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**Submission to the Select Committee to inquire Into**  
**The Handling of the Severe Acute Respiratory Syndrome Outbreak by**  
**The Government and the Hospital Authority**

I am Que Tak Lun, Consultant Microbiologist of Tuen Mun Hospital and New Territories West Cluster (NTWC) since the Year 1996. My main regular duties includes the following: Clinical management of infectious diseases; Provision of Clinical Microbiology Laboratory Service; Supervision of the infection control team in the hospital; monitor the antibiotics resistance trend and provide advice with respect to prescription of antibiotics.

I am the chairman of the infection control subcommittee of the hospital, which is a subcommittee under the risk management committee of the hospital.

I have other outside duties which included the honorary / adjunct associate professor of the 2 medical schools. I am also the former chairman of the Health Care Services Subcommittee of the Occupational Safety and Health Council of Hong Kong.

I am a regular member of HAHO's central committee on Infection Control. For the period of the SARS outbreak I was fully occupied with professional duties in the New Territories West Cluster and I was not involved in the formulation of HAHO's SARS guideline during the period, but HAHO may seek our opinion before release of guideline. These guidelines were promoted to our colleagues using all possible means we have, including open forum, briefing / formal Training sessions, distribution of information by posting on internet and intranet website, memo, poster, CD-rom. We repeatedly reminded them to follow HAHO guideline. We have tried to ensure compliance by regular training sessions and bi-directional communication (active discussion and taking of feed back), regular ward visits, inspections, environmental scans and audits of ward practices.

During the SARS outbreak the hospital management has provided a lot of resources to strengthen the infection control team. A Senior Medical Officer (SMO) from Orthopedics Department was transferred full time to work as my deputy during the period, he also led the Infection Control Enforcement team. Additional Registered Nurses (RNs) were transferred to my team to assist in answering of staff enquiries. The GM(N) of POH and her nursing team were mobilized to form the "Contact Tracing Team". The Cluster General Manager of Nursing and her senior nursing staff, together with two consultants from department of oncology and department of surgery were assigned to form the "Infection Control Audit team". There was always adequate supply of PPE to the SARS wards.

In case of a ward outbreak (ie either staff or patient acquiring the infection in the hospital) I am in charge of the investigation and management of outbreak and make recommendation to the hospital in preventing further recurrence of the problem. During the SARS period, the investigation of infection was jointly carried out by the infection control team and the contact tracing team. We worked closely with Department of Health (DH) in handling these incidence. HA will handle the inpatient contacts whereas DH is responsible for tracing of discharged contacts and call back when indicated.

SARS is a brand new disease, which we have little knowledge during the early days of the outbreak. Diagnosis can be difficult, cryptic patients exist and pose a threat to our staff and patients. Even up to today when I prepare the submission we do not know the full details of this disease and this is the reason why a lot of academic researches are still being conducted. It is also for the above reason that the cause for hospital outbreak and staff infections can only be postulated despite intensive investigation. Each case is unique in terms of circumstances leading to infection.

Based on our infection control team's observation, I would like to suggest the following possibilities. Droplet spread and contamination of skin is a frequently observed association, and the circumstances are usually during intubations, feeding of patient and handling of patient excreta.

Hand washing may play an important role in these hospital acquired infection, despite our intensive training and repeated stress of the infection control guideline, the possibility still exist that a very small minority of colleagues might not have practiced proper hand washing in every occasion.

The salient points of infection control measures for protection of staff (droplet precaution) has been repeatedly emphasized to our frontline staff and from as early as mid February. Even with the knowledge that we have today these are still the most important means of protection. The evolution of HA guideline covers additional fine details discovered during the outbreak but the basic principle did not have major change.



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