立法會

調查政府與醫院管理局對嚴重急性呼吸系統綜合症爆發的處理手法專責委員會

第九次公開研訊的逐字紀錄本

日期： 2004年1月20日(星期二)
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Legislative Council

Select Committee to inquire into the handling of the Severe Acute Respiratory Syndrome outbreak by the Government and the Hospital Authority

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Verbatim Transcript of the Ninth Public Hearing
held on Tuesday, 20 January 2004 at 9:00 am
in the Chamber of the Legislative Council Building

Members present

Dr Hon LAW Chi-kwong, JP (Chairman)
Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP (Deputy Chairman)
Hon Kenneth TING Woo-shou, JP
Hon Cyd HO Sau-lan
Hon Martin LEE Chu-ming, SC, JP
Hon CHAN Yuen-han, JP
Hon Andrew CHENG Kar-foo
Hon Michael MAK Kwok-fung
Dr Hon LO Wing-lok, JP

Members absent

Dr Hon David CHU Yu-lin, JP
Hon CHAN Kwok-keung, JP

Witnesses

Part I

Dr Donald James LYON
Consultant, Department of Microbiology, Prince of Wales Hospital/
Infection Control Officer, New Territories East Cluster

Part II

Mr Albert NG Hon-yui
Department Operations Manager, Department of Medicine and Therapeutics, Prince of Wales Hospital

Part III

Mr CHAN Man
Deputizing Nursing Officer, Department of Medicine and Therapeutics,
Prince of Wales Hospital

Part IV

Dr David HUI Shu-cheong
Head of Division of Respiratory Medicine/Associate Professor,
Department of Medicine and Therapeutics, Faculty of Medicine,
The Chinese University of Hong Kong

主席：

現在我們可以開始，歡迎各位出席調查政府和醫院管理局對嚴重急性呼吸系統綜合症爆發的處理手法專責委員會第九次的公開研訊。

我提醒大家各位委員，整個研訊過程必須有足夠的法定人數，即包括主席在內共4位委員。

我每次開始的時候亦要藉此機會提醒旁聽今天研訊的公眾人士及傳媒，在研訊過程以外場合披露研訊中提供的證供，是不會受到《立法會(權力及特權)條例》所保障。所以，如有需要，各位列席人士和傳媒應就他們的法律責任，徵詢法律意見。此外，委員會亦決定證人須在宣誓後才接受研訊，所以我將在研訊開始時，會根據《立法會(權力及特權)條例》第11條監誓。

我現在宣布研訊開始。今天的研訊是分開上、下午，上午部分主要是取證包括威爾斯親王醫院所採取感染控制措施、決定和關閉8A病房的原因和威爾斯親王醫院對8A病房源頭病人的處理。今天的第一位證人是威爾斯親王醫院微生物科顧問醫生和新界東醫院聯網感染控制主任黎安義醫生，Dr LYON，thank you。

(黎安義醫生進入會議廳)

Chairman:

Dr LYON, thank you.

Dr LYON, you find it OK. Thank you for attending today's hearing. The Select Committee has called upon you to appear before the Committee today to give evidence and present the witness statement. The Committee has decided that the witness should testify on oath. I, in the capacity of the Chairman of the Select Committee, now administer the oath to you. You may choose to take an oath by putting your hand on the Bible or make an affirmation. Would you please stand up, take the oath by saying the words of the oath placed in front of you.

Dr Donald James LYON, Consultant, Department of Microbiology, Prince of Wales Hospital/Infection Control Officer, New Territories East Cluster:

I, Donald James LYON, swear by Almighty God that the evidence I shall give shall be the truth, the whole truth and nothing but the truth.

Chairman:

Thank you. Please be seated. Dr LYON, you have provided your witness statement to the Clerk to the Select Committee.

Dr Donald James LYON:

Yes.

Chairman:

Now, are you going to formally produce the witness statement to the Select Committee as evidence?

Dr Donald James LYON:

Yes, I formally produce the document.

Chairman:

Yes, thank you. Dr LYON, your statement will be made available to members of the public and the press attending the hearing today for the purpose of assisting them to follow the proceedings of the Committee. In order to protect privacy and other legal reasons, some parts of the content of the statement have been blacked out. Do you have anything to add to your statement at this point in time?

Dr Donald James LYON:

No, I don't.

Chairman:

Thanks. In response to the request of the Select Committee, you have also provided a submission on the performance and accountability of the New Territories East Cluster Infection Control Committee and the Infection Control Team of the Prince of Wales Hospital in the handling of the Severe Acute Respiratory Syndrome outbreak. Now, are you going to formally produce the submission to the Select Committee?

Dr Donald James LYON:

Yes, I formally produce the document.

Chairman:

Thank you very much. Do you have anything to add to your submission at this point in time?

Dr Donald James LYON:

No, I don't.

Chairman:

OK. In response to the request of the Select Committee, you have also provided to the Select Committee information on your professional qualifications and experience. Now, will you confirm the information to be accurate?

Dr Donald James LYON:

Yes, I confirm the information to be accurate.

Chairman:

Yes, thank you. Dr LYON, first of all, may I pose a simple question for you to describe to the Committee your role or perhaps your functions as the Infection Control Officer for the Prince of Wales Hospital and also for the New Territories East Cluster. Can you tell me what role do you actually perform in that capacity?

Dr Donald James LYON:

My role, the role of Infection Control Officer is to perform a number of functions. I advise the cluster, the various hospitals of the New Territories East Cluster on issues related to infection control. I supervise activities of infection control nurses in various hospitals. I attend meetings at the Hospital Authority Head Office which are involved with liaison between the Hospital Authority Head Office and the hospitals, the individual HA hospitals. The activities of the Infection Control Team would include a variety of activities. It would include activities such as giving advice on appropriate infection control measures, undertaking surveillance which means trying to identify the number and types of infection which are occurring. It includes activities such as undertaking educational activities in infection control in different hospitals. It involves undertaking investigation of outbreaks of infection.

Chairman:

Thank you. When you say your role is to advise the hospitals within the cluster and also to supervise the infection control nurse, that seems to me a very

subtle difference when you say you advise the hospitals and only supervise the infection control nurse but can I also say that you are the one who is responsible for the quality of infection control to be taken in the other hospitals within the cluster? Are you the one who is responsible for that, the quality and the extent that the infection control practices are properly conducted?

Dr Donald James LYON:

Well, to some extent I am, yes. In so far as obviously I am responsible for running an infection control program which would include elements such as audit and checking on whether infection control activities have been undertaken and to that extent obviously we would also have a role in checking to see whether things are actually being done so, to visit wards, to observe the practices and to advise on whether the practices are appropriate or need to be improved.

Chairman:

So that is not simply to advise, you actually have a responsibility to ensure that the quality of infection control practices is being practised.

Dr Donald James LYON:

Yes, I have a role.

Chairman:

OK. So which means, let's take an example, Tai Po Hospital. Supposedly, in terms of infection control, you would be the one who would be having a high, a more direct responsibility than the Chief Executive of the hospital, isn't it?

Dr Donald James LYON:

Yes, for activities related to infection control.

Chairman:

OK. Thank you very much. I will pass it to Dr LO.

Dr Hon LO Wing-lok:

Thank you, Mr Chairman. Welcome to the Legislative Council, Dr LYON. And before asking questions, I must also declare that I know Dr LYON for some time and I have invited Dr LYON to give lectures to the members of the Hong Kong Medical Association on anti-biotic resistance some years back.

Now, I will follow up on the Chairman's question on who is really in charge when there is a need for investigation of an outbreak of infectious diseases in the Prince of Wales Hospital. Are you in charge?

Dr Donald James LYON:

Well, I am, in terms of an outbreak of investigation, I think. When there is an outbreak, obviously I have a responsibility to respond and to, to, to let relevant parties know that there is an outbreak ongoing. In situations where perhaps there is a smaller outbreak of infectious disease, then the normal practice would be……I would deal with the issues and to be in charge. In a larger outbreak, it may be that we would set up a more formal outbreak control committee which may be led by myself or may be led by someone else but obviously I would be a significant member of that group.

Dr Hon LO Wing-lok:

Who, then, was in charge when the outbreak in the Prince of Wales Hospital occurred?

Dr Donald James LYON:

Well, at the initial time, I responded to the outbreak and we had an initial outbreak control team. It was originally chaired by Professor Joseph SUNG for the first two days and subsequently the outbreak control group was chaired by the Cluster Chief Executive, Dr FUNG Hong.

Dr Hon LO Wing-lok:

OK. Now, you have faced a very big outbreak in the Prince of Wales Hospital. What resources are available for investigating that outbreak?

Dr Donald James LYON:

Well, in terms of investigating the outbreak, the resources available to me, in infection control are two doctors. It is myself, Infection Control Officer, and a Deputy Infection Control Officer. And there are two full-time Infection Control Nurses working at the Prince of Wales Hospital and, essentially, that is the Infection Control Team. So those were the persons who were available in terms of investigating and coordinating a response to an outbreak of infectious disease.

Dr Hon LO Wing-lok:

Four people, so it is obviously inadequate?

Dr Donald James LYON:

Obviously, in a very large outbreak situation, obviously, that is not adequate, yes.

Dr Hon LO Wing-lok:

Yes. Did you ask for help?

Dr Donald James LYON:

Well, yes, when the outbreak happened, there was an outbreak control team formed and that outbreak control team drew in additional expertise from different departments in order to expand the team available for managing the outbreak. So essentially the Infection Control Team would be one part of it but there were also a number of other persons involved in the management of the outbreak. So obviously, it is the staff from the Department of Medicine, staff from other departments who were helping to investigate and control the outbreak.

Dr Hon LO Wing-lok:

So can you tell us about the composition of the infection control team headed by Professor SUNG, what people are there?

Dr Donald James LYON:

Well, Professor SUNG, OK, Professor SUNG's team. Well, he of course had the infectious diseases team which was involved with the assessment of the patients and clinical management, and Professor SUNG divided his department essentially into the "clean team" and the "dirty team" and his "dirty team" essentially were those looking after the infected cases. So those cases were involved with assessing the patient, his infectious diseases team and his respiratory physicians were involved with elements such as assessing the patients and also reviewing cases for those who potentially may, you know, have the disease and at a later stage, reviewing cases in terms of which patient may have been the original source case for the outbreak?

Dr Hon LO Wing-lok:

You told us about the clinical management of patients, "clean team", "dirty team", but can you tell us about who are the people responsible for investigating the outbreak.

Dr Donald James LYON:

In addition to the infection control?

Dr Hon LO Wing-lok:

Yes, yes.

Dr Donald James LYON:

In addition to the Infection Control Team, well, there were doctors from the Respiratory Team, Professor David HUI, Dr S F LUI who was the Service Director for Risk Management and Quality Assurance involved with investigating the outbreak. Dr Louis CHAN was involved with the Disease Control Centre, which was the compilation of data and coordination with the Department of Health.

Dr Hon LO Wing-lok:

But these doctors are basically clinicians trained for treating patients, they are not trained for investigation of an outbreak. So, are their contribution, you know, helpful or in the right direction during the initial phase of the outbreak?

Dr Donald James LYON:

Yes, yes, I mean, the, um, the various elements of, were discussed that we were having twice daily meetings of the Disease Control Team where various elements of the investigation and control were brought together to discuss the progress of the investigation and the control measures and the different, and the things which perhaps needed to be done in order to, in order to further, um, um delineate the situation.

Dr Hon LO Wing-lok:

Did you seek help from any other source?

Dr Donald James LYON:

The Department of Health was involved in the investigation at a fairly early stage.

Dr Hon LO Wing-lok:

So tell us about the cooperation of your team with the Department of Health.

Dr Donald James LYON:

OK. The Department of Health. I think on Tuesday, the 11th of March, the Department of Health and my team discussed data collection in terms of questionnaire for the persons who had become sick and we discussed with them

the format of the questionnaire and which questions should be asked, which data did we wish to collect and then the questionnaire was applied. Our team, the Infection Control Nurses, did a lot of the work in terms of interviewing the patients who developed the disease who were mostly staff at that time and the information was submitted to the Department of Health for compilation.

Dr Hon LO Wing-lok:

So the assistance given by the Department of Health was basically designing a questionnaire so that you can collect information from staff, in particular infected staff who are somehow related to the particular outbreak, is that true?

Dr Donald James LYON:

Yes, yes, they were undertaking an epidemiological study.

Dr Hon LO Wing-lok:

Right. Did you seek help from the Head Office of the Hospital Authority?

Dr Donald James LYON:

Well, we notified the Hospital Authority Head Office on 10th of March that we had a problem which was evolving. Of course, it was an incremental problem. On Monday the 10th, we had 11 staff members with flu-like illness but obviously that number of staff grew as the day progressed and on Tuesday, of course, we started to find that there were persons with pneumonia which took the problem to a new level. In terms of interaction with the Head Office, we kept them informed of the situation and there were meetings held. I think, the first meeting was on the 12th of March to discuss the management of the situation and myself and Professor David HUI, I believe, attended that meeting and we discussed the measures to be taken and the appropriate infection control measures which would be appropriate in that situation.

Dr Hon LO Wing-lok:

Was that a meeting of the Central Committee for Infection Control at the Head Office of the Hospital Authority chaired by Dr LIU Shao-haei?

Dr Donald James LYON:

Yes, it was the Committee, yes. It may have been a joint meeting with the, it was the Central Committee for Infection Control, I think, it may have been a joint meeting with the Working Group on Severe Community Acquired Pneumonia but it was the Central Committee of Infection Control, yes.

Dr Hon LO Wing-lok:

So you and Dr HUI attended that Committee meeting and presented some of your findings of the PWH outbreak?

Dr Donald James LYON:

That's correct, yes.

Dr Hon LO Wing-lok:

OK. Are you aware of the facts that after this particular meeting, on the 13th of March and again on the 14th of March, Dr SETO Wing-hong wrote two emails to Dr LIU Shao-haei expressing his disappointment about what he observed at the meeting on the 12th that good epidemiology has not been applied at the investigation of the PWH outbreak. Are you aware of that two emails?

Dr Donald James LYON:

No, um, well, I have heard that there were such emails, I think, more recently but I think I was not aware at that time.

Dr Hon LO Wing-lok:

OK. Now, will the Secretariat present the two emails to Dr LYON.

(Copies of the two emails were handed out to all present.)

Dr Hon LO Wing-lok:

So please read the email and Mr Chairman, should we allow five minutes for Dr LYON to read the email?

Chairman:

Take your time, take your time and let me know when you finish.

Dr Hon LO Wing-lok:

OK. So let's go to the first email, the email of 13th of March. Now, after the meeting on the 12th, the next meeting was held on the 14th.

Dr Donald James LYON:

Yes, that's right.

Dr Hon LO Wing-lok:

And I trust that these two emails must have been read by Dr LIU Shao-haei and Dr KO Wing-man and at the meeting of the 14th, so was the content of this email addressed, take for example, like "start to get a good working definition of the cases"?

Dr Donald James LYON:

Sorry, I'm sorry.

Dr Hon LO Wing-lok:

Was the content of the first email addressed at the 14th meeting, the 14th of March meeting?

Dr Donald James LYON:

The first email was the 13th of March so it was related presumably to the meeting of the 12th of March?

Dr Hon LO Wing-lok:

That's right. Was the issue raised by the email of the 13th addressed at the meeting of the 14th of March?

Dr Donald James LYON:

Well, I think, um, sorry, I'm not quite sure. The email on the 13th was presumably related to the discussions on the 12th?

Dr Hon LO Wing-lok:

On the 12th and was it addressed afterwards, for example, at the meeting of the 14th of March?

Dr Donald James LYON:

I understand your question. I understand your question, yes. Um, at the meeting on the 14th, I think the information I had at the meeting of the 14th was still limited but I think many of the issues which were raised in the email of the 13th were being addressed and I think Dr SETO raises the issue on the email of the "working case definition". And then he talked about going through the cases, getting the information and details of the cases, drawing the epidemic curve. I think this actually was being done and I think the epidemic curve and the……there was actually a "working case definition" in the original epidemiological study. The epidemic curve, I think, was presented by the DH

to the New Territories East Cluster on Friday, which I think was the 14th and the, the, the important lab results, the results on laboratory testing, were presented I think on both the 12th and the 14th. And at that time, he raised the issue of a case control study I think in the first study. I think my comment on that would be we were very much still in a rapidly expanding problem and I think at that time, we were working very much on the initial epidemiology in a rapidly changing situation. And I think at that time we would not have had the resources to conduct a case control study, you know, in such a rapidly changing and crisis situation.

Dr Hon LO Wing-lok:

Do you agree with him that "good epidemiology" has not been applied?

Dr Donald James LYON:

I think, well, I agree with him that good epidemiology is important. I think I would make the point that we were in a very difficult situation in terms of a very rapidly expanding outbreak. We were in a crisis situation and we certainly had some difficulty getting the data together and it was a situation where it was very, very difficult to apply standard techniques in a quick and consistent manner, given the situation was quite, um……there was a lot of new data coming in and it was very difficult to bring the data together and for that reason, I think it took longer than it might have done in less frenzied situation in order to get the standard epidemiological data together.

Dr Hon LO Wing-lok:

Dr SETO Wing-hong is also a member of the Central Committee for Infection Control.

Dr Donald James LYON:

Yes.

Dr Hon LO Wing-lok:

And if one of the members has such an opinion that "good epidemiology has not been applied", has his view been expressed at the Committee, at the Central Committee for Infection Control?

Dr Donald James LYON:

Well, I think on the meeting of the 14th, Dr SETO expressed a view that we were not providing him with enough data. At that time, because, I attended that meeting but, at that time, I think he did indicate the view that he felt that we

should present more data which we did subsequently. At that time, the data……our investigations were proceeding and at the next meeting of the Central Committee for Infection Control which was on the 18th of March, we presented a considerably more detailed description of the epidemiology of the outbreak.

Dr Hon LO Wing-lok:

Yes, well, now one of the roles of the Central Committee for Infection Control is to coordinate infection control within the Hospital Authority.

Dr Donald James LYON:

Yes.

Dr Hon LO Wing-lok:

And, if necessary, to provide assistance to individual clusters or hospitals.

Dr Donald James LYON:

Yes.

Dr Hon LO Wing-lok:

So has that been available, in relation to the PWH? You told us just now that you are facing a rapidly expanding crisis, was there any assistance from the Central Committee?

Dr Donald James LYON:

No, I would say there wasn't. I mean, my impression at the time was that as we said that Dr SETO had expressed the views that he would like to see more data and I have said that we were trying to get the data but we were facing a very difficult situation and our investigations were perhaps slower than they would otherwise have been. My impression was that the other members were obviously keen to get the data in order to be able to put, or to be able to use the data for their own hospitals but we weren't offered any assistance.

Dr Hon LO Wing-lok:

So did you seek assistance from the Committee?

Dr Donald James LYON:

I did not specifically ask for assistance.

Dr Hon LO Wing-lok:

Do you think assistance is warranted when you are faced with such an expanding crisis?

Dr Donald James LYON:

I think in retrospect I wish that I had requested assistance. I think given the nature of the problem, it would have been helpful if we had some external assistance.

Dr Hon LO Wing-lok:

OK. So, tell us about the decision to close Ward 8A on the 10th of March.

Dr Donald James LYON:

OK. On the 10th of March, of course, as we are aware the problem was discovered in the morning. I was notified of the fact that there were a number of sick staff, around 10 or 11 staff who were sick. And I heard that both from my infection control nurses and from Dr Philip LI. And we visited the wards in the morning and discovered that a number of the staff……there seemed to be quite a considerable number of staff had reported sick over the weekend. So, I went to the Department of Medicine and I found Professor SUNG who was the Chief of Service of the Department of Medicine and we agreed that we would have an outbreak meeting at 12:00 noon of that day. So we had a meeting which included senior members of the Department of Medicine, Dr Philip LI, the Deputising Hospital Chief Executive, members of the Infection Control Team, and some initial decisions were made in terms of the management of the ward. That included the decision to close the ward to admission and also to visitors and discharges pending the assessment of the situation on the ward. So the decision, as I remember, was taken at that first outbreak meeting that we had.

Dr Hon LO Wing-lok:

OK. Now, it is very obvious that Ward 8A need to be closed. Now if we do not consider the situation, let's not consider the situation of Ward 8A for the time being. Take for instance, a hypothetical case. So if there is an outbreak in a hospital ward for infectious diseases, you decide to close the ward. So after closing the ward, what next would you do?

Dr Donald James LYON:

Well, normally, one would investigate the problem within the ward and assess the patients to see which patients were infected with the particular disease and to implement infection control precautions which are seen to be appropriate

for the particular problem which has been investigated. The other thing we would do of course is to arrange to collect appropriate laboratory specimens to try and make a diagnosis of the particular infection. And I think that was done on the afternoon of the 10th of March.

Dr Hon LO Wing-lok:

So how would you deal with the patients who are already in the ward?

Dr Donald James LYON:

Well, um, the patients are in the ward, obviously we would keep the patients in the ward in the meantime. They were informed that there was an investigation undergoing, and that would be the reason we were introducing new certain infection control measures.

Dr Hon LO Wing-lok:

OK. When will you be admitting patients to this particular ward closed because of an infection outbreak again?

Dr Donald James LYON:

I think it would depend on the initial assessment. Obviously, closing a ward, it can be for various different reasons, for different infectious diseases. In some case, if it were an outbreak of diarrhea, it may be that the ward would be able to be opened fairly quickly. For other infections, it may be a longer time. I think it would depend on the assessment of what the problem probably was and how the disease is likely to have spread and what would be the implications for patients and staff, etc.

Dr Hon LO Wing-lok:

But when you still have patients infected with an unknown infection inside the particular ward……

Dr Donald James LYON:

Yes.

Dr Hon LO Wing-lok:

Would you open it again for new admissions?

Dr Donald James LYON:

Well, generally, no. We wouldn't because those patients would be, effectively would be, isolated. So the patients would be cohorted together. In general terms, if there were a lot of patients, then the technique which may have to be used would be to cohort the patients together, separate them from patients who were unaffected to try and reduce the degree of mixing between the two groups.

Dr Hon LO Wing-lok:

Right. I agree with you. Why then on the 15th of March you admitted this particular index patient, now we regard this particular patient as the index patient of the Amoy Gardens, to 8A?

Dr Donald James LYON:

Well, the ward was converted to a cohort ward for the disease. So we had an outbreak of a disease and we had an area, an isolation area, effectively for the disease. And subsequently, we had many patients presenting with what appeared to be the same disease. So the basic principle is to try and avoid the mixing of the patients with the disease and other patients. So we cohorted these patients together. So a patient who was thought to have this new contagious respiratory illness would be cohorted with other patients who also had the similar illness.

Dr Hon LO Wing-lok:

Well, but the disease remained an unknown at that particular stage, and do you agree with me that you are talking about symptoms, you are talking about clinical presentations rather than talking about a disease?

Dr Donald James LYON:

Yes.

Dr Hon LO Wing-lok:

OK. Now, the particular clinical presentation we are talking about is atypical pneumonia, so can you tell us what are the common causes of atypical pneumonia?

Dr Donald James LYON:

Well, atypical pneumonia can be caused by a number of different agents. The classical causes would be……it can be bacterial causes such as

Legionnaire's Disease, or other bacterial causes such as microplasma, other causes such as acute fever or chlamydia pneumoniae. There are also some viral causes of atypical pneumonia, the influenza pneumonia.

Dr Hon LO Wing-lok:

But the cause of the atypical pneumonia arising from Ward 8A remained unknown at that particular stage?

Dr Donald James LYON:

That's correct, yes.

Dr Hon LO Wing-lok:

So if you are admitting patient with any atypical pneumonia to 8A, you will be subjecting them to the risk of this unknown atypical pneumonia of Ward 8A. Do you agree with me?

Dr Donald James LYON:

Well, I would say that in that situation, I mean we were faced with an epidemic situation. We all of a sudden were faced with an extremely high number of patients with what appeared to be a similar syndrome. Admittedly, as you say, we didn't know the cause. I would agree with you that under normal circumstances, it would not be desirable to mix these patients together. Under normal circumstances, we would wish to cohort by disease rather than by clinical syndrome. But I think in an epidemic situation, I think that it is accepted that you may have to cohort by syndrome. I don't know that, but certainly in terms of recommendations for bio-terrorism incidents, for example, for the CDC, the Center for Disease Control and Prevention in the United States, there is a recommendation that if you have a large incident you may need to cohort by syndrome because in a large-scale epidemic situation, it is really……it is difficult and probably impractical to be able to make fine distinctions between patients in terms of separate cohorts and to have multiple cohorts. It is of course desirable under the normal circumstances but in a significant outbreak epidemic situation, this is difficult to achieve and also the fact, I think, is that in the epidemic situation where all of a sudden, we are seeing a very large number of pneumonia patients with similar syndrome presenting, in that type of situation where we have evidence of an epidemic, then the likely……there is much higher likelihood that they will have the same disease than they would do at that time when disease patterns are normal.

Dr Hon LO Wing-lok:

But do you agree with me the situation you faced then at PWH was not yet a situation as, you know, serious, as extensive as that might be faced during a bio-terrorism attack where hundreds of thousands of patients came down with the infection at the same time. You are talking about, say, a hundred patients?

Dr Donald James LYON:

Well, in fact I don't agree because I think in a bio-terrorism incident, obviously it could be a larger number. But I mean I think what we saw in the Prince of Wales Hospital in the first couple of days of the outbreak, on the 10th and 11th of March, was probably very similar to what one would expect in a bio-terrorism incident. And in actual fact, there was some discussion in the first couple of days of the possibility. I don't think……we never really considered that, we never put it at the top of the list, but several members in the Prince of Wales had discussed the possibility that this incident we were seeing could be related to a deliberate release and we were aware at that time that in fact the outbreak at the Prince of Wales Hospital happened at a very sensitive time and in global, political terms. In so far as it was, it timed almost exactly with the start of the war in Iraq, so I would say that in a situation we saw, although we didn't think that's what it was, it was something we had considered and I don't think we could entirely discount the fact that something like that was a possibility.

Dr Hon LO Wing-lok:

OK. From the scale of the problem you were facing then, do you agree with me that you have other options like warding off this epicenter of the outbreak and admitting new patients to another ward. I'm sure that there is, there must be, at least one ward available for admitting this particular index case of Amoy Gardens. Do you agree with me in that?

Dr Donald James LYON:

Well, I think, at the time there was great pressure in terms of facilities, in terms of actually creating the areas to actually create new wards, at that time and particularly in the early stages before other specialties had been closed down. There was great shortage of both wards and staff. Many of the staff had been infected, so I think we had great difficulty at that particular time in being able to create multiple extra new wards. And also from the practicality point of view, I think we had difficulty, I think also, in terms of the disease. It seemed to us at the time that it was reasonable to group patients together who appeared to have the same disease.

Dr Hon LO Wing-lok:

From the practicality point of view, it is not entirely impracticable to ward off 8A, to not allow new admission until all the cases, all the infected persons within that particular ward were disposed of. Do you agree with me?

Chairman:

I think, Dr LYON, the question was could it be done?

Dr Donald James LYON:

Could it be done?

Chairman:

You mentioned that it was difficult but could it be done?

Dr Donald James LYON:

Yes. I mean, it is possible. I mean, it could be done, yes, in terms of creating another area. Yes, it could be done.

Dr Hon LO Wing-lok:

But it was not done?

Dr Donald James LYON:

It wasn't done.

Dr Hon LO Wing-lok:

So I have no other question, Mr Chairman.

Chairman:

Dr LYON, can I clarify a few more points? In an earlier submission, also hearing of Professor SUNG, he mentioned something about notifying the Department of Health about the conditions that the Prince of Wales was facing on the 10th of March. But then the ex-Director of Health, during her hearing, she said they didn't receive anything on the 10th. Can you tell me what happened?

Dr Donald James LYON:

Well, I had a number of discussions on the phone with staff from the DH Regional Office for the first couple of days of the outbreak. I made a lot of calls to a lot of people in the initial stages. I don't remember when was the first time I spoke to the Department of Health. I know I did speak to them on a number of occasions but when was the first contact between myself and the Department of Health, I don't remember.

Chairman:

So you do not remember whether on the 10th, you had provided the information to the Department of Health?

Dr Donald James LYON:

No, I don't remember. I provided the information to the Hospital Authority Head Office.

Chairman:

On the 10th?

Dr Donald James LYON:

On the 10th. Department of Health, no, I'm afraid I don't remember. I know that Dr AU was at that meeting of the 11th. I recall on the morning meeting and we obviously subsequently had a number of discussions, but the first contact, the timing of the first contact, I'm afraid I don't remember.

Chairman:

OK, thanks. Martin LEE.

Hon Martin LEE Chu-ming:

You believe that you played a very important role in your work there at the Prince of Wales Hospital at the time?

Dr Donald James LYON:

Yes, well, obviously I was the Infection Control Officer, I would be in an important position.

Hon Martin LEE Chu-ming:

And of course those senior to you would have to listen to your advice because they wouldn't know your expertise.

Dr Donald James LYON:

Yes, I think, to some extent I think that would be true.

Hon Martin LEE Chu-ming:

And so if you don't advise them as to what should be done or what should not be done on matters within your expertise, people wouldn't know because they just accept your silence or your suggestion, is that right?

Dr Donald James LYON:

Well, yes, yes.

Hon Martin LEE Chu-ming:

And now on the two emails, you said that the situation was developing rapidly and it became a crisis sort of situation. So obviously it was not exactly easy for you to work as if it was in normal circumstances. You wouldn't have the time that you would like to have, is that right?

Dr Donald James LYON:

Yes, that's correct.

Hon Martin LEE Chu-ming:

And the point however, is that you could have asked specifically for assistance and you should have done so, do you agree?

Dr Donald James LYON:

Well, um, obviously that's something I could have done. Essentially what we did was to seek assistance within the hospital and the cluster and to have help locally rather than from outside specifically.

Hon Martin LEE Chu-ming:

Oh yes, quite naturally, you start with what you have already in the hospital.

Dr Donald James LYON:

Yes, yes.

Hon Martin LEE Chu-ming:

But did you find that enough?

Dr Donald James LYON:

I think, um, well, I think we managed to. We did have a number of people who were coming in to help and I think perhaps things were a little bit slow in the beginning. But we did manage to get most of the things which I think we wanted to do done.

Hon Martin LEE Chu-ming:

Am I right that in fact you did not ask for outside assistance?

Dr Donald James LYON:

Yes, I think that's correct.

Hon Martin LEE Chu-ming:

In other words, you made a decision not to ask for outside assistance.

Dr Donald James LYON:

Well, I didn't ask for outside assistance.

Hon Martin LEE Chu-ming:

And you made that decision consciously, not asking, is that right?

Dr Donald James LYON:

Well, yes, yes.

Hon Martin LEE Chu-ming:

But does it mean you were satisfied with the assistance that you were able to get internally from the same hospital?

Dr Donald James LYON:

Well, I think at the time I felt that we were getting some help which was probably enough at that time to actually manage the challenges that we were facing.

Hon Martin LEE Chu-ming:

At that time, but did the situation worsen so that later on you were not satisfied with the sort of help that you got?

Dr Donald James LYON:

No, I mean, I think in general terms, as things progressed, the situation probably became a little bit less……a little easier.

Hon Martin LEE Chu-ming:

One answer you gave was that it was very difficult to get data together, you remember that?

Dr Donald James LYON:

Yes.

Hon Martin LEE Chu-ming:

Because you were being asked by Dr LO on the two emails, right?

Dr Donald James LYON:

Yes. Yes.

Hon Martin LEE Chu-ming:

So you agree that it was important to get whatever data, material data, you have together to present a picture which makes sense, is that right?

Dr Donald James LYON:

Yes, yes, that's, yes, yes.

Hon Martin LEE Chu-ming:

Otherwise everybody would be groping in the dark.

Dr Donald James LYON:

Yes, yes, that's a fair comment, yes.

Hon Martin LEE Chu-ming:

So the problem there was that somehow you were unable to put available data together quickly. That's the problem, isn't it?

Dr Donald James LYON:

Yes, well, I think at that time the information was being brought together but I think, as I said at that particular time, particularly those meetings at the Head Office, I didn't have all the strands of the evidence or all the data together myself to be able to present a full picture at that time.

Hon Martin LEE Chu-ming:

Now you were not able to do that, certainly it was not because of the lack of expertise on your part. I mean, we all accept your expertise.

Dr Donald James LYON:

Yes.

Hon Martin LEE Chu-ming:

So it must be something else. What was it that resulted in your not being able to get to the index patient? What was the problem then?

Dr Donald James LYON:

Well, I think, I mean the studies in terms of getting to the index case. And in fact in the second meeting of the 14th of March, the index patient was identified or was confirmed actually on that particular day. Although at the time, I was at the office, at the Head Office, I actually didn't have that information. I actually got the information just after I returned to the hospital.

Hon Martin LEE Chu-ming:

So how long would you say that you and your team took before you actually get to the index patient or the index case?

Dr Donald James LYON:

Well, the case was provisionally identified, I believe, on the 13th, suspected. Or the case I think had been isolated but was actually confirmed as the probable index case on the 14th.

Hon Martin LEE Chu-ming:

So how long?

Dr Donald James LYON:

So that's 10, four days.

Hon Martin LEE Chu-ming:

Four days. Now, but from your own evidence, it was very difficult for you to get the data together. Now, but you tell us what was that difficulty?

Dr Donald James LYON:

Well, I think that the nature of the difficulty was that we had a lot of data coming in from different sources. We had people from different parts of the hospital coming in and it wasn't quite clear how the situation fitted together. We, um, I think there were some difficulties in separating cases of the disease from those who may have fevers and flu-like illnesses. The relatively non-specific features of the early part of the disease made it difficult for us to distinguish early cases of the disease from persons who had other diseases, and the fact that there were a very large number of staff affected, in some cases, from different parts of the hospitals, contributed to making it difficult to pool a lot of the information together quickly.

Hon Martin LEE Chu-ming:

You mean it was in the nature of the data which made it difficult?

Dr Donald James LYON:

Um.

Hon Martin LEE Chu-ming:

Or the fact that it was widespread from different……

Dr Donald James LYON:

I think the fact that it was widespread and that it was relatively non-specific type of illness which was mild in the early stages made it difficult for us to define in the early stage who had the disease and who didn't.

Hon Martin LEE Chu-ming:

Now, but this is exactly the sort of thing that an experienced person like you was relied upon, isn't it? So it's not as if there were no data. The best detective can't work if there is no data but this is a case of too much data, is that right?

Dr Donald James LYON:

I think, to some extent that's true in the early stages, yes.

Hon Martin LEE Chu-ming:

But you were not handicapped by shortage of staff to help you, right? I think we already went through that.

Dr Donald James LYON:

Yes.

Hon Martin LEE Chu-ming:

But did you have a team working with you closely, like at least you have a "Dr Watson to Sherlock Holmes", that sort of thing, is that right?

Dr Donald James LYON:

We obviously had a team, yes.

Hon Martin LEE Chu-ming:

And the team consisted of experienced doctors and nurses?

Dr Donald James LYON:

Yes, that's right, yes.

Hon Martin LEE Chu-ming:

So do you say that, on looking back now, with hindsight, is it because it didn't click earlier or something else?

Dr Donald James LYON:

I'm sorry, could you repeat the question?

Hon Martin LEE Chu-ming:

Is it a situation where it did not click earlier, put two and two together or twenty and twenty together, whatever? I am looking back now.

Dr Donald James LYON:

Looking back, when you say it didn't click, you mean the……

Hon Martin LEE Chu-ming:

You have different sources of information.

Dr Donald James LYON:

Yes.

Hon Martin LEE Chu-ming:

So, ideally of course if they all point to one patient, then you immediately get it. But if it was spread so that there could be different directions which would have taken time.

Dr Donald James LYON:

Yes, I think that's probably a fair comment. I think at the time we had different……we had a lot of information which was necessarily pointing in different directions and I think perhaps it didn't initially take us in one particular direction.

Hon Martin LEE Chu-ming:

But how many directions were there? How many possible index cases did the information show at that time?

Dr Donald James LYON:

I say, I think after we reviewed the data, it came down to several possible cases and then eventually it was narrowed down to one.

Hon Martin LEE Chu-ming:

Yes, of course, it's like the police investigating who murdered somebody.

Dr Donald James LYON:

Yes.

Hon Martin LEE Chu-ming:

And there may be three suspects in the beginning, particularly if it happened within the house.

Dr Donald James LYON:

Yes.

Hon Martin LEE Chu-ming:

But then the questions is how soon can you eliminate the others and come to the real suspect, is that right?

Dr Donald James LYON:

Eh, yes, yes.

Hon Martin LEE Chu-ming:

So, in this case then, what went wrong, what deterred you or what stopped you from coming to the right decision earlier?

Dr Donald James LYON:

Well, I think perhaps in the early stages, we were not just focusing on identifying the source case. Obviously, that's one thing that we may do but I think also, we were concentrating on elements such as preventing the person to person spread. In infections of this type, in terms of droplet spread infection, there may be a source patient. Depending on the type of infection, the actual identification of the original source may or may not be important. So I think the result was an element to which how much of your resources do you put into actually trying to prevent the spread and how much of your resources you actually put on in trying to find out who was the original patient.

Hon Martin LEE Chu-ming:

But of course, it was also important to stop further spread, but until you find the index case, you can't really effectively stop the spread because it's happening all around you but if you get the index patient, it's much easier if you immediately get to the root of the bottom, this is what is suggested by Dr SETO, isn't it?

Dr Donald James LYON:

Yes, yes, he mentioned that, yes.

Hon Martin LEE Chu-ming:

Identify the index case, that's priority number one, right?

Dr Donald James LYON:

Yes, I mean obviously it would depend on the type of infection because with droplet-borne infections, the period of infectivity may vary. So in some infections, it may be for a longer period, in some infections, it may be for a shorter period. So, for infections such as influenza, for example, often the original case would no longer be infective by the time the original source or index case is identified, so that finding the person who was the first case would be of epidemiological interest in determining what had actually occurred but may not necessarily contribute to the control of the episode in a disease which is spreading from person to person.

Hon Martin LEE Chu-ming:

But surely, Doctor, if you cannot get the index patient, it is very difficult to tell why did this nurse get it, is there any connection there……Now then, you stop it very effectively. But if you don't know the index patient, you just don't know where it will go next. Surely, it's not of interest only, it's a matter of necessity to get the index case, isn't it?

Dr Donald James LYON:

Well, yes, obviously, in terms of building up the story of what actually happened in order to introduce control measures. One would need to find who was the first patient, the source case.

Hon Martin LEE Chu-ming:

In the meantime, of course, you want to stop further spread, particularly within the hospital and that's where protective gear comes in.

Dr Donald James LYON:

Yes.

Hon Martin LEE Chu-ming:

So your principal, your prime object, ought to be finding out the index patient first, right?

Dr Donald James LYON:

Yes.

Hon Martin LEE Chu-ming:

And you should put all the resources if necessary into that particular area, isn't it?

Dr Donald James LYON:

Well, I think obviously it's one of the areas we put in resources but we are also……in terms of trying to prevent ongoing transmission also.

Hon Martin LEE Chu-ming:

Oh yes, Doctor, but until and unless you get down to the index patient, how do you stop it from spreading, right? You can't, you agree?

Dr Donald James LYON:

What you have to do, you have to identify symptomatic cases and have them isolated.

Hon Martin LEE Chu-ming:

Now supposing you are unable to identify the index case in four days but it is seven days, then many, many more people would have been infected, right?

Dr Donald James LYON:

Yes.

Hon Martin LEE Chu-ming:

But do I now……do you agree with me that perhaps where you went wrong was you allowed your resources to be diverted to trying to stop the spread before you even found the index patient?

Dr Donald James LYON:

That may be true to some extent.

Hon Martin LEE Chu-ming:

Yes. Now, once you allow……once you cohort by syndrome instead of by disease, you say of course, that is caused by necessity.

Dr Donald James LYON:

Yes.

Hon Martin LEE Chu-ming:

But once you do it, you definitely increased the risk of a patient suffering from influenza from being infected with what we now know to be SARS, right?

Dr Donald James LYON:

Yes.

Hon Martin LEE Chu-ming:

So what additional measures did you propose to minimize that obvious risk?

Dr Donald James LYON:

The risk of cross-infection, well, in the isolation wards, we reinforced all of the infection control measures in terms of the washing of hands, in terms of the disinfection of the environment. We introduced schemes for personal protective equipment to prevent interim infection of disease with the wearing of gowns, wearing of gloves, the wearing of eye protection for staff.

Hon Martin LEE Chu-ming:

For staff? What about patients?

Dr Donald James LYON:

We also made masks available for patients which at later stage became universal.

Hon Martin LEE Chu-ming:

But Doctor you know that patients are not trained. Even if you give them all sort of protective gear.

Dr Donald James LYON:

Yes.

Hon Martin LEE Chu-ming:

Unlike doctors and nurse, they lapse very easily.

Dr Donald James LYON:

Yes.

Hon Martin LEE Chu-ming:

And even doctors and nurses lapsed into it, that's why so many of them caught it, right? So, what protection did you really give to those patients who were cohorting in a known dangerous ward, 8A?

Dr Donald James LYON:

Well, obviously, I mean, obviously there were going to be some risks in terms of the spread between patients but I think the best defence is to try and promote good infection control practice as best as we could. Of course, if we had had single rooms, for example, and we had to put these patients, we could have done that but in terms of our resources, it wasn't an option available to us. So we were very much in the position of putting the patients in an open ward setting so that we took the option of barrier nursing to try and prevent the contamination and spread.

Hon Martin LEE Chu-ming:

You know it's highly dangerous by cohorting of this kind in an open ward, particularly when the space between beds is not that great. Agree?

Dr Donald James LYON:

We also did take steps to try to increase the spacing between beds.

Hon Martin LEE Chu-ming:

Yes but it should not really be an open ward.

Dr Donald James LYON:

No, no.

Hon Martin LEE Chu-ming:

I know the financial constraints.

Dr Donald James LYON:

Yes, yes. No, no, an open ward was not the optimal setting in which to be doing it.

Hon Martin LEE Chu-ming:

Then what about……you said there was great pressure and great difficulty in creating new wards, right?

Dr Donald James LYON:

Yes.

Hon Martin LEE Chu-ming:

But did you press for such creation of at least a new ward? That's your duty, isn't it?

Dr Donald James LYON:

Yes. I mean we did create new wards, we had to create new wards because there were a lot of patients coming in.

Hon Martin LEE Chu-ming:

Yes, but only subsequently?

Dr Donald James LYON:

Yes.

Hon Martin LEE Chu-ming:

But at that time, what did you do to insist on the creation of at least one new ward?

Dr Donald James LYON:

You are talking about in the initial……?

Hon Martin LEE Chu-ming:

Yes, so that patients do not have to be cohorted by syndrome.

Dr Donald James LYON:

Well, at the time, I think the thinking was that we wanted to try and keep the patients with similar disease together, to try and separate those patients from other patients in the hospital.

Hon Martin LEE Chu-ming:

But you could not, at that time, cohort them by disease, I think you already agreed?

Dr Donald James LYON:

Yes, that's true.

Hon Martin LEE Chu-ming:

So you had to fall back on the second best which is cohorting by syndrome?

Dr Donald James LYON:

That's true, yes.

Hon Martin LEE Chu-ming:

But, why did you not press for the creation of at least one new ward so that you don't admit new patients into this known dangerous ward, that was the question from Dr LO, right?

Dr Donald James LYON:

Yes.

Hon Martin LEE Chu-ming:

Why didn't you do that?

Dr Donald James LYON:

I think at the time, we felt that there were practical constraints and also the fact that in terms of……since these group of patients appeared to have a similar disease syndrome, it would be appropriate to keep them together because what we were really trying to achieve was to separate the patients with the syndrome, to isolate the patients from other patients.

Hon Martin LEE Chu-ming:

From other patients who did not exhibit any such signs?

Dr Donald James LYON:

Yes, yes.

Hon Martin LEE Chu-ming:

But, I may be suffering from influenza only and you put me into 8A, you admit me into 8A. You are risking my life then, isn't it? So the question is why did you not at least press……do your best? Your duty is to get the best for the patients, isn't it?

Dr Donald James LYON:

Yes.

Hon Martin LEE Chu-ming:

And let other people worry about the constraints, isn't it?

Dr Donald James LYON:

Yes, I mean, at the time, we felt that it was……Since we already had a group of patients with the syndrome, I think it was felt that that would be a suitable cohort area for the disease.

Hon Martin LEE Chu-ming:

See, ultimately, new wards were created.

Dr Donald James LYON:

Yes, they were.

Hon Martin LEE Chu-ming:

Because more pressure was brought to bear on the management, no doubt.

Dr Donald James LYON:

Yes.

Hon Martin LEE Chu-ming:

So why didn't you start that process earlier? You might have got yourself a new ward, you know, if you had tried, right?

Dr Donald James LYON:

Yes, that's possible, yes.

Hon Martin LEE Chu-ming:

You said to Dr LO that the practice of cohorting by syndrome was actually found acceptable and you, in epidemic situations, talk about a US sort of experience, is that right?

Dr Donald James LYON:

Yes, yes.

Hon Martin LEE Chu-ming:

But is there any medical journal saying that it is an acceptable practice?

Dr Donald James LYON:

Well, it was a recommendation for a large scale bio-terrorism incident. It was an official publication for the Centers for Disease Control and Prevention in the USA, say, which essentially said that in episodes of bio-terrorism incidents, whilst in general, cohorting was preferable to be undertaken by disease basis, that in a large scale incident, it was likely that patients would have to be cohorted by clinical syndrome.

Hon Martin LEE Chu-ming:

Bio-terrorism, of course. I mean, if somebody were to use anthrax or whatever, and half the town gets it, then obviously you do not cohort by disease. But this is not like that situation at all, is it, Doctor? So that example really……that authority really doesn't help, right? Agree?

Dr Donald James LYON:

Well, I think, I think there are some similarities.

Hon Martin LEE Chu-ming:

Well, so little. I mean you are talking about how many at that time, the people exhibiting the same or similar syndrome at that time, how many to get in the hospital?

Dr Donald James LYON:

Well, perhaps, I think about a hundred patients.

Hon Martin LEE Chu-ming:

A hundred patients. Well, if it was bio-terrorism, do you expect only a hundred?

Dr Donald James LYON:

It could be or it could be more.

Hon Martin LEE Chu-ming:

Must have been more. And coming from the same part of town, right?

Dr Donald James LYON:

Yes.

Hon Martin LEE Chu-ming:

This is not the case, is it? I mean, it is an afterthought. Isn't it to try to excuse yourself? You never thought of a real bio-terrorist attack, did you? Did you yourself think of that?

Dr Donald James LYON:

Well, I considered the possibility but……

Hon Martin LEE Chu-ming:

Yes, but did you really see, think seriously that it was a likelihood?

Dr Donald James LYON:

No.

Hon Martin LEE Chu-ming:

Thank you. Well, I have no further questions, thank you.

Chairman:

MAK Kwok-fung.

Hon Michael MAK Kwok-fung:

Mr Chairman. Good morning, Dr LYON. Would you please refer to your statement, number……answer to question number 1? You talk about "additional to standard infection control practices"

Dr Donald James LYON:

Yes.

Hon Michael MAK Kwok-fung:

Tell me what are the standard infection control practices at that time, briefly.

Dr Donald James LYON:

Briefly, yes. Standard infection control practices would include measures such as hand hygiene, which is very important. So members of staff, after being in contact with a patient should wash their hands. Standard infection control practices would also include universal precautions which would include the wearing of gloves or gowns or eye protection in situation where contamination with blood or body fluids was expected. Standard infection control practices would also include things such as appropriate cleaning and disinfection of medical equipment.

主席：

麥國風議員，希望你可以直接些。

Hon Michael MAK Kwok-fung:

So, standard infection control practices equal to universal precautions? Are they the same or not the same?

Dr Donald James LYON:

No, it includes universal precautions but it would also include hand hygiene and a number of other, infection control practices which would be normal in the health care environment.

Hon Michael MAK Kwok-fung:

Chairman, why did I ask the question? Because in the statement given by Dr FUNG Hong, answer to number 5, he talks about universal precautions there but Dr LYON said standard infection control practices. So I wonder if there are differences. So anyway.

Dr Donald James LYON:

Well, no, I think Dr FUNG is talking about universal precautions. I just use the general term "standard infection control precautions" which would

include universal precautions. It would also include other things as well which perhaps Dr FUNG Hong did not mention.

Hon Michael MAK Kwok-fung:

OK. Very good. Referring to your statement, answer number 2, you talk about on 14th of February last year, you sent a memo to HCE of the three acute hospitals.

Dr Donald James LYON:

Yes.

Hon Michael MAK Kwok-fung:

And also to the COS and infection control nurses, etc. Tell us briefly the content of the memo especially on the aspect of infection control and your advice.

Dr Donald James LYON:

Yes. I sent a memo in which I referred to the outbreak of Severe Community Acquired Pneumonia in Guangdong province. I referred to the surveillance programme and requested notification, gave some information on where advice on laboratory investigation could be obtained. And also I recommended that Severe Community Acquired Pneumonias be nursed with infection control measures appropriate for influenza which is droplet precautions. And I enclosed the guideline Fact Sheet on Management of Severe Influenza Infections which included the droplet precautions protocol.

Hon Michael MAK Kwok-fung:

OK. You also mentioned that on 19th of February, you asked all the infection control nurses to ensure that all the severe CAP cases in their hospitals were nursed with droplet precautions.

Dr Donald James LYON:

Yes.

Hon Michael MAK Kwok-fung:

Tell us how you ensured it.

Dr Donald James LYON:

Well, I sent them a message by email because obviously our infection control nurses are distributed in different hospitals. So that was actually a message I sent out by email to all infection control nurses because at the time the infection control nurses were coordinating the surveillance form for these patients and will therefore be visiting the patients. So I asked them to ensure that the appropriate infection control precautions were being taken.

Hon Michael MAK Kwok-fung:

Well, Mr Chairman, he didn't tell us how he ensured it.

Chairman:

How would you assure that the practices that you recommend were actually being seriously taken?

Dr Donald James LYON:

Well, we, the infection control team, visited the patients. We were involved with the coordination of the surveillance programme so that when there were surveillance cases, infection control units would receive information and the officers had to liaise with staff on, particularly in the intensive care units, the individual cases. And at the same time, they would give advice in terms of the appropriate infection control measures to be taken for those cases, which at that time would be droplet precautions.

Chairman:

But could you tell us around that time which is February 22 or 23, are you aware of the extent of compliance to those recommended procedures?

Dr Donald James LYON:

Well, um, the information I had, as I say, our team members did visit and advise so on appropriateness. So my understanding was that they were being complied with because we did visit patients and gave the appropriate advice. The only patient, I think, formally being audited was the one patient from the Union Hospital which we were asked to conduct a survey and in that case, the appropriate infection control measures were being followed.

Chairman:

Are you telling us you would suppose when you advise people, the people, after hearing your advice, would comply immediately to those infection control

procedures? Let's take an example, washing hands. To what extent are you aware of that has been actually practiced or not?

Dr Donald James LYON:

Well, of course, we do know that the staff do not always wash their hands when they are supposed to, and that if one observes hand-washing practices, one may find that staff do not always wash their hands at times when they are supposed to.

Chairman:

So are you also telling us that at that time, around that time, in your mind that such non-compliance was just ordinary and usual? Are you telling us that at that time you think that, well, people are just not following it? That's alright, is that what you are thinking at that time?

Dr Donald James LYON:

No. I mean, obviously as I said, non-compliance is known to be a problem with some infection control measures such as hand hygiene but no, I wouldn't say that non-compliance was expected at that time because in this particular case, we are talking about a relatively small number of patients and a small number of incidents. So I think it was easier to make arrangements for appropriate infection control precautions to be taken. Perhaps, it is a different situation to hand washing, which is something which is right across the health care spectrum. In this particular case, we were talking about a relatively small number of cases where we were applying a specific set of infection control precautions.

Chairman:

OK. MAK Kwok-fung.

Hon Michael MAK Kwok-fung:

Thank you, Mr Chairman. From the infection control point of view, is 100% compliance necessary to prevent cross-infection or……

Dr Donald James LYON:

Well, a 100% compliance is very difficult to achieve so that in a situation where 100% compliance is required, I think it is likely that there are going to be problems. I think we know from infection control that total compliance may be difficult to achieve. There are always lapses one way or the other in various procedures. So usually with infection control procedures, we are working on trying to get compliance up to a level which is as good as we can manage, and up

to an optimal level. I mean I think that 100%, it depends, it really depends on, I suppose, a particular measure to be taken. We know, for example, hand-washing compliance worldwide tends to be around 40% or something. So we know that some measures are not well complied with and I think 100% compliance with hand-washing is unlikely to be achieved. But with some other measures, it may be something which is perceived as being more important, we may be able to get significantly higher levels of compliance if it is felt to be important.

Hon Michael MAK Kwok-fung:

As an Infection Control Officer of a regional hospital, especially under the situation that there is an unknown infectious disease at the time around February or March, what percentage of compliance did you expect at that time?

Dr Donald James LYON:

With the infection control?

Hon Michael MAK Kwok-fung:

Yes, compliance, you were telling us that you wouldn't expect 100% compliance but what percentage do you expect?

Chairman:

Or Dr LYON, did you at that time have any figures about compliance figures?

Dr Donald James LYON:

Um.

Chairman:

Did you conduct……

Dr Donald James LYON:

The only patient we actually have figures was as I say, the patient who was transferred from the Union Hospital, and we had some data for that particular patient. We don't have any specific figures for other patients.

Chairman:

But isn't it infection control measures are not just dealing with the Severe CAP thing? There are standard procedures required of……in terms of the

intensive care units, there are standard procedures when you are dealing with secretions from patients, etc. Isn't it that the standard measures? So did you at that time, no matter whether it is because of Severe CAP or not, have any idea of the extent of compliance in your cluster?

Dr Donald James LYON:

With the?

Chairman:

The standard procedures.

Dr Donald James LYON:

With the standard procedures. Well, I mean, in terms of that, we had feedback from our infection control nurses who were visiting the ward on a daily basis.

Chairman:

So you do not have figures, you only have some feedback, qualitative comments?

Dr Donald James LYON:

We did have feedback. We did not have specific figures.

Hon Michael MAK Kwok-fung:

Tell us whose the responsibility it was to ensure good compliance, you or the HCE or others?

Dr Donald James LYON:

Well, my responsibility would be in terms of running the infection control programme which would also involve……would be involved in giving advice on measures, and also in terms of undertaking auditing. In terms of this, I would report to the Infection Control Committee of the hospital. So, I think probably in general, the overall infection control programme would be under the realm of the Infection Control Committee for the cluster.

Hon Michael MAK Kwok-fung:

That means you attest that you are sharing mutual responsibility among others, say the HCE, the Infection Control Team. The Chairman is Doctor Augustine CHENG.

Dr Donald James LYON:

Yes, yes.

Hon Michael MAK Kwok-fung:

OK. So, concerning the cohorting of patients on 10th of March, please refer to your statement answer number 7.

Dr Donald James LYON:

Number 7.

Hon Michael MAK Kwok-fung:

Both Dr FUNG Hong and you told us that the two groups of patients were cohorted separately, in the front cubicles and the rear cubicles, where in the front cubicles are those patients without symptoms of pneumonia, etc., right?

Dr Donald James LYON:

Right, that's right.

Hon Michael MAK Kwok-fung:

So tell us from the infection control point of view, how could you ensure that the patients in the front cubicles were not given a chance of contracting the infection?

Dr Donald James LYON:

Well, the patients in the front cubicles were……they were first of all……they were separated into separate bays. At that time, we were working on the principle this was likely to be a droplet borne infection such that physical separation conferred some degree of protection from transmission of infection. But that was also the reason that these patients who were not fit for discharge were transferred to another ward because we realized that these patients should not be sharing a ward obviously with patients with the disease, which was why another cohort was created in another ward for these patients to be transferred.

Hon Michael MAK Kwok-fung:

Were those patients also using the same toilet with the patients in the rear cubicles where all those patients were most probably infected with the Severe CAP?

Dr Donald James LYON:

Yes, I believe they would be, yes.

Hon Michael MAK Kwok-fung:

That means they are mixing together?

Dr Donald James LYON:

That was a……

Hon Michael MAK Kwok-fung:

When they visited the toilet?

Dr Donald James LYON:

Yes, that was the reason that we moved these patients to another ward, we wanted to……

Hon Michael MAK Kwok-fung:

No, it was only on 14th.

Dr Donald James LYON:

Yes.

Hon Michael MAK Kwok-fung:

But how about before that?

Dr Donald James LYON:

Before that, they were separated in the ward but yes, they……

Hon Michael MAK Kwok-fung:

But there were chances of getting the infection?

Dr Donald James LYON:

There may have been chances, yes.

Hon Michael MAK Kwok-fung:

Yes. What were the probabilities of the chance for this?

Chairman:

I don't think that was a fair question. The probability is one out of seven, that was answered in the response. So one of the patients of the seven in this group contracted SARS. We will probably ask for your assistance to tell us later on the onset of the syndromes for this particular patient, when was that being observed, the probability that patient contracted the disease during the period between the 10th and the 14th. We will ask for that information later on. 其他問題？

Hon Michael MAK Kwok-fung:

Yes, some more. Yes, you also told us that in your probably self-appraisal or what……it's the Performance and Accountability of the Cluster Infection Control Committee. So in answer number 3, you told us your staff number of the ICN was well below that of HA as well as the international standards. Tell us what you have done to improve the standard, or were you aware of the ratio at that time when there was a massive infection?

Dr Donald James LYON:

Was I aware? Yes, I mean, I was, we were aware of the issue at the time of the problem. In terms of what we had done, I mean, I had discussed the issue with the Chairman of the Infection Control Committee on a number of occasions and I think he felt that whilst he agreed that we probably should have a greater number of staff, he felt, I think, that at that time that it was probably unlikely that we were going to get more staff given the competition for resources.

Hon Michael MAK Kwok-fung:

Do you know the standard now?

Dr Donald James LYON:

I'm sorry, the……?

Hon Michael MAK Kwok-fung:

Do you know the standard at this material time now?

Dr Donald James LYON:

The standard in terms of?

Hon Michael MAK Kwok-fung:

Now. The ratio.

Chairman:

What is the ratio, current ratio, do you know that?

Dr Donald James LYON:

Are we talking about now or……?

Hon Michael MAK Kwok-fung:

Yes, now.

Dr Donald James LYON:

Now. Well, I think that the HA is trying to move towards the ratio one nurse per 250 beds at the present time.

Chairman and Hon Michael MAK Kwok-fung:

Moving towards?

Dr Donald James LYON:

Yes.

Hon Michael MAK Kwok-fung:

Only towards, how far is towards?

Chairman:

I think that's not the occasion to ask this question. We will leave it to the Health Panel.

Hon Michael MAK Kwok-fung:

OK. Also on this same statement, the last paragraph, you mentioned about rapid control, tell us what is the meaning of the rapid control of SARS outbreak. How rapid is rapid?

Dr Donald James LYON:

I'm sorry I'm trying to find the rapid.

Chairman:

In your submission, the last sentence.

Hon Michael MAK Kwok-fung:

The last sentence.

Chairman:

"I believe these measures make a significant contribution to the rapid control". Are you saying that the control of the SARS outbreak at the Prince of Wales would be considered as rapid?

Dr Donald James LYON:

Well, I think the epidemic curve at the Prince of Wales Hospital showed that the outbreak did decline fairly rapidly. The peak of the epidemic curve was just before the infection control measures were undertaken and there was a significant decline in the number of cases thereafter. I think the situation had been modeled mathematically and the results suggest that the transmission rate dropped fairly rapidly through the month of March. So I would say that I think the Prince of Wales Hospital outbreak was controlled rapidly.

Hon Michael MAK Kwok-fung:

Thank you very much.

Chairman:

Kenneth TING?

Hon Kenneth TING Woo-shou:

Good morning, Dr LYON. I just want to know during the meetings you attended at the outbreak, what kind of language is being used? Is it English or Putonghua or Cantonese?

Dr Donald James LYON:

English.

Hon Kenneth TING Woo-shou:

English. So you really know what's going on, right?

Dr Donald James LYON:

Yes, yes.

Hon Kenneth TING Woo-shou:

So in your……I'm a little bit wondered, as you say you were in charge of the infection control measures and all these scopes, right?

Dr Donald James LYON:

Yes.

Hon Kenneth TING Woo-shou:

And then, in your answer……that I'm really puzzled in number 10, "Although I was present at the outbreak meeting where the diversion of emergency medical patients was discussed, I consider" myself "not consulted" and it was "outside my professional scope." What do you mean by that?

Dr Donald James LYON:

What I mean by that is that at the outbreak meetings, there were several strands of issues being discussed. Some of them were more operational in nature and some of them were more related to the infection control measures and that some of the issues related to operational issues were issues that I was perhaps less involved with, and there were some discussions about the transferal for patients but they were not generally discussed in terms of infection control issues. So I was there but I was not asked for an opinion nor……because essentially it was perceived that this was being discussed as an operational response to the outbreak issues. These were decisions being made by management about how to divert patients in response to the outbreak, rather than this being a core topic which was actually part of the outbreak management per se.

Hon Kenneth TING Woo-shou:

But I thought they were just the……as you see the paragraph before, we are talking about infection, infected patients, or recovering patients or discharging patients, aren't they related to infection control?

Dr Donald James LYON:

Well, obviously, I mean that would be related to infection control. But because those were patients who were potentially exposed to infected patients, so that of course would be related to infection control but……

Hon Kenneth TING Woo-shou:

But when you make a statement like that, it seems that you are just at the meeting and then have no contribution.

Dr Donald James LYON:

Well, in terms of the diversion of emergency patients, I would see that as more of an operational issue. It was a contingency measure taken by hospital management to ease the pressure on the hospital rather than being specifically part of the infection control response to the outbreak.

Hon Kenneth TING Woo-shou:

But I thought that all the meetings are related to the outbreak of the disease, isn't it, so it's all related?

Dr Donald James LYON:

It is in some ways related, but within that general grouping, there were some issues which were more of an operational nature, which were more to discuss how the hospital would actually manage other services at a time when the outbreak was ongoing as well as issues which were actually more related to the actual management of the outbreak and the associated patients.

Hon Kenneth TING Woo-shou:

OK. Alright. One thing is that who is responsible to tell the Hospital, the Department of Health about any infectious disease?

Dr Donald James LYON:

Um, well, there is a notifiable disease ordinance which……

Hon Kenneth TING Woo-shou:

No, I mean, at the Prince of Wales Hospital, who is the one that is supposed to contact the Department of Health if there is an outbreak of infectious disease?

Dr Donald James LYON:

Well, the……

Hon Kenneth TING Woo-shou:

Aren't you the one, you are the one?

Dr Donald James LYON:

I……certainly, one of the persons who would take that role would be myself, of course.

Hon Kenneth TING Woo-shou:

Exactly, that's why Dr SUNG was relying on you to contact them and then now……but I am surprised that you didn't put in writing, send an email, put on record that you have informed the Department of Health, I am really surprised, anyway. The reason for closing of ward 8A, everybody agreed, right?

Dr Donald James LYON:

Yes.

Hon Kenneth TING Woo-shou:

On March the 10th.

Dr Donald James LYON:

That's right.

Hon Kenneth TING Woo-shou:

However, on the 11th, March 11th, you had a meeting and you decided to reopen it again. What was the reason, can you tell us?

Dr Donald James LYON:

Well, I'm not sure, I would say that the ward was reopened.

Hon Kenneth TING Woo-shou:

Well, it was closed and it was reopened, isn't it?

Dr Donald James LYON:

Well, we were faced with a number of problems. One of the problems we were faced with was the issue of exclusion of visitors because on the initial day we had excluded all the visitors. But at the meeting of the 11th, we were faced with the situation that there were complaints from relatives that they were not able to see their relatives who were patients and we were concerned that some of the patients may wish to discharge themselves, which perhaps would not be helpful. We considered the issue of the visiting policy, whether in fact it was absolutely essential to continue complete exclusion of visitors. And I think we

felt at that time given that we thought that this was a droplet-borne infection, we felt that it would be acceptable to restrict visitors and to advise them not to enter. But if they felt that they must go in, we would provide them with appropriate personal protective equipment such as masks to confer them protection from any potential risks.

Hon Kenneth TING Woo-shou:

So you were afraid that if you……one of the reasons is that if you close the ward, patients may want to go out if the relatives are not allowed to come in?

Dr Donald James LYON:

Yes, that was one factor.

Hon Kenneth TING Woo-shou:

Right? Why don't you have the authority to do that?

Dr Donald James LYON:

Well, at that time we discussed whether or not we had the authority to do that.

Hon Kenneth TING Woo-shou:

OK. And so what was the result?

Dr Donald James LYON:

I think the view was that we did not have the authority to do that.

Hon Kenneth TING Woo-shou:

So who has the authority?

Dr Donald James LYON:

Well, I think the authority would lie with the Department of Health.

Hon Kenneth TING Woo-shou:

So did you ask for help?

Dr Donald James LYON:

I think, at that time, I don't think we specifically asked for help to quarantine the patients. But I think the issues were discussed with the

Department of Health. The Department of Health representative was actually joining the meeting at that time, so was involved with the discussions.

Hon Kenneth TING Woo-shou:

So, did you……that specific request……ask the representative, Dr AU?

Dr Donald James LYON:

Dr AU.

Hon Kenneth TING Woo-shou:

Right?

Dr Donald James LYON:

That's right.

Hon Kenneth TING Woo-shou:

Did you people ask him?

Dr Donald James LYON:

To be honest, I don't……I can't remember if he was specifically asked that question about quarantining of those patients.

Chairman:

OK?

Hon Kenneth TING Woo-shou:

OK. Thank you.

Chairman:

Um, Cyd HO?

Hon Cyd HO Sau-lan:

Yes, Mr Chairman. I just want to clarify on a certain point in the decision-making process.

Chairman:

But you got to be quick.

Hon Cyd HO Sau-lan:

Yes, I understand that cohort by syndrome must be a joint decision, but who initiated this idea in the Committee?

Chairman:

Dr LYON, who initiated the idea?

Dr Donald James LYON:

Well, um, we discussed the issues in terms of cohorting, I think my recollection was that when we discussed the issue we realized that we would have some difficulty in making distinctions between potentially different groups, in terms of trying to create separate cohorts. So, I can't specifically remember who, but certainly there was, there was a joint discussion on the issue and we decided to proceed on that basis in terms of cohorting.

Hon Cyd HO Sau-lan:

Well, if Doctor cannot remember who first mentioned cohort by syndrome, then between cohort by disease and cohort by syndrome, what were the discussions on making this choice, like, did Doctor, you yourself, mentioned the pros and cons to both options for the consideration of the Committee?

Chairman:

Yes. Was there a discussion about the two options?

Dr Donald James LYON:

Well, I think it would have been difficult. In so far as at the time, we were dealing with a new disease for which the cause was not known. There was no diagnostic test. We were faced essentially……these were the patients who had a similar type of illness, so……

Chairman:

So, are you saying that cohorting by disease is not an option?

Dr Donald James LYON:

So, what I am saying is at the time, we really had no means to know what the actual disease process in each patient was so that we would not have been in a position to cohort by disease, because we essentially had no means to do that at that time.

Hon Cyd HO Sau-lan:

Just now, Doctor, in his response to the Honourable Martin LEE, mentioned that there were not many options available. So are we saying that there were options that could be considered or there was only one option, that is cohort by syndrome, whereas all others would be readily dropped?

Chairman:

Dr LYON, can you catch the question?

Dr Donald James LYON:

As I said earlier, we had limited information on the disease so I think to specifically cohort by disease was not an option. I mean, some of the options that perhaps could have been available could have been to cohort by epidemiological group, in terms of cohorting one group of patients who had been in a certain place at a certain time separately from those……for example, to cohort those coming in, fresh patients coming in, separately from those who had been in the ward. That would be the type of option which would be available rather than actually being able to work out the specific disease process because I think we were not in a position to do that at the time.

Hon Cyd HO Sau-lan:

And Mr Chairman, at a later stage, in the Prince of Wales Hospital, the screening wards and the step-down wards were set up and what changed the mind of the Committee?

Dr Donald James LYON:

I'm sorry, could you repeat this?

Chairman:

At a later stage, the screening ward or the triage ward or the step-down wards were subsequently established. What had happened that made the hospital management decide to take those actions?

Dr Donald James LYON:

I think the reason the step-down wards were established was that there was concern, I think later on in March, in terms of the possibilities of cross-infection between patients. I think in the earlier stages, most of the patients who were being seen were medical staff. So in the earlier phase of the outbreak, the risks which were seen were perceived as being more the interaction of the healthcare

workers with the infected patients. So I think that would be one reason why in the earlier stages of the illness, the focus tended to be more on the PPE and worker protection. But as more information on the evolving outbreak became available, I think there were increasing concerns raised that the patients sharing wards would be at risk, and that there was some degree of cross-infection occurring. And I think that was the reason that the hospital evolved to introduce the step-down ward concept.

Hon Cyd HO Sau-lan:

But, Mr Chairman, was the possibility of cross-infection and risk of getting infected a factor of consideration for the Committee in the first week of the outbreak?

Chairman:

Within the first week you mean?

Hon Cyd HO Sau-lan:

Yes.

Chairman:

Was that consideration which later on you mentioned when you set up the step-down ward, etc., those considerations, had that been brought up during the discussion in the earlier stages, like the 10th, 11th, 12th? Had that been ever brought up?

Dr Donald James LYON:

In the earlier stages of the outbreak, I can't specifically recall. I think in the earlier stages of the outbreak, the focus was much more on the fact that what we were seeing was members of staff coming in and in the earlier stages, there were relatively fewer patients. Obviously, we were aware that there was a theoretical risk but I think at that time, it was not seen as being the predominant risk. At that time, the predominant risk was seen as, since we were seeing mainly healthcare workers being infected, the contact between the healthcare workers and the infected patient.

Chairman:

But with hindsight, would you consider that particular……those considerations of setting up a step-down ward, could have been brought up earlier and discussed?

Dr Donald James LYON:

I think that's possible, yes.

Hon Cyd HO Sau-lan:

Mr Chairman, the last question was, could Doctor tell us, specifically to the Committee, the pros and cons of cohort by syndrome?

Chairman:

That's like an examination question. Can you narrow it down a little bit?

Hon Cyd HO Sau-lan:

Well, we could have the best of both world, like we could have perfection and all the resources available to bring the perfection into reality, but of course we don't. So when the Committee made the choice on cohort by syndrome, there're some disadvantages and advantages, and did Dr LYON tell them to the Committee for their consideration, at least for some precautions to be taken even though that choice had to be made?

Chairman:

Or perhaps we can rephrase the question like: how would you weigh the pros and cons at that point in time while you made the decision to cohort by syndrome?

Dr Donald James LYON:

I think the pros and cons would be that……he advantages of that method……of that procedure would be relative simplicity. When we had the disease which had a clinical syndrome which we could use for diagnosis, we were able to give relatively straightforward instructions to frontline medical staff as to how to identify these patients and then put them into a group. And I think the advantages would also be that perhaps there would be less chance of patients with the disease being missed. So from that point of view, essentially, particularly at the time of difficulty, it will be a simple scheme which would be relatively easy to apply in a clinical setting and would minimize the chance of infected patients being left outside the group. The disadvantage of that procedure would be that there may be some patients who are within that general syndrome who have a different disease, who are therefore being admitted to the cohort area which you could potentially be exposed to the risk of infection in the area.

Chairman:

So are these pros and cons being considered at that time?

Dr Donald James LYON:

Yes, yes, I think they were. I mean, I think we considered some of the options. I mean, I think at that time, it was felt that given the situation the simple scheme was the most practical in our situation, to try and ensure that all of the patients coming in were actually included within the isolation cohort area.

Chairman:

Do you mean that those pros and cons are just happening in your mind or actually being discussed during the process of the decision?

Dr Donald James LYON:

We discussed some of them, if not all of them, at the time. I think we discussed some of them.

Chairman:

Including the cons, the disadvantages?

Dr Donald James LYON:

Well, the disadvantages, um, I think we were aware of the fact that there would be theoretical risks in the mixing. I mean I would have to say, I think, those concerns increased over time so we were probably less aware of the significant hazards of cross-infection. We were less so in the earlier stages because as I said, it seemed to us the initial epidemiology suggested that the main risk was with direct contact, with close contact, patient contact.

Chairman:

When you are answering the question, you do not seem to be quite sure whether that has been discussed. You are saying that that you would be increasingly aware of those factors. So the question is very simple: was that considered?

Dr Donald James LYON:

Yes, I believe it was considered.

Chairman:

OK.

Hon Cyd HO Sau-lan:

And Mr Chairman, if they were considered actually, could Doctor tell us specifically……like make a checklist of every possibility and present it to the Committee for their consideration? Would he consider that it is his responsibility and within his professional scope to do so?

Chairman:

Well, you are asking a very technical point, the way of presenting an argument, whether it would be presented in the form of a checklist.

Hon Cyd HO Sau-lan:

Well, of course, the checklist could be presented verbally.

Chairman:

So, Dr LYON, is there any way that you can answer that question?

Dr Donald James LYON:

Sorry, could you repeat the question?

Hon Cyd HO Sau-lan:

Did Doctor tell it specifically to the Committee for their consideration all the pros and cons of cohort by syndrome?

Chairman:

So are you the one who mentioned all those pros and cons? Were you at that time the person responsible for telling them this are the good things and bad things about doing that?

Dr Donald James LYON:

Yes, I would be, yes.

Chairman:

You were the one.

Hon Cyd HO Sau-lan:

Did he?

Chairman:

You were the one and you tried to tell them so.

Hon Cyd HO Sau-lan:

He did, right?

Chairman:

Yes, he did.

Hon Cyd HO Sau-lan:

So, thank you, Mr Chairman.

Chairman:

We got to be brief. LO Wing-lok?

Dr Hon LO Wing-lok:

(directed towards the Honourable Mrs Sophie LEUNG LAU Yau-fun)

Do you have a question? Do you want to ask first?

Hon Mrs Sophie LEUNG LAU Yau-fun:

Just a very short one. Just to follow up what the Honourable Ms Cyd HO said. Within today's discussion, we already discovered that the closing of 8A, the identification of the index patient which you said you didn't know about it until you got back to the hospital, and the treatment or the cohorting of the wards, the step-down wards, and all those, you know, good measures that were driven out of necessity. Could you possibly identify some of those that you insisted in having? Could you possibly tell us which particular measure that you……it is because of your insistence that we should have at PWH at that point in time……and therefore it was established?

Dr Donald James LYON:

Well, I think I was the one. The infection control measures at the beginning were introduced by me on the first day, so I think I was the one who

recommended the measures in terms of what the staff should be doing in terms of appropriate measures for preventing the spread of droplet infection.

Hon Mrs Sophie LEUNG LAU Yau-fun:

When was that?

Dr Donald James LYON:

That was on the 10th.

Hon Mrs Sophie LEUNG LAU Yau-fun:

OK, and then, that's it, anything else?

Dr Donald James LYON:

Obviously the other measures were things that we discussed in the outbreak.

Hon Mrs Sophie LEUNG LAU Yau-fun:

OK. I see. On the droplet measures, was it during discussion when you were specifically asked, you know, the prevention measures as far as the droplet is concerned, and then that is when you gave as an expert on this sort of thing?

Dr Donald James LYON:

Yes, I also upgraded the measures because I felt at the time that the measures which had been recommended by the Hospital Authority may not be fully adequate. Because I was concerned about the risks of contact spread in addition to droplet spread, which was why when I developed the infection control measures, I introduced what was called upgraded contact precautions, which was actually to add additional measures for the prevention of direct contact which I felt at the time was important. I was not being particularly emphasized by guidelines elsewhere.

Hon Mrs Sophie LEUNG LAU Yau-fun:

OK. Alright. Thank you. That's all.

Chairman:

LO Wing-lok.

Dr Hon LO Wing-lok:

Mr Chairman, we talk about options, we talk about making difficult decisions. Now one option that was clearly available at that particular time was not to admit any new patients to Ward 8A. Do you agree with me, Dr LYON?

Dr Donald James LYON:

Yes, that was an option.

Dr Hon LO Wing-lok:

And, Mr Chairman, in terms of simplicity, would it be more simple to tell the frontline staff not to admit any new patients to 8A? Do you agree with me?

Dr Donald James LYON:

Well, certainly, I mean, certainly something that could relatively easily be done, yes.

Dr Hon LO Wing-lok:

OK. OK. So I will move on to another issue and I can assure you that it will be very brief. Talking about diverting emergency medical patients to the Alice Ho Miu Ling Nethersole Hospital in Tai Po, and you answered in number 10, stated that you considered you were not consulted. But was the preparedness of the Nethersole Hospital ever in your mind in diverting such emergency patients to that particular hospital? Was the adequacy in infection control one of the considerations concerning the preparedness of the Nethersole Hospital?

Dr Donald James LYON:

Well, that would be an issue. We had previously enhanced the infection control measures in all hospitals in the cluster. But I think at the time when the issue was discussed, it was discussed more in the context of a contingency measure in terms of moving around patients because the original plan was to divert non-pneumonic patients. So I think the consideration was that the patients who were going to be moved were "clean patients", or that was the original concept. So I think at the time the consideration was that there will be increased workload, but because of the fact that they were not transferring pneumonia patients, they were minimizing the risks in terms of infection control to other hospitals. So I think it was perceived more as an operational issue rather than as an infection control issue.

Dr Hon LO Wing-lok:

Can you recall when do you first assess the infection control preparedness of the Nethersole Hospital during the outbreak?

Dr Donald James LYON:

Well, during the outbreak, we discussed the issue on the 14th of March in the Cluster Infection Control Committee and discussed the measures for upgrading the infection control measures for the cluster.

Dr Hon LO Wing-lok:

Do you consider at that stage that the Nethersole Hospital was well prepared for taking in the extra patients in terms of infection control?

Dr Donald James LYON:

I believe that they had upgraded their infection control precautions to a level which at that time, given the fact that they were not being transferred pneumonia patients from the diversion……I think at that time the assessment would be that they were adequately prepared.

Dr Hon LO Wing-lok:

We all know that shortly after the increased patient load was being transferred to the Nethersole Hospital, an outbreak occurred in that particular hospital. Looking back, do you think that you could have better prepared the hospital for taking in such extra patients and what could have been done?

Dr Donald James LYON:

I think that looking back, obviously that the significant increase in workload obviously did put pressure on their system. Perhaps more could be done in terms of identification of the high-risk patients because obviously in the Nethersole situation, there were a number of patients who were patients with pneumonia, who were thought to have other diseases but in actual fact, subsequently turned out to have SARS. I mean, at the time, the infection control precautions which were being taken were thought to be adequate even for cases which turned out to have the disease. Although I think subsequent analysis of the Nethersole Hospital case suggested that may not be entirely the case, but at the time, I think the infection control measures which were implemented were thought to be adequate.

Dr Hon LO Wing-lok:

But you didn't, or the NT East Cluster collectively, consider that you could have done more before the outbreak occurred at the Nethersole Hospital?

Dr Donald James LYON:

I think more could have been done but I think what was done at the time was thought to be appropriate considering what we knew and what was recommended in terms of the appropriate infection control management.

Dr Hon LO Wing-lok:

OK. I have no further questions.

Chairman:

I would like to clarify a few more minor things first.

Dr Donald James LYON:

Yes.

Chairman:

As related to your answer to number 5……

Dr Donald James LYON:

Yes.

Chairman:

The last sentence. When we ask you about your awareness of Professor LIU at Kwong Wah Hospital, your answer was that "I was not aware of the case of Professor LIU at that time,". Are you referring to late February or are you aware at all during those periods, or at any particular point of time, you are aware of that case?

Dr Donald James LYON:

Well, I don't remember being aware of that case at all as a significant problem actually until the beginning of the outbreak at the Prince of Wales Hospital. On checking the records, I think I did attend a meeting in which Professor LIU's name appeared on a list of forty cases but, um……

Chairman:

You are mentioning the presentation by Dominic TSANG.

Dr Donald James LYON:

Yes, but at the time, I was not aware that there was a particularly problematic case there which was thought of any particular significance and I think I was not aware of that until probably well into March at the time of the PWH outbreak.

Chairman:

OK, OK. Thanks, thanks. Can you tell the Committee also, we are talking about the index patient for Amoy Gardens, he was admitted to the hospital on the 15th and subsequently admitted into Ward 8A. Did you take part in that particular decision?

Dr Donald James LYON:

No.

Chairman:

No. You were not involved?

Dr Donald James LYON:

I was not involved with that patient.

Chairman:

To your knowledge, who made that decision?

Dr Donald James LYON:

I don't know, the patient was under the care of the renal team. He was a renal dialysis patient. Therefore I would think it was probably one of the doctors of the renal team who made that decision but I……

Chairman:

But at that time, the admission of patients into Ward 8A is definitely a cohorting decision. Who should have made that decision?

Dr Donald James LYON:

Well, I think if the patient was thought to fulfill the criteria for cohorting of the disease, obviously, the frontline doctors would make the decision that the patient was consistent with the outbreak disease and would……

Chairman:

Are you saying that anybody at that time within the Prince of Wales Hospital can make that decision?

Dr Donald James LYON:

No, I think within the Medical Department, there was an arrangement in place for patients to be assessed. And I think the senior members of the team would assess the patients whether or not they were appropriate.

Chairman:

You mean the Medicine Department?

Dr Donald James LYON:

Yes, yes, in terms of meeting the clinical criteria. It would be a clinical decision in terms of the patients' presentation.

Chairman:

So at least you do not know at that time. At least, you were not involved in the process?

Dr Donald James LYON:

Right. Correct.

Chairman:

Can you also tell me about the……the PWH outbreak index patient was identified on the 13th and confirmed on the 14th. As according to an earlier submission from Professor CHUNG, which was in fact also submitted to the HA Review Panel, he mentioned that on March 13th, during the evening ward round, one of the infected nurses told Dr FUNG Hong, Professor SUNG, Dr LI and Professor CHUNG that he suspected that one of the young male patients could be the source of the outbreak. An investigation by the Prince of Wales staff rapidly confirmed that he was indeed the source of the Prince of Wales Hospital outbreak. So, that description sounds as if the identification of that index patient

was initiated by an infected staff member instead of by the Infection Control Team. Is that correct?

Dr Donald James LYON:

I think there were multiple sources of data. At the time, I think there was……members of the Infection Control Team were involved with reviewing the cases and I was aware that someone had reported the suspicion as well. My comment would be I think we used, the hospital used multiple sources of data to try and assess who the ultimate source case was. I mean I think it is not possible, a clinical suspicion in itself cannot allow you to say this is the person. It really involves some form of epidemiological assessment. So this type of data, it can be helpful in terms of giving you a hypothesis for investigation. But it is……you really still have to go through a systematic process of working out……

Chairman:

Yes, I understand that because just on the passage that I just read out, it need the effort of the staff to confirm that the index patient was indeed the source. But it sounds as if the start off that lead, that is to say "hey, this is the one", started from a staff, a patient, in fact an infected staff member only on the evening of the 13th of March. Was that particular lead or the consideration that that person was the index patient identified earlier than the 13th of March evening? Was the suspicion ever been raised before the 13th of March evening?

Dr Donald James LYON:

Well, I think for that particular patient?

Chairman:

Yes, the index patient.

Dr Donald James LYON:

I think the patient was one of the group of patients whom it was being investigated. There were several different pieces of information. The other, of course, information that was relevant was the admission of the family of the particular index case, which was obviously another piece of information which fed into the jigsaw puzzle which made things more certain. So I think there were various different pieces of information which all came together at the end of the day.

Chairman:

Can you also tell us briefly on the 14th, Professor WONG Tze-wai of the Chinese University came in to help, to assist in the investigation. Can you tell me, tell us briefly what was his role and how you demarcate his role and your role?

Dr Donald James LYON:

Well, I think Dr WONG was, as an epidemiologist, involved with undertaking some studies in terms of I think in particular in relation to staff infection. So I think he was interested to undertake an epidemiological study. Our role and our involvement is……I think, we were involved in terms of helping him, in terms of designing the epidemiological study and also in administering the questionnaire.

Chairman:

So you mean you worked together?

Dr Donald James LYON:

So it was, yes, it was a cooperative……but, yes.

Chairman:

And yet you are still the one who is responsible for infection control, isn't it?

Dr Donald James LYON:

Well, his study was obviously something that would be helpful but……

Chairman:

OK. Thanks. We deal with the last question from MAK Kwok-fung.

Hon Michael MAK Kwok-fung:

Dr LYON.

Chairman:

Hold on. 鄭家富議員，你還需要問多久？

Hon Andrew CHENG Kar-foo:

Just a few questions about the step-down wards.

Chairman:

I have to call a stop here. We have been asking questions for two hours.

Hon Andrew CHENG Kar-foo:

I think it's just a few questions.

Chairman:

A few questions. How long it takes?

Hon Andrew CHENG Kar-foo:

Three or four.

Chairman:

Minutes?

Hon Andrew CHENG Kar-foo:

Minutes, about 10, less than 10 minutes.

Chairman:

Then I have that……really I think it's inhumane to ask Dr LYON to sit there for more than two hours already. I'm not aware that you had a question.

Hon Michael MAK Kwok-fung:

It's just five minutes.

Chairman:

Can we have……I think to be reasonable, I think it is quite stressful. Can we have 10 minutes' break? We are running over time. OK. Can we have 10 minutes' break and we will take another 15 to 10 minutes.

Hon Michael MAK Kwok-fung:

10 minutes.

Chairman:

OK, thanks. 休息10分鐘好嗎？

(研訊於上午11時11分暫停)

(研訊於上午11時21分恢復進行)

Chairman:

可以開始。有足夠的法定人數。We can resume our hearing now. MAK Kwok-fung, you are the first one.

Hon Michael MAK Kwok-fung:

There are some more questions to Dr LYON. Dr LYON, as Infection Control Officer, did you ever visit Alice Ho Miu Ling Nethersole Hospital during the outbreak there?

Dr Donald James LYON:

Yes. Yes.

Hon Michael MAK Kwok-fung:

How many times?

Chairman:

Approximately?

Dr Donald James LYON:

Approximately seven or eight.

Hon Michael MAK Kwok-fung:

You mean to the Alice Ho Miu Ling Nethersole Hospital, right?

Dr Donald James LYON:

Yes.

Hon Michael MAK Kwok-fung:

You yourself?

Dr Donald James LYON:

Yes.

Hon Michael MAK Kwok-fung:

On infection control measures?

Dr Donald James LYON:

Yes.

Hon Michael MAK Kwok-fung:

OK. Thank you very much. And then, at your appraisal there, you said that there was rapid control of SARS outbreak at PWH. How, from the overall performance point of view, how do you rate your performance, say as excellent, average or poor?

Dr Donald James LYON:

I think, um.

Chairman:

You can use some other adjectives.

Hon Michael MAK Kwok-fung:

Definitely.

Dr Donald James LYON:

I think, obviously I have difficulty in rating my own performance. I mean I think, there would be a number of areas in which perhaps I wished I may have been able to do better I think. We were working in very difficult circumstances at the time. I think, um, so from that point of view, I think it is difficult. I think, I feel that there were some things that were done right and some things……there were some things that in retrospect should have been done better. So perhaps I would say average.

主席：

麥國風議員，因為時間的關係，如你繼續這個問題，我就不容許你問下去，請問有沒有別的問題？鄭家富議員。

Hon Andrew CHENG Kar-foo:

Thank you, Mr Chairman. Dr LYON, can I ask you to refer to paragraph 9 of your statement?

Dr Donald James LYON:

Yes.

Hon Andrew CHENG Kar-foo:

The second last line you say and you state clearly that "Of 7 patients discharged from 8A during 12th-13th March, 3 were subsequently re-admitted to the hospital with SARS." Can you tell the Committee that……do you remember the date of these three patients re-admitted?

Dr Donald James LYON:

No, I'm afraid I don't recall.

Hon Andrew CHENG Kar-foo:

You can't recall. Can you provide us the record after this hearing?

Dr Donald James LYON:

Yes. Yes.

Hon Andrew CHENG Kar-foo:

Later on.

Chairman:

Please do so.

Dr Donald James LYON:

Yes. Yes.

Hon Andrew CHENG Kar-foo:

Thank you, Dr LYON. The reason I ask, Mr Chairman, because I can tell Dr LYON to refresh your memory that *JJ*, the index patient, that he was discharged from Ward 8A on 19th of March.

Chairman:

We use *YY* to describe that index patient, whatever.

Hon Andrew CHENG Kar-foo:

Is it *YY* or *JJ*?

Chairman:

Amoy Gardens index patient.

Hon Andrew CHENG Kar-foo:

YY. Sorry, so *YY*. And then on 23rd of March, *YY* was re-admitted again, but the set-up of the step-down ward is on 29th of March. Can I ask between 23rd and 29th, as an Infection Control Officer, have you thought of setting up a step-down ward a bit earlier, I mean earlier than 29th?

Dr Donald James LYON:

I……obviously it is something which we discussed closer to the time. I think there were some discussions, perhaps not in the earlier period. I think towards that last week in the month of March, I mean I think there were some discussions and I think we discussed considering to set up on the 29th. But I think in terms of whether or not we had actually considered setting up the ward earlier, I think……

Chairman:

Perhaps can I rephrase the question this way: in the answers about question number 9, the three patients discharged from 8A during the 12th and 13th were subsequently re-admitted.

Dr Donald James LYON:

Yes, yes.

Chairman:

And also *YY* as the index patient of Amoy Gardens was also discharged on the 19th and re-admitted on the 23rd. So did all these cases trigger off a thought that the step-down ward should be set up as soon as possible to avoid this incident to occur again, that is, discharging patients and re-admitting them back and having the risk of transmitting the disease into the community?

Dr Donald James LYON:

Well, yes I think it was the result of cases such as these that made us consider that we should set up the step-down ward.

Chairman:

But you cannot recall when that particular idea was first brought up?

Dr Donald James LYON:

I cannot recall the time when it was first brought up, no.

Chairman:

And yet you said that it was because of these cases.

Dr Donald James LYON:

Well, I mean, I think it was because of cases such as these. I think there was an increasing problem with cross-infection. And I think, because of the accumulating data, that there was a problem of cross-infection. I think that's why we made the decision to establish a step-down ward. I cannot pinpoint the exact moment in which the process actually started.

Hon Andrew CHENG Kar-foo:

But, Mr Chairman, can I ask Dr LYON what was your role by that time as an Infection Control Officer to bring up the discussion of whether a step-down ward should be set up or not? What was your role? Because I really can't get a clear answer from you. Referring to Mr Chairman's question as well as my question, as an Infection Control Officer, have you thought……or if you have……if you did……what was your role? Did you, you know, bring this to the management level, say, this is a good point to start and have a step-down ward a bit earlier to avoid the cross-infection again and again. Can you tell us in a clear and simple answer?

Dr Donald James LYON:

Well, I think obviously my role would be to give advice in terms of the data which was available, what would be the appropriate means in terms of ward arrangement from the data that we had at that time.

Hon Andrew CHENG Kar-foo:

And can you remember who had you discussed with about this because you did answer my first question that the discussion did happen.

Dr Donald James LYON:

Yes, yes.

Hon Andrew CHENG Kar-foo:

Who did you discuss with in this matter?

Dr Donald James LYON:

Well, the issue was raised and discussed in the Outbreak Committee twice.

Hon Andrew CHENG Kar-foo:

In the Committee?

Dr Donald James LYON:

In the Committee, the issues were discussed.

Hon Andrew CHENG Kar-foo:

And you brought all the data to the Committee and you just……what was your role?

Chairman:

Can I ask it this way, Andrew, were you the one who brought up that idea?

Dr Donald James LYON:

I don't think I was the one who originally raised the idea.

Chairman:

OK. I think……

Hon Andrew CHENG Kar-foo:

And did you think that you have a very major role to play or to bring up this discussion and set up a step-down ward very……was that an important part for you to bring this into the discussions? Do you agree?

Dr Donald James LYON:

I think, um.

Hon Andrew CHENG Kar-foo:

Yes or no, just a simple answer.

Dr Donald James LYON:

Yes, yes.

Hon Andrew CHENG Kar-foo:

Yes. OK. Thank you, Mr Chairman.

Chairman:

Dr LYON, thank you very much. I think the proceedings of taking evidence from you have now concluded. In future, the Committee may call upon you to attend further hearings if necessary. I hope not. Now, you may retreat now and thank you very much for your attendance.

Dr Donald James LYON:

Yes, thank you. In relation to your last comment, could I just make the point that I am leaving the service of the Hospital Authority.

Chairman:

Oh, yes.

Dr Donald James LYON:

On the 20th of February, so I was advised to let you have that information.

Chairman:

OK. Thanks very much. Thanks for that information. Thank you.

主席：

各位委員，我們會繼續下去，我們會邀請下一位證人。下一位證人是威爾斯親王醫院內科及藥物治療學系部門運作經理伍漢銳先生。

(伍漢銳先生進入會議廳)

伍漢銳先生，多謝你出席今天的研訊。專責委員會傳召你今天到本委員會席前作證及提交證人陳述書。首先，本委員會決定證人須宣誓作供。我現以專責委員會主席的身份負責為你監誓。

你可選擇以手按聖經以宗教式宣誓，或以非宗教式宣誓。請你站立及依照你面前的誓詞宣誓。

威爾斯親王醫院內科及藥物治療學系部門運作經理伍漢銳先生：

本人伍漢銳，謹以至誠、據實聲明及確認本人所作之證供均屬真實及為事實之全部，並無虛言。

主席：

多謝你，請坐下。伍先生，你曾向專責委員會秘書提供證人陳述書。你現在可否正式向專責委員會出示有關證人陳述書作為證據？

伍漢銳先生：

是，可以。

主席：

謝謝你。伍先生，為了方便列席人士瞭解研訊過程中證人的證供，我們會派發閣下的陳述書給今天在場的公眾人士和記者。你現在對陳述書有沒有想即時補充的地方呢？

伍漢銳先生：

沒有。

主席：

謝謝你。應專責委員會的要求，你亦向專責委員會提供閣下專業資格及經驗的資料，你現在可否確認這些資料是正確的？

伍漢銳先生：

可以。

主席：

好。謝謝你。我想問伍先生，你是部門的運作經理，請你回想在3月10日當8A病房關閉的時候，當時到來探訪的人士或病人本身有甚麼反應呢？可否告知委員會呢？

伍漢銳先生：

其實在當天早上，在我向我們部門主管匯報前，其實病房經理已經覺得事態有點不尋常。在當時，在當天早上，已經臨時貼出通告在門口，便是不希望病人家屬進去探病。但是，接着我們便告訴我們的主管，在發生這件事後，主管亦鄭重吩咐我要通知病房的經理，不要讓家屬或其他人進入8A病房。但是，因為時間長，我們一早已經在截住病人的家屬 —— 但是，因為其實在下午那段時間，原是探病的時間 —— 在當時來說 —— 但是，因為時間太長，病人家屬又不知道究竟裏面發生了甚麼事，於是便一直追問病房的同事，究竟他們何時可以進去探病。在一直追問之下，其實我們也有難處，就是怎樣去制止病人的家屬，不讓他們進去。但是，結果在我們中午的會議後，在稍後的時間，其實有些病人的家屬，因為堅持進去探訪病人，所以也有進入病房裏面。

主席：

伍先生，你剛才的意思是否說，當時沒有辦法可以告訴那些探訪的家人、親人或親友他們要等候多久，是否這個意思呢？所以令到他們要等待進去，但卻不知道要等候多久。當時的決定，有沒有說要關閉到何時 —— 這樣的決定 —— 抑或只是說現在關閉或暫時關閉，大概的描述是怎樣呢？

伍漢銳先生：

有說過關閉，暫時關閉。但是，我們都說不出確實需關閉多久，以當時來說。

主席：

所以那些親友便在等待。

伍漢銳先生：

是，是的。

主席：

在這個過程中，伍先生，你有沒有到8A病房裏面呢？

伍漢銳先生：

有。

主席：

有……

伍漢銳先生：

……其實，在事發當天，我大約9時半左右，已經到了8A病房。當時病房經理告知我發生了一些病……同事感染了病，不能上班，在那刻已經知道。

主席：

嗯。我想請問伍先生，你是否知悉有些病人因為在10日，即所謂不准人探訪的情況下，向你的同僚或向你表達過："你再不讓人來探我，我便要離開。"是否聽過有病人向你的同僚或你表達過這些呢？

伍漢銳先生：

有，有。我的同事曾這樣對我說，但是，我當時不在場。

主席：

你的是意思是，你的同事告訴你有些病人曾向他這樣表達？

伍漢銳先生：

是的，是的。

主席：

他還告訴了你？

伍漢銳先生：

是。

主席：

在很多接着的會議中，你是否有份參與討論有關是否開放或重開8A病房呢？

伍漢銳先生：

其實那星期有很多會議，第一天的會議，我可以肯定我是有出席的，是中午的時間；第二天的會議，我也可以肯定我有出席。

主席：

嗯。

伍漢銳先生：

但是，有時有些會議，據我所知是在下午或晚上召開的，那些我便不是每次都有出席，後來我們的會議便改為早上的forum，即COS提供了一些forum，每天都對同事說的，有些決定是在forum的時候發放出來的。

主席：

嗯，嗯。我想請問伍先生，在這些會議中考慮到8A的病房管理，包括限制別人進出或探訪，就着剛才我問關於有否病人要求，說道："如果你不准別人來探訪，我便要走了。"這事有否在這些會議中提出呢？

伍漢銳先生：

有，有談論過。

主席：

是哪一位提出？由你提出，抑或其他同僚提出呢？

伍漢銳先生：

我忘記了，但當時的會議有些8A病房的醫生也有出席。

主席：

嗯。

伍漢銳先生：

有些醫生有提出過這些問題。

主席：

你的意思是說，有些醫生也知悉有些病人有這樣的表達？

伍漢銳先生：

是的，是的。

主席：

這是清楚的表達，抑或是一種可能性或懷疑的表達呢？

伍漢銳先生：

是很清楚的。

主席：

是很清楚，即是有些病人會這樣表達？

伍漢銳先生：

是的。

主席：

嗯。在這些討論中，在你的印象中，你們是否想有這個權利限制病人離開病房，即如果他想走，也不准他走，有沒有這樣的討論呢？

伍漢銳先生：

有，但是我們知道，如果純粹是我們自己單方面去做，其實難處是很大的，因為如果是沒有通告或是一些正式的指引，又或是一些很高層的指示，對我們前線來說，是很難去執行這行動的。

主席：

嗯。但是，伍先生，你的意思是否指，前線的同事覺得很想有這個權利 —— 當然這個權利未必來自你，是想可以執行這行動，是否很想有呢？

伍漢銳先生：

是。

主席：

那麼，在那些會議中，你們有否提出過是否可以要求衞生署行使這些權利呢？

伍漢銳先生：

我不知道那權力應該由哪處授予。

主席：

嗯。

伍漢銳先生：

但是，我們知道很渴望有這個權。

主席：

嗯。

伍漢銳先生：

會否是醫管局高層呢，還是衞生署？這點我們不是很清晰的 —— 當時。

主席：

即當時不知道究竟是衞生署，抑或是種種……

伍漢銳先生：

……我自己本人不清晰。

主席：

不清晰？

伍漢銳先生：

是。

主席：

但是，這些討論，即關於有這個權力去限制病人離院這方面，是有討論過的？

伍漢銳先生：

有討論過。

主席：

這部分我差不多問夠了。此外，我還想問的便是，作為一個部門的運作經理，你可否告知委員會，在這段 —— 即在SARS爆發這段期間，在你的部門的防護裝備的情況是怎樣呢？是否足夠呢？

伍漢銳先生：

其實在病發前，病房內已經有一些保護衣物，例如一些紫色的布袍，通常如果有病人有感染 —— 在病房內，我們可能會將那病人放在病房的獨立房間內。如果這些病人需要特別護理，或按醫生指示，要有穿保護衣，才可以護理，在病房內是隨時可以拿得到的，以及有一些外科口罩 —— 外科口罩，以及病房內也有N95 —— N95。原因為何呢？其實在病發.....事發前，當有些病人如果是TB，醫生指示這病人要用N95，其實同事都會用N95。此外，還有一些goggle —— goggle，我所指的是那些好像潛水鏡的眼罩。這些就是在病房內，在事發前已有的。到了事發後，如果我沒有記錯，應該是在12日，醫院已經送來了一些可以棄置的保護衣物到病房，包括那些我們所謂的gown和帽，這些應該在12日已經送到病房了。

主席：

嗯。

伍漢銳先生：

量方面，其實是可以很足夠的，因為當時整間醫院的倉是有存貨，只不過8A病房事發，所以病房取這些物料是完全沒有問題的。

主席：

嗯。

伍漢銳先生：

直到第二個星期，如果我沒有記錯，應該大約是在17日，醫院便開始提供一些眼罩.....眼罩給病房，數量方面亦是沒有問題的。

主席：

伍先生，你覺得當時一直以來，特別是在你們的部門來說，這些防護的裝備都是足夠的？

伍漢銳先生：

是。

主席：

有沒有收到一些同事的投訴呢？

伍漢銳先生：

其實最緊張的時候，應該是指N95缺貨的時候，據我所知，當時是整個香港，所有醫院都是供應N95的細碼有問題，在那段日子，其實供應量是減少了。但是，我知道其實每個病房都分發到一些數量，如果是高危病房，因為到了後期事發，說N95短缺的時候，其實可能應該是接近4、5月的時候。當時，其實每個病房都有供應，高危病房便供應多一點。另一方面，除了這些保護衣物分發給每個病房外，其實，我很多時候都會告訴同事："如果你有任何一個地方是缺貨或是不夠用的，可以隨時call我本人，或是透過病房經理要求物料供應處增加供應量。"其實，早期的時候，如果我們取這些保護衣物，通常是那病房有需要，便通知醫院的物

料供應處，它便會送到病房。到了4月開始的時候，物料供應處便自動每星期送兩次這些保護衣物到每一個病房。

主席：

伍先生，你回答得很仔細，不過，我想問的是，有沒有收到投訴？

伍漢銳先生：

我是收到一些投訴，就是有一天早上 —— 我忘記了，可能應該是4、5月的時候 —— 有一天，我到某個病房巡房，那病房告訴我他們沒有足夠的N95，當時他們找不到N95，當時應該 —— 我想大約是早上8、9時的時候，我知道後，我便馬上到其他病房去拿。因為，其實存貨是在其部門裏面，每一個病房都有，但是，我知道可能某些病房可能會有多一點的，譬如高危病房，我便到這些高危病房去拿一些N95給那病房，是有做過這些事的。

主席：

即是即時已經解決了。

伍漢銳先生：

是，是的。另外，有些日子，譬如說我們有一些病房是臨時要加開的時候，若我們覺得存貨不是很足夠，亦會即時要求物料供應處送給我們。我記得有一天，應該是星期天，當天早上，有位病房經理告訴我存貨好像不太足夠，當天早上，我便立刻call物料供應處負責人，他在當天早上便立刻回來醫院，開倉送給我們。

主席：

OK，即是大部分這些 —— 當你知悉的時候 —— 都即時可以解決得到缺乏的問題……

伍漢銳先生：

……是……

主席：

……是嗎？換言之，即使是N95緊張的時候，如果他們有需要，都是會有的。

伍漢銳先生：

都是有的。

主席：

對吧。好的，麥國風議員。

麥國風議員：

謝謝，主席。我想……伍先生，我想瞭解一下，10日當天應該是不准探病的，對嗎？但是，你剛才回覆主席說，有些病人家屬也成功進入了病房？

伍漢銳先生：

因為我們有些……有一部分的家屬是很難制止的。

麥國風議員：

嗯。

伍漢銳先生：

我想這是很容易理解的，便是那些病人家屬覺得他自己的親人在病房內，亦不知道那病房當時發生甚麼事，我想那家屬是會很擔心的，究竟他自己的病人……他自己的親屬在裏面是否安全，還是不安全呢？所以，他們便很強調表示，即是有些家屬是可以很強調說："我不理會有多大風險也好，我還是要進去看看我的家屬，進去病房裏面。"故此，這類的探訪者，對我們來說，其實是很難去完全制止他，不准許他進去的。

麥國風議員：

是否知道數目，以及是否知道是哪些家屬呢？

伍漢銳先生：

我……

麥國風議員：

.....即成功進入病房探訪病人的。

伍漢銳先生：

我不可以肯定是哪個病者的家屬，但是，我想當天應該有6、7個能夠進入病房。

麥國風議員：

即這6、7個，你是否知道之後有否跟衞生署，或是跟你們的DCC做所謂的個案跟蹤呢？

伍漢銳先生：

這方面我不清楚。

麥國風議員：

你不清楚。你也不清楚這6、7個之後有否感染SARS，對嗎？

伍漢銳先生：

我不清楚。

麥國風議員：

又不清楚。

伍漢銳先生：

不過，如果據馮康醫生的作供，他說應該沒有。

麥國風議員：

嗯。那麼，11日呢？11日是否.....如果根據馮康醫生所說，其實，11日便完全沒有探病者可以進入病房，對嗎？

伍漢銳先生：

其實，我們在11日做的這個防止家屬探病的政策，跟10日的是很相近的，只不過可能在11日因為已經有些消息報告出來，於是在當天來說，據我的病房同事告知我，他所知道的，以當天來

說，剛巧沒有病人家屬進去。這可能是傳媒的報道，知道8A病房出事了，所以，家屬都盡量不來。

麥國風議員：

但12日好像又有一個成功闖進去，對嗎？

伍漢銳先生：

12日有。

麥國風議員：

有多少個呢？

伍漢銳先生：

我不可以肯定。

麥國風議員：

嗯。

伍漢銳先生：

我不可以肯定，但數目是很少的。

麥國風議員：

很少？

伍漢銳先生：

但是，當天我們已經要吩咐這些病者的家屬，如果要進去，便要穿着保護衣物，才可以進去。

麥國風議員：

即10日也有做足所謂的感染控制措施？

伍漢銳先生：

10日當天，應該是叫他戴口罩。

麥國風議員：

只是戴口罩？

伍漢銳先生：

以及提示他，即是叫他離開病房後要洗手。

麥國風議員：

嗯。

伍漢銳先生：

接觸過病人要洗手，或是盡量與病人保持距離，為甚麼呢？因為我們很強調該droplet precaution，是要保持3呎的距離，會比較安全一點，所以我們很強調這一點。

麥國風議員：

哦，即當時其實已經相當清楚要保持3呎的距離，對嗎？

伍漢銳先生：

是的，是的。

麥國風議員：

OK，另外，我想瞭解關於.....其實是在8A病房當天將病人分開的措施。馮康醫生用"前街"和"後街"，這個你是明白的吧？

伍漢銳先生：

嗯。

麥國風議員：

"前街"就是代表那些病人應該沒有肺炎的徵狀或發燒等，"後街"便是有這樣的情況。你覺得"前街"、"後街"的安排.....你覺得在感染控制措施上可否做到真正的，令到交叉感染做到.....即應該說是沒有交叉感染？

伍漢銳先生：

其實，在當時環境的因素限制之下，這個可以說是沒有選擇的方法，因為其實當天在病房內的病人，其實大部分都是一些老年人，而且老年人很多時候都是長時間逗留在病床上，不是太多病人可以自己行動，方便上廁所的。另外，我們亦將照顧這些病人的護士分開"前街"和"後街"，所以，那同事如果是接觸這些病人，希望這已經可以減少交叉感染的機會。

麥國風議員：

你這樣說，其實，我想接着問你，護士方面，馮康醫生也好像你剛才這樣說，即護士其實是會分開兩批，一批負責"前街"，另一批負責"後街"，對嗎？是否肯定，你有沒有印象或紀錄是肯定這些護士可以真的不會交叉工作呢？

伍漢銳先生：

其實，我想如果實際執行起來，在某個程度是有困難的。我想大家都知道的就是，病房內每一更有5個護士，有5個護士，那其實有一個可能是協調"前、後街"的工作也說不定。但如果是貼身處理病人的工作，便可能盡量交回"前街"的，我們所說的"街主"，即"前街街主"的護士處理，即是貼身的工作就是這樣做。但我想當吃飯的時間有一部分同事要去吃飯的時候，餘下的同事，如果那個病房當時是很平靜的，沒有急切性的事情要處理的話，都可以盡量……就是說"前街"同事做回"前街"，"後街"做回"後街"。但如果真的有急切性要做，或者譬如說有病人要救急的時候，我不排除"前、後街"的同事會一起去做一些緊急的事情。

主席：

麥議員……

麥國風議員：

……即是這樣說……那個……

主席：

……你還沒有問問題之前，我提醒現在有3位議員舉了手，我希望大家……

麥國風議員：

行，我問完這條就可以了，主席。即是你這樣說，吳先生.....伍先生，你這樣說，其實100%預防交叉感染是做不到的 —— 當時，是不是？

伍漢銳先生：

可以這樣說。

麥國風議員：

謝謝主席。

主席：

鄭家富議員。

鄭家富議員：

我問一兩條簡單的.....跟進你剛才問的防護工具，即前線的醫護人員那些問題。剛才伍醫生你說到.....

伍漢銳先生：

對不起，我不是醫生。

鄭家富議員：

甚麼.....

伍漢銳先生：

對不起，我不是醫生。

鄭家富議員：

不好意思，伍先生。你提到.....伍先生，你說有一些病房是不知有沒有存貨，於是便找你，即不知道存貨在哪裏，或者大概你的說法是這樣。你覺不覺得當時前線的醫護人員 —— 伍先生 —— 因為有一些行政上.....前線醫護人員正在打仗，他又有些病房他覺得他不知道在哪裏找貨，即是只聽到高醫生向傳媒或你們管理人員說："有了，有了，你放心吧。"但有時到需要用的時候，

便竟然可能不知道在哪裏找，於是形成了一個心態，就是前線醫護人員戰戰兢兢，每個……

主席：

……鄭議員，你要……

鄭家富議員：

……省一點用，於是有些便用3天都不敢換，這種情況，當時你覺得是不是……你作為前線的運作經理，你覺得那時候的情況是有這種心態發生呢？

伍漢銳先生：

如果在我的部門，我察覺不到有這個情形。其實，因為我們首當其衝，我們的消息其實是每一個病房經理都知道的。

鄭家富議員：

是。

伍漢銳先生：

那些病房經理是很清楚的，就是說，當他沒有任何物料供應的時候，他是可以直接聯絡這個物料供應處的，可以透過電話的聯絡，或者出email，我亦看到病房經理如果出email給supply的物料供應處的時候，很多時候都會發一個cc copy給我看的。那如果我看到，有時我也會……即發覺如果物料供應處好像是時間上可能不是很快處理的話，可能我亦會追問究竟何時有貨到達，所以我一直都不察覺我們的病房經理不知道怎樣去拿東西的。

鄭家富議員：

你現在回看，一個不爭的事實就是，不少前線的醫護人員在醫管局投訴機制以外去表達他們的不安、憂慮，甚至不滿。你覺不覺得你們剛才所說你認為沒有問題，你認為有足夠的存貨，這種說法……

主席：

……鄭議員，你問的是全港的，但他一直回答你的是他的部門，你想問他的部門抑或是問全港的？

鄭家富議員：

我知道，那我便用他這個部門，主席，真是不好意思，如果是這樣的話。因為我的印象是，他的部門或者當時威院是比較.....亦有不少的前線醫護人員在醫管局投訴機制以外，投訴他們沒有足夠口罩使用，所以我便想問，你覺不覺得他們.....其實前線醫護人員正在打仗，他覺得他敢怒不敢言，他也不敢對你們說，而你們亦不知道，他們是有這種心情而導致當時 —— 在打仗的時候人心惶惶、戰戰兢兢，影響他們打仗的情緒，也可能因為這樣，導致他們用口罩會用得太久。你覺不覺得有這個可能性呢？

伍漢銳先生：

沒有。如果在我的部門，我真是察覺不到，不覺得有此情況.....

鄭家富議員：

.....你覺得不覺得？

伍漢銳先生：

原因是.....甚至有些負責清潔的同事，他們亦很主動地對我說究竟那些東西夠不夠用。我記得當N95短缺的時候，有一個病房的負責清潔的同事告訴我："我這個口罩濕了，我要更換。"但當時我記得如果是短缺的那一陣子，曾經真的是有勸諭同事一天用一個口罩 —— N95，是有勸諭的，但我們不會制止他，不讓他換。那清潔的同事，我看到他，當時為何他需要對我說要更換呢，我告訴他，因為他已工作得滿身汗水，真的那張臉的汗水不停弄濕了口罩，我當時立即對他說："你不要這樣了，你立即換吧。"他告訴我其實他之前換過沒多久。即是這些情形是有的，但問題是我們不會制止同事，就是說，如果你要換，卻不讓你換，一天用一個便算，就有這個限制，我們完全沒有這樣。所以我很坦白說，就是說，其實在我自己的單位內，我是察覺不到同事對着我不敢說話。

鄭家富議員：

沒問題。

伍漢銳先生：

多謝。

主席：

何秀蘭議員。

何秀蘭議員：

是的，多謝主席。其實在剛剛威院有爆發的初期，是不許家人探病的，而我們亦知悉是不想醫護人員回家的。伍先生在他的工作範圍以內，知不知道是甚麼人作出勸諭，請醫護人員不要回家，住院留宿呢？

伍漢銳先生：

我記得最早期提出這個安排的時候，是我們部門自己在討論會議的時候，也有提過這項事情，就是可不可以醫院有些地方提供給同事，讓他們過夜或休息？後來在醫院的forum，也有提過這個問題。據我所知，如果我看回紀錄，其實我們在第一個星期，事發的第一個星期，其實醫院已經作了這個安排，就是提供一些宿舍給同事。當時我亦鄭重告訴了8A病房的同事，如果他們不想回家，或者要休息的話，是可以留在宿舍的，大約有20個房間還是20張床是提供給同事的，已告訴了他們，如果他們是有需要的話，是可以去拿鎖匙到這些地方休息的，在第一個星期已做了。

何秀蘭議員：

是。伍先生，記不記得清楚這個措施是何時開始，以及由哪位提出，希望醫護人員留在院舍裏住宿？

伍漢銳先生：

我不可以肯定是哪一位提出，但應該如果我.....應該是14日至17日那些日子已經安排了，有這些設施了。

何秀蘭議員：

伍先生知不知悉有醫護人員回到家裏去，沒有留下的。當時這些措施是勸諭，還是強制，還是一個很自由的選擇？

伍漢銳先生：

是勸諭。是勸諭他盡量留在宿舍.....

何秀蘭議員：

是……

伍漢銳先生：

……但據我所知，有些同事寧願自己回家，他自己在家裏做一些隔離的措施，就是這樣。

何秀蘭議員：

這些勸諭的方式是透過口頭還是文書給予各位員工，而當有人不想留在那裏的時候，即不接受這個勸諭，他回到家的時候，院方有沒有一個措施可以知悉哪個曾回過家呢？

伍漢銳先生：

我們的訊息發出應該是在forum講過之後，醫院亦有發出過每天的situation report，是發放給同事的。另外，我很像看過有些醫護人員亦有這樣提過，以及在同事的病房內的"口水簿"亦記錄了這樣的消息，即可以讓同事逗留在醫院的宿舍。但我們……很難說去強制執行要求同事不要回家，我想我們又不可以說這一句話，因為我不知道哪個同事回了家，其實……可能他自己是獨居，或者他自己有些設施在家裏是可以做到家居隔離的，即有很多種的原因。

何秀蘭議員：

但至少如果那個同事要回家的時候，院方有沒有一個渠道去知悉，譬如他們下了班，會不會說要簽簿以表示現在要去醫院的宿舍，或者要回家去了。有沒有這些措施可追蹤到大家員工下了班後其實是去了哪裏？

伍漢銳先生：

早期的時候，我們有要求同事，如果是拿鎖匙的話，在宿舍住的話，是要留紀錄的。但因為我們又不想同事有交叉感染，就是說，譬如有一間宿舍是留給不同的同事去那間宿舍住，這也不好，所以直接把那條鎖匙分給那個同事，於是他便長用那個房間。我們沒有記錄究竟哪些同事是回家休息，即這個我們沒有紀錄，但哪個同事拿鎖匙，我們有記錄，但這個紀錄未必一定很齊全，

因為我們把那條鎖匙交了給他，便已經當他會長用那個房間，在那段日子內。那他是否每天都留在那裏，我們也沒有去跟查。

何秀蘭議員：

主席，之前我們亦有證人說當有個別員工想回家，不聽勸諭留院住舍的時候，他們是可以幫忙跟進這個特別情況、去處理。伍先生所知悉的範圍之內，其實有沒有這些情況.....

主席：

.....你說的個案是有少許不同。你現在說的個案是他本身已有些病徵的個案，不是一般的醫務人員。

何秀蘭議員：

是。

主席：

所以是兩類型不同的情況。

何秀蘭議員：

但是我們以前亦有證人說過，如果萬一有醫護人員想回家，即不願留下的時候，衞生署是可以幫忙處理的。這些情況有沒有在威院內發生過？

主席：

我相信伍先生不是一個適當的證人去提供這個資料.....

何秀蘭議員：

.....所以我便問在他所知悉的範圍之內，他知不知道有沒有發生過？

主席：

簡單而言，伍先生，你知不知悉這些？

伍漢銳先生：

我不清楚。不過我知道好像有些同事是怕他自己已受感染，可能是有些感冒跡象，有這些的symptom，他是住過一些sick bay的，我們所說的sick bay。那如果他住在sick bay，我們好像有醫院的同事去看他，去visit他，但我不可以確定那個.....哪些同事。

何秀蘭議員：

那主席有沒有員工表示因為醫院的設施、支援不足，所以寧願回家而不留在醫院？

主席：

有沒有？伍先生。

伍漢銳先生：

我沒有聽到。其實，我想我們的sick bay其實已經做到.....做得相當不錯。原因是據我所知，有茶水供應，甚至送飯上去給他們吃。即如果那個同事是不需要離開房間去拿東西吃的，我們是會有人送餐給他們吃的。

何秀蘭議員：

好的，謝謝主席。

主席：

好了，各位委員還有沒有其他問題想問伍先生？如果沒有的話，我們很多謝伍先生今次出席今次的研訊，如果日後有需要的話，委員會可能會再邀請你也說不定，機會也不是很大，那現在可以退席，多謝你的出席。

伍漢銳先生：

好的。

主席：

我們接着下一位的證人是威爾斯親王醫院內科及藥物治療學系署理護士長陳文先生。我們會邀請他進來。

(陳文先生進入會議廳)

陳先生，多謝你出席今天的研訊。專責委員會傳召你今天來到本委員會席前作證及提交證人陳述書。首先委員會決定證人是需要宣誓作供，聽得清楚嗎？

威爾斯親王醫院內科及藥物治療學系署理護士長陳文先生：

不好意思，我接收得不太好。

主席：

可不可以幫幫他？現在聽不聽到？

陳文先生：

OK。

主席：

現在聽到了？是不是？首先委員會亦決定證人需要宣誓作供。我現在以專責委員會主席的身份負責為你監誓。你可以用宗教形式按着聖經宣誓，亦可以非宗教形式宣誓。請你依照放在你面前的誓詞站立宣誓。謝謝你。

陳文先生：

我，陳文，謹以至誠，據實聲明及確認本人所作的證供均屬真實及為事實之全部，並無虛言。

主席：

多謝你，請坐下。陳先生，你曾向專責委員會的秘書提供證人陳述書，你現在可否正式向專責委員會出示有關證人陳述書作為證據呢？

陳文先生：

可以。

主席：

謝謝你。陳先生，為了方便列席的人士瞭解證人的證供，我會派發閣下的陳述書給今天在場的公眾人士和傳媒。為了盡量尊

重私隱和其他的法律理由，陳述書的部分內容可能已被遮蓋。你對於你的陳述書有沒有即時想補充的地方？

陳文先生：

沒有甚麼。

主席：

應專責委員會的要求，你亦向專責委員會提供閣下專業資格及經驗的資料，其中有一項是關於你開展的護士訓練，寫着1997年10月，是否應該1987年才對？

陳文先生：

應該是的。

主席：

除了這項修改，你可不可以確實其他的資料都是正確的？

陳文先生：

應該沒有問題了。

主席：

好的，謝謝你。陳先生，我首先想向你提出一些簡單的問題。是在8A病房的，最主要也是。可不可以說回當時在3月10日8A病房關閉的時候，當時的你或者你的同僚面對着工作的情況，特別是處理病人及處理一些探訪者的情況是怎樣的？

陳文先生：

首先我要告訴大家，我在10日不是上班的，我在11日才上班。或者我只可以從11日開始說起。

主席：

好的，你可以說11日。

陳文先生：

當時病人家屬要探病的情況不是太多，但要探病的那些是很堅持的 —— 其實。我當天上班就是in-charge病房，我向我的下屬.....告訴他們所有探病的全部都要discourage，給他們一個理由。如果他們真的要探病的話，全部都through過我，讓我去再解釋的。所以應該說，所有探過病而是我當更的那些，全部都會經過我向他們解釋過。

主席：

那究竟在11日有沒有探訪者進了病房？

陳文先生：

11日我當下午更，我發覺不到有.....曾經有一、兩個嘗試去探家屬，但全部都不成功，因為他們全部都折返，他們明白到內裏正在發生些甚麼事。

主席：

這個證據是基於你的同事告訴你，抑或是根據你們的所謂"口水簿"的描述中知道？

陳文先生：

我只是說在我當天上班，當下午更的那7個半小時所遇見、發生在我身上的事情。當時我真的discourage，即差不多是趕走了兩個病人家屬的。

主席：

嗯.....即是說在你上班的那段時間，便沒有探訪者進了病房？

陳文先生：

11日在我的病房中工作時，我看不到。

主席：

嗯，那麼這個措施 —— 勸諭病人家屬或者一些親友不去探訪這件事情，對於病人有沒有產生埋怨或者要求？

陳文先生：

有的。有個別的可以步行、可以走動的那些便有少許埋怨，很多時候他們會走去窗邊或者門口邊打手勢，或者叫出去，偶然會有一些。大部分都明白到有關情況 —— 在8A可能有爆發感染，而他們亦很守規矩。

主席：

是，那有沒有一些病人會告訴你或你的同僚他們是想離開醫院的？

陳文先生：

有的。有些稱自己沒有病徵、沒有發燒，覺得自己康復，可以出院，為何仍要在病房逗留？他們希望想見醫生或者想出院。

主席：

當時他們表達這些要求的時候，他們的原因是因為他們都擔心會感染到當時不知名的病，抑或是其他理由？

陳文先生：

他們對我說沒有擔心甚麼、擔心甚麼，但他只是說希望想盡早出院，因為自己已沒事，因為不許探病，就是這樣。

主席：

是的。好，謝謝你。陳婉嫻議員。

陳婉嫻議員：

多謝主席。我想問一問陳先生，你知不知道有關社區嚴重肺炎工作小組召集人劉少懷醫生在2003年2月12日及21日，發出了有關嚴重社區肺炎通知所提及的預防措施，陳先生你是否知道呢？

陳文先生：

以我所看到的預防措施的minute.....那notice，應該是2月底，2月廿幾號左右，我全看過了。當中詳細解釋到，可能是一些.....在哪裏爆發流感或者肺炎的問題。

陳婉嫻議員：

嗯。那你接着有沒有對你的同事說呢？

陳文先生：

其實這些比較嚴重或者重要的notice或者information，我們都有一個慣常的方法來通知我的員工的，那就是每一個交更，每一個人坐下來，都會和他傾談一會。另外，我們有一些簿，keep了一些比較important，比較重要和比較update、更新的資訊，放在病房中，讓他們看的。我們經常提醒我的下屬，他們應該 —— 尤其是剛剛完結他的假期，或者休息了數天 —— 便要去看一看。

陳婉嫻議員：

你剛才說的這些重要通知，是否放在類似"口水簿"那類呢？

陳文先生：

不是的。我們其實分幾類的，有些是職安問題，有些是預防感染的問題，或者是一些比較敏感的問題，便會分類放好的。

陳婉嫻議員：

放好的。即是說你很肯定，當你知道這個訊息，在2月廿幾號的時候，你會將這個訊息放在類似notice的通知，讓大家知道，是否這個意思呢？

陳文先生：

這個我便不可以肯定，因為放那個的不一定是我自己，可能是我的經理放的，又可能是其他護士長放的，亦可能是其他比較資深的護士放的，但他們都有責任在"口水簿"那處寫下，或者用口述的方法，因為我們發覺有些比較前線，但是屬於清潔或者病房助理的那些，他們便不會翻開我們的"口水簿"，亦不會知道發生甚麼事。那些個別的，我們便會通知他們。

陳婉嫻議員：

剛才你亦說，你們都會在交更的時候與他們傾談數分鐘。這個數分鐘都是指護士那一部分，是嗎？

陳文先生：

主要來說都是。

陳婉嫻議員：

是這樣吧。至於那些HCA便另外再用口頭對他們說，即健康護理員和病房清潔的那些，你們會口頭對他們說，是嗎？

陳文先生：

是，因為那些HCA，那些員工，他們的上班時間和我們的上班時間是不同的。

陳婉嫻議員：

是。

陳文先生：

其接更的時間是不同的，所以我們很難在接更時對他們說，但是當他上班以後，我們覺得他們需要知道的，或者是切身的問題，我們便會對他說，是單獨式地說。

陳婉嫻議員：

陳先生，通過你剛才說的各種不同的渠道，你估計去到2月底，即2月廿幾號，你知道的時候，你估計你下面的同事，即剛才你說的數個部分，包括護士、包括HCA、包括病房清潔的那些，你估計他們是否都知道這些通知呢？

陳文先生：

我不敢肯定。

陳婉嫻議員：

不敢肯定。那你是否知道，醫院管理局.....你的威院那裏，本身有沒有一個制度，令到他們必須知道的呢？

陳文先生：

很多時，比較重要的事項，那些經理或者部門運作經理，每一個星期都會定期開一次會的。

陳婉嫻議員：

嗯。

陳文先生：

所有比較重要的事情或改變，都會通過那個meeting，那個會議，經過經理與我們商討，或者告訴我們，我們會層層疊疊地往下推。或者有些情況，經理會自己和個別員工傾談。

陳婉嫻議員：

嗯。我就以今天的狀況，我們亦都看到廣東省出現了一些疑似案例，也是透過現在的機制下達，你認為現在的人清楚一點，還是當時的人清楚一點呢？

陳文先生：

嗯.....可不可以再解.....再多說一次這問題呢？

陳婉嫻議員：

大家都知道，在最近12月，廣東省發現.....廣州發現了一些疑似案件 —— SARS，現在後來已證明是SARS，我們亦看到醫管局說，已經發布訊息，全都給你們了。我想問，如果以今時今日，你們的同事會否知道所有發布的訊息呢？例如通知病人要戴口罩，例如要洗手等等的類似措施，今時今日.....你們在一年後的今天，你們又是否知道呢？

陳文先生：

在我的病房中，我可以肯定，從經理以下，直至基層的員工，全部都會知道這個措施。

陳婉嫻議員：

那跟去年2月份的時候，你估計情況會否有些不同呢？當時會否.....我假設，可能陳先生你知道了，然後你透過剛才很多的渠道通知下屬，但是我剛才亦聽到你說，並沒有任何確保他們知道的機制，那便得"靠估"了，以你的估計，現在和當日，你估那兩種狀況是如何的呢？

主席：

或者陳先生，有沒有任何不同，現在的機制有沒有任何不同？

陳文先生：

現在的機制和10個月前是很不同的，現在的機制可以說是比較成熟。那個通報機制並不是單方面的，是雙方面的。而且並不是從頭 —— 從上至下地溝通，有時橫向溝通我們也有的，所以是比較完整和成熟。在2月份或者3月份，即上年SARS爆發的時候，我不可以說機制不好，而是我們的專注未必是在這一方面吧。

陳婉嫻議員：

嗯。陳先生，我想問問，實際你當時是在何時知道8A病房出現了醫護人員感染呢？

陳文先生：

我是在10日知道的。

陳婉嫻議員：

透過甚麼渠道知道呢？

陳文先生：

我的經理已即時找我，問我的病況，或者有沒有發燒，有沒有其他徵狀，已經這樣了。

陳婉嫻議員：

你當時有沒有通知你所有的同事呢？

陳文先生：

因為我當天並非當值，所以這方面不是我做的。

陳婉嫻議員：

那他們.....你有沒有事後問他們是否知道呢？即在當天你知道的3月10日，其他下面的同事，他們是否都在當天知道，你有沒有透過其他渠道瞭解他們是否在當天知道，還是不知道呢？

陳文先生：

據我所知，在8A病房，所有的員工，包括護士長、護士和HCA等，每個人如果在上班時，都會被問及他們的身體狀況，如果他不用上班，經理都會即時找他們，透過電話瞭解他們的病情或各方面的問題，亦勸諭他們，如有任何狀況，要立即看醫生。

陳婉嫻議員：

嗯。剛才你說，你在3月10日知道8A病房的醫護人員出現了感染。我想問，病人又是否知道呢？即同時知道威院的8A病房，有約11個醫務工作者受感染，那些病人又是否知道呢？

陳文先生：

因為10日我並不在場，所以我不會嘗試回答這個問題。

陳婉嫻議員：

你在後來，或者在11日你上班的時候，有沒有聽聞那些病人有沒有被通知呢？

陳文先生：

有的。

陳婉嫻議員：

你很肯定的？

陳文先生：

有的，因為有些病人都問我，關於肺炎的事情，即.....我不可以確保每一個人都問我，或者每個人都會明白，因為有些年紀比較大，或者他都不大清醒，便不能問我了。有些情況比較好的病人都有問我，瞭解多些或者他應該怎樣做。

陳婉嫻議員：

嗯。當時大約是3月11日？

陳文先生：

沒錯。

陳婉嫻議員：

你估計他們是透過你們通知還是透過傳媒通知呢？但傳媒因為當時有報道 —— 我說傳媒通知並不公道，即從傳媒的訊息知道吧了。

陳文先生：

據我所知，傳媒的資訊可能會流到我的病人耳中。但是在醫院內，我亦親耳聽到醫生向病人解釋，可能有一個爆發在這裏，但原因暫時未清楚。

陳婉嫻議員：

嗯。我想再問一下。你對於當時8A關閉的訊息，你是於何時知道的呢？

陳文先生：

當晚.....當日10日已經知道了。

陳婉嫻議員：

嗯。它重開你又於何時知道呢？

陳文先生：

重開，我都是即日知道的。

陳婉嫻議員：

即日知道，即幾號呢？

陳文先生：

10日。

陳婉嫻議員：

10日再開放？

陳文先生：

不，10日的.....你再開放的意思是甚麼呢？

陳婉嫻議員：

重開8A病房。

陳文先生：

重開8A病房是指收症，還是讓病人的家屬探病？

陳婉嫻議員：

你告訴我吧，是我問你的。

陳文先生：

重開的定義是很不同的，所以我要先明白到重開的意思是甚麼。

陳婉嫻議員：

重開，應該是讓一些人進去看望他，是否這個意思？

陳文先生：

是，是的。嗯……在10日其實我知道的事不是很多，我便不嘗試去回答在10日當天發生的事。

陳婉嫻議員：

嗯。

陳文先生：

11日來說，我收到的訊息很清楚。

陳婉嫻議員：

嗯。

陳文先生：

我們盡可能不讓病人家屬去探病，如果讓病人家屬去探病，便要確保他是一個直系親屬，即真的是家庭成員，以及進去的時候，一定要告訴他們，8A正在發生甚麼事，裏面的情況大概是怎

樣，如果真的要進去的話，應該要遵守某些規條。我們亦很清晰地告知探病的人，是需要戴口罩，以及我會在旁邊。

陳婉嫻議員：

嗯。

陳文先生：

而事實上亦是這樣。

陳婉嫻議員：

嗯。

陳文先生：

並且很清楚地向他們解釋，盡可能不要觸摸病人，在遠處談話便行了，如果可以的話 —— 因為很多時病人的家屬來到，想看一看他，覺得他行動如常，傾談一下，他們便安心了。很多時他們亦很想帶一些日常物品給他們，放下一些水果或飯盒等，我都很明確地告知他們，所有進入8A的東西，包括碗碗碟碟，是不可以拿走的。

陳婉嫻議員：

嗯，陳先生，我剛才問你，你於何時知道開始讓人探病，是幾號？

陳文先生：

是11日。

陳婉嫻議員：

11日。那你是否知道當時容許探病，是基於壓力，還是甚麼原因呢？是基於 —— 例如病人投訴，例如各種因素都有的吧。

陳文先生：

這個我不清楚，但我覺得，當一個病人住在病房裏，被隔離了，那麼親人去探病人，也是人之常情的事。

陳婉嫻議員：

嗯。我是在問你，即它重開是基於甚麼因素？你沒有回答我。

陳文先生：

我也不是太清楚。

陳婉嫻議員：

即是說，你說11日它再開放讓人探病，當時你們整個決策的過程，是基於因為病人的投訴，還是其他壓力呢？

主席：

剛才已回答你的問題。他不是不清楚你的問題，而是不清楚答案。

陳婉嫻議員：

是嗎？

主席：

是，他已回答你。

陳婉嫻議員：

OK。主席，我不是很明白，不清楚答案是.....

主席：

他的意思是，他不知道理由是甚麼。

陳婉嫻議員：

不知道理由是甚麼。那你亦沒有聽到其他事情？

陳文先生：

因為我，在決策的層面，我是沒有參與的，他們討論過些甚麼我是不清楚的。

陳婉嫻議員：

例如.....我舉例，例如我像你般在前線，可能有些病人投訴不可探病，那我可能曾對我的"老闆"說，要開放了。即這些過程你都沒有接觸過？總之它又再開放了，是不是這個意思呢？

陳文先生：

因為決策方面說要再開放病房，是在10日下午已經開始了。

陳婉嫻議員：

即上午8A關閉？

陳文先生：

沒錯.....

陳婉嫻議員：

下午又再容許探病？是否這個意思？

陳文先生：

應該是。

陳婉嫻議員：

那不是很混亂嗎，那狀況。

陳文先生：

哪方面混亂呢？

陳婉嫻議員：

例如我是病人.....

陳文先生：

陳議員.....我只是勸諭而已。

陳婉嫻議員：

嗯。

主席：

我不知道你接着要問的問題的目標.....

陳婉嫻議員：

我想.....

主席：

在哪裏。

陳婉嫻議員：

我知道的。

主席，我主要想問陳先生，當8A在10日上午關閉了，然後陳先生告訴我下午再開放，那我便覺得有一個訊息的混亂，原因就是說包括你那些.....

主席：

資料我們是有的，很具體的.....

陳婉嫻議員：

是。

主席：

我不知道你想考證人，還是想他提供不同的證據，因為這個證據都相當清楚.....

陳婉嫻議員：

我知道。

主席：

.....在11日中午決定的，雖然剛才陳先生不是這樣回答你。但是其他的資料都已清楚表達是這樣的。

陳婉嫻議員：

主席，我也知道的，不過我想清楚一點，到底.....因為我.....

主席：

你是否想清楚知道證人並不清楚，還是想怎樣？

陳婉嫻議員：

OK。我嘗試轉一個.....

主席：

好嗎？謝謝你。

陳婉嫻議員：

令主席你同意我繼續問下去。

陳先生，因為我們前階段做了一些研訊，你亦看到，管理層在爭論是否開放的時候，都有很不同的看法。而當中有一些意見認為，病人的壓力或者家屬的壓力。我們亦擔心有其他的政治因素，令到他們要這樣。所以我想透過我剛才問你，我想讓你告訴我，你有些甚麼感覺。剛才你說你不是很清楚他們怎樣，我便想問，從你的切身，你有些甚麼感覺呢？

陳文先生：

我剛才都嘗試回答這個問題。

陳婉嫻議員：

嗯。

陳文先生：

我覺得，一個病人困在病房中，他的家屬來探病，是基於常理，人之常情嘛。

陳婉嫻議員：

嗯。

主席：

或者陳先生你有沒有將這些意見表達給管理的同事知道？

陳文先生：

我沒有。

主席：

你沒有，是嗎？

陳婉嫻議員：

OK，主席，我不再問了。

主席：

OK。謝謝你。麥國風議員。

麥國風議員：

多謝主席，我其實都想問一問，關於陳先生就"前街"、"後街"—— 我想你也知道甚麼是"前街"、"後街"的安排，你是知道的，對嗎？

陳文先生：

知道。

麥國風議員：

你是否記得，JJ這個病人，他是睡在哪一張床，如果在這個圖上，大概 —— 這裏是"後街"，這裏是"前街"，大概在哪一個位置，可否告訴我？

陳文先生：

JJ這個病人，你是否指.....

麥國風議員：

源頭病人。

陳文先生：

他是在"後街"的。

麥國風議員：

"後街"哪一個位置？大概。

陳文先生：

嗯……

麥國風議員：

這裏是護士站，這個護士站，是否大約在這個位置呢？

陳文先生：

可以是這樣。

麥國風議員：

是這個位置吧？

陳文先生：

是。

麥國風議員：

好了，有"前街"、"後街"的分別，"前街"就是那些被認為沒有肺炎徵狀，即發燒的病人。馮康醫生曾經告訴我，會分開兩隊護士處理整個病房，照顧整個病房的病人，"前街"一批，"後街"一批。剛才伍先生亦說過大概是這樣。其實你在11日上班，你是否得悉這個指示的呢？即關於分開兩批同事去照顧兩批病人？

陳文先生：

其實這件事的發生並不是在11日，在10日的上午已經開始，是分開了，即有一個專責的護士負責懷疑在那一格 —— 源頭病人在那一格 —— 已經在10日開始了。在我那裏，我很清楚地告訴他們，因為10日、11日、12日、13日陸續有些同事病倒了，是原本8A的同事，所以新進來的很多時是其他病房的同事。所以我

便告訴他們，病房發生了甚麼事，以及問他們的經驗究竟在哪方面，是否剛剛畢業，還是已畢業數年。再將這些information —— 再配合他們究竟應該看"前街"還是看"後街"……

麥國風議員：

即……

陳文先生：

所以……

麥國風議員：

你繼續吧，繼續……

陳文先生：

所以當時11日，是告訴他們要這樣做，盡可能不要cross，即前面走到後面，後面走到前面，不要這樣做。

麥國風議員：

你說盡可能，其實……我想你記憶，實際當時是否能夠達到？

陳文先生：

實際是很難達到的。

麥國風議員：

不能達到的。那你作為當天的署理護士長，你在哪裏呢？你在"前街"、"後街"，還是在護士站呢？

陳文先生：

那個呢……

麥國風議員：

你。

陳文先生：

問得比較尷尬。我其實每個角落都有。

麥國風議員：

你意思是走遍所有地方？

陳文先生：

因為，很老實說，新來的那些護士，很多時都不明白發生甚麼事，或者哪些用品放在哪裏也未必知道。很多時我都會看着他們，或者有些事不要做，有些事要做，有些事應該怎樣做，所以很多時我站在中間，或者"前街"和"後街"的中間，看着發生甚麼事。

麥國風議員：

即那個交叉感染是完全不能防止的了，是嗎？

陳文先生：

我不可以這樣說。相對我這樣做，我站在中間，或者在"街"的中間，我覺得可以防止交叉感染。

麥國風議員：

不是，主席，他說.....我剛才給他一個圖，他說他走遍4個角落，那麼交叉感染應該便.....你便無法預防的了 —— 如果4個角落都走遍的話。

陳文先生：

我想應該明白到，交叉感染是如何感染得到的。剛才伍先生都說過，距離3呎嘛，那我站在中間看着，沒有問題吧。

麥國風議員：

不，我是想陳先生你告訴我們，當天，至少在11日吧，你是否走遍4個角落？當天，如果由上班至下班，你是否需要某個程度上"前、後街"都要去？

陳文先生：

是需要的。

麥國風議員：

需要去，好的。我想問一問那個源頭病人**JJ**。**JJ**.....當天，你上班的當天，他有否.....你有沒有印象記得他有下過床？

陳文先生：

是有的。

麥國風議員：

有沒有去"前街"？

陳文先生：

他下床問我一些事，我記得。他向我要求調床，要求調床和上過廁所。當.....他有沒有去過"前街"或者去過其他地方呢？我便看不到了。

麥國風議員：

你是不知道的。

陳文先生：

我不知道。

麥國風議員：

"前街"的病人是否也要上廁所？

陳文先生：

"前街"的病人也要上廁所。

麥國風議員：

或者洗澡，是嗎？

陳文先生：

你可以這麼說。

麥國風議員：

即是說，你不可以防止"前街"和"後街"的病人走到一起，對嗎？

陳文先生：

你也可以這麼說。

麥國風議員：

嗯，即是交叉感染又預防不到了，對嗎？

主席：

陳先生。

陳文先生：

我覺得.....

主席：

是。

陳文先生：

我覺得，在某一程度上，我們做到了我們可能性做到最好的。當然，有些東西不可以百分之一百控制得了，尤其我們是對病人，病人是人啊。是人，我們怎可以控制他所有的思維、行徑呢？

麥國風議員：

主席，我想或者要講給證人聽，我們現在不是找你們任何或者是做得不好的地方，我是想找出事實而已。所以，事實當天是否有"前、後街"的病人會走進浴室，有面對面接觸到？你應該講給我聽是不是有.....

陳文先生：

這個是.....

麥國風議員：

……應該是有的，對嗎？

陳文先生：

有這個可能性。

麥國風議員：

有可能性，還是你知道是已經發生了呢？

陳文先生：

我看不到。

麥國風議員：

你看不到，即是你記不起。

陳文先生：

不記得。

麥國風議員：

嗯，記不起。OK，好了，謝謝，主席。

主席：

我想問一下其他委員有沒有問題想問陳先生。如果沒有，那我們很多謝陳先生出席今天的研訊，到此為止了。如果日後我們有需要的話，可能會再邀請陳先生上來也說不定。

各位委員，我們現在可以返回C房，繼續我們的閉門會議。多謝陳先生。

下午的研訊會在2時半繼續。

(研訊於下午12時32分暫停)

(研訊於下午2時29分恢復進行)

主席：

歡迎各位出席調查政府與醫院管理局對嚴重急性呼吸系統綜合症的處理手法專責委員會的第九次公開研訊的下午部分。

提醒大家，整個研訊過程必須有足夠的法定人數，連主席在內，共4位委員。

我亦想在每次開始的時候，提醒旁聽今天研訊的公眾人士及傳媒，在研訊過程以外場合披露研訊中提供的證據，將不受《立法會(權力及特權)條例》的保障。如果有需要，大家需要徵詢他們的法律意見。此外，委員會亦決定證人必須在宣誓後才接受研訊，所以我會在研訊開始的時候，根據《立法會(權力及特權)條例》第11條監誓。

我現在宣布研訊開始。今天下午這一部分的研訊主要是有關威爾斯親王醫院8A病房疫症爆發期間，特別是淘大花園源頭病人出院和入院的處理事宜的取證。現在在座的證人是香港中文大學內科及藥物治療學系副教授及胸肺內科主任許樹昌教授。

許樹昌教授，多謝你出席今天的研訊。專責委員會傳召你今天來到委員會出席和作證供，以及提供證人陳述書。首先，本委員會決定證人需要宣誓作供，我現在以專責委員會主席的身份負責為你監誓。

你可以選擇以手按聖經以宗教形式宣誓，或者以非宗教形式宣誓，請依照你面前的誓詞宣誓。

香港中文大學醫學院內科及藥物治療學系胸肺內科主任／副教授許樹昌醫生：

本人許樹昌，謹以至誠，據實聲明及確認，本人所作之證供，均屬真實，及為事實之全部，並無虛言。

主席：

謝謝你，請坐。許教授，你亦曾經向專責委員會秘書提交證人陳述書，你現在可否正式向專責委員會出示有關證人陳述書作為證據呢？

許樹昌醫生：

是，有一份。

主席：

謝謝你。許教授，亦為了方便列席人士瞭解證人作供，我們會派發閣下的陳述書給今天在場的公眾人士和記者。為了盡量避免一些.....即是為尊重私隱和法律的理由，我們已將部分陳述書的內容遮蓋了。你對於閣下的陳述書有沒有即時想補充的地方？

許樹昌醫生：

沒有。

主席：

亦應專責委員會的要求，你向專責委員會提交了閣下的履歷和經驗的資料。你可否也確認這些資料是正確的？

許樹昌醫生：

可以。

主席：

謝謝你。我想問你一個簡單的問題。許教授，在你的陳述書第1條(a)那裏，在第1段最後的地方，你提到這個我們叫做源頭病人的YY，他是"assessed by the infection control team and admitted to Ward 8A"。我想問清楚這個"assessed by the infection control team"是指哪一個team的人？

許樹昌醫生：

OK。當時處理這個非典型肺炎爆發，我們是分開幾組工作人員的。譬如我自己是看急症室O房收了入院的那些患病醫護人員。另外有一位梁誌邦醫生，他是我們內科的高級醫生，他負責當時這個infection control team。另外一位同事就是Dr Peter TONG，就是這兩位負責的。所以，所有入了院的可疑個案，通常是會經過梁誌邦醫生，然後由我們決定轉去哪個病房。

主席：

OK。這是你自己據你從紀錄知悉，抑或是.....

許樹昌醫生：

我們由第一天打到最後，都是這班人。

主席：

都是這樣做的？是不是？

許樹昌醫生：

是的。

主席：

謝謝。勞永樂醫生。

勞永樂議員：

多謝主席。在問許教授之前，我都要申報，我與許教授是認識的。亦在SARS期間，我都去過威院有多次的探望，其中一些探望都是得到許教授招待，在此多謝他。亦在SARS期間，我與許教授也出席了好幾個那些談SARS的學術活動。在那些活動中，很多時候許教授是講者，我也是講者。所以在SARS期間，在這方面都有共同工作過。但我們從來未為這個研訊談過任何問題。

許教授，歡迎你來立法會。我想與你談談YY這個病人。YY其實是你的陳述書中所說，就是淘大花園源頭病人的代號。我想知道你自己有沒有親自看過這個病人？

許樹昌醫生：

我親自看他是在他第二次入院，當他的病情惡化，呼吸衰竭，要轉送深切治療部，那天是3月23日，2003年。

勞永樂議員：

3月23日，即是之前你未有看過？

許樹昌醫生：

之前在19日，我是會.....有跟當時的醫生討論過他的個案，和看過他的肺片。

勞永樂議員：

是，是。但沒有直接見過那病人，在19日的時候？

許樹昌醫生：

沒有，因為我們當時是分工的。

勞永樂議員：

好的。在你的陳述書的第1頁，最後那段是一個筆記 —— "NB" 那裏.....

許樹昌醫生：

是。

勞永樂議員：

你說到這個YY，其實有些.....他是患非典型肺炎。既是非典型肺炎，他亦有些非典型的臨床徵狀。你可不可以向委員會講解一下，這些非典型的徵狀是甚麼呢？

許樹昌醫生：

當我們處理了一大批病患者之後，我們觀察到這個病是分開.....可以說是三期。第一期是病毒的繁殖期，在這段時間，那個病患者會持續高燒、肌肉酸痛、關節又痛，他又會有些乾咳、頭痛，部分人可能會有肚瀉。這段時間通常是指由發燒開始計算的第一個星期。一般來說，大約有八、九成的病患者，在他踏入第一個星期尾，或者第七、第八天左右，他的病情會突然間惡化。在第一期的時候，他的肺炎可以是很小一片；一進入第二期，它就會擴散至很大片，甚至乎去到肺的另外一邊。在這段時間，他的呼吸衰竭可以是很嚴重的。當時我們處理的那些個案，差不多在100個裏面已經有40個要嗅氧氣了，平均每4個便有一個要入深切治療部，每8個有一個需要插喉，這就是第二期。所以在這段時間，我們當時是用類固醇。到了第三期，差不多是第二個星期尾、

第三個星期開始，大部分的病患者都進入了康復期。但是有部分人的肺可能會繼續惡化，會繼續變壞，甚至再要轉去深切治療部。所以我剛才說的第一、第二、第三期，這是我們常見的。即是說，在第一期，多數人都會繼續惡化，進入第二期。

勞永樂議員：

這個YY的非典型之處，就是他在你所指的第一期是好的，他是有好轉的，是否這個意思？

許樹昌醫生：

他這個個案是非常之不尋常的。第一就是，在他的鼻液裏，我們經過螢光的免疫測試，找到甲型流感，而同一時間給他用了流感的藥和抗生素後，在他入院時看到的右邊下葉的肺炎，竟然可以在4天之內清了95%。這並不是我們常見的非典型肺炎個案，即是很少.....我們處理了340多個，這真是唯一一個可以在第一期 —— 他是中了"孖寶"，不幸地，而同一時間他的肺炎可以自己變清了。但當他在3月22日再回來洗血時，他竟然是第二期，他兩邊肺都有白影。

勞永樂議員：

好的。你指出了他不典型的地方。

許樹昌醫生：

是。

勞永樂議員：

你在陳述書內寫他在15日至19日，3月的時候，是第一期。你的意思是不是說，他在15日入院之前已經感染了我們現在都知道的SARS，是不是這個意思呢？

許樹昌醫生：

他在洗血的時候，起初都沒有發燒。到差不多洗完血，我們的護士替他量度溫度時，便看到他有38度，接着再問他時，他說原來先前一晚已經開始有點肌肉酸痛，有點關節痛。我相信他在3月14日其實都已開始有病徵了。如果看回專家委員會的報告，衞

生署也說他是在3月14日有肚瀉。所以我相信他應該是在3月14日晚左右，其實已開始有這個徵狀。

勞永樂議員：

即是，意思是否即是說他在3月14日或者之前，就已經感染了那個病毒呢，如果是SARS的話？

許樹昌醫生：

如果.....根據我現有的資料，我現在回看，我相信他是之前已經感染到的了。

勞永樂議員：

是，但你現在說的那些症狀，其實亦可能是流感 —— 流行性感冒A的症狀，你同不同意這個看法？

許樹昌醫生：

他不單止是流感這麼簡單，因為從他的肺片，在15日已經看到右邊下葉有肺炎。我們平時所見的流感，是很少會看到有肺炎的，在這麼早的時候，而且替他驗血的時候，反覆替他驗淋巴細胞，都已經跌到很低，低於1度。還有，他亦有當時非典型肺炎、我們留意到的徵狀，如肌肉痛、關節痛、乾咳。當然，它跟流感是很類似的，即使現在我們看一個症，都未必可以即時分辨出來，但他的淋巴細胞亦有下跌，而且從肺片很清楚看到他右邊肺葉已經有肺炎，即是跟我們在8A初期所見的那些症狀是一模一樣的。

勞永樂議員：

但這在SARS之中，你都說是三百幾例，只有一例是這樣而已。

許樹昌醫生：

只有一例是自己會.....

勞永樂議員：

只有一例會自己好過來.....

許樹昌醫生：

.....會有改善。

勞永樂議員：

.....那麼，會不會這一例根本就不是你所說的SARS，而是流感呢？譬如說，流感都可以有肺炎，你也同意吧.....

許樹昌醫生：

是。

勞永樂議員：

.....流感都可以有白血球下降，我想你也同意吧。那麼，你為何這麼肯定，15日至19日這段時間是他的SARS第一期，而不是流感呢？

許樹昌醫生：

因為我們已有了後期的資料了。如果回看他第二次入院時，他3月22日那張片便開始兩邊 —— 左肺和右肺都已經有白影。根據我們處理過的經驗，我們在威爾斯，通常是在踏入第二期時，那個median是第八天，剛剛好就是第八天，所以我累積了很多經驗之後，我可以告訴你，他第二次入院其實是第二期，他根本已經惡化，到23日他已經嚴重到要即時插喉了，肯定是在22日、23日踏入了第二期。而追溯至他第一次入院時，應該是第一期，不過那是一個不尋常的第一期，因為他的肺炎變清了。

勞永樂議員：

我想問你，你看了三百幾例，或者威院看了三百幾例，當中有沒有一些病例除了這個之外，是一入院便已經兩邊肺全都花了的？

許樹昌醫生：

很少的，通常是一邊而已，我們所見的是一邊而已。如果是一進來便花了的，也有，但這是他自己延遲入院便會這樣。但如果他是根據我們那些.....由發燒開始計，平均來說，真的是在第八

天左右便踏入第二期，當然有些人會早幾天，但很少是一入院便兩邊全花了，除非是他自己不肯入院。

勞永樂議員：

譬如.....我告訴你，他這些與其他病人這麼不同的表徵，會是由於受到他的慢性腎衰竭所影響，你覺得有沒有這個可能呢？

許樹昌醫生：

我們都處理過幾個腎病的病人。其實他在早期，第一、第二期的分別，跟其他人也是沒有分別的。唯一腎病的分別就是，他的糞便的病毒，可以持續到五、六十天仍找到RNA，那個PCR仍可以是陽性的。但以臨床來計，在第一、第二期，我覺得它是沒有分別的。

勞永樂議員：

嗯。

許樹昌醫生：

不過，可能他會更加嚴重。

勞永樂議員：

好的。回頭說你認為這個病人在15日至19日，3月，已經是SARS的第一期了，即是在15日那天之前已感染了。你可不可以告訴我，你有多肯定事實是這樣？

許樹昌醫生：

當我們累積了這麼多經驗的時候，我肯定他在15日入院時已經是第一期，我相信他病發是在14日晚、15日。還有，他的肺片對我們來說，那時都看過這麼多症了，在22日、23日，一看便知道是第二期 —— 那是指我在累積了很多病例的經驗之後 —— 我當時還不能這樣告訴你。我是非常之肯定，他第一次入院時，其實已是一個很不尋常的第一期的病徵。

勞永樂議員：

但為何你這麼肯定他在15日入院的時候，不是A型感冒呢？

許樹昌醫生：

我們不是說要排除這個可能性，因為事實上，這位病患者後期都是兩種診斷都有。其實以我們當時……他……直到3月22日才公布SARS病毒是非典型肺炎的原因，所以我們當時都是沒有任何認識的。

勞永樂議員：

嗯。

許樹昌醫生：

所以基於當時的資料，我們只可以……在鼻液中又找到有甲型流感，用了流行性感冒藥加上抗生素後，他又可以全變清了。所以如果我回看那段時間，我就會告訴你他是甲型流感。

勞永樂議員：

是。其實你自己也說過了，有些臨床的徵狀，其實你可以更肯定地說他那時候是感冒。譬如說你用了感冒針對性的藥物，他幾天便已退燒了，有幾天他的肺炎的片又已經有95%好轉了。那麼，為何你不更加肯定這些表徵完全可以用感冒A來解釋呢？

許樹昌醫生：

如果以當時來說，事實上我們又真的覺得他是流行性感冒。我現在給你的答覆，只不過是我累積了事後很多經驗，所以我才跟你剖析，當時應該就是這樣。即是如果我回到3月15日至19日，我絕對同意當時的診斷是可以完全用甲型流感來解釋的。

勞永樂議員：

那……

許樹昌醫生：

他的……對藥物的反應完全是一致的。還有，我給你的……各位的世衞的指示，就算它到5月1日upgrade了，如果大家看一看那個exclusion criteria，它都是說如果你找到的診斷是可以完全解釋到那個病情，你是可以排除SARS的診斷的。

勞永樂議員：

是。所以這就是說，就算現在回看，其實那時候都有很足夠的證據可以完全解釋到，在3月15日至3月19日，那個YY患的病就是甲型流感，可不可以這麼說？

許樹昌醫生：

直至3月19日都可以是。

勞永樂議員：

是。那我就要問你，為甚麼那個病人不可以是3月15日至19日期間，在8A病房感染SARS病毒呢？

許樹昌醫生：

第一，他.....當他在22日回來的時候，他兩邊的肺影都已經全白了。我剛才也跟你說過，綜合了我們的經驗，我們要到發燒的第八天，才會看到這樣的狀況，大部分的病人都是這樣的。他到了8A的時候，那個病源呢，在13日晚，這位26歲病人的親屬都已陸續入院。那麼，我們當晚即時亦把他放入了小房間，即是把他隔離。變成了這位淘大的懷疑病源，他到了8A都不會與那人有任何接觸。當然，你說可能他是在8A被傳染到，但我就會用他後期的肺片來告訴你，他在22日兩邊肺都白了，這根據我們的經驗和其他國家提出的文獻，平均來說是第一個星期末或第二個星期初。所以平均來說，應該是第八天，當時已經是了。

勞永樂議員：

你有沒有考慮一個因素，就是說，如果一個人在這麼短期內有兩個呼吸道感染，其實第一個呼吸道感染，譬如說流感A，是可以影響第二個呼吸道感染的表徵呢？即是譬如令他兩個肺快些全部變白了。這個可能性是否存在呢？

許樹昌醫生：

我想.....當時你.....我想這個是很難去說的。譬如他第一次入院，他在15日進來了，17日已經完全退燒了，而且那個肺片，一直看着它到了19日陸續變清，清晰到差不多全沒有了。如果你說流感會不會令他變得更差，他卻又不是這樣，他當時是好轉得很快的。

勞永樂議員：

是。

許樹昌醫生：

雖然他有腎衰竭，洗了腎、洗了血很多年，他當時的進度是非常之好的。

勞永樂議員：

譬如說.....我給你提出這個可能性：流感病毒本身，我們都可能知道，它有可能會壓抑我們的免疫系統，譬如這樣說吧，會不會先來一個流感A，然後令他感染了SARS之後，很快便兩邊肺都迅速惡化呢？有沒有這個可能？

許樹昌醫生：

這個機會我想是比較微一點，因為我們都處理過幾個腎病的病患者，我覺得他在第一期和第二期其實是沒有甚麼分別的，比起普通的其他SARS病人來說。唯一的分別，我就會說他的大便分泌的SARS病毒可以持續很久，去到五十幾、六十天。

勞永樂議員：

但那兩個、三個腎病的病人是沒有患流感A的，之前？

許樹昌醫生：

沒有。

勞永樂議員：

是沒有的。那麼這裏也有一個分別。我想問一問你，教授，你看.....你們醫院看過300多個SARS病人，那潛伏期最短是多少天？最長是多少天？

許樹昌醫生：

在威爾斯，我們看到的潛伏期是2天至16天之間。

勞永樂議員：

所以完全有可能他在15日至19日期間，這個病人是感染了SARS病毒，然後在22日病發入院，這個可能性是存在的？

許樹昌醫生：

這個機會較低，因為他在22日已經是第二期的徵象，他的肺片已完全符合了第二期的徵象。

勞永樂議員：

是的。

許樹昌醫生：

在23日已經要插喉。

勞永樂議員：

所以我剛才就問你說，有沒有一些病人一開始入院便有第二期的徵象 —— 或者不要說第一期、第二期了，這些是醫生劃分出來而已 —— 即是一入院便已經很嚴重呢？你剛才告訴我這是很少的，是否沒有呢？

許樹昌醫生：

唯一有的就是，可以告訴你有些同事，第一批的那些同事，他是不願入院的。他進來的時候，氧氣只剩下百分之七十幾，因為他在家裏"漏"了幾天。

勞永樂議員：

是了，即是才幾天就已經可以是.....

許樹昌醫生：

他已經.....幾天便足夠進入第二期，那段時間已經足夠進入第二期。

勞永樂議員：

所以便說.....這個患者，仍然是可以在15日至19日在病房受感染，到22日入院時很嚴重的？仍然是有一個這樣的可能性存在？

許樹昌醫生：

微乎其微，因為我剛才說的個案，是exactly就是8天.....在家中不停"瀛"，在19日才肯入院，那麼一入院便要進入深切治療部了。我現在不是說短至這個淘大的可疑個案.....4天這麼短。

勞永樂議員：

是。

主席：

不過，勞永樂議員，這裏的數學很簡單 —— 如果在15日受感染，22日便剛好第八天，為何不可能是在15日受感染呢？

勞永樂議員：

是，或者在17日病發.....

許樹昌醫生：

不會。在感染前是有一個潛伏期的，那個人本身都有潛伏期的。

主席：

你的意思是，發病之後的.....

許樹昌醫生：

他是.....其實在15日已經發病了。

勞永樂議員：

主席，其實.....譬如說.....在15日一入院便感染，兩天潛伏期可以是在17日，是嗎？在17日病發，你都會有一些起伏的，許教授自己也說不是很典型的，是嗎？即是說，會否在這個階段.....

我們討論了這麼久……覺得病人是有可能在15至19日……3月，在8A病房感染這個病毒呢？

許樹昌醫生：

根據專家經驗 —— 絕對沒有可能。OK？因為他在15日入院，17日已經退了燒……在17日的4時他已經完全退燒。我們再多觀察48小時，而他每天的肺片一直繼續是在好轉。如果你說他在15日入院時受感染，假設有兩天潛伏期，那我便expect他會在17、18日發燒至38度或以上。但事實上他沒有。他在17日的4時已經完全退燒了。

勞永樂議員：

好，這些都是事後的分析。

許樹昌醫生：

是。

勞永樂議員：

我想問一問，如果這個病人是淘大花園的源頭病人，你覺得，他是在何時把病毒傳播給淘大花園其他人的呢？

許樹昌醫生：

這……如果按照衞生署的追蹤 —— 指他在14日到過他的哥哥家中，和14日他已經有肚瀉。那麼有可能在14日……當時他肚瀉或許已經感染了那個地方。翻查有關資料，他在19日出院，在他哥哥那裏過了一個晚上，20日便回到深圳。我留意到，衞生署的公布說，淘大在21日已經有人有病徵。所以，如果你看看……他19日出院……在這麼短暫的時間……在21日發病的人似乎便與他無關。但是當然，原來我知道他已經感染了他的哥哥，他的哥哥在23日才發燒，24日入院。如果回看事實的sequence，我便覺得21日的那次不一定與他有關，因為潛伏期太短。如果你要覺得他是，你便可能要懷疑是14日的那一次，他到那裏他已經有病徵……有肚瀉，由那一次引起的。

勞永樂議員：

為何19日那次不能呢？你剛才也告訴我們，潛伏期是可以短至兩天的，是嗎？即如果是一開始便傳染給別人，在21日……即兩天後……

許樹昌醫生：

平均……你用到最短……便當然是……他是在19日晚上才出去的，19的下午……晚上去過夜，我亦不知道衞生署公布的21日，是否指21日的凌晨1分……我不知道。但是如果你"拉勻"來說，平均的潛伏期其實是4至7.2天 —— 如果你看各地的文獻，多數都是4至7.2天。所以如果你說，他在19日晚上出去了，在21日晚上這麼快便有人受感染，我便覺得是短了一些。當然你可以反駁，2天至16天也是可以的，但是我想大家要平衡……平均我們見到的潛伏期是4至7.2天。

勞永樂議員：

好的。許教授，我想再問你，在你見到的SARS病人之中……或者你現在的認識 —— 患SARS的病人，在病情的哪一個階段的傳染性是最高的呢？

許樹昌醫生：

傳染性最高應該差不多是第一個星期末至第二個星期的中期 —— 即第八至第十天是最高的。如果你看文獻，在鼻翼的病菌量在第十天會到達最高峰。

勞永樂議員：

那你認為是14日還是19日那天較接近他的病的第二個星期呢？

許樹昌醫生：

在這個病患者……如果按計算，那當然是在19日……如果事後這樣回看，他的病毒在19日那天應該最高。

勞永樂議員：

其實我們.....到現在已經認識到 —— 病人在沒有發燒的時候.....傳染性是低，一直到病情的第一星期.....到第十日的時候.....似乎有些研究說傳染性是最高的。在14日，雖然有些記載說開始有些不舒服了。

許樹昌醫生：

是。

勞永樂議員：

那如果是開始不舒服的14日那天，和19日相比.....其實根據我們的認識.....是否應該在19日的傳染性高很多呢？

許樹昌醫生：

如果是計時間，在19日的傳染性事實是高些。

勞永樂議員：

所以這個病人.....如果傳播這個病給淘大花園，最高危的時間便是在19日，而不是14日。

許樹昌醫生：

應該是，可以這樣說。

勞永樂議員：

好。

許樹昌醫生：

如果計病毒量，應該是19日比14日高。

勞永樂議員：

好，主席，我沒有問題。

主席：

或者，我想澄清一點。如果他在14日有可能感染其他人，而剛才你給我們的統計數字中……而大家知道最後淘大花園有很多人感染……在第二、第三、第四、第五、第六、第七天都沒有人受感染，到第八天……即21日那天……才有人受到感染，那或然率是否微乎其微呢？

許樹昌醫生：

我是說平均潛伏期是4至7.2天，我們在威爾斯的經驗是2至10天，所以其實如果在這段時間內……是有一個可能性，但是如果你看平均，都是4至7.2天。

主席：

你是說一個人而已。但如果所說的是過百人受感染……但在過百人受感染中，都沒有一個人在7天之內受感染，機會是否很低呢？

許樹昌醫生：

相對上便會低一些。

主席：

是嗎？是否應該用微乎其微去描述呢？第二天沒有……第三天……在過百受感染的人中……如果平均是4至7天……但竟然頭一至七天都沒有人受感染，到第八天……即21日那天……才有人受感染。我手邊沒有計算機，如果你計probability，即所謂的或然率，是低得很誇張的。

許樹昌醫生：

相對上是會低一些。

主席：

是嗎？鄭家富議員。

鄭家富議員：

多謝主席。許教授你好。我想問.....首先問YY，即源頭病人.....淘大花園的。從你的陳述書的1a和.....對不起.....是2a。2a —— 剛才勞永樂醫生一直在問，你在2a的最後一段，你就說了"the so-called 'step-down' ward system was set up on 29"那一部分，我想請教.....問一問，便是可否告知委員會，如果YY，在3月19日離開8A，在23日再次入院.....

許樹昌醫生：

22日。

鄭家富議員：

22日再次入院.....22日。換言之，在22日至29日，以你所認知，當時你們的討論和你們想得到更多的資料去認識SARS的潛伏問題等等，可否說一說在整整一個星期內，你們有些甚麼突破？

許樹昌醫生：

在SARS的爆發早期，我們是完全沒有任何資料，所以我們便一直在累積資料個案，直至14日才在世衛.....在河內.....取得少量資料 —— 關於潛伏期的。一直待我們累積了一定的資料後，我們便找我們的研究人員開始分析資料，差不多.....在你說的那段時間其實是在分析中的.....差不多在那個時候，我們才找到潛伏期是2至16天。我們亦留意到，有些病人可能症狀是比較不尋常 —— 最初你也以為他沒有，最後可能也是有SARS。所以當時我們開會，決定開一個step-down ward，用來安置這些病患者。

鄭家富議員：

當22日這個YY重新入院的時候，你們其實有沒有開始擔心.....這些隱性的病人，曾經入過院，然後又出院，又再入院。那段時間，你是否覺得應該盡早有這些緩衝病房的設立，而令SARS這些不明的疫症的爆發盡量減低。這個方法是否應該.....盡快有這個緩衝病房會否更好呢？我是說當時。

許樹昌醫生：

當時.....大家都要明白，我們每天都在收症，每天都會收20多至30個症。到17日.....3月17日已經過百，一直累積上去，當時大

家還擔心在哪裏開病房安置病人。當時我們對這個病的認識仍然十分有限，所以直至比較……3月……接近第三或第四個星期，才有些頭緒，知道病情原來可以分幾期，而且潛伏期是可以很長的。所以，如果……事後回看，當然越早開越好，這個我絕對同意。但是……當時很混亂……每天正在收症……資料又不齊全的時候，當時是很難作出決定的。

鄭家富議員：

我想問，你作為內科和藥物治療學系的副教授，亦都是胸肺科的主任，在過去……有沒有曾經……有這些緩衝病房的設立，有的話，大概是怎樣的情況呢？

許樹昌醫生：

你是說在SARS以前？

鄭家富議員：

是。

許樹昌醫生：

在SARS前沒有遇過這麼大型的病毒爆發。

鄭家富議員：

即從未有緩衝病房這類的考慮的……過去？

許樹昌醫生：

以往……我回到香港有5年半。起碼在我回來的5年半，也沒有遇到這麼大型的病症爆發，所以在這方面是沒有遇到過。

鄭家富議員：

在這個……當時正在打仗，你說有100多個個案衝着而來，而大家對這個病症初時又真的是瞎子摸象。你是否覺得其實……正因為這樣，你們有沒有同僚 —— 包括你自己 —— 亦有考慮過其實是否應該有一個緩衝的病房……去令到……我們都不知道正發生甚麼事時，盡量去觀察多些，而不是立即將一些懷疑的病人從8A病房直接出院呢？

許樹昌醫生：

這便要回到3月12日我們讓數個病人出院的決定。當時亦考慮了很多因素 —— 如果病人已經退了燒，入院是因為其他問題……退了燒便沒有需要留院，那麼我們有沒有權挽留他在醫院呢 —— 這是在當時已經開始存在的問題。當時我們已經知道我們沒有法律的權力要他留在醫院。如果當時已經開了先例是這樣，那便有一段時間我們也要跟着這樣做。另外，淘大的個案，在19日已經找到一個診斷可以解釋病情，肺片又已經變清了，而他自己本身又要求出院，這時候我們亦不可以挽留他在醫院……沒有理由可以強制他在醫院。而且，當時腎科同事已安排他在3月22日洗血的時候會再跟進，和在他出院的時候，我們亦提供了資料給衞生署再跟進，所以我們當時只能做到這數點。

鄭家富議員：

即換言之，許教授你的解釋是，如果當時……我們過去數次聆訊特別討論到和證人作口供時說到 —— 當時的法例未有具體把這種當時不知名的病徵列為……例如把SARS……列為法例中附表1的一個檢疫政策的傳染病。如果有的話，當時你們便可能會想……甚至這個緩衝病房會盡早確立，而令其有法律的依據，是否這個解釋呢？

許樹昌醫生：

沒錯，我絕對同意。

鄭家富議員：

即當時有這個方向的討論，亦因為沒有法律依據，於是你亦不能建立這個制度，是嗎？

許樹昌醫生：

是。

鄭家富議員：

好，主席，我繼續想問，有關YY出院後衞生署追訪的情況。許教授，你的陳述書中……亦都是剛才2a那裏，你在我剛才提到的那個段落的上方，你說到……當時……那段的倒數第4行，你說到"the administration's decision to allow the discharge of the non-

SARS patients was based on the understanding with DH that DH would be doing surveillance on all discharged patients"。這裏是說"all",一定是……即你的意思是所有的病人 —— 以你們的理解,衞生署都會進行追蹤,或者我們叫做……都是"追蹤"這個字,沒有用錯……

許樹昌醫生:

跟進。

鄭家富議員:

跟進,是。"all"是否包括這個YY呢?

許樹昌醫生:

我的理解是已包括了的。因為我們在3月11日、12日很多次的會議,衞生署的代表都是在場的。以我的理解,他們是會跟進我們所有已出院的病人。

鄭家富議員:

即以你的理解,其實任何出院的病人,衞生署都應該有一系列……即有姓名、有資料,讓他們去跟進和跟蹤……即跟進個案去瞭解病情發展,是嗎?

許樹昌醫生:

是,因為在3月12日開始,我們已經在威爾斯的2樓2號會議室設立了一個疾病控制中心來收集資料。衞生署很快便已經有代表來到,和我們的同事一起看資料。我們的同事每天會將資料交給衞生署的代表。

鄭家富議員:

好。主席,我想許教授很快地看一看兩份來自衞生署的陳述書,一份是W37(C),一份是W40(C),分別是來自謝麗賢和前署長陳馮富珍女士的口供……陳述書,好嗎?W37(C)和W40(C)。

主席:

你要慢一點,讓許教授翻到……先說37(C)……

鄭家富議員：

我想先說40(C)，因為是前衞生署署長.....因為答案簡單得多。

主席：

OK。

鄭家富議員：

第42條.....不好意思.....

許樹昌醫生：

我還未找到，對不起。37.....

主席：

先到40(C)。

鄭家富議員：

先到40(C)吧，然後麻煩秘書幫忙找37(C)。

許樹昌醫生：

40(C).....找到40(C)。

鄭家富議員：

40(C)的第42條，麻煩你翻到第42條。

這裏陳太.....當時問題是問她威院.....8A病房discharge patients.....在3月12日，問題是"Were you informed of the discharge?"她的答案很清晰 —— the answer is no。OK？然後37(C).....謝麗賢.....找到了沒有？許教授。

許樹昌醫生：

有.....找到。

鄭家富議員：

麻煩你看第40條。Question 40，亦是談及YY的。第19頁.....第40條的第19頁。你看到第1段.....她的答案的第1段，"when YY was discharged home on 19 March, DH was not informed"。我想問，剛才你給的證據.....口供，其實基於任何一個出院的病人.....其實以你的理解.....衞生署都應該被知會。但是陳太與及謝麗賢醫生的口供和證據.....過去在這個委員會說的，似乎特別對YY這個病人 —— 特別是這個源頭病人 —— 衞生署是未被知會的。你看完這個這樣的證據，你如何解釋？

許樹昌醫生：

當時，我們已經很早便派了一位姓陳的醫生 —— Dr Louis CHAN，駐守在疾病控制中心處理那些資料。每一天，Dr Louis CHAN都會把那些資料轉交衞生署的同事，所以我肯定那些資料一定已轉交衞生署的同事。他們有沒有即時再傳給他們自己內部的上層，這點我便不知道了。

鄭家富議員：

即你的理解，就是依然堅持衞生署沒有理由沒有YY出院的資料的，是否這樣？

許樹昌醫生：

應該是他們會收到資料的，因為我們派了Dr Louis CHAN及其他秘書去幫他們，都是每天處理這些資料 —— 入院、出院。他們亦有代表.....衞生署有代表在場，沒有理由收不到資料的。

鄭家富議員：

那麻煩你幫幫我們委員會，即依舊都是37(C)謝麗賢醫生的陳述書的第40條，仍然都是那個答案而已。但請你翻到下一頁，即20頁。當時因為謝麗賢醫生所說的，她說因為YY其實.....即他們測試到他是一個"positive test for influenza A"，所以便"no follow-up action was taken"。那你又覺得衞生署.....即謝麗賢醫生這樣的口供，你看完之後又覺不覺得是否.....他們沒有資料的其中一個原因呢？你是否接受呢？

許樹昌醫生：

當時我們給她的資料包括診斷及入院的時候做了甚麼測試，所以他們手邊應該有全部資料。至於跟進與否，我想是他們的問題，但我相信他們會跟進。

鄭家富議員：

即你覺得這一個所謂的理由，即有一個influenza A這樣的一個理由，都不足以防止衞生署 —— 即缺乏證據去跟進的，是否這意思？

許樹昌醫生：

是。

鄭家富議員：

OK，好。那麼，我想問，如果現時回看，因為衞生署確實有兩個重要的證人都說沒有YY這一個源頭病人的資料，於是他們的追蹤或者探究工作似乎可能中斷了一段時間。你覺得這會不會是一個很重要和很關鍵性，令到源頭病人走到社區，把SARS病毒帶入社區，形成了一個爆發呢？

許樹昌醫生：

首先，我不是很明白為甚麼他們會收不到這個資料，因為整羣人都坐在同一個2號房，這個房也不是個很大的房間，那些資料都是每天大家傳閱的。我不大明白為甚麼她會說收不到這個資料。

如果收到資料的時候，大家3月12日開過會的那些 —— 衞生署的代表也在場，我們的理解是他們收到資料，他們應該會繼續跟進。所以我自己也不大明白為甚麼她會說收不到這個資料。

鄭家富議員：

不，我知道.....許教授，不好意思。因為我的問題核心已經確立了他們真的收不到，確立了他們真的.....而且你再看.....如果根據謝麗賢醫生最末的答案，她直接這樣寫："In fact, the name of YY disappeared from the master list on 3月20日, an indication that PWH also did not consider that follow up action was required of DH"。

主席：

或者鄭家富議員，我們先不需要討論是否已確實了，不如假設 —— 作為方便你的問題的跟進 —— 即假設她收不到。不如你問你的問題，好嗎？

鄭家富議員：

那，OK，因為我恐怕.....主席，我每次假設，你都說不好.....

主席：

因為這個我們仍是.....

鄭家富議員：

所以我.....或者今次不是假設呢，她真的說她沒有，她真的收不到，她亦覺得她.....衞生署兩個高官都說.....

主席：

不需要辯論了，好嗎？鄭議員。

鄭家富議員：

好嗎？所以我希望許教授可不可以說一下，以你專業醫生的角度，確實真的YY沒有跟進到，這是不是一個把源頭病人 —— 他去到.....可能返回淘大或者社區 —— 是一個令到爆發的一個最重要和關鍵的病人？

許樹昌醫生：

這個如果是.....從我們事後回看，原來他兩樣都有，那便.....當時如果沒有跟進，那便鑄成了一個爆發。但以當時來說，大家亦要明白，3月22日才有SARS這個名稱，那病情當時.....

鄭家富議員：

應該是在15日，對嗎？

許樹昌醫生：

Sorry，3月22日才證明冠狀病毒是SARS的原因，在那麼早的階段，我想當時每一個party都不會知道那病情的。

鄭家富議員：

嗯。

許樹昌醫生：

所以可能當時他們基於……你又找到那個甲型流感，可能他們覺得沒有需要跟進，我不知道他們是否這樣想，但至於交資料，我肯定應該已經交了。嗯……這個假設的問題都頗難回答。

鄭家富議員：

不過，當然主席說這是一個假設的題目，不過這其實不是一個假設的題目。現在大家都知道，其實這一個源頭病人確實是欠缺了衞生署跟蹤的對象，這個十分重要，所以我希望從你作為一個證人的口供，我們要瞭解。還有，當然，我們希望許醫生你明白，在這個問題上，其實，我們都會繼續瞭解，究竟為甚麼那資料會不見了。所以我很希望你再說，你說當時那個房間很小，那除了Dr Louis CHAN之外……

主席：

或者，鄭家富議員，實在可以很簡單去處理的。實際上他們沒有跟進，這是一個事實。她有沒有收到資料，不知道甚麼理由，收了但不見了，又或者沒有交給她，這點我們稍後會確實這個事實。

鄭家富議員：

是的。

主席：

OK？但她沒有跟進這工作是確實的。

剛才鄭議員你的問題是在問：他們確實沒有跟進，究竟與接下來淘大的爆發，你個人對這件事的分析或者判斷，覺得是否相關呢？

許樹昌醫生：

當然，如果有跟進的話，我相信會有幫助的。譬如如果她知道他原來已經有問題，可以早點再入醫院，這當然會有幫助。但是，我亦有個同情的方面，那就是，事實上那麼早期，每一方面，當時全世界的資料都是很有限的，大家都可能猜不到他原來中了"孖寶" —— 兩樣都有。我會有一個.....我會理解到，因為我也經歷過這個戰役，你要摸索幾個星期才能摸清那個病情的，事實上。

鄭家富議員：

嗯。那你覺得這個資料上的.....剛才你多番說到那個房間很小，照道理沒有理由流失那些資料。你提到一個名叫"Dr Louis CHAN"，除了這位陳.....是不是姓陳？陳醫生，是不是？

許樹昌醫生：

是，陳醫生。

鄭家富議員：

除了.....那麼這陳醫生，你知不知道他是否直接把這些資料交給謝麗賢醫生？

許樹昌醫生：

謝醫生並不在場，不過他們衞生署有工作人員在場。

鄭家富議員：

你是否記得哪些工作人員長時間在場.....

主席：

鄭議員，不好意思，我又要打斷你，因為在馮康醫生的證供中，我們已要求馮康醫生向我們提交有關資料，去確實究竟當時是否有交這些資料給衞生署，所以我相信許教授未必是一個最適當的證人去提供這些資料。

鄭家富議員：

好的。主席，那麼，我想問最後一個簡單的問題。衞生署跟進這些所有 —— 根據你的陳述書所謂的all discharged patients，

以及你們醫院得知的這個病人名單，是否就是由陳醫生負責，只是一個陳醫生，沒有其他人的了，只有他負責瞭解究竟衞生署有沒有真正跟進，是不是只得陳醫生？

許樹昌醫生：

當時陳醫生是全職在2號房處理這些資料，以及與衞生署大家交換資料。

鄭家富議員：

即只得一個陳醫生，只得陳醫生代表醫院與衞生署.....去瞭解衞生署有沒有跟進？沒有其他人了？

許樹昌醫生：

因為我當時的職責主要是在病房看症，我有時也會下去2號房，每天看看有些.....一晚之中有多少新症進來，所以我會看到一大羣人，陳醫生經常都在場，以及有衞生署的代表，但實際跟進的過程，我當然不會在那裏看到。但是，陳醫生當時是全職做這一個工作的，跟衞生署大家.....向他們提供資料。

鄭家富議員：

即制度上，在醫院的制度上便只有陳醫生？

許樹昌醫生：

對。

鄭家富議員：

沒有了。

主席：

謝謝。許教授，我想問一個簡單的資料，便是當.....剛才所說的這個YY的病人，他在22日返回威院，23日便再進入SARS ward。我想問一下，他在22日返回威院的時候，醫院何時知道他便是較早前離開8A病房的病人？

許樹昌醫生：

22日他其實是回來洗血的。

主席：

是。

許樹昌醫生：

他去了我們洗血的8C病房。接着，那些護士已看到他有發燒，於是通知腎科同事為他照肺，亦看到肺影兩邊都已經有，所以他們當時很快都已經知道了。

主席：

即同時都知道他是8A……離開8A的病人？

許樹昌醫生：

嗯……

主席：

我剛才的問題是，當然，這個病人一直也有來威院的，我剛才的問題是：究竟何時才知悉、再聯繫他是曾經在8A住了幾天然後離開的病人？

許樹昌醫生：

他們到22日已經即時知道，因為他在19日出院，再下一次洗血便是在22日。

主席：

所以那病人清楚表示他曾經住過8A？你的意思是……

許樹昌醫生：

是的，那些腎科的護士是知道的。

主席：

好，謝謝。陳婉嫻。

陳婉嫻議員：

主席，跟進你這個問題。我想問一問許教授，你們說當YY重新返回威院的時候，因為他要洗腎，而你同事亦在他洗腎時發覺他在發燒，他的情況你們馬上.....知道了之後，是否都告訴了有關的疾病控制中心？

許樹昌醫生：

是的，因為他一入院.....他接着便立即要.....留他在醫院，所以我們會即時通知疾病控制中心，所有資料他們會立即.....通知的。

陳婉嫻議員：

那即是說Dr CHAN也應該知道這個資料的。

許樹昌醫生：

對，22日他再入院，他是知道的。

陳婉嫻議員：

那麼，這個資料.....他再入院之後，事實上，Dr CHAN有沒有跟衞生署說？

許樹昌醫生：

這點.....

陳婉嫻議員：

理論上，他都應該知道的，對嗎？

許樹昌醫生：

理論上，我相信他會通知的，因為這是他的職責，他會通知衞生署。

陳婉嫻議員：

即是說，你現在亦沒有證.....即如果按照剛才鄭家富所說，衞生署或陳太都說不知道他的資料，那即是說他的出和再入，應該都有資料在你們的2號房那裏。

許樹昌醫生：

對。

陳婉嫻議員：

只不過她不知道而已。

許樹昌醫生：

嗯……這……

主席：

不過，陳議員，可能這是……因為我們稍後也會見陳醫生……

陳婉嫻議員：

我知道，我知道，主席。

主席：

是。

陳婉嫻議員：

你讓我再問一問，好嗎？

主席：

好。

陳婉嫻議員：

我問的很簡單，我只想問一問，就是說當時當他再進來，他再次發燒，他繼續在醫院內，病情亦繼續發展的吧，那即是說，他每天的病情資料都會放回2號房 —— 疾病控制中心，對不對？

許樹昌醫生：

他入院的紀錄會……2號房會知道他仍在醫院。

陳婉嫻議員：

他的紀錄會不會再放回2號房？

許樹昌醫生：

紀錄不會放在2號房的。

陳婉嫻議員：

不會。

許樹昌醫生：

病情.....因為那牌板通常會跟病房的，不可能搬到2號房的。

陳婉嫻議員：

OK，謝謝主席。

主席：

OK，梁劉柔芬議員。

梁劉柔芬議員：

許教授，我想問一問，對於劉教授入廣華那件個案，你何時才知道及大約的詳情。

許樹昌醫生：

我們.....劉教授那方面很多時都是看報紙才知道的 —— 最初的時候。此外，大家同事會通電郵，直至3月15日鍾南山教授去完日本，我們剛.....我們預早幾天已知道他會去日本授課，我們便要求他停一停香港，來我們的香港胸肺學會講述他醫治SARS的經驗。在同一場合，2003年3月15日，我們的廣華醫院同事便有機會讓我們看看他那些片及他當時的狀況是怎樣，所以在2003年3月15日，我才第一次詳細知道。

梁劉柔芬議員：

那麼，我想問問你有沒有想過為甚麼劉教授進入廣華的時候 —— 你也知道那詳情，他之前說他有一個類似.....好像influenza的情況，然後醫好了，然後才來香港，接着進入廣華，接着很快便入了ICU —— 即你有沒有在這層次上考慮過，從你那個所謂叫做醫生的角度，即醫病的角度，有沒有奇怪為甚麼會這樣.....這個情況為甚麼會這樣呢？

許樹昌醫生：

當時，大家都聽到一些消息，大家胸肺界都是全靠電郵，大家通.....才知道原來有一宗這樣的個案。當時大家事實上都有些擔心。而且我們從傳媒那裏又聽到"上面"說要煲白醋那樣，我們都感覺到有些不尋常的病正在爆發。

梁劉柔芬議員：

其實，我想問的是，剛才聽你說因為第一期，而他是 —— 即第一次他病發，你們事後回看，他應該是第一期，也是接着在19日.....17日的肺也很清，立即放了他出去，即讓他出去，因為他沒事，亦當他是甲型流感。但是接着第二次回來，23日.....22日、23日，你們照肺的時候又發覺他的肺兩邊也很"花"，這個情況其實是否有些像劉教授的情況呢？

許樹昌醫生：

不同的，劉教授的資料我基本上是在15日才第一次聽過同事告訴我們，那個案不是一模一樣的，不同的。

梁劉柔芬議員：

有甚麼地方類似，有甚麼地方是很不同的呢？

許樹昌醫生：

第一，劉教授的資料我不是直接有機會觀察一段時間，都是在那十幾分鐘以內，那同事綜合了他一段時間讓我們知道。似乎劉教授的病情惡化得很快，我都是看文憲看到他在21日下來，不足24小時便要入院，他裏面的那些片我們是不會有機會看到的，我們的同事是用power point打幾張出來，所以我對他整個個案不會有一個很好的.....knowledge去看到。

梁劉柔芬議員：

嗯，如果按照剛才許教授你所說，即是說那個incubation，即潛伏期，通常是4至多少天 —— 那個情況？

許樹昌醫生：

平均是4至7.2.....

梁劉柔芬議員：

是了，在這個過程中，如果以劉教授這一個，根據你用的那套理論來估計，那潛伏期應該是何時？有多久？

許樹昌醫生：

劉教授的個案，我真的沒有一個詳細的資料，所以我也很難回答你，因為我不是廣華醫院的醫生。

梁劉柔芬議員：

OK，好，謝謝。

主席：

李柱銘議員。

李柱銘議員：

許醫生，我想問一問，跟進鄭家富議員所問的，所以我想你翻看謝麗賢醫生的口供紙。

主席：

W37(C)。

李柱銘議員：

是，W37那個，都是第40條答案，第40條，即第19頁最後那裏，最末那一段。她說"YY first appeared on the PWH master list which was referred to DH in the evening of the 16 March"。看到這句了嗎？

許樹昌醫生：

是。

李柱銘議員：

即你們把YY的名字，在16日放在你們醫院的表格內交給衞生署。

許樹昌醫生：

甚至乎再早些，因為這個YY在15日入院，應該在16日很早他們已經收到資料。

李柱銘議員：

你當它是16日也好，15日也好。

許樹昌醫生：

是。

李柱銘議員：

她這樣說是指16日。即你們其實已通知她，因為放在list內即已通知她，對不對？

許樹昌醫生：

通知她已入院。

李柱銘議員：

是，對嗎？你是靠那個list來通知她而已。

許樹昌醫生：

對。

李柱銘議員：

接着你一直看.....你自己看下去，我省得讀了，不要把record弄長。接着在17日，翻往下一頁最尾一段，這一個答案最後那一句，她說"In fact, the name of YY disappeared from the master list on the 20 March, an indication that PWH also did not consider the follow up action was required of DH"。即在16、17、18、19日都應該在那個master list那裏的，但20日卻不見了。她這樣說，你先當她是對的。那即是說，醫務署在16、17、18、19日都知道需要追蹤或跟蹤這個YY的，不過到了20日，她看到YY的名字不見了，所以便沒有追蹤了。你看她這樣.....即你這樣解釋她的答案，對不對？你這樣理解吧。但這個.....我的問題是，那個list是你們醫院的list，那誰有權把這個名字取走的呢？

許樹昌醫生：

這個.....你說的這個list，我相信便是in-patient list，即入院病人的名單。

李柱銘議員：

是否你們.....噢！這個list不是要跟蹤的嗎？discharge那個list，是不是？

許樹昌醫生：

嗯.....

主席：

李議員，這個並不是，這是in-patient list。

李柱銘議員：

啊，這個是in-patient的list。

許樹昌醫生：

應該是in-patient list。

李柱銘議員：

但是你給了.....因為這一句，所以你是否同意她這樣說呢？她說："如果連名字也沒有了，便等於即使來了你們醫院，也不覺得需要跟進了。"這一句你是否同意呢？

許樹昌醫生：

這個list只不過是說這個病患者仍在醫院內，不等於不需要跟進，這是兩回事。

李柱銘議員：

那麼說，即是她搞亂了？

許樹昌醫生：

據我理解就是，總之，如果病人的名字列於表上，表示仍在留醫。

李柱銘議員：

對了，如果不在表上，即是離開了嗎？

許樹昌醫生：

如果不在表上，只不過表示出院了。

李柱銘議員：

出院了，豈不是更要跟進 —— 因為是8A的？

許樹昌醫生：

我們的理解是他們應該會跟進，因為在3月12日，我記得，在開會的時候，當時的原則也是這樣的。

李柱銘議員：

那麼，即是她這一句不對了，對嗎 —— 她這樣寫？

許樹昌醫生：

我不同意這一句。

李柱銘議員：

因為只能夠說他不在醫院內吧了，對嗎？

許樹昌醫生：

對。

李柱銘議員：

既然是8A，明明是一直住在8A的，突然不見了，不在8A住，這就要跟進了，是否這樣理解才對呢？

許樹昌醫生：

應該是出了院，仍會繼續跟進的。

李柱銘議員：

正是因為從8A出院，便更加要跟進，對嗎？

許樹昌醫生：

對。

李柱銘議員：

OK。在你自己的口供紙上，這裏是.....你自己的.....第.....回答的題目是.....在回答Q2a的，Q2a，你回答得很長的，在第3頁。你是說因為有些8A病人已經沒有發燒了，你若不准他們離開，反而會令他們可能有更大機會受感染，所以，為了保障他們，便准他們離開，對嗎？

許樹昌醫生：

對。

李柱銘議員：

你說，教他們如果有甚麼事，便回來急症室，對嗎？

許樹昌醫生：

對。

李柱銘議員：

以及這一句，"In addition, they were advised to stay home and maintain good personal hygiene."這包括了甚麼呢？你叫他回家，那又怎樣呢？

許樹昌醫生：

他回到家中，我們也是依照飛沫傳播的常識，吩咐他盡量戴口罩、洗手，不要對着人咳嗽，不要與人一起共用.....一起共用.....即不要近距離與人有接觸。

李柱銘議員：

還有甚麼呢？

許樹昌醫生：

當時也是.....

李柱銘議員：

.....我為甚麼要問呢？因為我不懂得這些事的，如果我是病人的話，我也不希望是"這一味"。所以我想知道，究竟要怎樣呢？

許樹昌醫生：

通常都是防止飛沫和接觸傳播的常識，也是要盡量戴口罩，不要不掩口便咳嗽、打噴嚏，多些洗手，不要與人共用公共筷子或其他的.....不要與人一起分食物等這些基本事情。

李柱銘議員：

譬如說，在洗手間內連抹手布也應該要分開的，有沒有提到.....

許樹昌醫生：

.....沒錯，沒錯。

李柱銘議員：

有沒有？

許樹昌醫生：

我們會.....這也包括在內 —— 當然。

李柱銘議員：

是你猜的，還是甚麼？

許樹昌醫生：

當出院的時候，同事會教導病人盡量.....盡可能自己用廁所。

李柱銘議員：

有沒有吩咐他們分開房間？

許樹昌醫生：

是否有這樣詳細，我便不清楚。當然，我們盡可能吩咐他們不要與其他人有近距離的接觸，這個原則，我們已經通知了.....

李柱銘議員：

.....你這樣大的原則，若不清楚說明，病人是不會知道的，對嗎？譬如你沒吩咐他們分開房間，他們便以為是不要緊的。

許樹昌醫生：

我相信.....因為當時我不是負責8A病房的，但我相信我的同事會跟他們說清楚他們應該要注意的事項。

李柱銘議員：

不過，你不是負責"這一味"吧？

許樹昌醫生：

我不是負責8A病房的，我在回答問題的早期時已經說清楚，當時我的任務是負責急症室O房的第一批接收入院的病患者。

主席：

OK。

許樹昌醫生：

我們當時因為要分工，8A病房有另外兩位湊巧也是姓許的同事負責。

李柱銘議員：

OK，剛才你回答鄭家富議員的時候，你提及他問你的step-down ward那處，你的其中一句，我已經寫下了，你說："資料不齊全"，你還記得曾說過這一句話嗎？我想請你解釋一下，詳細說明資料怎樣不齊全。

許樹昌醫生：

譬如潛伏期，我們.....譬如我們的病源也是在3月14日才能確定是它，你要找出病源，才能替其他患者真的可以計算潛伏期，以及那疾病.....分開了1、2、3期，如果沒花上一段時間，也是不會知道的，觀察不到的。此外，原來也有一些可能是所謂隱形病人，他們發燒程度不是很高，但是也可以有SARS。

所以，這些知識真的當時要花上時間，才能累積得來的，不是在一個短時間便會知道。

李柱銘議員：

你覺得這些資料.....你的意思是.....我想問清楚的就是，你說資料不齊全，你覺得是應該有的卻沒有，還是太多資料未曾.....

許樹昌醫生：

.....當時一直在累.....

李柱銘議員：

.....弄清楚？

許樹昌醫生：

當時因為在11日晚上，便開始接收那些病人入院，那些個案一直在累積，直至我們到了3月第三個星期左右，便開始分析貯存的資料，譬如血、淋巴細胞會否隨着入院之後繼續下降呢？

李柱銘議員：

嗯。

許樹昌醫生：

其他的指數.....如驗血指數，又會否上升呢？這些都是真的要等入院之後，你要給他一段時間來觀察，才能分析出來。

李柱銘議員：

所以，你說出那幾個字，我覺得有點奇怪才問你，你說資料不齊全，便好像感覺不足夠，也許應該多做一點，你明白我的意思嗎？

許樹昌醫生：

但是在時間上，我所指的是，你要累積了.....

李柱銘議員：

.....即是資料仍未分析出來？

許樹昌醫生：

對，因為你連病情.....突然惡化，你在第一天不能看得出第八天的情況會這樣。

李柱銘議員：

明白。其實你沒有批評自己的醫院在這方面處理資料，你不是批評醫院吧？

許樹昌醫生：

不，不，我指的是在時間上對一個全新的疫症，真的要花點時間才能知道病情的進展和進度，以及計算出潛伏期。

李柱銘議員：

我明白，我沒有問題再問了。

主席：

麥國風議員。

麥國風議員：

多謝主席。我想瞭解一下關於DCC —— 疾病控制中心的事情。許醫生，你是否知道疾病控制中心的架構是怎樣的？因為你提到有Dr Louis CHAN參與，以及衞生署的同事在那裏很緊密地工作，其實哪位是疾病控制中心的主管？

許樹昌醫生：

當時並沒有指定哪位是主管，馮康醫生派了Dr Louis CHAN全職留駐在疾病控制中心，另外有兩位傳染病的同事 —— Dr Nelson LEE和Dr Alan WU —— 也有幫助陳醫生貯存資料；另外衞生署在很早期派了代表去負責收集那些資料，因為在病症爆發後不久，他們需要制訂問卷來問病人，他們究竟有甚麼病徵，甚麼時候接觸了甚麼人等，他們就是在下面大家一起做這些工作，沒有指定誰是主管，基本上是幾個部門一起工作的。

麥國風議員：

那麼，關於.....似乎在資料上，你也說不知道那些資料怎樣消失了，對嗎 —— 尤其是關於YY這個病人？

許樹昌醫生：

所以我也覺得很奇怪，因為資料應該是在出院時.....即使不是當晚.....其實他們的工作時間也很長的，當時大家都留到很晚的，我相信他們很快便應該可以知道這個人會出院的，每一個party在下面都應該會知道的。

麥國風議員：

以你所知，他們用甚麼方法來通知DCC？譬如傳真或電郵，還是其他.....通電話.....

許樹昌醫生：

.....他們坐在一起的.....

麥國風議員：

.....用甚麼方法？

許樹昌醫生：

他們坐在一起的。

麥國風議員：

不，你要.....譬如YY出院，在19日出院，在19日出院，8A怎樣通知DCC？以你所知，以你所知的。

許樹昌醫生：

他們可以用電話，亦可以用fax。

麥國風議員：

但你不知道用哪個方法？

許樹昌醫生：

我不知道，因為當時我不是長駐8A的，我已經說得很清楚了……

麥國風議員：

……我知道，我知道。

許樹昌醫生：

我是留駐O房的。

麥國風議員：

我清楚的，但是我想……我想知道的是你知道多少關於……

許樹昌醫生：

……可以用電話，也可以by fax的。

麥國風議員：

嗯，但卻沒有一個……我先前第一條問你的問題是說，你不清楚DCC的主管是誰，怎樣來質……怎樣來做這個質素控制？以你所知，怎樣來做質素控制？怎樣證明這些資料來自傳真或電話，或是用電郵通知了有關的……現在假設是Dr Louis CHAN，怎樣通知Dr Louis CHAN？

許樹昌醫生：

當時……

麥國風議員：

……證實了有通知你的？

許樹昌醫生：

證實了有通知，因為這一方面不是我負責來做通知這職務，Dr Louis CHAN是全職留駐在2號房，當時的每一個個案，我們的同事會通知樓下，但是通知的方法，我卻無法告訴你。

主席：

麥議員，我建議.....就這些資料的傳遞方法，我想已經問得很足夠了，因為這位證人不是負責有關的工作。

麥國風議員：

我明白，我明白了。

主席：

是。

麥國風議員：

那麼.....如果關於威院方面說最終失去了那些資料from the updated master list，你也是沒有掌握的嗎？

主席：

麥議員，麥議員，不好意思，你還有其他問題想問嗎？

麥國風議員：

也是.....

主席：

.....除了這幾個list.....

麥國風議員：

.....關於這個.....

主席：

.....我建議你不要再追問這個問題了。

麥國風議員：

即是要問Dr Louis CHAN？

主席：

嗯。

麥國風議員：

OK，謝謝。

主席：

其他委員還有沒有其他問題要問許教授？如果沒有，我很多謝許教授今天出席今天的研訊，多謝你向我們提供資料。如果我們委員會日後有需要的話，可能會再邀請你也說不定。今天的研訊到此為止。多謝你。

各位委員，我們需要返回C房總結今天研訊的部分。

(研訊於下午3時40分結束)