



醫院管理局  
HOSPITAL  
AUTHORITY

以策群力為病人·優質醫護滿杏林

Quality Patient-Centred Care Through Teamwork

6 February 2004

Miss Flora Tai  
Clerk to Select Committee  
Legislative Council  
Legislative Council Building  
78 Jackson Road  
Central, Hong Kong

Dear Miss Tai,

**Select Committee to inquire into the handling of  
the Severe Acute Respiratory Syndrome outbreak by  
the Government and the Hospital Authority**

We refer to your letter dated 4 February 2004. The following sets out the information on the 7 possible index patients.

**7 possible index patients (E1, E3, E6, F5 and F6)**

**E1**

E1 index patient attended AHNH on 21 March 2003 with a complaint of fever and cough. This patient gave a history of fever and headache since 11 March 2003. Lymphocyte count was normal and chest x-ray showed left mild zone haziness on the day of admission. The respiratory physician's diagnosis was bacterial community acquired pneumonia.

**E3**

E3 index patient was admitted on 25 March 2003 with PR bleeding and the diagnosis was CA rectum. This patient was readmitted on 1 April with PR bleeding, abdominal pain, fever and headache for investigation. Chest x-ray was clear.

**E6**

E6 index patient was admitted on 23 March with abdominal pain and diarrhoea. There was no fever on admission.

**F5**

There were two possible index cases.

The first F5 index patient was admitted on 30 March with right sided weakness. Noted to have low grade fever shortly after admission and initial chest x-ray was clear. CT brain showed left thalamic haemorrhage.

The second F5 index patient with a history of CA lung was admitted on 1 April because of haemoptysis. There was no fever on admission. Chest x-ray did not show any signs of pneumonia.

**F6**

There were two possible index patients.

The first index patient was admitted with fever and myalgia on 4 April. No cough or other respiratory symptoms. Lymphocyte count was normal. The diagnosis was chest infection and sepsis. This patient was stabilized in AHNH and was transferred out after 2½ hours.

The second index patient was admitted on 9 April with sudden onset of dyspnoea and fever. Chest x-ray showed only some haziness and lymphocyte count was normal. The diagnosis was bacterial pneumonia.

It now seems that the second index patient was the index patient in the F6 incident.

Yours sincerely,

  
PP Dr Hong FUNG  
for Chief Executive  
Hospital Authority