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MEASURES UNDERTAKEN BY MEMBER STATES AND ACCESSION COUNTRIES TO CONTROL THE OUTBREAK OF SARS

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Report by the Commission

European Commission
SANCO - Public Health Directorate
G4 Unit – Communicable, Rare and Emerging Diseases

Following the Severe Acute Respiratory Syndrome (SARS) outbreak, the Health Council asked to the Commission to report on the measures undertaken by Member States to control the outbreak of SARS in their respective countries, with a reporting deadline fixed at 15 May 2003.

A questionnaire was prepared by the EU Expert Group on SARS under the Network for the Epidemiological Surveillance and Control of Communicable Diseases in the Community (the Network), instituted by Decision 2119/98/EC of the European Parliament and the Council, and sent to all national authorities on 13 May 2003.

This document reports the results of this survey. The report has been endorsed by the Network at its meeting on 3 June 2003.

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EXECUTIVE SUMMARY

- Following the SARS outbreak, the Health Council asked the Commission to report on the measures undertaken by Member States to control it in their respective countries, with a reporting deadline fixed at 15 May 2003.

- A questionnaire was prepared by the EU Expert Group on SARS under the Network for the Epidemiological Surveillance and Control of Communicable Diseases in the Community and was sent to all national authorities on 13 May 2003.

- As of 28 May, 27 countries (15 Member States [MS], 9 Accession Countries [AC], 2 EFTA, and one Candidate Country) have answered the Commission's request to report on measures that they had implemented to control the outbreak of SARS.

- Within the limitations of a rapidly undertaken survey covering 24 European countries, it is possible to come to the following conclusions concerning the European response to SARS.

- Considering that only 10 weeks have passed since the alert issued by the WHO, European countries have achieved a huge amount.

    - On the whole, European countries have adopted rapid and consistent measures on early detection of cases, implementation of isolation measures and guidance to health professionals and the public on the identification of possible SARS cases. This applies also to the guidelines for infection control and protection of hospital staff and health professionals.

    - A consistent approach to the guidance to health professionals, with material accessible electronically or on paper, has been implemented across most countries.

    - Information to the public has also been rapidly distributed, using various media and channels, though the content varies throughout the Community.

    - Travel advice is becoming more and more consistent among the responding countries.

    - Measures to inform, collect traceability information, and screen arriving passengers are heterogeneous and lack consistency, possibly reflecting different intensity of passenger flows directly from affected countries, as well as different expectations of public opinion. There is a need for a preliminary EU evaluation of measures that have been undertaken.

    - Expert European laboratories have made major contributions to the global effort to identify the course of SARS, the SARS coronavirus, and to develop screening tests. However, national approaches to the laboratory

diagnosis of SARS still differ among countries and the standardisation of protocols is still far from complete.

- As to the legal framework for SARS, several countries have now included quarantine obligatory measures in their national framework, and some others are modifying their legislation.

- A number of other measures have been adopted in some Member States. They address research, humanitarian assistance, anti discrimination actions, mass gathering, and import / export of goods. Actions in these areas appear non-co-ordinated and carried out by a limited number of countries.

INTRODUCTION

The epidemic of SARS is a few months old, and although draconian measures implemented in the affected countries have contributed to the containment of a larger international spread, it is too soon to predict what will happen during the next months. SARS has created international anxiety because of its novelty, communicability, and rapid spread through international air travel and because a large proportion of the people affected were health care personnel.

Despite the rapid and effective response of national health authorities across Europe, SARS exposes major weaknesses in health infrastructures, as recognised by the Network for the Epidemiological Surveillance and Control of Communicable Diseases in the Community (the Network). Although the speed and efficiency at which public health measures were implemented throughout the European Union is reassuring, there are still areas of concern. In particular, preparedness and resources available to infectious disease control are needed, should a localised outbreak happen in one of the Member States, as it did in Toronto, Canada. There is no room for complacency and decreasing vigilance.

The present report has been compiled following the request from the extraordinary meeting of the Council of the European Union (Employment, Social policy, Health and Consumer Affairs) which took place in Brussels on 6 May 2003. The Council asked the Commission to report on the measures undertaken by Member States to control the outbreak of SARS in their respective countries, with a reporting deadline fixed at 15 May 2003. The questionnaire was sent to all national authorities on 13 May.

Although considerable effort has been made to develop a systematic collection of information, this report cannot represent the large variety of measures and activities carried out by the national authorities; the document reports only main figures of the large amount of actions undertaken by the Member States.

This report has been prepared on the basis of a questionnaire agreed by the EU expert group on SARS, set up under the Network, to inform both the Commission and the Member States.

As of 28 May, out of 25 countries, **24 (15 Member States, 9 Accession Countries)** answered the questionnaire[1]. The information has been compiled, analysed and summarised in this paper.

The report is structured according to the following topics:

- **Implementation of the measures**

    1. Early detection of cases, reporting, contact tracing and isolation measures;
    2. Measures for protection of health care workers and infection control;
    3. Guidance and information to the public;
    4. Travel advice to affected areas;
    5. Measures for international travellers arriving from affected areas;
    6. Laboratory organisation and guidance on collection, storage and shipment of clinical specimens;
    7. Other measures;
    8. Recommendations for future actions.

- **Recommendations for future actions**

    1. Basis for action;
    2. European Community actions on SARS.

- **Annexes**

    1. Road Map for EU action;
    2. Summary table of SARS measures implemented by Member States.

Because of the speed with which the survey had to be undertaken and completed there may be some inaccuracies in the data. These will be corrected following comments from Member States.

IMPLEMENTATION OF THE MEASURES

1. Early detection of cases, reporting, contact tracing and isolation measures

Surveillance and control measures include detection of possible SARS cases, performed by enhanced surveillance activities, routine reporting at local and central level, complete and timely reporting to the national authority, identification and investigation of contacts (contact tracing), and isolation measures of probable SARS cases.

[1] Contribution from Poland will be received shortly and will be integrated in the final report.
Responses from Iceland, Norway and Romania have also been included in the table in Annex A.

All Countries (15 Member States, 9 Accession Countries and 2 EFTA countries) that responded to the request of the Commission, have implemented consistently and according to standard procedures the following measures:

- Routine reporting at central national level of all possible SARS cases;
- Contact tracing;
- Timely reporting of cases (including ZERO cases) to the European Commission and WHO
- Provision of guidance and information to health care workers (in particular primary care workers, general practitioners and hospital staff);
- Institution of isolation measures for probable SARS cases. All countries have also instituted isolation measures for suspect cases.

All respondent countries have activated a specific surveillance system, including case definition and reporting procedures. These follow the advice of the Network and are in line with WHO recommendations. All countries have also actively participated in global surveillance activities, with daily reporting of cases to the European Commission and WHO.

European countries have adopted rapid and consistent measures on early detection of cases, implementation of isolation measures and guidance to health professionals and the public on the identification of people who might have SARS.

These measures have contributed effectively to preventing the spread among health professionals and into the Community. No case of SARS has yet occurred in health care staff, and no secondary case has appeared in Europe.

Action at the EU level

Identify best practices and sustainable actions for the development of an EU preparedness plan on communicable diseases with epidemic potential.

2. Measures for protection of health care workers and infection control

It is recognised that the most important action for the protection of health care staff is the provision of information and guidance. Infection control and adherence to personal protection procedures are also essential measures to impede the spread of the infection in hospital settings.

All countries that have responded to the Commission **have provided guidance and information** to primary health care workers and general practitioners, as well as to hospital staff.
More than 90% of respondents have also provided guidance and information to:

- emergency and ambulance teams;
- laboratory staff;
- in-hospital infection control committees, and

- medical staff at airports (Luxembourg and Sweden do not have medical personnel on duty at airports, but rely on contracted doctors on call).

Twelve MS, 3 AC and 2 EFTA have also provided specific guidance to health care workers coming back from affected areas.

Most countries that have responded (13 MS, 9 AC, 2 EFTA) have developed and distributed **guidelines for front-line personnel**, related to the institution of triage procedures for possible SARS cases, and have either reserved or identified specific SARS triage facilities for their management and diagnosis.

Guidelines and the provision of personal protective equipment is ensured in all countries in accordance to the dimension of the outbreak. Countries that have not implemented these specific measures may have considered the infection control measures already in place in hospitals to be sufficient. Concern exists for the different levels of preparedness of hospitals in dealing with infected patients. Member States should assess the vulnerability of hospitals and their staff, other than those already designated for SARS, in the event that a large localised outbreak should spread in one of the member countries and SARS cases should enter one of their hospitals.

Action at the EU level

Coherent principles at Community level could develop common modalities and advice on adherence to protection procedures in hospital settings across Europe.

3. Guidance and information to the public

Appropriate and timely guidance, including the description of SARS symptoms, measures to be undertaken if a patient requires assistance, and clear orientation on how to seek medical assistance, have been crucial for the containment of SARS spread in Europe.

All respondent countries have provided guidance and information to the general public, using messages adapted to the local culture through a multiplicity of media and distribution means. In particular, guidance is provided on how individuals should react to the appearance of SARS symptoms, and how assistance should be sought. A group deserving special attention because of their vulnerability is the ethnic Chinese community in European countries.

Almost all countries have collaborated with the media to disseminate relevant information. Information to the public has been rapid and distributed using various media and channels, though the content varies throughout the Community. More than two thirds have developed a dedicated Web-site and opened a telephone hot line (all 15 MS have a dedicated website and a telephone hotline).

Action at the EU level

An EU consistent approach to the contents of the information communicated to the public, co-ordinated by the Commission, could be an advantage.

4. Travel advice to affected areas

The main message for international travellers is to be aware of the areas where local transmission of SARS occurs, the main symptoms of SARS,, and what actions to take should they develop these. WHO recommends postponement of all but essential travel to areas with extensive local transmission of SARS.

All countries have issued travel advice to the general public and travellers to areas where local transmission is present, following the recommendations of WHO.

Some Countries with a large number of travellers, particularly among students, have also specifically distributed leaflets in universities and colleges.

Some responding countries (9 MS and 5 AC) distribute this information in the departure lounge of international airports.

Three MS and 3 AC have introduced specific additional national advice, addressed to other ministries or to persons travelling for international adoptions of children.

Action at the EU level

The general approach appears to be consistent and in line with WHO advice. However the distribution channel of advisories and their content would benefit from an EU co-ordinated approach.

5. Measures for international travellers arriving from affected areas

The main concern of the public at large relates to the risk of SARS being imported into Europe through air flights coming from an area of recent local transmission.

Airlines, airport authorities, and national health authorities in Europe are implementing a series of measures to reduce this risk.

Communication tools (Leaflets, Posters)

Most responding countries report that leaflets are distributed to all incoming passengers at arrival (Belgium, Czech Republic, Estonia, Finland, Luxembourg, Slovakia and Sweden do not have such a provision). Twelve of the responding Countries (Cyprus, Denmark, Finland, France, Germany, Greece, Hungary, Lithuania, Ireland, The Netherlands, Romania and Spain) distribute information leaflets on board the aircraft to passengers incoming from affected areas.

Austria, Belgium, Cyprus, Czech Republic, Denmark, Estonia, France, Germany, Greece, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Norway, Spain, Sweden and United Kingdom have provided posters at arrival airport lounges.

This variation in the measures may depend on the presence of direct flights connecting the affected countries with the final destination in Europe.

Traceability of possible SARS cases

Higher variation exists in the implementation of follow-up tools, such as traceability cards.

Eight countries (Cyprus, Czech Republic, France, Greece, Italy, Lithuania, Portugal and Spain) distribute traceability cards to all passengers from affected areas, while 14 countries provide traceability cards only to passengers in the event that a suspect case is identified on board.

Fifteen countries (Belgium, Czech Republic, Denmark, Estonia, Finland, France, Greece, Italy, Lithuania, Luxembourg, Malta, The Netherlands, Portugal, Romania and Spain) have ended into a formal bilateral agreement with airlines on measures for traceability. These agreements include communication and storage of personal data of travellers, but establish conditions rather different from each other. There is also variation on the duration of personal data retention by the authorities. These agreements, which include the collection and treatment of personal data, are subject to differing national legislation on data protection.

Special areas in airports

Sixteen countries (10 MS and 6 AC) have dedicated ***isolation areas*** in the some airports for travellers with a suspected SARS infection and ten countries (Denmark, Estonia, Hungary, Iceland, Italy, Latvia, Luxembourg, Portugal, Romania and Spain) have instituted ***dedicated corridors*** in main international airports for travellers arriving from affected areas.

Other measures

Fourteen countries have provided information to immigration officials on measures to undertake when dealing with ***clandestine immigration***. Two countries (Cyprus, Malta) have instituted ***visa restrictions*** for persons coming from affected countries.

Other measures for international travellers arriving or in-transit from affected areas include ***health screening at arrival***. Eight countries (Cyprus, Hungary, Italy, Latvia, Lithuania, Malta, Romania, and Spain) are performing such measures, which includes the measurement of the body temperature and some questions on the health status and recent history of contacts with possible SARS patients.

Countries that have not instituted such measures have reported that it is not considered practicable or efficient and creates a false sense of security in the public and in the health authorities.

To further reduce the risk that international travellers may carry the SARS virus into new areas, WHO recommends that international travellers departing from certain affected areas should be screened for possible SARS at the point of departure. Well persons who are not contacts of probable SARS cases should be free to travel and carry out normal activities. The Commission, through its Delegations in SARS

affected countries, is collaborating with the local authorities in a systematic review of measures undertaken at departing areas of international airports.

From the information received through the Delegations, it appears that systematic screening is taking place for air passengers leaving affected areas. This takes the form of a health questionnaire and in a more limited number of cases of temperature checks. Similar checks are in place for maritime connections in China, Malaysia and Singapore. Checking at land borders is far less comprehensive. Most affected countries also impose entry screening.

Action at the EU level

This is an area where a consistent EU approach would be very useful. A common EU standard leaflet for travellers should be produced. A common approach should be proposed at EU level on traceability for passengers arriving or in-transit from affected areas, and their follow up, as well as control actions on the effective screening for SARS at exit sites (in particular the airports) of the affected countries.

6. Laboratory organisation and guidance on collection, storage, and shipment of clinical specimens

A key issue for effective surveillance and response to the SARS epidemic and for the clinical management of SARS patients is laboratory diagnosis, in order to rapidly confirm SARS cases or exclude other known causes of acute respiratory disease.

As the scientific knowledge on SARS advances, new specific diagnostic tests are being developed and become available

Laboratory networks working on SARS coronaviruses and acute respiratory diseases should be gradually strengthened in all Member States.

Laboratory diagnosis

Twenty-three responding countries (14 MS, 7 AC, 2 EFTA) have instituted a centralised system for SARS testing with designated National Reference Laboratories, which are performing PCR tests for SARS coronavirus. Countries that do not rely on a centralised testing are Cyprus, Estonia, Germany, and Malta. 9 responding countries (Belgium, Germany, Greece, Italy, The Netherlands, Portugal, Romania, Spain, Sweden and United Kingdom) also perform serology tests for SARS antibodies.

Seventeen responding countries (10 MS, 5 AC, and 2 EFTA) have developed national protocols for SARS diagnosis, with the goal of standardising the diagnostic procedures based on laboratory tests.

Countries that have not implemented a laboratory system on SARS diagnosis have developed links with other European reference laboratories for eventual confirmation of SARS diagnosis.

Biosafety

Twenty-three countries (12 MS, 8 AC, 3 EFTA) have developed guidance on biosafety issues related to the collection, storage and shipment of clinical specimens along the lines of WHO recommendations. The guidelines also include instructions on categorisation of transported specimens.

Action at the EU level

Networking of laboratories, standardisation of the diagnostic methodologies, scientific collaboration in research and development in the field of microbiological diagnosis of SARS coronaviruses, all will be key issues for European added value. The Commission could facilitate and strengthen all these issues.

7. Other measures

Other activities carried out by countries in the effort to combat the spread of SARS and to better understand the dynamics of the epidemics, including research and assistance to affected areas, are considered below.

Research

Countries are working independently or in collaboration with global research networks in the following areas:

- **Epidemiology** 7 countries (Belgium, France, Germany, Greece, Italy, The Netherlands and United Kingdom)
- **Health policy** 4 countries (Italy, Sweden, The Netherlands and United Kingdom)
- **Clinical aspects** 5 countries (Belgium, France, Italy, The Netherlands and United Kingdom)
- **Diagnostic tools** 9 countries (Austria, Belgium, Denmark, France, Germany, Greece, Italy, The Netherlands and United Kingdom)
- **Virology** 9 countries (Austria, Belgium, Denmark, France, Germany, Italy, Sweden, The Netherlands and United Kingdom)
- **Molecular biology** 6 countries (Belgium, France, Italy, The Netherlands, Norway and United Kingdom)
- **Molecular epidemiology** 3 countries (France, Italy, The Netherlands)
- **Antiviral agents** 6 countries (Belgium, France, Germany, Italy, The Netherlands and Norway)
- **Vaccines** 8 countries (Belgium, Denmark, France, Italy, Sweden, The Netherlands, Norway and United Kingdom)
- **Social issues** 3 countries (Finland, Italy and United Kingdom)
- **Modelling** 3 countries (France, Italy and United Kingdom)
- **Risk communication** 1 country (Italy)

Humanitarian assistance

EU countries are on the first line in the global effort to assist affected areas in combating the outbreak.

Six countries (France, Germany, Norway, Spain, Sweden, and United Kingdom) have provided expertise either directly or through EU funded programmes (such as EPIET) and through supporting WHO. One country (Spain) has also provided financial support through bilateral agreements.

Actions addressed to vulnerable communities

Seven countries (Cyprus, Denmark, France, Luxembourg, The Netherlands, Spain and United Kingdom) have initiated actions and distributed information addressed to targeted vulnerable communities (e.g. Asiatic and Chinese ethnic groups).

Mass gathering

Six countries (France, Greece, Ireland, Malta, Portugal and United Kingdom) have implemented special measures to prevent SARS spread on the occasion of mass gatherings with international participants coming from affected areas.

Import / Export of goods

Four countries (Czech Republic, Denmark, Latvia, Spain) have implemented disinfecting procedures for goods (e.g. used textile material, dental prostheses) or food imported from affected areas, which are not specifically addressed to SARS. All other countries have responded that these measures are not considered by their national authorities as being a priority, and have followed the WHO advice that no specific measures should be considered.

Legal framework

Twenty-two countries (11 MS, 9 AC, 2 EFTA) have included SARS in the list of diseases with mandatory notification. Cyprus, Greece, Luxembourg, The Netherlands, and United Kingdom do not have this provision. Nineteen countries (11 MS, 6 AC, 2 EFTA) have included quarantine obligatory measures in the national legal framework. Germany, Greece, Latvia, Lithuania, Romania, Slovakia, Sweden and United Kingdom have not introduced this regulation. However, some of these countries are updating their national legislation.

Actions at the EU level

The subjects discussed above constitute areas where EU actions may be advantageous, in particular:

- Strong collaboration on SARS among Members States, Accession Countries and other international partners such as the WHO, will constitute EU added value for research and development activities.

- A co-ordinated plan has been initiated and negotiated by the Commission through its humanitarian aid office (ECHO) and Europe Aid Co-operation office (AIDCO)

with recipient countries and implementing organisations. A mechanism to favour the co-ordination with the assistance provided individually by the Member States would also be desirable.

- Community legislative actions in the area of quarantine measures, and other measures of public health importance that affect the free movement of persons may be considered in the revision of International Health Regulations.

RECOMMENDATIONS FOR FUTURE ACTIONS

1. Basis for action

SARS has to be considered a serious threat for several reasons. There is no vaccine and no treatment, obliging health authorities to use control tools dating back to the earlier stage of empirical biology - isolation and quarantine. There are several reasons for this.

- The epidemiology and pathogenesis of the virus implicated is incompletely understood.
- The initial symptoms are non-specific and common to other acute respiratory diseases.
- Available diagnostic tests are still limited in their usefulness for public health purposes.
- The disease continues to hit front-line human resources – health care staff – essential to combat the threat.
- Its incubation period allows rapid spread via air travel between any two cities in the world.

This unprecedented combination of features has put all health systems under stress. Positive lessons and a number of new challenges have been learnt that need to be transformed into action.

Preparedness, vulnerability and response

The rapid recognition of SARS imported cases, the prompt isolation and the proper management of the patients, intensive contact tracing, and the general awareness through information to the public as well as to health care personnel were all elements of pivotal importance in containing the SARS epidemic in Europe. The first lesson learnt is that EU was able to contain the outbreak and to deal with a low number of SARS cases. This reflects the general success of the public health measures put in place. The question remains if the EU could respond with the same efficacy to a larger SARS epidemic or to outbreaks of different communicable diseases. A comprehensive and intersectoral preparedness plan is needed to strengthen the health services at local as well as at central level. On the downside is the fact that local hospitals might be vulnerable to highly infectious patients coming to them if the infection control measures are not systematically assessed and planned.

Scientific collaboration

The second positive lesson is that rapid identification and characterisation of the causative agent has made possible the development of diagnostic tests, treatment protocols, and provided a scientific basis for control measures. This has been achievable thanks to an unprecedented collaborative effort of research institutions that have traditionally competed against each other. These have included at least four European expert laboratories.

Public health surveillance and response

A third lesson is that global alerts, supported by responsible media and rapid electronic communication, have improved vigilance and awareness at all levels, involving health professionals, national authorities, politicians and travellers.

Rapid case detection, prompt reporting, immediate isolation and infection control, with aggressive contact tracing have been crucial to limiting the spread.

International collaboration

The high level of medical, political and public attention focused on SARS has helped people and politicians understand the severity of the infectious disease threat and the importance of international solidarity. Of particular importance to the EU is the correct application of the existing Community legislation on communicable diseases, because collaboration among EU member states would be challenged should a limited outbreak occur in one of them.

Media

A downside of this potential pandemic is that SARS has incited widespread public anxiety, spreading faster than the virus, and causing social discomfort, economic losses and political stress. Another consequence of the public's fear has been the emergence of discrimination towards vulnerable communities.

2. European community actions on SARS

Immediate actions, as recommended by the EU Network for the Epidemiological Surveillance and Control of Communicable Diseases in the Community, are being consistently implemented (though with some local variation). The analysis of the measures undertaken by the Member States allow the Commission to better define the areas that need increased EU coherence and to plan for future actions, as recommended by the Network Committee.

Actions are planned in the following areas (*ref. Roadmap for EU action – Annex A***)**

1. **Strengthening SARS expertise.** Further expertise should be temporarily allocated by Member countries and attached to DG SANCO. The Expert Group on SARS set up under the Network for the Epidemiological Surveillance and Control of Communicable Diseases in the Community will benefit from additional

expertise assigned by Member States in specific areas (clinical management, infection control, and laboratory procedures). Further factual and scientific knowledge could be provided to the Commission through strengthened collaboration among European public health institutes and laboratories.

2. **EU guidance documents** will be prepared with the assistance of the Expert Group on SARS under the Network Committee, including best practices undertaken in Member States. The following topics will be addressed:

   - Reduction of risk of importation of cases from affected areas
   - Protection of health staff
   - General public guidelines.

3. **Assistance to affected countries.** Greater financial and expert assistance will be encouraged and facilitated through current Community mechanisms. Greater collaboration with the WHO should be sought. A pool of EU experts should be established to respond to calls for assistance from the WHO and/or affected countries.

4. **Assistance between Member States.** A mechanism should be established between Member States in order to facilitate collaboration and support between current and future Member States should a country request some help and/or assistance, including diagnostic, investigative and control capacity support.

5. The Member States' **quarantine legal frameworks** should be reviewed, with a view of analysing the implementation of the forthcoming **revised International Health Regulations,** as it could be the basis for future Community legislative initiatives. Further co-ordination should be envisaged with DG JAI in order to co-ordinate actions related to the free movement of persons (Schengen Agreement).

6. With regard to **laboratory capacity,** the Council conclusions recall that laboratory collaboration is urgently needed. Europe has already laboratory networks and laboratory co-operation in place. These structures should be supported and fostered to enhance the diagnostic capabilities by establishing common protocols, diagnostic techniques and quality control measures.

7. A **Clinical Care Network** in the field of clinical infectious disease specialists is being constituted to review the development of isolation procedures for highly infectious patients in the EU. Once the SARS Case Definition is agreed it should be included in the list of diseases Member States have to report to the Commission.

8. **Development of a general preparedness plan on communicable diseases.** The development of a general preparedness plan on communicable diseases requires a co-ordinated multidisciplinary approach in order to have a ***first phase*** prepared prior to the influenza epidemic season. In this first phase, the plan should address the general principles of preparedness and also the aspects of particular importance to SARS, including specific studies on effectiveness of public health measures such as the evaluation of 'entry screening' *versus* 'exit screening'

procedures in detecting possible SARS cases. Comprehensive and intersectoral actions are also needed to strengthen the health services at local as well as at central level (assessment of vulnerability, inventory of available resources, capacity building, 'desk-top' and simulation exercises etc.).

In a ***second phase***, those aspects which need particular attention will be studied further, taking into account national plans as well as WHO guidance in that area.

In this phase the Commission, with relevant national expert, will prepare a plan for responding to a suspected or proven outbreak of SARS in one or more European countries based on one or more national plans that have been developed since the emergence of SARS. The Commission should consider running an exercise to test this plan at least in a 'desk-top' format.

In the ***last phase***, the plan should address the issues of co-operation and collaboration at EU level with a view of recommending actions at community level. The plan should explore how could be extended to influenza and other communicable diseases and the possibilities for co-ordinated production, distribution and use, including stockpiling, at Community level for antiviral agents, antibiotics and vaccines.

9 Further **research** will be fostered. In addition to the €9 million to be committed before the end of the year, other research initiatives should also attempt to address longer-term research defining appropriate sustainable priorities. Vaccines and antiviral agents should be prioritised, although this is a long-term exercise. Joint research activities with other services, for instance the JRC in Ispra and other international partners, in particular the WHO, should be undertaken.

10 All these activities should pave the way for the establishment of the **European Centre for Disease Prevention and Control** by 2005. A Centre would network Member States' expertise on communicable diseases and provide for a structured and systematic approach to the control of such diseases. In addition, the Centre would strengthen cooperation with international partners, such as those collaborating within the WHO Global Outbreak Alert and Response Network. The Centre would provide EU policy makers and citizens with authoritative scientific advice on health threats and recommend control measures, thus enabling an effective EU- wide response

ANNEXES

1. Road map for EU action
2. Summary table of SARS measures implemented by Member States

	EU ACTION ROAD MAP	RESPONSIBLE	TIME FRAME
1.	**SARS EXPERTISE STRENGTHENING**	EUROPEAN COMMISSION DG SANCO & MS	END III. QUARTER 2003
2.	**EU GUIDANCE DOCUMENTS** **REDUCTION OF IMPORTATION OF CASES FROM AFFECTED AREAS:** - Recommendation leaflets to travellers - Specific information to air crews -Guidance on the basic protective equipment -Registration cards -Travel Advice Guidelines to inward and outward travellers -EU Information leaflet **PROTECTION OF HEALTH STAFF** - Info to primary care doctors, health professionals, emergency departements - EU Clinical Description **GENERAL PUBLIC GUIDELINES** - Info for general public - Info to vulnerable communities	EU NETWORK COMMITTEE, EXPERT GROUP ON SARS AND EUROPEAN COMMISSION DG SANCO	III/IV.QUARTER 2003
3.	**ASSISTANCE TO AFFECTED COUNTRIES**	EU NETWORK COMMITTEE, EUROPEAN COMMISSION DG SANCO DG ECHO DG DEV/ WHO/NGOs	IMMEDIATE
4.	**ASSISTANCE INTRA MEMBER STATES**	EU NETWORK COMMITTEE, EUROPEAN COMMISSION DG SANCO	II. QUARTER
5.	**REVIEW OF QUARANTINE LEGISLATION AND IMPLEMENTATION OF IHR**	EUROPEAN COMMISSION DG SANCO & MS	END 2003
6.	**LABORATORY CAPACITY & NETWORKING**	EUROPEAN COMMISSION DG SANCO & MS	III/IV.QUARTER 2003
7	**CLINICAL CARE NETWORK**	EUROPEAN COMMISSION DG SANCO & MS	III/IV.QUARTER 2003
8	**PREPAREDNESS PLAN ON COMMUNICABLE DISEASES, 1st PHASE**	EUROPEAN COMMISSION DG SANCO	III/IV QUARTER 2003
9	**RESEARCH**	COMMISSION DG RTD/ DG SANCO	ONGOING
10	**EUROPEAN CENTRE FOR DISEASE PREVENTION AND CONTROL**	MS/ EUROPEAN COMMISION SANCO	END 2005

	Countries	Member States															Accession Countries										EFTA			Candidate Countries (CC)		Count of YES			All countries	
	ACTIONS	Austria	Belgium	Denmark	Finland	France	Germany	Greece	Ireland	Italy	Luxembourg	Netherlands	Portugal	Spain	Sweden	UK	Cyprus	Czech Rep.	Estonia	Hungary	Latvia	Lithuania	Malta	Poland	Slovakia	Slovenia	Iceland	Norway	Liechtestein	Bulgaria	Romania	Member States	Accession Countries	EFTA & CC	Count of YES	% OF YES
1	**Prompt and effective identification of all suspect and probable SARS cases**																																		
2	*enhanced surveillance activities*	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y			Y	14	9	3	**26**	96%
3	*routine reporting at local level*	Y	Y	Y	Y	Y	Y	N	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	n/a		Y	Y	Y	Y			Y	13	8	3	**24**	89%
4	*routine reporting at central level*	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y			Y	15	9	3	**27**	100%
5	*SARS Telephone hotline*	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	N	N	N			Y	Y	Y			N	15	4	2	**21**	78%
6	*contact tracing*	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y			Y	15	9	3	**27**	100%
7	*mandatory notification*	Y	Y	Y	Y	N	Y	Y	Y	Y	N	N	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	N		Y	Y	Y	Y			Y	11	8	3	**22**	81%
8	*complete laboratory testing with WHO authorised laboratories on all probable cases*		Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	n/a	N	n/a	Y	Y			Y	Y	Y			Y	13	5	3	**21**	78%
11	**Timely reporting to the Commission, WHO, other countries and other partners (e.g. airline companies)**																																		
12	*Commission*	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y			Y	15	9	3	**27**	100%
13	*WHO*	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y			Y	Y	Y			Y	15	7	3	**25**	93%
14	*other Countries*	Y	Y	N	Y	Y	N	N	N	N		Y	N	Y	Y	Y	Y	N	Y	N	Y	Y	Y			N		Y			Y	8	5	2	**15**	56%
15	*others*	Y	Y	N	Y	Y	N	Y	Y	N		Y	N		Y	Y	Y	N	N	N	Y	Y	Y			N		N			N	9	4	0	**13**	48%
17	**Isolation measures for**																																		
18	*suspect cases*	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y			Y	15	9	3	**27**	100%
19	*probable cases*	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y			Y	15	9	3	**27**	100%
20	*contacts of suspect cases*	Y	Y	Y	N	N	N	N	Y	N	N	Y	N	N		N	n/a	Y	N		Y	N	Y			N	Y	N			Y	5	3	2	**10**	37%
21	*contacts of probable cases*	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	N			Y	Y	N		Y	Y	Y			N	Y	N			Y	11	5	2	**18**	67%
22	*number of strict isolation units available*	93	60	29	103	9	n/a	12		190	9	130			200	25	1	2	13	2	1		2			1	16	n/a			n/a					
23	*number of hospitals with specifically dedicated facilities*	2	13	5	14	9	n/a	10		154	1	8	4		29		1	5	1	18	1		2			3	1	n/a			1					
25	**Appropriate protection of hospital personnel**																																		
26	*triage guidelines*	n/a	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	n/a	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y				13	9	2	**24**	89%
27	*triage facilities*	n/a	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	n/a	Y	Y	Y	Y	n/a	Y	Y			N	Y	Y				12	6	2	**20**	74%
28	*have been facilities for the management and diagnosis of SARS cases identified*	n/a	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y			Y	Y	Y			Y	13	8	3	**24**	89%
30	**Provision of guidance and information to health care workers**																																		
31	*emergency and ambulance teams*	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y			Y	Y	Y			Y	14	8	3	**25**	93%
32	*primary health care and general practitioners*	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y			Y	15	9	3	**27**	100%
33	*hospital staff*	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y			Y	15	9	3	**27**	100%
34	*laboratory staff*	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y		Y	Y	Y	Y			Y	14	8	3	**25**	93%
35	*in-hospital infection control committees*	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	n/a	Y	Y	Y		Y	Y	Y	Y			Y	15	8	3	**26**	96%
36	*regional public health authorities*	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y		Y	Y	Y	Y			Y	14	8	3	**25**	93%
37	*medical staff at airports*	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y			Y	13	9	3	**25**	93%
38	*others*		Y			Y			Y				Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y			Y	Y	Y			Y	7	7	3	**17**	63%

	Countries	Member States															Accession Countries										EFTA			Candidate Countries (CC)		Count of YES			All countries	
	ACTIONS	Austria	Belgium	Denmark	Finland	France	Germany	Greece	Ireland	Italy	Luxembourg	Netherlands	Portugal	Spain	Sweden	UK	Cyprus	Czech Republic	Estonia	Hungary	Latvia	Lithuania	Malta	Poland	Slovakia	Slovenia	Iceland	Norway	Liechtestein	Bulgaria	Romania	Member States	Accession Countries	EFTA & CC	Count of YES	% OF YES
40	**Provision of guidance and information to the general public**																																			
41	*information on SARS*	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y			Y	Y	Y			Y	15	8	3	**26**	96%
42	*guidance on how individuals should react to appearance of SARS compatible symptoms*	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y			Y	15	9	3	**27**	100%
43	*other contents*		Y	Y	Y	Y	Y		Y		Y	Y	Y		Y	Y	n/a	N			n/a	Y	Y								Y	11	2	1	**14**	52%
44	*guidance to health care workers coming back from affected areas*	Y	Y	Y	Y	Y	Y	N	Y	N	Y	Y	N	Y	Y	Y	n/a	Y	N	n/a	n/a	N	Y			Y	Y	Y			Y	12	3	3	**18**	67%
45	*information is disseminated by dedicated web site*	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	n/a	N	Y	Y	Y	Y	N			Y	Y	Y			N	15	5	2	**22**	81%
46	*information disseminated by media*	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y			Y	Y	Y			Y	15	8	3	**26**	96%
47	*information disseminated by telephone hot line*	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	N	N	N	N			Y	Y	Y			N	15	3	2	**20**	74%
50	**Provision of guidance and information to travellers to areas where local transmission is present**																																			
51	*travel advice provided*	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y			Y	Y	N			Y	15	8	2	**25**	93%
53	*additional national advice*		N	N	N	Y	n/a	N			Y	N	N	Y		N	Y	N	N	Y	n/a	N	N			Y		Y				3	3	1	**7**	26%
54	*information distributed at airports*	Y	Y	N	N	N	Y	N	Y	Y	Y	Y	N	Y		Y	N	N	Y	Y	Y	Y	N			Y	N	N			Y	9	5	1	**15**	56%
57	**Provision of guidance and information to travellers from areas where local transmission is present**																																			
58	*information leaflets distributed to all incoming passengers at arrival*	Y	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	Y	N	N	Y	Y	Y	Y			Y	Y	N			Y	11	6	2	**19**	70%
59	*information leaflets distributed on board to passengers incoming from affected areas*	n/a		Y	Y	Y	Y	Y	Y	N	N	Y		Y	N		Y	N	N	Y	N	Y	N			N	N/A	N			Y	8	3	1	**12**	44%
60	*posters at arrival airport lounges*	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y			N	Y	Y			N	12	7	2	**21**	78%
61	*information distributed to travellers in departure airports*	Y	N	N	n/a	N	N	N	Y	Y	Y	Y	N	Y			N	N	Y	N	Y	Y	N			Y	N	N			N	6	4	0	**10**	37%
62	*distribution of traceability cards to all passengers from affected areas*		N	N	N	Y	N	Y	N	Y	N	N	Y	Y	N	N	Y	Y	N	N	N	Y	N			N	N	N			N	5	3	0	**8**	30%
63	*distribution of traceability cards only to passengers in the event of a suspect case is identified on board*	Y	Y	Y	Y	N	Y	Y	N	N	N	Y	Y	N	N	N	N	N	Y	N	Y	Y	Y			Y	Y	Y			N	8	5	2	**15**	56%
64	*others*			Y	Y	Y							N							N		N	N			N		N			Y	3	0	1	**4**	15%
67	Specific information for air crew (guidelines)		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	N	Y	Y	Y	Y	Y	Y			Y	Y	Y			Y	13	7	3	**23**	85%
71	Specific information for ship crew (guidelines)	n/a	Y	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	N	Y	N	n/a	Y	Y	N	Y	Y			Y	N	N			N	10	5	0	**15**	56%
74	**Measures for international travellers arriving or in transit from affected areas**																																			
75	*health screening at arrival*	N	N	N	N	N	N	N	N	Y	N	N	N	Y	N	N	Y	N	N	Y	Y	Y	Y			N	N/A	N			Y	2	5	1	**8**	30%
76	*availability of dedicated isolation areas in the airport*	Y		Y	Y	Y	Y	Y	N	N	Y	N	Y	Y	Y		Y	Y	Y	Y	Y	N	Y			N	N	N			Y	10	6	1	**17**	63%
77	*availablity of dedicated corridors in the airports*	N		Y	N	N	N	N	N	Y	Y	N	Y	Y			N	N	Y	Y	Y	N	N			N	Y	N			Y	5	3	2	**10**	37%
78	*others*				N	N			N				Y	Y			Y	Y		N		N	N					N			Y	2	2	1	**5**	19%

	Countries	Member States															Accession Countries											EFTA			Candidate Countries (CC)		Count of YES			All countries	
	ACTIONS	Austria	Belgium	Denmark	Finland	France	Germany	Greece	Ireland	Italy	Luxembourg	Netherlands	Portugal	Spain	Sweden	UK	Cyprus	Czech Republic	Estonia	Hungary	Latvia	Lithuania	Malta	Poland	Slovakia	Slovenia	Iceland	Norway	Liechtenstein	Bulgaria	Romania	Member States	Accession Countries	EFTA & CC	COUNT of YES	% OF YES
80	**Measures for traceability of international travellers arriving or in transit from affected areas**		Y		Y			Y		Y	Y			Y				Y	Y		Y		Y									6	4	0	10	37%
81	*how long information is kept*							30d											1 y	n/a			30d					n/a								
82	*agreement with the airlines*		Y	Y	Y	Y	N	Y		Y	Y	Y	Y	Y	N			Y	Y	n/a	n/a	Y	Y			n/a	n/a	n/a			Y	10	4	1	15	56%
83	*legislation (data protection)*		Y	Y	Y	Y	?	N		Y	Y	Y	N	Y			Y	Y	Y	n/a	Y	n/a	Y			n/a	n/a	n/a				8	5	0	13	48%
86	**Measures on immigration**																																			
87	*information to immigration officials*		Y	Y	Y	Y	Y	N	Y	Y	N	N	Y	Y		N	Y	n/a	Y	Y	N	Y	Y			N	N	n/a			N	9	5	0	14	52%
131	*restrictions on visa for persons coming from affected countries*	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	N	N	Y				N	N			N	0	2	0	2	7%
89	**Guidance on collection, transportation, storage, and shipment of clinical specimens**																																			
90	*biosafety issues*	Y	Y	Y	Y	Y	Y	Y	Y			Y	Y	Y	Y		Y	Y	Y	Y	Y		Y		Y	Y	Y	Y			Y	12	8	3	23	85%
91	*availability of national recommendations*	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y		Y	Y	Y	Y	Y		Y			Y	Y	Y			Y	13	7	3	23	85%
92	*categorization of transported specimens*	Y	Y	Y	Y	Y	??	Y	Y	Y		Y	Y	Y	Y		Y	n/a	Y	Y	Y	Y	Y		Y		Y	Y			Y	12	7	3	22	81%
94	**Assisting affected areas**																																			
95	*expertise*	N	N	N	N	Y	Y	N	N	N	N	N	N	Y	Y	Y		N	N	N	N	N	N			N	N	Y				5	0	1	6	22%
96	*financial support*	N		N	N	N	N	N	N	N	N	N	N	Y				N	N	N	N	N	N			N	N	Y				1	0	1	2	7%
97	*procedures*		N	N	N	N	n/a	N	N	N	N	N	N	n/a				N	N	N	N	N	N			N	N	N				0	0	0	0	0%
98	*NGO*	N	Y	N	N	N	n/a	N	N	N	N	N	N	n/a				N	N	N	N	N	N			N	N	Y				1	0	1	2	7%
99	*bilateral agreements*	N		N	N	Y	N	N	N	N	N	N	N	n/a				N	N	N	N	N	N			N	N	N				1	0	0	1	4%
100	*any other*	N		Y	N			N	N	N	N	N	N	n/a				Y	N	N	N	N	N			N	N	N				1	1	0	2	7%
104	**Laboratory methods for SARS diagnosis**																																			
105	*centralized testing (National reference laboratory)*	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	N	Y	Y	Y	N		Y	Y	Y	Y			Y	14	6	3	23	85%
106	*serology for SARS coronavirus*	N	Y	N	N	N	Y	Y	N	Y	N	Y	Y	Y	Y	Y		N	N	N	N	N	N			N	N	N			Y	9	0	1	10	37%
107	*PCR for SARS coronavirus*	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	N	Y	N	Y	N		Y	Y	Y	Y			Y	15	5	3	23	85%
108	*others*	Y		Y	Y	N		Y	Y	Y	Y		Y	Y	Y			Y	N	Y	N	Y	N					Y			Y	10	3	2	15	56%
109	*national protocols for SARS diagnosis*		Y	Y	Y	Y	N	Y	Y			Y	N	Y	Y	Y		Y	Y	Y	n/a		Y			Y	Y	Y			Y	10	5	3	18	67%
111	**Research on SARS**																																			
112	*epidemiology*	n/a	Y	N	N	Y	Y	Y	N	Y		Y	N			Y		N	N	N	N	N	N			N	N	N				7	0	0	7	26%
113	*health policy*		N	N	N	N		N	N	Y		Y	N		Y	Y		N	N	N	N	N	N			N	N	N				4	0	0	4	15%
114	*clinic*	n/a	Y	N	N	Y		N	N	Y		Y	N			Y		N	N	N	N	N	N			N	N	N				5	0	0	5	19%
115	*diagnostic*	Y	Y	Y	N	Y	Y	Y	N	Y		Y	N			Y		N	N	N	N	N	N			N	N	N				9	0	0	9	33%
116	*virology*	Y	Y	Y	N	Y	Y	N	N	Y		Y	N		Y	Y		N	N	N	N	N	N			N	N	N				9	0	0	9	33%
117	*molecular biology*	N	Y	N	N	Y		N	N	Y		Y	N			Y		N	N	N	N	N	N			N	N	Y				5	0	1	6	22%
118	*molecular epidemiology*	N	N	N	N	Y		N	N	Y		Y	N			N		N	N	N	N	N	N			N	N	N				3	0	0	3	11%
119	*antiviral agents*	N	Y	N	N	Y	Y	N	N	Y		Y	N			N		N	N	N	N	N	N			N	N	Y				5	0	1	6	22%
120	*vaccines*	N	Y	Y	N	Y		N	N	Y		Y	N		Y	Y		N	N	N	N	N	N			N	N	Y				7	0	1	8	30%
121	*social research*	N	N	N	Y	N		N	N	Y		N	N			Y		N	N	N	N	N	N			N	N	N				3	0	0	3	11%
122	*modelling research*	N	N	N	N	Y		N	N	Y		N	N			Y		N	N	N	N	N	N			N	N	N				3	0	0	3	11%
123	*Risk communication*	N	N	N	N	N		N	N	Y		N	N			N		N	N	N	N	N	N			N	N	N				1	0	0	1	4%

	Countries	Member States															Accession Countries										EFTA			Candidate Countries (CC)		Count of YES			All countries	
	ACTIONS	Austria	Belgium	Denmark	Finland	France	Germany	Greece	Ireland	Italy	Luxembourg	Netherlands	Portugal	Spain	Sweden	UK	Cyprus	Czech Republic	Estonia	Hungary	Latvia	Lithuania	Malta	Poland	Slovakia	Slovenia	Iceland	Norway	Liechtestein	Bulgaria	Romania	Member States	Accession Countries	EFTA & CC	COUNT of YES	% OF YES
126	**Import/export on food and other goods**																																			
127	*disinfection measures*	N	N	Y	N	N	N	N		N	N	N	N	Y	N	N	N	Y	N	N	Y	N	N			N	N	N			2	2	0	**4**	15%
128	*legal applicability of quarantine measures to SARS cases and their contacts*	Y	N	Y	Y		Y	N	Y	Y	N	Y	Y	Y	N	N	Y	Y	N	Y	N	N	Y			Y	Y	N			N	9	5	1	**15**	56%
134	**Information and actions addressed to vulnerable communities (e.g asiatic and cinese communities)**																																			
135	*actions to counter discrimination*		N	Y	N	Y	N	N	N		Y	Y	N			Y	Y	N	N	Y	n/a	N	N			n/a	N	N			N	5	2	0	**7**	26%
137	**Contingency planning**																																			
138	*models and exercises*	N	N	Y	N	Y	N	N		Y		Y	N	Y	Y	Y	Y	n/a	N		Y	N	Y			n/a	Y	N				7	3	1	**11**	41%
139	*documents*	Y	Y	Y	Y	N	Y	Y				Y	Y	Y	Y	Y		n/a	Y		Y	Y	Y		Y	N	Y	Y				11	5	2	**18**	67%
140	*stockpiling*		N	n/a	N		N	N				N	Y		N		Y	Y	N	Y	Y	Y	N		Y		N	N				1	6	0	**7**	26%
141	*Inter-ministerial cooperation*	Y	Y	Y	Y	Y	Y	Y	N			Y	Y	Y	Y	Y	Y	Y	Y		Y		Y		Y	Y	Y	N			Y	12	7	2	**21**	78%
144	**Mass gatherings**																																			
145	*Special measures for mass gatherings*		N	N	N	Y	N	Y	Y	N	N	N	Y		N	Y	N	N	N	N	N	N	Y			N	N	N			N	5	1	0	**6**	22%
148	**National legal framework**																																			
149	*SARS mandatory notification*	Y	Y	Y	Y	Y	Y	N	Y	Y	N	N	Y	Y	Y	N		Y	Y	Y	Y	Y	Y		Y	Y	Y	Y			Y	11	8	3	**22**	81%
150	*obligation to quarantine*	Y	Y	Y	Y	Y			Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y	N	N	Y			Y	Y	Y			N	11	6	2	**19**	70%
151	*probable cases confirmed as coronavirus SARS cases (lab test)*		Y	Y	Y	N		n/a	Y	N			n/a	N	Y		n/a	Y	n/a		N	N	N				N	Y				5	1	1	**7**	26%
153	*reports of suspected cases received centrally*			Y	Y		Y	Y	Y	Y			Y	Y	Y		Y	Y	Y		Y		Y				N	N				9	5	0	**14**	52%
157	*Do you have explicit guidance on what immediate local action to undertake if a probable case is detected or if local transmission is suspected? (e.g. immediate isolation, alerting central national bodies, etc.)*			Y	Y	Y	Y	Y	Y	Y			Y	Y	Y		Y	Y	Y		Y	Y	Y		Y			Y				10	7	1	**18**	67%
	Date of report	15-mai-03	23-mai-03	23-mai-03	18-mai-03	16-mai-03	15-mai-03	16-mai-03	28-mai-03	16-mai-03	19-mai-03	16-mai-03	26-mai-03	14-mai-03	15-mai-03	15-mai-03	15-mai-03	23-mai-03	16-mai-03	26-mai-03	15-mai-03	16-mai-03	15-mai-03		15-mai-03	16-mai-03	15-mai-03	27-mai-03			21-mai-03	Total respondents			27	