



**CONFIDENTIAL**



**UNITED CHRISTIAN HOSPITAL**

130, Hip Wo Street, Kwun Tong, Kowloon, Hong Kong

**MEMO**

From: Dr. Leung Man Fuk  
Chief of Service  
Department of Medicine & Geriatrics

To: Miss Flora Tai  
Clerk to Select Committee  
Legislative Council

Ref.:

Urgent by Fax: 22482011

Tel. No: [REDACTED]

Your Ref.: CB2/SC2

Date: 14 February, 2004

dated: 29 January, 2004

**Response to The Questions Raised by the Select Committee of the Legislative Council**

Dear Miss Tai,

In response to your letter dated 29 January 2004 on the Select Committee enquiry to be held on 21 February I would like to submit to you my written statement on the questions in Appendix IV of the letter.

For any enquiry please feel free to contact me at [REDACTED].

Thank you for your attention.

Dr. Leung Man Fuk  
Chief of Service  
Department of Medicine & Geriatrics

**Response to The Questions Raised by  
the Select Committee of the Legislative Council**

**Dr. Leung Man Fuk**  
**Chief of Service, Department of Medicine and Geriatrics**  
**United Christian Hospital**

1. Were you aware of the outbreak of atypical pneumonia (AP) in Guangdong in February 2003? When did you learn about [REDACTED]'s case at Kwong Wah Hospital and the outbreak of Severe Acute Respiratory Syndrome (SARS) at Prince of Wales Hospital? Did you consider that AP/SARS patients may be admitted to United Christian Hospital and infection control protection for healthcare workers (HCWs) would be required?

I was aware of the outbreak of atypical pneumonia in Guangdong from the news in early February 2003. A memo from Dr. SH Liu to all COC (Medicine) members on 12/2/2003 on the surveillance of Severe Community-acquired Pneumonia also pointed out the report on severe community-acquired pneumonia in Mainland.

A notice from Infection Control Nurse of UCH on 12/3/2003 has mentioned about the outbreak of staff infection in Prince of Wales Hospital. A letter from Dr. William Ho on 13/3/2003 has mentioned about a doctor from Guangzhou admitted to KWH on 22/2/2003 for atypical pneumonia.

We have considered that AP/SARS patients may be admitted to United Christian Hospital. Preparation has been made to prepare healthcare workers on the possibility of admission of these cases. The preparation include training and update on the knowledge about atypical pneumonia and later SARS on diagnosis, investigation, management and infection control so that healthcare workers would be prepared in looking after patients with atypical pneumonia or SARS.

2. What were infection control measures taken to prevent HCWs and patients in as well as visitors to the hospital or the wards under your charge from contracting SARS?

The following measures have been taken to prevent HCWs, patients and visitors from contracting SARS

- Designated (cohort) wards to admit patients with atypical pneumonia and suspected SARS cases as from 15/3/2003
- Definite atypical pneumonia/SARS or suspected SARS patients were admitted to cohort wards directly from AED to reduce the risk of other medical patients contracting SARS
- Precautions in looking after patients with atypical pneumonia by droplet precautions in addition to universal precautions and personal protection including surgical mask/ N95 mask, barrier apparels when coming in contact with the patient's blood, body

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- fluids, secretions, excretions, mucous membranes and contaminated items, and hand washing.
- From 15/3/2003, all hospital volunteers were stopped from visiting the clinical areas
  - From 17/3/2003, all patients in cohort wards were required to wear surgical mask
  - Visitors to cohort wards were required to wear surgical mask. On departure from cohort wards visitors were advised to wash hands
  - There were numerous education seminars and training session to all HCWs on infection control measures in March and April 2003 such as educational seminars on atypical pneumonia by microbiologist on 14/3/2003 and respiratory physician on 17/3/2003. Additional talk by Respiratory Physician to all medical staff of Department of Medicine and Geriatrics was held on 19/3/2003, another education talk to medical staff on 25/3/2003, infection control talk to all medical staff on 31/3/2003
  - From 24/3/2003, all staff in the hospital were required to wear surgical mask and patients with respiratory symptoms were required to wear surgical mask
  - From 27/3/2003, no visitors to cohort wards
  - From 3/4/2003, all inpatients were required to wear surgical mask and no visitors were allowed in the hospital

2/4/2003

3. What were the guidelines provided to HCWs for wearing different types of personal protection equipment (PPE), such as surgical and N95 masks? What type of mask were HCWs required to wear in Ward 12A and why?

The guidelines for HCWs for wearing PPE follows the guidelines from Hospital Authority issued on 21/2/2003, 7/3/2003, 19/3/2003, 24/3/2003, 27/3/2003. For all cohort wards, all HCWs wear N95 mask. For attending non-SARS patients the guideline is surgical mask / N95 mask. Droplet precautions were practised for all SARS patients (mask, goggles, gloves and gowns).

Ward 12A is a female medical ward not admitting patients suffering or suspected of SARS. HCWs working in Ward 12A could wear either surgical mask or N95 mask when they attend to patients.

4. Were there requests made by HCWs in Ward 12A to wear PPE that was supposed to offer higher protection (such as N95 masks) during the SARS outbreak? If yes, were these requests rejected? If yes, why were the request rejected? Did you know whether any HCWs contracted as a result?

During the SARS outbreak in late March there have been request from HCWs in the hospital to have higher protection. For the use of N95 mask, Ward 12A HCWs could use it when they consider necessary. However, disposable gown and goggles were not generally available to all general wards during the end of March 2003. The use of gowns and goggles were applied when indicated for procedures likely to generate splashes or sprays of blood and body fluids. I could not speculate the cause of infection in the HCWs.

5. How Many HCWs in Ward 12A were infected during the SARS outbreak at the hospital? When was the first of such cases reported? Did you know how and why this HCW infected?

A total of 14 HCWs in Ward 12A were infected during the SARS outbreak at UCH. The first HCW (who is a medical officer) of Ward 12A was admitted for suspected SARS on 31/3/2003. The exact reason of his infection was not known. It is probably related to his contact with patients suffering from SARS. This medical officer has been on call duty on 27/3/2003. He has cared for 6 suspected SARS patients admitted to cohort ward at 8A during his call duty on 27/3/2003. Apart from this episode of contact, we later found out that in Ward 12A there are patients who have been admitted for other reasons and subsequently found to have SARS.

6. Were all patients required to put on masks while they were in hospital? Could they be forced to put on masks?

From 17/3/2003 all patients in cohort wards were required to wear surgical mask. From 24/3/2003 all patients with respiratory symptoms are required to wear surgical mask.

From 2/4/2003 all in patients in UCH were required to wear surgical mask.

Most patients were co-operative in wearing surgical mask. However, patients who are confused or have behavioural problems may refuse to wear surgical mask. It is difficult to force the patients to put on surgical mask if they remove the mask by themselves.