

CONFIDENTIAL

Report on a SARS Patient from Hanoi
to Princess Margaret Hospital (PMH)

DD

Patient : ████████ M/49
Admission : 06/03/2003 02:32 hour
Death : 13/03/2003 00:01 hour

The incident

On 5/3/03 Hospital Authority Head Office informed PMH about the request from Hanoi to accept a critically ill patient for further management. The patient traveled to Shanghai in mid January, 2003, came to Hong Kong (HK) after Lunar New Year, returned back to Shanghai for a few days and then came back to HK again. He already developed flu like symptoms during his stay in HK. He traveled to Hanoi, Vietnam on 25/2/03. He was admitted to French Hospital in Hanoi on 26/2/03 because of worsening flu like symptoms. He ran a downhill course requiring mechanical ventilation since 2/3/03. His clinical condition was compatible with Acute Respiratory Distress Syndrome. His viral serology at 28/2/03 later turned out that IgM influenza B antibody was present.

2. He was transferred back to HK on 5/3/03 via International SOS. Knowing that there were many health care workers (HCWs) affected in French Hospital, the patient was directly admitted to PMH's Intensive Care Unit (ICU) without routing through Accident & Emergency (A&E) Department
3. The patient remained critically ill. His condition continued to deteriorate despite active treatment. He finally succumbed on 13/3/03 at 0:01 am. The case was reported to the Coroner because of undetermined cause of death.

Infection Control and Staff Infection

4. On 8/3/03 13:30 hour, SOS doctor phoned PMH that 14 HCWs who had taken care of the patient in French Hospital were hospitalized. A

team of CDC experts would visit the hospital for investigation. SOS suggested prophylactic treatment for HCWs with Tamiflu. 24 ICU staff of PMH had taken Tamiflu accordingly.

5. PMH had implemented strict infection control measures during his stay. He was transferred directly from the ambulance to the single bed cubicle of ICU (ward C2). This cubicle was equipped with exhaust fan creating a negative pressure within the room. All attending HCWs wore surgical/N95 mask, gloves, eye/face shield within the cubicle and implemented universal precaution. Numbers of staff taking care of patient as well as staff's entrance into the cubicle were minimized. High efficiency filters were put in the expiratory limb of the ventilator. Exhausted gas from ventilator was scavenged by the scavenging system of the ventilator (Evac 180 of Servo ventilator). Close suction system was used in the ventilatory circuit. No HCW was infected.