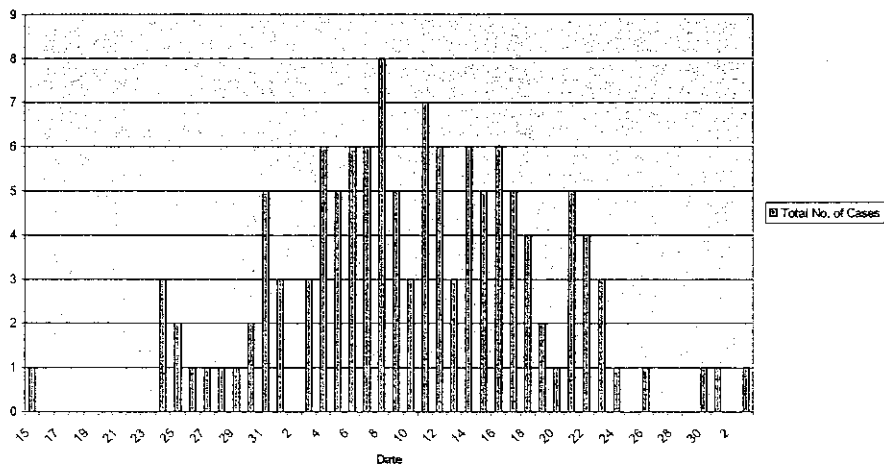


Management of SARS in AHNH

July 2003

Daily Statistics of Confirmed SARS Patients in AHNH

Overview of SARS cases in AHNH



Pre-Outbreak

- March 10 SARS outbreak in PWH
- March 12 Direct admission from A&E(PWH) to clinical department of AHNH
- March 14 NTEC Infection Control guideline first promulgated
- March 19 PWH AED service suspended.
All AED cases were diverted to NDH and AHNH

Occupancy in the medical wards of AHNH increased to over 120%

Pre-Outbreak

March 15 : Initial case in F3 (female surgical)

50 year old female admitted on 13/3 with abdominal pain, fever and cough for 2 weeks;
Condition deteriorated with respiratory failure;
Diagnosis of AP;
Patient transferred to PWH ICU.

March 17 :

Urgent Meeting held to control the cross infection and outbreak :

- All clinical admission and elective OT suspended for 1 week.
- All fever cases put in isolation room of F3.
- 8 patients in the same cubicle quarantined for 14 days.
- Patient in other cubicle managed and discharged as usual.
- DOM (surgery) to perform contact tracing.
- Cleaning of the ward according to NTEC Infection Control Guideline (13/3).

Remedial action taken including ward cleansing, quarantine, contact tracing. No further in-patient, ex-patients nor staff was affected.

Outbreak in Ward E1 (male medical)

Index patient admitted with fever refused to wear mask

Outbreak in Ward E3 (male surgical)

Index patient with hidden SARS admitted for rectal bleeding

Outbreak in Ward E6 (male medical)

Index patient admitted with abdominal pain and diarrhea with no fever.

Outbreak in Ward F6 (female medical)

Index patients were 4 isolated suspected SARS patients transferred out between March 25 and April 9 and infected staff and patients

Outbreak in Ward F5 (stroke mixed ward)

Index cases were Hidden SARS cases admitted for stroke and hemoptysis

Pre-March 31

NTEC Infection Control guidelines:

- N95 for SARS wards and Surgical masks for others

Isolation Policy

- Isolation of pneumonia cases without enough SARS criteria especially positive contact history
- Total only 14 isolation rooms in medical department

Medical Knowledge

- Droplet Infection
- Single isolated cases do not warrant complete closure of the ward

Post - March 31

NTEC Infection Control guidelines:

- N95, disposable gowns, eye protection for all SARS, fever and admission wards

Isolation Policy

- Exposed patients be segregated for 7 days
- E 1 ward was re-opened as Triage Ward

Contact Tracing and disease control

- List of all patients discharged and visitors to DH
- All staff in the involved ward instructed to look out for the symptoms and be seen at Staff Clinic if needed

Factors Leading to AHN Outbreak

- Overwhelming workload
- Overcrowded wards
- Insufficient isolation facilities
- High background SARS in community
- Cryptic presentation
- Lack of experience in infection control measures
- Insufficient staff preparation
- Inadequate quarantine of exposed patients