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URGENT

Chairman, Select Committee to inquire
Into the handling of the Severe Acute Respiratory
Syndrome Outbreak by the Government and the
Hospital Authority
Legislative Council Building
8 Jackson Road
Central
Hong Kong

Dear Chairman,

I write to clarify on a discrepancy between my written submission to your committee and the statement made by Dr. Margaret Chan this morning. According to the cable TV, Dr. Margaret Chan said that my statement that "there is no surveillance data on community acquired pneumonia on 11/2/2003" is inaccurate because there is already a surveillance for community acquired pneumonia in 2002. I believe Dr. Margaret Chan and myself are referring to two overlapping entities. The clarification is as follows:

1) The definition of surveillance

Surveillance is defined as the systematic collection, analysis, interpretation and dissemination of health data on an ongoing basis so as to control and prevent cases of disease in a community. Such data is only useful if there is a clear "case definition" of the disease which is being surveyed.

2) The case definition for Community Acquired Pneumonia, CAP (Abbreviated and defined according to the Infectious Disease Society of America, IDSA, year 2000)


CAP is defined as an acute pneumonia in a patient not hospitalised or residing in a long-term-care facility for 14 days before the onset of symptoms.

3) According to my enquiry to HA and DH, since September 2002, there is an on-going regular feed back of the number of cases of patients with a discharge diagnosis of pneumonia (according to an international coding system). However these data are not collected according to strict criteria as outlined above. Thus the data will include cases of hospital or institution acquired pneumonia which is generally a different entity. Strictly speaking, this surveillance is not for CAP but for any pneumonia requiring hospitalisation in an HA hospital.

4) Despite the difference in the case definition, the surveillance mentioned by Dr. Margaret Chan may still show the trend of all types of pneumonia in HA which include CAP but it is generally more difficult to draw conclusion from a less refined definition. Therefore the HA and DH has started the more refined surveillance for severe CAP since 13/2/2003.

In summary, there is no contradiction between my submission (referring to CAP) and that of Dr. Margaret Chan (referring to HA admissions for pneumonia).

Yours sincerely,



Professor KY Yuen
Head of dept of Microbiology
and Chair of Infectious Diseases