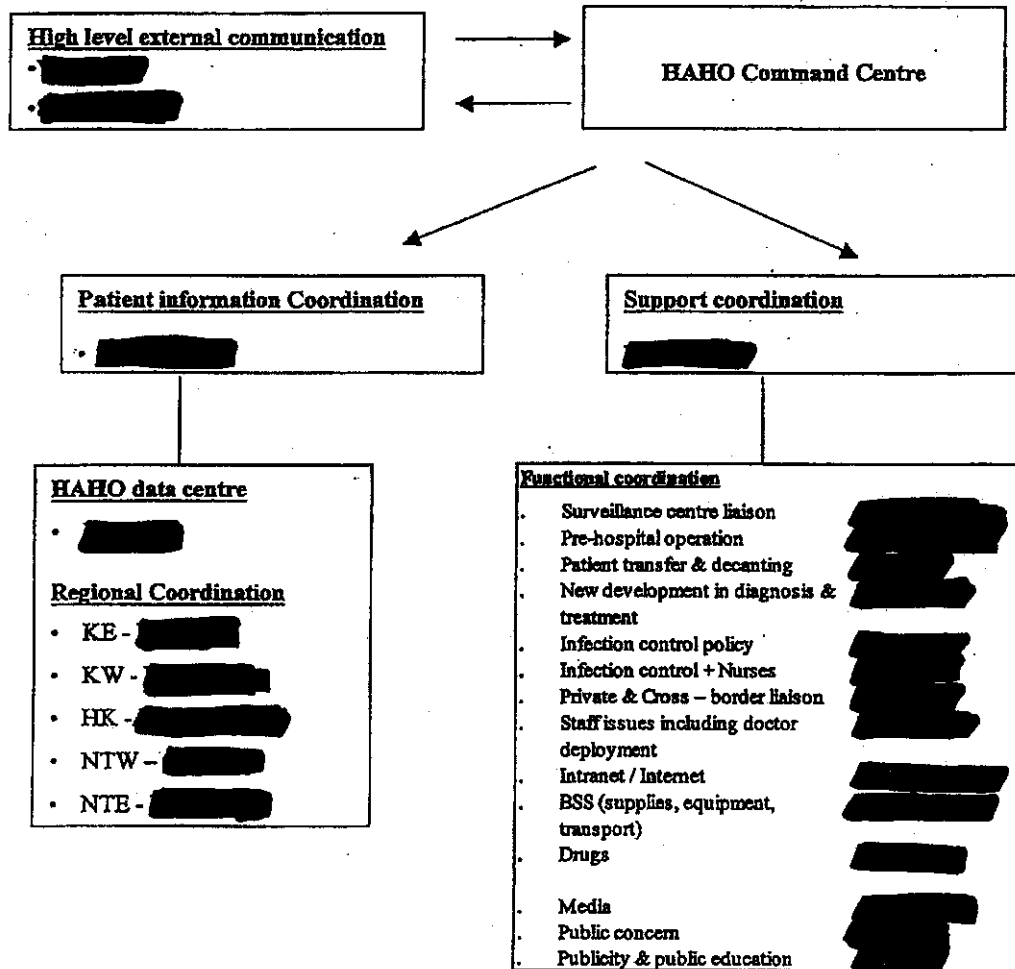


Attachment 1HAHO Operational Arrangement for SARS

	Board	HAHO	Infection Control
Preparatory Phase (11.2.03 – 9.3.03)	27.2 CE reported to HA Board		11.2 Central Committee on Infection Control – Working Group on SCAP
Early Phase (10.3.03 – 23.3.03)		CE Daily Meeting	Working Group on SCAP
		21.3 SARS Coordination Centre	
Peak Phase (24.3.03 – 6.4.03)	27.3 Acting CE reported to HA Board	Daily SARS Round-up	Expert Panel on SARS
		27.3 Interim Crisis Management Structure	
Plateau Phase (7.4.03 – 20.4.03)	17.4 Report to HA Board	Daily Round-up to HA Board	Advisory Groups for clinical management, F&E PPE, TCM, virology and exploratory treatment etc.
		Conference with CE	
Resolution Phase (21.4.03 – 4.5.03)	26.4 Special Board Meeting	Daily Round-up with CE	Working Groups (Task Force) - Infection Control - Supplies & Environmental Control - Data Clinical Management
	2.5 Board Task Force on SARS		
Normalising Phase (after 4.5.03)	22.5 Report to HA Board		

Interim SARS Crisis Management Structure



- 8:00 am – Meeting with CCEs
- 11:30 am – Conference call on infection control measures
- 12:30 pm – Summary of cases for PA
- 5:00 pm – Essential messages appear on intranet

Summary of Important Updating of Information on Clinical Management of SARS in the Hospital Authority Intranet SARS Website

Revised on 27 June 03

Legend: IC : Infection Control PPE: Personal Protective Equipment

(A) Information released on Severe Community Acquired Pneumonia (SCAP)

Date of Release	Areas	Key changes introduced
21-Feb-03	Case Definition	Introduced: case definition & case reporting arrangements
21-Feb-03	Infection Control	Introduced: measures on droplet precautions
21-Feb-03	Diagnosis & Reporting	Introduced: arrangements for laboratory testing for potential agents of Atypical Pneumonia & Avian Influenza
21-Feb-03	Diagnosis & Reporting	Introduced: use of antivirals
28-Feb-03	Treatment	Inserted: Laboratory tests for some hospitals diverted to PWH Virology Laboratory
07-Mar-03	Infection Control	Inserted: measures for health care worker in contact with SCAP patients
12-Mar-03	Infection Control	Inserted: advice to staff developing influenza-like illness

(* the term SARS introduced by WHO on 15 March 2003)

(B) Information released on Severe Acute Respiratory Syndrome (on top of that on SCAP)

First designated SARS page launched on 19 March 03

Date of Release	Areas	Key changes introduced
19-Mar-03	Case Definition	Introduced: first case definition of SARS - differentiated into probable and suspected cases with inclusion criteria (X-ray, fever, two other symptoms & exclusion criteria (leucocytosis, significant bronchiectasis, X-ray lobar consolidation, known pathogens)
20-Mar-03	Treatment	Introduced: avoidance of nebuliser treatment for patient with fever and X-ray infiltrates
24-Mar-03	Case Definition	Revised: "general malaise" replaced "shortness of breath" under inclusion criteria with "history of exposure" incorporated; "significant bronchiectasis" removed from exclusion criteria
24-Mar-03	Infection Control	Inserted: infection control measures for (a) SARS patients-Surgical/ N95 masks, goggles, gowns gloves; (b) other patients-surgical/ N95 masks with gowns for splashes generating procedures; (c) staff/ contacts while at home-surgical masks; (d) visitors- access to be restricted and advised to put on protective equipment while visiting
24-Mar-03	Treatment	Inserted: proposed treatment regimen on broad spectrum antibiotics, ribavirin & steroids; & guidelines to primary care practitioners issued by DH

Date of Release	Areas	Key changes introduced
27-Mar-03	Case Definition	Revised: "known history of exposure" inserted into inclusion criteria; "Leucocytosis on admission" removed from exclusion criteria
27-Mar-03	Discharge	Revised: Cohort patients for 3 weeks from onset or 7 days since WHO-defined convalescence
27-Mar-03	Infection Control	Revised: visiting SARS patients disallowed; Inserted: case control study highlighting effectiveness of infection control measures
03-Apr-03	Infection Control	Inserted: training & enforcement, environmental control, disallowing any visiting, mandatory mask wearing for all staff & patients, caution on serious-risk and high-risk procedures, waste management, post-mortem examination & measures at mortuary; PPE (For all inpatient settings: Surgical masks for all patient contact with goggles or face shield for close patient contact & gowns + gloves for contact with patient or environment; For SARS areas- Surgical/ N95 masks, protective eyewear, cap, gown, gloves)
03-Apr-03	Treatment	Inserted: admission criteria, paediatric patients, pregnant patient, newborn convalescent patient plasma, prophylactic treatment, pre-emptive treatment & primary care
06-Apr-03	Treatment	Revised: advice against use of BIPAP/CPAP
10-Apr-03	Case Definition	Revised: a section on suspected case separately inserted; "physical signs of consolidation" deleted from inclusion criteria
15-Apr-03	Case Definition	Revised: clinical judgement of likelihood to be SARS included under section on "Suspected case"
17-Apr-03	Treatment	Revised: duration of cohorting convalescence cases revised to 5 days"
22-Apr-03	Case Definition	Revised: clause on contact history under "suspected case" deleted
25-Apr-03	Infection Control	Revised: infection control & risk management approach & patterns of breakthrough infections highlighted; cautious use of risk-stratified provisions of PPE consolidated: for most situations- surgical masks is adequate; high risk procedure- N95, goggles & face shield will provide better protection; additional PPE eg cover-all suit & air-precaution devices may be used; Non-SARS areas - gloves & gowns for splash generating procedures
29-Apr-03	Infection Control	Inserted: "Community health care workers"
30-Apr-03	Treatment	Revised: precautionary measures at home for convalescent patients extended from 10 days to 14 days
06-May-03	Infection Control	Inserted: measures for "Ward Contacts" & "Laboratory"
06-May-03	Treatment	Revised: section on treatment for further revision based on discussions by advisory groups
07-May-03	Treatment	Inserted: section on "alternative Treatment" and evidence appraisal report on Vitamin C
12-May-03	Infection Control	Inserted: management by "Allied Health Professionals"
15-May-03	Treatment	Revised: principle of treatment revisited based on latest evidence with publications by local authors highlighted

Date of Release	Areas	Key changes introduced
15-May-03	Infection Control	Revised: recommended minimum standards of PPE; Inserted: pros and cons of different respirators
21-May-03	Infection Control	Inserted: section on "in-Hospital Resuscitation of patients at risk of SARS"
22-May-03	Infection Control	Inserted: section on "Outpatient setting"
22-May-03	Infection Control	Inserted: section on "Non-emergency patient transfer"
09-Jun-03	Treatment	Inserted: guidelines on pregnant patients issued by Hong Kong College of Obstetricians & Gynaecologists
26-Jun-03	Treatment	Inserted: Occupational Therapy Service Guidelines for Patients with SARS in Hospitals

Remark: information posting might sometimes having lagged behind other means of dissemination including hospital forums, emails etc so that dates of release through website may not coincide with other those through other means

SARS Clinical Management Workshop
co-organised by
Health, Welfare and Food Bureau and World Health Organisation
13th - 14th June 2003

Notes of Key Discussions in the Session entitled "Formulation of Consensus"

PREVENTION

- Put in place effective public health measures based on the lessons learned over the last four months
- Enhance collaboration between clinicians and public health specialists, public preparedness, surveillance and rapid response, and measures to prevent entry of infection into hospitals

DETECTION

- Review case definition in the context of clinical management
- Conduct comprehensive virological investigation
- Review the definition of SARS in the context of SARS-CoV
- Review mechanism for early identification and appropriate isolation

INFECTION CONTROL MEASURES

- Patient and Health Care Workers Flow - review current manner of risk stratification and formulate cohorting guidelines
- Isolation - agree on risk-stratified isolation of patients
- Facilities & Equipment – conduct engineering studies on facilities
- Personal Protective Equipment – recommend practical and appropriate use of PPE depending on route of transmission
- Infection Prevention Programs – identify inappropriate practices; strengthen training, enforcement and monitoring; conduct research on implementation issues
- Staffing Ratio – review staffing needs in the context of infection control measures
- Outbreak Investigation – develop tools; involve clinicians in the process
- Infection Control Infrastructure - involve health care workers at all levels; reinforce own system & help those without this build up the system

PROPHYLAXIS

- Conduct research on potential agents

TREATMENT

- Antiviral - perform randomized controlled studies to ascertain the usefulness of antiviral combinations.
- Immunomodulating Agents - seek objective parameters to decide on when immunomodulators should be given; plan appropriate randomized controlled studies
- NIPPV - study the effectiveness and safety of NIPPV
- Investigate of short-term, medium-term and long-term sequelae including those requiring pulmonary and psychological rehabilitation programs