



會 學 醫 港 香
The Hong Kong Medical Association

FOUNDED IN 1920·INCORPORATED IN 1960 AS A COMPANY LIMITED BY GUARANTEE
MEMBER OF WORLD MEDICAL ASSOCIATION AND CONFEDERATION OF MEDICAL ASSOCIATIONS IN ASIA & OCEANIA

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2003 - 2004

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Mrs. Yvonne Y.M. Leung
梁周月美女士

11th September 2003

Mr. Steven Chan
SARS Expert Committee
Room 1808 Murray Building
Garden Road, Central
Hong Kong

Dear Mr. Chan,

SARS Expert Committee – Meeting with Healthcare Sector.

It was very nice meeting you and members and SARS Expert Committee on 14th August 2003.

While the committee is to review the SARS epidemic in Hong Kong, some facts need to be addressed. They include:

- (1) More than 1,700 people were infected, and among them more than 300 were healthcare workers.
- (2) 299 died because of SARS, the highest mortality in the world.
- (3) 2 doctors in the private sector died because of the disease.

Why were so many people and so many healthcare workers infected? In February 2003, when rumor was spreading in the province of Guangdong that a highly infectious deadly respiratory disease had emerged so much so that people there were boiling vinegar at home for self-protection; our government officials did not alert the people here that this disease could spread to Hong Kong and nothing was done to prevent this to happen. They merely told us that boiling vinegar was useless. Was there any cover-up by government officials across the border that led to this global outbreak?

In mid March, a number of healthcare workers and medical students in the same ward of Prince of Wales Hospital suddenly presented with a similar sever respiratory illness. Apparently the index case was a patient from the community and the disease seemed rather infectious. Our Secretary for



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Health, Welfare and Food still openly denied the possibility of a community outbreak. Was this the reason why so many people got infected? Why was the ward not closed to visitors? Why was the hospital not closed? What procedures were taken to prevent the spread of the disease to the community and the healthcare workers? Who made these decisions?

It is well known that the mortality of SARS is highest among aged patients with co-morbidities. Was it because of the failure to control the spread of the infection inside the hospital that caused so many aged patients with other co-morbidities infected by SARS that led to our high mortality figure? Or was it because of our "peculiar" treatment protocol?

Two doctors in private practice died of the disease, and many were infected but survived. Most, if not all, of these doctors were infected during their daily practice. Was there enough communication between the public and private sector during the disease outbreak?

The committee needs to answer these questions, and many more. And there should be another independent inquiry to find out who should be responsible for all these.

Yours sincerely,



Dr. Tse Hung Hing
Council Member

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