

CONFIDENTIALReport on a SARS Patient from Guangzhou
who was admitted to Kwong Wah Hospital (KWH)

AA
 Patient : ██████ M/64
 Admission: 22/02/2003 11:55 hour
 Death : 04/03/2003 22:48 hour

Background

AA
 ██████ was a doctor working in outpatient clinic in Guangzhou. He came to Hong Kong on 21/2/03 to attend the wedding of his relative. Apart from him, his brother-in-law ██████ (M/53) and sister ██████ (F/56) were eventually admitted to KWH too. Both he and ██████ died. CC
 oo oo

Clinical Course

2. AA
 ██████ walked in to attend KWH's Accident and Emergency Department (AED) at 11:06, 22/2/03. He was triaged as category 3 - "urgent". According to the history he gave, he had been in contact with patients suspected to have atypical pneumonia during 11-13/2/03. He had flu-like symptoms on 15/2/03 with pleuritic chest pain. Chest X-Ray examination showed left lower zone hazziness. He self-treated with levofloxacin and penicillin and improved. He claimed that he had fully recovered from that episode of illness before coming to HK.
3. He presented with fever and shortness of breath for four days. In light of his critical clinical condition, he was admitted directly into Intensive Care Unit (ICU) at 11:55 for further management. He deteriorated and was intubated at 00:41, 23/2/03. KWH managed the patient jointly with the team of clinical microbiologists and respiratory specialist of Queen Mary Hospital since 24/2/03. He did not show any response to active treatments. His clinical picture was compatible with Acute Respiratory Distress Syndrome. He finally succumbed at 22:48, 4/3/03.

00

4. 00 had history of accompanying AA to go shopping for ½ day on 21/2/03. He attended KWH's AED on 23/2/03. He was discharged from AED with a diagnosis of acute tonsillitis. He was scheduled to have follow up in AED on 1/3/03. He re-attended KWH's AED on 28/2/03. He was admitted into isolation room of S3, a Medicine & Geriatrics (M&G) ward. He ran a downhill course and was transferred to ICU on 4/3/03. He succumbed on 19/3/03.

CC

5. CC attended KWH's AED on 1/3/03. She was admitted to S2, a M&G ward. She was transferred to the isolation room of S2 on 2/3/03. She was diagnosed to have chest infection and discharged on 6/3/03 with antibiotics.

Reporting and Surveillance

6. This was done in accordance with the standing mechanism. At 12:12, 22/2/03 (Saturday), KWH notified Hospital Authority Head Office (HAHO) by fax, using the Report Form for Severe Community-acquired Pneumonia (CAP). Further details were supplemented by fax at 18:40, 22/2/03, using the Clinical Record Form for Severe CAP. At 10:12, 24/2/03; HAHO notified Department of Health (DH) through e-mail. Ms But of DH came to KWH to investigate on the same day.

7. On 3/3/03, KWH notified HAHO about 00 and duty microbiologist (a consultant of Queen Elizabeth Hospital) about both 00 and 00. Ms But of DH came to KWH to investigate both cases on the same day. CC

Infection Control

8. After being seen by a Medical Officer, AA was re-assessed by a Consultant (A&E). The latter advised A&E staff to wear paper masks. Upon admission into ICU, the patient was immediately placed in isolation room. All staff caring him wore N95 masks, cotton gown, and implemented

droplet precaution and universal precaution measures since his admission.

9. For ^{OO} [REDACTED], KWH adopted droplet precaution and universal precaution measures since his admission.

10. For ^{CC} [REDACTED], KWH implemented contact isolation measures upon her admission on 1/3/03. Since placing her in the isolation room on 2/3/03, droplet precaution and universal precaution measures were implemented.

Infected Health Care Workers (HCWs)

11. There are 2 infected HCWs of KWH whose infection ^{AA} may be related to these patients. The first one, temporally related to [REDACTED], is a Registered Nurse of AED. She was admitted on 28/2/03. She recovered well and was discharged on 18/3/03. She did not have direct contact history with [REDACTED] ^{AA}. On 22/2/03, She only worked in the cubicle next to one where he stayed. She wore surgical mask at the time because she was having flu symptoms herself.

12. The only infected HCW ^O who had history of contact with [REDACTED] ^{OO} is a Health Care Assistant, [REDACTED] ^{OO}. She worked in S3 during [REDACTED]'s ^{OO} hospitalization. She attended KWH's AED on 6/3/03. She was discharged from AED with 2 days' sick leave given. She re-attended KWH's AED on 7/3/03. She was admitted into isolation room of S2. She was intubated and transferred to ICU on 12/3/03. KWH notified HAHO on the same day. Ms Lo of DH came to investigate on 13/3/03. [REDACTED] ^O was eventually discharged from KWH on 27/3/03.

13. No HCW who had contact with [REDACTED] ^{CC} and no ICU staff get infected.