8(a). The terms of reference, membership and minutes of the Cluster SARS meetings:

i) Terms of reference : a)To disseminate information,
b)To provide direction,
c)To co-ordinate operational issues,
d)To provide feedback.

ii) Membership: Cluster Chief Executive
Hospital Chief Executives
Chiefs of Service/Heads of Department
General Managers

iii) Minutes of Meeting of the following Cluster are attached:

(1) Hong Kong West : H71 Complete set of document is kept in Rm 015
(2) Hong Kong East : H72-H73 Complete set of document is kept in Rm 015
(3) Kowloon Central : H74
(4) Kowloon West : H75
(5) New Territories West : H76
(6) New Territories East : H77
: H78 Complete set of document is kept in Rm 015

Note: Kowloon East Cluster did not have minutes of the meetings.

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NEW TERRITORIES EAST CLUSTER

Hospital Authority

Notes of a meeting on Management of Atypical Pneumonia Incidence held on 14 March, 2003 at Conference Room I, 2/Fl., Main Block, PWH.

Chairman :	Dr. Fung Hong		
Members :	Dr. Philip Li	Prof. A. Ahuja	Prof. T.F. Fok
	Dr. S.Y. Tung	Prof. Augustine Cheng	Prof. Tony Chung
	Dr. William Wong	Prof. C.A. Van Hasselt	Dr. Thomas Buckley
	Dr. S.F. Lui	Prof. H.K. Ng	Dr. Louis Chan
	Dr. C.Y. Li	Prof. J. Sung	Prof. Sydney Chung
	Ms Lily Chung	Prof. Peter Cameron	Dr. Donald Lyon
	Ms E. Mok	Prof. H.K. Ng	Prof. John Tam
		Dr. M.C. Yam	Prof. C.S. Cockram
		Prof. Gavin Joynt	Dr. Au Tak Kwong /
		Prof. Paul Chan	Dr. Shiu Tak Chi
Secretary :	Ms Winnie Cheng		

Patient Status

1. There were 60 cases of suspecte AP cases in PWH. 34 of them were Health Care Workers and 8 Medical Students. 41 patients had adnormal CXR. 1 in ICU.

2. All suspected AP cases and their contacts with symptoms were cohorted in PWH.

3. The infection control team had started contact tracing of affected patients, inparticular those in 8A. If contacts were asytomatic, they would be referred to DH for health surveillance. If they had symptoms, they would be asked to attend the AED, PWH immediately.

Epidemiological Update

4. No definitive organism could be identified by rapid test.

5. More detailed culture result would be available by early next week.

6. Evidence so far pointed to droplet infection. Infection control measure on droplet infection should be strictly followed in handling patients with respiratory diseases including wearing gloves and gowns. Communal apparatus and areas should be cleaned before use and must not be contaminated with potentially infected materials.

Contingency Measures

7. Patients with no evidence of pneumonia would be moved along medical wards to allow cohort of all suspected cases of AP. All suspected AP cases were cohorted in AED Observation ward, 8D, A&B. 10AB would be vacated for admission of more AP cases. The AED Observation wards would be relocated to 5E temporarily.

8. All suspected and confirmed AP cases in NTEC would be sent to PWH. All other NTEC hospitals would be kept clean.

9. All emergency admission in Medicine would be triaged in AED. All suspected and confirmed AP cases would be admitted to PWH. Those with non-pneumonic conditions would be transferred to other acute hospital in the cluster for treatment.

10. Medicine had stopped all clinical admission in all NTEC hospitals. Medicine day ward would be closed to release manpower.

11. All elective surgical operation would be stopped for one week to conserve manpower and ICU capacity to take care of the critically ill patients. This applied to Surgery, Orthopaedics and Gynaecology.

12. Diversion of uncomplicated term delivery(more than 37 weeks gestation age) to AHNH would be effected as from 14 March. A 24-hours patient hotline would be set up in Ward 7F to answer enquiries.

13. There would be cross specialties and hospitals staff deployment to meet operational needs. Some staff would be posted to AED to help out.

14. Some medical specialist clinics including Hepatology and Hepatics clinics, Hypertension clinics and Cardiac Clinic would be suspended for the time being.

15. 40 contingency rooms would be provided on 6 & 9 floor of Block A staff quarters for staff who would like to stay in hospital.

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NEW TERRITORIES EAST CLUSTER

Hospital Authority

Notes of a meeting on management o f Atypical Pneumonia Incidence in PWH held on 15 March, 2003 at Conference Room 1, 2/Fl., Main Block, PWH

Chairman :	Dr. Fung Hong		
Members :	Dr. Philip Li	Prof. A. Ahuja	Prof. T.F. Fok
	Dr. S.Y. Tung	Prof. Augustine Cheng	Prof. Tony Chung
	Dr. William Wong	Prof. C.A. Van Hasselt	Dr. Thomas Buckley
	Dr. S.F. Lui	Prof. H.K. Ng	Dr. Louis Chan
	Dr. C.Y. Li	Prof. J. Sung	Prof. Sydney Chung
	Ms Lily Chung	Prof. Peter Cameron	Dr. Donald Lyon
	Ms E. Mok	Dr. M.C. Yam	Prof. John Tam
		Prof. Gavin Joynt	Prof. C.S. Cockram
		Prof. Paul Chan	Dr. Au Tak Kwong / Dr. Shiu Tak Chi
Secretary :	Ms Winnie Cheng		

Patient Status

1. The M.O. admitted to ICU was in serious condition. The TSA in Kwong Wah Hospital was improving.

2. As at 5 March, there were 64 cases of suspected atypical pneumonia in PWH, of these, there were 24 health care workers and 11 medical students.

Epidemiological Update

3. On contact tracing, so.far, 83 healthcare workers were interviewed. Most of them had fever and chill, some had rigor.

Contingency Measures

4. The 8A, B, D and Obervation Wards in A&E were classified as areas regquiring upgraded droplet precautions. The related guideline should be strictly observed. Goggles would be needed in doing procedures. N95 mask should be changed after frequent use or when soiled.

5. Routine surface cleansing would be carried out daily by using hypochlorite solution of 1000ppm dilution.

6. Staff deployment across specialties and hospitals would be continued in order to meet service need.

7. A checklist for suspected CAP cases to be admitted to 8D was developed for use in A&E Department.

8. Half of the clinics of the Medical Department would be closed. It included respiratory related clinics, aspiratory and GI clinics.

9. In view of high volume of work in laboratories. Routine tests would experience delay.

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NEW TERRITORIES EAST CLUSTER

Hospital Authority

Notes of a meeting on Management of Atypical Pneumonia Incidence in PWH held on 16 March, 2003 at Conference Room I, 2/Fl., Main Block, PWH.

Chairman :	Dr. Fung Hong		
Members :	Dr. Philip Li	Prof. J. Sung	Prof. Gavin Joynt,
	Dr. S.Y. Tung	Prof. A. Ahuja	Prof. Tony Chung
	Dr. S.F. Lui	Prof. Augustine Cheng	Dr. Thomas Buckley
	Dr. William Wong	Prof. C.A. Van Hasselt	Dr. Louis Chan
	Dr. C.Y. Li	Prof. Peter Cameron	Prof. Sydney Chung
	Ms Lily Chung	Prof. T.F. Fok	Dr. Donald Lyon
	Ms E. Mok	Dr. M.C. Yam	Prof. John Tam
		Prof. Paul Chan	Prof. C.S. Cockram
			Dr. Au Tak Kwong /
			Dr. Shiu Tak Chi
Secretary :	Ms Winnie Cheng		

Patient Status

1. 36 Health Care Workers and 15 medical students were admitted. Of these, 29 health care workers and 15 medical students were diagnosed to have AP.

2. 3 health care workers and one medical student were in ICU. 1 was on ventilator support and in critical condition.

3. 37 patients with AP acquired from community were admitted. Some were ward 8A ex-patients, visitors or patient contacts. 7 of these patients were in ICU.

Epidemilogical Update

4. One likely index case was identified. Contact enquiry on 83 healthcare workers were performed. Those asymptomatic were kept under surveillance by DH. The symptomatic ones were called back for admission.

5. DH were performing contact enquiry on non-healthcare workers in the community.

6. The incubation period of the unknown "virus" was estimated to be 4-5 days. Hence second wave of affected staff and medical students was expected around the next few days.

Infection Control

7. Ward 8 ABD and Obervation ward of AED was high risk areas requiring upgraded droplet precautions and such guideline should be followed.

8. HA issued a standard notice to remind patients and visitors on the general infection control.

Contingency Measures

9. Admission criteria for suspected CAP had been set up for use in AED.

10. The medical specialist clinic would re-schedule all new case appointments in the coming two weeks. The Chest and Asthma Clinic would be suspended in addition to Firm 2 clinics.

11. Additional vials of IV Ribavirin were ordered.

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NEW TERRITORIES EAST CLUSTER

Hospital Authority

Notes of a meeting on Management of Atypical Pneumonia Incidence in PWH held on 17 March, 2003 at Conference Room 1, 2/Fl., Main Block, PWH.

Chairman :	Dr. Fung Hong		
Members :	Dr. Philip Li	Prof. J. Sung	Prof. Tony Gin
	Dr. S.Y. Tung	Prof. A. Ahuja	Prof. Gavin Joynt
	Dr. S.F. Lui	Prof. Augustine Cheng	Dr. Amy Cho
	Dr. William Wong	Prof. C.A. Van Hasselt	Prof. Tony Chung
	Dr. C.Y. Li	Prof. Peter Cameron	Dr. Thomas Buckley
	Ms Lily Chung	Prof. T.F. Fok	Dr. Louis Chan
	Ms E. Mok	Dr. M.C. Yam	Prof. Sydney Chung
		Prof. Paul Chan	Dr. Donald Lyon
		Dr. Peter Choi	Prof. John Tam
			Prof. C.S. Cockram
Secretary :	Ms Winnie Cheng / Mr. Peter Leung		

Patient Status

1. 1 doctor and 1 healthcare worker were on ventilator. Two doctors were in serious conditions.

2. 2 paediatric patients suffering from AP and were isolated.

Epidemilogical Update

3. DH and HAHO identified the mode of disease transmission as most likely droplet infection. Case definition of AP was under standardization by HA.

4. 98 contact tracing were done. Only one was noted to have signs of pneumonia.

5. Epidemological study indicated that the admitted cases were all from first wave of infection. Second wave not appearing yet but needed to be on the full alert in the next few days which would be critical for Hong Kong.

Infection Control

6. It was necessary to wear goggles or eye shields when performing invasive procedures or suction which might lead to splashing of body fluid.

Contingency Measures

7. PWH AED would divert all medical emergencies requirng hospital admission away to other hospitals with immediate effect, unless for patietns who were PWH staff or belong to the current cohort of infection outbreak. Admission to medical wards would be diverted to other hospitals outside cluster since AHNH and NDH medical wards would be full soon.

8. All AP cases would be kept within the ICU of PWH. OT and CCU would be used when needed.

9. All terms deliveries of 37 weeks gestational age or more had been diverted to AHNH.

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NEW TERRITORIES EAST CLUSTER

Hospital Authority

Notes of a meeting on Management of Atypical Pneumonia Incidence in PWH held on 18 March, 2003 at Conference Room 1, 2/Fl., Main Block, PWH.

Chairman :	Philip Li		
Members :	Dr. Raymond Chen	Prof. A. Ahuja	Prof. Tony Gin
	Dr. S.Y. Tung	Prof. Augustine Cheng	Prof. Gavin Joynt
	Dr. S.F. Lui	Prof. Anthony Yim	Dr. Amy Cho
	Dr. William Wong	Prof. C.A. Van Hasselt	Prof. Tony Chung
	Dr. C.Y. Li	Prof. Peter Cameron	Dr. Thomas Buckley
	Prof. J. Sung	Prof. T.F. Fok	Dr. Louis Chan
	Prof. Tony Chung	Prof. H.K. Ng	Dr. Donald Lyon
	Ms Lily Chung	Dr. M.C. Yam	Prof. John Tam
	Ms E. Mok	Prof. Paul Chan	Prof. C.S. Cockram
	Prof. Joan Ng	Dr. Peter Choi	Prof. Y.K. Wing
	Prof. Anthony Chan		
Secretary :	Ms Winnie Cheng / Mr. Peter Leung		

Patient Status

1. There were 16 ICU patients. 4 of them were staff.

2. There were 2 paediatric cases. Two with CXR changes.

3. Staff in wards were largely stable.

Epidemilogical Update

4. Contrast CT might be needed in some patients to pick up pneumonia if they had persistant symptoms for clinical features suggestive of pneumonia. CXR might miss the pneumonic changes.

5. The use of nebulizer was the cause of the extensive spread of infection in Ward 8A. It was highly likely that the nebulizer had turned the droplet into aerosols. The policy on use of neublizers should be reviewed and nebulizer should be used sensibly.

6. Treatment purely for prophylaxis in contacts with Tamiflu/Klacid/cefotaxime found no effect.

Infection Control

7. Caps and shoe covers were required in high risk area like ICU and isolaiton cubicles for infected areas. Infection control nurse would visit medical and other high risk areas to reinforce practice.

Contingency Measures

8. CCU was vacated to prepare for possible overflow of ICU cases.

9. Healthcare workers admitted to Observation ward would be moved to 10AB to reduce congestion and provide better environment.

10. With effect from midnight today, AED would be closed for 3 days except for receiving own staff and or cohort of AP cases, oncology patients and obstetric emergencies.

11. Life saving surgical operations would continue to be performed in PWH under real emergency situation.

Staff Support

12. A staff support team would be set up. Sick leave would be waived for all infected staff. Compensation would be granted according to HR rules, including temporary staff.

13. Private meal menu and greeting cards would be arranged for sick staff.

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NEW TERRITORIES EAST CLUSTER

Hospital Authority

Notes of a meeting on Management o f Atypical Pneumonia Incidence in PWH held on 19 March, 2003 at Conference Room 1, 2/Fl., Main Block, PWH

Chairman :	Dr. Fung Hong		
Members :	Dr. Philip Li	Prof. J. Sung	Prof. Tony Gin
	Dr. Raymond Chen	Prof. Tony Chung	Prof. Gavin Joynt
	Dr. S.Y. Tung	Prof. A. Ahuja	Dr. Amy Cho
	Dr. S.F. Lui	Prof. Augustine Cheng	Dr. Thomas Buckley
	Dr. K.K. Lai	Prof. Anthony Yim	Dr. Louis Chan
	Dr. Susanna Lo	(vice Prof. C.A. Van	Dr. Donald Lyon
	Dr. W.C. Ip	Hasselt)	Prof. John Tam
	Dr. William Wong	Prof. Peter Cameron	Prof. C.S. Cockram
	Dr. C.Y. Li	Prof. T.F. Fok	Prof. Y.K. Wing
	Mr. Robert Wong	Prof. H.K. Ng	Prof. Joan Ng
	Ms Lily Chung	Dr. M.C. Yam	Prof. Anthony Chan
	Ms E. Mok	Prof. Paul Chan	
		Dr. Peter Choi	

Secretary : Ms Winnie Cheng

Patient Status

1. There were 5 HCW admitted. Their contact history was under investigation.

2. 1 medical student had been discharged.

3. Discharge criteria were fever down for more than 48 hours and no more symptoms.

4. There were two cases of death from 8A with other co-morbidity factors.

5. Many staff and medical students were showing response to treatment. Staff in ICU were stable.

Epidemiological Update

6. The organism had been identified as a virus of the Paramyxoviridae.

7. It was agreed to merge the AP cases database to expedite epidemiological investigation.

8. PWH and DH were actively tracing possible contact to ward 8A in the community.

Infection Control

9. Hospital wide infection control briefings were done several times. Implementation audit would be carried out to ensure compliance. It would be done twice daily. Departmental briefings would be conducted.

10. CDC guidelines stated that the disease was spread most likely by droplet infection.

11. Infection Control Guideline on use of nebulizer would be issued later.

12. Dead bodies of infected patients were classified as Cat II plus droplet precautions after confirmation with HAHO. All cases of death would be reported to Coroner.

Contingency Measures

13. All suspected AP cases would be referred to PMH except for own staff and medical students.

14. ICU network arrangement would be activated when the unit was full. Other hospitals were alerted to spare ICU capacity to take care of the AP cases. Further ICU facility provision such as CCU would be made if necessary.

15. We are working with HKMA on plan for private surgeons and anesthetists to offer free professional services to our patients waiting for surgery. The involved doctors have agreed not to charge any fees. Baptist Hospital, St. Teresa Hospital and Union Hospital would offer 20% discount on hospital fees to these patients. The offer would be relayed to patients after all details on the particulars of these private surgeons and anesthetists were sorted out.

16. The HKMA would also update the list of GPs in Shatin and Tai Po for public reference.

Staff Support

17. Ward 10AB would be provided with wireless internet facilities for patients to link computers to Internet.

18. The Shatin District Council and citizens had sent their regards and support to our staff. HA staffs also shown great concern to our staff who got sick.

19. There would be no limit to the usage of masks and infection control material.

20. The hospital would grant additional day off for nurses working in infected area to

relieve their stress.

21. The listing of volunteer workers would be centralized by Cluster HR. At least 3 doctors and a few nurses would come to help.

22. Staffs were encouraged to contact Clinical Psychologist and psychiatrist to allay doubt. Crisis Management Briefings, Critical Incident Stress Debriefing (CISD) and staff support groups would be organized to give support. A hotline was being arranged by Oasis of HAHO to provide emotional support to staff. Details would be announced once finalized.

23. Regular support groups would be conducted for staff to share experience & feeling and to support each other. Experienced staff would facilitate these sessions and volunteers trained in counselling and provision of emotional support to personnel under stress and under crisis during the group meetings. Staff requiring support on individual basis, one-on-one session with professional counselors would also be arranged.

24. The arrangement of Critical Incident Stress Debriefing (CISD) was under consideration. Such debriefing session would involve a structured crisis intervention

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NEW TERRITORIES EAST CLUSTER

Hospital Authority

Notes of a meeting on Management of Atypical Pneumonia Incidence held on 20 March, 2003 at Conference Room I, 2/Fl., Main Block, PWH.

Chairman : Dr. Fung Hong

Attendance :

Dr. Philip Li	Prof. J. Sung	Prof. Tony Gin
Dr. Raymond Chen	Prof. A. Ahuja	Prof. Gavin Joynt
Dr. S.Y. Tung	Prof. Augustine Cheng	Dr. Amy Cho
Dr. Susanna Lo	Prof. Anthony Yim	Prof. Tony Chung
Dr. K.K. Lai	(vice Prof. C.A. Van	Dr. Thomas Buckley
Dr. W.C. Ip	Hasselt)	Dr. Louis Chan
Dr. S.F. Lui	Prof. H.K. Ng	Prof. Sydney Chung
Dr. William Wong	Prof. Peter Cameron	Dr. Donald Lyon
Dr. C.Y. Li	Prof. T.F. Fok	Prof. John Tam
Ms Lily Chung	Dr. M.C. Yam	Prof. C.S. Cockram
Ms E. Mok	Dr. Lam Chan	Prof. Y.K. Wing
	Prof. Paul Chan	Prof. Joan Ng
		Dr. Peter Choi

Secretary : Ms Winnie Cheng

Patient Status

1. 4 more nurses, and 4 patients (including 2 General Practitioners and 2 persons who had contact with 8A patients) were newly admitted since yesterday.

2. Efforts would be put forth to contain infection and manage AP cases of PWH.

3. On community aspect, the meeting agreed with the seriousness and would fight the community battle.

Infection Control Measures

4. 150 set of Infection control suit was being ordered for use by ICU staff, including 450 single-person-use hoods.

5. It was necessary to tighten up infection control. There were problems in implementation and execution of infection control policies. Ms E Mok would report progress.

Contingency Measures

6. Rota system had been developed to relief staff who were on duty since the start of the incidence. There were doctors and nurses from PWH and other HA hospitals volunteered to work in high-risk areas. They would be adequately briefed on infection control measures and be provided with suitable gears.

7. Some staff who have not been to infected areas would be re-deployed to help out in AHNH A&E and Medical departments.

8. An appropriate location was being explored to accommodate the infected patients to be discharged. GPA requested for a medical impact assessment on other tenants if the patient colleagues were to be moved into quarters for convalescence.

9. A number of volunteer nurses would go through a one-day short course to help out in high-risk areas. The whole team of endoscopy nurses volunteered to work in ICU.

Staff Support

10. Residents might not be able to complete rotation and training within the contract period. They would be compensated of the time delay caused by the Atypical Pneumonia incidence.

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NEW TERRITORIES EAST CLUSTER

Hospital Authority

Notes of a meeting on Management of Atypical Pneumonia Incidence held on 21 March, 2003 at Conference Room I, 2/Fl., Main Block, PWH.

Chairman :	Dr. Fung Hong		
Members :	Dr. Philip Li	Prof. J. Sung	Prof. Tony Gin,
	Dr. Raymond Chen	Prof. A. Ahuja	Prof. Gavin Joynt,
	Dr. S.Y. Tung	Prof. Augustine Cheng	Dr. Amy Cho,
	Dr. Susanna Lo	Prof. Anthony Yim	Prof. Tony Chung
	Dr. K.K. Lai	(vice Prof. C.A. Van	Dr. Thomas Buckley
	Dr. W.C. Ip	Hasselt)	Dr. Louis Chan
	Dr. S.F. Lui	Prof. H.K. Ng	Prof. Sydney Chung
	Dr. William Wong	Prof. Peter Cameron	Dr. Donald Lyon
	Dr. C.Y. Li	Prof. T.F. Fok	Prof. John Tam
	Ms Lily Chung	Dr. M.C. Yam	Prof. C.S. Cockram
	Ms E. Mok	Dr. Lam Chan	Prof. Y.K. Wing
		Prof. Paul Chan	Prof. Joan Ng
			Dr. Peter Choi
Secretary :	Ms Winnie Cheng		

Patient Status

1. As at 21 March 2003 noon, statistics on Atypical Pneumonia cases were :

	Admitted cases	Deceased since onset of epidemics	Discharged yesterday	Currently in ICU
Healthcare Workers	57			8
Medical Students	16			1
Patients	58	2	3	15
Total	131	2	3	24

2. 4 more nurses, and 4 patients (including 2 General Practitioners and 2 persons who had contact with 8A patients) were newly admitted since yesterday.

3. There were 24 ICU patients now, the condition of health care workers and medical students were stable. 12 of them were on ventilator. One patient was transferred to QEH ICU last night.

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NEW TERRITORIES EAST CLUSTER

Hospital Authority

Notes of a meeting on Management of Atypical Pneumonia Incidence held on 14 March, 2003 at Conference Room I, 2/Fl., Main Block, PWH.

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Members :	Dr. Philip Li	Prof. A. Ahuja	Prof. T.F. Fok
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	Dr. C.Y. Li	Prof. J. Sung	Prof. Sydney Chung
	Ms Lily Chung	Prof. Peter Cameron	Dr. Donald Lyon
	Ms E. Mok	Prof. H.K. Ng	Prof. John Tam
		Dr. M.C. Yam	Prof. C.S. Cockram
		Prof. Gavin Joynt	Dr. Au Tak Kwong /
		Prof. Paul Chan	Dr. Shiu Tak Chi
Secretary :	Ms Winnie Cheng		

Patient Status

1. There were 60 cases of suspecte AP cases in PWH. 34 of them were Health Care Workers and 8 Medical Students. 41 patients had adnormal CXR. 1 in ICU.

2. All suspected AP cases and their contacts with symptoms were cohorted in PWH.

3. The infection control team had started contact tracing of affected patients, inparticular those in 8A. If contacts were asytomatic, they would be referred to DH for health surveillance. If they had symptoms, they would be asked to attend the AED, PWH immediately.

Epidemiological Update

4. No definitive organism could be identified by rapid test.

5. More detailed culture result would be available by early next week.

6. Evidence so far pointed to droplet infection. Infection control measure on droplet infection should be strictly followed in handling patients with respiratory diseases including wearing gloves and gowns. Communal apparatus and areas should be cleaned before use and must not be contaminated with potentially infected materials.

Contingency Measures

7. Patients with no evidence of pneumonia would be moved along medical wards to allow cohort of all suspected cases of AP. All suspected AP cases were cohorted in AED Observation ward, 8D, A&B. 10AB would be vacated for admission of more AP cases. The AED Observation wards would be relocated to 5E temporarily.

8. All suspected and confirmed AP cases in NTEC would be sent to PWH. All other NTEC hospitals would be kept clean.

9. All emergency admission in Medicine would be triaged in AED. All suspected and confirmed AP cases would be admitted to PWH. Those with non-pneumonic conditions would be transferred to other acute hospital in the cluster for treatment.

10. Medicine had stopped all clinical admission in all NTEC hospitals. Medicine day ward would be closed to release manpower.

11. All elective surgical operation would be stopped for one week to conserve manpower and ICU capacity to take care of the critically ill patients. This applied to Surgery, Orthopaedics and Gynaecology.

12. Diversion of uncomplicated term delivery(more than 37 weeks gestation age) to AHNH would be effected as from 14 March. A 24-hours patient hotline would be set up in Ward 7F to answer enquiries.

13. There would be cross specialties and hospitals staff deployment to meet operational needs. Some staff would be posted to AED to help out.

14. Some medical specialist clinics including Hepatology and Hepatics clinics, Hypertension clinics and Cardiac Clinic would be suspended for the time being.

15. 40 contingency rooms would be provided on 6 & 9 floor of Block A staff quarters for staff who would like to stay in hospital.

CONFIDENTIAL

NEW TERRITORIES EAST CLUSTER

Hospital Authority

Notes of a meeting on management o f Atypical Pneumonia Incidence in PWH held on 15 March, 2003 at Conference Room 1, 2/Fl., Main Block, PWH

Chairman :	Dr. Fung Hong		
Members :	Dr. Philip Li	Prof. A. Ahuja	Prof. T.F. Fok
	Dr. S.Y. Tung	Prof. Augustine Cheng	Prof. Tony Chung
	Dr. William Wong	Prof. C.A. Van Hasselt	Dr. Thomas Buckley
	Dr. S.F. Lui	Prof. H.K. Ng	Dr. Louis Chan
	Dr. C.Y. Li	Prof. J. Sung	Prof. Sydney Chung
	Ms Lily Chung	Prof. Peter Cameron	Dr. Donald Lyon
	Ms E. Mok	Dr. M.C. Yam	Prof. John Tam
		Prof. Gavin Joynt	Prof. C.S. Cockram
		Prof. Paul Chan	Dr. Au Tak Kwong / Dr. Shiu Tak Chi
Secretary :	Ms Winnie Cheng		

Patient Status

1. The M.O. admitted to ICU was in serious condition. The TSA in Kwong Wah Hospital was improving.

2. As at 5 March, there were 64 cases of suspected atypical pneumonia in PWH, of these, there were 24 health care workers and 11 medical students.

Epidemiological Update

3. On contact tracing, so far, 83 healthcare workers were interviewed. Most of them had fever and chill, some had rigor.

Contingency Measures

4. The 8A, B, D and Obervation Wards in A&E were classified as areas regquiring upgraded droplet precautions. The related guideline should be strictly observed. Goggles would be needed in doing procedures. N95 mask should be changed after frequent use or when soiled.

5. Routine surface cleansing would be carried out daily by using hypochlorite solution of 1000ppm dilution.

6. Staff deployment across specialties and hospitals would be continued in order to meet service need.

7. A checklist for suspected CAP cases to be admitted to 8D was developed for use in A&E Department.

8. Half of the clinics of the Medical Department would be closed. It included respiratory related clinics, aspiratory and GI clinics.

9. In view of high volume of work in laboratories. Routine tests would experience delay.

CONFIDENTIAL

NEW TERRITORIES EAST CLUSTER

Hospital Authority

Notes of a meeting on Management of Atypical Pneumonia Incidence in PWH held on 16 March, 2003 at Conference Room I, 2/Fl., Main Block, PWH.

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Members :	Dr. Philip Li	Prof. J. Sung	Prof. Gavin Joynt.
	Dr. S.Y. Tung	Prof. A. Ahuja	Prof. Tony Chung
	Dr. S.F. Lui	Prof. Augustine Cheng	Dr. Thomas Buckley
	Dr. William Wong	Prof. C.A. Van Hasselt	Dr. Louis Chan
	Dr. C.Y. Li	Prof. Peter Cameron	Prof. Sydney Chung
	Ms Lily Chung	Prof. T.F. Fok	Dr. Donald Lyon
	Ms E. Mok	Dr. M.C. Yam	Prof. John Tam
		Prof. Paul Chan	Prof. C.S. Cockram
			Dr. Au Tak Kwong / Dr. Shiu Tak Chi
Secretary :	Ms Winnie Cheng		

Patient Status

1. 36 Health Care Workers and 15 medical students were admitted. Of these, 29 health care workers and 15 medical students were diagnosed to have AP.

2. 3 health care workers and one medical student were in ICU. 1 was on ventilator support and in critical condition.

3. 37 patients with AP acquired from community were admitted. Some were ward 8A ex-patients, visitors or patient contacts. 7 of these patients were in ICU.

Epidemilogical Update

4. One likely index case was identified. Contact enquiry on 83 healthcare workers were performed. Those asymptomatic were kept under surveillance by DH. The symptomatic ones were called back for admission.

5. DH were performing contact enquiry on non-healthcare workers in the community.

6. The incubation period of the unknown "virus" was estimated to be 4-5 days. Hence second wave of affected staff and medical students was expected around the next few days.

Infection Control

7. Ward 8 ABD and Obervation ward of AED was high risk areas requiring upgraded droplet precautions and such guideline should be followed.

8. HA issued a standard notice to remind patients and visitors on the general infection control.

Contingency Measures

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10. The medical specialist clinic would re-schedule all new case appointments in the coming two weeks. The Chest and Asthma Clinic would be suspended in addition to Firm 2 clinics.

11. Additional vials of IV Ribavirin were ordered.

CONFIDENTIAL

NEW TERRITORIES EAST CLUSTER

Hospital Authority

Notes of a meeting on Management of Atypical Pneumonia Incidence in PWH held on 17 March, 2003 at Conference Room 1, 2/Fl., Main Block, PWH.

Chairman :	Dr. Fung Hong		
Members :	Dr. Philip Li	Prof. J. Sung	Prof. Tony Gin
	Dr. S.Y. Tung	Prof. A. Ahuja	Prof. Gavin Joynt
	Dr. S.F. Lui	Prof. Augustine Cheng	Dr. Amy Cho
	Dr. William Wong	Prof. C.A. Van Hasselt	Prof. Tony Chung
	Dr. C.Y. Li	Prof. Peter Cameron	Dr. Thomas Buckley
	Ms Lily Chung	Prof. T.F. Fok	Dr. Louis Chan
	Ms E. Mok	Dr. M.C. Yam	Prof. Sydney Chung
		Prof. Paul Chan	Dr. Donald Lyon
		Dr. Peter Choi	Prof. John Tam
			Prof. C.S. Cockram
Secretary :	Ms Winnie Cheng / Mr. Peter Leung		

Patient Status

1. 1 doctor and 1 healthcare worker were on ventilator. Two doctors were in serious conditions.

2. 2 paediatric patients suffering from AP and were isolated.

Epidemilogical Update

3. DH and HAHO identified the mode of disease transmission as most likely droplet infection. Case definition of AP was under standardization by HA.

4. 98 contact tracing were done. Only one was noted to have signs of pneumonia.

5. Epidemological study indicated that the admitted cases were all from first wave of infection. Second wave not appearing yet but needed to be on the full alert in the next few days which would be critical for Hong Kong.

Infection Control

6. It was necessary to wear goggles or eye shields when performing invasive procedures or suction which might lead to splashing of body fluid.

Contingency Measures

7. PWH AED would divert all medical emergencies requirng hospital admission away to other hospitals with immediate effect, unless for patietns who were PWH staff or belong to the current cohort of infection outbreak. Admission to medical wards would be diverted to other hospitals outside cluster since AHNH and NDH medical wards would be full soon.

8. All AP cases would be kept within the ICU of PWH. OT and CCU would be used when needed.

9. All terms deliveries of 37 weeks gestational age or more had been diverted to AHNH.

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NEW TERRITORIES EAST CLUSTER

Hospital Authority

Notes of a meeting on Management of Atypical Pneumonia Incidence in PWH held on 18 March, 2003 at Conference Room 1, 2/Fl., Main Block, PWH.

Chairman :	Philip Li		
Members :	Dr. Raymond Chen	Prof. A. Ahuja	Prof. Tony Gin
	Dr. S.Y. Tung	Prof. Augustine Cheng	Prof. Gavin Joynt
	Dr. S.F. Lui	Prof. Anthony Yim	Dr. Amy Cho
	Dr. William Wong	Prof. C.A. Van Hasselt	Prof. Tony Chung
	Dr. C.Y. Li	Prof. Peter Cameron	Dr. Thomas Buckley
	Prof. J. Sung	Prof. T.F. Fok	Dr. Louis Chan
	Prof. Tony Chung	Prof. H.K. Ng	Dr. Donald Lyon
	Ms Lily Chung	Dr. M.C. Yam	Prof. John Tam
	Ms E. Mok	Prof. Paul Chan	Prof. C.S. Cockram
	Prof. Joan Ng	Dr. Peter Choi	Prof. Y.K. Wing
	Prof. Anthony Chan		
Secretary :	Ms Winnie Cheng / Mr. Peter Leung		

Patient Status

1. There were 16 ICU patients. 4 of them were staff.

2. There were 2 paediatric cases. Two with CXR changes.

3. Staff in wards were largely stable.

Epidemilogical Update

4. Contrast CT might be needed in some patients to pick up pneumonia if they had persistant symptoms for clinical features suggestive of pneumonia. CXR might miss the pneumonic changes.

5. The use of nebulizer was the cause of the extensive spread of infection in Ward 8A. It was highly likely that the nebulizer had turned the droplet into aerosols. The policy on use of neublizers should be reviewed and nebulizer should be used sensibly.

6. Treatment purely for prophylaxis in contacts with Tamiflu/Klacid/cefotaxime found no effect.

Infection Control

7. Caps and shoe covers were required in high risk area like ICU and isolaiton cubicles for infected areas. Infection control nurse would visit medical and other high risk areas to reinforce practice.

Contingency Measures

8. CCU was vacated to prepare for possible overflow of ICU cases.

9. Healthcare workers admitted to Observation ward would be moved to 10AB to reduce congestion and provide better environment.

10. With effect from midnight today, AED would be closed for 3 days except for receiving own staff and or cohort of AP cases, oncology patients and obstetric emergencies.

11. Life saving surgical operations would continue to be performed in PWH under real emergency situation.

Staff Support

12. A staff support team would be set up. Sick leave would be waived for all infected staff. Compensation would be granted according to HR rules, including temporary staff.

13. Private meal menu and greeting cards would be arranged for sick staff.

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NEW TERRITORIES EAST CLUSTER

Hospital Authority

Notes of a meeting on Management o f Atypical Pneumonia Incidence in PWH held on 19 March, 2003 at Conference Room 1, 2/Fl., Main Block, PWH

Chairman :	Dr. Fung Hong		
Members :	Dr. Philip Li	Prof. J. Sung	Prof. Tony Gin
	Dr. Raymond Chen	Prof. Tony Chung	Prof. Gavin Joynt
	Dr. S.Y. Tung	Prof. A. Ahuja	Dr. Amy Cho
	Dr. S.F. Lui	Prof. Augustine Cheng	Dr. Thomas Buckley
	Dr. K.K. Lai	Prof. Anthony Yim	Dr. Louis Chan
	Dr. Susanna Lo	(vice Prof. C.A. Van	Dr. Donald Lyon
	Dr. W.C. Ip	Hasselt)	Prof. John Tam
	Dr. William Wong	Prof. Peter Cameron	Prof. C.S. Cockram
	Dr. C.Y. Li	Prof. T.F. Fok	Prof. Y.K. Wing
	Mr. Robert Wong	Prof. H.K. Ng	Prof. Joan Ng
	Ms Lily Chung	Dr. M.C. Yam	Prof. Anthony Chan
	Ms E. Mok	Prof. Paul Chan	
		Dr. Peter Choi	

Secretary : Ms Winnie Cheng

Patient Status

1. There were 5 HCW admitted. Their contact history was under investigation.

2. 1 medical student had been discharged.

3. Discharge criteria were fever down for more than 48 hours and no more symptoms.

4. There were two cases of death from 8A with other co-morbidity factors.

5. Many staff and medical students were showing response to treatment. Staff in ICU were stable.

Epidemiological Update

6. The organism had been identified as a virus of the Paramyxoviridae.

7. It was agreed to merge the AP cases database to expedite epidemiological investigation.

8. PWH and DH were actively tracing possible contact to ward 8A in the community.

Infection Control

9. Hospital wide infection control briefings were done several times. Implementation audit would be carried out to ensure compliance. It would be done twice daily. Departmental briefings would be conducted.

10. CDC guidelines stated that the disease was spread most likely by droplet infection.

11. Infection Control Guideline on use of nebulizer would be issued later.

12. Dead bodies of infected patients were classified as Cat II plus droplet precautions after confirmation with HAHO. All cases of death would be reported to Coroner.

Contingency Measures

13. All suspected AP cases would be referred to PMH except for own staff and medical students.

14. ICU network arrangement would be activated when the unit was full. Other hospitals were alerted to spare ICU capacity to take care of the AP cases. Further ICU facility provision such as CCU would be made if necessary.

15. We are working with HKMA on plan for private surgeons and anesthetists to offer free professional services to our patients waiting for surgery. The involved doctors have agreed not to charge any fees. Baptist Hospital, St. Teresa Hospital and Union Hospital would offer 20% discount on hospital fees to these patients. The offer would be relayed to patients after all details on the particulars of these private surgeons and anesthetists were sorted out.

16. The HKMA would also update the list of GPs in Shatin and Tai Po for public reference.

Staff Support

17. Ward 10AB would be provided with wireless internet facilities for patients to link computers to Internet.

18. The Shatin District Council and citizens had sent their regards and support to our staff. HA staffs also shown great concern to our staff who got sick.

19. There would be no limit to the usage of masks and infection control material.

20. The hospital would grant additional day off for nurses working in infected area to

relieve their stress.

21. The listing of volunteer workers would be centralized by Cluster HR. At least 3 doctors and a few nurses would come to help.

22. Staffs were encouraged to contact Clinical Psychologist and psychiatrist to allay doubt. Crisis Management Briefings, Critical Incident Stress Debriefing (CISD) and staff support groups would be organized to give support. A hotline was being arranged by Oasis of HAHO to provide emotional support to staff. Details would be announced once finalized.

23. Regular support groups would be conducted for staff to share experience & feeling and to support each other. Experienced staff would facilitate these sessions and volunteers trained in counselling and provision of emotional support to personnel under stress and under crisis during the group meetings. Staff requiring support on individual basis, one-on-one session with professional counselors would also be arranged.

24. The arrangement of Critical Incident Stress Debriefing (CISD) was under consideration. Such debriefing session would involve a structured crisis intervention

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NEW TERRITORIES EAST CLUSTER

Hospital Authority

Notes of a meeting on Management of Atypical Pneumonia Incidence held on 20 March, 2003 at Conference Room I, 2/Fl., Main Block, PWH.

Chairman : Dr. Fung Hong

Attendance :

Dr. Philip Li	Prof. J. Sung	Prof. Tony Gin
Dr. Raymond Chen	Prof. A. Ahuja	Prof. Gavin Joynt
Dr. S.Y. Tung	Prof. Augustine Cheng	Dr. Amy Cho
Dr. Susanna Lo	Prof. Anthony Yim	Prof. Tony Chung
Dr. K.K. Lai	(vice Prof. C.A. Van	Dr. Thomas Buckley
Dr. W.C. Ip	Hasselt)	Dr. Louis Chan
Dr. S.F. Lui	Prof. H.K. Ng	Prof. Sydney Chung
Dr. William Wong	Prof. Peter Cameron	Dr. Donald Lyon
Dr. C.Y. Li	Prof. T.F. Fok	Prof. John Tam
Ms Lily Chung	Dr. M.C. Yam	Prof. C.S. Cockram
Ms E. Mok	Dr. Lam Chan	Prof. Y.K. Wing
	Prof. Paul Chan	Prof. Joan Ng
		Dr. Peter Choi

Secretary : Ms Winnie Cheng

Patient Status

1. 4 more nurses, and 4 patients (including 2 General Practitioners and 2 persons who had contact with 8A patients) were newly admitted since yesterday.

2. Efforts would be put forth to contain infection and manage AP cases of PWH.

3. On community aspect, the meeting agreed with the seriousness and would fight the community battle.

Infection Control Measures

4. 150 set of Infection control suit was being ordered for use by ICU staff, including 450 single-person-use hoods.

5. It was necessary to tighten up infection control. There were problems in implementation and execution of infection control policies. Ms E Mok would report progress.

Contingency Measures

6. Rota system had been developed to relief staff who were on duty since the start of the incidence. There were doctors and nurses from PWH and other HA hospitals volunteered to work in high-risk areas. They would be adequately briefed on infection control measures and be provided with suitable gears.

7. Some staff who have not been to infected areas would be re-deployed to help out in AHNH A&E and Medical departments.

8. An appropriate location was being explored to accommodate the infected patients to be discharged. GPA requested for a medical impact assessment on other tenants if the patient colleagues were to be moved into quarters for convalescence.

9. A number of volunteer nurses would go through a one-day short course to help out in high-risk areas. The whole team of endoscopy nurses volunteered to work in ICU.

Staff Support

10. Residents might not be able to complete rotation and training within the contract period. They would be compensated of the time delay caused by the Atypical Pneumonia incidence.

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NEW TERRITORIES EAST CLUSTER

Hospital Authority

Notes of a meeting on Management of Atypical Pneumonia Incidence held on 21 March, 2003 at Conference Room I, 2/Fl., Main Block, PWH.

Chairman :	Dr. Fung Hong		
Members :	Dr. Philip Li	Prof. J. Sung	Prof. Tony Gin,
	Dr. Raymond Chen	Prof. A. Ahuja	Prof. Gavin Joynt,
	Dr. S.Y. Tung	Prof. Augustine Cheng	Dr. Amy Cho,
	Dr. Susanna Lo	Prof. Anthony Yim	Prof. Tony Chung
	Dr. K.K. Lai	(vice Prof. C.A. Van	Dr. Thomas Buckley
	Dr. W.C. Ip	Hasselt)	Dr. Louis Chan
	Dr. S.F. Lui	Prof. H.K. Ng	Prof. Sydney Chung
	Dr. William Wong	Prof. Peter Cameron	Dr. Donald Lyon
	Dr. C.Y. Li	Prof. T.F. Fok	Prof. John Tam
	Ms Lily Chung	Dr. M.C. Yam	Prof. C.S. Cockram
	Ms E. Mok	Dr. Lam Chan	Prof. Y.K. Wing
		Prof. Paul Chan	Prof. Joan Ng
			Dr. Peter Choi
Secretary :	Ms Winnie Cheng		

Patient Status

1. As at 21 March 2003 noon, statistics on Atypical Pneumonia cases were :

	Admitted cases	Deceased since onset of epidemics	Discharged yesterday	Currently in ICU
Healthcare Workers	57			8
Medical Students	16			1
Patients	58	2	3	15
Total	131	2	3	24

2. 4 more nurses, and 4 patients (including 2 General Practitioners and 2 persons who had contact with 8A patients) were newly admitted since yesterday.

3. There were 24 ICU patients now, the condition of health care workers and medical students were stable. 12 of them were on ventilator. One patient was transferred to QEH ICU last night.

Epidemiological Update

4. Contact tracing would be performed for every case of atypical pneumonia within Hong Kong.

5. Viral load was very important in determining the clinical course.

6. Summary of patient characteristics for the first 20 cases were headache, dizziness initially, then develop fever, chills and rigor 2 to 3 days after onset. Almost all had radiological changes in chest x-ray.

7. HAHO was setting up a disease control centre in 5/F, HA building led by Dr Liu Hing Wing.

Infection Control Measures

8. Infection control team would go to wards 2 times a day to audit and to give advice.

9. Ward Manager should help out to ensure that Infection Control measures were implemented.

10. All high risk wards would be disinfected 3 times a day, after each duty shift. Computer keyboards would be provided with disposable cover. Medical records folders would be changed. Ample bedsheets and cleansing agents were available. Disinfectant tablets would be placed in toilets.

11. 8/F and 10 CD air-conditioning would be switched off. Windows would be opened. No fans to be used since it would blow up the virus and the dust.

Contingency Measures

12. A&E service would continue to be suspended until further notice.

13. All medical out-patient clinics continued to be re-fill clinics only in the whole month of March.

14. Elective surgeries to be postponed in the whole month of March.

15. 8D was used as admitting ward. Patient would be triaged to 8AB or 10AB after radiological examination and blood tests.

16. Some infirmary patients would be transferred to SH to vacate beds in PWH for patients who could be transferred out of high risk areas.

Staff Support

17. Colleagues working in high risk area who had direct contact with affected patients, would be granted 14 days wash-out period before they return to other working area. During this period, they should comply with the home infection control guidelines issued.

18. 1/F, Block A, Nursing School Staff Quarter would be converted into a sick bay where sick staff who were not admitted in hospital may stay there with provision of meals and appropriate nursing care.

19. Additional shower facilities on 11/F would be provided with liquid soap.

20. Venue for conducting staff support activities and counselling would be provided in Block B. Details to be promulgated.

Others

21. E-mail would be sent to all HA staff to invite them to visit our cluster intranet website in order to share our infection control guidelines and contingency measures with other hospitals.

22. Legislative Councillor Dr Lo Wing Lok would join the Staff Forum today at 5:00 p.m. on 21-3-03.

CONFIDENTIAL

NEW TERRITORIES EAST CLUSTER

Hospital Authority

Notes of a meeting on Management of Atypical Pneumonia Incidence held on 22 March, 2003 at Conference Room I, 2/Fl., Main Block, PWH.

Chairman :	Dr. Fung Hong		
Member :	Dr. Philip Li	Prof. J. Sung	Prof. Tony Gin
	Dr. Raymond Chen	Prof. A. Ahuja,	Prof. Gavin Joynt
	Dr. S.Y. Tung	Prof. Augustine Cheng,	Dr. Amy Cho
	Dr. Susanna Lo	Prof. Anthony Yim	Dr. Thomas Buckley
	Dr. K.K. Lai	(vice Prof. C.A. Van	Prof. Tony Chung
	Dr. W.C. Ip	Hasselt)	Dr. Louis Chan
	Dr. S.F. Lui	Prof. H.K. Ng	Prof. Sydney Chung
	Dr. William Wong	Prof. Peter Cameron	Dr. Donald Lyon
	Dr. C.Y. Li	Prof. T.F. Fok	Prof. John Tam
	Ms Lily Chung	Dr. M.C. Yam	Prof. C.S. Cockram
	Ms E. Mok	Dr. Lam Chan	Prof. Y.K. Wing
		Prof. Paul Chan	Prof. Anthony Chan
		Prof. Joan Ng	Dr. Peter Choi
Secretary :	Ms Winnie Cheng		

Patient Status

1. As at 22 March 2003 noon, statistics on Atypical Pneumonia cases were:

	Admitted cases	Deceased since onset of epidemics	Discharged yesterday	Currently in ICU
Healthcare Workers	59			8
Medical Students	16			1
Patients	62	3		15
Total	137	3		24

2. 2 more nurses, and 4 patients (admitted but previously not diagnosed as atypical pneumonia) were newly diagnosed since yesterday.

3. No PWH doctors had been affected since 12 March 03. There were 10 nurses affected subsequent to this date.

4. There were 24 ICU patients admitted. The conditions of health care workers and medical students were stable. Two patients were transferred out to ICU of other hospitals since the ICU was full. CCU in our hospital would be ready for

admission for further cases requiring ICU management.

5. 1 patient with pre-existing leukaemia died last night.

6. Most of the patients not requiring ICU were in recovery phase. Fever was going down in many cases. There were a small number of patients who were still quite ill at the present moment.

7. Convalescence serum was being considered in some patients with poor conditions. The donors' suitability for serum donation would be checked. The options of Gamma Irradiation and Linear Accelerator to inactivate virus were found to be not feasible due to the threat of serum contamination after long period of exposure at room temperature.

Epidemiological Update

8. Case control study presented by Dr. Seto Wing Hong of QMH about the incident concluded that once surgical mask was used properly, the incident of infection dropped significantly afterwards.

Infection Control Measures

9. It was advisable not to use non-invasive positive pressure ventilation such as BiPAP to help respiration of patients since it was likely to create a contaminated environment in the wards.

10. All patients in convalescence should wear masks as well unless they still had respiratory symptoms.

11. The virus was also isolated in the urine specimens so infection measures applied in handling urine. Disinfectant tablets would be placed in toilets in high risk wards.

12. Compliance with infection control measure was very important and Ward Managers are responsible to enforce the implementation and ensure compliance.

13. 8 sets of Safety Suits would arrive by Tuesday, 22 sets would arrive by 4 April.

14. CCE agreed to purchase 10,000 pieces of N-100 and they would arrive on 26 March for staff working in high risk areas.

15. Pending the installation of changing and showering facilities in 11A & 11/F Clinical Science Building, the two showers in the currently vacant ward 11B would be open to staff for use from 18:00 hours today. Digital lock was installed at the ward entrance to ensure security. Combination of the lock code would be given to each Ward Manager / Nursing Officer i/c for dissemination to staff. Surgical gowns / attire would be placed in ward 11B for staff to change into before they go to work in clinical areas. In this connection, lockers would also be placed in ward 11B for staff to hold their personal belongings.

16. Lift No. 8 would be reserved for use for SARS cases. Wards concerned were informed of the arrangement. All lifts would be frequently cleaned.

17. Waste disposal guidelines should be observed. Audit on waste disposal would be carried out.

18. In view of the epidemiological data on a maximum of 21 days infectivity of the virus, recovered patients who had no more fever and cough, and had chest x-ray improvement would be discharged from hospital 21 days after onset of symptoms.

19. Discharged patients should come back for regular check up. During their stay at home they should follow our home infection control guidelines issued previously by the Infection Control Unit.

Contingency Measures

20. The Accident and Emergency Service in PWH would be suspended for one more week and would be reviewed thereafter. As arranged before, PWH had agreed with the Fire Services Department for diversion of all patients transported by ambulance to other acute hospitals in the Cluster, including North District Hospital and Alice Ho Miu Ling Nethersole Hospital (AHNH) as well as to hospitals in other clusters including Princess Margaret Hospital, Caritas Medical Centre, Yan Chi Hospital and Tuen Mun Hospital if so required. Patients are advised to attend the Accident and Emergency Department in other hospitals.

21. All elective operations in New Territories East Cluster would continue to be suspended until 30 March to conserve Intensive Care Unit capacity.

22. All non-emergency follow up of the Medical Out-patients in PWH would

continue to be suspended until 30 March. Patients could attend the Medical Out-patient Clinic as scheduled for drug replenishment by nursing staff or pharmacists. Besides, consultation of new cases at the Medical Outpatient Clinics would also continue to be suspended until 30 March.

23. Service of the Day Ward in PWH would continue to be temporarily suspended.

24. All PWH obstetrics patients and gynaecological patients would be seen in AHNH. The PWH Obstetrics and Gynaecology Outpatient Clinics would be suspended until further notice.

25. All patients experiencing chills, fever and rigor and had contacts with ward 8A of PWH should attend the Accident and Emergency Department of Prince of Wales Hospital for clinical management.

26. All PWH oncology and chemotherapy patients could continue to attend PWH for management; if emergency service was required, those patients could attend the Accident & Emergency Department in PWH.

27. The NTEC had set up two 24 hours hotline for public enquiry on the above service arrangement. The numbers were 2632 2512 & 2632 2234.

28. CUHK would try to re-allocate House Officers to suit service needs. The previous rotation of House Officers and Family Medicine doctors might not apply. Details were being sorted out.

29. Chalets in Cheshire Home, Shatin would accommodate recovered patients with Atypical Pneumonia after discharge for a period of time so as to reduce the possibility of transmission to other people. There were 72 beds currently available and could accept 5 to 10 patients in each day. Infection control measures should still be observed as stated in the updated guidelines.

30. Dr Nancy Tung would coordinate the re-deployment of medical staff to help in A&E Department of AHNH.

Staff Support

31. 10 rooms on the 4th Floor of School of Nursing at Block A, Staff Quarter would be turned into a rest bay to provide an area for sick staff who are not admitted into hospital to stay, with provision of meals and appropriate nursing care. A washroom and a shower room are available on that floor.

32. Colleagues working in high risk areas who had direct contact with affected patients, would be granted 14 days wash-out period before they returned to other working area. This wash-out period of 14 days was a temporary measure applied to staff who consistently worked in high risk areas which were currently ICU, 8AB, Observation Wards of AED, 10AB, 10CD, 8D and the isolation cubicles in Ward 6C for paediatric cases. This measure would be subjected to review according to situation and more data on the incubator and infectivity period.

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NEW TERRITORIES EAST CLUSTER

Hospital Authority

Notes of a meeting on Management of Atypical Pneumonia Incidence held on 23 March, 2003 at Conference Room I, 2/Fl., Main Block, PWH.

Chairman :	Dr. Fung Hong		
Members :	Dr. Philip Li	Prof. J. Sung	Prof. Tony Gin
	Dr. Raymond Chen	Prof. A. Ahuja	Prof. Gavin Joynt
	Dr. S.Y. Tung	Prof. Augustine Cheng	Dr. Amy Cho
	Dr. Susanna Lo	Prof. Anthony Yim	Prof. Tony Chung
	Dr. K.K. Lai	(vice Prof. C.A. Van	Dr. Thomas Buckley
	Dr. W.C. Ip	Hasselt)	Dr. Louis Chan
	Dr. S.F. Lui	Prof. H.K. Ng	Prof. Sydney Chung
	Dr. William Wong	Prof. Peter Cameron	Dr. Donald Lyon
	Dr. C.Y. Li	Prof. T.F. Fok	Prof. John Tam
	Ms Lily Chung	Dr. M.C. Yam	Prof. C.S. Cockram
	Ms E. Mok	Dr. Lam Chan	Prof. Y.K. Wing
		Prof. Paul Chan	Prof. Joan Ng
			Dr. Peter Choi
Secretary :	Ms Winnie Cheng		

Patient Status

1. As at 23 March 2003 noon, statistics on Atypical Pneumonia cases were :

	Admitted cases	Deceased since onset of epidemics	Discharged since onset of epidemics	Currently in ICU
Healthcare Workers	62		0	9
Medical Students	16		1	1
Patients	67	4	3	14
Total	145	4	4	24

2. 3 more healthcare workers and 5 patients were newly diagnosed as having Atypical Pneumonia since yesterday.

3. There were 24 ICU patients this morning. 1 doctor was quite ill while the other health care workers and medical students were stable. No patients were transferred out to ICU of other hospitals. 2 patients may be discharged from ICU later today.

4. 1 patient with pre-existing cardiac problem died last night.

5. Currently 85% of the atypical pneumonia cases were stable and were improving. Fever was going down in many cases. There were a small number of patients who were still quite ill at the present moment. Only 1 to 2 patients had received convalescence serum. The two paediatric cases were stable, 1 of them had received pulse steroid therapy.

Update on clinical management

6. The evidence so far suggested that treatment started in the early phase of disease was associated with better subsequent course and outcome of the illness. This was an important observation and should advise patients to receive treatment early. They should not hide away from treatment both from their own management and also from infection control issues.

7. From one case experience in an asymptomatic contact, in whom ribavirin was given, the initial biochemical changes subsided subsequently and the patient remained asymptomatic. However Ribavirin was not without risk, precautions and side-effects included teratogenic effects, haemolytic anaemia, and pre-existing cardiac conditions etc. Furthermore Ribavirin may be associated with rapid appearance of virus resistance, hence should not be used inappropriately.

Infection Control Measures

8. Contact patients without subsequently contracted atypical pneumonia would be transferred to isolation ward of TPH. They should continue to wear mask and follow droplet infection control guidelines until beyond the incubation periods.

Contingency Measures

9. 42 volunteer nurses were recruited, of whom 13 were well-trained ICU nurses, to be deployed to ICU tomorrow. Most of them came from other HA hospitals. 1-day short training course on basic ICU nursing would be offered to them.

10. Philips Medical Systems Company offered 30 sets of patient monitors for our use on temporary basis, free of charge.

11. A steady supply of disposable infection control items was maintained, including isolation gowns, masks, gloves etc.

12. Before N-100 masks arrive, P-100 masks might be used as an alternative for staff who find N-95 difficult to fit and breathe through.

Staff Support

13. 10 rooms on the 4th Floor of School of Nursing at Block A, Staff Quarter would be turned into a rest bay to provide an area for sick staff who were not admitted into hospital to stay, with provision of meals and appropriate nursing care. A washroom and a shower room were available on that floor.

CONFIDENTIAL

NEW TERRITORIES EAST CLUSTER

Hospital Authority

Notes of a meeting on Management of Atypical Pneumonia Incidence held on 24 March, 2003 at Conference Room I, 2/Fl., Main Block, PWH.

Chairman : Dr. Fung Hong

Attendance :

Dr. Philip Li	Prof. J. Sung	Prof. Tony Gin
Dr. Raymond Chen	Prof. A. Ahuja	Prof. Gavin Joynt
Dr. S.Y. Tung	Prof. Augustine Cheng	Dr. Amy Cho
Dr. Susanna Lo	Prof. Anthony Yim	Prof. Tony Chung
Dr. K.K. Lai	(vice Prof. C.A. Van	Dr. Louis Chan
Dr. W.C. Ip	Hasselt)	Dr. Thomas Buckley
Dr. S.F. Lui	Prof. H.K. Ng	Prof. Sydney Chung
Dr. William Wong	Prof. Peter Cameron	Dr. Donald Lyon
Dr. C.Y. Li	Prof. T.F. Fok	Prof. John Tam
Ms Lily Chung	Dr. M.C. Yam	Prof. C.S. Cockram
Ms E. Mok	Dr. Lam Chan	Prof. Y.K. Wing
	Prof. Paul Chan	Prof. Joan Ng
		Prof. Anthony Chan
		Dr. Peter Choi

Secretary : Ms Winnie Cheng

Patient Status

As at 24 March 2003 noon, statistics on Atypical Pneumonia cases were :

	Admitted cases	Deceased since onset of epidemics	Discharged since onset of epidemics	Currently in ICU
Healthcare Workers	66			8
Medical Students	16		1	1
Patients	65	6	3	14
Total	147	6	4	23

1. 4 more healthcare workers were admitted since yesterday.

2. There were 23 ICU patients this morning. 3 Health care workers were still requiring mechanical ventilation. Their conditions were stable. The medical student was extubated. No patients were transferred out to ICU of other hospitals. 1 patient might be discharged from ICU later today.

3. 2 patients with pre-existing liver problem died last night and this morning.

4. 19 healthcare workers (without doctor) were being affected in the second wave. They had all been working in the high-risk areas.

Update on clinical management

5. Metapneumovirus. belonging to family of paramyxoviridae was identified in about 40 patients.

6. Co-existing medical condition of patients was an important factor determining prognosis and outcome.

7. 9 suspected paediatric cases were admitted to NDH and two of which were sent to PMH.

8. We have sufficient stock of IV ribavirin.

Infection Control Measures

9. N-100 masks would be used by staff working in high risk areas. Since air could be breath out through a whole without filter, people nearby should be alerted. Patient should wear surgical mask, not N-100 or P-100.

10. Staff should not share food and water in high risk area. Disposable cutleries and bottled water should be use.

11. Infection Control Refresher Briefings would be organized for supporting staff as from this afternoon.

12. Monitoring of body temperature of healthcare workers in high risk areas was advisable. Evidence so far suggested that the chance of transmission of disease to other people was lower during afebrile phase than during febrile phase.

13. N95 should be changed liberally whenever soiled or difficult to breathe through.

14. Order for fit check kit of N95 mask was placed.

15. Casual visitors to high risk area should be restricted. Only a few visitors at a time would be allowed. They should follow infection control guidelines.

16. HA would adopt a common set of infection control guidelines which based on that of PWH or those more stringent.

Contingency Measures

17. Chalets in Cheshire Home Shatin were ready to accept stable patients after discharge to stay until beyond the period of infection which was believed to be 3 weeks after onset of illness. Infection control measures should continue.

18. All hospital would stop elective surgery except cancer cases to reserve ICU capacity. The PMH and PWH were stretching their capacity. New Atypical Pneumonia cases would be sent to hospitals in Hong Kong Island, if necessary.

19. A special group led by Dr. Leung Chi Wai of PMH was formed to co-ordinate paediactric care of atypical pneumonia.

20. Staff follow up clinic at A&E would be relocated to other place in preparation of re-opening of the A&E.

Staff Support

21. Dr. William Ho conveyed the message to staff of NTEC that he was fine and stable. He reassured everybody that he would be with us in fighting the battle.

Others

22. The CCE joined a seminar and shared with other participants the clinical experience on fighting Atypical Pneumonia. This could help arouse awareness and prevent the spread of the disease in the community.

CONFIDENTIAL

NEW TERRITORIES EAST CLUSTER

Hospital Authority

Notes of a meeting on Management of Atypical Pneumonia Incidence held on 25 March, 2003 at Conference Room I, 2/Fl., Main Block, PWH.

Chairman :	Dr. Fung Hong		
Attendance :	Dr. Philip Li	Prof. J. Sung	Prof. Tony Gin
	Dr. Raymond Chen	Prof. A. Ahuja	Prof. Gavin Joynt
	Dr. S.Y. Tung	Prof. Augustine Cheng	Dr. Amy Cho
	Dr. Susanna Lo	Dr. K.H. Chiu	Dr. Thomas Buckley
	Dr. K.K. Lai	(vice Prof. K.M. Chan)	Prof. Tony Chung
	Dr. W.C. Ip	Prof. Anthony Yim	Dr. Louis Chan
	Dr. S.F. Lui	(vice Prof. C.A. Van	Prof. Sydney Chung
	Dr. William Wong	Hasselt)	Dr. Donald Lyon
	Dr. C.Y. Li	Prof. H.K. Ng	Prof. John Tam
	Ms Lily Chung	Prof. Peter Cameron	Prof. C.S. Cockram
	Ms E. Mok	Prof. T.F. Fok	Prof. Y.K. Wing
		Dr. M.C. Yam	Prof. Joan Ng
		Dr. Lam Chan	Prof. Anthony Chan
		Prof. Paul Chan	Dr. Peter Choi
Secretary :	Ms Winnie Cheng		

Patient Status

As at 25 March 2003 noon, statistics on Atypical Pneumonia cases were :

	Admitted cases	Deceased since onset of epidemics	Discharged since onset of epidemics	Currently in ICU
Healthcare Workers	69			7
Medical Students	16		1	0
Patients	71	6	3	14
Total	156	6	4	21

1. 3 more healthcare workers were admitted since yesterday.

2. There were 21 ICU patients this morning. 2 Health care workers were still requiring mechanical ventilation. Their conditions were stable. No patient was transferred out of the ICU in the last 24 hours. There were no new admissions to ICU. No patients were transferred out to ICU of other hospitals. 2 patients might be discharged from ICU today.

3. There was one medical student with late presentation, no fever for many days but then develop fever yesterday.

4. 0 patients died last night.

5. 21 healthcare workers (without doctor) were being affected in the second wave. Most of them had contact history around 11/3, 4 had onset of symptoms after 19/3. It was believed that noncompliance to infection control measures was the most likely reasons for these recent cases in HCW. More policing and audit of infection control was important to ensure compliance.

6. RN or above would police entrance of high-risk area to make sure that compliance was strictly adhered to. Ward Mangers would ensure that infection control measures were implemented adequately.

Update on clinical management

7. 30% of patients were ready to be discharged. Most of the other patients were stable.

8. Outcome of the disease was much better if treated early. Co-morbidity and age might adversely affect the outcome significantly.

9. All the 5 paediatrics cases were stable. It was planned to keep the contracted cases for 21 days after onset of disease.

10. Infection Control Team would arrange train the trainer programme. Briefings to HCA and supporting staff would be carried out.

Infection Control Measures

11. N-100 masks would not be available until early April since they had gone to Middle East. As an interim measure, P100 might be used for staff who work in high-risk areas if N95 did not fit. But when they leave there, they had to put on surgical mask.

12. A place would be identified for nurses from High Risk Area to enjoy tea breaks,

with infection control measures.

13. HA had issued the HA Guidelines on the management of SARS.

Virus

14. We have cultured Metapneumonovirus in 25/53 of the samples with 47% confirmation rate. PCR was used to detect one gene sequence and was identified in these positive samples. Canada had 6/9 cultured metapneumonovirus.

15. CDC also isolated coronaviridae. Serological tests might be developed to test titre rise. Virologist was working hard to develop a real rapid test for diagnosis. Metapneumovirus was common in children. It might cause bronchitus and pneumonia but usually 100% of population would have antibody response by age of 5. For Coronaviridae, for children by age of 5, 96% would have antibody response.

Contingency Measures

16. A working group has been formed to look into the approach and constraints of re-opening A&E service in the coming week.

17. Terminal cleansing of wards in clean areas would be carried out systematically

Staff Support

18. It was noticed that the turn over rate of supporting staff at the daily staff forum was low. A separate forum was arranged at 3:00pm to address their concerns.

Others

19. CCE would join the press conference organized by the CUHK to announce the information on patient status and clinical management done so far.

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NEW TERRITORIES EAST CLUSTER

Hospital Authority

Notes of a meeting on Management of Atypical Pneumonia Incidence held on 26 March, 2003 at Conference Room I, 2/Fl., Main Block, PWH.

Chairman : Dr. Fung Hong

Attendance :

Dr. Philip Li	Prof. J. Sung	Prof. Tony Gin
Dr. Raymond Chen	Prof. A. Ahuja	Prof. Gavin Joynt
Dr. S.Y. Tung	Prof. Augustine Cheng	Dr. Amy Cho
Dr. Susanna Lo	Dr. K.H. Chiu	Prof. Tony Chung
Dr. K.K. Lai	(vice Prof. K.M. Chan)	Dr. Thomas Buckley
Dr. W.C. Ip	Prof. Anthony Yim	Dr. Louis Chan
Dr. S.F. Lui	(vice Prof. C.A. Van	Prof. Sydney Chung
Dr. William Wong	Hasselt)	Dr. Donald Lyon
Dr. C.Y. Li	Prof. H.K. Ng	Prof. John Tam
Ms Lily Chung	Prof. Peter Cameron	Prof. C.S. Cockram
Ms E. Mok	Prof. T.F. Fok	Prof. Y.K. Wing
	Dr. M.C. Yam	Prof. Joan Ng
	Dr. Lam Chan	Prof. Anthony Chan
	Prof. Paul Chan	Dr. Peter Choi

Secretary : Ms Winnie Cheng

Patient Status

	Currently Admitted cases	Deceased since onset of epidemics	Discharged since onset of epidemics	Currently in ICU
Healthcare Workers	75			6
Medical Students	17		1	0
Patients	71	6	3	14
Total	163	6	4	20

1. 6 more healthcare workers were admitted since yesterday. Control of secondary spread had to be strengthened.

Infection Control Measures

2. Loopholes in infection controls and observations were shared.

3. Up to date, 21 healthcare workers (without doctor) were affected in the second wave. Most of them had history of unprotected contact at around 11th of March, 4 had onset of symptoms after 19th March. It was believed that noncompliance to our infection control measures was the most likely reason for these recent cases in health care workers. More stringent policing and audit of infection control was important to ensure compliance. All staffs have to comply meticulously with the infection control guidelines.

4. Infection Control Team would arrange train-the-trainer programme to tighten our infection control measures and to ensure compliance. Briefings to HCA and supporting staff would be carried out today.

5. WHO was checking the infection control in ward. Infection control team of PMH would be invited to give comments on our infection control policies.

Contingency Measures

6. There would be a lot of constrains when A&E re-opened. It was necessary to contain the infectivity in PWH in order to ensure a safe hospital environment for re-opening of service.

7. After major cohort had gone, more future cases might be sent to TPH where proper isolation facility was provided.

8. Urgent set up of infection control unit was discussed. TPH would be a possible site. The university might also need to beef up epidemiology side.

9. Re-opening on a limited scale with new cases to TPH isolation ward would be an option. Dr. Tung would work out logistics and additional manpower required.

10. Other CCEs had doubt on the duration of washout period.

11. HA Convention would be postponed for one year.

12. Rapid test for metapneumovirus would be available in 2-4 weeks.

13. CCE would ask DH the 2 GPs' names for public interest.

14. The Cardiac Care Unit (CCU) is temporarily re-located to one cubicle at Ward 9B,

PWH.

15. For adults, visiting should be stopped. For paed patients, visiting hours should be shortened. PWH might start first. CCE would ask HA to draw up guideline.

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NEW TERRITORIES EAST CLUSTER

Hospital Authority

Notes of a meeting on Management of Atypical Pneumonia Incidence held on 27 March, 2003 at Conference Room 1, 2/Fl., Main Block, PWH.

Chairman : Dr. Fung Hong

Attendance : Dr. Raymond Chen, Dr. S.Y. Tung, Dr. Susanna Lo, Dr. K.K. Lai, Dr. W.C. Ip, Dr. S.F. Lui, Dr. William Wong, Dr. C.Y. Li, Ms Lily Chung, Ms E. Mok, Prof. J. Sung, Prof. A. Ahuja, Prof. Augustine Cheng, Dr. K.H. Chiu, (vice Prof. K.M. Chan), Prof. Anthony Yim, (vice Prof. C.A. Van Hasselt), Prof. H.K. Ng, Prof. Peter Cameron, Prof. T.F. Fok, Dr. M.C. Yam, Dr. Lam Chan, Prof. Paul Chan, Prof. Tony Gin, Prof. Gavin Joynt, Dr. Amy Cho, Prof. Tony Chung, Dr. Louis Chan, Prof. Sydney Chung, Dr. Donald Lyon, Prof. John Tam, Prof. C.S. Cockram, Prof. Y.K. Wing, Prof. Joan Ng, Prof. Anthony Chan, Dr. Peter Choi

Secretary : Ms Winnie Cheng

Patient Status

As at 27 March 2003 noon, statistics on Atypical Pneumonia cases were:

	Currently Admitted cases	Deceased since onset of epidemics	Discharged since onset of epidemics	Currently in ICU
Healthcare Workers	77		1	6
Medical Students	16		1	0
Patients	71	6		15
Total	164	6	2	21

Infection Control

1. NTEC needed global update on infection control culture.

2. Definition of risk areas revised. All areas in hospitals were high risk.

3. Reasons for unsuccessful containment of infectivity included: Changing room

facilities not separated for clean and dirty teams. Staff had meals together. Gown up and down procedures needed to be developed for staff. Short term deployment of HCA without infection control briefing.

4. Nebulizer should be stopped and its alternative was needed.

5. The doctor patients did not follow infection control rules.

6. WHO said we already followed infection control measures up to international standard.

7. We needed to develop an infectious disease hospital culture.

8. If stock was enough, mask should be disposed of after each shift.

9. All patients should wear surgical mask.

10. Visitors should be given surgical or paper mask.

11. 10A, 11CD would be vacated tomorrow and converted to staff facility.

12. Lockers in the high-risk areas should be removed. Proper changing and rest room facility should be set up for staff.

13. Policing, daily reminder would be conducted to tighten infection control measures.

14. Staff should be 3 feet apart when dined together.

15. The concept of dividing hospital into hot, cold & warm areas was acceptable.

Contingency Measures

16. With decrease of patients, it was planned to rotate through different wards and do terminal cleansing. Dr. C B Leung would work with Ms E Mok on terminal cleansing schedule.

17. The HA and Government was planning to ban visitors to all infectious wards.

18. Convalescent patients would be cohorted. Discharge would be 3 weeks from onset of illness or 1 week after symptom subsided.

19. DH was to step up disease surveillance and to exercise decision to quarantine if patients had SARS.

20. All future SARS cases would be sent to PMH.

21. WTS would serve as cohorting convalescence for PMH.

22. A&E was planned to open in a staged manner.

23. Dr. Tung would liaise with HA to decide our capacity and operational arrangement.

24. O&G would not be moved back to PWH.

25. If AED, PMH closed, we had to look after our own medical patients.

26. Convalescent SARS cases would be encouraged to go to CHS.

27. TPH might be used for admission of suspected AP cases since it had isolation facility.

28. Dr. Tung would organize a meeting with COSs concerned to discuss the management of anticipated volume of suspected cases and the handling of emergency cases through A&E diversion.

29. Febrile patients should be cohorted in one ward.

Virology Update

30. Metapneumovirus and coronavirus tests would be offered to whole HK.2 PCR tests would be done on all suspected SARS patients. The turn around time was 2 days and sensitivity was 60%.

31. The positive rate for metapneumovirus was 53%.

Others

32. The degree of panic in community about SARS was rising. PWH, the medical students and members would be stigmatized because of such. Members raised how we should response to that.

33. The media strategy needed to be revisited.

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NEW TERRITORIES EAST CLUSTER

Hospital Authority

Notes of a meeting on Management of Atypical Pneumonia Incidence in PWH held on 28 March, 2003 at Seminar Room 1, Clin. Science Bldg., PWH.

Chairman : Dr. Philip Li

Attendance : Dr. Raymond Chen, Dr. S.Y. Tung, Dr. Susanna Lo, Dr. K.K. Lai, Dr. W.C. Ip, Dr. S.F. Lui, Dr. William Wong, Dr. C.Y. Li, Ms Lily Chung, Ms E. Mok, Prof. J. Sung, Prof. A. Ahuja, Prof. Augustine Cheng, Prof. C.A. Van Hasselt, Prof. H.K. Ng, Prof. Peter Cameron, Prof. T.F. Fok, Dr. M.C. Yam, Dr. Lam Chan, Prof. Paul Chan, Prof. Anthony Chan, Dr. Peter Choi, Prof. Tony Gin, Prof. Gavin Joynt, Dr. Amy Cho, Prof. Tony Chung, Dr. Thomas Buckley, Dr. Louis Chan, Prof. Sydney Chung, Dr. Donald Lyon, Prof. John Tam, Prof. C.S. Cockram, Prof. Y.K. Wing, Prof. Joan Ng

Secretary : Ms Winnie Cheng

Patient Status

As at 28 March 2003 noon, statistics on Atypical Pneumonia cases were :

	Currently Admitted cases	Deceased since onset of epidemics	Discharged or transferred to Chalet yesterday	Currently in ICU
Healthcare Workers	80		1	6
Medical Students	14		2	0
Patients	74	6		14
Total	168	6	3	20

Infection Control Measures

1. It was necessary to develop the culture, tighten our infection control measures and to block all the loop-holes in infection control. A new set of infection control guidelines were issued by the Infection control Unit. These documents included the followings:

- Infection Control Guidelines in Ultra High Risk Area
- Infection Control Guidelines in High Risk Area
- Infection Control Guidelines in Moderate Risk Area
- Infection Control Guidelines in Step Down Area
- Procedures for putting on & removing barrier protective apparel in Ultra High Risk Area
- Use of mask
- Commonly observed problems in infection control
- Summary Table of Infection Control Measures against SARS

2. Colleagues were reminded that there was no no-risk area inside the hospital. Universal precautions and infection control had to be followed strictly.

3. Ward Managers were responsible for conducting morning infection control briefings to frontline staff and to perform policing on the infection control measures.

4. Terminal disinfection of wards would be arranged in an orderly manner. This includes all wards in Block EF prior to re-opening of A&E and all infectious wards in the main block.

5. Other staff should not use changing room in OT. Those not working in high risk area should not change to OT gowns. Infection Control Team advised that shoe cover was not required.

Update on the Medical Management

6. Rapid tests using PCR technique in nasopharyngeal aspirate was being developed by the virologists. Details would be announced when ready for clinical use.

Contingency Measures

7. HAHO issued a notice for posting: "Service Re-arrangements in Public Hospitals" with the following messages:-

8. As infection control measures, cohorting areas occupied by patients of "Severe Respiratory Syndrome" were not open for visitors.

9. All non urgent elective operations, except those very essential ones, would be postponed.

10. All specialists out patient services would be reduced, clinical consultation would be provided only when patients had clinical needs, for other patients, only drug refill would be provided.

11. Patients of "Severe Respiratory Syndrome" would be cohorted to some selected hospitals, other patients might have to be decanted to other wards or hospitals. Princess Margaret Hospital was actively re-arranging hospital services in preparation for receiving patients with symptoms of atypical pneumonia referred from Department of Health's designated clinics. The details of service re-arrangements at Princess Margaret Hospital would be announced later.

12. The revised HA Guidelines on Management of Severe Respiratory Syndrome was issued.

13. Follow up clinics for discharged atypical pneumonia cases would be arranged. Suitable clinic location was being sorted out.

14. All COS of A&E together with the Medical Teams of NTEC should discuss on the triage and management of suspected atypical pneumonia cases after the re-opening of the A&E services.

15. All febrile patients should be cohorted to avoid further spread, in case they later were confirmed to have atypical pneumonia. Non-infected patients (with previous contact with atypical pneumonia) would be cohorted in the hospital.

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NEW TERRITORIES EAST CLUSTER

Hospital Authority

Notes of a meeting on Management of Atypical Pneumonia Incidence held on 29 March, 2003 at Conference Room I, 2/Fl., Main Block, PWH.

Chairman :	Dr. Philip Li		
Attendance :	Dr. Raymond Chen	Prof. J. Sung	Prof. Tony Gin
	Dr. S.Y. Tung	Prof. A. Ahuja,	Prof. Gavin Joynt
	Dr. Susanna Lo	Prof. Augustine Cheng,	Dr. Amy Cho
	Dr. K.K. Lai	Prof. K.M. Chan	Prof. Tony Chung
	Dr. W.C. Ip	Prof. C.A. Van Hasselt	Dr. Thomas Buckley
	Dr. S.F. Lui	Prof. H.K. Ng	Dr. Louis Chan
	Dr. William Wong	Prof. Peter Cameron	Prof. Sydney Chung
	Dr. C.Y. Li	Prof. T.F. Fok	Dr. Donald Lyon
	Ms Lily Chung	Dr. M.C. Yam	Prof. John Tam
	Ms E. Mok	Dr. Lam Chan	Prof. C.S. Cockram
		Prof. Paul Chan	Prof. Y.K. Wing
		Prof. Anthony Chan	Prof. Joan Ng
		Dr. Peter Choi	
Secretary :	Ms Winnie Cheng		

Patient Status

As at 29 March 2003 noon, statistics on Atypical Pneumonia cases were:

	Currently Admitted cases	Deceased since onset of epidemics	Discharged since onset of epidemics	Currently in ICU
Healthcare Workers	71		11	4
Medical Students	11		3	0
Patients	71	7	2	15
Total	153	7	16	19

1. DH recommended that Amoy Gardens residents with fever and no CXR changes to go home with precautionary measures taught and follow up the next day.

2. Staff not fulfilling SARS criteria could rest in sick bay.

3. Staff could return to work after 14 days of last contact according to CDC definition. Contact would mean looking after AP patient, living together and

history of touching secretion.

4. I support staff in AHNH was admitted to PMH.

5. Cases in 8AB would be moved to SCH to clear the ward for thorough cleansing.

6. Our arguments for re-opening of AED were taken to HA. HA's major concern were infectivity rate. On political side, people would challenge if PWH were a safe hospital.

7. Members would like to open AED same time with other wards. The meeting decided to open AED at 00:00 for walk in cases only.

8. It was planned to open other departments next Monday. AED was still high risk and needed to gown up.

9. There would be shortage of mask in the next few days. Visitors not to be given masks by hospital.

10. We would need to gauge medical beds to meet ICU requirement.

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NEW TERRITORIES EAST CLUSTER

Hospital Authority

Notes of a meeting on Management of Atypical Pneumonia Incidence held on 30 March, 2003 at Seminar Room I, Clin. Science Bldg., PWH.

Chairman :	Dr. Philip Li		
Attendance :	Dr. Raymond Chen,	Prof. J. Sung	Prof. Tony Gin
	Dr. S.Y. Tung,	Prof. A. Ahuja,	Prof. Gavin Joynt
	Dr. Susanna Lo,	Prof. Augustine Cheng,	Dr. Amy Cho
	Dr. K.K. Lai,	Prof. K.M. Chan	Prof. Tony Chung
	Dr. W.C. Ip,	Prof. C.A. Van Hasselt	Dr. Thomas Buckley
	Dr. S.F. Lui,	Prof. H.K. Ng	Dr. Louis Chan
	Dr. William Wong	Prof. Peter Cameron	Prof. Sydney Chung
	Dr. C.Y. Li	Prof. T.F. Fok	Dr. Donald Lyon
	Ms Lily Chung,	Dr. M.C. Yam	Prof. John Tam
	Ms E. Mok,	Dr. Lam Chan	Prof. C.S. Cockram
		Prof. Anthony Chan	Prof. Y.K. Wing
		Dr. Peter Choi	Prof. Joan Ng

Secretary : Ms Winnie Cheng

Patient Status

As at 30 March 2003 noon, statistics on Atypical Pneumonia cases were:

	Currently Admitted cases	Deceased since onset of epidemics	Discharged since onset of epidemics	Currently in ICU
Healthcare Workers	62		15	5
Medical Students	5		6	0
Patients	66	7	4	16
Total	133	7	25	21

1. CCE was discharged. HA might issue press statement.

2. 4 nurses and 2 HCA contracted SARS.

Infection Control

3. The central support service staff short term deployment mechanism might be a result of staff contracting disease because they were deployed to dirty area and

clean areas in short intervals. The clinical team was investigating the causes.

4. Only confirmed SARS should be sent to PMH.

5. Fan coil unit might give air pressure beyond 3 feet and was possible to spread gems.

6. We should advise other hospitals not to use nebulizer and BiPAP.

7. Natural ventilation was the best way to stop disease with air-borne element.

8. No nebulizer should be used on suspected and confirmed SARS cases. All wards should stop using nebulizer or only use under the prescription of senior clinician.

Contingency Measures

9. The list of HA command centre subject officer and the NTEC counterparts would be distributed.

10. Decision on closure/re-opening of hospital should be evidence based. Ms Chung would collect data of SARS sick staff of other hospitals for reference.

11. There was difficulty in sending our doctors to perform clinical duties in private hospitals.

12. Dr. C.K. Li would prepare the workflow on which floor to open for admission.

13. Support staff should be posted to work in risk areas rather than on voluntary basis with immediate effect.

14. We would need to understand the way of social contact of different staff group in order to contain infectivity. Ms Chung, Dr. Ip and Dr. Lui would work on nursing, allied health and clinicians respectively.

15. Dr. Louis Chan would help Dr Lui to audit the observance of infection control measures, including video taping.

16. Dr. Lui would send out updated infection control guidelines to HCEs for promulgation to frontline staff.

17. P&MM would ensure x-ray film stock was sufficient.

18. Ms Lily Chung would confirm with Dr. Cho the delivery room for pregnant suspected SARS cases. For confirmed cases, they would be sent to PMH.

Staff Support

19. The need for wash out period and the duration would be reviewed. HA was also developing policy on authorized release.

Others

20. 1 medical student and 1 patient developed mental confusion.
21. The index case was discharged.
22. High resolution CT scan should be re-scanned to patients strongly suspected to have AP while X-Ray showed no change.

CONFIDENTIAL

NEW TERRITORIES EAST CLUSTER

Hospital Authority

Notes of a meeting on Management of Atypical Pneumonia Incidence held on 31 March, 2003 at Seminar Room I, Clin. Science Bldg., PWH.

Chairman :	Dr. Philip Li		
Members :	Dr. Raymond Chen	Prof. A. Ahuja	Prof. T.F. Fok
	Dr. S.Y. Tung	Prof. Anthony Chan	Prof. Tony Gin
	Dr. Susanna Lo	Prof. Augustine Cheng	Prof. Tony Chung
	Dr. K.K. Lai	Prof. K.M. Chan	Prof. Joan Ng
	Dr. W.C. Ip	Prof. C.A. Van Hasselt	Dr. Thomas Buckley
	Dr. William Wong	Prof. H.K. Ng	Dr. Louis Chan
	Dr. S.F. Lui	Prof. J. Sung	Prof. Sydney Chung
	Dr. C.K. Li	Prof. Peter Cameron	Dr. Donald Lyon
	Dr. C.Y. Li	Prof. H.K. Ng	Prof. John Tam
	Ms Lily Chung	Dr. M.C. Yam	Dr. Peter Choi
	Ms E. Mok	Dr. Lam Chan	Dr. Amy Cho
	Mr. Robert Wong	Prof. Y.K. Wing	Prof. C.S. Cockram
		Prof. Gavin Joynt	
Secretary :	Ms Winnie Cheng		

Patient Status

As at 31 March 2003 noon, statistics on Atypical Pneumonia cases were:

	Currently Admitted cases	Deceased since onset of epidemics	Discharged or transferred to Chalet yesterday	Currently in ICU
Healthcare Workers	51		11	4
Medical Students	5		0	0
Patients	57	8	8	15
Total	113	8	19	19

1. No more healthcare workers were admitted since yesterday.

2. There were 19 ICU patients this morning with 0 admissions to ICU.

3. One patient with pre-existing heart diseases died in the last 24 hours.

4. There were 19 discharges or transferals to Chalets of Cheshire Home in the last 24 hours.

5. All the 4 paediatric cases were stable and waiting to go home.

6. One health care worker was severely ill.

Infection Control Measures

7. The use of nebuliser on patient with SARS might have drastically potentiated the spread of the viruses, leading to the catastrophic outbreak of SARS at PWH. Recommendations on the use of nebuliser in "suspected" or confirmed severe acute respiratory syndrome (SARS) patients and in general ward were issued by Risk Management and were posted in Intranet. Important points are summarized as follows:

   - The use of nebulizer and steam inhalation with aerosol generation including jet/ultrasonic nebulizers on the open ward should be strictly controlled and was prohibited in suspected or confirmed case of SARS. Suspected case of SARS include patient with known contact with patient with SARS. High index of suspicion should be kept for possible case of SARS.
   - The use of nebulizer for asthmatic / COPD patient with chest infection (likely or confirmed bacterial) + fever should also be avoided if possible (as they might also have co-infection of atypical pneumonia). Consult senior medical staff / chest physician.
   - Consider alternative therapeutic options:
   - Use of spacer (volumatic or aerochamber) with MDI was recommended.
   - Bronchodilators and anticholinergic MDI were of similar efficacy to nebulized forms.
   - Other alternatives include oral beta-2-agonists or IV beta-2 agonists or amipophyllines (oral or IV).
   - Nebulizers had to be used under strict precautions like negative pressure room.

8. Guidelines on the use of BIPAP/CPAP were also posted up in Intranet.

9. There might be supply problems in the disposables. The SD(N) would centrally co-ordinate the distribution of mask for clinical and non-clinical departments.

Update on the Medical Management

10. 2 patients with neurological complications, in form of confusion, were observed.

Contingency Measures

11. Transferal of patients from PWH to SH for convalescence would stop for the time being.

12. 120 attendance in A&E, PWH after re-opening.

13. PMH would admit only confirmed AP cases. NDH and AHNH would cohort suspected cases. Some patients would be monitored at home if no X-ray changes.

14. Follow up for discharges of confirmed cases would be seen for 3 weeks at Block A Staff Clinic. Blood and X-ray would be performed. Medication might be stopped within 2 weeks.

15. There were 492 attendance at A&E, AHNH, which was slightly lower than that of previous days. AHNH had transferred 4 SARS cases to PMH, 8 to TMH.

16. Convalescence SARS patients would be gradually transferred to Chalet of Cheshire Home if they could not be discharged home yet.Our experience in Infection Control measures were shared with other hospitals to alert them of our experience and the loopholes in infection control.

17. Pregnant staff should avoid working in ultra high or high risk area, but should have no difference from other staff in moderate risk area.1 week wash out for interns rotation to PWH from ultra-high and high risk areas of other hospital would be granted.

[redacted] was in sick bay.

18. One patient developed SARS in SH. Staff was in panic.

19. 8AB were vacated for terminal cleansing.

20. A manager from HA would co-ordinate and arrange suitable equipment to get convalescence serum.

21. PMH would like individual hospital to handle the suspected SARS cases.

22. The HA guideline for treatment was ribavirin for 10 days.

23. PMH, UCH ICU would be full shortly. Contingency plan for ICU capacity needed to be worked out. PWH should help out since we were recovering. We had been asked to deploy staff to help out in PMH. If we were not re-opening , we might send staff to help. We could also share the data of our cases and the analysis..

CONFIDENTIAL

NEW TERRITORIES EAST CLUSTER

Hospital Authority

Notes of a meeting on Management of Atypical Pneumonia Incidence held on 1 April, 2003 at Seminar Room 1, Clin. Science Bldg., PWH.

Chairman :	Dr. Philip Li		
Members :	Dr. Raymond Chen	Prof. A. Ahuja	Prof. T.F. Fok
	Dr. S.Y. Tung	Prof. Anthony Chan	Prof. Tony Gin
	Dr. Susanna Lo	Prof. Augustine Cheng	Prof. Tony Chung
	Dr. K.K. Lai	Prof. K.M. Chan	Prof. Joan Ng
	Dr. W.C. Ip	Prof. C.A. Van Hasselt	Dr. Thomas Buckley
	Dr. William Wong	Prof. H.K. Ng	Dr. Louis Chan
	Dr. S.F. Lui	Prof. J. Sung	Prof. Sydney Chung
	Dr. C.K. Li	Prof. Peter Cameron	Dr. Donald Lyon
	Dr. C.Y. Li	Prof. H.K. Ng	Prof. John Tam
	Ms Lily Chung	Dr. M.C. Yam	Dr. Peter Choi
	Ms E. Mok	Dr. Lam Chan	Dr. Amy Cho
	Mr. Robert Wong	Prof. Y.K. Wing	Prof. C.S. Cockram
		Prof. Gavin Joynt	
Secretary :	Ms Winnie Cheng		

Patient Status

As at 1 April 2003 noon, statistics on Atypical Pneumonia cases were :

	Currently Admitted cases	Deceased since onset of epidemics	Discharged or transferred to Chalet yesterday	Currently in ICU
Healthcare Workers	48		3	4
Medical Students	4		1	0
Patients	56	8	1	15
Total	108	8	5	19

1. No more healthcare worker was admitted since yesterday.
2. There were 19 ICU patients this morning with no new admission or discharge to ICU. Two health care worker were intubated.
3. No patient died in the last 24 hours.

4. There were 5 discharges or transferals to Chalets of Cheshire Home in the last 24 hours.

5. All the 4 paediatric cases were stable and waiting to go home.

6. There was no safe and effective chemoprophylaxis for staff working in high risk area.

Infection Control Measures

7. The Chinese version of Infection Control Measures were posted up in Intranet. Ward managers might print relevant hard copies for supporting staff who might not be able to read directly on the computer screen.

8. There were 2 confirmed cases of atypical pneumonia in Ward E1 of AHNH, which was now closed to new admission. Subsequently 5 health care workers were admitted into PMH with diagnosis of SARS. All staff were again reminded of the importance of infection control measures. There was no no-risk area in NTEC. All medical and paediatric admission wards were considered as high risk area.

9. New interns were briefed on the infection control measures.

10. N95 mask fitting tests would be performed for staff who need to wear this mask.

11. To enhance the compliance to infection control measures, frontline staff in high risk area would be observed and their knowledge in infection control would be tested on site.

12. Ward 8D at PWH may be closed within a short time for terminal cleansing, after the number of patients is reduced.

Update of Medical Management

13. There were about 164 attendance in A&E, PWH yesterday. PWH had transferred 8 SARS cases to PMH, 6 to TMH.

14. PMH would admit only confirmed cases of Atypical Pneumonia. NDH and AHNH will cohort suspected cases. Some suspected cases would be monitored at home if there were no X-ray changes.

15. Medical and Paediatric wards in NDH were full. There were 8 suspected SARS cases in NDH. Since they were not confirmed cases, they were cohorted and would be transferred to PMH only with confirmed to have SARS.

16. Pamela Youde Child Assessment Centre (Shatin) would be temporarily relocated to 4th Floor, Fanling Primary Health Care Centre, 2 Pik Fung Road, Fanling, N.T. with effect from 31st March, 2003.

17. HAHO asked for cross specialty redeployment of staff from surgical specialty to work in high pressure area.

18. Rapid test for Coronavirus from CDC was put into service. Preliminary positive rate is about 15% in our laboratory. Staff were reminded of this data since a false sense of security might be conveyed if the test was negative.

19. Culture for both Metapneumovirus and Coronavirus would be performed but result might take one week.

20. Since it was RSV season, immunofluorescence tests for Influenza A, Influenza B and RSV would be provided for routine virology investigation on nasopharyngeal aspirate for paediatric and ICU patients only. Viral isolation including isolation of Influenza A, Influenza B and RSV would be performed for other patients.

21. A team of three doctors including Prof. J. Sung, Dr. F. Yap and Dr. Kitty Fung would hold seminars on "Experience Sharing on Management of SARS" on Wednesday and Thursday in three hospitals including PMH, UCH and QEH. Important aspects of clinical features and management, ICU management and infection control measures would be covered.

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NEW TERRITORIES EAST CLUSTER

Hospital Authority

Notes of a meeting on Management of Atypical Pneumonia Incidence held on 2 April, 2003 at Seminar Room 1, Clin. Science Bldg., PWH.

Chairman :	Dr. Philip Li		
Members :	Dr. Raymond Chen	Prof. A. Ahuja	Prof. T.F. Fok
	Dr. S.Y. Tung	Prof. Anthony Chan	Prof. Tony Gin
	Dr. Susanna Lo	Prof. Augustine Cheng	Prof. Tony Chung
	Dr. K.K. Lai	Prof. K.M. Chan	Prof. Joan Ng
	Dr. W.C. Ip	Prof. C.A. Van Hasselt	Dr. Thomas Buckley
	Dr. William Wong	Prof. H.K. Ng	Dr. Louis Chan
	Dr. S.F. Lui	Prof. J. Sung	Prof. Sydney Chung
	Dr. C.K. Li	Prof. Peter Cameron	Dr. Donald Lyon
	Dr. C.Y. Li	Prof. H.K. Ng	Prof. John Tam
	Ms Lily Chung	Dr. M.C. Yam	Dr. Peter Choi
	Ms E. Mok	Dr. Lam Chan	Dr. Amy Cho
	Mr. Robert Wong	Prof. Y.K. Wing	Prof. C.S. Cockram
		Prof. Gavin Joynt	
Secretary :	Ms Winnie Cheng		

Patient Status

As at 2 April 2003 noon, statistics on Atypical Pneumonia cases were :

	Currently Admitted cases	Deceased since onset of epidemics	Discharged or transferred to Chalet yesterday	Currently in ICU
Healthcare Workers	46		4	5
Medical Students	4			0
Patients	53	8	4	15
Total	103	8	8	20

1. 1 more healthcare worker and 1 patient's relative were admitted since yesterday.
2. There were 20 ICU patients this morning with 1 new admission. Their condition did not change much since yesterday.

3. No patient died in the last 24 hours.

4. There were 8 discharges or transferals to Chalets of Cheshire Home in the last 24 hours.

5. All the 4 paediatric cases are stable and waiting to go home.

Medical Management

6. There was no safe and effective chemoprophylaxis for health care workers.

7. Preliminary data showed that fever ≥ 38° C was present, at first presentation to A&E, in only about 38% of cases later confirmed to have SARS. We have to be very careful in all contacts even if they have only mild symptoms initially.

8. NDH data showed that about 6 out of 100 admitted cases with fever were later confirmed to have SARS. All staffs were reminded that all admission wards were regarded as high risk areas.

9. Staff recovered from SARS could start to work 2 weeks after discharge/ transferral or 5 weeks after first onset of symptoms.

Infection Control Measures

10. There might be tight supply of masks and resources should not be wasted unnecessarily.

11. Patients in ultra high or high risk area had to wear masks unless prohibited by medical condition.

12. HAHO advised that no visitors were allowed in all acute hospitals. For extremely exceptional cases given only by COS, strict precautionary measures had to be followed, and detailed documentation would be required. For convalescent and extended care hospitals, 1 visitor per patient for 2 hours each day was allowed.

NTEC Hospital Status

13. There were about 140 attendance at A&E, PWH yesterday. AHNH A&E attendance was 401. 6 SARS cases were sent to PMH. 10 other patients were diverted to NDH and TMH.

14. 1 health care worker in Ward 6B of Shatin Hospital got ill and was transferred to PMH.

15. E1 Ward of AHNH was closed for terminal cleansing and would be opened again on Friday. All the 17 patients would be quarantined and visitors would be contacted.

Contingency Measures

16. PWH would admit newly affected health care workers within the NTE Cluster. PMH would admit only confirmed cases of Atypical Pneumonia diagnosed in A&E. Suspected cases should be cohorted within NTEC for the time being.

17. With immediate effect temporary staff in laboratory and radiology service could be recruited to relief manpower needs in these pressure areas.

18. Terminal cleansing of wards in PWH would be performed in an orderly manner. We aimed to complete the task by Friday.

19. HAHO advised that with immediate effect, CCE and HCEs would urgently review all manpower needs in their hospitals and would where necessary exercise their authority to direct the transfer of staff to areas of most need. In some instances this might be on a rotational basis and in other instances it might result in temporary transfers of staff across clusters pending the end of our current crisis. These redeployments would be based on total organisational needs to ensure we continue to deliver the necessary patient care services.

20. Since no visitors were allowed, patients might use mobile phones in ward if they have no interference with medical equipment.

21. All pregnant staff would be redeployed away from ultra high and high-risk area.

Others

22. ICU equipment which were planned would be procured as soon as possible.

23. ICU course would be organized to equip more staff to cater for possible further ICU expansion.

24. Postmortem examination would be done for SARS, if required. Category II deceased handling measures should be applied.

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NEW TERRITORIES EAST CLUSTER

Hospital Authority

Notes of a meeting on Management of Atypical Pneumonia Incidence held on 3 April. 2003 at Seminar Room I, Clin. Science Bldg., PWH.

Chairman :	Dr. Philip Li		
Members :	Dr. Raymond Chen	Prof. A. Ahuja	Prof. T.F. Fok
	Dr. S.Y. Tung	Prof. Anthony Chan	Prof. Tony Gin
	Dr. Susanna Lo	Prof. Augustine Cheng	Prof. Tony Chung
	Dr. K.K. Lai	Prof. K.M. Chan	Prof. Joan Ng
	Dr. W.C. Ip	Prof. C.A. Van Hasselt	Dr. Thomas Buckley
	Dr. William Wong	Prof. H.K. Ng	Dr. Louis Chan
	Dr. S.F. Lui	Prof. J. Sung	Prof. Sydney Chung
	Dr. C.K. Li	Prof. Peter Cameron	Dr. Donald Lyon
	Dr. C.Y. Li	Prof. H.K. Ng	Prof. John Tam
	Ms Lily Chung	Dr. M.C. Yam	Dr. Peter Choi
	Ms E. Mok	Dr. Lam Chan	Dr. Amy Cho
	Mr. Robert Wong	Prof. Y.K. Wing	Prof. C.S. Cockram
		Prof. Gavin Joynt	
Secretary :	Ms Winnie Cheng		

Patient Status

As at 3 April 2003 noon, statistics on Atypical Pneumonia cases were :

	Currently Admitted cases	Deceased since onset of epidemics	Discharged or transferred to Chalet yesterday	Currently in ICU
Healthcare Workers	47			5
Medical Students	2		2	0
Patients	46	8	7	15
Total	95	8	9	20

1. 1 healthcare worker (who lived in Block E of Amoy Garden) was admitted since yesterday.

2. There were 20 ICU patients this morning with 1 new admission and 1 discharge. Their condition did not change much in last several days.

3. No patient died in the last 24 hours.

4. There were 9 discharges or transferals to Chalets of Cheshire Home in the last 24 hours.

5. There were 2 discharges of paediatric cases, the other 2 paediatric in-patients were stable and waiting to go home.

Medical Management

6. Presentation of SARS in elderly might be different from younger adults. A significant proportion of elderly patients did not have fever initially; hence high index of suspicion was required.

Infection Control Measures

7. Patients might use mobile phones in wards. They were reminded to maintain a safety distance from medical equipment of at least 1 meter. One possible arrangement was to identify certain areas inside the ward, that were further away from where the equipment was normally kept, for the patients to make calls.

8. There was tight supply of consumables, particularly in the supply of N95 masks. N95 may be reused after each shift if not soiled or contaminated. They should be properly stored according to guidelines. N95 mask would not be distributed to moderate risk area. Paper mask could be distributed to patients in moderate risk area.

NTEC Hospital Status

9. There were about 107 attendances at A&E, PWH yesterday. Four SARS cases were sent to PMH. 12 other patients were diverted to NDH and TMH.

10. AHNH A&E attendance was 357. 1 SARS case was sent to PMH, 14 other patients were diverted to NDH and TMH.

11. E1 Ward of AHNH would be closed for terminal cleansing and would be opened again on Friday. The patients would be quarantined and visitors would be contacted.

12. Attendance at A&E of NDH decreased significantly. 15 new admissions to NDH were originally diverted from PWH and AHNH.

13. 1 patient diagnosed to have SARS was transferred to PMH from Shatin Hospital.

Contingency Measures

14. All new cases confirmed to have SARS by A&E would be transferred to PMH. Other in-patients (later confirmed to have SARS after admission) would be treated within the Cluster for the time being.

15. Terminal cleansing of wards in PWH would be performed in an orderly manner. Aimed to complete the task by Friday.

16. Our arguments for re-opening were presented to HA. HA was pleased to see the infectivity of PWH coming down. After negotiation with HA, PWH might re-open service on Sunday night. Some members considered unacceptable since other hospitals in the cluster were overloaded and UCH was going to breakdown. The voice from frontline should be heard. Members agreed to organize a meeting with Dr. C.H. Leong and Dr. W.M. KO to discuss this.

17. Dr. Philip Li would advise Dr. K.K. Lai separately on admission arrangement of confirmed SARS cases.

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NEW TERRITORIES EAST CLUSTER

Hospital Authority

Notes of a meeting on Management of Atypical Pneumonia Incidence held on 5 April, 2003 at Seminar Room I, Clin. Science Bldg., PWH.

Chairman :	Dr. Philip Li		
Members :	Dr. Raymond Chen	Prof. A. Ahuja	Prof. T.F. Fok
	Dr. S.Y. Tung	Prof. Anthony Chan	Prof. Tony Gin
	Dr. Susanna Lo	Prof. Augustine Cheng	Prof. Tony Chung
	Dr. K.K. Lai	Prof. K.M. Chan	Prof. Joan Ng
	Dr. W.C. Ip	Prof. C.A. Van Hasselt	Dr. Thomas Buckley
	Dr. William Wong	Prof. H.K. Ng	Dr. Louis Chan
	Dr. S.F. Lui	Prof. J. Sung	Prof. Sydney Chung
	Dr. C.K. Li	Prof. Peter Cameron	Dr. Donald Lyon
	Dr. C.Y. Li	Prof. H.K. Ng	Prof. John Tam
	Ms Lily Chung	Dr. M.C. Yam	Dr. Peter Choi
	Ms E. Mok	Dr. Lam Chan	Dr. Amy Cho
	Mr. Robert Wong	Prof. Y.K. Wing	Prof. C.S. Cockram
		Prof. Gavin Joynt	
Secretary :	Ms Winnie Cheng		

Patient Status

As at 5 April 2003 noon, statistics on Atypical Pneumonia cases were:

	Currently Admitted cases	Deceased since onset of epidemics	Discharged or transferred to Chalet yesterday	Currently in ICU
Healthcare Workers	43	0	4	5
Medical Students	2	0	0	0
Patients	38	10	6	13
Total	83	10	10	18

1. No new case was admitted since yesterday. 10 suspected, no confirmed SARS cases were transferred to PWH from other NTEC hospitals.

2. There were 18 ICU patients this morning. One patient who was an elderly patient with pre-existing cardiac problem died yesterday in ICU. The health care workers were improving slightly.

3. 2 patients died in the last 24 hours.

4. There were 10 discharges or transferals to Chalets of Cheshire Home in last 24 hours.

5. The 2 paediatric in-patients are stable and waiting to go home.

Infection Control Measures

6. It was HA policy that all patient should wear mask. GM(N) would assign a WM to take care of face mask distribution.

7. Briefing sessions on infection control were arranged as follows in the week starting Monday 7th April. The sessions would be held twice daily for all staff in PWH. All staff who were newly transferred to high/ ultra high risk areas should attend a briefing session.

Dates:	7th April – 11th April (Mon- Fri)
Meeting point:	Rm. 33055, 1/F, Infection Control Unit, Main Block, PWH.
Sessions:	Morning session 9.30 AM – 10.30 AM
	Afternoon session 2.30 PM – 3.30 PM
Speakers:	Mr. Mike Tong / Dr. Mamie Hui

NTEC Hospital Status

8. There were about 100 attendances at A&E, PWH yesterday. 10 cases were diverted to NDH.

9. There was no confirmed SARS in healthcare workers in Tai Po Hospital & Shatin Hospital. No new SARS case was identified in these hospitals.

10. Staff with fever coming back was dangerous, family members of staff working in quarantine area had 0% of infection. It was suggested that staff should be deployed to work after in other wards since they were fully protected at work.

11. Attendance at A&E of NDH remained roughly the same. 31 new admission were

originally diverted from AHNH and PWH.

12. So far 12 healthcare workers of AHNH were confirmed to have suffered from SARS. Another 4 patients and 5 healthcare workers of AHNH were suspected to have SARS but not confirmed yet. They were transferred to PWH.

Contingency Measures

13. A&E Department of PWH would open for emergency admission (with exception below) at 9:00 am on 6 April, 2003. The present ambulance diversion would cease (i.e. PWH will take ambulance attendance again). However, inter-hospital diversion at A&E Department might happen.

14. There would be inter-hospital diversion to other NTEC hospitals if the patient clearly required ICU. If condition not clear, patient would be admitted to PWH.

15. AHNH would set up observation room in A&E to allow observation for suspected SARS cases. If confirmed SARS, the patients would be transferred to PMH. If SARS not confirmed, then they would be admitted to E1 ward for further observation.

16. Whenever there were new cases of confirmed SARS, other patients inside the same ward would be quarantined.

17. Prof. Sydney Chung proposed to make suggestion to HA to quarantine suspected case in isolated areas. It was noted that IV therapy and oxygen might be used if the patient was hospitalized.

18. All patients would need to wear mask.

19. Clinicians and nurses were required to work in pressure areas. COSs and DOMs would invite staff to assist.

20. It was suggested to convey the message to Dr. C.H. Leung that suspected case should put on isolation outside hospital.

21. Dr. William Ho convened a meeting with CCEs through video conferencing and

he was gradually taking the role of CE, HA.

22. The HA was unlikely to set up another SARS Centre. Hence only PMH + WTS. Clusters would take care of their SARS cases.

23. Dr. Philip Li said it would be a HA wide policy to contribute 10% of manpower to ICU except PWH.

24. The meeting discussed the ICU bed capacity and the pressure after AED service re-open. Prof. Gavin Joynt said service started would be compromised if too many ICU beds were set up in wards. Nevertheless, ICU could still train up nurse to ventilate in wards, if it was the management decision to approach the problem. He said that on triage of ICU patients, if the management would tighten the admission criteria to ICU. Since the CCU would be available in mid of next week, if the needs came before CCU ready, putting the patient in recovery room was an option. Since the cluster could still cope with the situation, the meeting agreed to keep in view the matter. For emergency cases requiring ICU case, they would be diverted out.

25. Dr. Philip Li asked members to inform individual units to contribute staff to help out by cutting down less essential service. Prof. Sydney Chung remind members to take care of staff sentiment. The meeting agreed that the COSs would take a soft approach and ask staff to volunteer to help out in pressure area. Dr. C.K. Li and Ms Lily Chung would co-ordinate the doctor and nursing manpower.

26. Dr. Philip Li informed members that HA had no policy of wash out period because staff were under protection to work in ward. NTEC would adopt this. Formal announcement would not be made.

27.

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NEW TERRITORIES EAST CLUSTER

Hospital Authority

Notes of a meeting on Management of Atypical Pneumonia Incidence held on 6 April, 2003 at Seminar Room I, Clin. Science Bldg., PWH.

Chairman :	Dr. Philip Li		
Members :	Dr. Raymond Chen	Prof. A. Ahuja	Prof. T.F. Fok
	Dr. S.Y. Tung	Prof. Anthony Chan	Prof. Tony Gin
	Dr. Susanna Lo	Prof. Augustine Cheng	Prof. Tony Chung
	Dr. K.K. Lai	Prof. K.M. Chan	Prof. Joan Ng
	Dr. W.C. Ip	Prof. C.A. Van Hasselt	Dr. Thomas Buckley
	Dr. William Wong	Prof. H.K. Ng	Dr. Louis Chan
	Dr. S.F. Lui	Prof. J. Sung	Prof. Sydney Chung
	Dr. C.K. Li	Prof. Peter Cameron	Dr. Donald Lyon
	Dr. C.Y. Li	Prof. H.K. Ng	Prof. John Tam
	Ms Lily Chung	Dr. M.C. Yam	Dr. Peter Choi
	Ms E. Mok	Dr. Lam Chan	Dr. Amy Cho
	Mr. Robert Wong,	Prof. Y.K. Wing	Prof. C.S. Cockram
		Prof. Gavin Joynt	
Secretary :	Ms Winnie Cheng		

Patient Status

As at 6 April 2003 noon, statistics on Atypical Pneumonia cases were:

	Currently Admitted cases	Deceased since onset of epidemics	Discharged or transferred to Chalet yesterday	Currently in ICU
Healthcare Workers	39	0	9	6
Medical Students	2	0	0	0
Patients	32	11	5	11
Total	73	11	14	17

1. No new Health Care Worker from PWH was admitted since yesterday.

2. There were 17 ICU patients this morning with 1 death. The health care workers were improving slightly.

3. 1 patient died in the last 24 hours.

4. There were 14 discharges or transferals to Chalets of Cheshire Home in last 24 hours.

5. The 2 paediatric in-patients were stable and waiting to go home.

Infection Control Measures

6. Dr. Lyon and Prof. Joseph Sung would form a team to look after the infection control implementation in AHNH.

7. Short term deployment of HCA to different wards should stop as it might be a possible cause for infection.

NTEC Hospital Status

8. A&E of PWH was re-opened for new admission this morning. The attendance was not high. There were about 81 attendances at A&E, PWH yesterday. 5 cases were diverted to NDH and 4 paediatric cases to AHNH.

9. There was no confirmed SARS in healthcare workers in Tai Po Hospital, Shatin Hospital and NDH. Although no new SARS case was identified in these hospitals.

10. So far 12 Health Care Workers of AHNH were confirmed to have suffered from SARS. 1 HCA was newly diagnosed to have SARS.

11. With the reduction of SARS cases in PWH, more medical wards including 5EF, 8EF might be opened for admission of new non-SARS medical cases.

12. AHNH medical unit was full. Non febrile case requiring admission would be diverted to PWH.

Contingency Measures

13. All wards were at risk of admitting SARS cases. A safety controller should be assigned for every ward to make sure of compliance to infection control measures.

14. All patients had to wear mask.

15. COS of each department would have to re-locate duties so as to avoid doctors looking after SARS patients to the outpatient clinic on same day.

16. Clorox tablets should be used in all toilets within NTEC.

17. There was manpower shortage resulted from wash cut period if new wards were to open. Those previously approved wash out period would be honoured. The COS would draw a list of eligible staff, exceptional case could be brought up for discussion. It was suggested to break the wash out period into short intervals of 3-4 days each. It was noted that wash out was not necessary from microbiological point of view. The discussion on pros and cons was ensued. Since it was the common concensus of the meeting that no wash out was required, Dr. Philip Li would announce the cessation of such in staff forum.

18. Dr. Raymond Chen was concerned whether obstetric service should be done elsewhere since AHNH was dirty. The meeting noted that there was no outlet to divert and stepping up of surveillance was advised. Dr. C.Y. Li and Dr. Robert Chin would set up the whole thing.

19. The meeting adjourned at 2:25 pm.

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NEW TERRITORIES EAST CLUSTER

Hospital Authority

Notes of a meeting on Management of Atypical Pneumonia Incidence held on 7 April, 2003 at Seminar Room I, Clin. Science Bldg., PWH.

Chairman :	Dr. Philip Li		
Members :	Dr. Raymond Chen	Prof. A. Ahuja	Prof. T.F. Fok
	Dr. S.Y. Tung	Prof. Anthony Chan	Prof. Tony Gin
	Dr. Susanna Lo	Prof. Augustine Cheng	Prof. Tony Chung
	Dr. K.K. Lai	Prof. K.M. Chan	Prof. Joan Ng
	Dr. W.C. Ip	Prof. C.A. Van Hasselt	Dr. Thomas Buckley
	Dr. William Wong	Prof. H.K. Ng	Dr. Louis Chan
	Dr. S.F. Lui	Prof. J. Sung	Prof. Sydney Chung
	Dr. C.K. Li	Prof. Peter Cameron	Dr. Donald Lyon
	Dr. C.Y. Li	Prof. H.K. Ng	Prof. John Tam
	Ms Lily Chung	Dr. M.C. Yam	Dr. Peter Choi
	Ms E. Mok	Dr. Lam Chan	Dr. Amy Cho
	Mr. Robert Wong,	Prof. Y.K. Wing	Prof. C.S. Cockram
		Prof. Gavin Joynt	
Secretary :	Ms Winnie Cheng		

Patient Status

As at 7 April 2003 noon, statistics on Atypical Pneumonia cases were :

	Currently Admitted cases	Deceased since onset of epidemics	Discharged or transferred to Chalet yesterday	Currently in ICU	T/I from other hospital
Healthcare Workers	39	0	4	5	4
Medical Students	2	0	0	0	0
Patients	31	11	2	12	1
Total	72	11	6	17	5

1. No new case in health care workers of PWH was admitted since yesterday.

2. There were 17 ICU patients this morning. Roughly there was one admission and 1 discharge per day.

3. No patient died in the last 24 hours.

4. There were 6 discharges or transferals to Chalets of Cheshire Home in last 24 hours.

5. So far 14 healthcare workers of AHNH were confirmed to have suffered from SARS.

Infection Control Measures

6. 12 beds in observation ward in A&E have been set up; 6 for febrile cases and 6 for non febrile cases.

7. Briefing session on infection control will be done twice daily this week. Details are as follows:

   Venue : Rm 33055, 1/F., Infection Control Unit, Main Block, PWH
   Time : Morning Session 9:30 am – 10:30 am
   Afternoon Session 2:30 pm – 3:30 pm

8. Briefing session and safety controller system should be implemented in NDH as well. NO SARS transferred out from NDH.

NTEC Hospital Status

9. There were about 228 attendance at A&E, PWH yesterday. About 20 cases were admitted to PWH.

10. 3 SARS were diverted from PWH.

11. There were 2 suspected SARS. 1 healthcare workers and 1 patient in SH.

12. Attendance at A&E of AHNH was 201. 7 more SARS was diverted to NDH, 1 to TMH. 6 SARS to PMH, 2 to PWH.

13. NDH A&E attendance was roughly the same. 2 staff admitted with fever, but not confirmed SARS. Medical ward is quite tight.

Contingency Measures

14. Individual Cluster would take care of its own SARS cases except that NDH SARS cases will go to TMH.

15. PMH only takes in SARS referred by DH.

16. Some GPs have been employed on temporary basis to relieve workload in pressure areas. COS would provide their requirements to Cluster HR.

17. COS would set up triage ward. All staff would be reminded that the presentation of SARS becomes heterogenous:
    - fever not a must, especially elderly patients from Amoy Garden. Patient has gastroenteritis, no pain initially and then develop SARS.

18. Prof. Sydney Chung advised that we should plan ahead for ICU beds since the beds would be full shortly. The meeting discussed the tighting up of ICU triage criteria. Dr. Raymond Chen and Dr. K.K. Lai would review facility in hospital convertible as CLU/ICU. The facility manpower in TPH was not feasible for setting up ICU. We would also train up clinician and nurses to work in ICU.

Staff Support

19. Pregnant staff will be given special paid leave up to 13 completed gestational weeks.

20. Pregnant employees who want to be temporarily away from their posts in view of the SARS may apply for annual leave. For those pregnant employees who do not have enough annual leave balance, they may consider applying for no pay leave. Their applications will be facilitated as far as possible. The arrangement is applicable to all pregnant staff in NTEC including those on Civil Service terms.

21. The meeting discussed where to admit the SARS cases. Members pointed out that we should maintain even distribution of patients. AHNH was not prepared to take SARS case. Dr. Philip Li would form a working group to look into this.

22. Dr. Philip Li appealed to HCEs and COSs to reduce non essential works since

manpower might at least down by 1/3 to reserve manpower for HA.

23. All SARS patient would be ventilated in ICU non SARS cases would be ventilated in NDH/AHNH after operation until the CCU converted ICU was ready.

CONFIDENTIAL

NEW TERRITORIES EAST CLUSTER

Hospital Authority

Notes of a meeting on Management of Atypical Pneumonia Incidence held on 8 April, 2003 at Seminar Room I, Clin. Science Bldg., PWH.

Chairman :	Dr. Philip Li		
Members :	Dr. Raymond Chen	Prof. A. Ahuja	Prof. T.F. Fok
	Dr. S.Y. Tung	Prof. Anthony Chan	Prof. Tony Gin
	Dr. Susanna Lo	Prof. Augustine Cheng	Prof. Tony Chung
	Dr. K.K. Lai	Prof. K.M. Chan	Prof. Joan Ng
	Dr. W.C. Ip	Prof. C.A. Van Hasselt	Dr. Thomas Buckley
	Dr. William Wong	Prof. H.K. Ng	Dr. Louis Chan
	Dr. S.F. Lui	Prof. J. Sung	Prof. Sydney Chung
	Dr. C.K. Li	Prof. Peter Cameron	Dr. Donald Lyon
	Dr. C.Y. Li	Prof. H.K. Ng	Prof. John Tam
	Ms Lily Chung	Dr. M.C. Yam	Dr. Peter Choi
	Ms E. Mok	Dr. Lam Chan	Dr. Amy Cho
	Mr. Robert Wong,	Prof. Y.K. Wing	Prof. C.S. Cockram
		Prof. Gavin Joynt	
Secretary :	Ms Winnie Cheng		

Patient Status

As at 8 April 2003 noon, statistics on Atypical Pneumonia cases were:

	Currently Admitted cases	Deceased since onset of epidemics	Discharged or transferred to Chalet yesterday	Currently in ICU	T/I from other NTEC hospitals
Healthcare Workers	44	0	0	5	5
Medical Students	2	0	0	0	0
Patients	26	12	6	12	2
Total	72	12	6	17	7

1. No new case in health care workers of PWH was admitted since yesterday.

2. There were 17 ICU patients this morning. Roughly there was one admission and 1 discharge per day in the past few days.

3. 1 patient died in the last 24 hours.

4. There were 6 discharges or transferals to Chalets of Cheshire Home in last 24

hours.

5. So far 19 staff in AHNH were affected. There was urgent need to stringently enforce infection control measures in AHNH.

6. One newborn whose mother was a SARS case was admitted

7. There were a lot of limitations in daily lifestyle if full infection control measures were to be observed.

8. Prof. Sydney Chung raised the question of whether we should shut down AHNH. Dr. Philip Li said we need more data and information for consideration of such proposal. Dr. S.F. Lui said the problem of staff contracted SARS in AHNH was seeding. Dr. Philip Li appealed to Dr.Raymond Chen to appoint someone who would be fully committed to implement infection control in AHNH. Prof. Peter Cameron said the NDH should also enhance infection control measures and not replicate the experience of PWH. Dr. Augustine Cheng would assist in implementation and control.

9. It was proposed to divert medical cases to PWH. PWH had 20 non-SARS medical beds available. Dr. Philip Li and Dr. Tung would discuss the medical diversion in light of the workload at different hospitals.

10. The meeting agreed to open 8EF and 8D. The nursing manpower was ready to give support.

11. Dr. Tom Buckley had sent email to COSs to ask for nomination of a doctor and a nurse to assist in roll out of infection control measures.

12. In NDH, there were 2 cases transferred from AHNH. 0 from PWH. AHNH sent 12 cases to TMH.

Patient condition

13. The patients were in improving trend. Early prescription of steroid would be adjusted since there was not much improvement if patients were given steroid early and relapsed.

Infection Control Measures

14. Briefing session on infection control would be done twice daily this week. All staff who were newly transferred to high/ultra high risk areas must attend a briefing session. Details were as follows:

    Venue : Rm 33055, 1/F., Infection Control Unit, Main Block, PWH

    Time: Morning Session 9:30 am – 10:30 am

    Afternoon Session 2:30 pm – 3:30 pm

15. Briefing session on infection control and safety controller system should be implemented in NDH as well, although there was no known SARS at present.

NTEC Hospital Status

16. The AED attendances of PWH creeped up with 245 attendances. 43 were admitted. 6 transferred to PMH and 4 to AHNH.

Virology report

17. Prof. John Tam reported that of the 18 samples undergone coronavirus rapid test, CDC test of WHO, 1 was positive. A number of improved diagnostic tests/tools were being evaluated.

18. It become more and more difficult to diagnose AP.

19. For PMH, 40 cases were admitted. In ICU, 35/45 cases were ventilated. 5 staff were suspected of contracted SARS.

20. In QEH, 33/80 confirmed SARS cases. 17 patients were ventilated.

21. In TMH, 4 staff and 14 patients contracted SARS.

22. TKO, 25 patients confirmed SARS.

23. PYNEH, 70 SARS patients and 11 SARS staff.

24. UCH, 18 cases in ICU and about 20 SARS staff.

25. A few members proposed that SARS patients could be isolated at designated area in community within one week of onset of illness. Hospital capacity could then be reserved for those who were actually confirmed. Dr. Philip Li said HA's view was to admit those who were suspected of SARS.

26. Dr. Gavin Joynt said it was not safe for staff to work in ICU if N95 was not provided. Dr. Susanna Lo had met with GM(N)s and revised the allocation of masks to different risk areas. We would restrict staff not in high risk area to use N95.

27. The option to reserve a lift for O&G patients in AHNH was proposed. Prof. Chung would discuss with Dr. Raymond Chen on this.

28. The Cluster FM team would look into the need for negative pressure rooms.

29. Some 10s set of Air Mate were arriving.

30. Dr. C.K. Li would collect from hospitals the number of beds we could mobilize for SARS cases.

31. A one page screen would be displayed in CMS to collect data and information on SARS cases. Information would also be used by DH for contact tracing.

32. The red label to identify SARS cases would arrive soon.

33. Dr. Philip Li would inform staff the cessation of washout period in today's staff forum.

34. The Surgical Team would continue to support the AED of AHNH since the COS was crying out for help.

35. Initial analysis of information collected indicated that 6% of staff got infected before staff applied infection protective measure. The household infection rate of health care worker was 0 after proper infection control measures were implemented and observed.

36. The meeting agreed that the Medical Department would make special uniform for their doctors and nurses, including their counterpart in NTEC hospital by using

donations.

37. Dr. Susanna Lo tabled the uniform for use in ultra high and high risk areas. Members agreed. The stock would be delivered in next week.

38. The use of protective apparel was escalated. Eye mask was recommended in acute wards.

39. There being no other business, the meeting adjourned at 2:00pm.

CONFIDENTIAL

NEW TERRITORIES EAST CLUSTER

Hospital Authority

Notes of a meeting on Management of Atypical Pneumonia Incidence held on 9 April, 2003 at Seminar Room I, Clin. Science Bldg., PWH.

Chairman :	Dr. Philip Li		
Members :	Dr. Raymond Chen	Prof. A. Ahuja	Prof. T.F. Fok
	Dr. S.Y. Tung	Prof. Anthony Chan	Prof. Tony Gin
	Dr. Susanna Lo	Prof. Augustine Cheng	Prof. Tony Chung
	Dr. K.K. Lai	Prof. K.M. Chan	Prof. Joan Ng
	Dr. W.C. Ip	Prof. C.A. Van Hasselt	Dr. Thomas Buckley
	Dr. William Wong	Prof. H.K. Ng	Dr. Louis Chan
	Dr. S.F. Lui	Prof. J. Sung	Prof. Sydney Chung
	Dr. C.K. Li	Prof. Peter Cameron	Dr. Donald Lyon
	Dr. C.Y. Li	Prof. H.K. Ng	Prof. John Tam
	Ms Lily Chung	Dr. M.C. Yam	Dr. Peter Choi
	Ms E. Mok	Dr. Lam Chan	Dr. Amy Cho
	Mr. Robert Wong.	Prof. Y.K. Wing	Prof. C.S. Cockram
		Prof. Gavin Joynt	
Secretary :	Ms Winnie Cheng		

Patient Status

As at 9 April 2003 noon, statistics on Atypical Pneumonia cases were :

	Currently Admitted cases	Deceased since onset of epidemics	Discharged or transferred to Chalet yesterday	Currently in ICU	T/I from other hospital
Healthcare Workers	44	0	2	5	2
Medical Students	2	0	0	0	0
Patients	29	12	1	11	4
Total	75	12	3	16	6

2. All frontline staff were required to use CMS to report suspected/confirmed SARS patients on admission to SARS cohort wards effective 9 April 12:00 noon. All previously reported SARS patients' data would be converted into the CMS. Dr. Philip Li requested that manual collection of AP data be continued for some time.

ICU

3. The ICU patients were in chronic state. 11 were ventilated.

4. Prof Sydney Chung asked if our infection control measure stringent enough to ward our staff from infection even from excreta. The answer from Dr. Augustine Cheng was in affirmative, it was envisaged that more nurses and HCA would be coming down.

Paed

5. There was one suspected new case. Paed surgery and orth patients would be cared in paediatric wards to make room for medical patients.

Oncology

6. Patients would be moved to 10EF for terminal cleansing. New admission would be stopped in the coming few days.

A&E

7. 240 attendances yesterday. 2 to NDH, 6 Gynae cases to AHNH. 4 cases to TMH. 26 patients were admitted to medical wards. Demand for emergency medical service was expected to increase. We needed to plough in more manpower resources. Patients admitted to different wards with only a few patients would be centralized in one ward to centralized the deployment.

8. Nursing manpower was ready for opening of 8EF.

9. A team of clinician from surgical department would be deployed to 8AB for about 2 weeks to assist in ward operation.

10. The meeting discussed the plan to handle SARS cases. The NTEC had about 4000 beds and if 400 SARS cases were admitted, about 80 ICU beds would be needed. The bottleneck would be the supply of ICU beds. Potential admission of 250 cases was predicted. It was planned to admit 180s cases in AHNH and 60s in TPH. The ICU capacity would be increased from 44 to 65. PWH had 24 ICU bed. It had been converting the CCU to temporary ICU to provide about 5-6 beds and would be ready for admission on Saturday morning. The AHNH ICU had 8 beds and was capable of increasing to 20 beds. The isolation ward in TPH would be ready by 20April. Prof Sydney Chung, Prof Van Hassalt Prof

KM Chan and members present agreed with the plan.

11. The meeting also discussed the importance of tightening triage criteria in light of the potential demand on ICU beds. The principle of triage must be agreed on and accepted by the hospital at the upfront.. Prof Sydney Chung said if the ICU triage was according to resources, the triage principle should be written down clearly. Dr. Amy Cho said the previous ICU triage was according to medical fetility. Because of lack of resource, she asked if the meeting was accepting principle that triage guideline was shifted.

12. Members expressed that about 80% of ICU facility had been devoted to SARS. In accordance to situation, HA had to recognize this situation and if it agreed with the above arrangement, staff would act accordingly.

13. Prof K M Chan said at time of crisis, the resources were more restricted. It would be the best opportunity to bring the situation to public that HA had no infinite resources to marginal cases.

14. Dr. Philip Li would bring the above to HA for their consideration.

15. Dr. Raymond Chen agreed to the above plan. He said that AHNH was in lack of acute medical beds. He proposed to close down surgical beds and divert emergency surgical admission to release the surgical on call team since elective surgery had been stopped. Dr.. Philip Li asked Prof K.M. Chan, Prof Van Hassalt, Prof Angus Chan together with Dr. Raymond Chen to organize a separate meeting to look at the details.

16. Paed surgery cases and paed cases would be put together to conserve manpower. Dr. C.K. Li would work with Prof Van Hassalt on deployment of manpower including those to AHNH AED and house officer needed in medical wards.

17. PWH would admit patient with <20% burn that do not require ICU.

SH

18. There was one new case. All the three SARS cases from SH were from the same ward.

TPH

19. Existing patients would need to be decanted if SARS cases were to be admitted.

SCH

20. No specific report was noted.

Status of other clusters

21. PMH had 30 staff affected. Of these, 14 from other wards and 16 from ICU.

22. QMH and PYNEH admitted 8 and 10 SARS cases respectively from Kowloon.

23. QMH had 77 patients cohorted and 20 were confirmed with SARS. 1 in ICU.

24. Prof Tam said Nasopharyngeal aspirate would not be done because it might be more risky for those who carried out the test.. Only nasal swab would be done. The rate of detection would be lowered.

25. It was noted that the installation of exhaust fan in SARS wards might he helpful in removing virus. WHO commended on similar arrangement of a hospital in China. Members considered such arrangement not very useful.

26. Burns cases requiring ICU beds would continue to be diverted. Those <20% burn patients would be admitted to PWH.

27. Dr. C.K. Li suggested to close service of Private Ward in light of manpower stringency. Dr. Philip Li would further discuss this with Dr. C.K. Li.

28. There being no other business, the meeting was adjourned at 2:10pm until 12:30pm at the same place.

CONFIDENTIAL

NEW TERRITORIES EAST CLUSTER

Hospital Authority

Notes of the meeting on Management of Atypical Pneumonia Incidence held on 10 April, 2003 at Seminar Room I, Clin. Science Bldg., PWH.

Chairman :	Dr. Philip Li		
Members :	Dr. Raymond Chen,	Prof. A. Ahuja,	Prof. Tony Gin,
	Dr. S.Y. Tung,	Prof. Anthony Chan,	Dr. Louis Chan,
	Dr. Susanna Lo,	Prof. Augustine Cheng,	Prof. Sydney Chung,
	Dr. K.K. Lai,	Prof. K.M. Chan,	Dr. Donald Lyon,
	Dr. W.C. Ip,	Prof. C.A. Van Hasselt,	Prof. John Tam,
	Dr. S.F. Lui,	Prof. H.K. Ng,	Prof. C.S. Cockram,
	Ms Lily Chung,	Prof. Peter Cameron,	Prof. Gavin Joynt,
	Ms E. Mok,	Dr. M.C. Yam,	Prof. Y.K. Wing,
	Mr. Robert Wong,	Dr. Lam Chan,	Dr. David Hui
		Dr. Wong Kwong Chiu	(vice Prof. J. Sung)
		Dr. C.C. Chow	

Secretary : Ms Winnie Cheng

1. The meeting was concerned that 3 HCW were affected since AED re-opened.

2. The stringent adherence to infection control measures was emphasized.

3. 22 beds were still available in PWH for admission of SARS patients. To control the use of beds, it was suggested to tighten up referral of SARS. If there was suspected SARS patients, SMO would screen again and made confirmation.

ICU Services

4. Patients in ICU were quite stable. 11 patients were ventilated. The chronic patients were deteriorating. There was one discharge from ICU.

5. Dr. Tom Buckley had been deployed to help PMH. 1 nursing officer and 1 nurse specialist were deployed to assist PMH for about 2 weeks. Dr. Peter Choi would take Dr. Buckly's place to run infection control programmes in NTEC.

6. Prof. Gavin Joynt said the ICU nurse training programme was already in progress. The trainers were David and Carman. Ms Lily Chung said the TMH want their

staff to join the theory part of the training. Prof. Joynt agreed. He said that he training of doctor was more difficult because they had other engagement.

7. Dr. Philip Li reported that the 44 ICU beds in NTEC would be boosted up to 65 beds. The ICU capacity in NDH, PWH and AHNH would be upgraded. Since there were 23 more ICU beds in NTEC, there would be high manpower requirement. 45 trained nurses would be required.

Paediatric

8. Most of the paed cases were quite stable.

AED

9. The AED attendances were going down. There were about 220 attendances.

10. There were 16 vacant beds in general medical ward and was coping with demand.

11. AED AHNH attendances were dropping. The infection controllers would complete their training soon.

12. AED attendances were acceptable. There was no secondary transfer from other hospital in the cluster. 1 SARS case was transferred to TMH. NDH now had 1 male and 1 female fever wards. The NDH was not informed of the transfer of SARS case from Mainland China. Resuscitation was applied without proper protection. Staff were advised to attend screening clinic if necessary.

13. Prof. Gavin Joynt said resuscitation of SARS patients should be avoided because there was no meaningful outcome. If confirmed SARS case arrested, no resuscitation would be done except for those mild arrests and choking. It was noted that the whole issue of resuscitation would be reviewed. Risk of non-known SARS patients was higher than known SARS patients. Prof. Sydney Chung asked if crash intubation would be done when patient arrest. Prof. Gavin Joynt would talk to Florence and prepare guideline. Dr. Susanna Lo would look into the supply of filter in Ambu bag.

14. Dr. Philip Li said HA allowed staff the option of taking prophylactics. Prof. Peter Cameron said staff should be advised of the usefulness of prophylactics and their side-effects. Dr. Cockram said the cluster had a duty to indicate our decision of not taking the prophylactics. Dr. Philip LI said the cluster's position

was conveyed to HA of not recommending the taking of prophlactics.

SH

15. A ward manager working in fever ward had fever starting yesterday. Her condition was monitored. Ward 6 B and Ward 6D were closed for admission since 3 patients and 1 staff contracted SARS.

AHNH

16. 22 staff was affected.

TPH

17. No staff suspected of contracting SARS.

18. Dr. Philip Li reported that one HAHO clerical staff who lived in Amoy Garden passed away.

PMH

19. Of the 525 SARS cases, 330 were confirmed with SARS. 29 of 38 staff confirmed with SARS. There was 19 staff down in ICU. 2 were ICU staff.

20. Prof. Sydney Chung asked the effectiveness of tertiary wide support to UCH. Dr. Philip Li said the general medical was coping. The main concern was ICU.

SARS Beds in NTEC

21. The NTEC planned to set 2 wards of 60 beds and about 180 bed in TPH for SARS patients. If all beds were successfully decanted, it would have about 250 SARS beds. In view of the number of beds to be designated to SARS patients, 1 team of physician would look after 2 SARS units. We would need to add medical manpower. The meeting would discuss on the allied health support given to SARS patients.

22. Prof. Tong Chung pointed out that the gynae cases were not recommended to stay with SARS in same hospital or same wing. It would be a bizarre combination. The gynae and neonatal cases were on 4/F of AHNH. It was noted that there was no history or record of vertical spread of SARS or floor to floor transmission. The air conditioning system was individually ventilated in each ward. The option of moving back pregnant ladies from AHNH to PWH EF block was

proposed. Prof. Sydney Chung considered that SARS beds should be opened in TPH with ICU facility in AHNH. The meeting agreed that a SARS ward would be open in AHNH on 12 April because NTEC was lack of SARS beds. It would look into whether we could move the gynae back to PWH before the other SARS wards were opened. Dr. C.K. Li, Dr. C.C. Chow and Dr. Nancy Tung would look into the subject matter.

23. Dr. Philip Li advised that individual cluster should take care of pregnant SARS.

24. Prof. Peter Cameron asked the proposal of cohorting suspected SARS cases and sent these people to camp and only admit those who needed medical support to hospital. Dr. Philip Li said HA had expert group on different area and one of them was to consider this proposal.

25. Dr. Peter Cameron also suggested using room on site to cohort those who did not require nursing care to limit the exposure of our staff. Those unwell could be picked up.

26. It was noted that no discharged convalescent patient had infected their family.

27. Video conference with CE, HA would be arranged at 4:00 pm. This meeting would commence at 3:30 pm tomorrow.

28. Members enquired the result of discussion with HA on triage of ICU patients. Dr. Philip Li said HA had advised us to triage according to clinical decision. In light of limited resources, we should triage appropriately. Prof. Gavin Joynt said there was an email which Prof. Allan Chang sent him on triage of patients. He would send this to Dr. Philip Li for his consideration.

29. There being no other business, the meeting was adjourned at 2:00pm

CONFIDENTIAL

NEW TERRITORIES EAST CLUSTER

Hospital Authority

Notes of the Meeting on Management of Atypical Pneumonia Incidence held on 11 April, 2003 at Seminar Room I, Clin. Science Bldg., PWH.

Chairman :	Dr. Philip Li		
Attendance :	Dr. Raymond Chen,	Prof. J. Sung	Prof. Tony Gin,
	Dr. S.Y. Tung,	Prof. A. Ahuja,	Prof. Gavin Joynt,
	Dr. Susanna Lo,	Prof. Augustine Cheng,	Dr. Amy Cho,
	Dr. K.K. Lai,	Dr. K.H. Chiu	Dr. Tony Chung,
	Dr. W.C. Ip,	(vice Prof. K.M. Chan),	Dr. Louis Chan,
	Dr. S.F. Lui,	Prof. Anthony Yim	Prof. Sydney Chung,
	Dr. William Wong	(vice Prof. C.A. Van	Dr. Donald Lyon,
	Dr. C.Y. Li	Hasselt),	Prof. John Tam,
	Ms Lily Chung,	Prof. H.K. Ng,	Prof. C.S. Cockram,
	Ms E. Mok,	Prof. Peter Cameron,	Prof. Y.K. Wing,
	Mr. Robert Wong,	Prof. T.F. Fok,	Prof. Joan Ng,
		Dr. M.C. Yam,	Prof. Anthony Chan,
		Dr. Lam Chan,	Dr. Peter Choi,
		Dr. Wong Kwong Chiu	

Secretary : Ms Winnie Cheng

Patient Status

As at 11 April 2003 noon, statistics on Atypical Pneumonia cases were :

	Currently Admitted cases in PWH	Deceased since onset of epidemics	Discharged or transferred to Chalet yesterday	Currently in ICU	T/I from other hospital
Healthcare Workers	46	0	2	4	2
Medical Students	1	0	0	0	0
Patients	37	13	1	13	5
Total	84	13	3	17	7

1. 2 more health care workers of PWH was admitted in last 2 days. However, there were 7 transfer in of confirmed SARS patients from NTEC hospitals.

2. There were 17 ICU patients this morning. There was one new admission. Ten patients were intubated. 1 patient extubated.

3. 2 new health care workers of AHNH were admitted.

4. Patients admitted in the past few days were elderly from old age home. It was suspected that we would have higher mortality rate.

Infection Control Measures

5. Risk Management and Infection Control Team issued new revision of infection control guidelines.

6. Prof. Joseph Sung said from retrospective analysis, the use of steroid seemed to delay the deterioration phase. Many patients did deteriorate later. The revised treatment strategy would be anti-rival agents used first and start oral steroid 2 days later. Pulse steroid used when necessary. He said that so far there were 2 cases of relapse after discharge from hospital.

Contingency Measures

7. As a contingency plan to help the recovery of NTEC to normal service, 180 beds in TPH, 60 medical beds and 20 ICU beds in AHNH would be converted to care for SARS patients within NTEC. This may take several weeks to implement.

8. HAHO decided to upgrade the NTEC with 65 ICU beds. However, manpower is a major problem.

9. There were 4 beds available in ICU, PWH. CCU will be used as an extension of ICU tomorrow to provide ICU service to non-SARS patients. The goal is to provide 7 beds in 1-2 weeks time.

10. HAHO would allow staff to take prophylactic ribavirin, although this was not recommended by some of our members due to its side effects and potential development of resistance.

11. New quarantine measures on household contact also apply to our affected staff with SARS. This do not apply to non-affected health care workers taking care of SARS patients because health care workers are under protective apparel.

12. Each resuscitation trolley should have goggles and protective gowns ready to avoid unprepared resuscitation.

13. ICU would train 60 nurses to take up ICU service.

14. Rotation of staff to take care of SARS patients in ICU and SARS wards would be given one extra day off after 2 weeks of service. Depending on whether the staff was usual staff or redeployed to these areas the length of continuous service might vary from 2 weeks to 6 weeks.

15. Prof. Joseph Sung said the SARS ward in AHNH was not ready for admission. The non SARS AED admission of AHNH was still quite high with daily admission of 19 and their workload had to be taken away so that they could take care of SARS cases.

CONFIDENTIAL

NEW TERRITORIES EAST CLUSTER

Hospital Authority

Notes of the meeting on management of Atypical Pneumonia Incidence held on 14 April, 2003 at Seminar Room I, Clin. Science Bldg., PWH.

Chairman :	Dr. Philip Li		
Attendance :	Dr. Raymond Chen,	Prof. J. Sung	Prof. Tony Gin,
	Dr. S.Y. Tung,	Prof. A. Ahuja,	Prof. Gavin Joynt,
	Dr. Susanna Lo,	Prof. Augustine Cheng,	Dr. Amy Cho,
	Dr. K.K. Lai,	Dr. K.H. Chiu	Dr. Tony Chung,
	Dr. W.C. Ip,	(vice Prof. K.M. Chan),	Dr. Louis Chan,
	Dr. S.F. Lui,	Prof. Anthony Yim	Prof. Sydney Chung,
	Dr. William Wong	(vice Prof. C.A. Van	Dr. Donald Lyon,
	Dr. C.Y. Li	Hasselt),	Prof. John Tam,
	Ms Lily Chung,	Prof. H.K. Ng,	Prof. C.S. Cockram,
	Ms E. Mok,	Prof. Peter Cameron,	Prof. Y.K. Wing,
	Mr. Robert Wong,	Prof. T.F. Fok,	Prof. Joan Ng,
		Dr. M.C. Yam,	Prof. Anthony Chan,
		Dr. Lam Chan,	Dr. Peter Choi,
		Dr. Wong Kwong Chiu	

Secretary : Ms Winnie Cheng

As at 14 April 2003 noon, statistics on confirmed cases of Atypical Pneumonia were:

	Currently Admitted cases in NTEC	Deceased since onset of epidemics	Currently in ICU PWH	PWH Non ICU	AHNH Non ICU
Healthcare Workers	56	0	6		0
Medical Students	0	0	0		0
Patients	50	15	12		2
Total	106	15	18	76	2

1. Currently there were no confirmed SARS patients in NDH, SH and TPH: there were 10 convalescent patients in SCH.

2. 10 more health care workers of NTEC were admitted in the last 3 days.

3. There were 18 ICU patients this morning. Their conditions were more or less the same.

Infection Control

4. The infection control briefing sessions would continue in this week Mon – Fri as previously:
   i. Session 1: 12:30 – 1:30 pm
   ii. Session 2: 2:30 – 3:30 pm
   iii. Venue : Shaw Auditorium, School of Public Health, PWH

5. The positive rate of the rapid test for coronavirus was still around 10%.

6. Staff safety was the number one priority of NTEC administration. There would be changing contingency measures according to the changing situations. For example, more supply of N95 would be provided to ultra high risk area, unnecessary transfer of patients should be avoided, equipment procurement would be speeded up, better protective apparel was being sourced to provide better protection etc. NTEC administration would try all means to provide adequate protective apparel.

Update on Medical Management

7. The SARS and non- SARS medical wards in PWH were full. A SARS ward (mixed medical ward, 32 beds) would be opened in AHNH at 6:00 pm on 14 April 2003. All confirmed SARS patients of AHNH and NDH would be admitted/transferred to AHNH. For PWH, confirmed SARS patients would continue be admitted to PWH until all the SARS beds in PWH were used. After then, confirmed SARS patients would be transferred to AHNH. However, all SARS patients who need operation would be transferred to PWH, and paediatric SARS patients would continue to be looked after in PWH.

8. Dr. K.C. Wong said the medical wards had problem of equipment shortage. He would provide give the equipment list to Dr. Susanna Lo for action.

9. The meeting agreed that experimental treatment would be provided for those patients who had no response to current treatment. Prof. Joseph Sung, Dr. C.K. Li and Dr. Chris Lam would work out the details. They would arrange a separate meeting with Dr. Philip Li to discuss the clinical treatment protocol.

10. Prof Cockram strongly requested that QMH should be taking more patients. Dr. Philip Li agreed to convey this message to HA command centre for consideration.

ICU

11. ICU of PWH admitted 2 cases in the last 24 hours. There was one discharge and one deceased cases. 4 beds would be available in the next 24 hours. There were 5 health care workers in ICU with 3 intubated.

12. The meeting decided that no alternative medicine was allowed in ICU.

13. The CCU converted ICU was opened with 3 beds available because HA had taken some nursing manpower.

Contingency Measures

14. All paediatric surgical patients within NTEC were to be diverted to PWH.

15. Red label would be used for High Risk and Ultra-high Risk Patients to alert all staff to follow infection control guidelines. A large 6.5*3.3cm Red Label would be stuck on the cover of medical records folder. Small 2.5*1.5cm Red Label would be used on the A&E Record and request forms e.g. X-Ray, Physiotherapy and occupational therapy. It was agreed that universal precaution should to be taken on all specimens, particularly for bronchoalveolar lavage, nasopharyngeal aspirate and sputum. Therefore, it was not necessary to stick the red labels on specimens.

16. The supply of OT coat in ultra high risk areas was insufficient. Dr. Susanna Lo would look into the requirements.

17. Prof Sydney Chung asked if we would consider a paradiagm change in nursing patients. He asked if we were going to use space suit in SARS wards. Prof Joseph Sung suggested to reduce the number of staff per shift in nursing patients and introduce more shifts in order to reduce close personal contact. It was noted that most of the young staff patients were alright. However, the case was different for patient with other illness. We should also stop moving patients from ward to ward as far as possible. Exhaust fan with HEPA filter should be installed in SARS wards to decrease the viral load.

18. It was noted that large number of staff came down in PMH ICU. It was considered that increasing the frequency and shorten the time of shift would be of help, e.g. say 2 hours per shift with Air Mate on.

19. It was also pointed out that patient not wearing mask was a problem, it was particularly difficult for the elderly.

20. Dr Philip Li said we should reduce staff coming down at all cost. 13 Air mate had been delivered. Stryker would be ordered for use in ICU. There were 2000 units of Paperman on hand for use in SARS wards. We would continue to source and ensure adequate supply. No re-use of N95 would be allowed in ultra high risk area.

21. Prof Joseph Sung and his team would discuss the cutting down of nursing procedures and the least requirement on patient contact and reasonable care.

22. All wards in acute hospitals of NTEC had to follow strictly the HAHO guidelines that visitors should be restricted for their own safety. There had been visitors affected in this manner, who then spread the infection to other people.

23. Prof Peter Cameron suggested that we consider everyone a potential SARS patient. It was noted that Amoy Gardens residents were admitted to PWH through AED.

AHNH

24. The AHNH had 29 health care workers and 20s ex-patient visitors to ward contracted SARS which represented 25% of PWH figure. Prof Joseph Sung said the cases were sporadic. The AHNH resuscitated a few patients then SARS came up. Patients with Ambu bag were placed in ward because there were no ICU beds. Prof Joseph Sung was requested to draw up guideline on when to resuscitate patients. He also advised that 1 ICU empty bed should be reserved for emergency use. All medical wards in AHNH were upgraded to ultra high risk.

O&G Service

25. Prof Tong Chung proposed to move back obstetric cases to PWH if AHNH were admitting SARS cases. It was noted that 5EF and 8EF were occupied by Medicine Department.

Others

26. Dr. Anthony Yim said more patients dying from other reasons and it was necessary to get surgery service back.

27. Dr. Philip Li said with immediate effect, this meeting would be held on Mon, Wed and Friday at 12:30pm.

28. There being no other business, the meeting was adjourned at 2:15pm

CONFIDENTIAL

New Territories East Cluster

Hospital Authority

Notes of a meeting on management of Atypical Pneumonia Incidence held at 3:30 p.m. on 16 April 2003 at Conference Room 1, Main Block, PWH.

Present : Dr. Philip Li (Chairman)

Dr. S.Y. Tung	Prof. A. Ahuja	Prof. T.F. Fok
Dr. Susanna Lo	Prof. Sydney Chung	Dr. Wong Kwong Chiu
Dr. W.C. Ip	Prof. Augustine Cheng	Dr. Louis Chan
Dr. William Wong	Prof. K.M. Chan	Dr.S.F. Leung
Dr. S.F. Lui	Prof. Chris Lam	Prof. John Tam
Dr. C.K. Li	Dr. David Hui	Dr. Peter Choi
Dr. C.Y. Li	Prof. H.K. Ng	Dr. Amy Cho
Ms Lily Chung	Prof. John Tam	Prof. Tim Rainer
Ms E. Mok	Prof. Y.K. Wing	Dr. H.S. Chan
Mr. Robert Wong,	Prof. Gavin Joynt	Dr. Yam Man Ching
Dr. Augustine Lam	Prof. Joan Ng	Prof. C. Cockram
Prof. Anthony Yim	Prof. Tony Chung	Prof. Peter Cameron
Dr. Peter Tong	Prof. Joseph Sung	Prof. Anthony Chan

Secretary : Ms Winnie Cheng

Patient Status

1. As at 16 April 2003 noon, statistics on confirmed cases of Atypical Pneumonia were:

	Currently Admitted cases in NTEC	Deceased since onset of epidemics	Currently in ICU, PWH	PWH Non ICU	ANHN Non ICU
Healthcare Workers	59	0	4	44	3
Patients	62	16	15	36	13
Total	123	16	19	80	16

2. Currently there were no confirmed SARS patients in NDH, SH and TPH; there were 8 convalescent patients in SCH.

3. 10 more health care workers of NTEC were confirmed to have SARS in the last two days.

4. There were 19 ICU patients this morning.

5. Dr. Philip Li presented the trend statistics on daily admission/discharge/confirmed cases for SARS and cohort wards. Prof. Peter Cameron said our overall figure was higher than other cluster. It was noted that more staff were down in the fever ward and probably the viral load was high there. Moreover, the elderly patients were reluctant to wear mask and they needed feeding. Dr. Susanna Lo said reusable face shields were provided to staff of high risk areas.

Infection Control Measures

6. Prof. Sydney Chung said despite our best effort and infection control measures, staff were vigilant. The virus was more infectious than we thought.

7. It was noted that NTEC was in lack of single room facililty for SARS cases. Moreover, we would need to minimize nursing contact to patients because it would be difficult for nurses to take care of patients while bearing in mind the infection control procedures. We should consider implementing shorter shift.

8. It was noted that the infection control measures were not completely effective but they did decrease infection.

9. Prof. KM Chan cited his experience of visiting Beijing where it assigned two infectious disease hospitals to capture and contain suspected cases. Strict infection control measures were implemented.

10. It was noted that because of the very nature of the virus, we needed to invest in software and hardware.

11. To conclude, Dr. Philip Li said we needed to: gather experience of other hospitals and look into the possibility of minimizing contact between patients; review the whole mechanism of handling patients; issue appropriate protective gear to ultra high risk area.

1. Prof. Anthony Yim said the whole HA should share the burden of handling SARS cases. Prof. Tony Chung asked if there were any policy to reserving QMH. Dr. Philip Li said there was no such policy and QMH would be taking cases from UCH. PMH and its staff.

12. The infection control briefing sessions will continue in this week Mon – Thurs as previously: All staff who were newly transferred to high/ultra high risk areas should attend a briefing session.

13. Full-face shield would be provided to ultra-high risk area. These shields were reusable after proper disinfection.

14. Evidence suggested that patients in their early phase of illness were highly infectious. Always regard new admission as highly infectious and take necessary precautions.

15. Medical Management

16. There were a few patients readmitted due to relapse of SARS. Home precaution measures should be advised for longer period.

17. Contingency Measures

18. A SARS ward was opened in AHNH on 14 April 2003. All confirmed SARS patients of AHNH and NDH would be admitted/transferred to AHNH. There were 16 confirmed SARS patients this morning.

19. The isolation rooms in Taipo Hospital would be opened on April 20 to provide better isolation facilities for SARS patients.

20. There were some suggestions that this virus might survive in environment for long duration than thought. Surface disinfection of all wards would be implemented three times a day. All unnecessary materials would be removed or properly stored to facilitate the disinfection.

21. Prof. Anthony Yim asked the progress on buying service from private hospital and the surgery patients could not wait any longer. Dr. Philip Li acknowledged the need to take care of other patients and said that we wanted to recover normality as soon as possible.

22. All staff were advised not to enter ultra-high risk area without a service need.

23. Staff Support

24. Dr. Amy Cho said that there was staff sentiment on the new nursing staff deployment plan because it had upset plans of some nurses. She appealed for better communications and consultation.

25. With the endorsement of the HA Board, the medical benefits for all employees on temporary terms would be enhanced with immediate effect. They would be eligible for free medical treatment in HA hospitals and other institutions as promulgated by HA from time to time upon presentation of a valid HA 181.

26. [redacted] was discharged from PWH yesterday. He was in rehabilitation at present and was expected to resume work very soon.

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New Territories East Cluster

Hospital Authority

Notes of a meeting on management of Atypical Pneumonia Incidence held at 11:30 am on 18 April 2003 at Conference Room 1, Main Block, PWH.

Present : Dr. Philip Li (Chairman)

Dr. Raymond Chen	Prof. A. Ahuja	Prof. T.F. Fok
Dr. S.Y. Tung	Prof. Sydney Chung	Prof. Michael Rogers
Dr. Susanna Lo	Prof. Augustine Cheng	Prof. Joan Ng
Dr. K.K. Lai	Prof. K.M. Chan	Dr. Wong Kwong Chiu
Dr. W.C. Ip	Prof. Chris Lam	Dr. Louis Chan
Dr. William Wong	Prof. J. Sung	Dr.S.F. Leung
Dr. S.F. Lui	Prof. H.K. Ng	Dr. Donald Lyon
Dr. C.K. Li	Dr. K.K. Wong	Prof. John Tam
Dr. C.Y. Li	Dr. Fong Yat Yuk	Dr. Peter Choi
Ms Lily Chung	Prof. Gavin Joynt	Dr. Amy Cho
Ms E. Mok	Prof. Anthony Yim	Dr. H.S. Chan
Mr. Robert Wong,		

Secretary : Ms Winnie Cheng

Patient Status

1. As at 18 April 2003 noon, statistics on confirmed cases of Atypical Pneumonia were:

	Currently Admitted cases in NTEC	Deceased since onset of epidemics	Currently in ICU, PWH	PWH Non ICU	ANHN Non ICU	TPH
Healthcare Workers	65	0	5	47	5	0
Patients	67	3	15	30	21	1
Total	132	19	20	77	26	1

2. There was no confirmed SARS patient in NDH and SH; there were 9 convalescent patients in SCH.

3. There were 16 confirmed new cases in NTEC in last two days, of these, 6 were health care workers.

4. There were 19 SARS patients in ICU this morning. The ICU for non-SARS patients

was full.

5. There were a number of patients who remained ill without improvement in 2-3 weeks. Their prognosis was expected to be poor.

Infection Control Measures

6. Two units of Barrier man would be provided daily to nurses, HCA, interns, phlebotomists and supporting staff working in SARS wards in all NTEC hospitals as a trial. Water impermeable gown could be used as an alternative for medical staff who did not have to stay for long duration in the SARS wards.

7. Prof. Augustine Cheng said that environment was an important factor in containing infection. Moreover, it was essential to decrease viral load by installation of exhaust fan, with maximum provision of PPE, decrease nursing procedures and working hours.

8. Prof. Sydney Chung suggested putting the unconfirmed SARS cases to SCH. It was noted that these cases would need medical care and might have rapid change in medical condition. SCH was lack of medical support facilities.

9. Prof. Joseph Sung said all SARS patients were admitted to designated ward and spaced out. Only a few days later then we could identified them as suspected. If there were more shifts and fewer nurses per shift, we needed more manpower. He said that amongst SARS patients, there were a few "super spreader" whose cultures contained large number of virus and could not take care of themselves. Recently three nurses were down because of a "super spreader".

10. Prof. Joseph Sung might recommend to HA that patients could discharge earlier except for children and they were not recommended to go to school.

11. Prof. John Tam said virus in stool could remain active for more than 40 days. The virus would die when keep in 56degree Celsius for half an hour. There was limited data on how long virus could stay on different surfaces. Tests on such were underway.

12. Dr. Raymond Chen said there was manpower shortage in carrying out surface cleansing three times a day. Staff recruitment and retaining were problems.

13. The COC (Path) had set new requirement for category 2 disposal of dead bodies for patient died of SARS. A transparent plastic bag would need to be used first to wrap up the dead body, then another bag outside. Prof. H.K. Ng would forward the relevant email message to Dr. Susanna Lo for further action.

14. N95 fitting test would be provided only for staff working in SARS wards and ICU.

15. Medical Management

16. So far there were a few relapses after discharge. The period of infectivity was much longer than thought; hence, home precautions for infection control would need to be implemented for longer duration.

17. Coronavirus was found to exist in stool in large quantity and stayed for long time. All staff handling the excreta should follow strictly the infection control guidelines. We should also avoid unnecessary collection of infectious specimens.

18. Nappy should be provided to all elderly patients who could take care of themselves. Their excreta should be disposed as clinical waste.

19. Dr. Philip Li said there was sentiment from frontline medical officer on deploying them to work in SARS wards. Dr. C.K. Li explained the current system of recruiting volunteer doctors. 17 doctors joined so far and they were posted to three medical wards. In general, experienced doctors would stay in specialty to maintain service. The receiving unit would spell out their need and matching of skills would be made as far as possible.

20. Dr. Philip Li reminded members to manage the sentiment of junior staff such that not only the junior contact staff were deployed to SARS wards. He said that we needed extra manpower to help out in AED, Med. and ICU. Various stakeholders should draw up a list of doctors needed with justifications. Prof. Joseph Sung and Dr. S.T Tung would work out a rotation scheme model to include those staff from other team.

21. Dr. Amy Cho said that a list of patients waiting for surgery and their conditions were being drawn up. This would facilitate the identification of pressure area and planning of nursing requirements and anesthetist for urgent OT. Dr. Tung said that

currently we had been cutting down 1/5 of our usual level.

22. Prof. K.M. Chan said we might employ part-time contract anesthetist team to operate on patients in public hospitals rather than buying service from private hospitals. Dr. Philip Li would convey the message to HA.

Contingency Measures

23. More supporting staff will be employed in NTEC hospitals to provide service particularly on cleansing.

24. Medical and nursing staff should not enter ICU and other SARS wards without a service need.

25. Prof. Gavin Joynt said there were two beds available in the ICU. The CCU converted ICU was full. The equipment purchase was in progress. Nursing manpower was a problem. 54 nurses were doing 2-week crash call training and they would be deployed to NTEC later. Anesthetists were converted to Intensivist. One consultant and one SMO were posted to PMH. The SMO would be posted to NDH later. He said that 2 MO were needed to do 6 months ICU on top of the MO from ENT.

26. 14 infirmary patients from TPH would be transferred to SCH to prepare for opening of SARS ward in the former.

27. For SH, 1 RN was admitted to UCH and one staff to PMH.

28. The Paed and O&G would discuss whether to admit their cases to PWH.

29. There being no other business, the meeting was adjourned at 1:00 pm.

CONFIDENTIAL

New Territories East Cluster

Hospital Authority

Notes of a meeting on management of Atypical Pneumonia Incidence held at 12:30 am on 20 April 2003 at Conference Room 1, Main Block, PWH.

Present : Dr. Philip Li (Chairman)

Dr. Raymond Chen	Prof. A. Ahuja	Prof. T.F. Fok
Dr. S.Y. Tung	Prof. Sydney Chung	Dr. Wong Kwong Chiu
Dr. Susanna Lo	Prof. Augustine Cheng	Dr. Louis Chan
Dr. K.K. Lai	Prof. K.M. Chan	Dr.S.F. Leung
Dr. W.C. Ip	Prof. Chris Lam	Prof. John Tam
Dr. William Wong	Dr. David Hui	Dr. Peter Choi
Dr. S.F. Lui	Prof. H.K. Ng	Dr. Amy Cho
Dr. C.K. Li	Dr. K.K. Wong	Prof. Tim Rainer
Dr. C.Y. Li	Prof. Y.K. Wing	Dr. H.S. Chan
Ms Lily Chung	Prof. Gavin Joynt	
Ms E. Mok		
Mr. Robert Wong,		

Secretary : Ms Winnie Cheng

Patient Status

1. There were three new confirmed SARS health care workers in NTEC. 1 RN and 1 HCA were from AED, PWH in two consecutive days. Prof. Tim Rainer was requested to review the cases and ensure compliance of infection control measures.

Infection Control Measures

2. The meeting reviewed infection control measures taken so far. Dr. S.F. Lui led members through the four phases of infection control implementation covering the period 11 March to 18 April. There was no infection on health care workers reported in Phase III where AED admission was closed. For phase IV after AED reopened, there were 16 cases contracted SARS. Prof. Sydney Chung was concerned about the effectiveness of infection control measures and advised that the management should visit and assess the provision and facilities of such on site. Dr. Philip Li agreed. It was also noted that other than the use of Barrier man, the NTEC had started to purchase additional HEPA filters and install exhaust fans. We

would see the result of such measures in a few days.

3. Dr. Philip Li would further discuss with HA the request to copy case note of all deceased SARS patients as members were concerned that the case notes were infectious and not safe to make copies.

Contingency Measures

4. The ICU was full. One out of the 5 Health Care Workers in ICU was intubated. Prof. Gavin Joynt said those admitted for over one month with 100% oxygen and not intubated would be moved out to make way for younger patients with reasonable chance of survival. Under such maneuvering, some elderlies would be discharged from ICU particularly those with lung damage un-reversible. Explanation would be given to families concerned. If there were further demand, we would be forced to transfer cases to AHNH which had been informed to provide backup. For the clean ICU, there was one empty bed out of the 4 beds available.

5. There were three new suspected paed cases. The triage ward was a problem with non-SARS/SARS cases cohorted in different cubicles of the same ward unless we open another new ward for different level of cohorting and there was manpower difficulty.

6. The SARS wards in AHNH were full and the general medical wards were almost full with 8 beds available.

7. The SARS follow up clinic would be expanded into G/F., Block A of nursing quarters.

8. The clinical set up for SARS isolation wards in TPH was ready. Admission would start on 21 April, 9:00a.m. to allow more time for infection control team to look into the bedpan washer drainpipe problem. If the infection control measures were to compromise by physical setting, disposable bedpan would be an alternative.

9. The meeting also noted that EMSD was conducting a review on bedpan washers in PWH and the written report would be available next week.

10. The meeting discussed the policy on types of SARS cases for admission to TPH. Prof. Wing said there was staff sentiment on types of SARS patients transferred there. After discussion, it was noted that elderly non ICU patient, stable SARS of

7-10 days and those convalescent cases after 14 days would be suitable for admission to TPH. The meeting would ask Prof. Joseph Sung to work out the use of beds. The first batch of patient being sent there would likely be ADL independent elderlies.

11. Upon enquiry of DH, Dr. Philip Li said it was not a cluster policy to take temperature of staff before they start their work.

12. It was noted that an administrative staff of AHNH was suspected of contracted SARS and might be a community-acquired case.

13. There being no other business, the meeting was adjourned at 2:00pm.

CONFIDENTIAL

New Territories East Cluster

Hospital Authority

Notes of a meeting on management of Atypical Pneumonia Incidence held at 3:30 p.m. on 22 April 2003 at Conference Room 1, Main Block, PWH.

Present :	Dr. Philip Li (Chairman)		
	Dr. S.Y. Tung	Prof. A. Ahuja	Prof. T.F. Fok
	Dr. Susanna Lo	Prof. Sydney Chung	Dr. Wong Kwong Chiu
	Dr. W.C. Ip	Prof. Augustine Cheng	Dr. Louis Chan
	Dr. William Wong	Prof. K.M. Chan	Prof. John Tam
	Dr. S.F. Lui	Dr. Michael Chan	Dr. Peter Choi
	Dr. C.K. Li	Dr. David Hui	Prof. Tim Rainer
	Dr. C.Y. Li	Prof. H.K. Ng	Dr. Chan Lung Wai
	Ms Lily Chung	Prof. Y.K. Wing	Prof. C. Cockram
	Ms E. Mok	Dr. S.K. Ng	Prof. Tim Rainer
	Mr. Robert Wong,	Prof Joan Ng	Prof. Anthony Chan
	Dr. Augustine Lam	Prof. Tony Chung	Dr. Donald Lyon
	Prof. A Van Hasselt	Prof. Joseph Sung	

Secretary : Ms Winnie Cheng

Patient Status

1. 3 more health care workers were confirmed to have SARS today. Two were from TPH (one medical officer and one HCA) and one from Union Hospital. There were 12 confirmed SARS patients cases. For yesterday, there was one confirmed case who was a HCA of AED. There were 13 confirmed SARS patients.

2. There were 109 cases and 19 suspected cases in AHNH, inclusive of 40 staff cases. It was noted that SARS patients in E6 and F6 wards of AHNH should be spaced out to reduce over-crowdedness. F6 would be closed for admission. Prophylaxes would be given.

3. There were 21 cases in ICU and 1 empty bed available. Three beds in clean ICU were occupied and there was one bed available.

4. There were two paed confirmed cases.

Infection Control Measures

5. The use of barrier man was acceptable to staff members.

Medical Management

6. It was difficult to diagnose SARS and it was also important to get accurate diagnosis. The index patients of AHNH were not suspicious of SARS and then three wards were affected. Prof. John Tam would provide a protocol for clinician with different tests available. For tests not available in NTEC, we would source them elsewhere.

7. Experimental treatment would be used on very ill SARS cases who had not been responding to all existing treatment.

Contingency Measures

8. It was noted that we might give others an impression that doctors and nurses of AHNH infecting the Tai Po residents though it was not true. We would be the victim of such impression. The meeting discussed whether we should close AHNH. After deliberation and reviewing current policies of DH and HA, it was considered that we should recommend to HA that those discharge from AHNH be quarantined in isolated areas. It was also proposed that :

- The Obstetric cases and neonatal cases would be moved back to PWH gradually;
- Quarantine all staff in AHNH because we were not sure who would be coming down in the coming few days;
- To recommend to DH through HA that we should call back discharged patients since there was no signs that the number of people contracted SARS was going down;
- Close down AHNH except for SARS cases and to reduce over-crowdedness;
- Call help from other cluster.

9. Dr. Philip Li noted the above points and would discuss the subject matter at the 6:00pm meeting of today.

10. The Paed ward in AHNH and NDH were not full. They would be combined for admission to release staff to help medical team.

11. A few non-confirmed cases of AHNH staff could attend the NTEC medical follow up clinic in PWH.

12. The TPH isolation ward commenced service with 10 patients admitted. Since there were a number of operational problems encountered, more time would be given for opening of new wards in future.

13. There being no other business, the meeting was adjourned at 5:00pm.

CONFIDENTIAL

New Territories East Cluster

Hospital Authority

Notes of a meeting on management of Atypical Pneumonia Incidence held at 12:30 p.m. on 23 April 2003 at Conference Room 1, Main Block, PWH.

Present :	Dr. Philip Li (Chairman)		
	Dr. Fung Hong	Prof. A. Ahuja	Prof. Tony Gin
	Dr. K.K. Lai	Prof. Sydney Chung	Prof. Gavin Joynt
	Dr. Raymond Chen	Prof. Augustine Cheng	Dr. Amy Cho
	Dr. S.Y. Tung	Prof. K.M. Chan	Dr. Louis Chan
	Dr. Susanna Lo	Prof. H.K. Ng	Prof. John Tam
	Dr. W.C. Ip	Prof Joan Ng	Dr. Peter Choi
	Dr. William Wong	Prof. Tony Chung	Prof. Tim Rainer
	Dr. S.F. Lui	Prof. Joseph Sung	Prof. C. Cockram
	Dr. C.K. Li	Dr. Augustine Lam	Prof. Anthony Chan
	Dr. C.Y. Li	Prof. A Van Hasselt	Dr. Donald Lyon
	Ms Lily Chung	Prof. Y.K. Wing Mr.	Mr. Alex Yu
	Ms E. Mok	Robert Wong	

Secretary : Ms Winnie Cheng

Action

Patient Status

1. Five patients died. There were two patients discharged.

2. There were 148 confirmed SARS cases in NTEC, 62 were health care workers while 86 were patients.

3. 1 nursing officer and 1 HCA were admitted to ICU.

4. No new paed SARS case reported. The remaining cases were stable.

Medical Management

5. Two patients in AHNH suspected of contracted SARS were placed in clean ward because there was no empty bed available in SARS and fever wards. It was noted that patients once identified as SARS should be transferred to appropriate wards. If wards were full, patients should be transferred to PWH. Mr. Alex Yu was requested to convey the message Dr. H.S. Chan to ensure that such arrangement be promulgated to all parties concerned. — Mr. Alex Yu

6. Dr. Philip Li would clarify with HAHO whether discharge criteria — Dr. Philip Li

had been adjusted.

7. It was noted that staff patient suitable for convalescence would be transferred to SCH to free beds for new admission. About 12 beds would be available if health care workers and patients were sent there. — Prof. Joseph Sung

8. There were 21 patients in ICU. 1 or 2 of them might be discharged. The clean ICU was full. Clean cases requiring ICU service would be transferred out. Surgical ICU cases would go to NDH.

9. Prof. John Tam would advise us of the protocol of specimen collection which HAHO had been discussing. — Prof. John Tam

10. The AHNH Paed wards would be closed in 10 days to conserve resources. Outpatient service would be maintained. Inpatient cases would be sent to PWH or NDH.

11. It was noted that we had cut down OT session to 20% of our service. Prof. K.M. Chan asked if we could engage part-time private doctor. We would need Anaethestist to do cancer surgery. Dr. Philip Li said HAHO had employed GPs and the same principle should apply. Prof. Andrew van Hasselt would provide figure on non-ICU surgery cases. Nursing manpower would also be needed.

12 There were a few reported SARS cases in 3AR and 3DR wards of TPH.

Contingency Measures

13. The AED AHNH would be suspended as from 24 April 0:00 hours. There would be ambulance diversion and no walk in cases. Press release would be issued at 4:00 pm. Dr. Raymond Chen would announce this at Tai Po District Council Meeting this afternoon. He would discuss with Dr. Jimmy Chan the detailed arrangements. Refill clinics would continue in AHNH. Acute surgical admission would be sent to PWH. Dr. K.K. Lai and Dr. Jimmy Chan would arrange manpower deployment. — Dr. Raymond Chen, Dr. K.K. Lai

14. For non-SARS admission in NTEC, TMH would take cases of NDH, QEH would take PWH cases, the PMH would re-open medical wards and taking medicine and surgery cases. Dr. Philip Li would gather more SARS data on new/suspected/confirmed cases from cluster and assess if assistance was required. Prof. Joseph Sung would provide figures in this regard. — Dr. Philip Li, Prof. Joseph Sung

15. The meeting discussed the plan to transfer SARS ICU patient from PWH to TPH. 15 nurses were trained for cluster-wide

deployment and increase in ICU beds. For AHNH, there would be 12 SARS ICU beds and 8 clean ICU medical beds. The medical clean cases might be transferred to AHNH and surgical cases be kept in NDH.

16. Prof. Joseph Sung reiterated the need to always keep 1 ICU bed empty or we would face the problem of patient resuscitated and no space in ICU. The situation could be even worse for SARS case since no Ambu bag was allowed in ward. Prof. Gavin Joynt noted the above.

17. The O&G service would be moving back to PWH. The neonates would stay in AHNH until discharge. SOPD would continue in PWH.

18. Dr. Philip Li would talk to Dr. Lily Chiu on transferring more SARS convalescent patients to Wong Tai Sin since we had more cases

19. It was noted that Prof. Helen Chiu was concerned about opening SARS ward in TPH which was a gazetted psychiatric hospital. The patients' compliance of masking would be a problem.

Infection Control

20. Prof. Sydney Chung said the message that nurses and medical staff infected Tai Po community was incorrect and in his view, vice versa. Dr. Fung Hong said according to statistics, 70% of the cases were related to AHNH.

21. It was noted that DH had carried out contact tracing of all ex-patients and their families.

22. As regards quarantine of staff in AHNH, since there were no new cases, we would review the data and if there was no wave of coming back, then no need to quarantine. Dr. Raymond Chen would also check the number of socially segregated cases. In case cohorting was required, AHNH had enough staff quarters.

23. Staff feedback on use of Barrier man was satisfactory.

24. Disposable face shield could be supplied to all wards. Prof. Sydney Chung suggested adopting non-disposable ones in the long run. He would provide sample for our reference. Prof. Tony Chung

25. All bedpan washers in SARS wards of PWH were working. Phased replacement program would start as from May 03 in PWH.

26. TPH bedpan washer had leakage problem. Disposable bedpans could be considered and they would be either macerated or be placed in red bag for disposal afterwards.

27. The meeting noted that NTEC needed a paradigm shift in infection control. A pro-active approach in infection control should be adopted with upgraded PPE standards e.g. shoe cover. Universal precautions should be instituted at all wards, especially during intubation, resuscitation, unexpected SARS case handling, etc. Members could include their estimated consumption into the basic requirement. Dr. Donald Lyon, Dr. S.F. Lui and Dr. Peter Choi would work out protocol and implementation plan of universal precautions. In the long run, there should be standard PPE gear provided to all staff working in wards and in appropriate areas. — Dr. S.F. Lui, Dr. Peter Choi, Dr. Donald Lyon

28. Prof. Gavin Joynt would provide more information to Dr. Peter Choi to review the effectiveness of alcohol hand rub. — Prof. Gavin Joynt, Dr. Peter Choi

29. The infection control team was conducting audit on infection control workshops to see their effectiveness and improvement areas.

30. A PWH staff complained in a phone-in program that AHNH lacked vigilance in diagnosing SARS cases. The meeting urged department heads to convey the message that AHNH was overloaded with 150% of normal service level at that time. We should be considerate and joint forces to fight the battle.

31. The meeting was adjourned at 2:45 pm until 12:30 pm tomorrow at the same place.

CONFIDENTIAL

New Territories East Cluster

Hospital Authority

Notes of a meeting on management of Atypical Pneumonia Incidence held at 12:30 p.m. on 24 April 2003 at Conference Room 1, Main Block, PWH.

Present :	Dr. Philip Li (Chairman)		
	Dr. Fung Hong	Prof. A. Ahuja	Prof. T.F. Fok
	Dr. K.K. Lai	Prof. Sydney Chung	Prof. Gavin Joynt
	Dr. Raymond Chen	Prof. Augustine Cheng	Dr. Amy Cho
	Dr. Susanna Lo	Prof. K.M. Chan	Dr. Louis Chan
	Dr. W.C. Ip	Prof. H.K. Ng	Prof. John Tam
	Dr. William Wong	Prof Joan Ng	Dr. Peter Choi
	Dr. S.F. Lui	Prof. Tony Chung	Prof. Tim Rainer
	Dr. C.K. Li	Prof. Joseph Sung	Prof. Anthony Chan
	Dr. C.Y. Li	Dr. Augustine Lam	Dr. Donald Lyon
	Ms Lily Chung	Prof. A Van Hasselt	Dr. Paul Chan
	Ms E. Mok	Prof. Y.K. Wing	Dr. Wong Kwong Chiu
		Mr. Robert Wong	

Secretary : Ms Winnie Cheng

Action

Patient Status

1. There was one new confirmed case from health care worker (HCA of E6, AHNH).

2. There were 7 new confirmed SARS patients (2 from TPH, 4 from AHNH and one from PWH).

3. There were 5 suspect SARS patients reported. 3 in AHNH and 2 in PWH.

4. The ICU admitted 20 patients and two beds were available. There was one discharged yesterday, one patient was extubated.

5. O&G service was moved back to PWH. There were about 20 patients in AHNH. They would be discharged in a few days. The O&G wards would be closed within 4 days. A number of nurses and some doctors would be released for deployment. The AHNH labour ward had 12 isolation beds and it could be a reserve for SARS.

6. Paed. had two suspected cases.

Medical Management

7. The Orth wards were crowded. Overall protection for staff was stepped up but it was difficult to get protective gear.

8. The occupancy in 3EF and 3CD surgical wards was building.

9. There were over 90 patients on the surgical OT waiting list. O&G and Orth would also consolidate their waiting lists so that a broad picture would be available for resource planning. The bottle-neck was in ICU, waiting list and impending capacity in surgical wards. 4CD were holding wards of all specialties for patients before staff were quite sure that patients had no SARS. Patients would be spaced out better if there were more space.

10. Convalescent SARS cases would be sent to SCH with two doctor rounds per day.

11. The SARS ward in AHNH was full. There were 13 cases confirmed SARS cases in IT ward and stayed together with the suspected cases. A new ward would be opened to segregate different types of cases this afternoon and space out SARS patients.

12 The capacity of medical beds in PWH and NDH ICU & admission wards was acceptable. The NTWC would admit 8 medical non-SARS cases to TMH every day.

13. There would be about 20 nursing staff and 5 medical staff for central deployment if AED AHNH were completely closed.

14. A few doctors would be available for deployment in about 10 days when Paed of AHNH and NDH were merged. Paed in-patients would stay in NDH with 60 beds available for Taipo and North Districts.

15. There was staff anxiety on going down to AED to do screening because they had to walk a long way to the changing area. Staff wanted to get changed before entering AED. The meeting agreed to look into and help out in AED. — Ms E. Mok

16. The SCH had 14 beds available for surgery and Orth cases. There were 20 SARS beds available.

TPH

17. The TPH had 18 confirmed/suspect SARS cases. Dr. Fung had asked Dr. S.Y. Tung to take full precautionary measures. DH would follow up on contact tracing. Dr. Susanna Lo was asked to urgently arrange installation of exhaust fan in 3AR ward of — Dr. Susanna Lo

TPH.

18. Prof. Joseph Sung would arrange medical staff to look after the operation of isolation ward in TPH if necessary. — Prof. Joseph Sung

19. A nurse who was afebrile for 10 days was discharged.

20. Visitors to SARS wards of TPH were restricted. The name list of patients discharged to NGO was sent to Dr. Daisy Dai for monitoring.

Virology

21. The diagnostic of coronavirus through RT-PCR was not very accurate. The NPA was not allowed. Acceptable specimens were throat washing, throat swab, urine and stool. The request and reporting of such tests would be through CMS. The performance of isolation for coronavirus from preliminary result was 4-5 days and confirmatory result was 5-7 days.

22. For direct RT-PCR on NPH versus isolation, the sensitivity was 20%.

23. The routine service for serology would start as from 7th May. First sample would best be taken after admission and the second sample 21 days later or at least after 14 days. The request would be made through CMS. The culture was 80% accurate.

24. All labs opened after the incident and plastic test tube was adopted. They could handle about 400 samples a day. All NTEC hospitals could send samples there. Guidelines for specimen collection would be issued. Users were requested to use racking system for multiple specimens. — Prof. John Tam

Infection Control

25. Dr. Peter Choi, Dr Amy Cho and the risk management team would evaluate the feedback on Airmate and stryker which were currently used in ICU to see if these items could also be used in other SARS wards since PPE was very important. — Dr. S.F. Lui, Dr. Peter Choi, Dr Amy Cho

26. The BSS section of HAHO would introduce water resistant gown.

27. Dr. Lo reported that the disposable bedpan costed $30 each and the macerator costed $40,000. EPD advised that landfill of bedpan as clinical waste was not acceptable.

28. Dr. Fung said there were complaints on difficulties in getting protective gear, lack of nurse isolation gown and gloves not — All members

provided to supporting staff. He said that there was no shortage of all basic PPE. He asked members to convey the message to frontline staff.

29. The Cat II plus deceased handling procedure should also be applicable to suspected SARS cases. Mortuary attendant should not entertain any request for change of category.

30. AED would ask patients compulsory questions to facilitate potential contact tracing.

31. Upgraded PPE in medical convalescent and infirmary hospitals should be adopted because of the difficulty in diagnosis. Universal precaution implementation program should also cover these hospitals.

Staff Support

32. Management would adopt an open view on staff purchasing and upgrading their PPE. However, staff should not over gown up to confuse others.

33. The four staff clinics were in operation and could manage the capacity.

34. The meeting adjourned at 2:20 pm until 26 April, Saturday, 11:30 am

CONFIDENTIAL

New Territories East Cluster

Hospital Authority

Notes of a meeting on management of Atypical Pneumonia Incidence held at 11:30 am on 26 April 2003 at Conference Room 1, Main Block, PWH.

Present : Dr. Philip Li (Chairman)

Dr. Fung Hong	Prof. A. Ahuja	Dr. Wong Kwong Chiu
Dr. Raymond Chen	Prof. Sydney Chung	Dr. Louis Chan
Dr. K.K. Lai	Prof. Augustine Cheng	Dr. Peter Choi
Dr. S.Y. Tung	Prof. Tony Gin	Dr. Amy Cho
Dr. Susanna Lo	Dr. David Hui	Prof. Tim Rainer
Dr. William Wong	Prof. H.K. Ng	Prof. Anthony Chan
Dr. S.F. Lui	Prof. John Tam	Dr. Chan Lung Wai
Dr. C.K. Li	Prof. Y.K. Wing	Dr. Donald Lyon
Dr. C.Y. Li	Prof. Gavin Joynt	Prof. Tony Chung
Ms Lily Chung	Prof. Joan Ng	Prof. A Van Hasselt
Ms E. Mok		
Mr. Robert Wong		

Secretary : Ms Winnie Cheng

Patient Status

As at 26 April 2003 noon, statistics on confirmed cases of Atypical Pneumonia were:

	Currently Admitted cases in NTEC	Deceased since onset of epidemics	Currently in ICU, PWH	PWH Non ICU	AHNH Non ICU	TPH	SCH	New cases
Healthcare Workers	60	0	6	33	9	0	12	0
Patients	109	44	14	21	41	27	6	6
Total	169	44	20	54	50	27	18	6

Action

1. The ICU had 21 cases and 1 bed available. 8 of them intubated. There were 4 cases in clean ICU. There were no more beds for non-SARS cases. For surgery and medicine cases, they would be transferred to NDH and AHNH respectively.

2. 50 nurses were being trained for 10 extra ICU beds in AHNH and 3 in PWH. Ventilators were delivered. The monitors were pending. The cluster could provide up to 47 ICU beds in about 10 days' time. 3 additional ICU beds would be opened in PWH

soon. Senior clinician cover to ICU of AHNH would be increased.

3. If AHNH started to admit SARS cases, the demand on PWH ICU SARS beds might decrease. Prof. Gavin Joynt would devise preliminary schedule for next 2-3 weeks to make way and space for non-SARS patients to be admitted. — Prof. Gavin Joynt

Infection Control Measures

4. It was noted that the fever area and non-fever area of the AED Observation wards shared same toilet facility.

5. Full-face shield would be provided to ultra-high risk area. These shields were reusable after proper disinfection.

6. The HA audit team carried out infection control audit in NDH and found that a few boxes of surgical mask were of inferior quality. Dr. Fung reminded that quality check which was standard procedure should be carried out.

7. The PPE provision would be upgraded in general wards and infirmary setting. The new guidelines would be in force when all the PPE were ready.

Medical Management

8. Dr. Fung Hong said Prof. Helen Chiu expressed concern on the Psychiatric Department co-location with SARS. The TPH was a gazetted psychiatric hospital and we would be in deep trouble if psy patients contracted SARS. It would be difficult to get the psy patients' temperature.

Contingency Measures

9. It was proposed to transfer SARS cases to AHNH before they were admitted to ICU. It was noted that the staffing and environment there were not suitable. Dr. Fung Hong said there was problem with the ventilation and air change in AHNH air-conditioning system. The installation of exhaust fan had defunct the return air. The condition would worsen with temperature rising in hot summer. Staff might get hypothermia. He was working with EMSD to take a critical look at TPH and SH to improve the environment. Additional air-conditioning might be required. Fittings that would suit healthcare worker more would be explored. It might cause more risk if we move too fast to send SARS cases to TPH. — CCE

10. Prof. Tim Rainer would work with Prof. Sung on management of SARS cases and admission. For non-SARS medical cases. — Prof. Joseph Sung, Prof. Tim Rainer

they would be diverted to QEH if we were full.

11. The fever ward in NDH was overloaded because some suspected SARS cases were transferred there. 6 medical staff was transferred to medical wards to help. For AED, 1 Consultant, 1 SMO, 2 MO were transferred to NDH. 4 nurses to each AED. For Paed, another ward would be opened for Taipo and North Districts.

12. There were 60 patients in 9 ABCD . The ward would start to discharge these patients earlier. The WTS was going to admit our case as from 28 April.

13. The TPH runaway patient was afebrile for 7 days.

14. There was increase in number of follow up cases. 3 consultation rooms would be arranged in staff clinic to improve the turnover.

15. Paed would need special area for discharged SARS children.

16. The SOPD drug charge would be implemented as from 1 May, 2003.

17. The HA management would be strengthened with Dr. W.M. Ko, Dr. Vivian Wong and Dr. Fung Hong heading the three task forces on infection control, patient data and supplies and environmental issues respectively.

18. Dr. Fung Hong would resume office next Monday.

19. CCE said that SARS had extended beyond PWH. The manpower deployment was not smooth. Every move of ward created hazard and needed manpower deployment. The nursing communication process was streamlined. This meeting would be expanded to a cluster forum and decision making body. Cluster co-ordinator would be invited to attend this meeting. There were some suggestions that this virus may survive in environment for long duration than thought. Surface disinfection of all wards would be implemented three times a day. All unnecessary materials would be removed or properly stored to facilitate the disinfection.

20. There being no other business, the meeting was adjourned at 1:30 pm.

CONFIDENTIAL

New Territories East Cluster

Hospital Authority

Notes of a meeting on management of Atypical Pneumonia Incidence held at 12:30 am on 28 April 2003 at Conference Room 1, Main Block, PWH.

Present : Dr. Fung Hong(Chairman)

Dr. Philip Li	Prof. A. Ahuja	Prof. C.S. Cockram
Dr. Raymond Chen	Prof. Sydney Chung	Dr. Louis Chan
Dr. K.K. Lai	Prof. Augustine Cheng	Dr. Peter Choi
Dr. W.C. Ip	Prof. K.M. Chan	Prof. Tim Rainer
Dr. S.Y. Tung	Prof. Chris Lam	Prof. Anthony Chan
Dr. Susanna Lo	Prof. H.K. Ng	Dr. Donald Lyon
Dr. S.F. Lui	Prof. Y.K. Wing	Dr. M.C. Yam
Dr. William Wong	Prof. Gavin Joynt	Dr. Victor Abdullah
Dr. C.K. Li	Prof. Joan Ng	Dr. S.K. Wan
Dr. C.Y. Li	Prof. Tony Chung	(vice Dr. Michael Suen)
Ms Lily Chung	Prof. Joseph Sung	Prof. T.F. Fok
Ms E. Mok	Prof. A Van Hasselt	Dr. Paul Hui
Mr. Robert Wong,	Prof. Angus Chan	Prof. Helen Chiu
Dr. Augustine Lam		Dr. Jimmy Chan

Secretary : Ms Winnie Cheng

Patient Status

As at 28 April 2003 noon, statistics on confirmed cases of Atypical Pneumonia were:

	Currently Admitted cases in NTEC	Deceased since onset of epidemics (suspected cases in bracket)	Currently in ICU, PWH	PWH Non ICU	AHNH Non ICU	TPH
Healthcare Workers	55	0	4	31	9	0
Patients	108	44(+6)	15	21	41	27
Total	163	44(+6)	19	52	50	27

Action

1. There was one confirmed SARS patient from TPH. The 6 suspected cases were 4 patients, 1healthcare worker and 1 medical student.

2. The Union Hospital had one patient and one nurse contracted SARS. Dr. Louis Chan would check the contact history.

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New Territories East Cluster

Hospital Authority

Notes of a meeting on management of Atypical Pneumonia Incidence held at 12:30 p.m. on 23 April 2003 at Conference Room 1, Main Block, PWH.

Present :	Dr. Philip Li (Chairman)		
	Dr. Fung Hong	Prof. A. Ahuja	Prof. Tony Gin
	Dr. K.K. Lai	Prof. Sydney Chung	Prof. Gavin Joynt
	Dr. Raymond Chen	Prof. Augustine Cheng	Dr. Amy Cho
	Dr. S.Y. Tung	Prof. K.M. Chan	Dr. Louis Chan
	Dr. Susanna Lo	Prof. H.K. Ng	Prof. John Tam
	Dr. W.C. Ip	Prof Joan Ng	Dr. Peter Choi
	Dr. William Wong	Prof. Tony Chung	Prof. Tim Rainer
	Dr. S.F. Lui	Prof. Joseph Sung	Prof. C. Cockram
	Dr. C.K. Li	Dr. Augustine Lam	Prof. Anthony Chan
	Dr. C.Y. Li	Prof. A Van Hasselt	Dr. Donald Lyon
	Ms Lily Chung	Prof. Y.K. Wing Mr.	Mr. Alex Yu
	Ms E. Mok	Robert Wong	

Secretary : Ms Winnie Cheng

Action

Patient Status

1. Five patients died. There were two patients discharged.

2. There were 148 confirmed SARS cases in NTEC, 62 were health care workers while 86 were patients.

3. 1 nursing officer and 1 HCA were admitted to ICU.

4. No new paed SARS case reported. The remaining cases were stable.

Medical Management

5. Two patients in AHNH suspected of contracted SARS were placed in clean ward because there was no empty bed available in SARS and fever wards. It was noted that patients once identified as SARS should be transferred to appropriate wards. If wards were full, patients should be transferred to PWH. Mr. Alex Yu was requested to convey the message Dr. H.S. Chan to ensure that such arrangement be promulgated to all parties concerned. — Mr. Alex Yu

6. Dr. Philip Li would clarify with HAHO whether discharge criteria — Dr. Philip Li

had been adjusted.

7. It was noted that staff patient suitable for convalescence would be transferred to SCH to free beds for new admission. About 12 beds would be available if health care workers and patients were sent there. Prof. Joseph Sung

8. There were 21 patients in ICU. 1 or 2 of them might be discharged. The clean ICU was full. Clean cases requiring ICU service would be transferred out. Surgical ICU cases would go to NDH.

9. Prof. John Tam would advise us of the protocol of specimen collection which HAHO had been discussing. Prof. John Tam

10. The AHNH Paed wards would be closed in 10 days to conserve resources. Outpatient service would be maintained. Inpatient cases would be sent to PWH or NDH.

11. It was noted that we had cut down OT session to 20% of our service. Prof. K.M. Chan asked if we could engage part-time private doctor. We would need Anaethestist to do cancer surgery. Dr. Philip Li said HAHO had employed GPs and the same principle should apply. Prof. Andrew van Hasselt would provide figure on non-ICU surgery cases. Nursing manpower would also be needed.

12 There were a few reported SARS cases in 3AR and 3DR wards of TPH.

Contingency Measures

13. The AED AHNH would be suspended as from 24 April 0:00 hours. There would be ambulance diversion and no walk in cases. Press release would be issued at 4:00 pm. Dr. Raymond Chen would announce this at Tai Po District Council Meeting this afternoon. He would discuss with Dr. Jimmy Chan the detailed arrangements. Refill clinics would continue in AHNH. Acute surgical admission would be sent to PWH. Dr. K.K. Lai and Dr. Jimmy Chan would arrange manpower deployment. Dr. Raymond Chen Dr. K.K. Lai

14. For non-SARS admission in NTEC, TMH would take cases of NDH, QEH would take PWH cases, the PMH would re-open medical wards and taking medicine and surgery cases. Dr. Philip Li would gather more SARS data on new/suspected/confirmed cases from cluster and assess if assistance was required. Prof. Joseph Sung would provide figures in this regard. Dr. Philip Li Prof. Joseph Sung

15. The meeting discussed the plan to transfer SARS ICU patient from PWH to TPH. 15 nurses were trained for cluster-wide

deployment and increase in ICU beds. For AHNH, there would be 12 SARS ICU beds and 8 clean ICU medical beds. The medical clean cases might be transferred to AHNH and surgical cases be kept in NDH.

16. Prof. Joseph Sung reiterated the need to always keep 1 ICU bed empty or we would face the problem of patient resuscitated and no space in ICU. The situation could be even worse for SARS case since no Ambu bag was allowed in ward. Prof. Gavin Joynt noted the above.

17. The O&G service would be moving back to PWH. The neonates would stay in AHNH until discharge. SOPD would continue in PWH.

18. Dr. Philip Li would talk to Dr. Lily Chiu on transferring more SARS convalescent patients to Wong Tai Sin since we had more cases

19. It was noted that Prof. Helen Chiu was concerned about opening SARS ward in TPH which was a gazetted psychiatric hospital. The patients' compliance of masking would be a problem.

Infection Control

20. Prof. Sydney Chung said the message that nurses and medical staff infected Tai Po community was incorrect and in his view, vice versa. Dr. Fung Hong said according to statistics, 70% of the cases were related to AHNH.

21. It was noted that DH had carried out contact tracing of all ex-patients and their families.

22. As regards quarantine of staff in AHNH, since there were no new cases, we would review the data and if there was no wave of coming back, then no need to quarantine. Dr. Raymond Chen would also check the number of socially segregated cases. In case cohorting was required, AHNH had enough staff quarters.

23. Staff feedback on use of Barrier man was satisfactory.

24. Disposable face shield could be supplied to all wards. Prof. Sydney Chung suggested adopting non-disposable ones in the long run. He would provide sample for our reference. Prof. Tony Chung

25. All bedpan washers in SARS wards of PWH were working. Phased replacement program would start as from May 03 in PWH.

26. TPH bedpan washer had leakage problem. Disposable bedpans could be considered and they would be either macerated or be placed in red bag for disposal afterwards.

27. The meeting noted that NTEC needed a paradigm shift in infection control. A pro-active approach in infection control should be adopted with upgraded PPE standards e.g. shoe cover. Universal precautions should be instituted at all wards, especially during intubation, resuscitation, unexpected SARS case handling, etc. Members could include their estimated consumption into the basic requirement. Dr. Donald Lyon, Dr. S.F. Lui and Dr. Peter Choi would work out protocol and implementation plan of universal precautions. In the long run, there should be standard PPE gear provided to all staff working in wards and in appropriate areas. — Dr. S.F. Lui, Dr. Peter Choi, Dr. Donald Lyon

28. Prof. Gavin Joynt would provide more information to Dr. Peter Choi to review the effectiveness of alcohol hand rub. — Prof. Gavin Joynt, Dr. Peter Choi

29. The infection control team was conducting audit on infection control workshops to see their effectiveness and improvement areas.

30. A PWH staff complained in a phone-in program that AHNH lacked vigilance in diagnosing SARS cases. The meeting urged department heads to convey the message that AHNH was overloaded with 150% of normal service level at that time. We should be considerate and joint forces to fight the battle.

31. The meeting was adjourned at 2:45 pm until 12:30 pm tomorrow at the same place.

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New Territories East Cluster

Hospital Authority

Notes of a meeting on management of Atypical Pneumonia Incidence held at 12:30 p.m. on 24 April 2003 at Conference Room 1, Main Block, PWH.

Present :	Dr. Philip Li (Chairman)		
	Dr. Fung Hong	Prof. A. Ahuja	Prof. T.F. Fok
	Dr. K.K. Lai	Prof. Sydney Chung	Prof. Gavin Joynt
	Dr. Raymond Chen	Prof. Augustine Cheng	Dr. Amy Cho
	Dr. Susanna Lo	Prof. K.M. Chan	Dr. Louis Chan
	Dr. W.C. Ip	Prof. H.K. Ng	Prof. John Tam
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	Dr. S.F. Lui	Prof. Tony Chung	Prof. Tim Rainer
	Dr. C.K. Li	Prof. Joseph Sung	Prof. Anthony Chan
	Dr. C.Y. Li	Dr. Augustine Lam	Dr. Donald Lyon
	Ms Lily Chung	Prof. A Van Hasselt	Dr. Paul Chan
	Ms E. Mok	Prof. Y.K. Wing	Dr. Wong Kwong Chiu
		Mr. Robert Wong	

Secretary : Ms Winnie Cheng

Action

Patient Status

1. There was one new confirmed case from health care worker (HCA of E6, AHNH).

2. There were 7 new confirmed SARS patients (2 from TPH, 4 from AHNH and one from PWH).

3. There were 5 suspect SARS patients reported. 3 in AHNH and 2 in PWH.

4. The ICU admitted 20 patients and two beds were available. There was one discharged yesterday, one patient was extubated.

5. O&G service was moved back to PWH. There were about 20 patients in AHNH. They would be discharged in a few days. The O&G wards would be closed within 4 days. A number of nurses and some doctors would be released for deployment. The AHNH labour ward had 12 isolation beds and it could be a reserve for SARS.

6. Paed. had two suspected cases.

Medical Management

7. The Orth wards were crowded. Overall protection for staff was stepped up but it was difficult to get protective gear.

8. The occupancy in 3EF and 3CD surgical wards was building.

9. There were over 90 patients on the surgical OT waiting list. O&G and Orth would also consolidate their waiting lists so that a broad picture would be available for resource planning. The bottle-neck was in ICU, waiting list and impending capacity in surgical wards. 4CD were holding wards of all specialties for patients before staff were quite sure that patients had no SARS. Patients would be spaced out better if there were more space.

10. Convalescent SARS cases would be sent to SCH with two doctor rounds per day.

11. The SARS ward in AHNH was full. There were 13 cases confirmed SARS cases in IT ward and stayed together with the suspected cases. A new ward would be opened to segregate different types of cases this afternoon and space out SARS patients.

12 The capacity of medical beds in PWH and NDH ICU & admission wards was acceptable. The NTWC would admit 8 medical non-SARS cases to TMH every day.

13. There would be about 20 nursing staff and 5 medical staff for central deployment if AED AHNH were completely closed.

14. A few doctors would be available for deployment in about 10 days when Paed of AHNH and NDH were merged. Paed in-patients would stay in NDH with 60 beds available for Taipo and North Districts.

15. There was staff anxiety on going down to AED to do screening because they had to walk a long way to the changing area. Staff wanted to get changed before entering AED. The meeting agreed to look into and help out in AED. — Ms E. Mok

16. The SCH had 14 beds available for surgery and Orth cases. There were 20 SARS beds available.

TPH

17. The TPH had 18 confirmed/suspect SARS cases. Dr. Fung had asked Dr. S.Y. Tung to take full precautionary measures. DH would follow up on contact tracing. Dr. Susanna Lo was asked to urgently arrange installation of exhaust fan in 3AR ward of — Dr. Susanna Lo

TPH.

18. Prof. Joseph Sung would arrange medical staff to look after the operation of isolation ward in TPH if necessary. — Prof. Joseph Sung

19. A nurse who was afebrile for 10 days was discharged.

20. Visitors to SARS wards of TPH were restricted. The name list of patients discharged to NGO was sent to Dr. Daisy Dai for monitoring.

Virology

21. The diagnostic of coronavirus through RT-PCR was not very accurate. The NPA was not allowed. Acceptable specimens were throat washing, throat swab, urine and stool. The request and reporting of such tests would be through CMS. The performance of isolation for coronavirus from preliminary result was 4-5 days and confirmatory result was 5-7 days.

22. For direct RT-PCR on NPH versus isolation, the sensitivity was 20%.

23. The routine service for serology would start as from 7th May. First sample would best be taken after admission and the second sample 21 days later or at least after 14 days. The request would be made through CMS. The culture was 80% accurate.

24. All labs opened after the incident and plastic test tube was adopted. They could handle about 400 samples a day. All NTEC hospitals could send samples there. Guidelines for specimen collection would be issued. Users were requested to use racking system for multiple specimens. — Prof. John Tam

Infection Control

25. Dr. Peter Choi, Dr Amy Cho and the risk management team would evaluate the feedback on Airmate and stryker which were currently used in ICU to see if these items could also be used in other SARS wards since PPE was very important. — Dr. S.F. Lui, Dr. Peter Choi, Dr Amy Cho

26. The BSS section of HAHO would introduce water resistant gown.

27. Dr. Lo reported that the disposable bedpan costed $30 each and the macerator costed $40,000. EPD advised that landfill of bedpan as clinical waste was not acceptable.

28. Dr. Fung said there were complaints on difficulties in getting protective gear, lack of nurse isolation gown and gloves not — All members

provided to supporting staff. He said that there was no shortage of all basic PPE. He asked members to convey the message to frontline staff.

29. The Cat II plus deceased handling procedure should also be applicable to suspected SARS cases. Mortuary attendant should not entertain any request for change of category.

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20. There being no other business, the meeting was adjourned at 1:30 pm.

CONFIDENTIAL

New Territories East Cluster

Hospital Authority

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Present : Dr. Fung Hong(Chairman)

Dr. Philip Li	Prof. A. Ahuja	Prof. C.S. Cockram
Dr. Raymond Chen	Prof. Sydney Chung	Dr. Louis Chan
Dr. K.K. Lai	Prof. Augustine Cheng	Dr. Peter Choi
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Dr. C.K. Li	Prof. Joan Ng	Dr. S.K. Wan
Dr. C.Y. Li	Prof. Tony Chung	(vice Dr. Michael Suen)
Ms Lily Chung	Prof. Joseph Sung	Prof. T.F. Fok
Ms E. Mok	Prof. A Van Hasselt	Dr. Paul Hui
Mr. Robert Wong,	Prof. Angus Chan	Prof. Helen Chiu
Dr. Augustine Lam		Dr. Jimmy Chan

Secretary : Ms Winnie Cheng

Patient Status

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Patients	108	44(+6)	15	21	41	27
Total	163	44(+6)	19	52	50	27

Action

1. There was one confirmed SARS patient from TPH. The 6 suspected cases were 4 patients, 1healthcare worker and 1 medical student.

2. The Union Hospital had one patient and one nurse contracted SARS. Dr. Louis Chan would check the contact history.

3. The meeting discussed the discharge policy to elderly home esp. on the way to deal with the rest of patients when there was one confirmed in triage ward.

4. For young ambulatory, home quarantine and follow up in DMC with DH.

5. For elderly patient who was to discharge, they could be treated as suspected case and send to WTS.

6. If case was not ready for discharge, admit to SH admission ward for those who needed convalescence for a week or two.

7. For those lived at home would be discharged home.

8. The Social Welfare Department would accept clean elderly and quarantine them in subsidized elderly home. It would identify vacant home with about 150 places as discharge buffer zone to clean patients. Visiting MO would see these patients daily and CGAT team would give support to visit MO. Geriatrician and CGAT team would try to identify those OAH which could do quarantine reliably.

9. The WTS would need to adjust the admission criteria.

10. The fever ward could admit about 20 patients and 5% turn out to be SARS. The turnover rate needed to be very high.

11. At present, NTEC had about <12 cases and it would be difficult for WTS to open a ward. However, the demand would be building. Dr. Fung Hong would liaise with WTS to see if patients could be transferred there.

12. According to statistics, new cases were coming down. The greatest threat was the possible outbreak in elderly home. 83 infirmary patients to NGO. 15 were admitted with 1 suspected SARS from Po Leung Kuk and 4 from Tuen Mun Nursery.

13. In SH, admission ward was set up for transfer cases. If signs and symptoms developed, patient would be put in isolation.

14. The meeting noted the infection control measures and if there were slip through, we had to accept.

15. Dr. Fung asked if we needed step-down discharge policy for these people.

16. There were silent SARS cases. If there were any suspicious cases, we should find a suitable space to quarantine. If non-SARS, send back to elderly Home. Dr. Fung said going back to OAH should be done with precautionary measures e.g. stay in smaller cubicle. If we considered their nurses lacked infection control knowledge, we should teach them. We would still need this half way solution.

17. Anti-viral prophylactic herbal medicine was on trial and would be extended to patients with close contact but no symptoms. Since it was on study protocol, not suitable to give to patients.

18. Prophylactic ribavirin to elderly patients should cease.

19. The NTEC was capable of admitting SARS cases. All SARS confirmed cases would go to PWH. Legislator Cheng Ka Fu together with other social figures objected to concentrating SARS patients in Tai po. They were informed that two more wards were undergoing upgrading of facility. There was fear of spreading the disease to psy patients. We should be aware of the political scene and manage the community's emotion and sentiment.

20. Prof. Helen Chiu appealed to members to reconsider the plan to admit SARS patients in TPH. She said that it was difficult to contain infection if one patient contracted SARS. They had poor personal hygiene. It they contracted disease and treated in SARS ward, it would be difficult for nurses to manage them and they might refuse to take ribavirin. Moreover, some psy patient might be admitted under compulsory admission and could not be discharge and would be unfair to them. If there were outbreak in psy ward, it would be disastrous.

21. The meeting discussed various options, including the assessment of caseload in the long run, whether to move psy patients, SARS cases, upgrade facility of TPH. With the projection of patient load of 60 cases per month, it was considered that existing arrangement with PWH and AHNH admission and convalescence in SCH. Members agreed that Prof. Chiu's arguments were valid and strong. We might modify our plan and re-examine the options.

22. In the long run, NTEC might need infection disease block e.g. by modifying our facility into proper facility. Prof. Sung proposed to build such block in PWH with built in ICU facility. It was acceptable to use AHNH as interim facility for SARS.

23. Dr. Raymond Chen pointed out that there were environmental constraint and AHNH had Psy day patient, Psy OPD and Child & Adolescent Psy.

24. Prof. Sydney Chung said the overall strategy was to allow PWH to get back to tertiary and quaternary normal service.

25. The CCE asked members to give some thoughts on the pros and cons of various options in order to allow the whole cluster to return to normal business.

26. TMH was overcrowded. Transfer of cases to TMH would cease as from today.

27. The fever ward in NDH was full. The labour ward would be used as fever ward.

28. A resort for the elderly would be considered to house patients admitted in their first week.

29. Dr. Raymond Chen enquired the discharge policy for recovered staff. It was noted that the HA policy was 7 day non-symptomatic.

30. There being no other business, the meeting adjourned at 2:30pm until 12:30pm on 30 April at the same place.

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New Territories East Cluster

Hospital Authority

Notes of a meeting on management of Atypical Pneumonia Incidence held at 12:30 pm on 30 April 2003 at Conference Room 1, Main Block, PWH.

Present :	Dr. Fung Hong (Chairman)		
	Dr. Philip Li	Prof. A. Ahuja	Dr. Wong Kwong Chiu
	Dr. S.Y. Tung	Prof. Sydney Chung	Dr. Louis Chan
	Dr. Susanna Lo	Prof. Augustine Cheng	Dr. Peter Choi
	Dr. K.K. Lai	Prof. H.K. Ng	Dr. Amy Cho
	Dr. Raymond Chen	Prof. Y.K. Wing	Prof. Tim Rainer
	Dr. W.C. Ip	Prof. Gavin Joynt	Dr. Michael Suen
	Dr. William Wong	Prof. Joan Ng	Prof. Anthony Chan
	Dr. S.F. Lui	Prof. Tony Chung	Dr. Donald Lyon
	Dr. C.K. Li	Prof. A Van Hasselt	Prof. Chris Lam
	Dr. C.Y. Li	Prof. C.S. Cockram	Dr. Augustine Lam
	Ms Lily Chung	Prof. T.F. Fok	Dr. M.C. Yam
	Ms E. Mok	Prof. Joseph Sung	
	Mr. Robert Wong	Dr. K.Y. Fung	

Secretary : Ms Winnie Cheng

Patient Status

As at 30 April 2003 noon, statistics on confirmed cases of Atypical Pneumonia were:

	Currently Admitted cases in NTEC	Deceased (suspected SARS)	Currently in ICU, PWH	PWH Non ICU	AHNH	TPH	SCH	New cases
Healthcare Workers	43	0	4	23	5	0	11	1
Patients	97	54(6)	12	24	32	26	3	11
Total	140	54(6)	16	47	37	26	14	12

Action

1. The SARS cases in hospitals were declining and were 20% less when compared to figures of last week.

2. The longer-term strategy in SARS management was discussed. The plan to provide SARS service in each cluster would be finalized in the next couple of days.

3. Prof. T.F. Fok said the Paed service would discuss if SARS cases

would be concentrated in PMH or in three hospitals of Hong Kong since Paed SARS cases were not great in number. Those <18 years of age would be admitted as Paed cases.

Infection Control Measures

4. HA was trying to develop a standard of provision. There were a lot of debate and would be settled in next couple of days by the HA expert group. The decision would affect our infection control policy. The effectiveness of barrierman, which was currently on trial, would be evaluated.

5. Dr. S.F. Lui said infection rate on healthcare workers dropped after the use of barrierman and it gave more protection and help psychologically. It would be used for a few more days pending the evaluation. Prof. Joseph Sung said staff was sweating with barrierman on but it gave psychological support to staff. He said it was politically not appropriate to withdraw the barrierman.

6. The meeting was concerned about the use of barrierman man in summer months. The heat, temperature and sweating might increase the infection rate. An alternative to barrierman would be required.

7. It was noted that other hospitals did not support the use of barrierman and it might not be HA standard provision. It was noted that there were a number of bed-ridden patients in TPH. We might allow staff to use barrierman by donation if they wanted it. Dr.S.F. Lui would provide patient data on this aspect. Moreover, other parties handling SARS cases were also using barrierman. The CCE would also discuss with the Secretary for Environment on this subject. Dr. S.F. Lui CCE

8. The meeting also discussed the use of N95. The cluster needed small size N95 and it could be reused under loose cover according to CDC guideline.

Staff Support

9. As from 1 May, HA would set up a hotline for staff to express their views on SARS.

10. HA was considering give out money to staff confirmed with SARS as a token of appreciation. Honorarium might be given to staff who worked in SARS wards.

Medical Management

11. The incubation period for elderly could be ranged from 2 to 16 days. For elderly SARS cases, we would check if they were

originated from TPH.

12. The meeting noted the bed situations and patients status of various services and ICU in NTEC hospitals. The PWH infection triage ward condition was tight. WTS had not taken any of our SARS patients because of their admission criteria. CCE said one block each in WTS would be for clean and SARS patients respectively. He would re-confirm the arrangement. — CCE

13. The clean team was stretched and staff had been working since outbreak. The meeting would observe the caseload over the weekend and might consider closing down a SARS ward because there were about 40 cases. Review on medical manpower would be made.

14. Ms E Mok and Ms Lily Chung would discuss the locker arrangement for staff working on 11/F. — Ms E. Mok, Ms Lily Chung

15. It was proposed to use facility with single room to house co-expose cases. The CCE would contact the Helping Hand to see if their facility in Ma On Shan could be used for housing suitable SARS cases. — CCE

16. Members agreed to use experimental treatment if it was sound, with patient consent and good ethical principle to support the use.

17. AHNH staff was pressing for a definite answer for the time to re-open AED service. It would affect the staff morale. The meeting would consider if the service could start on Sat.

18. The EMSD would look into the problem of condensation in TPH.

19. 1 patient from Psy ward died and was classified as Cat II.

20. There was increasing patient load in follow up clinic. It was suggested to relocate the screening clinic for staff and patients. A ward might be open for such purpose. Dr. Philip Li would look into the matter. — Dr. Philip Li

21. Dr. Peter Choi and Ms E Mok would enhance facility in canteen to ensure that it commensurate with recommended practice. — Dr. Peter Choi, Ms E. Mok

22. The SOPD charges would be introduced as from 1 May at the instruction of Government. Guidelines and reminders were sent to parties concerned. Dr. C.K.Li would check the condition of the outpatient clinic. — Dr. C.K. Li

23. CE. HA resumed office today.

24. Dr. Tom Buckley would continue to stay in PMH until July. He

was appointed acting COS of PMH.

25. There being no other business, the meeting was adjourned at 2:30 p.m. until 3 May at 11:30 am at the same place.