

OPERATIONS UPDATE



International Federation of Red Cross and Red Crescent Societies
Fédération Internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

ASIA: SEVERE ACUTE RESPIRATORY SYNDROME (SARS) PREVENTION AND CONTROL; Focus on China and the DPRK

15 May, 2003

Appeal No. 11/03; Operations Update no. 1

Appeal launched on 7 May, 2003 for CHF 2,016,000 (USD 1,515,405 or EUR 1,330,467) for 10 months.

Disaster Relief Emergency Funds (DREF) allocated: CHF 100,000

Period covered: 7 May to 15 May, 2003

The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 180 countries.

For more information: www.ifrc.org

In Brief

Appeal coverage: 0%; discussions are underway with a number of donors (including: ECHO, the Finnish, American, and Norwegian Red Cross, and the Canadian Embassy in Beijing) and it is anticipated that hard pledges will soon be reflected in the List of Contributions for this appeal. For future reference please refer to the Contributions List for this appeal on the Federation's website.

Outstanding needs: CHF 2,016,000

Related Emergency or Annual Appeals: see the respective 2003 Annual Appeals.

Operational developments

As of 13 May, a cumulative total of 7,548 probable SARS cases with 573 deaths have been reported from 29 countries, including 13 countries from the Asia-Pacific region. This represents an increase of 111 cases and 21 deaths when compared with the last report, issued on 12 May. New cases are reported from China (80 cases, 10 deaths), Hong Kong Special Administrative Region (SAR) (6 cases, 7 deaths), Taiwan (23 cases, 4 deaths), and India (2 cases). In China, new cases were concentrated in Beijing (48), Hebei (14), and Shanxi (13).

Areas with recent local transmission, where WHO recommends exit screening of international travellers, include: Toronto (Canada); Beijing, Guangdong, Hebei, Hong Kong SAR, Inner Mongolia, Jilin, Shanxi, Tianjin, and Taipei (China); Manila (Philippines); and Singapore. WHO recommends postponing non-essential travel to Beijing, Guangdong, Hong Kong SAR, Inner Mongolia, Shanxi, Tianjin and Taipei. These recommendations are updated daily.

To date, the WHO approach to SARS has been aimed at sealing off opportunities for further spread, both within countries reporting cases and internationally. Experiences in a growing number of countries, notably Vietnam and Singapore, indicate that the disease can be contained, thus supporting WHO's overall objective to prevent SARS from becoming established as another new disease in humans. Three activities – case detection, patient isolation,

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and contact tracing – can reduce the number of people exposed to each infectious case and eventually break the chain of transmission. Public awareness and community support activities are critical to the success of these control activities. National societies and Red Cross volunteers can play a significant role in these sensitive areas.

Case detection aims to identify SARS cases as soon after onset of illness as possible. Once cases are identified, the next step is to ensure their prompt *isolation*, in a properly equipped facility, and management according to strict procedures of infection control. The third activity, *tracing of contacts* – the detective work – involves the identification of all close contacts of each case and assurance of their careful follow-up, including daily health checks and possible voluntary home isolation. These strategies require intensive communication efforts, to raise public awareness and understanding, and to foster confidence and acceptance of so much disruption of daily life.

Together, these activities limit the time between onset of illness and isolation of the patient, and the number of possible contacts for each infectious case. If each new SARS patient infects, on average, less than one further person, then the number of new cases will fall and the outbreak will die out. Nonetheless, a single case admitted to an unprepared hospital can ignite a new outbreak. While trends are moving in an encouraging direction in many areas, even greater focus on control measures is needed if SARS is to be contained globally.¹

WHO experts said it was too early to claim that the SARS crisis had been contained in **China**. But they have been encouraged by efforts to control the disease in Beijing and other regions of the country. The Chinese mainland reported fewer than 100 new SARS cases during four consecutive days, raising hope the country has contained the disease. On May 14, the Chinese mainland had reported 5124 SARS cases including 267 deaths in 23 provinces and regions.

WHO and the Central government of China have agreed that China should seize the opportunity of fighting SARS to improve its public health system. The State Council published a set of regulations on emergency public health cases which include general rules and emergency preparations, reporting and information broadcasting, emergency procedures and legal responsibility. This new regulation came into force on May 12. In Hebei province, local communities have created a unique surveillance system using neighbourhood communities to detect potential SARS cases. Checkpoints have been set up at major commuter entrances into the province, while in villages, a volunteer community leader checks every ten households for migrant workers who have recently returned home from Beijing and other provinces as well as for people with SARS symptoms.

Although only seven cases confirmed, the city of Shanghai has taken measures to prevent the SARS virus to spread. The Shanghai Municipal Health Bureau has confirmed their capacity to handle over 1000 patients at the existing hospitals. If needed, they will build a field hospital similar to the one in Beijing. The local Public Security Bureau has issued a regulation on SARS prevention, all travellers returning from areas hardest hit by SARS will be quarantined for two weeks.

In the **Democratic People's Republic of Korea** the stringent measures adopted by the government to minimize the risk of a SARS epidemic in the country continue to be operative. The Ministry of Public Health will quarantine all persons arriving from both SARS "affected" countries and those countries where SARS cases have been recorded. All incoming passengers from these countries will be kept under observation and isolation in North Pyongyang Province for 10 days. Passengers arriving from other countries will be medically assessed at the airport, and if found to display no symptoms, will be allowed to go to their residences and work as normal. All those displaying any SARS symptoms will be taken to the isolation ward of the People's hospital in Anju city, some 75km north of Pyongyang.²

Up until now, due to the quarantine procedures imposed by the government, the Federation's position has been to stop all travel to DPRK. This will be reviewed in the coming days. Two water and sanitation delegates, one Health coordinator and two health delegates are currently waiting to be mobilised. The DPRK Head of Delegation, Logistics Coordinator, Finance Delegate, Water and Sanitation Engineer and acting Health Coordinator who

¹ WHO Recommendations on case detection, infection control measures, and travel restrictions are posted on WHO SARS website at: <http://www.who.int/csr/sars>.

² WFP Emergency Report May 2003.

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remain in DPRK are reprioritising work schedules across all programs in line with the available Delegation human resources.

Air Koryo flights to and from Beijing were suspended on 06 May for at least one month and travel in and out of DPRK has consequently been limited to one weekly flight via Vladivostok in Russia. In an effort to limit the entry of foreigners with SARS symptoms into the country, authorities will grant only single-entry visas to humanitarian workers after the expiry of their current visas. The DPRK Humanitarian Coordinator and the in-country Security Management Team are in continuous negotiation with the government on the visa and quarantine issues, as these impact very strongly on humanitarian operations in the country.³

Red Cross and Red Crescent action - objectives, progress, impact

Objective 1: To support Asia national societies to implement emergency epidemic prevention and response projects, including stigma reduction and anti-discrimination activities.

Activities	Progress
<ul style="list-style-type: none"> Funding criteria established for SARS/epidemic prevention and response projects, including capacity building. 	<ul style="list-style-type: none"> Will be available shortly
<ul style="list-style-type: none"> National societies invited to apply for funding. 	<ul style="list-style-type: none"> South East Asia and East Asia Regional Delegations are in dialogue with interested National Societies. To date the following National Societies have expressed interest in applying for funding: Red Cross Society of China, DPRK Red Cross, Mongolia Red Cross, Philippines Red Cross, Lao Red Cross, and Indonesia Red Cross.
<ul style="list-style-type: none"> Proposals assessed and selection of projects completed. 	<ul style="list-style-type: none"> No progress this reporting period
<ul style="list-style-type: none"> Funds disbursed. 	<ul style="list-style-type: none"> No progress this reporting period
<ul style="list-style-type: none"> Project implemented and monitored. 	<ul style="list-style-type: none"> No progress this reporting period
<ul style="list-style-type: none"> Participatory project evaluations. 	<ul style="list-style-type: none"> No progress this reporting period

Progress/Achievements in China

The Regional Delegation in Beijing has had several meetings with the Red Cross Society of China since the launching of the Appeal to discuss possible cooperation on SARS prevention/response activities.

The Red Cross Society of China and the Regional Delegation in Beijing are currently preparing a project proposal, including logframe and budget totalling approximately 500,000 CHF, which will be supported by the Federation Appeal and comprising with the following objectives:

- To improve the ability of rural individuals, households, and communities to prevent SARS and other infectious diseases.
- To improve infection control in hospitals, clinics, and among rural health workers who are providing care for suspected and affected SARS patients.

The project activities will specifically involve:

- Production of a **health promotion** video with key health messages relating to the spread of disease/SARS for dissemination to households, schools and local television stations through the 31 provincial branches. The main target group will be rural communities. The 20-30 minute video will be divided into 10 discrete segments. Key messages will be developed around health education topics such as hand washing, waste disposal and toilets, disinfectant sprays, farm animals and pets, spitting, as well as message specifically related to SARS, such as early detection, coughing and sneezing, ventilation and fresh air. 100,000 copies of the video will be produced and distributed to all 31 RCSC. Estimate cost is approximately 130,000 CHF.

³ WFP Emergency Report May 2003.

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- ❑ Procurement of **barrier care supplies** including facial masks, protective gowns, protective glasses, and gloves for medical staff. These will be distributed in the six worst affected provinces/cities: Beijing, Guangdong, Tianjin, Inner Mongolia, Shanxi and Hebei. Estimate cost is approximately 200,000 CHF.
- ❑ Procurement of **materials** such as thermometer sets, bath soap, alcohol-based disinfectant soap, and hand towels for distribution through provincial Red Cross branches to households in the six worst affected provinces/cities: Beijing, Guangdong, Tianjin, Inner Mongolia, Shanxi and Hebei. Estimate cost is approximately 150,000 CHF.

By May 14 the RCSC had received cash and in kind donations worth 60 million RMB. This has been used to support the following activities:

- ❑ Distribution of thousands of booklets on SARS prevention through 31 provincial branches
- ❑ Posting of SARS prevention information on provincial level websites.
- ❑ Establishment of 24-hour telephone hotline to answer queries about SARS prevention. Staff and volunteers with medical background/knowledge are working on shifts to offer advice to the public.
- ❑ Dispatch of medical teams to local communities to provide guidance on disinfection and to distribute hygiene kits containing medicine, masks, thermometers, and booklets.
- ❑ Home visits targeting particularly vulnerable people such as the elderly.
- ❑ Since the beginning of the SARS outbreak, schools in many areas have been closed. The Inner Mongolia Branch used 80,000 sets of multimedia distance learning software to help students continue studying at home. The software worth 6 million yuan was donated by Zhuhai Hairong Software Company.
- ❑ On International Nurses' Day, the RCSC President, Mrs. PENG Peiyun and senior officials visited the Xiaotangshan field hospital and other two general hospitals designated exclusively for treatment of SARS patients. Specialised protective gear, health food, and small gifts were provided to the representatives of the hospitals as an expression of respect and support for the front-line anti-SARS medical workers. In Yunnan, the Red Cross branch and the local branch of China PingAn Insurance Company jointly launched the "Safety Insurance for Anti-SARS Front-line Health Workers" project. Some 3000 anti-SARS front-line health workers got insurance policies free of charge.

Progress/Achievements in the DPRK

Objective 2: To reduce the vulnerability of DPRK health care staff in 240 institutions caring for SARS suspected and affected cases.

Activities	Progress to date
• Effective hygiene and barrier care supplies identified according to WHO standards.	• Completed. List available on request.
• Federation releases DREF to commence procurement.	• 100,000 CHF released 5 May.
• Procurement and transport of supplies to DPRK by the International Federation.	• Quotations sought from several suppliers in order to prepare project budget and proposal. • Tender will commence shortly. • A detailed budget has been forwarded to interested donors including ECHO.
• Distributions, monitoring and training support to MoPH by the Red Cross in Kaesong Municipality and Jagang, North and South Pyongan Provinces	• No progress this reporting period
• Distributions, monitoring and training by UNICEF/MoPH throughout the rest of the provinces/municipalities.	• No progress this reporting period
• MoPH and WHO continue to monitor the incidence of SARS suspected and affected cases.	• No cases reported in DPRK

Federation Coordination

China

In China UNDP is presently chairing the UNDMT (United Nations Disaster Management Team) responsible for donor coordination, while WHO is providing technical assistance. IFRC/RCSC are attending all coordinating meetings and are in close contact with the Ministry of Health in order to ensure the most efficient use of the support provided to the Red Cross.

DPRK

The National Society is in daily contact with the relevant authorities. The Federation Delegation is attending all interagency meetings relating to SARS and is coordinating the Red Cross, WHO and UNICEF funding proposal to ECHO for the joint project aimed at strengthening the preparedness and response capacity of the DPRK Ministry of Health for an eventual SARS outbreak in DPRK.

WHO international scientific meeting in Kuala Lumpur

The Federation is considering supporting a small delegation to this meeting.

Statutory Meeting

The Federation Secretariat has sent all Geneva statutory meeting delegates a letter outlining SARS preventive measures.

Based on advice provided by the Federation's Health and Care Department and the WHO guidelines, and after consultation with the President and the chairman of the Health and Community Services Commission, the Secretariat is asking delegates to comply with the following:

Participants arriving from areas with recent local transmission (the list of countries is mentioned above) who have (i) in the last 10 days been in close contact with a SARS case and/or (ii) has worked in or visited hospitals handling SARS cases should not travel within or outside the country of exposure until a 10-day period with no exposure has passed. This person should, during that time, remain under surveillance of national health authorities.

Those who are symptom-free and have not been in close contact (Contact definition: intimate contact, providing care, same household, having direct contact with respiratory secretions (saliva droplets of a person coughing or sneezing), body fluids and/or excretions (e.g. faeces) of suspected or probable cases of SARS) with a diagnosed or suspected SARS patient or worked in or visited hospitals handling SARS patients should attend the meeting while remaining vigilant for symptoms (Symptoms: fever (>38°C), dry cough, shortness of breath, and/or difficulty in breathing) during the following 10 days.

Those presenting symptoms within a period of up to 10 days after departing the affected area should not attend meetings and avoid close contact with other persons, until they have notified the Federation's Health and Care Department (Dr Hakan Sandbladh at hakan.sandbladh@ifrc.org or tel. +41 22 7304407 or mobile +41 79 3571613; or Dr Bernard Morinière at bernard.moriniere@ifrc.org or tel. +41 22 7304340 or mobile +41 79 2173354).

International Coordination (Updated 14 May 2003)

WHO plans to hold an international scientific meeting in Kuala Lumpur, Malaysia to review the epidemiological, clinical management and laboratory findings on SARS and to discuss global control strategies. Key participants in the response to the current outbreaks and other public health authorities will be invited to attend the meeting.

A large number of donors have showed interest in supporting the fight against SARS in China. Below is the latest update on the response from some of the larger donors mainly based on information collected by the World Bank.

UNDP: Has received a request both from the Beijing municipality as well as the inter-ministerial taskforce. Beijing will ask for technical support to handle communications and the task force may ask for an assessment and

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coordination mission assessing needs in particular in provinces and in rural areas. They have provided a loan of US\$50,000 to improve Beijing's public information management.

WHO: WHO has dispatched teams to several provinces in co-operation with MoH and Médecins Sans Frontières (MSF). Support efforts of donors to respond in a coordinated fashion and will serve as focal point for short-term emergency assistance packages. Has hosted two extended UN disaster management team meetings to brief the donor community.

European Union: ECHO is preparing a decision for 1 mill EUR for SARS activities throughout Asia, including China. 250.000 EUR likely to be in support for the Federation SARS Appeal

World Bank: The World Bank is currently discussing with MOH and MOF an emergency program to support their SARS efforts based in part on elements that are covered under two on-going health projects which deal with infectious diseases. In the first stage, it is planned to reallocate funds (anywhere from \$5-15 million) from two ongoing health projects for immediate needs. In addition, several other projects will be restructured to release more funding (\$5-15 million). Finally the World Bank is at a very preliminary stage in assessing the need and timing for a new operation or supplemental loan.

Asian Development Bank: MOF/MOH have submitted a US\$2.0 million proposal, which will cover training of health workers (capacity building), health education, and reporting and surveillance systems.

USA (USAID): The U.S. Agency for International Development (USAID) has provided \$500,000 to Chinese Red Cross for procurement of protective gear and medical products such as thermometers, goggles, gowns and masks.

Australia (AUSAID): The Australian Government has provided A\$1.2 million to the Western Pacific Regional Office of WHO for SARS activities throughout the region, including China.

Canada (CIDA): They will contribute 50,000 CAD directly to RCSC and 50,000 Canadian Dollars towards the Federation appeal.

Germany: The German government has supported a proposal from the Ministry of Health with 10 million euros. The request by the Chinese government comprises: (i) 140 mobile X-ray machines; (ii) 480 Respirators (140 invasive and 340 non invasive); (iii) 10 Blood-gas analyzers; (iv) 120.000 Isolation clothes (90.000 for single, 30.000 for repeated use); and (v) 20 air sterilizers (how much of this can be financed out of the available grant still has to be decided).

Japan: The Japanese government (GOJ) have received request for grant aid from Chinese government (i.e. MOST with MOH) regarding SARS combat. GOJ provided medical instruments through JICA on 28 April 2003 in the amount of approx. 205 million yen, Japan will soon dispatch doctors and officials to Beijing to assist efforts to preventing the spread of SARS. Japan's new emergency rescue efforts for China also include donations of medical supplies worth 1.5 billion yen.

Sweden: Sweden (Sida) is currently looking into the possibility of enforcing the WHO office in China with additional disease control expertise from Sweden. Have not received any request from the Chinese Government on assistance to address the SARS issue. However, would be interested to know of any such requests and coordination from the donor community.

South Korea: The Ministry of Civil Affairs received a donation of US\$100,000 from the South Korean government while Beijing municipality received US\$4,900 from the South Korean Embassy in China

Sudanese Embassy in China has donated 100,000 yuan (US\$12,000).

The **Indian government** and military donated 400,000 rupees worth of SARS fighting medical materials.

For further information please contact:

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- ***In China: Alistair Henley; Head of Regional Delegation, phone: 86 1350 1205972 ; Fax: 86 10 65327166***
- ***In the DPRK: Per Gunnar Jenssen; Head of Delegation; phone: 85 02 3814350; Fax: 8502 3813490;
ifrckp02@ifrc.org***
- ***In Geneva: Aurelia Balpe, Phone: 41 22 730 4352; Fax: 41 22 733 03 95; email: aurelia.balpe@ifrc.org***

All International Federation assistance seeks to adhere to the Code of Conduct and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable.

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