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Health, Welfare and Food Bureau
Government Secretariat, Government of the Hong Kong Special Administrative Region
The People's Republic of China

Our ref.: HWF CR/1/9/581/03
Your ref.: CB2/SC2

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Miss Flora TAI
Clerk to Select Committee to inquire into the
handling of the Severe Acute Respiratory Syndrome
outbreak by the Government and the Hospital Authority
Legislative Council
8 Jackson Road, Hong Kong
(Fax: 2248 2011)

Dear Miss TAI,

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

Thank you for your letter of 28 April seeking my comments on the draft verbatim transcripts of the proceedings of the hearings of the Select Committee on 13 March, 16 March, 27 March and 20 April 2004 at which I gave evidence. I attach herewith the original copies of the draft verbatim transcripts with my suggested corrections marked up.

2. I would like to take the opportunity to clarify my evidence in three areas as follows:-

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Role of Rats in the Amoy Gardens Outbreak

3. It was decided at the meeting on 5 April 2003 that the preliminary positive results of the Polymerase Chain Reaction (PCR) tests on some of the samples of the rat droppings collected from Amoy Gardens would be kept confidential for the time being. This was because of the following reasons:

(i) There was uncertainty whether the positive PCR results were due to rat coronavirus (which had been in existence for a long time) or the new human SARS coronavirus.

(ii) Since environmental contamination had played an important role in the Amoy Gardens outbreak, particularly with the involvement of the drainage and sewage system, the positive PCR results in the rat droppings were most likely to have been due to environmental contamination.

(iii) Further studies could be undertaken immediately to clarify the contributory role, if any, played by rats in the Amoy Gardens outbreak. These would inform us of any possibility of whether the positive results could be due to other factors, such as the rats themselves being infected.

(iv) Actions had been taken in the Amoy Gardens to intensify pest control efforts and decontaminate the environment to improve environmental hygiene. Given that the epidemiology of the Amoy Gardens outbreak at the time showed that it was a point source outbreak, the environmental decontamination and pest control measures should have already eliminated any possible infection risk in this regard to the residents.

In the circumstances, it would have been imprudent for us to release the preliminary data. This was also in line with the prevailing practice internationally, and the established principles of scientific investigation.

4. To clarify the exact role played by rats in the Amoy Gardens outbreak, the fastest way to find out if the rats were infected was to perform autopsies on the rats. This was in fact carried out immediately on 5 April 2003 by the Agriculture, Fisheries and Conservation Department. The autopsy results were relayed to the Health, Welfare and Food Bureau (HWFB) that very same evening. The results showed that there were no changes in the rats that were indicative of SARS infection, implying that it was very unlikely that the rats were infected. This reinforced our assessment that the preliminary positive PCR results were most likely to have been due to environmental contamination.

5. It was recognized at the time that rats were likely to be passive carriers due to environmental contamination. Actions initiated by the Government at the time included stepping up public education on pest control and environmental hygiene, as follows -

(a) On 4 April 2003, the Food and Environmental Hygiene Department issued letters to Owners' Corporations, Owners' Committees, Mutual Aid Committees as well as licensees of food premises to remind them to take appropriate measures on pest control and environmental hygiene in accordance with the Public Health and Municipal Services Ordinance (Cap. 132).

(b) On 7 April 2003, in addition to the usual health advice, guidelines on household cleaning as well as inspection and disinfection of common parts of buildings were issued to the public with advice on inspection and immediate cleaning of pest infestation (e.g. rodent droppings, cockroaches, stagnant water) and ensuring proper functioning of soil and waste pipes.

6. In addition, Dr LEUNG Pak-yin, Deputy Director of DH also mentioned during an interview with the media on 8 April 2003 the contributory roles of cockroaches and rodents in the spread of SARS when the environment was contaminated, and gave preventive public health advice. These messages were reported in newspapers on 9 April 2003. When the Government announced the main investigation findings of the Amoy Gardens outbreak on 17 April 2003, there was express reference in the report to the fact that the SARS coronavirus had been detected in rat droppings. The investigation report also stated that as the rats showed no signs of SARS coronavirus infection, the findings only pointed to environmental contamination and indicated that pests were likely to be no more than mechanical carriers for the virus in the Amoy Gardens outbreak.

Hospital Infection Control

7. As regards hospital infection control, the Hospital Authority (HA) has a team of infection control experts and an established system under its Central Committee on Infection Control to oversee hospital infection control measures. After the Guangdong outbreak of atypical pneumonia came to light on 10 February 2003, the Central Committee set up a Working Group on Severe Community-Acquired Pneumonia (SCAP) (the Working Group) on 11 February 2003 which comprised HA's infection control experts and a representative of DH. Apart from stepping up surveillance of cases of severe pneumonia in hospitals, the Working Group also updated and issued guidelines on hospital infection control measures, including the protection of hospital staff against infection. The first set of updated guidelines was issued on 12 February 2003 and three further sets were issued prior to 11 March 2003. HA therefore strengthened its infection control and the protection of staff after it had learnt of the Guangdong outbreak. The enhancement was a continuous process and I was kept informed.

8. As soon as the outbreak of atypical pneumonia in the Prince of Wales Hospital (PWH) was recognized, I conveyed to the senior management of the HA the message on the Government's full support in controlling the outbreak. I also took steps to enhance the system to monitor the outbreak situation and hospital infection control measures through various means. The steps taken included the following –

(a) On 13 March 2003, I convened a meeting with health experts and senior staff of HA and DH as well as a senior infection control expert from the United States Centers for Disease Control and Prevention (CDC), Dr Keiji Fukuda, who was a World Health Organization (WHO) representative. At the meeting, we reviewed the outbreak situation in PWH and in particular the infection control measures taken by the hospital, which invariably included the protection of staff as well as patients and visitors against infection. It was a detailed discussion and the expert members were of the opinion that the measures taken by the hospital were appropriate and adequate.

It should be noted that at the press briefing on 13 March 2003, the Chief Executive of HA also stated that PWH had followed well-established infection control procedures, which included requiring all medical staff to adopt droplet precautions (e.g. putting on masks, gowns and gloves) when caring for patients with respiratory diseases.

(b) On 14 March 2003, I set up and convened the first meeting of the HWFB Task Force on SARS. Most of the participants of the meeting of 13 March 2003 were members of the Task Force, including Dr Fukuda. The additional members were health experts from local universities and additional health experts from DH and HA. Even though the infection control measures in PWH had already been discussed at great length in the previous meeting on 13 March, we also took time to review briefly the measures during the Task Force meeting on 14 March 2003.

In this connection, it should be noted that hospital infection control measures were discussed in all the Task Force meetings except the one on 30 March 2003 (which focused on the Amoy Gardens outbreak), sometimes in great details and, in particular, when there were reports on updated infection control guidelines issued by the WHO and CDC. The expert members of the Task Force again considered HA's infection control measures adequate at the meeting on 17 March 2003. However, as it was not the intention to keep full notes of meetings of the Task Force, the notes did not record the details of such discussions. Neither did they capture the discussions when there was no outstanding action or new information.

(c) To keep abreast of the situation, the concerns of frontline staff and the infection control measures taken in hospitals, I had kept a close dialogue with the Chairman and the senior management of HA, visited hospitals and attended hospital staff fora. I also met with the HA Board and suggested that Board members audit hospital practices in infection control, a

suggestion which was subsequently taken up by the Board. HA also accepted my suggestion to set up a staff hotline so that staff could directly communicate their concerns to the hospital management.

(d) To further keep track of the situation of hospital outbreaks, the conditions of SARS patients, treatment results and the measures taken by HA to protect staff, patients and visitors from infection, I recruited a senior and experienced doctor who was requested to interact with both frontline and management staff of HA so as to obtain an in-depth assessment and understanding of the infection control measures being taken by HA and the issues which the frontline staff were facing. I had also deployed my Deputy Secretary to attend HA's Daily SARS Round Up Meetings, and further asked experts from overseas to review and advise on the appropriateness and effectiveness of our hospital infection control measures.

(e) In addition, I have enlisted the assistance of other policy bureaux and Government departments (e.g. the Financial Services and the Treasury Bureau and Government Logistics Department) in sourcing and procuring medical supplies, particularly personal protective equipment. On 31 March 2003, I obtained the approval of the Legislative Council Finance Committee for an additional allocation of $200 million to HA and DH etc to strengthen infection control.

(f) Upon my recommendation, colleagues from the Environment, Transport and Works Bureau (ETWB) and its related departments helped HA's hospitals to improve their ventilation systems, Hepa-filters and other environmental factors that would help to enhance hospital infection control.

Press Statements on 14 March 2003

9. As a matter of principle, I wish to reiterate that throughout the SARS epidemic and right from the outset, I have been open and transparent in communicating with the public. I have endeavoured to provide the public with updated and accurate information on a daily basis. All the press statements that I gave, including the remarks made on 14 March 2003 in particular, were not in any way motivated by considerations at the expense of truth and public health. As a matter of fact, the WHO has commended us on a number of occasions for our openness and transparency in the management of the SARS epidemic

10. I wish to draw Members' attention to the following facts –

(a) When I made the press statement on 14 March 2003, little was known about the disease and the term "SARS" was not even coined by WHO.

(b) As the term 'atypical pneumonia' had been used to describe the outbreak in the Guangdong province, the general perception of the public at that time tended to equate 'atypical pneumonia' with the outbreak in PWH. However, 'atypical pneumonia' is an imprecise and generic term that refers to a mixed bag of pneumonia with clinical presentations which were different from those of typical pneumonia. Clinically while some atypical pneumonia cases could be caused by viruses, bacteria or other microorganisms, many cases were of unknown causes. Atypical pneumonia as a generic term of disease is not an uncommon disease.

(c) At that time, we recognized the occurrence of a new and unusual phenomenon in PWH that apparently constituted a particular type (subset) of atypical pneumonia, and the particular subset seemed to have a predilection to infect healthcare staff and close family contacts. The cause(s) of the outbreak was not yet determined and the disease could have been caused by a new virus, a mutated virus, or an existing virus behaving in a different way.

(d) All the while, experts in the HWFB Task Force had been providing advice to me as to the extent of the problem. Prior to the press briefing on 14 March 2003, I had met with the experts in a Task Force meeting in the morning. It was reported that according to surveillance data then available on pneumonia, there were 1,500-2,000 cases of hospital admissions of pneumonia in Hong Kong every month (i.e. background pneumonia) and no abnormal increase had been detected. There was no abnormal trend in the cases, including severe community-acquired pneumonia (SCAP) cases. It was reported at the meeting that four clusters of infection (including PWH) had been identified, all of which involved healthcare settings.

(e) At the same meeting on 14 March 2003, members of the HWFB Task Force (including the expert members) agreed that for public communication purposes, the Government should explain that pneumonia is a common disease in Hong Kong, with 1,500-2,000 patients admitted to hospitals every month, and should elaborate on the etiologic agents (causes) of the disease to dispel any misunderstanding about atypical pneumonia.

(f) Therefore, when I met with the press that afternoon (14 March 2003), I proceeded to describe the four clusters of infection in the context of the surveillance data on background pneumonia and to put into context the phenomenon we were observing at that time, i.e. the unique outbreak in PWH and the other three clusters of cases, which were a subset of atypical pneumonia. It was a highly technical area and I tried to explain, as far as possible, the nature of the four clusters in its proper context. I expounded on the etiologic agents (causes) of atypical pneumonia and, in particular, I tried to explain to the public the distinction between the two phenomena, i.e. –

(i) Regarding background pneumonia cases (see sub-paragraph (d) above), there was no abnormal increase in the number of cases;

(ii) The unusual phenomenon in PWH and the other three clusters that seemed to involve a particular type (subset) of atypical pneumonia and which seemed to have a predilection to infect healthcare staff and close family contacts.

(g) It is indeed unfortunate that my remarks on "community outbreak", which was made in the context of my explanations on the pattern and nature of background pneumonia and in particular atypical pneumonia cases, were taken out of context. It is clear from my transcripts of the press briefing on 14 March 2003 (see **Appendix** – transcripts arranged in the order of my statements, in both Chinese and English) that I did state that it was absolutely correct to say that cases of atypical pneumonia were found to have occurred in the community (line 4, page 1 of press transcript) while I highlighted that "all these community pneumonias seem to have a subset which is very very particular"(7th line from bottom, page 2). I also said, in Chinese, that there was a special outbreak situation at the moment and there was a special occurrence of atypical pneumonia among healthcare workers (line 2, third complete paragraph, page 4). I reiterate that I had no intention to and did not downplay the infectivity of the disease. In accordance with the earlier decision at the Task Force meeting, I presented the surveillance data on pneumonia and factual information on the four clusters to the public. I had indeed given advice to the general public to prevent droplet infections by asking people to build up body immunity, observe good personal hygiene and use face masks if they have respiratory symptoms.

11. I wish to emphasize that the remarks I made at the press briefing on 14 March 2003 were based on factual and accurate data which were available at the time. They were made to the best of our knowledge and that of our experts at the time. It is unfortunate that my statements of facts have been considered in some quarters as a "downplay". It has been suggested that the perception that I downplayed the situation might somehow be attributable to my capacity as a political appointee. Indeed, it has been speculated that had the same statement been made by a professional colleague, the controversy might not have arisen. In fact, Members may wish to note that some medical leaders and experts in the community made similar observations and similar public statements at that time.

12. For the avoidance of doubt, I would like to take this opportunity to refer you specifically to page 33 of the draft verbatim transcript of the open hearing on 20 April 2004. In response to the Hon Martin Lee's enquiry as to whether "*there was an outbreak of this disease which we now call SARS —— on the 10th of March*", my reply was in the affirmative. I would like to make it clear that my reply should be read and interpreted in the context of the preceding paragraphs of the transcript in question, my witness statement provided to the Select Committee (SC09-18P-EY as per my letter ref HWF CR/1/9/581/03 dated 11 March 2004) and the overall context.

For the sake of clarity, the outbreak which I was referring to was the PWH outbreak, which was first recognized on 10 March 2003 by the hospital and reported by the press on 11 March 2003. It is evident from my preceding reply to the Hon Martin Lee's question on page 32 of the said draft transcript that my evidence was that "*at that time we didn't know it was SARS but we already suspected an outbreak of something when it occurred in the Prince of Wales Hospital on the 10th (March)*".

13. I trust the above will help to put my evidence in proper perspective for the deliberation of the Committee.

Yours sincerely,

(Dr E K YEOH)
Secretary for Health, Welfare and Food

Encl.

Appendix

衞生福利及食物局局長談話全文

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以下爲衞生福利及食物局局長楊永強醫生今早（三月十四日）在政府總部會見新聞界的談話全文：

衞生福利及食物局局長:我今天想再交代一下最新的情況。首先，我要強調幾點，第一，昨天多謝各位傳媒界朋友傳遞這麼多的消息和資料給市民大眾。但我想澄清一點，我看到昨天的有關報道有一些混淆的地方。爲甚麼呢？很多傳媒當提到非典型（肺炎），說非典型的肺炎在社區發現，這絕對是對的。但我們現時說的是香港這幾個月，每個月約有千五至二千宗肺炎。這千五至二千宗肺炎中，約有一半是一般的病毒影響的，這方面的治療方法是十分簡單的，當然有些病人未必一定可以救回，但一般用抗生素是可以處理的。另一半就是包含一些非典型的。這方面在每一個地方，每個國家都存在的，我們稱它爲背景性肺炎。這一半個案一般有很多是受很多過濾性病毒影響，類似感冒，感冒菌，大致上，就這些非典型很多是感冒菌，是季節性的，大約在天冷時多一點，天熱時少一點。就全世界而言，由於發病是季節性的，所以世界上各地有些不同，但大致上是 50/50 的分佈，但大致上我們看到這幾個月這個模式是沒有改變的，同時數目也大約相同，所以並不是在社會上爆發的肺炎。同時，每一個地方都存在着，所以有些地方聲稱，有人由香港回去後發生肺炎；我們也有很多居民去完外地返來時也會染上肺炎。這並不等於去過該地方，該處就有爆發的情況。所以我希望你們可以代爲澄清，讓市民不要擔心。現時我們所說的特別模式就是在有些非典型肺炎是特別會在醫護人員及很親密的家屬是較易感染，它集中發生於那些照顧非典型肺炎病人的醫護人員，與及他們親人家屬有直接和密切的接觸，這些就是我們現在要調查的特殊情況。我們現時集中在這些特殊情況是我們以前沒有發現的，有沒有特別的病因，或有特殊情況引起這種情況。所以我們現時集中在這方面的調查。

在香港，威爾斯親王醫院有一群這樣的醫護人員，這一組是我們正在調查的，我們要研究這是否一種新病毒，或是現有的病毒發生變種，甚至可能是普通病毒但行爲有所不同，我們正在進行調查。第二群是比較人數較少的，就是東區尤德夫人那打素醫院，有五名醫護人員亦是在接觸過一些患有非典型肺炎的病人而感染的。第三群的病人是一名在越南感染後轉介到香港，但這一宗並沒有在香港傳播給我們的醫護人員。這三群我們是正在調查中。第四群我們可能也會包含在調查中的是昨天有一名私家醫生在醫治一名病人後，他與他的三名護士亦感染上肺炎。這第四群人士衞生署正在調查中。所以我們所說的是一些十分特殊的非典型的肺炎，並不是一般的非典型的肺炎，所以有很多事情是有混淆之處。

Secretary for Health, Welfare and Food: I just want to, before we give it the details, clarify a number of things. First, to thank the media yesterday for reporting the information to the public so that they have much more information relating to the current situation. But I also noted from the reports there was a lot of misunderstandings about this atypical pneumonia. And a lot of confusions saying that there are outbreaks of atypical pneumonia. People said that you come to Hong Kong you get pneumonia and you go back to your respective country etc. I just want to explain that in any country and any area, there is always cases of pneumonia. This is, you see it whether it is in Hong Kong, yee see it in United States, in Britain, in the Philippines, in Singapore, in China, everywhere. So, you have pneumonias occurring on a day-to-day basis. And the experience of most communities where you have good surveillance system is that pneumonias in the background is about 50 per cent is usually from your retrospective studies due to bacteria. Of course, bacteria pneumonias are usually easier to treat although they are not always curable, but they are much easier to treat with antibiotics. And usually patients responded well unless they have predisposed causes, cancer or other deficiencies. The other half of the patients who have pneumonia usually includes a large group of patients with atypical pneumonia. Atypical pneumonia is usually caused by viral agents such as influenza and other respiratory syncytial viruses. It is also caused by some other organisms such as legionella. But those are usually in Hong Kong quite rare. For most atypical pneumonia in Hong Kong, they are usually due to viruses. And the known viruses, the most common of all, is the influenza virus and the adenovirus. You have two whole host of other atypical pneumonia. So, in Hong Kong, every month we have 1,500 to 2,000 cases of pneumonia and about half we can identify the bacteria and the other half usually we can't. Usually, these are due to viruses or partly treated pneumonias. The pattern has not changed and our experience is very similar to those other developed countries. So we are not talking about any outbreaks in the community. And that is why when yesterday we are talking about particularly looking at a particular group. We are not saying that infection is [not] going to occur in the community, that it doesn't go into the community. So, there is lots of misunderstanding people talk about air-borne diseases. What we are saying that is that all these community pneumonias seem to have a subset which is very very particular that it does appear to predisposition affect health care professionals that care for these patients and also very close family contacts. So there is a predisposition and predilection to affect health care workers and close family members. From the information we have, it appears that it is compatible with the viral infection. So all the evidence we have point to the fact that this is a viral infection which is transmitted by droplets. It is purely based on intelligence on information that we have. So, what we

are looking at is whether this particular subset of atypical pneumonia that seems to be so different in their behaviour is due to either a new virus or one of the existing virus that we know of but behaving in a different way or there is something in the environment that have been changing them. So, this is the area that we are putting our attention on. So, in Hong Kong, there are four possible clusters of incidents that we are looking at. The first is the one in Prince of Wales Hospital where there are a large group of health care professionals who are affected. The second is not a group but individual, the patient that was transferred from Hanoi to Hong Kong and died in Princess Margaret Hospital but fortunately because we are aware of the problem, precautions were taken and no outbreak occurred in staff but the outbreak occurred in Hanoi. The third group of individuals that we are looking at are those in the more recent report yesterday. Yesterday was two, today have five staff in Pamela Youde Nethersole Eastern Hospital. The fourth possible group that we are looking at is what was reported yesterday by a private doctor where he was reported to have seen a patient and he came down with pneumonia and also three of his nursing staff in the clinic. So, that group we are also interested because from the history it appeared that the doctor also took care of a patient with pneumonia. So, these are the four clusters of patients of health care staff that we are currently investigating to see whether we can find a common cause for them. So, this is the current situation. To date, the information is that there are 43 staff who had been admitted to public hospitals and put under observation. These are patients, usually staff who have symptoms of fever, etc. Of these 43, 29 had signs of pneumonia. So this is the present update. The details Dr Ko will give you in details in terms of which hospital, which are being observed of pneumonia.

衞生福利及食物局局長：我們最新的數據是，暫時在公立醫院裏有四十三名醫護人員留院觀察或接受治療，這四十三名裏有二十九名患有肺炎。大部分的醫護人員在威爾斯親王醫院治療，但其他醫院亦有協助治療，例如東區東區尤德夫人那打素醫院和廣華醫院，正式數據和細節留待高永文醫生發布。

記者：．．．第二個問題是有沒有病人的家屬接受治療？

衞生福利及食物局局長：在廣華醫院方面在社區爆發，當然我們都不希望發生這種事，暫時沒有跡象會發生，當然大家要了解現時監控措施應該是有效的。大家都要知道我們正在做很多功夫，現時衞生署和醫管局正在進行兩件事，第一是在醫院層面如何去減低爆發機會，所以有很多措施正在進行，在每一間醫院都在進行，我們說的並不單止是威爾斯親王醫院。我昨天亦說過，我邀請了醫管局屬下全部醫院在醫管局總部，擬就一套預防措施，現時在每一間醫院都在執行的，我

相信這會是有效的，希望不會有其他組別的醫護人員再受感染。這些預防措施是爲了預防和減低醫護人員受感染機會。另外，衞生署進行調查，我們會調查每一位病人他們會接觸的人士和家屬，也會觀察這些病人的家屬，給予他們適當的治療和措施，以預防傳染。所以現時我們不要猜測會否在社區（爆發），我們有一個健全的系統，我們正進行一些控制措施減低風險，假若有跡象會在社區爆發，我一定會立刻通知市民，政府一定不會隱瞞市民的，因爲市民知情後會懂得如何去預防。所以我現在呼籲大家，若有跡象肺炎會在社區爆發，我們一定會盡快通知市民，因爲我們亦希望市民與我們合作作出適當的預防措施。但暫時來說市民毋須作特別措施，這個我昨天也解釋過，現時一般市民預防的最好方法是，若發現染上感冒或有咳嗽，就要戴上口罩，這是最有效的，因爲戴上口罩就不會容易把飛沫傳染給他人。所以若患有傷風、感冒和咳嗽，最有效的預防傳染方法是戴上口罩。另外，任何時間個人衞生都是十分重要，每逢進食前，接觸過傷風咳嗽或患病的人士，一定要洗手，因爲飛沫傳播很多時是經過這種環境污染和傳播。此外，就是一定要維持個人的健康，均衡飲食，運動，不吸煙這些都是一般的預防措施。

記者：世衞專家在港開會後，怎樣定性香港的肺炎爆發？

衞生福利及食物局局長：第一，香港並沒有爆發肺炎，我們不是說香港爆發肺炎。現時有個特別的爆發情況，非典型肺炎中出現特殊的情況發生在醫護人員身上。我相信你應該發放準確的信息，不要讓世界其他地方以爲香港發生非典型爆發，這對香港是不利的，國際間還未了解，所以我們要盡量詳細解釋，希望你們了解後，給市民傳遞準確的信息。

Reporter: Did the Government plan to pre-warn...?

Secretary for Health, Welfare and Food: I think for the actual arrangements, I'll leave Dr Ko to answer. Also I think in terms of family members, there are certain family members in the previous cases that were admitted, Dr Ko can give the details of the information.

衞生福利及食物局局長：世界衞生組織的通告是讓世界各地提高警覺性，指出及注意這些特殊的個案，有醫護人員在照顧患非典型肺炎的病人後，他們及其家屬感染肺炎的的個案好像有增多，世界衞生組織立即通知世界各地要提高警覺，做適當的預防工作。我們最重要的是調查工作，看看是否有特殊的情況？是否有新病菌？已知病菌的行爲是否有不同？環境上是否有轉變？是要做調查的。至於是否與越南和南中國海有關，這些都是猜測。香港要做足自己的功夫，第一個工作就是先要控制在威爾斯親王醫院的爆發，第二是要爲醫護人員提供適當的治療。

記者：藥物方面？

衞生福利及食物局局長：藥物方面，有很多方法治療，剛才我已解釋，一般的病毒引起的肺炎通常用抗生素，過濾性病毒就沒有特別的藥物，但有些過濾性病毒就有藥物可以治療，嚴重的個案我們會給治療過濾性病毒的藥物，也有一些特效藥作治療。治療一般的肺炎通常用抗生素，可是抗生素無法治療非典型肺炎，但不等於沒有治療方法。剛才我已解釋，有幾個病人有用特效藥，加上治療過濾性病毒的藥物，反應也令我們相當滿意。

完

二〇〇三年三月十四日（星期五）