

## Guidelines to healthcare workers related to SARS

Guidelines provided to all registered medical practitioners, private hospitals, nursing homes, workers in residential care homes for the elderly, schools and kindergarten during Feb to June 2003 are as follows-

20 February 2003

- (1) Letter on "Two cases of H5N1 infection in 2003" (to all doctors by email, fax and mail) – request medical professionals to notify DH when they detect unusual or unexplained pattern of illnesses

12 March 2003

- (2) Letter on "Infection among health care workers" (to all doctors by email, fax and mail).- Advice to all doctors to take the necessary infection control measures in handling patients and instruct their health care staff to do likewise.
- (3) Fax message to all private hospitals on "Infection among health care workers" – request hospital staff to strictly adhere to infection control guidelines, to increase surveillance of sick staff and to report to DH if there was a cluster of health care staff reporting sick.
- (4) Information to Kindergartens, Schools and Child Care Centres on "Prevention of Respiratory Infection" to be disseminated by EMB and SWD respectively.

13 March 2003

- (5) Information to Residential Care Homes for the Elderly and People with Disabilities on "Health Advice on Prevention of Respiratory Tract Infections" to be coordinated by the SWD

14 March 2003

- (6) Fax message to private hospitals on "Information on management of severe influenza infection" – Advice given on wearing mask when working within 3 feet of the patient.

Additional publicity measures -

- "Health Advice on the prevention of respiratory tract infection" uploaded on CHEU Homepage and Hotline
- "Health Advice on the prevention of respiratory tract infection" and "Health Advice to health care workers on the prevention of respiratory tract infection" uploaded on CHEU Hotline

15 March 2003

- (7) Information leaflet on "Health Advice on the Prevention of Respiratory Tract Infections" (to all doctors via email, fax and mail) – Advice to wear mask in treating or nursing patients with respiratory symptoms.
- (8) Fax message on "Health Advice on the Prevention of Respiratory Tract Infections" to all nursing homes

Additional publicity measures -

- "Fact sheets in Chinese and English on health advice" uploaded onto DH's web
- New webpage on "Prevention of Respiratory Tract Infections" prepared by ISD Resource Centre and IPRU/DH

17 March 2003

- (9) Information leaflet on "Guidelines to Primary Care Physicians / family Physicians on the management of cases of suspected Severe Acute Respiratory Syndrome (SARS) and when to refer" to all doctors via email, fax and mail
- (10) Fax message to all private hospitals on "Severe Acute Respiratory Syndrome" and WHO guidelines on Hospital Infection Control Guidance and Management of SARS
- (11) Fax message on "Protecting yourself against Respiratory Tract Infection" to Hong Kong Medical Association, HK Doctors Union Ltd, Practising Estate Doctors' Association and Federation of Medical Societies of HK

Additional publicity measures

- Health advice on "Protecting yourself against Respiratory Tract Infection"

and "Prevention of Respiratory Tract Infections in Public Places" uploaded to DH website

18 March 2003

- (12) Fax message to all private hospitals on "Surveillance on Acute Respiratory Syndrome Cases"
- (13) Letter distributed to all dentists - infection among health care workers, guidelines on SARS and health advice on prevention of respiratory tract infection

Additional publicity measures

- Hotline 2961 8968 launched
- Omnibus webpage on atypical pneumonia launched.

20 March 2003

- (14) Letter on "Atypical pneumonia outbreak in Hong Kong" (to all doctors by email, fax and mail, and via newsletter of Hong Kong Medical Association) – providing information on clinical features of the pneumonia outbreak and advise doctors to wear mask when taking care of patients with respiratory symptoms and maintain good personal hygiene. The mail to Hong Kong Medical Association was sent at 12.39 pm.
- (15) Fax message on "Atypical pneumonia outbreak in Hong Kong" to all private hospitals.
- (16) Fax message on "Guidelines on the Management of Severe Acute Respiratory Syndrome" to all private hospitals

23 March 2003

- (17) Guidelines on prevention of atypical pneumonia to all schools (Chinese version)

24 March 2003

- (18) Letter on "Infection control measures for medical clinics in the community" issued to all doctors by email, fax and mail – repeated advice to wear mask

- (19) Letter on "Infection control measures for clinics/healthcare facilities" issued to all clinics registered under Cap 343
- (20) Letter on "Guidelines on Infection Control Measures for Clinics/Healthcare Facilities" issued to all supplementary medical professionals and chiropractors
- (21) Letter on "Guidelines on Infection Control Measures for Clinics/Healthcare Facilities" issued to all nursing homes

25 March 2003

- (22) Guidelines to prevent the spread of atypical pneumonia promulgated to child care centres and centres for the disabled, residential care homes for the elderly
- (23) Guidelines on the prevention of the spreading of atypical pneumonia promulgated to schools (English version)

26 March 2003

- (24) Fax message on "Surveillance on Severe Respiratory Syndrome Cases" to all private hospitals.

27 March 2003

- (25) Letter on "Amendment to the Quarantine and Prevention of Disease Ordinance, Cap 141" to all doctors via email, fax and mail

28 March 2003

- (26) Fax message on "Amendment to the Quarantine and Prevention of Disease Ordinance, Cap 141" to all private hospitals

3 April 2003

- (27) Updated Guidelines on Prevention of the Spreading of Atypical Pneumonia in Schools

17 April 2003

- (28) New guidelines "防止安老院舍非典型肺炎指引" and "加強傳染病控制措施" for Residential Care Homes (Elderly Persons) RCHEs were prepared by DH and sent to all RCHEs & nursing homes by SWD.

7 May 2003

- (29) A guideline on "量度體溫(安老院舍適用)" was prepared by DH for distribution by SWD to elderly homes
- (30) Letter to all private hospitals reminded them to strictly adhere to stringent infection control measures and prompt notification

13 June 2003

- (31) Revised guidelines "安老院舍預防嚴重急性呼吸系統綜合症指引" and a leaflet on "預防嚴重急性呼吸系統綜合症的防護裝備使用建議" were distributed to elderly homes via SWD.

Department of Health  
November 2003

衛生署  
疾病預防及控制部

香港灣仔皇后大道東 213 號  
胡志大廈 18 樓



PM000  
DEPARTMENT OF HEALTH  
Disease Prevention and Control Division

18<sup>th</sup> Floor, Wu Chung House  
213 Queen's Road East, Wanchai  
Hong Kong

本署檔號 OUR REF.: (82) in DHHQ/1060/1/35 Pt. 11

來函檔號 YOUR REF.:

電話 TEL.: 2961 8918

圖文傳真 FAX No: (852) 2575 4110  
(852) 2574 2113

20 February 2003

Dear Doctor,

Two cases of H5N1 infection in 2003

In Hong Kong, the Department of Health (DH) operates a highly sensitive influenza surveillance system comprising a network of hospital, laboratories and clinics in the public and private sectors. Through this system, two cases of influenza A(H5N1) infection have recently been detected. The patients were a 9-year-old boy and his 33-year-old father with onset of illness on 9 Feb and 7 Feb 03 respectively during their visit to Fujian (福建), China earlier this year. Both had good past health. The boy is in stable condition but his father died on 17 Feb 03. Their nasopharyngeal aspirates were tested positive for influenza A(H5N1) on 19 Feb and 20 Feb 03 respectively.

The 9-year-old boy went to Fujian with his mother and two sisters during the period 25 Jan – 9 Feb 03, his father joined them since 31 Jan. The boy had onset of low grade fever, cough and runny nose on 9 Feb. On 12 Feb, he was admitted into Princess Margaret Hospital (PMH) and chest X-ray showed left lingular lobe consolidation. He was put on intravenous cefotaxime, klacid and oral amantadine. His condition is improving. His father had acute onset of high fever, blood-stained sputum and myalgia on 7 Feb. On admission into PMH on 11 Feb, he also had nose-bleeding, nausea and abdominal pain; his chest X-ray showed right lower zone consolidation. His condition deteriorated progressively and he eventually succumbed on 17 Feb 03.

The boy's younger sister (8-year-old) had onset of pneumonia on 28 Jan and died on 4 Feb while in Fujian. The exact cause of death cannot be identified. The boy's mother developed parainfluenza infection after the trip and has recovered already. His elder sister remains asymptomatic.

The avian influenza virus A(H5N1) was first known to cause human infection in 1997 when 18 cases (including 6 deaths) were identified in Hong Kong. In-depth studies showed that the main mode of transmission of influenza A(H5N1) was from bird to man, and man-to-man transmission was very ineffective. After that outbreak, there has not been any isolate of influenza A(H5) virus in human specimens prior to the recent two cases.

## Use of Amantadine in the Management of H5N1 Infections

From the drug sensitivity study at Centres for Disease Control and Prevention (CDC) on the isolates from two H5N1 cases in 1997, it has been shown that the H5N1 virus is sensitive to amantadine. This drug is an effective agent for the treatment and prophylaxis of influenza A (but not B). However, it is prudent to note that the influenza viruses can rapidly develop resistance to this drug. Hence, doctors are advised to use the drug appropriately for treatment or prophylaxis of influenza A. The following guidelines which have incorporated the advice from the CDC experts are recommended for doctors' reference.

### Confirmed case of H5N1 infection

Amantadine 100mg twice a day for 5 days can be used to treat cases of H5N1 infection. If started within 48 hours of the start of illness, amantadine can reduce the severity and shorten the duration of illness. Doses should be reduced for children and elderly, and those with underlying renal diseases. For children aged 1 to 9, the dosage is 5mg/kg/day in 2 divided doses up to 150 mg. For children aged greater than 9, adult dosage can be used but if the body weight of the child is less than 40kg, use the regime of 5mg/kg/day in 2 divided doses up to 150 mg.

### Symptomatic Contacts of H5N1 cases

Close contacts, i.e. home contacts and medical staff providing direct care to patients with H5N1 infection, should be put on medical surveillance. If they develop symptoms compatible with influenza (fever of 38°C or higher, **together with** cough or sore throat), they should have a throat swab or nasopharyngeal aspirate taken for viral cultures. Treatment with amantadine (100mg twice for 5 days) can be started pending viral culture results.

### Side effects

Amantadine can cause neurological and gastrointestinal side effects. In one study of healthy adults, approximately 13% of those treated with amantadine developed side effects. Neurological side effects include nervousness, anxiety, difficulty in concentrating and dizziness. More serious neurological side effects like marked behavioural changes, delirium, hallucinations, agitation and seizures have been observed. Gastrointestinal side effects include nausea, vomiting abdominal pain and constipation. These side effects will stop after the drug has been withdrawn. Cautions must be exercised for people with renal insufficiency and in the elderly age group. The drugs are contraindicated for persons with seizure disorders.

The initial clinical presentation of influenza A(H5N1) infection was similar to that of other influenza viruses, typically with fever, malaise, myalgia, sore throat and cough. The appropriate management consists of adequate rest, fluid replacement and antipyretic as necessary. Aspirin should be avoided. Persistent high fever (>39°C) is a common sign among the cases in 1997. In some cases, influenza A(H5N1) caused a rapid downhill course ending with viral pneumonia, respiratory distress syndrome and multi-organ failure. If there are signs of complications such as pneumonia, the patient should be hospitalized. Nasopharyngeal aspirate should be taken from patients suspected to have severe influenza illness. There are rapid screening tests for detection of influenza A antigen. Virus isolation by culture is required for confirmation and subtyping. A four-fold or greater rise in antibody titre from the acute phase to the convalescent phase serum samples is indicative of recent infection. The use of antiviral therapy such as amantadine is discussed in the attached note.


Appropriate counselling on prevention of influenza should be given to patients and members of general public. Important messages include avoidance of contact with live poultry / birds, wash hands thoroughly after contact with live poultry / birds, observance of good personal hygiene, maintaining good ventilation, no smoking, and have a balanced diet, regular exercise and adequate rest to maintain body immunity.

In light of the recent increase in atypical pneumonia cases in Guangdong Province, the DH has stepped up the local surveillance on severe community acquired pneumonia cases through the network of public and private hospitals. The number of hospital admissions for pneumonia or severe community acquired pneumonia has remained stable. So far, testing of all severe pneumonia cases for H5 has not found any other H5 positive result.

The DH stands ready to offer advice and assistance to medical professionals who detect unusual or unexplained pattern of illnesses. Please notify such incidents to the respective Regional Office of the DH. The contact numbers are as follows :

<b>Regional Office</b>	<b>Telephone Number</b>
Hong Kong Regional Office	2961 8791
Kowloon Regional Office	2199 9149
New Territories East Regional Office	2158 5107
New Territories West Regional Office	2615 8571

Yours faithfully,

  
(Dr. L. Y. TSE)  
for Director of Health



衛生署  
疾病預防及控制部  
香港灣仔皇后大道東 213 號  
胡忠大廈 18 樓



DEPARTMENT OF HEALTH  
Disease Prevention and Control Division  
18<sup>th</sup> Floor, Wu Chung House  
213 Queen's Road East, Wanchai  
Hong Kong

本署檔號 OUR REF.: DHHQ/1065/2/4

來函檔號 YOUR REF.:

電話 TEL.: 2961 8918

圖文傳真 FAX No: (852) 2575 4110  
(852) 2574 2113

12 March 2003

Dear Doctor,

Infection among health care workers

The Department of Health (DH) is conducting a detailed investigation into the case of Prince of Wales Hospital staff developing fever and respiratory infection symptoms. Up to date, 26 staff have developed febrile illness, hospitalized and put under observation / treatment. Amongst them, ten subsequently were noted to have early chest x-ray signs of pneumonia.

Please take the necessary infection control measures in handling patients and advise health care staff under your supervision to do likewise.

The DH stands ready to offer advice and assistance to medical professionals who detect unusual or unexplained pattern of illnesses. Please notify such incidents to the respective Regional Office of the DH. The contact numbers are as follows -

Regional Office	Telephone Number
Hong Kong Regional Office	2961 8791
Kowloon Regional Office	2199 9149
New Territories East Regional Office	2158 5107
New Territories West Regional Office	2615 8571

Yours faithfully,

(Dr. L Y TSE)  
for Director of Health

PMO-EB (E)



"Department of Health"  
<cor@dh.gov.hk>

12.03.2003 19:34

To: <Undisclosed-Recipient;>

cc:

Subject: infection among health care workers

Urgent

Return Receipt

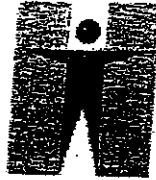
Dear Doctor,

I enclose a letter on infection among health care workers for your information.

Dr L Y Tse



for Director of Health Infection among health care workers.rtf



PMO (1) (4) 1

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: in DHHQ/1065/2/4	[Redacted] HK Baptist Hospital	Fax 2338 5394 /
Date: 12 March, 2003	[Redacted] HK Central Hospital	Fax 2521 1969
Page No. (3) including this page	[Redacted] HK Sanatorium & Hospital	Fax 2835 8008
<i>Please notify Ms Chan on Tel 2961 8906 if message received is incomplete</i>	[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,

**Infection among health care workers**

In view of the recent outbreak of fever and respiratory tract infections among health care workers in the Prince of Wales Hospital, you are requested to advise your health care staff to strictly adhere to infection control guidelines in handling patients. Please also increase your surveillance on the sick leave taken by your health care workers and inform this department when you suspect or detect a clustering of health care workers reporting sick. Please contact me at 2961 8894 or [Redacted].

I enclose a press release issued by this department today on the investigation of infection among health care workers in the Prince of Wales Hospital for your information.

Thank you for your attention.

Yours sincerely,

(Dr Monica Wong)  
for Director of Health

DH investigating the PWH case

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The Department of Health (DH) has been conducting a detailed investigation into the case of Prince of Wales Hospital staff developing fever and respiratory infection symptoms.

A DH spokesman today (March 12) said that questionnaires were being used to gather relevant information from staff members for further analysis.

"Fifty staff members had been screened and out of these, 23 who had febrile illness were admitted last night and put under observation as a precautionary measure. Amongst them, eight subsequently were noted to have early chest X-ray signs of pneumonia. Their conditions are stable.

"In addition, two out of three staff members who were admitted earlier to hospitals for treatment had chest X-ray signs of pneumonia.

"Investigations with the Hospital Authority and the Chinese University of Hong Kong are continuing to identify the cause of infection," he said.

Health education was also given to hospital staff concerned, he added.

The Department has informed the World Health Organization (WHO) of the developments. Hong Kong, as a member of WHO's Western Pacific Region, will work closely with WHO on disease control and prevention.

The spokesman reminded members of the public to take the following measures to prevent respiratory infections:

To build up good body immunity by having a proper diet, regular exercise and adequate rest, reducing stress and avoiding smoking;

To maintain good personal hygiene, and wash hands after sneezing, coughing or cleaning the nose;

\* To maintain good ventilation;

\* To avoid visiting crowded places with poor ventilation; and

\* The young, the elderly and those with chronic diseases should consult their doctor promptly if they develop respiratory symptoms.

End/Wednesday, March 12, 2003

NNNN

PMO (4) (1)

**MEMO**



<i>From</i>	Director of Health	<i>To</i>	Secretary for Education and Manpower
<i>Ref.</i>	(86) in DHHQ/1065/4/4 Pt.10		(Attn.: Miss Anne Yeung)
<i>Tel. No.</i>	2961 8897	<i>Your Ref.</i>	in
<i>Fax No.</i>	2836 0071	<i>dated</i>	
<i>Date</i>	12 March 2003	<i>Fax No.</i>	2147 1406
		<i>Total Pages</i>	2

**Prevention of Respiratory Tract Infections in Kindergartens and Schools**

In view of a recent outbreak of febrile respiratory illnesses in Prince of Wales Hospital, the Department of Health has prepared the attached health advice to the management of kindergartens and schools for prevention of respiratory tract infections. The soft copy of the health advice has been sent to you through Lotus Notes.

2. The general advice in the booklet "Guidelines on Prevention of Communicable Diseases in Child Care Centres / Kindergartens / Schools" which was distributed to all schools and kindergartens in 2000 is still valid. School teachers are welcome to contact the Central Health Education Unit, Department of Health at tel. no. 2572 1476 or fax no. 2591 6127 for extra copies.

3. I should be grateful if you could pass the attached guidelines to all schools and kindergartens in Hong Kong urgently. Thank you very much for your assistance.

(Dr Mandy HO)  
for Director of Health

**MEMO**

<i>From</i>	Director of Health	<i>To</i>	Director of Social Welfare
<i>Ref.</i>	(87) in DHHQ/1065/4/4 Pt.10		(Attn.: Miss Chan, CCC Advisory Inspectorate)
<i>Tel. No.</i>	2961 8897	<i>Your Ref.</i>	in
<i>Fax No.</i>	2836 0071	<i>dated</i>	<i>Fax No.</i> 2591 9113
<i>Date</i>	12 March 2003	<i>Total Pages</i>	2

**Prevention of Respiratory Infection in Child Care Centres**

In view of a recent outbreak of febrile respiratory illnesses in Prince of Wales Hospital, the Department of Health has prepared the attached health advice to the management of child care centres for prevention of respiratory tract infections.

2. The general advice in the booklet "Guidelines on Prevention of Communicable Diseases in Child Care Centres / Kindergartens / Schools" which was distributed to all child care centres in 2000 is still valid. The management are welcome to contact the Central Health Education Unit, Department of Health at tel. no. 2572 1476 or fax no. 2591 6127 for extra copies.

86 1  
3. I should be grateful if you could pass the attached guidelines to all child care centres in Hong Kong urgently. Thank you very much for your assistance.



(Dr Mandy HO)  
for Director of Health



## Health Advice on the Prevention of Respiratory Tract Infections

In view of a recent outbreak of febrile respiratory illness among health care staff in Prince of Wales Hospital, the Department of Health is conducting a detailed investigation with the Hospital Authority and the Chinese University of Hong Kong to identify the cause of infection. We will monitor the situation closely.

As a precautionary measure, staff of Child Care Centres / Kindergartens / Schools are advised to educate the schoolchildren and their parents to take the following measures to prevent respiratory tract infections:

- > Build up good body immunity by having a proper diet, regular exercise and adequate rest, reducing stress and avoiding smoking
- > Maintain good personal hygiene, and wash hands after sneezing, coughing or cleaning the nose
- > Maintain good ventilation
- > Avoid visiting crowded places with poor ventilation
- > Consult their doctor promptly if they develop respiratory symptoms

The management are also advised to refer to the 'Guidelines on Prevention of Communicable Diseases in Child Care Centres / Kindergartens / Schools' published by the Department of Health in 2000 for general information on the prevention of communicable diseases in school and institutional settings. Specific advice on the prevention of diseases spread by airborne transmission in schools and institutions are highlighted below:

- > Cleanse used toys and furniture properly
- > Keep hands clean and wash hands properly
- > Cover nose and mouth when sneezing or coughing
- > Wash hands when they are dirtied by respiratory secretions e.g. after sneezing
- > Use liquid soap for hand washing and disposal towel for drying hands
- > Do not share towels

The Department of Health stands ready to offer advice and assistance to all institutions in the control and prevention of communicable diseases. If staff detect unusual pattern of illnesses/sick leave among the children, please notify such incidents to the respective Regional Office of the Department of Health. The contact numbers are as follows :

### **Regional Office**

Hong Kong Regional Office  
Kowloon Regional Office  
New Territories East Regional Office  
New Territories West Regional Office

### **Telephone Number**

2961 8729  
2199 9149  
2158 5107  
2615 8571

Department of Health  
12 March 2003





## 預防呼吸道感染的健康指引

威爾斯親王醫院近日有員工出現發燒及呼吸道感染的病徵，衛生署目前正與醫院管理局和香港中文大學合力進行詳細調查，以確定感染的病因。我們會密切監察有關情況。

我們呼籲各幼兒中心／幼稚園／學校的教職員作好預防，促請學童和家長採取下列預防呼吸道感染的措施：

- 注意均衡飲食、定時進行運動、有足夠休息、減輕壓力和避免吸煙，以增強身體的抵抗力
- 保持良好的個人衛生習慣，打噴嚏、咳嗽和清潔鼻子後要洗手
- 保持空氣流通
- 避免前往人煙稠密的地方
- 如有呼吸道感染病徵，應盡早找醫生診治

衛生署在 2000 年印製了一本名為「幼兒中心／幼稚園／學校預防傳染病指引」的小冊子，為各學校及機構提供預防傳染病的資訊，院方可參考該小冊子內的各項指引。對於透過空氣傳播的疾病，我們呼籲院方採取以下的具體預防措施：

- 用過的玩具及家具須清洗妥當
- 保持雙手清潔，並用正確方法洗手
- 打噴嚏或咳嗽時應掩着鼻子
- 雙手被呼吸系統分泌物弄污後(如打噴嚏後)應洗手
- 用皂液洗手，然後以用後即棄的紙巾抹乾
- 不應共用毛巾

衛生署隨時樂意在控制和預防傳染病方面向院方提供所需的意見和協助。職員一旦發覺兒童有不尋常的病況/病假，請通知所屬的衛生署分區辦事處。各辦事處的電話號碼如下：

分區辦事處	電話號碼
港島區辦事處	2961 8729
九龍區辦事處	2199 9149
新界東區辦事處	2158 5107
新界西區辦事處	2615 8571

衛生署

2003 年 3 月 12 日

**MEMO**



*From* Director of Health  
*Ref.* (83) in DH/EHS/6/24  
*Tel. No.* 2121 8600  
*Fax No.* 2574 2849  
*Date* 13 March 2003

*To* Director of Social Welfare  
(Attn.: Mrs Kathy Ng, SWD  
Ms Ophelia Chan, SWD)  
*Your Ref.* in  
*dated* *Fax No.* 2838 0757  
*Total Pages* 1

**Prevention of Respiratory Infection in Residential Care Homes for the Elderly and People with Disabilities**

In view of a recent outbreak of febrile respiratory illnesses in Prince of Wales Hospital, the Department of Health has prepared the attached health advice to the residential care homes for the elderly for prevention of respiratory tract infections.

2. The general advice in the booklet "Guidelines on Prevention of Communicable Diseases in 'Guidelines on Prevention of Communicable Diseases in Residential Care Homes for the Elderly and People with Disabilities' which was distributed to all residential care homes for the elderly and people with disabilities in 2000 is still valid. The management are welcome to contact the Central Health Education Unit, Department of Health at tel. no. 2572 1476 or fax no. 2591 6127 for extra copies. The guidelines can also be downloaded from Department of Health's website at <http://www.info.gov.hk/dh/diseases/rch-e.htm>.

3. I should be grateful if you could pass the attached guidelines to all residential care homes for the elderly and people with disabilities in Hong Kong urgently. Thank you very much for your assistance.

*W M Chan*

(Dr W M CHAN)  
for Director of Health

**FAXED**  
13.3.03



## Health Advice on the Prevention of Respiratory Tract Infections

In view of a recent outbreak of febrile respiratory illness among health care staff in Prince of Wales Hospital, the Department of Health is conducting a detailed investigation with the Hospital Authority and the Chinese University of Hong Kong to identify the cause of infection. We will monitor the situation closely.

As a precautionary measure, managers of residential care homes for the elderly and people with disabilities are advised to remind residents and carers to take the following measures to prevent respiratory infections:

- > Build up good body immunity by having a proper diet, regular exercise and adequate rest, reducing stress and avoiding smoking
- > Maintain good personal hygiene, and wash hands after sneezing, coughing or cleaning the nose
- > Maintain good ventilation in the home
- > Avoid visiting crowded places with poor ventilation
- > Consult a doctor promptly if they develop respiratory symptoms

The management is advised to refer to the 'Guidelines on Prevention of Communicable Diseases in Residential Care Homes for the Elderly and People with Disabilities' published by the Department of Health in 2000 for general information on the prevention of communicable diseases in residential care homes and institutions. Specific advice on the prevention of diseases spread by airborne transmission in institutions are highlighted below:

- > Cleanse used furniture properly
- > Keep hands clean and wash hands properly
- > Cover nose and mouth when sneezing or coughing
- > Wash hands when they are dirtied by respiratory secretions e.g. after sneezing
- > Use liquid soap for hand washing and disposal towel for drying hands
- > Do not share towels and handkerchiefs

The Department of Health stands ready to offer advice and assistance to all institutions in the control and prevention of communicable diseases. If staff detect unusual pattern of illnesses among the residents or carers, please notify such incidents to the respective Regional Office of the Department of Health. The contact numbers are as follows :

### **Regional Office**

Hong Kong Regional Office  
Kowloon Regional Office  
New Territories East Regional Office  
New Territories West Regional Office

### **Telephone Number**

2961 8729  
2199 9149  
2158 5107  
2615 8571



## 預防呼吸道感染的健康指引

威爾斯親王醫院近日有員工出現發燒及呼吸道感染的病徵，衛生署目前正與醫院管理局和香港中文大學合力進行詳細調查，以確定感染的病因。我們會密切監察有關情況。

我們呼籲各安老院舍及殘疾人士宿舍的職員作好準備，促請員工及院友採取下列預防呼吸道感染的措施：

- 注意均衡飲食、定時進行運動、有足夠休息、減輕壓力和避免吸煙，以增強身體的抵抗力
- 保持良好的個人衛生習慣，打噴嚏、咳嗽和清潔鼻子後要洗手
- 保持院舍內空氣流通
- 避免前往人煙稠密的地方
- 如有呼吸道感染病徵，應盡早找醫生診治

衛生署在 2000 年印製了一本名為「安老院舍及殘疾人士宿舍預防傳染病指引」的小冊子，為各安老院舍及殘疾人士宿舍提供預防傳染病的資訊，院方可參考該小冊子內的各項指引。對於透過空氣傳播的疾病，我們呼籲院方採取以下的具體預防措施：

- 用過的家具須清洗妥當
- 保持雙手清潔，並用正確方法洗手
- 打噴嚏或咳嗽時應掩着鼻子
- 雙手被呼吸系統分泌物弄污後應洗手
- 用皂液洗手，然後以用後即棄的紙巾抹乾
- 不應共用毛巾及手帕

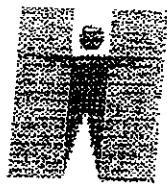
衛生署隨時樂意在控制和預防傳染病方面向院方提供所需的意見和協助。職員一旦發覺院友或員工有不尋常的病況，請通知所屬的衛生署分區辦事處。各辦事處的電話號碼如下：

分區辦事處	電話號碼
港島區辦事處	2961 8729
九龍區辦事處	2199 9149
新界東區辦事處	2158 5107
新界西區辦事處	2615 8571

衛生署

2003 年 3 月 13 日

PMO(1)E



Department of Health  
Facsimile Transmission Leader Page

<p>From: Dr Monica Wong, PMO (1) Tel: 2961 8894 Fax: 2573 7745 Ref: in DHHQ/1065/2/4 Date: 14 March, 2003 Page No. (4) including this page</p> <p>Please notify Ms Chan on Tel 2961 8906 if message received is incomplete</p>	<p>To: [Redacted] Canossa Hospital Fax 2840 1986  [Redacted] Evangel Hospital Fax 2761 1469  [Redacted] HK Adventist Hospital Fax 2572 9813  [Redacted] HK Baptist Hospital Fax 2338 5394  [Redacted] HK Central Hospital Fax 2521 1969  [Redacted] HK Sanatorium &amp; Hospital Fax 2835 8008  [Redacted] Matilda &amp; War M Hospital Fax 2849 2588  [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] Tseung Wan Adventist Hospital Fax 2413 5311</p>
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Message

Sir / Madam,

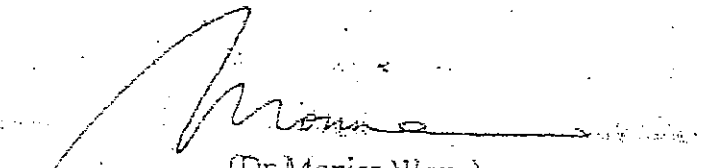
Surveillance on Pneumonia Cases

In view of the recent outbreak of fever and respiratory tract infections among health care workers in Prince of Wales Hospital, the Department of Health is stepping up the surveillance of pneumonia cases among patients and health care workers. I have extracted some relevant information released by the Hospital on the management of severe influenza infection for your reference.

You are requested to complete the attached format and return to me everyday before 9.30 am until further notice. No return is required on Sunday. If you have any queries, do not hesitate to contact me at 8894 or [Redacted]

Thank you for your cooperation.

Yours sincerely,



(Dr Monica Wong)  
for Director of Health

## Information extracted from the Fact Sheet released by Hospital Authority on the Management of Severe Influenza Infection

### What are the Infection Control Measures?

The recommended method of isolation for influenza and most other respiratory infections (except pulmonary tuberculosis) is droplet precautions in addition to Universal Precautions. This is because the disease is not airborne, but by large particle droplet (larger than 5  $\mu\text{m}$ ) which will not be transmitted beyond 3 feet from the source.

#### Droplet Precautions includes:

- Place patient in a room with other patient(s) having influenza (cohorting). Special air handling and ventilation are not necessary. When cohorting is not possible, maintain separation of at least 3 feet from other patients.
- Staff should have barrier apparels (gloves and gowns) when coming into contact with the patient's blood, body fluids, secretions, excretions, mucous membranes and contaminated items.
- Wear a mask when working within 3 feet of the patient.
- Wash hands after removal of gloves and before nursing another patient even when contact is only with non-contaminated items.
- Proper disinfection of the environment and equipment contaminated with blood, body fluids, secretions and excretions is required.

### How infectious are these severe cases of CAP to healthcare workers and what have been done by HA?

- While some of these severe CAP cases were diagnosed to be Psittacosis (2), Pneumococcal (1), Influenza A H5N1 (1), Influenza A (2), Influenza B (3), Parainfluenza-2 (1), Parainfluenza-3(1), and *Klebsiella pneumoniae* (1), the aetiology of most cases of severe CAP remains unknown.
- It is therefore imperative for frontline staff to adopt the recommended infection control precautions in attending to patients with respiratory symptoms such as fever, headache, myalgia, running nose, pleuritic chest pain and cough.
- To assess the potential of person-to-person spread of these severe CAP infections in the healthcare setting, information is being collected on healthcare staff in contact with these severe CAP cases with regard to any subsequent illness. Symptomatic contacts would be managed clinically and investigated accordingly. Staff contacts of any further severe CAP cases would also be monitored closely for respiratory symptoms.

### What are the precautions when attending to patients in the AED?

- Universal Precautions should always be adopted in attending to any patient in AED. This is aimed to prevent the acquisition of infections transmitted by blood and body fluids.
- When attending to patients with respiratory symptoms (such as fever, sore throat, headache, running nose, cough, myalgia, skin rash, pleuritic chest pain), put on a mask and wash hands after patient contact.

### What if we ourselves develop influenza-like illness?

- Healthcare workers feeling unwell should seek medical advice, e.g. attending the staff clinic.
- Based on severity of symptoms, sick leave would be granted on an individual basis.
- Staff with mild respiratory symptoms e.g. cough, but otherwise fit for work, they should put on a surgical mask when attending to patients.

### What is the Use of Antivirals?

Amantadine can reduce the severity and duration of signs and symptoms of only influenza A illness when given in the early stage of infection. Amantadine is associated with neurological and gastrointestinal side effects. Cautions must be exercised for people with renal insufficiency. Resistance emerges within 2-5 days in around 30% of cases and such resistant viruses are readily transmissible.

- The two new anti-influenza drugs, Zanamivir (Relenza) and Oseltamivir (Tamiflu), are neuraminidase inhibitors and are active against both influenza A and B.
- Zanamivir is approved for use in patient aged 7 years or older. Oseltamivir is approved for treatment of patient aged 1 year or older.
- Oseltamivir is also approved for influenza chemoprophylaxis among person aged 13 year or older.
- When treatment is commenced within 36-48 hours of the onset of influenza, both drugs can reduce clinical symptoms of influenza by approximately 1 day.
- Zanamivir may rarely cause bronchospasm in patients with asthma and bronchodilators must be readily available when it is used on such patients. In patients on inhaled bronchodilators, use it before the dose of zanamivir.
- Oseltamivir has gastrointestinal side effects including nausea (10% in adults, 14.3% in children) and vomiting (9% in adults) which might be less severe when the drug is taken with food.
- Development of viral resistance to zanamivir and oseltamivir during treatment has been reported.
- The use of these new agents as chemoprophylaxis among contacts should base on clinical symptoms, the degree of contact with index cases, and subject to evaluation by the attending physician.

**RESTRICTED**

Please fax your reply before 9.30 am  
(no return is needed on Sunday)

To : Director of Health

Fax No. : 2573 7745 (Attn. PMO(1))

2575 4110 (Attn. PMO(6)) (Please fax to both fax numbers)

### Daily Reply Slip

#### Surveillance on Pneumonia Cases<sup>^</sup>

As at \_\_\_\_\_ (Please insert date)

- (I) Number of pneumonia cases in ward \_\_\_\_\_
- (II) Number of pneumonia cases in ICU \_\_\_\_\_
- (III) Please provide the following data on all pneumonia cases currently in ward and ICU-

Name	Sex/Age	Ward/Bed	Date of Onset	CXR result +ve/-ve	Culture results	Condition Stable/Critical

- (IV) Number of Death cases of pneumonia in the past 24 hours \_\_\_\_\_
- (V) Number of health care workers reporting sick\* \_\_\_\_\_
- (IV) Please provide the following data on workers reporting sick

Name	Sex/Age	Date of onset	Contact Telephone	Where hospitalised

**Note**

<sup>^</sup>Pneumonia cases means diagnosis given by doctor

\*Criteria for health care worker to be reported sick

- Fever with chills or rigors
- Persistent fever of 38.5°C for three days or more

Name : \_\_\_\_\_

Position : \_\_\_\_\_

Tel: \_\_\_\_\_



PMO(1) (6)



"Department of Health"  
<core@dh.gov.hk>

15.03.2003 10:38

To: <Undisclosed-Recipient;>

Subject: Health Advice on the Prevention of Respiratory Tract Infections  
 Urgent  Return Receipt

Dear Doctor,

I enclose a Health Advice on the Prevention of Respiratory Tract Infections for your information.

Dr L Y Tse



for Director of Health Health Advice on Prevention of Respiratory Tract Infections.rtf

## Health Advice on the Prevention of Respiratory Tract Infections

### Update

- In view of a recent outbreak of febrile respiratory illness among health care staff in Prince of Wales Hospital, the Department of Health (DH) is conducting a detailed investigation with the Hospital Authority and the Hong Kong University and Chinese University of Hong Kong to identify the cause of infection. The situation will be monitored closely.
- As at 14 March 2003, 43 public hospital staff who suffered from respiratory tract infection have been hospitalized - 34 in Prince of Wales Hospital, 3 in Kwong Wah Hospital, 5 in Pamela Youde Nethersole Eastern Hospital and one in Princess Margaret Hospital.
- The Department of Health has informed the World Health Organization (WHO) about the latest developments. Hong Kong is working closely with the WHO on disease control and prevention.

### Advice applicable to all

- As a precautionary measure, members of the public are advised to take precautionary measures to prevent respiratory tract infections:
  - > Build up good body immunity. This means taking a proper diet, having regular exercise and adequate rest, reducing stress and avoiding smoking
  - > Maintain good personal hygiene, and wash hands after sneezing, coughing or cleaning the nose
  - > Maintain good ventilation
  - > Avoid visiting crowded places with poor ventilation
  - > Consult their doctor promptly if they develop respiratory symptoms

### For schools and pre-school institutions and other institutional settings

- 'Guidelines on Prevention of Communicable Diseases in Child Care Centres / Kindergartens / Schools' and 'Guidelines on Prevention of Communicable Diseases in Residential Care Homes for the Elderly and People with Disabilities' published by the Department of Health are available at DH's website <http://www.info.gov.hk/dh>. Specific advice in the institutional setting that helps to prevent respiratory tract infections includes:
  - > Cleanse used toys and furniture properly
  - > Keep hands clean and wash hands properly
  - > Cover nose and mouth when sneezing or coughing
  - > Wash hands when they are dirtied by respiratory secretions e.g. after sneezing
  - > Use liquid soap for hand washing and disposable towel for drying hands
  - > Do not share towels

### For health care workers in clinic setting

- There is as at date no unusual upsurge of pneumonia cases in the community.
- All clinic staff should enforce strict infection control measures appropriate for their particular setting, especially observance of good personal hygiene.
- If staff fall sick, they should report to their seniors and take sick leave as appropriate.
- Where considered necessary, for example, treating or nursing a patient with respiratory symptoms, staff may wear masks.
- Patients with respiratory symptoms are advised to wear mask to reduce the chance of spread of the infection.

### Caring for sick family members with respiratory illness

- Patients should consult a doctor if they are unwell.
- They should follow instructions given by the doctor including the use of drugs as prescribed and taking adequate rest as appropriate.
- Adhere to good personal hygiene practices.
- Ensure adequate ventilation.
- Patients should put on masks to reduce the chance of spread of infection to caretakers.
- Caretakers may also put on masks to reduce the chance of acquiring infection through the airways.

PMO (1) (8) 16

Department of Health  
Facsimile Transmission Leader Page

From: Dr Monica Wong, PMO (1)	To: HK Kidney Foundation JC Dialysis Centre	Fax 2684 1202
Tel: 2961 8894	Buddhist Li Chong Yuet Ming Nursing Home	Fax 2145 0236
Fax: 2836 0071	Pok Oi Hospital Tuen Mun Nursing Home	Fax 2458 2723
Our ref: in DHHQ/1060/8/5	Yan Chai Nursing Home	Fax 2409 5888
Date: 15 March, 2003	Hong Kong Sheng Kung Hui Nursing Home	Fax 2325 5377
Page No. (2) including this page	Integrated Dialysis Facilities (HK) Limited	Fax 2770 1374
	Haven of Hope Nursing Home	Fax 2703 2111
	Caritas Wong Yiu Nam Centre	Fax 2335 5855
	Alice Ho Min Ling Nethersole Nursing Home	Fax 2116 0070
	L.K.E.C. Chan Wong Sau Wah Memorial Renal DC	Fax 2748 7792
	Au Tau Youth Centre	Fax 2944 5900
	Home of Loving Faithfulness	Fax 2668 4720
	HKFPA, Ma Tau Chung Nursing Home	Fax 2713 8437
	HKFPA, Wanchai Nursing Home	Fax 2834 6767
	Hong Kong Renal Centre Limited	Fax 2875 6452
	Lock Tao Nursing Home	Fax 2712 5272
	Shek Kwu Chau Treatment & Rehabilitation Centre	Fax 2818 7181
	Sheung Shui Sister Aquinas Memorial WTC	Fax 2606 7625
	HK Kidney Foundation Kowloon Dialysis Centre	Fax 2718 5074
	General Eye and Low Vision Centre	Fax 2776 3122

*Please notify Ms Chan on Tel 2961 8906 if message received is incomplete*

message

Sir / Madam,

**Infection among health care workers**

In view of the recent outbreak of fever and respiratory tract infections among health care workers in Prince of Wales Hospital, you are requested to advise your health care staff to strictly adhere to infection control guidelines in handling patients. Please also increase your surveillance on the sick leave taken by health care workers and inform this department when you suspect or detect a clustering of health care workers reporting sick. Please contact me at 2961 8894 or [REDACTED].

I enclose an information sheet on "Health Advice on the Prevention of Respiratory Tract Infections" for your information.

Thank you for your attention.

Yours sincerely,

(Dr Monica Wong)  
for Director of Health

## Health Advice on the Prevention of Respiratory Tract Infections

### Update

- In view of a recent outbreak of febrile respiratory illness among health care staff in Prince of Wales Hospital, the Department of Health (DH) is conducting a detailed investigation with the Hospital Authority and the Hong Kong University and Chinese University of Hong Kong to identify the cause of infection. The situation will be monitored closely.
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  - > Maintain good personal hygiene, and wash hands after sneezing, coughing or cleaning the nose
  - > Maintain good ventilation
  - > Avoid visiting crowded places with poor ventilation
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- Patients should consult a doctor if they are unwell.
- They should follow instructions given by the doctor including the use of drugs as prescribed and taking adequate rest as appropriate.
- Adhere to good personal hygiene practices.
- Ensure adequate ventilation.
- Patients should put on masks to reduce the chance of spread of infection to carers.
- Carers may also put on masks.

PMO (1) (11)  
25



"Department of Health"  
<cor@dh.gov.hk>

17.03.2003 17:33

To: <Undisclosed-Recipient;>

cc:

Subject: Severe Acute Respiratory Syndrome (SARS)

Urgent

Return Receipt

Dear Doctor,

I enclose an leaflet on Severe Acute Respiratory Syndrome (SARS) for your information.

Dr L Y Tse



for Director of Health SARS.rtf

## Guidelines to Primary Care Physicians / Family Physicians on the management of cases of suspected Severe Acute Respiratory Syndrome (SARS)

In accordance with World Health Organization, symptoms and signs of SARS include –

- high fever ( $>38^{\circ}\text{C}$ ) AND
  - one or more respiratory symptoms including cough, shortness of breath, difficulty breathing AND
  - close contact\* with a person who has been diagnosed with SARS
- \*close contact means having cared for, having lived with, or having had direct contact with respiratory secretions and body fluids of a person with SARS.

In addition to fever and respiratory symptoms, SARS may be associated with other symptoms including: headache, muscular stiffness, loss of appetite, malaise, confusion, rash, and diarrhea.

### When to refer

Doctors are advised to refer patients with the following conditions to hospital for further management –

- (I) Fever more than  $38^{\circ}$  Celsius and new onset of pulmonary infiltrate and either shortness of breath or cough and no symptomatic response to standard therapy including a beta-lactam (penicillin & cephalosporin groups) and coverage for atypical pneumonia (a fluoroquinolone, tetracyclines, or a macrolide) after 2 days of therapy in terms of fever and general well being

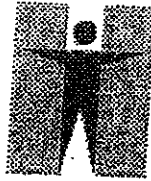
### OR

- (II) Fever more than  $38^{\circ}$  Celsius and new onset of pulmonary infiltrate and either shortness of breath or cough and patient has been exposed to patients with pneumonia in the previous 7 days

Department of Health

17 March 2003

PMO (1) (9) (42)



Department of Health  
Facsimile Transmission Leader Page

From: Dr Monica Wong, PMO (1) Tel: 2961 8894 Fax: 2573 7745 Our ref: in DHHQ/1065/2/4 Date: 17 March, 2003 Page No. 6 including this page  <i>Please notify Ms Chan on Tel 2961 8906 if message received is incomplete</i>	To:	Canossa Hospital Fax 2840 1986 Evangel Hospital Fax 2761 1469 HK Adventist Hospital Fax 2572 9813 HK Baptist Hospital Fax 2338 5394 HK Central Hospital Fax 2521 1969 HK Sanatorium & Hospital Fax 2835 8008 Matilda & War M Hospital Fax 2849 7411 Precious Blood Hospital Fax 2728 4290 Shatin I M C Union Hospital Fax 2605 3334 St Paul's Hospital Fax 2576 4558 St Teresa's Hospital Fax 2711 9779 Tseun Wan Adventist Hospital Fax 2413 5311
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Message

Dear Sir / Madam,

Severe Acute Respiratory Syndrome (SARS)

The World Health Organisation (WHO) has designated the recent atypical pneumonia cases of unknown aetiology as Severe Acute Respiratory Syndrome (SARS). Symptoms and signs of SARS include -

- high fever (>38°C) AND
- one or more respiratory symptoms including cough, shortness of breath, difficulty breathing AND
- close contact\* with a person who has been diagnosed with SARS, OR have a recent history of travel to areas reporting cases of SARS.

\*close contact means having cared for, having lived with, or having had direct contact with respiratory secretions and body fluids of a person with SARS.

In addition to fever and respiratory symptoms, SARS may be associated with other symptoms including: headache, muscular stiffness, loss of appetite, malaise, confusion, rash, and diarrhea.

WHO has issued health advice on Hospital Infection Control Guidance and Management of SARS on its website [http://www.who.int/csr/don/2003\\_03\\_16/en/](http://www.who.int/csr/don/2003_03_16/en/). Copies of the guidelines are enclosed for your easy reference.

In view of the severity of SARS, please remind staff to strictly adhere to the infection control measures. Staff who take care of patients with respiratory tract infections should put on masks, gloves and gowns. If staff fall sick, they should report to their seniors and take sick leave as appropriate.

Thank you for your attention.

Yours sincerely,

(Dr Monica Wong)  
for Director of Health

## Guidelines to Primary Care Physicians / Family Physicians on the management of cases of suspected Severe Acute Respiratory Syndrome (SARS)

In accordance with World Health Organization, symptoms and signs of SARS include –

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### OR

- (II) Fever more than  $38^{\circ}$  Celsius and new onset of pulmonary infiltrate and either shortness of breath or cough and patient has been exposed to patients with pneumonia in the previous 7 days

Department of Health

17 March 2003





# World Health Organization

## Hospital Infection Control Guidance

### Care for patients with probable SARS

WHO advises strict adherence with the barrier nursing of patients with SARS using precautions for airborne, droplet and contact transmission. Triage nurses should rapidly divert persons presenting to their health care facility with flu-like symptoms to a separate assessment area to minimise transmission to others in the waiting room. Suspect cases should wear surgical masks until SARS is excluded.

Patients with probable SARS should be isolated and accommodated as follows in descending order of preference:

1. negative pressure rooms with the door closed
2. single rooms with their own bathroom facilities
3. cohort placement in an area with an independent air supply and exhaust system.

Turning off air conditioning and opening windows for good ventilation is recommended if an independent air supply is unfeasible. Wherever possible, patients under investigation for SARS should be separated from those diagnosed with the syndrome.

Disposable equipment should be used wherever possible in the treatment and care of patients with SARS. If devices are to be reused, they should be sterilised in accordance with manufacturers' instructions. Surfaces should be cleaned with broad spectrum (bactericidal, fungicidal, and virucidal) disinfectants of proven efficacy.

Patient movement should be avoided as much as possible. Patients being moved should wear a surgical mask to minimise dispersal of droplets. NIOSH standard masks (N95), often used to protect against other highly transmissible respiratory infections such as tuberculosis, are preferred if tolerated by the patient. All visitors, staff, students and volunteers should wear a N95 mask on entering the room of a patient with confirmed or suspected SARS. Surgical masks are a less effective alternative to N95 masks.

Handwashing is the most important hygiene measure in preventing the spread of infection. Gloves are not a substitute for handwashing. Hands should be washed before and after significant contact with any patient, after activities likely to cause contamination and after removing gloves. Alcohol-based skin disinfectants formulated for use without water may be used in certain limited circumstances. Health care workers are advised to wear gloves for all patient handling. Gloves should be changed between patients and after any contact with items likely to be contaminated with respiratory secretions (masks, oxygen tubing, nasal prongs, tissues). Gowns (waterproof aprons) and head covers should be worn during procedures and patient activities that are likely to generate splashes or sprays of respiratory secretions.

HCWs must wear protective eyewear or face-shields during procedures where there is potential for splashing, splattering or spraying of blood or other body substances.

HCWs are advised to wear masks whenever there is a possibility of splashing or splattering of blood

or other body substances, or where airborne infection may occur. Particulate filter personal respiratory protection devices capable of filtering 0.3um particles (N95) should be worn at all times when attending patients with suspected or confirmed SARS.

Standard-precautions should be applied when handling any clinical wastes. All waste should be handled with care to avoid injuries from concealed sharps (which may not have been placed in sharps containers). Gloves and protective clothing should be worn when handling clinical waste bags and containers. Where possible, manual handling of waste should be avoided. Clinical waste must be placed in appropriate leak-resistant biohazard bags or containers labelled and disposed of safely.

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# World Health Organization

## Management of Severe Acute Respiratory Syndrome (SARS)

### Management of suspect cases

- patients with symptoms of SARS should be triaged immediately to designated examination rooms or wards
- issue patients with surgical mask
- obtain and record detailed clinical, travel and contact history including occurrence of acute respiratory diseases in contact persons during the last 10 days
- obtain chest X-ray (CXR) and full blood count (FBC)
- if CXR is normal:
  - provide advice on personal hygiene, avoidance of crowded areas and public transportation, remain at home until well
  - discharge with advice to seek medical care if respiratory symptoms worsen
- if CXR demonstrates uni- or bi-lateral infiltrates with or without interstitial infiltration → SEE MANAGEMENT OF PROBABLE CASES

### Management of probable cases

- hospitalize under isolation or cohorted with other SARS cases
- sample for laboratory investigation and exclusion of known causes of atypical pneumonia:
  1. throat and/or nasopharyngeal swabs and cold agglutinins\*
  2. blood for culture and serology
  3. urine
  4. bronchoalveolar lavage
  5. postmortem examination as appropriate
- it is advised that specimens are collected on alternate days. A number of reference laboratories are able to receive and process samples. This should be co-ordinated through your national public health authority (See list below). Samples should be investigated in laboratories with proper containment facilities (BL3).
- monitor FBC alternate days
- CXR as clinically indicated
- treat as clinically indicated

### Comments:

- Broad-spectrum antibiotics have not appeared to be proven effective in halting SARS progression to date.
  - Intravenous ribavirin and steroids may have stabilised the condition of one critically ill patient.
- \* Alternative names: Weli-Felix reaction; Widal' s test

### Management of contacts of suspected and probable cases

- Provide reassurance
- Record name and contact details
- Provide advice in the event of fever or respiratory symptoms to:
  1. immediately report to doctor/physician/health authority

2. not report to work until advised by health authority
3. avoid public places until advised by health authority
4. minimize contact with family members and friends

Laboratories able to receive and process samples

Dr Masato Tashiro

National Institute of Infectious Disease Director, Department:  
Department of Viral Diseases and Vaccine Control  
Gakuen 4-7-1 Musashi-Murayama-shi, Tokyo JP-208-0011 Japan  
Tel: +81 (42) 565 2498  
Fax: +81 (42) 565 2498

Dr Sylvie Van der Werf

Head of Unit, Unité de Génétique Moléculaire des Virus Respiratoires  
Institut Pasteur  
25 rue du Docteur Roux Cedex 15 F-75724 Paris France  
Tel: 33 1 45 68 87 25  
Fax: 33 1 40 61 32 41

Dr Janet Nicholson

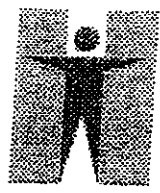
National Center for Infectious Diseases Centers for Disease Control and Prevention  
MS C-12 1600 Clifton Road  
NE Atlanta, GA, United States 30333 Tel: +1 404-639-3945  
Tel 2: +1 (404) 639-3855  
Fax: +1 (404) 639-4197

Prof. Dr. Schmitz

NRC for Tropical Infectious Diseases  
Bernhard-Nocht-Institute for Tropical Medicine  
Bernhard-Nocht-Straße 74 20359 Hamburg Germany  
Tel.: +49 (0) 40 42818-460 or -401  
Fax: +49 (0) 40 42818-400.

List of other laboratories willing to assist is currently being compiled. This list will be updated daily.

PMO (13) (10)



Department of Health  
Facsimile Transmission Leader Page

From: Dr Monica Wong, PMO (1)	To: [Redacted] Hong Kong Medical Association	Fax 2865 0943 ✓
Tel: 2961 8894	[Redacted] HK Doctors Union Ltd.	Fax 2104 7023
Fax: 2573 7745	[Redacted] Practising Estate Doctors' Association	Fax 2433 0221
Our ref:	[Redacted] Federation of Medical Societies of HK	Fax <del>2835 1104</del> 2865 0345
Date: 17 March, 2003		
Page No. (2) including this page		
<i>Please notify Ms Chan on Tel 2961 8906 if message received is incomplete</i>		

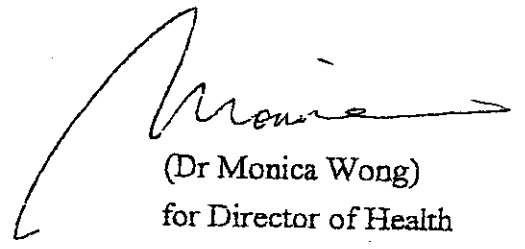
Message

Dear Sir / Madam,

Severe Acute Respiratory Syndrome (SARS)

I enclose a leaflet on Severe Acute Respiratory Syndrome (SARS) for your information, please.

Yours sincerely,



(Dr Monica Wong)  
for Director of Health

## Protecting yourself against Respiratory Tract Infections

**As a precautionary measure** members of the public are advised to take the following actions :

- ◆ Build up good body immunity. This means taking a proper diet, having regular exercise and adequate rest, reducing stress and avoiding smoking
- ◆ Maintain good personal hygiene. Cover nose and mouth when sneezing or coughing
- ◆ Keep hands clean and wash hands properly. Use liquid soap for hand washing and disposable towel for drying hands
- ◆ Wash hands when they are dirtied by respiratory secretions e.g. after sneezing
- ◆ Do not share towels
- ◆ Keep home environment clean, and cleanse furniture properly
- ◆ Maintain good indoor ventilation
- ◆ Avoid visiting crowded places with poor ventilation
- ◆ Consult your doctor promptly if you develop respiratory symptoms

**Caring** for sick family members with respiratory tract infections :

- ◆ Persons who are unwell should consult a doctor
- ◆ They should follow instructions given by the doctor including the use of drugs as prescribed and taking adequate rest as appropriate
- ◆ Adhere to good personal hygiene practices
- ◆ Patients should put on masks to reduce the chance of spread of infection to caretakers
- ◆ Caretakers may also put on masks to reduce the chance of acquiring infection through the airways

Department of Health

17 March 2003

## 如何保障自己的健康

### 預防呼吸道感染

預防呼吸道感染，市民應採取下列措施：

- 注意均衡飲食、定時進行運動、有足夠休息、減輕壓力和避免吸煙，以增強身體的抵抗力
- 保持良好的個人衛生習慣，打噴嚏或咳嗽時應掩着口鼻
- 保持雙手清潔，並用正確方法洗手，用皂液洗手，然後以用後即棄的紙巾抹乾
- 雙手被呼吸系統分泌物弄污後(如打噴嚏後)應洗手
- 不應共用毛巾
- 保持家居清潔，家具須清洗妥當
- 保持室內空氣流通
- 避免前往人煙稠密的地方
- 如有呼吸道感染病徵，應盡早找醫生診治

**照顧**患有呼吸系統疾病的家人

- 任何人士如有不適，應找醫生診治
- 患者應遵從醫生指示，包括適當服用處方藥物及充份休息
- 保持良好個人衛生
- 確保室內空氣流通
- 患者應戴上口罩，減低傳染給照顧者的機會
- 照顧者可戴上口罩，減低透過呼吸道受感染的機會

衛生署

2003年3月17日

## Health Advice on the Prevention of Respiratory Tract Infections in Public Places

**Members of the public** are advised to avoid frequenting crowded public places to prevent the spread of respiratory tract infections. When visiting crowded places such as cinemas and restaurants, the following precautionary measures should be taken :

- ◆ Maintain good personal hygiene. Cover nose and mouth when sneezing or coughing
- ◆ Dispose of used tissue paper properly
- ◆ Keep hands clean. Wash hands when they are dirtied by respiratory secretions e.g. after sneezing
- ◆ Do not share towels
- ◆ Consult your doctor promptly if you develop respiratory symptoms, and follow instructions given by your doctor including the use of drugs as prescribed and adequate rest as appropriate
- ◆ Patients should put on masks to reduce the chance of spread of infection

**Workers in public places** should take the following precautionary measures to reduce the chance of spread of infection :

- ◆ Maintain good personal hygiene. Cover nose and mouth when sneezing or coughing
- ◆ Wash hands after sneezing, coughing or cleaning the nose
- ◆ Consult your doctor promptly if you develop respiratory symptoms
- ◆ Allow plenty of fresh air into the indoor environment
- ◆ If the facilities are mechanically ventilated, ensure frequent air exchanges and proper maintenance and cleansing of the system
- ◆ Ensure that toilet flushing apparatus is functioning properly
- ◆ Provide toilets with liquid soap and disposable tissue towels or hand dryers
- ◆ Cleanse and disinfect the facilities (including furniture and toilet facilities) regularly (at least once a day), using diluted household bleach (i.e. adding 1 part of household bleach to 99 parts of water), rinse with water and then mop dry
- ◆ If the facilities are contaminated with vomitus, wash / wipe with diluted domestic bleach (mixing 1 part of bleach with 49 parts of water) immediately



## 在人煙稠密的地方

### 預防呼吸道感染的健康指引

市民應採取預防呼吸道感染的措施，避免前往人煙稠密的地方。如必須到公共場所如戲院、酒樓等，請採取以下措施：

- ◆ 保持良好的個人衛生習慣，打噴嚏或咳嗽時應掩着口鼻
- ◆ 用過的紙巾應妥善棄置
- ◆ 保持雙手清潔，雙手被呼吸系統分泌物弄污後(如打噴嚏後)應洗手
- ◆ 切勿與人共用毛巾
- ◆ 如有呼吸道感染病徵，應盡早找醫生診治，並應遵從指示，包括適當服用處方藥物及充份休息
- ◆ 有呼吸道病徵的病人宜戴上口罩，減低傳染病擴散的機會

在公共場所工作的人員也應採取以下預防呼吸道感染的措施：

- ◆ 保持良好的個人衛生習慣，打噴嚏或咳嗽時應掩着口鼻
- ◆ 打噴嚏、咳嗽和清潔鼻子後要洗手
- ◆ 如有呼吸道感染病徵，應盡早找醫生診治
- ◆ 確保環境設施有大量新鮮空氣流通
- ◆ 如有關設施採用空調系統，便應確保有頻密的新鮮空氣引入及保持系統有適當清潔和維修保養
- ◆ 確保沖廁設備運作妥當
- ◆ 廁所內應備皂液，及用後即棄的紙巾或乾手機
- ◆ 環境設施(包括傢具及廁所設備)應定期清洗及消毒(至少每日一次)，使用經稀釋的家用漂白水(例如：將1份家用漂白水加入99份清水內)，其後用清水沖洗及抹乾
- ◆ 如環境設施被嘔吐物弄污，應立即用1:49(即把1份漂白水與49份水混和)稀釋家用漂白水清洗，其後用清水沖洗及抹乾

FROM : H K BAPTIST HOSPITAL TO : +852 2573 7745  
18-MAR-2003 16:29 FROM DEPT OF HEALTH

2003.05-02 11:26 #148 P.01/02  
TO 23385394 P.01/02



PMO (1) (2)

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] Adventist Hospital	Fax 2572 9813
Our ref: in DHHQ/1065/2/4	[REDACTED] HK Baptist Hospital	Fax 2338 5394
Date: 18 March, 2003	[REDACTED] HK Central Hospital	Fax 2521 1969
Page No. (2) including this page	[REDACTED] HK Sanatorium & Hospital	Fax 2835 8008
<i>Please notify Mr Chan on Tel 2961 8906 if message received is incomplete</i>	[REDACTED] Matilda & War M Hospital	Fax 2849 2588
	[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 on Acute Respiratory Syndrome (ARS) Cases

Thank you for your assistance in providing the Daily Reply slip on the Surveillance of Pneumonia Cases.

With the study on the recent cases of atypical pneumonia in the public hospitals, a case definition has been developed for Acute Respiratory Syndrome (ARS) and this will be used in our surveillance from now on. I have revised the Daily Reply Slip <sup>(Version 2)</sup> as attached. Please complete this slip and return to me everyday before 9.30 am until further notice. No return is required on Sunday. Please also continue the return on the weekly surveillance on Pneumonia Cases on every Monday. The daily return on Surveillance on Pneumonia Cases will be discontinued from 19 March 2003.

The Department of Health will follow up patients of severe ARS (i.e. patients with respiratory failure on ventilator) and health care worker with ARS. If you have any queries, do not hesitate to contact me at 2961 8894 or [REDACTED].

Thank you for your cooperation.

Yours sincerely,

(Dr Monica Wong)  
for Director of Health

RESTRICTED

Please fax your reply before 9.30 am  
(no return is needed on Sunday)

To : Director of Health

Fax No. : 2573 7745 (Attn. PMO(1))

2573 4110 (Attn. PMO(6)) (Please fax to both fax numbers)

**Daily Reply Slip** <sup>(version 2)</sup> as at \_\_\_\_\_ (Please insert date)  
**Surveillance on Acute Respiratory Syndrome (ARS) Cases**<sup>^</sup>

- (I) Number of ARS cases in ward \_\_\_\_\_
- (II) Number of ARS cases in ICU \_\_\_\_\_
- (III) Please provide the following data on all ARS cases currently in ward and ICU-

and Contact Tel. No.	Sex/Age	Ward/Bed	Date of Onset	Health care worker? Y/N	Travel to China? Y/N	Contact with ARS patients? Y/N	Chronic illness? Y/N	Now on ventilator? Y/N

- (IV) Number of Death cases of ARS in the past 24 hours \_\_\_\_\_
- (V) Number of health care workers reporting sick with ARS \_\_\_\_\_
- (IV) Please provide the following data on workers reporting sick with ARS

Name	Sex/Age	Date of onset	Contact Telephone	Where hospitalised

**Definition of ARS**  
 (satisfy all the following three criteria)  
 Presence of new radiological infiltrates compatible with pneumonia  
 Fever ≥ 38°C, or history of such any time in the last 2 days  
 Presence of at least 2 of the following:

- a. Chills any time in the last 2 days
- b. New or increased cough
- c. New or increased shortness of breath
- d. Typical physical signs of consolidation

Name : \_\_\_\_\_  
 Position : \_\_\_\_\_  
 Tel: \_\_\_\_\_

衛生署  
疾病預防及控制部  
香港灣仔皇后大道東 213 號  
胡忠大廈 18 樓



DEPARTMENT OF HEALTH  
Disease Prevention and Control Division  
18<sup>th</sup> Floor, Wu Chung House  
213 Queen's Road East, Wanchai  
Hong Kong

本署檔號 OUR REF.: DHHQ/1065/2/4

來函檔號 YOUR REF.:

電話 TEL.: 2961 8918

圖文傳真 FAX No.: (852) 2575 4110  
(852) 2574 2113

12 March 2003

Dear Doctor,

Infection among health care workers

The Department of Health (DH) is conducting a detailed investigation into the case of Prince of Wales Hospital staff developing fever and respiratory infection symptoms. Up to date, 26 staff have developed febrile illness, hospitalized and put under observation / treatment. Amongst them, ten subsequently were noted to have early chest x-ray signs of pneumonia.

Please take the necessary infection control measures in handling patients and advise health care staff under your supervision to do likewise.

The DH stands ready to offer advice and assistance to medical professionals who detect unusual or unexplained pattern of illnesses. Please notify such incidents to the respective Regional Office of the DH. The contact numbers are as follows -

Regional Office	Telephone Number
Hong Kong Regional Office	2961 8791
Kowloon Regional Office	2199 9149
New Territories East Regional Office	2158 5107
New Territories West Regional Office	2615 8571

Yours faithfully,

(Dr. L Y TSE)  
for Director of Health

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## Health Advice on the Prevention of Respiratory Tract Infections

### Update

- In view of a recent outbreak of febrile respiratory illness among health care staff in Prince of Wales Hospital, the Department of Health (DH) is conducting a detailed investigation with the Hospital Authority and the Hong Kong University and Chinese University of Hong Kong to identify the cause of infection. The situation will be monitored closely.
- As at 14 March 2003, 43 public hospital staff who suffered from respiratory tract infection have been hospitalized - 34 in Prince of Wales Hospital, 3 in Kwong Wah Hospital, 5 in Pamela Youde Nethersole Eastern Hospital and one in Princess Margaret Hospital.
- The Department of Health has informed the World Health Organization (WHO) about the latest developments. Hong Kong is working closely with the WHO on disease control and prevention.

### Advice applicable to all

- As a precautionary measure, members of the public are advised to take precautionary measures to prevent respiratory tract infections:
  - > Build up good body immunity. This means taking a proper diet, having regular exercise and adequate rest, reducing stress and avoiding smoking
  - > Maintain good personal hygiene, and wash hands after sneezing, coughing or cleaning the nose
  - > Maintain good ventilation
  - > Avoid visiting crowded places with poor ventilation
  - > Consult their doctor promptly if they develop respiratory symptoms

### For schools and pre-school institutions and other institutional settings

- 'Guidelines on Prevention of Communicable Diseases in Child Care Centres / Kindergartens / Schools' and 'Guidelines on Prevention of Communicable Diseases in Residential Care Homes for the Elderly and People with Disabilities' published by the Department of Health are available at DH's website <http://www.info.gov.hk/dh>. Specific advice in the institutional setting that helps to prevent respiratory tract infections includes:
  - > Cleanse used toys and furniture properly
  - > Keep hands clean and wash hands properly
  - > Cover nose and mouth when sneezing or coughing
  - > Wash hands when they are dirtied by respiratory secretions e.g. after sneezing
  - > Use liquid soap for hand washing and disposable towel for drying hands
  - > Do not share towels

### For health care workers in clinic setting

- There is as at date no unusual upsurge of pneumonia cases in the community.
- All clinic staff should enforce strict infection control measures appropriate for their particular setting, especially observance of good personal hygiene.
- If staff fall sick, they should report to their seniors and take sick leave as appropriate.
- Where considered necessary, for example, treating or nursing a patient with respiratory symptoms, staff may wear masks.
- Patients with respiratory symptoms are advised to wear mask to reduce the chance of spread of the infection.

### Caring for sick family members with respiratory illness

- Patients should consult a doctor if they are unwell.
- They should follow instructions given by the doctor including the use of drugs as prescribed and taking adequate rest as appropriate.
- Adhere to good personal hygiene practices.
- Ensure adequate ventilation.
- Patients should put on masks to reduce the chance of spread of infection to caretakers.
- Caretakers may also put on masks to reduce the chance of acquiring infection through the airways.

## Guidelines to Primary Care Physicians / Family Physicians on the management of cases of suspected Severe Acute Respiratory Syndrome (SARS)

In accordance with World Health Organization, symptoms and signs of SARS include –

- high fever ( $>38^{\circ}\text{C}$ ) AND
  - one or more respiratory symptoms including cough, shortness of breath, difficulty breathing AND
  - close contact\* with a person who has been diagnosed with SARS
- \*close contact means having cared for, having lived with, or having had direct contact with respiratory secretions and body fluids of a person with SARS.

In addition to fever and respiratory symptoms, SARS may be associated with other symptoms including: headache, muscular stiffness, loss of appetite, malaise, confusion, rash, and diarrhea.

### When to refer

Doctors are advised to refer patients with the following conditions to hospital for further management –

- (I) Fever more than  $38^{\circ}$  Celsius and new onset of pulmonary infiltrate and either shortness of breath or cough and no symptomatic response to standard therapy including a beta-lactam (penicillin & cephalosporin groups) and coverage for atypical pneumonia (a fluoroquinolone, tetracyclines, or a macrolide) after 2 days of therapy in terms of fever and general well being

### OR

- (II) Fever more than  $38^{\circ}$  Celsius and new onset of pulmonary infiltrate and either shortness of breath or cough and patient has been exposed to patients with pneumonia in the previous 7 days

Department of Health

17 March 2003

PMO (1) (15)

"Department of Health"  
<cc@hku.gov.hk>

20.03.2003 13:11

To: <Undisclosed-Recipient>  
cc:

Subject: Atypical pneumonia outbreak in Hong Kong  
 Urgent  Return Receipt

Dear Doctor,

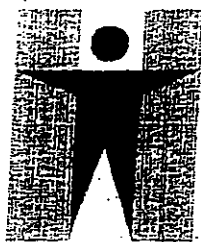
I enclose an update of Atypical pneumoia outbreak in Hong Kong for your information.

Dr L Y Tse  
for Director of Health



Atypical pneumonia.rtf

衛生署  
疾病預防及控制部  
香港灣仔皇后大道東 213 號  
胡志大廈 18 樓



DEPARTMENT OF HEALTH  
Disease Prevention and Control Division

18<sup>th</sup> Floor, Wu Chung House  
213 Queen's Road East, Wanchai  
Hong Kong

本署檔號 OUR REF.: (7) in DH/CM/11/53 Pt. 2

來函檔號 YOUR REF.:

電話 TEL.: 2961 8918

圖文傳真 FAX No: (852) 2575 4110  
(852) 2574 2113

20 March 2003

Dear Doctor,

Atypical pneumonia outbreak in Hong Kong

Since March 2003, an outbreak of atypical pneumonia has occurred in some hospitals in Hong Kong. As of 3 p.m., March 19, there were a total of 145 cases of atypical pneumonia, including five deaths. All atypical pneumonia case patients have radiological evidence of pneumonic changes. The salient clinical and epidemiological findings are shown in the following paragraphs.

The Prince of Wales Hospital (PWH) has the majority of cases, and they mainly concentrated in one medical ward (8A). A detailed analysis of 31 atypical pneumonia cases among health care workers (HCW) at PWH has been performed. Fifteen (48%) of the cases were female. The age range was 21 – 54 years (median 32 years). Clinical presentation of the case patients included fever (100%), malaise (100%), chills (97%), headache (84%), myalgia (81%), dizziness (61%), rigors (55%), cough (39%), sore throat (23%) and runny nose (23%). Patients often first presented with severe headache, dizziness and myalgia. Onset of fever was abrupt, typically with chills and rigors, and temperature persisted above baseline. In some cases, they experienced rapid deterioration with low oxygen saturation and acute respiratory distress requiring support with ventilator.

– Initially the blood picture was normal. However, by day 3 – 4 of the illness, lymphopenia was commonly observed ( $\geq 50\%$ ), and less commonly, there might be thrombocytopenia. Elevated alanine aminotransferase and abnormal APTT were sometimes seen while prothrombin time was usually normal. Creatine phosphokinase was raised in some cases.

In typical severe cases, chest x-ray began with a small unilateral patchy shadow, and progressed over 24 – 48 hours to become bilateral, generalized, interstitial/confluent infiltrates. Patchy chest x-ray changes were sometimes noted in the absence of chest symptoms. Acute respiratory distress syndrome might be observed in the end stage. Post-mortem lung tissue showed generalized alveolar damage and lymphocytosis without obvious viral inclusion bodies.

Cases have been treated with a variety of antibiotics and antivirals, including ceftriaxone, ciprofloxacin, oseltamivir and others. None has been proven to yield consistent results. High dose corticosteroids with or without ribavirin shows favorable response in some patients.

Based on the history of a few indicative cases, the mean incubation period is estimated to be 3 – 4 days, and the range can be 2 – 7 days.

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The available evidence suggests the mode of transmission is most consistent with droplet spread through respiratory secretions. Since the introduction of heightened infection control measures and barrier nursing on March 10, the number of cases dropped substantially.

Epidemiological investigations revealed that seven atypical pneumonia cases, including the index patient of the PWH outbreak, were linked to a hotel in Kowloon. The index patient of the PWH outbreak, who had onset of illness on Feb 24, had gone to the hotel to visit a friend staying there during Feb 15 - 23. The other six cases lodged at the 9<sup>th</sup> floor of the hotel sometime between Feb 12 and Mar 2. One of these six had onset of illness before he arrived in Hong Kong and lodged at the hotel on Feb 21; and we believe that he was the source of infection.

Staff of this hotel had not reported sickness related to this outbreak, and they have been kept under medical surveillance. We believe there is no residual risk for customers and staff of the hotel as well as residents in the area. The 9<sup>th</sup> floor of the hotel has been closed for thorough cleansing and disinfection as a precautionary measure.

The Department of Health, the hospital laboratories, the Chinese University of Hong Kong (CUHK) and the University of Hong Kong have been performing extensive laboratory investigations. The CUHK has recently detected a virus belonging to the Paramyxoviridae family among the specimens. There have been similar reports from overseas. The World Health Organization will coordinate efforts to verify and confirm the findings, and more research will be necessary to understand the unusual behaviour of the virus.

The Government has been providing daily updates on this outbreak to keep the public informed of the latest situation. The Department of Health has launched a dedicated website on atypical pneumonia to provide health advice on the prevention of respiratory tract infection and the latest information on the cases. You are welcome to visit our website at <http://www.info.gov.hk/dh/ap.htm>

For prevention of respiratory tract infection, please advise your clients to adopt the following measures:

- Build up good body immunity by having a proper diet, regular exercise and adequate rest, reducing stress and avoiding smoking;
- Maintain good personal hygiene, and wash hands after sneezing, coughing or cleaning the nose;
- Maintain good ventilation;
- Avoid visiting crowded places with poor ventilation;
- Put on a mask if taking care of a patient with respiratory symptoms and wash hands thoroughly afterwards;
- Put on a mask if suffering from respiratory tract infection to reduce the chance of spreading the infection to people around them; and
- When visiting hospitalized patients, take due precautions in infection control, e.g. wearing mask and gowns and wash hands thoroughly afterwards.

Yours faithfully,

*L. Y. Tse*

(Dr. L. Y. TSE)  
for Director of Health



PMOCID (14)

Department of Health  
Facsimile Transmission Leader Page

<p>From: Dr Monica Wong, PMO (1) 2961 8894 2573 7745</p> <p>Sent: in DHHQ/1065/2/4 20 March, 2003</p> <p>No. (3) including this page</p> <p>Please notify Ms Chan on Tel 2961 8906 if message received is incomplete</p>	<p>To: [Redacted], Canossa Hospital Fax 2840 1986</p> <p>[Redacted] Evangel Hospital Fax 2761 1469</p> <p>[Redacted] HK Adventist Hospital Fax 2572 9813</p> <p>[Redacted] HK Baptist Hospital Fax 2338 5394</p> <p>[Redacted] HK Central Hospital Fax 2521 1969</p> <p>[Redacted] HK Sanatorium &amp; Hospital Fax 2835 8008</p> <p>[Redacted] Matilda &amp; War M Hospital Fax 2849 7411</p> <p>[Redacted] Precious Blood Hospital Fax 2728 4290</p> <p>[Redacted] Shatin I M C Union Hospital Fax 2605 3334</p> <p>[Redacted] St Paul's Hospital Fax 2576 4558</p> <p>[Redacted] St Teresa's Hospital Fax 2711 9779</p> <p>[Redacted] Tseun Wan Adventist Hospital Fax 2413 5311</p>
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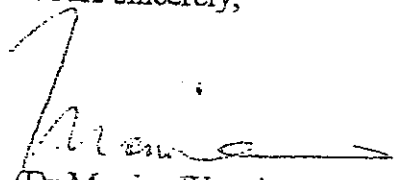
Page  
Mr / Madam,

Atypical Pneumonia Outbreak in Hong Kong

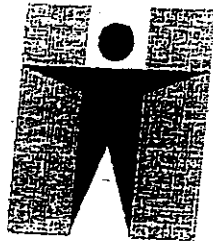
I enclose a copy of the update on atypical pneumonia outbreak in Hong Kong for your reference.  
Circulate this update to doctors in your hospital.

Thank you for your assistance.

Yours sincerely,

  
(Dr Monica Wong)  
for Director of Health

衛生署  
疾病預防及控制部  
香港灣仔皇后大道東 213 號  
胡忠大廈 18 樓



DEPARTMENT OF HEALTH  
Disease Prevention and Control Division  
18<sup>th</sup> Floor, Wu Chung House  
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來函檔號 YOUR REF.:

電話 TEL.: 2961 8918

圖文傳真 FAX No: (852) 2575 4110  
(852) 2574 2113

20 March 2003

Dear Doctor,

Atypical pneumonia outbreak in Hong Kong

Since March 2003, an outbreak of atypical pneumonia has occurred in some hospitals in Hong Kong. As of 3 p.m., March 19, there were a total of 145 cases of atypical pneumonia, including five deaths. All atypical pneumonia case patients have radiological evidence of pneumonic changes. The salient clinical and epidemiological findings are shown in the following paragraphs.

The Prince of Wales Hospital (PWH) has the majority of cases, and they mainly concentrated in one medical ward (8A). A detailed analysis of 31 atypical pneumonia cases among health care workers (HCW) at PWH has been performed. Fifteen (48%) of the cases were female. The age range was 21 – 54 years (median 32 years). Clinical presentation of the case patients included fever (100%), malaise (100%), chills (97%), headache (84%), myalgia (81%), dizziness (61%), rigors (55%), cough (39%), sore throat (23%) and runny nose (23%). Patients often first presented with severe headache, dizziness and myalgia. Onset of fever was abrupt, typically with chills and rigors, and temperature persisted above baseline. In some cases, they experienced rapid deterioration with low oxygen saturation and acute respiratory distress requiring support with ventilator.

– Initially the blood picture was normal. However, by day 3 – 4 of the illness, lymphopenia was commonly observed ( $\geq 50\%$ ), and less commonly, there might be thrombocytopenia. Elevated alanine aminotransferase and abnormal APTT were sometimes seen while prothrombin time was usually normal. Creatine phosphokinase was raised in some cases.

In typical severe cases, chest x-ray began with a small unilateral patchy shadow, and progressed over 24 – 48 hours to become bilateral, generalized, interstitial/confluent infiltrates. Patchy chest x-ray changes were sometimes noted in the absence of chest symptoms. Acute respiratory distress syndrome might be observed in the end stage. Post-mortem lung tissue showed generalized alveolar damage and lymphocytosis without obvious viral inclusion bodies.

Cases have been treated with a variety of antibiotics and antivirals, including ceftriaxone, ciprofloxacin, oseltamivir and others. None has been proven to yield consistent results. High dose corticosteroids with or without ribavirin shows favorable response in some patients.

Based on the history of a few indicative cases, the mean incubation period is estimated to be 3 – 4 days, and the range can be 2 – 7 days.

*We are committed to providing quality services.*

The available evidence suggests the mode of transmission is most consistent with droplet spread through respiratory secretions. Since the introduction of heightened infection control measures and barrier nursing on March 10, the number of cases dropped substantially.

Epidemiological investigations revealed that seven atypical pneumonia cases, including the index patient of the PWH outbreak, were linked to a hotel in Kowloon. The index patient of the PWH outbreak, who had onset of illness on Feb 24, had gone to the hotel to visit a friend staying there during Feb 15 - 23. The other six cases lodged at the 9<sup>th</sup> floor of the hotel sometime between Feb 12 and Mar 2. One of these six had onset of illness before he arrived in Hong Kong and lodged at the hotel on Feb 21; and we believe that he was the source of infection.

Staff of this hotel had not reported sickness related to this outbreak, and they have been kept under medical surveillance. We believe there is no residual risk for customers and staff of the hotel as well as residents in the area. The 9<sup>th</sup> floor of the hotel has been closed for thorough cleansing and disinfection as a precautionary measure.

The Department of Health, the hospital laboratories, the Chinese University of Hong Kong (CUHK) and the University of Hong Kong have been performing extensive laboratory investigations. The CUHK has recently detected a virus belonging to the Paramyxoviridae family among the specimens. There have been similar reports from overseas. The World Health Organization will coordinate efforts to verify and confirm the findings, and more research will be necessary to understand the unusual behaviour of the virus.

The Government has been providing daily updates on this outbreak to keep the public informed of the latest situation. The Department of Health has launched a dedicated website on atypical pneumonia to provide health advice on the prevention of respiratory tract infection and the latest information on the cases. You are welcome to visit our website at <http://www.info.gov.hk/dh/ap.htm>

For prevention of respiratory tract infection, please advise your clients to adopt the following measures:

- Build up good body immunity by having a proper diet, regular exercise and adequate rest, reducing stress and avoiding smoking;
- Maintain good personal hygiene, and wash hands after sneezing, coughing or cleaning the nose;
- Maintain good ventilation;
- Avoid visiting crowded places with poor ventilation;
- Put on a mask if taking care of a patient with respiratory symptoms and wash hands thoroughly afterwards;
- Put on a mask if suffering from respiratory tract infection to reduce the chance of spreading the infection to people around them; and
- When visiting hospitalized patients, take due precautions in infection control, e.g. wearing mask and gowns and wash hands thoroughly afterwards.

Yours faithfully,



(Dr. L. Y. TSE)  
for Director of Health



PMO (1) (E)  
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Department of Health  
Facsimile Transmission Leader Page

<p>m: Dr Monica Wong, PMO (1) 2961 8894 2573 7745</p> <p>ref: in DHHQ/1065/2/4 20 March, 2003</p> <p>No. (3) including this page</p> <p><i>Please notify Ms Chan on Tel 2961 8906 if message received is incomplete</i></p>	<p>To: [Redacted] Canossa Hospital Fax 2840 1986</p> <p>[Redacted] Evangel Hospital Fax 2761 1469</p> <p>[Redacted] HK Adventist Hospital Fax 2572 9813</p> <p>[Redacted] HK Baptist Hospital Fax 2338 5394</p> <p>[Redacted] HK Central Hospital Fax 2521 1969</p> <p>[Redacted] HK Sanatorium &amp; Hospital Fax 2835 8008</p> <p>[Redacted] Matilda &amp; War M Hospital Fax 2849 7411</p> <p>[Redacted] Precious Blood Hospital Fax 2728 4290</p> <p>[Redacted] Shatin I M C Union Hospital Fax 2605 3334</p> <p>[Redacted] St Paul's Hospital Fax 2576 4558</p> <p>[Redacted] St Teresa's Hospital Fax 2711 9779</p> <p>[Redacted] Tseun Wan Adventist Hospital Fax 2413 5311</p>
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sage

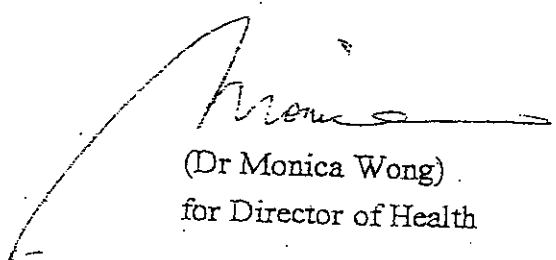
Sir / Madam,

**Guidelines on the Management of Severe Acute Respiratory Syndrome (SARS)**

I enclose a copy the Guidelines on the Management of Severe Acute Respiratory Syndrome (SARS).  
May wish to circulate to doctors in your hospital for information.

Thank-you for your assistance.

Yours sincerely,



(Dr Monica Wong)  
for Director of Health

## Guideline on the Management of Severe Acute Respiratory Syndrome (SARS)

Extracted from information issued by Hospital Authority

### **Surveillance Case definition:**

Taking into consideration of WHO case definition and our local clinical experience, cases of SARS are defined as suspect and probable cases.

Department of Health has issued clinical protocol for general practitioners in the management pneumonia, and suspected cases would be referred to hospitals for further investigation and management when the case definition is met (see appendix 1).

In hospitals, cases of pneumonia would be screened according to HA case definition, and when the criteria are met, such cases are defined as probable SARS (see appendix 1).

### **What are the Infection Control Measures?**

- The recommended method of isolation for cases of suspect and probable SARS is droplets precautions, in addition to Universal Precautions.
- This is based on the observation that:
  - i) SARS so far are limited to healthcare workers and close household contacts which suggests spread by droplets;
  - ii) nearly all hospital staff who have acquired SARS had direct exposure to index patients;
  - iii) the implementation of droplets precautions has reduced the number of staff being infected significantly;

### **Droplet Precautions includes:**

- Place patient in a room with other patient(s) having SARS (**cohorting**) maintaining separation of at least 3 feet from each other.
- Staff should have barrier apparels (gloves and gowns) when coming into contact with the patient's blood, body fluids, secretions, excretions, mucous membranes and contaminated items.
- Wear a mask when working within 3 feet of the patient.
- Wash hands after removal of gloves and before nursing another patient even when contact is only with non-contaminated items.
- Proper disinfection of the environment and equipment is required.

### **Precautions when attending to hospitalised patients and patients in the AED:**

- When attending to patients with respiratory symptoms (such as fever, sore throat, headache, running nose, cough, myalgia, skin rash, pleuritic chest pain), put on a mask and wash hands after patient contact.
- *Ask patients with respiratory symptoms to put on a surgical mask.*
- *Staff with respiratory symptoms should also put on a surgical mask.*
- *Treatment with nebuliser should be avoided in patients with fever and chest XR infiltrates.*

### **What if we ourselves develop influenza-like illness?**

- Staff feeling unwell should seek medical advice, e.g. attending the staff clinic.
- Based on severity of symptoms, sick leave would be granted on an individual basis.
- Staff with mild respiratory symptoms e.g. cough, but otherwise fit for work, they should put on a surgical mask when attending to patients.

Guidelines to Primary Care Physicians / Family Physicians on the management of cases of suspected Severe Acute Respiratory Syndrome (SARS). Department of Health

In accordance with World Health Organization, symptoms and signs of SARS include --

- high fever ( $>38^{\circ}\text{C}$ ) AND
  - one or more respiratory symptoms including cough, shortness of breath, difficulty breathing AND
  - close contact\* with a person who has been diagnosed with SARS
- \*close contact means having cared for, having lived with, or having had direct contact with respiratory secretions and body fluids of a person with SARS.

In addition to fever and respiratory symptoms, SARS may be associated with other symptoms including: headache, muscular stiffness, loss of appetite, malaise, confusion, rash, and diarrhea.

*When to refer*

Doctors are advised to refer patients with the following conditions to hospital for further management --

- (i) Fever more than  $38^{\circ}$  Celsius and new onset of pulmonary infiltrate and either shortness of breath or cough and no symptomatic response to standard therapy including a beta-lactam (penicillin & cephalosporin groups) and coverage for atypical pneumonia (a fluoroquinolone, tetracyclines, or a macrolide) after 2 days of therapy in terms of fever and general well being

OR

- (ii) Fever more than  $38^{\circ}$  Celsius and new onset of pulmonary infiltrate and either shortness of breath or cough and patient has been exposed to patients with pneumonia in the previous 7 days

Severe Acute Respiratory Syndrome (SARS) Registry, Hospital Authority

*Case Definition of ARS*

Inclusion (all three criteria)

1. Presence of new radiological infiltrates compatible with pneumonia, and
2. Fever  $\geq 38^{\circ}\text{C}$ , or history of such any time in the last 2 days, and
3. Presence of at least 2 of the following:
  - a. Chills any time in the last 2 days
  - b. New or increased cough
  - c. New or increased shortness of breath
  - d. Typical physical signs of consolidation

Exclusion (any one of the following):

- Significant bronchiectasis
- Leucocytosis on admission
- CXR show lobar consolidation
- The pathogen is already known

PMO(4)E

## 防止非典型肺炎在校園擴散指引

近日本港非典型肺炎的發展情況，引起各界的關注。雖然目前無跡象顯示非典型肺炎在校園擴散，但為方便學校制訂應變措施，本局特配合目前的發展，擬備這份指引。由於該病症發展情況未穩定，本局會和衛生署緊密聯繫，如有需要，會配合最新發展，盡速修訂或增刪本指引。

教育統籌局

二零零三年三月二十三日



## 1. 公民教育 - 預防非典型肺炎擴散，由學校做起

- 1.1 向全校教職員及學生（以下稱員生）說明個人衛生對防止傳染疾病，特別是對防止傳染非典型肺炎的重要性，指出如果非典型肺炎在香港擴散會引致的嚴重後果，強調防止非典型肺炎擴散是每一個市民應盡的社會責任，並鼓勵員生無論自己或家人證實或懷疑染上非典型肺炎，必須立即求診，並通知學校和衛生署。
- 1.2 學習活動中加入預防傳染病/非典型肺炎的有關課題，用多元化的學習方式，增加員生對課題的認識和關注。此外要求員生身體力行，注意個人衛生，避免傳染；並把信息帶給親友。
- 1.3 安排家長講座，或透過家長通訊，把上述信息傳達給家長，並把本局或其他有關機構印發給家長的單張或有關資料，例如衛生署及本局的電話熱線及網址等，分發給家長。

## 2. 預防措施

- 2.1 依據本局在3月13及18日發給學校的通函，以及所附夾由衛生署擬備的「預防呼吸道感染健康指引」和「在人煙稠密的地方預防呼吸道感染的健康指引」，再參考本局印發的《學校行政手冊》第三章3.5.3段「傳染病的處理」一節，制訂學校的預防及應變措施。這些措施，須通知員生和家長，並須特別說明非典型肺炎的病徵，指出如子女發熱，不宜上課，必須即時求診。
- 2.2 學校應於周會或班主任課，提醒學生留意自己及同學的身體狀況，如有不適，立即通知老師及同學。也須提醒學生不得兩人共享一飯盒或同喝一杯飲品，以免感染。
- 2.3 學校禮堂及課室須保持清潔及空氣流通。要經常打開窗戶；如用空調，需經常清洗隔塵網。學生常觸摸的物品和器材，例如電腦鍵盤，需定期用稀釋家用漂白水拭抹；學童玩具，尤需定期用稀釋家用漂白水浸泡。如學校安排校車接送學童，亦應同樣確保校車車廂的清潔及衛生。
- 2.4 洗手間宜備皂液，不設公用毛巾，並張貼指示，要求員生用皂液洗手，以防傳染。

- 2.5 舉行校內或校外集體活動，須考慮場地空氣流通問題，不宜擠迫，並宜勸諭身體不適學生避免參加活動。
- 2.6 備有員生的病假記錄，及已徵得員生同意可發放的個人資料，例如姓名及電話號碼，以備有需要時交衛生署，以便該署調查及跟進。
- 2.7 如有員生（包括校車司機及隨車人員）感到不適，校方宜安排病者到人少清靜地方休息，聯絡其家人安排員生回家。如為學生，校方應以字條建議家長安排學生求診。如該生發熱或嚴重不適，而校方未能聯絡其家人/監護人，則須把學生送到附近醫院的急症室診治。
- 2.8 身體不適員生及照顧他們的人士都應戴上口罩，以防傳染。
- 2.9 遇有不尋常的情況，例如缺席人數增加，或大量缺席者都有非典型肺炎相似的病徵，例如發熱、發冷、咳嗽、頭痛、全身酸痛及乏力等，應即通知衛生署及本局分區學校發展組。

### 3. 警覺措施 - 員生沒有病徵，但證實其家人染上非典型肺炎

- 3.1 由衛生署向本局提供有關員生的姓名及所屬學校。本局分區學校發展組人員會要求有關員生留家觀察 7 天（非典型肺炎潛伏期為 7 天）。學校教職員留家觀察期間不必提供醫生紙，但學校可作一般病假處理。
- 3.2 學校如透過其他渠道得知有員生家人已染上非典型肺炎，應先向衛生署核實，然後通知本局分區學校發展組跟進。
- 3.3 按衛生署指示，清洗校園指定範圍及消毒；提示全校員生貫徹執行預防措施。
- 3.4 學校應發出以下兩信件：

信件	對象	內容	備註
1.	被要求留家觀察的員生	<p>(1) 說明原委，並提示員生密切留意自己身體狀況，如有異狀，須即求診及通知校方及衛生署。</p> <p>(2) 向留家觀察的學生說明休課期間學校提供的支援；如在休課期間有測驗及考試，說明可安排在復課時進行，並如常評分。</p>	信件樣本由本局提供(見附件二及三)。學校可斟酌實況，加以增刪、修訂。

2.	全校家長	通知全校家長有關情況，並請家長留意子女身體狀況，如有異狀，即時求診及通知校方和衛生署	
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- 3.5 被要求留家觀察的員生，如有精神或心理壓力，校方須加以輔導。如有需要，可聯絡本局學校分區發展組，安排心理專家到校支援。
- 3.6 為減輕對有關學生學業方面的影響，休課期間，學校需為學生提供學習支援，例如安排同學或教師透過電話、電郵、傳真、學校網頁等方式，提供學習材料或幫助解決學習問題。

#### 4. 緊急措施 - 證實有員生染上非典型肺炎

##### 4.1 染上非典型肺炎的員生，發病或入院期不足一星期，全校停課 7 天

- 4.1.1 由證實染上非典型肺炎請病假首天起計，全校停課 7 天（非典型肺炎潛伏期為 7 天）。為不影響學生的學習，停課日期需由全年 90 日學校假期內扣除。
- 4.1.2 按衛生署指示，清洗校園指定範圍並消毒。
- 4.1.3 通知全體家長，讓家長了解情況，一方面釋除疑慮，另一方面提示家長要留意子女的身體狀況（信件樣本見附件一）。
- 4.1.4 提示全校員生在停課期間，如有不適，須立即就診及通知校方及衛生署。停課期完結後，仍要避免讓不適的員生，尤其是有發熱、咳嗽等病徵的員生上學。
- 4.1.5 如有需要延長停課期，校方須通知衛生署及本局分區學校發展組，由衛生署評估學校情況，再作決定。

##### 4.2 染上非典型肺炎的員生，停課或入院已超過 7 天，而在校員生沒有非典型肺炎病徵，全校照常上課

- 4.2.1 全校照常上課。但須密切留意員生情況，如情況有異，即通知衛生署及本局分區學校發展組。
- 4.2.2 按衛生署指示，清洗校園指定範圍並消毒；提示全校員生貫徹執行預防措施。

- 2.5 舉行校內或校外集體活動，須考慮場地空氣流通問題，不宜擠迫，並宜勸諭身體不適學生避免參加活動。
- 2.6 備有員生的病假記錄，及已徵得員生同意可發放的個人資料，例如姓名及電話號碼，以備有需要時交衛生署，以便該署調查及跟進。
- 2.7 如有員生（包括校車司機及隨車人員）感到不適，校方宜安排病者到人少清靜地方休息，聯絡其家人安排員生回家。如為學生，校方應以字條建議家長安排學生求診。如該生發熱或嚴重不適，而校方未能聯絡其家人/監護人，則須把學生送到附近醫院的急症室診治。
- 2.8 身體不適員生及照顧他們的人士都應戴上口罩，以防傳染。
- 2.9 遇有不尋常的情況，例如缺席人數增加，或大量缺席者都有非典型肺炎相似的病徵，例如發熱、發冷、咳嗽、頭痛、全身酸痛及乏力等，應即通知衛生署及本局分區學校發展組。

### 3. 警覺措施 - 員生沒有病徵，但證實其家人染上非典型肺炎

- 3.1 由衛生署向本局提供有關員生的姓名及所屬學校。本局分區學校發展組人員會要求有關員生留家觀察 7 天（非典型肺炎潛伏期為 7 天）。學校教職員留家觀察期間不必提供醫生紙，但學校可作一般病假處理。
- 3.2 學校如透過其他渠道得知有員生家人已染上非典型肺炎，應先向衛生署核實，然後通知本局分區學校發展組跟進。
- 3.3 按衛生署指示，清洗校園指定範圍及消毒；提示全校員生貫徹執行預防措施。
- 3.4 學校應發出以下兩信件：

信件	對象	內容	備註
1.	被要求留家觀察的員生	<p>(1) 說明原委，並提示員生密切留意自己身體狀況，如有異狀，須即求診及通知校方及衛生署。</p> <p>(2) 向留家觀察的學生說明休課期間學校提供的支援；如在休課期間有測驗及考試，說明可安排在復課時進行，並如常評分。</p>	信件樣本由本局提供(見附件二及三)。學校可斟酌實況，加以增刪、修訂。

- 4.2.3 通知全體家長有關情況，一方面釋除家長疑慮，另一方面提示家長要注意子女身體狀況。
- 4.2.4 遇有特別情況，學校如欲停課，需通知衛生署及本局分區發展組，由衛生署評估學校情況，再作決定。停課日數需由全年 90 日學校假期內扣除。

## 5. 支援/查詢

### 5.1 衛生署

衛生署分區辦事處電話

港島區：2961 8729

九龍區：2199 9149

新界東：2158 5107

新界西：2615 8571

衛生署熱線：2961 8968

衛生署中央健康教育 24 小時錄音資料電話熱線：2833 0111

衛生署網頁 [www.info.gov.hk/dh](http://www.info.gov.hk/dh)

### 5.2 教育統籌局

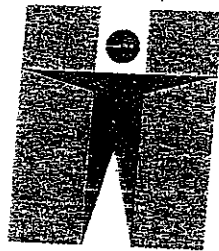
學校所屬分區辦事處

教育統籌局電話熱線：2892 2352 (8 條線)

星期一至五：上午 8:00 - 下午 5:00

星期六：上午 9:00 - 下午 1:00

衛生署  
疾病預防及控制部  
香港灣仔皇后大道東 213 號  
胡忠大廈 18 樓



PMO (13) (17)  
DEPARTMENT OF HEALTH  
Disease Prevention and Control Division  
18<sup>th</sup> Floor, Wu Chung House  
213 Queen's Road East, Wanchai  
Hong Kong

本署檔號 OUR REF.: (17) in DH/CM/11/53 II

來函檔號 YOUR REF.:

電話 TEL: 2961 8918

圖文傳真 FAX No.: (852) 2575 4110  
(852) 2574 2113

24 March 2003

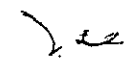
Dear Doctor,

### Infection control measures for medical clinics in the community

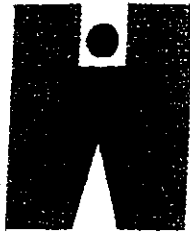
You are probably aware of the outbreak of severe acute respiratory syndrome (SARS) occurring in Hong Kong recently. The available evidence suggests that the mode of transmission is most consistent with droplet spread through respiratory secretions. The following are suggested control measures for primary care clinics in the community setting, which emphasize on the use of barrier apparels, personal hygiene and environmental cleaning, in addition to universal precautions:

- Masking
  - All staff should wear a surgical mask
  - Patients should be asked to wear a mask if they have respiratory symptoms
- Handwashing with liquid soap
  - Before and after patient contact, and after removing gloves
- Wear gloves
  - For all direct patient contacts
  - Change gloves between patients, and wash hands
- Wear gown
  - During procedures likely to generate splashes or sprays of blood & body fluids, secretions, or excretions
- Eye protection (e.g. goggles)
  - For aerosol / splash generating procedures
- Avoidance of aerosols
  - Do not use nebulisers in patients with symptoms compatible with SARS
- Environmental disinfection
  - Clean surfaces daily with a disinfectant e.g. 1:49 diluted household bleach, sodium hypochlorite 1,000 ppm or 70% alcohol for metallic surfaces
- Disease detection
  - Seek medical attention promptly if symptoms compatible with SARS (e.g. fever, chills, myalgia, shortness of breath and difficulty in breathing)

Yours faithfully,

  
(Dr. L.Y. Tse)  
for Director of Health

香港特別行政區政府  
衛生署  
香港灣仔皇后大道東213號  
胡忠大廈17及21樓



PMO(1) (18) (112)  
THE GOVERNMENT OF THE HONG KONG  
SPECIAL ADMINISTRATIVE REGION  
DEPARTMENT OF HEALTH,  
WU CHUNG HOUSE, 17TH & 21ST FLOORS,  
213 QUEEN'S ROAD EAST, WAN CHAI,  
HONG KONG.

本署檔號 OUR REF.: (112) in DH 1/94  
來函檔號 YOUR REF.:  
電話 TEL.: 2961 8895  
圖文傳真 FAX.: 2573 7745

24 March 2003

Dear Sir/Madam,

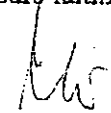
**Severe Respiratory Syndrome - Infection Control Measures for Clinics/Healthcare Facilities**

You are probably aware of the outbreak of severe respiratory syndrome occurring in Hong Kong recently. The symptoms and signs of the severe respiratory syndrome include high fever ( $>38^{\circ}\text{C}$ ) and one or more respiratory symptoms including cough, shortness of breath, difficulty breathing. The disease may also be associated with other symptoms including headache, malaise, chills, muscular stiffness and rigors. The available evidence suggests that the mode of transmission is most consistent with droplet spread through respiratory secretions. The following are suggested control measures for clinics/healthcare facilities in the community setting, which emphasize on the use of barrier apparels, personal hygiene and environmental cleaning, in addition to universal precautions:

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You may also wish to note that the Department of Health has launched a website on atypical pneumonia to provide health advice on the prevention of respiratory tract infection and latest information on the cases. The websites are [www.info.gov.hk/dh/ap.htm](http://www.info.gov.hk/dh/ap.htm) (English content) and [www.info.gov.hk/dh/apc.htm](http://www.info.gov.hk/dh/apc.htm) (Chinese content).

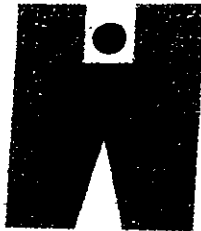
Yours faithfully,

  
(Dr. P Y Chiu)

for Director of Health

*We are committed to providing quality client-oriented service*

香港特別行政區政府  
衛生署  
香港灣仔皇后大道東213號  
胡忠大廈17及21樓



PMOCIS (18)  
THE GOVERNMENT OF THE HONG KONG  
SPECIAL ADMINISTRATIVE REGION  
DEPARTMENT OF HEALTH,  
WU CHUNG HOUSE, 17TH & 21ST FLOORS,  
213 QUEEN'S ROAD EAST, WAN CHAI,  
HONG KONG.

本署檔號 OUR REF: (38) in DHHQ/1055/30/3 Pt.7

來函檔號 YOUR REF:

電話 TEL: 2961 8895

圖文傳真 FAX: 2573 7745

24 March 2003

Dear Colleague,

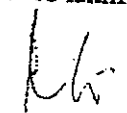
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Yours faithfully,

  
(Dr. P Y Chiu)  
for Director of Health

*We are committed to providing quality client-oriented service*



Department of Health Headquarters  
Facsimile Transmission Leader Page

Faxline no.: (852) 2573 7745 / (852) 2836 0071

From: Dr P Y CHIU, PMO(2)  
Department of Health

To: Miss Winnie Chong  
Secy (SMP&C)  
Your fax: 2865 5540

Date fax sent: 24.3.2003

This message (incl. this page) consists of 1+1 pages

Please notify Dr P Y CHIU on Tel no. 2961 8895 if message received is incomplete.

*Message*

I attach the letter to the supplementary medical professions and chiropractors for your necessary action. Original copy will be sent to you separately.

→ file SMP  
at float

Post-it\* Fax Note 7871

Date 1/3/03 # of pages 1

To Dr Amy CHIU From DS (SR & S)

Co./Dept PMO (2) Co.

Phone # Phone # 361 8660

Fax # 2573 7745 Fax # 2838 0744

Folder's No.	Name of Staff Association		
<b>MODO Grades</b>			
1	The Government Doctors' Association (政府醫生協會)		
2	Hong Kong Public Doctors' Association (香港公共醫療醫生協會)	5-80/1	1/1
3	HK Public Hospitals, DH and Universities Doctors Association (香港公立醫院、衛生署及大學醫生協會)	5-80/2	1/50
<b>Nursing Grades</b>			
4	Association of Hong Kong Nursing Staff (香港護理員協會)		
5	Nurses Branch, HKCCSA (香港政府華員會護士分會)	5-80/3	1/3
6	Health Auxiliaries Branch, HKCCSA (香港政府華員會衛生輔導員分會)	5-80/4	1/15
7	HK Enrolled Nurses General Union (香港登記護士總工會)	5-80/5	1/20
8	Inoculators Branch, HKCCSA (香港政府華員會注射員分會)	5-80/6	1/44
9	Enrolled Nurses Branch, HKCCSA (香港政府華員會登記護士分會)	5-80/7	1/21
10	Union of Midwives (助產士職工會)	5-80/8	1/16
11	HK Public Nurses Association (香港公共醫療護士協會)	5-80/9	1/4
12	Hong Kong Nurses General Union (香港護士總工會)	5-80/10	1/52
13	Government Nursing Office's Association (政府護士長協會) (*Dissolved since July 1996)	5-80/11	1/29
<b>Allied Health Grades</b>			
14	Association of Hospital Administrators (院務主任協會)		
15	Association of Scientific Officers (Medical) (科學主任(醫務)協會)	5-80/12	1/12
16	Radiographer (Diagnostic) & Radiographic Technician HKCCSA Branch (放射技師及放射技術員華員會分會)	5-80/13	1/31
17	Government Dental Hygienists' Association (政府牙齒衛生員協會)	5-80/14	1/22
18	Government Dental Surgery Assistants Association (政府牙科助理員協會)	5-80/15	1/48
19	Government Dental Technicians & Technologists Association (政府牙科技術員及技師協會)	5-80/16	1/7
20	HK Department of Health Dental Therapists Association (香港衛生署牙科治療師協會)	5-80/17	1/5
21	HK Pharmaceutical Staff Association (香港藥劑職員會)	5-80/18	1/10
22	HK Pharmacists (Public Service) Association (香港藥劑師(公共服務)協會)	5-80/19	1/6
23	Medical Technicians & Technologists Branch, HKCCSA (香港政府華員會醫務化驗員及化驗師分會)	5-80/20	1/27
24	The HK Pharmacists and Dispensers (Pharmacy Graduates) Association (香港藥劑師及配藥員(藥劑學位)協會)	5-80/21	1/53
25	Union of Physicists (物理學家工會)	5-80/22	1/26
26	Health Inspector and Pest Control Officer Grades (衛生督察系/防治蟲鼠主任系)	5-80/23	1/30
27	Health Professional Grades in Child Assessment Service	/	/
28	HK Practising Dietitians Union (香港執業營養師工會)	/	/
29	Staff Association of Department of Health (政府衛生署員工協會)	5-80/24	1/51
30	Association of Therapeutic Radiographers	5-80/25	1/42
31	Government Employees Association (政府人員協會)	5-80/26	1/39
32	HK Association of Occupational Therapy Assistants	5-80/27	1/11
33	HK Clinical Psychologist Association (香港臨床心理學家協會)	5-80/28	1/49
34	HK Occupational Therapy Association	5-80/29	1/34
35	HK Orthoptists Association (香港視光矯正師協會)	5-80/30	1/28

2 files DS (SR & S) on 2/5/3

<u>Allied Health Grades</u>			
36	▲ HK Physiotherapists Union (香港物理治療師工會)	5-80/31	1/35
37	▲ The Hong Kong Association of Speech Therapists (香港言語治療師協會)	5-80/32	1/54
38	▲ Union of HK Audiologist Technicians	5-80/33	1/38
39	▲ Union of Speech Therapists (Medical) (香港言語治療主任(醫療)工會)	5-80/34	1/33
40	Dental Technician I, Hong Kong Chinese Civil Servants' Association	5-80/35	1/18
41	▲ Hong Kong Association of Audiologists (香港聽力師協會)	/	
42	▲ Hong Kong Society of Audiology (香港聽力學會)	/	
43	HK Radiographers' Association (*Dissolved in 1998)	/	1/32
44	HK Medical Technicians & Technologists Association (*Dissolved w.e.f. April 2000)	/	1/17
<u>General Grades</u>			
45	Clerical Officer Branch, HKCCSA (香港政府華員會文書主任分會)	5-80/36	1/46
46	The Government Driver Union (GDU) 政府司機職工總會	5-80/37	1/41
47	Hong Kong Clerical Grades Civil Servants General Union 香港文書職系公務員總會	5-80/38	1/36&1/45
48	General Grades Civil Servants General Union (一般職系公務員總會)	5-80/39	1/47
49	Association of Government Secretarial Staffs	5-80/40	1/37
50	Association of Government Supervisors of Typing Services	5-80/41	1/43
<u>MOD I &amp; Artisan</u>			
51	Government Armed Forces & Hospital Chinese Workers Union (政府軍部醫院華員職工會)	5-80/42	1/9
52	Government and Public Organizations Security Guards Association (政府及公共機構保安人員協會)	5-80/43	1/40
53	HK Medical & Health Chinese Staff General Association (香港醫務衛生華員總會)	5-80/44	1/8
54	Hong Kong Public Medical Staff Association (香港公共醫療員工協會)	5-80/45	1/11
55	X-ray Darkroom Technicians Branch, HKCCSA (香港政府華員會X光部黑房技術員組分會)	5-80/46	1/19
56	▲ Association of Hong Kong Civil Servants (香港政府公務員協會)	5-80/47	1/55
57	* General Grades Consultative Committee (衛生署一般職系協商委員會)		

▲ No DH Staff

? KIV follow-up

(Position as at 11<sup>th</sup> February 2003)

## 社會福利服務單位防止非典型肺炎擴散指引

《此指引適用於提供訓練、照顧服務的日間中心，即幼兒中心、特殊幼兒中心、展能中心、庇護工場、精神病康復者訓練及活動中心、為視障人士而設之康復及訓練中心和長者日間護理中心。》

近日本港非典型肺炎的發展情況，引起各界的關注。雖然目前無跡象顯示非典型肺炎在社會福利服務單位擴散，但為方便服務單位制訂應變措施，本署現特配合目前的發展，擬備這份指引。由於該病症發展情況未穩定，本署會和衛生署緊密聯繫。各服務單位應保持警覺，密切留意衛生署及其他相關部門的最新指引，及制訂服務單位的應變措施。

社會福利署

二零零三年三月二十五日

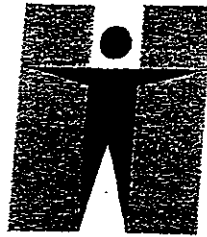
## 1. 公民教育 - 預防非典型肺炎擴散，由服務單位做起

- 1.1 服務單位向全體員工及服務使用者說明個人衛生對防止傳染疾病，特別是對防止傳染非典型肺炎的重要性，指出如果非典型肺炎在香港擴散會引致的嚴重後果，強調防止非典型肺炎擴散是每一個市民應盡的社會責任，並鼓勵員工及服務使用者無論自己或家人證實或懷疑染上非典型肺炎，必須立即求診，並通知服務單位和衛生署。
- 1.2 活動中加入預防傳染病／非典型肺炎的有關課題，用多元化的學習方式，增加員工及服務使用者對課題的認識和關注。此外要求他們身體力行，注意個人衛生，避免傳染；並把信息帶給親友。
- 1.3 安排講座或透過通訊，把上述信息傳達給家人，並把本署或其他有關機構印發給服務使用者／家人的單張或有關資料，例如衛生署及本署的電話熱線及網址等，分發給他們。

## 2. 預防措施

- 2.1 服務單位應依據由衛生署擬備的「預防呼吸道感染健康指引」及其他有關指引（可從以下衛生署網址下載資料：[www.info.gov.hk/dh](http://www.info.gov.hk/dh)），制訂服務單位的預防傳染病及應變措施。這些措施，須通知員工及服務使用者，並須特別說明非典型肺炎的病徵，指出如他們發熱，不宜出席活動，必須即時求診。
- 2.2 服務單位應不時提醒服務使用者留意自己及其他服務使用者的身體狀況，如有不適，立即通知工作人員。也須提醒員工及服務使用者不得使用其他人的餐具或與其他人共享食物和飲料，以免感染。
- 2.3 服務單位須保持清潔及空氣流通。要經常打開窗戶；如用空調，需經常清洗隔塵網。服務使用者常觸摸的物品和器材，需定期用稀釋家用漂白水拭抹。如服務單位安排車輛接送服務使用者，亦應同樣確保車廂的清潔及衛生。
- 2.4 洗手間宜備皂液，不設公用毛巾，並張貼指示，要求員工及服務使用者用皂液洗手，以防傳染。

香港特別行政區政府  
衛生署  
香港灣仔皇后大道東213號  
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THE GOVERNMENT OF THE HONG KONG  
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DEPARTMENT OF HEALTH,  
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All Nursing Homes

24 March 2003

Dear Sir/Madam,

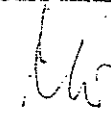
Severe Respiratory Syndrome - Infection Control Measures for Clinics/Healthcare Facilities

You are probably aware of the outbreak of severe respiratory syndrome occurring in Hong Kong recently. The symptoms and signs of the severe respiratory syndrome include high fever ( $>38^{\circ}\text{C}$ ) and one or more respiratory symptoms including cough, shortness of breath, difficulty breathing. The disease may also be associated with other symptoms including headache, malaise, chills, muscular stiffness and rigors. The available evidence suggests that the mode of transmission is most consistent with droplet spread through respiratory secretions. The following are suggested control measures for clinics/healthcare facilities in the community setting, which emphasize on the use of barrier apparels, personal hygiene and environmental cleaning, in addition to universal precautions:

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  - Do not use nebulisers in patients with symptoms compatible with severe respiratory syndrome
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  - Clean surfaces daily with a disinfectant e.g. 1:49 diluted household bleach, sodium hypochlorite 1,000 ppm or 70% alcohol for metallic surfaces
- Disease detection
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Yours faithfully,

  
(Dr. P Y Chiu)  
for Director of Health

- 2.5 無論舉行戶內或戶外集體活動，須考慮場地空氣流通問題，不宜擠迫，並宜勸諭身體不適的服務使用者避免參加活動。
- 2.6 備有員工及服務使用者的病假記錄，並已徵得員工及服務使用者／家人同意可發放個人資料，例如姓名及電話號碼，以備有需要時交衛生署，以便該署調查及跟進。
- 2.7 如有員工及服務使用者（包括司機及隨車人員）感到不適，服務單位宜安排病者到單獨房間或人少清靜地方休息，聯絡其家人安排員工或服務使用者回家。如有需要，服務單位應以字條建議其家人安排服務使用者求診；如該服務使用者發熱或嚴重不適，而服務單位未能聯絡其家人，則須把服務使用者送到附近醫院的急症室診治。
- 2.8 身體不適員工、服務使用者，及照顧他們的人士都應戴上口罩，以防傳染。
- 2.9 遇有不尋常的情況，例如缺席人數增加，或大量缺席者都有非典型肺炎相似的病徵，例如發熱、發冷、咳嗽、頭痛、全身酸痛及乏力等，應即通知衛生署及本署的相關服務科／幼兒中心督導組（見 5.2 段）。

### 3. 警覺措施 – 員工及服務使用者沒有病徵，但證實其家人或曾接觸過的醫護人員染上非典型肺炎

- 3.1 衛生署會向本署提供有關員工或服務使用者的姓名及所屬服務單位。本署會通知有關服務單位，而服務單位則會要求有關人士留家觀察 7 天（非典型肺炎潛伏期為 7 天）。服務單位員工留家觀察期間不必提供醫生紙，但服務單位可作一般病假處理。
- 3.2 服務單位如透過其他渠道得知有員工／服務使用者的家人或曾接觸過的醫護人員已染上非典型肺炎，應先向衛生署核實，然後通知本署相關服務科／幼兒中心督導組跟進。
- 3.3 按衛生署指示，清洗服務單位指定範圍及消毒；提示全體員工及服務使用者貫徹執行預防措施。

### 3.4 服務單位應發出以下兩封信件：

信件	對象	內容	備註
1.	被要求留家觀察的員工及服務使用者	(1) 說明原委，並提示他們密切留意自己身體狀況，如有異狀，須即求診及通知服務單位和衛生署。 (2) 向留家觀察的服務使用者說明在此期間服務單位按需要可提供的服務。	信件樣本由本署提供(見附件一及二)。服務單位可斟酌實況，加以增刪、修訂。
2.	其他服務使用者及家人	通知他們有關情況，並請家人留意服務使用者身體狀況，如有異狀，即時求診及通知服務單位和衛生署。	

3.5 被要求留家觀察的員工及服務使用者，如有精神或心理壓力，服務單位須加以輔導。

## 4. 緊急措施 – 證實有員工或服務使用者染上非典型肺炎

4.1 染上非典型肺炎的員工及服務使用者，發病或入院期不足一星期，服務單位停止開放7天(如個別服務單位/使用者有需要，該單位應與衛生署及本署商討局部開放服務單位的可能性)

4.1.1 由證實染上非典型肺炎請病假首天起計，按衛生署指示，服務單位全面或部份停止開放7天(非典型肺炎潛伏期為7天)。

4.1.2 按衛生署指示，清洗服務單位指定範圍並消毒。

4.1.3 通知全體服務使用者及家人，讓他們了解情況，一方面釋除疑慮，另一方面提示家人要留意服務使用者的身體狀況(信件樣本見附件三)。

4.1.4 提示全體員工及服務使用者在服務單位全面或部份停止開放期間，如有不適，須立即就診及通知服務單位及衛生署。當服務單位重新開放後，仍要避免讓不適的員工或服務使用者，尤其是有發熱、咳嗽等病徵的人士返回服務單位。



4.1.5 如有需要延長服務單位停開期，該單位須通知衛生署及本署相關服務科／幼兒中心督導組，由衛生署評估服務單位情況，再作決定。

4.2 染上非典型肺炎的員工或服務使用者，停止到服務單位出席活動或入院已超過 7 天，而在服務單位的員工及服務使用者沒有非典型肺炎病徵，服務單位照常開放

4.2.1 服務單位照常開放。但須密切留意員工及服務使用者情況，如情況有異，即通知衛生署及本署相關服務科／幼兒中心督導組。

4.2.2 按衛生署指示，清洗服務單位指定範圍並消毒；提示全體員工及服務使用者貫徹執行預防措施。

4.2.3 通知全體服務使用者／家人有關情況，一方面釋除他們的疑慮，另一方面提示家人要注意服務使用者身體狀況。

4.2.4 遇有特別情況，服務單位如欲停止開放，需通知衛生署及本署相關服務科／幼兒中心督導組；由衛生署評估該單位情況，再作決定。

## 5. 支援/查詢

### 5.1 衛生署

衛生署分區辦事處電話

港島區：2961 8729

九龍區：2199 9149

新界東：2158 5107

新界西：2615 8571

衛生署熱線：2961 8968

衛生署中央健康教育 24 小時錄音資料電話熱線：2833 0111

衛生署網頁：[www.info.gov.hk/dh](http://www.info.gov.hk/dh)

## 5.2 社會福利署

社會福利署電話熱線 : 2343 2255

熱線接聽時間：

星期一至六：上午 9:00 – 下午 10:00

星期日及公眾假期：下午 1:00 – 下午 10:00

幼兒中心督導組查詢電話 : 2835 2725

家庭及兒童福利科查詢電話 : 2892 5179

青年及感化服務科查詢電話 : 2892 5127

康復及醫務社會服務科查詢電話 : 2892 5652

安老服務科查詢電話 : 2892 5192

各服務科／幼兒中心督導組接聽查詢時間：

星期一至五：上午 9:00 – 下午 1:00

下午 2:00 – 下午 5:00

星期六：上午 9:00 – 中午 12:00

社會福利署網頁：[www.info.gov.hk/swd](http://www.info.gov.hk/swd)

由服務單位向曾接觸非典型肺炎病患者的人士發出的信件樣本

<姓名>先生/女士：

近日有醫護人員和市民感染非典型肺炎，這事件已受到社會各界人士的廣泛關注。衛生署和社署正緊密合作，控制及預防非典型肺炎的擴散。

根據衛生署所提供的資料，(服務使用者姓名)的親屬<姓名>先生/女士/曾接觸過的醫護人員已證實感染非典型肺炎，(服務使用者姓名)亦有可能透過與這位親屬/醫護人員的接觸，受到感染。為了避免該病在服務單位擴散，本單位要求(服務使用者姓名)由即日起停止返回本單位七天，以策安全，並請留意(服務使用者姓名)身體狀況，如發現(服務使用者姓名)有呼吸道受感染的病徵，特別是發熱，應及早求診，並通知本單位(電話：\_\_\_\_\_ )及衛生署(電話：[請參考指引中載列衛生署分區聯絡電話號碼])。

如有查詢，請致電<服務單位電話號碼>，與<負責職員>聯絡。

<服務單位名稱>主任

<主任簽署>

二零零三年 \_\_\_\_ 月 \_\_\_\_ 日

## 致全體服務使用者／家人的信件樣本

各位服務使用者/家人：

近日有醫護人員和市民感染非典型肺炎，這事件已受到社會各界人士的廣泛關注。衛生署和社會福利署正緊密合作，控制及預防非典型肺炎的擴散。

根據衛生署所提供的資料，本服務單位有一名服務使用者的親屬/曾接觸過的醫護人員證實感染非典型肺炎。為了避免該病在單位內擴散，確保本單位服務使用者的健康和 safety，本單位已要求這名服務使用者停止返回單位七天，並得到這名服務使用者的同意。與此同時，我們已按衛生署的指示，加強單位的清潔工作，你們毋需擔心，可繼續使用本單位的服務。

單位再三呼籲各位服務使用者/家人採取下列預防呼吸道感染的措施：

- 注意均衡飲食、定時進行運動、有足夠休息、減輕壓力和避免吸煙，以增強身體的抵抗力
- 保持良好的個人衛生習慣，打噴嚏、咳嗽和清潔鼻子後要洗手
- 保持空氣流通
- 避免前往人煙稠密的地方
- 如有呼吸道感染病徵，特別是發熱，應盡早找醫生診治

如欲查詢更多有關非典型肺炎的資料，可致電 29618968（衛生署熱線）或 2343 2255（社署熱線）。

<服務單位名稱>主任

<主任簽署>

二零零三年 \_\_\_\_ 月 \_\_\_\_ 日

## 致全體服務使用者／家人的信件樣本

各位服務使用者/家人：

本服務單位於 \_\_\_ 月 \_\_\_ 日獲悉一名員工/服務使用者懷疑感染肺炎，經衛生署最近證實，該名人士患上非典型肺炎。

為避免已有其他人士被傳染而令疾病在服務單位擴散，本單位決定由明天起停止開放一星期（即由 \_\_\_ 月 \_\_\_ 日起至 \_\_\_ 月 \_\_\_ 日止），以渡過疾病的潛伏期，確保單位員工及服務使用者未有感染才重新開放。在停止開放期間，服務使用者/家人如發現服務使用者有呼吸道受感染的病徵，特別是發熱，應及早求診，並通知本單位（電話：\_\_\_\_\_）及衛生署（電話：[請參考指引中載列衛生署分區聯絡電話號碼]）。

本單位與衛生署會繼續密切監察單位內員工及服務使用者的健康情況，並於 \_\_\_ 月 \_\_\_ 日下午 \_\_\_ 時在〔地點〕舉辦健康講座，向員工及服務使用者提供健康指導，讓他們了解事件，獲得最新的資料。

<服務單位名稱>主任

<主任簽署>

二零零三年 \_\_\_ 月 \_\_\_ 日

## 社會福利服務單位防止非典型肺炎擴散指引

〈此指引適用於各類院舍服務，即安老院舍、殘疾人士及精神康復者住宿服務（包括日間暨住宿服務）、兒童住宿照顧服務、藥物依賴者治療中心、男女童院／群育學校及刑釋人士宿舍。〉

近日本港非典型肺炎的發展情況，引起各界的關注。雖然目前無跡象顯示非典型肺炎在社會福利服務單位擴散，但為方便服務單位制訂應變措施，本署特配合目前的發展，擬備這份指引。由於該病症發展情況未穩定，本署會和衛生署緊密聯繫，各服務單位應保持警覺，密切留意衛生署及其他相關部門的最新指引，及制訂服務單位的應變措施。

社會福利署

二零零三年三月二十五日

- 2.4 洗手間宜備皂液，不設公用毛巾，並張貼指示，要求職員及服務使用者用皂液洗手，以防傳染。
- 2.5 在院舍內或院舍外舉行集體活動，須考慮場地空氣流通問題，不宜擠迫，並勸諭身體不適的職員及服務使用者避免參加活動。
- 2.6 備有職員的病假記錄及服務使用者的病歷記錄，及已徵得職員、服務使用者及其家屬同意可發放的個人資料，例如姓名及電話號碼，以備有需要時交衛生署調查及跟進。
- 2.7 如有職員（包括司機及隨車人員）感到不適，院舍宜安排職員回家休息，並勸諭有關職員及早求診。如服務使用者感到不適，院舍宜安排病者到單獨房間或人少清靜地方休息，盡快安排服務使用者求診並通知其家屬。如該服務使用者發熱或嚴重不適，則須把服務使用者送到附近醫院的急症室診治。
- 2.8 身體不適的職員、服務使用者及照顧他們的人士都應戴上口罩，以防傳染。
- 2.9 如有需要，院舍應定期為表達能力有困難的服務使用者量度體溫。遇有不尋常的情況，例如身體不適的職員及服務使用者人數增加，或大量身體不適者都有非典型肺炎相似的病徵，例如發熱、發冷、咳嗽、頭痛、全身酸痛及乏力等，應即通知衛生署及本署相關服務科／牌照事務處(見 5.2 段)。

3.7 院舍應發出以下兩封信件：

信件	對象	內容	備註
1.	被安排留在院舍觀察的服務使用者家屬	說明原委，並解釋留在院舍觀察的理由。	信件樣本由本署提供(見附件一及二)。院舍可斟酌實況，加以增刪、修訂。
2.	其他服務使用者的家屬或照顧者	通知服務使用者家屬或照顧者有關情況，並請家屬或照顧者留意服務使用者的身體狀況，如有異狀，即時求診及通知院舍和衛生署。	

3.8 被要求留家觀察的職員及留在院舍隔離觀察的服務使用者，如有精神或心理壓力，院方須加以輔導。

#### 4. 緊急措施 – 證實有職員或服務使用者染上非典型肺炎

4.1 染上非典型肺炎的職員或服務使用者，發病或入醫院期不足一星期，本署建議院舍不宜在 7 天內安排在院舍外的訓練／工作及回家渡假等活動。

4.1.1 由衛生署證實染上非典型肺炎者離開院舍後首天起計，院舍在 7 天內應安排全體職員及服務使用者配戴口罩，於此期間亦不宜安排院舍外的訓練／工作及回家渡假等活動（非典型肺炎潛伏期為 7 天）。如個別服務使用者必須外出，職員應提醒服務使用者作好有關預防措施，如配戴口罩等。

4.1.2 按衛生署指示，清洗院舍指定範圍並消毒。

4.1.3 通知全體服務使用者家屬（附件三），讓家屬了解情況，以釋除疑慮，並盡量勸諭家屬避免到院舍探訪。

4.1.4 提示全體服務使用者，如在此期間感到不適，須立即就診及通知院舍職員及衛生署。觀察期完結後，仍要避免讓不適的服務使用者，尤其是有發熱、咳嗽等病徵的服務使用者外出。

4.1.5 如有需要延長觀察期，有關院舍須通知衛生署及本署相關服務科／牌照事務處，由衛生署評估院舍情況，再作決定。



安老院牌照事務處查詢電話： 2961 7211

家庭及兒童福利科查詢電話： 2892 5179

青年及感化服務科查詢電話： 2892 5299

康復及醫務社會服務科查詢電話： 2892 5652

各服務科／牌照事務處接聽查詢時間：

星期一至五：上午 9:00-下午 1:00

下午 2:00-下午 5:00

星期六：上午 9:00-中午 12:00

社會福利署網頁：[www.info.gov.hk/swd](http://www.info.gov.hk/swd)

## 致服務使用者家屬／照顧者的信件樣本

各位家屬／照顧者：

近日有醫護人員和市民感染非典型肺炎，這事件已受到社會各界人士的廣泛關注。衛生署和社會福利署正緊密合作，控制及預防非典型肺炎的擴散。

根據衛生署所提供的資料，本院舍有一名職員／服務使用者曾接觸過已證實感染非典型肺炎的人士，現時該名職員／服務使用者沒有病徵。但為了避免該病有可能擴散，並確保服務使用者的健康和 safety，院方已安排這名職員回家休息／服務使用者作隔離觀察。這項措施已經獲得當事人的同意。與此同時，院方已按衛生署的指示，加強院舍內的清潔消毒工作，家屬／照顧者毋需擔心，本院舍將繼續運作。為了減低互相傳染的機會，家屬宜避免到院舍探訪，如有需要，可透過其他方式聯絡服務使用者或職員。

本院舍再三呼籲各位家屬和照顧者採取下列預防呼吸道感染的措施：

- 注意均衡飲食、定時進行運動、有足夠休息、減輕壓力和避免吸煙，以增強身體的抵抗力
- 保持良好的個人衛生習慣，打噴嚏、咳嗽和清潔鼻子後要洗手
- 保持空氣流通
- 避免前往人煙稠密的地方
- 如有呼吸道感染病徵，特別是發熱，應盡早找醫生診治

家屬如欲查詢更多有關非典型肺炎的資料，可致電 2961 8968（衛生署熱線）或 2343 2255（社會福利署熱線）。

<院舍>主任

<主任簽署>

二零零三年\_\_\_\_月\_\_\_\_日

PMO(4) (3)

## **Guidelines on the Prevention of the Spreading of Atypical Pneumonia in Schools**

The recent development of atypical pneumonia in Hong Kong aroused grave concern from the community. Although there is no sign of the spreading of atypical pneumonia in schools for the time being, we have prepared these guidelines to facilitate schools in drawing up contingency measures to cope with the current situation. In view of the unstable nature of the disease, we will maintain close contact with the Department of Health (DH) to keep an eye on the development. Where necessary, prompt action will be taken to amend these guidelines to be in line with the latest development.

**Education and Manpower Bureau**

**25 March 2003**

## 1. Civic Education – Prevent the Spreading of Atypical Pneumonia: Schools as a Start

- 1.1 Explain to staff and students the importance of personal hygiene in preventing infection, especially in preventing the infection of atypical pneumonia. State the serious consequences of the spreading of atypical pneumonia in Hong Kong. Emphasize that everyone in the community has the responsibility to prevent the spreading of atypical pneumonia. Encourage staff and students to seek medical advice immediately, and notify the school and the Department of Health (DH), in case of any suspected infection of atypical pneumonia involving themselves or their families.
- 1.2 Include relevant topics on the prevention of infectious disease /atypical pneumonia in the learning activities. Adopt diverse learning modes to enhance the students' awareness and concern. Staff and students should be reminded to put their knowledge into practice and to heed personal hygiene in order to avoid infection. They should also convey the message to relatives and friends.
- 1.3 Disseminate the message to parents through seminars or newsletters, and distribute to them leaflets or relevant materials published by the Education and Manpower Bureau (EMB) or other organisations concerned. The students and their parents should be provided with such information as the hotline numbers and websites of the DH, the EMB, etc.

## 2. Precautionary Measures

- 2.1 Schools should formulate precautionary and contingency measures on the basis of the content in the circular memoranda issued to schools by the EMB on 13 March and 18 March, and the attachment on "Preventing Yourself against Respiratory Tract Infections" and "Health Advice on the Prevention of Respiratory Tract Infections in Public Places" prepared by the DH. Reference can also be drawn to the section of "Handling incidents of infectious diseases" in paragraph 3.5.3 in Chapter 3 of the *School Administration Guide* published by the EMB. Staff, students and parents should be informed of these

measures, and symptoms of atypical pneumonia should be described in particular. It should be highlighted that children with fever should not go to school and must consult their doctors immediately.

- 2.2 Students should be reminded to be aware of their own or their classmates' physical condition during assembly or class periods. If they are unwell, they should inform their teachers and classmates immediately. Students should also be reminded not to eat from the same lunch box or drink from the same cup to avoid infection.
- 2.3 Maintain good cleanliness and ventilation in the school hall and classrooms. Windows should be kept open. Air filters should be cleansed frequently if air-conditioners are used. Objects and equipment frequently touched by students, such as computer keyboards, should be wiped regularly in diluted household bleach. Toys of pupils should be soaked regularly using diluted household bleach. If a school bus is used to carry pupils to the school, good cleanliness and sanitation of the vehicle compartment should be ensured as well.
- 2.4 Liquid soap should be provided in the toilets. Public towels should not be used. Notice should be posted to require staff and students to use liquid soap for hand washing to avoid infection.
- 2.5 In organising internal or external group activities, good ventilation of the venue should be taken into account. Crowdedness should be avoided. Students who are unwell should be persuaded to avoid participating in school activities.
- 2.6 Keep an up-to-date sick leave record of students and staff and obtain their prior consent for the release of personal data, such as names and telephone numbers to the DH for investigation and follow-up action.
- 2.7 If a student or staff member is unwell (including school bus driver and school bus assistant), (s)he should be sent to an isolated and quiet place for rest. Their family members should be contacted to take them home. In the case of a student, (s)he should be sent home with a note suggesting medical attention. If the student is with a fever or seriously ill, (s)he should be sent to the Accident and Emergency Department of a nearby hospital if parents/guardians cannot be

contacted.

2.8 Carers of Staff and students who are unwell should put on masks to avoid infection.

2.9 In case of an unusual increase in absentees or having a large number of absentees with symptoms similar to atypical pneumonia, e.g. fever, cough, headache, body pain and lack of energy, the DH and the Regional Education Offices of EMB should be notified immediately.

**3. Alert Measures —Staff member/ student displays no symptom but confirmed to have contacted family member(s) or any medical staff who had contracted the disease**

3.1 The name of the affected staff member/ student and the school will be provided to the EMB by the DH. Subsequently, staff of the respective Regional Education Office will request the staff member/ student to stay home for 7 days for observation (the incubation period for atypical pneumonia lasts for seven days). No medical certificate is required during the observation period while such absence can be recorded as sick leave by the school.

3.2 If a school has learned from other channels that a student had contact with any family member or medical staff diagnosed with the disease, it should confirm the information with DH in the first place before reporting to the Regional Education Office for follow-up action.

3.3 The school should clean and disinfect the affected areas as specified by the DH. All the students should be reminded to take precautions accordingly.

3.4 Schools should issue two letters:

Letter	Target	Content	Remarks
1.	The parent of the student requested to stay home for observation	<p>(1) State the reasons and remind the parents to keep close watch of the student's health condition and consult the doctor and inform the school and the DH of any symptom of the illness.</p> <p>(2) State the support to be provided to the student by the school during the period of suspension from class; state that arrangement can be made for the student on resumption of class to sit for any tests and examinations conducted during the suspension period without prejudice.</p>	Sample letters are provided by the EMB (Annexes 1 and 2). Adjustments can be made according to the actual situation at school's discretion.
2.	All Parents	Inform all parents of the situation. Remind them to keep watch of the health condition of their children and consult the doctor and inform the school and the DH if any symptom of the illness is observed.	

3.5 If the student being requested to stay home for observation suffers from mental or psychological pressure, the school should offer guidance support. If necessary, the school may contact our Regional Education Office for arranging psychological services at school.

3.6 To alleviate the impact on the affected student in respect of academic performance, the school should provide support for learning to the student during the suspension period. For instance, learning materials or assistance can be provided by means of telephone, e-mail, fax or the school homepage with the help of his/her peer classmates or teachers.

4. Contingency measures – staff member/ student confirmed to have contracted atypical pneumonia

4.1 If the attack or hospitalization period of the infected staff member/student is less than 1 week ago, the whole school will suspend classes for 7 days

4.1.1 From the first day of the sick leave of the confirmed atypical pneumonia case, the whole school will suspend classes for 7 days (the incubation period for atypical pneumonia is 7 days). In order to reduce the negative effects on the schooling of students, the number of days of suspension is to be deducted from the annual 90-day school holiday.

4.1.2 Clean and disinfect the specified area of the school compound according to the instruction of the DH.

4.1.3 Inform all the parents of the situation. By doing so, their anxieties may be relieved. They should also be reminded to be alert of the physical condition of their children (Annex 3 is a sample letter).

4.1.4 Remind all staff members and students that during the suspension period, they should seek medical treatment and inform the school and the DH without any delay if there are any symptoms of the illness. When the suspension period is over, staff members and students who are sick, especially those with symptoms such as fever, cough etc, should still be discouraged from attending school.

4.1.5 If the suspension period has to be extended, the school should inform the DH and the Regional Education Office of EMB. The DH will evaluate the situation before a decision is made.

4.2 If the suspension or hospitalization period of the infected staff member/student is more than 1 week ago, and no other person in the school displays symptoms of the disease, normal school should be resumed

4.2.1 Normal school should be resumed but the situation of all the staff members and students should be closely monitored. If the situation worsens, the DH and the Regional Education



Office should be notified immediately.

- 4.2.2 Clean and disinfect the specified area of the school compound according to the instruction of the DH. Remind all the staff members and students to take precautionary measures thoroughly.
- 4.2.3 Keep all the parents informed of the situation so that their anxieties can be alleviated. They should also be reminded to be alert to the physical health of their children.
- 4.2.4 Under special circumstances the school may consider suspending classes. The DH and the Regional Education Office of EMB should be notified. The DH will evaluate the situation before a decision is made. The number of days of suspension is to be deducted from the annual 90-day school holiday.

## 5. Support/ Enquires

### 5.1 Department of Health

Telephone numbers of Regional Offices of the Department of Health are given below:

Hong Kong:	2961 8729
Kowloon:	2199 9149
New Territories East:	2158 5107
New Territories West:	2615 8571

DH Hotline: 2961 8968

24-hour recorded hotline of the

Central Health Education Unit, DH: 2833 0111

Website of DH: [www.info.gov.hk/dh](http://www.info.gov.hk/dh)

5.2 Education and Manpower Bureau

The respective Regional Education Office of the school

Education and Manpower Bureau Hotline: 2892 2352 (8 lines)

Mon-Fri: 8 a.m.-5 p.m.

Sat: 9 a.m.-1 p.m.



46 PMO(1)1

Department of Health  
Facsimile Transmission Leader Page

From: Dr Raymond HO, MO (R)	To: [Redacted] Canossa Hospital	Fax 2840 1986
Tel: 2961 8961	[Redacted] Evangel Hospital	Fax 2761 1469
Fax: 2573 7745	[Redacted] HK Adventist Hospital	Fax 2572 9813
Our ref: in DHHQ/1065/2/4	[Redacted] HK Baptist Hospital	Fax 2338 5394
Date: 26 March, 2003	[Redacted] HK Central Hospital	Fax 2521 1969
Page No. (2) including this page	[Redacted] HK Sanatorium & Hospital	Fax 2835 8008
<i>Please notify Ms Chan on Tel 2961 8906 if message received is incomplete</i>	[Redacted] Matilda & War M Hospital	Fax 2849 2588
	[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] Tseum Wan Adventist Hospital	Fax 2413 5311

Message

Dear Sir / Madam,

Surveillance on Severe Respiratory Syndrome Cases

Thank you for your assistance in providing the Daily Reply slip on the Surveillance of Acute Respiratory Cases.

The case definition has been refined for Severe Respiratory Syndrome and this will be used in our surveillance from now on. I have revised the Daily Reply Slip (Version 3) as attached. Please complete this slip and return to me everyday before 9.30 am until further notice. No return is required on Sunday. Please also continue the return on the weekly surveillance on Pneumonia Cases on every Monday. The daily return on Surveillance on Acute Respiratory Cases will be discontinued from 27 March 2003.

The Department of Health will follow up patients and health care workers with severe respiratory syndrome cases. If you have any queries, do not hesitate to contact me at 2961 8961 or 91832574.

Thank you for your cooperation.

Yours sincerely,

(Dr Raymond HO)  
for Director of Health

RESTRICTED

Please fax your reply before 9.30 am  
(no return is needed on Sunday)

To : Director of Health

Fax No. : 2573 7745 (Attn. PMO(1))

**Daily Reply Slip** <sup>(version 3)</sup> as at \_\_\_\_\_ (Please insert date)  
**Surveillance on Severe Respiratory Syndrome (SRS) ^cases**

- (I) Number of SRS cases in ward \_\_\_\_\_
- (II) Number of SRS cases in ICU \_\_\_\_\_
- (III) Please provide the following data on all SRS cases currently in ward and ICU-

Name and Contact Tel. No.	Sex/Age	Ward/Bed	Date of Onset	Health care worker? Y/N	Travel to China? Y/N	Contact with SRS patients? Y/N	Chronic illness? Y/N	Now on ventilator? Y/N

- (IV) Number of Death cases of SRS in the past 24 hours \_\_\_\_\_
- (V) Number of health care workers reporting sick with SRS \_\_\_\_\_
- (IV) Please provide the following data on workers reporting sick with SRS

Name	Sex/Age	Date of onset	Contact Telephone	Where hospitalized

**Note**

**^Case Definition of SRS**

Inclusion: - (satisfy all the following three criteria)

- 1. Presence of new radiological infiltrates compatible with pneumonia and
- 2. Fever  $\geq 38^{\circ}\text{C}$ , or history of such any time in the last 2 days and
- 3. Presence of at least 2 of the following:
  - a. Chills any time in the last 2 days
  - b. New or increased cough
  - c. General malaise
  - d. Typical physical signs of consolidation

Name : \_\_\_\_\_

Position : \_\_\_\_\_

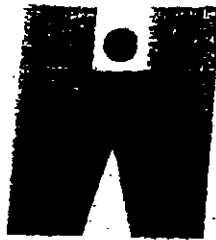
Tel: \_\_\_\_\_

Institution: \_\_\_\_\_

If no known history of exposure, consider exclusion if presence of any one of the following:

- 1. Leucocytosis on admission
- 2. CXR show lobar consolidation
- 3. The pathogen is already known

香港特別行政區政府  
衛生署  
香港灣仔皇后大道東213號  
胡忠大廈17及21樓



THE GOVERNMENT OF THE HONG KONG  
SPECIAL ADMINISTRATIVE REGION  
DEPARTMENT OF HEALTH,  
WU CHUNG HOUSE, 17TH & 21ST FLOORS,  
213 QUEEN'S ROAD EAST, WAN CHAI,  
HONG KONG.

本署編號 OUR REF:

來函編號 YOUR REF:

電話 TEL: 2961 8918

圖文傳真 FAX:

27 March 2003

Dear Doctor,

Amendment to the Quarantine and Prevention of Disease Ordinance, Cap 141

A recent cluster of a new respiratory illness known as "Severe Acute Respiratory Syndrome" has made a significant impact on the local community and other places worldwide. In order to effectively control the spread of this disease in Hong Kong, the Director of Health has issued an Order today (27 March 2003) to amend the First Schedule of the Quarantine and Prevention of Disease Ordinance by adding "Severe Acute Respiratory Syndrome" (嚴重急性呼吸系統綜合症) to the list of infectious diseases specified in that Schedule. Another Order to add this disease to the notification form i.e. Form 2 of the Schedule to the Prevention of the Spread of Infectious Diseases Regulations (Cap 141 sub. leg. B) has also been issued as a consequence of the inclusion of this disease in the list of statutory notifiable diseases. The two Orders have been gazetted today with immediate effect.

As Severe Acute Respiratory Syndrome is a new disease entity, the clinical presentation and diagnosis of which may be changed when more information is being revealed in due course. At the moment, the case definition proposed by the World Health Organisation should be used as the criteria for a confirmed case of Severe Acute Respiratory Syndrome.

Case Definition of Severe Acute Respiratory Syndrome as at 27 March 2003

1. high fever ( $>38^{\circ}\text{C}$ ), AND
2. one or more respiratory symptoms including cough, shortness of breath, difficulty breathing, AND
3. close contact\* with a person who has been diagnosed with Severe Acute Respiratory Syndrome

\* close contact means having cared for, having lived with, or having had direct contact with respiratory secretions and body fluids of a person with Severe Acute Respiratory Syndrome

We will keep you informed of the latest definition of Severe Acute Respiratory Syndrome based on the best available information.

According to regulation 4 of the Prevention of the Spread of Infectious Diseases Regulations, medical practitioners are required to report to the Director of Health a suspected case of the disease.

Attached please find a revised notification form for reporting infectious disease. The form can also be downloaded from Department of Health's website ([www.info.gov.hk/dh](http://www.info.gov.hk/dh)). Your co-operation to combat the disease is very much appreciated. Thanks.

Yours faithfully,



(Dr. L.Y. Tse)  
for Director of Health

**FORM 2**  
**QUARANTINE AND PREVENTION OF DISEASE ORDINANCE**  
**(Cap. 141)**

**Notification of Infectious Diseases other than Tuberculosis**  
**Particulars of Infected Person**

Name in English:	Name in Chinese:	Age/Sex:	I.D. Card/Passport No.:
Address:			Telephone Number:
Place of Work/ School Attended:			Telephone Number:
Hospital(s) attended:			Hospital/A&E Number:

Disease ["✓"] below Suspected/Confirmed on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<input type="checkbox"/> Acute Poliomyelitis	<input type="checkbox"/> Leprosy	<input type="checkbox"/> Rubella
<input type="checkbox"/> Amoebic Dysentery	<input type="checkbox"/> Malaria	<input type="checkbox"/> Scarlet Fever
<input type="checkbox"/> Bacillary Dysentery	<input type="checkbox"/> Measles	<input type="checkbox"/> Severe Acute Respiratory Syndrome
<input type="checkbox"/> Chickenpox	<input type="checkbox"/> Meningococcal Infections	<input type="checkbox"/> Tetanus
<input type="checkbox"/> Cholera	<input type="checkbox"/> Mumps	<input type="checkbox"/> Typhoid Fever
<input type="checkbox"/> Dengue Fever	<input type="checkbox"/> Paratyphoid Fever	<input type="checkbox"/> Typhus
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Plague	<input type="checkbox"/> Viral Hepatitis
<input type="checkbox"/> Food Poisoning	<input type="checkbox"/> Rabies	<input type="checkbox"/> Whooping Cough
<input type="checkbox"/> Legionnaires' Disease	<input type="checkbox"/> Relapsing Fever	<input type="checkbox"/> Yellow Fever

Notified under the Prevention of the Spread of Infectious Diseases Regulations by

Dr. \_\_\_\_\_ on  
 (Full Name in BLOCK Letters)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 (Date)

Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
 (Signature)

Remarks:

表格2  
 檢疫及防疫條例  
 (第141章)  
 非屬結核病的傳染病通知書  
 受感染人士的詳情

英文姓名：	中文姓名：	年齡/性別：	身分證/ 護照號碼：
地址：			電話號碼：
工作地點/就讀學校：			電話號碼：
就診醫院：			醫院/急症室 編號：

懷疑/證實於 \_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 日患上以下疾病(✓)

<input type="checkbox"/> 急性脊髓灰質炎(小兒麻痺)	<input type="checkbox"/> 麻風	<input type="checkbox"/> 風疹(德國麻疹)
<input type="checkbox"/> 阿米巴痢疾	<input type="checkbox"/> 瘧疾	<input type="checkbox"/> 猩紅熱
<input type="checkbox"/> 桿菌痢疾	<input type="checkbox"/> 麻疹	<input type="checkbox"/> 嚴重急性呼吸系統綜合症
<input type="checkbox"/> 水痘	<input type="checkbox"/> 腦膜炎雙球菌感染	<input type="checkbox"/> 破傷風
<input type="checkbox"/> 霍亂	<input type="checkbox"/> 流行性腮腺炎	<input type="checkbox"/> 傷寒
<input type="checkbox"/> 登革熱	<input type="checkbox"/> 副傷寒	<input type="checkbox"/> 斑疹傷寒
<input type="checkbox"/> 白喉	<input type="checkbox"/> 瘟疫	<input type="checkbox"/> 病毒性肝炎
<input type="checkbox"/> 食物中毒	<input type="checkbox"/> 狂犬病	<input type="checkbox"/> 百日咳
<input type="checkbox"/> 退伍軍人病	<input type="checkbox"/> 回歸熱	<input type="checkbox"/> 黃熱病

由下述醫生根據《防止傳染病蔓延規例》作出通知

\_\_\_\_\_ 醫生

(請用正楷填寫姓名)

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(日期)

電話號碼： \_\_\_\_\_

(簽署)

附註：



PM001 (20) (4)

**Department of Health**  
**Facsimile Transmission Leader Page**  
**Faxline No.: (852) 2836 0071 / 2573 7745**

From: Dr Monica WONG	Canossa Hospital	Fax: 2840 1986
Tel: 2961 8894	Evangel Hospital	Fax: 2761 1469
Fax: 2573 7745/ 2836 0071	HK Adventist Hospital	Fax: 2572 9813
Date: 28 March 2003	HK Baptist Hospital	Fax: 2338 5394
Pages: ( 5 ) including this page	HK Central Hospital	Fax: 2521 1969
	HK Sanatorium Hospital	Fax: 2835 8008
	Matilda & War Hospital	Fax: 2849 7411
	Precious Blood Hospital	Fax: 2728 4290
	Shatin Union Hospital	Fax: 2605 3334
	St. Paul's Hospital	Fax: 2576 4558
	St. Teresa's Hospital	Fax: 2711 9779
	Tsuen Wan Adventist Hospital	Fax: 2413 5311

Please notify Miss Chan on Tel. No. 2961 8906 if message received is incomplete

Message / Remarks

Dear Sir/Madam,

**Amendment to the Quarantine and Prevention of Disease Ordinance. Cap 141**

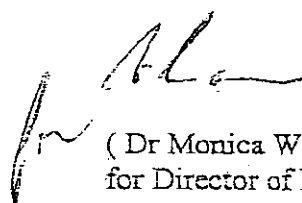
Please find enclosed a self-explanatory letter on the inclusion of the Severe Acute Respiratory Syndrome as a statutorily notifiable disease. Doctors are required to report suspected cases of Severe Acute Respiratory Syndrome with immediate effect.

However, we would appreciate the hospital management to continue with our surveillance programme. You would realize that the case definition of Severe Acute Respiratory Syndrome is slightly different for the statutory notification and the disease surveillance as the latter definition is more specific for the illness.

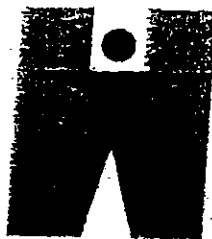
The Department of Health will follow up patients and health care workers with Severe Acute Respiratory Syndrome reported from both the statutory notification and disease surveillance. If you have any queries, please do not hesitate to contact me on 29618894 or contact Dr Raymond HO at 29618961.

Thank you for your cooperation.

Yours sincerely,

  
( Dr Monica WONG )  
for Director of Health

香港特別行政區政府  
衛生署  
香港灣仔皇后大道東213號  
胡忠大廈17及21樓



THE GOVERNMENT OF THE HONG KONG  
SPECIAL ADMINISTRATIVE REGION  
DEPARTMENT OF HEALTH,  
WU CHUNG HOUSE, 17TH & 21ST FLOORS,  
213 QUEEN'S ROAD EAST, WAN CHAI,  
HONG KONG.

本署檔號 OUR REF.:

來函檔號 YOUR REF.:

電 話 TEL: 2961 8918

圖文傳真 FAX.:

27 March 2003

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3. close contact\* with a person who has been diagnosed with Severe Acute Respiratory Syndrome

*\* close contact means having cared for, having lived with, or having had direct contact with respiratory secretions and body fluids of a person with Severe Acute Respiratory Syndrome*

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Attached please find a revised notification form for reporting infectious disease. The form can also be downloaded from Department of Health's website ([www.info.gov.hk/dh](http://www.info.gov.hk/dh)). Your co-operation to combat the disease is very much appreciated. Thanks.

Yours faithfully,



(Dr. L.Y. Tse)  
for Director of Health

**FORM 2**  
**QUARANTINE AND PREVENTION OF DISEASE ORDINANCE**  
**(Cap. 141)**

**Notification of Infectious Diseases other than Tuberculosis**  
**Particulars of Infected Person**

Name in English:	Name in Chinese:	Age/Sex:	I.D. Card/Passport No.:
Address:			Telephone Number:
Place of Work/ School Attended:			Telephone Number:
Hospital(s) attended:			Hospital/A&E Number:

Disease ["✓"] below Suspected/Confirmed on      /      /     

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Acute Poliomyelitis   | <input type="checkbox"/> Leprosy                  | <input type="checkbox"/> Rubella                           |
| <input type="checkbox"/> Amoebic Dysentery     | <input type="checkbox"/> Malaria                  | <input type="checkbox"/> Scarlet Fever                     |
| <input type="checkbox"/> Bacillary Dysentery   | <input type="checkbox"/> Measles                  | <input type="checkbox"/> Severe Acute Respiratory Syndrome |
| <input type="checkbox"/> Chickenpox            | <input type="checkbox"/> Meningococcal Infections | <input type="checkbox"/> Tetanus                           |
| <input type="checkbox"/> Cholera               | <input type="checkbox"/> Mumps                    | <input type="checkbox"/> Typhoid Fever                     |
| <input type="checkbox"/> Dengue Fever          | <input type="checkbox"/> Paratyphoid Fever        | <input type="checkbox"/> Typhus                            |
| <input type="checkbox"/> Diphtheria            | <input type="checkbox"/> Plague                   | <input type="checkbox"/> Viral Hepatitis                   |
| <input type="checkbox"/> Food Poisoning        | <input type="checkbox"/> Rabies                   | <input type="checkbox"/> Whooping Cough                    |
| <input type="checkbox"/> Legionnaires' Disease | <input type="checkbox"/> Relapsing Fever          | <input type="checkbox"/> Yellow Fever                      |

Notified under the Prevention of the Spread of Infectious Diseases Regulations by

Dr. \_\_\_\_\_ on  
 (Full Name in BLOCK Letters)

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (Date)

Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
 (Signature)

Remarks:

表格2  
 檢疫及防疫條例  
 (第141章)  
 非屬結核病的傳染病通知書  
 受感染人士的詳情

英文姓名：	中文姓名：	年齡/性別：	身分證/ 護照號碼：
地址：			電話號碼：
工作地點/就讀學校：			電話號碼：
就診醫院：			醫院/急症室 編號：

懷疑/證實於 \_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 日患上以下疾病(√)

<input type="checkbox"/> 急性脊髓灰質炎 (小兒麻痺)	<input type="checkbox"/> 麻風	<input type="checkbox"/> 風疹 (德國麻疹)
<input type="checkbox"/> 阿米巴痢疾	<input type="checkbox"/> 瘧疾	<input type="checkbox"/> 猩紅熱
<input type="checkbox"/> 桿菌痢疾	<input type="checkbox"/> 麻疹	<input type="checkbox"/> 嚴重急性呼吸系統綜合症
<input type="checkbox"/> 水痘	<input type="checkbox"/> 腦膜炎雙球菌感染	<input type="checkbox"/> 破傷風
<input type="checkbox"/> 霍亂	<input type="checkbox"/> 流行性腮腺炎	<input type="checkbox"/> 傷寒
<input type="checkbox"/> 登革熱	<input type="checkbox"/> 副傷寒	<input type="checkbox"/> 斑疹傷寒
<input type="checkbox"/> 白喉	<input type="checkbox"/> 瘟疫	<input type="checkbox"/> 病毒性肝炎
<input type="checkbox"/> 食物中毒	<input type="checkbox"/> 狂犬病	<input type="checkbox"/> 百日咳
<input type="checkbox"/> 退伍軍人病	<input type="checkbox"/> 回歸熱	<input type="checkbox"/> 黃熱病

由下述醫生根據《防止傳染病蔓延規例》作出通知

\_\_\_\_\_ 醫生

(請用正楷填寫姓名)

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(日期)

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(簽署)

附註：
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## Guidelines on the Prevention of the Spreading of Atypical Pneumonia in Schools

The recent development of atypical pneumonia in Hong Kong aroused grave concern from the community. Although there is no sign of the spreading of atypical pneumonia in schools for the time being, we have prepared these guidelines to facilitate schools in drawing up contingency measures to cope with the current situation. In view of the unstable nature of the disease, we will maintain close contact with the Department of Health (DH) to keep an eye on the development. Where necessary, prompt action will be taken to amend these guidelines to be in line with the latest development.

Education and Manpower Bureau

25 March 2003

### Amendments

The Department of Health requested people who had been in close contact with a person with atypical pneumonia to report daily to the Detection Medical Centre for 10 days as from 31 March. Upon its request, we have amended in blue all relevant parts in the third and fourth paragraphs of these guidelines.

Education and Manpower Bureau

3 April 2003

## 1. Civic Education – Prevent the Spreading of Atypical Pneumonia: Schools as a Start

- 1.1 Explain to staff and students the importance of personal hygiene in preventing infection, especially in preventing the infection of atypical pneumonia. State the serious consequences of the spreading of atypical pneumonia in Hong Kong. Emphasize that everyone in the community has the responsibility to prevent the spreading of atypical pneumonia. Encourage staff and students to seek medical advice immediately, and notify the school and the Department of Health (DH), in case of any suspected infection of atypical pneumonia involving themselves or their families.
- 1.2 Include relevant topics on the prevention of infectious disease /atypical pneumonia in the learning activities. Adopt diverse learning modes to enhance the students' awareness and concern. Staff and students should be reminded to put their knowledge into practice and to heed personal hygiene in order to avoid infection. They should also convey the message to relatives and friends.
- 1.3 Disseminate the message to parents through seminars or newsletters, and distribute to them leaflets or relevant materials published by the Education and Manpower Bureau (EMB) or other organisations concerned. The students and their parents should be provided with such information as the hotline numbers and websites of the DH, the EMB, etc.

## 2. Precautionary Measures

- 2.1 Schools should formulate precautionary and contingency measures on the basis of the content in the circular memoranda issued to schools by the EMB on 13 March and 18 March, and the attachment on "Preventing Yourself against Respiratory Tract Infections" and "Health Advice on the Prevention of Respiratory Tract Infections in Public Places" prepared by the DH. Reference can also be drawn to the section of "Handling incidents of infectious diseases" in paragraph 3.5.3 in Chapter 3 of the *School Administration Guide* published by the EMB. Staff, students and parents should be informed of these

measures, and symptoms of atypical pneumonia should be described in particular. It should be highlighted that children with fever should not go to school and must consult their doctors immediately.

- 2.2 Students should be reminded to be aware of their own or their classmates' physical condition during assembly or class periods. If they are unwell, they should inform their teachers and classmates immediately. Students should also be reminded not to eat from the same lunch box or drink from the same cup to avoid infection.
- 2.3 Maintain good cleanliness and ventilation in the school hall and classrooms. Windows should be kept open. Air filters should be cleansed frequently if air-conditioners are used. Objects and equipment frequently touched by students, such as computer keyboards, should be wiped regularly in diluted household bleach. Toys of pupils should be soaked regularly using diluted household bleach. If a school bus is used to carry pupils to the school, good cleanliness and sanitation of the vehicle compartment should be ensured as well.
- 2.4 Liquid soap should be provided in the toilets. Public towels should not be used. Notice should be posted to require staff and students to use liquid soap for hand washing to avoid infection.
- 2.5 In organising internal or external group activities, good ventilation of the venue should be taken into account. Crowdedness should be avoided. Students who are unwell should be persuaded to avoid participating in school activities.
- 2.6 Keep an up-to-date sick leave record of students and staff and obtain their prior consent for the release of personal data, such as names and telephone numbers to the DH for investigation and follow-up action.
- 2.7 If a student or staff member is unwell (including school bus driver and school bus assistant), (s)he should be sent to an isolated and quiet place for rest. Their family members should be contacted to take them home. In the case of a student, (s)he should be sent home with a note suggesting medical attention. If the student is with a fever or seriously ill, (s)he should be sent to the Accident and Emergency Department of a nearby hospital if parents/guardians cannot be



contacted.

- 2.8 Carers of Staff and students who are unwell should put on masks to avoid infection.
  - 2.9 In case of an unusual increase in absentees or having a large number of absentees with symptoms similar to atypical pneumonia, e.g. fever, cough, headache, body pain and lack of energy, the DH and the Regional Education Offices of EMB should be notified immediately.
- 3. Alert Measures —Staff member/ student displays no symptom but confirmed to have close contacts\* with family member(s) or any medical staff who had contracted the disease**
- 3.1 The name of the affected staff member/ student and the school will be provided to the EMB by the DH. Subsequently, staff of the respective Regional Education Office will request the staff member/ student to stay home for 10 days for observation (the incubation period for atypical pneumonia lasts about 10 days). The staff member/student must report daily to the Detection Medical Centre for 10 days. No medical certificate is required during the observation period while such absence can be recorded as sick leave by the school.
  - 3.2 If a school has learned from other channels that a student had contact with any family member or medical staff diagnosed with the disease, it should confirm the information with DH in the first place before reporting to the Regional Education Office for follow-up action.
  - 3.3 The school should clean and disinfect the affected areas as specified by the DH. All the students should be reminded to take precautions accordingly.
  - 3.4 Schools should issue two letters:

Letter	Target	Content	Remarks
1.	The parent of the student requested to stay home for observation	<p>(1) State the reasons and remind the parents to keep close watch of the student's health condition and consult the doctor and inform the school and the DH of any symptom of the illness.</p> <p>(2) State the support to be provided to the student by the school during the period of suspension from class; state that arrangement can be made for the student on resumption of class to sit for any tests and examinations conducted during the suspension period without prejudice.</p>	Sample letters are provided by the EMB (Annexes 1 and 2). Adjustments can be made according to the actual situation at school's discretion.
2.	All Parents	Inform all parents of the situation. Remind them to keep watch of the health condition of their children and consult the doctor and inform the school and the DH if any symptom of the illness is observed.	

3.5 If the student being requested to stay home for observation suffers from mental or psychological pressure, the school should offer guidance support. If necessary, the school may contact our Regional Education Office for arranging psychological services at school.

3.6 To alleviate the impact on the affected student in respect of academic performance, the school should provide support for learning to the student during the suspension period. For instance, learning materials or assistance can be provided by means of telephone, e-mail, fax or the school homepage with the help of his/her peer classmates or teachers.

\*Close contact means person having cared for, having lived with, or having

had direct contact with respiratory secretions and body fluid of a person with severe acute respiratory syndrome.

**4. Contingency measures – staff member/ student confirmed to have contracted atypical pneumonia**

4.1 If the attack or hospitalization period of the infected staff member/ student is less than 10 days ago, the whole school will suspend classes for 10 days

4.1.1 From the first day of the sick leave of the confirmed atypical pneumonia case, the whole school will suspend classes for 10 days (the incubation period for atypical pneumonia is about 10 days). In order to reduce the negative effects on the schooling of students, the number of days of suspension is to be deducted from the annual 90-day school holiday.

4.1.2 Clean and disinfect the specified area of the school compound according to the instruction of the DH.

4.1.3 Inform all the parents of the situation. By doing so, their anxieties may be relieved. They should also be reminded to be alert of the physical condition of their children (Annex 3 is a sample letter).

4.1.4 Remind all staff members and students that during the suspension period, they should seek medical treatment and inform the school and the DH without any delay if there are any symptoms of the illness. When the suspension period is over, staff members and students who are sick, especially those with symptoms such as fever, cough etc, should still be discouraged from attending school.

4.1.5 If the suspension period has to be extended, the school should inform the DH and the Regional Education Office of EMB. The DH will evaluate the situation before a decision is made.

4.2 If the suspension or hospitalization period of the infected staff member/student is more than 10 days ago, and no other person in the school displays symptoms of the disease, normal school should be

resumed

- 4.2.1 Normal school should be resumed but the situation of all the staff members and students should be closely monitored. If the situation worsens, the DH and the Regional Education Office should be notified immediately.
- 4.2.2 Clean and disinfect the specified area of the school compound according to the instruction of the DH. Remind all the staff members and students to take precautionary measures thoroughly.
- 4.2.3 Keep all the parents informed of the situation so that their anxieties can be alleviated. They should also be reminded to be alert to the physical health of their children.
- 4.2.4 Under special circumstances the school may consider suspending classes. The DH and the Regional Education Office of EMB should be notified. The DH will evaluate the situation before a decision is made. The number of days of suspension is to be deducted from the annual 90-day school holiday.

## **5. Support/ Enquires**

### **5.1 Department of Health**

Telephone numbers of Regional Offices of the Department of Health are given below:

Hong Kong:	2961 8729
Kowloon:	2199 9149
New Territories East:	2158 5107
New Territories West:	2615 8571

DH Hotline: 2961 8968

24-hour recorded hotline of the

Central Health Education Unit, DH: 2833 0111

Website of DH: [www.info.gov.hk/dh](http://www.info.gov.hk/dh)

5.2. Education and Manpower Bureau

The respective Regional Education Office of the school

Education and Manpower Bureau Hotline: 2892 2352 (8 lines)

Mon–Fri: 8 a.m.–5 p.m.

Sat: 9 a.m.–1 p.m.

## 防止非典型肺炎在校園擴散指引

近日本港非典型肺炎的發展情況，引起各界的關注。雖然目前無跡象顯示非典型肺炎在校園擴散，但為方便學校制訂應變措施，本局特配合目前的發展，擬備這份指引。由於該病症發展情況未穩定，本局會和衛生署緊密聯繫，如有需要，會配合最新發展，盡速修訂或增刪本指引。

教育統籌局

二零零三年三月二十三日

### 修訂說明

衛生署於三月三十一日起要求和非典型肺炎患者有密切接觸的人士，必須於十日內每日向指定的衛生署診所報到。本局因應衛生署的要求，已修訂本指引第三及第四段，把有關觀察及停課七日的安排相應更改為十日。修改之處，用藍色顯示。

教育統籌局

二零零三年四月三日

## 1. 公民教育 — 預防非典型肺炎擴散，由學校做起

- 1.1 向全校教職員及學生（以下稱員生）說明個人衛生對防止傳染疾病，特別是對防止傳染非典型肺炎的重要性，指出如果非典型肺炎在香港擴散會引致的嚴重後果，強調防止非典型肺炎擴散是每一個市民應盡的社會責任，並鼓勵員生無論自己或家人證實或懷疑染上非典型肺炎，必須立即求診，並通知學校和衛生署。
- 1.2 學習活動中加入預防傳染病/非典型肺炎的有關課題，用多元化的學習方式，增加員生對課題的認識和關注。此外要求員生身體力行，注意個人衛生，避免傳染；並把信息帶給親友。
- 1.3 安排家長講座，或透過家長通訊，把上述信息傳達給家長，並把本局或其他有關機構印發給家長的單張或有關資料，例如衛生署及本局的電話熱線及網址等，分發給家長。

## 2. 預防措施

- 2.1 依據本局在3月13及18日發給學校的通函，以及所附夾由衛生署擬備的「預防呼吸道感染健康指引」和「在人煙稠密的地方預防呼吸道的健康指引」，再參考本局印發的《學校行政手冊》第三章3.5.3段「傳染病的處理」一節，制訂學校的預防及應變措施。這些措施，須通知員生和家長，並須特別說明非典型肺炎的病徵，指出如子女發熱，不宜上課，必須即時求診。
- 2.2 學校應於周會或班主任課，提醒學生留意自己及同學的身體狀況，如有不適，立即通知老師及同學。也須提醒學生不得兩人共享一飯盒或同喝一杯飲品，以免感染。
- 2.3 學校禮堂及課室須保持清潔及空氣流通。要經常打開窗戶；如用空調，需經常清洗隔塵網。學生常觸摸的物品和器材，例如電腦鍵盤，需定期用稀釋家用漂白水拭抹；學童玩具，尤需定期用稀釋家用漂白水浸泡。如學校安排校車接送學童，亦應同樣確保校車車廂的清潔及衛生。
- 2.4 洗手間宜備皂液，不設公用毛巾，並張貼指示，要求員生用皂液洗手，以防傳染。
- 2.5 舉行校內或校外集體活動，須考慮場地空氣流通問題，不宜擠迫，並宜勸諭身體不適學生避免參加活動。
- 2.6 備有員生的病假記錄，及已徵得員生同意可發放的個人資料，例如姓名及電話號碼，以備有需要時交衛生署，以便該署調查及跟進。
- 2.7 如有員生（包括校車司機及隨車人員）感到不適，校方宜安排病者到人少清靜地方休息，聯絡其家人安排員生回家。如為學生，校方應以字條建議家長安排學生求診。如該生發熱或嚴重不適，而校方未能聯絡其家人/監護人，

則須把學生送到附近醫院的急症室診治。

- 2.8 身體不適員生及照顧他們的人士都應戴上口罩，以防傳染。
- 2.9 遇有不尋常的情況，例如缺席人數增加，或大量缺席者都有非典型肺炎相似的病徵，例如發熱、發冷、咳嗽、頭痛、全身酸痛及乏力等，應即通知衛生署及本局分區學校發展組。

### 3. 警覺措施 — 員生沒有病徵，但證實和他/她有密切接觸\* 的人士染上非典型肺炎

- 3.1 由衛生署向本局提供有關員生的姓名及所屬學校。本局分區學校發展組人員會要求有關員生留家觀察 10 天（非典型肺炎潛伏期約為 10 天）。有關員生必須於 10 天內每天向指定的衛生署診所報到。學校教職員留家觀察期間不必提供醫生紙，但學校可作一般病假處理。
- 3.2 學校如透過其他渠道得知有員生家人或曾接觸過的醫護人員已染上非典型肺炎，應先向衛生署核實，然後通知本局分區學校發展組跟進。
- 3.3 按衛生署指示，清洗校園指定範圍及消毒；提示全校員生貫徹執行預防措施。
- 3.4 學校應發出以下兩信件：

信件	對象	內容	備註
1.	被要求留家觀察的員生	(1) 說明原委，並提示員生密切留意自己身體狀況，如有異狀，須即求診及通知校方及衛生署。 (2) 向留家觀察的學生說明休課期間學校提供的支援；如在休課期間有測驗及考試，說明可安排在復課時進行，並如常評分。	信件樣本由本局提供（見附件一及二）。學校可斟酌實況，加以增刪、修訂。
2.	全校家長	通知全校家長有關情況，並請家長留意子女身體狀況，如有異狀，即時求診及通知校方和衛生署	

- 3.5 被要求留家觀察的員生，如有精神或心理壓力，校方須加以輔導。如有需要，可聯絡本局學校分區發展組，安排心理專家到校支援。

- 3.6 為減輕對有關學生學業方面的影響，休課期間，學校需為學生提供學習支援，例如安排同學或教師透過電話、電郵、傳真、學校網頁等方式，提供學習材料或幫助解決學習問題。

\* 密切接觸指曾經照顧患者、與患者共同居住或曾經接觸過患者的呼吸分泌物和體液的人士

### 4. 緊急措施 — 證實有員生染上非典型肺炎



4.1 染上非典型肺炎的員生，停課或入院期不足 10 天，全校停課 10 天

- 4.1.1 由證實染上非典型肺炎請病假首天起計，全校停課 10 天（非典型肺炎潛伏期約為 10 天）。為不影響學生的學習，停課日期需由全年 90 日學校假期內扣除。
- 4.1.2 按衛生署指示，清洗校園指定範圍並消毒。
- 4.1.3 通知全體家長，讓家長了解情況，一方面釋除疑慮，另一方面提示家長要留意子女的身體狀況（信件樣本見附件三）。
- 4.1.4 提示全校員生在停課期間，如有不適，須立即就診及通知校方及衛生署。停課期完結後，仍要避免讓不適的員生，尤其是有發熱、咳嗽等病徵的員生上學。
- 4.1.5 如有需要延長停課期，校方須通知衛生署及本局分區學校發展組，由衛生署評估學校情況，再作決定。

4.2 染上非典型肺炎的員生，停課或入院已超過 10 天，而在校員生沒有非典型肺炎病徵，全校照常上課

- 4.2.1 全校照常上課。但須密切留意員生情況，如情況有異，即通知衛生署及本局分區學校發展組。
- 4.2.2 按衛生署指示，清洗校園指定範圍並消毒；提示全校員生貫徹執行預防措施。
- 4.2.3 通知全體家長有關情況，一方面釋除家長疑慮，另一方面提示家長要注意子女身體狀況。
- 4.2.4 遇有特別情況，學校如欲停課，需通知衛生署及本局分區發展組，由衛生署評估學校情況，再作決定。停課日數需由全年 90 日學校假期內扣除。

## 5. 支援/查詢

### 5.1 衛生署

衛生署分區辦事處電話

港島區：2961 8729

九龍區：2199 9149

新界東：2158 5107

新界西：2615 8571

衛生署熱線：2961 8968

衛生署中央健康教育 24 小時錄音資料電話熱線：2833 0111

衛生署網頁 [www.info.gov.hk/dh](http://www.info.gov.hk/dh)

### 5.2 教育統籌局

學校所屬分區辦事處

教育統籌局電話熱線：2892 2352 (8 條線)

星期一至五：上午 8:00 — 下午 5:00

星期六：上午 9:00 — 下午 1:00

「防止安老院舍非典型肺炎传播」

「加强傳染病控制措施」

**Maggie Leung**

寄件者: Maggie Leung <sel@swd.gov.hk>  
 收件者: <[redacted]@hq.ychss.org.hk>; <[redacted]@skhwc.org.hk>; <[redacted]@nethersole.org.hk>; <[redacted]@pokoi.org.hk>;  
 <[redacted]@hohcs.org.hk>; <[redacted]@lai.info>  
 傳送日期: 2003年4月22日 PM 05:54  
 附加檔案: (DOs and DON'ts (a).doc)(appendix (SARS).doc; SARS\_prcs.pps; 致各院舍負責人有關「嚴重急性呼吸綜合症」感染之控制措施.doc; 醫院管理局熱線查詢電話.doc  
 主旨: Fw: Guidelines on Handling SARS in RCHEs

Besides the guidelines issued by Department of Health, I attach a set of guidelines prepared by HA for your reference, please. These documents can also be viewed from our departmental homepage at [www.info.gov.hk/swd](http://www.info.gov.hk/swd).

Best regards,  
Maggie

----- Original Message -----

From: Maggie Leung  
 To: [redacted]@hq.ychss.org.hk ; [redacted]@skhwc.org.hk ; [redacted]@nethersole.org.hk ; [redacted]@pokoi.org.hk ; [redacted]@hohcs.org.hk ; [redacted]@buddhist[redacted].la.com  
 Sent: Thursday, April 17, 2003 9:41 AM  
 Subject: Guidelines on Handling SARS in RCHEs

Dear Managers of Nursing Homes,

I attach the guidelines developed by Department of Health recently for use by RCHEs for your reference, please. This set of guidelines will also be distributed by our licensing office to all RCHEs shortly.

Meanwhile, take a break by looking at the powerpoint.

P.S. Would [redacted] please forward this to [redacted] as I don't have the address. T.Y.

Take care,  
Maggie

Maggie Leung  
 Elderly Branch  
 Social Welfare Department  
 Tel: 2892 5280  
 Fax: 2832 2936



## 防止安老院舍非典型肺炎指引

安老院舍是一個集體居住的環境，傳染病較容易在院舍內爆發。感染主要來源可能來自有住院者周圍的工作人員、訪客、其他院友之間的接觸交叉感染，也可能因通過手部接觸物品、器具，環境中的污染物而受感染。

### 必須做的事項：

#### 工作人員

- 普及性預防 — 就是把所有血液、身體組織、體液或分泌物等都視為有潛在傳染性的液體，及作出適當預防措施。當與院友接觸、在處理血液、身體組織、大便、體液（如尿液）等分泌物、及任何醫療廢物時應配戴手套，避免身體接觸該等液體及廢物。
- 培養良好個人健康生活習慣，打噴嚏、咳嗽和清潔鼻子後要用皂液洗手，照顧院友前後及脫下手套後都應用梘液洗手。
- 工作時應戴上手術用口罩來保護鼻、口的黏膜，並注意要正確地使用口罩。
- 如進行一些很可能會濺起或噴出血液及體液、分泌物或排泄物的護理程序，應穿上其他的保護衣物，例如護目鏡、保護衣服等等。
- 院舍應不時提醒職員及院友留意身體狀況，如有不適，立即通知職員或院舍主管。
- 備有職員的病假記錄及院友的病歷記錄，以備有需要時交衛生署調查及跟進。
- 如需要送院友往醫院，請跟隨有關醫院的傳染病控制指示，例如戴口罩及保護性衣物，並在離院時除去所有保護衣物及洗手，及在回到院舍後徹底清潔。
- 院舍應定期為表達能力有困難的院友量度體溫。遇有不尋常的情況，例如身體不適的職員及院友人數增加，或大量身體不適者都有非典型肺炎相似的病徵，例如發熱、發冷、咳嗽、頭痛、全身酸痛及乏力等，應即通知衛生署及社會福利署牌照事務處
- 定期把院友的體溫填寫在他們的個人健康記錄表內。
- 床與床之間足夠寬的距離（1米）有助減少院友之間交叉感染的機會。
- 登記所有到訪者的資料及到訪日期，以便有需要時給衛生署跟進。
- 所有到訪的醫護人員必須戴上口罩。

## 環境衛生

- 要備有足夠的皂液及抹手紙供住院者、訪客、院內護老者和到訪醫護人員使用。
- 院舍所有範圍包括活動室須保持清潔及空氣流通。要經常打開窗戶，如用空調，需經常清洗隔塵網。職員及院友常觸摸的物品和器材，例如傢俱及復康器材，應按需要每天數次用 1:99 的稀釋家用漂白水拭抹。如院舍安排院車接送院友，亦應同樣確保院車車廂的清潔及衛生。
- 如地方骯髒、有血液或分泌物污染，應用 1:49（即把 1 份家用漂白水混和 49 份清水）的稀釋家用漂白水消毒。
- 每日以 1 比 99 稀釋家用漂白水清洗廁所環境至少一次，並向廁座注入一茶匙稀釋家用漂白水。
- 定期把一茶匙 1:99 的稀釋家用漂白水灌入排水口，待 5 分鐘後，用清水沖洗。
- 確保糞渠及污水渠暢通、無損；如運作不正常，出現洩漏，應立即維修。
- 污染物品及垃圾須密封處理及闢出指定的運送通道及流程，懷疑個案及其同房院友的衣物須以稀釋的漂白水浸洗後才送到洗衣間，並與其他院友衣物分開清洗。

## 院友

- 護理員應替剛出院的院友洗頭、沐浴和更衣，並安排該院友到獨立房間或人少清靜地方休息，並安排指定的職員照顧他們，他們要每天探熱及戴上口罩 10 天。
- 如有呼吸道病徵或是懷疑個案，院友必須戴上口罩，並每天探熱。

## 不應做的事項：

- 盡量不要把院友搬離現有的床位，尤其是位於被証實或懷疑個案的院友附近的床位。因証實受感染的職員/院友已入院醫治，而懷疑受感染院友，亦已隔離，因此不需要作此等移動，以減少交叉感染。
- 避免使用噴霧式的藥物治療，並向主診醫護人員查詢其它可行的治療方式。
- 盡量減少不同樓層之院友及職員的接觸，以避免交叉感染的機會，並在編訂更表時，盡量安排同一組職員照顧固定的長者。
- 身體不適的職員及院友應避免參加集體活動，並減少一般院友的交流。

- 不要共用碗筷，應經常保持食具清潔。
- 不用公用毛巾。

當確定職員或院友染上非典型肺炎後，院舍應注意的事項：

- 職員及院友無論自己或曾經接觸的家屬證實或懷疑染上非典型肺炎，必須立即求診，並通知院舍，知會社會署安老院牌照事務處和衛生署。
- 按衛生署指示，清洗院舍指定範圍並消毒。使用過的即棄個人保護衣物，例如口罩和保護衣，應當作醫療廢物棄置。
- 衛生署會派員指導院舍加強傳染病控制措施，內容請參考附錄甲。
- 遵照衛生署指示，把現有職員分為「高風險」組別及「低風險」組別，分別照顧不同風險的院友。
- 安排浴室，讓職員在下班或有需要時梳洗。
- 如有懷疑個案，包括長者或職員，可考慮要求他們只在指定範圍內活動，例如同一樓層
- 染上非典型肺炎的職員或院友，發病或入醫院期不足 10 天，院舍不宜在 10 天內安排在院舍外的訓練／工作及回家渡假等活動。
- 由衛生署證實染上非典型肺炎者離開院舍後首天起計，院舍在 10 天內應安排全體職員及院友配戴口罩。
- 沒有病徵但經衛生署證實和非典型肺炎患者有密切接觸的職員，有關職員應遵守衛生署指示，於十天內到指定的衛生署診所報到，或經院方向衛生署每天呈報身體狀況。院舍職員如須留家觀察期間，不必提供醫生紙，但院舍可作一般病假處理。
- 沒有病徵但證實和非典型肺炎患者有密切接觸的院友，留在院舍隔離觀察 10 天期間，院舍應每天向衛生署呈報院友身體狀況。
- 通知全體院友家屬，讓家屬了解情況，以釋除疑慮。
- 如有職員（包括司機及隨車人員）感到不適，院舍宜安排職員回家休息及通知衛生署，並勸諭有關職員及早求診。如院友感到不適，盡快安排院友求診並通知其家屬。
- 在隔離期間，為了減低互相傳染的機會，院舍宜提醒家屬避免到院舍探訪。如有需要，家屬可透過其他方式聯絡院友或職員，如家屬必須到院舍探訪被隔離的院友，應採取預防感染措施，例如佩戴口罩，探訪前後須用皂液洗手等。
- 如有需要延長觀察期，由衛生署評估院舍情況，再作決定。

## 支援/查詢

### 衛生署

#### 衛生署分區辦事處電話

港島區：2961 8729

九龍區：2199 9149

新界東：2158 5107

新界西：2615 8571

### 社會福利署

社會福利署電話熱線：2343 2255

熱線接聽時間：星期一至六：上午 9:00 – 下午 10:00

星期日及公眾假期：下午 1:00-下午 10:00

安老院牌照事務處查詢電話：2961 7211

牌照事務處接聽查詢時間：星期一至五：上午 9:00-下午 1:00  
下午 2:00-下午 5:00

星期六：上午 9:00-中午 12:00



## 加強傳染病控制措施

### 避免撒播病原重要措施

1. 工作區的安排：盡量把院舍分成數個工作區，固定員工於任何更期都安排在同一區工作。若清潔工作需要同一員工到不同工作區工作，完成一工作區後最好先消毒工具及換過保護衣物後再到另一個工作區。院友亦固定在原先所屬工作區內，避免調動院友所屬床位。
2. 若有院友懷疑或證實染上非典型肺炎，切勿調動附近院友床位。
3. 若有院友證實染上非典型肺炎，衛生署會協助院舍分「高風險」及「低風險」工作區安排工序。
4. 若有院友留醫後出院返回院舍，如果可能的話，盡量安排一個獨立房間給院友隔離十天，以作觀察。期間進出及照顧此院友盡量運用「高風險」地區方法處理(請參考個人保護裝備部份)。
5. 處理高危步驟前後(例如：清理大量嘔吐物、痰及排泄物等)，及進出「高風險」工作區，盡量穿戴全套保護衣物，完成程序之後，要立即脫去全套保護衣物並徹底洗手，再換上一套全新保護衣物。(請參考個人保護裝備部份。)
6. 照顧長者和另一長者之間，必須洗手，就算有戴手套，也必須先洗手和換手套。

### 空氣流通

盡量打開窗門，利用電風扇及抽氣扇加強流通，避免向院友頭部直吹。

### 清潔地板

盡量分開工作區清潔地板，先用稀釋漂白水清潔一工作區，然後過清水，消毒工具後，再用稀釋漂白水清潔另一工作區，再過清水及消毒工具。



### 清潔傢具及手部可觸及地方

盡量分開工作區清潔傢具，先用稀釋漂白水清潔一工作區，必須過清水，以免長者觸摸到漂白水或沾上食物，消毒工具後，再用稀釋漂白水清潔另一工作區，再過清水及消毒工具。

注意：為減少進出工作區次數，在各工作區所有工作程序，要盡量編排在同一次進入該區做，例如：工友應該在同一工作區清潔傢具後，接著清潔地板，然後才離開該區，所以進入之前，要預備好所有應用物品，一次過帶入該工作區，離開之後，立即在此區門外脫去全套保護衣物棄掉。

### 清洗廁所/便盆/便椅

#### 行動自如院友

指導院友每次使用廁所後，蓋上廁板後沖廁。

待響聲過後，揭起廁板，用抹手紙沾上稀釋漂白水清潔坐位及廁板，抹手紙放在有蓋垃圾桶內，然後徹底洗手。

#### 院友使用便盆後

護理員必須穿戴全套保護衣物，特別是口罩及手套，並須預備好足夠紙巾，當移開便盆後，立即蓋上紙巾(如果便盆有蓋便蓋上蓋)。

替院友清潔後，立即將排泄物倒進廁所，可用紙巾抹去剩餘附在便盆上的排泄物掉入廁所內，並蓋上廁板後沖廁，接著用稀釋漂白水浸便盆及用紙巾沾上稀釋漂白水抹便盆邊，便盆要浸 30 分鐘後才清洗，切記亦要立即使用如上方法清潔廁所。

#### 便椅

處理方法如上。

#### 渠口及去水位

每次清洗洗手間或浴室後，把少量稀釋漂白水倒入渠口及去水位。

## 清洗衣物

各工作區衣物盡量分開浸稀釋漂白水及清洗。

在各工作區脫去衣物地點要預先放置一桶 / 盆稀釋漂白水(若不適宜用漂白水，可用梘水代替)，每次脫下衣物要立即將衣物放入浸著，直至工友取去用洗衣機清洗。

注意：不可用彩漂代替漂白水

## 清洗餐具

1. 可選用用完即棄餐具，收拾時要小心輕放入落垃圾袋內，然後包好棄置。
2. 如用一般餐具，在各工作區要預先放一盆/桶稀釋漂白水，工友在各工作區內收拾餐具，要輕輕把剩餘食物倒入垃圾桶(有膠袋)內，每次倒後要立即蓋上蓋，然後立即輕輕將餐具放入桶(稀釋漂白水)內，餐具要浸 30 分鐘後才清洗，並用清水徹底過淨。

注意:不可用彩漂代替漂白水

## 量度體溫

替院友量度體溫要避免肛探或口探，可用耳探，但要注意每人用一耳套，盡量用後即棄，否則亦需要於每次用後用火酒消毒方可再用在同一使用者身上。

- 一 如無其它選擇而要用口探，探熱針用後除去套針袋，仍要浸火酒消毒 15 分鐘後方可再用。

## 洗手設施

必須設置洗手梘液

千萬不可共用毛巾。

要用即棄抹手紙或每人配備一條清潔毛巾。

## 個人保護裝備

當進入「高風險」區前或進行「高風險」照顧工作前，必須穿著足夠保護衣物，並跟以下步驟：

1. 洗手
2. 戴口罩
3. 戴眼罩（如有）
4. 戴帽
5. 穿鞋套
6. 洗手
7. 著袍
8. 戴手套

離開「高風險」區後或完成「高風險」照顧工作後，必須在「高風險」區門外立即除去及棄掉身上保護衣物，請跟以下步驟：

- 1 脫帽
- 2.脫鞋套
- 3.脫袍連手套：袍和手套要盡量將污染方向包入裏面,然后放入垃圾袋/桶內。
- 4.徹底洗手
- 5.除眼罩（清潔後放入膠袋）

## 污染物棄置

穿戴過的保護衣物，應放入垃圾膠袋，並當作醫療廢物棄置。

二零零三年四月十六日



社會福利署  
Social Welfare Department

致全港安老院舍負責人：

**安老院舍對非典型肺炎的預防措施  
量度體溫**

本署職員曾於上星期到訪全港所有安老院舍，並送上個人保護物品和清潔用品等，經過這次探訪，我們了解到大家就防止非典型肺炎擴散已經積極採取預防措施，以保障住院長者和護理人員的健康。

除了加強清潔院舍和保持個人衛生外，我們建議各安老院舍應定期為表達能力有困難的院友量度體溫。如有院友或職員感到不適，安老院舍應為他們量度體溫，這有助及早察覺病徵和作出相應措施。院舍亦應按需要為訪客進行體溫測試。為表示一點心意，本署已為每間院舍準備了一個電子耳內體溫計和一百個膠套，以及由衛生署發出的「量度體溫指引」，以配合貴院採取上述措施。

請攜同此信件之正本，根據貴院所在地區，由即日起至五月十六日，於辦公時間內到本署各區福利辦事處領取以上物品，有關各區福利辦事處的地址，可參閱附頁。

我們將繼續密切關注各安老院舍的情況，希望大家齊心協力，共渡難關。如有任何查詢，請致電與負責貴院的安老院牌照事務處督察聯絡。

謹祝各位身心健康。

社會福利署助理署長（安老服務）吳馬金嫻



副本送：各區福利專員

二零零三年五月七日



## 量度體溫 (安老院舍適用)

體溫是指身體的溫度，包括中心溫度 (Core temperature) 和身體表面溫度。中心溫度是身體深層組織的溫度，身體表面體溫指表層皮膚組織的溫度。一般人的正常中心溫度徘徊在 36.1 °C 至 37.1 °C (97 °F 至 98.9 °F) 之間，高於或低於此範圍者均屬異常。

### 探熱針的種類：

1. 水銀探熱針：口試水銀探熱針可量度口腔溫度和腋試溫度，肛試水銀探熱針則用來量度直腸溫度。
2. 電子探熱針可以用作口試、肛試和腋試。
3. 耳內體溫計是一具電子儀器，只適用於量度耳道內體溫。

### 測量體溫的方法：

#### 1. 口試體溫的測量方法：

口探的測量部位在舌下。適合使用於一般清醒合作，能閉合嘴巴的長者。

- 齊集所需物品。
- 向長者解釋探熱程序，以便取得其合作。
- 洗手。
- 將探熱針水銀柱搖至 35 °C / 95 °F 以下，套上用後即棄的膠套。
- 如用電子探熱針，將用後即棄的膠套套在探熱針的探頭，按下 動按鈕，檢查操作是否正常。
- 請長者張開口，把探熱針放於其舌下，指導長者將嘴唇緊閉。但切勿咬探熱針或說話。需要時，可用手固定其位置。
- 如用水銀探熱針，至少三至五分鐘；電子探熱針探測時間一般為二十五至五十秒，當探測完畢時，會有「必」一聲訊號提示。
- 取出探熱針，將膠套除去。
- 查看及記錄度數。
- 洗手。

#### 2. 肛試體溫的測量方法

肛探的測量位置在直腸。適合昏迷人士，嚴重病患，體溫過低人士和不能用口腔測試體溫的人士。肛試需時至少三至五分鐘。

- 集齊所需物品。
- 向長者解釋探熱程序，以便取得其合作。
- 圍上屏風，保存私隱。
- 洗手。
- 協助長者把褲褪至臀下，側臥及屈膝，用被遮蓋肛門以外部位，勿使其身體暴露及避免受涼。

- 如用水銀探熱針，需將探熱針水銀柱搖至 35°C/95°F 以下，套上用後即棄的膠套。用少許潤滑劑塗抹在探熱針前端。
- 如用電子探熱針，可將探熱針套上用後即棄的膠套，按下 動按鈕，用少許潤滑劑塗抹探熱針前端。
- 將水銀/電子探熱針，輕輕放入長者之肛門內一吋至吋半。
- 用手持探熱針，以防其完全滑入/滑出直腸內或折斷等意外發生。
- 用水銀探熱針，至少三至五分鐘。電子探熱針探測時間一般為二十五至五十秒，當探測完畢時，會有「必」一聲訊號提示。
- 將探熱針取出，用棉花球清潔肛門位置，協助長者穿回衣服。
- 將膠套除去，查看及記錄度數。(因直腸溫度較口腔溫度高 0.5°C, 所以在記錄上要註明肛試，或在記錄上減少 0.5°C。)
- 洗手。

### 3. 腋試體溫的測量方法：

腋試的測量部位在腋窩下皮膚。適合使用於當口試和肛試都不能施行時。腋試需時至少六至八分鐘。

- 齊集所需物品。
- 向長者解釋探熱程序，以便取得其合作。
- 圍上屏風，保存私隱。
- 如用水銀探熱針，需將探熱針水銀柱搖至 35°C/95°F 以下，套上用後即棄的膠套。
- 如用電子探熱針，將用後即棄的膠套套在探熱針的探頭，按下 動按鈕，檢查操作是否正常。
- 協助長者舉 上臂，露出腋下，抹去汗液，然後將水銀/電子探熱針放在長者腋窩中央，把其上臂橫放在胸前，並將探熱針夾緊，用被遮蓋長者胸前，勿使其身體暴露及避免受涼。
- 用手持探熱針，防止探熱針移位或折斷。
- 六至八分鐘後將探熱針取出，並將膠套除去。
- 查看及記錄度數。(因腋下溫度則較口腔溫度低 0.5°C 所以在記錄上要註明腋試，或在記錄上增加 0.5°C。)
- 洗手。

### 4. 耳內溫度的測量方法：

用於量度耳道內體溫，無侵害性，故此適用範圍較少限制。只需一至二秒便可測出體溫。

- 集齊所需物品。
- 向長者解釋探熱程序，以便取得其合作。
- 洗手。

- 將用後即棄的保護膠套套在耳溫計的探頭上，按下按鈕，檢查操作是否正常。
- 固定長者之頭部，把耳朵向後向上拉，使耳道成一直線。
- 將漏斗形探頭輕輕轉入耳道深處，再按下探熱按鈕。待「必」一聲，放開按鈕
- 將耳溫計取出，並將膠套除去。
- 查看及記錄度數。(耳內溫度較口腔溫度高 0.5 °C，但如果使用前已依說明書作出適當的調較，則無需在記錄上減少 0.5 °C。)
- 洗手。

#### 量度體溫時應注意事項：

- 電子探熱針和耳內體溫計，會因應不同牌子而有不同的使用程序，故在使用前應詳細閱讀其使用說明。
- 搖探熱針時，勿使身體或其他物品碰觸，以免弄破探熱針或割傷身體。
- 如量度體溫者不小心咬破水銀探熱針，應立即送院治理。
- 每當發現有異常體溫或與上次有顯著差別時，應該用另一探熱針隔十五至三十分鐘後測試，以確保量度正確。
- 施行肛試時，必須要留意直腸內有否積存大量糞便，以免影響測試的準確性。
- 施行耳溫計量度時，必須把耳道拉直及確保耳內沒有積存耳垢。如果耳溫計不能對準耳鼓，阻礙接收紅外線熱量，會影響測試的準確性。每次使用耳溫計時，必須要套上全新的保護膠套。詳情可參閱其使用說明。

#### 探熱針用後的清潔及消毒法：

- 先用冷水洗探熱針。然後，再用百分之七十 (70%) 火酒浸約十五分鐘，將探熱針抹乾儲存在乾爽地方備用。
- 切勿將電子探熱針及耳內體溫計浸於消毒藥水內，或用高溫消，因為會損壞探熱針內之電子零件，影響其正常操作。
- 口探與肛探之探熱針，應分開處理。患有傳染病病者，應個別有自用探熱針以防交互感染。

PM0002

Department of Health  
Facsimile Transmission Leader Page  
Faxline No.: (852) 2573 7745

From: Dr Monica WONG	[REDACTED] Canossa Hospital	Fax: 2840 1986
Tel: 2961 8894	[REDACTED] Evangel Hospital	Fax: 2761 1469
Fax: 2573 7745/ 2836 0071	[REDACTED] HK Adventist Hospital	Fax: 2572 9813
Date: 7 May 2003	[REDACTED] HK Baptist Hospital	Fax: 2338 5394
Pages: ( 2 ) including this page	[REDACTED] HK Central Hospital	Fax: 2521 1969
	[REDACTED] HK Sanatorium Hospital	Fax: 2835 8008
Please notify Ms CHAN on	[REDACTED] Matilda & War Hospital	Fax: 2849 7411
Tel 2961 8906 if message	[REDACTED] Precious Blood Hospital	Fax: 2728 4290
received is incomplete	[REDACTED] Shatin Union Hospital	Fax: 2605 3334
	[REDACTED] St. Paul's Hospital	Fax: 2576 4558
	[REDACTED] St. Teresa's Hospital	Fax: 2711 9779
	[REDACTED] Tsuen Wan Adventist Hospital	Fax: 2413 5311

**Message**

Enclosed please find a letter from the Department of Health for your information and necessary action.



香港特別行政區政府  
衛生署  
香港灣仔皇后大道東213號  
胡志大廈17及21樓



THE GOVERNMENT OF THE HONG KONG  
SPECIAL ADMINISTRATIVE REGION  
DEPARTMENT OF HEALTH,  
WU CHUNG HOUSE, 17TH & 21ST FLOORS,  
213 QUEEN'S ROAD EAST, WAN CHAI,  
HONG KONG.

本署檔號 OUR REF: (4) in DHHQ/1065/2/4 Pt.13  
來函檔號 YOUR REF.:  
電話 TEL: 2961 8894  
圖文傳真 FAX: 2573 7745

7 May 2003

Dear Sir/Madam,

### Severe Acute Respiratory Syndrome (SARS)

Recently, there was an outbreak of SARS cases in a private hospital in Kowloon that involved health care workers and patients in a surgical ward. The index case developed symptoms of SARS during in-patient stay. You are reminded that all health care workers should adopt stringent precautionary and preventive measures at all times. It is the responsibility of the hospital management to provide training to all staff on infection control measures.

For effective control of SARS, it is important that the hospital management informs the Department of Health early, and adheres diligently to infection control measures. We appreciate your efforts in notifying us suspected SARS cases since the beginning of the SARS surveillance. Please remind doctors that they are required to report any suspected SARS cases to the Department of Health under the Quarantine and Prevention of Disease Ordinance (Cap 141). Our Regional Health Offices are always ready to offer advice and assistance.

In the healthcare setting, all persons should wear masks for self-protection and practice hand hygiene. Staff must adhere to this practice at all times. They are also reminded to wash hand before nursing another patient and wear protective gowns, gloves and goggles for contact with patient when performing procedures that are likely to generate splashing or spraying of body fluids.

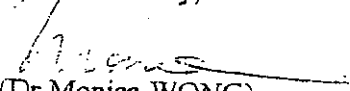
When entering a high risk area (e.g. SARS cohorting ward or intensive care unit), more stringent contact precautions are required including the use of a surgical / N95 mask, the use of cap, gown, gloves and protective eyewear, carry as few belongings as possible during work and avoid bringing items into and out of clinical areas as far as possible.

The contact details of the 4 Regional Health Offices are as follows:

Regional Health Office	Fax Number	Telephone Number
Hong Kong Region	2572 7582	2961 8791
Kowloon Region	2375 8451	2199 9100 ext 149
New Territories East Region	2699 7691	2185 5107
New Territories West Region	2439 9622	2615 8571

For additional information, you may wish to visit the Department of Health homepage <http://www.info.gov> or visit the Hospital Authority homepage at <http://www.ha.org.hk>

Yours sincerely,

  
(Dr Monica WONG)  
for Director of Health

## 安老院舍預防嚴重急性呼吸系統綜合症指引

安老院舍是一個集體居住的環境，傳染病較容易在院舍內爆發。感染主要來源可能來自有住院者周圍的工作人員、訪客、其他院友之間的接觸交叉感染，也可能因通過手部接觸物品、器具、環境中的污染物而受感染。

### 一) 應該做的事項：

#### 工作人員

1. 標準預防措施 — 就是把所有血液、身體組織、體液、分泌物、排泄物等都視為有潛在傳染性的液體，及作出適當預防措施。當與院友接觸、處理血液、身體組織、大小便、體液等分泌物、及任何醫療廢物時應配戴手套，避免身體接觸該等液體及廢物。
2. 培養良好個人健康生活習慣，打噴嚏和咳嗽時應該掩着鼻子，後要用梘液洗手，清潔鼻子後、照顧院友前後及脫下手套後都應用梘液洗手。
3. 員工上班前，應在院舍內換上工作服及自備的工作鞋；及在離開院舍前換上便服便鞋，將用過的工作服以稀釋的漂白水浸洗後才清洗，並將工作鞋放好。
4. 工作時應戴上手術用口罩來保護鼻、口的黏膜，並注意要正確地使用口罩。
5. 如進行一些很可能會濺起或噴出血液、體液、分泌物或排泄物的護理程序，應穿上其他的保護衣物，例如護目鏡、護面罩、保護衣服等等。
6. 院舍應不時提醒員工及院友留意身體狀況，如有不適，立即通知員工或院舍主管。
7. 備有員工的病假記錄及院友的病歷記錄，以備有需要時交衛生署調查及跟進。
8. 如需要送院友往醫院，請跟隨有關醫院的傳染病控制指示，例如戴口罩及保護性衣物，並在離院時除去所有保護衣物及洗手，及在回到院舍後徹底清潔。
9. 院舍應定期為表達能力有困難的院友量度體溫。遇有不尋常的情況，例如身體不適的員工及院友人數增加，或大量身體不適者都有與嚴重急性呼吸系統綜合症相似的病徵，例如發熱、發冷、咳嗽、頭痛、全身酸痛及乏力等，應即通知衛生署及社會福利署牌照事務處。
10. 定期把院友的體溫填寫在他們的個人健康記錄表內。
11. 床與床之間足夠寬的距離（1米）有助減少院友之間交叉感染的機會。
12. 登記所有到訪者的資料及到訪日期，以便有需要時給衛生署跟進。
13. 所有到訪者包括醫護人員、家屬及其他訪客必須戴上口罩。



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### 環境衛生

1. 要備有足夠的梘液及抹手紙供住院者、訪客、院內護老者和到訪醫護人員使用。
2. 院舍所有範圍包括活動室須保持清潔及空氣流通。要經常打開窗戶，如用空調，需經常清洗隔塵網。員工及院友常觸摸的物品和器材，例如傢俱及復康器材，應按需要每天用 1:99 的稀釋家用漂白水抹拭數次；而金屬表面可用 70% 酒精來抹拭清潔。如院舍安排院車接送院友，亦應同樣確保院車車廂的清潔及衛生。
3. 如地方骯髒、有血液、分泌物或排泄物污染，應用 1:49（即把 1 份家用漂白水混和 49 份清水）的稀釋家用漂白水消毒。
4. 每日以 1:99 稀釋家用漂白水清洗廁所環境至少一次，並向廁座注入一茶匙稀釋家用漂白水。
5. 定期把一茶匙 1:99 的稀釋家用漂白水灌入排水口，待 5 分鐘後，用清水沖洗。
6. 確保糞渠及污水渠暢通無損；如運作不正常，出現滲漏，應立即維修。
7. 污染物品及垃圾須密封處理及闢出指定的運送通道及流程，懷疑個案及其同房院友的衣物須以稀釋的漂白水浸洗後才送到洗衣間，並與其他院友衣物分開清洗。

### 院友

1. 護理員應替剛出院的院友洗頭、沐浴和更衣，並安排該院友到獨立房間或人少清靜地方休息，及安排指定的員工照顧他們，他們要每天探熱及戴上口罩 10 天。
2. 如有呼吸道病徵，院友必須戴上口罩，並每天探熱。

### 二) 不應做的事項：

1. 盡量不要把院友搬離現有的床位，尤其是位於被証實或懷疑個案的院友附近的床位。因証實受感染的員工/院友已入院醫治，而懷疑受感染院友，亦已隔離，因此不需要作此等移動，以減少交叉感染。
2. 避免使用噴霧式的藥物治療，並向主診醫護人員查詢其它可行的治療方式。
3. 盡量減少不同樓層之院友及員工的接觸，以避免交叉感染的機會，並在編訂更表時，盡量安排同一組員工照顧固定的長者。
4. 身體不適的員工及院友應避免參加集體活動，並減少一般院友的交流。
5. 不要共用碗筷，應經常保持食具清潔。
6. 不用公用毛巾。



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三) 當員工或院友懷疑或證實染上嚴重急性呼吸系統綜合症後，院舍應注意的事項：

1. 衛生署會派員指導院舍加強傳染病控制措施，內容請參考附錄甲。
2. 若員工及院友無論自己或曾經接觸的家屬證實或懷疑染上嚴重急性呼吸系統綜合症，必須立即求診，並通知院舍，知會社會福利署安老院牌照事務處和衛生署。
3. 遵照衛生署指示，把現有員工分為「高風險」組別及「低風險」組別，分別照顧不同風險的院友。
4. 安排浴室，讓員工在下班或有需要時梳洗。
5. 可考慮要求有呼吸道病徵的長者及員工只在指定範圍內活動，例如同一樓層。
6. 染上嚴重急性呼吸系統綜合症的員工或院友，發病或入醫院期不足 10 天，院舍不宜在 10 天內安排在院舍外的訓練／工作及回家渡假等活動。
7. 由衛生署證實染上嚴重急性呼吸系統綜合症者離開院舍後首天起計，院舍在 10 天內應安排全體員工及院友配戴口罩。
8. 沒有病徵但經衛生署證實和嚴重急性呼吸系統綜合症患者有密切接觸的員工，有關員工應遵守衛生署指示，於十天內到指定的衛生署診所報到，或經院方向衛生署每天早報身體狀況。院舍員工如須留家觀察期間，不必提供醫生紙，但院舍可作一般病假處理。
9. 沒有病徵但證實和嚴重急性呼吸系統綜合症患者有密切接觸的院友，留在院舍隔離觀察 10 天期間，院舍應每天向衛生署呈報院友身體狀況。
10. 通知全體院友家屬，讓家屬了解情況，以釋除疑慮。
11. 如有員工（包括司機及隨車人員）感到不適，院舍宜安排員工回家休息及通知衛生署，並勸喻有關員工及早求診。如院友感到不適，盡快安排院友求診並通知其家屬。
12. 在隔離期間，為了減低互相傳染的機會，院舍宜提醒家屬避免到院舍探訪。如有需要，家屬可透過其他方式聯絡院友或員工，如家屬必須到院舍探訪「低風險」區的院友，應採取預防感染措施，例如佩戴口罩，探訪前後須用梘液洗手等。如要探訪「高風險」區的院友，就必須要按照衛生署給院舍的建議，進入「高風險」區之前穿著適當的保護衣物。（請參考附錄乙）
13. 如有需要延長觀察期，由衛生署評估院舍情況，再作決定。



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#### 四) 個人防護裝備

##### 基本原則

1. 感染控制措施旨在防止病原在長者和護老者之間互相傳播。病原可經由病患者的飛沫或分泌物沾染護理員的手、器具或其他媒介(例如護老者的衣服)，再透過人體的黏膜(口、鼻和眼睛)入侵而使人染病。
2. 為防止飛沫傳播，最重要的防護裝備是戴上口罩。而適當使用手套可防止病原沾污雙手。
3. 洗手能有效地防止傳染病傳播，在進行任何護理程序前後都要洗手，照顧不同長者前後必須以梘液洗手，就算戴上手套，也必須先以梘液洗手和換手套，這是因為手是最容易帶有病原和引致交叉感染。
4. 護老者可按照處理不同風險程度的長者、程序和環境而採用不同程度的防護裝備。(備註：風險程度的分級可參考附錄丙及丁。附錄丙是高風險和有潛在風險護理程序的例子。附錄丁是高風險及有潛在風險長者的例子和高風險區的定義。)
5. 在標準預防措施的原則下，每當護老者接觸以下的體液時都應視為有潛在傳染的危險，而作出適當防護。
  - i) 血液
  - ii) 體液、分泌物及排泄物例如痰、唾液、嘔吐物、傷口的分泌物、尿液及糞便在處理可能引致病者分泌物(例如嘔吐物)濺起的程序時，護老者更應戴上防護眼罩以保護眼睛，及穿上保護衣。
6. 一些有潛在風險的護理程序在某情況下亦可能會轉為高風險，例如體弱的長者在餵食的時候嘔吐、為有失禁問題的長者沐浴等，在這些情況下，護老者應採用加強的預防措施。
7. 選擇防護裝備的原則：

在日常工作中，即使是進行低風險程序，亦需要適當的基本保護，例如戴口罩。在進行高風險的護理程序或照顧高風險長者時，及替有潛在風險的長者進行有潛在風險的護理程序時，可考慮使用全套(口罩+手套+保護衣+護目鏡/護面罩)的防護裝備；而當院舍有懷疑/証實個案時，進入高風險區時還要加上帽和鞋套。上述例子只用作資料提供和參考而已，護老者亦應依照個別情況而作出適當的判斷。



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8. 護老者要按照正確次序穿上和脫下防護裝備，以避免雙手及身上沾有病原。當防護裝備被染污時，要立即更換。為防止交叉感染，進入高風險區/進行高風險護理前/護理高風險長者前應穿上適當的防護裝備，完成護理後要立即脫去全套保護衣物，並徹底以梘液洗手，以防止病原依附在保護衣物上而帶至其他地方/其他人士和引致交叉感染。
9. 為防止病原污染環境，在脫除防護裝備時應格外小心和留神，脫去保護衣、手套、帽和鞋套時要盡量將有機會受到病原污染的一面向內包好，並放入雙重的垃圾袋內，然後紮緊袋口才棄置；如非即用即棄之用品便應浸洗消毒。
10. 當處理嚴重污染的情況時，為減低病原傳播，宜使用即用即棄的防護裝備；在其他情況下，使用一些可再用的保護裝備(例如護目鏡/護面罩)是可以接受的，但必須確保這些裝備在再用前已經過消毒。
11. 遇到任何步驟出現錯漏和有感染的危險，應立刻徹底洗手及清洗受污染部份，以減低受感染的風險。如防護裝備受到大量濺潑或污染，照顧者應儘快除去保護衣物，並清洗沾污了的部位或沐浴。

#### 使用防護裝備之道

1. 手套：在處理血液、體液、分泌物、排泄物及任何污染廢物時應配戴手套。接觸長者的黏膜和傷口前要戴上清潔的手套，即使是護理同一位長者，如手套因接觸到分泌物而沾污了，也要先更換手套；照顧其他長者前要除下用過的手套，並立刻以梘液洗手以避免將病原傳播給長者或污染院舍環境。
2. 口罩、護目鏡、護面罩：戴上口罩、護目鏡或護面罩可保護口、鼻和眼以避免在護理程序時被噴嚏/咳嗽噴出的飛沫或痰、飛濺的血液、體液、分泌物、尿液或糞便等污染。
3. 保護衣：穿上保護衣(清潔便可，毋須先消毒)可保護皮膚和防止衣物在護理程序時被噴嚏/咳嗽噴出的飛沫或痰、飛濺的血液、體液、分泌物、尿液或糞便等污染。小心脫下被污染的保護衣並立刻以梘液洗手以避免病原散播。
4. 其他的防護裝備如帽和鞋套可保護頭髮和鞋，防止在護理程序時被分泌物污染，亦可減低病原由護老者的頭髮和鞋等帶到其他地方，從而減低傳播機會。



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## 五) 支援/查詢

### 衛生署

衛生署長者健康服務 —— 各區長者健康外展隊伍(有關各區聯絡方法請致電長者健康服務 24 小時錄音資料：2121 8080 索取)

### 衛生署分區辦事處電話

港島區：2961 8729

九龍區：2199 9149

新界東：2158 5107

新界西：2615 8571

### 社會福利署

社會福利署電話熱線：2343 2255

熱線接聽時間：星期一至六：上午 9:00 - 下午 10:00

星期日及公眾假期：下午 1:00 - 下午 10:00

安老院牌照事務處查詢電話：2961 7211

牌照事務處接聽查詢時間：星期一至五：上午 9:00 - 下午 1:00  
下午 2:00 - 下午 5:00

星期六：上午 9:00 - 中午 12:00

## 加強傳染病控制措施

### 避免散播病原重要措施

1. 工作區的安排：盡量把院舍分成數個工作區，安排員工於任何更期都固定在同一區工作，照顧同一組院友。若清潔工作需要同一員工到不同工作區工作，在每個工作區完成工作後最好先消毒工具及更換保護衣物後才到另一個工作區。在每一工作區內，給院友安排固定的床位，並切記避免調動院友所屬床位，尤其是跨區的調動。
2. 若有院友被懷疑或證實染上嚴重急性呼吸系統綜合症，切勿調動附近院友的床位。
3. 若有院友被證實染上嚴重急性呼吸系統綜合症，衛生署會協助院舍分「高風險」及「低風險」工作區安排工序。
4. 若有院友留醫後出院返回院舍，應盡可能安排一個獨立房間給院友隔離十天，以作觀察。期間進出該房間時及在該房間工作時應運用「高風險」區的工作程序(請參考個人保護裝備部份)。
5. 處理高危步驟前後(例如：清理大量嘔吐物、痰及排泄物等)，及進出「高風險」工作區，盡量穿戴全套保護衣物，完成程序之後，要立即脫去全套保護衣物並徹底洗手，再換上一套全新保護衣物。(請參考個人保護裝備部份。)
6. 照顧長者和另一長者之間，必須洗手，就算有戴手套，也必須先洗手和更換手套。

### 空氣流通

盡量打開窗門，利用電風扇及抽氣扇加強空氣流通，但應避免直接吹向院友頭部。

### 清潔地板

清潔地板時，盡量分工作區清潔，先用稀釋漂白水清潔一工作區，然後過清水，消毒工具後，再用稀釋漂白水清潔另一工作區，再過清水及消毒工具。





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### 清潔傢具及手部可觸及地方

盡量分工作區清潔傢具，用稀釋漂白水清潔後必須過清水，然後消毒工具，才清潔另一工作區，再過清水及消毒工具。

注意：為減少進出工作區次數，在各工作區所有工作程序，要盡量編排在同一次進入該區做，例如：工友應該在同一工作區清潔傢具後，接著清潔地板，然後才離開該區，所以進入之前，要預備好所有應用物品，一次過帶入該工作區，離開之後，立即在此區門外脫去全套保護衣物棄掉。

### 清洗廁所/便盆/便椅

#### 行動自如院友

指導院友每次使用廁所後，蓋上廁板後沖廁。

待響聲過後，揭起廁板，用抹手紙沾上稀釋漂白水清潔坐位及廁板，抹手紙放在有蓋垃圾桶內，然後徹底洗手。

#### 院友使用便盆後

護理員必須穿戴全套保護衣物，特別是口罩及手套，並須預備好足夠紙巾，當移開便盆後，立即蓋上紙巾，(如果便盆有蓋應立即把它蓋上)。

替院友清潔後，立即將排泄物倒進廁所，可用紙巾抹去剩餘附在便盆上的排泄物掉入廁所內，蓋上廁板後沖廁，接著用稀釋漂白水浸便盆，如便盆不能整個浸入稀釋漂白水中，便要用沾上稀釋漂白水的紙巾抹外露的便盆邊；便盆要浸 30 分鐘後才清洗，切記亦要立即使用如上方法清潔廁所。

#### 便椅

處理方法如上。

#### 渠口及去水位

每次清洗洗手間或浴室後，把少量稀釋漂白水倒入渠口及去水位。



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### 清洗衣物

各工作區衣物盡量分開浸稀釋漂白水及清洗。

在各工作區脫去衣物地點要預先放置一桶/盆稀釋漂白水(若不適宜用漂白水,可用梘水代替),每次脫下衣物要立即將衣物浸入桶/盆內的稀釋漂白水,直至下次用洗衣機時再徹底清洗。

注意:不可用彩漂代替漂白水

### 清洗餐具

1. 可選用用完即棄餐具,收拾時要小心輕放入垃圾袋內,然後包好棄置。
2. 如用一般餐具,在各工作區要預先放一盆/桶稀釋漂白水,工友在各工作區內收拾餐具,要輕輕把剩餘食物倒入垃圾桶(有膠袋)內,並立即把蓋蓋好,然後輕輕將餐具放入桶(稀釋漂白水)內,餐具要浸 30 分鐘後才清洗,並用清水徹底過淨。

注意:不可用彩漂代替漂白水

### 量度體溫

替院友量度體溫時最好用耳探方法,避免肛探或口探等方法,但要注意每人用一耳套,盡量用後即棄,否則每次用後須用 70%酒精消毒方可再用,並應只用於同一位院友身上。如無其它選擇而需要用口探方法,探熱針用後應除去針套,浸於 70%酒精消毒 15 分鐘後方可再用。

### 洗手設施

必須設置洗手梘液

千萬不可共用毛巾。

要用即棄抹手紙或每人配備一條清潔毛巾。

### 污染物棄置

穿戴過的保護衣物,應放入雙重的垃圾袋內,然後紮緊袋口才棄置。

二零零三年六月十日(修訂版)



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## 附錄乙

### 個人保護裝備

當進入「高風險」區前或進行「高風險」照顧工作前，必須穿著足夠保護衣物，並依循以下步驟：

1. 洗手
2. 戴上口罩
3. 戴上護眼罩/護面罩（如需要）
4. 戴上保護帽
5. 穿上隔離衣
6. 穿上鞋套
7. 再洗手
8. 戴上手套

離開「高風險」區後或完成「高風險」照顧工作後，必須在「高風險」區門外立即依循以下步驟除去及棄掉身上保護衣物：

1. 脫鞋套
2. 脫掉手套
3. 洗手
4. 脫掉隔離衣
5. 洗手
6. 脫掉保護帽
7. 脫掉護眼罩/護面罩（如有戴）
8. 脫掉口罩
9. 洗手
10. 戴上新口罩

二零零三年六月十日(修訂版)

#高風險和有\*\*潛在風險護理程序

1. 需接觸人體分泌物

#高風險護理程序

- i. 糞便 - 處理便椅、便盆、失禁長者用過的尿片及大便用的造口袋
- ii. 尿液 - 處理便椅、尿壺、便盆、尿片、導尿管和尿袋
- iii. 個人護理 - 刷牙、洗臉、剃鬚(可能接觸到長者口和鼻的分泌物)
- iv. 廢物棄置 - 觸摸污染物品如污染的保護衣物和廢物
- v. 高危護理程序 - 肺部的物理治療、真空吸痰機抽吸痰涎等

\*\*潛在風險護理程序

- i. 淋浴和洗頭 - 有機會飛濺的長者分泌物包括痰、鼻水和失禁長者的大小便
- ii. 餵食 - 長者有可能咳嗽、打噴嚏或因哽嚥而嘔吐
- iii. 收拾床被 - 觸摸長者分泌物和血液的危險

2. 與長者密切接觸

\*\*潛在風險護理程序

- i. 協助長者例如換藥、護理傷口、扶抱、轉身、步行、穿上約束物品
- ii. 簡單的護理程序例如量血壓、量脈搏、探熱



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附錄丁

### 高風險長者

1. 與嚴重急性呼吸系統綜合症有密切接觸的長者 (包括証實、懷疑和觀察個案)
2. 由長者出院後起計的頭十天(包括嚴重急性呼吸系統綜合症和其它疾病的患者)
3. 長者發燒或有呼吸道感染的徵狀(例如咳嗽等)

### 有潛在風險的長者

1. 有認知障礙的長者 (例如老年痴呆症、或部份腦部受損的中風者)，他們的理解及表達能力、及自理生活方面均有一定的困難，未必能跟護老者合作一起施行預防疾病的措施或達到他們的要求
2. 失禁或個人衛生欠佳或欠自理能力的長者(例如長期臥床)
3. 有傷口的長者

### 高風險區

若有長者證實及懷疑染上嚴重急性呼吸系統綜合症時，衛生署會協助院舍分「高風險」及「低風險」工作區安排工序。

預防嚴重急性呼吸系統綜合症的防護裝備使用建議 (安老院舍) :

- 病原可由病者飛沫直接(如近距離咳嗽)或間接(如依附在護理員的手、器具及衣服等)進入人體黏膜(口、鼻及眼睛)而傳染；而所有血液、傷口的分泌物、體液及排泄物都應視為有潛在傳染的危險。
- 護老者可按照不同風險而採用不同程度的防護裝備 (風險程序的分級可參考安老院舍預防嚴重急性呼吸系統綜合症指引附錄丙及丁)

個人裝備總結 :

A. 預防感染必須措施 (在任何情況下也應注意)

1. 戴口罩 (有近距離接觸，防止飛沫感染)
2. 經常洗手 (在護理任何長者前後)



B. 在進行高風險護理時(接觸體液/排泄物)  
或照顧高風險長者時

1. 使用上述事項A步驟
2. 正確地穿上防護裝備 (口罩+手套+保護衣+護目鏡/面罩)
3. 若防護裝備被染污時，應立即更換



C. 如有証實/懷疑個案時，在高風險區工作時

1. 使用上述事項B步驟
2. 加上帽及鞋套

注意事項 :

- 一些看似普通的護理程序，在某些情況下亦可轉為高風險，如為失禁長者沐浴或長者在餵食時咳嗽或嘔吐等。
- 護老者要按照正確次序穿上和脫下防護裝備以免雙手沾有病原。
- 為防止病原污染環境，脫去保護衣物時要盡量將有機會受到污染的一面向內包好才棄置或浸洗消毒。
- 遇到任何步驟出現錯漏和有感染的危險，應立刻徹底洗手及清洗有機會受感染部份以減低風險。