The short note provided by Dr SH LIU on how the Working Group on Severe Community Acquired Pneumonia would have acted differently with the benefit of hindsight.

The Working Group was formed on the 11 February 2003. On retrospective review of our deliberations during the period from early February to mid- March, there had been several limitations to the formulation of recommendation on infection control. Firstly, despite media reports on increased number of cases of atypical community-acquired pneumonia in Guangdong, the causative agent, nature and clinical features of the pneumonia were hardly known. Secondly, there were no known upsurge of cases in Hong Kong at the material time. The Working Group therefore decided to start a reporting mechanism on severe CAP to look for unusual patterns of occurrence. Lastly, the report of two clusters of influenza (H3N2 in Prince of Wales Hospital and H5N1 in Princess Margaret Hospital) added difficulties to the overall picture.

Infection control measures promulgated in the Working Group's FAQ [i.e. Universal Precautions for all patients and droplets precaution in addition for any suspected atypical pneumonia cases] in the earlier period could only be based on the CDC's recommendation for CAP in general. As a result, nasopharyngeal aspirate was recommended as a diagnostic procedure to isolate agents causing respiratory illnesses especially influenza A&B and Avian Flu. This approach subsequently facilitated the successful isolation and identification of the novel SARS-Coronavirus. The reporting system introduced also allowed the prompt identification of the virus through heightened awareness and the decision to perform lung biopsy in one of the early cases.

Given so many unknowns, the recommended actions by the Working Group could only be based on the understanding of the disease during the period in question. The effectiveness of strict infection control practices was hampered by the lack of knowledge on the clinical course of this new disease and the lack of available effective treatment agents resulted in further difficulties in controlling its spread. Given the benefit of hindsight, more emphasis could have been placed on strict compliance to standard precautions and procedure-related precautions in the face of an unknown agent, such that unprotected health care workers exposures could as far as possible be avoided. Equally important would have been intensification of contact tracing, especially for those patients with travel history to Guangdong, to allow early isolation of suspected patients and thus prevention of both hospital and community outbreaks.

August 2 2003