[redacted]

Department of Health
Facsimile Transmission Leader Page

From: Dr Monica Wong, PMO (1)	To: [redacted] Canossa Hospital Fax 2840 1986
Tel: 2961 8894	[redacted] Evangel Hospital Fax 2761 1469
Fax: 2573 7745	[redacted] HK Adventist Hospital Fax 2572 9813
Our ref: (30) in DHHQ/1065/2/4 Pt.12	[redacted] HK Baptist Hospital Fax 2338 5394
Date: 13 February, 2003	[redacted] HK Central Hospital Fax 2521 1969
Page No. (2) including this page	[redacted] HK Sanatorium & Hospital Fax 2835 8008
Please notify Ms Chan on Tel 2961 8906 if message received is incomplete	[redacted] Matilda & War M Hospital Fax 2849 7411
	[redacted] Precious Blood Hospital Fax 2728 4290
	[redacted] Shatin I M C Union Hospital Fax 2605 3334
	[redacted] St Paul's Hospital Fax 2576 4558
	[redacted] St Teresa's Hospital Fax 2711 9779
	[redacted] Tseun Wan Adventist Hospital Fax 2413 5311

Message

Dear Sir / Madam,

Surveillance of severe community acquired pneumonia

The Disease Prevention & Control Division of the Department of Health is conducting a special surveillance exercise on severe community acquired pneumonia cases. These are cases of pneumonia that require assisted ventilation or intensive care.

I enclose a report form for your reporting of cases as soon as a new case of community acquired pneumonia case is admitted to your ICU / High Dependency Unit or put on ventilator. Pneumonia cases that are nosocomial in origin need not be reported. If you have any query, please call Dr Marina Sum at 2961 8822.

Thank you for your assistance.

Yours sincerely,

(Dr Monica Wong)
for Director of Health

We are committed to providing quality client-oriented service

To : Director of Health

Fax No. : 2575 4110 (Attn. PMO(6))

Report Form for severe community acquired pneumonia*

Name	Sex/Age	HK_ID	Hospital No	Ward/Bed	Onset Date	Admission Date	CXR	Diagnosis/ Organism	General Condition Good/ Satisfy/ Fair/Poor

* Please report on cases of community acquired pneumonia cases that require assisted ventilation or ICU/HDU care.

Signature: _____

Name : _____

Position : _____

Tel: : _____

Institution: _____

Date : _____