

Select Committee Question 27(3), (4) & (5)

- (3) The methodology including procedures and mechanism adopted for contact tracing by HA during the SARS outbreak and by Prince of Wales Hospital (PWH) during the outbreak at the hospital.
- (4) The difference(s), if any, between procedures and methodology adopted by HA for contact tracing and those adopted by the Disease Control Centre in PWH and the Department of Health (DH) respectively.
- (5) The mechanism, if any, for the flow of contact tracing case information among DH, HA and PWH

HA Response

Q3 DH is primarily responsible for contact tracing in the community including patient's contact in the community and discharged patients. They also provide expert public health advice to HA hospitals.

The methodology adopted by HA hospitals including PWH for hospital outbreak investigation follows the general principles of outbreak management. The principles are as follows:

- (i) identify the possible index patient
- (ii) define the contacts
- (iii) estimate the incubation period of the disease
- (iv) monitor the symptoms and postulates the various potential infection factors
- (v) analyze and establish the potential relationship of infected patients

Q4 The difference(s), if any, between procedures and methodology adopted by HA for contact tracing and those adopted by the Disease Control Centre in PWH and the Department of Health (DH) respectively.

Please see answer to Q3 above for the procedures and methodology adopted by HA for contact tracing and those adopted by the Disease Control Centre in PWH respectively. Please also refer to PWH response.

Q5 The mechanism, if any, for the flow of contact tracing case information among DH, HA and PWH.

With the implementation of e-SARS by HA from 9.4.03, HA provided information on the patient's occupation, workplace and probable source of infection if available on line to DH and hospitals where SARS patients were hospitalized. Before e-SARS, contact tracing information will be provided by PWH to DH direct. Please refer to PWH's response.

PWH Response

3. The methodology including procedures and mechanism adopted for contact tracing by HA during the SARS outbreak and by Prince of Wales Hospital (PWH) during the outbreak at the hospital:

DH was responsible for contact tracing in the community (including patients' contacts and discharged patients). PWH would conduct its hospital outbreak investigation in an attempt to identify the possible index patients.

Before 31/3/2003, PWH would provide DH staff stationed in the Disease Control Centre (DCC) with information about newly admitted suspected/confirmed SARS patients. This information include:

- name of patient
- HK Identify Card Number
- age and sex
- mobile telephone number (if available)
- current location (in which hospital ward and bed)
- whether they are health care workers or not; if yes, what rank
- date of admission
- date of illness onset
- remark of important information.

DH staff would then go to ward and interview these patients and complete a present questionnaire.

Surveillance questionnaires were also placed at A&E Department for completion by those patients or staff who attended A&E. The completed questionnaires were handled in the same manner as those for in-patients, ie they were collected by the Disease Control Centre for onward transmission to DH on a daily basis.

After 31/3/2003, PWH staff would interview in-patients of the hospital and complete a questionnaire. PWH in its questionnaire attempted to elicit information about (i) patient's travel history in 3 weeks before illness onset and (ii) details of close contact.

All completed questionnaires were sent by fax to DH NTE Regional Office.

4. The difference(s), if any, between procedures and methodology adopted by HA for contact tracing and those adopted by the Disease Control Centre in PWH and the Department of Health (DH) respectively:

The questionnaire used for elucidating the contact history of patients by PWH DCC is modified from the questionnaire constructed by DH at the beginning of the outbreak. The main aim of our procedures is to identify the source of infection. All information collected was passed to DH and they would take further contact tracing action.

5. The mechanism, if any, for the flow of contact tracing case information among DH, HA and PWH:

Before 31/3/2003, there was 2-3 DH staff stationed in PWH DCC. In the morning, staff at PWH DCC passed information to DH colleagues regarding newly admitted SARS cases. DH colleagues would then go up to the ward and interview these patients and complete a questionnaire. A copy of the questionnaire would be passed to PWH DCC for reference. PWH DCC staff would also enter basic demographic information of these newly admitted SARS cases into a database. The database was passed to DH staff on a daily basis. After 31/3/2003, PWH DCC staff would interview all newly admitted SARS patients and complete a questionnaire which was modified from the one previously used by DH colleagues. All completed questionnaires were faxed to DH NTE regional office. Relevant information would also be entered into CMS E-SARS, which DH staff has access.

Select Committee Question 27(8)

Composition of the Disease Control Centre in PWH, its role and functions, and its working relationship with other units in PWH.

8 Role and functions of DCC

- i) To collate data on SARS cases
- ii) To provide data to DH and hospital management

Composition of DCC

Dr Louis Chan was in-charge of the daily operation of the Centre. He was assisted by a team of nursing and clerical staff.