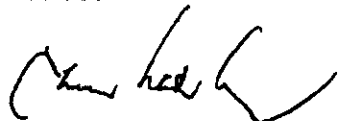


CONFIDENTIAL專責委員會(2)文件編號 : W3(C)SC2 Paper No. : W3(C)**WRITTEN STATEMENT OF DR. WU CHUN WAH**

1. On 22 February 2003, Dr. Chow Kin Wa saw the patient ^{AA} in the Resuscitation Room of the Accident and Emergency Department (AED). Dr. Chow reported that the patient was a medical doctor from China. He had shortness of breath and fever. He had pneumonia few days before. Dr. Chow discussed the case with me.
2. I am aware of the memo from Dr. S.H. Liu of Hospital Authority Head Office on the surveillance on Severe Community Acquired Pneumonia cases dated 12 February 2003. I also knew about media reports on atypical pneumonia cases in Guangdong and the boiling of vinegar by people in Guangdong Province in attempt to prevent spread of infectious diseases. Out of caution, I advised Dr. Chow and the nursing staff looking after this patient to wear masks.
3. The patient was reassessed. He was on oxygen mask (100% O₂). The patient could speak clearly. There was a nursing team attending the patient inside the Resuscitation Room. The patient said he was a doctor from China. When being asked whether he had pneumonia before, the patient said yes but added that he had already recovered and was not suffering "that kind of thing" (唔係果D嘢). It was our understanding that the patient was telling us that he was not suffering the type of atypical pneumonia recently reported in China.
4. On physical examination, there were crepitations on both lungs. The x-ray film revealed "ground glass" appearance. It was highly suspected that the patient was suffering from lung infection, in view of the history of fever, shortness of breath and pneumonia in China.
5. I decided to admit the patient to ICU because of the fact that SaO₂ level was very low initially (only about 65%), chest x-ray showed significant changes, and there was a possibility that intubation might be required if the patient's condition deteriorated.
6. The AED staff then liaised with the ICU staff to prepare the patient for transfer. The ICU staff were informed that this was a doctor from China, who had pneumonia few days before. I also discussed with ICU on the possible need to report this case to the relevant authority under the surveillance mechanism.

Date: 8 December 2003



Dr. Wu Chun Wah