

16 April 2004

Your ref.: CB2/SC2

Miss Flora Tai  
Clerk to Select Committee  
Legislative Council  
Legislative Council Building  
78 Jackson Road  
Central  
(Fax No.: 2248 2011)

Dear Ms Tai,

Select Committee to inquire into the handling of the  
Severe Acute Respiratory Syndrome Outbreak  
by the Government and the Hospital Authority ("Select Committee")

Thank you for your letter dated 2nd April 2004.

As I informed the Select Committee in my previous written submissions, in the latter part of March 2003, the work of the Working Group on Severe Community Acquired Pneumonia of the Hospital Authority ("WG") was subsumed under the Hospital Authority's overall management of SARS which was led by the Daily SARS Round Up Meeting. The HA Guidelines on Severe Acute Respiratory Syndrome issued on 3rd April 2003 was issued by the Hospital Authority and not by WG.

Since the use of nebulizer was identified around 18th March 2003 as the likely cause of the outbreak in Ward 8A of Prince of Wales Hospital, other high risk procedures were looked into. Around 22nd March 2003, the management of New Territories East Cluster discussed that it was advisable not to use non-invasive positive pressure ventilation such as BIPAP. This and further discussions led eventually to the recommendation in the HA Guidelines on Severe Acute Respiratory Syndrome of 3rd April 2003 that the use of BIPAP for patients with suspected SARS was not advised. I enclose a copy of the notes of a meeting of the management of the New Territories East Cluster held on 22nd March 2003 (see paragraph 9).

With regard to intubation, when the WG was set up in the middle of February 2003, Severe Community Acquired Pneumonia was defined as a case in which intubation was required. Precautionary measures were therefore promulgated at the very beginning. Since then the precautionary measures were developed, through the subsequent outbreak of SARS. Endotracheal intubation was included as one of the high risk procedures in the HA Guidelines on Severe Acute Respiratory Syndrome issued on 3rd April 2003 and in subsequent updated HA Guidelines.

Yours sincerely



LIU Shao-haei

Encl.

**CONFIDENTIAL****NEW TERRITORIES EAST CLUSTER****Hospital Authority**

Notes of a meeting on Management of Atypical Pneumonia Incidence held on 22 March, 2003 at Conference Room I, 2/FI., Main Block, PWH.

Chairman : Dr. Fung Hong

Member : Dr. Philip Li

Dr. Raymond Chen

Dr. S.Y. Tung

Dr. Susanna Lo

Dr. K.K. Lai

Dr. W.C. Ip

Dr. S.F. Lui

Dr. William Wong

Dr. C.Y. Li

Ms Lily Chung

Ms E. Mok

Prof. J. Sung

Prof. A. Ahuja,

Prof. Augustine Cheng,

Prof. Anthony Yim

(vice Prof. C.A. Van

Hasselt)

Prof. H.K. Ng

Prof. Peter Cameron

Prof. T.F. Fok

Dr. M.C. Yam

Dr. Lam Chan

Prof. Paul Chan

Prof. Joan Ng

Prof. Tony Gin

Prof. Gavin Joynt

Dr. Amy Cho

Dr. Thomas Buckley

Prof. Tony Chung

Dr. Louis Chan

Prof. Sydney Chung

Dr. Donald Lyon

Prof. John Tam

Prof. C.S. Cockram

Prof. Y.K. Wing

Prof. Anthony Chan

Dr. Peter Choi

Secretary : Ms Winnie Cheng

**Patient Status**

1. As at 22 March 2003 noon, statistics on Atypical Pneumonia cases were:

|                    | Admitted cases | Deceased since onset of epidemics | Discharged yesterday | Currently in ICU |
|--------------------|----------------|-----------------------------------|----------------------|------------------|
| Healthcare Workers | 59             |                                   |                      | 8                |
| Medical Students   | 16             |                                   |                      | 1                |
| Patients           | 62             | 3                                 |                      | 15               |
| <b>Total</b>       | <b>137</b>     | <b>3</b>                          |                      | <b>24</b>        |

2. 2 more nurses, and 4 patients (admitted but previously not diagnosed as atypical pneumonia) were newly diagnosed since yesterday.
3. No PWH doctors had been affected since 12 March 03. There were 10 nurses affected subsequent to this date.
4. There were 24 ICU patients admitted. The conditions of health care workers and medical students were stable. Two patients were transferred out to ICU of other hospitals since the ICU was full. CCU in our hospital would be ready for

admission for further cases requiring ICU management.

5. 1 patient with pre-existing leukaemia died last night.
6. Most of the patients not requiring ICU were in recovery phase. Fever was going down in many cases. There were a small number of patients who were still quite ill at the present moment.
7. Convalescence serum was being considered in some patients with poor conditions. The donors' suitability for serum donation would be checked. The options of Gamma Irradiation and Linear Accelerator to inactivate virus were found to be not feasible due to the threat of serum contamination after long period of exposure at room temperature.

#### **Epidemiological Update**

8. Case control study presented by Dr. Seto Wing Hong of QMH about the incident concluded that once surgical mask was used properly, the incident of infection dropped significantly afterwards.

#### **Infection Control Measures**

9. It was advisable not to use non-invasive positive pressure ventilation such as BiPAP to help respiration of patients since it was likely to create a contaminated environment in the wards.
10. All patients in convalescence should wear masks as well unless they still had respiratory symptoms.
11. The virus was also isolated in the urine specimens so infection measures applied in handling urine. Disinfectant tablets would be placed in toilets in high risk wards.
12. Compliance with infection control measure was very important and Ward Managers are responsible to enforce the implementation and ensure compliance.
13. 8 sets of Safety Suits would arrive by Tuesday, 22 sets would arrive by 4 April.

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14. CCE agreed to purchase 10,000 pieces of N-100 and they would arrive on 26 March for staff working in high risk areas.
15. Pending the installation of changing and showering facilities in 11A & 11/F Clinical Science Building, the two showers in the currently vacant ward 11B would be open to staff for use from 18:00 hours today. Digital lock was installed at the ward entrance to ensure security. Combination of the lock code would be given to each Ward Manager / Nursing Officer i/c for dissemination to staff. Surgical gowns / attire would be placed in ward 11B for staff to change into before they go to work in clinical areas. In this connection, lockers would also be placed in ward 11B for staff to hold their personal belongings.
16. Lift No. 8 would be reserved for use for SARS cases. Wards concerned were informed of the arrangement. All lifts would be frequently cleaned.
17. Waste disposal guidelines should be observed. Audit on waste disposal would be carried out.
18. In view of the epidemiological data on a maximum of 21 days infectivity of the virus, recovered patients who had no more fever and cough, and had chest x-ray improvement would be discharged from hospital 21 days after onset of symptoms.
19. Discharged patients should come back for regular check up. During their stay at home they should follow our home infection control guidelines issued previously by the Infection Control Unit.

#### **Contingency Measures**

20. The Accident and Emergency Service in PWH would be suspended for one more week and would be reviewed thereafter. As arranged before, PWH had agreed with the Fire Services Department for diversion of all patients transported by ambulance to other acute hospitals in the Cluster, including North District Hospital and Alice Ho Miu Ling Nethersole Hospital (AHNH) as well as to hospitals in other clusters including Princess Margaret Hospital, Caritas Medical Centre, Yan Chi Hospital and Tuen Mun Hospital if so required. Patients are advised to attend the Accident and Emergency Department in other hospitals.
21. All elective operations in New Territories East Cluster would continue to be suspended until 30 March to conserve Intensive Care Unit capacity.
22. All non-emergency follow up of the Medical Out-patients in PWH would

- continue to be suspended until 30 March. Patients could attend the Medical Out-patient Clinic as scheduled for drug replenishment by nursing staff or pharmacists. Besides, consultation of new cases at the Medical Outpatient Clinics would also continue to be suspended until 30 March.
23. Service of the Day Ward in PWH would continue to be temporarily suspended.
  24. All PWH obstetrics patients and gynaecological patients would be seen in AHNH. The PWH Obstetrics and Gynaecology Outpatient Clinics would be suspended until further notice.
  25. All patients experiencing chills, fever and rigor and had contacts with ward 8A of PWH should attend the Accident and Emergency Department of Prince of Wales Hospital for clinical management.
  26. All PWH oncology and chemotherapy patients could continue to attend PWH for management; if emergency service was required, those patients could attend the Accident & Emergency Department in PWH.
  27. The NTEC had set up two 24 hours hotline for public enquiry on the above service arrangement. The numbers were 2632 2512 & 2632 2234.
  28. CUHK would try to re-allocate House Officers to suit service needs. The previous rotation of House Officers and Family Medicine doctors might not apply. Details were being sorted out.
  29. Chalets in Cheshire Home, Shatin would accommodate recovered patients with Atypical Pneumonia after discharge for a period of time so as to reduce the possibility of transmission to other people. There were 72 beds currently available and could accept 5 to 10 patients in each day. Infection control measures should still be observed as stated in the updated guidelines.
  30. Dr Nancy Tung would coordinate the re-deployment of medical staff to help in A&E Department of AHNH.

#### **Staff Support**

31. 10 rooms on the 4th Floor of School of Nursing at Block A, Staff Quarter would be turned into a rest bay to provide an area for sick staff who are not admitted into hospital to stay, with provision of meals and appropriate nursing care. A washroom and a shower room are available on that floor.

32. Colleagues working in high risk areas who had direct contact with affected patients, would be granted 14 days wash-out period before they returned to other working area. This wash-out period of 14 days was a temporary measure applied to staff who consistently worked in high risk areas which were currently ICU, 8AB, Observation Wards of AED, 10AB, 10CD, 8D and the isolation cubicles in Ward 6C for paediatric cases. This measure would be subjected to review according to situation and more data on the incubator and infectivity period.