

會 學 醫 港 香

The Hong Kong Medical Association

FOUNDED IN 1920-INCORPORATED IN 1960 AS A COMPANY LIMITED BY GUARANTEE MEMBER OF WORLD MEDICAL ASSOCIATION AND CONFEDERATION OF MEDICAL ASSOCIATIONS IN ASIA & OCEANIA

Duke of Windsor Social Service Building, 5th Floor, 15 Hennessy Road, Hong Kong E-mail: hkma@hkma.org Home Page: http://www.hkma.org Tel. No.: 2527 8285 (6 lines) Fax: (852) 2865 0943

2003 - 2004

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> CHIEF EXECUTIVE 行政總監 Mrs. Yvonne Y.M. Leung

梁周月美女士

1st December 2003

Clerk to the Select Committee to inquire into
The handling of the Severe Acute
Respiratory Syndrome outbreak by
The government and Hospital Authority
3/f., Citibank Tower
3 Garden Road, Central
Hong Kong

PORINGE ON 11/12/03

Dear Sir,

Review on the Handling of the SARS Outbreak by the Government and HA

First of all, please accept our apology for the late response.

It was near unanimous as revealed by the result of our survey amongst the membership that our members wanted an independent inquiry. 92% of the 620 members who replied to our survey on Circular No. 1135 opted for an independent enquiry. Of those who wanted an independent inquiry, 54% wanted the inquiry to be done by a select committee of the Legislative Council. A copy of our questionnaire and the result of the survey are enclosed for your reference.

During the SARS outbreak, there was an overwhelming response from our membership to various volunteer schemes to help combat the spread of SARS in the community. The Association had mobilized over 400 volunteer doctors in various aspects of combating SARS including disease prevention, public education, district co-ordination as well as epidemiological studies.

The Hong Kong Medical Association had joined with a number of organizations, public and private, to work out the following projects/schemes, all of which were successfully carried out and served their purposes. These included:

- 1. SARS Forums for professional education
- 2. Rapid Communication System for dissemination of important news in SARS
- 3. Screening SARS in the community
- 4. One Institution One Doctor scheme (for elderly homes) [一院舍一醫



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梁定邦大律師 Mr. Philip P.Y. Yuen 阮北輝建師

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李家祥會計師 CHIEF EXECUTIVE

行政總監

Mrs. Yvonne Y.M. Leung 梁周月美女士 生計劃]

- 5. One School One Doctor Scheme (for school children) [一校一醫生計劃]
- 6. One Patient One Doctor Scheme (for patients deprived of immediate attention in public hospitals because of the SARS outbreak) [一人一醫生計劃]
- 7. Post-SARS psychiatric counseling [心睛行動]

Enclosed is a chronological list of events and efforts contributed by members of the medical profession voluntarily during the SARS epidemic for the reference of the Select Committee.

Regrettably our proposed "One Patient One Doctor Scheme" was shelved before implementation due to the lack of cooperation of the Hospital Authority.

We witnessed Hong Kong having been attacked unprepared by SARS but could not help much. Although many of our members in the private sector offered to help voluntarily, the authorities and the system did not respond well to the various proposals or simply did not respond at all. As epidemic sees no boundary between the public and private sectors, in future, resources in the private sector should be enlisted as early as possible.

For a more cost-effective management of diseases, infectious or not, community involvement is important. In the long run, there should be an overall revamp of the system, in particular, its health financing aspects. Last but not least, a better and closer private-public co-operation should be implemented at all levels.

Yours sincerely,

Dr. Steven S.L. Li Hon. Secretary

SSLL/yl Encl.

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Tel No.: 2527 6265 (6 times) Fist: (652) 2865 0943

Press Release

19 June 2003

Containing SARS, Rebuilding HKSAR -Strengthening The HKMA Community Network

The HKMA has cooperated with government departments, academic institutions, community organizations, and the business community in the fight against SARS. The Association has at the same time, strengthened its network of primary care doctors of the various districts. The Association and our collaborating organizations wish to continue the cooperation and the work of the network beyond the SARS outbreak and make it a permanent project for the betterment of Hong Kong. The collaboration and the network is now renamed "The Hong Kong Medical Association Community Network". The immediate task of the Network is to participate in the rebuilding of Hong Kong after SARS.

Background Information:

- Since the outbreak of Severe Acute Respiratory Syndrome in Hong Kong in March 2003, the Hong Kong Medical Association has been mobilizing resources in the community to help combat the disease. The HKMA Network for Screening SARS was set up in all of the 18 districts in the territory, each with one or more District Coordinators, for the following aims:
 - to rally the medical practitioners' sense of professionalism;
 - to channel the sentiments of doctors; Ъ.
 - to co-ordinate a co-operative network at the community level; c.
 - to facilitate rapid dissemination of the latest information; d.
 - to provide support in logistics and supplies for health professionals in the district; and e.
 - to assist in the research study of the disease.

Since then, the Association has been working hand in hand with the following institutions for 2. different aspects of SARS containment and community rebuilding:

Activities/Programs	Collaborating Organizations
SARS Seminars for Doctors	Chinese University of Hong Kong
SARS Seminars for Doctors	Department of Health
	Hospital Authority
	University of Hong Kong
	Hong Kong Public Hospitals, Department of
	Health and Universities Doctors Association
·	HK College of Paediatricians
	HK College of Family Physicians
	HK Society of Communicable Diseases
Community Health Talks	Home Affairs Bureau
Community Freater Falls	Various community groups
Epidemiological Study in SARS	Department of Community Medicine, University of
Epidemiological State) = 3	Hong Kong
	Hong Kong Association of Medical Laboratories

Activities/Programs	Collaborating Organizations
Audio-visual Production: VCD on "Health	Department of Community Medicine of the
School Life II: Learning Together with You	Chinese University of Hong Kong
Doctors"	GlaxoSmithKline Limited
Doctors	The Media Evangelism Limited
E-learning during SARS outbreak	School of Education of Baptist University
One School One Doctor Scheme	Education & Manpower Bureau
One school 321 2 constant	Primary and Secondary Schools
	School Principals' Liaison Committees
	Parents Teachers Associations
One Institution One Doctor Scheme	Department of Health
One mades	Hospital Authority
	Social Welfare Department
Sourcing of Protection Gears	Department of Health
Sourcing of a constant of the	Hospital Authority
	Pfizer Corporation
	Merck Sharp & Dohme
	Action Medical Sundries Ltd.
Serology Study of clinicians who have	Department of Microbiology, University of Hong
treated SARS patients	Kong
Operation UNITED	Hong Kong Council of Social Service

- 3. So far, we have recruited over 100 volunteer doctors to give health talks, over 200 doctors to participate in the epidemiology study, and over 300 volunteer doctors in our community network against SARS. We have already given 96 health talks and more are in the pipeline.
- 4. The Community Network that we have built was proven to be an effective measure to contain any outbreak of infectious disease. It is decided to strengthen this Network, which will become a standing feature instead of an ad hoc one. Now that we are about to get over SARS, the foremost function of the Network will be to rebuild Hong Kong after the SARS outbreak. A new HKMA Community Network Committee, headed by Dr. Chan Man Chung, is formed to reinforce the Network, in particular the One School One Doctor Scheme.
- 5. A memorandum of understanding with all parties involved will be signed with a view to continuing cooperation. The present press conference is to report on the progress of the One School One Doctor Scheme with a MOU signing ceremony.

Notes to editors:

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Enquiries

Miss NY Leung; Tel: 2527 8941



會學醫港市 The Hong Kong Medical Association

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新聞稿

二零零三年六月十九日

疫後重建一強化香港醫學會社區網絡

在對抗沙士一役上,香港醫學會除了跟政府部門、學術機構、社區組織及商界等不同夥伴合作外,更同時加強各區提供基層醫療服務的醫生網絡。為了疫後重建更美好的香港,本會與各合作機構希望能延續夥伴合作關係及已建構的網絡工作,並發展成為一項永久的計劃。有關工作計劃正式命名為「香港醫學會社區網絡」。該網絡的當前急務是投入香港疫後重建的工作。

背景資料:

- 一. 自三月初非典型肺炎肆虐,香港醫學會即動員所有社區內資源投入抗炎行動。在十八區 成立香港醫學會非典型肺炎篩選網絡,每區有一名或以上之聯絡員,齊心為下列目標而 努力:
 - 1. 鼓動業界的的專業精神;
 - 2. 為同業的情緒開闢宣洩溝道:
 - 3. 在社區內組織一個合作網絡;
 - 4. 迅速傳播最新資訊;
 - 5. 為區內醫護人員提推供物質支援;
 - 6. 幫助疫症的研究工作。
 - 二. 自此香港醫學會即與下列各機構緊密合作為遏制 SARS 和社區重建而努力:

活動/節目	合作機構
非典型肺炎研討會	香港中文大學
	衛生署
	醫院管理局
	香港大學
,	香港公立醫院、衛生署及大學醫生協會
	香港兒科醫學院
	香港家庭醫學院
,	香港傳染病醫學會
社區健康講座	民政事務局
- the fact that are a second as a second a	各社區團體

活動/節目	合作機構
典型肺炎的流行病學研究	香港大學社區醫學系
	香港醫務化驗所總會
健康校園二之醫生與你齊學習」視像光磷	香港中文大學社區醫學系
	葛蘭景史克有限公司
	影音使團
上學堂	香港泛會大學教育學院
校一醫生計劃	教育及人力資源局
	各區中小學校
	校長會
	家長教師會
-院舍一醫生計劃	衛生署 醫院管理局
	社會福利署
January 197 ARE Jan Alla	衛生署
叟購保護衣物	警院管理局
	美國輝瑞有限公司
	美國默沙東藥廠有限公司
	益成醫療用品有限公司
研究曾接觸非典型肺炎病人醫生的血清	香港大學微生物學系
心連心全城抗炎大行動	香港社會服務聯會

- 三. 直至目前為止,本會已招募了一百多名醫生到各區進行健康講座;超過二百名醫生參加流行病學研究;我們的社區網絡內共有三百多名醫生義務參與非典的對抗工作。
- 四. 這次社區網絡的成功證明有組織的聯繫能有效對抗傳染病漫延,有見及此,本會決定強 化這臨時的組合成為常設網絡,遂委任陳文仲醫生領導成立一個全新的香港醫學會社區 網絡委員會,負責網絡的加強工作,特別是一校一醫生計劃。當此疫情將過之際,網絡 的首要工作將會是疫後重建。
- 五. 為表示未來繼續合作的意願;所有參加機構將簽署一份協議備忘錄。這次的記者會就是 為匯報一校一醫生的工作和?行備忘錄簽署儀式召開。

编辑借忘:

香港醫學會成立於一九二零年,旨在聯繫政府、各公立醫療機構、大學及私人執業的醫務工作者,交流意見,團結一心。醫學會致力將最新的醫療資訊及醫務發展傳遞與會員,提倡會員遵行專業操守, 進而服務社會,維護民康。

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Press Release

5 June 2003

A Committee was set up by the Hong Kong Medical Association, the Hong Kong Society of Otorhinolaryngology, Head and Neck Surgery and the Hong Kong School for the Deaf to make funeral arrangements for the late Dr. Thomas Cheung Sik Hin, a senior private ENT specialist, who unfortunately passed away because of SARS on Saturday, 31 May 2003.

At a meeting of the committee and the family and friends of Dr. Cheung, the funeral arrangements were decided as follows:-

Requiem Mass

10 June 2003 (Tuesday) Date

7:30 to 9:00 p.m. Time 1/F., Hong Kong Funeral Home, 679 King's Road, Quarry Bay, Hong Kong. Venue

religious ceremony Remarks:

Memorial Service

10 June 2003 (Tuesday)

9:00 to 10:30 p.m. Time

1/F., Hong Kong Funeral Home, 679 King's Road, Quarry Bay, Hong Kong. Venue

open to all member of the profession and the public Remarks:

Funeral

11 June 2003 (Wednesday) Date

8:30 to 9:30 a.m. Time

1/F., Hong Kong Funeral Home, 679 King's Road, Quarry Bay, Hong Kong. Venue

At the mean time, a memorial corner has been set up at the HKMA Headquarters in Wanchai. Members of the public, patients and colleagues of Dr. Cheung can come and put down their messages of condolence. Messages collected will be passed to the family of Dr. Cheung.

Address of the HKMA Headquarters:

5th Floor, Duke of Windsor Social Service Building,

15 Hennessy Road, Wanchai, Hong Kong.

Opening Hours of the Memorial Corner: 10:00 a.m. to 10:00 p.m.

Enquiries Tel no.: 2527 8285 / 2527 8324

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Enquiries

The Hong Kong Medical Association

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新聞稿

二零零三年六月五日

資深耳鼻喉科專科張錫 意醫生因為感染非典型肺炎,在五月三十一日(星期六)早上辭 世。各界驚聞噩耗之時,亦對張醫生之逝世敬表無限追思之情。故此,香港醫學會聯同 香港耳鼻喉頭頸外科醫學會及真鐸啟喑學校即時成立張錫憲醫生治喪委員會,與張醫生 親友一同商討張醫生殯儀事宜之安排。詳情如下:

天主教彌撒儀式

日期:二零零三年六月十日(星期二)

時間:晚上七時三十分至九時正

地點:香港鰂魚涌英皇道 679 號香港殯儀館 1樓

借註:宗教儀式

公祭追思會

日期: 二季季三年六月十日(星期二)

時間:晚上九時正至十時三十分

地點:香港鰂魚涌英皇道 679 號香港殯儀館 1 樓

借註:公祭追思儀式,歡迎醫療同業及公眾到場憑弔

出殯儀式

日期:二季季三年六月十一日(星期三)

時間:早上八時三十分至九時三十分

地點:香港鮙魚涌英皇道 679 號香港殯儀館 1 樓

香港醫學會亦已經在灣仔總辦事處設置弔唁冊,讓市民公眾、病人與醫生同業寫上對張 醫生的悼念及對其家人慰問的心意。收集所得將會轉交張醫生的家人。

香港醫學會總辦事處追思關詳情如下:

地址:香港灣仔軒尼詩道 15 號溫莎公爵社會服務大厦 5 樓

開放時間:早上十時至晚上十時 香詢電話: 2527 8285 / 2527 8324

编輯備忘:

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香港醫學會

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The Hong Kong Medical Association

Press Release

2 June 2003

The Council of Hong Kong Medical Association deeply regret the passing away of Dr. Kate Cheng Ha Yan who contracted SARS while looking after her patients.

Dr. Cheng's selfless devotion and professionalism will be long remembered by the medical fraternity and the people of Hong Kong. On behalf of its members, the Hong Kong Medical Association extends their sincerest condolence to the bereaved family.

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Enquiries

Miss NY Leung, Tel: 2527 8941

新聞稿

二零零三年六月二日

香港醫學會會董會對鄭夏恩醫生病逝,深表痛惜。鄭醫生在照 顧病人時感染「非典型肺炎」。

鄭醫生捨己為人的專業精神,將長存醫學界及全港市民心中, 醫學會謹此對鄭醫生致以崇高敬意, 並對其家人致以深切慰 問。

编辑備忘:

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查詢

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自學醫港所 The Hang Hang Association

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Press Release

2 June 2003

In memory of the late Dr. Thomas Cheung Sik Hin, a senior member of the Hong Kong Medical Association, who unfortunately passed away because of SARS on Saturday, 31 May 2003, the Hong Kong Medical Association has put up a book of condolence open to the public at its Wanchai Headquarters. Members of the public, patients and colleagues of Dr. Cheung can come and put down their messages of condolence. Messages collected will be passed to the family of Dr. Cheung.

Address:

5th Floor, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong. Opening Hours:

10:00 a.m. to 10:00 p.m. Enquiries Tel no.:

2527 8285 / 2527 8324

Notes to editors:

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新聞稿

二零零三年六月二日

為悼念因為威染非典型肺炎,在五月三十一日(星期六)早上辭世的香港醫學會資深會員張錫窓醫主,香港醫學會將會在灣仔總辦事處設置市唁册,讓市民公眾、病人與醫生同業寫上對張醫生的悼念及對其家人慰問的心意。收集所得的心意咭,將會在張醫生的喪禮上交給張醫生的家人。灣仔總辦事處追思關詳情如下:

地址:香港湾仔軒尼詩道 15 號温莎公爵社會服務大厦 5 模

開放時間:早上十時至晚上十時 查詢電話: 2527 8285 / 2527 8324

编辑備忘:

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The Hong Kong Medical Association

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Press Release

31 May 2003

2. W

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The Council of Hong Kong Medical Association deeply regrets the passing away today of a senior member, Dr. Thomas Cheung Sik Hin, who unfortunately contracted SARS through a patient that he had cared for in April.

Dr. Thomas Cheung, 58, is an oto-rhino-laryngologist in private practice. Other than a medical doctor, Dr. Cheung is also a musician and philanthropist. He is a member of both the Hong Kong Medical Association Orchestra and the Hong Kong Medical Association Choir, which holds annual charity concerts to raise funds for the needy. Dr. Cheung also contributed generously for charity.

While we mourn for Dr. Cheung's death, we send our condolence to the bereaved family of Dr. Cheung.

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新聞稿

二零零三年五月三十一日

香港醫學會會董會痛惜資深會員張錫憲醫生辭世,張醫生在本年四月份 因照顧病人感染非典型肺炎,於今晨病逝。

張錫窓醫生,終年五十八歲,為私家執業耳鼻喉專科醫生。除了行醫外, 張醫生更加是一位出色的音樂家以及熱心公益的慈善家:張醫生旣是香 港醫學會管弦樂團的中堅份子,同時亦有積極參與香港醫學會合唱團的 工作;每年醫學會的慈善籌款音樂會,張醫生都出錢出力。

香港醫學會謹此對張醫生的辭世深表哀悼,並對其家人致以深切慰問。

编辑備忘:

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Press Release

13 May 2003

The Council of Hong Kong Medical Association deeply regret the passing away of Dr. Tse Yuen Man of Tuen Mun Hospital, who was unfortunately infected with the disease when treating SARS patients.

Dr. Tse's selfless devotion and professionalism will be long remembered by the medical fraternity and the people of Hong Kong. On behalf of its members, the Hong Kong Medical Association extends their sincerest condolence to the bereaved family.

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新聞稿

二零零三年五月十三日

香港醫學會會董會對屯門醫院內科醫生謝婉雯為救治非典型肺炎病人染病,於今晨病逝,深表痛惜。

謝醫生捨己為人的專業精神,將長存醫學界及全港市民心中, 醫學會謹此對謝醫生致以崇高敬意,並對其家人致以深切慰 問。

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10 May 2003

Press Release

One School One Doctor Scheme

Primary schooling has to resume on 12 May 2003 despite the presence of SARS in the territory. In collaboration with the Education and Manpower Bureau, the Hong Kong Medical Association is mobilizing its volunteer members to provide non-clinical free professional advice and support to the concerned school principals and the teaching staff whenever required.

These voluntary medical advisors (VMAs) will act as the resource persons and "critical friends" for the school principals when they face SARS-related problems and emergency situations that they do not know how to handle after reading the written guidelines, provided by the authority.

The scheme started off in Tai Po district about two weeks ago. With the kind support of the Education and Manpower Bureau, private practitioners in Tai Po, led by the HKMA Network District Coordinator, took the initiative to collaborate with the local schools to give health talks and guidance on SARS prevention. The scheme was successful and found its way to other districts after it was introduced to the Chief School Development Officers and the District Coordinators of the HKMA of the various districts on Monday, 5 May 2003. Our objective is to create a safe and hygienic environment for our school children. Doctors joined hands with teachers in the healthy upbringing of our next generation. A briefing cum recruitment session for volunteer doctors was held on Wednesday, 7 May 2003. 300 doctors have already enrolled in this scheme despite of the short notice. All VMAs will be provided with an information packet to assist them in giving lectures at schools.

Apart from giving anti-SARS health talks, our volunteers will also help to prepare teaching materials. Doctors do not only treat patients in their clinics, they roll up their sleeves to work in the community. The purpose of our scheme is to raise the health consciousness of our younger generation and strengthen their know how in taking care of themselves and others.

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新聞稿

二零零三年五月十日

一校一醫生計劃

在非典型肺炎的陰影下,全港小學即將於二零零三年五月十二日復課。香港醫學會聯同教育統籌局招募了一班志願醫生為憂心忡忡的校長及老師免費提供診治疾病以外的專業支援。

這些義務醫事顧問將會是學校的「諫友」,為學校提供醫學資訊,讓校方在遇上與學童健康有關的問題時,除了查閱教統局發放的官方指引外,亦可以多一處查詢求教的渠道。

「一校一醫生」計劃約在兩星期前於大埔區起始,得到教統局的支持,醫學會網絡的大埔區聯絡人發動區內私家醫生到本區學校講學及指導抗炎行動。計劃成效令人鼓舞。在二零零三年五月五日(星期一)的會議席間,大埔區的代表更與其他地區的醫學會網絡聯絡人及教統局總學校發展主任一起分享計劃推行的經驗和心得。會後各區反應踴躍,紛紛響應加入,目的是要使學生在更良好衛生環境下學習。醫生亦能夠藉此成為校務發展的合作伙伴,一起培育下一代。醫學會更在二零零三年五月七日(星期三)舉辦簡介講座暨義務醫事顧問招募會。短短數日之間,已經有三百位醫生登記參加這個計劃。所有義務醫事顧問都會獲派發一份特別製定的資料,讓他們在為學校講學時作參考。

除了抗炎講座,醫生還協助製作教材,實行走出醫務所,融入社區,幫助提昇下一代的健康意識,強化他們助人助己的精神。

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Press Release

25 April 2003

To report on the activities of the HKMA Network for Screening of SARS and the enhancement of protection of frontline private practitioners against SARS with protective gowns and a ceremony to accept protective gowns from a donor

In order to enhance the private and public interface of the medical profession in Hong Kong in combating the SARS epidemic, the Hong Kong Medical Association ("HKMA") has been engaging active discussion and close cooperation with the Hospital Authority ("HA") on the following aspects of provision of healthcare service:-

1. Suspected SARS patients

- The Hong Kong Medical Association (HKMA) is setting up mutual support networks of private practitioners in all the 18 districts of Hong Kong, so that they can continue to give their best service to patients at the community despite the ongoing SARS outbreak. These mutual support networks are directly supported by the HKMA in terms of information update both on SARS and on how doctors can best protect themselves, their staff and patients in their clinics. The HKMA has also been bulk purchasing protective material such as face masks to be distributed to private practitioners, who may find it difficult to source these items themselves.
- The private practitioners are serving a very important part in preliminary screening to determine whether patients need to be referred to the public hospitals for further confirmation of SARS. They have also been providing direct personal education to their patients on SARS prevention. By so doing the private practitioners have been able to divert patients from the public hospitals and clinics, and hence enable the public sector to put more of its resources in treating patients with SARS. By providing health education to their patients, the private practitioners have also been able to allay, to a certain extent, the anxiety of the lay public, and to enhance self-protection through good personal and environmental hygiene.
 - In order to make the screening and educational services of the private practitioners even more efficient and convenient to patients, the HKMA request the Hospital Authority (HA) to release the Chest X-ray films and laboratory reports to patients who have attended any of the accident and emergency departments (A and E) for suspected SARS but were not admitted for

the time being. These patients might seek the opinion of their own private doctors subsequently; their x-rays and results of laboratory tests taken at the A and E would undoubtedly help the private doctors in assessing the progress of these patients. The HKMA further request the HA to set up a channel for private practitioners of the HKMA networks to refer patients highly suspicious of suffering from SARS to the HA hospitals, so that these patients do not have to go through the usual channel of the A and E. Requiring patients already known to be highly suspicious of suffering from SARS to go through all the procedures at the A and E, may endanger other patients and people who are there at the same time.

2. Non-SARS patients

- To re-deploy resources for treatment of SARS patients, the HA has been deferring the appointment of patients waiting to be seen for the first time (new cases) at the specialist out-patients departments (SOPD), and the follow-up appointments of existing patients (old cases) have also been deferred. These patients were instead given an addition supply of the drugs they have been taking so as to last till their deferred follow-up appointments. Most elective surgeries apart from cancer surgery have also been deferred. Some of these patients have chosen private care because of the deferment. The HA, however, has not made any arrangement to refer its patients for private care even if they choose to do so, nor has it made any arrangement to facilitate its patients to choose private care.
- The HKMA facilitates the public to obtain information on doctors and the services they provide by setting up a website "The Hong Kong Doctors Homepage" www.hkdoctors.org to provide information on Hong Kong doctors, including their name, their specialty, clinic address, and consultation hours. A search engine is available for the users to obtain information based on the 18 districts of Hong Kong, specialty, and consultation hours. The homepage has recently been updated to include information of more than 8,000 Hong Kong doctors, and it will be further updated, pending the consent of The Hong Kong Medical Council, to provide more information including the services provided in a doctors' clinic and range of fees, the dialects spoken by a doctor, and the image of a doctor. For those who have no access to web-based information, the HKMA will provide assistance at our telephone hotline 2527 8285.
 - 3.3 The HKMA has also mobilized more than 30 private surgeons and more than 10 private anaesthetists to do surgery free-of-charge for HA patients, whose operations were deferred because of the SARS outbreak. A number of private hospitals have agreed to give a 20% discount in hospital fees to these patients treated free of charge by the HKMA team of voluntary surgeons and anaesthetists. For a patient to use this service, the HA has to certify that an operation has been deferred because of the SARS outbreak, and any further postponement of surgery may be detrimental to the health of the patient. The HA also has to take the initiative of referring the patient to the HKMA.
 - The HKMA request the HA to provide each patient (old case) affected by the deferment of SOPD appointment or by the deferment of elective surgery with a case summary, laboratory reports, and imaging (x-rays, ultrasound and others) films, so as to facilitate them in choosing care and treatment outside the Authority.

3. Infirmary patients

- 1.1 The HA is proposing to out-source the care of some of its infirmary patients to the private hospitals and to other non-government facilities at a reported price of \$6,000 per patient per month. While there are doubts on whether \$6,000 is unrealistically low, the HKMA considers this proposal a step in the right direction. For our public medical services to be financially sustainable, the government has to be highly aware of the cost effectiveness of the services it funds.
 - 2.2 The HKMA encourages the government to select providers of medical services both on quality and on cost effectiveness and in this connection the HKMA urges the government to request the HA to increase its transparency on the cost of the various services the Authority provides.

From the case index which was first identified in early March, the condition of the epidemic has not been contained. Infection cases amongst healthcare professional took place everyday. In order to be able to take care of their patients, it is very important that our frontline healthcare workers must be well-protected against the epidemic. In light thereof, a medical sundries company has kindly donated 40,000 packs of protective gears to frontline doctors in salute to their faithful service to our fellow community. The materials will be delivered to clinics of private practitioners shortly. We are in debt to the secondary school which assists in packing the materials and a pharmaceutical company for the free delivery service they have provided.

The medical profession thank you for the kind support we've been received from the people of Hong Kong in the recent weeks. Your kindness has been most encouraging and has become our strength to work. We are hoping to pool all resources in this batter to fight. If you wish to show your support in any kind, please contact the Hong Kong Medical Association Secretariat accordingly.

Co-operative Networks have been set up amongst private doctors at a regional level, we are finding a way to initiate a bond between family doctors and their local community. Starting from Tai Po District, the first regional network was formed with the following mission:-

- to demonstrate the highest order of professionalism of the medical profession in safeguarding the health of the local community and preventing further spread of the disease;
- to organise health talks in relation to SARS;
- to visit communal & elderly centre in giving lecture on infection control;
- to meet with school principals in the district, advising on the preventive measures to be taken at schools;
- to arrange psychiatric support in channeling the doubts and worries of parents and teachers;
- to organise a series of health talks and other activities for secondary school students in consolidating their knowledge students of the disease and to recruit volunteers to help in carrying out infection control measures at primary schools;
- to post notices at public areas disseminating health message and educating the local population on the proper prevention measures to taken, providing the necessary information in elimination of unnecessary worries and doubts;

to coordinate the resources of the local community and to work with local bodies in fighting the battle.

We believe that the welfare of patients and the general public must be put on highest priority and as the foremost issue, that only by healing and rebuilding the present medical system, we could stand a chance of winning in this battle against SARS or any other possible diseases.

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Press Release

10 April 2003

List of Doctors suffering from SARS???

The Hong Kong Medical Association is concerned that in this difficult time of the whole community against SARS, someone should have, inadvertently or maliciously, circulated a list of doctors via e-mail and/or fax with the heading of "Which doctor can check atypical pneumonia" or "Infected Doctors List".

Whoever has circulated such a list should have it withdrawn immediately. The circulation with the heading of "Which doctor can check atypical pneumonia" misleads the public and may risk the listed doctors to disciplinary action by the Medical Council of Hong Kong. The circulation of the "Infected Doctors List" may constitute "defamation" if brought to a court of the Law since none of these named doctors are known to suffer from SARS.

The Hong Kong Medical Association has ordered an investigation to identify the source of the e-mail/fax with a view to considering any appropriate action against that person.

Such destructive acts should be discouraged. Let us concentrate our efforts to help combat SARS.

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新聞稿

二零零三年四月十日

證實已染SARS的醫生名單???

當全港醫生市民都在一同努力對抗「嚴重呼吸道症候群、(SARS)」的時候,坊間卻出現了一份透過電郵及/或傳真流傳的名單,標題為「可提供檢驗非典型肺炎服務的醫生名單」或「證實已染SARS的醫生名單」。發件者的動機不明,無論是無心之失,或是惡意誹謗,香港醫學會就此表明萬二分關注。

所有曾經發送該名單的人士都應該要把函件立即撤回。發送傳閱標題為「可提供檢驗非典型肺炎服務的醫生名單」的文件是誤導公眾及可能會導致名單上醫生遭受香港醫務委員會採取紀律處分;而發送傳閱標題為「證實已染SARS的醫生名單」的文件則可能會遭受檢控誹謗罪,因為名單上的醫生沒有任何一位是證實已經感染SARS。

香港醫學會正在追查電郵/傳真的發送來源,並考慮對肇事者採取行動。

這些破壞性行為絕對不容姑息。讓我們同心協力,共同對抗SARS危機。

編輯備忘:

香港醫學會成立於一九二零年,旨在聯繫政府、各公立醫療機構、大學及私人執業的醫務工作者,交流意見,團結一心。醫學會致力將最新的醫療資訊及醫務發展傳遞與會員,提倡會員遵行專業操守,進而服務社會,維護民康。

杏詢

梁雅忻小姐,電話:2527 8941

國際電腦網頁地址

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電子郵箱



會學醫港 The Hong Kong Medical Association

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Duke of Windoor Societ Service Building, 5th Floor, 15 Hernessy Road, Hong Kong E-mail: htms@hims.org Home Page: http://www.hims.org Tel: No : 2527 6285 (6 lines) Fax: (852) 2865 0943 **选择公群大规五度** 各类针起转道 : 五號

Press Release

6 April 2003

The Hong Kong Medical Association Network for Screening of Severe Acute Respiratory Syndrome (SARS)

The Hong Kong Medical Association announces the launching of its Network for screening of Severe Acute Respiratory Syndrome (SARS) in providing preliminary screening and counseling service for patients who suspect that they might be in contact with patients of SARS.'

SARS has caused much public concern and stretched the manpower of the public hospitals & clinics to the limit. The Department of Health is now following up the close contacts of confirmed SARS patients but might not be in a position to give personal assistance to other people who feel concern about SARS or who might be in social contact with patients of SARS. As many of our colleagues in the private sector are faced with a very strong service demand from these people, the Hong Kong Medical Association is now launching a program to support all registered medical practitioners in Hong Kong in combating SARS. The aims of the programme are as follows:

- a. to co-ordinate doctors practicing in the community in the form of a Network;
- b. to facilitate rapid dissemination of the latest information;
- c. to provide support in infection control by providing them with expert advice and by supplying them with the necessary material such as face masks;
- d. to conduct a research study of the disease in the community; and
- e. to provide psychological support to doctors.

Doctors participating in the program will be advised to follow the Department of Health clinical protocol in detecting SARS cases, i.e.,

- a. If suspicious symptoms are detected on a particular patient, doctors would conduct simple X-ray and laboratory tests to determine whether the patient needs to be referred to a Hospital Authority hospital for admission.
- Laboratories conducting the blood tests would keep a serum sample from such a patient for epidemiology research purpose.
- c. Apart from clinical assessment, doctors would also educate their patients on the prevention of SARS.

Participating doctors would charge their usual consultation fee. Laboratories will offer their service at a flat rate. Participating Doctors would also participate in an epidemiology research study jointly conducted by the Hong Kong Medical Association and the University of Hong Kong.

The network will be administered by a Central Coordinator and a group of District Coordinators at the 18 districts. Doctors enrolled will receive training at training seminars or through their respective District Coordinator. Participating doctors will be kept informed on the latest development of the disease. Recruitment and health education activities will be organised at the community level jointly with the District Offices of the Home Affairs Department and local civil bodies.

Notes to editors:

The Hong Kong Medical Association, founded in 1920, aims to bring together Hong Kong's government, institutional, university and private medical practitioners for an effective exchange of views and co-ordination of efforts. The foremost objective of the Association is to safeguard and promote public health. The Association speaks collectively for its members and aims to keep its members abreast of medical ethics, issues and advances around the world. In fulfilling these goals, the association hopes to better serve the people of Hong Kong.

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E-mail

hkma@hkma.org

Enquiries

Miss NY Leung; Tel: 2527 8941 -



會學醫港香

The Hong Kong Medical Association

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新聞稿

二零零三年四月六日

香港醫學會「嚴重呼吸道症候群(SARS)」篩查網絡

香港醫學會謹此宣布成立「嚴重呼吸道症候群(SARS)」篩查網絡,為懷疑自己曾與SARS感染個案接觸的人士提供初步篩查及醫護服務。

非典型肺炎於社區內蔓延,不但引起廣泛市民的關注,在醫療服務方面,亦出現人手緊絀的情況。雖然衛生署已制定有關的措施跟進一些曾與此病有親密接觸的病人的個案,但不可能為全港關注SARS的人士提供個人服務。鑒於私人執業醫生現正面對的極大服務需求,香港醫學會已制定了一系列的措施,支援所有的註冊西醫,共同解決「嚴重呼吸道症候群(SARS)」引起的問題。主要的宗旨如下:

- 1. 統籌一個社區醫生的合作網絡;
- 2. 迅速傳遞最新的資訊;
- 3. 為每區的醫護人員,提供感染控制的專家意見,以及防預物資,如口罩等;
- 4. 參與「嚴重呼吸道症候群」的社區研究工作;
- 5. 為前線醫護提供心理支援。

参與此計劃的醫生須跟隨衛生署制定的指引,跟進每一個SARS個案。

- 若發現病人有SARS徵兆,醫生須轉介病人到化驗所,進行初步X光及血液測試,以確定 是否需要把病人轉介到醫院;
- 2. 化驗所須保留病人的血清樣本以作SARS流行病學的研究;
- 3. 除臨床檢查外,醫生亦須為病人灌輸預防感染的正確方法。

參與本計劃的醫生會收取其慣常一般診症的診金。化驗所亦會以劃一的收費提供有關的測 試。參與本計劃的醫生會協助由香港醫學會及香港大學聯合統籌的研究項目。

... / 頁二

篩查網絡主要由中央聯絡人及十八區之聯絡人組成。除多與大型的訓練講座外,參與本計劃 的醫生亦可透過每區的聯絡人,接受適當的訓練和此病的最新資訊。香港醫學會亦與民政事 務處合辦一些健康教育活動。

「為護民康」乃香港醫學會的宗旨。讓我們攜手合作,共同對抗這傳染病。

编辑備忘:

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Press Release

26 March 2003

The Hong Kong Medical Association's advice to the public and to doctors on the prevention of the Severe Acute Respiratory Syndrome (SARS)

The Hong Kong Medical Association urges the people of Hong Kong to

- 1. pay good attention to their health and the health of their dependents;
- 2. seek medical treatment at once should they develop persistent fever of 38°C or above for one day or longer; and stop going to work or going to school;
 - 3. adopt stringent personal hygiene including the use of handkerchief, a protective surgical face mask, frequent washing of hands, and avoid unnecessary rubbing of the nose, mouth and eyes with the fingers;
 - 4. protect their eyes by wearing eye glasses (or suitable protective goggles); and
 - 5. avoid going to any hospital unless absolutely necessary and adopt strict infection control measures while inside a hospital as instructed by the hospital staff.

The above measures shall apply equally to all members of the public and all members of the medical profession; members of the profession are further urged to adopt measures to protect patients who are using the health care facilities, including maintaining good ventilation, provision of hand washing facilities, advising patients to wear a mask while inside the facilities, and adequate disinfection of the premises.

The Association urges employers to take a sympathetic view towards employees who choose to protect themselves by wearing a face mask or eye glasses, and to those who require sick leave to recover from the infection or protect other people from getting the infection.

The Association further urges the Education and Manpower Bureau to give all possible assistance to schools and students who suffer any disruption as a result of the SARS outbreak in Hong Kong.

The Hong Kong Medical Association has provided an information packet to all Hong Kong doctors to inform them on the latest development of the SARS outbreak, the current treatment, and infection control measures. The Association has also organized two seminars on SARS for doctors on 15 March 2003 and on 23 March 2003 and will facilitate another one on 26 March 2003. The total

attendance of these seminars is estimated to be 1,200. The Association has recruited 70 volunteers from the medical profession to give talks to the lay public in order to educate them on the SARS. These volunteers will also enhance the awareness on the SARS within the medical profession by bringing the discussion to as many doctors as they can.

The Hong Kong Medical Association will continue to inform doctors and the public on the SARS and will continue to mobilize its members to contribute their very best in the concerted effort of health care workers, the government, and all Hong Kong people in combating this serious epidemic.

Notes to editors:

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新聞稿

二零零三年三月廿六日

採取預防嚴重呼吸道症候群(SARS)的措施: 香港醫學會致全港市民及醫生的公開信

香港醫學會謹此向全港市民呼籲:

- 1. 加倍注意個人及家庭成員之身體健康狀況;
 - 2. 倘若持續有一天或以上攝氏38度或更高的發燒,請立即求醫及放假留在家中休息;
 - 採取嚴謹適當措施保持個人衛生,包括:使用手帕、佩戴手術面罩、勤加洗手及不要使用 手指揉擦口鼻眼睛;
 - 4. 佩戴眼鏡保護雙眼(或適合的護目鏡);及
 - 如非必要求診,避免前往醫院。身在醫院範圍時候,則需遵守醫護人員指示,做足所有疫症管制措施。

以上措施適用於一般市民及醫護人員;醫護人員尤其要做足預防措施以保障使用醫療設施的病人的安全,包括:要保持空氣流通、提供洗手措施、提醒病人在醫療設施範圍內佩戴面罩,以及在設施範圍內進行充足的消毒殺菌工作。

香港醫學會懇請各僱主體恤員工,容許員工佩戴面罩及護目鏡,並准許懷疑患病員工放假符家休息,避免進一步散播病菌。

同時,香港醫學會亦懇請教育統籌局對因為面對這次SARS爆發,而遭停課的學校或請假的學生盡量給予援助及指引。

香港醫學會已經向全港醫生提供全套有關資料,內容包括:SARS浪潮的最新發展、現時的治療方法、傳染疫症管制措施。醫學會已於2003年3月15日和23日為醫生舉辦講座,並協助另一場講座於3月26日舉行,估計參與這三場講座的醫生會共達1,200人。我們已經招募了70位義工醫生,到訪港九各區為普羅市民就有關SARS作醫學講座。同時,這批義工醫生亦能夠幫助把有關SARS的最新資訊傳播到醫學界同袍之間。



简 學 醫 港 行 The Hong Kong Medical Association

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Press Release

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The Hong Kong Medical Association

Circular No. 1135

Independent Inquiry on the handling of the SARS outbreak

The Council of The Hong Kong Medical Association writes to seek your opinion on whether an independent inquiry on the handling of the SARS outbreak should be conducted.

	Questionnaire		
 An independent be conducted. 	inquiry on the handling o	f the SARS outbreak show	uld
	Yes □	No □	
2. If an independe	ent inquiry is to be conduc	ted, it should be done by: (Please tick one o	only.)
a. a commiss	ion of inquiry appointed b issions of Inquiry Ordinar	by the Chief Executive under the Chief Execu	der
b. a select co	mmittee of the Legislative	e Council \square	
c. either a. o	r b. will do		
		(IN BLOCK LETTERS PL	EASE)
	mpleted questionnaire to u	us not later than 26 June	<u>2003</u> :

Note: Details can be found at www.justice.gov.hk/home.htm



Organizers: The Hong Kong Medical Association Hong Kong College of Paediatricians

Princess Margaret Hospital

One School One Doctor:

A Review and Preview on the Treatment of Paediatric SARS cases

Date:	jun 8, 2003 (Sunday)	
Venue:	3/F Bailroom, Sheraton Tower Ho	ng Kong
Program Moderators:	Dr. Leung Ping, Maurice (Paediatrician)	
	Dr. Chan Man Chung (HKMA Representative, OSOD Central Coor	•
Program:		N. J
3:00 – 3:30 pm	Reception	
3:30 - 4:00 pm	1st hundred Paediatric SARS case by Dr. Chow Chun Bong (Consultant Paediatrician, Princess Marga	
4:00 – 4:30 pm	Resuming classes: Practical asper preventing SARS and school by Dr. Chow Chun Kwan (HKMA – Tai Po District, Private Doctors N Private Paediatrician)	
4:30 - 4:45pm	Break	
4:45 – 5:00 pm	Epilogue by Prof. Leung Nai-Kong, BBS, President, Hong Kong College of Paediate	JP ricians
5:00 – 5:15 pm	Panel Discussions Dr. Hon. Lo Wing Lok (Legislative Prof. Fok Tai Fai(Honorary Chief or Dr. Ko Yiu Shum (Honorary Consult	f Service in Paediatrics, PWH)
5:15 - 5:30 pm	Souvenirs Presentation	
CME point will be accredite The Hong Kong Medical As HK College of Family Physi	ociation	Sponsored by
	K College of Pediatricians: 2 points	V izer

	Reply Slip	
Please fax the reply slip to: 2807-2496		
Name:	Hospital:	
Contact no.:	District:	



One Institution One Doctor Scheme 一院含一醫堂計劃

> 27 May 2003 二零零三年五月二十七日

In cooperation with the Health, Welfare and Food Bureau, the Hospital Authority, the Social Welfare Department and the Department of Health, the Hong Kong Medical Association is launching the "One Institution One Doctor" Scheme to combat SARS and prevent its spread in old aged homes in the community.

To start with, private practitioners are invited to act as Honorary Visiting Medical Officers (VMOs) to the old aged homes (OAHs) with full backup consultation support from the Community Genatric Assessment Team (CGAT) that they work under. The main roles of the Hon VMOs are:

- To provide on-site management of episodic illness and sub-acute problems in OAHs
- 2. To follow up recently discharged residents
- To triage fever cases for hospital admission based on agreed protocols

Preferred location of work (eg. Shamshuipo District)

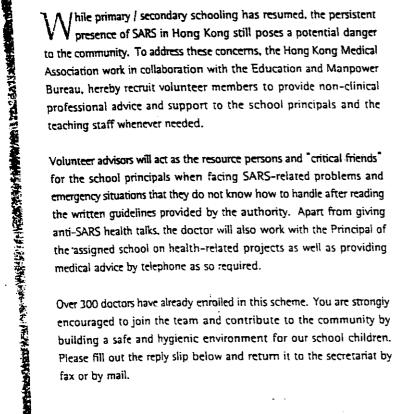
4. To monitor the compliance to infection control procedures for prevention of SARS

Each Hon VMO will be assigned 100 elderly residents to be under his/her care for the next one or two months. The VMO is expected to visit the designated homes every/alternate days to attend to medical problems among the assigned population of elders within 2 hours (may be seeing around 10 elders each visit). An Honorarium of HK\$800 per attending day will be given on the basis of providing coverage for 100 elderly residents. For smaller OAHs, the number of elders covered and honorarium given will be calculated on pro rata basis basing on the number of residents covered. If you are interested, please complete and return the following reply form. If you are already a VMO, you are welcome to take extra sessions. For enquiry, please phone Ms. Jenny Chu at 2300 6588 or Ms Bonnie Li at 2300 6477 of Central Services Unit, Professional Services and Human Resources Division of Hospital Authority.

m ' ' ' ' ' ' - registric medicine'	
Qualification:	
m this is a positive medicine.	
[] Yes (please specify with dates) [] No Practicing address	

One School One Doctor Scheme

校一醫生計劃



Volunteer advisors will act as the resource persons and "critical friends" for the school principals when facing SARS-related problems and emergency situations that they do not know how to handle after reading the written guidelines provided by the authority. Apart from giving anti-SARS health talks, the doctor will also work with the Principal of the assigned school on health-related projects as well as providing medical advice by telephone as so required.

Over 300 doctors have already enrolled in this scheme. You are strongly encouraged to join the team and contribute to the community by building a safe and hygienic environment for our school children. Please fill out the reply slip below and return it to the secretariat by fax or by mail.





単及中學於本月陸續復課・但非典 型肺炎仍可能有再次在社區爆發的潛芒危 **堪。有見及此,香港醫學會聯同教育統籌局**現正招 募志願醫生為憂心忡忡的校長及老師免費提供診治 疾病以外的專業支援。

參與計劃的顧問醫生將會是學校的「諫友」・為學 校提供醫學資訊,讓校方在遇上與學童健康有關的 問題時,除了查閱教統局發放的官方指引外,亦可 以多一處查詢求教的渠道。養務顧問醫生的實質工 作範圍包括主持肺炎講座、協助校方籌辦有關學童 建康的計劃及通過電話回答有關醫學上的諮詢。

現時已經有超過三百位醫生參加至計劃。醫學會誠 章邀請您成為養工隊伍的一份子·為我們下一代的 健康作出貢獻。請填妥以下的回條傳真或哥回本會 秘書處即可。

HKMA <One School One Doctor Scheme> 香港醫學會「一校一醫生計劃」

回條 Reply Slip

To: The Hong Kong Medical Association 5/F. Duke of Windsor Social Service Building 15 Hennessy Road, Hong Kong (Fax No.: 2865 0943)

致 香港醫學會

香港灣仔軒尼詩道十五號 溫莎公爵社會服務大廈五樓 (傳真號碼: 2865 0943)

Name 姓名:	_ Membership no. 會員號碼:
District you wish to work in 選擇工作地區:	
Contact tel no. 學絡電話:	Fax no. 傳真號碼:
Email 電郵地址:	Signature 簽名:



香港醫學會 The Hong Kong Medical Association

Circular No. 1125

One Patient One Doctor Scheme

7 May 2003

會員通告 1125 號

一人一醫生計劃

二零零三年五月七日

Since the outbreak of SARS, patients are reluctant to go to hospitals and clinics for fear of contracting SARS there. The public hospitals heavily over-worked, had no alternative but to reduce all non-urgent special outpatient services and postpone non-urgent surgical operations. As a result, patients can only have their drugs refilled without medical consultation.

With a view to encouraging patients to seek medical consultation when required and to spare our colleagues fighting SARS in the frontline, HKMA calls upon all private medical practitioners to volunteer their services during this difficult period. The Hospital Authority will publish service hotlines for their patients who may seek help from the private sector. These patients will be provided with their discharge summaries or information printed from the HA's electronic patient record system. They will bring along the medications prescribed to them together with the HA special outpatient or elective surgery appointment slips. You may provide the consultation free of charge or collect from the patient what is usually charged for each attendance at the SOPD, i.e. HK\$60 per visit. Any change in medications shall be discussed with the patient who would bear the extra costs.

You are strongly encouraged to enroll. The scheme will only last till the end of July 2003. You can specify the number of such cases that you will take every day and the time slot available for them.

Once enrolled, your name will be put up on the Hong Kong Doctors Homepage and is retrievable under the "One Patient One Doctor" Scheme for patients to choose. Both GP and Specialists are welcome.

Enrolment Form

Please fax return this form to 2865 0943.

	• •			
Name in English				
Name in Chinese] HKMA Memb	ership No.	
Contact Telephone No	0.	MCHK Regis	tration No.	
www.hkdoctors.or I would like to Please send me You may also download	put up my name on the entry form to my e-	the Hong Kong		
www.inchite.org/dvv-inchi	Signa	ture:		
	•	ate:		•



香港醫學會

The Hong Kong Medical Association

Circular No. 1120

Protective Gear

Your Association has recently received a donation of 2,500 sets of the following protective gear from "Action Medical Sundries Limited" for distribution to members in need:

Shoes Cover [2 pairs] @ HK\$0.90
Bouffant Cap [2 pieces] @ HK\$0.25
Isolation Gown [8 pieces] @ HK\$3.00
Isolation Gown (water repellent) [1 piece] @ HK\$4.50
Surgical Disposable Mask - 3 Layer PP Non-woven [2 pieces] @HK\$1.00

Pelletier School children have kindly helped with the packaging and MSD has offered to deliver them to members free of charge.

All members are eligible to ONE free pack by replying to this circular, on a first come, first served basis. Participants of the HKMA Network for Screening of SARS will automatically receive a pack. If you wish to purchase any of these goods in the list, you may order them via the HKMA Secretariat. These goods are also offered to members of HKMA at a discount.

28 April 2003	Dr Steven Li Hon. Secretary
To: The Hong Kong Medical Association 5/f., Duke of Windsor Social Service Building 15 Hennessy Road, Wanchai, Hong Kong	Fax: 2865 0943
[Please tick as appropriate.] [] I would like to receive a free pack of protective gear. [] Please send it to the following address. [] I shall come to collect it with the following supplies at the collection at the HKMA Secretariat.	
Shoes Cover (blue)	@HK\$ 0.80 IHK\$
Bouffant Cap (light blue)	@HK\$ 0.20 HK\$
Isolation Gown (yellow)	@HK\$ 2.00 HK\$
Isolation Gown (water repellent) (white)	@HK\$ 4.00 HK\$
Eyeshield (Reusable) - Frame (10 pcs) + Len (25 pcs)	@HK\$ 175.00 HK\$
Face Shield (Disposable)	@HK\$ 25.00 HK\$
x 50 Surgical Disposable Mask - 3 Layer PP Non-woven	@HK\$ 0.90 HK\$
x 20 3M N95 8210 Particulate Respirator	@HK\$10.00 HK\$
Total - Please draw your cheque to The Hong Kong Medic	
Name: Members	

Address: _______

Telephone No.



香港醫學會

The Hong Kong Medical Association

Circular No. 1117 會員通告 1117 號

N95 Mask & Surgical Mask

Your Association is overwhelmed by requests to supply N95 Masks to members for extra protection during the SARS epidemic. Limited supply of 3M 8210 (N95) Mask is now available to members on a first come, first served basis at the cost of HK\$10 each (20 pieces per box).

A new supply of Surgical Masks is now available. Members with unfilled orders can now come forward to purchase them at the Association Secretariat in Wanchai, at the cost of HK\$45 per box of 50 pieces.

		Dr Steven Li Hon. Secretary
8 Ap	oril 2003	
	Purc	hase Order
To:	HKMA Secretariat 香港醫學會 5 th Floor, Duke of Windsor Socia 15 Hennessy Road, Wanchai, Ho 香港軒尼詩道十五號溫莎公爵	al Service Building ng Kong.
[Ple	ease tick the appropriate box(es) and bri	ng your own shopping bag(s) to collect them.]
	I would like to purchase the following boxes @ HK\$200 per b	
	I would like to purchase the following boxes @ HK\$45 per boxes	owing quantity of Surgical Masks: ox of 50 pieces.
姓 Te	ame: 名 ···································	HKMA Membership No.: 香港醫學會會員編號 Signature:



HKMA program to support all registered medical practitioners in Hong Kong in combating SARS

HKMA Network for Screening SARS

The outbreak of atypical pneumonia has caused much public concern and stretched the manpower of the public sector to the limit. The Department of Health has devised a standard procedure in following up with cases exposed to close contact of confirmed SARS patients but not enough assistance can be given to those in loose contact of or concerned about SARS risks. As many of our colleagues in the private sector are already faced with these requests, the Hong Kong Medical Association has devised a support program with the following aims:

- a. to rally the medical practitioners' sense of professionalism;
- b. to channel the sentiments of doctors;
- c. to co-ordinate a co-operative network at the community level;
- d. to facilitate rapid dissemination of the latest information;
- e. to provide support in logistics and supplies for health professionals in the district; and
- to assist in the research study of the disease.

Clinical Protocol

Doctors participating in the program will be advised to follow the Department of Health clinical protocol in detecting SARS cases, i.e.,

- a. If early symptoms are detected on a particular patient, doctors should order a PA chest X-ray and a CBC blood test.
- Laboratories conducting the blood tests should keep a record of the serum sample tested for epidemiology research purpose.
- c. After screening, doctors may refer suspected cases to the designated hospitals directly so that patients do not have to wait for long hours in the A&E Department and pressure in the public hospital will also be relieved.

Apart from clinical assessment, it is also very important that doctors should also give health education to their patients on the proper preventive measures of the disease.

Charges

Participating doctors should charge their usual consultation fee. The Hong Kong Medical Association is negotiating with the Hong Kong Association of Medical Laboratories and private hospital laboratories in compiling a list of participating laboratories, which are willing to offer their service for PA Chest X-ray and CBC blood test as a package with a flat rate charge (Private Lab: HKS180).

Research Study

Participating Doctors will also be invited to participate in an epidemiology research study jointly conducted by the Hong Kong Medical Association and the University of Hong Kong. Enclosed is a sample form of the questionnaire to be filled in by both the doctor and the patient participating in the research. Detail instructions will be sent to participants separately.

Disclosure of Patient's Personal Data

As SARS has been officially declared and gazetted as a notifiable infectious disease on 27 March 2003, medical practitioners are required by law to report suspected of the disease to the Director of Health for action. The enclosed notice is designed for fellow practitioners to put up in their clinics for information of their patients. Please remember to seek consent from patients for collection of personal data for the research study.

District Coordinators for Program Networking

Participating doctors will be supported by program coordinators in their respective districts. Dr. Chan Man Chung 除文件醫生 has been appointed the Central Coordinator of this program and the following members appointed the District Coordinators:

District 医基		Coordinators 聯络人	Tel.	Nos. 電話號吗
entral & Western	中西區	Dr. Chui Cup Yan, Clive	徐及人醫生	2817 3773
mudi di VVocioni	, _ _	Dr. Lai Kei Wai, Christopher	模寺位磐生	2899 0822
astern	求臣	Dr. Chiu Hin Kwong	招願沈馨生	2560 2211
92(E11)	***	Dr. Lo Chi Kit	羅勝傑醫生	2522 1113
		Dr. Young Ying Nam	杨愿南磐生	2889 7630
outhern	南區	Dr. Lam Ming Yuen	林明源馨生	2873 4520
Vanchai	灣仔	Dr. Chan Nim Tak, Douglas	除念选普生	2573 7769
Yancılar		Dr. Ngan Sze Yuen	斯思这些生	2882 6148
Kowloon City	九龍城	Dr. Ting Man Nin, Arthur	丁萬年醫生	2774 5670
Kwun Tong	京坂	Dr. Au Ka Kui, Gary	医家物醫生	2304 1231
Shamshuipo	深水埗	Dr. Wong Kee Cheung, Charles	黄其昌磐生	2386 6966
Wong Tai Sin	青大汕	Dr. Chung Yat Ki, Benedict	经这基督生	2322 3311
World the One	X 2 Cm	Dr. Li Sum Wo	李凉和碧生	2327 2663
Yau Tsim Mong	油尖旺	Dr. Chan Yee Shing	除以证整生	2789 1368
rau rain mong	7470-	Dr. Ho Chung Ping	何伊平器生	2771 1366
island	# 5	Dr. Cheong Shao Nean	经兆年醫生	2753 1322
Kwai Tsing	英青	Dr. Ip Kit Kuen	菜绿橙酱生	2421 2565
North	北區	Dr. Cheng Ngok	鄭 告碧生	2665 3777
Sai Kung	西市	Dr. Lam Ching Choi	林正尉磐生	2703 3368
Shatin	沙田	Dr. Cheng Chor Ho, Alvin	鄭芝禾醫生	2692 7621
Silanti	7-	Dr. Fong Yuk Fai, Ben	方三超器生	2696 3311
Tai Po	大坊	Dr. Chow Shun Ming, Simon	周信明整生	2667 4431
14110	, c-m	Dr. Chow Chun Kwan, John	周振军器生	2666 0868
Tsuen Wan	荃灣	Dr. Lau Cheung Hung	到立满磐生	2492 5637
1 Sugar Fran		Dr. Ng Yu Kin	伍子建磐生	2414 4881
Tuen Mun	屯門	Dr. Lau Mang Kaw	劉孟蛟醫生	2458 3213
Yuen Long	元朗	Dr. Ip Yiu Man	亲梳民磐生	2473 9898

Enrolment and Publicity

Citizens will be advised to consult their own doctors if they suspect their health may be threatened by loose contact with SARS patients on their families.

Doctors and patients wishing to participate in this program are welcome to contact to 2527 8285 for information. If you are interested, please fill in the following reply states.	he Association at Tel. No. lip and fax it to the HKMA
Secretariat at your convenience.	4 th April 2003

REPLY SLIP (Please fax to HKMA at 2865 0943)

wish to pa		ate in the HKMA Network for Screening of SARS. Please	send me instructions at the
Name	:	Membership No	
Address	:		
District	:	(0	ne of the 18 electoral districts
Telephone	:	(Office)	(Mobile / Pager)
Fax	:	Type of Practice :	



會學醫港香 The Hong Kong Addical Association

Pounded in 1980 - Bicorporated in 1986 as a company limited by Gliarantee In Op World Medical Association and compensation of Medical Associations in Asia & Oceania

Cuixe of Wirdsor Social Service Building, 5th Floor, 15 Hennessy Road, Hong Kong E-mail: hitma@hitms.org Home Page: http://www.nkms.org Tel. No.: 2527 8285 (6 knes) Fax: (852) 2865 0943



HKMA Network for Screening of SARS

~ Instructions for Doctors ~

Thank you for participating in the Hong Kong Medical Association Network for Screening of SARS. Apart from providing screening and medical care to patients or clients, this Network is designed to collect data for a study of the situation of the disease in the community, including future analysis of antibodies in the serum of people with or without contact history or symptoms. Here are some simple steps to ensure that the study is carried out smoothly.

- 1. Complete the Data Collection Form as you carry out your consultation (history, physical, investigations/lab work). It is very important that your name, and the patient's name and contact telephone number are filled out. Make more copies as needed. The form can also be downloaded from the HKMA website: http://www.hkma.org.
- 2. Obtain signed informed consent (on the Data Collection Form) from the patient regarding release of personal and health information and use of biomaterials.
- 3. If you have ordered haematological or biochemical investigations (e.g. CBP or other blood tests), please send the Data Collection Form together with the requisition form to the laboratory. The laboratory, on receipt of the Data Form with consent, will fax the Form and lab reports to HKMA. The lab will also send the original Data Form back to you with the lab reports. Keep the Data Form for your own records.
- 4. If no lab tests are ordered, fax the Data Collection Form to the HKMA (Attn:- Dr MC Chan). Keep the original copy for your own records.
- 5. If the patient does not consent to participate, keep the Form for your own records. Do not fax to the HKMA. Please inform HKMA once every two weeks the number of "non-consent" cases.
- 6. If the patient consents to only some parts and not others (eg consent to clinical data collection and release but not for storage of blood samples for further testing), please cross out the relevant parts (in the consent statements) to which there is no consent.
- 7. If you yourself take blood from the patient, take 5mL more of clotted blood if the patient has agreed to blood (serum) storage. If not convenient, EDTA blood only is acceptable.
- 8. A copy of the Instructions for Laboratories is attached for your reference.
- 9. For further queries, please contact:-

HKMA fax - 2865 0943

Dr Gabriel M Leung, HKU - 2819 9282

Professor Tai Hing Lam, HKU – 2819 9280

Dr MC Chan, HKMA - 2363'1177

Miss NY Leung, HKMA - 2527 8941



HONG KUNG WIEDICAL ASSUCIATION

Network for Screening of SARS Data Collection Form

Fax to HKMA: 2865 0943 Attn. Dr. M.C. Chan

me of Patient:	Age:	Sex: 🗌 Male 🔲 Female
ntact Tel No:	HKID No:	<u>x_x(x)</u>
me of Doctor:		History of travel in past 30 days:
mptoms / Reasons for attendance (may tick more that	in one):	
 ☐ Fever ≥ 38°C for days ☐ Chills	tic	 No Guangzhou Shenzhen Other places in Guangdong Other places in Mainland Other, specify
Contact history (may tick more than one):		' ,
☐ Has close contact with a suspected case ☐ Reports or suspects non-specific or other nor ☐ Reports no contact Physical examination: ☐ Normal ☐ Abnormal (please specify): Fever:		ts
Investigations:		p / referral:
CXR		llow-up w-up here after days r to Dept of Health / HA
CBP Yes No	Refer	r to (specify)
Others (please specify):	·	
同意書 本人已明白向我所解釋有關是次調查的資料。 本人已被給予機會就是次研究發問,並且得到滿意的答為 本人同意參與是次調查,並且明白本人有權随時退出而沒 本人同意及明白將來可能再被聯絡,提供進一步資料。 本人 授權香港醫學會和香港大學的血液及生物樣本,作研究非典型肺炎用途。	沒有任何影響本人 本人未必會收到血	1液或其他化驗的結果。
的血液及生物保华,作研允升兴至邮及用显		



FOUNDED IN 1929-INCORPORATED IN 1990 AS A COMPANY LIMITED BY GUARANTEE MEMBER OF WORLD MEDICAL ASSOCIATION AND CONFEDERATION OF MEDICAL ASSOCIATIONS IN ASIA & OCEANIA

Duke of Windsor Social Service Building, 5th Floor, 15 Hennessy Road, Hong Kong E-mail: hkma@hkma.org Home Page: http://www.hkma.org Tel. No.: 2527 8285 (6 lines) Fax: (852) 2865 0943

Appeal to All Doctors

21 March 2003

Dear Doctor,

In view of the possible outbreak of atypical pneumonia in the community, the Hong Kong Medical Association, joined with the Department of Health, would like to organize a public health education team to give talks to community groups in the District.

You are cordially invited to join the team for the good cause. There will be a briefing session for volunteers joining this team.

If you are interested, please fill in the following form and return it to us at your earliest convenience.

Yours sincerely,

7717

Dr. Lo Wing Lok President

HKMA/DH Health Education Team

I would like to volunteer to give talks on atypical pneumonia to the community. The following time and district are more suitable to me:

Time Preferred	District Preferred		
I have/have not* attended the briefing se	ssion held on Sunday, 23 March 2003.		
Name	Signature		
Contact Telephone No.	HKMA Membership No.		
Contact Fax No	E-mail		

^{*} Please delete as appropriate.

非典型肺炎徵狀

香港醫學會呼籲全港市民注意非典型肺炎的初期微狀,以便患者能及早獲 得診治及隔離。

最明顯的初期徵狀為:

<u>持續一天或以上</u>,38℃或以上的<u>高燒</u>。

但大部分患者在病發初期並無咳嗽,打喷嚏及流鼻水等呼吸道病徵。

如有上述徵狀者:

- 1. 請立即求醫
- 2. 學童應留在家中
- 3. 己回校的學童應立即回家
- 4. 請勿上班
- 5. 己上班人士請立即回家休息
- 6. 避免到人多的地方及使用掎迫的公共交通工具

只有流鼻水,咳嗽,<u>但並沒有發燒的人士</u>,絕大部份患的只是一般的上呼 吸道感染。

有發燒及咳嗽人士應載口罩,或帶備手帕,以備咳嗽時掩口及掩鼻。

本通告由香港易學會印製 二零零三年三月



Dear Colleagues,

- 1. An emerging atypical pneumonia agent is causing severe acute respiratory syndrome (SARS) in Hong Kong.
- 2. From our preliminary experience with these affected patients, this microbial agent is probably a virus, which can excite a severe inflammatory host response which causes the severe damage to the lungs. Of course other unusual bacteria cannot be excluded at this stage.
- 3. The agent is spread by contact and droplet. There is still no epidemiological evidence to suggest that it spread by the airborne route.
- 4. As we still cannot identify the same virus, whether known or novel, in a significant proportion of the outbreak, there is no diagnostic laboratory test for case identification. We have to rely on clinical criteria for inclusion and exclusion.
- 5. Below is a clinical protocol, which will be refined with further experience. All patients fitting these criteria should be considered for treatment and isolation according to the following protocol.
- 6. The drug treatment regimen consists of a preceding coverage for typical and atypical pneumonia for those without known epidemiological contact with patients with SARS. If the patient does not respond to the treatment in 48 hours, they should be given a combination of ribavirin (a broad spectrum antiviral agent for RNA and DNA viruses) and a short course of steroid (for immuno-modulation to decrease inflammatory damage).
 - 7. The infection control procedure is the standard contact and respiratory droplet precautions. Health care workers should be wearing surgical mask, apron and spectacles (goggles) when doing patient care but a N95 filter mask is necessary when the patient is having an aerosol generating procedure such as nebulisation of drugs and BIPAP assisted ventilation. All horizontal surfaces except the floor should be regularly disinfected by hypochlorite/phenolics. Avoid touching your eyes, mouth, nostrils and other mucous membranes until you have washed your hands followed by alcholic based handrub(Hibisol).

This message is kindly relayed through the Hon. Dr. Lo Wing-lok.

Yours sincerely,

Professor Kwok-yung Yuen
MD, FRCS, FRCPath, FHKCP
Chair of Infectious diseases
Head of Microbiology
HKU

- iii. For milder cases, oral prednisolone may also be considered.
- c. While on such regimen, the patient should be given anti-ulcer prophylaxis, monitored for haemoglobin level and reticulocyte count, blood glucose and potassium level. Any deterioration or persistent fever may mean either intercurrent hospital acquired infection or drug allergy usually due to the concomitant antibacterial therapy.
- d. Continue with antibacterial coverage for typical and atypical agents for 7 to 14 days, eg. Levofloxacin PO 500mg q24h

Rationale for such clinical protocol

- The diagnosis of this disease is by exclusion because there is no diagnostic test for this not yet identified agent. The absence of response of the atypical pneumonia to the broad spectrum antibacterial coverage for atypical and atypical agent and the negativity of the initial microbiological tests are the two key criteria.
- 2. The open lung biopsy of the KWH patient with history of contact to the Guangzhou patient showed histological changes of adult respiratory distress syndrome. There is diffuse alveolar damage, hyaline membrane formation and minimal mononuclear cell infiltration. Though there could be sampling error which may omit viral inclusion bodies, the lung changes, the normal/lowish WBC and lymphopenia despite a high fever and in some cases deranged liver function tests suggest that at least part of the damage is due to a cytokine storm triggered by this microbial agent. Thus immunomodulation by steroid is indicated.
- 3. The use of steroid in the absence of effective anti-microbial agent is both dangerous and may lead to enhanced cytolytic damage. As the epidemiological finding and the clinical picture suggest a viral agent, a broad spectrum antiviral agent should also be considered. The only available broad spectrum antiviral agent is Ribavirin. Most clinicians would prefer to continue the antibacterial coverage for both atypical and typical bacterial agents despite knowing that they are not working. The use of either steroid or ribavirin in this clinical setting is empirical and not based on any randomised placebo controlled trials. The regimen comes from the experience from a small number of anecdotal cases.
 - 4. The regimen is unlikely to work if given in very late cases when the patient has been ventilated for more than 5 days with diffuse lung damage (one KWH case).

Summary of Information on the drug Ribavirin (Virazole)

- 1. A broad spectrum antiviral agent: in-vitro it is active against both DNA and RNA viruses including adenovirus, herpesvirus, poxviruses, orthomyxoviruses (influenza), paramyxoviruses (parainfluenza, RSV), arenaviruses, bunyaviruses, HCV, retroviruses..etc...
- 2. Mechanism of activity: a guanosine analogue, competitive inhibition leading to interference of nucleic acid synthesis

Printed in below is the information on the recent atypical pneumonia outbreak received from the Department of Health and the Hospital Authority, distributed by the Hong Kong Medical Association as a service to all registered medical practitioners in Hong Kong.

Dear Doctor,

Atvpical 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.

The available evidence suggests the mode of transmission is most consistent with droplet spread through respiratory secretions. Since the introduction of heightened infection control measures and barrier nursing on March 10, the number of cases dropped substantially.

Epidemiological investigations revealed that seven atypical pneumonia cases, including the index patient of the PWH outbreak, were linked to a hotel in Kowloon. The index patient of the PWH outbreak, who had onset of illness on Feb 24, had gone to the hotel to visit a friend staying there during Feb 15 - 23. The other six cases lodged at the 9^{th} floor of the hotel sometime between Feb 12 and Mar 2. One of these six had onset of illness before he arrived in Hong Kong and lodged at the hotel on Feb 21; and we believe that he was the source of infection.



HOSPITAL

何水煙野生 50000

Or William HO, JP Chief Executive

Ref: HA 799/2

21 March 2003

Dr the Hon Lo Wing Lok
President
Hong Kong Medical Association
5/F Duke of Windsor Social Service Building
15 Hennessy Road
Wanchai
Hong Kong

Dear Dr Lo.

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 Association could help disseminate relevant information to the early notice of doctors 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 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 ≥ 38°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

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

THE CHINESE UNIVERSITY OF HONG KONG

FACULTY OF MEDICINE SHATIN. NT. HONG KONG



香港中文大學醫學院

香港新界沙田

GENERAL OFFICE FAX. NO. 醫學院辦事處傳真: (852) 2603 6958

院長 鍾尚志教授

Dean

Professor S.C. Sydney Chung

Tel (载語): Fax (傳真): (852) 2609 6870 (852) 2603 6958

E-mail (電弧): sydneychung@cuhk.edu.hk

副院長 (行政)

夏泰拜教授 Associate Dean (Administration) Professor T.F. Fok

Te 占): (852) 2632 2850 Fax (): (852) 2648 9134 E- (第52) 2648 9134

副院長(臨床期科學) 沈祖免教授 Associate Dean (Clinical) Professor Joseph J.Y. Sung

Tel (電話): (852) 2632 3127/2632 3132 Fax (修真): (852) 2645 1699 E-mail (電郵): joesung@ouhk.edu.hk

副院長(教育) 鍾圖衡教授 Associate Dear (Ed.

Associate Dean (Education) Professor Tony K.H. Chung

Tel (電話): (852) 2632 3489 Fax (東共): (852) 2636 0008 E-mail (電郵): tonychung@cuhk.edu.hk

*** (能床前期科學)

教授

Associate Dean (Pre-Clinical) Professor C.Y. Lee

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Your Ref:

Our Ref:

21st March 2003

Dear Colleagues,

The dreaded SARS is causing an unprecedented threat to our community. It is heartbreaking to see our fellow colleagues, in private practice as well as in public hospitals, falling ill one by one. It is particularly distressing to see their family members also coming down with the disease.

I would like to share with you some lessons we learned at the Prince of Wales Hospital in the last few days. I hope these points are useful to you.

- The disease is highly infectious, please be VERY VIGILENT AND METICULOUS in your infection control procedures.
- 2. Available data suggest the mode of spread is by droplets and possibly formites.
- 3. Five doctors and 2 infection control nurses at the Prince of Wales Hospital took nasopharyngeal aspirates from some 75 patients on 10th March when the outbreak was first detected. They wore surgical masks and gloves. All 7 staff remain asymptomatic up to now.
- 4. N95 masks need to be worn close to the face with no leak. It is quite uncomfortable if worn for a long time. Some colleagues wear a paper mask underneath. This completely destroys the purpose of the mask as air can leak through.
- 5. RSV, which is a similar virus, can survive for up to 6 hours on surfaces. To avoid possible spread via formites disposable gloves should be worn and changed between patients.
- 6. Hand washing before and after examining patients.
- Surfaces should be cleaned daily with 1000ppm hypochlorite solution or 70% alcohol for metallic surfaces.
- I would suggest you to offer surgical masks to your patients in your clinic for the protection of your staff and other patients.

Stay well, live long and prosper!

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Sydney Chung

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延多公债 大魔五樓 计选奸记龄进十五號

Survey of Doctors	Interviewer:	Pla	1ce:	
			M/F	Year of Birth:
Vame:	Grad Yes	ır:		
Section 1	a i na manatic	a2 Vec/No(3 crit	eria see Not	e 1)
	a SARS case outside your practic	e: 2637140 (3 cm	tiont (if noce	ible):
If Yes, were you pro	••••		neur (ir boss	sible):
Do you stay in a DH	listed SARS residential block? Y	es / No		
you have a febril	le illness in the last 2 months? You the onset date (dd/mm/yy)	es / No (since 10/3/ /_/		
ase fill in details	of events of your sick episode:	Symptoms: _		
		-		
		Signs:		······································
		Investigations:		
		Treatments:		
41	ed as SARS: Yes / No	If No, what was	the diagnos	is:
1771 12/029 1/013 7	idmitted:			
Any of your clinic	assistant was diagnosed as SAK	S: Yes/ No		
	Yes, please fill in section 3 for each tended any infection control cours			
Have you ever att	ended any infection control cours	e: 1cs/ 110		
Section 2 (To be	completed by interviewer alone)			
1. Location of	the clinic:	(one of the 18	administrat	tive districts)
 Type of clir 	nic Shopping Mall/ Ground	. Floor/ Upper Floor	/Shared/ E	state/ Commercial/ Camp
	GOPD/ Mobile van	circle, options are n	ot mutually	exclusive)
, ,	(Please	circle, options are in	Of Mintager	onorabit - y
3. Area of wa	iting room:	sq. ft. (approx.)		
4. Area of col	washing facilities (inside the co	onsultation room):	Yes/No	
If yes plea	se rake a photo. Any soap disp	ensing device: Yes/	NO	
11 yes, pies	facility inside the premises: Ye	s/ No (i.e. the climit	C }	
7. Ventilation	 Extraction fan/ Wall M 	lounting Air Condit	ioner/ Spin	-type Air Conditioner
/, Ventination	Fan: Dehumidifier/ Ai	r Filtration Device/	Windows (opened/closed)
	(Please	circle, options are	not mutuall	y exclusive)
8. Please des	scribe the apparel of the subject	Gown/ Gogs	gle/ Face Si	hield/Glove/Surgical iviask
(durit	ng this visit)	Eye Glasses	/ Respirato	r (N95)/Cap/Shoe Cover
`		Contact lens	ses	



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Patient #: Clinic staff: Yes/ No	
NameHKID	Date of consultation
Date of onset(any symptom) Duration	of fever 1/2/3/4/5/6/7/>7 days
A. Symptoms of Patients on consultation:	
1. Fever: Yes / No 2. Myalgia: Yes / No 3. C	Cough: Yes / No 4. Running Nose: Yes / No
5. Sneeze: Yes / No 6. Sorethroat: Yes / No 7	. Vomiting: Yes / No 8. Diarrhea: Yes / No
Others	
	` \ .`
B. Doctor's protection on consultation:	
1. Mask: Surgical Yes / No N95 Yes / No	2. Goggles: Yes / No 3. Face Shield Yes / No
4. Glove: Yes / No Change between patients: Yes /	No 5. White coats: Yes / No 6. Gowns: Yes / No
5. Wash hands after: Yes / No 6. Wash glove aft	er: Yes / No 7. Others
C. Procedures done:	
1. Examine throat: Yes / No	2. Auscultation: Yes / No
3. BP Check: Yes / No	4. Others
5. Nurse present: Yes / No Protection of	Nurse
D. Diagnosis:	
Presumptive diagnosis after your consultation	
2. Notification by health authority, Date:	(dd/mm/yy
Comments:	



Hong Kong Medical Association

DATA COLLECTION FORM FOR CORONAVIRUS PNEUMONIA OUTBREAK INVESTIGATION Name of Patient: Contact Tel No: Age: ☐ Male ☐ Female Sex: Name of Doctor: Symptoms / Reasons for attendance (may tick more than one): ☐ Fever ≥ 38°C, or history of such any time in the last 2 days Chills ☐ Headache Cough ☐ Shortness of breath ☐ Asymptomatic Dizziness Runny nose □ Sore throat Anxiety regarding atypical pneumonia outbreak Contact history (may tick more than one): Has close contact with a diagnosed case Has social (non-close) contact with a diagnosed case ☐ Has contact with a "close contact of a diagnosed case" ("contact of close contacts") ☐ Has close contact with a suspected case Reports or suspects non-specific or other non-close contacts Reports no contact Physical examination: ☐ Normal Abnormal (please specify): _____ Investigations: CXR 🗌 Yes ☐ No No CBP ☐ Yes Others (please specify): 本人已明白向我所解釋有關是次調查的資料。 本人已被給予機會就是次研究發問,並且得到滿意的答覆。 本人同意參與是次調查,並且明白本人有權隨時退出而沒有任何影響本人的後果。 本人同意及明白將來可能再被聯絡,提供進一步資料。 .授權香港醫學會,使用本表格內的資料、其他臨床記錄、化驗結果、X 光片 及已收集的生物樣本,如血液樣本,作研究用途,

Patient's Si	