



Hong Kong College of Paediatricians NEWSLETTER

April 2003

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Message from the Editors

Since early March, Severe Acute Respiratory Syndrome (SARS) has killed 22 people and infected more than 800 people (up to 6 April 03) and the number of patients is expected to increase due to the extremely infectious nature of the virus. All parties in Hong Kong are trying their best to fight this battle against SARS- the biggest challenge in the history of Hong Kong medical profession in recent years. It is exactly in such difficult times that require our unity, mutual care and help to overcome the present challenges and eventually we can fulfill our sacred mission to serve the public. On behalf of the College, we would like to thank you for your ongoing dedication and professionalism.

The Hospital Authority posted a "PWH/PMH Interim Guideline on the Management of Children with SARS" on 1 April 2003. The content has been sent to our members already and is attached again for College members' reference (**Appendix II**). Please be reminded that it was viewed as an interim reference and it may need revision when new information comes up.

Paediatric SARS Discussion Group was formed by Paediatricians in Hong Kong interested in SARS issues on 22 March 2003. We hope that this bulletin board can serve as a platform for discussions, information dissemination and sharing for all of us. Fellows, Members and Associates of Hong Kong College of Paediatricians are welcome to join. The URL of the discussion board is <http://www.paedsarshk.org>. Please register by clicking "Register" icon (with a tick) on front page, and fill in:

- (1) Username e.g. HONG Kong Hau Alexander will be *hongkha* by convention, all in small letters
- (2) Password you prefer e.g. *abcd1234*
- (3) E-mails that can reach you e.g. *honkha@ha.org.hk*
- (4) Location where you're working e.g. *St. John Hospital*
- (5) Your full name e.g. *HONG Kong Hau Alexander*

A confirmatory message for successful registration will be sent to you by the system upon verification by the webmaster. ONLY REGISTERED MEMBERS have the access authority to view messages, post messages and download documents from the board.

Let's join hands to better manage our Children.

Message from the President

I believe that every paediatric colleague is being distressed by the current outbreak of 'Severe Acute Respiratory Syndrome (SARS)' occurring in Hong Kong. The virus causing the SARS has high infectivity and every one of us must take special precautions to prevent ourselves from being infected. Thanks to the colleagues of Prince of Wales Hospital and Princess Margaret Hospital an 'Interim Guideline on the Management of SARS in Children' is reproduced in Appendix II. Members are also advised to visit the websites of the Hospital Authority and Department of Health regularly in order to obtain the most updated information of the disease. I would like to appeal to members who have managed children suffering from SARS to share their experience with their colleagues by completing

the 'Paediatric SARS Information Collection Sheet' as per **Appendix III**.

To reinforce the importance of training in child health and primary care, training in maternal and child health centres would be mandatory for trainees starting their basic training in July 2003. Higher trainees are also reminded in this issue of newsletter that they should observe the training requirements, which have already been promulgated.

All Fellows are reminded of the implementation of mandatory CME for all medical practitioners by the Medical Council of Hong Kong in January 2005. Fellows with their CME cycles starting before 1 January 2005 will have to satisfy the Academy CME requirements on a pro rata basis by 31 December 2004 before they can continue to have their names maintained on the Specialist Register of the Medical Council of Hong Kong. As there are so many CME activities going on I am sure our Fellows will have no difficulty in meeting the requirements.

Last year our College had a successful scientific and social exchange with our colleagues in Xinjiang. This year we are planning to organize a similar programme to Sichuan in September. I shall keep you informed of the details of the plan. I welcome you to participate in this interesting College activity.

Congratulations

Our heartiest congratulations to the following associates who passed the MRCPCH/Intermediate Examination (Part II Clinical Examination) in February 2003:

Dr. Chan Shu-Yan
Dr. Chow Chung-Mo
Dr. Chung Hon-Yin, Brian
Dr. Fu Yu-Ming
Dr. Lam, Hugh Simon Hung San
Dr. Ting Yuk, Joseph

Membership Committee

The following doctor was approved for **Associateship**:

Dr. Chan Richard Oscar

The following Associates were approved for **Membership**:

Dr. Au Yeung Wai-Yan, Viola
Dr. Cheng Wai-Tsoi, Frankie
Dr. Ku Wai-Hung
Dr. Mo Kit-Wah
Dr. Wong Wai-Chun

The following Members were recommended for elevation to **Fellowship** and nomination for Fellowship of the Hong Kong Academy of Medicine :

Dr. Chan Lik-Man
Dr. Ip, Patrick
Dr. Tong Pak-Chiu
Dr. Helene Wan

Implementation of New CME Cycle starting from 1 January 2005

According to the Medical Registration Ordinance, Continuing Medical Education (CME) is required for all medical practitioners with effect from 1 January 2005. Satisfactory fulfillment of CME requirement during a 3-year CME cycle is required for continuing registration of a doctor on the Medical Register of the Medical Council of Hong Kong and the issue of the Practising Certificate to the doctor by the Medical Council of Hong Kong. All doctors and Fellows of the Academy will need to start a new 3-year CME cycle on 1 January 2005. Fellows of the Academy with CME cycles starting before 1 January 2005 will need to have satisfied the Academy CME requirements on a **pro rata basis** by that date before they can continue to have their names maintained on the Specialist Register of the Medical Council of Hong Kong. Fellows are therefore urged to ensure that they have fulfilled pro rata the Academy CME requirement **by 31 December 2004**.

Basic Paediatric Training in MCHC

Six Maternal and Child Health Centre (MCHC) Clusters have recently been accredited for basic training by our College. All trainees entering into the Basic Paediatric Training Programme on 1 July 2003 and thereafter must have a mandatory 6-month training module in an accredited MCHC cluster during the 3 years of Basic Training. As only 36 basic trainees could

receive supervised training in these MCHC in the next 3 years, Chiefs of Services (COS) and training supervisors are urged to make arrangements with the Department of Health for the trainees to be rotated to the MCHC as soon as possible.

Guidelines on Higher Training

The Council wishes to remind **ALL** trainees who have entered into Higher Training in Paediatrics from the 1 July 2001 and thereafter should adhere to the Guidelines on Higher Training (vide infra). During the interim period between 1 July 2001 and 30 June 2004, the College would deal with minor infractions of these rules by trainees sympathetically provided there is a good reason. **ALL** trainees sitting the Exit Assessment in June 2004 or thereafter, irrespective of the date of commencement of training, should fulfill **ALL** of the following training requirements:

- (1) The duration of supervised Higher Training should be no less than 3 years in College accredited centres.
- (2) There should be at least 2 years of hospital-based paediatrics, of which not less than 12 months should be devoted to general paediatrics with acute emergency hospital admission of children not restricted to any age group or paediatric subspecialty.
- (3) The trainee may opt to undergo training for not more than 12 months in one paediatric subspecialty (as defined in the Guideline for Paediatric Training) inclusive of the 6 months obligatory rotation to local and overseas training centres should such a rotation is through the same paediatric subspecialty opted for.
- (4) The trainee may also opt to undergo training for not more than 12 months in child health related specialties (e.g. child psychiatry, maternity and child health, school health, etc.) of which not more than 6 months should be spent in any single specialty and inclusive of the 6 months obligatory rotation to local and overseas training centres should such a rotation is

through the same child health related specialty.

- (5) All trainees must undergo a 6-month obligatory rotation through other training unit(s) (local/overseas). Prospective applications must be submitted, at least 3 months before the commencement of overseas training, to the Accreditation Committee together with the basic and essential information required to accompany any such application. The Accreditation Committee should also be notified before a trainee starts the rotation to other local training unit(s).

Accreditation of Trainer

At the recent Council Meeting dated 17 March 2003, it was resolved that our College would adopt a standard procedure for the accreditation of Trainers. All COSs will submit a formal application for re-accreditation of existing Trainers in their institution every 2 years to the College Secretariat. The next application exercise for existing trainers will be the end of 2003. The application must be accompanied by up-to-date curriculum vitae (C.V.) of every individual trainer. A formal application to the College is required before a new Fellow of the College is recognized as a Trainer. Application of accreditation of a new Fellow as a Trainer in an accredited institution must also be accompanied by an up-to-date C.V. of the applicant.

Examination Committee Diploma in Child Health Examination (DCH) 2003

The Hong Kong College of Paediatricians (HKCPaed) and the Royal College of Paediatrics and Child Health (RCPCH) will hold a Joint Diploma in Child Health Examination in Hong Kong this year, awarding DCH (HK) and DCH (International) to the successful candidates.

The Examination will be divided into two parts: Written and Clinical. The Written Part will consist of two papers. The first paper consists of short notes and case commentaries and lasts for 3 hours. The second paper consists of

multiple choice questions (MCQ) and lasts for 2 hours. Both papers will be held on 4 September 2003 at the Hong Kong Academy of Medicine Jockey Club Building. Those who have passed MRCPCH Part I or MRCP Part I in Paediatrics are exempted from the Written MCQ Paper. Successful candidates in the Written Examination will be invited to attend the Clinical Section, which consists of long and short cases, and will be held on 15-16 October 2003 in Hong Kong. Candidates will be notified of the exact time and venue 10 days prior to the Clinical Examination.

Application:

The Examination will be open to registered medical practitioners in Hong Kong. Candidates should have at least 6 months of Paediatric practice (resident medical officer or intern) in a recognized institution with acute hospital admissions. Applicants who were externs should provide evidence of regular on-call duties during their externship training in a recognized training institution. Information and Application Forms are available from the Hong Kong College of Paediatricians at, Room 808, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Hong Kong. (Tel: 2871 8871; Fax: 2785 1850).

Examination Fees:

Written:-

HK\$3,000
HK\$2,500 (for candidates exempted from the MCQ paper)

Clinical:-

HK\$6,000

Completed application forms should be returned to the Hong Kong College of Paediatricians at the above address with the required examination fees for both Written and Clinical Sections, made on two separate cheques payable to 'Hong Kong College of Paediatricians'. The number of entries is limited and available places will be allocated on a 'first come first served' basis. Those who fail the Written Examination are not allowed to attend the Clinical Section and they

will receive refunds for the Clinical Section. Diploma fees of 70 pound sterling and HK\$800 will be required for successful candidates who apply for diplomas of the RCPC and HKCPaed respectively.

Deadline for Application : 18 July 2003 (Friday)

Hong Kong College of Paediatricians Foundation (HKCPF)

The 5th AGM of HKCPF will be held on 29 April 2003. Dinner will follow after the AGM. Members of the Foundation are requested to attend the 5th AGM.

On going projects undertaken by the HKCPF:

The 12-lesson course on 'child and adolescent health' organized by the HKCPF for the Council of Social Services was successfully held on Saturday afternoons from 16 November 2002 to 25 January 2003. The attendance was over 80.

Dr. Alfred Tam would like to thank Drs. Alan Ng Kwan-Wai and Rose Mak for the coordination and the following colleague speakers who participated in the course:

Dr. Alan Ng
Dr. Chang Kan, Jane
Dr. Hung Sze-Fong
Dr. Florence Lee
Dr. Lee Lai-Ping
Dr. Leung Siu-Kwan
Dr. Luk Siu-Luen
Dr. Tsang Man-Ching
Dr. Winnie Tse
Dr. Woo Kai-Fan

The four-lesson Certificate Course on 'child health' organized by the HKCPF, the Alumni Association of Pre-School Education Administration and Management Course of SPACE of the University of Hong Kong was successfully held on Saturday afternoons from 4 January 2003 to 25 January 2003. The attendance was over 200. Dr Alfred Tam would like to thank Drs. Daniel DY Lau, Alan

Ng and Cheng Chun-Fai for the coordination and the following colleague speakers:

Dr. Alan Ng
 Dr. Florence Lee
 Dr. Sophie Leung
 Dr. Woo Kai-Fan

doctors in the Lijiang Prefecture People's Hospital as part of the training program to local doctors. The Medical Superintendent of Lijiang Regional Hospital has written an invitation to Dr. Alfred Tam and HKCPF for a re-visit this year.

Dr. Alfred Tam, as representative of the Foundation, has joined the Cornerstone Association and visited the Lijiang Prefecture from 19 to 26 May 2002. Dr. Tam delivered a lecture on "How to write a scientific paper" to

Members, who are interested in the educational and medical service trip to Lijiang, please indicate your interest by sending in the reply slip (**Appendix I**).

CME Category A Activities

Listed below are CME Category A activities organized by the HKCPaed and various paediatric societies and institutions. For the complete list of Category A activities and Category B activities, please refer to the homepage of the HKCPaed.

The accuracy of the information has been checked according to the details submitted by the responsible organizers. *Members and fellows are reminded to enquire the contact person listed below for last-minute alterations.*

April 2003	
3 Apr (Thu) CME Cat. A 2 pts	Topic: Certificate Course on Paediatric Asthma & Respiriology for Community Doctors: The Leaky and Stuffy Nose – Diagnosis & Management Venue: Tang Room, 3/F, Sheraton Hotel Time: 1:15 pm - 3:00 pm Speakers: Dr Victor Abdullah Organizer: HK Society of Paediatric Respiriology Enquiry: Dr T.Y. Miu/Ms Bonnie Chum, Tel: 29588888/29586656
10 Apr (Thu) CME Cat. A 2 pts	Topic: Certificate Course on Paediatric Asthma & Respiriology for Community Doctors: Counselling Techniques in Chronic Paediatric Respiratory Diseases Venue: Tang Room, 3/F, Sheraton Hotel Time: 1:15 pm - 3:00 pm Speakers: Dr Leung Wai Yin/Dr Alfred Tam Organizer: HK Society of Paediatric Respiriology Enquiry: Dr T.Y. Miu/Ms Bonnie Chum, Tel: 29588888/29586656
12 Apr (Sat) CME Cat A 3 pts	Topic: Workshop on clinical management of children with short stature Venue: Room G 08, School of General Nursing, Queen Elizabeth Hospital Time: 2:00 pm – 5:00 pm Speakers: Drs Mak Kwok Hang, Huen Kwai Fun, Shek Chi Chung, Cheung Pik To, Lam Yuen Yu, Louis Low Organiser: HK Society of Paediatric Endocrinology and Metabolism Enquiry: Dr Yu Chak Man, Tel: 25956111

14 Apr (Mon)	Topic: Venue: Time: Speaker: Organiser: Enquiry:	Embryonic stem cells - an introductory overview Room 3, Block M, G/F, Queen Elizabeth Hospital 6:00 pm – 7:30 pm Prof L.C. Chan HK Paediatric Haematology & Oncology Study Group Ms Anita Lee, Tel: 26321144
CME Cat A 2 pts		

24 Apr (Thu)	Topic: Venue: Time: Organiser: Enquiry:	Education Programme for Management of Disabled Children Room 01, Multicentre Block B, Pamela Youde Nethersole Eastern Hospital 4:30 pm – 5:30 pm Comprehensive Paediatric Rehabilitation Centre, Pamela Youde Nethersole Eastern Hospital Ms Suki Tsang, Tel: 25956860
CME Cat A 1 pt		

May 2003

10 May (Sat)	Topic: Venue: Time: Speaker: Organisers: Enquiry:	Refresher Course for Health Care Providers 2002/2003: Common Gastrointestinal Complaints in Infants and Young Children Training Room II, 1/F, OPD Block, Our Lady of Maryknoll Hospital 2:30 pm – 4:30 pm Dr Ko Po Wan HK Medical Association, Department of Health, and Our Lady of Maryknoll Hospital Dr Louis TC Shih, Tel: 25278285
CME Cat A 2 pts		

18 May (Sun)	Topic: Venue: Time: Speaker: Organiser: Enquiry:	1. New Diagnostic Criteria for Chronic Abdominal Pain In Children – the Rome Criteria (Poster) 2. An Adolescent Girl with Recurrent Jaundice – What Investigations should be Done? (Case Presentation) Lecture theatre, Block A, G/F, Queen Elizabeth Hospital 7:30 pm – 9:30 pm Dr Leung Chik Wa Paul HK Society of Paediatric Gastroenterology, Hepatology & Nutrition Dr Leung Ying- kit, Tel: 27710698
CME Cat A 2 pts		

Appendix I

**Hong Kong College of Paediatricians Foundation (HKCPF)
Reply Slip for the Lijiang Project**

Reply (Foundation Secretariat: Ms Christine Leung)
Fax: 27851850 Tel: 28718871

I, Prof./ Dr. _____ being a fellow of the HKCPF, am interested in the Lijiang Project.

Contact Tel: _____

Address: _____

**PWH/PMH Interim Guideline on the Management of Children with Severe Acute
Respiratory Syndrome (SARS) in Children**

(25 March 2003)

(These interim guidelines will need revision when new information comes up)

**A. Interim Case Definition for SARS in Children Requiring Specific Treatment
(Antiviral and Steroid) and ‘Strict’ Isolation**

Fever (rectal temperature $\geq 38.5^{\circ}\text{C}$ or oral temperature $\geq 38^{\circ}\text{C}$)

AND

Chest X-ray findings of pneumonia or acute respiratory distress syndrome (ARDS)

AND

Close contact, within 7 days of onset of symptoms, with a person under investigation for or diagnosed with SARS

AND

Failure to respond to antibiotics covering the usual pathogens of community acquired pneumonia (e.g. a broad spectrum beta-lactam *plus* a macrolide) after 2 days of therapy in terms of fever and general well being

AND one or more of the following:

Chills, malaise, myalgia, muscle fatigue, cough, dyspnoea, tachypnoea, hypoxia, lymphopenia or falling lymphocyte count

Please note that the followings are not typical findings of SARS:

- Physical findings of prominent crepitations and / or rhonchi on auscultation of chest
- Chest X-ray findings of lobar consolidation or significant pulmonary effusion
- Leukocytosis, neutrophilia or left shift of neutrophils with toxic granulation

Patients fulfilling the HA SARS diagnostic criteria but not the above ‘treatment criteria’ should still be isolated with appropriate infection control measures.

B. Interim Management Strategy for Children with Suspected SARS

Investigations

- Microbiological studies to rule out common pathogens – minimum should include blood culture, NPA for immunofluorescence and viral culture, and viral serology (repeat at 2-3 weeks). (*Please put on mask, gloves, face shield or goggle and gown while doing NPA*)
- CBC, D/C with peripheral blood smear – daily or alternate day to monitor for falling Hb (especially if receiving ribavirin) and falling lymphocyte count (reflects progression of disease)
- LFT, RFT, CK, LDH – monitor frequently if abnormal
- Clotting profile – PT, APTT, FDP and D-dimer – monitor frequently if abnormal
- Daily CXR or more frequent as clinical condition warrants

Treatment plan

3rd generation cephalosporin (e.g. **Cefotaxime**) *plus* macrolide (e.g. **Erythromycin** or **Clarithromycin**) for coverage of usual pathogens of CAP

Commence **Ribavirin 40-60 mg/kg/day po div Q8H** if contact history definite and with fever (*oral bioavailability of ribavirin is 20-64%*)

If fever persists for 2 - 3 days and no improvement in general well being despite above regimen, commence steroid: **Prednisolone 1-2 mg/kg/day po div BD** or **Hydrocortisone 1-2 mg/kg iv Q6h**. **A lower dose of 0.5-1.0 mg/kg/day daily has been used in PWH and also appears effective.**

If fever persists, or clinical deterioration or progressive CXR changes, pulse **Methylprednisolone 10 mg/kg/dose iv Q24H** for up to 3 doses, depending on clinical response *plus* **Ribavirin** (product manufactured by ICN Medical preferred) **20-60 mg/kg/day iv div Q8H** (maximum dose used in some adult patients is 60 mg/kg/day or 1.2 g Q8H).

Continue with prednisolone 1-2 mg/kg/day or Hydrocortisone 1-2 mg/kg iv Q6H after pulse methylprednisolone. After 2 weeks of treatment and if condition improves, start tapering of steroid at half the dose for 1 week. If CXR returns to normal by day 21, may stop steroid or rapid tail off over a few days. If CXR is still abnormal by day 21, try slow tapering of the steroid according to clinical and radiological improvement.

Ribavirin will be given for a total of 10 days. Antibiotics may be discontinued if afebrile for 5 days. However patients started on pulse steroid should be carefully watched out for secondary infection.

The antibiotic regimen can be modified on clinical grounds if secondary or hospital acquired infection is suspected after prolonged stay in ICU and course of high dose steroid.

Special precautions

- Use of nebulizer or nebulized medication for patients with suspected SARS is NOT advised.
- If intubation and assisted mechanical ventilation is required, a closed suction system should be incorporated into the ventilator circuit.
- Ribavirin may be accumulated in patients with impaired renal function but not in patients with decompensated liver disease.
- Adverse events associated with the use of Ribavirin:

Haematological	Haemolytic anaemia, reticulocytosis
Cardiovascular	Cardiac arrest, hypotension, bradycardia, tachycardia
Neurological	Dizziness, asthenia, seizure
Renal	Nephrolithiasis
Hepatic	Elevated serum bilirubin and ammonia
Metabolic	Increase in uric acid
Dermatological	Pruritus, rash, skin eruptions

Prepared by Dr. Li Chi Kong, Consultant (Paediatrics), PWH and Dr. Leung Chi Wai, Consultant (Paediatrics) PMH

PAEDIATRIC SARS INFORMATION COLLECTION SHEET

Hospital : _____ Reporting Officer: _____

NAME: _____ (initial) SEX: _____ Age : _____

Contact period with known SARS case: ___/___/___ to ___/___/___

Onset of fever : ___/___/___ Date of admission: ___/___/___

SYMPTOMS AT PRESENTATION: (PLEASE TICK IF PRESENT)

FEVER	<input type="checkbox"/>	CHILLS	<input type="checkbox"/>
RIGOR	<input type="checkbox"/>	MALaise/FATIGUE	<input type="checkbox"/>
MYALGIA	<input type="checkbox"/>	HEADACHE	<input type="checkbox"/>
COUGH	<input type="checkbox"/>	RUNNY NOSE	<input type="checkbox"/>
VOMITING	<input type="checkbox"/>	DIARRHEA	<input type="checkbox"/>
SORE THORAT	<input type="checkbox"/>	ABD PAIN	<input type="checkbox"/>
DYSPNOEA	<input type="checkbox"/>	chest pain on deep inspiration	<input type="checkbox"/>

OTHERS: _____

Duration of fever before admission: _____ days, Max temperature: _____ C/F

SIGNS:

Respiratory distress: Yes/No, others: _____

Hypoxaemia: Yes/No, (IF Yes: Onset from day ___ of fever, SaO2 in room air : _____%,

Oxygen requirement: _____%), Intubation needed : Yes/ No

Laboratory test

	On admission or first test	First abnormal finding, / day from onset of fever	most abnormal results/day of fever
WBC count			
Lymphocyte			
Platelet			
PT/APTT			
D-Dimer			
LDH			
CPK			
CXR If abnormal, please specify:			
CT Thorax If abnormal, please specify:			

Please send to : Dr. LI Chi-Kong (Fax : 2649 7859)