

Learning from SARS and Planning for a Bird-flu Pandemic:
Hong Kong Case Study from the Front Lines

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IFLA Satellite Conference:
Library Frontiers: Disasters, Emergency Preparedness and Emerging Diseases

SARS may be seen like old history to those whose contact with it was mainly through the news media. However, for those of us in places like Hong Kong, other parts of China, Vietnam, or perhaps even Toronto, Canada; the memories are much more vivid.

The Medline Plus definition for SARS indicates “Severe acute respiratory syndrome (SARS) is a respiratory illness caused by a virus.” This sounds simple enough. It is sort of like a cold but people can die from it. This online definition goes on to say that “SARS can be life-threatening. Symptoms include: A high fever, headache, body aches, a dry cough, [and] pneumonia, later on” Finally it indicate that:

SARS seems to spread mainly by close person-to-person contact. When an infected person coughs or sneezes, they send droplets of mucus or saliva that contain the virus through the air. You could get SARS if the droplets land on your mouth, nose or eyes. Kissing, touching, sharing utensils for eating and drinking, or talking with an infected person can also put you at risk. Frequently washing your hands with soap and water might help prevent infection if you travel to countries with SARS. There is no treatment for SARS. Scientists are testing treatments and vaccines.¹

The problem for people in Hong Kong in 2003 was it was not clear what SARS was, or what we absolutely needed to do to avoid catching it. It was not that there was an absence of information, there was an information overload flooding the airwaves at the time, but with 250 +/- employees in our library, there were at least 1,000 interpretations of what it all meant -- if you include at least 3 relatives for every staff member and all of whom had their own ideas on what to do. There was a lot of fear and confusion mixed in with the abundance of information on television in the printed media at the time.

The first case of SARS occurred in Foshan just across the estuary that begins at Hong Kong and goes up river to Guangzhou, the capital of Guangdong Province

¹ Medline Plus. Severe Acute Respiratory Syndrome. Retrieved June 20, 2007 from <http://www.nlm.nih.gov/medlineplus/severeacuterespiratorysyndrome.html> .

China. Foshan had up to that point in time been best known for its red earthen ware kilns and being near the birthplace of Sun Yatsen, the father of modern China (prior to Mao). Foshan was actually one of several municipalities that by March 2003 accounted for more than one thousand SARS cases and 55 deaths.² In early March a medical professor from Guangzhou came to Hong Kong, stayed at a local hotel, was admitted to one hospital and then transferred to another hospital associated with the Chinese University of Hong Kong, and infected a range of regular people and medical personnel all along the way.³ He subsequently died. In time, many residents of a large residential housing block became infected, some died, and Hong Kong realized it was in serious trouble. By 31 July Hong Kong had experienced 1,755 cases with 299 deaths.⁴

For those of us in the University of Hong Kong libraries, two things were clear: (1) The University saw SARS as a significantly large enough health issue that it stopped classes, but (2) to insure that the educational enterprise was continued, the Libraries were to remain open. At the time we had no sense we were somehow heroes for keeping our libraries open. The news media was rightly lamenting the sicknesses and deaths of the health care workers, since that is where most of the patents and deaths were occurring. But with hindsight it seems we should have been given some credit for keeping the university alive while it got organized and decided what to do. Maybe we are still the heart of the university.

For the Libraries, while we began with some public health measures like extra cleaning during the third week in March, it wasn't until the end of March when classes were cancelled that the libraries really began to deal with SARS in a significant way. At least at my library, we were not prepared for SARS. We treated the two weeks during which classes were cancelled like a very long weekend with students hanging out all over the library. We were working on what to do about SARS in an ad hoc manner. Initially, face masks disappeared from shelves as did thermometers and so for the first few days few if any face masks were evident. The Libraries later were able to purchase 10,000 facemasks and distributed them throughout the library system. We also resold masks to students who wanted to buy one and gave them away to students coming to the desk but had no money with which to buy a mask. Some libraries, we heard, had purchased the temperature scanning machines that are still used by some custom's services in Asia to determine whether incoming passengers have high temperatures. They then had an objective measure with which to turn away potentially contagious readers. We didn't think about buying such a

² Xu, Rui-heng, et al. Epidemiologic Clues to SARS Origin in China. Retrieved June 20, 2007 from <http://www.cdc.gov/Ncidod/EID/vol10no6/03-0852.htm> .

³ SARS Expert Committee. "SARS in Hong Kong: from Experience to Action. Retrieved June 20, 2007 from <http://www.sars-expertcom.gov.hk/english/reports/reports.html> .

⁴ Actually, there does not seem to be agreement on the number of cases and deaths. In any event, the cases in Hong Kong included up to 2,000 patients and deaths up to 300 or so.

machine until the worst was over, but it is still on my list of good things to do before the fall term. Many of our own staff wanted to refuse service to those who were not wearing face masks. We left it up to the staff members providing services to decide whether a mask was required or not.

Classes resumed after two weeks (April 14) when it became apparent that SARS wasn't real easy to contract and that unless the semester was to be resumed, the impact would be enormous with students having lost a whole semester from their academic lives. Of course losing one's whole life would have been even worse, but it seemed as long as you stayed away from hospitals in Hong Kong, you were fairly safe.

To a degree it seemed, based upon hindsight, that no one was really sure the worst was over when classes began again. On the 28th of April the University distributed a contingency plan that was to be followed if SARS began again. A day later they indicated individual faculties and departments should follow their example and develop their own customized versions of the plan. The Libraries initially developed a fairly simple chart which indicated service by service what departments should provide backup service in the case of public and access services staff became too ill to keep things going. The call for a contingency plan after the worst was over might seem a bit comical but since we were not prepared earlier, it seemed to make sense. We did subsequently develop a larger plan composed of department by department answers to three questions:

- a. What kind of essential services can you offer with around 30% of your staff away from duty?
- b. If all your staff were ill, and your unit was otherwise to be closed, what are the most essential services that need to be backed up and who can provide those services?
- c. What services could be provided remotely using ICT if no one can back you up?

When classes resumed, students and staff were initially supposed to continue wearing face masks. Some did, some did not. Some students complained that students were not following the rules and asked in emails to the University why campus guards were not enforcing the rules.

For those who have gone through this sort of epidemic before, you might be interested in what life was like in Hong Kong during SARS:

- There was a significant amount of fear that you or a member of your family might catch it. A significant number of people simply stopped going out of the house except to buy food. This meant restaurants, theatres, public transportation, etc. were eerily empty. Hong Kong has about seven million people but you didn't have a sense this was the case for two or so months.
- Rumors were rife. A high school student decided to play a joke by putting up a doctored newspaper web page indicating that the truckers bringing in food from China proper had contracted the disease. Food shelves were

- cleared in many parts of the city in a matter of hours by people fearing the worst.
- People of means put their family members on planes and sent them to North America, the UK, Australia, etc., to be away from Hong Kong. Had SARS been easy to catch, we would have shared it with all of you reading this account.
 - We spent a lot of time washing our hands with anti-bacterial lotion – we still have wall mounted dispensers all over campus – and bowing our heads or pressing our palms together in greeting to each other.
 - Many people wore face masks. I often saw people alone by themselves in cars still wearing a face mask. They were afraid, even though they should have understood the mask was not protecting them from anyone other than themselves.
 - A watered down peroxide solution was being used to wipe down everything: door knobs, elevator buttons, books being returned, etc.

Based upon our experience, here is a list of issues/questions any library considering the development of a pandemic disaster plan should consider:

1. What meetings absolutely need to be held during a pandemic?
Cancel the rest since bringing managers together will be dangerous.
2. Can the management meetings be held by telephone, online, etc., since bringing key people together could have terrible consequences should they all be sick at the same time.
3. Who should wear facemasks and/or hospital gloves? Staff? Patrons?
4. When should these facemask and gloves rules be made mandatory? Who will make the decision?
5. What needs to be wiped down? Books, counters, doors, returned books, other?
6. Who does the cleaning? If they get sick, who will do it?
7. Who can come into the library? Everyone? Only those without fevers?
8. Should you switch to closed stacks and only allow patrons to drop off request slips to avoid being infected by them?
9. Will you cancel all professional development meetings? Conference travel?
10. What will be your sick leave policy? Is fear of being infected excusable? Will those without a doctor's note get paid sick leave? Will you accept a note from the staff member's own doctor or will it need to be a university health clinic doctor?
11. Who will be responsible for buying disinfectant lotions? Soaps? Hospital gloves? Paper hand towels? Who will pay for them?
12. Who is responsible for providing facemasks and hospital gloves for patrons should you require them to use them? Will you sell these articles? How much for each? Where will you get them to sell?

13. Should you add such things to your disaster preparedness kit? In a separate kit?
14. Does your library have a responsibility to help teachers provide their students with online reading lists, etc., so they don't have to come to the library to gather materials? What kinds of help can you give teachers?
15. Department by department, what kind of essential services can you offer with around 30% of your staff away from duty?
16. Department by department, if all your staff were ill and your area were otherwise to be closed, what are the most essential services that need to be backed up and who can provide those services?
17. What services could be provided remotely using ICT if no one can back you up?
18. Do you have a complete emergency contact list with home, mobile, e-mail, and the same information for those to contact should your staff member become seriously ill on the job?
19. Where are the answers to all of these questions kept?
20. Are you holding periodic training sessions to make sure all of your staff is totally familiar with all of the above issues since they may become the senior staff needing to deal with these issues very quickly in the case of a pandemic out-break.

Conclusion

A pandemic makes people sick, some die, and everyone else lives in confusion. Libraries need plans on what to do to reduce their share of the confusion. SARS, it turned out, was fairly hard to contract and so our library's ad hoc evolution of figuring out what the problems were and how to solve them worked. For hospitals in Hong Kong, such behavior did not work and many health care workers died. It should be noted that in Mainland China most people shrugged the whole thing off and wondered why the Hong Kong people were so panic stricken.

The importance of libraries became readily apparent when the decision was made to close classes, but not the libraries. If this proves to be the case where you live, librarians, to protect themselves, need to prepare for the worst and hope it never happens. We in Hong Kong continue to believe the question is not "will human transmitted bird flu happen," but "when will it happen?" At the University of Hong Kong we do have a pandemic flu plan but we still need to update it annually and insure that our staff understands the issues and how we propose to deal with these issues/problems. This presentation was designed to sensitize librarians to the seriousness of the problem and to highlight the major questions that need to be answered. But librarians everywhere need to pose the questions in their own contexts and develop their own sets of answers.