

東方日報 2/6/2003 A2

# 楊永強：沙士病源仍是謎

## 醫院增逾千病床 改善隔離設施

【本報訊】衛生福利及食物局局長楊永強歡迎世界衛生組織將香港在疫區名單中除名，但由於現時仍未確定沙士病毒的源頭，不排除病毒可能出現變種，疫症或可再次出現，呼籲市民應繼續保持個人衛生，當局將在三個月內改善公立醫院的隔離設施及加設一千多張隔離病床，他有信心即使疫症再次爆發亦有足夠措施應付。

楊永強指香港能從疫區名單中除名，有賴市民大眾一同抗疫，又特別感謝前線醫護人員、其他公營機構、非政府機構和研究人員，日以繼夜工作阻止疾病擴散。他指疫症為很多人帶來痛苦，特別是因照顧病人而受感染的醫護人員，及搶救無效而不幸去世的病人，令他感到十分難過。

他又表示，今次疫症的代價很大，當局會吸取經驗，避免再次爆發疫症，但拒絕回應會否就事件而辭職。

他指由於現時仍未得悉沙士病毒的源頭，不能擔保病毒可能已變種，

或有機會再次在港出現，政府現正就事件進行檢討，並正改善各公立醫院的通風系統和隔離設施，及在九間急症醫院加設一千多張隔離病床，預計三個月內可完成，當局又會研究長遠有否需要設立傳染病中心及加強現有監察服務等，即使疫症再出現，政府亦有足夠措施應付，呼籲市民應繼續保持個人衛生，使疾病遠離香港。

### 英專家稱毋須建傳染病院

曾與本港專家聯署發表有關沙士醫學報告的英國倫敦大學醫學院傳染流行病學系系主任安德森（Roy Anderson）教授，在港出席傳染病研討會時指出，本港現有醫院已有足夠隔離設施應付大型傳染病，暫無興建傳染病醫院的必要。

本港終於從世衛疫區名單中除名，他讚揚是港府、醫護人員和市民共同努力的成果，當中當局在各口岸的檢疫措施及市民整體衛生意識提高居功不少，相信即使疫潮冬天再次來襲，本港亦有足夠能力應付。



楊永強指加強醫院隔離措施，防疫症再爆發。

# 專家指港毋須建傳染病醫院

專家 正在本港出席傳染病研討會的英國倫敦大學醫學院傳染流行病學系主任安德森認為，本港毋須興建傳染病醫院。他相信，若冬季再爆發疫症，本港已有足夠的警覺性去應付。

(都市)

# Warning sounds on more outbreaks

英文虎報

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B5

**Cally Cheng**

An epidemiologist warned yesterday that the world should expect more outbreaks of infectious disease in the coming decades.

Asia, he warned, could be one of the breeding grounds for new disease and he called on governments around the world to establish proper surveillance systems to protect their populations.

Speaking at a Hong Kong University seminar, Professor Roy Anderson of London University's infectious diseases department said the increase in air travel, the growth in global population and the rising number of large urban centres with a high population density were contributory factors to the outbreaks.

Anderson said Asia was vulnerable because the number of "mega-cities" in the continent would reach 19 by 2015, compared with three in Africa and five in Latin America.

Anderson said Hong Kong could play an important surveillance role because of its sophisticated medical infrastructure.

However, because it was densely populated, Hong Kong also ran the additional risk of being an area where diseases such as influenza and dengue fever could easily spread.

"The government and Hospital Authority should work hard to build a more sophisticated surveillance system to prevent the recurrence of epidemics, such as the bird flu of last year."

When asked if he thought Sars would break out again in Hong Kong, Anderson said: "I am optimistic. But I am concerned about China because of its huge population and area."

He said Hong Kong's success in controlling Sars would be internationally recognised.

He was especially impressed by the dedication of health workers who stayed at their posts during the outbreak.

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# Detection and data are key to halting outbreaks

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P.1

**Heike Phillips**

An international medical expert says the key to preventing a repeat of the Sars outbreak lies not in establishing a purpose-built infectious diseases hospital but in setting up a sophisticated surveillance system in each hospital and a shared "real-time" database.

Speaking at a seminar at the University of Hong Kong yesterday, the head of Imperial College's department of infectious disease epidemiology at London University, Roy Anderson, also said there was a need for better communication between hospitals and the Department of Health in combatting future outbreaks.

He reiterated a call by the university's department of community medicine last week for a comprehensive database to better manage the collection and flow of information between hospitals, doctors and health authorities in the event of an outbreak.

Professor Anderson stressed the need for such a database to operate on a "shared and real-time" basis.

"This data capture has to be real-time and needs to come in from every health-care centre every day into one centralised database. Then you can begin to make real-time policy decisions," he said.

Professor Anderson said the Department of Health had been encouraged to start developing a uniform questionnaire and digital record for patient information.

"Data capture is the most important bit in dealing with an outbreak," he said.

"You have the components of a central database in place, but the clinical bit is not moulded with the epidemiological bit, which is not moulded with the [contact] tracing bit."

Professor Anderson suggested that instead of investing in a single infectious diseases hospital, each medical centre should have a specialist infectious disease unit with isolation facilities, manned by staff experienced in infection control.

He said hospitals were very important in controlling infectious diseases, not least because it was in hospitals where outbreaks were first identified.

Professor Anderson warned that Asia could increasingly become the source of global outbreaks of infectious diseases in the next 10 years.

This was because of its population density, growing mobility of people due to economic growth and the rise of mega-cities of more than 10 million people.

This, in turn would have a significant impact on Hong Kong, due to its position as an international aviation hub and its proximity to the mainland.

"There is no stigma attached to it. One doesn't blame, for example, Hong Kong for the influenza epidemic - these are just facts of life," he said.

Calling yesterday's removal of Hong Kong from the WHO's affected-area list "right and proper", Professor Anderson complimented Hong Kong on its handling of the Sars outbreak and raised doubts that London would have dealt with such an outbreak quite as effectively.

"One reason is that the British public is not as compliant and less trusting of public health directors," he said. "[In Hong Kong], once you do pick up the disease, the public responds marvellously."

He also congratulated Hong Kong's medical staff on their commitment and dedication.

"The medical workers were most impressive," Professor Anderson said. "No one jumped ship and some paid for their dedication very dearly."

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