



衛生防護中心
Centre for Health Protection

本署檔號 **Our Ref.** : (7) in DH ERIB/1-90/5/CIX
來函檔號 **Your Ref.** :
電 話 **Tel.** :
傳 真 **Fax No.** :

23 September 2005

To: all private medical practitioners

Dear fellow colleagues,

Volunteer service in public health during influenza pandemic

I am writing to appeal for your voluntary support to the public medical and health sector in case an influenza pandemic strikes.

Recent development of avian influenza in South East Asia has made the threat of the next influenza pandemic more imminent. While the Government would take overall lead to safeguard interests of the whole community, the Centre for Health Protection (CHP), Department of Health (DH) is drawing up public health action plans for this important challenge. From past experience, a pandemic can cause a sudden upsurge of patient load, as well as heavy demand for public health activities including health education and vaccination. Manpower in the public sector may be quickly exhausted. There is thus a need to build up surge capacity in the form of a standby team of volunteers comprising private medical practitioners.

Volunteers can assist in both clinical and disease prevention initiatives. The scope of service could range from providing clinical care in clinics and hospitals; answering hotline enquiries from public or specific sectors; providing outreach health visits to institutions; conducting health talks and education programmes; providing infection control training to carers; rendering professional support to Government vaccination programmes and antiviral administration to target groups, and so on. The exact nature of service required may only be known as the pandemic evolves. Your contribution will be critical at a time of crisis. Without your support, a large



衛生防護中心乃衛生署
轄下執行疾病預防
及控制的專業架構
The Centre for Health
Protection is a
professional arm of the
Department of Health for
disease prevention and
control

number of Hong Kong people would suffer due to lack of professional manpower during a pandemic.

In this connection, the DH and the Hospital Authority (HA) would draw up a volunteer list of private doctors to serve in crisis situation in collaboration with the Hong Kong Medical Association (HKMA), Hong Kong Doctors Union (HKDU), Practising Estate Doctors' Association Limited (PEDA), Association of Licentiates of Medical Council of Hong Kong (ALMCHK) and the Hong Kong Chinese Medical Association (HKCMA). All private doctors are cordially invited to register.


Those on the list would be invited to render support when need arises during a flu pandemic. I fully understand that given the variable character of a novel influenza virus and its unforeseeable impact on human health, situations and decisions may quickly be overtaken by events. Please also rest assured that you will be provided with detailed briefing on the nature of work before you are formally enlisted to provide volunteer service.

Colleagues in private practice who are interested are now invited to complete the attached form (at Appendix 1) for registration and to indicate your preferred area of service. The information gathered will be used to establish a database and kept by the Hong Kong Medical Association (HKMA), to be activated when necessary. **Please reply directly by 30 October 2005 to the HKMA Secretariat by facsimile or direct mail as specified in Appendix 1.** Alternatively, you may submit the forms through your respective associations (HKDU: 23855275; PEDA: 23851104; ALMCHK: 23272248; HKCMA: 25728300) to HKMA.

I look forward to receiving your favorable reply. Should you have enquiries, please feel free to contact Ms Shirley SHUM of the CHP at 2961 8956.

Please accept my heartfelt appreciation in advance for your support.

Yours faithfully,



(Dr P Y Leung)

Controller, Centre for Health Protection

Registration form for private medical practitioners interested in performing volunteer work during public health emergencies (e.g. Influenza Pandemic)

This registration form aims at identifying your areas of interests and concerns in relation to volunteer service during public health emergencies. Confidentiality and privacy of participants will be strictly observed. Please tick the boxes or fill in the blanks as appropriate. You can choose more than one answer whenever appropriate.

Upon completion, please send to the Hong Kong Medical Association (HKMA) secretariat by fax: 2865 0943, or direct mail to: Duke of Windsor Social Service Building, 5/F, 15 Hennessy Road, Hong Kong.

Section A: Characteristics and demographics of practitioners

1. Name: _____ (in English) _____ (in Chinese)
2. Specialty according to registration with Medical Council of Hong Kong: _____
3. HK Medical Council Registration Number: _____
4. Sex: Male Female
5. What is your highest educational level?
 - M.B., B.S./M.B.Ch.B LMCHK BDS
 - Master degree in: _____ Doctorate degree in: _____
 - Fellow of: _____
 - Other qualifications (please specify): _____
6. Current Service Provided:

<input type="checkbox"/> Anesthesiology	<input type="checkbox"/> Community Medicine	<input type="checkbox"/> Dental Surgeons
<input type="checkbox"/> Emergency Medicine	<input type="checkbox"/> ENT	<input type="checkbox"/> Family Medicine
<input type="checkbox"/> General Practice	<input type="checkbox"/> Medicine	<input type="checkbox"/> Obstetrics & Gynecology
<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Orthopedics & Traumatology	<input type="checkbox"/> Pathology
<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Psychiatry	<input type="checkbox"/> Radiology
<input type="checkbox"/> Surgery	<input type="checkbox"/> Retired	
<input type="checkbox"/> Others (please specify): _____		
7. You are a member of:

<input type="checkbox"/> Hong Kong Medical Association	<input type="checkbox"/> Hong Kong Doctors Union
<input type="checkbox"/> Practising Estate Doctors' Association Ltd	<input type="checkbox"/> The Hong Kong Chinese Medical Association
<input type="checkbox"/> Association of Licentiates of Medical Council of Hong Kong	
<input type="checkbox"/> Others (please specify): _____	

Section B: Volunteer work

1. Are you aware of influenza pandemic publicity activities organized by the Department of Health?
 - Yes No
2. If you are willing to participate in volunteer work, which of the following areas will you offer your help?
(You may choose more than 1 answer)

<input type="checkbox"/> Participate in hotline services (answering medical enquiries, counseling, etc)
<input type="checkbox"/> Participate in health talks/ public education programmes

<input type="checkbox"/> Support vaccination teams to provide influenza shots to target groups under Government scheme
<input type="checkbox"/> Support Department of Health (DH) in prescribing antivirals to target groups under Government scheme
<input type="checkbox"/> Attend general outpatient/ specialist outpatient clinics
<input type="checkbox"/> Attend designated clinics
<input type="checkbox"/> Attend outreach medical services, i.e. care of institutionalized patients in long term care facilities, home visits
<input type="checkbox"/> Clinical duties at HA hospitals
<input type="checkbox"/> Participate in hospital hotline service or pharmacy refill stations to answer medical enquiries
<input type="checkbox"/> For others, please specify:

3. If necessary, will you provide your premises, facilities, equipment or drugs to assist the Government during crisis?

Yes No

4. Will you be able to offer help shortly (say within a day) after you have been contacted?

Yes No

If no, please specify the expected lead time needed before you can offer your voluntary service: _____

5. Please indicate the duration you will be able to commit to our volunteer work?

1 week 1 month Flexible

6. Do you consider training should be organized to assist your volunteer service?

Yes, please specify: _____

No

7. What are your concerns over the volunteer service? (can supplement with more sheets)

8. Please suggest any other areas of collaboration you think is useful for public/private collaboration in public health emergencies: _____

Section C: Contact details

1. Clinic Address: _____

2. Clinic Tel No./Mobile Phone No.: _____

3. Fax No.: _____ 4. Email address: _____

5. Signature: _____ 6. Date of completion (dd/mm/yr): _____

Thank you for your participation!

**Please return the completed registration form to HKMA Secretariat by fax to: 2865 0943
on or before 30th October 2005.**

**If you have any questions, please contact Miss Shirley SHUM (AA, ERIB) of
Centre for Health Protection, Department of Health, HKSAR at 2961 8956.**

N.B. If there is any future change to your fax line number, please notify the HKMA, through hkma@hkma.org