专責委員會(2)文件編號：A88

SC2 Paper No.: A88

Prince of Wales Hospital Outbreak

1 August 2003

SARS Expert Committee
Request for Submissions from Hospital Authority (HA)

The SARS Expert Committee has requested for the following information on the Prince of Wales Hospital Outbreak:

~~SC07022P-EH~~ SC2 Paper No. A87

"Paragraphs 2 and 19 of [redacted] show that Ward 8A was immediately closed to admissions and visitors on 10 March, and subsequently the hospital had adopted a restricted visiting policy by limiting the number of visitors and to the immediate family only. Paragraph 10 of [redacted] indicates that the index case infected a total of 142 secondary cases, 42 of them were visitors to Ward 8A, and that there were 58 tertiary cases including 21 cases in the community, none of them was Ward 8A visitor. In this regard, please confirm whether all these 42 visitors in the secondary cases had visited Ward 8A on or before 10 March. Please also provide information on the likely sources of infection for the 21 tertiary cases in the community.

~~SC07 027-EH~~ SC2 Paper No.: A87

(Paragraph 2(a) in Annex to letter of 21 July 2003 from Secretary, SARS Expert Committee)

The Cluster Chief Executive (CCE) of New Territories East Cluster (NTEC) has provided the following response to this request by the SARS Expert Committee:

The 42 visitors in the secondary cases had visited Ward 8A on or before 10 March. Among the 21 tertiary cases, 17 were relatives of the secondary cases (including 1 private doctor), 2 were colleagues of a secondary case and 2 were general practitioners in the local districts. They had apparently acquired the infection through contacts with the secondary cases at home or in the community.

In addition, he has also provided the following supplementary information on decisions on Ward 8A during that period:

We closed the ward to admissions and visitors on 10 March 2003. After a meeting among the clinicians, the hospital management and the infection control team, it was decided that a restricted visiting policy should be put in place instead, together with the institution of precautionary measures for droplet infection. The restricted visiting policy was therefore put in place since 11 March. The decision was made based on the following deliberations:

1. the infection was considered to be spread mainly through droplets and could be prevented with appropriate precautionary infection control measures; and
2. some of the patients were noted to be extremely anxious and a strict no visiting policy might lead them into discharging against medical advice, thus posing risk of spreading the disease to the community.

All visitors were required to wear surgical masks, disposable gowns and gloves.

We started to admit the suspected patients to Ward 8A again in the evening of 13 March as our first triage ward for atypical pneumonia (Ward 8D) became full. At that time, Ward 8A still had patients staying from days before 10 March. Patients with

confirmed atypical pneumonia were admitted to other medical wards on 8/F, 9/F and 10/F (later called SARS wards). Patients who were medically unfit for discharge but considered unlikely to be suffering from atypical pneumonia were transferred to and treated in the step-down wards on 10/F. For patients who were clinically well and considered unlikely to be suffering from atypical pneumonia, they were discharged and either being followed up in the A&E special clinic at PWH or referred to the Department of Health for disease surveillance.

Hospital Authority
1 August 2003