

8(e)

- Q. *Terms of reference, names and post titles of members, and minutes or any other records of meetings of: Task Force on Infection Control on SARS*

The Taskforce on Infection Control was a daily informal meeting and as such did not have a formal terms of reference and no minutes taken.

- H95

Membership is at Attachment a

The areas under this Taskforce's monitoring included:

- i) Expert Group on Infection Control (minutes at Attachment b)
- ii) Hotlines
- iii) Hospital inspection / audit
- iv) Chinese Medicine (membership, TOR & minutes of the Chinese Medicine Expert Panel & Chinese Medicine Advisory / Expert panel at ci, ii & iii)

- H96

- H97

Exploratory Treatment: Chinese Medicine Expert Panel**Membership List**

Dr Vivian TAAM WONG (Chairman)	Director (Professional Services & Medical Development), Hospital Authority Head Office
Dr K M CHOY (Co-Chairman)	Executive Manager (Professional Services)1, Hospital Authority Head Office
Ms Grace CHENG	Executive Manager (Knowledge Management), Hospital Authority Head Office
Mr TAM Hung-pun	Senior Pharmacist (Special Duties), Hospital Authority Head Office
Dr Derick AU	Chief of Service (Rehab), Kowloon Hospital
Dr Andrew YIP	Chief of Service (Surgery), Kwong Wah Hospital
Prof Thomas CHAN	Professor (Medical & Therapeutics), Prince of Wales Hospital
Prof Jonathan SHAM	Professor (Oncology), Queen Mary Hospital
Dr SZE Kai-hoi	Senior Medical Officer (Medicine), Shatin Hospital
Prof LAI Sai-leong	Chinese Medicine Practitioner, Centre for Clinical Research & Services, Tung Wah Group of Hospitals
Mr LIU Maocai	Chinese Medicine Practitioner, Centre for Clinical Research & Services, Tung Wah Group of Hospitals
Prof LEUNG Ping-chung	Professor, Chairman of The Management Committee, Institute of Chinese Medicine, The Chinese University of Hong Kong
Dr Edwin YU	Private Practitioner
Prof ZHANG Shichen	External Chinese Medicine Expert
Miss Rosemary CHUT (Secretary)	Manager (Professional Services)4, Hospital Authority Head Office

Chinese Medicine Advisory/Expert PanelMembership List*

Dr Vivian TAAM WONG (Chairman)	D(PS & MD), HA
Dr W M KO	D(PS&PA), HA
Dr K M CHOY (Co-Chairman)	EM(PS)1, HA
Mr TAM Hung-pun	SP(SD), HA
Prof LIN Lin	Honorary Cons, HA
Prof YANG Zhimin	Honorary Cons, HA
Prof P C LEUNG	Professor, Chairman of The Mgt Committee, Institute of CM, CUHK
Dr Andrew YIP	COS (Surgery), KWH
Dr M H CHAN	Cons(Med &), KWH
Dr Derick AU	COS(Rehab), KH
Dr H P SO	COS(DREC), WTSH
Dr CHAN Yuk-choi	COS(TBU), WTSH
Prof LIU Liang	CM Faculty, HKBU
Dr J P CHEN	School of CM, HKU
Dr Edwin YU	Private Practitioner
Dr SZE Kai-hoi	SMO (Med), SH
Mr LIU Maocai	Chinese Medicine Practitioner, CRCS, TWGH
Prof LAI Sai-leong	Chinese Medicine Practitioner, CRCS, TWGH
Prof ZHANG Shichen	External Chinese Medicine Expert

* Comprise basically members of the "Exploratory Treatment: Chinese Medicine Expert Panel" plus other members in the community or HA with expertise in Chinese medicine or involved in treating SARS patients .

Exploratory Treatment: Chinese Medicine Expert Panel**Terms of Reference**

1. Review evidence based information on Chinese medicine (CM) research findings related to the Severe Acute Respiratory Syndrome (SARS) and propose strategies on knowledge management in CM for SARS in Hospital Authority (HA) .
2. Review CM treatment information and suggestions on SARS received on hand and make recommendations with a view to standardize the use of the information for prophylactic use of CM for SARS in HA.
3. Consider issues related to Chinese medicine/Western medicine interactions on treatment of SARS and propose methodology for CM clinical research on use of CM for SARS.

臨床中藥研究專家小組特別會議

Attachment 211

會議紀錄

時間： 中午十二時

日期： 2003 年 4 月 10 日

地點： 醫院管理局總辦事處

出席： 黃譚智媛醫生, 專業事務及醫療發展總監, 醫院管理局總辦事處
 蔡啓明醫生, 行政經理(專業事務), 醫院管理局總辦事處
 梁秉中教授, 香港中文大學, 中醫中藥研究所管理委員會主席
 張世臣教授, 中醫專家
 陳建萍博士, 香港大學中醫藥學院助理教授
 劉亮教授, 浸會大學, 中醫藥學院院長
 葉維晉醫生, 外科部門主管, 廣華醫院
 劉茂才教授, 中醫藥臨床研究服務中心, 廣華醫院

列席： 譚鴻彬先生, 高級藥劑師(特別職務), 醫院管理局總辦事處
 李美鳳小姐, 經理(特別事務), 醫院管理局總辦事處

1. 黃譚智媛醫生代表醫院管理局多謝各位出席 / 列席這特別會議。並希望透過這會議探討有關中藥作為防治(prophylaxis)嚴重急性呼吸道綜合症(SARS)的可能性, 她邀請與會的中醫專家發表意見。

2. 劉亮院長對 SARS 的疾病發表以下的意見：

- (a) SARS 對中西醫學來說都是屬新的疾病。從中醫的角度來說, 這病與郁氣和風溫類似。
- (b) 從預防的角度, 中醫與西醫的提議都相似, 就是保持空氣流通, 做運動, 戴口罩等。
- (c) 中醫更強調個人的體質, 所謂人體的正氣與邪氣, 這都靠平時提高體質以抗邪和增加抵抗力。而藥的果效, 也涉長期的作用。
- (d) 浸大有供應方劑給全學校員工作預防。但以中藥作臨床研究在方法及搜集數據上是有一定困難。

3. 陳建萍博士同意劉院長之說, 認為 SARS 與中醫學中的嶺南瘟病相類似。中醫對此瘟病已有系統的研究, 希望世衛(WHO)到廣東考察後, 能把中醫的研究推展到世界。不過用中藥作治療 SARS 尚需定位。另一方面, 中藥的效用預防勝於治療。現時在方間流傳的方劑多不勝數, 因此各大學需要成立研究小組, 去鑑定那些是有效的方劑。

4. 劉茂才教授也同意 SARS 乃瘟疫之病之說。縱觀廣東省疫情,大部份得病的人是因體質表現較差。中藥可以提高免疫的功能,但如果只用板藍根作防預是不可行,因此藥帶苦寒,非一般人體質所能承受,多吃反而病發。要廣範應用就不能每人一方。故此他制定了四條預防方劑迎合不同體質的需要。這四處方可以兼顧不同的體質與不同的年紀需要。

5. 梁秉中教授發表以下的看法：

- (a) 威爾斯醫院日前作了一個有關 SARS 預防的電話調查,發現有兩成的被訪者有服用中藥作防預 SARS。但醫護人員卻鮮有用中藥。
- (b) 做足個人保護措施仍是防禦 SARS 最好的方法。
- (c) 目前以西藥治療 SARS 仍是最好的方法。大部份因 SARS 過身的病人都是長期病患者。
- (d) 中西醫合作治療,仍未在香港推行,所以以中醫治療 SARS 仍然不可行。
- (e) 中藥在個人預防 SARS 上可發揮功用,尤其是對在護理 SARS 病人已接觸病菌的高危前線醫護人員,應有一定的防預作用。

6. 因此梁教授建議可考慮提供中藥給高危病的前線醫護人員,以提高他們的免疫能力,並且有以下提議：

- (a) 他參照張世臣教授的提議,用雙菊飲及玉屏風散的兩條古方再加兩隻具殺菌力的中藥,預備了預防劑方。
- (b) 容許中藥的片地開發,各機構例如浸大、東華三院,自行發派合適方劑給員工。
- (c) 為方便前線忙碌的醫生護士,只統一處方,方便醫護人員飲用。
- (d) 在上述的基礎上與有關中醫科研中心制定中藥臨床研究方案,確定醫院試點。

7. 張世臣教授進一步解釋從中藥草本的 180 種有抗病毒效用的中藥中,他篩選了 7 種。並根據東華三院及香港大學對 SARS 的定症及徵狀,制定了煙薰及口服方各一作預防用。因 SARS 定性為風溫,所以這方劑是根據這疫症的病源,季節性及一般病狀來作預防。

8. 黃醫生多謝各專家寶貴的意見,及不同的方案的提議。她認為按本地的情況,梁教授的具體提議具可行性。她會向醫管局管理高級階層反影,作出適當的跟進。

醫院管理局

2003 年 4 月 30 日

2
080546

Notes of the 1st Meeting of the
Exploratory Treatment: Chinese Medicine Expert Panel
Held on 15 April 2003 at 3:00 pm at HAHO

Present:

Dr Vivian TAAM WONG (Chairman)	Director (Professional Services & Medical Development), Hospital Authority Head Office
Dr K M CHOY (Convenor)	Executive Manager (Professional Services)1, Hospital Authority Head Office
Ms Grace CHENG	Executive Manager (Knowledge Management), Hospital Authority Head Office
Mr TAM Hung-pun	Senior Pharmacist (Special Duties), Hospital Authority Head Office
Dr Derick AU	Chief of Service (Rehab), Kowloon Hospital
Dr Andrew YIP	Chief of Service (Surgery), Kwong Wah Hospital
Dr SZE Kai-hoi	Senior Medical Officer (Medicine), Shatin Hospital
Prof LEUNG Ping-chung	Professor, Chairman of The Management Committee, Institute of Chinese Medicine, The Chinese University of Hong Kong
Dr Edwin YU	Private Practitioner
Miss Rosemary CHUT (Secretary)	Manager (Professional Services)4, Hospital Authority Head Office

Absent with Apologies

Prof Thomas CHAN	Professor (Medical & Therapeutics), Prince of Wales Hospital
Prof Jonathan SHAM	Professor (Oncology), Queen Mary Hospital
Mr LIU Maocai	Chinese Medicine Practitioner, Centre for Clinical Research & Services, Tung Wah Group of Hospitals
Prof LAI Sai-leong	Chinese Medicine Practitioner, Centre for Clinical Research & Services, Tung Wah Group of Hospitals
Prof ZHANG Shichen	External Chinese Medicine Expert

Action Officer

Introduction

1. Dr K M CHOY welcomed members to the meeting, which aimed at exploring the possibility of using Chinese medicine (CM) for Severe Acute Respiratory Syndrome (SARS).

Terms of Reference and Membership

2. Dr CHOY referred members to the proposed Terms of Reference (T/R) tabled and requested for any comments members might have. Members adopted the T/R unanimously.

Action Officer

[Post Meeting Note: Please note one type in the T/R and delete "prophylactic" in the last line of para 2. A finalised copy of the T/R is attached.]

3. Dr CHOY also referred members to the proposed membership list tabled. He remarked that the membership list could be enlarged to include other members as and when necessary. Members agreed with the approach and adopted the membership list proposed.

Review of Evidence Based Information

4. Mrs Grace CHENG briefed members on the searches she had undertaken:

(a) Database searches on the Tsinghua University's Chinese Academic Journal Database and Traditional Chinese Drug Database (中國中藥資料庫). The searched were based on the key word of control study on pneumonia. A total of 29 related articles (tabled) had thus been retrieved.

(b) Collection of CM prescriptions from the local universities with curriculum on Chinese Medicine; State Administration of Traditional Chinese and other local CM institutions. A summary of these prescription was tabled for members information.

5. Members also noted Mr Hung Pun TAM's analysis on the major CM drugs recommended in the articles retrieved from the Mainland data bases and the indications for the use of these CM drugs.

6. It was considered that these articles/prescriptions would be valuable in providing general information on the use of CM for pneumonia cases. The search could be extended to observational studies so that more contemporary information on the use of CM drugs could be retrieved.

*Mrs Grace
CHENG*

Chinese Medicine/Western Medicine Interactions in SARS Patients

7. Dr Vivan WONG remarked that whilst evidenced base searches would facilitate scientific research on use of CM, there was need to consider whether clinical use of CM would be feasible for SARS patients. If positive, under what conditions could the choice on use of CM could be offer to patient? For very ill SARS patients for whom new WM treatments would be attempted, the question was posed on the use of CM could be considered an alternative choice?

8. Dr P C Leung remarked the followings:

(a) He supported trials into studying effectiveness of CM as prophylaxis. There had also been more discussion to using CM as a

treatment option in view of recent development in the increasing number of relatively young patients succumbing to SARS. Perhaps this option could be offered to seriously ill patients, but there needed to be further discussion, both within the expert group, as well as then with WM experts. He referred to the Chinese Government's recently released guidelines, and whilst there was some measure of CM/WM integration there, the mainstay of treatment appeared to be still anti-virals and steroids.

[Post Meeting Note: A set of the guidelines from Ministry of Health had been forwarded to members after the meeting on 17 April 2003.]

9. He added that according to the experience of Guangdong province in the SARS crisis, SARS has been defined as a epidemic (瘟疫) with symptoms of chills, fever and diarrhea (寒, 熱, 濕). This definition of the disease was useful in confirming the prophylactic use of CM for SARS for which he had planned a clinical trial. He gave further details of the clinical trial on prophylactic use of CM for high risk frontline staff as follows:

(a) In the analysis of prescriptions on hand carried out by Mrs CHENG, it was revealed that most of the herbs used could be grouped under two major ancient formulations of 桑菊飲 and 玉屏風散. The clinical trial he was preparing was based on these ancient formulations, plus two herbs with known viral killing effects. The formulation would be prepared in granules and the supply of the CM test formulation would be ready for delivery by stages. The first lot would be delivered very soon. Within the next two weeks the supply would be ready.

(b). The design of the clinical trial would require the minimum manpower for distributing the test formulation, collecting the consent forms and the questionnaires upon completion of the course of CM intake. A test kit would be provided to each recruit in which all the necessary instructions, forms and granules for the course of intake would be provided.

(c) In principle, staff in major SARS hospitals in the NTEC, KCC, KEC would be targeted for the clinical trial. It was envisaged that half of the test formulations available would be distributed to PMH frontline staff whom were most hard hit by the situation. To facilitate logistic support, a coordinator from each participant hospitals in the 3 cluster mentioned would be required.

[Post Meeting Note: A list of coordinators have been compiled and forwarded to Prof P C LEUNG on 17 April .2003]

10. Members noted Dr Andrew YIP's report on the write up of the CM clinical protocol to be carried out by the CRSC – KWH and expressed concern on the difficulty of the methodology in which two prescriptions were proposed requiring additional manpower to screen the recruits

Action Officer

before the use of the CM drug could be determined. To minimize complications, Dr YIP agreed to align the methodology of the clinical trial by CRSC-KWH with Prof LEUNG's protocol.

11. Dr Edwin YU made the following remarks:

- (a) He agreed with the principle of using only one single formulation.
- (b) However he caution that the use of any one formulation would have its own problem and illustrated his views by the concepts of prevention (防), resisting (擋) and cure (醫) from the CM angle to tackle the SARS issue. The herbs proposed in the prescriptions on hand were good enough for consumption for a limited during as most of the herbs were 寒涼 in nature and could help 清熱, one of the physical symptoms conducive to contracting SARS. However, for prevention purpose, these herbs could debilitate the physical conditions if the consumption period is too extended. If one contracted the virus at this stage, one might fall into the group which did not respond to any treatment. On the other hand, for high risk staff group having close contact with SARS patients, the prescription would likely be very effective for them. He also cautioned that the use of some of the herbs might be controversial (eg 黃) as at the drug effect would be different at different stages of the disease.

12. Dr SZE Ka Hoi elaborated further that the use of 黃 was proven to be effective to raise the white cell counts for neutropenia after administration of cytotoxic drug. Its treatment value was also positive for lymphopenia and cytopenia. He also agreed that the use of 1 single formulation for prophylactic purpose would be more appropriate for the time being. A question was raised on at what stage of the disease development would CM be allowed for treatment purpose,

13. Dr YU supplemented that:

- (a) The use of ribavirin for treating SARS in Hong Kong provided important data for reference for the rest of the world.
- (b) By the same token, the use of CM should not be too complicated, otherwise, the experience gained could not be shared with the rest of the world.
- (c) The concern of the population at large was the lack of prophylactic medicine against SARS..

14. Dr WONG concluded that due to urgency of the current situation, control trial on the use of CM would not be feasible. However, where WM treatment failed, there would be room for the introduction of CM treatment, particularly for the very serious SARS patients. The list of indications for introduction of CM treatment should be the same as those

Action Officer

for the introduction of convalescent plasma, these were:

- (a) oxygen desaturation;
- (b) persistent fever
- (c) neutropenia ± other adverse predictors

15.. Members remarked to carry the proposed CM interaction forward, it would be necessary to discuss with the Expert Panel on Exploratory Treatment for SARS and meetings with this Expert Panel could be arranged to work out the operational details of CM/WM interface, after the Expert Panel had more concrete ideas about research proposals regarding CM Treatment. The HA CM Interface Committee had also to be consulted, as there would be questions about how such interfacing would be carried out in HA Hospitals. .

[Post Meeting Note: HA was invited to participate in a meeting between the Guangdong Health Bureau and Department of Health to discuss issues related to SARS. Findings on the use of CM in the treatment of SARS in Guangdong would be available at the next CM Expert Panel Meeting].-

Review of the information/suggestions Received to Date

16. Mr Hung Pun TAM raised the issue on how HA should handle all the information/suggestions on CM treatment for SARS. Members opined that it would be difficult to assess each and everyone of these suggestions/prescription individually at this stage. It was suggested to acknowledge reception of the information first and the Expert group would then work out a mechanism of screening these suggestions.. *Mr H P TAM*

Chinese Medicine Seminar

17. Dr Edwin YU informed the meeting that a Seminar was planned for 27 April 2003. The speaker would be Prof LIM lum of the Respiratory Department, Guangdong Province Chinese Medicine Hospital (廣東省中醫院呼吸科) Since the Faculty of Chinese Medicine of Baptist University has also invited Prof LIM to speak in a Seminar on SARS on the next day, Dr YU would take the opportunity to decide the content of the Seminar he was going to set up at end of April. *Dr Edwin YU*

Any Other Business

18. There being no other business, the meeting closed at 5:00 pm

Hospital Authority Head Office
19 April 2003

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**Notes of the 2nd Meeting of the
Exploratory Treatment: Chinese Medicine Expert Panel
Held on 23 April 2003 at 3:00 pm at HAHO**

Present:

Dr Vivian TAAM WONG (Chairman)	Director (Professional Services & Medical Development), Hospital Authority Head Office
Dr K M CHOY (Convenor)	Executive Manager (Professional Services)1, Hospital Authority Head Office
Dr W M KO	Director (Professional Services & Public Affairs), Hospital Authority Head Office
Ms Grace CHENG	Executive Manager (Knowledge Management), Hospital Authority Head Office
Mr TAM Hung-pun	Senior Pharmacist (Special Duties), Hospital Authority Head Office
Dr Derick AU	Chief of Service (Rehab), Kowloon Hospital
Dr Andrew YIP	Chief of Service (Surgery), Kwong Wah Hospital
Prof LEUNG Ping-chung	Professor, Chairman of The Management Committee, Institute of Chinese Medicine, The Chinese University of Hong Kong
Prof LIU Maocai	Chinese Medicine Practitioner, Centre for Clinical Research & Services, Tung Wah Group of Hospitals
Prof ZHANG Shichen	External Chinese Medicine Expert
Dr Edwin YU	Private Practitioner
Miss Rosemary CHUT (Secretary)	Manager (Professional Services)4, Hospital Authority Head Office

Absent with Apologies:

Prof Thomas CHAN	Professor (Medical & Therapeutics), Prince of Wales Hospital
Prof Jonathan SHAM	Professor (Oncology), Queen Mary Hospital
Dr SZE Kai-hoi	Senior Medical Officer (Medicine), Shatin Hospital
Prof LAI Sai-leong	Chinese Medicine Practitioner, Centre for Clinical Research & Services, Tung Wah Group of Hospitals

Action Officer

Confirmation of the Notes of the 1st Meeting

1. Dr K M CHOY requested members to consider the notes of the 1st meeting, to be forwarded to members separately, and let him know if any amendment was required.

Progress update on Research on Chinese Medicine Prophylaxis (Chinese University of Hong Kong and Tung Wah Group of Hospitals)

2. Members noted that the Chinese Medicine (CM) research lead by Prof P C Leung had already started whereby voluntary participants from high risk frontline staff group having close contact with patients infected

with Severe Acute Respiratory Syndrome (SARS) had been distributed with a test kit with all the necessary documents (consent forms and questionnaire) and prophylactic formulation in granules.

3. Dr Andrew YIP informed members that the clinical protocol on prophylactic CM for SARS had just obtained approval of the Ethics Committee of KWH. The protocol was based on two test formulations targeting two groups of subjects with different physical conditions. The test formulation would be prepared in compound granules to be supplied by a well established local herbs supplier. The clinical trial was ready to be launched out the next day.

4. Members also noted that the test formulation of CUHK would not be disclosed. However, Dr Andrew YIP remarked that the test formulation for KWH could be disclosed through the TWGHs web. In view of clinical accountability and its impact on the public, it was agreed that it would suffice to disclose only the ingredients but not the quantity to avoid sudden surge in demand by the public.

Chinese Medicine Prescription for treatment for SARS patients.

5. Dr W M KO shared the experience gained in the recent visit to Guangzhou on SARS related issue. He remarked that the mainstream treatment of SARS in Guangzhou was still western medicine and that the use of CM was only supportive. There was no statistic to prove that CM excelled Western Medicine (WM) in the treatment of SARS. The reported good effect of CM was mainly based on subjective comments from patients who felt better after the intake of CM and that the fever was lower more rapidly. In view of these findings, he requested members to consider whether it would be possible at this stage to invite a CM expert to treat SARS patients in Hong Kong (HK) and the conditions under which this would be feasible. Members exchanged views on the subject and the agreement reached was as follows:

- (a) The introduction of CM/WM co-treatment in HA hospitals would represent a major breakthrough in the development of CM services in HK. Care must be taken to ensure the safety in using CM as this would impact on the future development of CM in HK particularly in terms of CM/WM interaction for patient treatment.
- (b) The initiative would raise mutual understanding between the WM and CM. This would facilitate the future development of CM in HK.
- (c) The CM expert must have proven experience in the treatment of SARS in the Mainland, to facilitate communication between CM practitioners and WM practitioners and ensure quality of treatment of SARS.

6. Members further explored the conditions under which CM expert intervention could be sought. The consensus reach was as follows:

Action Officer

- (a) It would be possible to invite the CM practitioner to manage difficult cases where the patients showed no response to existing treatments. The conditions under which this could happen would be the same as the conditions for the introduction of novel treatments (viz the use of immunoglobins, convalescent plasma, thalidomide), the protocol of which was being developed through another expert group coordinated by Dr WONG. CM could be considered to be included as a limb of this protocol.
- (b) For administrative reason, the CM expert (s) could be based in the Chinese Medicine Clinical Research and Service Centre of the TWGHs (CRSC-KWH) where close collaboration with the CM practitioners could be built up. A separate clinical protocol should be prepared for a different mode of CM intervention at KWH & WTSH in which the patient care could be based on mainstream conventional medicine plus supportive CM treatment based on 辯症論治.

*Dr YIP Wai-chun and
Prof P C LEUNG*

7. Members noted that Tung Wah Group of Hospitals (TWGHs) was supportive of the proposal as set out in para 6(b) above. In addition, the proposal for inviting CM practitioner to co-treat SARS patients was acceptable to physicians at KWH. As for PWH, the issue had been raised by Prof LEUNG to the physicians at the Department of Internal Medicine, who did not express objection to the idea of introducing CM treatment for difficult cases. The initiative would have to be made at the request of the patients and be approved by the clinical management team of the hospital concerned. However, Prof LEUNG envisaged that it would not be feasible for the introduction of the full CM treatment by 辯症論治 for SARS patient at the start of the treatment regime. This was based on the recommendation of the guidelines of the Health Ministry which only set out the supportive role of CM treatment for SARS.

[Post-meeting Note: The proposal for CM/WM co-treatment was acceptable to WTSH.]

8. To conclude, the following actions would be taken:

- (a) Dr W M KO to initiate request with HWFB and liaise with relevant medical institution in Guangzhou to expedite arrival of selected CM experts (likely to be Prof LIM Lim of the Respiratory Department of the Guangdong Province Chinese Medicine Hospital and 1 more expert with experience in treatment of SARS) to Hong Kong.

Dr W M KO

[Post-meeting Note: The necessary administrative formalities are being undertaken to expedite the arrival of Prof LIM and 楊志敏 副主任 by end April/early May 2003.]

- (b) Dr Andrew YIP to work out operational details of the central mechanism whereby requests for CM interventions at KWH-WTSH and other HA hospitals could be entertained.

Dr Andrew YIP

Action Officer

- (c) Dr Vivian WONG would discuss with the physicians of the Advisory Group on Treatment of SARS towards the introduction of CM treatments at the coming meeting to be held this Friday (25 April 2003).

Dr Vivian WONG

- (d) Dr WONG would work out further with Dr YIP on relevant clinical protocols for the use of CM treatment for SARS patients (para 6(a) & (b) referred).

*Dr Vivian WONG/
Dr Andrew YIP***Chinese Medicine Prescription for Treatment of SARS Patients**

9. Dr K M CHOY raised the issue on whether a mechanism should be set up to screen all the CM prescriptions sent to HA through various channels by the public. In response, Dr WONG remarked that in view of the decision made at this meeting to invite CM experts from the Mainland to manage the SARS patients, it would not be necessary to divert our attention to the prolific prescriptions received. It would suffice to make a record of these materials for the time being.

Chinese Medicine/Western Medicine Interface Issues

10. Dr K M CHOY referred members to the Hospital Authority Guidelines on Interface Issues between Chinese Medicine and Conventional Western Medicine which had been forwarded to members before the meeting. He remarked the Guidelines were prepared by the Working Group on Western and Chinese Medical Interface Issues (WG). This was a sub committee of the HA Central Committee on Chinese Medicine, set up by the HA board to oversee the development of Chinese medicine services in the HA. Members had expressed the following views:

- (a) The Guidelines were written prior to the present development in which CM treatment for inpatient in HA hospitals was now envisaged. The CM service to be developed in HA was principally on the development of evidenced based research clinics. To accommodate the current development of allowing co-treatment by CM practitioner to inpatient, it sufficed to reword relevant part of the guideline (viz. the title in para II/A to be reworded as "For CM treatments with promising result and is the subject of research at HA's CM services (instead of clinics)....."). The proposal would be forwarded to the WG for consideration.

Ms Margaret TAY

- (b) The Guidelines permitted the use of CM drug requested by patients or their family members on the condition that the attending doctor/health care team considered that the request could be acceded to. This message should be brought back to frontline staff for information. Dr WONG would bring up the Guidelines for the attention of the physicians of the Expert Panel on WM treatment for SARS.

Dr Vivian WONG

Action Officer

- (c) Although para II/C/(c) of the guideline allows patients to administer CM drugs after the signing of a Self Therapy Against Advice form, the issue of professional accountability of the attending doctor was still there. The signing of the form itself could not lift the professional accountability of the doctor in the occurrence of medico-legal situation. The provision appeared to be too loose. This issue should be feedback to the WG for further consideration. In the mean time, it was noted that the Guidelines would serve as an internal reference, the attending doctors would still need to make clinical judgment and decision according to the information they possessed to the best of their knowledge.

*Ms Margaret TAY***Any Other Business**

11. Dr Edwin YU reported to the meeting that to avoid the clash in the timetable with HKU which would conduct a Seminar on CM for SARS at end April 2003, the seminar he had originally planned for 27 April 2003 would be deferred to 4 May 2003. The speaker would still be Prof LIM Lim of the Respiratory Department, Guangdong Province Chinese Medicine Hospital. He would keep members informed of further development on the matter.

12. There being no other business, the meeting closed at 4:10 pm.

Hospital Authority Head Office
28 April 2003

中醫藥顧問／專家小組第一次會議

會議紀錄

TC 4
080556

時間： 上午十一時三十分

日期： 2003 年 5 月 4 日

地點： 醫院管理局總辦事處

出席者： 黃譚智媛醫生，醫院管理局總辦事處專業事務及醫療發展總監(主席)
高永文醫生，醫院管理局總辦事處專業及公共事務總監
蔡啟明醫生，醫院管理局總辦事處行政經理(專業事務)
譚鴻彬先生，醫院管理局總辦事處高級藥劑師(特別職務)
林琳教授，廣東省中醫院呼吸科主任
楊志敏教授，廣東省中醫院院長助理
梁秉中教授，香港中文大學中醫中藥研究所管理委員會主席
葉維晉醫生，廣華醫院外科部門主管
陳銘洪醫生，廣華醫院內科及老人科顧問醫生
區結成醫生，九龍醫院康復科部門主管
蘇浩培醫生，黃大仙醫院復康醫療護理部部門主管
劉良教授，浸會大學中醫藥學院院長
陳建萍博士，香港大學中醫藥學院助理教授
余秋良醫生，私家醫生
漆靜儀小姐，醫院管理局總辦事處經理(專業事務)(撮要)

缺席者： 劉茂才教授，東華三院廣華醫院，香港中文大學中醫藥臨床研究服務中心
賴世隆教授，東華三院廣華醫院，香港中文大學中醫藥臨床研究服務中心
張世臣教授，衛生署中醫專家

行動

歡迎廣東省專家

1. 黃譚智媛醫生代表醫院管理局歡迎林琳教授及楊志敏教授接受本局邀請來港及探討以中醫藥治理嚴重急性呼吸系統綜合症(SARS)的可行性；並介紹了兩位專家在廣東省中醫院有直接醫治SARS病人的經驗，故是這方面的中醫專家。

交代背景

2. 高醫生交待了是次成功邀請兩位專家來港的因素，並感謝國家衛生部、廣東省政府、廣東省衛生廳、廣東省中醫院、香港特區政府及醫藥管理委員會的安排及協助(包括中醫註冊)。這兩位專家應邀來港工作暫定四週。他估計中西醫合作的發展有可能需要更長的時間，希望屆時雙方能靈活處理在港工作的需要。她們的中醫師

行動

有限註冊亦辦好，從 5 月 3 日起計為期一年。他並申明這兩位專家在港的工作原則如後：

- (a) 在實証的基礎上比較中西醫治療 SARS 的療效。
- (b) 是次在公營西醫系統引入中醫治療，是本港醫療歷史的一次突破。因此我十分謹慎和有系統的推行這首次的中西合作模式，以利中西結合的長遠發展。
- (c) 很期望中醫的醫療可以在早、中、晚各期的 SARS 病人上開展，以掌握全面的數據分析中西醫結合治療的效果。例如：根據廣東省的經驗早期引入中醫治療，在主觀上病人感覺舒服，客觀上退燒速度較快；希望在港的治療能驗證這個說法。
- (d) 雖然本地的中醫業界強烈表達希望參予中西治療 SARS 病人，但基於廣東省在這方面的經驗，故此本局選擇了與廣東省專家合作的模式，以借助廣東省的經驗，與數據及分析的工具等等增加中西醫合作成功的機會。

臨床研究方案

3. 林琳教授分享了廣東省科技廳目前的工作，主要統籌全省醫院的資料，包括

- 搜集廣東省各醫院治療 SARS 的數據建立數據庫
- 回顧性的研究
- 前瞻性的研究

科技廳的工作的目標是要確定中西用藥的配搭的比例及效果，以找出治療 SARS 最佳的治療方案。

4. 各予會者認同以上的工作方法並討論如何在香港開展臨床研究。這討論的結論如後：

- (a) 要設計兩個臨床研究方案，其一對象是早期／鋒期 SARS 病人；其二是後期（康復期）SARS 病人。
- (b) 鋒期的研究，因病情急切性，只能作觀察性研究（observational study）。觀察的數據，可借助廣東省現有的觀察數據包括中醫症狀評價，生活指標質數（QOL）及攝象等等。
- (c) 康復期臨床研究：陳銘洪醫生簡介了比較中西醫治療 SARS 康復病人的臨床研究方案（已在會上派發）。這研究項目的對象暫定是黃大仙醫院的 SARS 康復病人。

行動

- (d) 對於何時引入中醫治療急性的病人，各人都同意這切入點為：病人要求及主診西醫同意便可引入中醫。
- (e) 預期病人的要求中醫診証的數目將會很多，只有兩位醫師不足以應付。為方便作觀察研究，可邀本地三所中醫藥學院參與研究，適時地借出大學的中醫專家協助兩位教授的臨床和研究工作。

推行中西醫治療的時間表

5. 首星期的工作主要如下：

- (a) 讓兩位醫師到黃大仙醫院了解康復病人的情況，以協助制定有關的研究方案。
- (b) 康復期研究方案由陳銘洪醫生繼續完成，並參照廣東省現有的數據指標，方便統一分析。由蘇浩培醫生協助。
- (c) 梁秉中教授負責制定鋒期治療的研究方案。這方案的觀察指標可參照廣東省現有的數據指標，以方便統一分析。
- (d) 安排下一次（2003年5月8日下星期四）工作會議，報告工作進度及細節安排。
- (e) 在2003年5月9日（星期五）與西醫專家小組溝通中西醫合作模式及建議。

陳銘洪醫生

梁秉中教授

高永文醫生
黃譚智媛醫生 /
林琳教授 /
楊志敏教授

物流安排

6. 葉維晉醫生提議如後：

- (a) 為兩位專家在東華三院廣華醫院中文大學中醫藥研究服務中心設立辦公室，細節容後公佈。

[會後記：兩位專家的辦公室電話如後：2268 2615，傳真：2268 2630。辦公室支援馬小姐／張小姐。]

- (b) 由醫管局設立中央統籌組收集醫院的要求／轉介並安排，應診細節容後公佈。

7. 會議在中午1時10分結束。

醫院管理局總辦事處
2003年5月13日

中醫藥顧問／專家小組第二次會議

D.C. 5

會議紀錄

時間：上午十一時三十分

日期：2003年5月8日

地點：醫院管理局總辦事處

出席者：黃譚智媛醫生，醫院管理局總辦事處專業事務及醫療發展總監(主席)
 高永文醫生，醫院管理局總辦事處專業及公共事務總監
 蔡啟明醫生，醫院管理局總辦事處行政經理(專業事務)
 譚鴻彬先生，醫院管理局總辦事處高級藥劑師(特別職務)
 林琳教授，廣東省中醫院呼吸科主任
 楊志敏教授，廣東省中醫院院長助理
 梁秉中教授，香港中文大學中醫中藥研究所管理委員會主席
 葉維晉醫生，廣華醫院外科部門主管
 陳銘洪醫生，廣華醫院內科及老人科顧問醫生
 區結成醫生，九龍醫院康復科部門主管
 蘇浩培醫生，黃大仙醫院復康醫療護理部部門主管
 施繼凱醫生，沙田醫院內科及老人科高級醫生
 劉良教授，浸會大學中醫藥學院院長
 陳建萍博士，香港大學中醫藥學院助理教授
 余秋良醫生，私家醫生
 劉茂才教授，東華三院廣華醫院，香港中文大學中醫藥臨床研究服務中心
 賴世隆教授，東華三院廣華醫院，香港中文大學中醫藥臨床研究服務中心
 張世臣教授，衛生署中醫專家
 漆靜儀小姐，醫院管理局總辦事處經理(專業事務)(撮要)

行動通過上次會議記錄

1. 以下是上次的會議記錄的一些更正提議：

更正以下的姓名及職銜：

劉良教授

張世臣教授，衛生署中醫專家

加上：

譚鴻彬先生，醫院管理局總辦事處高級藥劑師(特別職務)

漆靜儀小姐，醫院管理局總辦事處經理(專業事務)(撮要)

第二段，第三行：

更改“醫藥管理委員會……”

行動

第四段(c), 第二行:

更改“可邀本地三所中醫藥學院參予.....”

2. 除以上的更改, 予會者都確定了第一次的會議記錄。

續議事項推行中西醫治療的時間表 (第五段(b)、(c))

3. 各予會者注意到本地三所中醫藥學院都願意派研究助理協助林琳教授及楊志敏教授的研究工作。這三所學院的代表會於會後提供有關的人員資料簡歷給兩位教授篩選。

4. 黃譚智媛醫生認為中西醫合作的模式仍待發展, 本會代表暫時未需要出席 2003 年 5 月 9 日西醫專家小組會議。由她代表本會向這專家小組交代本會的工作進度便可。

物流安排 (第六段(b))

5. 蔡啟明醫生報告醫管局已設立中央統籌組收集醫院要求中醫診治的轉介, 並於 2003 年 5 月 7 日向各醫院聯網總監公佈了轉介安排的細節 (會上派發了這便笺)。這安排是醫院可填妥設定的轉介表格, 傳真到東華三院廣華醫院, 香港中文大學中醫藥臨床研究服務中心 (廣華中醫藥科研中心)。林教授及楊志敏教授會按要求決定應診的優次。廣華中醫藥科研中心並會為病者提供真空包裝的煎藥, 並安排運送。

6. 至於出院的 SARS 病人, 如果須要, 可到廣華中醫藥科研中心特設的 SARS 診所覆診。

臨床研究方案進度及報告康復非典型病人

7. 陳銘洪醫生詳細介紹了康復非典型病人的臨床研究方案。其特點是:

- (a) 對象是在黃大仙醫院的非典型康復病人。
- (b) 東華三院會提供行政支援及供應所需的中藥。

行動

8. 予會者廣泛討論了這方案的各方面的設計, 結論如後:

(a) End points:

- Resolution of CXR changes
- Normalisation of blood test
- Improvement in dynamic lung functioning e.g. step test

(b) Inclusion criteria: patients 18 years

(c) 需要再考慮方案提議的三條藥方, 以確定這些藥方可以處理病人不同的症狀。同時藥方內的藥名要符合中藥藥典內的藥名。

(d) 進一步考慮是否有需要搜集康復病人的血清以利將來作進一步研究分析之用。

(e) Assessment and outcome measurement 的各項尤其是 Length of stay, corona-virus, blood test 各指標尚需進一步考慮。

(f) Data collection: 康復後的數據搜集期, 至少延長至康復後一個月。

9. 葉維晉醫生會儘快統籌小組, 按以上的討論修改方案; 並希望儘早在下星期初向廣華醫院道德委員會提交方案以獲批准, 使這科研项目儘快推行。他並估計方案涉及的中藥約 60 公斤, 全數由東華三院提供。屆時醫管局要鳴謝東華三院。一俟方案可以推行, 葉醫生會支會本局總辦事處。

[會後記: 這方案已於 5 月 14 日獲廣華醫院道德委員會批准。]

急性非典型病人

10. 梁秉中教授會上派發了他編寫有關觀察急性非典型病人的個案的臨床研究方案 (Case study on SARS patients using Chinese Medicine), 並作了簡介。

11. 予會者為這個觀察研究的方案比較簡單, 故一致同意這方案的方向。有關這方案的其它討論, 臚列如後:

(a) 這方案應納入中醫用藥的評價表, 這方面可參考廣東省治療 SARS 病人同類的評價表。

(b) 下列的資料已納於西醫的病歷, 不需重覆:

- Part I 個人資料
- Part 5 X 光, Immunology, blood test

(c) Part 3: Clinical data 可以詳細一點

行動

(d) 需有 QOL 的問卷。可參考此方案所提供的樣本。

12. 綜合上述各點，葉維晉醫生會統籌的方案之更改，並預算同時向廣華醫院的道德委員會提交，望其及早批核，使這方案能儘快推行。

葉維晉醫生

[會後記：這方案已準備提交廣華醫院道德委員會批核。]

推行計劃

13. 如果廣華醫院道德委員會在下星期初通過這兩個臨床研究方案，下星期中便可推行。

物流支持

14. 兩位醫師的辦公室設在廣華醫院中醫藥科研中心。這中心會提供人力及藥物的支援配合兩位醫師的臨床及研究工作。

其他事項

15. 有關邀請本地醫師參予臨床的工作，高永文醫生表示這提議，暫時並不可行。醫管局目前的工作是要儘快訂定中西醫合作治療的細節。鑑於 SARS 的極高傳染率，臨床的額外人手應減至最低外，以免為前線醫護人員帶來額外的壓力（例如要遵守嚴格保護措施，人越多，工作量便越大）。為減輕兩位醫師的工作，此階段最多可每次邀請一名研究助理隨行，以協助搜集數據。按照第 3 段的結論，予會的三所中醫藥院的代表都表示樂意提供一位研究員待命。

[會後記：梁秉中教授已在會後提供了各研究員的簡歷。]

18. 會議於下午二時十五分結束。

醫院管理局總辦事處

2003 年 5 月 15 日

中醫藥顧問／專家小組第三次會議會議紀錄

時間： 上午十一時三十分
日期： 二零零三年七月八日
地點： 醫院管理局大樓 519N 室

出席者： 黃譚智媛醫生，醫院管理局總辦事處專業事務及醫療發展總監(主席)
高永文醫生，醫院管理局總辦事處專業及公共事務總監
蔡啓明醫生，醫院管理局總辦事處行政經理(專業事務)
譚鴻彬先生，醫院管理局總辦事處高級藥劑師(特別職務)
林琳教授，廣東省中醫院呼吸科主任
楊志敏教授，廣東省中醫院院長助理
梁秉中教授，香港中文大學中醫中藥研究所管理委員會主席
葉維晉醫生，廣華醫院外科部門主管
陳銘洪醫生，廣華醫院內科及老人科顧問醫生
區結成醫生，九龍醫院康復科部門主管
蘇浩培醫生，黃大仙醫院復康醫療護理部部門主管
劉良教授，浸會大學中醫藥學院院長
余秋良醫生，私家醫生
劉茂才教授，東華三院廣華醫院，香港中文大學中醫藥臨床研究服務中心
賴世隆教授，東華三院廣華醫院，香港中文大學中醫藥臨床研究服務中心
李美鳳小姐，醫院管理局總辦事處經理(特別職務)(撮要)

缺席者： 陳建萍博士，香港大學中醫藥學院助理教授
張世臣教授，衛生署中醫專家

行動

1. 通過上次會議紀錄

上次會議紀錄並無任何修改，獲得正式通過。

2. 臨床研究進度報告2.1 預防非典型肺炎研究

梁秉中教授及陳銘洪醫生分別進行預防非典型肺炎研究。

- (1) 預防非典型肺炎研究已在四月十七日開始進行。陳銘洪醫生會上提交報告，參與研究的醫護人員共二千七百二十人，其中回收到九百份同意書。

行動

- (2) 陳銘洪醫生報告服用中藥後的副作用，當中包括口嚙痛、疲倦、腹瀉，而產生副作用的個案少於十個，並且已停止服食中藥。陳銘洪醫生同時亦報告了服中藥後的不正常的血液反應。
- (3) 在這研究中，大概有 80% 的醫護人員來自急症醫院。
- (4) 陳銘洪醫生估計可在四個星期後完成整個研究報告，陳銘洪醫生說他將會把沒有接受中藥的員工作為對照組。黃譚智媛醫生評論回顧性的對照組，在研究方面是非常困難的，因為這樣會喪失很多病情的資料，故此，應該在研究的初期把議定書中對照組的需要清楚地列明。
- (5) 會上一致認為為取得更有用的研究結果，參與研究的醫護人員應該按類別分組如下：

- 工作性質
- 染病的時間
- 工作地點

- (6) 蔡啓明醫生會安排另外一個工作會議就以上的需要作出適當的安排。 蔡啓明醫生

(會後記錄：七月十日開了首次的工作會議並獲得統計組的協助作資料分析)

- (7) 梁秉中教授向小組報告研究的結果，研究於四月十七日開始並於七月三日完成，那項研究分發了三千多份問卷而回收到一千一百多份問卷，問卷的範圍包括以下：
 - 人口統計
 - SF36QoL
 - 西藥徵狀
 - 中藥徵狀
 - 溫病徵狀
- (8) 梁秉中教授提到在醫管局非典型肺炎系統中，發現有五位參與研究的醫護人員曾經留院，在進一步調查後，發現其中三位在接受中藥前已感染了非典型肺炎，其中一位並沒有服食領取的中藥，另外一位現正在休假中並未能接觸上。根據以上的資料，在這研究中最多可能只有一位醫護人員在服食中藥後感染到非典型肺炎，這將有待繼續跟進。

行動

- (9) 梁秉中教授特別提出在研究中的三十五名實驗室技術員的血液在服食中藥後的兩個星期呈現良好的免疫反應，詳細的報告將由威爾斯親王醫院的林教授繼續跟進。
- (10) 梁秉中教授發現在四月十七日後（派發中藥的日子）有八十八名醫護人員感染到非典型肺炎。梁秉中教授希望在這八十八名醫護人員中作進一步的研究、分析他們對中藥的態度、行為及服食中藥的效果和這些醫護人員的分佈。

2.2 急性非典型肺炎病人研究

楊志敏教授扼要報告了統計數據提要，當中一共有四十八名病人曾經服食中藥，而其中有二十六個是深切治療部的個案。

2.3 康復期非典型肺炎病人研究

- (1) 陳銘洪醫生提交及報告研究的總結數據。蘇浩培醫生補充說，在黃大仙醫院有大概 70 多名病人參加了腔肺康復療治 (pulmonary rehabilitation programme) (PRP)，而只有二十多名 SARS 病人沒有參加 PRP。蘇浩培醫生會在黃大仙醫院搜集對照組的資料。
- (2) 陳銘洪醫生報告有一個新的研究項目，就是給康復階段的病人服用“冬蟲夏草”。
- (3) 賴世隆教授表示無論在預防或治療性的研究方面，這次非典型肺炎的研究，就規模及尺度都是前所未有的，而非典的特發性及嚴重性加上醫療道德等等都增加了研究的難度，如能作一個好的病人資料相配，將會就這次的研究得到更準確的結果。
- (4) 會上一致認為應盡快作出病人資料分類及相配。

3. 中醫藥討論會

蔡啓明醫生告知與會者將於二零零三年八月十九日至二十日舉行一個為期兩天的中醫藥討論會，並邀請許家傑教授作講者，梁秉中教授、賴世隆教授、劉良教授、林琳及楊志敏教授亦被邀請出席。此項目正在草擬過程中，而其他講者仍待商確。

4. 其它事項

080566

行動

會議沒有其他事項。