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WRITTEN STATEMENT OF DR. YAN WING WA

1. I was, during the SARS period, the Chief of Service of the Intensive Care Unit (ICU) of Princess Margaret Hospital (PMH).
2. On 5 March 2003, the Hospital Chief Executive (HCE) of PMH informed me that an American Chinese would be transferred to PMH for management. The patient suffered from severe pneumonia requiring ventilator care and some healthcare workers (HCWs) had been infected. We prepared a single bed cubicle in the ICU for him.
3. On 6 March 2003, the patient was directly admitted to the ICU without routing through the Accident and Emergency Department (A&E). His condition was critically ill.
4. His wife gave the history that her husband had travelled to Shanghai in mid January 2003. The patient came to Hong Kong after the Lunar New Year and returned back to Shanghai for a few days and then came back to Hong Kong again. He had already developed flu like symptoms during his stay in Hong Kong. He travelled to Hanoi, Vietnam on 25 February 2003. He was admitted to French Hospital in Hanoi on 26 February 2003 because of worsening flu like symptoms. He ran a downhill course requiring mechanical ventilation since 2 March 2003. His clinical condition was compatible with Acute Respiratory Distress Syndrome. His viral

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serology on 28 February 2003 later revealed that IgM influenza B antibody was present.

5. Report Form for Severe CAP was sent by ICU to the Secretariat of TFIC, HAHO on 6 March 2003.
6. On 8 March 2003, a doctor of International SOS (which transferred the patient to Hong Kong) informed PMH by telephone that 14 HCWs who had taken care of the patient in French Hospital had been hospitalized and that a team of CDC (Centre of Disease Control) experts from the USA would visit the hospital for investigation. International SOS suggested prophylactic treatment for HCWs with Tamiflu. 24 ICU staff of PMH had taken Tamiflu accordingly.
7. PMH had implemented strict infection control measures during his stay. He was transferred directly from the ambulance to the single bed cubicle of ICU (ward C2). This cubicle was equipped with exhaust fan creating a negative pressure within the room. All attending HCWs wore surgical/N95 mask, gloves, eye/face shield within the cubicle and implemented universal precaution. Numbers of staff taking care of the patient as well as staff's entry into the cubicle were minimized. High efficiency filters were put in the expiratory limb of the ventilator. Exhausted gas from the ventilator was scavenged by the scavenging system of the ventilator (Evac 180 of Servo ventilator). Close suction system was used in the ventilatory circuit. No HCW was infected.

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8. The patient's condition continued to deteriorate despite active treatment. He finally succumbed on 13 March 2003 at 0:01 a.m. The case was reported to the Coroner because of undetermined cause of death.

9. I shall deal with the questions appended to the Legco letter to me as follows :-

(1) Q: When was Princess Margaret Hospital (PMH) informed of the transfer of the American Chinese patient from Hanoi to PMH?

A: I do not have the first hand information but according to my understanding, PMH was informed by HAHO on 5 March 2003 about this case.

(2) Q: What details about the condition of the patient were provided to PMH and by whom were the details provided?

A: I do not have the first hand information but according to my understanding, the details have been set out in paragraph 2 above.

(3) Q: What was the condition of the patient when he was admitted to PMH?

A: The general condition of the patient was critical when being admitted to PMH. He was sedated and ventilated. He was ventilated with 100% oxygen with marginal oxygen desaturation.

(4) Q: What infection control measures were taken in handling the patient? Were such measures being taken because of the Hospital Authority's advice or

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guidelines, advice from the hospital in Hanoi in which the patient was treated, or otherwise?

A : The infection control measures taken in handling the patient were set out in paragraph 7 above. The HA guidelines in relation to handling Severe CAP patients were adhered to. We further upgraded the infection control measures for this patient.

(5) Q : Was any healthcare worker infected as a result of handling the patient?

A : No healthcare worker at PMH was infected as a result of handling the patient.

(6) Q : Were you and other healthcare workers who attended to the patient aware of the case of ^{AA} [REDACTED] handled by Kwong Wah Hospital? If yes, when and what were you and the healthcare workers told about the case? Did the information affect the infection control measures taken by PMH in handling the patient?

A : I cannot speak for other healthcare workers as to the date when they had knowledge of ^{AA} [REDACTED]'s case. As for myself, I was not aware of ^{AA} [REDACTED]'s case when the patient was admitted to PMH. Knowledge of ^{AA} [REDACTED]'s case would not have affected the infection control measures taken by us in handling the patient.

Date : 23 December 2003.

Dr. YAN Wing Wa

