PRINCE OF WALES HOSPITAL
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4 March 2004

By Fax (2248 2011) and By Post

Miss Flora Tai
Clerk to Select Committee
Legislative Council
Legislative Council Building
8 Jackson Road
Central
Hong Kong

Your ref: CB2/SC2

Dear Miss Tai

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

Thank you for your letter dated 23 February 2004.

Our file record shows that this patient was working and living in China (Shenzhen) for a few years and returned to Hong Kong regularly twice a week for regular maintenance haemodialysis for his End Stage Renal Failure. He was admitted to PWH ward 8C on 15 Mar 2003 for haemodialysis treatment. On admission, he reported himself as afebrile and denied any specific symptoms (a routine self-assessment process before commencement of haemodialysis treatment). Soon after he had settled for the haemodialysis procedure, he was noted to be unwell by our nursing staff. A temperature of 38.6°C was recorded and he admitted to have had symptoms of cough, myalgia and arthralgia for one day upon direct questioning. Dr Sze was called for assessment, and initial investigations were ordered. The patient was initially managed as possible bacterial and atypical pneumonia, an antibiotics (Levofloxacin) and an anti-viral drug (Tamiflu) were prescribed. Subsequently the renal Consultant Dr SF Lui was notified and reviewed the patient's condition.

In view of the clinical picture of fever and features suggestive of atypical pneumonia, in

addition to the travel history (to Shenzhen), Dr. Sze phoned up Dr CH Chan for consideration of admission. Dr CH Chan then informed Dr CB Leung as both were the "Dirty" Team members on call on 15 Mar 2003. By then, the preliminary investigations were available and revealed the patient had leucopenia (1.9) and lymphopenia (0.5). Chest X-ray showed right lower zone infiltrate.

His case was discussed among the senior members of the Infectious Disease Team (Prof David Hui and Dr CB Leung) and Dr SF Lui (who actually took the CXR film to us for assessment), concerning the management issues and where to admit him after the haemodialysis treatment. In view of the clinical picture, and all the required results of tests ordered in ward 8C were already available, it was decided it would not be necessary nor appropriate for him to go through the Triage ward. Triage ward was used then for keeping suspected cases for a short period of time, while pending results of the initial investigations for triage purpose.

It was concluded at the time the patient should be considered as a high-risk case of atypical pneumonia requiring cohort (based on the epidemiological link with mainland China, the compatible chest X-ray changes and abnormal laboratory findings notably lymphopenia). Ward 8A was considered suitable; as at that time it was where all the highly suspected atypical pneumonia cases were admitted. After the discussion, Dr CB Leung arranged the patient to transfer directly from ward 8C to 8A after the haemodialysis treatment.

Thank you.

Yours faithfully

Dr CB Leung
Senior Medical Officer

Dr CH Chan
Medical Officer