

CONFIDENTIAL

### Infection control team PMH

Early in Feb 2003, Infection control officer of the Infection control team was one of the members of the Working Group on Severe Community Acquired Pneumonia which was formed in response to reports of atypical pneumonia outbreak in Guangdong Province in China. Surveillance on severe community acquired pneumonia would be performed among HA hospitals. We have liaised with the virus laboratory of Department of Health and Queen Mary Hospital in collecting specimens for thorough virus investigation for respiratory virus pathogen for atypical pneumonia. This collaboration resulted in detecting another new episode of H5N1 Avian influenza infecting several members of a family with history of travel to China in PMH. All along we promulgated droplets precaution for handling patient with atypical pneumonia. A seminar on epidemic respiratory infection was held on 21 Feb 2003 to educate the hospital staff about clinical features, diagnosis, laboratory investigation and infection control of pneumonia. We also worked with DH to do a serological study of the staff contact with this family.

The first SARS patient admitted to PMH was transferred from Vietnam by SOS on 6 March 2003. Early appropriate infection control had been taken in ICU such that no secondary infection occurred in PMH. We had treated more than 90 patients without any staff infection up to the time when PMH was designated to be the SARS hospital. Infection control team took active participation throughout the process of preparing PMH for becoming the designated SARS hospital and the subsequent battle against SARS.

Infection control team had been running education programs since Feb 03 and intensified training on atypical pneumonia and SARS infection control. Together with central nursing department, numerous briefing and training sessions were organized for all rank of staff. All new Medical staff were briefed on the infection control measures that should be practised on the first day of their deployment in PMH. Infection control nurses conducted on site infection control briefing and did demonstration on the proper way of wearing PPE in CCE staff forum. VCD on SARS precaution guidelines, dress codes and posters were prepared and circulated widely to departments and work places. Video on PPE was run continuously in staff canteen, lobby and Community Health Resources centre to reach our audience as much as possible.

All the relevant guidelines and updated information were posted on the PMH intranet and circulated through email.

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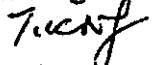
To ensure stringent infection control practice at the frontline level, an ad hoc infection control task force was formed in the Medical Department with members of Senior MO, Infection control Team, Department Operation Manager and Ward Manager. Infection control coordinator was also appointed to lead the infection control enforcement team to bridge between frontline and management level. Monitor was conducted by on site visits by Infection control nurses and senior nurses. Audits were conducted on infection control practices in different areas.

ICT had contributed significant manpower in providing advice and guidance on PPE. ICT were frequently consulted on environmental hygiene and improvement such as ventilation, cleaning and waste disposal.

SARS is a novel infection of which we had no prior knowledge. Later data showed that it is stable in the environment and is present in high concentration in respiratory secretion and stool. Most of patients were very ill and also had diarrhea. High risk aerosol generating procedures such as intubation were frequently required. A single lapse in the infection control practice in a high virus load environment would lead to the infection. Up to now, there are no foolproof protection measures.

My colleagues had done their best with the limited resources and the lack of knowledge of the new disease when we had to fight this battle against SARS. We hope that what we have learned will prepare us for handling a possible resurgence of SARS.

Dr Ng Tak Keung



16<sup>th</sup> Jan, 2004