CONFIDENTIAL



Patient from Guangzhou who was admitted to Kwong Wah Hospital

Dr C C Luk 8 July 2003

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21/2/03

Arrived Hong Kong to attend wedding of his

relative.

22/2/03

Attended Accident & Emergency Department of Kwong Wah Hospital (KWH); directly admitted to

Intensive Care Unit

Notification to Hospital Authority Head Office (HAHO)

24/2/03

Notification from HAHO to Department of Health (DH)

Nurse of DH came to KWH to investigate

4/3/03

Died

Infection Control Measures



A&E

• Paper masks

ICU

- Single isolation room upon admission
- N95 masks
- Droplet precaution measures
- Universal precaution measures

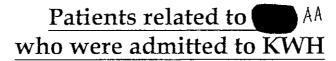
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Infected Health Care Worker



- ?? Nurse of Accident & Emergency Department
 - she worked in the next cubicle
 - no direct contact history with Mr

ÁA





- 2 relatives
 - His brother-in-law
 - His sister
- 2 Health Care Workers
 - Registered Nurse
 - Health Care Assistant

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Surveillance on Severe Communityacquired Pneumonia (CAP)

- Commenced on 12/2/03
- Confined to patients with CAP who required assisted ventilation or ICU/HDU care

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	From :		<u>port Form for</u> pital	Severe com	To: So	eretariat of	TFIC. H	AHO	nfection Control Tas	<u>Doundix i</u> x force")
	Name	Sex Age	Hospital No.	Ward/Bed	Onset Date	Admizsion Date	CXR	Diagnosisi Organism	Ganeral Condition Good! Satisty! FaidPoor	
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	The hospital ICTs/ ICOs are requested to fan the completed form apap
	To: Sourcaciat FFIG (Fam: 2891 3844) Dr. Bowlado Teamy, QEN (Fam: 2955 6790)
ļ	Figure when update the progress of the cases on a regular basis. If seeded, the hospital ICT/ICO will be contented for further updated information.
	Anguiry on the CRF should be directed to Dr Dominia Teams, at 2558 6845.
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	Clinical Record Form for Severe Atypical Community Acquired Fusumonia
	This form is for capturing the clinical features, investigation results and treatment outcome of all patients suffering from severe anypical community acquired pneumonia admitted to EIA hospitals.
	The case definition for this study is community-acquired pnoutmonia (CAP) who require sesisted ventulation or ICU/IIIUU rare.
	Patient particulars: (or Use Patient admission Isbel)
ļ	Name
	Hospital Number Sax/Age Date of admission
	Old ago home or other institution residence Institution to which before admission — Reasons/diagnosis, pls specify
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	Travel la post 2 weeks ONo OYes (please specify) Past health (please specify)
	Chaica) Fentures on Presentation
	Duration of symptoms days prior to admission
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	Dyspines C. Harmopysis C. Pleuritic thest pain Diarrhoca Diarrhoca Diagnatus Diagnatus
	Other symptoms, please specify
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