醫院管理局
HOSPITAL AUTHORITY

BY HAND

SARS LegCo Select Committee

The following documents are submitted pursuant to the Select Committee's request at Dr. C H Leong's hearing on 9 March 2004 :

Items	Information required by LegCo	
1.	Dr William Ho's letters dated 13 March 2003 and 17 March 2003.	- **H130**
Answer:	See Appendix I.	
2.	Dr C H Leong's letter to Board Members and Staff - Dr C H Leong's letter dated 24 March 2003 to staff - Dr C H Leong's letter dated 29 April 2003 to H A Board Members - Dr C H Leong's letter dated 10 June 2003 to colleagues	- **H131**
Answer:	See Appendix II(a)-(c).	
3.	Notes of meeting of the following:	
Answer:	I) **Administrative and Operational Meeting on 27 February 2003** Items discussed at the meeting: (i) Revision of fees and charges (ii) Membership of Hospital Governing Committee of a hospital (iii) HA Annual Planning 2003/2004 (iv) Population-based internal resource allocation (v) Chief Executive's report on topical issues. One of items reported was on measures taken by HA to handle the potential risk arising from the high incidence of pneumonia cases in Guangzhou (vi) Report on progress of work of the Human Resources Committee The attached Appendix III(a) sets out the meeting notes in respect of the measures taken by HA to handle the potential risk arising from the high incidence of pneumonia cases in Guangzhou.	- **H11(C)**
	II) **Planning Committee Meeting on 20 March 2003** Items discussed at the meeting: (i) 2003/2004 Hospital Authority Budget (ii) Measures to address budget reduction (iii) Any other business: (a) Postponement of discussion of matters arising from HA Board Workshop held on 25 January 2003 (b) Update on outbreak of Severe Acute Respiratory Syndrome (SARS) The following sets out the meeting notes on the discussion on item (iii)(b) "Update on outbreak of SARS": *"Dr William Ho briefed members on the latest update on the outbreak*	- **H132**

Items	Information required by LegCo	
	and development of SARS"	
	III) Hospital Authority Board Meeting on 27 March 2003 (a public meeting)	- H133
	Items discussed at the meeting (i) Voluntary early retirement (ii) Revision of fees and charges (iii) Report on progress of work of the Hospital Authority Committees (iv) Progress report of the Public Complaints Committee (v) Hospital Authority Annual Plan 2003/2004 (vi) Chief Executive's progress report – Outbreak of Severe Respiratory Syndrome (vii) 2003/2004 Hospital Authority Budget The attached Appendix III(b) sets out the meeting notes on item (vi) "Chief Executives Progress Report - Outbreak of Severe Respiratory Syndrome".	
	IV) HA Board Meeting on 26 April 2003 See Appendix III(c)	- H12(C)
	Note : Except for the meeting held on 27 March 2003 which was a public meeting; the minutes of the above meetings are treated as **"CONFIDENTIAL"**.	

4. Whether the SARS Roundup notes of meeting were sent to the HA Board members. - **H134**

Answer: The notes of the SARS Roundup meeting were only sent to those who participated in the meeting.

Hospital Authority
13 April 2004

Appendix I

醫院管理局
HOSPITAL AUTHORITY

何兆煒醫生 行政總裁
Dr William HO, JP
Chief Executive

13 March 2003

Dear Colleagues,

I know you are very concerned about the spread of community-acquired pneumonia (CAP) to colleagues in our hospitals, and I am equally concerned. I take this opportunity to provide you with the most updated information and inform you of our work in controlling the situation.

Background

By way of background, flu-like symptoms are very common diseases in the community, and hospital admissions for chest infection are also common. On average, we have around 1,100 cases of pneumonia every month, with close to 200 deaths from this cause per month. It is therefore not easy to detect unusual patterns against this background of sickness, particularly at the early stage. Nevertheless, we have a very good system of infectious disease surveillance through infection control teams in hospitals, in partnership with the Department of Health, to follow up on any suspicious cases.

Recent Developments

We were first alerted to heighten surveillance following the reports of increase in pneumonia cases in mainland around February. On 11 February 2003, we specially set up a Working Group on Severe Community Acquired Pneumonia comprising Head Office senior executives, infectious disease specialists, respiratory physicians, intensive care physicians and microbiologists to assess the situation continuously. We have been collecting daily statistics over severe CAP cases from all our hospitals, and reporting these cases to the Department of Health for follow up epidemiological studies. In addition, we also look for cluster occurrence, such as when several family members or close contact of particular patients also develop diseases, or when staff members contract diseases. The following is an account of events happening in our hospitals:

Princess Margaret Hospital (PMH)

On February 11, a patient with Atypical CAP with a history of traveling to Fujian was admitted into PMH and subsequently died on 17 February 2003. His family members also got infected with one other death in China. Another patient with travel history to China and Vietnam was admitted with Atypical CAP to PMH on March 6, and

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died this morning on March 13. It was reported that healthcare workers who took care of him in Vietnam developed pneumonia. So far we have no report of PMH staff getting infected.

Prince of Wales Hospital (PWH)

On 10 March 2003, the PWH hospital management was first alerted to a cluster of flu-like symptoms among 7 doctors and 4 nurses of Ward 8A who took sick leave. We immediately notified the Department of Health. Through their subsequent epidemiological investigation, the earliest first symptom among them dated back to March 3, and the peak was around March 9.

In the afternoon of March 11, we learned about the admission of two PWH staff, one into KWH and one into the private Union Hospital. Another doctor who had examined a patient in Ward 8A also developed fever and pneumonic changes. The PWH management called back all staff of Ward 8A and admitted 24 who had fever. Special arrangement had been made to vacate an Observation Ward for these staff. By the afternoon of March 12, 12 staff members had positive X-ray findings detected. The source of infection in Ward 8A had not been definitively identified. Today (March 13), the A&E Department also reported staff members having flu-like symptoms, among whom 4 were admitted because of pneumonic changes on X-ray.

Kwong Wah Hospital (KWH)

On February 22, KWH admitted a doctor from Guangzhou with Atypical CAP who subsequently died. His two relatives who had taken care of him also developed Atypical CAP. Unfortunately, a nurse in A&E department who could have seen the first patient, and another HCA who had contact with one of the sick relatives in ward also developed Atypical CAP.

Other hospitals

We have been asking hospitals to report on the number of staff members developing severe flu-like symptoms, especially with fever. Again because of the usual occurrence, it is difficult to discern unusual situations until after some time in retrospect. Today, we have received a report that 5 staff members in PYNEH developed flu-like symptoms after contacting a patient with pneumonia, among whom 2 were admitted for pneumonic changes. We are closely monitoring all hospitals on a daily basis to detect any new cases.

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Dr William HO, JP
Chief Executive

As of today (March 13), we have a total of 39 staff members admitted, of whom 24 have been diagnosed suffering from Atypical CAP while the others are under close observation. We will do our utmost in helping them and their families.

Staff Protection

The Hospital Authority Task Force in Infection Control had issued guidelines on the management of severe influenza infections (which also applies to Atypical CAP of other causative organisms) in December 2000. These guidelines had been updated in November 2002 and again in January 2003, and promulgated to all hospitals. Frequently asked questions and answers are also distributed to staff and provided on the HA Intranet.

We will continue to step up the education to staff on precautionary measures. Atypical CAP is not an air-borne disease, but is spread by droplets from infected patients. Therefore wearing face masks and hand washing after having contact with patients, especially those with flu-like symptoms, are the effective means of prevention. We will hold further staff forums in hospitals to address staff concerns, and strengthen our reporting mechanism from all the wards in all the hospitals. Please report any illness that you may have to hospital management so that we can carry out the necessary investigations and treatment as soon as possible. We have notified the public that they may be seeing doctors, nurses and other staff wearing face masks while attending to them. The Prince of Wales Hospital has also made special arrangements to divert patients to other hospitals because of the number of staff on sick leave in certain areas.

May I assure you that we have every resolve to contain the infection, to protect our staff as well as the community. I fully understand the great tension that all colleagues must be having, and I encourage you to approach your hospital management on any concerns. I will also provide you with updated information where appropriate.

Yours sincerely,

(Dr William Ho)
Chief Executive

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何兆煒醫生 行政總裁
Dr William HO, JP
Chief Executive

17 March 2003

Dear Colleagues,

Since my letter to you 4 days ago, you may already know that the number of affected colleagues developing Atypical Community-acquired Pneumonia (CAP) had increased. Up to this morning (March 17), there are a total of 56 colleagues admitted to hospital, with 46 of them demonstrating pneumonic changes on X-ray. Among the group, some have shown positive signs of improvement and about to be discharged. Unfortunately, 4 are still in Intensive Care Unit, of whom the A&E doctor of PWH is in very serious condition. All our experts are doing everything they can to help him and the others.

It is very painful witnessing all these colleagues coming down with the infection and suffering tremendously, and like all of you, I have great worry and anxiety. I hope that under the expert hands of our own world class professionals, they can all step out of danger. Although no laboratories have succeeded to isolate the causative agent as yet, our doctors have accumulated considerable experience these few days, especially in the use of a new drug in combination with others, that they may be close to devising an effective treatment strategy.

Apart from treating the sick, it looks our strategy of controlling the spread of the disease within our hospitals is showing promising results. Since we launched extensive programs to encourage the use of masks and hand washing, the rise of new cases seem to have abated. However, as we do not know the exact incubation period of the disease, we are not sure whether there will be a second wave of infection. The condition of colleagues already in hospital may also change rapidly. According to what we learn about the disease behavior from Hanoi, the next few days will be critical for Hong Kong. We must get ourselves fully prepared. Once more, I call upon all colleagues to wear face masks and adopt universal precautions.

Last night, I again visited the sick and those taking care of them in the Prince of Wales Hospital (PWH) ICU. Apart from colleagues with Atypical CAP, there were also medical students and dozens of other patients and their relatives suspected or confirmed to have developed Atypical CAP. Such tremendous workload, coupled with the need to let other colleagues who developed fever or flu-like symptoms to rest, added up to the acute manpower problem in the A&E Department, Medical Department and ICU. This was particularly so as patients with Atypical CAP could change conditions very rapidly, which demanded much more frequent medical attention. I saw weary faces and great stress right across, from the CCE, Dean, Chief of Service, to the very front line doctors, nurses and Health Care Assistants. Yet they were still highly determined to fight the battle, to which I must express my deepest appreciation. I am also making every effort to support them.

We are holding daily meetings with the PWH management to constantly reassess the situation and decide on contingency measures. So far, the hospital has put on hold many elective admissions and attendances, and the A&E Department has started diverting patients to other hospitals for admission. Last night, after hearing situation reports

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from them and judging on the condition of working colleagues, I made the following decisions:

1. Starting from today (March 17), all PWH A&E attendances who subsequently need admission to medical wards will be diverted to other hospitals, until further notice. We now have the confirmation and full support of all CCEs in this morning's meeting to such diversion. We will also make public announcements to ask non-urgent patients avoid coming to our A&E Departments as far as possible.

2. We have to make full provision in our capacity for possible second wave of Atypical CAP. All major hospitals have to consider scaling down elective activities, particularly to reserve enough ICU beds, until the situation has stabilized within these few days.

3. We have to mobilize manpower to help the A&E and medical departments of PWH, and we have begun work. However, I am also aware that individual deployed staff may have their own worries and fear. I now call upon volunteers from doctors and nurses of other hospitals, to come forward and join the medical team in PWH to care for our colleagues as well as other patients who are still fighting the diseases. These volunteers may determine their own period of service in PWH, but have to be prepared to work under the overall direction of the Chief of Service. The CCEs will make arrangements for collecting the names of volunteers and arranging duties together with PWH management. I hope everybody can consider lending a helping hand to our colleagues in PWH and let's fight the battle together.

This battle against Atypical CAP is the most severe challenge to the Hospital Authority in our entire history. I am aware that fellow colleagues may also have much worries and fear continue working in hospitals. However, it is exactly in such difficult times that we have to show unity, mutual care and help, so that collectively we can overcome the challenges with one heart, so that we can fulfill our sacred mission to protect the public and at the same time protecting ourselves.

I salute all of you for your high professionalism and dedication.

Yours sincerely,

(Dr William Ho)
Chief Executive