The HKSID Newsletter

March 2022

INSIDE THIS ISSUE

Message from the President

It gives me great pleasure to deliver the president message in the current issue of Newsletter for the Hong Kong Society for Infectious Diseases.

For the past year, the globe and Hong Kong are still in the midst of COVID-19 pandemic. Nonetheless, I see no weaning of passion of our fellow ID specialists in keeping abreast of updated professional knowledge through continuous learning in various virtual platforms. Despite the social distancing measures, our hearts and connections have never been closer than now, in respect of joining hands and supporting each other to fight against COVID-19, other infectious diseases and share professional ideas and experiences.

I found most honour to be part of the profession. I am most excited to learn that our profession continues to grow, with budding fellows and new trainees joining the team. May I give the most hearty welcome to our new trainees and we are most delighted to have them sharing with us their career aspirations in the current issue of Newsletter. Case sharing and topic sharing are also the highlights. I am sure you will find them highly educational and most relevant to your daily practice.

The Hong Kong Society for Infectious Diseases always thrives for high-quality professional education and development. I look forward to your continuous support to the Society and your active participations in the events to come. May I wish you and your family a healthy and happy new year ahead!

Best wishes,
Ada Lin

Dr. Lin Wai-chi Ada

President, Hong Kong Society for Infectious Diseases

Society News and Announcement

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Please email your comments to secretary@hksid.org

The Council of The HKSID 2020-2022
(Photo taken during 24th Annual Scientific Meeting on 13th March 2021)

Left to right: Dr. Wong Tin-yau Andrew [ex-officio], Dr. Wu Ka-lun Alan, Dr. Tsang Kay-yan Joseph, Dr. Chan Man-chun Jacky, Dr. Wong Chun-kwan Bonnie, Dr. Sin-man Lam (Symposium chairperson), Dr. Kwok-chiu Chang (invited speaker), Dr. Wilson Lam, Dr. Lin Wai-chi Ada, Dr. Helen Shuk-ying Chan (invited speaker), Dr. Zee Sze-tsing Jonpaul

Update your email address and personal particulars

HKSID regularly send out emails about important events and other useful information to our members. Having an updated member database will help us understand better your needs and plan our future direction.

Please update us your personal particulars by sending an email to secretary@hksid.org and provide the followings:

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Meeting highlights

The Hong Kong Society For Infectious Diseases 24th Annual Scientific Meeting, co-organized by Hong Kong Thoracic Society of Transplantation and HKSID was held on 13th March 2021 as a virtual meeting.

In the first lecture, Dr. Jacky Chan, Associate Consultant, Department of Medicine and Geriatrics, Princess Margaret Hospital, shared his experience on management of COVID-19 cases in Hong Kong. Several cases were presented to illustrate the clinical course of mild to severe cases. Various treatment modalities including subcutaneous interferon beta-1b injection, oral ribavirin and lopinavir-ritonavir, intravenous remdesivir were discussed. In the same session, Dr. Helen Shuk-ying Chan, Associate Consultant, Infectious Diseases Team, Department of Medicine, Queen Elizabeth Hospital delivered a talk entitled 'Immunomodulating Treatment of COVID-19'. The application of various immunomodulating agents in severe COVID-19 including corticosteroid, tocilizumab and baricitinib were discussed.

Photo taken during Q&A of 'Case Sharing on Management of COVID-19'. Left to right: Dr. Ada Lin (chairperson), Dr. Andrew Wong (chairperson), Dr. Jacky Chan, Dr Helen Chan

Professor Ivan Fan-ngai Hung, Chief, Division of Infectious Diseases, Department of Medicine, The University of Hong Kong, Queen Mary Hospital, gave a lecture entitled 'Vaccine Preventable Respiratory Infection and Beyond'. The presentation summarized the diseases, epidemiology, and burden of the vaccine preventable respiratory infections, as well as other infections that pose an increasing risk for older adults and continue to be a significant burden to the society and the healthcare system. Vaccination recommendations and programs that minimize the universal incidence and burden, as well as recent recommendations on vaccination strategies from WHO, US CDC and other European countries amid the current COVID pandemic were discussed.

Professor Ivan Fan-ngai Hung giving his lecture remotely

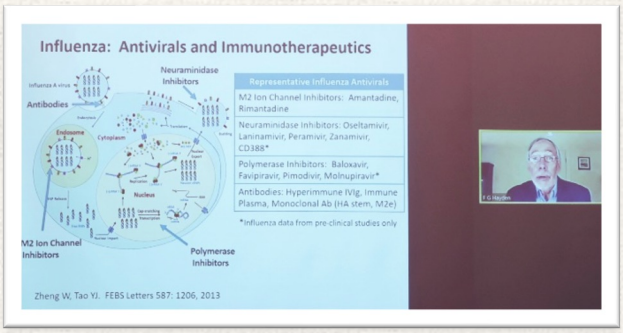
In symposium II, Dr. Kwok-chiu Chang, Senior Medical Officer, Tuberculosis and Chest Service, Department of Health, Hong Kong delivered a lecture entitled 'Diagnosis of Latent Tuberculosis Infection' He pointed out that both TST and IGRA have modest positive predictive values for incident TB owing to a low pre-test probability of incident TB, and suboptimal diagnostic accuracy for incipient TB. As none of the currently available test met the minimum WHO target profile, it is necessary to target use of current LTBI diagnostics among high-risk subjects.

Dr. Ada Lin (right), President of the HKSID presenting a souvenir to Dr. Kwok-chiu Chang (left)

Photo taken during Q&A of 'Diagnosis of Latent Tuberculosis Infection'. Left to right: Dr. Sin-man Lam (chairperson), Dr. Bonnie Wong (chairperson), Dr. Kwok-chiu Chang

Meeting highlights

In symposium III, Professor Frederick Hayden, Professor Emeritus of Medicine and Stuart S. Richardson Professor Emeritus of Clinical Virology, University of Virginia School of Medicine, Charlottesville, USA, delivered a lecture entitled 'Update on Antivirals for Influenza'. The recent development for various antiviral including intravenous zanamivir, the three novel oral inhibitors (favipiravir, pimodivir, baloxavir) targeting the influenza polymerase complex (PB1, PB2, and PA endonuclease, respectively) and their clinical application were discussed. Professor Frederick had also pointed out that a placebo-controlled RCT of baloxavir-NAI combination therapy found greater antiviral effects but no better clinical outcomes than NAI monotherapy.



Professor Frederick Hayden *delivering his lecture remotely*

Seminar on Infectious Disease 2021, co-organized with HKMA was held on 23rd Oct 2021 with a focus on COVID-19 and HIV.

In symposium I, 'Updates on COVID-19 vaccines: making sense of conflicting signals' was presented by Dr. Siddharth SRIDHAR Clinical Assistant Professor, Department of Microbiology, The University of Hong Kong. Dr. CHAN Man Chun, Jacky, Consultant in Charge, North Lantau Hospital Hong Kong Infection Control Centre gave an updates on clinical management of COVID-19 infection in Hong Kong. In symposium II, 'ABC of HIV' was presented by Dr. Wilson Lam.

Photo taken after Seminar on Infectious Disease 2021.
Left to right: Dr. Kay Yan Tsang, Dr Wilson Lam, Dr. Kin Choi, Dr Ada Lin, Dr. Jacky Chan, Dr Jonpaul Zee

Photo taken during symposium I of Seminar on Infectious Disease 2021.
Left to right: Dr. Kay Yan Tsang, Dr. Siddharth SRIDHAR

Recent Webinar Highlights

On 13 Oct 2021, a live webinar, co-hosted by HKSID and Hong Kong Society of Critical Care Medicine, entitled **'The challenging landscape and latest options in managing invasive mold infections (IMI): Are we prepared ?'** was delivered by Dr Dionysios Neofytos, Médecin Adjoint at the Division of Infectious Diseases, Transplant Infectious Disease Service, University Hospital of Geneva, Switzerland.

Dr Dionysios (Above) is an infectious disease specialist with expertise in treating infectious disease complications in patients with hematologic malignancies and bone marrow and solid organ transplant recipients. He provided a snapshot of the epidemiology of IMI and shed light on the management strategies for invasive aspergillosis and invasive mucormycosis.
The session was co-chaired by Dr. Man Man Yee and Dr. Thomas So.

'Contemporary Management of HIV 2021' was held as a live webcast on 23 Nov 2021. The lecture was presented by Prof. Davd Wohl, Professor of Medicine, Division of Infectious Diseases, The University of North Carolina, Chapel Hill School of Medicine USA.

The session was chaired by Dr Chan Man-chun, Consultant, Infectious Disease Physician, Princess Margaret hospital

OMICRON – COVID-19 Vaccination Strategies and Management virtual meeting was held on 22 Feb 2022. Two local distinguished researchers from The University of Hong Kong: Prof. Ben Cowling, Chair Professor of Epidemiology, School of Public Health and Prof. Ivan Hung, Department of Medicine shared the last epidemiology, treatment and prevention strategies. Prof. Ben Cowling explained the rationale behind the Dynamic ZeroCOVID strategy which both Hong Kong and Mainland China have been using. He explained that the higher transmissibility of Omicron variant has rendered the current public health measures less effective than the previous waves. A high vaccine coverage with third dose booster, particularly in elderly population is the top priority.

Prof. Ivan Hung highlighted the evolution of specific antiviral for coronavirus, from repurposed old drugs to novel protease inhibitor, polymerase inhibitor and monoclonal antibody. Timing of antiviral is crucial with the greatest benefit during the early stage of infection while immunomodulatory treatment will improve outcome for those with severe disease during hyperinflammatory phase. Prof Hung also shared his latest research on vaccine safety, booster vaccination strategies and a new intranasal vaccine.

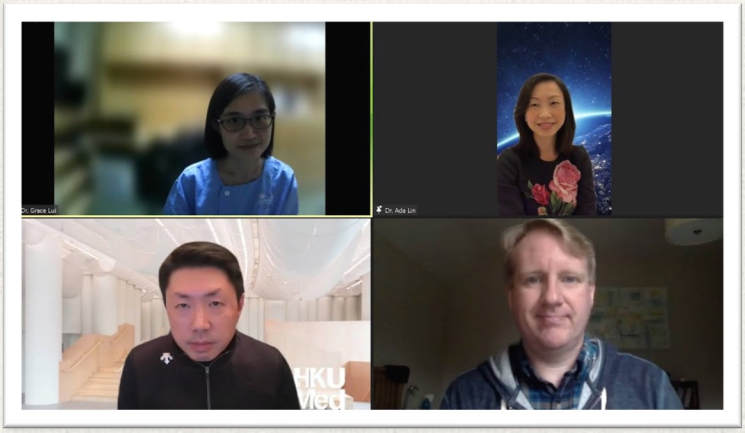


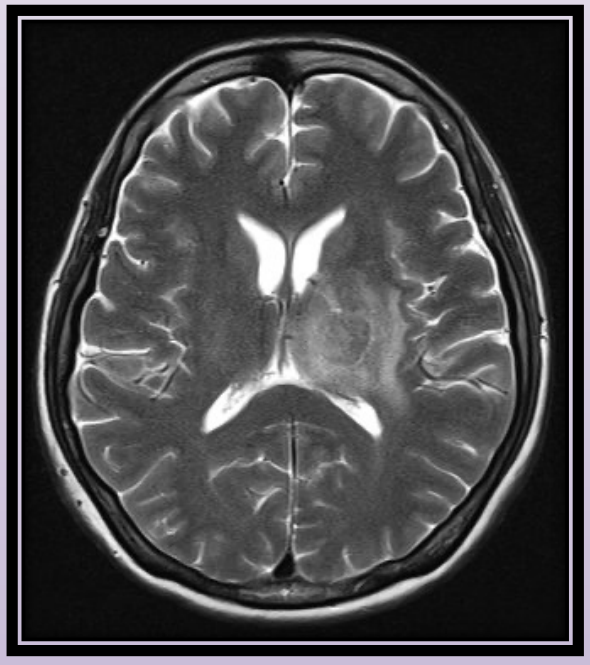
Photo taken during OMICRON – COVID-19 Vaccination Strategies and Management virtual meeting
Top left to right: Dr. Grace Lui, Dr. Ada Lin
Bottom left to right: Prof. Ivan Hung, Prof. Ben Cowling

Picture Quiz Case 1

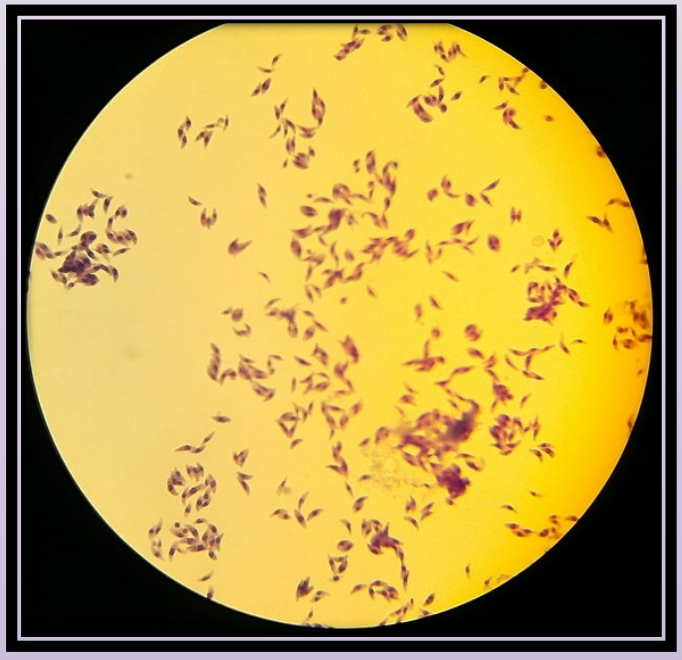
Case 1

A 43-year-old Indonesian domestic helper with good past health was admitted to the medical ward via accident and emergency department for right hemiparesis for 4 days. MRI Brain 1 week later revealed ring enhancing lesion over left thalamus and posterior limb of internal capsule with significant perifocal oedema (Picture 1). Physician-in-charge consulted neurosurgical colleagues for assessment, and subsequently the neurosurgeons took over the case to the neurosurgical ward and brain biopsy was performed.

Dr. CHAN, Jun Yi Abram
MBBS (HK), MRCP (UK), FHKAM (Medicine)
Department of Medicine, Pamela Youde Nethersole Eastern Hospital



Picture 1: T2 MRI Brain image



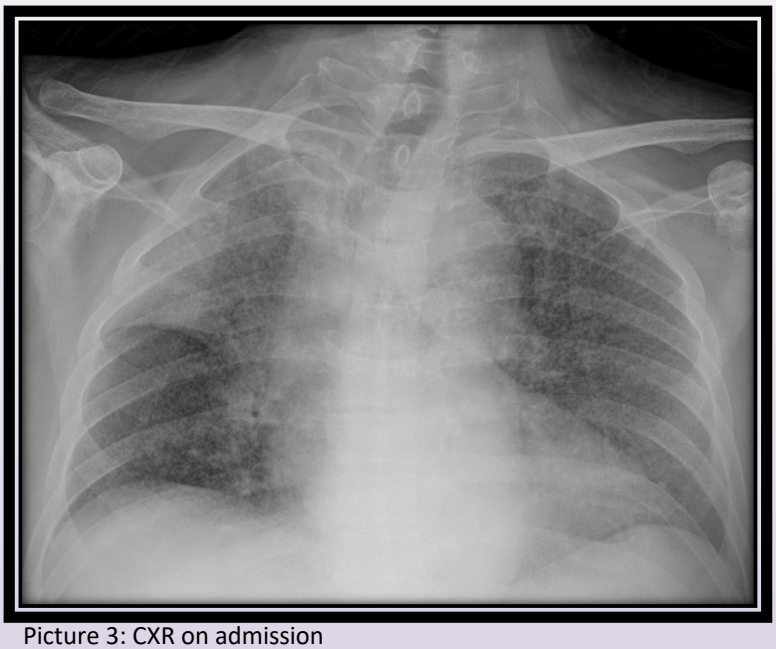
Picture 2: Micro-organism found in brain biopsy specimen

Questions

1. What is the diagnosis?
2. What is the common definitive host for the above micro-organism?
3. What underlying condition should be screened in this patient?
4. What other diagnostic tools can be utilised?
5. What is the standard treatment for this diagnosis?

(Answers on the page 14)

Picture Quiz Case 2

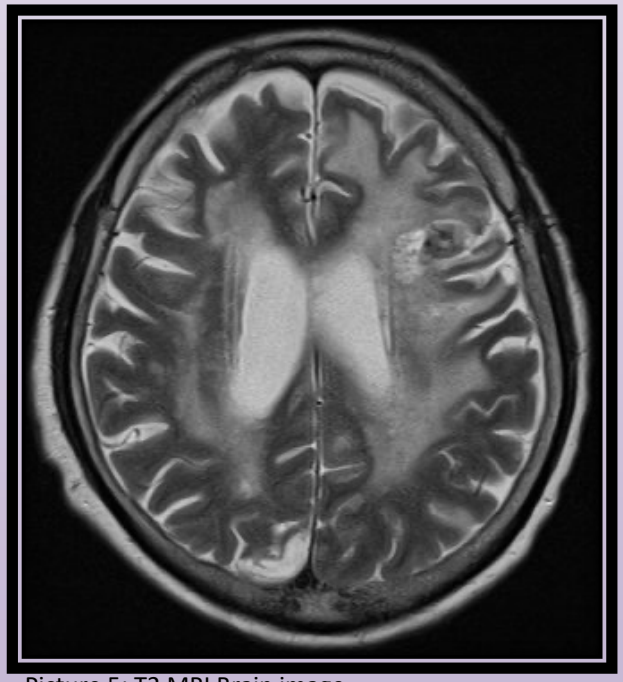


Picture 3: CXR on admission

Case 2

A 59-year-old Chinese man had end-stage renal failure with deceased donor renal transplant 10 years ago, and is on immunosuppressants including corticosteroid, cyclosporin and azathioprine. He moved to mainland China. He was diagnosed with stroke and pneumonia in mainland China and was transferred to hospital in Hong Kong for further management. On examination, he had right hemiparesis and slurred speech. He had a chest X-ray (CXR) and CT brain (CTB) done on admission (Picture 3 and 4). He had an MRI Brain 1 week after admission which revealed multiple ring enhancing lesions over his left cerebral hemisphere with perifocal vasogenic oedema (Picture 5).

Picture 4: CTB on admission



Picture 5: T2 MRI Brain image

Questions

1. What is the likely diagnosis?
2. What is the standard treatment for this diagnosis?
3. What is the treatment duration?

(Answers on the page 14)

Trainee Who's Who

It's been over 2 years since the start of COVID-19 epidemic, in this difficult time without physical meetings, we ID people from different hospitals rarely get the chance to gather or get to know our next generation ID doctors. Here, we have invited trainees of different clusters to tell us more about them !

Hi, I'm Chris from PMH ID team (MBBS, MRCP). This is my third year of ID training. ID has interaction with every single specialty/ subspecialty, which attracts me the most and this broadens my horizons in various fields of clinical medicine. Nonetheless, it is a double-edged sword with my limited "RAM" in studying.

I wish to learn to cherish everyone that I meet & everything that happen in my life. I enjoy going picnicking with my beloved ones, watching soccer & playing board games with my friends and working with my warm-hearted seniors and team members. "記住要共最美的人分享每個夜晚", and I love singing too!

Hello! I am Laura To. I graduated from the University of Liverpool, journeyed north to Scotland for Foundation Training, then south to Surrey for Core Medical Training and MRCP, and back to Liverpool for a Diploma in Tropical Medicine and Hygiene. Deciding it was time to leave the cold dark winters and drizzling rains, I returned home to the scorching heat and tropical typhoons and completed the HK Licentiate Examination and internship. I was fortunate to be given the opportunity to join Princess Margaret Hospital in July 2020, where I started Higher Physician Training in Infectious Diseases. I am particularly interested in Travel and Tropical Medicine, and Parasitology.

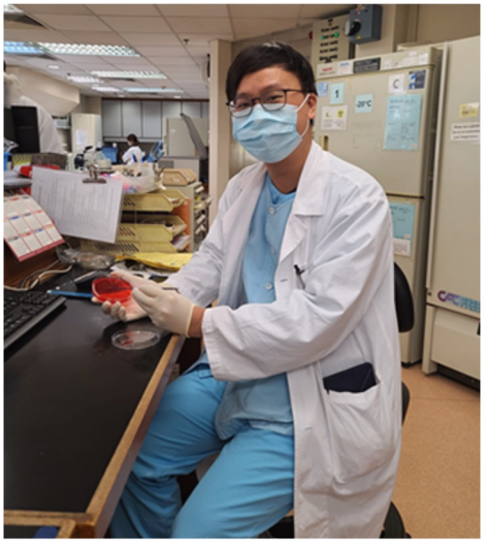
Outside of work, I like to travel (no thank you to COVID-19) - wandering around trying to not get lost in a foreign country and sampling local cuisines. I also like to bake…though they don't always turn out how I expect them to. Future goals…adopt a dog (or two?), and be fit enough to do a sponsored run.

Hopefully we will be able to have ID meetings and gatherings soon!

Annabel Choy, MBBS HK, MRCP UK

I started my ID training just over 6 months ago, and am training in Kwong Wah Hospital. I am delighted to train in Infectious Diseases as I am most interested in how different pathogens can interact with and affect the human body. I am amazed by the complexities of different organisms, their epidemiology around the world, and fascinated by continual new developments in the field of ID. As microorganisms evolve, we also compete with them to evolve in our treatment strategies and hope to match their pace or even stay a step ahead of them! It also gives me a great sense of fulfillment to see my patients improve with adequate antimicrobial therapy and 'beat' their illness. My dream had always been to one day serve in humanitarian relief work, and to use my knowledge of Tropical Diseases well to help those who are less fortunate.

Outside of work, I am an avid singer-songwriter. I have loved music since I was a child. I continue to create music, as a soloist and with my band Synapse, playing together since medical school. My aim is to connect with people through music, spreading my joy, faith and to relax. I am a classically trained vocalist with an ABRSM Diploma in Vocal performance, my repertoire ranges from classical to pop, Broadway, Disney, from German Lieders to jazz.
A song can speak a thousand words. If you are interested, you're more than welcome to listen to my music on my channel and website at https://www.belhk.online !



Hello! I'm Ka Wah (MB ChB 2016) from Kwong Wah Hospital, currently in 2nd year training.
One of my many reasons for joining ID was that I felt myself broad-minded and could co-operate with other specialties as infectious diseases can literally occur in every organ/system.
However, I may sometimes feel frustrated when my mother/friends blamed me, 'Huh? Aren't you training in ID? How come your room/desk is so dirty?'
As I started my ID training since July 2020, I had limited exposure to travel medicine due to the COVID19 pandemic. I wish COVID 19 could end soon, so I could have a chance to learn more about travel medicine, (and equally important) to travel abroad myself too.

I love playing football, with Arsenal as my favourite football club. No special talent. Quite enjoy sashimi (Sorry Prof. Yuen). Will move on to the next stage of life with my other half very soon
Looking forward to seeing every one of you with mask off in person soon!

Brucellosis

I am Lai Chun Yip Leo MBBS (HK), MRCP (UK), now working in TMH/ POH medical. I am 3rd year HPT in ID training. I am interested in all aspects of infectious diseases, in particular HIV/ AIDS. I choose to join ID because infectious disease specialty comprises a wide variety of topics having great potential in development of management with time.

Besides, patients having infectious diseases in particular HIV/ AIDS are facing not only the worries about the progression and unknown prognosis of the disease, but also stigmatization from other people. I hope that I could make use of my knowledge and optimistic character to help the patients to confront both physical and mental difficulties positively.

I love playing sports, including running, squash, football and badminton. Besides, I like traveling overseas to explore not only my understanding of cultures from different countries, but also communicating with other people, meeting new friends and trying various styles of delicious food. I also like watching football, in particular English Premier League. Wish the COVID-19 outbreak could be over very soon and we all can go overseas to travel again!

Hello! I am Alicia, currently working in PMH as a first year ID trainee. I have chosen to train in the infectious disease field since infectious diseases may present with various clinical presentation and complaints which may not be limited to a single organ system, and the process of doing 'detective work' and figuring out the possible causative agents is fascinating to me. Infectious diseases can also have a huge global impact – the current COVID-19 outbreak is one good example. I believe that by being a good ID physician, we can all help to make the world a better place.

I have loved badminton since young and it is the best way for me to relief my stress outside of work. I am a cat lover and sitting quietly with her while reading or watching movies and animations is my favourite pastime.

Hope this COVID-19 outbreak can be over soon, and we can all meet in person and get to know each other more in future!

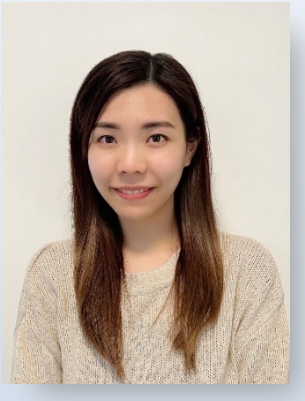
Hello! I am Chiu Chun Jakky (MBBS 2017, MRCP) from Tuen Mun Hospital.

I am having my first year HBT training in ID. My interest in ID grew, like many other colleagues, when I first attended lecture from professor Yuen during medical school days. I was amazed by his detective skills to formulate a comprehensive list of possible differential diagnoses and ultimately arrived at a diagnosis by reasoning. I enjoy ID and I find it most satisfying when I crack cases of PUO.

Outside the hospital, I am a trader (be it stocks, commodities, cryptocurrency), a follower of trend trading.
Trading is not gambling but an art of probability. Your equity can grow consistently with careful planning and execution unaffected by emotion.

I am looking forward to celebrating the victory over the combat against COVID-19 with everyone!

A case of rare invasive fungal sinusitis with infective optic neuropathy



Dr. Luk Wing Lam Fion
MBChB, MRCP(UK)
Resident, Department of Medicine & Therapeutics, Prince of Wales Hospital

Introduction

With the advancement in treatment of many chronic illnesses and increasing use of immunosuppressants, there is a growing number of immunocompromised hosts. The incidence of invasive fungal infection together with rarer opportunistic infection is increasing (1). Aspergillus species was the most common mould to cause infection but other mould infections are also emerging as opportunistic pathogens (2). It is important to include these working diagnoses when we encounter patients with suspected fungal infection.

Case history

A 56-year-old woman, with history of diabetes mellitus and end stage renal failure on continuous ambulatory peritoneal dialysis, presented with nasal pain and visual blurring. She had right sided intranasal pain for 2-3 months, with increasing bilateral nasal congestion for 2-3 weeks. There was no epistaxis or blood-stained nasal discharge. She also had visual blurring in the right eye vision and right-sided headache. She was a housewife and kept no pets at home. She took care of potted plants on her balcony.

Investigation showed haemoglobin 11.2g/dL, white blood count 14.1x10^9/L, (neutrophil 83%, monocyte 12%), platelet 651 x10^9/L, erythrocyte sedimentation rate 53mm/hr, C-reactive protein 19.2 mg/l, and creatinine 442umol/l. Liver function was normal. Anti-neutrophil Cytoplasmic antibody was negative and IgG4 was 0.42 g/L (normal). Haemoglobin A1c was 6.5%. Lumbar puncture was done. Cerebrospinal fluid showed white blood cell 1 x 10^6/L, protein 0.25g/l, glucose 4.6mmol/l. Fungal markers aspergillus antigen and 1,3 beta D glucan were ordered.

CT brain, sinuses and face (figure 1a) showed partial opacification of the right ethmoidal and sphenoidal sinuses with discontinuity and breach of the sinus walls. There is also soft tissue thickening extending to the inferior aspect of the right orbital apex and involving the right inferior rectus. There is absence of cribriform plates and brain herniation at anterior skull base.

MRI brain (figure 1b) showed heterogeneous signal intensity around the nasal septum, paranasal sinuses with extension to the right sphenopalatine foramen, pterygopalatine fossa and pterygomaxillary fossa, which is of T2W hypointensity and T1W hyperintensity. There was intracranial extension to anterior cranial fossa with mild dural thickening and extension to right orbit.

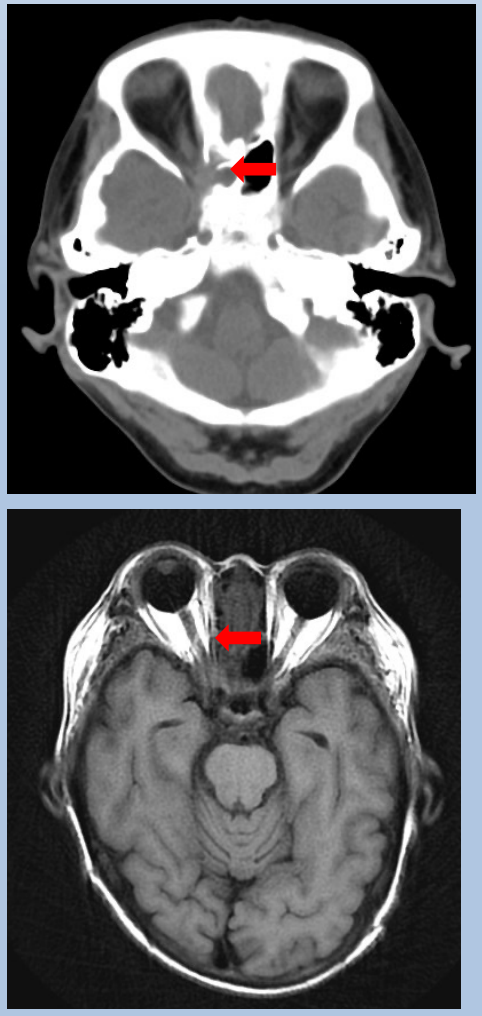


Figure 1a and 1b showing CT brain image and MRI brain image of right sphenoidal sinus mass extending into right orbit.

A case of rare invasive fungal sinusitis with infective optic neuropathy

ENT surgeon was consulted, and right sphenoid sinus ostium was dilated with frank pus drained. Pus was sent for bacterial and fungal culture.

Functional endoscopic sinus surgery was performed, there was a main bulk of abnormal soft tissue mass at right pterygopalatine fossa region extending superomedially to anterior sphenoid mucosa with abnormal mucosa overlying the right sphenoid ostium. Lateral extent of the soft tissue mass likely invaded towards right inferior orbital fissure. Incision and drainage of right anterior septum bulging was done and biopsy of right pterygomaxillary fossa was obtained.

Given patient's history of diabetes and renal failure, together with MRI showing bony destruction and dehiscence over cribriform and perpendicular plates of the ethmoid bone, infective or inflammatory changes are most suspicious for. The possibilities included fungal infections, granulomatous inflammation (e.g. Wenger's / Granulomatosis with polyangiitis), tuberculosis, sarcoidosis and neoplastic change.

Blood fungal culture was negative. Fungal culture of right sphenoid mucosa tissue and wound swab of right sphenoid sinus grew Scedosporium apiospermum. Dark colour mould was grown. Histology showed fungal hyphae, which is compatible with Scedosporium apiospermum. (Figure 2a and 2b) 1,3-beta D glucan was subsequently found to be positive with a titre of 345.7 pg/ml while aspergillus antigen was negative.

Liposomal Amphotericin B and meropenem were initiated empirically. After biopsy report was available, meropenem was stopped and amphotericin B was changed to voriconazole. Patient was followed up 4 and 8 weeks after discharge, voriconazole was tolerated and within therapeutic range. Repeated MRI brain and sinuses showed residual sinusitis with mild treatment response. 1,3-Beta-D-glucan level dropped to 191.4 pg/ml.

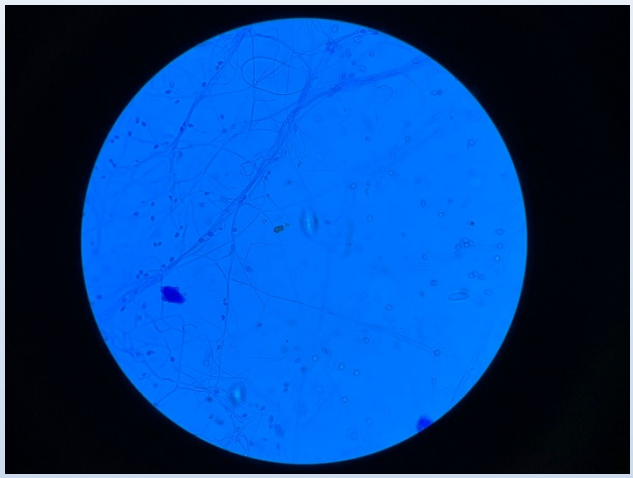


Figure 2a: microscopic appearance of Scedosporium species. (Photos from Prince of Wales Hospital Microbiology Department)

Figure 2b: Day10 appearance of culture by Sabouraud agar incubation at 30°C. (Photos from Prince of Wales Hospital Microbiology Department)

Discussion

Scedosporium apiospermum, Scedosporium boydii (formerly Pseudallescheria boydii) and Scedosporium aurantiacum collectively form the Scedosporium apiospermum species complex (3). It forms grey or brown colonies. The hyphal form appears as dichotomously branching septate hyphae (at a 60-70 degrees angle) with a single terminal conidia, which is uninucleate and cylindrical in shape (4). It is found ubiquitously in the environment including soil and polluted water (4.5). Humans are infected by inhalation of spores or through direct inoculation from skin puncture (6). Although colonization is more common than infection with this organism, invasive disease can occur especially in immunocompromised patients.

The clinical manifestations include mycetoma in respiratory tract, pneumonia, sinusitis, keratitis and endophthalmitis, brain abscess, skin and soft tissue infection, osteomyelitis, and rarely, lymphadenitis, mycotic aneurysm and endocarditis (7-13). It is associated with high incidence of disseminated disease and high mortality rates ranged from 40 to 100 percent in immunocompromised patients, especially patients with hematopoietic cell and solid organ transplant (16).
Diagnosis of Scedosporium infection relies on histopathologic exam and culture (14). Identification can be done by MALDI-TOF or DNA sequencing. 1-3 beta D glucan test may also be useful (15).

It is important to know that there is varying in vitro activity of antifungal agents against Scedosporium, thus susceptibility testing is required. Scedosporium is usually resistant to amphotericin B. Voriconazole has the lowest MIC compared with itraconazole, posaconazole and amphotericin B (17,18). Surgical debridement is encouraged whenever possible (19). Antifungal therapy is usually continued until all signs and symptoms of the infection have resolved.

Conclusion

Scedosporium infection is rare but it can appear in patients with risk factors of invasive fungal infection. Voriconazole is the drug of choice in the treatment of scedosporiosis.

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Answers to Picture Quiz

Case 1

1. Cerebral toxoplasmosis
2. Cats
3. Human immunodeficiency virus infection
4. Toxoplasma serology and Toxoplasma gondii PCR testing with brain tissue or cerebrospinal fluid
5. Pyrimethamine and clindamycin (sulphadiazine not available in Hong Kong) with folinic acid

Case 2

1. Miliary tuberculosis with tuberculoma
2. Isoniazid, Rifampicin, Pyrazinamide, Ethambutol and corticosteroid
3. Usually require at least 3 months of four-drug regimen then at least 9 months of two or three-drug regimen

Membership application form

THE HONG KONG SOCIETY FOR INFECTIOUS DISEASES

APPLICATION FOR MEMBERSHIP

This form should be completed and returned to:

Dr. Ada LIN, Hon. Secretary
c/o 9/F Kowloon Bay Health Centre,
9 Kai Yan Road
Kowloon Bay, KLN
HONG KONG

SECTION A TO BE COMPLETED BY THE APPLICANT

Type of membership applied for: ☐ ORDINARY MEMBER ☐ ASSOCIATE MEMBER

Surname		Given Name(s)			
Name in Chinese		Title		Sex	
Date of Birth		Place of Birth			
Nationality		HKID Card/Passport No.			
Home Address					
E-mail		Tel. No.		E-mail	
Office Address					
		Tel. No.		Fax No.	

Academic and professional qualifications:

Qualification	Awarding Institute	Year Awarded

Membership of professional and scientific societies:

Name of Society	Category of Membership

Publications: Please use separate sheets if necessary

Note: All personal data collected is held on the Society's Membership Database. It is used in the business of the Society and members' names and addresses will only be supplied to reputable professional bodies when the Council believes that the disclosure will genuinely be of interest to the majority of members.

The information provided by me in support of this application is accurate and complete.

Date _____ Signature _____

SECTION B TO BE COMPLETED BY THE PROPOSER

I hereby propose _____
for admission as an Ordinary/Associate Member of the Hong Kong Society for Infectious Diseases.

I am an Ordinary Member of the Society.

Date _____ Signature _____

Name (in full) _____

SECTION C TO BE COMPLETED BY THE SECONDER

I hereby second the proposal that _____
be admitted as an Ordinary/Associate Member of the Hong Kong Society for Infectious Diseases.

I am an Ordinary Member of the Society.

Date _____ Signature _____

Name (in full) _____

SECTION D FOR OFFICE USE ONLY

Application _____ accepted _____ rejected

at the Council Meeting held on _____

NB For sections B & C, usually application requires a proposer and seconder who are members of the Society. However, if an applicant does not personally know two members of the Society, then one may forward the form to the Society which will seek to obtain signatures on the applicant's behalf.