

**Information agreed  
to be provided by the SHWF to the Clerk to Select Committee  
to inquire into the handling of  
the Severe Acute Respiratory Syndrome outbreak by  
the Government and the Hospital Authority**

- (A) To provide the names of the two clinicians with whom the Health, Welfare and Food Bureau (HWFB) has sought advice regarding the appropriateness of using the abbreviation "SRS"**

The two clinicians with whom HWFB has sought advice regarding the appropriateness of using "SRS" are:

- (a) Dr Loretta Yam, Chief of Service, Department of Medicine, Pamela Youde Nethersole Eastern Hospital and
- (b) Dr Yu Wai-cho, Consultant, Department of Medicine and Geriatrics, Princess Margaret Hospital.

The views expressed indicated that both "SARS" and "SRS" were non-specific descriptive terms, neither one of them was superior to the other on clinical and academic considerations. The term "severe acute respiratory syndrome" however implies that there is another category of "severe *chronic* respiratory syndrome", which as a matter of fact does not exist in medical nomenclature or literature. Adopting the term "severe respiratory syndrome" is therefore clinically acceptable, particularly when precedent exists, for example, in paediatric medicine. In paediatrics, the term "respiratory distress syndrome" ("RDS") refers to an acute lung condition which affects premature newborn babies that may result in respiratory failure. However, the word "acute" has never been used in the term "RDS".

- (B) To provide the relevant statistics which were provided to the Members of the Chief Executive's Steering Committee on SARS on 16 April 2003**

The relevant statistics are at Appendix A.

- (C) To provide the transcript of the media session by the Chief Executive on 8 April 2003**

The bilingual transcripts of the media session by the Chief Executive on the latest situation of atypical pneumonia on 8 April 2003 are at Appendix B.

## Daily reported cases of Atypical Pneumonia

Date	Amoy Gardens (Block E) cases (a)	Healthcare workers (b)	Others (c)	Deaths	Patients discharged	ICU cases	Daily additional cases (a)+(b)+(c)	Cumulative Total	Suspected case Admissions
Mar 13	-	39	-	-	-	-	39	39	
Mar 14	-	4	-	-	-	-	4	43	
Mar 15	-	4	-	-	-	-	4	47	
Mar 16	-	2	-	-	-	-	2	49	
Mar 17	-	23	23	-	-	-	46	95	
Mar 18	-	12	16	-	-	-	28	123	
Mar 19	-	8	19	5	2	-	27	150	
Mar 20	-	7	16	1	3	-	23	173	
Mar 21	-	11	19	-	2	-	30	203	
Mar 22	-	4	15	1	-	-	19	222	
Mar 23	-	8	17	1	-	-	25	247	
Mar 24	-	7	11	2	5	-	18	265	
Mar 25	-	5	20	-	2	-	25	290	
Mar 26	7(7)	9	13	-	2	-	29	319	
Mar 27	22(22)	6	23	1	3	45	51	370	
Mar 28	34(21)	4	17	-	6	45	55	425	
Mar 29	22(13)	3	20	1	18	53	45	470	
Mar 30	36(14)	6	18	1	17	52	60	530	
Mar 31	64(18)	2	14	2	19	64	80	610	
Apr 1	52(13)	4	19	1	5	67	75	685	
Apr 2	3(0)	7	13	-	5	82	23	708	
Apr 3	2(1)	2	22	1	9	85	26	734	
Apr 4	8(5)	5	14	-	1	103	27	761	
Apr 5	7(2)	10	22	3	8	107	39	800	
Apr 6	11(1)	9	22	2	9	108	42	842	
Apr 7	10(4)	7	24	1	11	116	41	883	
Apr 8	5(1)	18	22	2	11	118	45	928	
Apr 9	5(0)	15	22	2	4	118	42	970	
Apr 10	1(1)	12	15	3	12	120	28	998	
Apr 11	11(2)	11	39	2	15	121	61	1059	
Apr 12	11(4)	3	35	3	46	120	49	1108	
Apr 13	5(1)	9	28	5	8	122	42	1150	
Apr 14	5(0)	4	31	7	6	124	40	1190	
Apr 15	0(0)	11	31	9	14	127	42	1232	36
Apr 16	3(0)	7	26	5	14	122	36	1268	
Total	324 (130)	298	646	61	257	-	-	1268	

### Daily reported cases of Atypical Pneumonia

#### Cluster Information

Know clusters other than those related to hospitals --

- ~~Manhattan~~ Hotel
- Amoy Garden
- Koway Court
- Ngau Tau Kok Lower Estate

New Cluster identified --

- Nil

CE's remarks on atypical pneumonia  
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Following is the transcript of the media session by the Chief Executive, Mr Tung Chee Hwa, on the latest situation of atypical pneumonia tonight (April 8):

Good evening. As you know, I have been meeting daily with my colleagues to take stock of the situation brought about by the Severe Acute Respiratory Syndrome (SARS), both on the control front as well as on the prevention front. Tonight I would like to make a couple of points.

First, I am very concerned obviously about our medical and nursing staff. I note that an increasing number of them have been sick, and we are obviously alarmed about the situation. They have been working flat out to take care of our patients. Their health is obviously our prime concern, and we must really provide a favourable workplace for them. We need to make sure that they're healthy. The Government will mobilise all resources to give them support and to ensure the Hospital Authority will have adequate protective gear and good protection for them and for the staff in every respect. Earlier on, together with EK Yeh, I had a discussion with the Chairman of the Hospital Authority, Dr CH Leong, about this.

On the other hand, we all know that this SARS has now a profound long-term impact on our economy and it is a very serious matter. I have asked the Financial Secretary to look into the short-term, medium-term as well as long-term implications and to suggest ways to provide relief in the short-term and to ensure recovery of our economy in the medium term and long term. At the moment, the worst-hit sectors are in tourism, in retail trade, in restaurant trade as well as in the entertainment area. We are actively considering a series of measures specifically in reference to these four trades and we will make an announcement as to what we can do,

how we can help, in due course, in fact, as soon as we can.

I fully understand the concern of the entire community, the concern of our citizens about the SARS. It is a highly contagious disease, so obviously we are concerned. But we need to look at the other aspect of it. It is not a disease that is transmitted by air. And if treatment can be given early, the disease is itself curable. So let's face the disease sensibly. What we need to do is to constantly take precautions, to pay attention to personal hygiene, as well as environmental hygiene. Let me stress once again that the Government will do our best to prevent and control this disease. We will also adopt proper measures to get the economy going again.

Thank you very much.

(Please also refer to the Chinese portion)

End/Tuesday, April 8, 2003

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## 行政長官談非典型肺炎的發言全文

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以下為行政長官董建華今日(四月八日)晚上會見新聞界，談非典型肺炎事宜的發言全文(中文部分)：

關於對抗非典型肺炎的工作，在過去幾日，我繼續與各司長、局長開會，檢討對抗疫症的工作，今天晚上我想着重談談幾個要點。

首先我非常關心醫護人員，多家醫院的醫護人員相繼病倒，我感到非常痛心。我剛才跟醫管局主席梁智鴻醫生和衛生福利及食物局局長談過這問題。我向梁醫生表示，醫護人員忘我地竭力照顧和治療病人，醫管局必須要盡力為他們提供一個良好的工作環境，保障他們本身的健康。政府亦會動用一切資源，支持和配合醫護人員的工作，確保醫管局有足夠防護設備，例如口罩、防護衣等等。

我也深知疫症對香港整體經濟打擊非常深遠。為此，我較早時囑咐了財政司可長急切研究短期及中長期的方案，一方面紓解當前的困難，而同樣重要的是讓香港經濟可以最終復蘇。目前影響最迫切的行業包括旅遊、零售、飲食和娛樂。我想很清楚地告訴大家，在這幾個重災區的行業，政府已在積極考慮一系列的政策，我們會盡快公布這些措施。

我很瞭解市民對這病毒的恐懼，畢竟這是一種傳染性很強的病毒，是以前未見過的，但事實上我們亦毋須過份憂慮，因為我們知道，第一，病毒不是由空氣傳播的；第二，如果染病，只要大家及早求醫，這疾病是可以醫好的。我們必須理智地面對這疾病，做好預防措施，注重公共和個人衛生，這樣就是最好的保障。

我再次強調，政府會致力做好預防及醫護工作，並會採取適當經濟措施，紓緩社會目前的困難。多謝各位。

(請同時參閱英文發言部分)

完

二〇〇三年四月八日(星期二)