



香港西醫工會 Submission No. 034E

HONG KONG DOCTORS UNION

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Tel. no.: 2388 2728 Fax no.: 2385 5275

Our ref.: HKDU/104/2003/1

28th June 2003

By fax & mail

The Secretariat
SARS Expert Committee
1808 Murray Building
Garden Road
Central, Hong Kong

Dear Sir,

Re : Submission of Position Paper of Hong Kong Doctors Union on SARS saga

Hong Kong Doctors Union is a doctors' union registered under the Trade Union Ordinance with over 1,700 doctor members servicing in both the private and public sectors.

We are happy to respond to your invitation to submit our views and suggestions on the overall management by Hong Kong in handling the recent SARS epidemic. We have always been ready to give our views in our thirty years history on aspects that affect the health of citizens and medical practice because many of us are in family medicine, close to the public and alert to their needs.

Please find herewith our position paper on the subject mentioned for your perusal.

Yours sincerely,

Dr. Ho Ock Ling
Hon Secretary
Hong Kong Doctors Union

Encl.

cc: Mr. C.H. Tung, Chief Executive, HKSAR

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REVISED

28.6.2003

Position paper of Hong Kong Doctors Union on SARS saga

INTRODUCTION

In just over 3 months, we witnessed the aftermath of SARS epidemic in Hong Kong. SARS not only took away the lives of 297 innocent people; it has a far damaging effect on the economy and the morale of people in Hong Kong. At one time, SARS stretched the potential of our high standard public health care system to the limit and caused panic in the whole community. When we look around the world, there is no place like Hong Kong where SARS has caused such high mortality and morbidity rate.

Are the front line health care workers at fault? No. Those health care workers in the Prince of Wales Hospital were even praised as heroes in the Time Magazine. They deserved our utmost respect. Some even have sacrificed their own lives in saving the lives of SARS patients.

Are the health administrators at fault? Is the health care system in Hong Kong wrong in the very first beginning? This paper attempts to review the SARS incident from the perspective of Hong Kong Doctors Union and to contribute to guard the citizens of Hong Kong from further outbreak of highly contagious infectious diseases like SARS.

FACTS

13th March 2003

Hong Kong Doctors Union is the First Medical Organisation who gave the warning signal to Front Line Doctors to wear masks as a preventive measure against the SARS. This was the result of collective wisdom from our members from both the public and private sectors. The recommendation of mask wearing to Front Line Doctors through our rapid communication system by the Union came on 13th March 2003 as a result of painstaking evidence collection and logical thinking, especially when we knew that one of our members got infected after a TWO MINUTE consultation with a patient with SARS.

We circulated by rapid communication system among members reminding them the importance of wearing masks on 13th March 2003 even though [REDACTED] announced in RTHK on 12th March 2003 that masks were ineffective and were not required.

Subsequently, our warning was eventually affirmed by the HKSAR Government on 18th March 2003, supported by microbiologists in the University of Hong Kong, proven by the Chinese University on 12th April 2003 and evidenced by the fact that none of all the private colleagues suffering from this deadly disease worn mask before contracting it (except Dr. [REDACTED] who was an ENT surgeon). However, we feel extremely sorry to lose one of our members who did not wear mask in treating SARS patients, Dr. [REDACTED] in this mysterious virus war.

16th March 2003

On 16th March 2003, we held a seminar on Atypical Pneumonia. In the seminar, Dr. [REDACTED] complained that after two suspected cases of Atypical Pneumonia he referred to public hospitals were refused, he had to admit them into private hospitals under his care. Subsequently he was admitted to Princess Margaret Hospital on 23rd March 2003 and died of SARS. Many Hong Kong Doctors Union doctors started wearing masks on the 17th March 2003 disregard of reassurance from the Government that there was no community outbreak

17th March 2003

Dr. [REDACTED] one of our members, was admitted into Princess Margaret Hospital on 14th March 2003, our President spoke to the media about a community outbreak since the Government did not admit it, but he was told by the Director of Health that Dr. [REDACTED]'s case was not related to SARS on 17th March 2003.

Actually, Dr. [REDACTED] of Yau Ma Tei was infected by a SARS patient who later died in Queen Elizabeth Hospital. Dr. [REDACTED] was infected after a TWO MINUTE consultation with that patient suffering from SARS. Subsequently his wife and his 4 nurses and another private doctor (Dr. [REDACTED]) got infected too by 18th March 2003. In the beginning, the Government selected only to trace contacts of confirmed cases and refused to trace contacts of unconfirmed cases as in the case of family members of Dr. [REDACTED], allowing the virus to spread undeterred and the health authorities became led by the virus instead of containing it.

If the Government had realised the importance of Dr. [REDACTED]'s case in the beginning as another source of SARS apart from Prof. [REDACTED] of The Metropole Hotel and if only there was earlier and more stringent health alerts, there would have been much less morbidity especially in the community and doctors in the community would not need to die.

20th March 2003 to 27th March 2003

During a public forum screened in Television in March 2003, [REDACTED] asked the public to trust the Government in handling of SARS, when people suspected something serious is happening and wanted the Government to do more. Even in the days following finally on the 18th March 2003 when the Government did ask the public to wear masks, she did it only half-heartedly.

We have challenged the authority's statement of SARS confining to the hospital in the very beginning and we have even stepped up our suggestions to the HKSAR Government in our two press statements to combat community outbreaks on 20th and 24th March 2003 (Appendix I and II). The measures we suggested were enforcing mask wearing in crowded areas, strict isolation measures for close contacts, close schools for two weeks and health checks in the border.

When our President called for schools to be closed for two weeks on 23rd March 2003, we were criticized by Dr. Leung Pak Yin in the afternoon of 23rd March 2003 as creating panic in the community and the Hong Kong Medical Association representatives as being hysterical in a meeting with Dr. E K Yeoh on 25th March 2003. Our advice was not taken seriously even after our meeting with Dr. E K Yeoh on 25th March 2003 in the Health, Welfare and Food Bureau until there was an outbreak of SARS cases in Amoy Garden on 26th March 2003 and then the Chief Executive announced on 27th March 2003 to implement the measures which we had suggested.

10th April 2003 to 12th April 2003

Noting there was an increasing number of new cases and mortalities from the SARS even after the implementation of the above mentioned measures by the Government, we held a press conference on 12th April 2003 to suggest further step up control measures to be taken by the HKSAR Government to attack and contain the mysterious virus then confirmed to be coronavirus, possibly originated from animals. Please refer to the HKDU Press Statement on 10th April 2003 as reproduced in the Appendix III. The measures we suggested included compulsory mask wearing, quarantine and isolate close contacts and hospital staff caring SARS patients, "close" border between Hong Kong and Mainland China for travelers in leisure or home visits, surveillance and quarantine of visitors in the ports, posting lists of SARS affected resident areas and private doctors (on a voluntary basis).

23rd June 2003

However, on the day when Hong Kong was taken off areas of epidemic, there were already 1,755 patients who suffered from SARS with a high percentage from health care workers. Moreover, the mortality rate was over 16.9%, which was the highest in the world.

REVIEW

In the review, we are of the opinion that there were a lot of shortcomings in the Government's handling of the SARS saga and need to be improved.

It is our belief that the SARS outbreak could have been contained a lot earlier, and we have identified problems in the following areas :-

1. Repeated and gross underestimation on the whole situation against SARS;
2. Blind and deaf of health administrators to advices and suggestions from the profession;
3. Unacceptably slow reaction – always behind the virus;
4. Delayed health alerts, giving false reassuring remarks and allege warnings from the Medical Profession as mass hysteria;
5. Lack of transparency;
6. Indecisive on issues such as suspension of schools, quarantine measures, etc;
7. Over saturation of the Public health sector – Hospital Authority (HA) is overloaded and lacks flexibility to react to crisis;
8. Poor co-ordination with the private sector – refusal of admission of cases, delay to inform colleagues of private sector, bought all supplies in market without taking private colleagues into consideration;
9. Lack of resources in infectious diseases control including an infectious disease hospital;
10. Fail to protect Health Care Workers;
11. Unacceptable high mortality rate of SARS patients in Hong Kong.

Repeated and gross underestimation on the whole situation against SARS

In late February 2003, there was already a deep concern of something dreadful coming to Hong Kong by many doctors, first with the return of Avian flu, then a rumour of mysterious fatal Atypical Pneumonia epidemic in Guangzhou. But China then Hong Kong Government stepped in to reassure us nothing was to be concerned. Then we knew now among some senior doctors there was a real knowledge of such being happening in China but somehow authorities on both sides of the border did not openly admit. Hong Kong Doctors Union held two seminars in a fortnight to hear specialists reporting on the latest development of Atypical Pneumonia. The Government however when asked by the media reassured everyone nothing is amiss. Then one Hong Kong Doctors Union member was admitted with SARS and soon involved a total of six

cases in his clinic and one private doctor after servicing a SARS patient. We sounded the alarm that there is a community outbreak on 13th March 2003. But Dr. Yeoh said openly there was no community outbreak and Dr. Margaret Chan said then Hong Kong was not a city with an epidemic.

Blind and deaf of health administrators on advices and suggestions from the profession – concern more on economy than healthcare of citizens

It was obvious that Dr EK Yeoh and Margaret Chan were trying to minimize the problem and had issued false reassurance to the public repeatedly. They were trying to suppress panic in the hope that SARS would not affect the economy of Hong Kong. We do not understand why health administrators chose to worry more on economy of Hong Kong at the expense of public health, including lives of Hong Kong citizens.

It was not until the news of Dr William Ho being admitted into hospital that the public realized the truth and panicked.

Unacceptably slow reaction – always behind the virus

Measures such as more vigilant detection of fever in travelers were only instituted too late and had been well criticized. When frontline doctors and nurses fell from SARS one after another and panic was rife there was a call to close one hospital but initially rejected. Many measures were justly criticized as instituted too late so that finally the SARS outbreak went out of hand with second and perhaps third waves.

In the early stages, there was an overestimate of the ability to control SARS in the hospital so that when one patient rapidly infected Dr. [REDACTED] of Yau Ma Tei then his family and his nurses by the 14th March 2003. Even so the Government still did not issue appropriate alerts to the community doctors particularly on the importance of wearing masks. In the beginning, the Government selected only to trace contacts of confirmed cases and refused to trace contacts of unconfirmed cases as in the case of family members of Dr. [REDACTED], allowing the virus to spread undeterred. The health authorities became led by the virus instead of containing it.

On 25th March 2003, Hong Kong Doctors Union sought a meeting with Dr. Yeoh and asked him to introduce more stringent measures, he said to go slow since the matter needs further debates. The virus, however, did not wait.

As mentioned earlier, the health alerts came too late so that private doctors could not adequately protect themselves or their patients in time and Government could not coordinate public and private medical personnel. Again calling for wearing of masks and other protective gear came too late.

Delayed health alerts, giving false reassuring remarks, allege warnings from the Medical Profession as mass hysteria

Dr. [REDACTED], one of our members, was admitted into Princess Margaret Hospital on 14th March 2003, our President spoke to the media about a community outbreak since the Government did not admit it, but he was told by the Director of Health that Dr. [REDACTED] case was not related to SARS on 17th March 2003. When our President called for schools to be closed for two weeks on 23rd March 2003, we were criticized by Dr. Leung Pak Yin in the afternoon of 23rd March 2003 as creating panic in the community and the Hong Kong Medical Association representatives as being hysterical in a meeting with Dr. E K Yeoh on 25th March 2003. On 27th March 2003, the Chief Executive announced all schools and kindergartens be closed

Lack of transparency

Overconfidence was shown by adamantly denying the existence of outbreak and the repeated reassurance by some senior officials that everything was under control just as China claimed in January and February 2003.

Denying the presence of many instances of serious implications and refusing to disclose exact figures of SARS in public hospitals and information passed on by the Chinese authorities showed a lack of transparency.

Indecisive on issues such as suspension of schools, quarantine measures, etc.

After individual headmasters closed schools and some wished a unified action and more positive action, a call for a closure of all schools was initially rejected but only to be reversed a few days later by promulgating closure of schools. A call for more vigilant scrutiny of contacts including home contacts was made by Hong Kong Doctors Union but refused by the Government on humanitarian grounds. Finally it took some 18 days before Hong Kong decided to isolate contacts by home confining and then putting a whole buildings' inhabitants in camps. This was indeed too late as shown by the outbreak in Amoy Gardens.

Surveillance at borders and ports, similar to closure of schools, was installed too late.

Over saturation of the Public health sector – HA is overloaded and lacks flexibility to react to crisis

Nearly all public hospitals under HA were paralyzed within a few weeks after SARS outbreak. Wards were closed or converted to other specialties. Patients failed to receive proper treatment in hospitals, and most patients in specialist-outpatients were deprived of medical attention. All these revealed that our over-burdened public medical sector was not able to cope with extra workload, and it had lost its flexibility and had no reserve in managing crisis.

Poor co-ordination with the private sector – refusal of admission of cases, delay to inform colleagues of private sector, bought all supplies in market without taking private colleagues into consideration

The refusal of admission of suspected SARS cases as complained by Dr. [REDACTED] and he himself by Queen Mary Hospital; the lack of protective supplies to the private sector and the unwillingness of the Government to communicate with the private sector in the course of the war against the SARS showed the Government poor co-ordination with the private sector.

Lack of resources in infectious diseases control including an infectious disease hospital

The public resources allotted to the Department of Health for public health is far too minimal as compared to that for the Hospital Authority. This is the reason why the measures could not be implemented early to contain the virus. Lack of an infectious disease hospital is another obvious problem in combating highly infectious diseases which are said to prevail in Hong Kong from time to time.

Fail to protect Health Care Workers

Preventive medical supplies were scarce so that public health care staff suffered while private doctors were hard hit because of the inability to find masks and protective gowns. A Government with adequate foresight would have coordinated and prepared for such contingencies on time. In a meeting of Hong Kong Doctors Union with Dr. E K Yeoh on 25th

March 2003, Dr. Yeoh talked about possible coordination of resources and such supplies but ultimately nothing happened.

Unacceptable high mortality rate of SARS patients in Hong Kong

As compared with other areas or countries, Hong Kong is number one in the mortality rate of SARS patients.

Table showing Mortality Rate of SARS Patients against area or country

#	Area or country	Mortality rate of SARS patients (No. of deaths / No. of confirmed SARS patients)
1	China, Hong Kong	16.9% (297 / 1,755)
2	Singapore	15.5% (32 / 206)
3	Canada	14.7% (37 / 251)
4	China, Taiwan	12.3% (84 / 682)
5	Vietnam	7.9% (5 / 63)
6	China	6.5% (348 / 5,327)
	Global	9.6% (809 / 8,456)

(Information from Cumulative Number of Reported Probable Cases of SARS in WHO site at <http://www.who.int/csr/sars/country> on 28.6.2003)

The use and efficacy of steroids is almost unknown and is potentially dangerous in infectious diseases like SARS. Some public hospitals noted that the use of pulse steroids is associated with more ICU admissions, more intubations and more deaths in SARS. Some SARS patients indeed died of secondary infections instead of SARS. After all, the recovered patients suffered a lot of side effects including psychosis and proximal myopathy. Since some cases of SARS were relatively mild and recovered without any treatment, the empirical use of high dose steroids in these cases is unnecessary and possibly detrimental.

Secondly, Ribavirin does not appear to alter the course of SARS and there is no evidence that it affects the outcome. Patients given Ribavirin were still very infectious and those who succumbed were found to be harbouring numerous virus particles at post mortem. At the same time, there are a lot of side effects of Ribavirin including haemolytic anaemia, bradycardia, tachycardia which are detrimental to a dyspnoeic SARS patient. Similarly, there are also a lot of side effects in SARS patients taking Kaletra which was introduced later in SARS patients but without obvious curative effects.

We wonder whether the widely use of Steroids, Ribavirin and Kaletra in the treatment of nearly all SARS patients is scientifically proven. We wonder whether such use of empirical regimes to nearly all SARS patients can stand the test of good reasons based on previous knowledge of drug effect on similar diseases, evaluation with a well-designed protocol which is subject to scrutiny by scientific and ethics committees. Above all, such regimes should be made known to the Government, the Profession and most important of all, the Public, that they are just experimental without committed results as advocated by Dr. E K Yeoh in the very beginning that the regimes are effective and would result in 95% cure rate.

RECOMMENDATIONS

1. Independent review committee on SARS outbreak in Hong Kong

An Independent Review Committee, as suggested by Hong Kong Doctors Union to the Chief Executive, is more desirable. This would facilitate a more objective review of the whole incident. Like Audit of all kinds, it is best done and should always be carried out by third parties outside the Health, Welfare and Food Bureau.

2. Public Private Interface

This topic has been under discussion ever since the days of the Harvard's report which commented that our healthcare system in Hong Kong was heavily compartmentalized. Surely, there has been inadequate communications and collaborations between the two sectors of our healthcare system. Regrettably, there had not been any improvement since. We strongly suggest a proper and strong communication infrastructure be established between the two sectors to enhance flow of patient information, flow of medical education materials, flow of patients and flow of manpower which are lacking in the SARS incident.

3. Hospital Authority should look after mainly tertiary health care

The over expanding public health sector has been a concern especially when our Government is facing a huge budget deficit recently. The Hospital Authority was overstretched with 50% of the Hong Kong doctors looking after 93% of medical care of the population of Hong Kong. The recent SARS incident exposed the weakness of such comprehensive care by the Hospital Authority. Actually, there are a lot of functions of the Hospital Authority, particularly those involving primary health care, which could be outsourced to the private sector. Even the primary health care for Civil Servants should also be out sourced to the private sector which we are sure could be run in a more cost-effective manner than by the Hospital Authority.

4. Cross-departmental Crisis Intervention

Schools and the border were identified as the most vulnerable channels in the spread of SARS. A cross departmental crisis intervention engine should be established to escalate the education and awareness of the epidemic, and to take the right measures to prevent the spread e.g. suspension of schools, preventive measures in the borders which could be implemented at an earlier stage.

5. Protection of Health Care Workers (HCW)

One of the reasons why so many HCW got infected in the SARS war was that the isolation ward training might be inadequate. Hong Kong Doctors Union recommends that we should look into how effective the HCW are doing in isolation procedures.

Protection of HCW should receive top priority in epidemics. HCW risk their lives in going to work despite of HA squeezing on them on their job securities and pay in the past few years. Emphasis should be put on having adequate rest time for HCW, and even extra allowances according to the risk level the HCW is facing.

Ventilation systems in public hospitals should be reviewed and see how it could have been related to the spread of SARS within hospitals.

6. Infectious Disease hospital

The SARS war could have been ended a lot earlier if all patients are centralized in one or two infectious disease hospitals like what Beijing was doing. The distribution of SARS patients to different regional hospitals has ended up in small outbreaks in different parts of Hong Kong. This is most obvious in Tai Po where the HCW spread SARS from the hospital back into the community. More and more people criticize the Government's slow and inadequate response and cite the low incidence of mortality and morbidity in Vietnam and Singapore. If more stringent measures were introduced and introduced earlier against SARS, many lives could have been saved.

7. Centre for Disease Control & Prevention (CDC)

Inexperienced health administrators have turned things get out of control in the SARS epidemic. In the long run, a CDC-equivalent organization should be set up in Hong Kong to ensure that all measures taken at the time of an epidemic is well co-ordinated, and that adequate professionals on Infectious Diseases should be in place to take care of the situation. Hong Kong could not afford another SARS which killed hundreds of people, paralysed our economy for three months, and left tens of thousands of people jobless.

8. Communication with Guangdong and surrounding areas on Infectious diseases

This cannot be overemphasized as the traffic between Guangdong and Hong Kong is increasing exponentially in the past few years. Infection follows population flow, and Hong Kong is prone to develop new outbreaks of infectious disease. An effective channel of communication on Infectious diseases between the two places should be set up without further delay.

Surveillance of infectious diseases should be expanded to all nearby countries and districts with good communication channels including China, Taiwan and South East Asia.

9. Develop a well-designed protocol to treat SARS

We should develop regimes to treat SARS patients based on previous knowledge of drug effect on similar diseases and evaluation with a well-designed protocol which is subject to scrutiny by scientific and ethics committees. The Government should never promise results to the public unless she is scientifically certain or else the promise would introduce hardship to the front line doctors and even to the whole profession.

Conclusion - Can we eradicate SARS?

The total eradication of SARS depends on the cooperation of the Government, the Profession and the Public. To this end, effective and factual communication is vital among all parties. While diagnostic tool to quickly and correctly identify infectious cases of SARS is badly needed, the Government should invest to assist prompt development of effective vaccine and drug against SARS. Even though the singling out and eradication of reservoir of SARS is unsuccessful, the above measures should be implemented and assisted by the Government and an Independent Committee to look into the incident of SARS saga in Hong Kong is vitally important in preparation for the next onslaught.

Will the Government learn much out of the bitter experience of mortality and morbidity of her people and their financial loss? Will the Government realize the importance of good Family Medicine as a gate-keeper for the whole Health Care System? Will the Government revolutionise infection control concept in the future health care system? It is vital to the future health of Hong Kong that she does all of the above.

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20.3.2003

Press Statement

1. The Hong Kong Doctors Union consists of more than 1,700 registered medical practitioners in Hong Kong with majority in private practice, as well as some in public services. Most of us are practising family medicine, in close contact with the Hong Kong community.
2. HKDU calls on all frontline medical workers to conscientiously work together and cooperate with the government in combating the present threat of Severe Acute Respiratory Syndrome (Atypical Pneumonia).
3. We call on the government to reinforce preventive measures, such as strictly enforcing **Isolation Procedures** through isolating suspected contacts, sterilization of affected premises public or private, encouraging wearing of masks and distribute masks free to all public and private frontline medical workers, citizens seeking treatment as well as relatives and friends and even to citizens in crowded places.
4. We request the government to provide the guidelines on symptoms and signs of Atypical Pneumonia as well as preventive measures of the disease to all private medical practitioners.
5. Since some public medical services have been suspended from lack of medical personnel, we suggest that the government and private medical practitioners cooperate to channel patients to volunteer private doctors' clinics temporarily.

Contact person:-  President, Hong Kong Doctors Union

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新聞稿

1. 香港西醫工會有超過 1,700 位公家與私家醫生會員，而以後者為多。由於大部份為家庭醫生，所以我們跟香港社會各階層有密切的接觸。
2. 近日非典型肺炎肆虐香港，本會有感各醫務界同業，不遺餘力，跟政府衷誠合作抵擋當前非典型肺炎的威脅。西醫工會現呼籲各醫療工作者緊守崗位，防止此疾病再度蔓延。
3. 我們現再呼籲政府增強預防措施，例如嚴謹實行隔離觀察疑受感染的家屬，對被染病者接觸過的公私醫療機構或診所進行消毒，鼓勵帶口罩及派發免費口罩予公私醫護人員及求診市民與其親友，連多人聚集的地方也應派發予市民。
4. 本會建議政府提供足夠指引予私家執業醫生如何鑑定非典型肺炎的病徵及預防措施。
5. 因應非典型肺炎所帶來的沉重工作量而影響公營醫療服務，我們再建議私家醫生與政府合作，例如組成自願隊伍，在私家醫生診所內替受影響的病人作臨時免費服務，如替長期病患者診症或作身體檢查。

聯絡人 : 香港西醫工會會長 [REDACTED]

聯絡電話 : [REDACTED]

二零零三年三月廿日

香港西醫工會
HONG KONG DOCTORS UNION

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24.3.2003

Press Statement

Hong Kong Doctors Union calls on the Government to reinforce the following preventive measures for the present upsurge of Severe Acute Respiratory Syndrome in the community.

1. All residents of Hong Kong should wear masks when they go out and even indoors if necessary, like taking care of sick people at home.
2. The Immigration Department should require all persons entering Hong Kong to declare their health conditions upon arrival. Masks should be worn by all sick persons with respiratory symptom.
3. The Education and Manpower Bureau should order all Hong Kong Primary and Secondary Schools to close for two weeks, a few days longer than the incubation period of Severe Acute Respiratory Syndrome to contain the disease.

Contact person:- [REDACTED], President, Hong Kong Doctors Union
[REDACTED]

新聞稿

香港西醫工會建議政府當局應儘快加強推行下列措施，以防止非典型肺炎在社區繼續蔓延：

1. 全港市民外出時，在人多的公眾地方必需配戴有效口罩，在室內若有需要，如照顧病人也應同時帶上口罩。
2. 入境事務處下令各入境人士必須申報健康狀況。如呼吸系統有感不適者，必須配戴口罩。
3. 教育統籌局下令全港所有中小學校停課兩星期，以超越非典型肺炎的潛伏期，而能夠達到更有效地防止疾病蔓延。

聯絡人：香港西醫工會會長 [REDACTED]
聯絡電話：[REDACTED]

二零零三年三月二十四日

香港西醫工會

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10.4.2003

Press Statement

Since the introduction of preventive measures against the Severe Acute Respiratory Syndrome (SARS) by the Government of HKSAR nearly two weeks ago on 27th March 2003, there is no sign of decrease in the number of new patients contracting SARS in the community. Hong Kong Doctors Union calls on the Government to step up control by introducing the following measures to contain the disease and to safeguard the health, life and economy of the region before the public healthcare system collapses.

Apart from providing comprehensive financial and spiritual support and a safe environment to our frontline health care providers especially those in the public sector, Hong Kong Government needs :-

1. To ensure wearing of effective masks by citizens in crowded areas to protect themselves unless contraindicated for medical reasons. To make wearing of effective masks mandatory for all citizens with respiratory symptoms at all time to protect others in public areas;
2. To implement medical surveillance for visitors from infected areas for at least 10 days, to quarantine visitors suspected suffering from SARS, and to consider barring traveling for leisure between Hong Kong and Mainland China for one month subject to further review so as to decrease the influx of SARS patients to the community;
3. To strictly enforce quarantine and isolation measures for all hospital staff caring SARS patients and contacts;
4. To disinfect all affected premises public or private;
5. To announce daily a list of SARS patients with information of all places or countries they visited and where they came from prior to their illness, including Mainland China and other countries;
6. To produce a list of infected doctors who have contracted SARS on a voluntary basis for public interest.

Contact person:- [REDACTED], President, Hong Kong Doctors Union
[REDACTED]

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新聞稿

2003年3月27日特區政府宣佈一系列防止非典型肺炎的措施至今已經超過兩週，然而社區內新的 SARS 病症完全沒有減少的跡象。為控制疾病的傳播及保障特區市民的健康生活與經濟繁榮，在憂慮整個公共醫療服務有可能崩潰之餘，香港西醫工會呼籲政府採取以下措施去加強控制疾病的蔓延。

除了向我們尤其是公共醫療機構的前線醫護人員提供無限度經濟與精神的支持，及一個高度安全的工作環境外，香港政府應該：-

1. 確保所有市民，除因為特定醫學上的需要外，在人多地方均戴上口罩保護自己。為了保障他人健康，所有帶有呼吸系統症狀的市民必需在任何時間均帶上口罩；
2. 所有由染病地區來港的旅客均要受醫療監察至少十天，有關當局需要隔離懷疑染上 SARS 的遊客及考慮暫時禁止旅遊人士出入中港邊境一個月，去減少 SARS 染病人士滲入社區；
3. 對照顧 SARS 病人的所有醫護人員及 SARS 病人的緊密接觸者進行隔離；
4. 對所有公立或私家受影響地方進行消毒；
5. 每日公佈所有 SARS 患病新症及所有染病者在發病前到過的地方及來自那個地區或國家，包括中國大陸與其他國家；
6. 為著公眾利益，宣佈患上 SARS 病症而不介意公佈的醫生名單。

聯絡人：香港西醫工會會長 [REDACTED]

聯絡電話：[REDACTED]

二零零三年四月十日