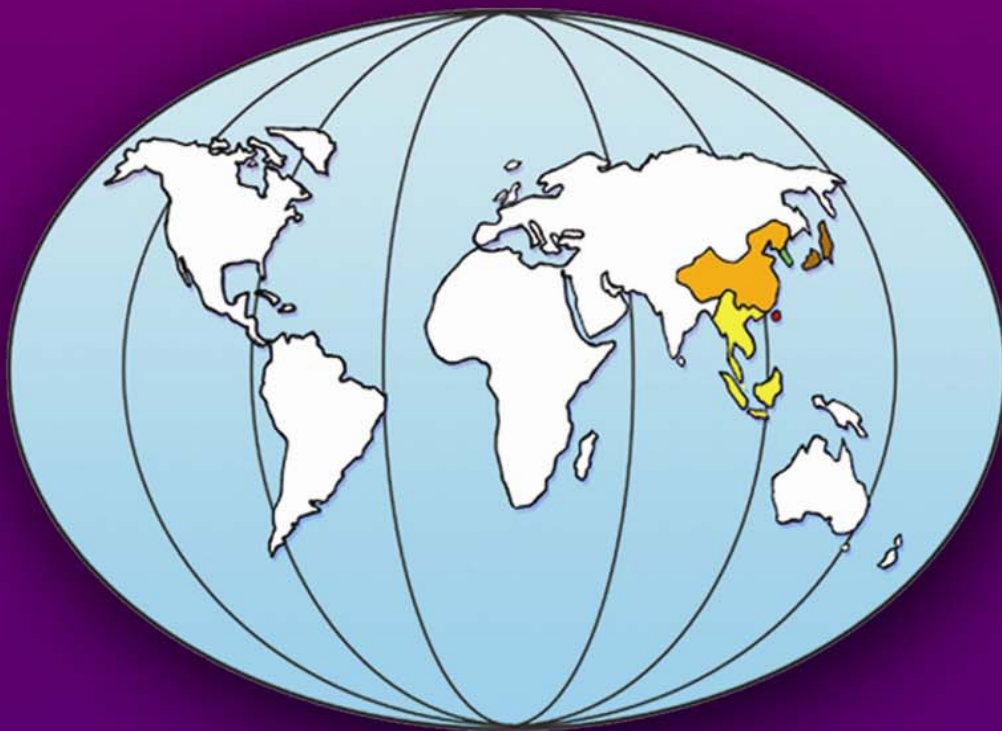




**ASEAN + 3 Senior Officials  
Special Meeting On  
Severe Acute Respiratory Syndrome  
(SARS)**



25 April 2003 • Kuala Lumpur • Malaysia

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**WELCOME REMARKS BY TAN SRI DATU DR. HJ. MOHAMAD TAHA BIN ARIF,  
DIRECTOR GENERAL OF HEALTH MALAYSIA**

Courtesy address

Ladies and Gentlemen:

First and foremost, I want to extend our warm Malaysian welcome to all foreign delegations and thank every one of you for being present here despite the hurried invitations. It is indeed great pleasure for the Ministry of Health Malaysia to initiate and host this critical Meeting of the ASEAN Senior Officials on SARS. This emergency summit should serve as a platform for us to determine strategies of keeping ahead of the new global health threat.

It was only 3 weeks ago when some of us met at the 2<sup>nd</sup> ASEAN Senior Health Officials Meeting in Siem Reap, Cambodia where SARS was also discussed. Yet since then until April 23 there were at least 97 more new cases and 12 additional deaths due to SARS affecting 6 out of 10 ASEAN nations.

As some of our countries struggle to curb the difficult situations at home, others are maintaining high vigilance to ensure that the disease is kept out of their shores. Nonetheless, effectual combined effort within the ASEAN cohesion is what we need to help our neighbours and ourselves. Several coordinated activities aimed at strengthening regional responses to combat SARS will facilitate current national control measures and lessen a country's burden to deal with the problems unilaterally.

Ladies and Gentlemen:

The main tasks of senior health officials today are to understand each country's problems, limitations and opportunities with regards SARS, and to produce a draft of the ASEAN Joint Statement on SARS. This draft will then be tabled and debated further tomorrow at the ASEAN

Health Minister Meeting, where at its conclusion this piece of declaration will be endorsed and adopted.

Before my closing note, I wish to express my sincere gratitude to members of the organizing committee that have efficiently pulled all the resources together at an amazing speed to make this event a reality.

Finally once again, I thank all delegates for their attendance and upcoming contributions. I hope we shall have a fruitful meeting. Thank you.

**TAN SRI DATU DR MOHAMAD TAHA BIN ARIF**  
**DIRECTOR GENERAL,**  
**MINISTRY OF HEALTH**

## INDONESIA COUNTRY REPORT

### A. BACKGROUND

Just like most countries in the world, Indonesia is also vulnerable to SARS outbreak. The archipelagic nature of Indonesia with more than 17,000 islands, the high density of population in some areas of the country, the diverse socio-economic development in the country and the high frequency of people movement between Indonesia and SARS affected areas have made Indonesia more vulnerable to SARS. Therefore, actions for SARS prevention and control have been conducted quite early before the World Health Organization's global alert announcement on 15 March 2003.

The first action taken by the Government of Indonesia was to alert its 45 Port Health Offices all over the country when in the middle of February 2003 the WHO Website (<http://www.who.int>) reported outbreak of Atypical Pneumonia in Guangdong Province, China. Earlier it was not known whether this outbreak in China has a link with SARS. But later, based on evidence, it was established that Atypical Pneumonia in Guangdong is in fact Severe Acute Respiratory Syndrome (SARS).

Based on WHO Press Release on 15 March 2003 which stated that SARS has become a global threat, the Government of Indonesia has again alerted all Port Health Offices, all Provincial Health Services, all Provincial Hospitals and all related Government Agencies to take all necessary precautions within their respective authorities and responsibilities. These immediate actions were then followed up by establishing a **SARS Prevention and Control System**.

The SARS Prevention and Control efforts in Indonesia are aimed at preventing imported SARS cases from affected countries to spread the disease in the country and to prevent SARS community transmission. As today 23 April 2003 only two probable SARS cases reported to WHO, and 3 suspect cases are recorded. However, Indonesia does not perform travel ban for its people nor preventing legal in-coming people from affected areas to visit the country, only Travel advisory to affected countries has been released by the Ministry of Health.

### B. SARS PREVENTION AND CONTROL IN INDONESIA

SARS Prevention and Control System in Indonesia includes the efforts in epidemiological surveillance, prevention, case management, advocacy and socialization, legal, and other related aspects.

To facilitate the efforts of SARS prevention and control, a networking of teams and institutions has been established [Figure 1] and consists of :

- The National Inter-sectoral Team of SARS Prevention and Control.
- The National Team of SARS Prevention and Control. This team coordinates :

- The SARS Community Based Prevention and Control Team which coordinates all Provincial and District Health Offices
- The SARS Hospital Based Prevention and Control Team which coordinates all SARS Referral Hospitals
- The SARS Port Based Prevention and Control Team which coordinates Port Health Offices

This national team is also assisted by other teams namely :

- The SARS Expert Team
- The SARS Investigation Team
- The SARS Verification Team
- The SARS Advocacy and Socialization Team
- The SARS Legal Team

The efforts of SARS Prevention and Control are as follows :

## **1. Epidemiological Surveillance**

### **a. Surveillance for in-coming passengers**

In coming passengers from SARS affected areas are required to fill in the health alert notification card distributed in aircrafts and vessels. Additionally, in terminal building, doctors or nurses will monitor and check whether or not there is any passengers who are seen being ill. Should there passenger who is seen being gotten ill or suspected SARS then he or she will be referred to SARS referral hospital. Indonesia does not prevent legal in-coming passengers from affected areas to visit the country. Data on detected SARS suspected case will be reported to the Ministry of Health.

In Indonesia, there are 45 Port Health Offices overseeing 153 harbors, airports, and land border crossing points. Out of these 45 Port Health Offices, there are 13 airports [Figure 2] which served high number of in-coming passengers from SARS affected areas. Special attention is given to these airports for epidemiology surveillance and prevention.

### **b. Surveillance for in-coming migrant-workers from affected areas**

More than 80,000 Indonesian migrant-workers are working abroad in SARS affected areas. Most of them are working as domestic helpers and might have had close contact with SARS patients. Therefore, special attention are given to these migrant-workers by performing health examination on them, including taking their body temperature, in Airport's Special Terminal Building. Should there be any of them is seen being ill, he or she will be referred to SARS Referral Hospital. Information on how to prevent SARS also given to them. They are adviced to conduct home isolation for 10 days after their arrival in the country. Each of them will be provided with ten pieces of masks and will be used when they develop respiratory tract disease. The Health Authorities in their place of origin are required to conduct surveillance on them.

**c. Hospital and health facility based surveillance**

Data on SARS suspected cases and SARS probable cases should be reported by every hospital and health facility in the country to the Ministry of Health. Clinical data of each reported case are sent to the Ministry of Health to be verified by the SARS Verification Team. Cases which do not fulfill the criteria will be excluded. If needed, phone calls will be made to discuss and confirm the case with the doctor in charge.

**d. Community and media based surveillance**

The Ministry of Health also received reports from the community at large including the media. Any information on SARS suspected case will be checked and confirmed.

**2. Prevention**

**a. Hospital based prevention**

To prevent SARS transmission in hospitals, in addition to the application of universal precautions in hospitals, SARS cases isolation and barrier nursing in dealing with SARS suspected case or SARS probable case are also practiced.

**b. Community based prevention**

To prevent community transmission, SARS probable contact case management is carried out. Additionally, discharged SARS probable cases should also perform home isolation two weeks after they have been discharged. Investigation Team in each districts/municipalities will identify any contact cases for further surveillance.

**3. SARS Case Management**

**a. Assigned Referral Hospital**

Based on a Decree of the Minister of Health No.424 / 2003, 28 hospitals in the country have been assigned as SARS Referral Hospitals. To prevent further spread or transmission of SARS, SARS suspected cases should be referred to the assigned referral hospitals. Isolation rooms are set in these hospitals for SARS case management. "Negative pressure" isolation wards are also designed for dedicated hospitals.

**b. SARS Case Management**

The SARS case management in hospitals are based on the SARS Case Management Guidelines developed by the Ministry of Health in cooperation with the Indonesian Pulmonologists Association.

#### **4. SARS Advocacy and Socialization**

##### **a. Advocacy Materials**

To conduct advocacy and socialization on SARS prevention and control, an Advocacy and Socialization Team has been established. This team has developed various advocacy and socialization materials and also has developed a plan for advocacy and socialization on SARS prevention and control throughout the country.

##### **b. SARS Guidelines**

Guidelines on SARS prevention and control, including case management, universal precautions, and epidemiological surveillance have also been developed and distributed to health authorities and hospitals in the country.

#### **5. SARS Legal Aspects**

For SARS Prevention and Control, the Minister of Health has declared SARS as a disease of outbreak potential. By having this decree, the follow up ministerial decree can be issued to declare an area as SARS affected area – should an outbreak flare up in the area. By declaring this, the chapters and verses of “Law Number 4 of 1984 on Outbreak” can be made effective [including sanctions] in the SARS affected areas. This will help the government enforcing preventive and control measures and develop contingency planning during SARS outbreak.

#### **6. SARS Resources**

Resources to conduct SARS prevention and control in Indonesia are made available from the resources of the Central Government, the Local Governments, the community, and international agencies. All SARS suspect and probable cases are treated free of charge in all referral hospitals.

##### **A. PERSPECTIVE OF INDONESIAN POSITION IN THE ASEAN REGION**

1. Geographically Indonesia is very close to some affected areas in the region [Figure 3 and Figure 4]. The progress of transportation technology has enable very fast people movement from countries to countries. With its large number of islands and its length of coast line, there is always a risk of illegal in-coming visitors from other countries to Indonesia. This will cause higher risk of in-coming SARS cases to the country.
2. Indonesia belongs to one of exporting migrant workers. Some of them are working in affected areas and taking job as domestic helpers which face the risk to have close contact with SARS cases.
3. There are some for a of cooperation among ASEAN member countries and other countries in the region, which Indonesia also belongs to. The BIMST (Brunei

Darussalam-Indonesia-Malaysia-Singapore-Thailand) Forum is a forum to maintain cooperation in the fields of communicable disease control, environmental health, food and drug administration and human resources development. The BIMST has agreed to have a BIMST Website managed by Singapore. Additionally, a disease surveillance website established by ASEAN member countries is now in preparation and to be hosted by Indonesia. Bilateral forum between Indonesia and Malaysia since long time ago was already in existence. These for a and cooperation can help ASEAN member countries and the respected neighbouring countries to work together in controlling SARS.

4. Since SARS is quite a contagious disease, it is important that ASEAN member countries to work together to prevent SARS cases who are still at infectious stage to move from country to country. People movement from abroad to Indonesia and from Indonesia to other countries are very intense in the Province of Riau. Cross notification and cooperation among countries which shared this part of this region is important to control SARS.

## **B. STRATEGIC ISSUES RELATED TO SARS AND ITS IMPACTS TO SOCIO-ECONOMIC AND POLITICS IN THE REGION**

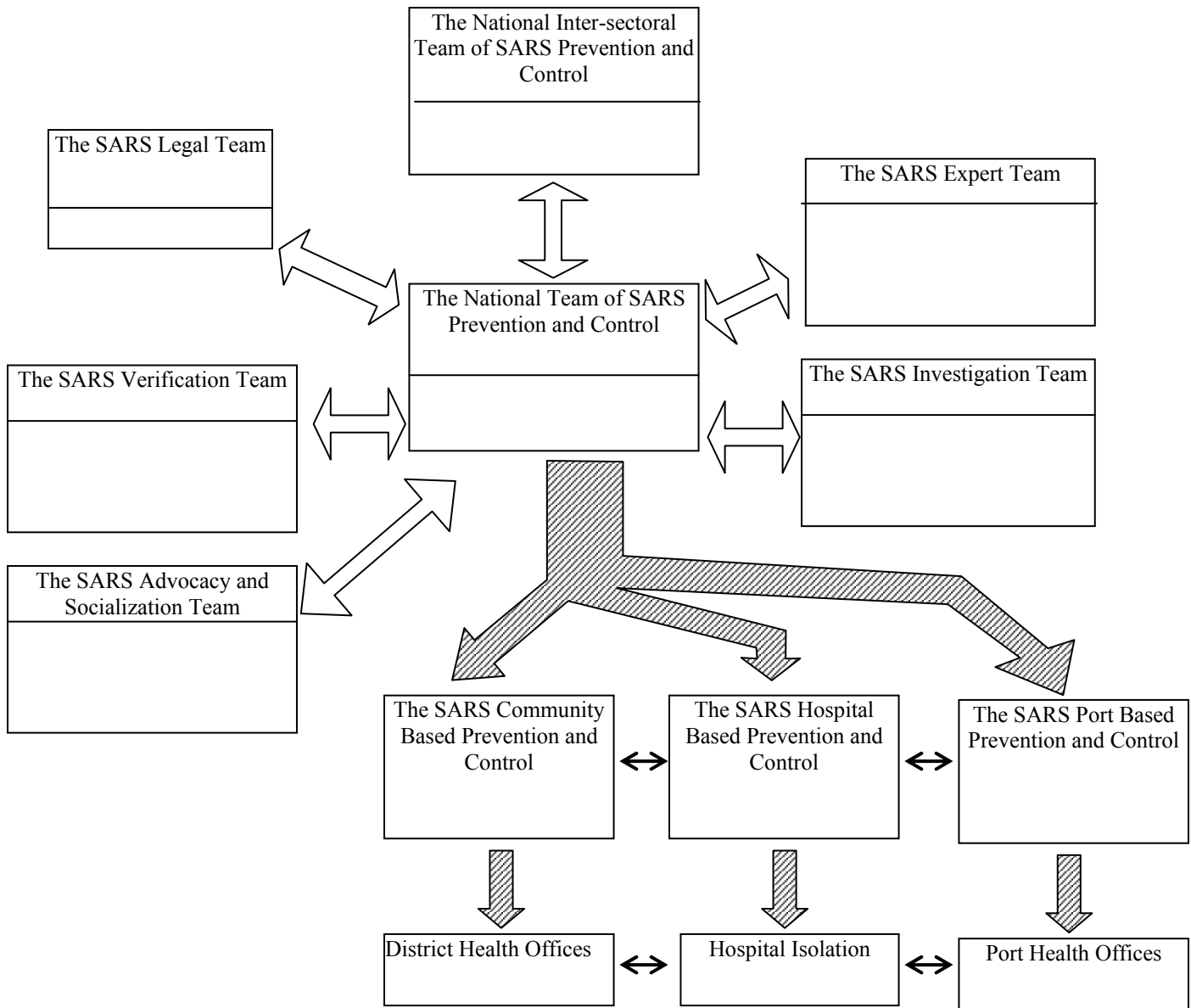
1. The outbreak of SARS in the region has caused many negative implications to the economy of the region. SARS outbreak has cost the loss in tourism, hotel, restaurant, transportation and work-force industry.
2. The outbreak of SARS has caused the increase of absenteeism in the work-force as well as among students due to home isolation or home quarantine which further will cause some economic loss.
3. The outbreak of SARS has caused panic in the community due to mis-understanding of the disease transmission. Stigmatisation to the discharged suspected cases do occurred.
4. The outbreak of SARS can be used as internal political issue and can cause the deterioration of good relationships among neighbouring countries.
5. The outbreak of SARS has some positive implications such as boosting relationships and cooperation among governments and professionals.

## **C. RECOMMENDATIONS**

1. To develop cooperation in SARS prevention and control in the region.
2. To develop contacts among health authorities, professionals and scientist in the region on SARS prevention and control.
3. To develop cross notification among countries in the region on contagious SARS cases who are going to enter other countries.

Figure 1

**ORGANIZATIONAL SCHEME OF “SARS” PREVENTION AND CONTROL**



Legenda :





<p>c. Alert System for incoming high-risk passengers (SARS contacts, etc.)</p> <p>d. Issuance of “fitness to travel certificate” at points of origin</p> <p>e. Health Education of travellers</p>	<p>c. Networking/ collaboration with consulates of SARS-affected countries established</p> <p>d. Airlines stationed doctors at airport check-in counters</p> <p>e. Leaflets and flyers on SARS distributed to incoming passengers</p>	<p>Need to come up with enforcement policies for non-compliant passengers (sanctions, etc.)</p> <p>Addressing individual queries difficult due to sheer number of incoming passengers</p>
<p><b>II. Prevent/ Minimize local spread of SARS in the country:</b></p> <p>Establishment of an efficient triage system (sorting) for screening of possible SARS cases</p> <p>Implementation of effective quarantine and proper isolation procedures, including community containment measures</p>	<p>a. All hospitals provided with Interim Guidelines on the Clinical Management of SARS and Interim Guidelines on SARS Preparedness and Response</p> <p>b. Planning workshop on SARS Preparedness with all Chiefs of Hospitals conducted on April 4 and 9, 2003.</p> <p>c. Triage system in placed in the airports, seaports and hospitals</p> <p>Guidelines established and operational through the Regional Epidemiology Surveillance Units (RESUs), PESUs, MESUs and CESUs</p>	<p>Varied levels of compliance with regards to ensuring availability of PPE for hospital personnel</p> <p>Despite advise, some relatives and friends of suspected/ probable cases would insist on visiting contacts of cases</p>

<p>Contact Tracing and Creation of SARS Outbreak Response Teams</p>	<p>FETP graduates identified and clustered into teams</p>	<p>Training and Provision of Personal Protective Equipment (PPE)</p>
<p><b>III. Prevent/ Minimize Mortality through Effective Clinical Management of possible SARS cases:</b></p> <p>Capacity building on medical management and diagnosis among government and private medical practitioners</p> <ul style="list-style-type: none"> <li>• Development of Interim SARS Clinical Management Guidelines (Ventilatory support, antibiotic/antiviral treatment, etc.)</li> <li>• Training of Personnel</li> </ul> <p>Creation and movement of medical and paramedical pools to augment staffing of identified SARS facilities</p>	<p>DOH coordinated with PSMID. PSMID to deploy infectious disease specialists in all regions</p> <p>SARS Clinical Management Guidelines disseminated</p> <ol style="list-style-type: none"> <li>a. SARS response teams identified and organized composed of FETP graduates nationwide</li> <li>b. Coordination with other GOs and NGOs, POs, and other volunteers on-going</li> <li>c. Creation of medical and paramedical teams from hospitals on-going</li> </ol>	<p>Remuneration and transportation allowances of volunteer infectious disease specialists</p> <p>Hospital personnel in identified SARS referral centers overburdened</p>
<p>Infrastructure improvement of isolation facilities, hospital equipment</p> <p>Strengthening capacity in regions as referral centers for isolation of SARS suspects</p>	<p>PCSO funds allocated for improvement of hospital facilities at RITM and San Lazaro Hospital</p> <p>Ongoing regional hospital preparedness measures; Isolation areas identified in all regional hospitals</p>	<p>Need to identify sanitaria and smaller hospitals in regions to be dedicated as isolation centers in case of an outbreak in the provinces</p>

<p><b>IV. Educate the Public on Effective SARS prevention behavior and Managing Public Anxiety</b></p> <p>Strengthening of communication lines via cell phones, fax and the internet</p> <p>Psychosocial management of public fear and panic</p> <p>Conduct of a Nationwide SARS awareness campaign focused on target groups:</p> <ul style="list-style-type: none"> <li>• health workers/ hospitals</li> <li>• OFWs/ travelers</li> <li>• local chief executives/ LGUs</li> <li>• church</li> <li>• schools</li> </ul>	<ul style="list-style-type: none"> <li>a. Website established and functional</li> <li>b. Telephone and Text Hotlines established and functional</li> <li>c. Info text service with GLOBE and SMART functional</li> </ul> <ul style="list-style-type: none"> <li>a. Regular press and teleconferences with WHO conducted</li> <li>b. Press releases, advisories, lectures and tri-media information dissemination conducted and on-going</li> <li>c. Community assemblies conducted</li> </ul> <p>Coordination with DILG, DECS, DOLE, DFA, OWWA, airport/seaport authorities, church groups, professional societies, NGOs and other gov't agencies</p>	<p>Text hotline hacked and temporarily non-functional</p>
<p><b>V. Manage Media and Non-Health Consequences of SARS (Economy, Tourism, etc.)</b></p> <p>Collaboration and networking with media outfits and various government agencies</p>	<p>Regular communication with media and gov't agencies</p>	<p>Media disclosure of patient's name or identity → invasion of privacy</p>

**SUMMARY REPORT OF THE  
ASEAN + 3 SENIOR HEALTH OFFICIALS SPECIAL MEETING ON SARS  
25 APRIL 2003, KUALA LUMPUR, MALAYSIA**

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**INTRODUCTION**

1. The ASEAN + 3 Senior Health Officials Special Meeting on SARS was held on 25 April 2003 to prepare for the ASEAN + 3 Health Ministers Special Meeting on SARS to be held on 29 April 2003 in Bangkok, Thailand.
2. The Meeting was attended by delegates from Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand, China, Japan and the Republic of Korea. Representatives of the ASEAN Secretariat and an Observer from the WHO were also in attendance. The list of delegates appears as **Annex A**.

**Agenda Item 1: WELCOMING REMARKS**

3. Tan Sri Datu Dr. Hj. Mohamad Taha bin Arif, Director-General of Health of Malaysia delivered his welcoming remarks which appears as **Annex B**. The Director-General extended his warm welcome to all delegates for being present at the Meeting despite the hurried invitations and pointed out that this emergency Meeting should serve as a platform for determining strategies of keeping ahead of the new global health threat.
4. Tan Sri Datu Dr. Hj. Mohamad Taha bin Arif further mentioned that as some countries struggle to curb the difficult situations at home, others are maintaining high vigilance to ensure that the disease is kept out of their shores. He said that several coordinated activities aimed at strengthening regional responses to combat SARS will facilitate current national control measures and lessen a country's burden to deal with the problems unilaterally.
5. Finally, the Director-General emphasized that the main tasks of the Senior health officials are to understand each country's problems, limitations and opportunities with regard to SARS, and to produce a draft Joint Statement on SARS which would then be further debated and adopted at the ASEAN + 3 Health Ministers Special Meeting. He expressed his hope to have a successful and fruitful meeting.

**Agenda Item 2: ELECTION OF CHAIRPERSON AND VICE-CHAIRPERSON**

6. The Meeting elected Malaysia and Cambodia as Chair and Vice-Chair of the Meeting, respectively.

**Agenda Item 3: ADOPTION OF THE AGENDA**

7. The Meeting adopted the revised Agenda which appears as **Annex C.**

**Agenda Item 4: BUSINESS ARRANGEMENTS**

8. The Meeting was held in Plenary.

**Agenda Item 5: PRESENTATION OF COUNTRY REPORT ON SARS  
BY MEMBER COUNTRIES**

9. The Meeting noted the country presentations by Brunei Darussalam, Cambodia, Indonesia, Malaysia, Myanmar, Philippines, Singapore, Thailand, China, Hong Kong, Japan and Republic of Korea which appear as **Annexes D, E, F, G, H, I, J, K, L, M and N,** respectively.

10. The Meeting also noted the summary of country presentations which appears as **Annex N,** highlighting recommendations for regional cooperation.

11. The Meeting exchanged views on the presentations and noted that there was much room for regional collaboration in promoting the exchange of information and in responding to the epidemic. The Meeting noted that the region has depended a great deal on the Centers for Disease Control (CDC) in Atlanta in combating infectious diseases. The Meeting further noted that there was a need to build regional capacity in the control of infectious diseases and agreed to explore the possibility of establishing a disease control centre to serve the East Asia region.

12. In this connection the ASEAN Secretariat informed the Meeting that the ASEAN Expert Group on Communicable Diseases is implementing an action plan on disease surveillance and that the following on-going activities could be adopted to address SARS:

- a. that the priority project or Strengthening Laboratory Capacity and Support (including establishing quality assurance for surveillance systems) which is coordinated by Malaysia as a country coordinator, indicated its willingness to set up a regional CDC centre focusing on laboratory capacity and quality assurance; and
- b. that the existing ASEAN website: ASEAN-disease-surveillance.net coordinated by Indonesia could be used for exchanging of information on SARS.

13. Given the importance of the SARS issue globally, the Meeting agreed to request WHO to consider including SARS for discussion at the roundtable meetings or lunchtime technical briefing during the forthcoming World Health Assembly scheduled to be held in May 2003 in Geneva.

14. The Meeting noted that many recommendations in the country presentations could be considered as priorities for future regional collaboration.

**Agenda Item 6: DISCUSSION ON SARS ISSUES FOR INTERNATIONAL COLLABORATION AND COOPERATION**

15. The Meeting noted that special ASEAN Leaders' Meeting on SARS scheduled to be held on 29 April 2003 in Bangkok and noted that there would be an agenda item for the consideration of the Report of the ASEAN+3 Health Ministers Special Meeting.

16. The Meeting also discussed the following issues:

- approach for collaboration against the spread of the SARS epidemic should be multi-sectoral and not only limited to health, and that cooperation should go beyond SARS and help build long term capacity for dealing with new and emerging diseases;
- WHO needs to review the classification of "affected" areas and countries with "local transmission" with "limited international spread" and review and update guidelines on travel;
- WHO to expedite the development of affordable diagnostic kits and vaccines for SARS;
- Relevant authorities at airport, seaport and land entry points should collaborate to undertake stringent pre-departure screening of passengers for international travel by health care workers;
- WHO needs to review the international health regulations to meet current needs;
- the need for a campaign against discrimination towards persons coming from affected areas or persons with SARS symptoms, regardless of nationalities and social status;
- mechanisms for quick and timely exchange of information such as hotlines and contact points should be set up; and
- collaborative research, sharing expertise and human capacity building are considered as the important measures in combating against the SARS epidemic.

## **Agenda Item 7: PREPARATION OF JOINT STATEMENT**

17. The Meeting discussed and prepared the draft Joint Statement of the ASEAN + 3 Health Ministers Special Meeting on SARS for further consideration and adoption by the ASEAN + 3 Health Ministers Special Meeting.

## **CLOSING REMARKS**

18. Tan Sri Datu Dr. Hj. Mohamad Taha bin Arif, Director-General of Health of Malaysia in his capacity as the Meeting Chairperson, in his closing remarks, expressed sincere appreciation to all delegates attending the Meeting for their active participation and support during the deliberations of the Meeting and their comments and contributions, which had greatly facilitated the task of the Chairperson, and looked forward with anticipation to further collaboration.

## **ACKNOWLEDGEMENT**

19. The Meeting expressed sincere appreciation to the Government and people of Malaysia, in particular the Ministry of Health of Malaysia for the excellent arrangements for the Meeting, and for the warm and generous hospitality extended to all ASEAN and + 3 delegations. The Meeting also thanked the ASEAN Secretariat for its valuable support which had assisted the successful conduct of the Meeting.

## JOINT STATEMENT

### ASEAN + 3 MINISTERS OF HEALTH SPECIAL MEETING ON SARS Kuala Lumpur, Malaysia

26 April 2003

We, the Ministers of Health of Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Singapore, the Philippines and Thailand, and the Ministers of Health and their representatives of the People's Republic of China, Japan and Republic of Korea gathered in Kuala Lumpur for the ASEAN + 3 Ministers of Health Special Meeting on Severe Acute Respiratory Syndrome (SARS);

**Affirm** that we, in ASEAN and in China, Japan and Korea, with rich diversity that has provided the strength and inspiration to help one another and the responsibility of ensuring peace and protecting the public and prosperity of our region and of our neighbours. Therefore, we commit ourselves to controlling the SARS, which now presents a global threat;

**Deeply concerned** that the SARS have threatened the well-being and livelihood of the people and the economic development of this region;

**Aware** of the formidable challenge posed by the spread of SARS which is becoming a major health and economic problem and that our immediate priority is to ensure that our health care system is fully prepared to contain this threat;

**Recognise** that the numbers of victims of SARS globally is on the increase;

**Encouraged** to note that some of the affected countries have already put in place effective measures to contain the spread of SARS;

**Convinced** that we could tackle the challenges posed by this deadly virus only by strengthening our collective efforts regionally as well as internationally;

**Recognise** that awareness among the medical profession and the public, enhanced surveillance and rapid implementation of case management play important roles in the prevention of the international spread of SARS;

**Convinced** of the effectiveness of screening of passengers before they leave affected areas in preventing the spread of SARS;

**Mindful** that globalization has played a major role in the worldwide spread of the disease.

**Fully aware** that health care workers are at higher risk of contracting the disease and that they need to be protected;

**Concerned** that the outbreak of SARS has caused negative social and economic impacts in many countries;

**Acknowledge** that a cross border and or international comprehensive approach is required to contain and prevent the spread of the disease;

**Encourage** the sharing of experience and best practices between countries; and

**Acknowledge** that the control of SARS require multi-sectoral approaches; therefore, the Ministries of Health need consultations and collaboration with other sectoral Ministries.

In pursuance, thereof, we agreed to undertake the following practical measures, taking into consideration domestic situation, laws and health systems;

**Enhance** exchange of information on best practices in preventive and control measures;

**Appoint** a contact point in every country for routine exchange of information and to set up a “hotline” to facilitate communication in an emergency.

**Ensure** prompt exchange of relevant information on SARS cases and/ or their contacts, which have significant epidemiological linkage with that country;

**Follow** the WHO recommended measures for persons undertaking international travel from areas affected by SARS ;

**Advocate** an active campaign for non-discrimination towards people coming from affected areas or people with symptoms of SARS, regardless of nationality and social status;

**Call** for relevant authorities at airport, seaport and land entry points to collaborate with health care workers to undertake stringent pre-departure screening of passengers for international travel;

**Ensure** that persons suspected of SARS are not be allowed to travel;

**Make it mandatory** for travelers from affected countries to fill up SARS health declaration forms;

**Institute** in-flight management of suspected SARS cases who develop symptoms while on board;

**Refer persons** suspected of SARS promptly to health care facilities;

**Surveillance** of persons who have been in contact with a suspected case;

**Disinfect** aircrafts as outlined in the WHO Disinfection of Aircraft Guidelines;

**Undertake** coordinated measures with other sectors to ensure that travelers from affected areas are screened for SARS, where countries share common borders or sea-lanes;

**Request** WHO to conduct a review of the classification of “affected” countries, and review and update guidelines on travel, and expedite the development of test kits and vaccines; and

**Request** WHO to formulate and provide further technical guidelines on intervention of SARS.

**Recognising** the urgency of taking follow-up action, we urged Member Countries to immediately implement the above measures and also agreed on the following:

- a. request the ASEAN Expert Group on Communicable Diseases (under the ASEAN Senior Officials Meeting on Health Development), in collaboration with focal points from China, Japan and the Republic of Korea, to develop a work plan for regional cooperation to support and monitor the implementation of the Joint Statement and explore collaboration with relevant centers of excellence under the WHO or the U.S. Centres for Disease Control;
- b. request Indonesia, as coordinator of the ASEAN Disease Surveillance Net, to look into using the website to support the exchange of information;
- c. request Thailand, as the coordinator of the ASEAN Epidemiologic Network to strengthen capacity building for epidemiological surveillance;
- d. request Malaysia to implement the ASEAN project on Strengthening Laboratory Capacity and Quality Assurance for Disease Surveillance coordinated by Malaysia; and
- e. look into setting up an ASEAN centre of excellence for disease control.

**We**, the ASEAN Health Ministers of Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Singapore, the Philippines and Thailand, and the Ministers of Health of the People’s Republic of China, Japan and the Republic of Korea hereby pledge our commitment to fully implement these measures for the well being of our peoples and for the peace, prosperity and stability of our region.

Adopted at Kuala Lumpur on 25 April, 2003.

## Appendix 1

### MEETINGS & MEALS VENUE

#### 24 April 2003

- Working Dinner for Senior Officials hosted by Tan Sri Datu Dr. Hj. Mohamad Taha bin Arif, Director General of Health Malaysia at Majestic 1, Lower Ground.

#### 25 April 2003

- Breakfast at Carousel Coffee House Lower Ground.
- ASEAN + 3 Senior Officials Special Meeting on SARS at Unity I, Lower Ground.
- Dinner hosted by The Hon. Dato' Chua Jui Meng, Minister of Health Malaysia at Unity II & III, Lower Ground.
- Lunch at Unity II & III Lower Ground.

#### 26 April, 2003

- Breakfast at Carousel Coffee House, Lower Ground.
- ASEAN + 3 Health Ministers Special Meeting on SARS at Royal Ballroom, First Floor.
- Lunch at Royal II, First Floor.

### SECRETARIAT

- Secretariat Room at Majestic I & II, Lower Ground.
- Please call the Operator to be connected to the Secretariat.

### CONFIRMATION OF TICKET

- All confirmation of flight tickets can be done at the Concierge Department, Hotel Lobby.
- Telephone ext. number : 3555.

### MEDICAL SERVICES

A dedicated medical team will be available from 25<sup>th</sup> April 2003 at Conference IV & V, Lower Ground.

## **INTERNET SERVICES**

- Internet services is available at the Business Centre, Level I, at the rate of RM 40.00 for the first hour, and RM 20.00 for subsequent hour.
- Telephone number : Ext. 10201.

## **PROTOCOL OFFICERS / CONTACT PERSONS**

- Please refer to Annex 1 for details of protocol officers.
- For contact person of the organizers, refer to Annex 2.

**Appendix 2**

**ASEAN + 3 SENIOR OFFICIALS SPECIAL MEETING ON SEVERE ACUTE  
RESPIRATORY SYNDROME (SARS)  
25 APRIL, 2003**

**ASEAN + 3 HEALTH MINISTERS SPECIAL MEETING ON SEVERE ACUTE  
RESPIRATORY SYNDROME (SARS)  
26 APRIL, 2003**

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## **ADVISORY TO SHIPPING LINES ON SEVERE ACUTE RESPIRATORY SYNDROME (SARS)**

### **Introduction**

As of 19.4.03 WHO has received notification of SARS cases from 27 countries. It has been noted that the spread of the cases from the affected areas/countries to the other parts of the world involved air, sea and road travel. Thus passengers and crew are also at risk to the spread of the disease. Currently the affected areas/countries are China, Hong Kong Special Administrative Region of China, Taiwan, Singapore, Vietnam, Canada, United States of America and United Kingdom. As of 19.4.03 a total of 3,547 cases and 182 deaths have been reported. This list of affected areas/countries will be updated as and when informed by WHO.

The Government of Malaysia is taking all necessary measures to contain the spread of SARS. In this respect the Ministry of Health Malaysia seeks the cooperation of all shipping lines having travel links with the affected countries in carrying out the following :

### **Pre-departure Measures**

- To provide health alert card to all passengers/crew
- The shipping lines must ensure all departing passengers and crew boarding the ship have undergone pre-departure screening as following:
  - o Visual /observation to look for those who look sick
  - o Ask for symptoms of SARS : fever, cough, difficulty of breathing and history of traveling to the affected countries within 10 days prior the onset of the symptoms.
  - o If passengers/crew show any symptoms of SARS, the patient is to be referred to port/national health authority. (Refer to the flow chart of patient management–Annex A )
  - o To fill up health declaration card (HDC) before reaching the next port of call

### **Measures on board**

- Captain of the ship to make regular announcements on board for passengers/crew regarding the symptoms of SARS so that they can identify themselves to the doctor/ships officer on board
- Crew members are also to be on the lookout for passengers who may have the symptoms of SARS
- The passengers/crews are encouraged to monitor their own body temperature

- Passengers who display any symptoms of SARS, will be managed by the doctor/ships officer on board according to the attached flow chart.(Annex A)
- The affected passengers and crew are to be given appropriate protective masks (N 95) and they are to be isolated in the ship in a different cabin/room from the rest to prevent spread of the disease.
- A separate toilet is to be identified for the use of such affected passengers/crew.
- The crews are to wear protective masks and disposable gloves if they have to handle any of the passengers/crew/utensils used by them. The utensils used by these passengers/crew are to be packed separately.
- All the waste disposal from the affected passengers/crews should be treated appropriately as recommended by WHO.
- The captain of the ship or doctor on board should take detailed history to identify the list of contacts and to quarantine them for the minimum of 10 days (in a separate room from the patient).
- The captain of the ship shall inform the next port of call with regards to the number of passengers/crew with SARS symptoms.
- Passengers/crew should also be informed by the captain that upon arrival at the next port of call that they will be subjected to health screening.

### **Measures Upon Arrival at the port of call**

Vessels from SARS infected countries are to fly the “Q” flag until cleared by the port health officer .In the event that there is no available berth ,such vessel may proceed to the quarantine anchorage for clearance.

All passengers/crew are to remain on board the vessel until allowed to disembark by the port health officer .The port health officer will decide whether or not passengers /crew are to be granted shore-leave.

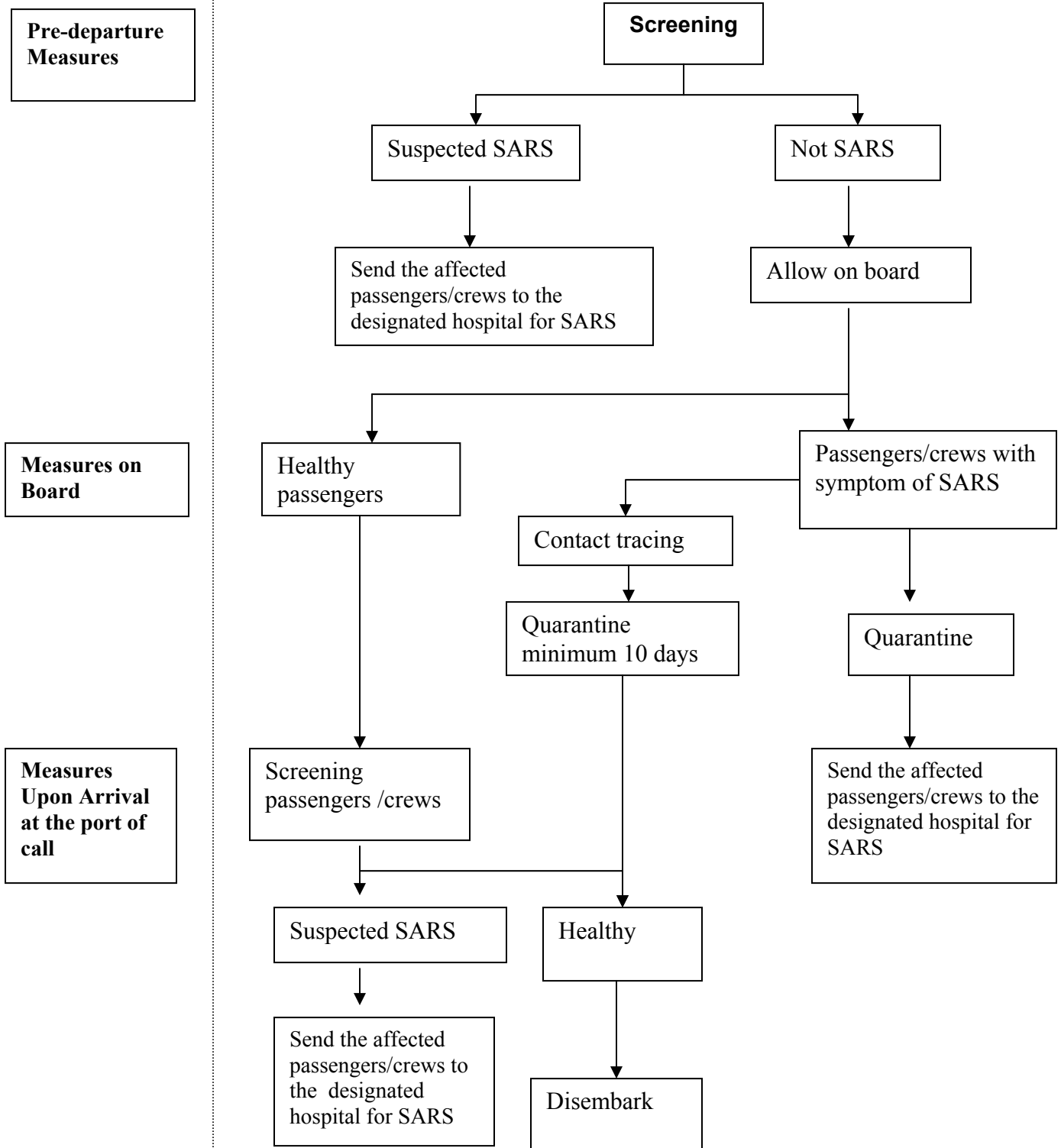
- On arrival, the shipping lines personnel with the cooperation of the health authorities are to send the affected passengers/crews without delay to the nearest hospital.
- Those contacts under quarantine are not allowed to disembark
- All passengers/crews disembarking will be subjected to the health screening
  - o To submit their health declaration card
  - o Visual /observation screening
  - o Ask for symptoms of SARS

## **Disinfection of the ship**

- The personnel who are involved in the disinfection of the ship are to wear disposable waterproof gloves, apron and facemask.
- Compressed air should not be used for cleaning as this may re-aerosolize infectious material.
- All materials used including personal protective equipment are to be disposed off appropriately as recommended by WHO.
- Hygienic practices like washing of hands with water and soap or alcohol based hand sanitizers after removal of the gloves should be made mandatory.
- The disinfection should be carried out at the following areas using appropriate material:
  - i) Rooms/cabins/deck used for quarantine and isolation
  - ii) Any other places used by passengers/crews with symptoms of SARS.

Disease Control Division  
Ministry of Health Malaysia  
Date 20.4.2003

## Flow Chart for Passengers / Crew on Cruise / Ship





- Radioactive waste Advice to be sought from the Department of Radiology.
3. All waste bags must be labeled with the department's name and the date that the bag was left for collection.

### **Clinical waste (YELLOW PLASTIC BAGS)**

1. Waste from the following categories should be placed in the yellow plastic bag provided, fastened securely when three-quarters full and removed to the incinerator daily:
  - Soiled surgical dressings, swabs, etc. from treatment areas and operating theatres
  - All disposable waste, but not linen, from barrier nursed and dialysed patients
  - Human tissues, e.g. limbs, placenta, etc; these should be double bagged in yellow plastic bags, and removed without delayTissues from laboratories, and all related swabs and dressings.
2. Foul infected linen, if it is to be written off, should be placed in a yellow bag.
3. Glass bottles emptied of body fluids should be recycled via CSSD or according to department policy.

### **Disposables.**

1. The contents of vomit bowls, incontinence pads, stoma bags, and sputum pots should be flushed into the sluice or WC, and containers then placed in a yellow plastic bag for incineration.
2. Intravenous and nasogastric infusion bags and giving sets should be placed in yellow plastic bags for incineration after first removing cannulae and metal components.
3. The latter must be placed in a sharps disposal bin.

### **Laboratory waste**

1. Clinical waste from laboratories, including cultures and clinical specimens, must be placed in autoclave bags and autoclaved.
2. The autoclaved bag and contents are then placed in the yellow bags for collection and incineration.

3. If an autoclave is not available within the laboratory suite, the laboratory manager must ensure adequate arrangements have been made for autoclaving elsewhere and subsequent disposal of the waste.

#### **Post-mortem room waste.**

1. All human tissue must be placed in yellow plastic bags for incineration.

#### **Pharmaceutical waste**

1. Containers of unused or partly used tablets, liquids, injections, excluding intravenous fluid containers should be returned to the pharmacy for disposal.

#### **Spillage of clinical waste**

1. Departments which generate clinical waste must have in place procedures for dealing with spillages and include these procedures in staff training.
2. Any spillage of clinical waste must be dealt with immediately. The area affected should be marked off with biohazard or similar warning tape and advice on how best to deal with it sought from Support Services.

#### **Storage of clinical waste.**

1. Yellow bags awaiting collection must be separated from non-clinical waste bags and collected daily.
2. They must be stored away from the main corridors and public areas, or in a 'skip' trolley with a fitted lid.
3. All yellow bags collected from the wards and clinics must be stored in suitable secure area while awaiting transportation to the incinerator site.

#### **Transport of clinical waste.**

1. Support Services is responsible for the proper transport of all clinical waste in KKM from the wards, clinics, theatres and other departments till the time of incineration.
2. Human tissues should be given special consideration and it's proper incineration be supervised by a responsible person.

3. Adequate training must be given by Support Services to their staff involved in the transport of clinical waste, and protective clothing must be available if a spillage occurs.
4. Staff involved in the transportation of clinical waste who is not employed by the hospital must also be made aware of the procedure for dealing with spillages or accidents.
5. Vehicles and equipment used for transport must have smooth, impermeable surfaces which are easy to clean.
6. Responsibility for the cleaning of any vehicles or equipment used for transportation lies with Support Services.
7. Where waste is transported between sites for incineration, drivers should carry a card displaying a bio-hazard label together with clear instructions for the procedure in the event of an accident or spillage.

#### **Sharps (SHARPS DISPOSAL BINS)**

1. All sharps must be disposed of in the sharps bins provided in all wards and clinics.
2. Place all sharps into a sharps disposal bin.
3. Sharps include all of the following:
  - Syringes
  - Needles
  - Glass ampoules
  - Stitch cutters
  - Blades
  - Disposal razors
  - Contaminated broken glass
  - Small broken glass
  - Small cannulae
4. Do not overfill the sharps disposal bins.
5. Disposing of sharps into any container apart from the sharps disposal bin is a very irresponsible act which can result in serious injury to other persons. *Such an action can be considered as negligence in carrying out one's duties and disciplinary proceedings against the offender can be taken.*
6. The sharps disposal bin should be changed when  $\frac{3}{4}$  full; sealed and placed in a yellow bag for incineration.

7. Label the container or bag with the department's name and the date it was left for collection.

### **General (domestic-type) waste (BLACK PLASTIC BAG)**

1. These are categories of waste that can be safely disposed off by the Majlis Perbandaran Waste Disposal system.
2. In KKM collection of such waste is carried out by the company responsible for general cleaning and maintenance.
3. Such waste will include:
  - paper
  - used paper hand towels
  - general kitchen refuse
  - unbroken glass bottles and jars unless containing body fluids
  - aerosol cans
  - batteries (aerosols and batteries must not be sent for incineration as there is an explosion hazard)
  - large items of uncontaminated broken glass must be well wrapped and padded (Note: small amounts of broken glass must be disposed of in a sharps bin).

### **Radioactive waste**

Advice to be sought from the Department of Radiology and suitable arrangements made for the safe disposal of such waste in accordance to legal requirements.

### **Food waste**

1. The removal and disposal of food waste from wards shall be the responsibility of the company that provides catering services.
2. Food waste must be placed in a specially designated bin and kept covered with a properly fitting lid.
3. Food waste will be collected daily from wards and disposed of appropriately by the catering service.

**GUIDELINES TO AIRLINES  
ON SCREENING OF PASSENGERS FOR  
SEVERE ACUTE RESPIRATORY SYNDROME (SARS)**

**INTRODUCTION**

As of 19 April 2003 WHO has received notification of SARS cases from 27 countries. It has been noted that the spread of cases from the affected areas/countries to other parts of the world involved air travel. Hence, passengers and the crew are also at risk for the spread of the disease. Currently the affected areas/countries are China, Hong Kong, Taiwan, Singapore, Vietnam, Canada, United Kingdom and The United States of America. As of today a total of 3,547 cases and 182 deaths have been reported. WHO continually updates this list of affected areas/countries.

All airlines having travel links with these affected areas shall be required to carry out the following measures.

**I. MEASURES BEFORE BOARDING A FLIGHT  
(for flights from affected countries only)**

**A. Measures at the airlines check-in counter**

All airlines must ensure that all departing passengers including transit passengers boarding its flights have undergone a pre-departure screening. Only passengers screened and found to be free from SARS are allowed to board the flights. This pre-departure screening may be done in cooperation of the national health officials and airport health authorities.

**Pre-departure Screening shall include the following:**

- i. The Airline staff at the check-in counter shall ask the passengers the following questions:
  - a) Have you had any of the following symptoms over the past 10 days- fever, cough, difficulty in breathing/ shortness of breath?
  - b) Have you been to any of the affected countries in the past 10 days?
  - c) Have you been in contact with a person suspected to have SARS?
- ii. The Airline staff at the check-in counter shall perform a visual assessment to determine whether the passenger looks sick.
- iii. Should the passenger answer 'yes' to questions (a) and (b) or (a) and (c) or is found to look sick but replies no to all the above questions, then the Airline staff at the check-in counter shall refer the said passenger to the airport health authorities/ national health authorities for further assessment.

- iv. If the passenger is found to have symptoms of SARS on assessment by the airport health authorities/ national health authorities, the passenger should then be referred to a Hospital with a dedicated ambulance for further management.
- v. If the passenger is found to be free from SARS on assessment, the airlines staff who perform the pre departure screening shall STAMP ON THE BOARDING PASS THE WORDS – PRE DEPARTURE SARS SCREENING PERFORMED to indicate that the passenger has been screened for SARS.
- vi. Passengers certified free from SARS by the airport health authorities/ national health authorities should only then be allowed to board the flight.

**B. Measures before boarding the aircraft**

- i. The Airline crew at the entrance of the aircraft shall perform a visual assessment to determine whether the passenger looks sick.
- ii. Should the passenger look sick, the Airline crew at the entrance shall deny the passenger entry into the aircraft and refer the said passenger to the airport health authorities/ national health authorities .

**II. MEASURES ON BOARD THE FLIGHT  
(For all flights)**

**A. Announcements**

- i. The flight commander of the aircraft shall make in flight announcements. This announcement shall be made, during the flight and just before landing.
- ii. The announcements should include the following message:
  - (A) **During flights -**  
“THE NEED FOR PASSENGERS WITH SYMPTOMS OF PROBABLE SARS I.E. FEVER, COUGH, DIFFICULTY IN BREATHING OR SHORTNESS OF BREATH TO IDENTIFY THEMSELVES TO THE CREW.”
  - (B) **Before landing –**  
“ALL PASSENGERS SHOULD HAVE TO FILL UP A HEALTH DECLARATION CARD AND UPON ARRIVAL THEY WILL BE SUBJECTED TO HEALTH SCREENING. ANY PERSON WHO DOES NOT DECLARE TRUTHFULLY WILL BE COMMITTING AN OFFENCE UNDER THE PREVENTION AND CONTROL OF INFECTIOUS DISEASE ACT 1988.”

**B. In-Flight SARS Trailer**

The Airlines must ensure that (where possible) the in-flight trailer on SARS, be shown during the flight.. The airlines shall contact the Ministry of Transport Malaysia for the supply of this trailer. The Ministry of Health shall give input for this trailer.

**C. Visual Assessment**

Crew members are also to be on the lookout for passengers who may have the symptoms and do not identify themselves.

**D. Management of passengers with symptoms of SARS**

- (a) The commander of the aircraft is to inform the authorities of the destination airport with regards the number of passengers with SARS symptoms as soon as possible.
- (b) The passengers identified are to be given appropriate protective masks (N95) and if possible these passengers are to be shifted to the rear of the aircraft. Otherwise vacate two rows in front and two rows at the back of the passenger with symptoms.
- (c) A separate toilet is to be identified for use of such passengers only.
- (d) The crew is to wear protective masks and disposable gloves if they have to handle any of the passengers/ utensils used by the passengers. The utensils used by these passengers are to be packed separately.
- (e) The commander of the aircraft is to identify the contacts of the passengers. These contacts are passengers sitting in the same row or within two rows in front or behind the ill passenger, all flight attendants on board, anyone having contact with respiratory secretions of the ill passenger, anyone on the flight living in the same household as the ill passenger and if it is a flight attendant who is a suspect or probable SARS case, all the passengers are considered as contacts.
- (f) Contacts should provide, to the health authorities, identification and details of contact/ address for the next 14 days.
- (g) If the passenger with symptoms becomes classified as a probable case of SARS, the health authority where the case is being cared for should inform other health authorities in those areas in which the contacts reside that active surveillance of each contact (daily temperature check and interview by health care worker) should be undertaken until 10 days after the flight.

### **III. MEASURES UPON ARRIVAL (For all flights)**

#### **A. Passengers with symptoms of SARS**

The airlines staff, the airport authorities with the cooperation of the health authorities are to send the passengers in a dedicated ambulance without delay to the nearest hospital designated for the management of these cases.

#### **B. Passengers free of symptoms**

- i. All passengers must hand over the health declaration card to the health officials at the airport and be subjected to health screening.
- ii. The airlines should make available details of the other passengers for follow up should the need arise. The details required are the address while in Malaysia and the telephone contact numbers.

#### **C. Report of Measures taken on board the flight**

The authorized airline representative will have to ensure that a report of measures taken on board (as Annex A) is sent to the airport health authorities.

#### **D. Disinfection of the aircraft**

- i. The airline should make the necessary arrangements for the disinfection of the aircraft cabin.
- ii. The personnel who are involved in the disinfection of the aircraft are to wear disposable waterproof gloves and facemask.
- iii. Compressed air should not be used for cleaning as this may re-aerosolize infectious material.
- iv. All materials used including personal protective equipment are to be disposed off appropriately as recommended by WHO.
- v. Hygienic practices like washing of hands with water and soap or alcohol based hand sanitizers after removal of the gloves should be made mandatory.
- vi. The disinfectant that can be used are as follows;
  - (a) ECO TRU 1453
  - (b) ECO TRU FMD
  - (c) EEE941A
  - (d) Hospital grade disinfectant as approved by health authorities.
- vii. Other measures as outlined in the WHO Disinfection of Aircraft Guidance.

**REPORT OF MEASURES TAKEN ON BOARD THE FLIGHT**

Name of Flight Commander : .....

Name of Airline : ..... Flight Number : .....

Port of embarkation : ..... Date of Arrival : .....

No. of passengers with symptoms of SARS : .....

Seat numbers of passengers with symptoms : .....

Name of authorized airline representative : .....

Signature : .....

Date : .....

**ASEAN + 3 SENIOR OFFICIALS SPECIAL MEETING ON SEVERE ACUTE  
RESPIRATORY SYNDROME (SARS) – MEETING SCHEDULE**

**Thursday – 24 April, 2003**

Arrival of ASEAN + 3 Senior Officials

1300 – 1800 Registration

2000 Working Dinner for Senior Officials and  
Welcome Dinner Hosted by Tan Sri Datu Dr. Hj. Mohamad Taha bin Arif,  
Director General of Health Malaysia

**Friday – 25 April, 2003**

0800 – 0830 Arrival of Delegates at Conference Room

0830 – 0900 Welcome Remarks by Tan Sri Datu Dr. Hj. Mohamad Taha bin Arif,  
Director General of Health Malaysia

0900 – 0930 Plenary Session

- Election of Chairperson, Vice Chairperson and Rapportuer
- Review and Adoption of Agenda

0930 – 1000 Presentation of Country Report on SARS by Member Countries

- Brunei Darussalam
- Cambodia

1000 – 1030 Refreshment

1030 – 1230 Presentation of Country Report on SARS by Member Countries

- Indonesia
- Lao PDR
- Malaysia
- Myanmar
- Philippines
- Singapore
- Thailand
- Vietnam

- China – Hong Kong (SAR)
- Japan
- Republic of Korea

1230 – 1400 Lunch

1400 – 1530 Discussion on SARS Issues for International Collaboration and Cooperation

1530 – 1600 Coffee Break

1600 – 1800 Preparation and Adoption of Joint Statement

2000 Dinner hosted by The Honourable Dato' Chua Jui Meng,  
Minister of Health Malaysia

**ASEAN + 3 MINISTERS OF HEALTH & SENIOR OFFICIALS MEETING  
ON SEVERE ACUTE RESPIRATORY SYNDROME (SARS)  
AT PALACE OF GOLDEN HORSES, MALAYSIA  
(26<sup>TH</sup>. APRIL 2003)**

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