080006

Working Group on Severe Community-acquired Pneumonia
First meeting held on 11 Feb 03, in Room 509S, 5/F., HA Building, at 4:00pm.

1. As an expert group to advise HA on the mechanism of monitoring and approach on cases of severe community-acquired pneumonia

2. Membership composition

Chairman:	Dr S H Liu, SEM(PS)1, HAHO
Members:	Dr Dominic Tsang, Consultant Microbiologist, QEH
	Dr T K Ng, Cons Microbiologist, PMH
	Dr S T Lai, Cons (Med& Geri), PMH,
	Dr K Y Lai, Cons (ICU), QEH,
	Dr Loretta Yam, COS(Med), PYNEH
Secretary:	Mr Clement Che, HAHO
In attendance:	Ms Annita Mau, HAHO

3. Review of Up-to-date Situation in HA hospitals

4. Case Definition -
   - Subject cases defined as cases of community-acquired pneumonia required assisted ventilation or ICU/ HDU care

5. Surveillance

Recommendations	Actions
• Hospitals requested to report suspect cases (using a standard reporting form) to the Secretariat of Task Force in Infection Control (TFIC)	• To issue memo to CCEs/ HCEs with a copy to COC(Med), (Paed), (ICU), A&E
• Hospitals' ICTs requested to follow-up on the reported cases - Clinical Record Form, tests sent-out to DH-PHLC and Dept of Microbiology, QMH/ HKU for special laboratory test arrangement	• To promulgate on the CRF and the arrangement for special lab test investigation
• Daily update on number of suspected cases reported by hospitals with DH, CE, etc.	• Before noon by the TFIC Secretariat
• Fact Sheet on Management of Severe Influenza Infections as a cross-reference	• The Fact Sheet was on the HA intranet - infection control page
• Close liaison with DH	• Existing data of surveillance on 7 diseases (including pneumonia) exchanging with DH • To keep DH posted on daily case summary, CRF, etc. for their necessary actions

6. The WG to meet on 19 Feb 03, 4:00pm., at Room 402S, 4/F., HA Building, for situation review. The meeting ended at 5:40pm.

Notes of the 2nd - 7th joint meeting of Central Committee in Infection Control (CCIC) & Working Group on Severe Community-acquired Pneumonia

2nd meeting held on 17 Feb 03

	Items discussed
1a)	Statistics on Hospital Reported cases would be updated daily by the Secretariat. These cases were recommended be sent to DH and QMH for further lab tests.
b)	Hospital report form would be circulated to DH, Dr Liu, HA Duty Officers and the Secretariat for information.
c)	Dr D Tsang would collect data for analysis and circulate to members.
2)	A FAQ was agreed for issue to facilitate the management of severe CAP cases for the frontline colleagues. [Post meeting note: A FAQ on the management of severe CAP drafted by Dr Tsang, was issued to CCIC members, hospital ICTs, the Working Group on CAP on 21 Feb 03. Guidelines on Use of Amantadine in the Management of H5N1 Infections issued by DH on 20 Feb 03 was also attached with the FAQ]
3.	To conduct a lookback exercise on past cases of primary diagnosis of pneumonia (with & without ICU admission and intubation) admitted to public hospitals for the past 2 months, if any. [PMN: Raw data were sent to the respective ICU directors or in-charges on 26 Feb 03 for input and feedback was being consolidated by Drs Yam and Yan]
4.	On the issue of prescription of Tamiflu, the practice of PMH of seeding stock was noted. For future supply of the drug, CPO would be notified.

3rd meeting held on 19 Feb 03

1.	Dr Ko briefed the meeting on a case confirmed as H5N1 infection among the severe pneumonic patients admitted to HA hospitals. It was noticed that there were family members being hospitalized and the family had history of travel to China.
2.	The severe CAP reporting channel and follow-up mechanism was reiterated. ICTs were requested to make sure that reported cases were supplemented with detailed information through the completion of clinical record forms asap. Also that the recommended test specimens should be sent-out to both DH and HKU was highlighted for members' attention.
3.	CP reported that 2000 boxes of Tamiflu were to be delivered - 200 boxes each to one acute hospitals in each cluster.
4.	Dr Liu remarked that resources for tests sent to university laboratory - would be recorded for future follow up.

4th meeting held on 27 Feb 03

1 a) b) c)	A summary of analysed cases collected so far was presented by Dr D Tsang. Analysis of the lookback to be followed up at future meetings Hospital report forms and CRF streamlined into one single form to be reported by clinician with copy to respective ICTs. [PMN: The revised report form and the updated FAQ was sent out to CCIC members, hospital ICTs, and the Working Group on CAP on 28 Feb 03. CRFs were ceased be used on the same day. A further revised FAQ on the management of severe CAP was issued on 7 March 03.]
2a) b)	The current mechanism of surveillance was reviewed and agreed to continue till further notice. Current arrangement with DH and QMH was continued with specimens sending in duplicate to them for the special tests. [PMN: For YCH and CMC and NTEC hospitals, they would be sending their specimens to the Virology Lab of PWH as well as DH for the special test]
3)	Concern on staff contact with cases of severe CAP was discussed. [PMN: A quick stock-take exercise on staff contacts with cases of severe CAP to ascertain if any report of respiratory symptoms (like fever, headache, chills, myalgia, pleuritic chest pain within 4 days of patient contacts) - would be conducted vide email sent out to concerned hospital's ICN on 7 March 03 (QEH, KWH, PMH & PWH).

5th meeting on 12 March 03

1)	Dr Ko briefed colleagues on ▪ the recent case of a patient suspected of severe CAP who flew from Vietnam and was currently receiving treatment in PMH ▪ the close working between HA and DH and a press release issued to provide general information and advice to staff and members of the public
2)	Dr Lyon and Prof D Hui updated on the PWH situation, and in particular the ward 8A, and said that an emergency clinic was set up on 11/3 to provide screening for staff. And, that droplet precaution was being practiced (the same as for other hospitals). Given the endorsement in the use of droplet precaution, there would not be the need to transfer general cases to PMH for treatment.
3)	Dr Yam reported on PYNEH situation in particular reference to A5 ward and the surge in the cases of pneumonia to 7 cases in 12 days. Dr Yee briefed members on the KWH cases like referencing on a death case involving a professor from Sun Yat-Sen University.
4)	A case definition differentiating typical pneumonia with atypical pneumonia (with the inclusion & exclusion criteria) would be useful for epidemiological data collection and analysis. Besides, in view of staff concern amid intense media reports, Dr Ko appealed to members to organize staff forums/ briefings on cases development and effective precautionary measures.
5)	Would do a survey to keep check on the situation affecting health care workers and in particular to assess on the number of them having pneumonia-like symptom.

	(Post-meeting note: the survey was sent out to ICOs and copied to ICNs and HCEs on 14 March 03. Data capture on a daily basis would start on 15 March 03)

6th meeting held on 14 March 03

1)	A series of staff forums had been organized or would be organized in hospital/ cluster level in the week on 10 March and 17 March 03 to brief colleagues on the updated situation and to provide expert feedback to enquiries. Dr Liu appealed to members to organize more of these forums in the near future to address staff concern.
2)	A presentation template highlighted by Dr Tsang at the meeting could be used as a basic framework for these staff forums. In the forum, members could stress on the cohorting of cases and the preventive measures suggested. (Post-meeting note: the presentation template was circulated to all members of the joint meeting on 17 March 03)
3)	Pending a better alternative, it was agreed to stick to the ICNCM9 codes for the capture of pneumonia data on the CMS.
4)	It was noted that the ribavirin was being prescribed for severe CAP and with rather positive development. The stock issue would be taken care of by the Chief Pharmacist office.
5)	Dr Lyons updated members on the PWH situation and the arrangement of patients diverting to other cluster hospitals for treatment.

7th meeting held on 18 March 03

1.	The triage arrangement following the suspension of PWH A&E service starting 19 March midnight was elaborated.
2.	The meeting came to a consensus that nebulizer should not used on patients suspected of contracting severe CAP/ SARS. While this would be incorporated into the management guidelines to be issued tomorrow, colleagues were asked to disseminate the message to other clinical colleagues and HCEs/ CCEs. In the meantime, Dr B Cheng would issue memo to all COS(A&E)s to alert them of the consensus.
3.	Colleagues took turn to share their experience in the clinical management of some cases in PWH, QEH, PMH and PYNEH - the clinical features, pneumonic changes, their responses to medication such as steroid and ribavirin, etc.
4.	The precautionary measures for ventilators as well as the disinfectionate procedure after the use was highlighted.
5.	HWFB Taskforce was set up. Colleagues were encouraged to consult Prof KY Yuen, Dr Dominic Tsang, and Prof John Tam for expert opinion for cases of Hong Kong region, Kowloon and New Territories respectively whenever appropriate. Locally, a list of cluster-based/ hospital-based chest physicians were designated to effect cases screening or expert advice in accordance with the agreed inclusion and exclusion criteria for SARS.