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16 February 2004

Ms Flora Tai
Clerk to Select committee
Legislative Councial
Hong Kong SAR Government

Dear Ms Tai

Re: Select Committee to inquire into the handling of the Severe Acute Respiratory Sydrome outbreak by the Government and the Hospital Authoirty

Thank you for your letter on 29 January 2004 in which your Select Committee asked me to submit a written statement on infection control measures in United Christian Hospital during SARS outbreak and infection of Health Care Workers of Ward 12A in United Christian Hospital.

I shall first provide my professional qualifications and experience followed by my statements which are all covered by my answers to the questions in Appendix IV.

A. Details of my professional qualifications and experience:

Professional Qualifications

Employment Record

Hospital	Department	Position	Date

Positions held

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B. My statements with reference to your questions:

1. Were you aware of the outbreak of atypical pneumonia (AP) in Guangdong in February 2003?

Yes, I learned it from the media.

When did you learn about AP [redacted]'s case in Kwong Wah Hospital and the outbreak of Severe Acute Respiratory Syndrome (SARS) in Prince of Wales Hospital?

- **I knew the case from the internal communication from our Chief Executive, Dr. Ho dated 13 March 2003. However, I only knew that some doctor from Guangdong was admitted into KWH for atypical pneumonia.**
- **I knew the PWH 'flu-like' illness outbreak from the news reports on 11 March and on the same day the press release from HAHO through intranet.**

Did you consider that AP/SARS patients might be admitted to United Christian Hospital (UCH) and infection control protection for healthcare workers (HCWs) would be required?

- **Yes, our AED stepped up our infection control measures soon after the PWH 'flu-like' illness outbreak.**
- **We started to use surgical masks in the clinical areas on 13 March 2003.**
- **We also emphasize droplets precautions and advise frequent hand washing.**

2. On 24 March 2003, residents from Amoy Gardens began arriving at UCH displaying symptoms of SARS. What were the guidelines for triaging patients at the Accident and Emergency Department (AED) at that time?

Before the Amoy Garden outbreak, all patients were triaged according to the HA triage guideline used by all AEDs. There was only 1 SARS patient admitted on 24 March 2003. It was only during 25 March night that SARS families from Amoy Garden turned up in our AED. Starting 26 March 2003, we set up a fever clinic segregated from the main clinical area. All Amoy Garden residents and other patients displaying SARS symptoms were fast-tracked to be seen is the clinic (with separate waiting area and ventilation).

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How were patients displaying SARS symptoms followed up?

- **Patients in fever clinic were seen by doctors with at least 3 years of experience.**
- **For those with compatible clinical pictures, CXR and blood test would be performed liberally to pick up the high risk cases.**
- **All likely SARS patients were admitted (fever with respiratory symptoms, pneumonia change in CXR with or without contact history).**
- **Senior medical officers would review all the admitted cases to ensure that patients were admitted into the appropriate wards.**
- **Fit patients with low likelihood of SARS were given drug treatment, daily follow-up, health advice of home isolation and droplet precaution.**

To which wards were they admitted?

- **All suspected SARS cases were admitted into SARS cohort ward**
- **Ill but unlikely to be SARS patients were admitted into general wards**
- **Most general wards had isolation rooms that might house some gray cases of febrile patients**

Were any wards in UCH designated as SARS wards? If yes, please name the wards. When were they designated as SARS ward? Did they include Ward 12A?

Yes, the following were SARS wards (with dates of designation):

- **6A (15 March)**
- **6B (26 March)**
- **8A (27 March)**
- **9A (31 March)**

12A was not included as SARS ward.

Were SARS patients being admitted to non-SARS wards in UCH during the SARS outbreak? If yes, what was the reason?

Only in 1 occasion on 25 March 2003 after midnight when all the bed of 6A was full that one suspected SARS patient was admitted into a non-SARS ward. However, special precaution had been taken to protect others. The patient was put in an isolation single room and he was transferred back to SARS ward the next morning. There was no infection to others known from this patient.

Some cryptic SARS patients were also admitted into non-SARS wards as their clinical features were not suggestive of SARS.

Did any HCWs and non-SARS patients in as well as visitors to such wards contract SARS as a result?

I did not have first hand information on this. I was given to understand that 14 HCWs, 9 patients and 2 visitors were involved.

Were non-SARS patients being admitted to SARS wards? If yes, what was the reason? Did the patients contract SARS as a result?

Yes. If they fit into the admission criteria of suspected SARS, they would be admitted into SARS ward. No non-SARS patient was infected in SARS ward in UCH.

3. What were the measures taken in UCH to protect HCWs from contracting SARS?

Infection control measures in UCH included:

- **Provide update information on SARS**
- **Infection control training & monitoring**
- **Provision of personal protective equipment**

What was the level of infection control in AED?

The whole AED was designated as high risk area and we used the appropriate protection for high risk areas in accordance to the HA guidelines.

4. What were the guidelines provided to HCWs for wearing different types of personal protective equipment, such as surgical and N95 masks? What type of personal protection equipment were HCWs in AED asked to wear and why?

We follow the HA guidelines for the use of personal protective equipment. Initially, N95 was used in triage and resuscitation areas and surgical mask in all clinical areas.

After the Amoy Garden outbreak, the whole A&E was designated as high risk area and we all used N95 together with gloves, gown, cap and eye protection.

Did any of the HCWs in AED contract SARS while working in AED during the SARS outbreak? If yes, how and why were they infected?

Only one nurse in AED contracted SARS. She developed SARS symptoms on day 3 after returning from 2 weeks of annual leave. She might or might not be infected during her duty in the fever clinic.

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5. Were you aware of the case of AA [redacted] who was admitted to Kwong Wah Hospital in late February 2003 before residents at Amoy Gardens started arriving at UCH on 24 March 2003? If so, what did you know about the case?

Yes, from Dr. Ho's internal communication, I knew a doctor from Guangdong was admitted into KWH for atypical pneumonia. Before the Amoy Garden outbreak, I did not know he was the source of the outbreak in Hong Kong and other countries nor he was a professor.

If you did not know about AA [redacted]'s case at that time, do you think the head office of the Hospital Authority (HA) should have advised all HA hospitals of [redacted]'s case so that more stringent infection control measures could have been introduced at other hospitals?

HAHO had mentioned the case early in 13 March in Dr. Ho's internal Communication.

Yours sincerely

Dr LAU Fei Lung
Chief of Service and Consultant
Accident & Emergency Department
United Christian Hospital

LFL/ac