Our ref. 本署檔號 : DH/CR/PUB/30
Your ref. 來函檔號 : SARS/HMAG/04

7 July 2003

Secretary, SARS Experts Committee
Room 1808, Murray Building
Garden Road
Hong Kong
(Attn.: Mr. Patrick Nip)

Dear Patrick,

Allegations made by Prof Sydney Chung

Thank you for inviting me to respond to the allegations against the Department of Health (DH) and myself made by Prof Chung in his letter dated 25 June 2003.

2. Prof Chung made the following comments and allegations against DH and me -

(a) during the first meeting between the hospital management and the Chinese University of Hong Kong (CUHK) on 12 March, faculty members warned, in the presence of Dr Ko Wing-man, of the need to close the Princess of Wales Hospital (PWH);

(b) DH was making every effort to downplay the seriousness of the situation (14 March);

(c) he was frustrated with the lack of progress of the epidemiological investigations by DH (19 March); and

(d) in a letter on 19 March, he raised concerns on infection of contacts that had never been to PWH and urged me to urgently consider all possible measures including quarantine of patients and contacts. He did not receive a reply from me.

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SC07-47P-EZ SC04-02P-EZ

3. I should first refer members of the SARS Expert Committee to two papers provided by DH: [redacted] and [redacted] which set out a detailed account of DH's efforts in March and which should address Prof Chung's concerns. I would however stress the following points -

(a) at no time did CUHK raise the issue of closure of hospital with DH;

(b) Prof Chung has provided no evidence to substantiate his allegation that DH was making every effort to downplay the seriousness of the situation. DH alerted WHO and the community of an unusual outbreak on 12 March and the latter issued a global alert on the same day. The Secretary for Health, Welfare and Food provided daily briefings on the situation to keep the public informed of the developing situation. As the professor has noted, there was little knowledge of the disease. We could only tell people what we knew;

(c) Prof Chung was aware that Community Physician (NTE) [CP(NTE)] had regular liaison with the senior hospital management at PWH. Epidemiological findings were updated regularly and shared with PWH. I understand from CP(NTE) that Prof Chung did not once raise questions on our epidemiological investigations;

(d) CP(NTE) is ranked at directorate level. The incumbent at the material time was (and still is) Dr TK Au. Dr Teresa Choi, another CP (also a directorate officer), covered for him during period 18-21 March when he was sick.

4. When Prof Chung spoke with me over the telephone in the evening on 19 March, I had before me a copy of his letter of the same date. There was no disagreement on taking all possible measures to stop the outbreak.

5. Prof Chung asked if I could remove someone from home if he was suspected to be suffering from SARS. I told him that SARS had not been included in the law yet. But I confirmed that if he had reasons to believe that someone was suffering from an infectious disease, I was sure that I could do something if he reported it to me. He became very emotional and cried. He said that it was too late because [redacted] (one of the cases mentioned in his letter) and his relatives had all been MM

admitted to hospital. According to him, MM [redacted] refused to stay away from home when he had symptoms.

6. As I had explained the position to Prof. Chung, I thought that no written reply was called for. I am sorry for the misunderstanding. I believe you would make available to him a copy of this letter.

7. I have subsequently asked my colleagues to follow up on the three cases mentioned in Prof Chung's letter of 19 March. The reports from the New Territories Regional Office (NTERO) are attached. You will observe that they had already been dealt with or being followed up at the time.

8. Since Prof Chung specifically mentioned the case of [redacted], MM I think it would be useful to provide a summary response below -

MM
[redacted] was screened at the special staff clinic at PWH on 11 March and discharged. As explained in our papers SC07-47P-EZ → [redacted] and [redacted], PWH was responsible for ← SC04-02P-EZ monitoring its own staff. It was unfortunate that when his health condition deteriorated after 11 March, the matter was not reported to DH until he was hospitalized on 17 March. By then, he had infected other members of his family.

9. I would be happy to elaborate on any points which members may be interested at tomorrow's session.

Yours sincerely,

Mlchan

(Dr Margaret Chan)
Director of Health

A SARS CASE INVOLVING A 5-YEAR-OLD GIRL [redacted]

In the evening of 13 March, PWH reported to NTERO a case of atypical pneumonia ([redacted]) who had onset of fever on 8 March and was admitted to PWH Ward 8B on 12 March. NTERO promptly investigated the case and was able to interview [redacted] on 14 March. It was noted that [redacted] was the wife of Ward 8A inpatient [redacted] who was admitted on 4 March for fever and COAD.

We noticed that the 5-year-old granddaughter ([redacted]) of her had fever since 13 March. NTERO advised [redacted] relatives to arrange for her medical consultation as soon as possible. [redacted] was brought to PWH Accident and Emergency Department (A&ED) on 14 March and chest X-ray examination was normal. [redacted] relatives refused to have [redacted] admitted to hospital for further management. On 15 March midnight, [redacted] was brought to AED of Alice Ho Miu Ling Nethersole Hospital for fever and was admitted to PWH Ward 6C on 16 March early morning. [redacted] was reported to NTERO as a case of atypical pneumonia on the same day. [redacted] probably acquired the disease from her grandmother as the child lived with [redacted] and was taken care of by her. [redacted] parents remained asymptomatic.

[redacted] continued to attend school after onset of illness until 14 March when NTERO advised her parents not to allow [redacted] to go to school. The kindergarten which the child attended was investigated promptly and health advice was given. As the school was closed during the weekend holiday so NTERO health team visited the kindergarten on 17 March and the school was put under medical surveillance for 10 days. No student or staff was reported to have symptoms at the end of surveillance period.

In summary, NTERO had taken immediate actions to trace contacts of the reported atypical pneumonia cases. The close contacts of [redacted] were traced promptly on 14 March. The child [redacted] was found to have symptoms during the process of active tracing and her parents was advised to bring the child to seek medical consultation. In addition, NTERO had advised the child not to attend the school on 14 March before the child was reported from PWH on 16 March. The prompt actions taken by NTERO successfully prevented the spread of the disease among other contacts such as those at the kindergarten. No secondary cases were noted in the school.

NTERO
5 July 2003

MM

[redacted], **Prince of Wales Hospital**

NTERO conducted an epidemiology survey in the evening of 11 March according to a list of 36 staff reported sick provided by PWH. MM [redacted] was on the list and interviewed. He had fever, headache, chills and flu-like symptoms since 9 March and had been on leave since 10 March. He said that his general condition was improving and he had taken a CXR which was clear. [redacted] MM refused to disclose any detail of his close contacts but stated that they were all asymptomatic. Despite the fact that [redacted] MM was a senior medical officer, NTERO gave health advice to him. He was advised to call NTERO if his condition deteriorated or any close contacts of him fell ill. He was also advised to seek medical care if conditions changed.

On 12 March, NTERO received a list of staff having attended the PWH special staff clinic on 11 March and the outcome. [redacted] MM was on the list, reported to have been discharged home by PWH. Given the agreement with NTERO that PWH would monitor hospital staff, NTERO did not follow up further.

On 17 March, NTERO received a verbal report from PWH that MM [redacted] was admitted for atypical pneumonia. A Medical Officer of NTERO conducted a face-to-face interview with [redacted] MM in PWH immediately. His CXR showed bilateral haziness and he required intensive care upon admission on 17 March. Ribavirin was started on the same day. He was subsequently diagnosed as a SARS case. His condition gradually improved with treatment and he was discharged home on 3 June.

NTERO also followed up the contacts with information provided by MM [redacted] and PWH, and identified the following close contacts all of whom were subsequently diagnosed as SARS cases –

1. Mother: Onset 15 March, admission on 17 March;
2. Elder brother: Onset 18 March, admission 18 March;
3. Elder sister: Onset 16 March, admission 20 March;
4. Domestic helper: Onset 17 March, admission 20 March.

Summary

[redacted] MM had onset of illness on 9 March. He had already been staying with his family members for two days before NTERO was able to interview him on 11 March, the day that the outbreak of respiratory illness was reported. He reported his symptoms and claimed that his clinical condition was improving and his CXR examination was normal. He refused to provide information of his contacts except saying that they were asymptomatic. He was given health advice and was offered to call back NTERO if his condition deteriorated or any close contacts to him fell ill. He was reminded to seek medical attention. The information provided by PWH showed that [redacted] MM attended the staff clinic in PWH but was discharged home instead of being admitted for treatment and isolation. NTERO only received verbal notification on 17 March that MM [redacted] was admitted. [redacted] MM was immediately interviewed again by NTERO in the ICU and his contacts were traced. These contacts had already developed symptoms and they were subsequently admitted to hospital and diagnosed as SARS cases.

NTERO
4 July 2003

[redacted] A 2-year-old boy

DH NTERO was notified by Prince of Wales Hospital (PWH) of its cluster of sick staff in Ward 8A on 11 March. After the initial investigation in the first two days, NTERO and PWH considered that source from patients had to be explored.

On 13 March evening, [redacted] (JJ) in Ward 8A was noted to have clinical features compatible as a SARS case. On 14 March 2003 morning, NTERO was informed that two children had been admitted to the pediatric ward with suspicious symptoms. NTERO reviewed the medical records of the two children for further clinical details.

One of the two children was a 2-year old boy named [redacted] (not [redacted] as reported by Prof Sidney Chung). We were informed by the pediatric nurses that several relatives of [redacted] (the 2-year-old boy) were also admitted to PWH. According to the contact telephone number recorded on patient's record, NTERO contacted the uncle of [redacted] (the 2-year-old boy) (JJ) at once. JJ [redacted] reported that, the child's mother, father, grandmother and uncle (JJ [redacted] himself) were also admitted to PWH. The detailed clinical information of his relatives was as follows:

1. JJ [redacted]: uncle of [redacted] (the 2-year-old boy). He had onset of symptoms on 24 Feb and was admitted to PWH 8A Ward on 4 March. His case was discussed between PWH and NTERO on 14 March and he was considered as the index case in the PWH cluster.
2. [redacted]: grandmother of [redacted] (the 2-year-old boy). She had onset of symptoms on 8 March, was admitted to PWH ICU on 13 March and died on 13 April. She contracted the disease while visiting the index case [redacted] (JJ) in 8A Ward.
3. [redacted] father of [redacted] (the 2-year-old boy). He had onset of symptoms on 7 March and was admitted to PWH 8A Ward on 13 March. He contracted the disease while visiting the index in 8A Ward.
4. [redacted]: mother of [redacted] (the 2-year-old boy). She had onset of symptoms on 9 March and was admitted to PWH 8B Ward on 14 March. She contracted the disease while visiting the index case [redacted] (JJ) in 8A Ward.
5. [redacted]: aunt of [redacted] (the 2-year-old boy). She had onset of symptoms on 9 March, was admitted to Baptist Hospital on 13 March and transferred to PWH on 14 March. She contracted the disease while visiting the index in 8A ward.

NTERO promptly interviewed [redacted] (the father of the 2-year-old boy) and [redacted] (JJ) in Ward 8A, [redacted] (the mother of the 2-year-old boy) in Ward 8B and [redacted] in the Intensive Care Unit of PWH on 14 March to obtain the detailed clinical information and exposure history.

the grandmother of the 2-year-old boy

The relatives related to the index case JJ [redacted], including the 2-year-old boy [redacted] acquired the disease as a household contact at home or during visits to the index case in PWH well before the day on which the PWH outbreak was reported to NTERO on 11 March.

NTERO and PWH jointly investigated and uncovered this cluster and NTERO had taken immediate actions to follow up these relative and their contacts. All the contacts of the above cases known were put under medical surveillance.

In the process of contact tracing, NTERO noted that the 2-year-old boy [redacted] was also taken care of by a caretaker but his [redacted] relatives were reluctant to disclose information on her until 24 March. Upon receipt of information on the caretaker [redacted], NTERO contacted her at once and noted that she developed symptoms on 16 March. She was referred to PMH on the same day and was later confirmed to be a SARS case.

In summary, NTERO had taken prompt actions to investigate the cases and trace their contacts. The 2-year-old boy's [redacted] case was only reported on 14 March when all of his relatives who were later diagnosed as SARS cases had developed symptoms. As the relatives were reluctant to provide information on the caretaker of the 2-year-old boy [redacted], who was also subsequently diagnosed as a SARS case, NTERO could only contact her on 24 March, 8 days after onset of symptoms. NTERO had taken immediate actions to refer her to hospital for treatment and isolation and follow up her contacts.

NTERO
4 July 2003