

**URGENT**

Department of Health  
Headquarters  
Facsimile Transmission  
FAXLINE NO. : (852) 2573 7432  
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<i>From :</i> Mr John Leung Assistant Director (Administration)	<i>To :</i> Secretary, SARS Expert Committee (Attn. )
<i>Date Fax Sent :</i> 15.8.03	<i>Your Fax No. :</i> 2810.7851
<i>Our Ref. :</i>	<i>This message (including this leader page) consists of 15 pages</i>
<i>Please notify Mrs Maxim Cheng on Tel. no. 2961 8905, if message received is incomplete.</i>	

**MESSAGE**

Herewith the information you have sought.

(a) Data Privacy

Forms A1 & A2 are the Statement of Purposes used by staff of Department of Health in general.

Forms B1 & B2 are used for the specific purpose of investigation and control of communicable diseases.

Form C is the verbatim proforma used by nurses in the investigation of an incident of mercury poisoning. This is an example of how nurses usually say during investigation.

Form D is a copy of the questionnaire used for collection of data in SARS investigation. At the bottom of page 1 there is a specific question seeking the patient's consent to contact his close/social contacts. On page 5, there is also a reminder to our nurses to inform the patient that we might contact them again for further information/ advice etc.

(b) An example of a SARS Daily Report which DPCD disseminated to ROs (27.3.2003) is at E.

# 個人資料(私隱)條例

A1

## 用途聲明

### 收集資料的目的

1. 當衛生署向病人及顧客提供服務及進行其他有關活動時，由病人或顧客所提供的個人資料，會由衛生署作以下用途：

- 一. 資格證明；
- 二. 化驗結果 / 檢驗 / 診斷研究 / 治療的紀錄，作繼續照料或供其他專業醫療人員參考用；
- 三. 同意進行特別治療 / 化驗；
- 四. 計算開支；
- 五. 監察流行病；
- 六. 追查帶病者，以便跟進 / 治療；
- 七. 評定是否傷殘或適合工作；
- 八. 證明同意接受涉及法律問題的醫務檢驗；
- 九. 登記 / 管理的紀錄；
- 十. 製備統計數字，進行研究或教學用；
- 十一. 利便組織有關健康教育及社區聯絡的活動；及
- 十二. 調查及跟進與診所服務有關之事項。

個人資料的提供，出於自願。如果你不提供充份的資料，我們可能無法證明你是否符合資格獲得某項服務或活動，因而不能為你提供服務 / 協助；又或我們即使仍然提供該項服務或協助，你亦須按不符合資格人士須繳的收費率（通常較高）繳費。

### 接受轉介人的類別

2. 你所提供的個人資料，主要由本署內部使用，但亦可能於有所需時因以上第 1 段所列目的向其他政府部門或有關人士披露。此外，資料只可於你同意作出該種披露或作出該種披露是〈個人資料(私隱)條例〉所允許的情況下，才向有關方面披露。

### 查閱個人資料

3. 根據〈個人資料(私隱)條例〉第 18 條及 22 條以及附表 1 第 6 原則所述，你有權查閱及修正個人資料，包括有權取得你於以下第 1 段所述的情況下所提供的個人資料，應查閱資料要求而提供資料時，可能要繳收費用。

查詢

4. 有關所提供個人資料 (包括查閱及修正資料) 的查詢, 請向:

本診所 \_\_\_\_\_ 號房  
顧客關係主任

提出。

地址: \_\_\_\_\_  
\_\_\_\_\_  
電話: \_\_\_\_\_  
\_\_\_\_\_

## Personal Data (Privacy) Ordinance

### STATEMENT OF PURPOSES

#### Purpose of Collection

1. The personal data are provided by patients and clients with whom the Department of Health (DH) interacts in the deliver of services, and other related activities. The personal data provided will be used by DH for the following purposes :-

- a. Proof of eligibility;
- b. Record of test results / examination / investigation / treatment for continuation of care or reference by other medical professionals;
- c. Consent for particular treatments / tests;
- d. Accounting of expenses;
- e. Epidemiological surveillance;
- f. Tracing defaulters for follow up / treatment;
- g. Assessment of disability or fitness for work;
- h. Proof of consent for medico-legal examinations;
- i. Record of enrolment / management;
- j. For preparing statistics, carrying out research or teaching purpose;
- k. To facilitate organization of activities related to health education and community liaison; and
- l. Investigation and follow up matters related to clinic services.

The provision of personal data is voluntary. If you do not provide sufficient information, we may not be able to prove your eligibility for specific service / activities and cannot provide service / assistance to you or even the service / assistance may still be provided, you will be charged at the non-entitled person (usually higher) rate.

#### Classes of Transferees

2. The personal data you provide are mainly for use within DH but they may also be disclosed to other Government branches / departments or relevant parties for the purposes mentioned in para. 1 above, if required. Apart from this, the data may only be disclosed to parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance.

Access to Personal Data

3. You have a right of access and correction with respect to personal data as provided for in sections 13 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data. A fee may be imposed for complying with a data access request.

Enquiries

4. Enquiries concerning the personal data provided, including the making of access and corrections, should be addressed to :

To : The Client Relations Officer  
in Room \_\_\_\_\_ of this Clinic

Address : \_\_\_\_\_  
\_\_\_\_\_

Tel No. : \_\_\_\_\_

## 收集個人資料的用途聲明

B1

### 收集資料的目的

1. 當衛生署向病人及顧客提供傳染病調查。由病人或顧客所提供的個人資料，會由衛生署作以下用途：

- 一、 化驗結果/檢驗/診斷研究/治療的紀錄，作繼續照料或供其他專業醫療人員參考用；
- 二、 監察流行病；
- 三、 追查帶病及接觸者，以便跟進/治療；
- 四、 作為法律訴訟的參考；及
- 五、 製備統計數字，進行研究或教學用。

個人資料的提供，出於自願。如果你不提供充份的資料，我們可能無法為你提供服務/協助。

### 接受轉介人的類別

2. 你所提供的個人資料，主要由本署內部使用，但亦可能於有所需時因以上第1段所列目的向其他政府部門或有關人士披露。此外，資料只可於你同意作出該種披露或作出該種披露是《個人資料(私隱)條例》所允許的情況下，才向有關方面披露。

### 查閱個人資料

3. 根據《個人資料(私隱)條例》第18條及22條以及附表1第6原則所述，你有權查閱及修正個人資料，包括有權取得你於以上第1段所述的情況下所提供的個人資料。應查閱資料要求而提供資料時，可能要徵收費用。

### 查詢

3. 有關所提供個人資料(包括查閱及修正資料)的查詢，請向衛生署九龍分區辦事處護士主任提出。

地址：九龍亞皆老街147號B  
醫院管理局大樓1字樓

電話：2199 9100

## COLLECTION OF PERSONAL DATA STATEMENT OF PURPOSES

B2

### Investigation and Control of Communicable Diseases

#### Purpose of Collection

1. The personal data are provided by patients and clients with whom the Department of Health (DH) interacts in the investigation of communicable diseases. The personal data provided will be used by DH for the following purposes :-

- (a) Record of test results/examination/investigation/treatment for continuation of care or reference by other medical professionals;
- (b) Epidemiological surveillance;
- (c) Tracing defaulters for follow up/treatment;
- (d) For reference in legal proceedings; and
- (e) For preparing statistics, carrying out research or teaching purpose.

The provision of personal data is voluntary. If you do not provide sufficient information, we may not be able to provide service/assistance to you.

#### Classes of Transferees

2. The personal data you provide are mainly for use within DH but they may also be disclosed to other Government branches/departments or relevant parties for the purposes mentioned in para. 1 above, if required. Apart from this, the data may only be disclosed to parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance.

#### Access to Personal Data

3. You have a right of access and correction with respect to personal data as provided for in Section 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data. A fee may be imposed for complying with a data access request.

#### Enquiries

4. Enquiries concerning the personal data provided, including the making of access and corrections, should be addressed to :-

To : Nursing Officer in charge  
Kowloon Regional Office (Department of Health)

Tel : 2199 9100

Address : 1/F, Hospital Authority Building,  
147B, Argyle Street,  
Kowloon, Hong Kong.

C

For use by Regional Office Staff  
In Counselling People Who Come for Screening

[Read to client]

Good morning/afternoon, Mr./Ms. \_\_\_\_\_. Thank you for coming. DH was notified recently that high levels of mercury were detected in \_\_\_\_\_ and \_\_\_\_\_ creams. In order to safeguard the health of people at risk, we are offering free screening tests for mercury for people who had used these 2 brands of cream.

To help us assess your situation and determine what actions need to be taken, we are going to ask you a few questions, and we may have to ask you to submit a small amount of urine or take blood from you to perform the screening test. You are welcome to ask questions any time.

[Show Statement of Purpose].

[Proceed to questionnaire]

[Sign consent for urine/blood test and access to clinical data]

[向顧客讀出]

早晨/午安，\_\_\_\_\_先生/女士，多謝你抽空前來。衛生署最近接到有關兩種名為“\_\_\_\_\_”和“\_\_\_\_\_”面霜有極高水銀含量的報告。為了保障可能受影響之市民的健康，我們會提供免費的檢驗服務予曾使用這兩種面霜的市民。

為了解你現時的情況並作出適當的安排，我們將會問你一些問題，並有可能需要你提供少許尿液或要抽取血液作水銀化驗。若你有任何疑問，歡迎你向我們提出。

[出示用途聲明]

[問卷]

[簽署尿液/血液化驗和取得顧客臨床資料同意書]



SARS Case Questionnaire (Version 12)

調查「非典型肺炎」 - 資料搜集中心 - 問卷

Gum Label if available

D

Please complete each item below

Form No. \_\_\_\_\_ Region (No.) \_\_\_\_\_ S 03 \_\_\_\_\_

To: Dr. Cheung

Total: 6 pages

Part I

Patient Particulars

Name: \_\_\_\_\_ ( \_\_\_\_\_ )

Sex: M / F Age: \_\_\_\_\_ in chinese

DOB: \_\_\_\_\_

ID card no. \_\_\_\_\_

Tel. No. \_\_\_\_\_ (home)

\_\_\_\_\_ (mobile)

Ethnicity: \_\_\_\_\_

Consent for release of information to foreign

regulate for foreigners Y/N

Work history

Occupation: \_\_\_\_\_

Workplace / School Name: \_\_\_\_\_

Work address: \_\_\_\_\_

Health care worker Y/N

Ward movement \_\_\_\_\_

Work nature / procedures \_\_\_\_\_

Home Address

Room / Flat \_\_\_\_\_ Floor \_\_\_\_\_

Building name / Block No. \_\_\_\_\_

Estate: \_\_\_\_\_

Street No. \_\_\_\_\_ Street Name: \_\_\_\_\_

District \_\_\_\_\_

Last day of work / school \_\_\_\_\_

Any symptoms before "sick leave" Y/N

Name of responsible person at workplace \_\_\_\_\_

Telephone of that person \_\_\_\_\_

Clinical History

Fever: Y/L/N \_\_\_\_\_ °C

Chills: Y/L/N SOB: Y/L/N

Rigor: Y/L/N Myalgia: Y/L/N

Sputum: Y/L/N Sore throat: Y/L/N

Malaise: Y/L/N Headache: Y/L/N

Cough: Y/L/N Dizziness: Y/L/N

Nausea: Y/L/N Abdo Pain: Y/L/N

Vomiting: Y/L/N Diarrhoea: Y/L/N

First Symptom Onset date: \_\_\_\_\_

Y - First onset symptom \*L - Later with symptom

N - No such symptom

Patient / Patient's relative agreed our staff to contact those with close / social contact to patient & remind them the issues related to the atypical pneumonia Y/N

Hospital / Ward admitted: \_\_\_\_\_

Date of admission \_\_\_\_\_

Condition: Good / Satisfactory / Fair / Critical

CXR: Atypical Pneumonia Y/N

White blood cell Count: \_\_\_\_\_

Virus results: \_\_\_\_\_

Ribavirin given: Y/N Ever admitted to ICU Y/N

Discharged on: \_\_\_\_\_ Died on: \_\_\_\_\_

History of blood transfusion (within 2 months): Y/N

Blood Transfusion date: \_\_\_\_\_

History of flu vaccination in th past 6 months Y/N

Smoking History: Current smoker/Ex-smoker/Non-smoker



Part V

(i) 你知否是從那裏（親戚朋友同事）感染到非典型肺炎或接觸任何人懷疑感染到非典型肺炎

	Name/Sex/Age 姓名/性別/年齡	HKID 身份證號碼	Contact 電話	Relationship 關係	Address 地址	病徵	最後接觸 日期	其他資料
e.g.	M/CHAN Fai, aged 49	A1234567	12345678	Son	Rm 123, Blk E, Amoy Gdn			接觸地點
1.								
2.								
3.								

(ii) 在入院期間，有否任何人探你

	Name/Sex/Age 姓名/性別/年齡	HKID 身份證號碼	Contact 電話	Relationship 關係	Address 地址	病徵	最後接觸 日期	Other Information 其他資料
e.g.	M/CHAN Fai, aged 49	A1234567	12345678	Son	Rm 123, Blk E, Amoy Gdn			
2.								
3.								

(iii) 你通常用甚麼交通工具上班及搭車路線?

(iv) 你病發前 10 天，你有否前往/陪同他人到過以下地點:

京華酒店	Y/N	瑪嘉烈醫院	Y/N
老人院	Y/N	威爾斯醫院	Y/N
牛頭角下村	Y/N	屯門醫院	Y/N
淘大花園住宅	Y/N	伊利沙伯醫院	Y/N
淘大花園商場	Y/N	東區尤德夫人那打素醫院	Y/N
高威閣住宅	Y/N	基督教聯合醫院	Y/N
高威閣商場	Y/N	將軍澳醫院	Y/N
私家醫院	Y/N	雅麗氏何妙齡那打素醫院	Y/N
私家醫生診所	Y/N	瑪麗醫院	Y/N
牙醫	Y/N	廣華醫院	Y/N
耳鼻喉科診所	Y/N	北區醫院	Y/N
中醫	Y/N	其他公立醫院	Y/N

若有請詳細列明日期，那間醫院院舍病房及病人姓名

Part VI Place of Exposure 指病發前 10 天至入院曾經出現地點

醫院	Y/N	嘉年華會	Y/N
診所	Y/N	教堂	Y/N
酒店	Y/N	喪禮	Y/N
學校	Y/N	飲宴	Y/N
食店	Y/N	會議	Y/N
卡拉 OK	Y/N	家庭聚會	Y/N
大食會	Y/N	鴿局	Y/N

若有，請詳細列於以下之表格

Subject's Social Contact 社交接觸者 - 指病發前 10 天至入院，曾與你接觸，但不符合緊密接觸定義的人士

	Place 地點 & Event 性質	Date 日期	Social Contacts Name/Sex/Age 姓名/性別/年齡	Phone 電話	Area/Address 地區/地址	Health Surveillance	
						Day 1	Day 10.
e.g.	Amoy Restaurant for Dinner	Bet. 1930-2030 incl. on 2003-03-31	M/CHAN Fat, Age 49	12345678	Ngau Tau Kok	No symptoms	
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

(VI) 個人習慣

(i) 你有否依照政府指示做以下之預防措施:

- (a) 用稀釋之漂白水沖廁 Y/N
- (b) 洗手習慣 Y/N
- (c) 注意清潔 Y/N
- (d) 常帶口罩 Y/N
- (e) 用稀釋之漂白水清潔家居 Y/N
- (f) 你認為你個人所做之預防措施，還有否漏洞 Y/N

若有，請詳述意見：  
\_\_\_\_\_

(ii) 若以上問卷內之資料未能顯示病源，請詳述病者之個人習慣 (例如：外出食飯之習慣)

\_\_\_\_\_

(iii) 你認為今次有甚麼因素引致你患上非典型肺炎，請詳述：

\_\_\_\_\_

Please inform patients / family that health staff may contact them against for further information / advice / instruction

RN / NO \_\_\_\_\_

Investigator \_\_\_\_\_

Date \_\_\_\_\_

### 病發前 10 天, 每天詳細記錄

#### Local Movement

日期	時間	交通工具	地區 / 地址	接觸任何人 / 電話
病發前 10 天				
病發前 9 天				
病發前 8 天				
病發前 7 天				
病發前 6 天				
病發前 5 天				
病發前 4 天				
病發前 3 天				
病發前 2 天				
病發前 1 天				
病發日				

5

**Severe Respiratory Syndrome in Hong Kong**  
Situational Report as at 27.3.2003 2pm

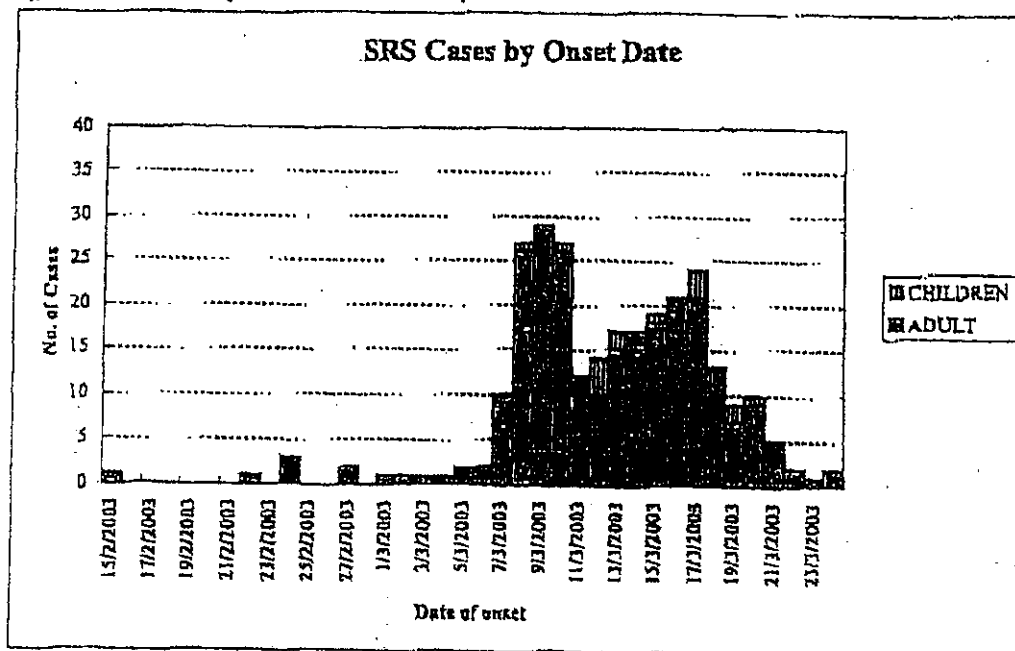
**Summary**

	HA Hospitals
Number of cases	319
Number of death	10
Number of contacts traced	2030
Number of contacts still under surveillance	1717
Number of contacts developed symptoms	122
Number of contacts became cases of SRS	33

**Age-sex Breakdown of Cases (based on 296 cases)**

Age group (years)	Male	Female	Total
0-5	2	4	6
6-12	3	1	4
13-19	2	5	7
20-64	102	138	240
65 up	25	14	39
Total	134	162	296

**Epidemic Curve (based on 274 cases)**



Department of Health  
27 March 2003

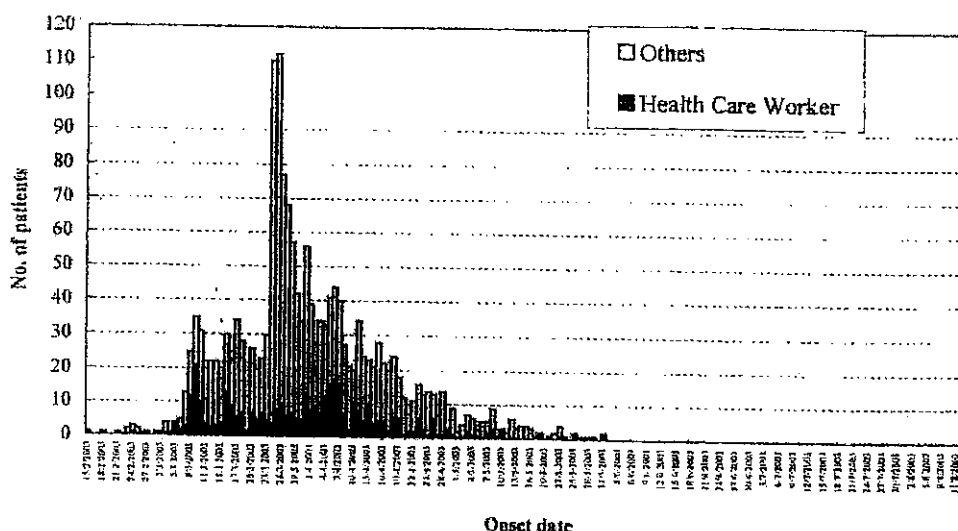
**Severe Acute Respiratory Syndrome in Hong Kong**  
**Situational Report as at 14.8.2003**

**SARS Cases**

	As at 12.8.2003	New cases for 13.8.2003	Cumulative total
Number of cases			
Amoy Garden	329	0	329
Healthcare workers	386	0	386
Others	1 040	0	1 040
Total	1 755	0	1 755
Number of death	299	0	299

**Epidemic Curve on 13 August 2003 (based on 1 735 cases)**

**Date of onset of Severe Acute Respiratory Syndrome Cases**



**Contact tracing**

	New cases for 13.8.2003	Cumulative
Number of contacts traced	0	26 384
Number of contacts still under surveillance	NA	0
Number of contacts developed symptoms	0	530
Number of contacts became cases of SARS	0	279

**Daily Updates of AP cases involving Students and Staff in Schools under EMB**

	New cases for 13.8.2003	Cumulative
Number of confirmed SARS cases in KG/ Primary/ Secondary/ Special Schools: Staff	0	17



Students	0	82
Number of suspected cases in KG/ Primary/ Secondary /Special Schools :		
Staff	0	NA
Students	0	NA

#### Health Declaration Posts Statistics

	13.8.2003	Cumulative
Number of passengers reported sick	13	2 796
Number of passengers with symptoms incl. fever/contact with SARS patients/residing in/travel to affected areas referred to A&E	1	134
Number of referrals admitted into HA hospitals	0	35
Number of passengers confirmed with SARS	0	2

#### Statistics from the Hong Kong International Airport

##### Departing Airport Passengers

	T $\geq$ 38.1*	T $\geq$ 37.6**		T $\geq$ 37.6 & T $\geq$ 38.1
	17.4-17.7.2003 (a)	13.8.2003 (b)	Cumulative (since 18.7.2003) (c)	Cumulative (since 17.4.2003) (d)=(a)+(c)
Number of passengers and crew checked	1 286 288	33 957	939 308	2 225 596
Number of persons found to have fever	70	2	169	239
Number of referrals to A&E	2	0	0	2
Number of admission to Hospital	1	0	0	1
Number of confirmed SARS cases	0	0	0	0

\*From 17.04-17.07.2003, the threshold oral temperature for follow-up was 38.1C

\*\*With effective from 18.07.2003, the threshold oral temperature for follow-up was changed to 37.6C

##### Arriving Airport Passengers and Crew

	T $\geq$ 38.1*	T $\geq$ 37.6**		T $\geq$ 37.6 & T $\geq$ 38.1
	17.4-17.7.2003 (a)	13.8.2003 (b)	Cumulative (since 18.7.2003) (c)	Cumulative (since 17.4.2003) (d)=(a)+(c)
Number of passengers and crew checked	1 245 574	36 315	929 995	2 175 569
Number of	153	11	210	363

persons found to have fever				
Number of referrals to A&E	5	0	2	7
Number of admission to Hospital	1	0	0	1
Number of confirmed SARS cases	0	0	0	0

\*From 17.04-17.07.2003, the threshold oral temperature for follow-up was 38.1C

\*\*With effective from 18.07.2003, the threshold oral temperature for follow-up was changed to 37.6C

#### Transit Airport Passengers

	T $\geq$ 38.1*	T $\geq$ 37.6**		T $\geq$ 37.6 & T $\geq$ 38.1
	17.4-17.7.2003 (a)	13.8.2003 (b)	Cumulative (since 18.7.2003) (c)	Cumulative (since 17.4.2003) (d)=(a)+(c)
Number of passengers and crew checked	471 933	15 512	384 677	856 610
Number of persons found to have fever	92	1	48	140
Number of referral to A&E	9	0	0	9
Number of admission to Hospital	5	0	0	5
Number of confirmed SARS cases	0	0	0	0

\*From 17.04-17.07.2003, the threshold oral temperature for follow-up was 38.1C

\*\*With effective from 18.07.2003, the threshold oral temperature for follow-up was changed to 37.6C

#### Daily Statistics of Suspected SARS among Departing Passengers at Land/Sea Borders

	T $\geq$ 38.1*	T $\geq$ 37.6**		T $\geq$ 37.6 & T $\geq$ 38.1
	16.5-8.7.2003 (a)	13.8.2003 (b)	Cumulative from 9.7.2003 (c)	Cumulative (since 16.5.2003) (d)=(a)+(c)
Number of passengers with oral temperature found to have fever				
(A) Land				
Lo Wu Section	NA	NA	NA	NA
Lok Ma Chau Section	NA	NA	NA	NA
Man Kam To Section	NA	NA	NA	NA
Sha Tau Kok Section	NA	NA	NA	NA
Hung Hom Section (since 21.5.2003)	2	0	0	2
(B) Sea				

China Ferry Terminal (since 16.5.2003)	10	0	29	39
Macau Terminal Section (since 16.5.2003)	17	2	38	55
Ocean (since 3.8.2003)	NA	0	0	0
Total	29	2	67	96
Number of referrals to A&E	27	0	6	33
Number of admission to Hospital	3	0	1	4
Number of confirmed SARS cases	0	0	0	0

\*From 16.05-8.07.2003, the threshold oral temperature for follow-up was 38.1C

\*\*With effective from 09.7.2003, the threshold oral temperature for follow-up was changed to 37.6C

#### Daily Statistics of Suspected SARS among Arriving Passengers at Land/Sea Borders

	T $\geq$ 38.1*	T $\geq$ 37.6**		T $\geq$ 37.6 & T $\geq$ 38.1
	24.4-8.7.2003 (a)	13.8.2003 (b)	Cumulative from 9.7.2003 (c)	Cumulative (since 24.4.2003) (d)=(a)+(c)
Number of passengers with oral temperature found to have fever				
(A) Land				
Lo Wu Section (since 4.4.2003)	99	7	62	161
Lok Ma Chau Section (since 26.4.2003)	60	0	103	163
Man Kam To Section (since 26.4.2003)	19	0	19	38
Sha Tau Kok Section (since 26.4.2003)	9	0	11	20
Hung Hom Section (since 24.4.2003)	7	1	8	15
(B) Sea				
China Ferry Terminal (since 26.4.2003)	21	3	27	48
Macau Terminal Section (since 26.4.2003)	26	1	41	67
Ocean (since 31.7.2003)	NA	1	1	1
Total	241	13	272	513
Number of referrals to A&E	155	2	50	205
Number of admission to Hospital	21	0	1	22
Number of confirmed SARS cases	0	0	0	0

\*From 24.04-8.07.2003, the threshold oral temperature for follow-up was 38.1C

\*\*With effective from 09.7.2003, the threshold oral temperature for follow-up was changed to 37.6C

### Designated Medical Centre Statistics

	30.6.2003	Cumulative (since 31.3.2003)
Number of attendance	13	15 813
Number of referral to A&E for suspected SARS	0	65
Number of cases confirmed to be SARS	0	48
Number of defaulters referred to Police	0	NA

### Hotlines for contact tracing of SARS and general enquiries

	13.8.2003	Cumulative (since 18.3.2003)
Total number of calls	7	90 307*
Total number of calls from close contacts	0	438
Total number of calls from social contacts	0	1 175
Number of referrals to A&E	0	1

\*Adjusted on 14.7.2003

### Home Confinement Statistics

	13.8.2003		Cumulative (since 10.4.2003)
	New	Active	
Number under confinement			
Households (confirmed)	0	0	
Households (suspected)	0	0	
Households (total)	0	0	493
Persons (confirmed)	0	0	
Persons (suspected)	0	0	
Persons (total)	0	0	1 262
For SARS contacts			
No. of households in camps	0		NA
No. of persons in camps	0		NA
Number of referrals to DMC	0		50
No. subsequently confirmed to be SARS	NA		9
Number of referrals to A&E	0		39
No. subsequently confirmed to be SARS	NA		25
Number of warning letters issued	0		45
Number of referrals to Police	0		3

Department of Health  
14.8.2003

**Severe Respiratory Syndrome in Hong Kong**  
**Situational Report as at 25.3.2003 2pm**

**Summary**

	<b>HA Hospitals</b>
Number of cases	260 (excluding 5 suspected cases)
Number of death	10
Number of contacts traced	1396
Number of contacts still under surveillance	1083
Number of contacts developed symptoms	95
Number of contacts became cases of SRS	22

**Highlights**

- ⇒ A cluster of 5 SRS cases was detected from a tour group. The group traveled to Beijing from 15 to 19 March 2003. There a total of 36 tour members (including the tour guide). Apart from the 5 SRS cases, 7 other tour members developed URI symptoms with onset date from 17 to 21 March 2003. Epidemiological investigation revealed that on the same flight to Beijing on 15 March 2003, seating right behind two of the cases was a gentleman who was a close contact of a case in PWH. This gentleman was already symptomatic during travel with onset of symptoms on 11 March 2003. He was subsequently admitted to hospital in Beijing with a diagnosis of pneumonia. The Department of Health has liaised with the airline company, Airport Authority, tour agencies and other authorities for contact tracing and various control measures.
- ⇒ As of 24 March 2003, 6 schools were closed, of which 4 were based on the advice of the Department of Health.

Department of Health  
25 March 2003

Summary of severe community acquired pneumonia cases referred by HA (as at 1:00pm 8 March 2003)

	Name	Sex/Age	Onset	Hospital	Past Health	Investigations	Condition	Travel hx
Case 1		M/52	2/2	QEH	Old pulmonary tuberculosis (PTB)	CBP: neutrophilic leucocytosis with lymphopenia Deranged clotting, L/RFT Increased CPK, LDH, CRP CXR: bilat pulmonary infiltrate Pneumococcal antigen -ve TA culture: Klebsiella spp <i>GVU results:</i> Blood for viral study: more than 4-fold rise against Chlamydia and MIF for <i>Chlamydia psittaci</i> showed seroconversion NPA viral culture -ve	Stable	31/1-3/2: 珠海, Macau, Guangzhou
Case 2		F/28m	1/2	TMH	Good	CBP: neutrophilic leucocytosis, lymphocyte normal CXR: bilateral hazziness Blood culture -ve Cold agglutinin -ve <i>So far, no positive results from GVU</i>	Discharged	Nil
Case 3		M/46	28/1	TMH	Carcinoma of esophagus with operation done in 6/01	CBP: decreased WCC with neutrophilia and lymphopenia CXR: bilateral diffuse hazziness Tracheal aspirate (TA) -ve <i>So far, no positive results from GVU</i>	Critical	30/1 (12-6pm): Shenzhen
Case 4		M/74	Early Feb.	QMH	Chronic obstructive airway diseases (COAD), hypertension	CBP: leucocytosis Deranged liver and renal functions CXR: RMZ+RLZ hazziness Bronchoscopy: copious purulent sputum over both sides. Widened right subcarina (? malignancy) Bronchioalveolar lavage: Strep. pneumoniae and H. influenzae <i>So far, no positive results from GVU</i>	Died	廣西, 廣州: 31/1-3/2
#Case 5		M/33	7/2	PMH	Good	CBP: WCC decreased with lymphopenia CXR: bilateral patchy shadow <i>GVU results</i> NPA and Lt lung culture +ve for H5N1 More than 4-fold rise in serum antibody against influenza A	Died	30/1-9/2: Fu Jian His daughter (F/8) died on 4/2 in Fu Jian due to ? pneumonia His son (M/9) had onset of symptoms on 9/2 and had recovered. The NPA was culture +ve for H5N1 and had 4 fold-rise in serum antibody titre against influenza A. His wife (F/30) had onset of

								symptoms on 11/2 and had recovered. Her NPA was PCR +ve for parainfluenza 3 His father had onset of symptoms on 10/2 and had recovered. The NPA result was negative
Case 6	[REDACTED]	M/75	3/2	PYNEH	Hypoadrenalism, hypothyroidism, hypertension, hyperlipidaemia, galistone	Blood for mycoplasma: -ve CXR: bilat pulmonary infiltrate <i>So far, no positive results from GYU</i>	Critical	30/1-4/2: Zhongshan
Case 7	[REDACTED]	M/7	8/2	PWH	Crouzon syndrome with VP shunt Obstructive sleep apnoea	CXR bilateral diffuse haziness Sputum culture -ve NPA DIF all -ve <i>So far, no positive results from GYU</i>	Stable	29/1 -6/2: 深圳布吉
Case 8	[REDACTED]	F/75	11/2	NDH	COAD, cholecystectomy	CXR: RUZ and LZ haziness CBP: neutrophilic leucocytosis Sputum, TA and blood culture -ve TA DIF and culture +ve for parainfluenza 2 by PWH <i>So far, no positive results from GYU</i>	Died	late Dec 2002 to 13/2/2003: 潮州潮陽市
Case 9	[REDACTED]	F/76	1/2	AHNS	HT, IHD, hyperlipidaemia	CXR: RLL consolidation Sputum culture: enterobacter Influenza A titre >160 <i>So far, GYU did not received any specimen</i>	Discharged	Nil
Case 10	[REDACTED]	M/78	2/1	TKOH	Good	CXR: bilateral haziness, R>L Bronchial aspirate and biopsy: yeast organism "Trichosporon asahii" <i>So far, no positive results from GYU</i>	Died	Nil
Case 11	[REDACTED]	F/75	9/2	TKOH	DM, HT, parathyroidectomy, cholecystectomy	Nerve conduction test: compatible to myasthenia gravis CXR: patchy consolidation Sputum culture: <i>Klebsiella pneumoniae</i> <i>So far, no positive results from GYU</i>	Stable	Lived in Canada, came to HK on 9/2
Case 12	[REDACTED]	M/74	7/2	NDH transferred to TPH	AF, renal impairment	CXR: bilateral haziness, L>R CBP: normal WCC and lymphocyte count Sputum culture -ve NPA DIF -ve <i>So far, no positive results from GYU</i>	Stable	2-6/2: 湖南
Case 13	[REDACTED]	M/3	8/2	PYNEH	Mentally retarded, cerebral palsy	CXR: RUZ consolidation and left LZ opacities <i>GYU results:</i> NPA culture +ve for influenza B	Stable	Nil

Case 14	[REDACTED]	F/81	10/2	TMH	C. PTB	CBP: neutrophilic leucocytosis, lymphocyte normal CXR: bilateral lower zone haziness Sputum, TA culture: commensals only Blood culture: -ve NPA DIF -ve <i>So far, no positive results from GYU</i>	Died	Nil
Case 15	[REDACTED]	M/69	28/1	PMH	COAD, congestive heart failure	CXR: diffuse infiltration CBP: neutrophilic leucocytosis with lymphopenia NPA DIF -ve Blood culture -ve TA culture: S. aureus, Serratia spp., C. albicans <i>So far, no positive results from GYU</i>	Critical	Nil
Case 16	[REDACTED]	F/53	6/2	PMH	Systemic sclerosis, interstitial lung disease, DM	CXR: diffuse bilateral infiltration CBP: neutrophilic leucocytosis with lymphopenia NPA: DIF +ve for influenza B by QMH TA: commensals only <i>So far, no positive results from GYU</i>	Died	Nil
Case 17	[REDACTED]	M/77	19/1	PMH	TB on treatment, BPH, bilateral LL neuropathy	CXR: RMZ and LMZ nodular shadow, Rt pleural effusion CBP: neutrophilic leucocytosis with lymphopenia Sputum, blood culture -ve Urine culture: Klebsiella spp <i>So far, no positive results from GYU</i>	Critical	Nil
Case 18	[REDACTED]	M/55	18/1	PYNEH	Good	CXR: bilateral alveolar infiltrate with basal sparing NPA DIF -ve Legionella and mycoplasma serology -ve <i>So far, no positive results from GYU</i>	Died	Frequent travel to Shenzhen for business
Case 19	[REDACTED]	F/81	2/2	TKOH	HT, IHD	CXR: RUL consolidation TA: Klebsiella and xanthomonas <i>So far, no positive results from GYU</i>	Stable	Nil
Case 20	[REDACTED]	F/72	11/1	TKOH	HT, AF, old CVA	CXR: Right-sided consolidation Increased WCC (18) TA culture: acinetobacter <i>So far, no positive results from GYU</i>	Stable	Nil
Case 21	[REDACTED]	F/70	8/2	PMH	Old PTB with thoracotomy done	CXR: unilateral consolidation CBP: slight increased in WCC with neutrophilia and lymphopenia Sputum culture -ve <i>So far, no positive results from GYU</i>	Critical	Nil
Case 22	[REDACTED]	F/44	1/2	NDH	Chronic skin rash	CXR: bilateral MZ and LZ cavitating lesion Sputum culture: Candida albicans Skin biopsy: vasculitic changes <i>So far, no positive results from GYU</i>	Serious	Nil



Case 23	[REDACTED]	F/75	12/2	TMH	H, IHD, hypercholesterolaemia, anaemia, CA cervix	CXR: RUZ effusion CBP: normal WCC Blood culture -ve <b>Bronchial aspirate: scanty growth of H. influenzae</b> <i>So far, no positive results from GYU</i>	Stable	Nil
Case 24	[REDACTED]	F/18	4/2	TMH	Good	CXR: bilateral haziness CBP: normal WCC and lymphocyte count Blood culture -ve <i>GVU results:</i> <b>Throat and nasal swab: +ve for parainfluenza 3</b>	Discharged	S. China: 1-4/2
Case 25	[REDACTED]	M/54	21/11/02	PYNEH	Uncomplicated aortic stenosis	This is a confirmed spotted fever case which was notified on 4/12/02	Discharged	Japan: 12-16/11/02
Case 26	[REDACTED]	M/74	14/2	YCH	COAD, cholecystectomy, gastrectomy	CXR: bilateral LZ consolidation CBP: decreased WCC with lymphopenia <b>Blood culture: Klebsiella pneumoniae</b> <i>So far, GYU did not received any specimen</i>	Died	Nil
Case 27	[REDACTED]	M/77	13/2	RH	DM, IHD	CXR: LUZ lobar pneumonia Sputum, TA culture -ve <i>GVU results:</i> <b>Serology showed more than 4-fold rise against chlamydia and MIF for Chlamydia pneumoniae was IgG positive</b>	Critical	Nil
Case 28	[REDACTED]	M/66	26/1	RH	Good	CXR: bilateral infiltrate Sputum culture -ve NPA, TA: DIF all -ve Urine x Legionella antigen -ve <b>Chlamydia pneumoniae IgG by QMH: 1: 128</b> <i>So far, no positive results from GYU</i>	Died	Nil
Case 29	[REDACTED]	M/80	7/2	KWH	HT, old CVA	CXR: Right-sided consolidation Blood, sputum, TA culture: -ve <i>So far, no positive results from GYU</i>	Died	Nil
Case 30	[REDACTED]	M/70	12/2	UCH	Asthma, parkinsonism	CXR: RLZ shadow CBP: normal WCC with neutrophilia and lymphopenia NPA DIF +ve for influenza A by QMH <i>GVU results:</i> <b>NPA culture +ve for influenza A (H3)</b>	Serious	Nil

Case 31	[REDACTED]	M/63	18/2	CMC	Gout	CXR: interstitial shadow CBP: normal WCC and lymphocyte count Increased cardiac enzymes ECG: ST elevation over inferior leads <i>So far, no positive results from GVU</i>	Died	3-4/2: 東莞
Case 32	[REDACTED]	M/64	10/2	QEH	DM	CXR: bilateral infiltrate CBP neutrophilic leucocytosis (20), lymphocyte normal NPA DIF -ve by QMH <i>So far, no positive results from GVU</i>	Stable	20-24/1: 東莞
Case 33	[REDACTED]	F/40	30/1	PWH	Good	CXR: diffuse bilateral patchy consolidation Sputum culture -ve NPA DIF -ve by PWH Serology showed 4-fold rise against <i>Chlamydia psittaci</i> <i>So far, GVU did not received any specimen</i>	Discharged	Nil
Case 34	[REDACTED]	F/73	17/2	UCH	ESRF on haemodialysis, CA breast with mastectomy done, HT, Uterine fibroid with OT done	CXR: left sided mass lesion CBP: decreased WCC Sputum culture: <i>Klebsiella</i> spp. <i>So far, GVU did not received any specimen</i>	Died	Nil
Case 35	[REDACTED]	M/74	13/2	NDH	Old PTB, COAD, HT, chronic renal failure	CXR: bilateral haziness <i>So far, no positive results from GVU</i>	Stable	2/2: Guangzhou
#Case 36	[REDACTED]	F/32	18/2	QEH	Good	CXR: RLZ haziness CBP normal WCC and lymphocyte count NPA DIF -ve <i>So far, no positive results from GVU</i>	Stable	Lived in 番禺, came to HK on 23/2 Both her parents (M/77, F/68) who lived in Guangzhou died due to unknown cause on 22/2 and 24/2 respectively Her brother (M/39) who lived in Guangzhou had onset of symptoms on 16/2. His condition is stable
#Case 37	[REDACTED]	M/64	15/2	KWH	Good	CXR: bilateral infiltrate NPA DIF and PCR -ve for influenza Blood culture -ve TA culture: <i>Candida</i> and <i>pseudomonas</i> spp. <i>Chlamydia pneumoniae</i> antibody (QMH): 1:128	Died	A doctor in a hospital in Guangzhou, with history of contact with pneumonia patients before onset Came to HK on 21/2

						<p><i>GVU results:</i>  Serology showed 4-fold rise against adenovirus</p>		<p>5 home contacts:  His wife (F/64) had symptoms onset on 24/2 and was admitted to a hospital in Guangzhou. She was still hospitalized due to poor DM control.  His daughter (F/35) had onset of symptoms on 27/2. She was admitted to a hospital in Guangzhou with stable condition. Her last contact with case 37 was on 24/2  The other 3 were asymptomatic  The son (M/35) of patient's another sister had onset of symptoms on 26/2 and was admitted to a hospital in Guangzhou with stable condition. He had lunch and dinner with case 37 on 21/2</p>
Case 37A	[REDACTED]	F/56	27/2	KWH	<p>Good  (Admitted to KWH on 18-20/2 for chest infection. She recovered upon treatment with antibiotics Sputum culture grew H. influenzae)</p>	<p>CXR: bilateral LZ hazziness  CBP: slight decreased WCC  Sputum culture pending  <i>So far, no positive results from GVU</i></p>	Stable	<p>Sister of case 37  3-6/2: visit case 37 in Guangzhou  21/2: Had lunch and dinner with case 37 in HK</p>
Case 37B	[REDACTED]	M/53	25/2	KWH	<p>HT, BPH, gout, cholecystectomy</p>	<p>CXR: LLZ hazziness  CBP: slight increased in WCC and neutrophil, normal lymphocyte count  <i>So far, no positive results from GVU</i></p>	Critical	<p>Husband of case 37A  No recent travel history  21/2: Had lunch and dinner with case 37 in HK  24/2: Visited case 37 in KWH</p>
Case 38	[REDACTED]	M/8	22/2	PWH	<p>Good</p>	<p>CXR: diffuse bilateral patchy consolidation  Sputum culture -ve  <i>So far, GVU did not received any specimen</i></p>	Discharged	<p>Lived in England, came to HK on 22/2</p>

Case 39	[REDACTED]	M/19	31/1	PWH	congenital heart disease, scoliosis	CXR: RLZ hazziness CBP: neutrophilic leucocytosis NPA culture +ve for influenza B by PWH <i>So far, GYU did not received any specimen</i>	Discharged	Nil
#Case 40	[REDACTED]	F/42	21/2	PMH	Good	CXR: pneumonic changes Sputum culture: Branhamella catarrhalis <i>So far, no positive results from GYU</i>	Stable	15-17/2: Guangzhou 4 travel collaterals (including case 41): they had onset of symptoms from 16-21/2. Apart from case 41, the other 3 (M/40, F/46, F/7) were admitted to PMH and 2 of them were discharged. The remaining one (F/7) is in stable condition. Their NPA were DIF -ve by GYU and PWH respectively. Details of case 41 are described below.
#Case 41	[REDACTED]	F/49	16/2	PWH	Good	CXR: Bilateral pneumonic changes CBP: neutrophilic leucocytosis, lymphocyte normal NPA DIF negative Legionella serology -ve Sputum culture: spenotrophomonas spp. Blood culture -ve <i>So far, no positive results from GYU</i>	Discharged	Lived in USA and came to HK on 30/1 31/1-17/2: Guangzhou 4 home contacts and travel collaterals (including case 40): all had travel history to Guangzhou in 2/03. Her elder brother who lived in Guangzhou had symptoms of pneumonia on 2/2 and was admitted to a hospital there and was discharged. A nurse (F/29) in Union Hospital who involved in taking care of the patient, was admitted to PMH on 25/2 for pneumonia. She had onset of symptoms on 23/2 and her NPA was DIF -ve. Her condition is stable

Case 42	[REDACTED]	M/50	26/2	KWH	Drug addict, hepatitis B carrier	CXR: RUZ and RMZ hazziness CBP: neutrophilic leucocytosis with normal lymphocyte Blood, TA culture pending <i>So far, no positive results from GVU</i>	Critical	20/1 (11:30-2:30): Shenzhen
Case 43	[REDACTED]	M/77	22/2	KWH	BPH	CXR: bilateral LZ hazziness Sputum culture pending <i>So far, no positive results from GVU</i>	Serious	25/1-17/2: Qingyuan 17/2-21/2: Guangzhou
Case 44	[REDACTED]	M/67	28/2	PMH	HT, old CVA, history of splenic abscess	CXR: bilateral infiltrate CBP: neutrophilic leucocytosis with normal lymphocyte Sputum, blood culture pending NPA DIF pending <i>So far, no positive results from GVU</i>	Critical	Traveled to 廣東省惠陽縣 平山鎮 for 3 weeks in February
Case 45	[REDACTED]	M/48	23/2	PMH	Hepatitis B cirrhosis; history of variceal bleeding required banding	CXR: RLZ ground glass appearance Blood taken on 28/2 in Vietnam showed IgM +ve for Influenza B <i>So far, no positive results from GVU</i>	Critical	Since mid-January, travelled from America to ?Shanghai, Hong Kong and finally to Hanoi, Vietnam where he had disease onset

# Special cases

To date, a total of 47 severe community acquired pneumonia cases were referred by HA since 11 February 2003.

Summary of severe community acquired pneumonia cases currently not on the HA list (as at 1:00pm 8 March 2003)

Case 1	[REDACTED]	M/45	16/1	NDH	History of nasopharyngeal carcinoma with radiotherapy done 5 years ago	CBP: neutrophilic leucocytosis and lymphopenia CXR: bilateral hazziness Sputum, blood culture -ve <i>So far, no positive results from GYU</i>	Stable	2-7/12: Beijing 14-15/12: Chong Zhan
Case 2	[REDACTED]	M/81	Late Jan.	CMC	Good	CXR: RUL lobar pneumonia Blood culture: <i>Strep. pneumoniae</i> <i>So far, GYU did not received any specimen</i>	Stable	Nil
Case 3	[REDACTED]	F/71	14/2	TKOH	HT	CXR: RLZ hazziness Sputum culture pending <i>So far, no positive results from GYU</i>	Discharged	Nil
Case 4	[REDACTED]	M/79	5/2	QMH	Old CVA	CXR: RLZ and LMZ consolidation Sputum culture: commensals only BAL: scanty <i>C. albicans</i> <i>So far, no positive results from GYU</i>	Died	Nil
Case 5	[REDACTED]	M/73	28/1	QMH	COAD	CXR: RLZ consolidation CBP: leucocytosis with lymphopenia Sputum culture: commensals only <i>So far, GYU did not received any specimen</i>	Serious	Nil
Case 6	[REDACTED]	F/23	25/2	AHNS	Good	CXR: RLZ hazziness CBP: normal WCC with lymphopenia BAL, NPA DIF by PWH -ve Legionella serology by PWH -ve Blood culture pending	Died	Nil
Case 7	[REDACTED]	M/84	3/3	UCH	?	CXR: multilobar pneumonia	Critical	?
Case 8	[REDACTED]	M/85	?	NDH	?	CXR: Rt lung infiltration CBP: normal WCC and lymphocyte	Critical	?
Case 9	[REDACTED]	F/2	10/2	NDH	?	CXR: LLZ hazziness CBP: lymphopenia	Discharged	?
Case 10	[REDACTED]	F/91	25/2	NDH	?	CXR: RLZ pneumonia with pleural effusion	Critical	?
Case 11	[REDACTED]	M/55	?	PYNEH	History of congenital kyphosis, polio and asthma	CXR: bilateral infiltrate CBP: normal WCC with lymphopenia	Stable	Guangdong 沙灣 for 1 week in late Jan
Case 12	[REDACTED]	M/71	2/3	PYNEH	?	CXR: bilateral infiltrate CBP: Increased WCC with normal lymphocyte	?	Nil

**Distribution list**

Director of Health	DD (1)	DD (2)	Con CM i/c DPCD	Con CM(NCD)	Con Med Microbiologist (1)
PMO (6)	CP(HK)	CP(K)	CP(NTE)	CP(NTW)	CIO

Summary of severe community acquired pneumonia cases referred by private hospitals (as at 1:00pm 8 March 2003)

	Name	Sex/Age	Onset	Hospital	Past Health	Investigations	Condition	Travel hx
Case 1	[REDACTED]	F/3	28/12	HK Adventist Hospital	Good	CXR: Left LL pneumonia with lung abscess and empyema WCC: increased (14.9) with lymphocytosis Cold agglutinin -ve <i>So far, GVU did not received any specimen</i>	Stable	Lived in Beijing. Onset of symptoms in Beijing and came to HK for treatment on 12/1 Leave HK to Melbourne for operation on 20/1
Case 2	[REDACTED]	M/71	15/1	HK Adventist Hospital	ITP with splenectomy done, hypertension, asthma, BPH, heart failure	CXR: Left lung consolidation Sputum culture: Strep. pneumoniae Urine x Legionella antigen -ve NPA DIF -ve <i>So far, GVU did not received any specimen</i>	Recovered	Lived in London Came to HK on 12/1
Case 3	[REDACTED]	F/2	10/2	HK Adventist Hospital	Good	CXR: RLL consolidation and then RUZ empyema WCC: increased (27.5) with neutrophilia and lymphopenia NPA DIF -ve Blood x Mycoplasma pneumoniae: 1:80 <i>So far, no positive results from GVU</i>	Stable	Nil

To date, a total of 3 severe community acquired pneumonia cases were referred by private hospitals since 11 February 2003.

Distribution list

Director of Health	DD (1)	DD (2)	Con CM i/c DPCD	Con CM(NCD)	Con Med Microbiologist (1)
PMO (6)	CP(HK)	CP(K)	CP(NTE)	CP(NTW)	CIO