

CONFIDENTIAL



Patient from Guangzhou
who was admitted to
Kwong Wah Hospital

Dr C C Luk
8 July 2003

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Mr [REDACTED] AA

- 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

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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 [REDACTED] AA

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Patients related to [REDACTED] AA
who were admitted to KWH



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

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Surveillance on Severe Community-
acquired Pneumonia (CAP)



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

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Report Form for severe community acquired pneumonia

Appendix 1

From : _____ Hospital

To: Secretariat of TFIC, HAHO
(Fax No: 2881-5848)
(HA Intranet mail: "Secretariat of Infection Control Task Force")

Date : _____

Name	Sex/ Age	HK_ID	Hospital No./ A&E No.	Ward/Bed	Onset Date	Admission Date	CXR	Diagnosis/ Organism	General Condition Good/ Satisfy/ Fair/Poor

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The hospital ICTs/ ICOs are requested to fax the completed form asap

To: Secretariat TFIC (Fax: 2881 5848)
Dr. Dominic Tsang, QEM (Fax: 2958 6790)

Please also update the progress of the cases on a regular basis. If needed, the hospital ICT/ICO will be contacted for further updated information.
Enquiry on the CRF should be directed to Dr Dominic Tsang, at 2958 6449.

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**Clinical Record Form
For Severe Atypical Community Acquired Pneumonia**

This form is for capturing the clinical features, investigation results and treatment outcome of all patients suffering from severe atypical community acquired pneumonia admitted to HA hospitals.

The case definition for this study is community-acquired pneumonia (CAP) who require assisted ventilation or ICU/HDU care.

Patient particulars: (or Use Patient admission label)

Name _____ HK_ID _____

Hospital Number _____ Sex/Age _____ Date of admission _____

- Old age home or other institution residence
- Hospitalisation 2 weeks before admission Reasons/diagnosis, pls specify _____
- Antibiotics treatment before admission No Yes (please specify) _____
- Contact with animals, or birds No Yes (please specify) _____
- Travel in past 2 weeks No Yes (please specify) _____
- Past health: (please specify) _____

Clinical Features on Presentation

Duration of symptoms _____ days prior to admission

- Fever Cough Sputum
- Dyspnoea Haemoptysis Pleuritic chest pain
- Diarrhoea Headache Myalgia

Other symptoms, please specify: _____

Reporting and Surveillance



AA

OO

CC

O

	Admitted	Discharge/ Death	Duration of Hospitalization	Notification to HAHO/Duty Microbiologist	Investigation by DH
	22/2/03	4/3/03	11 days	22/2/03	24/2/03
(mother in law)	18/2/03	19/2/03	20 days	22/2/03	23/2/03
(sister)	1/3/03	6/3/03	6 days	3/3/03	5/3/03
(Nurse)	28/2/03	18/3/03	19 days	-	-
(Nurse Care Assistant)	6/2/03	21/2/03	22 days	12/2/03	17/2/03