Information provided by members of the SARS Round-up Meetings in relation to discussion and decisions made at the SARS Round-up Meetings held between 15 March and 24 March 2003

Dr Pamela LEUNG Cluster Chief Executive (Hong Kong East)	**Appendix I**
Dr York CHOW Yat-ngok Cluster Chief Executive (Hong Kong West)	**Appendix II**
Dr Lawrence LAI Fook-ming Cluster Chief Executive (Kowloon Central)	**Appendix III**
Dr TSE Chun-yan Cluster Chief Executive (Kowloon East)	**Appendix IV**
Dr Lily CHIU Lee-lee Cluster Chief Executive (Kowloon West)	**Appendix V**
Dr FUNG Hong, JP Cluster Chief Executive (New Territories East)	**Appendix VI**
Dr CHEUNG Wai-lun Cluster Chief Executive (New Territories West)	**Appendix VII**
Dr Vivian WONG, JP Director (Professional Services and Medical Development), Hospital Authority	**Appendix VIII**
Ms Nancy TSE Director (Finance), Hospital Authority	**Appendix IX**

Appendix I

東區尤德夫人那打素醫院
PAMELA YOUDE NETHERSOLE EASTERN HOSPITAL

BY FAX (total:12 pages)

Miss Flora Tai
Clerk to Select Committee
Legislative Council
HKSAR of PRC
Legislative Council Building
8 Jackson Road
Central
Hong Kong

28 February 2004

Dear Miss Tai

Select Committee inquiry into the handling of the SARS outbreak by the Government and the Hospital Authority

I refer to your letter dated 16 February 2004. The matters discussed during the meetings between 15 March and 24 March 2003 were reflected in the minutes of PYNEH Ad hoc Medical Committee dated 17 March and 24 March 2003.

I also have 3 pages of hand-written notes which are attached.

Yours sincerely

Pamela Leung

(Dr Pamela Leung)
Cluster Chief Executive (HK East Cluster)
Pamela Youde Nethersole Eastern Hospital

Encl

香港柴灣樂民道三號 3 Lok Man Road, Chai Wan, Hong Kong.
電話 Tel No : 2595 6111 傳真 Fax No : 2515 0704

Minutes of Ad hoc Medical Committee Meeting
Pamela Youde Nethersole Eastern Hospital

Date	:	17 March 2003 (Monday)
Time	:	11:30 a.m. to 1:15 p.m.
Venue	:	Conference Room A (02.134), 2/F Main Block

Present :
Dr. Pamela LEUNG, HCE .....(Chairman)
Dr. C M TAI, CC1
Dr. W C WU, CC2/COS(O&T)
Dr. Loretta YAM, CC3/COS(Med)
Dr. Betty YOUNG, CC4/COS(Paed)
Mrs. Mary WAN, GM(AS)
Mr. C K LAW, GM(AH)
Mrs. Elizabeth KO, GM(FS)
Ms. S F CHEUNG, GM(N)
Dr. C C LAU, COS(A&E)
Dr. Wallace CHIU, COS(Anae)
Dr. Anne LEE, COS(Onc)
Dr. Raymond YUNG, COS(Path)
Dr. S K CHOW, COS(ENT)
Dr. P T CHOI, SMOi/c(NM)
Dr. C K WONG, Cons.(NS)
Dr. T K NG, COS(O&G)
Dr. W N TANG, COS(Psy)
Dr. K M LAU, COS(Rad)
Dr. Michael LI, COS(Surg)
Dr. Daniel CHU, CSC(FM)
Ms. T F CHU, Dep. WM(Oph) [vice Dr. S P HUI, Cons.i/c (Oph)]
Miss Mabel CHAN, HA(G)1 .....(Secretary)

Absent with Apology: Dr. S P HUI, Cons.i/c (Oph)

Minutes of Meeting

Action By

1. **Purpose of Meeting**

Dr. P LEUNG briefed the purpose of the meeting was to get departments informed of the latest news about Atypical Community Acquired Pneumonia (CAP), including situation in HA hospitals & PY and the contingency plans.

2. **Situation in HA hospitals**

2.1 Dr. LEUNG informed that Atypical CAP cases started in mid-February with a patient having severe symptoms after returning from Guangzhou. There was a number of staff working in ward 8A of PWH first acquired the disease on Mar 8 & 9 and now there were 100 staff admitted for observation and treatment of which 37 had pneumonia. As at today, there were 56 staff admitted to hospitals with 46 of them demonstrating pneumonic changes on X-ray.
She further informed about index case (case that first presented to the hospital with atypical CAP and contacts later developed pneumonia) distribution in HA hospitals:
PWH – a patient returning from Guang Dong who died afterwards;
KWH – a professor from Guangzhou who died afterwards;
PY – a M/44 patient returning from Guangzhou;
PMH – a GP and 2 nurses who took care of a patient with the symptoms and also a taxi driver and his wife;
QMH – received a patient from St. Paul's Hospital (PY will admit 3 nurses from St. Paul's Hospital later today)

2.2 **Cohorting Hospitals**

It was informed that all who had contacted with the index cases and developed atypical CAP symptoms would be managed by cohorting hospitals: QMH, PYNEH, PWH, PMH, QEH, KWH, TMH and UCH.

3. **Situation in PYNEH**

The index case at PY stayed at A5 ward from Mar 2 to 7 and he passed away yesterday. There were now 8 staff (including a volunteer) and 2 patient/visitor who had contacted with the index case admitted for management. Most of them were stable except two who had desaturation requiring oxygen.
A&E doctors would make enquiry to patients with CAP symptoms including: whether they had been to China recently, whether they had contacted with index cases, etc. to try to locate cases of infection. Dr. R YUNG was HKEC's coordinator for atypical CAP and Dr. S W LIU was HAHO's coordinator.

Action By

4. Clinical Management of Cases

4.1 *Transferal Criteria to PY's Isolation Wards (A5 for Male pt & B5 for Female pt)*

Patient having CAP with pneumonia changes on CXR but with exclusions:

1. Patients with CAP admitted before 10 March 2002, already on Rx and showing signs of improvement
2. High fever but with only upper respiratory tract symptoms (e.g. sore throat, cough)
3. Hospital-acquired pneumonia
4. Aspiration pneumonia or hypostatic pneumonia post-stroke

* For unstable cases, follow usual routine to consult for higher level of care (MHDU, ICU)

4.2 Clinical staff should be alerted to patients with high fever and diarrhoea (50% of the patients reported to have diarrhoea problem) and:

1. CXR – Pneumonic change
2. Platelet – thrombocytopenia
3. Lymphocyte – lymphopenia
4. Electrolyte problem

4.3 A&E Admission criteria to A5 & B5 Wards

1. Patient contact + high fever, or
2. CAP with pneumonic changes on CXR in previous normal patient and with persistent fever > 38.5°C x 3days or more

Exclusions:

1. Patients with CAP admitted before 10 March 2002, already on Rx and showing signs of improvement
2. High fever but with only upper respiratory tract symptoms (e.g. sore throat, cough)
3. Hospital-acquired pneumonia
4. Aspiration pneumonia or hypostatic pneumonia post-stroke
5. Patients admitted from old age home

4.4 Dr. LEUNG said that age range was told to be between 18 to 55. Dr. R YUNG added that infectivity of the disease dropped in each subsequent level of transmission and was already very weak down to the 3rd level.
It was said that Methylprednisolone plus IV Ribavirin was used on trial to treat patients with atypical CAP. Tamiflu would not be prescribed as there was no evidence that it could cause any improvement.

5. Contingency Plan for PYNEH — **Action By**

Dr. LEUNG said that the crisis situation might persist for some time and as the incubation period ranged from 3 to 11 days, the coming week would be critical. In order to decrease patient traffic and release manpower to support A&E and Medical, the following Contingency Plans were discussed and agreed:

- Cancel all elective non-urgent cases for 2 weeks (from Mar 18 to 28). Cancer cases could be proceeded based on clinical judgement of individual specialty;
- All clinical teaching activities suspended;
- All volunteer work stopped;
- Overflow Wards – would be worked out by Dr. C M TAI with Medical Dept and announced later (*Post-meeting notes*: A9 and E11 will be the overflow wards for male & female patients of Medical's non-CAP cases respectively);
- Handling of Medical's SOPD cases – would be worked out by Dr. C M TAI, Medical & DOM(SOPD); — CC1, Med & DOM(SOPD)
- SOPD case of other specialties – at the discretion of specialties;
- Other medical cases would be transferred to RH as far as possible or to other specialty if required;
- Visiting Hours to cohorting wards (A5 & B5) – restricted (*Post-meeting notes*: confine to the periods from 3-4 p.m. and 7-8 p.m.with immediate effect);
- Though each ward's airflow was self-contained, air-exchange was increased to minimize possibility of transmission;
- Additional surgical masks (10,000 nos.) would be delivered to PY for use by frontline staff and other workers, including in Oncology, Radiology and NM; Face mask were also available for sale at Rehab Shop and the Convenient Store (tentative starting from 18 Mar); Paper mask would be given to visitors to A5 and B5;
- All Media and PR issue would be handled by HAHO;
- 2 nurse volunteers from PY and a respiratory physician from RH would be sent to help in PWH;
- FM trainees who had worked in Medicine and/or A&E would be deployed to help in Staff Clinic, A&E or Medical ward other than the isolation wards. The trainee from Paediatrics would be exempted as the department had high admission rate and 25 staff were on sick leave;
- Concerning worry about high volume traffic and possibility of cross-infection at 3/F canteen, staff could take away if they want and the surcharge would be waived (*Post-meeting notes:* from Mar 18 to 31).

6. Date of Next Meeting

There being no other business, the meeting adjourned at 12145 p.m. Next meeting was scheduled at **11:30 a.m.** on **24 Mar 03** in Conference Room A.

Minutes of Ad hoc Medical Committee Meeting
Pamela Youde Nethersole Eastern Hospital

Date	:	24 March 2003 (Monday)
Time	:	11:30 a.m. to 12:40 p.m.
Venue	:	Conference Room A (02.134), 2/F Main Block
Present	:	Dr. Pamela LEUNG, HCE .....(Chairman)
		Dr. C M TAI, CC1
		Dr. W C WU, CC2/COS(O&T)
		Dr. Loretta YAM, CC3/COS(Med)
		Dr. Betty YOUNG, CC4/COS(Paed)
		Mrs. Mary WAN, GM(AS)
		Mr. C K LAW, GM(AH)
		Mrs. Elizabeth KO, GM(FS)
		Ms. S F CHEUNG, GM(N)
		Dr. C C LAU, COS(A&E)
		Dr. Wallace CHIU, COS(Anae)
		Dr. T K YAU, Cons.(Onc) [vice Dr. Anne LEE, COS(Onc)]
		Dr. Raymond YUNG, COS(Path)
		Dr. S K CHOW, COS(ENT)
		Dr. P T CHOI, SMOi/c(NM)
		Dr. C K WONG, Cons.(NS)
		Dr. T K NG, COS(O&G)
		Dr. W N TANG, COS(Psy)
		Dr. K Y LAU, COS(Rad)
		Dr. Michael LI, COS(Surg)
		Dr. W N CHAN, Cons.(Oph) [vice Dr. S P HUI, Cons.i/c (Oph)]
		Miss Mabel CHAN, HA(G)1 .....(Secretary)
Absent with Apology:		Dr. Anne LEE, COS(Onc)
		Dr. S P HUI, Cons.i/c (Oph)
		Dr. Daniel CHU, CSC(FM)

Minutes of Meeting

1. Amendment of Minutes of Last Meeting — **Action By**

Minutes of last meeting were confirmed except for a typing error of the initial of Dr. Lau and it should be: 'Dr. K Y LAU, COS(Rad)'.

2. Updates from HA

2.1 ***CE's admission***

Dr. LEUNG confirmed that CE having fever and pneumonia symptoms was admitted to QMH for treatment the previous night.

2.2 ***Hospital Admission***

HA aimed to keep some hospitals 'clean' by not admitting SARS cases and they included NDH, AHMLNH, CMC and OLMH. Dr. LEUNG informed that UCH, TKOH, PYNEH and RH had SARS patients.

Upon enquiry about whether patients in HKEC should be centralized for management at PY, Dr. R YUNG opined that it was not suitable to transfer patients admitted via A&E of RH to PY as RH already had their established chest infection unit and appropriate arrangement had been made for patients admitted. Members agreed.

2.3 ***Standard Guidelines***

Dr. LEUNG informed that HA would announce today 2 standard guidelines on:
(1) Disinfection procedure regarding high risk SARS;
(2) Precaution by staff – not to spread the disease.

Ms. S F CHEUNG and Mrs. M WAN were requested to take note of the first guideline and make necessary arrangement in areas concerned regarding manpower. — GM(N) & GM(AS)

2.4 ***Fees & Charges***

Dr. LEUNG informed that implementation of drug charge would be deferred by 1 month while HA Chairman would meet the Secretary of HWB regarding other charges in view of the current situation of SARS. It would be announced in due course and seminars on fees and charges would continue to proceed. Meanwhile, Dr. LEUNG reminded that frontline staff should adopt a flexible approach when there were queries. — All to note

3. Current Situation in PYNEH

3.1 Dr. R YUNG reported the following number of cases under treatment in PY:

Staff : 7
Health care workers from private hospital: 3
Patient/ Visitor/ Family members : 2

There were altogether 24 cases under treatment or observation, including those who had close contact with the index case and those from the community. Dr. YUNG informed that on-line update of hospital situation to HAHO was requested.

Dr. W CHIU updated that there were 3 vacant ICU beds in PY at the moment while HDU had already admitted medical's patients.

Action By

4. Updates from HKU Pathologist

4.1 Dr. R YUNG informed that QMH had identified the virus as 'Coronal Virus' which was first found in 1965. It was considered not the same type as that was found in PWH. Pathologists at HKU were now working on immune test on patients' serum and Dr. YUNG would continue to follow up and announce the progress in due course.
It was concluded that the virus was still unknown but the current treatment method was considered effective. It was still considered at the moment that the disease was spread by droplet and the virus deposited on droplets could survive for 2 hours.

4.2 Dr. YUNG continued to present a case study conducted by Dr. SZETO of QMH to compare the attack rate between those with and without protective gear when having close contact with index case.
It was concluded that physical barrier by wearing masks and gloves were effective in protecting against the disease whereas gowns were less significant. As such, staff having direct contact with index or suspected cases of SARS should **wear mask and gloves**. Staff was also reminded to wear masks when using telephone to communicate in order to avoid contamination via the mouthpiece. — Members to cascade message to staff

5. Manpower Deployment

Dr. LEUNG expressed that management worried about manpower at the cohorting wards and especially ICU and therefore requested Ms. S F CHEUNG to identify nursing staff who had ICU training as a reserve in case the manpower became tight. HA Chairman was also asking hospitals to run short courses (1-2 days) to train up nursing staff to help in ICU but all should be deployed on voluntary basis. Dr. LEUNG said that patients might be overflown to hospitals on HK Island when PWH, PMH, QEH, etc. could no longer cater for the increased in-patients and therefore we should get prepared. — GM(N)

6. Contingency Measures in PYNEH

6.1 In order to minimize close contact and make appropriate preparation for the possible 2nd or 3rd wave of the disease, the followings were concluded:

- *HGC meeting*, *Staff Focus Group* and the *HKE blessing meeting* would be cancelled whereas other management meetings would be considered by HCE and CCs accordingly;
- All elective non-urgent operations would be suspended for another 2 weeks (i.e. up to 11 Apr 03). Cancer cases would be proceeded in the following week;
- Elective procedures including endoscopy procedures would be continued as they did not violate the principles, i.e., to save acute beds and ICU service;
- All clinical teaching activities continued to be suspended;
- FM trainees deployment would continue though they would have new rotation schedule in Apr 2003;
- Members agreed that various protective gears including surgical masks, N95 masks (white, green or orange type), visors, hoods, etc. should be made available for staff when required as contingency measures;
- Dr. R YUNG would facilitate to reinforce guidelines on protection to staff / visitor in high risk areas;
- Department heads should cascade message to frontline staff as an effective communication about the issue;
- Radiology had set station at wards to provide quick mobile x-ray service for in-patients of the isolation wards and staff having protective gear was deployed on rotation basis.

Action By

6.2 Dr. L YAM appreciated departments' concern about staff protection especially in the cohorting wards. She informed that staff felt comfortable with the various protection gears provided and the ventilation arrangement by opening the windows and installing ventilation fans to direct exhausted air to outside.
Members had discussion about effectiveness of different types of masks and timeframe for replacement. It was suggested that staff having close contact with SARS cases should wear N95 mask, gloves and gowns and they should be taken off and disposed before leaving the area. Other frontline staff should also wear surgical masks within the hospital as a protection. As a general guideline, the masks should be replaced when they were wet. It was also informed that HAHO was acquiring protective gears and Mrs. M Wan was requested to obtain some for PY. GM(AS)

7. **Date of Next Meeting**

There being no other business, the meeting adjourned at 12:40 p.m. Another review meeting was scheduled at 11:30 a.m. on 31 Mar 03 in Conference Room A.

likely to be 17 Mar 03

Mask - liberally to distribute
staff sentiment - PWH want to clear the hospital. Agree to close clinic
PWH will not admit to medical specialty - unless they are cohort.
CAP cases go to PWH also all overflow of medical cases if clusters
All hospitals try to vacate ICU ∴ stop elective.
Strengthen PWH manpower - Ask staff to volunteer
Medical Resident - esp respiratory Will be taking after staff
Nurses

8A cluster patient 20
staff 17

Cluster ~~taking~~ contact 8A Atypical Pneumonia / Unknown Aetiology.

1st 1. Staff
~~2. Relative of staff~~
3. Patient contact
~~4. Relative of patient contact~~
I. M S.

2nd layer.
Relative + other contact.

Index
8A. PWH.
KWH. Prof Lim
5A
GP.
Taxi driver + wife
St Paul.

likely to be 18 Mar 03

PWH T. Lac 64 Pneumonia Noon

24 ~~Worker~~ of HA. staff.
11 MS.
29 Patient.

8A & E doctor

Fever
10
2
24

100 patients.

Index cases: 5 family members admitted.
3/4 8A
Mother critical, ICU
Sister " "
sister-in-law.
Brother
Brother-in-law.

8A.. visitor. 3 PMH
1 PYNEH. - Trace him.
2 PWH

Mobilise A&E observation ward.
whole 8 Floor 8D is a Triage ward.
8 in ICU - 2 are doctors not intubated
2 days. in treatment.
1 cardiothoracic 1 A&E doctor
persistent fever - start oral ribavirin
+ prednisone.

NDH. Received 1 family member of index case.

Isolation ward 20 14 1 ICU.

staff. 6.

AS - 7. / NO - 4

2 children of NO. has fever

TWEH 1 staff.

KWH ICU 7

47 admitted
37 pneumonia

Fever Xray changes. 1 2 3 HCA
↓ Platelet ↓ lymphocytes
Contact of index of illness 4. ...

likely to be 18 Mar 03

All patients in cluster cohort to 1 centre.
Check in conditionally - whether it is self contained
All should use surgical mask
Ventilator masks, gowns gloves
Ribavarine

Contingency plan Stop clinical admission for medici
Stop cardiac clinic. - urgent pressing
Low risk obstetrics + AHNH
Medical Day - stop.
Stop all elective operations.

Need help - All cases related to PWH index case
send to Fung Hong
Trauma diversion at A&E. All ambulance divert
away from PWH.

Dejun drug charge collection for 1 month.
Control centre
Each cluster to designate 1 contact
person

ICN

Appendix II

瑪麗醫院
香港薄扶林道一零二號
電 話：(852) 2855 3021
傳 真：(852) 2818 5170

周一嶽醫生
醫院行政總監

瑪麗醫院
QUEEN MARY HOSPITAL

QUEEN MARY HOSPITAL
102, Pokfulam Road, Hong Kong
Tel.: (852) 2855 3021
Fax.: (852) 2818 5170

Dr. York Y.N. CHOW, SBS, MBE, JP
Hospital Chief Executive

February 27, 2004

Miss Flora TAI
Clerk to Select Committee
Legislative Council
Legislative Council Building
8 Jackson Road
Central
Hong Kong

Dear Madam,

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

In response to the request from the Legislative Council, I would like to submit the following recollections for the daily SARS Round-up Meetings held between 15 March and 24 March 2003 at the Hospital Authority Head Office :

As I was out of Hong Kong from 15-17 March 2003, Dr. M. P. Leung , my deputy, represented our Hong Kong West Cluster at those meetings. I participated in those meetings from 18 March onwards.

The SARS Round-up Meetings were informal meetings where Dr. William Ho, Chief Executive of Hospital Authority, shared information with all the HA Directors, including Cluster Chief Executives. The meeting focused on the outbreak of PWH, and how other hospitals were preparing themselves to face similar situations. The meeting did not have a secretary, and no specific decisions were made by the meeting. No minutes or records were taken. Decisions were usually made either before the meeting (and communicated to members); or after the meeting, when instructions/circulars were issued by Dr. William Ho or Dr. W. M. Ko.

From the recollection of Dr. M. P. Leung and myself, the major topics of discussion included :

1. The staff infection and increasing spread of infection in PWH, and their experience of use of PPEs, ward segregation and infection control procedures.

2. The reduction of services in PWH and the requirement of service diversion to other hospitals.

3. All hospitals should plan to reduce elective work, and increase ICU capacity, ensure staff protection, develop surveillance and contact tracing.

4. Appeal for voluntary staff deployment to PWH.

5. Dr. C. H. Leong, Chairman of HA, joined the meeting one morning (probably on 19 March), and the following issue was discussed:
   Should one or more hospital(s) be designated to look after SARS patients, so that other hospitals can continue to provide the regular services?
   Majority of CCEs were not in favour of any designated hospital policy.

6. The issue of PPE and supply of masks were discussed repeatedly and extensively everyday, which resulted in the subsequent issue of circulars and instructions from the HAHO to all staff.

I did not keep any notes of these meetings, but some of those discussions and decisions could be represented by the communications of Dr. William Ho and Dr. W. M. Ko in their e-mails to cluster and hospital management during that period of time. They are enclosed as attachment herewith.

Yours faithfully

Dr. York Chow
Cluster Chief Executive
HKW Cluster Hospital

Attachments (according to chronology)

Attachment 1: Circular and progress information sent by Dr M P Leung to all staff of HKW Cluster after the SARS Round-up meeting on Monday, 17 March 2003.

Attachment 2: "The preventive measures to contain SARS" sent by me to all managers and staff of HKW Cluster after the SARS Round-up meeting on Tuesday, 18 March 2003 and also copied to Dr. William Ho and Dr. W. M. Ko.

Attachment 3 & 4: The internal communication to all hospitals and clusters by Dr W M Ko on Wednesday, 19 March 2003 and further communication by Dr William Ho on Thursday, 20 March 2003 on the same subject.

York CHOW Dr, HKWC CCE / QMH HCE / TYH HCE

寄件者: M P LEUNG Dr, HKWC CC(A&E) / QMH Dep HCE / QMHA&E COS
寄件日期: 2003年3月17日星期一 PM 12:24
收件者: All Users - QMH
主旨: Update on Atypical Pneumonia Outbreak

An update of the current situation is attached for your information. Any enquiries and clarification can be directed to me or the Infection Control Unit.

An inhouse recommendations for handling suspected cases of atypical pneumonia prepared by Prof KN Lai is also attached for your reference.


Progress Report of Atypical Pn...


Pneumonia.doc

Progress Report of Atypical Pneumonia Outbreak

There are currently 42 HA staff suffering from atypical pneumonia hospitalized in various hospitals, most of them in PWH. Patients suffering from atypical pneumonia after known contact with identified index cases are also under close observation.

All elective admissions including surgical operations have been suspended in PWH, outpatient clinics and Day hospital activities have also been drastically reduced.

All emergency medical admissions into PWH will be stopped, patients will be transferred to other hospitals within the cluster and beyond for inpatient care.

All hospitals should be prepared to limit their elective work to help out with the situation, particularly to free up ICU beds for patients requiring intensive care.

CE will appeal to staff to volunteer to work in PWH in his newsletter. Hospitals are to facilitate the volunteers' deployment as much as possible.

Other hospitals have developed their own contingency plans to meet possible upsurges of admissions, infection control units will assist in surveillance and tracing contacts of index cases when identified. All staff are reminded of the practice of droplet precautions in the delivery of patient care.

An isolation ward has been set up in B6 for care of atypical pneumonia patients by cohorting suspected cases and contacts. We will keep a close observation for the need of additional resources for such isolation.

Dr MP Leung
17/03/03

Handling of Atypical Pneumonia at QMH (Version 11:00 am, 17.3.2003)

The following is the Departmental recommendation following discussion with Dr. Loretta Yam (in consultation with Professor K.Y. Yuen) of the PYNEH

1. All patients must be asked for travel history (including trips to China, drug history including use of Tamiflu and recent vaccination)
2. Typical clinical features:
    a) fever usually > 38.5°C
    b) dyspnoea
    c) rapid infiltrative shadow in chest Xray
    d) beware of diarrhoea
3. Important laboratory monitors
    a) low platelet count – 100
    b) low lymphocyte counts (absolute value < 0.9)
    c) hyponatremia – due to SIADH
    d) hypokalemia – due to diarrhoea
    e) Oxygen saturation
4. Always look for index case and index ward
5. Screening for contact carriers
    a) CXR
    b) Lymphocyte and platelet counts
    c) Viral titer
    d) Nasal aspirate and throat swab for viral culture
6. Treatment (needs clinical correlation)
    a) For symptomatic patients with no rapidly progressive CXR changes – Clarithromycin + Augmentin both at adequate dosages
    b) For symptomatic patients with rapidly progressive CXR changes – Clarithromycin plus broad spectrum antibiotic (e.g. third general or fourth generation cephalosporins or in the event of penicillin allergy, Levofloxacin)
    c) For symptomatic patients with deterioration (low lymphocytes and platelet) – methylprednisolone or prednisolone 1 mg/kg/day plus IV Ribavirin 400 mg IV q8h *(must be seen by respiratory team)
    d) Fluid support
    e) Airway support
7. Precautions:
    a) hand wash
    b) surgical mask
    c) ventilation
8. Contact person and consultation
    a) Respiratory Team
    b) Infection Control Unit
    c) COS and Dr. M.P. Leung
    d) DOM

Please note that this is a temporary measure. Revision will be made following further progress.

York CHOW Dr, HKWC CCE / QMH HCE / TYH HCE

寄件者: York CHOW Dr, HKWC CCE / QMH HCE / TYH HCE
寄件日期: 2003年3月18日星期二 PM 10:06
收件者: William HO Dr, CE; W M KO Dr, HOPS&PA D(PS&PA)
主旨: FW: Preventative Measures to contain SARS

Dear William/WM,
This is our internal guideline for containing SARS in HKW.
For your kind information.
Best Regards,
York.

-----Original Message-----
From: York CHOW Dr, HKWC CCE / QMH HCE / TYH HCE
Sent: Tuesday, March 18, 2003 9:08 PM
To: HKWC Medical Committee
Cc: QMH All CONS Users; QMH All DOM Users; QMH All WM Users; QMH Allied Health Staff; QMH Department - CND
Subject: Preventative Measures to contain SARS

Urgent and Inportant

Dear Colleagues,

Hong Kong is already facing a crisis situation regarding the recent outbreak of SARS in PWH. In addition to the measures taken and advised by the HA, the Infection Control Team of HKW Cluster and the Cluster Management, together with the medical Faculty of HKU, have decided to implement the following with immediate effect:

1. Segregation of all suspected cases to be nursed in a special ward or wards:

At the moment all cases suspected to have SARS, or pneumonia of other known or unknown agents, are being cared in B6. Ward A6 is also being prepared to be used as a decanting ward for B6 patients. If the cases are increasing another ward will also be prepared. GH has also been prepared as a second line back-up in case of need. As it is relatively certain that the SARS infection is transmitted through droplet and contact, **staff working in B6 and A6 should take strict precaution in barrier nursing for droplet infection, and also to report any respiratory discomfort to their supervisor**.

Dr. P. C Wong, Cons(Respiratory Medicine) from GH will be in charge of the B6/A6 wards in all clinical care decisions and co-ordinations. **Dr. Kenneth Tsang, Assoc. Professor (Respiratory Medicine) will overlook the operation and interface between departments regarding patient care. The admission/ transfer criteria will be sent to all departments.**

2. Daily reporting of cases, and monitoring of progress:

Dr, MP Leung will be the overall co-ordinator of QMH and the HKW cluster in this Anti-SARS Exercise. I shall take charge of the whole contingency operation and liason with HAHO, the HWFB, and the public media.

In order to obtain the most updated situation, Departments and particularly A&E, B6, C6 and

other wards shall **inform Dr. MP Leung at 8am** every morning the number of cases under the two categories:
1)All cases diagnosed as suspected SARS, sent to B6, and number of new cases and new contacts who required health check.
2)All staff reported sick or unwell with respiratory symptoms, and status of their conditions.
All staff (medical, nursing, and supporting) working in B6 and A6 are required to report to B6 every morning from 7:30 to 8 am on their health status.

3. Precautions and Segregation:

Staff working in B6/A6 and ICUs should take **full precaution with gowns and masks. Surgical Masks** will be supplied to all other wards, and staff are advised to wear them when caring particularly patients with respiratory conditions. N-95 masks are not indicated generally and should only be used by staff working in ICUs and B6/A6 if they choose to. They also need to ensure the N-95 masks are being worn properly.

Surgical masks should be given to medical students and visitors if requested, and the cluster Supply Department must ensure a steady supply for the coming weeks for all hospitals.

For staff who had exposure with index cases, or develope mild respiratory symptoms, and thus become too worried to get in contact with their families, they can stay in QMH with overnight rooms prepared for them. Please contact Mr. Alan Wong, GM(N) or CND for asistance.

4.Reduction of elective clinical activites:

As there are already panic in some hospitals and obvious increase in attendance at our A&E Department, we need to free up more resources to deal with this unknown and escalating disease. The Department of Medicine has already reduced its elective activities and admissions, and all other departments are advised to reduce their non-life-threatening admissions and procedures/operations gradually. If the incidents continue to increase throughout HK, I would request your elective admission starting from next Monday be reduced by 25-30%. Outpatient activities will continue for the moment without any reduction, but COSs should assess their staff situation and regulate the activities in case of need.

5.Reduction of hospital traffic and unnecessary contact with patients:

In order to minimize contact of patients or staff that might be carriers of SARS, the following measures are being taken with immediate effect:
1)Suspension of all clinical teaching in clinical areas, tentatively until Monday, 24 March. Medical Students are advised to stay out of wards except for Examination purposes. The Medical Faculty will inform all the students on the arrangement of their Clinical Examinations.
2)All voluntary services will be informed and advised to reduce their activities in our hospitals. Likewise patients' relatives are advised not to visit too frequently or stay for too long. Flexibility should be exercised by Ward Managers in these areas, particularly for patients who are gravely sick.
3)The hospital and HKU Medical Faculty shall cancel or minimize all visiting activities from outside bodies.

These policies might cause inconvenience for patients or their families, but any additional measures being taken at this time would make our hospitals and community more safe.

6.Information and communication:

In times of uncertainty, people will over-react to rumours and lose their rational thinking. Although the organism of SARS has yet to be identified, we are reasonably confident that the disease is likely to be spread by close contact and droplet transmission, with an incubation period of 2-7 days. **Dr. WH Seto and the Infection Control Team** will monitor the condition daily, and obtain the **factual information** from HAHO and DH, regarding the following, and disseminate to our cluster staff daily at 5pm:

1) Situation for the whole of HK.
2) Situation regarding cases in HKW, and follow-up investigations of our "index cases" and their contacts, including our staff or medical students.
3) Any update on the discovery of the origin of the disease, from HA, University ,or DH laboratories.
4) Any new infection control measures.

This is a very challenging time for our health care professions, and I appeal to all of you to remain calm and rational, but exercise great caution and protection for your patients, your peers, and yourselves. We can only contain and discover this unknown devil by staying alert and meticulous, whilst maintaining our strong commitment and compassion for our community.

Please kindly pass this message to all your staff.

God Bless Us All,

York.

Will keep you informed on any new information. CCEs and myself together with key personnel are meeting every morning to keep each other updated and coordianted. Please attend to every ward and work area to make sure staff are supplied with masks, even though we are not necessarily able to provide N95 to low risk areas.

William

-----Original Message-----
From: W M KO Dr, HOPS&PA D(PS&PA)
Sent: Wednesday, March 19, 2003 10:25 PM
To: York CHOW Dr, HKWC CCE / QMH HCE / TYH HCE; Pamela LEUNG Dr, HKEC CCE / PYN HCE; Lily CHIU Dr, KWC CCE & PMH HCE; C Y TSE Dr, KEC CCE / UCH HCE; Hong FUNG Dr, NTEC CCE/PWH HCE/BBH HCE; W L CHEUNG Dr, NTWC CCE / TMH HCE; Lawrence LAI Dr, CMC MO(MG)
Cc: William HO Dr, CE; Annita MAU, HOPS&PA CPAM(N); Raymond WONG, HOPS&FM SEM(BSS)
Subject: Use of Mask in the management of SARS

Dear CCEs,HCEs,

I wish to address on the use of masks in managing the current SARS outbreak. I sincerely seek your assistance on the following issues and please forward this message to your HCEs as well.

1] There are concern over the supply of masks to different areas in our hospitals. Raymond Wong has confirmed that 480,000 numbers of surgical masks would be available today for distribution to hospitals. Ongoing effort by Head Office Business Support Division will ensure continuing supply. Please help ensuring that these mask would be made available to all areas in your hospitals as this is both a necessary infection control measure and an important issue of staff morale. To ensure continue supply to all areas in all hospitals, we will need your assistance in updating the supply situation from time to time. Please bear with us.

2] There is no evidence that the use of N95 mask is better than surgical mask in prevention of SARS. Also, one need to ensure that N95 mask is properly applied [eg., fit test, avoiding frequent touching of outside surface, etc]. Regardless of the type of mask being used, frequent hand washing and other precaution measures are also important. Despite HA guidelines clearly indicate that the use of surgical mask is adequate for droplet precaution which is the mainstay of our current infection control measure, the use of N95 mask is highly visible on media report. It is therefore understandable that individual staff members may prefer using N95 mask which they feel more secure with. I trust staff members who wish on their own, to use N95 mask would understand that hospitals will try their best to provide them.
Besides, certain clusters/hospitals have issued guidelines which allowed for the use of N95 in "high-risk" areas. These hospitals would need to ensure the supply of appropriate masks according to their own guidelines.
Knowing that the supply of N95 in Hong Kong is tight, Head Office BSS is in active pursuit with suppliers and we may be receiving 'donation' of N95 supply.

3]We have also received reports on local hospital policy to restrict the use of mask. I have

taken the view that it is now time to encourage the liberal use of mask and other necessary precaution to help controlling the outbreak. Please therefore ensure that there would not be any local policy to restrict the liberal use of surgical mask.

4]Hong Kong Government and HA had clearly indicated that all necessary resources will be put in to control the out break. Implementation of all necessary measures for the management of this outbreak should not therefore be restrained by any resource consideration.

Sincerely

Ko

York CHOW Dr, HKWC CCE / QMH HCE / TYH HCE

寄件者: William HO Dr, CE
寄件日期: 2003年3月20日星期四 AM 10:44
收件者: Staff - HA HCEs
副本: Annita MAU, HOPS&PA CPAM(N); Raymond WONG, HOPS&PM SEM(BSS); W M KO Dr, HOPS&PA D (PS&PA); Lawrence LAI Dr, CMC MO(MG); Lily CHIU Dr, KWC CCE & PMH HCE; Hong FUNG Dr, NTEC CCE/PWH HCE/BBH HCE; York CHOW Dr, HKWC CCE / QMH HCE / TYH HCE; W L CHEUNG Dr, NTWC CCE / TMH HCE; C Y TSE Dr, KEC CCE / UCH HCE; Pamela LEUNG Dr, HKEC CCE / PYN HCE
主旨: RE: Use of Mask in the management of SARS

Dear HCE colleagues

Things are changing fast, and we need fast communication. Please note Ko Wing Man's message below. As per discussion this morning with all CCEs, the agreement is:

- Surgical masks are adequate for precaution against SARS (In fact I myself definitely prefer surgical masks over N95), except for high risk procedures on patients with atypical CAP, in which case additional protection of visor, gown and glove are required.

- N95 if worn improperly wil defeat the purpose. Because many would find wearing N95 quite uncomfortable, they tend to allow some "leaks". They also tend to use their hands to adjust it frequently and therefore touching the external surface of the mask, which again defeats the purpose. So make sure staff are instructed properly if they choose to wear N95, and in PWH they give many briefings and carry out daily audits on how people are wearing N95.

- On the other hand, we have to acknowledge staff sentiments which are not always rational and we have to make allowance for that. We therefore have to make provision for N95 in all high risk areas including A&E, ICU, and wards with known Atypical CAP cases, even for those ward staff who are not directly contacting patients.

- Despite how a radio station is calling upon citizens to donate N95 masks for our staff, please note that money has never been a problem. We thank them anyway. But there simply isn't enough supply in Hong Kong if everyone including those who really don't need them also ask for N95 masks. Supply for high risk areas should be made adequate given my second point above. The supplier is trying every means to get some more into Hong Kong.

- If there is no close contacts with high risk patients or possible contamination and staff is intending to reuse the mask, it should be kept in paper bags in the hospital and not brought home after work. So make sure you've got paper bags for your staff.

- Despite the numerous information and guidelines we have given to staff, I've assigned Cheung Wai Lun and SH Liu to work out an easy-to-read, Chinese sheet preferably with pictures on "masks", to be distributed to front line staff, particularly workmen, HCAs etc. who do not read very properly prepared scientific guidelines. They will come up with something within today.

Appendix III

伊利沙伯醫院
QUEEN ELIZABETH HOSPITAL
30 Gascoigne Road, Kowloon, Hong Kong

Your Ref: CB2/SC2 By Fax & Post

24 February, 2004

Miss Flora Tai
Clerk to Select Committee
Legislative Council
Legislative Council Building
8 Jackson Road
Central, Hong Kong
[Fax: 2248-2011]

Dear Miss Tai,

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

Thank you very much for your letter of 16 February on the above subject.

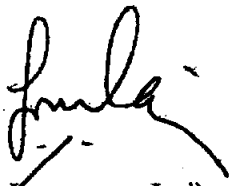
My reply to your request is as follows:

(a) I cannot recollect specifically the discussion and decisions made at the meetings held between 15 March and 24 March 2003. I can only recall that in these meetings, the overall situation and daily incidents of suspected and confirmed SARS cases and measures to contain the situation were reviewed and discussed, and decisions, which included, inter alia, monitoring, reporting and management of suspected and confirmed SARS cases, contact tracing for index cases, infection control practices and contingency measures, etc. be followed up.

[Tel: (852)-2958-8882 Fax: (852)-2504-2784 e-mail: laifm@ha.org.hk]

(b) I do not have any written notes in my possession in relation my answer to (a) above.

Yours sincerely,



(Dr Lawrence Lai)
Cluster Chief Executive
(Kowloon Central)

[Tel: (852)-2958-8882 Fax: (852)-2504-2784 e-mail: laifm@ha.org.hk]

基督教聯合醫院
UNITED CHRISTIAN HOSPITAL
香港九龍觀塘協和街一百三十號
130, Hip Wo Street, Kwun Tong, Hong Kong
Fax: 圖文傳真： 2727 1990

Appendix IV

Your ref: CB2/SC2

24 February, 2004

By Fax and mail

Miss Flora TAI,
Clerk to Select Committee.

Dear Miss Tai,

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

I refer to your letter of 16.2.2004.

According to my recollection, the discussion in meetings on SARS held between 15 March and 24 March 2003 included the situation of staff infections in the hospitals, the situation of suspected SARS cases in the hospitals, the infection control measures to be taken, the infection control guidelines, and the admission policy of suspected SARS cases.

I had in my possession one sheet of written notes. This is enclosed for your information.

Yours sincerely,

Dr. C.Y. Tse
Hospital Chief Executive

Encs.

CYT/sn

PWH

no pneumonia

64 — 29 staff 10

11 — MS 2

29 others 24

(8 ICU) 10

Index : 5 family members : 2 ICU

PMH - [redacted]

ICU 2x

ID 8x. 2 staff. 3 PWH visitor

1 GP. 2 nurses

YCH - 1x

KWH - 3x staff

[redacted]

6/24

atypical pneumonia ⇒ 1 transfer

nebulizer + steroid

check air conditioning

6-8 exchange

[redacted]

22 (20)

defer drug charge

A-E - van mark

to doctor

Appendix V

醫院管理局
HOSPITAL AUTHORITY

群策群力為病人·優質醫護滿杏林
Quality Patient-Centred Care Through Teamwork

25 February 2004

Miss Flora Tai
Clerk to Select Committee
Legislative Council

Dear Miss Tai,

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

I refer to your letter dated 16 Feb 2004.

We had meetings on SARS between 15 to 24 March 2003. These meetings discussed PWH outbreak, service re-arrangements, and infection control measures.

I have 4 pages of hand written notes which were attached.

Yours sincerely,

Dr Lily Chiu
Cluster Chief Executive
(Kowloon West)

Enc

PWH – 64 to x Bay Sig

Healthcare	24
MS	11
others	29
	64

Ieng & UK?

Healthcare	10
MS	2
others	24
	36

A&E 8 doc → [illegible]
2 Nurse

(100) → 8 ICU cases < 1 A&E; 2 doctors (not yet intubated)

Possible Index case (8A) – Admit 4/3/03 – 5 family members → PWH
– mother – tubed → ICU
sister
brother in law

still in PWH – up & about

Visitors in 8A – 3 → PMH
1 → PYNEH
2 → PWH

M.S. exam → in that cubicle in A8

Then – screened staff → cohort in Obs room.
8A → assume contaminated.
8D → CAP → Isolate.

PMH 8 – 1 PW doc. 1 HCA (PMH)
– GP 1 + 2 Nurse
3 – visitor contact PW A8.

YCH → TC woodman → PMH

KWH – 3 staff < 2 KWH – 1 HCA (ICU); 1 PWH 2 in general ward

VCH - 1 ? [illegible] ill
13/3 - 1 [illegible] CAP - CXR changes
- [illegible] 11
(within last night)

Q[illegible] 1 staff
KH 1 staff

TMH 0

PY 14 CAP
6 staff (A&E [illegible]) - 1 doc - 2 Nurs - 3 HCA
+ 25 [illegible] of a No

TWEH - 1 CXR

OM - 0 ? 1 CAP (Radiograph)

Refer [illegible] x 1/[illegible]

ICT team
designate a centre
24 hr hotline.

26

(12)

4 clusters

① Staff in contact PWH
② KWH 's Kids Ward - 1 Nurse. 1 HCA
③ PY - 1 primary pat - 6 staff
④ Private · GP + 2 Nurse.

47 (37)
↑
Hospitalized
XR
Confirm

⑤ Family member of Health care worker → 1 Nurse → 250 m ...

Incubation 4-5 days

→ High swing fever -
→ chills, rigor,
- lymphopenia, thrombocytopenia
- no resp score
PY → has enteral Sx
+ XR change
→ 3-4 days → desaturation

Cohort · PWH < staff / pat. > → dirty team / clean team

KWH → cohort CAP

→ PWH ← TMH

QE / KCH

PY / PW

Droplet → clean floor ...
→ ↑ air change to 6-8 / min

∈ criteria triage

Supply of mask, gloves gown
→ ventilators - ICU network support
→ Drugs - Tamiflu - Ribavirin - IV - availability ... - desat - Bil. ...

(PWH)
- Stop all medical clinical admission
- delivery → AHNH.
→ Major trauma / elective to divert to AHNH
→ reschedule all new attendance / old attendance

now 2 wards vacated to ...
Total 4 more wards to be vacated
i.e. 2 6 X 40 bed = 200 bed

Volunteers ... to help out in PWH

③

01-MAR-2004 09:21

PWH – 80 / 109 → dirty team (circled) → v. stressed

37 – pat.

51 xe

WP – v
– wife
– 2 nurse

(PWH) – 1 staff.
2 daughter of staff
1 pat
3 visitor

(Jo Sung) volunteer chest physician → Dirty team
→ new Fellow / junior

→ Quarter available.
→ (PWH) – to close – as request by staff
HA policy → ↓ activity – clinic, elective.
→ med. A+E → admit other hospitals.

Tung S.Y. – Diversion – CAP → PMH
Med flow from NTEC → PMH.

PMH → run CAP
ICU → other (CMC
YCH

4

97%

新界東醫院聯網
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30-32 Ngan Shing Street, Sha Tin, N.T. Hong Kong Tel: (852) 2632 2434 Fax: (852) 2648 4053
沙田新城街三十至三十二號 電話: (852) 2632 2434 傳真: (852) 2648 4053

BY FAX & BY POST

Fax No. 2248 2011

Yr Ref: CB2/SC2

28 February 2004

Miss Flora Tai
Clerk to Select Committee
Legislative Council
Hong Kong Special Administrative Region
of the People's Republic of China
c/o 3/F, Citibank Tower
3 Garden Road
HONG KONG

Dear Miss Tai,

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

I refer to your letter of 16 February 2004. My response is as follows:-

(a) Discussions at the daily morning meetings held between 15.3.2003 and 24.3.2003 included the updating of patient numbers from various hospital clusters, the possible linkage between the cluster of patients, and the necessary contingency responses; and

(b) Copies of my written notes are attached.

Yours sincerely,

(Dr FUNG Hong)
Cluster Chief Executive
(New Territories East)
Hospital Authority

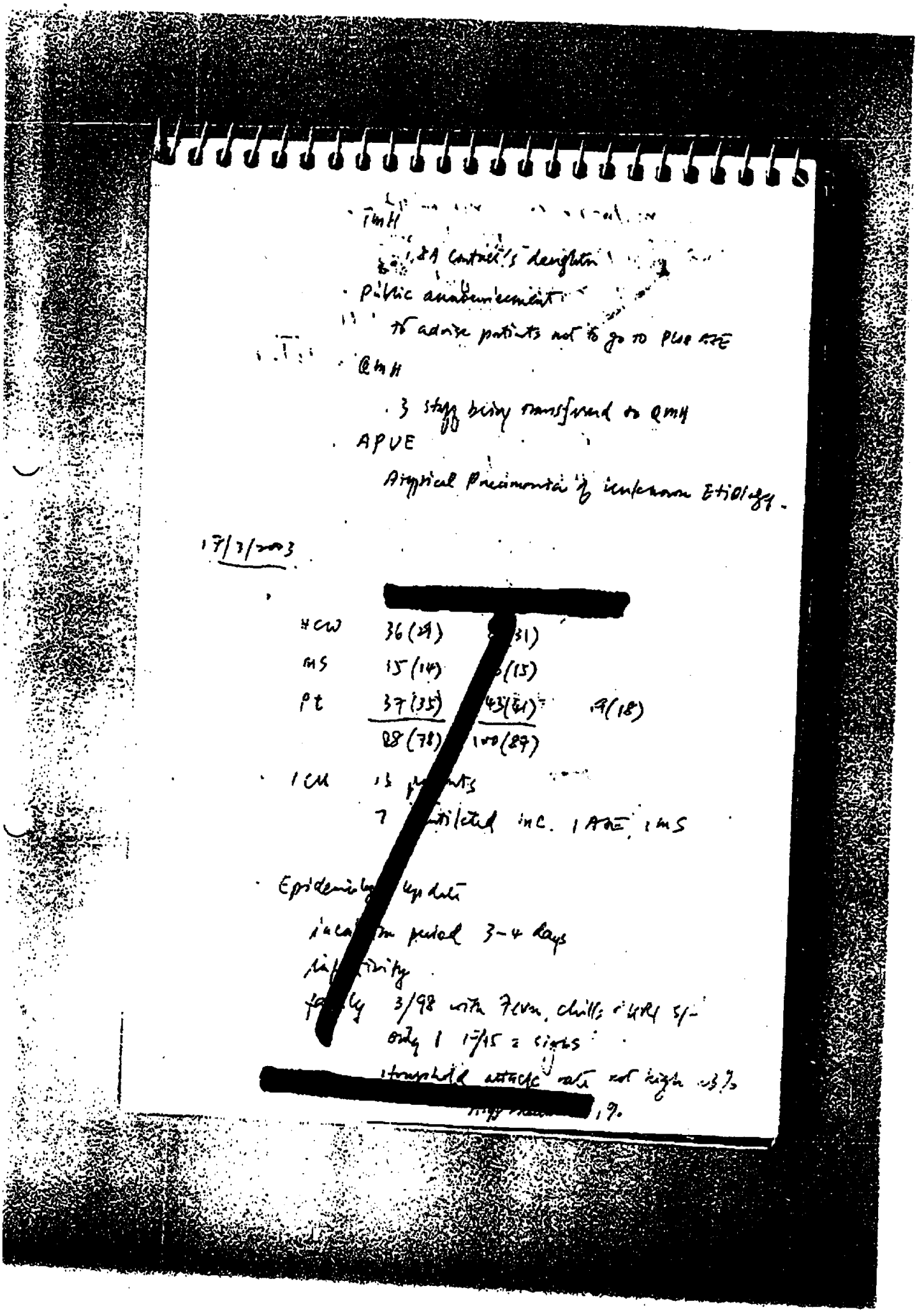
醫院管理局
HOSPITAL AUTHORITY

16/3/2003

- [redacted] → Cytology
- Oral drugs started 48 h[redacted] only effective in some
- Meeting [redacted]
- Convalescent [redacted] 500 ml.
- ICU [redacted]
- Need [redacted]
- [redacted] all new cases
- re-fill 6 F.T. clinic doctors
- [redacted] deployment

17/3/2003

- ~~AMH~~
  - Twins of TSA in KWH
  - 3 visitors - c/s6 not good, one c low wbc.
  - [redacted] - Fever down, condition OK
  - PWH admissions 6 yr old
    (1 Oph. clinic)
  - physician contact - last to keep an
- PYN
  - 40 CAP → Atypical Pneumonia
  - 7 staffs - 1 visit to SA
- TKOH
  - 1 staff from PWH 2 SA contact



QMH

- 3 staff being transferred to QMH

APVE

Atypical Pneumonia & intracranial Etiology.

17/3/2003

HCW	36 (29)	31)	
MS	15 (14)	(15)	
Pt	37 (35)	43 (41)	9 (18)
	88 (78)	100 (89)	

ICU

7 admitted inc. 1 ADE, 1 MS

Epidemiology update

incubation period 3-4 days

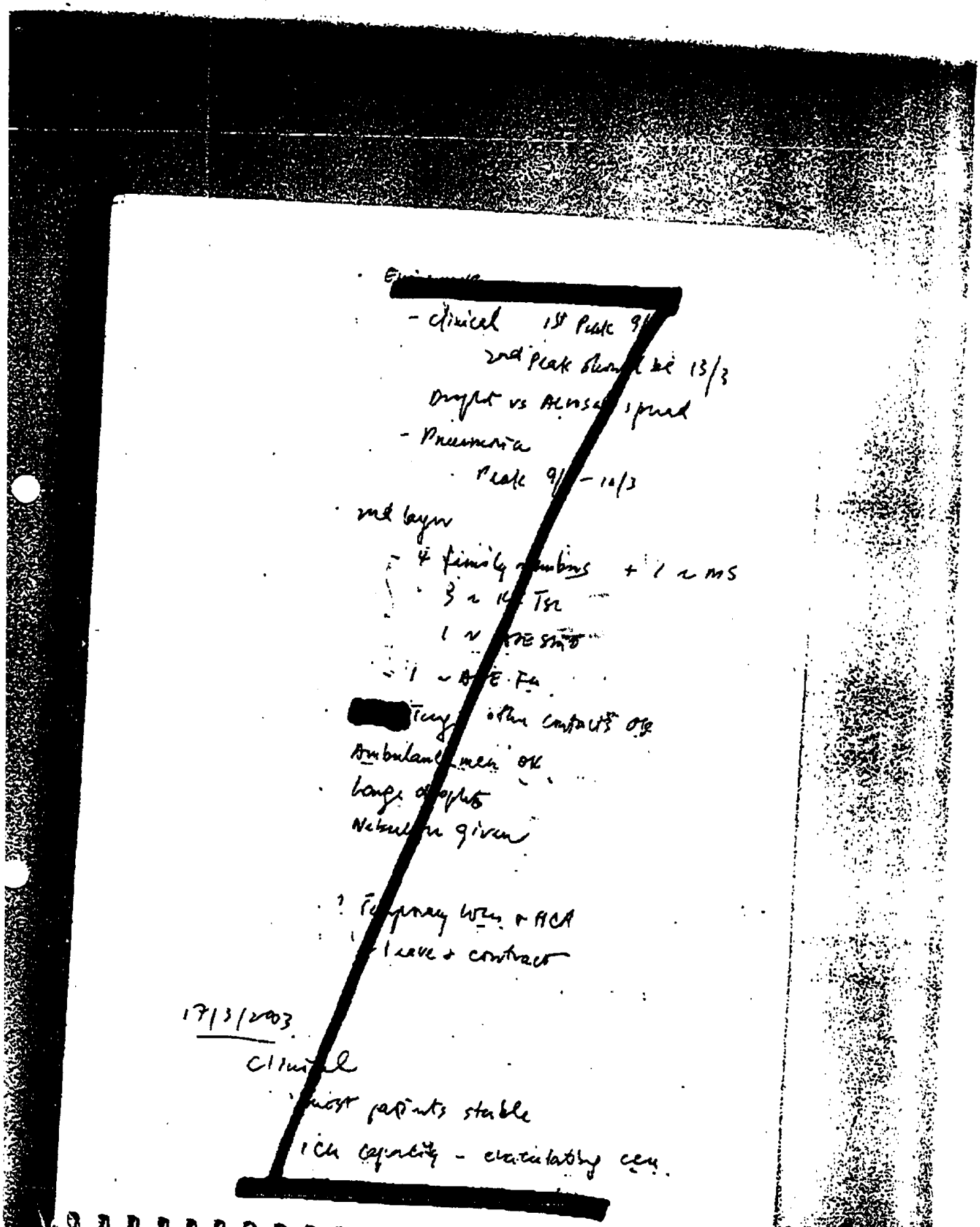
infectivity

family 3/98 with fever, chills, URI s/-

only 1 1-7/15 2 cases

household attack rate not high 33%

[redacted] 19.



- Clinical 1st Peak 9/
  2nd Peak [illegible] 13/3
  Droplet vs Aerosol spread
- Pneumonia
  - Peak 9/ - 10/3

2nd layer

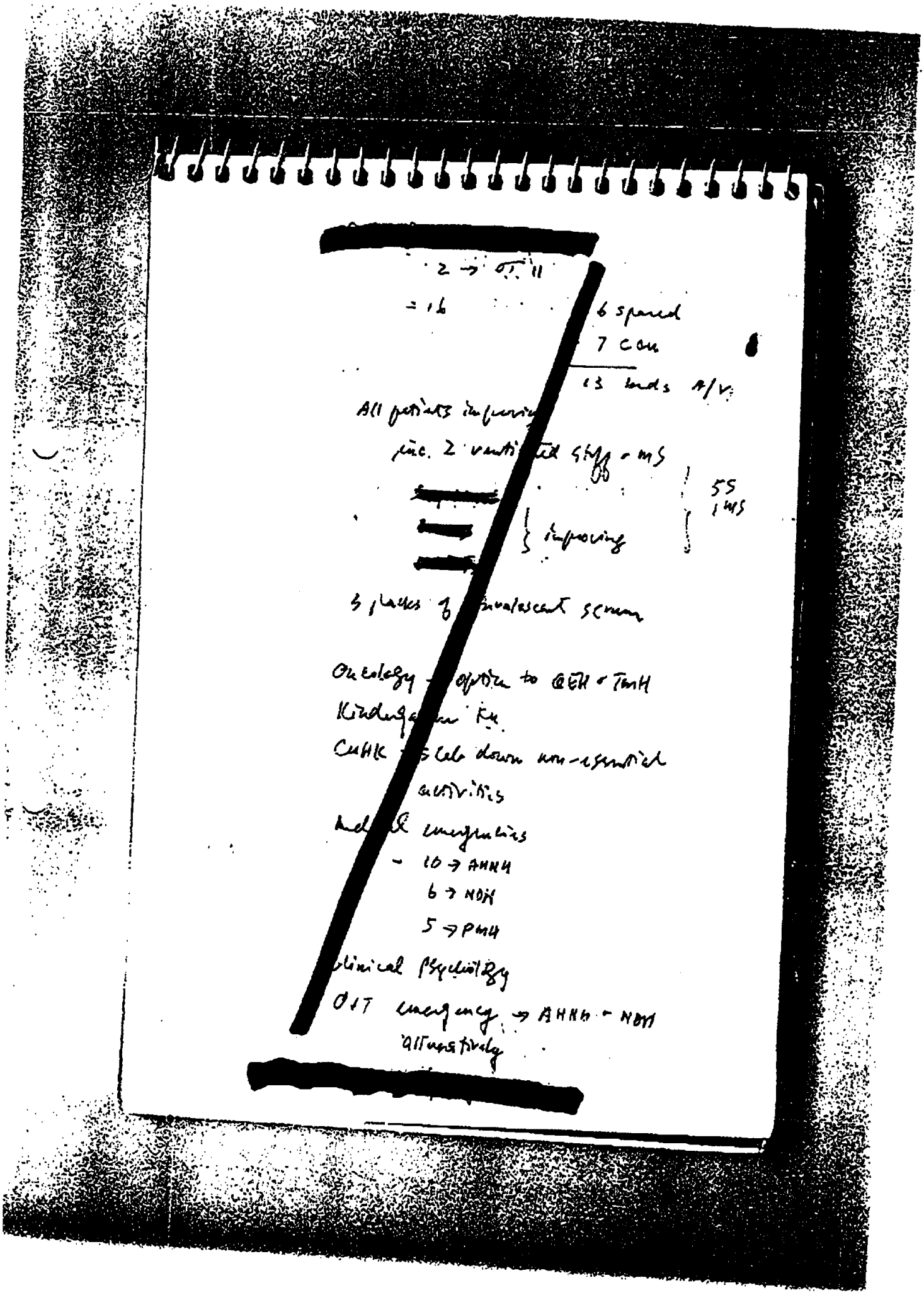
- 4 family [illegible] + 1 ~ MS
  - 3 ~ 10 TSE
  - 1 ~ [illegible]
  - 1 ~ [illegible]
- [illegible] other contacts OK
- Ambulance men OK
- Large droplets
- Nebuliser given

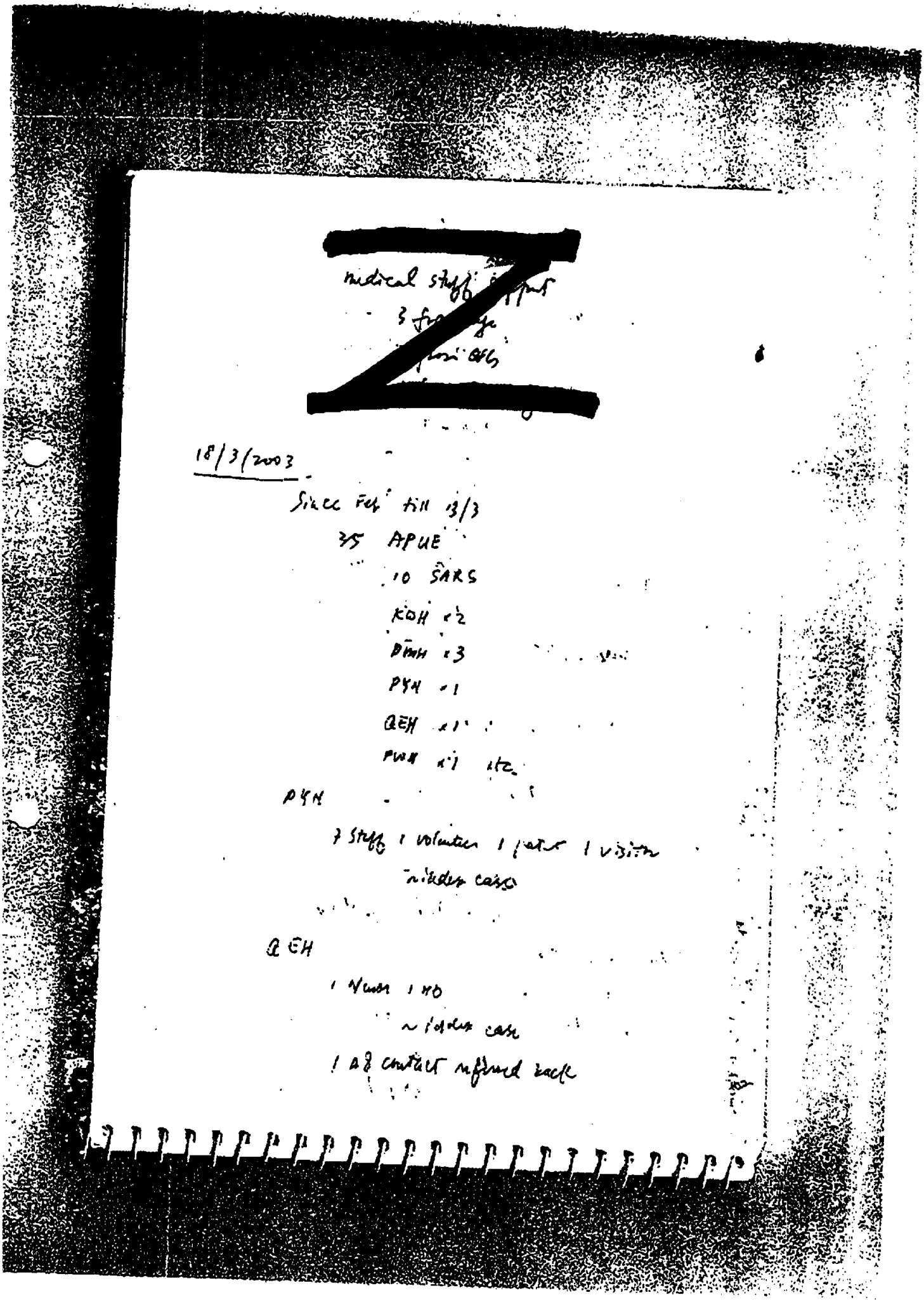
? Pregnancy Wks + ACA
Leave + contract

17/3/2003

Clinical

- most patients stable
- ICU capacity - circulating cen.


2 → O.T. II
= 16
6 spaced
7 con
13 leads A/V
All patients in
inc. 2 ventricular
55
1 MS
improving
5 places
Oncology
Kindergarten
CUHK
activities
emergencies
10 → AHNH
6 → NDH
5 → PMH
Clinical Psychology
OIT emergency → AHNH + NDH
ambulatory



medical staff
3 fr
Prin QEH

18/3/2003

Since Feb till 13/3

35 APUE

10 SARS

KOH ~2

DMH ~3

PYN ~1

QEH ~1

PWH ~1 etc.

PYN

3 Staff, 1 volunteer, 1 father, 1 visitor

~ index case

QEH

1 Nurse, 1 HO

~ index case

1 A&E contact referred back

PWH

[redacted] .

XR + blood ↓ wife admitted

· Tests ok

· visitors 1 requires O_2, other 2 ok

QMH

· 1 index case + 1 son-in-law

[redacted]

	18/3	A	ICU
HCW	44 (36)	24)	4
MS	17 (17)	(15)	1
Pt	43 (43)	(29)	10 + 1
	104 (97)		15 + 1

Clinical

[redacted] co. same

MS ! intubation this pm

[redacted] O_2 better CXR improve

[redacted] 70% O_2 slightly improved

[redacted] Wan worse CXR, blood count same

Others 1 MS borderline O_2 saturation
stable otherwise.

2 kids started both drugs

[redacted]

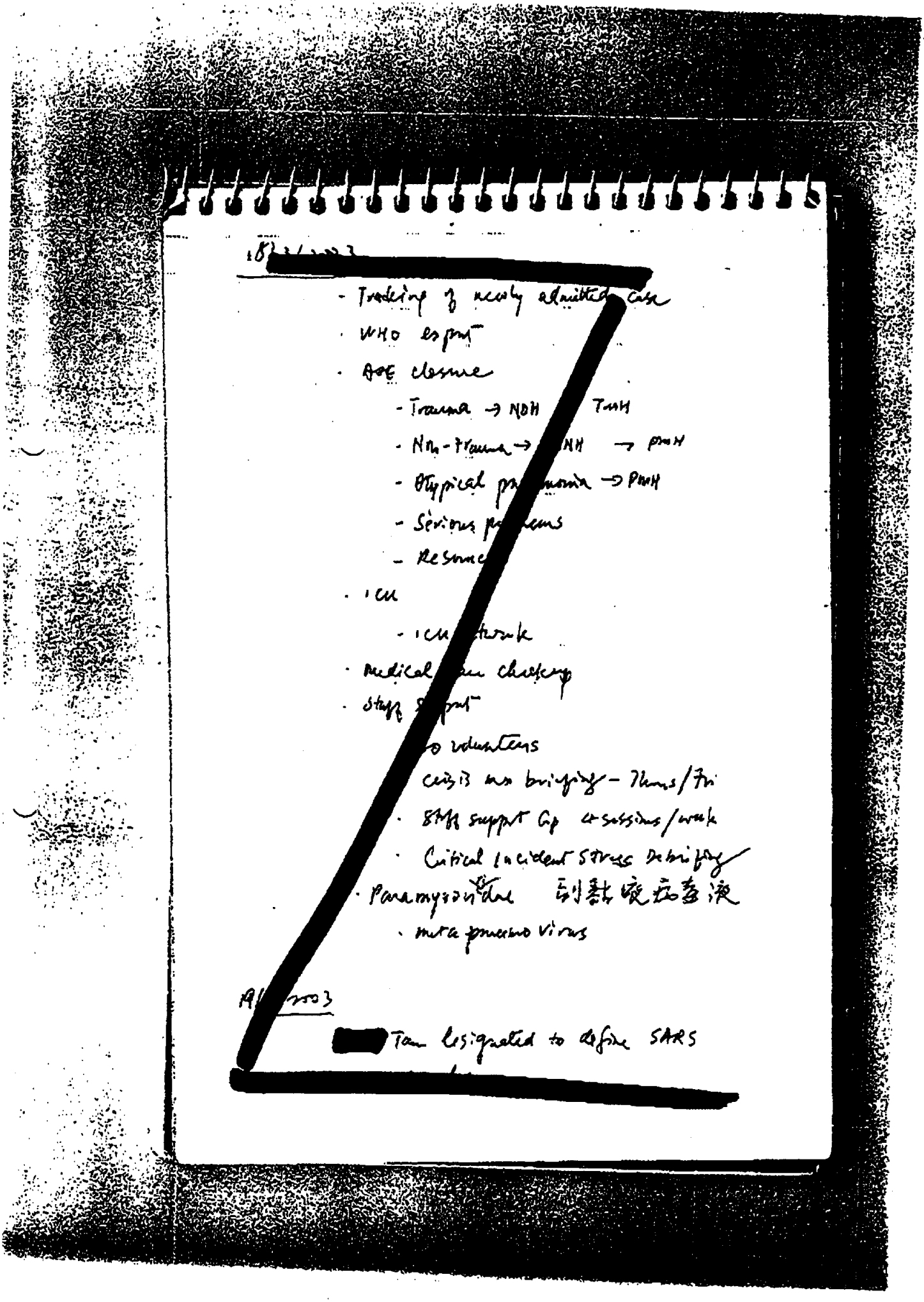
[redacted]

- [redacted] volunteers requested
- OAT - workload down by 60%
  - 3 = ASU
- ICU - No further cases
  - Guidance 300
  - 100 N-call
- Surg - generally good
  - Some - low sentiment
  - Nursing staff from 10 A, B
- Ana & ICU - Nurses anxious
- XR - radiographers
- Nursing - 70 on s/l in wards

Operation

- Close ASU x 3/7
- re-fill clinics for med stop
- Exceptions :-
  PCW staff, contact cases, etc.
  Individual specialty make own arrangement
- 1 = AB arrangements
- Review 1/0 protective clothings

[redacted] units



18/3/2003

- Tracking of newly admitted case
- WHO report
- AOE closure
  - Trauma → NDH TMH
  - Non-Trauma → NH → PMH
  - Atypical pneumonia → PMH
  - Serious problems
  - Resume
- ICU
  - ICU network
- Medical examination checking
- Staff support
  - volunteers
  - crisis management briefing - 7hours/fri
  - staff support Gp counselling/week
  - Critical Incident Stress Debriefing
- Paramyxoviridae 副黏病毒科
  - metapneumovirus

Apr 2003

[redacted] Team designated to define SARS

[redacted]

	9/3 9am	ICU	BA
HCW	69 (69)	7	69
MS	16 (16)	1	16
Pt	57 (57)	13	55
	122 (122)	21	

New 3 H 1 D PT

Pt inc. b/f

Died 2

Discharged 1

Clinical update

- major issue
- chest sx lag behind biochemistry
  - CXR no. 5
- 2 additional staff → ICU
  - EH 10T (re-admitted)
- ICU No one is worse
  - No further person on V

Domain

- staff support for NDH
- 1 additional day leave for nurses in continuous care

[redacted]

[redacted]

To FU.

· post-mortem in PWH
Patient discharge policy (Philip)
Serum from all staff.

Epidemiological investigation

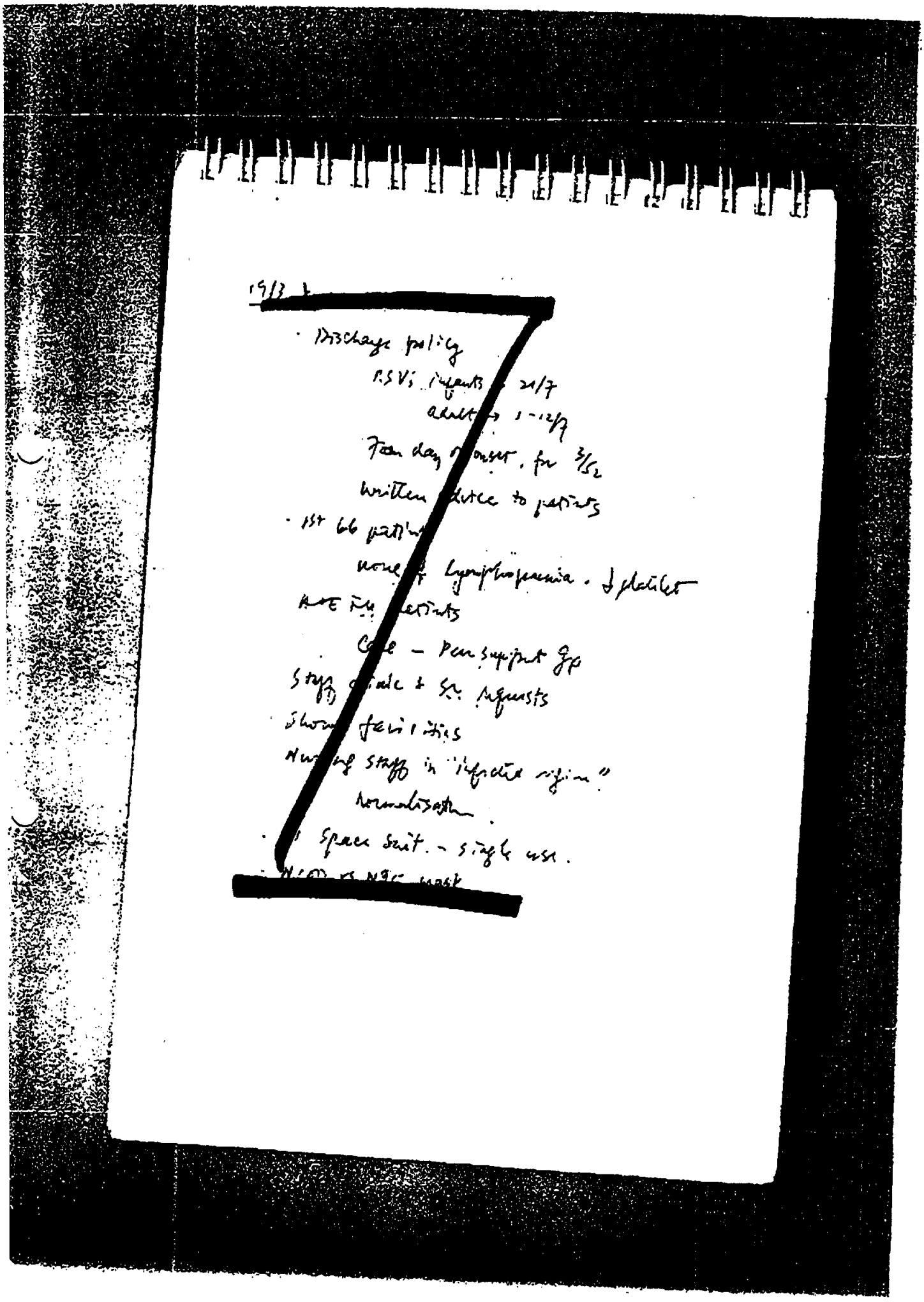
· Complete questionnaire
· merge DB → updating of epidemiological curve
· Contact FU. → A&E
· 2° case → more active (SF Lai)

Clean [redacted]

· Can our doctors go out to help?
· manpower in Dirty Team
· Board outside canteen

Staff Forum

· Shower/other facilities ~ isolation
· Giving support for A&E FU staff
[redacted]
· Accustomed S.C. mx



20/3/2003

8.30 am

- Guidelines - mask
  N95 in high risk areas
  ? supply problem 100 coming

[redacted]

up to 6 hours

Advise patients with surg mask 2-3/day

Staff

Environment - ? frequency of changing bed sheet
- Medical records (plastic, contaminated)
- Telephone
- keyboard
- Temporary shower (IIA)
- toilet (aerosol on flushing)
- Open windows
- Videocam (10AB)
- visitor counting

Visit

[redacted]

[redacted]

	1/3	[illegible]	Paed
PWH	53(53)	7	
IHS	16(16)	2	
PY	54(54)	13	12(12)
	123(123)	22	12(12)

Discharged / Downgraded 3

Admitted 4 staff 3 pts.

Clinical

- Space suit
- check forms for [illegible] (4 in ICU).
- 2 gps – 1 gp responding about a degree
  - 1 gp ? CXR no Δ
  - [illegible] c [illegible] & but [illegible].
- Convalescent serum – plasmaphoresis to be arranged
- [illegible]100

A&E F4.

- [illegible] c lymphopenia
- Temporary showers by next Tuesday

Disinfect after each shift

- [redacted]

[redacted]

40-50 diversion → AH NH in 4

- 4 Clerks to ICH
- Surg team to join O/F
- All GPs to wear masks
- Infection at home

20/3/2003

Epidemiology – DH

- Visitors – household contacts seem OK
- Issue questionnaire to case cases
- Merge databases by tomorrow
- Clerking house confirm AP case.
- Screen surveillance –
  1) AP cases household contacts 2460 (inc other hosp)
  2) Visitors of AP cases
  3) Household contacts if ill → isolation.

→ close contacts of given contacts of confirmed AP

8 pm

43 people – 29 still being F/U.

[redacted]

- "Space hood" 4
- Nursing manpower

  Surg team nurses to PAB

- Medical "Staff" team

  ? MO / wo + 1

  only 2 volunteer doctors

  1 from QEH 1 from TMH

→ • ICU nurses

  ? from UCH

  Basic training program for replacement nurses.

  : International Community appeal.

- Houseman rotation.

21/3/03

- PMH contact [redacted] Lai 9022[redacted]
- 100K N95 mask by Tuesday
- SF: admitted

  PWH (2), PMH (2)

- ICU Nurses — QMH to seek volunteer

Head office Disease Control Centre

[redacted]

· AFE Closure until further notice

· Picorna Virus (?)

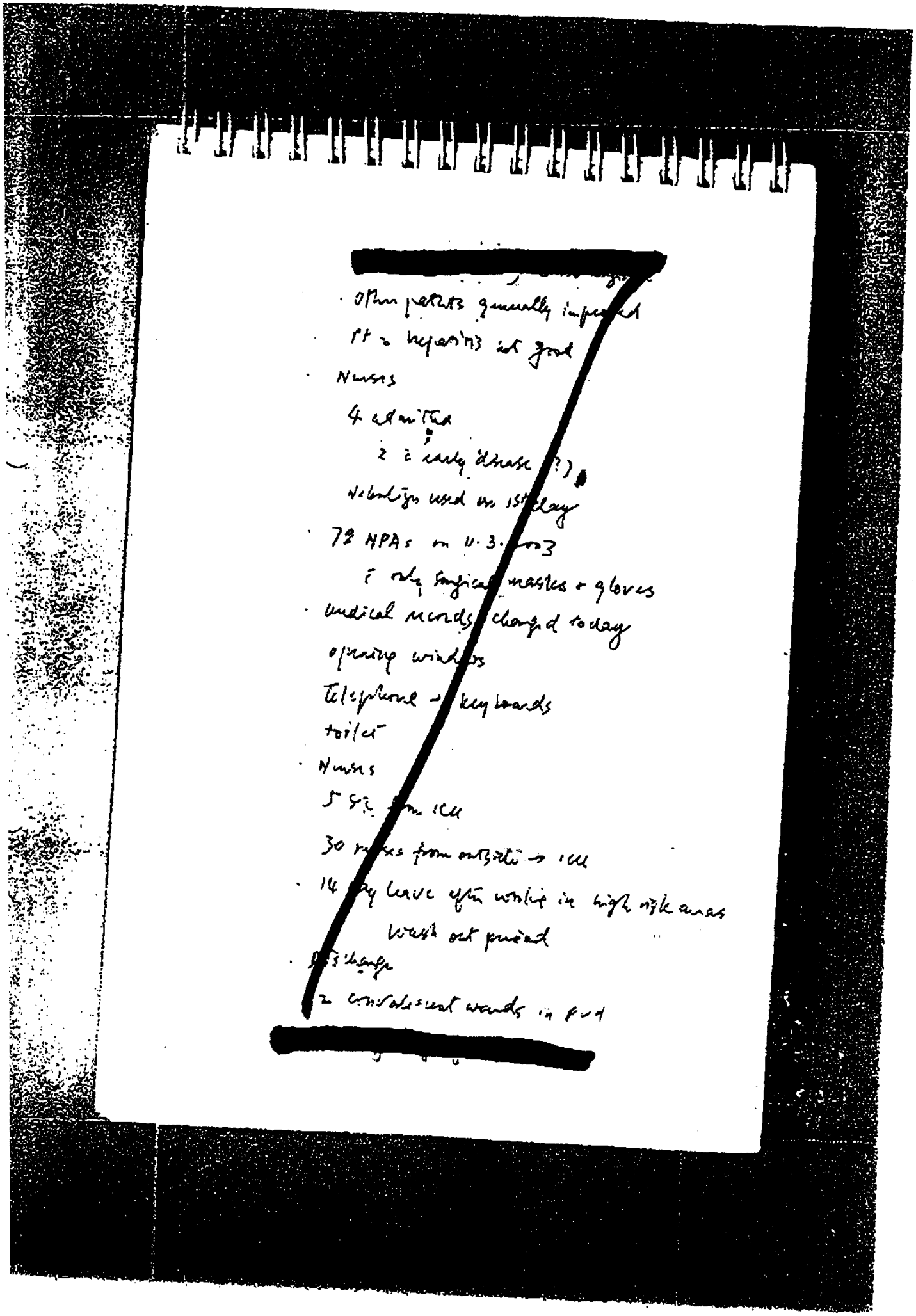
· [illegible] experience
infection control
Analysis of 1st [illegible] cases

	2/3	1/4	
HCW	57	8	12↓
MS	16	1	
pt	[illegible]	14	
	31	23	

· Clinical

· People c sustained response
2 → step down wards
60%-70% responding & stable
11%-15% worrying

· [redacted] improving; MS fine; ER ok.
Tang co. wake up; [redacted] Wan CXR better



[redacted]

- Other patients generally improved
- Pt - hearing not good
- Nurses
  - 4 admitted
    - 2 c early illness (?)
  - Nebulizer used on 1st day
- 78 NPAs on U.3.
  - c only surgical masks + gloves
- Medical records changed today
- opening windows
- Telephone - keyboards
- toilet
- Nurses
  - 5 sick from ICU
  - 30 nurses from outside → ICU
  - 16 may leave after working in high risk areas
    - Wash out period
- [redacted]'s change
  - 2 convalescent wards in P-4

[redacted]

[redacted]

for [redacted]

AHNH ASE [redacted]

"clear [redacted]"

- Sick Bay [redacted] sick mums
- Su[redacted] NT

[redacted]

22/3/2003

QEH

- 4 staff hospitalised
  3 ~ intensivist 1 deteriorated
- ICU

  A-11 isolation cubicles full

  DG ICU 9/12 occupied

- [redacted]

PYN

-) staff
  + 5 family members (2 confirmed)
- 2 in ICU recovering (in CCM)
  6 more beds in CCM

PWH

- 2 newly admitted
  isolation full (4 beds + 2 for Resp)
- 7 ICU still 7 vacant
  (3-4 open patients)

[redacted]

MCW 39 8 1 } 3 intubated
MS 16 1
PT 12 1
137 4

Clinical

- All on recovering except 2
- 2 new admits to ICU
- 2 Nursing still with fever & low cell count
  ? cytotoxic screen
- ICU 24 hrs 11 intubated
- 2 transferred 1 died 1 admitted
- ICU Tx ?
- Waiting Report

[redacted]

[redacted]

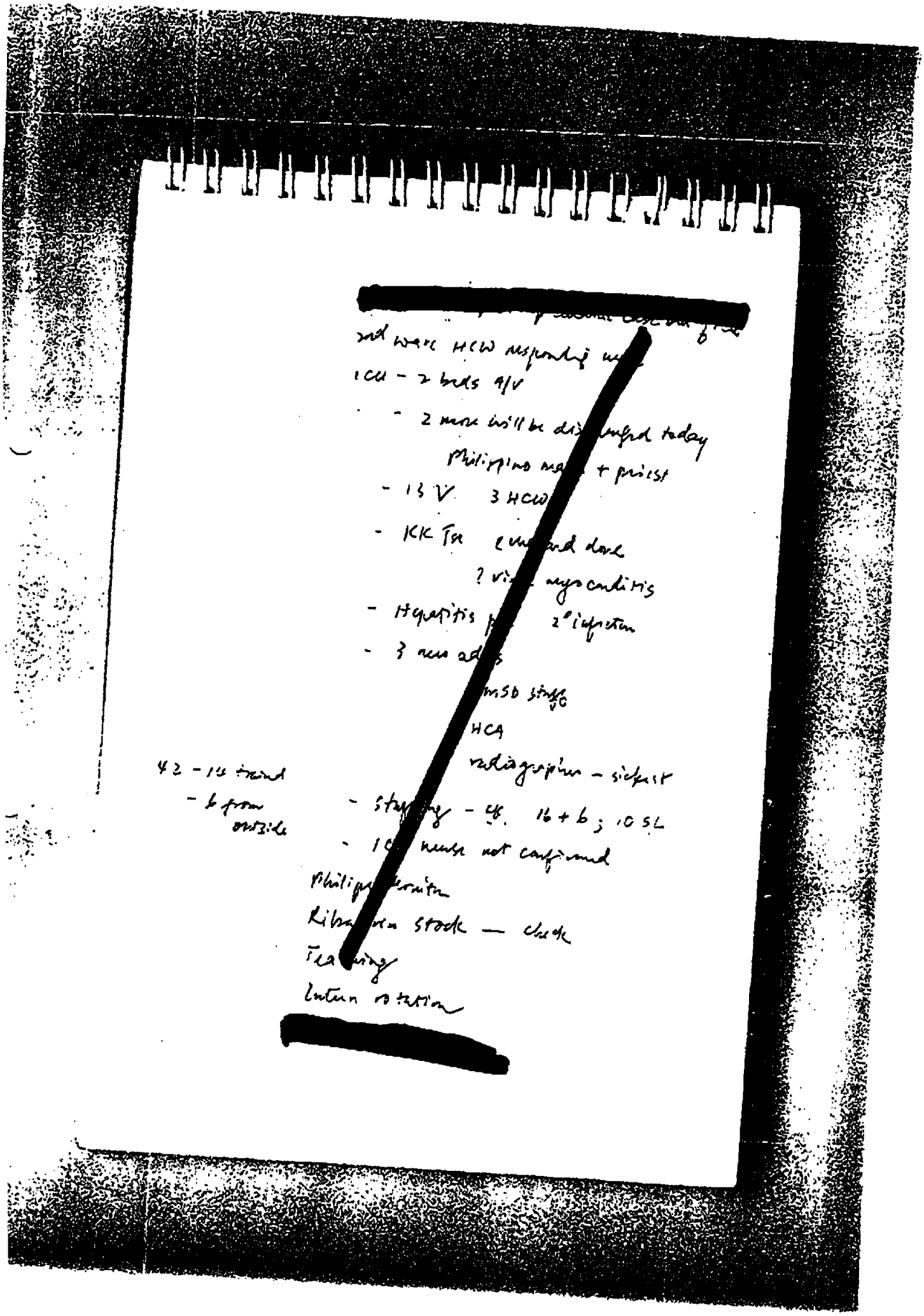
- Qualitative testing N95 mask
- Waste disposal
- Preparing for re-opening ward
- Fm / Resident Doctor rotation

23/1/03

	Ward	ICU	Discharged	Death
HCW	62	9		
MG	16	1	1	
PT	67	14	3	4
	145	24	4	4

- ? Treatment for family members
  - of confirmed cases.
- Stud[illegible]s.
- Rapid test
- not yet validated
- Confirmed but unconfirmed cases
  - TPH isolation
- 85 patients stable & improving

[redacted]



[redacted]

Infection control guidelines
to follow PWH

ICU Nurse

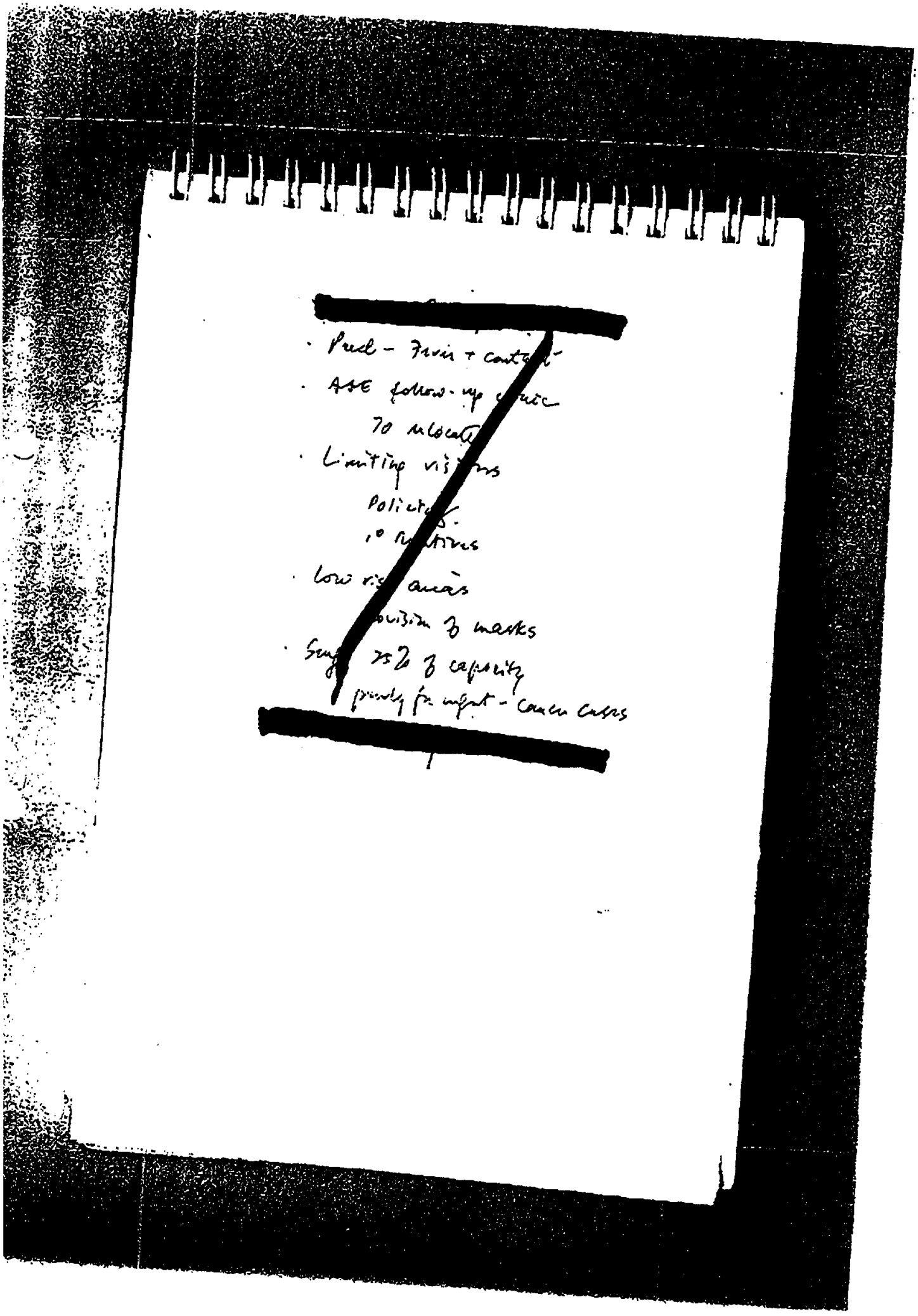
VEM(N) to commence
Reduction of elective surgery
Panel Gp.

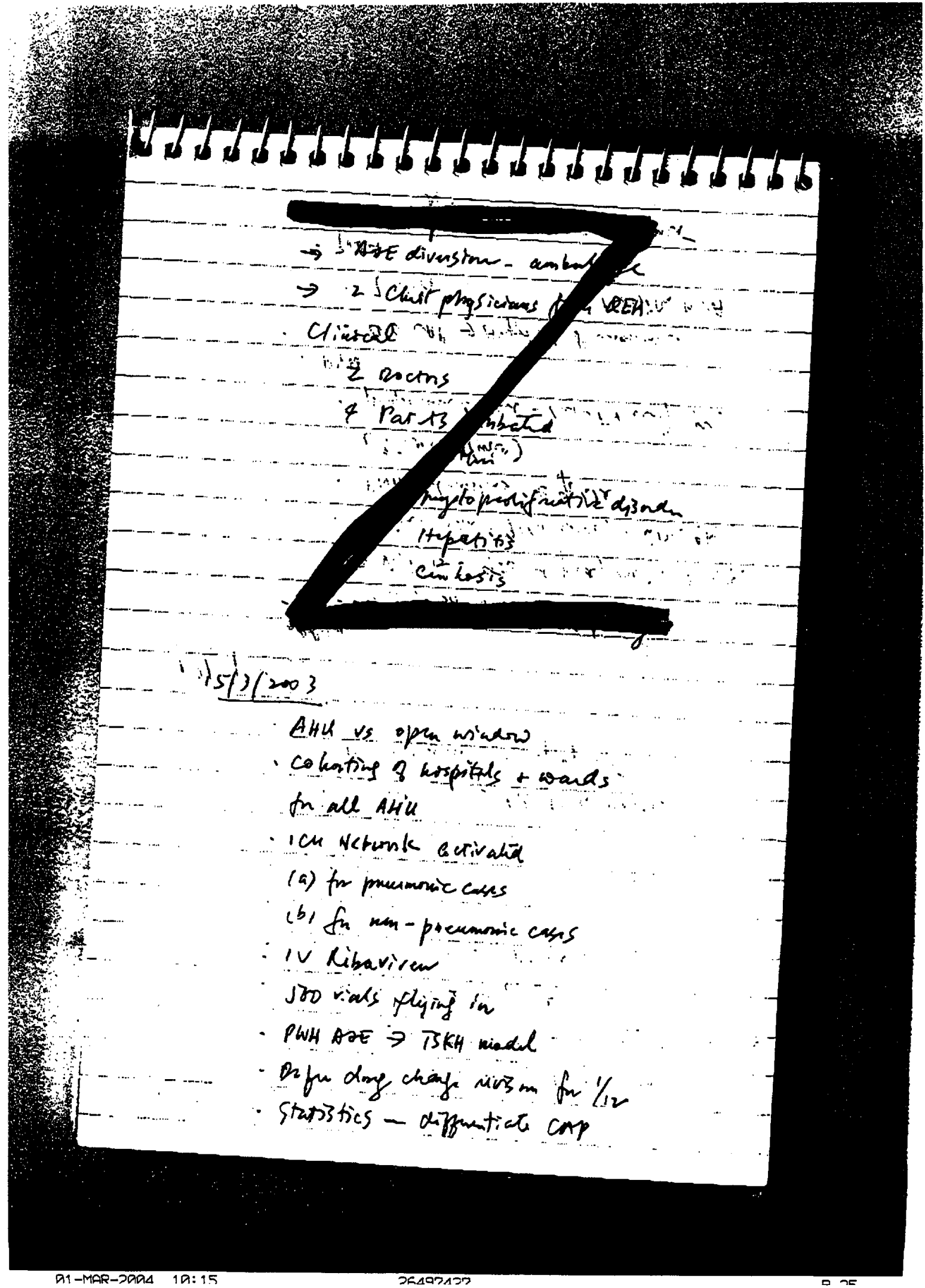
16/3/2003

Clinical - stable
20 ready for discharge.

ICU
ms intubated + discharged
23 in unit 13 intubated
9 staff 2 discharged / 2 admitted
3 medical staff likely to be discharged
potentially 5 nurses may be involved
Use of N100 mask also P100
Only 4 on-site

[redacted]





[redacted]

→ [redacted] diversion - ambul[redacted]

→ 2 [redacted] Chest physicians [redacted] UCLH

· Clinical [redacted]

2 Doctors

4 Patients [redacted]

[redacted]

Myeloproliferative disorder

Hepatitis

Cirrhosis

15/3/2003

- AHU vs open window
- Colonising of hospitals + wards for all AHU
- ICU Network activated
  - (a) for pneumonic cases
  - (b) for non-pneumonic cases
- IV Ribavirin
- 300 vials flying in
- PWH A&E ⇒ TSKH model
- Drug dosage change 1/52 for 1/12
- Statistics — differentiate CAP

(Please fax the completed Booking Form to General Office at fax no: 2637 8244 or 2649 7427)

Ref. No. B-262

Part A (To be completed by User)

Requested by : [redacted] LEE SHM (CD)
(Name in Block Letter) (Title & Dept.)

Contact Person : [redacted] Chan Tel. No.: [redacted] Fax No.: 2645 9404

Booking Date : 5/3/2004 Time: 9:30 - 12:00 No. of Participants: 26

Function Title : Portering Services (ADS) am Meeting for POAs.

Please ☐ ✓ the required venues and equipment as the followings :-

☐ **Conference Room 1, 2/F, Main Block (24 Seats)** (Seating Capacity 20-30 seats)
- ☐ Notebook Computer ☐ LCD Projector ☐ TV Set (with VCR)
- ☐ Visual Presenter ☐ Slide Projector

☐ **Conference Room 2, 2/F, Main Block (15 Seats)**
- ☐ Overhead Projector ☐ White Board

☐ **Lecture Theatre, Basement, Block A (300 Seats)**
- ☐ Overhead Projector ☐ PA System & Amplifier ☐ TV Set (with VCR)
- ☐ Slide Projector

☐ **Conference Room, Rm 132, 1/F, Block A (Conference Table, 30 Seats)**
- ☐ Overhead Projector ☐ Slide Projector

☐ **Classroom, Rm 26 , G/F, Block A (Student Desk, 25 Seats)**
- ☐ Slide Projector ☐ Overhead Projector ☐ Amplifier Microphone
- ☐ TV Set (with VCR)

☐ **Classroom, Rm 29 , G/F, Block A (Student Desk, 24 Seats)**
- ☐ Slide Projector ☐ Overhead Projector

☑ **Conference Room, Rm 132, 1/F, Block A** (Conference Table, 30 Seats)

☐ **Skill Laboratory 1, Rm 103, 1/F, Block A**

☐ **Skill Laboratory 2, Rm 128, 1/F, Block A**

Share Items :
- ☑ Overhead Projector
- ☑ Slide Projector
- ☑ White Board

Part B (To be completed by General Office)

This is to confirm that:

☑ The venue will be reserved for you as requested and the equipment requested is/~~is not~~ available.

☐ The venue will not be available.

☐ Remarks : _____

FAXED DATE: 1 MAR 2004

Replied by
Signature : [signature]
Name & Rank : CHL GR
Tel. No. : 2632-2426
Date : 1 MAR 2004

C:\My documents\rebecca\Guidelines for Users for Conference Facilities in PWH

新界西·醫院聯網
New Territories West Cluster

聯網辦事處 Cluster Office
屯門醫院 Tuen Mun Hospital
Tsing Chung Koon Road, Tuen Mun, New Territories, Hong Kong. Tel: (852) 2468 5111 Fax: (852) 2456 1911
青松觀路 電話：(852)2468 5111 傳真：(852)2456 1911

Our ref.: ( ) in

23 February 2004

Miss Flora TAI
Clerk to Select Committee
Legislative Council
Legislative Council Building
8 Jackson Road
Central
Hong Kong

Dear Miss TAI,

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

I refer to your letter ref CB2/SC2 dated 16 February 2004.

During the period between 15 March to 24 March 2003, there were a series of ad hoc meetings held to discuss on the SARS-related issues. While the exact contents of the meetings could not be recalled, those were mainly working meetings with the Chief Executive of HA and other Cluster Chief Executives discussing on the coordination and actions in response to SARS.

I would also like to confirm that I am not in possession of any written notes in relation to the above meetings.

Thank you.

Yours sincerely,

(Dr. Cheung Wai Lun)
Cluster Chief Executive, New Territories West Cluster,
/ Hospital Chief Executive, Tuen Mun Hospital,
Hospital Authority

WLC/NL

Appendix VIII

醫院管理局
HOSPITAL AUTHORITY

群策群力為病人・優質醫護兩者林
Quality Patient-Centred Care Through Teamwork

By Fax (2248 2011) and By Post

Your Ref : CB2/SC2

25 February 2004

Miss Flora TAI,
Clerk to Select Committee,
Legislative Council,
Legislative Council Building,
8 Jackson Road,
Central,
Hong Kong

Dear Miss Tai,

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

Initially Dr. William Ho invited Cluster Chief Executives and a few related subject officers to his office to report on the situation in the hospitals. As I was not formally invited, I attended only when I was not otherwise engaged. No notes were taken. I cannot recollect discussion and decisions at the time.

After Dr. William Ho's admission into hospital, I helped Dr. W M Ko to coordinate the meetings of senior executives by asking a colleague to keep notes of decisions and actions every day. I introduced the title of "SARS Round-up Meeting" on 25th March 2003.

Yours sincerely,

(Dr Vivian WONG)
Director
Professional Services & Medical Development
Hospital Authority

香港九龍亞皆老街147B醫院管理局大樓5樓
5/F, Hospital Authority Building, 147B Argyle Street, Kowloon, Hong Kong
電話Tel : (852) 2300-6787 傳真Fax : 2194-6845 電子郵箱 Email: vcwwong@ha.org.hk

Appendix IX

醫院管理局
HOSPITAL AUTHORITY

群策群力為病人・優質醫護滿香林
Quality Patient-Centred Care Through Teamwork

Our Ref: LTR/FEB20/04/1

25 February 2004

By fax (22482011) and post

Miss Flora Tai
Clerk to Select Committee
Legislative Council Building
8 Jackson Road
Central
Hong Kong

Dear Miss Tai

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

I refer to your letter of 16 February 2004 and would like to advise the following:

I did not attend the meetings from March 15 to 24 March 2003, and hence, I do not have any notes.

Yours sincerely

Nancy J. Tse

(Nancy TSE)
Director (Finance)
Hospital Authority

NT/cm Select committee - SARS.doc (102)

Room 426N, 4/F., Hospital Authority Building, 147B Argyle Street, Kowloon, Hong Kong.
[Tel: (852) 2300-6783 Fax: (852) 2895-2366 E-mail: tscnsl@ha.org.hk]

HA(G) 1