

# Reflecting on COVID-19: The Hong Kong Experience of Flattening the Curve Without Lockdown

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The 2019 novel coronavirus disease (COVID-19) pandemic has affected millions of people worldwide and paralyzed economies and healthcare systems of different countries as it spread across the globe. Initial cases were reported in the centrally located and populous city of Wuhan, China, which serves as a major transportation hub for the country, in December 2019 and subsequently as an epidemic in the country. Fast-forward less 6 months and as of today, the disease has quickly evolved into a pandemic, with a total of 5,825,636 confirmed cases of COVID-19 reported in 188 countries and regions across the globe, resulting in over 360,000 deaths.<sup>[1]</sup>

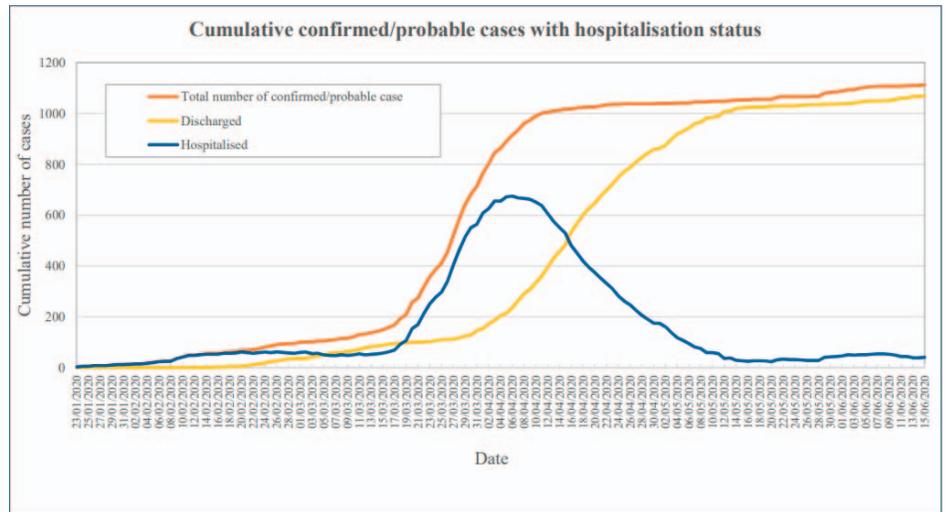
Hong Kong is a cosmopolitan and international city in southern China. Hong Kong is also unique in our prior experience as a flashpoint for the severe acute respiratory syndrome (SARS) epidemic in 2003. This acute respiratory disease caused by another strain of the coronavirus family resulted in the death of 286 individuals, including nine healthcare professionals. Extensive lessons were learned during that ordeal, including the recognition of inadequate epidemiological information about the disease, which inevitably hampered the prompt application of effective control measures<sup>[2]</sup>; as well, insufficient communication with the public led to panic and thus weakened public cooperation and support.<sup>[2]</sup> Moreover, the SARS epidemic also shed light on basic failings in the existing healthcare system in Hong Kong at that time, including lack of isolation and inadequate intensive care facilities.

The SARS experience is still very much alive in the collective memories of Hong Kong residents. With initial reporting of cases in Mainland China, the Centre for Health Protection, a new organization within the Department of Health established in the year following the SARS epidemic in part to answer to the deficiencies as outlined above, has been closely monitoring the situa-

tion. The first reported case of COVID-19 in Hong Kong was of a traveler from Mainland China on January 23, 2020. As of May 29, 2020, a total of confirmed or probable 1067 cases have been reported in the city with a population of over 7.3 million residents, claiming the lives of four individuals (death rate 0.37%). At the healthcare level, specific measures were employed, including minimization of cross-contamination and nosocomial infections within hospitals by postponing routine clinical appointments and allowing for arrangement of nonconsultative drug refill options. Elective surgical operations were also postponed,<sup>[3]</sup> with cancer surgeries and related procedures being prioritized. This also helped conserve the use of personal protective equipment (PPE) among healthcare workers, which allowed hospitals to make do with the relatively low stock of PPE during the initial months of the pandemic. While these measures caused minimal disruptions to patients' care during this period, all clinics remained fully staffed and operational. Clinical trial activities were also continued without any specific interruptions. Overall, the disruptions to healthcare provisions for the community have been kept to a minimum, and this has been achievable only with effective infection control within the community at large.

Distinct from most other countries around the world, Hong Kong has been able to control the spread of COVID-19 without having to undergo a lockdown. How was this possible? In the most densely populated city in the southern region of the country where the first COVID-19 cases were diagnosed, those involved in concerted efforts including public health control measures imposed by health authorities and changes in immigration policies, as well as the Hong Kong public at large for individual efforts, should be commended and recognized for playing their part in “flattening the

**Figure 1.**—Cumulative confirmed/probable coronavirus disease (COVID-19) cases in Hong Kong (as of June 16, 2020).<sup>[4]</sup>

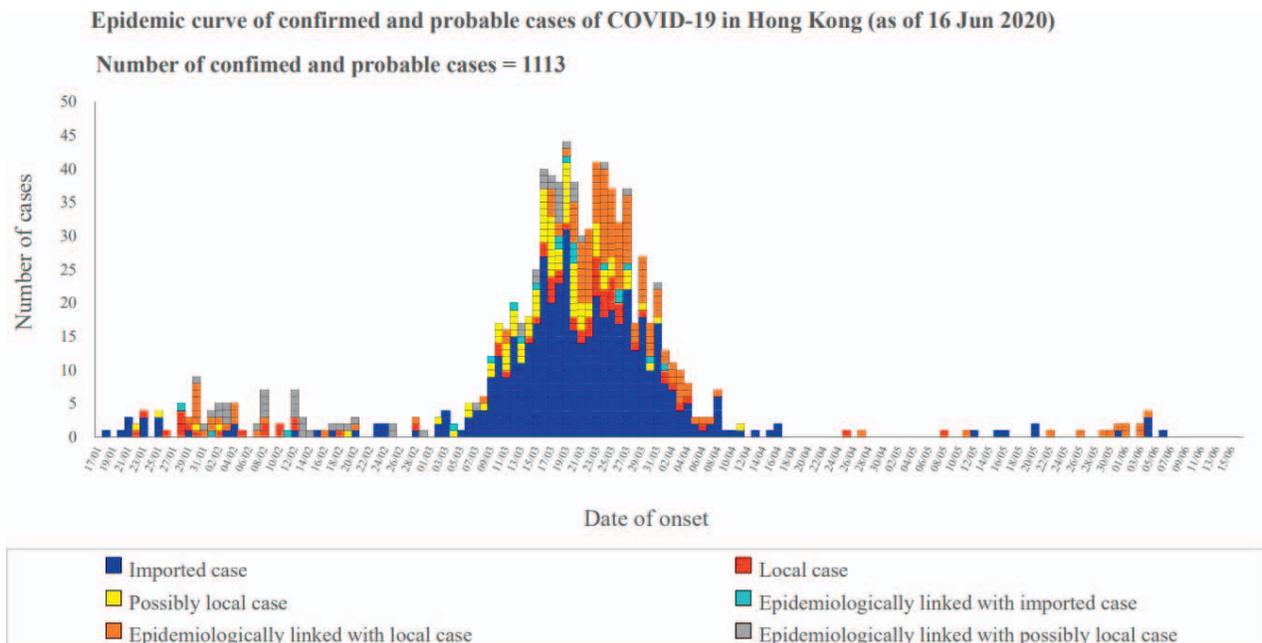


curve” (Figure 1).<sup>4</sup> These efforts include early shutdown of schools in mid-January 2020, encouraging “work-from-home” arrangements, with members of the Civil Service spearheading this approach, universal masking, and legislation put in place for social distancing. Moreover, restrictions have been instituted since late March 2020 barring non-Hong Kong residents from overseas countries and regions from entering Hong Kong. Hong Kong residents returning from abroad must undergo a compulsory 14-day quarantine at designated places (including home and other accommodations) after initial mandatory COVID-19 deep throat saliva testing. Travelers remain in a specific holding center while waiting for results to ensure flawless contact

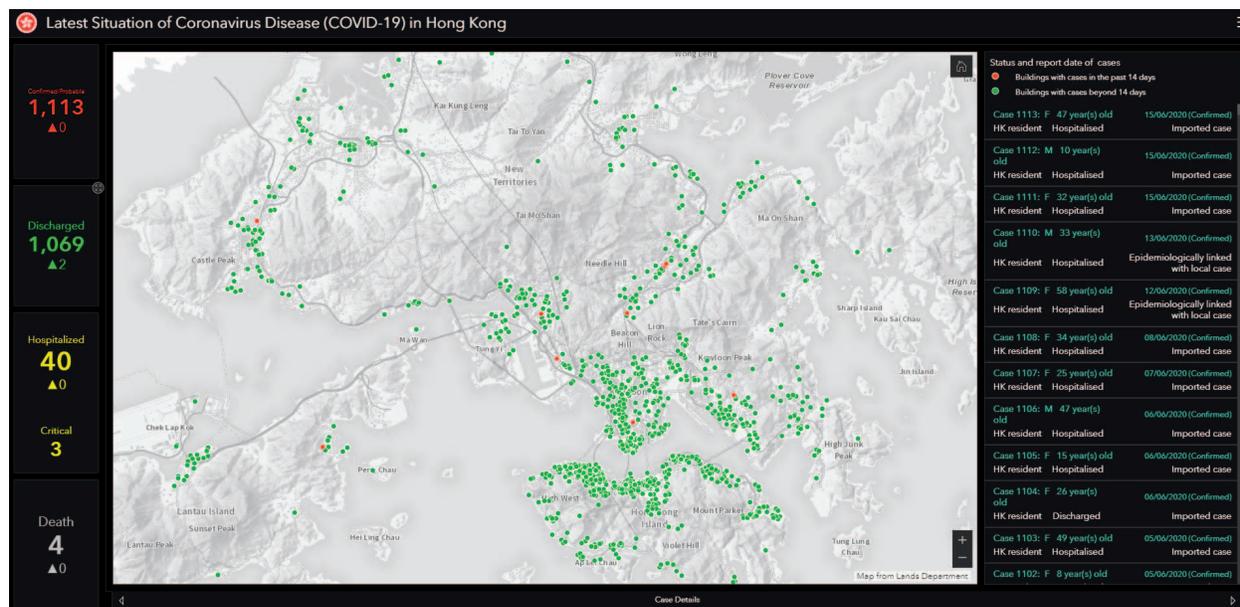
tracing and reduce the risk of cross-infections in those subsequently proven to be positive.

From an epidemiological perspective, meticulous contact tracing by the Centre for Health Protection, with full transparency in the form of daily reporting of the latest local COVID-19 epidemiological information to the public, has helped relieve public anxieties and fears (Figure 2). This includes the establishment of a “Local Situation Dashboard” (Figure 3) documenting local epidemiological information, as well as detailed reports<sup>[4]</sup> placed online for public perusal; this also provides valuable resources for academics and other interested parties to pursue further research.<sup>5</sup>

These achievements have not come without a price. In that Hong Kong is an international hub for trade, travel,



**Figure 2.**—Epidemiological curve of confirmed and probable cases of coronavirus disease (COVID-19) in Hong Kong (as of June 16, 2020).<sup>[4]</sup>



**Figure 3.**—Screenshot of Hong Kong's coronavirus disease (COVID-19) dashboard (as of June 16, 2020)<sup>[5]</sup> providing up-to-date information on latest epidemiological data on COVID-19 cases in Hong Kong.

and commerce, significant sacrifices have been made by the community in achieving effective control of COVID-19 thus far. The economy has taken a significant blow. As we entered the 15th straight day (May 29, 2020) without any new local cases of COVID-19, currently imposed public health strategies to combat COVID-19 were set to loosen. While some measures, including reopening of schools (but with strict social distancing procedures to be followed), are in general much welcomed by the community, other measures imposed over the past few months, including universal masking, are likely to remain for some time to come. Lifting of travel restrictions in the near future will be most welcomed, but we are also wary of the possibility of increasing the risk of imported cases of COVID-19 from travelers in areas where disease control has not been as diligent. The fine balance of being able to open up gradually and in sync with the global community is more an art than a science.

As a clinician and a clinical trial administrator, I am taking this opportunity to reflect on what has been happening during the last 6 months. My daily routine and work seem so similar and yet so different. Going to the same clinic and seeing the same patients, yet gowning up in surgical masks and PPEs, have in a way made me feel that I am living in a parallel universe. I feel that the fundamental ways in which we live our lives have changed. Some of these changes are geared to remain even after the threat of COVID-19 has been resolved. An example will be webinars and teleconferences replacing in-person meetings. Ironically, I have been able to attend more international meetings during these last 6 months by sitting on my couch at home

(typically at night because of time differences) than jet-setting around the world! I feel that as a global medical community, we have become more united. I hope that this will be an established silver lining of COVID-19.

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