390001

Select Committed Question dated 21/4/2004

(a) Whether the content of the Guidelines on the Management of SARS issued in Chinese on 18 March 2003 is the same as the one issued in English on 19 March 2003.

(b) Whether any set of the Guidelines on the Management of SARS between 19 March and 30 June 2003 had been issued in Chinese.

Answers (a) and (b):

(a) The guideline on management of SARS issued on 19/3/2003 has added a section on the reporting procedure in Appendix II and attach a SARS reporting form as compared to the one issued on 18/3/2003 (see Attachment A).

(b) All sets of guidelines issued between 19/3/2003 and 30/6/2003 were in English.

Attachment A

Guideline on the Management of Severe Acute Respiratory Syndrome (SARS)

March 19, 2003

Surveillance Case definition:

Taking into consideration of WHO case definition and our local clinical experience, cases of SARS are defined as suspect and probable cases.

Department of Health has issued clinical protocol for general practitioners in the management pneumonia, and suspected cases would be referred to hospitals for further investigation and management when the case definition is met (see appendix I).

In hospitals, cases of pneumonia would be screened according to HA case definition, and when the criteria are met, such cases are defined as probable SARS (see appendix II).

Case Reporting and Specimens Collection:

- Please follow the Case Reporting mechanism and report to the Secretariat of Central Committee in Infection Control (CCIC) using the appropriate report forms and report to the "Secretariat of Central Committee in Infection Control". Please refer to the Guideline posted at the HA intranet (Under Clinical Guidelines/Infectious Disease)
- Specimens should be collected (NPA, serum samples) and sent to laboratory promptly,

What are the Infection Control Measures?

- The recommended method of isolation for cases of suspect and probable SARS is droplets precautions, in additional to Universal Precautions.
- This is based on the observation that:
    i) SARS so far are limited to healthcare workers and close household contacts which suggests spread by droplets;
    ii) nearly all hospital staff who have acquired SARS had direct exposure to index patients;
    iii) the implementation of droplets precautions has reduced the number of staff being infected significantly;

Droplet Precautions Includes:

- Place patient in a room with other patient(s) having SARS (**cohorting**) maintaining separation of at least 3 feet from each other.
- Staff should have barrier apparels (gloves and gowns) when coming into contact with the patient's blood, body fluids, secretions, excretions, mucous membranes and contaminated items.
- Wear a mask when working within 3 feet of the patient.
- Wash hands after removal of gloves and before nursing another patient even when contact is only with non-contaminated items.
- Proper disinfection of the environment and equipment is required.

Precautions when attending to hospitalised patients and patients in the AED:

- When attending to patients with respiratory symptoms (such as fever, sore throat, headache, running nose, cough, myalgia, skin rash, pleuritic chest pain), put on a mask and wash hands after patient contact.
- Ask patients with respiratory symptoms to put on a surgical mask.
- Staff with respiratory symptoms should also put on a surgical mask.
- Treatment with nebuliser should be avoided in patients with fever and chest XR infiltrates.

What if we ourselves develop influenza-like illness?

- Staff feeling unwell should seek medical advice, e.g. attending the staff clinic.
- Based on severity of symptoms, sick leave would be granted on an individual basis.
- Staff with mild respiratory symptoms e.g. cough, but otherwise fit for work, they should put on a surgical mask when attending to patients.

Appendix I

Guidelines to Primary Care Physicians / Family Physicians on the management of cases of suspected Severe Acute Respiratory Syndrome (SARS)

In accordance with World Health Organization, symptoms and signs of SARS include –

- high fever (>38°C) AND
- one or more respiratory symptoms including cough, shortness of breath, difficulty breathing AND
- close contact* with a person who has been diagnosed with SARS

*close contact means having cared for, having lived with, or having had direct contact with respiratory secretions and body fluids of a person with SARS.

In addition to fever and respiratory symptoms, SARS may be associated with other symptoms including: headache, muscular stiffness, loss of appetite, malaise, confusion, rash, and diarrhea.

When to refer

Doctors are advised to refer patients with the following conditions to hospital for further management –

(I) Fever more than 38° Celsius and new onset of pulmonary infiltrate and either shortness of breath or cough and no symptomatic response to standard therapy including a beta-lactam (penicillin & cephalosporin groups) and coverage for atypical pneumonia (a fluoroquinolone, tetracyclines, or a macrolide) after 2 days of therapy in terms of fever and general well being

OR

(II) Fever more than 38° Celsius and new onset of pulmonary infiltrate and either shortness of breath or cough and patient has been exposed to patients with pneumonia in the previous 7 days

Department of Health

17 March 2003

Severe Acute Respiratory Syndrome (SARS) Registry, Hospital Authority

Case Definition of ARS

Inclusion:
1. Presence of new radiological infiltrates compatible with pneumonia, and
2. Fever ≥ 38°C, or history of such any time in the last 2 days, and
3. Presence of at least 2 of the following:
   a. Chills any time in the last 2 days
   b. New or increased cough
   c. New or increased shortness of breath
   d. Typical physical signs of consolidation

Exclusion (any one of the following):
1. Significant bronchiectasis
2. Leucocytosis on admission
3. CXR show lobar consolidation
4. The pathogen is already known

Reporting Procedure

A duty officer will be appointed in all hospitals which admit patients from A&E. The officer should either be a respiratory physician or infectious disease physician. He/She (or designate) shall screen admissions from the A&E on a daily basis (except Sundays). When cases satisfying the inclusion and exclusion criteria are found, the patient data shall be entered into a standard form (annex II) and sent to a receiving point by fax or email, as follows:

		Fax No.
PWH, AHNH, NDH	Dr. Louis Chan	(2636 0008)
KWH, CMC, WTSH	Dr. Melissa Ho	(2781 5427)
PMH, YCH	Ms. Adela Lai	(2990 1058)
PYNEH, RH	Dr. Raymond Yung	(2515 9657)
TMH	Dr. T L Que	(2463 2565)
UCH, HOHH, TKOH	Dr. Raymond Lai	(2772 0917)
QEH, KH	Ms. Clara Yip	(2782 6385)
QMH, GH	Ms. Patricia Ching	(2855 3805)

The collected information will be passed on to Mr Clement CHE, Secretary of Central Committee on Infection Control.

SARS

Cases that meet the inclusion and exclusion criteria, and who require assisted ventilation and/ or care in the ICU/HDU, either on admission or subsequently, must be separately reported using the existing system.

Annex II

SARS Registry, Hospital Authority
(For reporting of cases fallen under the case definition for SARS)

CONFIDENTIAL

To: _____

Fax no. _____ Date: _____

(No need to enter if gum label is available)	Gum Label
HKID	
Sex Age	
Date of Admission	

History of Contact with patient with SARS:	Yes / No
History of Travel to China:	Yes / No
Healthcare Worker?	No / Doctor / Nurse / Allied Health / HCA /Lab staff / Other
Institutionalised (including OAH):	Yes / No
Underlying chronic illness:	Yes / No
Respiratory failure:	Yes / No
Condition on admission:	Good / Fair / Poor / Critical

Hospital:

治理嚴重急性呼吸綜合症（SARS）指引

2003 年 3 月 18 日

監察病例定義：

在參照世界衛生組織（WHO）的病例定義和本港的臨床經驗下，我們把 SARS 界定爲懷疑及可能病例。

衞生署已頒發私家醫生治理肺炎的臨床常規。如符合病例定義（見附錄 1），醫生會轉介懷疑染上肺炎的病人到醫院接受進一步檢查和治理。

醫院將按照醫管局的病例定義進行肺炎驗診。如符合準則，會把病人界定爲可能有 SARS 的病人（見附錄 2）。

病例呈報及收集樣本：

- 請按照病例報告機制，以適當報告表格向醫管局總辦事處感染控制中央委員會秘書處報告和收集樣本（NPA、血清樣本），並送交化驗室。（參考指引請查閱醫管局內聯網文件：Clinical Guidelines/Infectious Disease）

感染控制措施：

- 除了普及性的感染預防措施外，懷疑及可能的 SARS 病例應採取預防飛沫感染控制措施。

- 這項建議是基於以下分析：
  i) 到目前爲止，SARS 僅見於醫護工作人員以及家屬與病者有緊密接觸，因此可能是由飛沫散播；
  ii) 幾乎所有感染 SARS 的醫院職員都會直接接觸指標病人；
  iii) 實行預防飛沫感染控制措施後，受感染員工人數已減少。

防止飛沫的措施包括：

- 讓病人與其他有 SARS 的病人共處一室，每人相隔最少 3 呎。

- 職員在接觸病人血液、體液、分泌物、排泄物、黏膜及污染物時，應穿戴隔離衣物（手套和袍）。

- 醫護人員在病人 3 呎內工作時，應配戴手術口罩。

- 在脫下手套後及護理另一名病人前，即使僅曾接觸非污染物，亦必須洗手。

- 醫院環境和儀器須適當清潔或消毒。

照顧住院病人及急症室應採取的預防措施：

- 在照顧有呼吸徵狀（例如發熱、喉痛、頭痛、鼻水、咳嗽、肌痛、皮疹、胸痛）的病人時，應戴上手術口罩，並在接觸病人後洗手。
- 要求有呼吸徵狀的病人戴上手術口罩。
- 有呼吸徵狀的職員亦應戴上手術口罩。
- 對發熱及胸部X光檢查顯示有陰影的病人，應避免使用噴霧器治療。

員工本身患上類似流行性感冒疾病時應怎樣？

- 感到不適的職員應求醫，例如到職員診所求診。
- 個別職員可根據徵狀的程度獲批給病假。
- 只有輕微呼吸徵狀例如咳嗽而工作的員工，在照顧病人時應戴上手術口罩。

附錄 1

基層醫護服務醫生/家庭醫生治理
懷疑出現嚴重急性呼吸綜合症（SARS）病人的指引

世界衛生組織表明，SARS 的徵狀和病徵包括 -

- 高熱（高於 38℃）及
- 一種或以上的呼吸徵狀，包括咳嗽、氣促、呼吸困難，及
- 與被診斷有 SARS 的人士有緊密接觸*

*緊密接觸指曾護理有 SARS 人士、曾與其共住，或曾直接接觸其呼吸分泌物和體液。

除發熱和呼吸徵狀外，SARS 亦可能與其他徵狀有關，包括頭痛、肌肉強直、食欲不振、疲倦、精神紊亂、發疹和腹瀉。

何時轉介

如病人有以下情況，應轉介往醫院接受進一步治理 -

(I) 發熱（高於攝氏 38°）及新發肺浸潤及氣促或咳嗽，以及在兩天治療後，在發熱和一般健康方面均對標準治療（β-lactam）及非典型肺炎藥物（fluoroquinolone、tetracycline、macrolide）無徵狀性反應。

或

(II) 發熱（高於攝氏 38°）及新發肺浸潤及氣促或咳嗽，以及病人在前 7 天內曾接觸肺炎病人

衛生署
2003 年 3 月 17 日

390009

附錄 2

醫院管理局
嚴重急性呼吸綜合症（SARS）資料統計中心

SARS 監察病例定義

列入：

1. 胸部X光檢查顯示肺炎陰影，及
2. 發熱（最少 38℃）或過去 2 天曾出現此等發熱，及
3. 最少出現以下其中兩項：
   a. 過去 2 天曾發冷
   b. 新咳或咳嗽加劇
   c. 呼吸短促或加劇
   d. 肺部檢查有肺炎徵象

排除：

1. 支氣管擴張或
2. 入院時白血球增多或
3. 胸部X光檢查顯示肺葉實變或
4. 已知病原

2003 年 3 月 18 日