



香港西醫工會 專責委員會(2)文件編號 : M3

HONG KONG DOCTORS UNION

SC2 Paper No. : M3

Room 901, Hang Shing Bldg., 363-373, Nathan Road, Kowloon.
E-mail: hkdu@hkdu.org Home Page: <http://www.hkdu.org>
Tel. no.: **2388 2728** Fax no.: **2385 5275**

Our ref.: HKDU/230/2003

22nd November, 2003

By fax & mail

Clerk to the Select Committee
3/F., Citibank Tower
3 Garden Road
Central, Hong Kong

Dear Sir,

Re : Submission of Position Paper of Hong Kong Doctors Union on SARS saga

Hong Kong Doctors Union is a doctors' union registered under the Trade Union Ordinance with over 1,700 doctor members servicing in both the private and public sectors.

We are happy to respond to your invitation to submit our views and suggestions on the overall management by Hong Kong in handling the recent SARS epidemic. We have always been ready to give our views in our thirty years history on aspects that affect the health of citizens and medical practice because many of us are in family medicine, close to the public and alert to their needs.

Please find herewith our position paper on the subject mentioned for your perusal.

Yours sincerely,

Dr. Ho Ock Ling
Hon Secretary
Hong Kong Doctors Union

Encl. - 1) Position Paper
2) Circulars

Outgoing (13)

香港西醫工會

HONG KONG DOCTORS UNION

Room 901, Hang Shing Bldg., 363-373, Nathan Road, Kowloon

E-mail: hkdu@hkdu.org Home Page: <http://www.hkdu.org> Tel. no.: 2388 2728 Fax no.: 2385 5275

Position paper of Hong Kong Doctors Union on SARS saga

INTRODUCTION

We have witnessed the aftermath of SARS epidemic in Hong Kong. SARS not only took away the lives of 299 innocent people; it has a far damaging effect on the economy and the morale of people in Hong Kong. At one time, SARS stretched the potential of our high standard public health care system to the limit and caused panic in the whole community. When we look around the world, there is no place like Hong Kong where SARS has caused such high mortality and morbidity rate.

Are the front line health care workers at fault? No. Those health care workers in the Prince of Wales Hospital were even praised as heroes in the Time Magazine. They deserved our utmost respect. Some even have sacrificed their own lives in saving the lives of SARS patients.

Are the health administrators at fault? Is the health care system in Hong Kong wrong in the very first beginning? This paper attempts to review the SARS incident from the perspective of Hong Kong Doctors Union and to contribute to guard the citizens of Hong Kong from further outbreak of highly contagious infectious diseases like SARS.

FACTS

13th March 2003

Hong Kong Doctors Union is the First Medical Organisation who gave the warning signal to Front Line Doctors to wear masks as a preventive measure against the "SARS". This was the result of collective wisdom from our members from both the public and private sectors. The recommendation of mask wearing to Front Line Doctors through our rapid communication system by the Union came on 13th March 2003 (Appendix I) as a result of painstaking evidence collection and logical thinking, especially when we knew that one of our members got infected after a TWO MINUTE consultation with a patient with "SARS".

We circulated by rapid communication system among members reminding them the importance of wearing masks on 13th March 2003 even though Dr. the Hon. Lo Wing Lok announced in one RTHK programme "千禧年代" on 13th March 2003 that masks were ineffective as a preventive measure against "SARS" and were not required.

Subsequently, our warning was eventually affirmed by the HKSAR Government on 18th March 2003, supported by microbiologists in the University of Hong Kong, proven by the Chinese University on 12th April 2003 and evidenced by the fact that none of all the private colleagues suffering from this deadly disease worn mask before contracting it (except Dr. Thomas Cheung who was an ENT surgeon). However, we feel extremely sorry to lose one of our members who did not wear mask in treating SARS patients, Dr. Lau Tai Kwan, in this mysterious virus war.

16th March 2003

On 16th March 2003, we held a seminar on Atypical Pneumonia (Appendix II). In the seminar, Dr. Lau Tai Kwan complained that after two suspected cases of Atypical Pneumonia he referred to public hospitals were refused, he had to admit them into private hospitals under his care. Subsequently he was admitted to Princess Margaret Hospital on 23rd March 2003 and died of SARS. Many Hong Kong Doctors Union doctors started wearing masks on the 17th March 2003 disregard of reassurance from the Government that there was no community outbreak

17th March 2003

Dr. Lai Wing Lun, one of our members, was admitted into Princess Margaret Hospital on 14th March 2003, our President spoke to the media about a community outbreak since the Government did not admit it, but he was told by the Director of Health that Dr. Lai's case was not related to SARS on 17th March 2003.

Actually, Dr. Lai Wing Lun of Yau Ma Tei was infected by a SARS patient who later died in Queen Elizabeth Hospital. Dr. Lai was infected after a TWO MINUTE consultation with that patient suffering from SARS. Subsequently his wife and his 4 nurses and another private doctor (Dr. Lee) got infected too by 18th March 2003. In the beginning, the Government selected only to trace contacts of confirmed cases and refused to trace contacts of unconfirmed cases as in the case of family members of Dr. Lai Wing Lun, allowing the virus to spread undeterred and the health authorities became led by the virus instead of containing it.

If the Government had realised the importance of Dr. Lai's case in the beginning as another source of SARS apart from Prof. Lau of The Metropole Hotel and if only there was earlier and more stringent health alerts, there would have been much less morbidity especially in the community and doctors in the community would not need to die.

20th March 2003 to 27th March 2003

During a public forum screened in RTHK Television programme "城市論壇" on 16th March 2003, Dr. the Hon Lo Wing Lok asked the public to trust the Government in handling of SARS, when people suspected something serious is happening and wanted the Government to do more. Even in the days following finally on the 18th March 2003 when the Government did ask the public to wear masks, she did it only half-heartedly.

We have challenged the authority's statement of SARS confining to the hospital in the very beginning and we have even stepped up our suggestions to the HKSAR Government in our two press statements to combat community outbreaks on 20th and 24th March 2003 (Appendix III and IV). The measures we suggested were enforcing mask wearing in crowded areas, strict isolation measures for close contacts, close schools for two weeks and health checks in the border.

When our President called for schools to be closed for two weeks on 23rd March 2003, we were criticized by Dr. Leung Pak Yin in the afternoon of 23rd March 2003 as creating panic in the community and the Hong Kong Medical Association representatives as being hysterical in a meeting with Dr. E K Yeoh on 25th March 2003. Our advice was not taken seriously even after our meeting with Dr. E K Yeoh on 25th March 2003 in the Health, Welfare and Food Bureau until there was an outbreak of SARS cases in Amoy Garden on 26th March 2003 and then the Chief Executive announced on 27th March 2003 to implement the measures which we had suggested.

10th April 2003 to 12th April 2003

Noting there was an increasing number of new cases and mortalities from the SARS even after the implementation of the above mentioned measures by the Government, we held a press conference on 12th April 2003 to suggest further step up control measures to be taken by the HKSAR Government to attack and contain the mysterious virus then confirmed to be coronavirus, possibly originated from animals. Please refer to the HKDU Press Statement on 10th April 2003 as reproduced in the Appendix V. The measures we suggested included compulsory mask wearing, quarantine and isolate close contacts and hospital staff caring SARS patients, "close" border between Hong Kong and Mainland China for travelers in leisure or home visits, surveillance and quarantine of visitors in the ports, posting lists of SARS affected resident areas and private doctors (on a voluntary basis).

23rd June 2003

However, on the day when Hong Kong was taken off areas of epidemic, there were already 1,755 patients who suffered from SARS with a high percentage from health care workers. Moreover, the mortality rate was over 17%, which was the highest in the world.

REVIEW

In the review, we are of the opinion that there were a lot of shortcomings in the Government's handling of the SARS saga and need to be improved.

It is our belief that the SARS outbreak could have been contained a lot earlier, and we have identified problems in the following areas :-

1. Repeated and gross underestimation on the whole situation against SARS;
2. Blind and deaf of health administrators to advices and suggestions from the profession;
3. Unacceptably slow reaction – always behind the virus;
4. Delayed health alerts, giving false reassuring remarks and allege warnings from the Medical Profession as mass hysteria;
5. Lack of transparency;
6. Indecisive on issues such as suspension of schools, quarantine measures, etc;
7. Over saturation of the Public health sector – Hospital Authority (HA) is overloaded and lacks flexibility to react to crisis;
8. Poor co-ordination with the private sector – refusal of admission of cases, delay to inform colleagues of private sector, bought all supplies in market without taking private colleagues into consideration;
9. Lack of resources in infectious diseases control including an infectious disease hospital;
10. Fail to protect Health Care Workers;
11. Unacceptable high mortality rate of SARS patients in Hong Kong.

Repeated and gross underestimation on the whole situation against SARS

In late February 2003, there was already a deep concern of something dreadful coming to Hong Kong by many doctors, first with the return of Avian flu, then a rumour of mysterious fatal Atypical Pneumonia epidemic in Guangzhou. But China then Hong Kong Government stepped in to reassure us nothing was to be concerned. Then we knew now among some senior doctors there was a real knowledge of such being happening in China but somehow authorities on both sides of the border did not openly admit. Hong Kong Doctors Union held two seminars in a

fortnight to hear specialists reporting on the latest development of Atypical Pneumonia (Appendix VI). The Government however when asked by the media reassured everyone nothing is amiss. Then one Hong Kong Doctors Union member was admitted with SARS and soon involved a total of six cases in his clinic and one private doctor after servicing a SARS patient. We sounded the alarm that there is a community outbreak on 13th March 2003. But Dr. Yeoh said openly there was no community outbreak and Dr. Margaret Chan said then Hong Kong was not a city with an epidemic.

Blind and deaf of health administrators on advices and suggestions from the profession – concern more on economy than healthcare of citizens

It was obvious that Dr EK Yeoh and Margaret Chan were trying to minimize the problem and had issued false reassurance to the public repeatedly. They were trying to suppress panic in the hope that SARS would not affect the economy of Hong Kong. We do not understand why health administrators chose to worry more on economy of Hong Kong at the expense of public health, including lives of Hong Kong citizens.

It was not until the news of Dr William Ho being admitted into hospital that the public realized the truth and panicked.

Unacceptably slow reaction – always behind the virus

Measures such as more vigilant detection of fever in travelers were only instituted too late and had been well criticized. When frontline doctors and nurses fell from SARS one after another and panic was rife there was a call to close one hospital but initially rejected. Many measures were justly criticized as instituted too late so that finally the SARS outbreak went out of hand with second and perhaps third waves.

In the early stages, there was an overestimate of the ability to control SARS in the hospital so that when one patient rapidly infected Dr. Lai Wing Lun of Yau Ma Tei then his family and his nurses by the 14th March 2003. Even so the Government still did not issue appropriate alerts to the community doctors particularly on the importance of wearing masks. In the beginning, the Government selected only to trace contacts of confirmed cases and refused to trace contacts of unconfirmed cases as in the case of family members of Dr. Lai Wing Lun, allowing the virus to spread undeterred. The health authorities became led by the virus instead of containing it.

On 25th March 2003, Hong Kong Doctors Union sought a meeting with Dr. Yeoh and asked him to introduce more stringent measures, he said to go slow since the matter needs further debates. The virus, however, did not wait.

As mentioned earlier, the health alerts came too late so that private doctors could not adequately protect themselves or their patients in time and Government could not coordinate public and private medical personnel. Again calling for wearing of masks and other protective gear came too late.

Delayed health alerts, giving false reassuring remarks, allege warnings from the Medical Profession as mass hysteria

Dr. Lai Wing Lun, one of our members, was admitted into Princess Margaret Hospital on 14th March 2003, our President spoke to the media about a community outbreak since the Government did not admit it, but he was told by the Director of Health that Dr. Lai's case was not related to SARS on 17th March 2003. When our President called for schools to be closed for two weeks on 23rd March 2003, we were criticized by Dr. Leung Pak Yin in the afternoon of 23rd March 2003 as creating panic in the community and the Hong Kong Medical Association representatives as being hysterical in a meeting with Dr. E K Yeoh on 25th March

2003. On 27th March 2003, the Chief Executive announced all schools and kindergartens be closed

Lack of transparency

Overconfidence was shown by adamantly denying the existence of outbreak and the repeated reassurance by some senior officials that everything was under control just as China claimed in January and February 2003.

Denying the presence of many instances of serious implications and refusing to disclose exact figures of SARS in public hospitals and information passed on by the Chinese authorities showed a lack of transparency.

Indecisive on issues such as suspension of schools, quarantine measures, etc.

After individual headmasters closed schools and some wished a unified action and more positive action, a call for a closure of all schools was initially rejected but only to be reversed a few days later by promulgating closure of schools. A call for more vigilant scrutiny of contacts including home contacts was made by Hong Kong Doctors Union but refused by the Government on humanitarian grounds. Finally it took some 18 days before Hong Kong decided to isolate contacts by home confining and then putting a whole buildings' inhabitants in camps. This was indeed too late as shown by the outbreak in Amoy Gardens.

Surveillance at borders and ports, similar to closure of schools, was installed too late.

Over saturation of the Public health sector – HA is overloaded and lacks flexibility to react to crisis

Nearly all public hospitals under HA were paralyzed within a few weeks after SARS outbreak. Wards were closed or converted to other specialties. Patients failed to receive proper treatment in hospitals, and most patients in specialist outpatients were deprived of medical attention. All these revealed that our over-burdened public medical sector was not able to cope with extra workload, and it had lost its flexibility and had no reserve in managing crisis.

Poor co-ordination with the private sector – refusal of admission of cases, delay to inform colleagues of private sector, bought all supplies in market without taking private colleagues into consideration

The refusal of admission of suspected SARS cases as complained by Dr. Lau Tai Kwan and he himself by Queen Mary Hospital; the lack of protective supplies to the private sector and the unwillingness of the Government to communicate with the private sector in the course of the war against the SARS showed the Government poor co-ordination with the private sector.

Lack of resources in infectious diseases control including an infectious disease hospital

The public resources allotted to the Department of Health for public health is far too minimal as compared to that for the Hospital Authority. This is the reason why the measures could not be implemented early to contain the virus. Lack of an infectious disease hospital is another obvious problem in combating highly infectious diseases which are said to prevail in Hong Kong from time to time.

Fail to protect Health Care Workers

Preventive medical supplies were scarce so that public health care staff suffered while private doctors were hard hit because of the inability to find masks and protective gowns. A

Government with adequate foresight would have coordinated and prepared for such contingencies on time. In a meeting of Hong Kong Doctors Union with Dr. E K Yeoh on 25th March 2003, Dr. Yeoh talked about possible coordination of resources and such supplies but ultimately nothing happened.

Unacceptable high mortality rate of SARS patients in Hong Kong

As compared with other areas or countries, Hong Kong is number one in the mortality rate of SARS patients.

Table showing Mortality Rate of SARS Patients against area or country

#	Area or country	Mortality rate of SARS patients (No. of deaths / No. of confirmed SARS patients)	
1	China, Hong Kong	17%	(299 / 1,755)
2	Singapore	14%	(33 / 238)
3	Canada	17%	(43 / 251)
4	China, Taiwan	11%	(37 / 346)
5	Vietnam	8%	(5 / 63)
6	China	7%	(349 / 5,327)
	Global	9.6%	(774 / 8,098)

(Information from Cumulative Number of Reported Probable Cases of SARS in WHO site at <http://www.who.int/csr/sars/country> on 26.9.2003)

The use and efficacy of steroids is almost unknown and is potentially dangerous in infectious diseases like SARS. Some public hospitals noted that the use of pulse steroids is associated with more ICU admissions, more intubations and more deaths in SARS. Some SARS patients indeed died of secondary infections instead of SARS. After all, the recovered patients suffered a lot of side effects including psychosis and proximal myopathy. Since some cases of SARS were relatively mild and recovered without any treatment, the empirical use of high dose steroids in these cases is unnecessary and possibly detrimental.

Secondly, Ribavirin does not appear to alter the course of SARS and there is no evidence that it affects the outcome. Patients given Ribavirin were still very infectious and those who succumbed were found to be harbouring numerous virus particles at post mortem. At the same time, there are a lot of side effects of Ribavirin including haemolytic anaemia, bradycardia, tachycardia which are detrimental to a dyspnoeic SARS patient. Similarly, there are also a lot of side effects in SARS patients taking Kaletra which was introduced later in SARS patients but without obvious curative effects.

We wonder whether the widely use of Steroids, Ribavirin and Kaletra in the treatment of nearly all SARS patients is scientifically proven. We wonder whether such use of empirical regimes to nearly all SARS patients can stand the test of good reasons based on previous knowledge of drug effect on similar diseases, evaluation with a well-designed protocol which is subject to scrutiny by scientific and ethics committees. Above all, such regimes should be made known to the Government, the Profession and most important of all, the Public, that they are just experimental without committed results as advocated by Dr. E K Yeoh in the very beginning that the regimes are effective and would result in 95% cure rate.

RECOMMENDATIONS

1. Independent review committee on SARS outbreak in Hong Kong

An Independent Review Committee, as suggested by Hong Kong Doctors Union to the Chief Executive, is more desirable. This would facilitate a more objective review of the

whole incident. Like Audit of all kinds, it is best done and should always be carried out by third parties outside the Health, Welfare and Food Bureau.

2. Public Private Interface

This topic has been under discussion ever since the days of the Harvard's report which commented that our healthcare system in Hong Kong was heavily compartmentalized. Surely, there has been inadequate communications and collaborations between the two sectors of our healthcare system. Regrettably, there had not been any improvement since. We strongly suggest a proper and strong communication infrastructure be established between the two sectors to enhance flow of patient information, flow of medical education materials, flow of patients and flow of manpower which are lacking in the SARS incident.

3. Hospital Authority should look after mainly tertiary health care

The over expanding public health sector has been a concern especially when our Government is facing a huge budget deficit recently. The Hospital Authority was over-stretched with 50% of the Hong Kong doctors looking after 93% of medical care of the population of Hong Kong. The recent SARS incident exposed the weakness of such comprehensive care by the Hospital Authority. Actually, there are a lot of functions of the Hospital Authority, particularly those involving primary health care, which could be outsourced to the private sector. Even the primary health care for Civil Servants should also be out sourced to the private sector which we are sure could be run in a more cost-effective manner than by the Hospital Authority.

4. Cross-departmental Crisis Intervention

Schools and the border were identified as the most vulnerable channels in the spread of SARS. A cross departmental crisis intervention engine should be established to escalate the education and awareness of the epidemic, and to take the right measures to prevent the spread e.g. suspension of schools, preventive measures in the borders which could be implemented at an earlier stage.

5. Protection of Health Care Workers (HCW)

One of the reasons why so many HCW got infected in the SARS war was that the isolation ward training might be inadequate. Hong Kong Doctors Union recommends that we should look into how effective the HCW are doing in isolation procedures.

Protection of HCW should receive top priority in epidemics. HCW risk their lives in going to work despite of HA squeezing on them on their job securities and pay in the past few years. Emphasis should be put on having adequate rest time for HCW, and even extra allowances according to the risk level the HCW is facing.

Ventilation systems in public hospitals should be reviewed and see how it could have been related to the spread of SARS within hospitals.

6. Infectious Disease hospital

The SARS war could have been ended a lot earlier if all patients are centralized in one or two infectious disease hospitals like what Beijing was doing. The distribution of SARS patients to different regional hospitals has ended up in small outbreaks in different parts of Hong Kong. This is most obvious in Tai Po where the HCW spread SARS from the hospital back into the community. More and more people criticize the Government's slow and inadequate response and cite the low incidence of mortality and morbidity in Vietnam

and Singapore. If more stringent measures were introduced and introduced earlier against SARS, many lives could have been saved.

7. Centre for Disease Control & Prevention (CDC)

Inexperienced health administrators have turned things get out of control in the SARS epidemic. In the long run, a CDC-equivalent organization should be set up in Hong Kong to ensure that all measures taken at the time of an epidemic is well co-ordinated, and that adequate professionals on Infectious Diseases should be in place to take care of the situation. Hong Kong could not afford another SARS which killed hundreds of people, paralysed our economy for three months, and left tens of thousands of people jobless.

8. Communication with Guangdong and surrounding areas on Infectious diseases

This cannot be overemphasized as the traffic between Guangdong and Hong Kong is increasing exponentially in the past few years. Infection follows population flow, and Hong Kong is prone to develop new outbreaks of infectious disease. An effective channel of communication on Infectious diseases between the two places should be set up without further delay.

Surveillance of infectious diseases should be expanded to all nearby countries and districts with good communication channels including China, Taiwan and South East Asia.

9. Develop a well-designed protocol to treat SARS

We should develop regimes to treat SARS patients based on previous knowledge of drug effect on similar diseases and evaluation with a well-designed protocol which is subject to scrutiny by scientific and ethics committees. The Government should never promise results to the public unless she is scientifically certain or else the promise would introduce hardship to the front line doctors and even to the whole profession.

Conclusion - Can we eradicate SARS?

The total eradication of SARS depends on the cooperation of the Government, the Profession and the Public. To this end, effective and factual communication is vital among all parties. While diagnostic tool to quickly and correctly identify infectious cases of SARS is badly needed, the Government should invest to assist prompt development of effective vaccine and drug against SARS. Even though the singling out and eradication of reservoir of SARS is unsuccessful, the above measures should be implemented and assisted by the Government and an Independent Committee to look into the incident of SARS saga in Hong Kong is vitally important in preparation for the next onslaught.

Will the Government learn much out of the bitter experience of mortality and morbidity of her people and their financial loss? Will the Government realize the importance of good Family Medicine as a gate-keeper for the whole Health Care System? Will the Government revolutionise infection control concept in the future health care system? It is vital to the future health of Hong Kong that she does all of the above.

Appendix I

香港西醫工會 HONG KONG DOCTORS UNION

Room 901, Hang Shing Bldg., 363-373, Nathan Road, Kowloon

E-mail: hkdu@hkdu.org Home Page: <http://www.hkdu.org> Tel. no.: 2388 2728 Fax no.: 2385 5275

To : All Members
From : HKDU Council

This Circular is restricted to HKDU members only
Circular No. 0188, 13th March, 2003

Urgent Notice

A patient was diagnosed of suffering from Atypical Pneumonia by one of our members on 7th March, 2003 in his clinic. The patient was instantly sent to a public hospital and was said to be admitted to the Intensive Care Unit.

Three days later on 10.3.2003, all the three nurses working in the subject clinic were admitted into private hospitals suspected of having the same disease.

On 11.3.2003, the doctor himself was sick too. Today (13.3.2003) the clinic is closed because the doctor has to take a rest for the pneumonia.

All members are urged to take preliminary preventive measures against infectious diseases and advised to wear textile mouth covers at all time of consultation.

It is anticipated to pass this message to every member of the medical profession.

In view of this critical situation, we are most grateful to invite again, Dr. Yu Wai Cho who has kindly agreed to spare some of his precious time to deliver an additional lecture on "Atypical Pneumonia – update on recent situation in Hong Kong" to all members at our coming Sunday Afternoon Symposium on 16.3.2003 in Princess Margaret Hospital.

Please make sure you join us in this Sunday Afternoon Symposium!!!

緊急通告

於本月七日，有一病人經診所醫生判斷患有非典型肺炎，而被轉介入公共醫院深切治療部。三日後（本月十日），該診所的三名護士懷疑受感染於即日被送入私家醫院接受治理。

翌日（本月十一日）該名醫生同樣又病倒，時至今日（本月十三日）診所正式停止應診。

現謹請各會員採取一切預防病菌傳染措施，在診症期間應配戴布口罩。

為維護公眾利益，請將此訊息傳遞給醫學界朋友。

鑑於情況嚴重，我們非常榮幸能再邀請到余衛祖醫生於百忙之中抽空，在本星期日蒞臨瑪嘉烈醫院為下午研討會上加插一課講述有關「非典型肺炎—本港現時的情況」。

請各位踴躍參加!!!

Appendix II

香港西醫工會

HONG KONG DOCTORS UNION

Room 901, Hang Shing Bldg., 363-373, Nathan Road, Kowloon

E-mail: hkdu@hkdu.org Home Page: <http://www.hkdu.org> Tel. no.: 2388 2728 Fax no.: 2385 5275

To : All Members

This Circular is restricted to HKDU members only

From : Dr. Yuen Ka Wai, Chairman, Committee on CME

Circular No. 0176, 4th March, 2003**The 32nd HKDU Sunday Afternoon Symposium**
HKDU CORE PROGRAMDate:- 16th March 2003 (Sunday)

Time:- 1:00 p.m. Registration 2:15 p.m. Lecture

Venue:- Lecture Hall, 8th Floor, Block G, Princess Margaret Hospital, Kwai Chung, N.T.
Registration in the Lecture Hall, 8th Floor, Block G
Lunch in Canteen on 4th Floor, Block G or 1st Floor, Block MTransportation:- 120 free parking spaces in the Football Pitch of PMH on first come first serve basis
Minibus from Mei Foo MTR direct to PMHSpeakers:- Dr. Wong Se Hung, Wilfred Senior Medical Officer, Department of Obstetrics
& Gynaecology, Pamela Youde Nethersole
Eastern Hospital
Dr. Chen Char Nie Specialist in Psychiatry, Private Practice
Dr. Yu Wai Cho Consultant Physician, Department of Medicine &
Geriatrics, Princess Margaret Hospital

Programme:-

1:00 – 2:15 pm Registration and Refreshment

Moderator:- Dr. Ho Ock Ling

	<u>Speakers</u>	<u>Topics</u>
2:15 – 3:00 pm	Dr. Wong Se Hung, Wilfred	Counselling and Use of HRT in GP Practice
3:00 – 3:45 pm	Dr. Chen Char Nie	Drug Treatment in Depression
3:45 – 4:00 pm	Dr. Yu Wai Cho	Atypical Pneumonia - update on recent situation in Hong Kong

Sponsor:- Wyeth (HK) Ltd.

Fee:- \$ 30 member (with or without refreshment)
\$100 non-member (with or without refreshment)

Booking:- Return the completed reply slip with a cheque crossed payable to "Hong Kong Doctors Union"或 "香港西醫工會".

Maximum Capacity:- 600 persons

Deadline of Booking:- on or before 13th March 2003

Seats will be available on first come first serve basis; priority will be given to HKDU members.

Appendix III (P. 1 / 2)

香港西醫工會
HONG KONG DOCTORS UNION

Room 901, Hang Shing Bldg., 363-373, Nathan Road, Kowloon

E-mail: hkdu@hkdu.org Home Page: <http://www.hkdu.org> Tel. no.: 2388 2728 Fax no.: 2385 5275

20.3.2003

Press Statement

1. The Hong Kong Doctors Union consists of more than 1,700 registered medical practitioners in Hong Kong with majority in private practice, as well as some in public services. Most of us are practising family medicine, in close contact with the Hong Kong community.
2. HKDU calls on all frontline medical workers to conscientiously work together and cooperate with the government in combating the present threat of Severe Acute Respiratory Syndrome (Atypical Pneumonia).
3. We call on the government to reinforce preventive measures, such as strictly enforcing Isolation Procedures through isolating suspected contacts, sterilization of affected premises public or private, encouraging wearing of masks and distribute masks free to all public and private frontline medical workers, citizens seeking treatment as well as relatives and friends and even to citizens in crowded places.
4. We request the government to provide the guidelines on symptoms and signs of Atypical Pneumonia as well as preventive measures of the disease to all private medical practitioners.
5. Since some public medical services have been suspended from lack of medical personnel, we suggest that the government and private medical practitioners cooperate to channel patients to volunteer private doctors' clinics temporarily.

Contact person:- Dr. Yeung Chiu Fat, President, Hong Kong Doctors Union

Appendix III (P. 2 / 2)

香港西醫工會

HONG KONG DOCTORS UNION

Room 901, Hang Shing Bldg., 363-373, Nathan Road, Kowloon

E-mail: hkdu@hkdu.org Home Page: <http://www.hkdu.org> Tel. no.: 2388 2728 Fax no.: 2385 5275

新聞稿

1. 香港西醫工會有超過 1,700 位公家與私家醫生會員，而以後者為多。由於大部份為家庭醫生，所以我們跟香港社會各階層有密切的接觸。
2. 近日非典型肺炎肆虐香港，本會有感各醫務界同業，不遺餘力，跟政府衷誠合作抵擋當前非典型肺炎的威脅。西醫工會現呼籲各醫療工作者緊守崗位，防止此疾病再度蔓延。
3. 我們現再呼籲政府增強預防措施，例如嚴謹實行隔離觀察疑受感染的家屬，對被染病者接觸過的公私醫療機構或診所進行消毒，鼓勵帶口罩及派發免費口罩予公私醫護人員及求診市民與其親友，連多人聚集的地方也應派發予市民。
4. 本會建議政府提供足夠指引予私家執業醫生如何鑑定非典型肺炎的病徵及預防措施。
5. 因應非典型肺炎所帶來的沉重工作量而影響公營醫療服務，我們再建議私家醫生與政府合作，例如組成自願隊伍，在私家醫生診所內替受影響的病人作臨時免費服務，如替長期病患者診症或作身體檢查。

聯絡人：香港西醫工會會長楊超發醫生

聯絡電話：[REDACTED]

二零零三年三月廿日

Appendix IV

香港西醫工會 HONG KONG DOCTORS UNION

Room 901, Hang Shing Bldg., 363-373, Nathan Road, Kowloon

E-mail: hkdu@hkdu.org Home Page: <http://www.hkdu.org> Tel. no.: 2388 2728 Fax no.: 2385 5275

24.3.2003

Press Statement

Hong Kong Doctors Union calls on the Government to reinforce the following preventive measures for the present upsurge of Severe Acute Respiratory Syndrome in the community.

1. All residents of Hong Kong should wear masks when they go out and even indoors if necessary, like taking care of sick people at home.
2. The Immigration Department should require all persons entering Hong Kong to declare their health conditions upon arrival. Masks should be worn by all sick persons with respiratory symptom.
3. The Education and Manpower Bureau should order all Hong Kong Primary and Secondary Schools to close for two weeks, a few days longer than the incubation period of Severe Acute Respiratory Syndrome to contain the disease.

Contact person:- Dr. Yeung Chiu Fat, President, Hong Kong Doctors Union
Pager - 7838 2831

新聞稿

香港西醫工會建議政府當局應儘快加強推行下列措施，以防止非典型肺炎在社區繼續蔓延：

1. 全港市民外出時，在人多的公眾地方必需配戴有效口罩，在室內若有需要，如照顧病人也應同時帶上口罩。
2. 入境事務處下令各入境人士必須申報健康狀況。如呼吸系統有感不適者，必須配戴口罩。
3. 教育統籌局下令全港所有中小學校停課兩星期，以超越非典型肺炎的潛伏期，而能夠達到更有效地防止疾病蔓延。

聯絡人：香港西醫工會會長楊超發醫生

聯絡電話：[REDACTED]

二零零三年三月二十四日

Appendix V (P. 1 / 2)

香港西醫工會 HONG KONG DOCTORS UNION

Room 901, Hang Shing Bldg., 363-373, Nathan Road, Kowloon

E-mail: hkdu@hkdu.org Home Page: <http://www.hkdu.org> Tel. no.: 2388 2728 Fax no.: 2385 5275

10.4.2003

Press Statement

Since the introduction of preventive measures against the Severe Acute Respiratory Syndrome (SARS) by the Government of HKSAR nearly two weeks ago on 27th March 2003, there is no sign of decrease in the number of new patients contracting SARS in the community. Hong Kong Doctors Union calls on the Government to step up control by introducing the following measures to contain the disease and to safeguard the health, life and economy of the region before the public healthcare system collapses.

Apart from providing comprehensive financial and spiritual support and a safe environment to our frontline health care providers especially those in the public sector, Hong Kong Government needs :-

1. To ensure wearing of effective masks by citizens in crowded areas to protect themselves unless contraindicated for medical reasons. To make wearing of effective masks mandatory for all citizens with respiratory symptoms at all time to protect others in public areas;
2. To implement medical surveillance for visitors from infected areas for at least 10 days, to quarantine visitors suspected suffering from SARS, and to consider barring traveling for leisure between Hong Kong and Mainland China for one month subject to further review so as to decrease the influx of SARS patients to the community;
3. To strictly enforce quarantine and isolation measures for all hospital staff caring SARS patients and contacts;
4. To disinfect all affected premises public or private;
5. To announce daily a list of SARS patients with information of all places or countries they visited and where they came from prior to their illness, including Mainland China and other countries;
6. To produce a list of infected doctors who have contracted SARS on a voluntary basis for public interest.

Contact person:- Dr. Yeung Chiu Fat, President, Hong Kong Doctors Union



Appendix V (P. 2 / 2)

香港西醫工會 HONG KONG DOCTORS UNION

Room 901, Hang Shing Bldg., 363-373, Nathan Road, Kowloon

E-mail: hkdu@hkdu.org Home Page: <http://www.hkdu.org> Tel. no.: 2388 2728 Fax no.: 2385 5275

新聞稿

2003年3月27日特區政府宣佈一系列防止非典型肺炎的措施至今已經超過兩週，然而社區內新的 SARS 病症完全沒有減少的跡象。為控制疾病的傳播及保障特區市民的健康生活與經濟繁榮，在憂慮整個公共醫療服務有可能崩潰之餘，香港西醫工會呼籲政府採取以下措施去加強控制疾病的蔓延。

除了向我們尤其是公共醫療機構的前線醫護人員提供無限度經濟與精神的支持，及一個高度安全的工作環境外，香港政府應該：-

1. 確保所有市民，除因為特定醫學上的需要外，在人多地地方均戴上口罩保護自己。為了保障他人健康，所有帶有呼吸系統症狀的市民必需在任何時間均帶上口罩；
2. 所有由染病地區來港的旅客均要受醫療監察至少十天，有關當局需要隔離懷疑染上 SARS 的遊客及考慮暫時禁止旅遊人士出入中港邊境一個月，去減少 SARS 染病人士滲入社區；
3. 對照顧 SARS 病人的所有醫護人員及 SARS 病人的緊密接觸者進行隔離；
4. 對所有公立或私家受影響地方進行消毒；
5. 每日公佈所有 SARS 患病新症及所有染病者在發病前到過的地方及來自那個地區或國家，包括中國大陸與其他國家；
6. 為著公眾利益，宣佈患上 SARS 病症而不介意公佈的醫生名單。

聯絡人：香港西醫工會會長楊超發醫生

聯絡電話：[REDACTED]

二零零三年四月十日

Select committee_2/outgoing13

Circular No. 0195

21.3.2003

U R G E N T**CME Seminar
On****Update on Severe Acute Respiratory Syndrome****Co-organised by
Hospital Authority and Hong Kong Doctors Union**

- Date:-** 22nd March 2003 (Saturday)
- Time:-** 6:00 p.m. – 7:00 p.m. Seminar
7:00 p.m. – 8:00 p.m. Questions & Answers
- Venue:-** Lecture Theatre, M/F, Hospital Authority Building, 147B Argyle Street, Kowloon
- Speakers:-** Dr. Ko Wing Man, Director (Professional Services & Public Affairs),
Hospital Authority (15 minutes)
Dr. Raymond Yung, Consultant Microbiologist, PYNEH (15 minutes)
Speakers tentative from Department of Health (30 minutes)
- Accreditation:-** Hospital Authority 1 point
Hong Kong Doctors Union 1 point
- Fee:-** Free of Charge (Coffee & tea will be served)
- Maximum Capacity:-** 300 persons
- Booking:-** Return the completed reply slip to Hong Kong Doctors Union by fax at 2385-5275.

All doctors are welcome. Parking facilities available in the Hospital Authority Building

Reply Slip**Date:** _____**To:** Hong Kong Doctors Union, Room 901, Hang Shing Building, 363-373 Nathan Road, Kowloon

Please reserve one seat for me at the CME Seminar of "Update on Severe Acute Respiratory Syndrome" to be held on 22nd March 2003.

Name:- _____ **Car Reg. No. :-** _____
(For car parking reservation)

Office / Clinic Tel.:- _____ **Fax:-** _____

Seminar on 23.3.2003/outgoing13

To disseminate health information and to provide community services in the last SARS outbreak, Hong Kong Doctors Union issued circulars via our rapid communication system among members. Enclosed please find copies of the following circulars for your information.

(A) Disseminating information

<u>Topics</u>	<u>Date of issue</u>
(i) Important Guidelines from Department of Health	17.3.2003
(ii) Sentinel Surveillance Programme of Department of Health	16 & 19.3.2003
(iii) Guidelines on suspected cases of SARS from Department of Health	19.3.2003
(iv) Update situation of Atypical Pneumonia Outbreak in Hong Kong from Department of Health	20.3.2003
(v) Important information on Severe Acute Respiratory Syndrome from Hospital Authority	21.3.2003
(vi) Notice of 30.3.2003 Doctor Forum from Hospital Authority	29.3.2003
(vii) Special warning to prevent SARS	4.4.2003
(viii) Bulk purchase of facial masks (3-play and N95) and Caps	7.5.2003

(B) Supporting Services to Community

<u>Topics</u>	<u>Date of issue</u>
(i) Free Consultation Team	7.5.2003
(ii) School Advisory Service on SARS (SASS)	7.5.2003
(iii) Nursery Advisory Service on SARS (NASS)	7.7.2003

Select committee/outgoing13

A(1)

To: HKDU Members on rapid communication network
From: HKDU Council
Message: Important Guidelines from Department of Health for your reference
Date: 17.3.2003

Guidelines to Primary Care Physicians / Family Physicians on the management of cases of suspected Severe Acute Respiratory Syndrome (SARS)

In accordance with World Health Organisation, symptoms and signs of SARS include -

- high fever ($>38^{\circ}\text{C}$) AND
 - one or more respiratory symptoms including cough, shortness of breath, difficulty breathing AND
 - close contact* with a person who has been diagnosed with SARS
- *close contact means having cared for, having lived with, or having had direct contact with respiratory secretions and body fluids of a person with SARS.

In addition to fever and respiratory symptoms, SARS may be associated with other symptoms including: headache, muscular stiffness, loss of appetite, malaise, confusion, rash, and diarrhea.

When to refer

Doctors are advised to refer patients with the following conditions to hospital for further management -

- (I) Fever more than 38° Celsius and new onset of pulmonary infiltrate and either shortness of breath or cough and no symptomatic response to standard therapy including a beta-lactam (penicillin & cephalosporin groups)-and coverage for atypical pneumonia (a fluoroquinolone, tetracyclines, or a macrolide) after 2 days of therapy in terms of fever and general well being

OR

- (II) Fever more than 38° Celsius and new onset of pulmonary infiltrate and either shortness of breath or cough and patient has been exposed to patients with pneumonia in the previous 7 days

Department of Health
17 March 2003

A(11) (P.1/2)

香港西醫工會
HONG KONG DOCTORS UNION

Room 901, Hang Shing Bldg., 363-373, Nathan Road, Kowloon

E-mail: hkdu@hkdu.org Home Page: <http://www.hkdu.org> Tel. no.: 2388 2728 Fax no.: 2385 5275

To : All Members

This Circular is restricted to HKDU members only

From : HKDU Council

Circular No. 0191, 16th March, 2003

Sentinel Surveillance Program of Department of Health

Please indicate if you wish to join the captioned program by returning the following reply slip or phone up the Department of Health at 2961-8804.

Reply Slip

I am interested to join the captioned program.

Name:- _____ Membership No.:- _____

Contact Tel. No.:- _____ Fax No.:- _____

Clinic Address:- _____

Region:- _____

Date:- _____

Othercir(10)

香港西醫工會

HONG KONG DOCTORS UNION

A(11) (P.2/2)

Room 901, Hang Shing Bldg., 363-373, Nathan Road, Kowloon
 E-mail: hkdu@hkdu.org Home Page: <http://www.hkdu.org> Tel. no.: 2388 2728 Fax no.: 2385 5275

To : All Members
 From : HKDU Council

This Circular is restricted to HKDU members only
 Circular No. 0191, 19th March, 2003

Information from Department of Health

The Department of Health (DH) stands ready to offer advice and assistance to medical professionals who detect unusual or unexplained pattern of illnesses, especially Severe Acute Respiratory Syndrome. Your efforts in such municipal event will be much appreciated. The HKDU Council wishes every member to notify such incidents to the respective Regional Office of the DH. The contact numbers of the Regional Offices are reproduced below for your information:

<u>Regional Office</u>	<u>Telephone Number</u>
Hong Kong Regional Office	2961 8791
Kowloon Regional Office	2199 9149
New Territories East Regional Office	2158 5107
New Territories West Regional Office	2615 8571

According to the Department of Health, the Sentinel Surveillance Program is open to all medical practitioners. Please indicate if you wish to join by returning the following reply slip or phone up the Department of Health at 2961 8804.

Reply Slip

I am interested to join the captioned program.

Name:- _____ Membership No.:- _____

Contact Tel. No.:- _____ Fax No.:- _____

Clinic Address:- _____

Region:- _____

Date:- _____

Othercir(10)

香港西醫工會

A(111) (P.1/2)

HONG KONG DOCTORS UNION

Room 901, Hang Shing Bldg., 363-373, Nathan Road, Kowloon

E-mail: hkdu@hkdu.org Home Page: http://www.hkdu.org Tel. no.: 2388 2728 Fax no.: 2385 5275

To : All Members
From : HKDU Council

This Circular is restricted to HKDU members only
Circular No. 0192, 19th March, 2003

Atypical Pneumonia Outbreak

1. On 15th March 2003 we already informed members through the RAPID COMMUNICATION SYSTEM and the media the news that a HKDU member in private practice after contact a patient with Atypical Pneumonia contracted the Atypical Pneumonia. He and three of his staff were all hospitalized and now his wife too. The latest development is that his Atypical Pneumonia which was severe is now stabilized with antibiotics, antiviral agent and steroid. One staff left hospital but the others are still critical. HKDU Council sincerely wishes this member's staff and family a speedy recovery.
2. Up to 18th March 2003, another member, a private practitioner was admitted to hospital on 16.3.2003 for Atypical Pneumonia, apparently related to his medical student daughter who has contracted the disease. HKDU Council also wishes them both to recover quickly.
3. With the backing of most authoritative specialist opinion, HKDU Council URGES all doctors and their staff to wear effective masks, e.g. N95, wash their hands between patients and hand out masks to patients.
4. Professor Chung Sheung Chi, Dean of Medical School, Chinese University of Hong Kong has announced the effective reduction of Atypical Pneumonia cases in Prince of Wales Hospital since the compulsory and universal wearing of masks was employed.
5. The Department of Health has sent us Guidelines on suspected cases of Atypical Pneumonia now officially called Severe Acute Respiratory Syndrome (SARS) and we have reproduced on the opposite page for your reference.
6. If you are not yet in the RAPID COMMUNICATION SYSTEM, we suggest you immediately provide your details for this system to the HKDU Secretariat. A reply slip is enclosed herewith for your action, please refer to Circular No. 0179.

非典型肺炎

1. 我們已於 3 月 15 日透過「迅速聯絡系統」，通知會員及向傳媒宣佈有關一個私家醫生會員因接觸病人而患上非典型肺炎之事。其後診所三護士及太太均因染上非典型肺炎入院。其中一位護士已出院，醫生雖特別嚴重，但情況已因用抗生素、抗病毒藥及類固醇已穩定下來，全體會董真誠渴望他們早日康復。
2. 直至 3 月 18 日的最新消息，我們再得悉有一名私家醫生會員因患上非典型肺炎於 3 月 16 日入院，因早前其醫科學生女兒已染上非典型肺炎，故懷疑這名醫生透過她而受感染。全體會董同時也希望他們能早日痊癒。
3. 根據專家們的意見，會董會呼籲所有醫生及護士均應配戴有效的口罩，如 N95 型號，及派發口罩予病人。
4. 中文大學醫學院院長已公開指出感院自配戴口罩的規定實施後，非典型肺炎個案大大減少。
5. 我會收到衛生署有關非典型肺炎和嚴重急性呼吸危疾綜合症 (SARS) 的最新指引，並刊登於背頁給各位會員參閱。
6. 仍未參與我會的迅速聯絡系統的會員請儘快把資料通知本會秘書處。詳情請參閱附上的會訊編號 0179。

othercir(10)

Guidelines to Primary Care Physicians / Family Physicians on the management of cases of suspected Severe Acute Respiratory Syndrome (SARS)

In accordance with World Health Organization, symptoms and signs of SARS include -

- high fever ($>38^{\circ}\text{C}$) AND
 - one or more respiratory symptoms including cough, shortness of breath, difficulty breathing AND
 - close contact* with a person who has been diagnosed with SARS
- *close contact means having cared for, having lived with, or having had direct contact with respiratory secretions and body fluids of a person with SARS.

In addition to fever and respiratory symptoms, SARS may be associated with other symptoms including: headache, muscular stiffness, loss of appetite, malaise, confusion, rash, and diarrhea.

When to refer

Doctors are advised to refer patients with the following conditions to hospital for further management -

- (I) Fever more than 38°C Celsius and new onset of pulmonary infiltrate and either shortness of breath or cough and no symptomatic response to standard therapy including a beta-lactam (penicillin & cephalosporin groups) and coverage for atypical pneumonia (a fluoroquinolone, tetracyclines, or a macrolide) after 2 days of therapy in terms of fever and general well being.

OR

- (II) Fever more than 38°C Celsius and new onset of pulmonary infiltrate and either shortness of breath or cough and patient has been exposed to patients with pneumonia in the previous 7 days.

A(iv)

To: HKDU Members on rapid communication network
From: HKDU Council
Message: Update Situation of Atypical Pneumonia Outbreak in Hong Kong
(Information from Department of Health for your reference)
Date: 20.3.2003

Dear Doctor,

Atypical pneumonia outbreak in Hong Kong

Since March 2003, an outbreak of atypical pneumonia has occurred in some hospitals in Hong Kong. As of 3 p.m., March 19, there were a total of 145 cases of atypical pneumonia, including five deaths. All atypical pneumonia case patients have radiological evidence of pneumonic changes. The salient clinical and epidemiological findings are shown in the following paragraphs.

The Prince of Wales Hospital (PWH) has the majority of cases, and they mainly concentrated in one medical ward (8A). A detailed analysis of 31 atypical pneumonia cases among health care workers (HCW) at PWH has been performed. Fifteen (48%) of the cases were female. The age range was 21 - 54 years (median 32 years). Clinical presentation of the case patients included fever (100%), malaise (100%), chills (97%), headache (84%), myalgia (81%), dizziness (61%), rigors (55%), cough (39%), sore throat (23%) and runny nose (23%). Patients often first presented with severe headache, dizziness and myalgia. Onset of fever was abrupt, typically with chills and rigors, and temperature persisted above baseline. In some cases, they experienced rapid deterioration with low oxygen saturation and acute respiratory distress requiring support with ventilator.

Initially the blood picture was normal. However, by day 3 - 4 of the illness, lymphopenia was commonly observed ($\geq 50\%$), and less commonly, there might be thrombocytopenia. Elevated alanine aminotransferase and abnormal APTT were sometimes seen while prothrombin time was usually normal. Creatine phosphokinase was raised in some cases.

In typical severe cases, chest x-ray began with a small unilateral patchy shadow, and progressed over 24 - 48 hours to become bilateral, generalized, interstitial/confluent infiltrates. Patchy chest x-ray changes were sometimes noted in the absence of chest symptoms. Acute respiratory distress syndrome might be observed in the end stage. Post-mortem lung tissue showed generalized alveolar damage and lymphocytosis without obvious viral inclusion bodies.

Cases have been treated with a variety of antibiotics and antivirals, including ceftriaxone, ciprofloxacin, oseltamivir and others. None has been proven to yield consistent results. High dose corticosteroids with or without ribavirin shows favorable response in some patients.

Based on the history of a few indicative cases, the mean incubation period is estimated to be 3 - 4 days, and the range can be 2 - 7 days.

We are committed to providing quality client-oriented service

A(v) (P.1/3)

香 港 西 醫 工 會
HONG KONG DOCTORS UNION

Room 901, Hing Shing Bldg., 363-373, Nathan Road, Kowloon
E-mail: hkdu@hkdu.org Home Page: <http://www.hkdu.org> Tel. no.: 2309 2/28 Fax no.: 2385 5275

Fax

To: HKDU Members on rapid communication network
From: HKDU Council
Date: 21.3.2003
Subject: Important information on Severe Acute Respiratory Syndrome from
Hospital Authority for your reference

A(v) (P.2/3)



醫院管理局
HOSPITAL
AUTHORITY

何志遠醫生 行政總裁

Dr William HO, JP
Chief Executive

Ref: HA 799/2

21 March 2003

Dr YEUNG Chiu-fat
President
Hong Kong Doctors Union
Room 901, Hang Shing Building
363-373 Nathan Road
Kowloon
Hong Kong

Dear Dr Yeung,

Severe Acute Respiratory Syndrome (SARS)

We spoke. There were an additional two community doctors admitted into Prince of Wales Hospital yesterday, together with the spouse of one of them, all suffering from SARS. There were also cases where doctors chose to self-treatment at home rather than presenting themselves to the hospital, by which time family members were involved. I would appreciate if your Union could help disseminate relevant information to the early notice of your members working in the community as follows.

Firstly, please refer to the WHO guidelines to refer suspected cases of SARS, as issued by the Department of Health (DH) on 17 March 2003. In addition, we use the following working inclusion and exclusion criteria for our registry:

Inclusion:

1. Presence of new radiological infiltrates compatible with pneumonia, and
2. Fever $\geq 38^{\circ}\text{C}$, or history of such any time in the last 2 days, and
3. Presence of at least 2 of the following:
 - a. Chills any time in the last 2 days
 - b. New or increased cough
 - c. New or increased shortness of breath
 - d. Typical physical signs of consolidation

Exclusion (any one of the following):

1. Significant bronchiectasis
2. Leucocytosis on admission
3. CXR show lobar consolidation
4. The pathogen is already known

/p.2

A(v) (P.3/3)



醫院管理局
HOSPITAL
AUTHORITY

何北榮醫生 行政總裁

Dr William HO, JP
Chief Executive

- 2 -

It is advisable that colleagues working in the community adopt universal precautions when dealing with patients with fever or flu-like symptoms, including the wearing of face masks, hand washing after dealing with each patient, and use of gloves when taking blood or contacting body fluids. Since there may be many patients with flu-like symptoms, they should in fact consider routinely wearing masks themselves and asking their nurses to do so. When dealing with high risk procedures such as bronchoscopy, wearing visor/ eye goggle together with protective gowns is recommended. After work, the masks should be stored in paper bags if intended for reuse, and left in the office rather than brought home.

Our preliminary data showed that among healthcare workers exposed to infected patients who were subsequently known, there was highly significant difference in the likelihood of contracting the disease between those who had or had not worn face masks. However, there was no difference between surgical masks and N95 masks. We also need to point out a lot of people may not be wearing N95 mask properly because it requires snug fitting, and is quite uncomfortable after some time. For this reason they may also adjust the masks frequently with their hands, thus defeating the purpose of droplet precaution. Our data showed no significant difference in the additional use of protective gowns so far.

Community colleagues should also have a high index of suspicion when they themselves or their family members develop fever and with features satisfying the WHO definition of SARS. They should take CXR and blood examination, and should present themselves to hospitals. Since the experience in Hospital Authority (HA) is that healthcare workers are high risks groups for the infection, colleagues who have flu-like symptoms should wear masks at home, and do not share eating utensils with family members. Lastly, may I reiterate that we are rapidly accumulating experience in treating SARS, and community colleagues who have SARS features are strongly advised not to simply treat themselves at home, for their own sake and for the sake of their family members.

Let's join hands to combat this big challenge to public health in Hong Kong.

Yours sincerely,

(Dr William Ho)
Chief Executive

A(vi)

To: HKDU Members on rapid communication network
From: HKDU Council
Subject: Urgent Message from Hospital Authority regarding Doctors' Forum on 30.3.2003 (Sunday)
Date: 29.3.2003

Hospital Authority has arranged a Forum open to all doctors this Sunday. Details of the Forum are as follows:-

Management of Severe Acute Respiratory Syndrome (SARS) in the Community

Date: 30 March 2003 (Sunday)

Place: Lecture Theatre, M/F, Hospital Authority, 147B Argyle Street, Kowloon

Time: (2 identical sessions)

Session A: 2:30 pm to 4 pm

Session B: 4 pm to 5:30 pm

Program of each session

1. Welcome & introduction

Dr. Vivian Wong, Director (Professional Services & Medical Development)

2. Update on Atypical Pneumonia Infection - Prevention and Treatment

Dr. W.H. Seto, Chief of Service (Microbiology), Queen Mary Hospital

3. Guidelines to Primary Care Practitioners / Family Physicians

Dr. Daniel Chu, Family Medicine Coordinator (Hong Kong)

Masks will be supplied in the Forum BUT drink is not available.

HONG KONG DOCTORS UNION

A(vii)

Room 901, Hang Shing Bldg., 363-373, Nathan Road, Kowloon

E-mail: hkdu@hkdu.org Home Page: http://www.hkdu.org Tel. no.: 2388 2728 Fax no.: 2385 5275

To : All Members

This Circular is restricted to HKDU members only

From : Dr. Yuen Ka Wai, Chairman, Committee on CME

Circular No. 0205, 4th April, 2003**Suspension of Events in the HKDU CME Calendar**

Dear Member,

In view of the recent outbreak of Severe Respiratory Syndrome (SRS), the following HKDU CME Lectures as stated in the April 2003 Bulletin will be cancelled:

9 April 2003 (Wednesday) 1:00 - 3:00 p.m.	HKDU Kowloon East Study Group The Common Causes of Vaginitis and the Management Banquet Hall, 1/F., Regal Oriental Hotel, Kowloon City
16 April 2003 (Wednesday) 2:15 - 3:15 p.m.	HKDU Video Cassette Session Maximizing Your Practice Within a Managed Care Setting: Part Two Room 901, Hang Shing Bldg., Nathan Rd, Kln

Members are reminded that there will be no HKDU Sunday Afternoon Symposium in April 2003.

Futhermore, you should have been informed that all CME Lectures in April 2003 organised by the Hong Kong Medical Association and the Hong Kong Academy of Medicine have been cancelled.

Please check with the organizers to confirm the details of other CME functions in April 2003.

Should you have any query, please call the HKDU Secretariat at 2388 2728.

We apologize for the short notice and any inconvenience caused.

取消持續醫學進修講座

各位會員：

鑑於近日非典型肺炎事件，4月份月刊內的持續醫學進修課程表內容已有所更改，本會決定暫停以上之持續醫學進修講座。

請留意香港西醫工會已取消4月份的星期日下午研討會。

此外，香港醫學會及香港醫學專科學院所舉辦之4月份持續醫學進修講座亦已取消。

請向有關機構查詢其他在4月份內舉辦的持續醫學進修講座是否如期舉行。

如有任何查詢，請與本會秘書處聯絡（電話：2388 2728）。

如有不便之處，敬請原諒。

SPECIAL WARNING TO PREVENT SARS**DO NOT USE NEBULISERS AND AEROSOLS IN THE OFFICE**

There is suggestion that aerosols and nebulized medications might facilitate spread of the deadly SARS virus in air. Doctors should refrain from using aerosols and nebulizers in their clinics. Spacers and aerochambers for individual patients are recommended for delivering medications. Oral temperature taking should be carefully handled.

CME(10)

香港西醫工會
HONG KONG DOCTORS UNION

A(viii)

Room 901, Hang Shing Bldg., 363-373, Nathan Road, Kowloon

E-mail: hkdu@hkdu.org Home Page: http://www.hkdu.org Tel. no.: 2388 2728 Fax no.: 2385 5275

To : All Members

This Circular is restricted to HKDU members only

From : HKDU Council

Circular No. 0221, 7th May, 2003

Bulk Purchase of Facial Masks (3-ply and N95) and Caps

HKDU is now arranging bulk purchase of Facial Masks (3-ply and N95) and Caps for all members. If you are interested, please fill in the following reply slip and return it to HKDU by fax at 2385-5275 or 2384-9861. HKDU Secretariat will confirm your order by phone, all purchasers will need to collect the product(s) from HKDU Office at Room 901, Hang Shing Building, 363-373 Nathan Road, Kowloon.

Reply Slip

(1) Facial Masks (3-ply, earloop) (\$45 / box of 50 pieces) (Limited stock is available in HKDU office)

I would like to place an order of _____ box(es) of 50 pieces of Facial Masks (3-ply, earloop).

Total amount is HK\$45 x _____ = HK\$ _____

(2) Facial Masks (3M 1860 N95) (\$160 / box of 20 pieces) (Limited stock is available in HKDU office)

I would like to place an order of _____ box(es) of Facial Masks (3M 1860 N95).

Total amount is HK\$160 x _____ = HK\$ _____

(3) Caps (\$80 / box of 100 pieces) (Limited stock is available in HKDU office)

I would like to place an order of _____ box(es) of Caps.

Total amount is HK\$80 x _____ = HK\$ _____

Name:- _____

Membership No.:- _____

Contact Tel. No.:- _____

Fax No.:- _____

Signature:- _____

Date:- _____

othercir(11)

香港西醫工會

HONG KONG DOCTORS UNION

B(1)

Room 901, Hang Shing Bldg., 363-373, Nathan Road, Kowloon

E-mail: hkdu@hkdu.org Home Page: <http://www.hkdu.org> Tel. no.: 2388 2728 Fax no.: 2385 5275

To : All Members
 From : HKDU Council

Circular No. 0222, 7th May, 2003

Please Help Our Public Colleagues

Hong Kong is fighting a war of life and death with Severe Acute Respiratory Syndrome (SARS), one we are not that sure of winning. We pay tribute to all hospital staff who are bravely and dutifully caring for patients. They are overworked and under severe stress. Hospital manpower is taxed to the limit. Can we just sit back and watch our brothers and sisters in the public frontline fall one after another while patients suffer? NO! Now is the time to show Hong Kong doctors' solidarity. HKDU calls for volunteers to assist public Specialist Out Patient Clinics (SOPCs) by offering FREE CONSULTATION at their clinics to affected public SOPCs' patients in this SARS crisis.

This is a volunteer team on Public-Private Collaboration basis. The procedures are as follows:-

1. Hospital Authority (HA) will provide hotline(s) to those affected patients so that they can seek those doctors offering FREE CONSULTATION in this SARS Crisis.
2. Hong Kong Doctors Union provides service hotlines (sponsored by PCCW Ltd.) for those affected patients to call and make their consultation appointment with the participating private doctors.
3. Such patients would go to those participating doctors and bringing along the following with them:-
 - (1) the medications duly labeled,
 - (2) appointment slip of the public SOPCs,
 - (3) health records and whatever information available.
4. To facilitate such free consultation by doctors, if extra drug is required by the patients, the participating doctors can charge the patients drug fees at cost or write prescriptions for them where appropriate.

If you wish to join, please fill in the reply slip and fax it to HKDU Secretariat at 2385-5275.

Reply Slip

Re: Volunteer Team of offering FREE CONSULTATION to affected patients of Public SOPCs

I wish to join the volunteer team with details as follows:

HKDU Membership No.

(if applicable):-

Name in English:-

Name in Chinese:-

Email address:-

Address:-

Specialty:-

Contact tel. no.:-

Fax no.:-

Signature:-

Date:-

(You are most welcome to copy this letter to doctors interested in this volunteer work.)

Othercir11

B(11)

香港西醫工會

HONG KONG DOCTORS UNION

Room 901, Hang Shing Bldg., 363-373, Nathan Road, Kowloon

E-mail: hkdu@hkdu.org Home Page: <http://www.hkdu.org> Tel. no.: 2388 2728 Fax no.: 2385 5275To : All Members
From : HKDU Council

Circular No. 0220, 7th May, 2003

Dear Member,

Re: School Advisory Service on SARS (SASS)

With SARS looming over Hong Kong, we need to do our part however small to help society. The health of tens of thousands of students merits our concern. The anxiety of parents and teachers is immense. HKDU has approached the Education and Manpower Bureau and offered to allay the frustration and worry of the school teachers and parents by offering advice and answers to queries concerning SARS. We sincerely invite you to join a team of volunteers who will be willing to answer their queries and if necessary to give talks to schools at your convenience. You will be supported by the Department of Health which will provide the most update information on SARS from time to time.

Since the matter is urgent, may we ask you to join this worthy campaign and contact us now to become a member of our voluntary team called "School Advisory Service on SARS" (SASS), by returning the reply slip through fax at 2385-5275 or by mail to HKDU Secretariat on or before 15.5.2003. Your name, address, telephone and fax numbers will be passed onto the Education and Manpower Bureau for further action.

Reply Slip

To: HKDU Secretariat

I wish to join HKDU's voluntary team of School Advisory Service on SARS (SASS) and the number of schools I wish to serve is _____.

(Please tick)

☐ I will join a briefing meeting on the scheme.☐ I will not join a briefing meeting on the scheme.

Name in English:- _____ HKDU Membership No. (if applicable):- _____

Name in Chinese:- _____ E-mail Address:- _____

Address:- _____

Contact tel. no.:- _____ Fax no.:- _____

Signature:- _____ Date:- _____

(You are most welcome to copy this letter to doctors interested in this volunteer work.)

othercir11

B(111)

香港西醫工會
HONG KONG DOCTORS UNION

Room 901, Hang Shing Bldg., 363-373, Nathan Road, Kowloon

E-mail: hkdu@hkdu.org Home Page: http://www.hkdu.org Tel. no.: 2388 2728 Fax no.: 2385 5275

To : All Members
From : HKDU Council

Circular No. 0254, 7th July, 2003

Dear Member,

Re: Nursery Advisory Service on SARS (NASS)

The Social Welfare Department of HKSAR has initiated their request to our Union to extend the school advisory volunteer services to child care centers in Hong Kong. Doctors with interest in childcare are invited to participate in this scheme to provide non-clinical preventive advisory support to these centers on SARS and related health issues. These centers are now taking care of about 40,000 children aged from 0 to 6 with size ranging from 14 to 420 per nursery.

We are in the process of organizing a voluntary team in collaboration with the Hong Kong Paediatric Society and sincerely invite you to join. If you are interested, please return the reply slip below through fax at 2385-5275 or by mail to HKDU Secretariat on or before 15.7.2003. Your name, address, telephone and fax numbers will be passed onto the Social Welfare Department for further action.

Reply Slip

To: HKDU Secretariat

I wish to join HKDU's voluntary team of Nursery Advisory Service on SARS (NASS) and the number of nurseries/children I wish to serve is _____ nurseries or _____ children.

(Please tick)

- ☐ I will join a briefing meeting on the scheme.
- ☐ I will not join a briefing meeting on the scheme.

Name in English:- _____ HKDU Membership No.
(if applicable):- _____

Name in Chinese:- _____ E-mail Address:- _____

Address:- _____

Contact tel. no.:- _____ Fax no.:- _____

Signature:- _____ Date:- _____

(You are most welcome to copy this letter to doctors interested in this volunteer work.)

othercir11