

Your ref: CB2/PS/1/03

The Panel on Health Services of the Legislative Council
Legislative Council Secretariat,
Legislative Council Building,
8 Jackson Road,
Central,
Hong Kong.

06 January 2004

Dear Sirs,

**Information/ comments regarding
the services related to the outbreak of SARS**

In response to your request for our opinion on services related to the outbreak of severe acute respiratory syndrome (SARS), I wish to provide the following opinion.

During the outbreak of SARS, St. Paul's Hospital found it very difficult to manage patients infected with the SARS virus. The hospital is therefore grateful that the Government, through the Hospital Authority (HA), was able to accept all suspected SARS cases and confirmed SARS cases from the hospital. Without government support, I do not believe that the hospital could have continued to function in those very trying days.

SARS was completely new to the health care community at the time of its outbreak in March 2003. For several months thereafter, experts were still searching for data and consensus was lacking with regard to rapid diagnosis, effective infection control, and proper management. Therefore it is understandable that some confusion arose during the early stages. The complaints that I have received from the hospital staff reflecting this confusion are included for your reference.

For reasons of confidentiality, patients' names and personal references are removed from the information below.

On 8 March 2003, a gentleman suffering from atypical pneumonia was transferred from our hospital to Queen Mary Hospital for further management. He gave a history of staying at the Metropole Hotel before contracting the pneumonia. He had received initial treatment in our ward but had deteriorated. We later found that 3 hospital staff were infected after coming into close contact with this patient. They were an enrolled nurse, a health care assistant, and an amah. All of them were initially admitted to St. Paul's Hospital and later transferred to the Pamela Youde Nethersole Eastern Hospital (PYNEH). They were subsequently confirmed to be suffering from SARS.

In addition, the infected staff passed on the disease to 2 family members. These family members were also admitted to PYNEH.

A patient who stayed in the same ward as the patient from Metropole Hotel also developed chest infection. He was transferred to PYNEH and SARS was later confirmed.

All of the 3 staff members and their 2 relatives were treated with a protocol of Ribavirin and steroids. They recovered and were subsequently discharged from PYNEH. The 3 staff have since returned to work. However, they continue to suffer from mild generalized joint pains and weakness. None of them has been diagnosed to have avascular necrosis but a brother of an enrolled nurse was recently confirmed to be suffering from avascular necrosis of both hips. They are now undergoing continued medical follow up and assessment both by the HA and also at St. Paul's Hospital.

As the Harvard report rightly pointed out, there is a severe barrier (compartmentalization) between the public and private health care sectors. This barrier causes very inefficient communication between the 2 sectors, which becomes critical when the community faces a challenge such as the SARS epidemic. Traditionally, when the Hospital Authority takes over patients who had been managed in private hospitals, there is little feedback as to the treatment outcomes. So it was that after our first patient was transferred to Queen Mary Hospital on 8 March 2003, we found it difficult to obtain further information about the patient.

After informing the Department of Health (DH) on all suspected SARS cases from the hospital, information feedback on the confirmation of SARS cases was slow in forthcoming. We appreciate however that it might have been difficult to arrive at a definitive diagnosis and that both the HA and the DH were inundated in the months of

March through June 2003.

We did transfer one patient to Princess Margaret Hospital for cohort care. The patient was finally confirmed not suffering from SARS. As a result, the patient's daughter complained about the unnecessary referral, which could have put her mother at risk of contracting SARS. Ideally, of course, every suspected case should have barrier nursing rather than cohort nursing. It would appear, however, unrealistic to call for such lavish resources, especially when the government is still facing a substantial budget deficit.

Recently, the Department of Health offered to perform appropriate laboratory diagnostic tests for suspected SARS patients free of charge. There are certain criteria which have to be met before such tests will be carried out. Meanwhile, there is a lack of private laboratory service, which patients can safely rely on to carry out such tests. The government should provide assistance so that the government services would not be overloaded while the private laboratory services can be accredited for the purpose. Private laboratories, which purport to have the necessary safety and quality standards should register with the government for these special services. Government should in turn ensure that the standards are met. These standards must include safety during deliver/ collection of specimens.

It serves the people of Hong Kong well if the government cares more about the standards and safety in the private healthcare sector. Over recent years, the Department of Health has stepped up its control of safety standards in private hospitals. Certain private hospitals may have sufficient facilities to deal with a small number of SARS cases. However, there is no denying that private hospitals, cannot afford to exhaust their resources in doing so. In the final analysis, therefore, private hospitals must still rely on the government to provide necessary back-up.

We would appreciate better communication, and clearer directives regarding the treatment protocol and transfer of patients in dangerous epidemics such as SARS. In this connection, the Department of Health and the Hospital Authority should together issue only one statement to the private hospitals. Adherence to protocol is important in private as well as public hospitals. Private hospitals have all prepared contingency plans identifying measures to be taken and persons responsible in case of re-emergence of SARS. The co-operation of public and private health care providers under the leadership of the Health, Welfare and Food Bureau is essential to ensure

safe, effective, and efficient management of future outbreaks of epidemics, for the benefit of the whole HK community.

Yours sincerely,

Dr. David Fang
Medical superintendent
St. Paul's Hospital