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Commentary

The influence of SARS on perceptions of risk and reality

Sian Griffiths, Joseph Lau

School of Public Health and Primary Care, The Chinese University of Hong Kong
Address correspondence to S. Griffiths, E-mail: siangriffiths@cuhk.edu.hk

Public health practitioners, as McKee *et al.* point out, have a duty to place evidence in the public domain while also accepting there is genuine uncertainty in our work. We need to communicate effectively and to learn from our experiences. The SARS epidemic in Hong Kong taught us many lessons. The emergence of an unknown virus that infected young healthcare workers was a truly frightening scenario. The story of SARS is now well documented and the lessons drawn from it have had significant impact on global public health systems, particularly in the countries most affected. In Canada, the profile of the public health service was raised by the creation of Public Health Agency of Canada (http://www.phac-aspc.gc.ca) and subsequent policy developments. China continues to make a massive investment in CDCs (http://www.chinacdc.net.cn), while in Hong Kong, the report of government enquiry 'From Experience to Action'[1] led to the creation of the Centre for Health Protection (http://www.chp.gov.hk/).

The lessons of SARS in Hong Kong were painful for government, professionals and public. Lack of certainty and the need to cope with an unknown threat was a major issue for the media. Initial demands to let the public know what the virus was, how it could be treated and what risks the public were facing in their everyday lives were impossible to meet. The antagonistic nature of the media's relationship with the government led to accusations of inaction and cover up, increasing fear in the community and having a direct impact on the economy. Within a few months of the outbreak the GDP had fallen, the hotels were empty and Hong Kong became a silent ghetto. The economic loss due to SARS was estimated to be 15 billion HKD.[2] Some of the surveys at the time found significant levels of panic in the community and many people simply avoided public places. Patients recovering from SARS were stigmatized.[3,4] The impact of SARS was not merely that of an infection but an agent of mental stress, political tension and material deprivation.

Could the events have been handled differently? It is easy retrospectively to argue that they could. Our judgement is that at the time, the actions taken by the government and its officials were reasonable and well judged.

Since SARS there have been very significant changes in the way Hong Kong and other countries approach the risks of emerging infections, particularly in preparation for an influenza pandemic. A higher premium is placed on communication not only of scientific findings but also of uncertainties about risk. Although the WHO now plays a central role in co-ordination across the global community, each country has its own preparedness plans with strategies for risk communication. None of these measures were in place at the beginning of the SARS outbreak. The public is now more used to hearing about avian flu, swine flu and the possibility of other infections, even if they can get confused between them. Evidence and uncertainties of all aspects of the current H1N1 pandemic have flooded the scientific journals and popular media alike.

In Hong Kong the emergence of H1N1 initially reactivated many of the fears associated with SARS. At the start of the pandemic we found that around 10% of the public erroneously believed that H1N1 had a higher fatality than SARS.[5] Commentators initially referred back to SARS, but over time reassurance grew that although this was a new disease it was a mild one, better understood and appeared to respond to antivirals. However, the wounds from SARS have barely healed. To many external observers the

Sian Griffiths, Director of the School of Public Health and Primary Care
Joseph Lau, Professor of the School of Public Health and Primary Care

government's initial containment policy, exemplified by quarantining guests in the Wanchai hotel where first imported case had stayed, was excessive but in Hong Kong this action was highly acclaimed. When asked in sequential surveys about government performance the vast majority of the public were supportive not only of the policy of quarantine but of other governmental measures in the initial phase of outbreak.[6] The ratings of the government and authorities benefited. Cynics might imply that at a time of global economic downturn the opportunity for strong action was taken for political rather than public health motives given the mild nature of the disease. But after SARS, the government could not afford accusations that it had not done enough. Their well publicized plans for preparedness and action based on levels of disease within the community have facilitated a smooth transition from containment to mitigation with minimal criticism. As a consequence, levels of emotional distress in the community remain low.[5]

We suggest that it is reasonable that different cultures and political systems place different emphases on the potential risks of impact of an epidemic of a new disease. The efforts to contain H1N1 in mainland China, Hong Kong and Singapore reflect recent history but also the capacity to organize healthcare systems and to mobilize a workforce to ensure temperature checks at borders, the collection of data at immigration, school closures, designated clinics and contact tracing and quarantine. Memories of SARS may well have heightened anxieties about 'what if' scenarios, e.g. whether the virus will return in a more virulent form; whether its spread will have more serious impact on poorer rural communities or if resistance to antivirals escalates. In Hong Kong the combination of recent history, high population density, the reliance on service industry and tourism for the economy, provide the context of a different perception of risk and level of response despite a common evidence base. We wonder how Simon Jenkins would react if he were writing as a resident of Hong Kong's Mong Kok district.

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