

SARS Outbreak in East Asia and Greater Sphere

Outside of the current situation, one of the more prolific global outbreaks was SARS in the early 2000s. The outbreak seemed to dissipate almost as quickly as it had appeared, but the scars left behind can be seen in the public health behavior of several countries in East and Southeast Asia. The reactions of the People's Republic of China and the government of Hong Kong differ greatly in their approach to containing the outbreak, greatly highlighting the idea of "One China, Two Systems." The reactions of Taiwan to the virus demonstrate a third Chinese response to the virus and methods to contain the outbreak. Comparing the reactions each of their respective government had to the outbreak could showcase which forms of public health response is the most effective at curbing and mitigating a large scale outbreak of respiratory illness.

China

Since the virus originated in China, it shall be the first response examined. China was at a disadvantage due to being the origin of the virus, but their later decisions and response is disappointing. The failure of Chinese pandemic control seems to be due to a failure of national leadership. The beginning of the outbreak was defined with a wide media outbreak, with regions facing only a common cold or a regular seasonal flu. The Chinese government was also late in reporting the outbreak to international health authorities, such as the World Health Organization, until months after numerous cases were documented. As the virus continued to spread throughout the initial and surrounding provinces, the regional health officials chose to have a press conference while the Chinese national government continued to spread the lie that that the

outbreak was not as deadly or dangerous in order to limit the spread of hysteria. An advantage the Chinese government did have was that their military was able to avoid most of the politics and quickly build field hospitals in an effort to help alleviate the stress of hospitals in heavily impacted regions.

The high number of cases and deaths as well as economic damage clearly showcase how suppressing information and downplaying the danger of the virus leads to disastrous consequences. The failure of China's national health leadership eventually led to the health minister of the PRC to be dismissed due to their failures. The virus also showed the disparity of health care quality between rural and urban China with the shortage of hospitals leading to the military needing to step in setting up field hospitals for rural areas with a shortage of actual hospitals and doctors. The authoritarian regime of China did come with the advantage of making it easier to enforce quarantine and deploy their army when compared to western counterparts, but that is an argument for another time. The disparity between medical personnel and epidemiological knowledge between rural and urban China led to the virus spreading so quickly and led to China having large reform in their national health administrations.

Hong Kong

The early 2000s was a time of massive change for Hong Kong because of the recent handover of the territory from the United Kingdom to the People's Republic of China. The sheer population density and way the city is structured makes Hong Kong a playground for respiratory diseases and other contagions. The territory's proximity to the Guangdong province of China, which was a major outbreak zone, saw the virus quickly arrive to the city. The way that the water

and sewage of buildings in Hong Kong is set up allowed the virus to spread between apartments and floors of buildings, even without the tenants interacting face to face. A major example of this occurred in the Amoy Gardens estate, an early super spreader event (Hung).

The Hong Kong government was quick to respond in several ways. The first was to educate the populace about the virus and ways to prevent infection. The Hong Kong government also would trace the sources of infection in order to get a greater grasp on local outbreaks. The major action undertaken by the Hong Kong government took the form of legally required isolation (Hung). Schools and Universities were also quickly shut down as well travelers requiring their temperature to be taken when entering and exiting the territory. The Hong Kong government would later create a number of panels to clean housing estates of the virus, revitalize the economy, and set up recommendations on how to better combat similar outbreaks in the future.

A shortcoming that Hong Kong faced is that there was a difficulty in designating hospitals for isolation, which led to infection of hospital staff. The hospitals of the city also faced a shortage of personal protective equipment, a horrifying tale that seems to repeat itself in rather recent history. The initial lack of information of how the virus spread let the virus grow to its large outbreak numbers. The government also had hesitation in reporting infections to the WHO, which eventually led to a travel advisory that negatively affected Hong Kong tourism and business.

Taiwan

The Taiwanese response to their outbreak seems rather swift in tracking the virus and those infected. The Taiwanese government was quick to establish a task force to set up the quarantine procedure and pass a law legally requiring the reporting of all SARS cases (Chen et al). Whenever someone was probably infected, they were quickly moved to specially designed rooms to isolate, but these rooms were quickly overwhelmed as cases rose in the country. The Taiwanese government also set up a robust contact tracing program in order to quickly grasp outbreaks before they become overwhelming issues. Taiwan also set up compulsory quarantine for those that may have been infected, such as health care workers and international travelers. The Taiwanese response to the SARS outbreak seems rather successful in mitigating the spread of the virus and may be one of the most thorough attempts by a government in response to the SARS outbreak.

Comparisons

The different responses by China, Hong Kong, and Taiwan demonstrate a gradient in the approach to dealing with a highly infectious respiratory illness and demonstrate the efficacy of certain approaches to the matter. It is fair to initially point out China has the additional difficulty of dealing with the world's largest population without the largest economy, but that disadvantage may be balanced by its governmental system allowing a more rapid response when compared to democratic governments. The open communication with the public about the nature of the virus in Taiwan and Hong Kong seems to have had a better impact when compared to China's media blackout of the disease. The best method of contact tracing and

quarantine seems to have been enacted in Taiwan. China had the upper hand with its military and its ability to quickly respond to virus hotspots in rural areas, but that may have been a non-issue seen in Taiwan and Hong Kong due to their heavier concentration of urban populations.

Conclusion

While the virus originated in the heart of China, it seems that the outskirts of the Chinese sphere handled the outbreak better than the mainland. The Chinese effort to downplay the virus seems to have only allowed the virus to grow significantly when compared to Hong Kong and Taiwan that chose to keep their citizens informed on the issue. The evidence presented seems to portray a government that is open to its citizens about a public health issue is better at keeping an infection under reasonable control than a state that would choose to censor the threat at the door.

Works Cited

Hung, Lee Shiu. "The SARS epidemic in Hong Kong: what lessons have we learned?." *Journal of the Royal Society of Medicine* vol. 96,8 (2003): 374-8. doi:10.1258/jrsm.96.8.374

Kow-Tong Chen, Shiing-Jer Twu, Hsiao-Ling Chang, Yi-Chun Wu, Chu-Tzu Chen, Ting-Hsiang Lin, Sonja J. Olsen, Scott F. Dowell, Ih-Jen Su, "SARS in Taiwan: an overview and lessons learned", *International Journal of Infectious Diseases*, Volume 9, Issue 2 (2005), Pages 77-85, <https://doi.org/10.1016/j.ijid.2004.04.015>.