



會 學 醫 港 香
The Hong Kong Medical Association

FOUNDED IN 1920 • INCORPORATED IN 1990 AS A COMPANY LIMITED BY GUARANTEE
MEMBER OF WORLD MEDICAL ASSOCIATION AND CONFEDERATION OF MEDICAL ASSOCIATIONS IN ASIA & OCEANIA

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20 September 2003

Mr. Steven Chan
SARS Expert Committee
Room 1808 Murray Building
Garden Road
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 14 August 2003 and 18 August 2003.

I take the liberty to put down in writing the views, expressed at these meetings for the reference of the SARS Expert Committee. Many of the points were put in form of questions. Answers to these questions would help to reveal the truth.

Also enclosed is a chronological list of events and efforts contributed by members of the medical profession voluntarily during the SARS epidemic. The Association had mobilized over 400 volunteers in various aspects of combating SARS, including disease prevention, public education, district co-ordination as well as epidemiological studies.

We witnessed Hong Kong having been attacked by SARS unprepared but could not help much. Although many of our members in the private sector offered to help voluntarily, the authorities and the system did not respond well to various proposals or simply did not respond at all. As epidemic sees no boundary between the public and private sectors, in future, resources in the private sector should be enlisted as early as possible.

For a more cost-effective management of diseases, infectious or not, community involvement is important. In the long run, there should be an overall revamp of the system, in particular, its health financing aspects.

Yours sincerely,

Wilson Fung

Dr. Wilson Y.L. Fung
Vice-President

WYLF/YL/cw

Encl

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Views expressed by Dr. Wilson Fung, Vice-President of the Hong Kong Medical Association at the meeting with SARS Expert Committee

What we witnessed

During the initial few weeks of the SARS epidemic, the private sector, which faced the same threat of SARS, received no back up from the Government. They had to source their own protective gears and even had to fight with the Government for the same supply. They fought for their own survival. They had performed their role admirably with a few unfortunate casualties.

SARS was like a sudden flood coming out of nowhere and catching everyone by surprise. Nobody knew exactly the magnitude, nature, ease of spread, power, durability and duration of attack. One thing was for sure: it was deadly, unforgiving and had a fondness for medical workers.

A community health network at the district level was found useful in:

- Delivering health messages
- Screening for SARS and
- Recruiting and mobilizing volunteers.

Front-line medical workers, particularly those working in the community, can help filter out non-SARS feverish patients without having them risk cross-infectious at the emergency rooms or observation wards in hospitals.

The lack of isolation upon admission to public hospitals contributed to the spread of the disease. Those who were ill with fever or pneumonia were forced to live next to the suspected SARS patients as late as April, May and June 2003. Many cases had contracted SARS in this way.

A better and closer private-public co-operation should be implemented at all levels. The Hong Kong Medical Association had joined with a number of organizations, public and private, to work out the following projects/schemes, all of which were successfully carried out and served their purposes, except the One Patient One Doctor Scheme which had been shelved before implementation without the co-operation of the Hospital Authority.

1. SARS Forums for professional education
2. Rapid Communication System for dissemination of important news in SARS
3. Screening SARS in the community
4. One Institution One Doctor scheme (for elderly homes) [一院舍一醫生計劃]
5. One School One Doctor Scheme (for school children) [一校一醫生計劃]
6. One Patient One Doctor Scheme (for patients deprived of immediate attention in public hospitals because of the SARS outbreak) [一人一醫生計劃]
7. Post-SARS psychiatric counseling [心晴行動]

In mid-April, when the Hospital Authority (HA) sent a letter to the Hong Kong Medical Association (HKMA) requesting private doctors to help see some of the SOPD patients, HKMA agreed to let HA keep the consultation fee of HK\$100 meaning that the private doctor would do the job free of charge and help HA collect the medicine fee of HK\$10 per medication. HKMA only asked for the patient's record, which was ready in the HA's computer. With the cooperation of the Hong Kong Association of Pharmaceutical Industry, medications could be transported from the hospitals to the private doctor's clinic so that patients could stay away from the hospital and do an one-stop follow up consultation. Private doctors agreed not to change medications unless absolutely necessary and if so, they would charge the patients directly. HKMA also asked for access to the CXR and WBC that the patients had taken the day before for comparison and diagnosis. HA's representative denied such. After several negotiations, the scheme was later shelved before implementation.

Questions and Questionable decisions

Apparently, someone knew about the outbreak in mainland China in late 2002. Did he inform the Department of Health, the Hospital Authority or the Secretary for Health, Welfare & Food?

Had the doctors treating the infected Professor from mainland China informed the Department of Health about what the Professor told them?

Had the Secretary for Health, Welfare & Food been informed about the outbreak in mainland China before the outbreak in Prince of Wales Hospital? If so, should he act earlier to prevent similar outbreak in Hong Kong?

Irrespective of the considerations for economic repercussions about announcing "community spread", did Government prepare for the possible war against SARS? When did Government start to order protective gears and plan for isolation wards? Was it too few or too late?

Should the Government waste time in arguing with WHO the name SARS or SRS?

In order to resolve whether it was metapneumovirus or corona virus, did the Chinese University of Hong Kong and the University of Hong Kong exchange specimen for verification? When was the exchange made?

HA, Department of Health, Chinese University of Hong Kong and the University of Hong Kong, each kept a different set of data on SARS patients, who were questioned again and again about travel and other history. Were the databases accessible to all and should they be so accessible for prevention control?

Just before the Amoy Garden outbreak, has Government admitted that there was possibility of community outbreak. Although healing is evidence-based, a war will be lost if the evidence is there. The Government statement that "There is no evidence of a community outbreak" was intrinsically and conceptually wrong.

Was it too late to order quarantine of the Amoy Garden citizens? Was quarantine at home initially a wrong decision?

About 3 weeks into the Amoy outbreak, in an open forum for doctors, a Department of Health spokesman on Amoy was asked whether the index kidney patient was on hemo or peritoneal dialysis with a view to finding out the mode of spread. Or, had the patient been in mainland China for the past 10 days? The spokesman could not answer both. How strange and incompetent! Or, is there anything to hide?

Medical treatment is prescribed by the physician-in-charge. What should the treatment of SARS patients be directed by the Hospital Authority protocols – to give high dose steroid and Ribavirin? The age old doctrine said: “Even if you are not doing any good to the patient, do not do any harm!” From the start, US CDC had stated categorically, as if warning doctors in Hong Kong, that they would not use IV Ribavirin and would only use it via nebuliser if at all. When should practice and outcome be reviewed? Was HA guideline too powerful to be questioned or turned around?

Where the closure of schools too late? The closure order was made after parents refused to let their children to go to school and the school masters refused to open the schools.

How many meeting were held talking about “community spread or not”? Who were present? Who were consulted? Who made the final decision, or was it a collective effort?

Why is it not the responsibility of the Government to look after schools and old age homes to prevent an outbreak there?

What should be the proper protective gears and control measures for SARS? When did all the front-line doctors and nurses start to have proper gears? Had the middle management of hospitals saved up the gears for fear of short of continuous supply? Were masks reused? Were nurses forbidden to bring and wear their own masks in any hospitals? Were they not allowed to change to new gears after going to the toilets? Were some of the tea rooms inside the ICU so that when the nurses took off their masks to eat, contaminated air from the opened door flew from ICU into these tea rooms?

Had the pregnant staff in the infected hospitals been given leave to prevent them from contracted SARS? If yes, was it too late to allow such leaves? Had they been relocated to work in a safer environment, like OPD, SOPD, Complaints Department or Computers Department.

In a battle against Nature, should the consideration of the possibility and fact of a community outbreak be mixed up with the economic impact to Hong Kong?

What is the average cost per ICU or non-ICU patient?

System Failure

During the discussion with the Hospital Authority (HA) on the proposed One Patient One Doctor Scheme, no matter how the scheme was revised to fit the HA rules and protocols, more were brought up to deter the scheme from implementation. With no flexibility, any system would fail and could not survive for long.

System inflexibility also resulted in:

- Inability to share and even wastage of resources amongst various HA clusters and between the two medical schools; and
- Inability to tap the resources in the private market in case of emergency or need or to accept offers from the private market;

Government had tried to delay disclosure of information leading to situation where containment of the disease became impossible.

The Way Forward

Be a responsible Government

The health secretary or department heads should be made responsible for their wrong decisions leading to, e.g., unnecessary outbreak of disease. [In UK, even ██████████ was summoned to testify under oath on doubtful decisions.]

Be transparent and competitive in real terms

The real costs of treating a SARS non-ICU patients and a SARS ICU patient in public hospitals should be calculated and compared with those in the private sector? If the latter is more cost-effective, patients should have the choice to opt for private care. Resources should follow the patients. [For instance, why couldn't a retired professor in private practice with vast experience be barred from treating SARS patients and patients be denied of this choice if the professor is already their family/specialist doctor.]

Be sustainable through economic depression

The SARS outbreak disrupted Government's plan to economize for the sake of a huge deficit. More funds were forced to be injected into public hospital services, meaning that the current system is not sustainable through economic depression. The cornerstone in the treatment of patients in a community must be a good doctor-patient relationship. This can relieve panic and can also be more cost-effective. Any system of health care must serve to strengthen the free build up of and to mobilize such a potential force, be it the fight against SARS, smoking or diabetes mellitus.

日期	事件	總感 染人 數	累積 康復 出院 人數	累積 死亡 個案	仍然 留院 病人 總數	香港醫學會所作出之行動
2002年 11月6日	廣州佛山市爆發首宗肺炎 個案，病毒陸續散播至附近 多個城市，如中山、深圳、 江門及河源等。					
2003年 1月3日	廣東省河源市首名非典病 人不治					
1月10日	廣州爆發非典型肺炎，引起 搶購白醋潮					香港醫學會與廣東省醫學會聯絡
2月10日	本港多個地區出現搶購白 醋及板藍根熱潮，部分商舖 將價錢提高十多倍出售					
2月12日						Interview on Pneumonia on ATV – Afternoon Tea
2月14日						Meeting on Infectious Disease Seminar with Princess Margaret Hospital in Central Premises
2月21日	源頭病人廣州中山大學醫 學院教授██████抵港，入住 京華國際酒店911房間，將 病毒傳給家屬及酒店住客					電視節目「醫生與你」籌備會議
2月22日	██████往廣華醫院求醫，感 染兩名醫護人員					
3月2日						非典型肺炎講座（南區民政事務處）
3月3日	威院發現首名醫護感染上 呼吸道疾病					
3月4日	██████死亡，一名26歲、 曾到京華酒店的肺炎病人 入住威院8A病房，成為威 院源頭					
3月6日	曾入住京華國際酒店的美 籍華人從越南河內乘坐包 機回港					
3月10日	威院10多名醫護人員懷疑 集體感染，8A病房禁止探 訪，醫護及探病者須戴口罩					
3月12日	衛生署證實有十名醫護受 感染，世衛發出全球警告， 指香港、中國大陸及越南爆 發非典型肺炎					
3月14日	新加坡及台灣呼籲國民避 免前往香港					
3月15日	首次披露有50名醫護人員 家屬染病，5人死亡					President visited Prince of Wales Hospital to find out more about the outbreak there. Pneumonic Seminar at Princess Margaret Hospital

日期	事件	地點	參與人員	其他
3月17日	威院疫情告急，停收大部分專科門診，中大醫學院院長鍾尚志眼泛淚光，說擔心病情已擴散至社區，但衛生福利及食物局局長楊永強仍堅持「社會上沒有迹象蔓延」			
3月18日	中大指非典病毒組群為副黏液病毒群			
3月19日	威院暫停急症室服務，醫管局承認5名患者喪生，被轟隱瞞病情，衛生署公布發病源頭為入住京華國際酒店的廣州中山大學醫學院教授			知會香港醫學會會長有關搜購保護物品特別是口罩之來源
3月21日				Appeal to all members to join the HKMADH Public Health Education Team to give talks on SARS to community groups in the Districts. 非典型肺炎講座 (香港品質保證局)
3月23日	醫管局行政總裁何兆煒證實受感染			香港醫學會及衛生署舉行非典型肺炎在社區擴散之簡介會
3月24日				Members in receipt of: Appeal letter to all Doctors re: HKMA/DH Health Education Team Poster of 非典型肺炎徵狀 Letter from Dr. William Ho, CE of HA, re: Atypical Pneumonia Letter from Prof. [REDACTED], Chair of Infectious Disease, HKU Letter from Prof. [REDACTED], Dean of Faculty of Medicine, CUHK Announcement of Symposium by Baptist re: SARS Interviewed by RTHK Doctor & You Program "Psychological pressure faced by frontline healthcare workers in dealing with the recent threat of outbreak of SARS" Interviewed by ATV 時事追擊 on Atypical Pneumonia
3月25日				[REDACTED] 醫生及 [REDACTED] 醫生代表香港醫學會與衛生福利及食物局局長楊永強醫生開會
3月26日	衛生署證實，淘大花園 E座有五戶共14人受感染			Seminar on SARS at Baptist Hospital Interviewed by Channel 9, Australia on Atypical Pneumonia Interviewed by Yes! Magazine on Atypical Pneumonia Interviewed by RTHK on Atypical Pneumonia Interviewed by Next Magazine on HK history in fighting infectious diseases

日期	事件	不 入 數	保 出 院 人 數	元 個 案	百 元 病 人 總 數	香港醫學會所作出之行動
						<p>Interviewed by Apple Daily on the correct way for children to wear face mask</p> <p>發出標題為「採取預防嚴重呼吸道症候群(SARS)的措施：香港醫學會致全港市民及醫生的公開信」之新聞稿</p> <p>非典型肺炎講座 - 元州邨 (立法會議員辦事處)</p> <p>非典型肺炎講座 (元朗信義中學)</p>
3月27日	香港被世衛列為疫區，港府行使《檢疫及防疫條例》，強制隔離患者家屬					<p>Interviewed by Associated Press on Press Release sent on 26.3.2003</p> <p>醫生及醫生代表香港醫學會與衛生福利及食物局局長楊永強醫生開會</p> <p>香港醫學會之傳染病顧問委員會及健康教育委員會召開「嚴重急性呼吸系統綜合症」篩查網絡(為懷疑自己曾與 SARS 感染個案接觸的人士提供初步篩查及醫護服務)之緊急會議。</p> <p>非典型肺炎講座 - 幸福邨 (立法會議員辦事處 - 兩場)</p> <p>非典型肺炎講座 - 竹園商場 (立法會議員辦事處)</p> <p>非典型肺炎講座 - 蘇屋邨 (立法會議員辦事處)</p> <p>非典型肺炎講座 (稅務局體育會)</p> <p>非典型肺炎講座 (衛生署)</p>
3月28日	政府宣布全港停課九日，八間大學隨即宣布停課兩星期，港大確認沙士是一種屬冠狀病毒的全新病毒					<p>Interviewed by Bloomberg News on Atypical Pneumonia</p> <p>Interviewed by TVB - 高度戒嚴 on Atypical Pneumonia</p> <p>Interviewed by USA Today on HKMA's stance in fighting Atypical Pneumonia</p> <p>Interviewed by Times Magazine, Asia on Danger posed by SARS threat on the Rugby Seven Tournament</p> <p>Interviewed by The New York Times on HKMA's effort in reducing the spread of SARS in Hong Kong</p> <p>透過會員快捷聯絡系統通知所有會員有關香港醫學會為他們搜購口罩</p> <p>非典型肺炎講座 - 南昌社區會堂 (立法會議員辦事處)</p> <p>非典型肺炎講座 - 長沙灣社區會堂 (立法會議員辦事處)</p> <p>非典型肺炎講座 - 澤安邨 (立法會議員辦事處)</p> <p>非典型肺炎講座 (運輸署)</p> <p>非典型肺炎講座 (德累斯登銀行香港分行)</p>
3月29日						<p>非典型肺炎講座 - 油麻地駿發花園 (立法會議員辦事處)</p>

日期	事件	感染 染人 數	系 積 康 復 出 院 人 數	系 積 死 亡 個 案	仍 留 院 病 人 總 數	香港醫學會所作出之行動
						非典型肺炎講座 - 東頭邨 (立法會議員辦事處) 非典型肺炎講座 (南區民政事務處)
3月30日						非典型肺炎講座 - 大坑東社區會堂 (立法會議員辦事處) 非典型肺炎講座 (聖公會麥理浩夫人中心)
3月31日	本港錄得單日最高感染人數，一日內共80人證實受感染，淘大E座居民凌晨6時起被隔離					香港醫學會會董會之緊急 SARS 會議 Appointed Dr. [redacted] to be Central Co-ordinator 香港醫學會「嚴重急性呼吸系統綜合症」篩查網絡簡介會 非典型肺炎講座 - 白田邨 (立法會議員辦事處) 非典型肺炎講座 - 元洲邨 (立法會議員辦事處) 非典型肺炎講座 (稅務局體育會) 非典型肺炎講座 (運輸署) 非典型肺炎講座 (衛生署)
4月1日	一14歲少年在網上發布香港成為疫埠謠言，市民四出搶購糧食用品					非典型肺炎講座 - 麗閣邨 (立法會議員辦事處) 非典型肺炎講座 - 幸福邨 (立法會議員辦事處) 非典型肺炎講座 (南區民政事務處)
4月2日	世衛對香港發出旅遊警告					Members in receipt of Surgical Mask Order Form 香港醫學會「嚴重急性呼吸系統綜合症」篩查網絡會議 非典型肺炎講座 - 紅磡湖光街 (立法會議員辦事處) 非典型肺炎講座 - 天平邨 (民主建港聯盟) 非典型肺炎講座 (街坊工友辦事處) 非典型肺炎講座 (荃灣明愛社區中心)
4月3日	港商被禁出席瑞士世界珠寶及鐘表展私家醫生劉大均受感染去世					Council decided to set up a SARS sub-page on HKMA Website and appointed Dr. [redacted] to be the executive Editor of this page. 香港醫學會「嚴重急性呼吸系統綜合症」篩查網絡地區聯絡人會議 非典型肺炎講座 - 何文田邨 (立法會議員辦事處) 非典型肺炎講座 - 東頭邨 (立法會議員辦事處) 非典型肺炎講座 (議員辦事處) 非典型肺炎講座 (街坊工友辦事處) 非典型肺炎講座 (民主黨大埔工作隊) 非典型肺炎講座 (南區民政事務處) 非典型肺炎講座 (運輸署) 非典型肺炎講座 (德盛安聯資產管理香港有限公司)
4月4日						由陳文岩醫生代表香港醫學會出席由民協舉辦之

日期	事件	染人數	康復出院人數	死亡個案	留院病人總數	香港醫學會所作出之行動
						<p>SARS 新聞發報會</p> <p>非典型肺炎講座 - 馬頭圍邨 (立法會議員辦事處)</p> <p>非典型肺炎講座 (梨木樹明愛青少年綜合服務中心)</p> <p>非典型肺炎講座 - 祥華邨 (民主建港聯盟)</p> <p>非典型肺炎講座 - 景盛苑 (民主建港聯盟)</p> <p>非典型肺炎講座 (前綫)</p> <p>非典型肺炎講座 (民政事務總署)</p> <p>非典型肺炎講座 (南區民政事務處)</p> <p>非典型肺炎講座 (及 議員辦事處)</p>
4月5日						<p>非典型肺炎講座 (聖公會麥理浩夫人中心)</p> <p>非典型肺炎講座 (離島民政事務處)</p>
4月6日						<p>SARS CME Lecture at HA Building</p> <p>香港醫學會「嚴重急性呼吸系統綜合症」篩查網絡新聞發報會及研討會</p> <p>發出標題為「香港醫學會「嚴重呼吸道症候群(SARS)」篩查網絡」之新聞稿</p> <p>非典型肺炎講座 - 嘉福邨 (民主建港聯盟)</p> <p>非典型肺炎講座 (離島民政事務處 - 三場)</p>
4月7日						<p>香港醫學會代表接受新城電台訪問談最新疫情</p> <p>非典型肺炎講座 - 雍盛苑 (民主建港聯盟)</p> <p>非典型肺炎講座 (南區民政事務處)</p> <p>非典型肺炎講座 (北區民政事務處)</p> <p>非典型肺炎講座 (工商貿易署)</p>
4月8日	牛頭角下邨出現疫潮					<p>非典型肺炎講座 (議員辦事處)</p> <p>非典型肺炎講座 (旺角街坊會陳慶社會服務中心)</p> <p>非典型肺炎講座 (及 議員辦事處)</p>
4月9日	馬來西亞一度禁止香港旅客入境					<p>大埔網絡籌組會議</p> <p>浸會大學網上教室, 香港醫學會代表談疫情及防非典型肺炎講座</p> <p>非典型肺炎講座 - 愛民邨 (立法會議員辦事處)</p> <p>非典型肺炎講座 (北區民政事務處)</p> <p>非典型肺炎講座 (美國電話電報公司)</p> <p>非典型肺炎講座 (及 議員辦事處)</p>
4月10日						<p>Sent out Circular to appeal to members to help combat SARS.</p> <p>發出標題為「證實已染 SARS 的醫生名單??」之新聞稿</p> <p>「嚴重急性呼吸系統綜合症」資訊網頁會議</p>
4月11日						<p>大埔區私家執業醫生非典型肺炎座談會及成立網絡組織</p> <p>非典型肺炎講座 (循道衛理聯合教會主恩堂)</p> <p>非典型肺炎講座 (離島民政事務處)</p>

日期	事件	編感 染人 數	系積 康復 出院 人數	系積 死亡 個案	仍然 留院 病人 總數	香港醫學會所作出之行動
4月12日						接受日本東京 TVBS 訪問 香港醫學會代表於醫療輔助隊總部講座談最新非典疫情 非典型肺炎講座 (北區民政事務處)
4月13日	崇灣高威閣 5 日內共有 8 名住戶及 1 名商場職員受感染					非典型肺炎講座 (議員辦事處)
4月14日						All doctors were in receipt of Circular 1116 – HKMA Program to support all registered medical practitioners in Hong Kong in combating SARS with poster Members were in receipt of N95 Mask & Surgical Mask Order Form Interviewed by Asia Times on Sharing session with Experts from Guangzhou on Treatment of SARS 香港醫學會「嚴重急性呼吸系統綜合症」篩查網絡會議 再次接受日本東京 TVBS 訪問 非典型肺炎講座 (議員辦事處) 非典型肺炎講座 (北區民政事務處)
4月15日						設立「嚴重急性呼吸系統綜合症」資訊網頁 非典型肺炎講座 (北區民政事務處)
4月16日	港大證實非典病毒應由動物傳人	1,268	257	61		非典型肺炎講座 (聖公會麥理浩夫人中心) 非典型肺炎講座 (離島民政事務處) 非典型肺炎講座 (北區民政事務處) 非典型肺炎講座 (讀者文摘) 非典型肺炎講座 (美世人力資源顧問有限公司)
4月17日	港府的海大花園報告指出,該處的環境因素及污水系統是爆發疫症主因	1,297	272	65		仁安醫院; 沙田區成立網絡及最新疫情講座 非典型肺炎講座 (議員辦事處) 非典型肺炎講座 (北區民政事務處) 非典型肺炎講座 (啟勝管理服務有限公司) 非典型肺炎講座 (佳定物業管理有限公司)
4月18日						非典型肺炎講座 (議員辦事處) 非典型肺炎講座 (議員辦事處)
4月19日	本港單日受感染致死 12 人,達疫症最高峰政府舉行全民清潔保健行動日					香港醫學會參加心連心全城抗災大行動 19-20/4/03 香港醫學會代表及大埔網絡聯絡人參予電視台心連心全城抗災大行動 非典型肺炎講座 (香港房屋委員會) 非典型肺炎講座 (啟勝管理服務有限公司)
4月20日	內地取消五一黃金周,本港旅遊業受重創	1,402	436	94		香港醫學會代表接受電視台訪問關於重開游泳池 香港醫學會代表參予維多利亞公園萬眾齊心共抗災活動及講座
4月21日						香港醫學會代表參予維多利亞公園萬眾齊心共抗災

日期	事件	染人數	康復出院人數	死亡個案	留院病人總數	香港醫學會所作出之行動
						活動及第二次講座
4月22日	學校分階段復課，中四至中七學生恢復上課，學生上課前須由家長簽證書證明已在家中量度體溫，並且在校內須戴口罩	1,434	461	99		大埔網絡籌組會議 Published HKMA CME Bulletin – Special Issue on SARS
4月23日	港府宣布推出 118 億元救市	1,458	522	105	831	香港醫學會代表參予油尖旺區抗災講座 非典型肺炎講座 (香港房屋委員會) 非典型肺炎講座 (德累斯登銀行香港分行)
4月24日		1,488	567	109	812	非典型肺炎講座 (社會福利署)
4月25日		1,510	614	115	781	香港醫學會會長 [] 醫生在香港麗拉酒店演講，題目為“SARS Update: Global Perspective” 非典型肺炎講座 - 李鄭屋邨 ([] 立法會議員辦事處) 非典型肺炎講座 (社會福利署)
4月26日	屯門醫院男護士 [] 受感染病逝，成首位因非典型肺炎殉職的公立醫護人員，港全面實施入境探熱檢疫措施					非典型肺炎講座 (影藝廣告有限公司) 非典型肺炎講座 ([] 住宅管理有限公司) 非典型肺炎講座 (啟勝管理服務有限公司)
4月27日		1,543	668	133	742	非典型肺炎講座 (香港長者協會) 非典型肺炎講座 (街坊工友服務處) 非典型肺炎講座 (香港聖公會聖瑪提亞青少年綜合服務中心) 非典型肺炎講座 (新生會) 非典型肺炎講座 (影藝廣告有限公司)
4月28日		1,557	710	138	709	舉行標題為「匯報香港醫學會在對抗非典型肺炎的地區工作及為前線醫護人員提供保護衣暨接收捐贈保護衣移交儀式」之新聞發報會 非典型肺炎講座 (社會福利署) Interviewed by Metro Radio on Smoking hazards for SARS
4月29日		1,572	759	150	663	大埔網絡籌組會議及午餐會議，一校一醫生計劃初稿
4月30日						發出會員通告宣報成立「醫科學生醫療保障基金」，並藉此為基金籌募款項
5月1日		1,600	834	162	604	香港醫學會與樂施會合辦五一「同步健康路」 參加「疫」境自強大行動 5-7/2003 Interviewed by Economic Times on Sanitation Measures against SARS
5月2日		1,611	878	170	563	一校一醫生計劃初型首先於大埔沐恩中學試點舉辦 西貢及將軍澳區成立網絡
5月3日						大埔區非典型肺炎座談會聯同其他專業團體 Interviewed by Singapore TV on SARS song

日期	事件	總感染人數	累積康復出院人數	累積死亡個案	仍然留院病人總數	香港醫學會所作出之行動
5月4日	新增感染個案僅八宗，本港首次錄得單位感染數字	1,629	917	184	528	
5月5日		1,637	930	187	520	一人一醫生會議 香港醫學會「嚴重急性呼吸系統綜合症」篩查網絡： 一校一醫生計劃研討會
5月6日		1,646	958	193	495	Members were in receipt of Circular No. 1120 Protective Gears Order Forms Members were in receipt of Circular No. 1121 – Medical Students Protection Fund Interviewed by ATV News on Infection Control Medicine in Hong Kong
5月7日	本港醫護首次錄得零感染，東頭邨與東樓有爆發迹象					香港醫學會「嚴重急性呼吸系統綜合症」篩查網絡 – 一校一醫生計劃會議 非典型肺炎講座 (香港基督教女青年會賽馬會沙田綜合社會服務處) 非典型肺炎講座 (北區民政事務處) 非典型肺炎講座 (宏利人壽保險(國際)有限公司)
5月8日		1,661	1,008	208	445	
5月9日	沙田瀝源邨榮瑞樓證實有多名居民染病					Members were in receipt of Circular No. 1125 – One Patient One Doctor Scheme 香港醫學會代表與中文大學代表第一次會議，深化一校一醫生計劃，研究拍攝「健康校園(二) – 醫生與你齊學習」VCD 作日後教材之用 香港醫學會代表參加油尖旺區抗災講座予少數族裔 非典型肺炎講座 (香港基督教女青年會雲華護理安老院)
5月10日		1,667	1,015	210	442	非典型肺炎講座 (北區民政事務處)
5月11日		1,678	1,059	215	404	
5月12日		1,683	1,066	218	399	「健康校園(二) – 醫生與你齊學習」VCD 籌組會議 一人一醫生計劃小組會議 (at Ritz Carlton Hotel) 非典型肺炎講座 (香港基督教女青年會秀羣松柏社區服務中心) 非典型肺炎講座 (北區民政事務處)
5月13日	屯門醫院醫生 ██████ 受感染去世	1,689	1,090	225	374	觀塘一校一醫生計劃展開，與教統局代表籌組會議 Interviewed by ATV 時事透視 on Pressure on Public Health Sector created by the outbreak of Atypical Pneumonia in Hong Kong
5月14日		1,698	1,128	227	343	一人一醫生計劃小組會議 (at Jockey Club) 透過會員快捷聯絡系統邀請醫生參與一院社一醫生計劃 非典型肺炎講座 (香港婦女中心協會)
5月15日	聯合醫院健康服務助理 ██████	1,703	1,160	234	309	荃灣區展開一校一醫生計劃

日期	事件	病人數	康復出院人數	死亡個案	留院病人總數	香港醫學會所作出之行動
	受感染去世					中西區展開一校一醫生計劃
5月16日		1,706	1,171	238	297	「健康校園(二) - 醫生與你齊學習」VCD正式開拍 油尖旺區展開一校一醫生計劃 東區展開一校一醫生計劃 非典型肺炎講座(香港基督教女青年會深水埗綜合社會服務處) 非典型肺炎講座(康業服務有限公司)
5月17日						一院社一醫生計劃之簡介會 參與維多利亞公園「擁抱香港」抗災論壇 浸大網上教室第二次錄影 非典型肺炎講座(石硤尾街坊福利會有限公司) 非典型肺炎講座(康業服務有限公司 - 兩場)
5月18日		1,713	1,203	247	263	
5月19日		1,714	1,213	251	250	大埔網絡午餐會議 沙田區展開一校一醫生計劃 黃大仙區展開一校一醫生計劃 非典型肺炎講座(康業服務有限公司)
5月20日		1,718	1,229	253	236	「慈善音樂會 - 抗災戰士頌歌」籌備會議 非典型肺炎講座(康業服務有限公司) Interviewed by Next Magazine on One Patient One Doctor Scheme
5月21日		1,719	1,237	255	227	荃灣一校一醫生計劃展開
5月22日		1,722	1,247	258	217	非典型肺炎座談會樂善堂學校 非典型肺炎講座(北區民政事務處) 非典型肺炎講座(康業服務有限公司)
5月23日	世衛撤銷對香港及廣東省的旅遊警告, 港大與深圳疾病預防控制中心發現果子狸為冠狀病毒元兇	1,724	1,255	260	209	Published HKMA CME Bulletin - Special Issue on "Current Understanding of SARS - HK& China Experience.
5月24日	香港首次錄得零感染					「健康校園(二) - 醫生與你齊學習」VCD預映
5月25日		1,725	1,275	266	184	
5月26日		1,726	1,276	267	183	Members were in receipt of Notice of Seminar in Infectious Diseases to be held on 21.6.2003 香港醫學會與衛生福利及食物局、社會福利署及醫院管理局代表進行一院社一醫生之會議 就私家醫生在其診所診斷到 SARS 病人進行調查之研討會議 一校一醫生計劃會議 在不同網址上載「健康校園(二) - 醫生與你齊學習」VCD

日期	事件	染人數	康復出院人數	死亡個案	留院病人總數	香港醫學會所作出之行動
						西貢及將軍澳區展開一校一醫生計劃 一院舍一醫生計劃會議 Interviewed by Phoenix TV on HKMA's comment on the Government's guideline of taking-off masks
5月27日	聯合醫院健康服務助理 受感染去世	1,728	1,285	269	174	荃灣區網絡醫生午餐會議 一院舍一醫生計劃 - 大埔區醫生會議 非典型肺炎講座 (香港基督教女青會)
5月28日		1,730	1,295	270	165	全港性一院舍一醫生計劃籌備會議 一人一醫生工作小組會議 「義診服務計劃」會議
5月29日	立法會通過要求成立專責委員會調查官員有否失職,但港府堅持該檢討小組由楊永強帶領	1,732	1,302	273	157	非典型肺炎講座 (紅磡崇基中學)
5月30日		1,736	1,304	274	158	一校一醫生會議 東區網絡醫生午餐會議 非典型肺炎講座 (油尖旺民政事務處及基督教勵行會)
5月31日	私家耳鼻喉專科醫生 受感染去世					發出有關悼念醫生逝世之新聞稿 在5月31至6月20日期間,進行就私家醫生在其診所診斷到SARS病人之調查 發出標題為「全力支持醫管局新界東聯網受影響服務,私營醫療「義診服務計劃」」之新聞稿
6月1日	威院病房助理員 受感染去世	1,742	1,318	281	143	
6月2日	大埔醫院醫生 病逝,衛生署公開譴責浸會醫院隱瞞病情	1,746	1,319	282	145	為醫生在香港醫學會灣仔總部設立追思閣 發出有關為在香港醫學會灣仔總部設立追思閣之新聞稿 發出有關悼念醫生逝世之新聞稿 浸大網上教室第三次錄影
6月4日		1,748	1,339	283	126	
6月5日	美國疾病控制及預防中心對本港的旅遊警告 (travel alert) 改為旅遊忠告 (travel advisory)	1,748	1,343	284	121	發出標題為「醫生出殯」之新聞稿 一校一醫生計劃會議接納新建議
6月6日		1,750	1,350	286	114	
6月7日						Members were in receipt of: Circular No. 1128 – One School One Doctor Scheme Circular No. 1129 – One Institute One Doctor Scheme

日期	事件	總感 染人 數	累積 康復 出院 人數	累積 死亡 個案	仍然 留院 病人 總數	香港醫學會所作出之行動
						Notice of Seminar on a Review and Preview on the Treatment of Paediatrics SARS cases HKMA Concert 2003 Announcement – Symphony of Life – A Tribute to SARS Warriors 中西區一校一醫生非典型肺炎座談會
6月8日		1,752	1,364	287	101	香港醫學會與香港兒科醫學院及香港家庭醫學學院合辦有關怎樣處理兒童感染 SARS 個案之研討會
6月9日		1,753	1,365	288	100	醫生天主教彌撒儀式
6月10日		1,754	1,368	290	96	醫生公祭追思會
6月11日		1,755	1,374	291	90	醫生出殯儀式 香港醫學會代表出席亞洲英雄拍攝記者會 非典型肺炎講座 (香港基督教女青年會)
6月12日	本港首次出現零感染零死亡雙零紀錄	1,755	1,377	291	87	
6月13日		1,755	1,380	293	82	灣仔區網絡醫生午餐會議 香港醫學會代表接受大公報訪問有關一校一醫生計劃事宜 「慈善音樂會 - 抗災戰士頌歌」籌備會議
6月14日	廣東省從世衛疫區名單中除名	1,755	1,382	294	79	Members were in receipt of: Circular 1130 – 心晴行動 with Stickers Circular 1135 – Independent Inquiry on the handling of the SARS outbreak
6月15日		1,755	1,386	295	74	
6月16日		1,755	1,386	295	74	「疫後重建之香港醫學會社區網絡成立典禮暨一校一醫生計劃研討會」籌備會議
6月17日		1,755	1,387	295	73	與學生調查員討論就私家醫生在其診所診斷到 SARS 病人進行調查之事宜
6月18日		1,755	1,393	295	67	
6月19日		1,755	1,396	296	63	疫後重建之香港醫學會社區網絡成立典禮暨一校一醫生計劃研討會 發出標題為「疫後重建 - 強化香港醫學會社區網絡」之新聞稿
6月20日						Members were in receipt of: Notice of Certificate Course for Infectious Control in Private Practice 大埔網絡午餐會議 香港科研製藥聯會早餐會，討論「慈善音樂會 - 抗災戰士頌歌」事宜 非典型肺炎講座 (佳定管理服務有限公司)
6月22日		1,755	1,410	296	49	
6月23日	香港達到世衛 20 日無新感染個案要求，正式從疫區名					

日期	事件	感染 染人 數	未獲 康復 出院 人數	未獲 死亡 個案	仍然 留院 病人 總數	香港醫學會所作出之行動
	單中除名					
6月24日						漢大網上教室第四次錄影 中山醫學院同學會午餐會會議 「慈善音樂會 - 抗災戰士頌歌」籌備會議
6月25日						在香港中文大學進行一校一醫生計劃演講
6月26日						香港醫學會代表接受有線電視訪問有關一校一醫生計劃事宜
6月27日						東區網絡醫生午餐會議
6月29日						要求就 SARS 爆發進行獨立調查新聞發報會
6月30日						香港醫學會代表接受社聯訪問有關一校一醫生計劃事宜
7月2日						「慈善音樂會 - 抗災戰士頌歌」籌備會議
7月3日						Members were in receipt of: Circular No. 1137 - Japanese Encephalitis: A Review Circular No. 1139 - 心晴行動 with poster 香港醫學會週年慈善音樂會之新聞發報會
7月6日						慈善音樂會 - 抗災戰士頌歌
7月11日						「嚴重急性呼吸系統綜合症」資訊網頁會議
7月13日						非典型肺炎講座 (社區及院舍照顧員總工會)
7月19日						非典型肺炎講座 (香港防癆心臟及胸病協會)
7月26日						非典型肺炎講座 (香港防癆心臟及胸病協會)
7月29日	<p>For information of the HKMA Council:</p> <p>We have recruited 29 district co-ordinators, including 2 central co-ordinators.</p> <p>We have had 127 volunteers to give talks on SARS.</p> <p>222 doctors and 61 medical laboratories participated in the research study for screening of SARS in the community. (Result to be compiled by Prof. [REDACTED])</p> <p>We have given more than 120 health talks during the SARS alert period.</p> <p>We have recruited 380 members to the One School One Doctor Program.</p> <p>We have recruited 137 members to the One Institute One Doctor Program.</p> <p>We have raised \$50,000 to the Medical Students Protection Fund and donated \$100,000 worth of protective gears to the medical students via their medical schools.</p> <p>We have sources various protective gears for our members and 18,481 boxes of surgical masks (50 masks per box) have been sold during the period from 31/3 to 29/7.</p>					
7月29日	<p>We have displayed a total of 49 banners 「全港私家執業醫生，與市民同心抗災」 at various districts, sponsored by Pfizer (See Attached)</p>					

The following documents were attached and were withheld from disclosure:

Press Release:

- 29.6.2003 Request for Independent Inquiry on the handling of the SARS outbreak
- 19.6.2003 Containing SARS, Rebuilding HKSAR-Strengthening The HKMA
Community Network
- 5.6.2003 Funeral arrangements for the late Dr [REDACTED]
- 2.6.2003 Message of condolence for the family of Dr [REDACTED]
- 13.5.2003 Condolence to Dr [REDACTED]
- 10.5.2003 One School One Doctor Scheme
- 25.4.2003 To report on the activities of the HKMA Network for Screening of
SARS and the enhancement of protection of frontline private
practitioners against SARS with protective gowns and a ceremony to
accept protective gowns from a donor
- 10.4.2003 List of Doctors Suffering from SARS???
- 6.4.2003 The Hong Kong Medical Association Network for Screening of Severe
Acute Respiratory Syndrome (SARS)
- 26.3.2003 The Hong Kong Medical Association's advice to the public and to
doctors on the prevention of the Severe Acute Syndrome (SARS)

Circular:

- No. 1135 Independent Inquiry on the handling of the SARS outbreak
- No. 1129 One Institution One Doctor Scheme
- No. 1128 One School One Doctor Scheme
- No. 1125 One Patient One Doctor Scheme
- No. 1120 Protective Gear
- No. 1117 N95 Mask and Surgical Mask
- No. 1116 HKMA program to support all registered medical practitioners in Hong
Kong combating SARS

Other documents:

1. HKMA Network for Screening of SARS: Instruction for Doctors
2. Network for Screening of SARS: Data Collection Form
3. Appeal to All Doctors
4. Leaflet for a special symposium on SARs
5. Letter from Professor [REDACTED] of the University of Hong Kong
6. Information from the Department of Health and the Hospital Authority
on atypical pneumonia outbreak in Hong Kong