



SCCC Shanghai SARS Briefing & Seminar of May 15 2003:



Summary and Recommendations

The SCCC Shanghai held a Briefing by the Swiss Consulate General and a seminar on the various aspects of SARS of interest to Swiss Companies and residents in the Shanghai area.

A discussion ensued where participants asked questions from the Consulate General and the speakers on the seminars topics.

47 participants were present.

Practical information on the purchase of thermometers was made available and is attached in Appendix a) to this summary.

The Briefing was held by Dr. Hans Roth, Swiss Consul General in Shanghai

Presentations were made by:

- Prof. Dr Pan Xiaozhang, AIDS research specialist and SARS Shanghai special committee member
- Sandro Willi, CFO, Zellweger Luwa Shanghai
- Stephan Buser, Environment, Health and Safety China Country Head
- Hans Hauri, General Manager JC Mandarin and President Shanghai Branded Hotels Association.

Hygiene measures and recommendations detailed in internal memos are attached in Appendix b)

The subjects addressed in the presentations were:

- **Latest Shanghai government regulations**, particularly regarding the self-quarantine measures imposed on all Shanghai residents travel to SARS affected areas
- **SARS, What it is, how one contracts it and how one can avoid contracting it**, by Prof. Dr. Pan Xiaozhang
- **Measures taken by Zellweger Luwa ("Luwa") in Shanghai**
- **Experience of and measures taken by Ciba Specialty Chemicals ("Ciba")**, particularly relevant due to the discovery of a SARS infected relative of a Ciba employee in Beijing
- **Experience and measures taken by the Association of Branded Hotels in Shanghai and the JC Mandarin Hotel ("JC Mandarin"**, of special interest due to the known transmission of one of the first SARS superspreader in a Hong-Kong hotel

The SCCC Shanghai acknowledges the kind support of the speakers and their organizations.



Latest Shanghai government regulations

Shanghai SARS Situation

The situation in Shanghai is particularly clear and under control. There has been 7 cases in Shanghai, out of which 2 died and 3 recovered, though they are still under observation. 2 cases are in critical condition.

All cases are imported from other provinces with the exception of one person who died, who was contaminated by a daughter coming back from South China.

The Shanghai environment is thus practically SARS free, with no local transmission and risks of contracting SARS in Shanghai very low.

Shanghai self-quarantine and medical check government regulations

These regulations, interpreted strictly, impose a 14 days quarantine at home on all Shanghai residents returning from a province or country affected by SARS. Provinces are recorded. Children of such returning residents are prevented from going to school as well. Visitors coming from SARS affected areas are free to travel to Shanghai provided they undergo a daily medical check.

The interpretation of the regulations is varying widely, with some authorities or districts of Shanghai making a distinction among provinces showing local transmission and those with no such circumstances.

The Shanghai authorities are also willing to make a difference between different cities in affected provinces. As of May 19, for example and according to a phone call to Shanghai Center for Disease Control (CDC), "people travelling from Nanjing, Nantong and Hangzhou from Jiangsu and Zhejiang Provinces are required 14-day medical observation, people from other cities of these two provinces are not required to undergo the procedure if they don't show abnormal temperature at the entrance. The districts CDC are also informed of the rule."

The Swiss Consulate General and the other Consulates in Shanghai are having regular briefing with the city authorities and are pushing for clarification and for more coherent measures. Such efforts are conducted particularly in light of the economic integration of the Yantze Delta (including Shanghai, Jiangsu, Zhejiang, Anhui) and the surprising fact that returning residents from Jiangsu or Zhejiang (provinces with no local transmission) need to go into quarantine whereas visitors from strongly affected areas with local transmission are free to travel if they submit themselves to two medical checks a day.

Respecting Shanghai regulations for Swiss citizen and companies

Though the objective situation is practically risk-free for all Shanghai residents, the emotional assessment of the situation by authorities and the population is also an objective fact that Swiss residents need take into consideration.



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Risks of being forced into a quarantine are non-negligible. Intentionally spreading SARS has been announced as a criminal offence punished by prison even the death penalty. (Fleeing from or avoiding a quarantine maybe interpreted as such.)

Recommendation

The Swiss Consulate General in Shanghai will continue to issue regular e-mail information and recommendations and asks Swiss residents and companies to make their own assessments as well, not in order to generate panic, but to find reasonable ways and solutions to keep businesses going while keeping to a strict interpretation of the Shanghai regulations, especially as long as no further clarification on a number of measures has been issued.

All information issued by the Consulate to the Swiss Community is available on <http://www.sinoptic.ch/shanghai/sars/>

SARS, What it is, how one contracts it and how one may avoid contracting it

History and Transmission

SARS' first case was identified in Fushan in Guangdong on November 11 2002. The first Hong-Kong case was identified on February 23, the patient died the next day. The first Vietnam case was discovered on February 26. Figure 1 describes an example of the transmission of the virus in Hong-Kong.

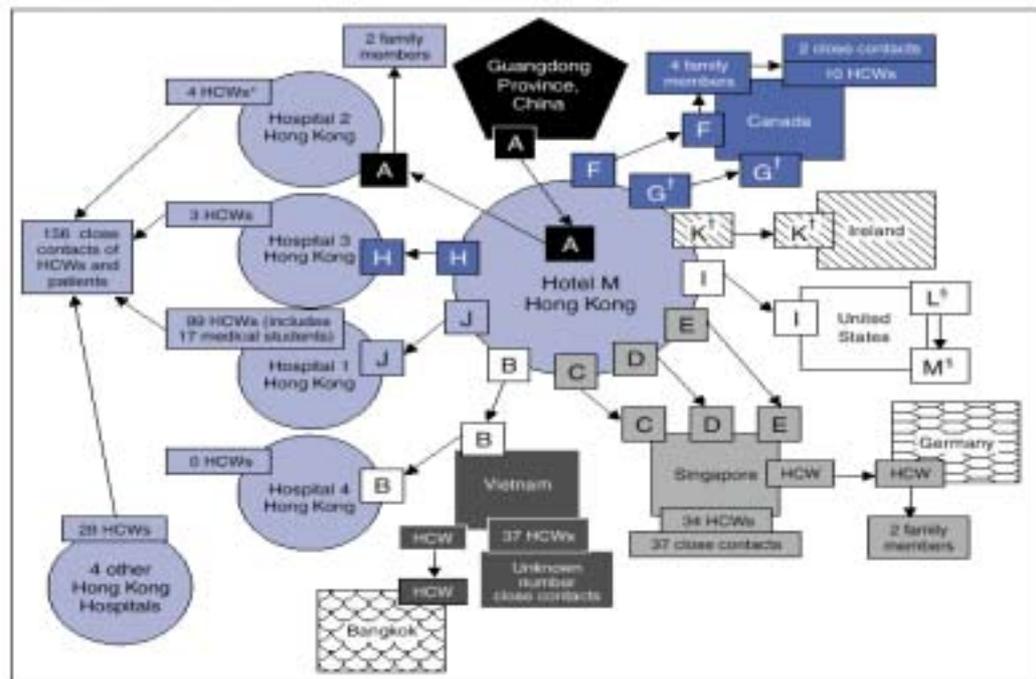
Etiology

The SARS virus is a member of the corona family, a chart of which is schematically drawn in Figure 3.

The human corona virus is responsible for the common flu that we suffer of most winters.

A electronic microscope photo and a model reproduction of the corona

FIGURE 1. Chain of transmission among guests at Hotel M — Hong Kong, 2003



¹Health-care workers.
²All guests except G and K stayed on the 8th floor of the hotel. Guest G stayed on the 14th floor, and Guest K stayed on the 11th floor.
³Guests L and M (spouses) were not at Hotel M during the same time as index Guest A but were at the hotel during the same times as Guests G, H, and I, who were ill during this period.

virus are illustrated in Figure 2.

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Fig. 2 Corona Virus

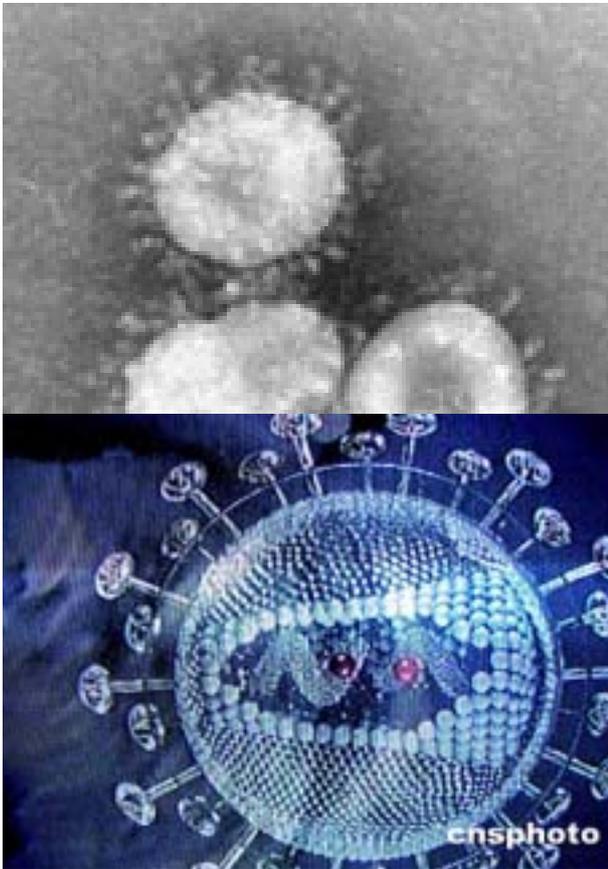
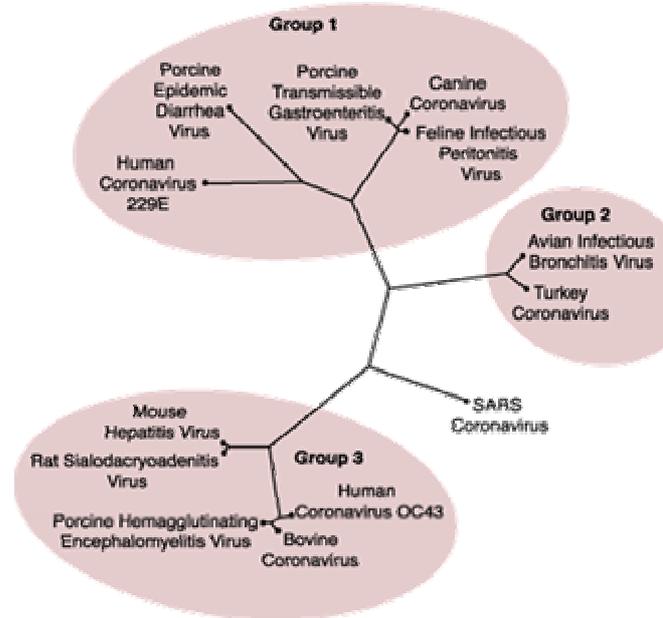


Fig. 2, Schematic Chart of Corona Family





How does one contract SARS?



One case in the Hong-Kong Hotel Metropole (described in Fig. 1 above) infected 9 persons on 3 different floors, forcing the conclusion that air transmission (particularly in a hotel) is a possibility, though no direct evidence has been uncovered.

Most cases, however, are linked with contact through:

- Saliva, droplets emitted through cough
- Hands, transferring the virus from a contaminated surface to the mouth, nose or eyes, then entering the body
- Sewage

The virus lifespan out of the body depends on the environment. In a refrigerator it may survive up to 4 days. Some other indications show that it could survive on a smooth surface up to 4 days as well.

However in most cases and in well ventilated areas, the virus dies within hours.

Symptoms, Incubation, Contagious period and Mortality

Incubation is considered to be 2-14 days.

Most patients have the following symptoms that are also used to list a patient as suspect or probable SARS case as defined by the WHO: (<http://www.who.int/csr/sars/casedefinition/en/>)

Suspect case

1. A person presenting after 1 November 2002¹ with history of:

- high fever (>38 °C)

AND

- cough or breathing difficulty

AND one or more of the following exposures during the 10 days prior to onset of symptoms:

- **close contact**² with a person who is a suspect or probable case of SARS;
- history of travel, to an [area with recent local transmission of SARS](#)
- residing in an [area with recent local transmission of SARS](#)

2. A person with an unexplained acute respiratory illness resulting in death after 1 November 2002,¹ but on whom no autopsy has been performed

AND one or more of the following exposures during to 10 days prior to onset of symptoms:

- **close contact**,² with a person who is a suspect or probable case of SARS;
- history of travel to an [area with recent local transmission of SARS](#)
- residing in an [area with recent local transmission of SARS](#)

Probable case

1. A suspect case with radiographic evidence of infiltrates consistent with pneumonia or respiratory distress syndrome (RDS) on chest X-ray (CXR).

2. A suspect case of SARS that is positive for SARS coronavirus by one or more assays. See [Use of laboratory methods for SARS diagnosis](#).

3. A suspect case with autopsy findings consistent with the pathology of RDS without an identifiable cause.

Exclusion criteria

A case should be excluded if an alternative diagnosis can fully explain their illness.



¹ The surveillance period begins on 1 November 2002 to capture cases of atypical pneumonia in China now recognized as SARS. International transmission of SARS was first reported in March 2003 for cases with onset in February 2003.

² **Close contact:** having cared for, lived with, or had direct contact with respiratory secretions or body fluids of a suspect or probable case of SARS.

The China health authorities understand a high count of white cells as bacterial infection, thus a cause for exclusion. As a result SARS suspect and probable cases in China include a depressed immunity (low white cell count).

It is generally admitted that a patient may not have contracted SARS without having a fever, though a certain number of special cases have been identified of patients with other illnesses contracting SARS and not developing a fever.

It is also generally considered that a SARS infected person is not contagious while incubating, though conclusive evidence is not available.

SARS mortality rate (i.e. number of person dieing in proportion to those recovering) is different in different areas and statistical information is not complete. Different SARS viruses have also been identified in different regions. Yet mortality is considered to be between 5-15%. No children have died of SARS in China and a very small proportion of cases are children.

For comparison, the Spanish influenza's mortality (early in the 20th century) was 1%.



Precautions to avoid contracting SARS



Possible air transmission, reducing the virus lifespan out of the body:

- stay in well ventilated areas, outdoor is safest

Saliva and droplets:

- forbid spitting,
- make use of masks (in areas of risk),
- avoid coming near to possibly infected persons
- do not eat out of dishes directly or share utensils, cookery

Contact through hands:

- frequently wash hands, not only after going to the bathrooms
- frequently disinfect surfaces with hand contact

Increase resistance to disease:

- Eat and rest well
- Do more exercise

Measures when exporting goods

At least one Swiss company in Shanghai has been requested by a client the delivery of a "SARS-Free Certificate" for goods to be exported.

Such Certificate is not delivered by the Shanghai authorities; however a "disinfected" or "fumigated" certificate can be obtained.

Measures on protecting Shanghai Swiss companies reputation and business

No Such discussions have taken place yet. Further debate maybe warranted in order to propose steps for the protection of business interests towards stakeholders of Swiss companies in Shanghai (clients, group companies, authorities, ...)



Recommendations of SCCC Shanghai and the Swiss Consulate General to Swiss Companies in the Shanghai Consular Area



Details of the 3 presentations made below are available to members on SCCC Shanghai www.sha.swisscham.org website.

Preventive measures recommended:

- Recommendations to management:
 - **Identifying specific risks and making contingency plans (see details of JC Mandarin presentation for an example)**
 - **Take into consideration emotional factors in addition to objective risks**
 - **Increase overall hygiene level of the company**
(see memos for example of Zellweger Luwa attached in Appendix b)
 - **Temperature take on a daily basis (to avoid the risk of quarantine for the operation) and exclude staff with abnormal temperature**
 - **Ban on travel from and to branches in local transmission areas**
- Recommendations to personnel:
 - **Washing hands frequently with soap in addition to before eating or handling food and after going to the bathrooms**
 - **Do not share eating utensils, possibly use throwaway chopsticks and towels**
 - **No spitting, cover mouth and nose when sneezing or coughing**
 - **Avoid crowded areas and areas that are poorly ventilated**
 - **Rest, eat well, increase exercise**

Possible additional steps:

- Recommend staff to wear masks in crowded and poorly ventilated areas
- ban of physical contact between a company's locations within the same province or region (See details of Ciba presentation).

Key factor of success include:

- Keeping actively informed (see details of JC Mandarin presentation)
- Having a communication plan in case of emergency
- Communicating with all the personnel

Key learning (Ciba presentation):

- Be prepared to rely on own strength to react in case of emergency
- Internal pressure to follow guidelines is often stronger than the regulatory pressure: issue guidelines that all will commit to follow including the management

Nicolas, for the SCCC Shanghai Board and SME Committee, May 20 2003

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Stock and Price information

In stock on May 16 2003:

Quotation for MT4: 1450 RMB
Quotation for ST 20: 2580 RMB
Quotation for ST 30: 4180 RMB
Quotation for ST 60: 4480 RMB
Quotation for ST 80: 5400 RMB

IP, MX, 3i are out of stock at this time.

Luwa Memos in Dealing with SARS, from April 25 to May 15 2003



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Sanitary measures – Cleaning requirements

Office Area:

Step 1:

Clearing out of all unnecessary equipment

Step 2:

Disinfection of entire office area including carpets, windows, desks, closets, chairs etc.

Step 3:

Installation of new equipment

Step 4:

Regular day-to-day hygiene measures:

- vacuum cleaning of carpets 1 per day
- cleaning of desks 1 per day (staff needs to tidy-up their desk before leaving in the evenings)
- cleaning of closets 1 per week
- intense cleaning of carpet 1 per 3 months

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A Division of the Zellweger Luwa Group

Sanitary measures – Cleaning requirements

Bathroom:

Step 1

Disinfection of all bathrooms including floors, walls, doors, toilets, sinks

Step 2

Installation of new equipment

Step 3

Regular day-to-day hygiene measures:

- clean floors 3 times daily with disinfectant
- clean toilets (including lid and toilet rim) 3 times daily with disinfectant
- clean sink 3 times daily with disinfectant
- clean door handles 3 times daily
- empty garbage 2 times daily
- dispose used toilet paper in toilet, not in garbage
- use sanitary bags and tie a knot when disposing of sanitary napkins

Corridor Area:

Step 1:

Clearing out of all unnecessary equipment

Step 2:

Disinfection of entire area including floors, closets, copy machine, walls etc.

Step 3:

Installation of new equipment

Step 4:

Regular day-to-day hygiene measures:

- clean floors 2 times daily
- clean closets 1 per week
- clean copy machine 1 per week
- clean walls 1 per month

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Sanitary measures - New materials requirement

Bathroom:

- Garbage bins with swing-top lids
- Tissue dispenser
- New door locks
- Cabinet for items storage (small: approx. 1 m high x 50 cm wide)
- Sanitary bags
- Hanger for sanitary bags
- Automatic door disinfections dispenser

Corridor Area:

- Closet for cleaning material storage (large: approx 2m high x 60 cm wide)
- Garbage bin with swing-top lid
- Spoons for coffee and tea making

General:

- Floor detergent – antibacterial (example: Dettol)
- New mops & brooms
- New cleaning towels disposable
- Toilet detergent – antibacterial
- New aprons for maid and kitchen staff (approx. 10 pieces)
- Detergent for crockery and cutlery – antibacterial
- Mosquito netting for all windows

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