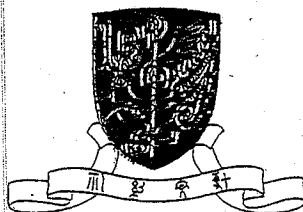


THE CHINESE UNIVERSITY
OF HONG KONG

FACULTY OF MEDICINE
SHATIN, NT, HONG KONG



香港中文大學
醫學院
香港新界沙田

GENERAL OFFICE FAX NO. 醫學院辦事處傳真：(852) 2603 6958

院長
鍾尚志教授
Dean
Professor S.C. Sydney Chung

Tel (電話): (852) 2609 6870
Fax (傳真): (852) 2603 6958
E-mail (電郵): sydneychung@cuhk.edu.hk

Your Ref:

Our Ref: CLO/0603/19

25th June 2003

副院長 (行政)
霍泰輝教授
Associate Dean (Administration)
Professor T.F. Fok

Tel (電話): (852) 2632 2850
Fax (傳真): (852) 2648 9134
E-mail (電郵): taifafok@cuhk.edu.hk

Dr. Eng-kiong Yeoh, JP
Chairman and Convenor
SARS Expert Committee
The Government of Hong Kong Special Administrative Region
Room 1808 Murray Building
Garden Road, Central
Hong Kong

副院長 (臨床期科學)
沈祖堯教授
Associate Dean (Clinical)
Professor Joseph J.Y. Sung

Tel (電話): (852) 2632 3127/2632 3132
Fax (傳真): (852) 2645 1699
E-mail (電郵): joesung@cuhk.edu.hk

Dear Dr. Yeoh,

Re: SARS

Thank you for asking me to submit my views on the SARS outbreak.

副院長 (教育)
鍾國銜教授
Associate Dean (Education)
Professor Tony K.H. Chung

Tel (電話): (852) 2632 3489
Fax (傳真): (852) 2636 0008
E-mail (電郵): tonychung@cuhk.edu.hk

We first came face to face with this new disease was on 10 March 2003, when 18 health care workers at the Prince of Wales Hospital reported sick. Through telephone reports, we learnt that no less than 50 of the hospital's health care workers were actually suffering from a febrile illness. On 11 March, a special clinic was established at the hospital to screen affected staff and a special observation ward was set up to cohort these patients. A substantial number of staff were found to have patchy consolidation on their chest x-rays. The clinical features of these patients have been described in our publication in the New England Journal of Medicine. (appendix 1) As all those infected had either tended patients in Ward 8A or visited there, it was thought likely that the ward contained a source of infection. Ward 8A was therefore closed to new admissions and staff and visitors were instructed to wear masks.

副院長 (臨床前期科學)
李卓() 教授
Associate Dean (Pre-Clinical)
Professor C.Y. Lee

Tel (電話): (852) 2609 6876
Fax (傳真): (852) 2603 5382
E-mail (電郵): cylee@cuhk.edu.hk

At that moment in time the clinical entity of SARS had not yet been described. The disease was not given a name yet, but generally referred to as "atypical pneumonia". Faculty members were however aware that we were dealing with a highly infectious condition with potentially serious consequences. On the afternoon of 12 March, I took the decision to close all medical wards to medical students, and by the evening, as more staff and

副院長 (研究)
鄧煒明教授
Associate Dean (Research)
Professor Y.M. Dennis Lo

Tel (電話): (852) 2632 2563
Fax (傳真): (852) 2636 5090
E-mail (電郵): loym@cuhk.edu.hk

副處處長
楊堉先生
Training Officer
: Andrew Y.Y. Chan

Tel (電話): (852) 2609.6788
Fax (傳真): (852) 2603 6958
E-mail (電郵): yungchan@cuhk.edu.hk

students were admitted with the illness, the precautions were upgraded to include suspending all clinical teaching at the Prince of Wales Hospital, and declaring the hospital out of bounds for all medical students. By 14 March, to curtail cross infection, clinical teaching at all hospitals was suspended. On 17 March, I suspended all non-clinical activities at the Prince of Wales Hospital and moved non-clinical academic services supporting staff to the main campus. As a result of these actions, and the concerted efforts of the SARS Task Force of the University, there was fortunately no cross infection amongst our medical students, no spread of infection onto the University campus and no staff of the University, apart from those medical staff directly exposed to Ward 8A, became infected.

When the first wave of patients were admitted, there was nothing known about the causation, mode of spread, clinical course, treatment or prognosis of this previously undescribed condition. The clinical team under Professor [REDACTED] and the Intensive Care Unit under Professor [REDACTED] worked out an effective protocol for patient management, whilst our colleagues in the laboratory worked hard to identify the infective agent, and devised diagnostic tests for the condition. Our infection control team under Professor [REDACTED] updated and upgraded infection control protocols as more information became available. We learned, at great cost, that previously innocuous and routine clinical procedures such as the use of nebulisers and endotracheal intubation posed great risk to our colleagues. (appendix 2) We shared information about this new disease with our colleagues both in Hong Kong and internationally as they became available. Some of the data have been published in scientific journals (appendix 3 - 9) and more are in the pipeline.

Let me now turn to the spread of the disease in the community. From the very beginning, faculty members were cognizant of the dangers that this highly contagious and deadly condition posed to our community. Indeed during the first meeting with hospital management on 12 March, faculty members warned, in the presence of Dr Ko Wing Man, of the need to close the Prince of Wales Hospital to the public. The Department of Health sent Dr [REDACTED] to assist with the investigation of the outbreak at the Prince of Wales Hospital. On 13 March, during the evening ward round, one of our infected nurses told Dr Fung Hong, Professor [REDACTED], Dr Philip Li and myself that he suspected that one of the young male patients could be the source of the outbreak. Investigation by Prince of Wales staff rapidly confirmed that he was indeed the source of the Prince of Wales Hospital outbreak. By 14 March, I was sufficiently concerned to call in Professor [REDACTED] of our Department of Community and Family Medicine and asked him to assist with the epidemiological investigation. During a meeting with the hospital management, Professor [REDACTED] confirmed that provisions for quarantining patients and contacts already existed in public health legislation. On the same day, we received a preliminary WHO report from Hanoi. Senior staff became alarmed at the high requirement for ventilatory support and the high interim mortality. Professor [REDACTED] also obtained information from colleagues in Guangzhou indicating that they had been dealing with a highly infectious pneumonia with a high mortality. The clinical features of the Hanoi and Guangzhou cases were identical to the ones we saw at the Prince of Wales Hospital. We realized we

had a potentially disastrous situation on our hands. At this point in time the official line appeared to be one of reassurance to the public that there is no imminent threat of a community outbreak. Faculty members debated how best to control the infection into the community but recognized that, as long as the Department of Health was making every effort to downplay the seriousness of the situation, it would be impossible to implement effective measures, as patients (and contacts) could not be detained in hospital against their wish.

By 17 March, there were more than 100 cases admitted to the hospital. Having discussed the matter with senior staff in the faculty, I saw the need to inform the public of the seriousness of the situation, and the risk of a community outbreak.

Frustrated with the lack of progress of the epidemiological investigations by the Department of Health of the outbreak at the hospital, I called in research nurses from our university to assist on 19 March. We were able to quickly uncover cases where the infection had spread in the community. It was felt that it was the faculty's duty to warn the public but there was also concern that confusion would result if such a warning was not endorsed by the Department of Health. Dr Fung Hong shared our views. I therefore phoned Dr Margaret Chan at around 6 pm and at the same time faxed her a letter expressing my grave concern, urging her to "urgently consider all possible measures including quarantine of patients and contacts to contain the outbreak before it was too late." (appendix 10) The Director did not seem to be convinced but commented over the phone that she was privy to confidential information from the mainland, that she and her Department had expertise in epidemiology and that there was no cause for concern. I have yet to receive a reply to my letter from Dr Chan.

By 20 March, two general practitioners came down with the infection after seeing patients with SARS. By that evening, the consensus amongst senior members of the faculty was that something more needed to be done to warn our colleagues and the community. Given the response of Dr Margaret Chan to my appeal the day before, it was agreed that another avenue of communication needed to be sought. The faculty debated whether to go to the public in a high profile manner, but decided that confrontation would not be in the best interest of the community, as the government alone had the mechanisms for infection control for our community. We therefore, through Dr Fung Hong, asked Dr William Ho to come to the Prince of Wales Hospital and presented to him the data that was available. We managed to convince him of the seriousness of the situation. This episode was well described in Dr Ho's subsequent letter to the Hospital Authority staff. (appendix 11)

The faculty held an emergency executive committee meeting to discuss the course of action on 21 March. Dr Fung Hong and Professor Wong Tze-wai were also at that meeting. The meeting resolved that it was the duty of the Faculty to warn the public and our colleagues in private practice that SARS has already spread to the community. The Faculty sent a delegation to Dr CH Leong to express our grave concern, and to take measures to protect the community and other health care

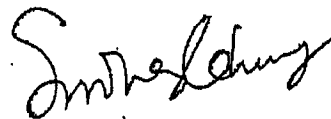
professionals. A copy of the confirmed minutes of the meeting is enclosed (appendix 12). Professors TF Fok, Tony Chung and [REDACTED] met with Dr CH Leong at the HA Headquarters at around 1 pm. Dr Leong agreed that immediate action needed to be taken to warn the public. He also agreed to discuss the matter with Dr EK Yeoh urgently. On the same evening, the faculty posted a warning message on the website of the Public Doctors' Association, and sent out the same message to all Hong Kong Medical Association members. (appendix 13)

I am all too cognizant of the havoc that SARS has wreaked in Hong Kong and the whole world. I am haunted by the fact that close to 400 of our loyal health care workers contracted the disease while on duty and eight of them died. I am grateful for the opportunity to present the faculty's viewpoint to the investigation committee. We must learn from this very bitter experience and improve our systems so that we are ready for the next attack. May I end by making two observations?

- 1) Apart from human factors, the delay in responding to the crisis in the beginning resulted from the artificial separation of the Department of Health (responsible for disease control and prevention) and the Hospital Authority (responsible for hospital medicine). The gulf between these two institutions, both in administration and culture, prevented a rapid, concerted response as the epidemic unfolded.
- 2) The Prince of Wales Hospital is outdated, dilapidated and ill equipped to deal with an infectious disease outbreak such as SARS. The professionalism and dedication of health care team (including the administrators) cannot compensate for the lack of isolation facilities, poorly designed wards, antiquated air conditioning systems and overcrowding. Our gallant doctors, nurses and health care assistants paid dearly for their selfless sacrifice.

Best regards,

Yours sincerely,



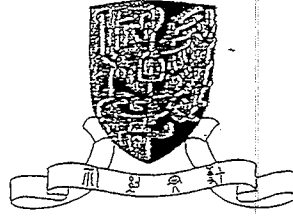
SC Sydney Chung
Dean

The following articles were enclosed and were withheld from disclosure:

1. "A Major Outbreak of Severe Acute Respirator Syndrome in Hong Kong", The New England Journal of Medicine on 5 May 2003
2. "Commentary: SARS experience at Prince of Wales Hospital, Hong Kong", THE LANCET on 3 May 2003
3. "Clinical presentations and outcome of severe acute respiratory syndrome in children", THE LANCET on 29 April 2003
4. "Evaluation of WHO criteria for identifying patients with severe acute respiratory syndrome out of hospital: prospective observational study", BMJ on 21 June 2003
5. "Epidemiological determinants of spread of casual agent of severe acute respiratory syndrome in Hong Kong", THE LANCET on 7 May 2003
6. "An outbreak of atypical pneumonia among healthcare workers", Occupational and Environmental Medicine in April 2003
7. "Thin-Section CT of Severe Acute Respiratory Syndrome: Evaluation of 73 Patients Exposed to or with the Disease", Radiology on 8 May 2003
8. "Severe Acute Respiratory Syndrome: Radiographic Appearances and Pattern of Progression in 138 Patients", Radiology on 20 May 2003
9. "Thin-Section CT in Patients with Severe Acute Respiratory Syndrome Following Hospital Discharge: Preliminary Experience", Radiology on 12 June 2003

THE CHINESE UNIVERSITY
OF HONG KONG

FACULTY OF MEDICINE
SHATIN, NT, HONG KONG



香港中文大學
醫學院
香港新界沙田

GENERAL OFFICE FAX NO. 醫學院辦事處傳真：(852) 2603 6958

院長
鍾尚志教授
Dean
Professor S. C. Sydney Chung
Tel (電話): (852) 2609 6870
Fax (傳真): (852) 2603 6958
E-mail (電郵): sydneychung@cuhk.edu.hk

副院長 (行政):
霍泰輝教授
Associate Dean (Administration)
Professor T.F. Fok
電話: (852) 2632 2850
Fax (傳真): (852) 2648 9134
E-mail (電郵): taifaiok@cuhk.edu.hk

副院長 (臨床期科學)
沈祖堯教授
Associate Dean (Clinical) -
Professor Joseph J.Y. Sung
Tel (電話): (852) 2632 3127/2632 3132
Fax (傳真): (852) 2645 1699
E-mail (電郵): joesung@cuhk.edu.hk

副院長 (教育)
鍾國銜教授
Associate Dean (Education)
Professor Tony K.H. Chung
Tel (電話): (852) 2632 3489
Fax (傳真): (852) 2636 0008
E-mail (電郵): tonychung@cuhk.edu.hk

副院長 (臨床前期科學)
李卓予教授
Associate Dean (Pre-Clinical)
Professor C.Y. Lee
Tel (電話): (852) 2609 6876
Fax (傳真): (852) 2603 5382
E-mail (電郵): cylee@cuhk.edu.hk

副院長 (研究)
盧煜明教授
Associate Dean (Research)
Professor Y.M. Dennis Lo
Tel (電話): (852) 2632 2563
Fax (傳真): (852) 2636 5090
E-mail (電郵): loym@cuhk.edu.hk

策劃處處長
陳耀熾先生
Planning Officer
Mr. Andrew Y.Y. Chan

Tel (電話): (852) 2609 6788
Fax (傳真): (852) 2603 6958
E-mail (電郵): yungchan@cuhk.edu.hk

Your Ref:

19th March 2003

Dr. Margaret Chan, JP
Director of Health
21/F, Wu Chung House
213 Queen's Road East
Wan Chai
Hong Kong

Dear Dr. Chan,

Re: SARS

Amongst the more than 100 cases admitted I am particularly worried that we are seeing the infection in contacts that have never been to the hospital. For example:

1. Dr [REDACTED] had symptoms, but stayed at home from 11-3-03 to 19-3-03. Both his mother ([REDACTED]) and brother ([REDACTED]) were admitted with pneumonia on 19-3-03. Dr [REDACTED] was admitted on 19-3-03 as well and was transferred to the ICU straight away.
2. [REDACTED] a five year old girl developed fever on 13-3-03, attended school for 2 days before admission on 16-3-03. There were typical chest x-ray changes. Both parents have been admitted with pneumonia, the mother is in the ICU.
3. [REDACTED] is the nephew of the index case. He has consolidation on CT scan. Five other members of the family are admitted with pneumonia.

This condition is posing a severe threat to our community. I urge you to urgently consider all possible measures including quarantine of patients and contacts to contain this outbreak before it is too late.

Yours sincerely,

SC Sydney Chung
Dean

CLO/0303/09

FAXED
DATE: 19 MAR 2003

sent out on 20/3/03

SC/cm



醫院管理局
HOSPITAL
AUTHORITY

何兆輝醫生 行政總裁

Dr William HO, JP
Chief Executive

各位同事：

想不到自從非典型肺炎爆發以來，我寫給大家的第三封信會是在病榻上進行。我入院至今已五天，外面最新情況還不及你們知得多，倒不如談談個人經歷。

目前我的病況穩定，與其他非典型肺炎病人的病徵差不多，時燒時退，X-光片顯示病毒正侵襲我的右肺中葉，幾日來醫生注射特效藥控制著，沒有擴大也不見縮少，好像跟我拉鋸著，第一回合未立刻完全定勝負。不過這個病是要經過一段時間才復元的，急也急不來，醫生說走勢不錯，只是要多住兩星期醫院，這也沒法。我的靜脈對藥比較敏感，已報銷了幾條，現在主要靠頸上「中央線」輸藥。同事們悉心的照顧、超卓的技術；我十分放心，更使我感受到我們醫管局的服務世界一流。我亦肯定其他病人一定也享有如此優良服務，否則何以每日收到病人及家屬的讚揚信，總是如雪片飛來。加上這次肺炎事件，全局各醫院所有同事表現出高度專業、捨己精神，獲得各界日夜公開讚賞、贏盡全港市民的愛戴，在此再一次向各同事致敬。

不知道這是否天意逼我暫停下來。自從大半個月前，威爾斯親王醫院出現醫護人員相繼病倒，引致院內外一片恐慌以來，我就不得不連續多天工作至深夜。眼看著前線同事因公惹病，面對生命危險，我作為大家的上司，感到極之難過。對於同事們一個一個的倒下去，而初期又未找到有效應付方法之時，我感到心急如焚，對於前線人手日漸緊絀、士氣大受打擊，我就覺得職責所在，一定要盡力支持他們、幫助他們。

回想三月十三日，我和梁智鴻主席夜探廣華醫院得病的三位同事，及威院的近二十位同事。翌日，我再到東區醫院探望七位染病同事。此後，我差不多每天都有到威院，有時是探患病同事，有時是與管理層開會，又或與專家教授們研究數據、追蹤線索。當然，我一直都有做足防禦措施，每次探望病人都有洗手，但想不到還是防不勝防。

香港醫院管理局 總辦事處

5/F, Hospital Authority Building, 147B Argyle Street, Kowloon, Hong Kong

電話 Telephone: (852) 2300 6769 傳真 Facsimile: (852) 2576 5050 (852) 23818058 電子郵件 Email: ws@hwa.org.hk



醫院管理局

HOSPITAL
AUTHORITY

何兆偉醫生 行政總裁

Dr William HO, JP
Chief Executive

究竟自己如何染病，以我多次出入高危地帶，尤其是威院的“O”房、ICU等，已很難準確估計。或許有人會問，為何我一定要身先士卒？但在當時，我深深感到威院同事的徬徨，甚至有一種被遺棄、困獸鬥的感覺。我希望我的出現，會為他們打打氣。更重要的，就是讓我直接感覺到同事的情緒變化，掌握下一步應如何應變。患病員工並不只是一系列數目字，士氣也沒有量度單位。但從一位同事口中說出：「我想看著我的兒子出世！」可以想像這怪病帶給他的極度恐懼，聞者無不動容。另一位醫科生屢次拔喉不成又屢次插喉，看著她的眼神由充滿希望至極度沮喪、怨憤，令人心酸（幸好她現已痊癒）。我最後到威院ICU的一天，看到個別仍在上班的同事儘管仍忙碌地盡著本分，但連多談一句的力氣都沒有了，乾澀的眼睛流不出淚水，倒是由別處到來的生力軍還帶來多少生氣。

三月十六日星期天晚上，我們在威院舉行緊急會議，決定把急症室的內科入院病人轉送別院，這點我上封信已提及。但兩天之後，形勢再度惡化，我們決定全面暫停急症服務，讓威院上下得以喘喘氣。二十日晚十時，接到馮醫生來電請我馬上到威院，發覺整個中大醫學院的教授都差不多到齊，院方管理層更不在話下。原來當天收了兩名社區家庭醫生，都是從8A病人的親屬到他們診所看病時感染。另一方面，他們對百多人的追蹤分析又有新線索，因此大家非常恐懼病毒真的已在社區蔓延，認為有關方面從這些資料再去徹查實刻不容緩。我對他們日夜思念公眾安危的精神感到由衷敬佩。在了解情況及掌握了一切來龍去脈後，我立刻在零晨時分聯絡衛生署，而翌日有關人員根據線索立即出動跟進，這是後話。

事不湊巧，就在為肺炎事件不停頻撲，同時又要應付日常大小會議之餘，還碰上我們社會醫學學院的大會。二十一日，各界貴賓開始到來。當晚，準確點應該是二十二日凌晨，我才撐著疲倦的身軀趕好關於SARS的講稿（就是大家現在於醫管局網頁看到的那篇），數小時後就已在早上的大會上作為首份文章發表。其後少不免又是一整天的活動至深夜，而午間我還偷了點時間再一次去威院探同事。當然，翌日我就病倒入院了。

事後看來，這一鼓蠻勁真的累事，還令家人和其他接觸過我的人受到威脅。幸好至今為止，他們都安好。但至少令大家擔心，為總部及醫院各同事帶來額外工作，百上加斤，在此十分抱歉。對各位的關懷問候，更加感激不盡。



醫院管理局
HOSPITAL
AUTHORITY

何兆輝醫生 行政總裁

Dr William HO, JP
Chief Executive

我在醫院與疾病周旋，但從電話、電視中知道肺炎仍有不斷蔓延跡象，大家必定忙得不可開交，但務必以我為鑑，先不要累壞自己。我在這裏眼巴巴看著，又幫不上忙，惟有從心底裡祝願大家保重身體，同心協力，互相支持，準備以堅毅的耐力，清醒的頭腦，沉著地去打這場硬仗。況且病毒原兇既已現形，快速測試法又及時趕到，治療成效獲得可喜成功，離開勝利之門還會遠嗎？望繼續努力、加油！

醫院管理局行政總裁
何兆輝醫生

二零零三年三月二十八日

[後按：擱筆時驚聞 [REDACTED] 也不幸罹病，悵甚，與我豈不共同進退！惟望他能暫時拋開一切，專心養病，早日痊癒。]

香港 醫院管理局 總辦事處

5/F, Hospital Authority Building, 1478 Argyle Street, Kowloon, Hong Kong

電話 Telephone: (852) 2200 6769 傳真 Facsimile: (852) 2576 5050 傳呼號碼 Email: wsho@ha.org.hk

THE CHINESE UNIVERSITY OF HONG KONG

FACULTY OF MEDICINE

Executive Committee

Minutes of the Special Meeting (through video conferencing) of the Faculty Executive Committee held on Friday, 21 March 2003 at 10:15 a.m. in the Multi-function Room, 1/F, Postgraduate Education Centre, PWH and concurrently in Room 103, 1/F, Basic Medical Sciences Building, CUHK

Postgraduate Education Centre

Present : Professor S.C. Sydney Chung (Chairman)
Professor T.F. Fok
Professor Joseph Sung
Professor Tony Chung
Professor Dennis Lo
Professor Anil Ahuja
Professor [REDACTED]
Professor Anthony Chan
Professor Augustine Cheng
Professor Helen Chiu
Professor [REDACTED]
Professor Christopher Lam
Professor Dennis Lam
Professor K.S. Leung
Professor H.K. Ng
Professor C.A. van Hasselt
Professor Jean Woo

By invitation : Dr. Fung Hong
Dr. S.F. Lui
Professor T.W. Wong

In Attendance : Ms Jenny Jiang
Ms Louisa Lam

Basic Medical Sciences Building

Present : Professor [REDACTED]
Professor Moses Chow
Professor Walter K.K. Ho
Professor John Yeung (vice Professor R.L. Jones)
Professor Michael S.C. Tam
Professor D.R. Thompson
Professor Patricia Chow (vice Professor David T. Yew for the first hour)
Professor David T. Yew

Joint Secretaries : Mrs. Alison Lee
Mr. Andrew Chan

In Attendance : Ms Janet Chow
Ms Senia Ho

1. Purpose of the Special Meeting

The Dean welcomed Dr. Fung Hong, NTE Cluster Chief Executive of the HA, Dr. S.F. Lui, Co-ordinator of Clinical Services of the PWH, and Professor T.W. Wong of our Department of Community and Family Medicine to this Special Meeting of the Executive Committee. He explained that this Special Meeting had to be called at short notice because the situation regarding SARS infection in Hong Kong had become very serious. Dr. Fung and Dr. Lui would be able to provide an update on the outbreak and in return they would have an opportunity to hear and share the Faculty's concern in this connection. Professor Wong had been invited to attend this meeting because he was among the handful of qualified epidemiologists in the territory. The purpose of the meeting was to ascertain (i) whether there was common understanding among the Faculty regarding the severity of the outbreak; and (ii) if it were generally recognized by Faculty members that the situation was indeed alarming, how best the Faculty should move forward to keep the public informed without at the same time giving rise to panic within the community or to other undesirable repercussions.

2. Situation Update

An update on the SARS situation was given by the Dean and Dr. Lui, as follows:

(i) Figures released by the Government were:

Infected	:	165	(96 health workers, including medical students, and 69 others)
Deaths	:	6	

- (ii) The patient who first brought SARS to Hong Kong was, as reported by the Department of Health, the professor from the Sun Yat-sen University of Medical Sciences, Guangzhou, who died in Kwong Wah Hospital on 4 March.
- (iii) The index patient who contracted the virus and spread the first layer of SARS infection to PWH hospital staff and our own medical students, was identified as a 26-year-old who visited the Guangzhou professor during the latter's stay at the hotel in Mongkok. His mother and other relatives were also infected.
- (iv) SARS was a very virulent and highly contagious disease. Anyone who came into close contact with the infected would get it quite easily. In all, 7 cardiologists, 10 MED 3 and 7 MED 5 students and 18 out of the 20 nurses who tended Ward 8A at PWH or visited there had been infected. Of the 100 or so cases admitted to PWH, 2 who had had other chronic illnesses passed away.
- (v) As some of those infected had at some time attended the clinics of general practitioners outside of the hospital setting, some private doctors also contracted the disease. It was known that 4 GP's had been admitted to hospital for treatment of SARS.
- (vi) It was most probable that the disease had spread to the community, judging from hospital admission statistics. Infection had not been restricted to the health workers at PWH who tended Ward 8A, but had spread to include lay persons of all walks of life and residing in different localities. This was probably due to the fact that the incubation period of SARS was long, lasting between 3 to 7 days; and people who were infected were not aware of it or did not

show any symptoms or suffer significant discomfort to warrant investigation or treatment, but continued to go about their everyday activity, thus further spreading the disease. Also, there were some cases where the patients' circumstances of infection could not be traced. This suggested that there could be more than one index patient or one source of origin of infection.

3. Treatment for SARS

Professor Sung reported on the SARS cases under the care of his team at PWH. He informed the meeting on the trauma and frustration experienced by the patients and on their chest x-ray findings generally. Although there was still no known or effective drug or medication for management or treatment of the disease, a very high percentage of the cases showed improvement on being given both Ribavirin and steroids. Some patients were already well on the path to recovery.

4. The General Concern

The Dean expressed his grave concern about the situation of SARS in Hong Kong. In his view, the disease had broken out to the community and if the public were not alerted of this, the battle to combat the disease in the community could be long drawn out and difficult as there was no quick method of detection of SARS and no easy cure as yet. The cost could be tremendous.

The meeting generally shared the Dean's concern and some members echoed the Dean's fear over the public being misled by recent official statements to the effect that the SARS situation could be contained within two weeks. Professor Jean Woo believed the disease was still quite prevalent in Guangdong where the first case was first reported in November 2002. So far, a report of 306 cases with 5 deaths had been made officially by the central government, but these figures could well be an understatement. Professor T.W. Wong also expressed the view that SARS seemed to be still going on in Guangzhou after two or three rounds. It was therefore most unlikely that SARS could be cleaned up in Hong Kong in two weeks.

5. An Epidemiologist's View

Professor T.W. Wong further explained to the meeting why in his view the situation was really bad. He said that if no proper advice was given and the public was left to draw its own conclusions, further and rapid transmission within the community was very likely. To protect the public, strict measures needed to be taken, such as:

(i) Quarantine

To restrict the contact of those infected with the general healthy public. This would be a very drastic measure. Hong Kong's only experiences of quarantine had been during the plague in the 1910's and the cholera outbreak in 1960's.

(ii) Very vigilant surveillance of the disease

Public health staff to monitor cases on a daily basis and take appropriate action.

(iii) Passive surveillance

Public health staff to give advice and ask people to come forward if anything wrong were detected. This was what the Government Department of Health was doing at the moment.

which in his view, was not sufficient.

Professor [REDACTED] was concerned about the free and busy traffic between China and Hong Kong. There could easily be new index cases from across the open border unless the flow could be curbed at an early stage. He would be inclined to quarantine families with known infected cases. He further remarked that when one student in a United College hostel became infected, the Student Union asked for the entire College premises to be sterilized against infection.

6. Actions Taken by the Dean

Contrary to assertions made by health officials in the past several days, the Dean was convinced that SARS had spread through the first layer. Through attendance at private clinics, infected patients had unwittingly carried the virus to the community. He deeply believed that the health of Hong Kong people was in danger.

The Dean called the Director of Health two nights before the date of this meeting and intimated to her his worst worries. He had also sent a letter to her by fax and mail to convey his concerns. In a TV appearance on 17 March, he also hinted at the possibility of an outbreak and informed the public of his fears. But it seemed that his efforts had been futile, and that none of the official actions in the past two days showed any sign of the Administration heeding his advice. He remarked that being a surgeon and not an epidemiologist, he could not claim to be an authority on public health or the outbreak of diseases. When the Director said that there was no outbreak in the community, he had no reason not to believe her, although deep down inside, he strongly suspected that she was wrong.

At a meeting held the day before, the Dean took the opportunity of voicing his view and worries, which were shared and supported by the senior clinicians attending. He therefore considered it necessary to bring his thoughts to the collective wisdom of the Faculty Executive Committee. Hence this Special Meeting.

7. The Faculty's View on Outbreak

Having heard the update of the SARS situation by the Dean and Dr. Lui, the Dean's account of the series of events which led to the Special Meeting, Professor T.W. Wong's view as an epidemiologist, and the report by Professor Sung and other clinicians who were in or close to the frontline combating the disease, members of the Faculty Executive Committee present at the meeting supported the Dean's view that an outbreak of SARS to the community was at the doorsteps, if not already there. As a medical school, the Faculty would have the responsibility of informing the profession and the community of this imminent disaster.

Expressing his strong support for the Faculty's view, Professor Sung proposed the following for the meeting's consideration:

- (i) It was indeed obligatory to tell all professionals, via all available channels, what the conditions looked like and ask them to protect themselves and their patients.
- (ii) Even if the Department of Health was not seen to be doing its work properly or fast enough, it might be counter-productive to contradict the Department or slight its work. Recognition must be given for the good intentions behind the actions.

- (iii) According to Professor [REDACTED] of HKU who was also working on the microbiology of the virus and in some ways collaborated with the Faculty on this, the Secretary for Health and Welfare, Dr. E.K. Yeoh, had discussed with him the Government's sensitivity on the issue of a possible community outbreak. However, any message or information from PWH would take at least 48 hours before it could be validated and passed on to Dr. Yeoh. This was the way the Government handled things. The Faculty might have to organize its data and wait for the Government to react, which would take time.

In connection with (iii) above, the Dean reported that he understood that the HA Chief Executive, Dr. William Ho, had also spoken to Dr. C.H. Leong, Chairman of HA, who agreed to keep the matter under close scrutiny and to increase places in Princess Margaret Hospital to accommodate infected patients.

(Dr. S.F. Lui and Dr. Fung Hong left the meeting at this juncture.)

8. The Faculty's View on Action

Members then aired their views on the course of action to be taken, the gist of which were summarized as follows:

- (i) Professor T.W. Wong proposed the following:
- (a) As experts and responsible doctors, the Faculty could issue serious warning to the community.
 - (b) To warn the medical profession.
 - (c) To suggest to the Department of Health to step up control measures and surveillance.
- (ii) Professor Dennis Lam asked if Dr. E.K. Yeoh could not see the imminent danger to the community, what other channels the Faculty could take to warn the public. One possibility was to work through the Honourable C.H. Tung, the Chief Executive of HKSAR, which would be the final try to reach the Administration. If this failed, the Faculty could then approach the community but a timeframe would be needed. If the Government could be convinced, the course of action could follow a different route.
- (iii) Professor Walter Ho and Professor T.F. Fok considered that the Faculty needed more time and should not seem to be riding on its moral high horse if the Faculty wanted to get things done, and done properly. The Faculty had to understand why China had not taken action. What if the Faculty's action resulted in a big panic in the community? What if the Government would not heed the Faculty's advice but turn its back to discredit us? How could the public and the Chinese University be protected in the best way?
- (iv) Professor Andrew van Hasselt would like to see a common, crystallized presentation with information which would be the Faculty's prioritized and easy to understand. The presentation should be for shorter than 15 minutes for the public to easily comprehend.
- (v) Mr. Andrew Chan urged the Faculty not to take any action which could be looked upon by the HA and the Department of Health as being hostile. The Faculty could send emails with hard

data to all GP's to show the Faculty's concern. The Faculty needed to educate patients and the GP's to take precautions without offending Dr. E.K. Yeoh and Dr. Margaret Chan as far as possible.

Members in general agreed on the need for a strategy to talk to the Administration and convince them, and not to antagonize them, to do something to contain the outbreak.

The Dean would talk with the Vice Chancellor and draft a statement listing out the concrete steps. Dr. C.H. Leong would be approached for a joint statement with HA as necessary.

The Dean agreed with Professor [REDACTED] that he should act fast; if not, he would be negligent. However, Professor Tony Chung advised that perhaps the Faculty should proceed with prudence for the purpose of doing well, rather than rushing into issuing a statement and then facing total confusion.

9. Conclusion

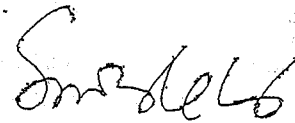
After deliberation, the meeting agreed on the following:

- (i) To get data from infection control personnel for Professor T.W. Wong to check.
- (ii) To inform the GP's and professional bodies of the necessary precautions to take.
- (iii) Professor T.F. Fok, Professor Tony Chung and Professor [REDACTED] to request a meeting with Dr. C.H. Leong (if possible by 3:00 pm) and to present to him the Faculty's concern and advice. If the advice was not heeded, the Faculty would then proceed to discuss further action at a meeting to be held on the next day.

(Post meeting note: Professor Fok and company reported of a very satisfactory meeting with Dr. Leong. Dr. Leong was very receptive and shared his concern for an outbreak of the disease to the community. He agreed to issue warnings to the public in general and the medical profession in particular, with advice and instruction on how best to protect against infection.)

There being no other business, the meeting was adjourned at 11:30 a.m.

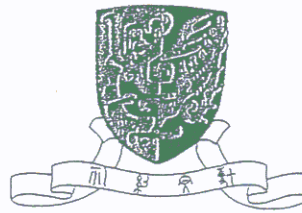
Minutes confirmed on April 16, 2003.



Professor S.C. Sydney Chung
Chairman

THE CHINESE UNIVERSITY
OF HONG KONG

FACULTY OF MEDICINE
SHATIN, NT, HONG KONG.



香港中文大學
醫學院

香港新界沙田

GENERAL OFFICE FAX. NO. 醫學院辦事處傳真：(852) 2603 6958

院長
鍾尚志教授

Dean
Professor S.C. Sydney Chung

Tel (電話): (852) 2609 6870
Fax (傳真): (852) 2603 6958
E-mail (電郵): sydneychung@cuhk.edu.hk

副院長 (行政)
霍泰輝教授
Associate Dean (Administration)
Professor T.F. Fok

Tel (電話): (852) 2632 2850
Fax (傳真): (852) 2648 9134
E-mail (電郵): taifaifok@cuhk.edu.hk

副院長 (臨床期科學)
沈祖堯教授
Associate Dean (Clinical)
Professor Joseph J.Y. Sung

Tel (電話): (852) 2632 3127/2632 3132
Fax (傳真): (852) 2645 1699
E-mail (電郵): joesung@cuhk.edu.hk

副院長 (教育)
鍾國銜教授
Associate Dean (Education)
Professor Tony K.H. Chung

Tel (電話): (852) 2632 3489
Fax (傳真): (852) 2636 0008
E-mail (電郵): tonychung@cuhk.edu.hk

副院長 (臨床前期科學)
李卓予教授
Associate Dean (Pre-Clinical)
Professor C.Y. Lee

Tel (電話): (852) 2609 6876
Fax (傳真): (852) 2603 5382
E-mail (電郵): cylee@cuhk.edu.hk

副院長 (研究)
盧煜明教授
Associate Dean (Research)
Professor Y.M. Dennis Lo

Tel (電話): (852) 2632 2563
Fax (傳真): (852) 2636 5090
E-mail (電郵): loym@cuhk.edu.hk

策劃處處長
陳耀燭先生
Planning Officer
Mr. Andrew Y.Y. Chan

Tel (電話): (852) 2609 6788
Fax (傳真): (852) 2603 6958
E-mail (電郵): yungchan@cuhk.edu.hk

Your Ref:

21st March 2003

Our Ref:

Dear Colleagues,

The dreaded SARS is causing an unprecedented threat to our community. It is heartbreaking to see our fellow colleagues, in private practice as well as in public hospitals, falling ill one by one. It is particularly distressing to see their family members also coming down with the disease.

I would like to share with you some lessons we learned at the Prince of Wales Hospital in the last few days. I hope these points are useful to you.

1. The disease is highly infectious, please be VERY VIGILENT AND METICULOUS in your infection control procedures.
2. Available data suggest the mode of spread is by droplets and possibly fomites.
3. Five doctors and 2 infection control nurses at the Prince of Wales Hospital took nasopharyngeal aspirates from some 75 patients on 10th March when the outbreak was first detected. They wore surgical masks and gloves. All 7 staff remain asymptomatic up to now.
4. N95 masks need to be worn close to the face with no leak. It is quite uncomfortable if worn for a long time. Some colleagues wear a paper mask underneath. This completely destroys the purpose of the mask as air can leak through.
5. RSV, which is a similar virus, can survive for up to 6 hours on surfaces. To avoid possible spread via fomites disposable gloves should be worn and changed between patients.
6. Hand washing before and after examining patients.
7. Surfaces should be cleaned daily with 1000ppm hypochlorite solution or 70% alcohol for metallic surfaces.
8. I would suggest you to offer surgical masks to your patients in your clinic for the protection of your staff and other patients.

Stay well, live long and prosper!

Sydney Chung

faxed to HKMA on 21/3/03