

**立法會衛生事務委員會**  
**二零零三年三月十四日特別會議**

**呼吸道感染事件**

**目的**

本文件旨在報告有關近期發生的呼吸道感染事件。

**背景**

2. 香港設有一套精密而有效的疾病監察系統，透過公營及私營的醫院，診所及化驗所，監察本港流行性感冒及呼吸道疾病的情況。資料顯示每星期約有 350 病人因肺炎入院治療，在過去兩月內情況穩定，並無異常增加。

3. 監於廣東省二月初公報有非典型肺炎爆發，本港亦已加強監察嚴重的肺炎個案。有部份病者的親屬亦染病。呼吸道感染的成因有多種，包括細菌感染及病毒感染。化驗所資料並沒有發現異常情況。

4. 已證實由非典型肺炎引致的兩個死亡個案，包括一名四十八歲美籍商人在上海及香港逗留後，上星期在越南河內出現類似流感的病徵，他由飛機送抵香港後，在三月十三日在瑪嘉烈醫院去世。另一名患有非典型肺炎的廣東省中山大學教授，於三月四日在廣華醫院病逝。

## **現時情況**

### 威爾斯親王醫院員工集體染病

5. 在本年 3 月 10 日開始，威爾斯親王醫院發現其中一病房內幾名醫護人員患上類似流感的疾病，出現發燒、咳嗽、喉嚨痛等病徵。由於出現病房內員工集體感染，情況異常，醫院管理局與衛生署隨即聯手調查。各醫院已加強預防感染措施，並監察員工的情況。截至 3 月 13 日晚為止，共發現 39 名員工因呼吸道感染入院治療，其中 24 人有肺炎跡象。初步化驗並沒有發現甲型或乙型流感病毒或 H5N1 禽流感病毒。詳細化驗仍在進行中。

## **應變措施**

6. 醫院管理局(醫管局)已進一步加強感染控制措施，在處理患呼吸道疾病病人時必須佩戴口罩、手套及穿上外袍。醫管局亦為員工舉辦感染控制講座及發出提醒指引。衛生署則加強在私營醫療界別及社區層面的教育及預防工作。

7. 特區政府已由衛生福利局局長楊永強醫生率領督導小組，成員包括醫管局及衛生署的官員及醫療專家，加快資訊互通，以及統籌各方面所採取的預防措施。

8. 衛生署副署長梁栢賢醫生將會領導專家小組，匯集來自醫管局、衛生署、香港大學及香港中文大學的專家，徹查事件。

### 其他疾病監控措施包括

- 進行化驗及深入的流行病學研究，以找出引致爆發的病因；
- 衛生署加強在私營醫療界別及社區層面的教育及預防工作。為預防疾病在社區蔓延，衛生署已發信提醒全港醫生、學校、幼兒院及幼稚園採取預防措施，及向衛生署通報不尋常病症。

### **世界衛生組織發出警告**

9. 香港是世界衛生組織西太平洋區的成員之一，經常與世界衛生組織緊密聯絡。於3月12日，世界衛生組織就廣東省、越南及香港均發現醫護人員集體感染呼吸道疾病，發出全球警報，表示關注，並建議將患非典型肺炎病人隔離護理。(附件 – 世界衛生組織新聞稿)

### **與內地通報機制**

10. 本港衛生署與內地部門有一套既定的通報機制，與北京的衛生部保持緊密聯繫，亦與廣東省定期會就特定的傳染病，互相交換資料。若內地爆發疾病，我們會即時透過各個途徑與內地衛生部門聯絡，從而取得最新的資料。就本港醫護人員出現集體感染的情況，衛生署已即時向北京及廣東省衛生當局通報。

衛生福利及食物局

二零零三年三月十四日



# World Health Organization

## **WHO issues a global alert about cases of atypical pneumonia**

### **Cases of severe respiratory illness may spread to hospital staff**

12 March 2003 | GENEVA -- Since mid February, WHO has been actively working to confirm reports of outbreaks of a severe form of pneumonia in Viet Nam, Hong Kong Special Administrative Region (SAR), China, and Guangdong province in China.

In Viet Nam the outbreak began with a single initial case who was hospitalized for treatment of severe, acute respiratory syndrome of unknown origin. He felt unwell during his journey and fell ill shortly after arrival in Hanoi from Shanghai and Hong Kong SAR, China. Following his admission to the hospital, approximately 20 hospital staff became sick with similar symptoms.

The signs and symptoms of the disease in Hanoi include initial flu-like illness (rapid onset of high fever followed by muscle aches, headache and sore throat). These are the most common symptoms. Early laboratory findings may include thrombocytopenia (low platelet count) and leucopenia (low white blood cell count). In some, but not all cases, this is followed by bilateral pneumonia, in some cases progressing to acute respiratory distress requiring assisted breathing on a respirator. Some patients are recovering but some patients remain critically ill.

Today, the Department of Health Hong Kong SAR has reported on an outbreak of respiratory illness in one of its public hospitals. As of midnight 11 March, 50 health care workers had been screened and 23 of them were found to have febrile illness. They were admitted to the hospital for observation as a precautionary measure. In this group, eight have developed early chest x-ray signs of pneumonia. Their conditions are stable. Three other health care workers self-presented to hospitals with febrile illness and two of them have chest x-ray signs of pneumonia.

Investigation by Hong Kong SAR public health authorities is on-going. The Hospital Authority has increased infection control measures to prevent the spread of the disease in the hospital. So far, no link has been found between these cases and the outbreak in Hanoi.

In mid February, the Government of China reported that 305 cases of atypical pneumonia, with five deaths, had occurred in Guangdong province. In two cases that died, chlamydia infection was found. Further investigations of the cause of the outbreak is ongoing. Overall the outbreaks in Hanoi and Hong Kong SAR appear to be confined to the hospital environment. Those at highest risk appear to be staff caring for the patients.

No link has so far been made between these outbreaks of acute respiratory illness in Hanoi and Hong Kong and the outbreak of `bird flu,` A(H5N1) in Hong Kong SAR reported on 19 February. Further investigations continue and laboratory tests on specimens from Viet Nam and Hong Kong SAR are being studied by WHO collaborating centres in Japan and the United States.

Until more is known about the cause of these outbreaks, WHO recommends patients with atypical pneumonia who may be related to these outbreaks be isolated with barrier nursing techniques. At the same time, WHO recommends that any suspect cases be reported to national health authorities.

WHO is in close contact with relevant national authorities and has also offered epidemiological, laboratory and clinical support. WHO is working with national authorities to ensure appropriate investigation, reporting and containment of these outbreaks.

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