor.” (*ST*, 23 April 2003, pg. H6.) On 20 April, Health Minister Zhang Wenkang and Beijing mayor Meng Xuenong were sacked from their jobs. (*ST*, 21 April 2003, pg. 1.) Executive Vice Minister for Health Gao Qiang instead faced the media and disclosed that Beijing alone had 246 SARS cases, 10 times more than the official figure. The situation in Beijing was “very serious” with 18 dead and another 402 suspected cases.

Dr Jiang’s letter was an inspiration to other healthcare workers, who then leaked more information. Dr Jiang is a member of the Communist Party, and was in 1991 extolled by a government publication as “An Honest Doctor”. He enjoyed

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a hard earned reputation for integrity throughout his entire career. In 1949, the year the Communist Party took power, he won a place at the prestigious Yanjing University (since renamed Peking University) as a pre-medical student. The bulk of his training was at Peking Union Medical College, an American style medical academy. As a freshly minted doctor he was assigned to the No. 301 military hospital. He did a stint early in his career as a field surgeon, and was known for two qualities: compassion for patients and deft medical skills. He was an easy target in 1966 when the Cultural Revolution began. In 1972, he was politically “rehabilitated,” and returned to No. 301 hospital where he worked his way up to chief of surgery in the 1980s.

Although Dr Jiang was criticised by the Vice Health Minister Gao Qiang, top economist Professor Wu Jinglian who is chief economist of the State Council Research Development Centre, telephoned Mr Jiang to express his admiration and labelled his critics as people with “upside down values”. (*ST*, 9 June 2003, pg. A2, col. 1-3.) The Chinese Business Post revealed that Prof Wu had criticised the official handling of SARS at a national conference on 9 April, chaired by Premier Wen Jiabao. Both Prof Wu and Dr Jiang were born in 1930 and joined the Communist Party in 1952. Prof Wu said to Dr Jiang: “I have called you because of an absurd view being spread that telling the truth is a problem, and suppressing information is normal and a responsible act towards the country and its people.” Dr Jiang was also reported as saying: “I am an old cadre of 50 years’ standing and I feel the party should not fear any kind of media reporting and should permit different views, unless of course, its heart is not right or it has feet of clay. I believe most Chinese people are hoping that the Communist Party will improve and learn to listen to different opinions. I believe SARS will give us a big push.” As late as 30 May, Mr Gao wondered aloud at a press conference why so many people paid attention to Dr Jiang when he was just one of six million Chinese medical workers. To ordinary Chinese, however, he is a hero.

MORE SACKINGS

To replace Health Minister Zhang, Beijing appointed its top woman politician Wu Yi as Health Minister. (*ST*, 27 April 2003, pg. 3.) The SARS crisis had jolted the leadership into appointing a Vice Premier, not a Minister, as health supremo so that there would be sufficient clout behind whatever measures that are ordered to fight the disease. Madam Wu, aged 64 years and China’s most senior woman politician, replaced Mr Zhang Wenkang. She is known for her hard-nosed and business-like approach, and was tasked to steer a national team to fight SARS, which had spread to 21 of China’s 31 provinces and municipalities.

In her get-tough approach, China sacked or disciplined more than 50 officials across the country for mishandling the SARS outbreak, signalling its seriousness in tackling the epidemic, which had killed almost 200 people nationwide. (*ST*, 5 May 2003, pg. 4, col. 3-7.) Since 25 April, at least 52

errant government bureaucrats, communist party cadres and health officials had been punished. They came from various provinces: Guangdong and Hunan in the South, Anhui and Jiangxi in the east, northern Hebei, north western Shanxi, central Henan and Guangxi, and Chongqing municipality in South West China. The officials were sacked or reprimanded for incompetence, tardiness or being ill-prepared in handling SARS patients, deserting their posts or not devoting enough attention and resources to combating the disease. Top leaders had recently warned that swift punishment awaited those who failed to act, or tried to cover up the real situation. Mr Peng Mengxiong, a senior official in charge of disseminating SARS-related information in Changde city in Hunan province, was sacked from all government and party posts after he was found partying the night away instead of doing his job. He reportedly spent five hours having dinner and going for karaoke with several businessmen. As a result the city’s website for SARS-related information was updated six hours behind the deadline.

In the Shiyu town of Chongqing city, Health Director Chen Mingqi was sacked for being more preoccupied with the profitability of the clinics and hospitals than getting them ready to handle SARS patients. He reportedly made “negative” comments such as “if we have SARS cases, it’s not realistic to quarantine anyone as it will affect the hospital’s business” and if “the hospital cannot collect payment where do we get money for food?”

ASEAN + 3

Health Ministers from ASEAN, Japan, China and South Korea met in Kuala Lumpur on 26 April 2003 and proposed a slate of strict measures to combat SARS. (*ST*, 27 April 2003, pg. 1.) This was followed by the ASEAN leaders special summit on SARS on 29 April in Bangkok where they agreed to coordinate SARS policy, share information and adopt stringent safeguards, including uniform pre-departure health screenings for travellers within the grouping. Without such standardised procedures, countries might have been tempted to close their borders, thus inflicting economic damage on themselves and others, on top of damage to their public health. Contain, isolate, screen – that is the strategy that Singapore and ASEAN as a whole have adopted. (*Editorial*, *ST*, 1 May 2003, pg. 28.)

SINGAPORE’S GAIN

As a result of Singapore’s performance in anti-SARS measures, the U.S. and Singapore agreed to join forces to combat new diseases and biological threats. Two American research institutes could set up base here; they are the CDC (Centres for Disease Control and Prevention) and the NIH (National Institutes of Health). “Given American leadership in the biomedical field and Singapore’s advanced research facilities, President Bush and PM Goh agreed that the two countries should explore prospects for collaborative efforts to understand new health threats which put the world community at risk, including tropical diseases and biological warfare agents.” (*ST*, 8 May 2003, pg. 1.)

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SARS IN 2004

In the winter of 2003, a 32-year-old male TV producer came down with SARS on 16 December. The laboratory test only confirmed it was SARS in January 2004. He lived in Guangdong and it was only since 26 December that the WHO's help was sought to confirm earlier diagnostic tests which were inconclusive. The source of his infection was unclear. The previous year, the first cases of SARS occurred in Guangdong in mid November 2002. The disease began to spread internationally in late February 2003, eventually causing more than 8,000 cases with 774 deaths in 27 countries. The TV producer was discharged by 9 January. All his 81 identified contacts, including 17 healthcare workers remained well. By 12 January, a third case of SARS in China was reported. The fourth case was a 40-year-old doctor from Guangzhou, admitted to hospital on 16 January, and discharged well on 30 January. So, all four cases of SARS have recovered.

CONCLUSION

SARS resurgence has not happened, and we are thankful it has not. Hong Kong began scrapping some SARS safeguards (*ST*, 10 March 2003, pg. A4, col. 6-7) and Singapore stepped down its SARS-related measures from 1 April 2004. This included no further need for hospitals to:

- (a) restrict hospital inpatient visitors to four registered visitors;
- (b) triage patients for fever at Specialist Outpatient Clinics;
- (c) maintain contact details of visitors;
- (d) monitor staff temperature; and
- (e) conduct daily internal audits on staff compliance with SARS prevention and control measures.

Also, there was no further need for medical clinics (including polyclinics) to:

- (a) triage patients for fever;
- (b) require staff to wear N95 masks when attending to fever patients;
- (c) require patients with fever to wear surgical masks;
- (d) maintain contact details of visitors; and
- (e) monitor staff temperature.

However, hospitals will continue to:

- (a) triage febrile patients at Emergency Departments and separately manage them;
- (b) isolate potentially infectious patients; and
- (c) require staff in high-risk areas to don PPE.

Thank you for bearing with me through my lengthy articles. ■