CONFIDENTIAL

1. Prior to 12 April 2003, there were totally 26 SARS patients under my charge in TMH. They were cohorted in the SARS ward.

   The infection control measures in this SARS ward followed the isolation ward standard, full PPE were provided to staff.

   There were 6 medical staff, 21 nursing staff and 8 supporting staff employed to run the SARS ward.

   Four HCWs were infected. The reasons for infection could be many.

2. I was not consulted with regard to the decision to transfer SARS patients from the DMCs of DH and YCH to TMH.

   Even before this decision, TMH had already assessed the situation, and made preparations to receive more SARS patients and to open more SARS wards. The preparation time was adequate. My assessment was that TMH could cope with additional SARS patients and the preparation time was adequate.

3. No suspected and/or confirmed SARS patient in the wards under my charge was refused admission to the ICU.

4. There was no requirement of intubation of SARS patients must be performed in the ICU. There were occasions of intubation being performed in SARS wards if it was clinically indicated at the time. The reasons for infection could be many, and performing high-risk procedures was one of them.

5. Between 26 and 27 April, 2003, 3 staff working in C8 were reported sick and admitted. This was immediately regarded as a likely outbreak and urgent actions were taken to investigate the possible causes, prevent further spread of the infection and implement necessary improvement measures. At the conclusion of C8 outbreak in early June, a total of 5 staff, 10 patients and 1 patient relative were confirmed as having clinical SARS. The reasons for infection could be many.

   Two index patients were identified as hidden cases and their diagnoses upon admission did not suggest SARS. One patient returned from Shanghai and presented with fever, chill and myalgia and was admitted on 10 April 2003, the fever subsided shortly after antibiotics treatment and there was no other feature of SARS such as chest X-ray changes and even HRCT did not demonstrate any lung infiltrate.

The other patient was suspected to have SARS and was admitted to PMH on 2 April 2003 and was discharged on 11 April 2003. She then presented to TMH with fever, chill and myalgia, there was no chest X-ray change and the fever subsided shortly.

These 2 index patients were not from Amoy Gardens.

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