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PRINCESS MARGARET HOSPITAL

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22 December 2003

Miss Flora Tai
Clerk to Select Committee
Legislative Council

Dear Tai,

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

The Statement to LegCo on Hanoi Case in response to the questions on handling of the American Chinese patient is now attached for your necessary action.

Yours sincerely,

Dr Lily Chiu

Hospital Chief Executive
Princess Margaret Hospital



醫院管理局

HOSPITAL
AUTHORITY

群策群力為病人·優質護理滿杏林

Quality Patient-Centred Care Through Teamwork

Statement to LegCo on Hanoi Case

1. On 5/3/03, at around 6 pm, I was informed by Dr. S. H. Liu of HAHO that a severe pneumonia patient would be transferred via International S.O.S. from a Hanoi hospital to PMH. The patient's condition was said to be critical, on ventilator.
2. I called up COS, ICU, Dr. W. W. Yan to prepare for an isolation room in the ICU, and prepare his staff to be well protected with adequate PPE when managing this patient. In view of the concern for high infectivity of the patient, I suggested that patient be directly admitted to ICU without routing through A&E, which was the routine admission procedure for any emergency admission.
3. The patient arrived at PMH and was admitted directly to ICU at 02:32, 6/3/03. He was put in a negative pressure single isolation room in the ICU. All attending staff wore surgical/N95 mask, glove, eye/face shield.
4. Accompanying history revealed that the patient was admitted to Hanoi French Hospital on 26/2/03 for severe flu-like illness. His condition deteriorated soon and was put on ventilator since 2/3/03. Serology test revealed the presence of Influenza B antibody.
5. On 8/3/03, a phone message from International S.O.S. to ICU informing that in the Hanoi Hospital where this patient stayed, there were 14 healthcare workers infected. This message was passed to Dr. Yan and his team.
6. Tamiflu was suggested to be used as prophylaxis, and 24 of the ICU staff had taken this prophylactic treatment.
7. The patient succumbed on 00:01, 13/3/03. No healthcare worker handling this patient was infected at PMH.



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Q1 : When was PMH informed of the transfer of the American Chinese patient from Hanoi to PMH ? By whom was the hospital first informed? Why was the patient admitted to PMH and not to another hospital ? What procedures were adopted for admitting the patient ?

A1 : On 5/3/03 at around 6 pm, I was informed by Dr SH Liu of HAHO that a severe pneumonia patient would be transferred via International S.O.S. from a Hanoi hospital to PMH. The patient's condition was said to be critical, on ventilator. I immediately informed Dr WW Yan, COS ICU PMH, to make available an ICU bed.

PMH has always been the designated hospital to receive patients transferred in / referred by the airport.

The patient was escorted by International SOS and flew into HK via a private jet. He was transferred via ambulance and arrived at PMH at 02:32 hr, 6/3/03.

In view of the concern for high infectivity of the patient, I suggested that patient be directly admitted to ICU without routing through A&E, which was the routine admission procedure for any emergency admission.

Q2 : What details about the condition of the patient were provided to PMH and by whom were the details provided ?

A2 : Dr Liu HAHO informed me that the patient's condition was critical, on ventilator. Shortly afterwards, Dr Liu called me again, informing me that there was information that there were a number of healthcare workers being infected in the Hanoi hospital.

Further details of the patient's condition were provided by the International S.O.S. doctor to the ICU doctor in the referral notes.

Q3 : What was the condition of the patient when he was admitted to PMH?

A3 : The patient was sedated, paralysed and put on ventilator on admission. He had fever of 39.9C, stable blood pressure and adequate oxygen saturation level.



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Q4: What infection control measures were taken in handling the patient? Were such measures taken because of the HA's advice or guidelines, advice from the hospital in Hanoi in which the patient was treated, or otherwise?

A4: In view of the information received about healthcare workers infected in the Hanoi Hospital in which this patient had stayed, I advised Dr Yan to ensure his team of ICU staff would take proper infection control measures (droplet precaution and universal precaution) when managing this patient.

Strict infection control practice when managing atypical pneumonia patients had been adhered to by ICU staff all along following the guidelines of HA. The infection control measures taken in PMH ICU during his stay included:

- Direct transfer of patient from ambulance to single bed cubicle of ward C2, ICU. This is a negative pressure cubicle equipped with exhaust fan.
- All attending healthcare workers must wear surgical/N95 mask, gloves, eye/face shield within the cubicle.

On 8/3/03, SOS doctor called ICU and provided information of 14 healthcare workers infected at the Hanoi hospital. They also suggested our staff to take Tamiflu for prophylaxis.

Q5: Was any healthcare workers infected as a result of handling the patient?

A5: No.

Q6: Was PMH aware of ^{AA} [REDACTED]'s case handled by KWH? If yes, when and how was PMH informed? What details about the case were provided to PMH? Did the information affect the infection control measures taken by PMH in handling the patient?

A6: Yes, I was informed by the Infection Control nurse of KWH on 22/2/03 about the admission of ^{AA} [REDACTED]. He was mentioned as a 64 year old male, traveler from China. That he was a Professor from ZhongShan Hospital, and had history of contact with atypical pneumonia patients in China.

This alerted me to advise my staff, especially the ICU, the respiratory team, the infectious diseases team and the A&E staff to adhere to infection control precautions when managing SCAP patients, especially when doing high risk procedures on the patient.



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Q7: Was the patient classified as SCAP case, and if so, was the HAHO notified? If yes, when and how was HAHO notified? What details about the condition of the patient and the infection control measures taken by PMH were provided to HAHO?

A7: Yes, patient was classified as SCAP in critical condition. HAHO was notified in the morning on 6/3/03. Notification was made on the Report Form for SCAP, and faxed to the Secretariat of TFIC, HAHO. Details on travel history, suspected infection of healthcare workers in the Hanoi Hospital, and Chest Xray and blood findings were also reported. No special note on the infection control measures was made in the notification form

Date: 22/12/03

Dr. CHIU Lily

Hospital Chief Executive,
Princess Margaret Hospital.