Attn: Miss Flora Tai
Clerk to LegCo Selected Committee
From: Dr Louis Chan
Medical Officer, Hospital Authority
Date: 26/1/2004
Total number of pages (including this page): 6

Dear Miss Tai,

Re: responses to LegCo inquires
Your ref no: CB2/SC2

Please find attached my responses to the LegCo inquires.
Thank you.

Louis Chan

Personal qualification

Bachelor of Medicine and Bachelor of Surgery (M.B.,B.S.)
Master of Medical Sciences (M.Med.Sc.)
Master of Public Health (MPH)
Member of Royal College of Obstetricians and Gynaecologists (MRCOG)
Member of Hong Kong College of Obstetricians and Gynaecologists (MHKCOG)

Responses to questions set in Appendix IV

1. When and why was the Disease Control Centre (DCC) set up in Prince of Wales Hospital (PWH)?

The DCC was set up on 12 March 2003.

The functions of the DCC are:

1. To collate statistics of patients with atypical pneumonia (AP) (later termed SARS) in the PWH.
2. To collect demographic data of patients admitted with AP, and provide this data to the Department of Health (DH) for contact tracing purpose.
3. To monitor outcome of AP patients (for example, admission to intensive care unit, death).
4. To provide statistics of AP patients in PWH to hospital management and to DH.
5. To identify the likely source of infection.

When were you put in charge of DCC?

From March 14, 2003.

What were your responsibilities as the Officer-in-charge of DCC?

To ensure the functions of DCC listed above were carried out.

How many staff members were there in DCC? What were their respective ranks and responsibilities?

The DCC started with five persons (3 clerical staff and 2 doctors, including myself). We worked as a team to carry out functions of the DCC.

What other resources did DCC have to support its works?

DCC had the necessary equipments (such as computers, telephone lines). Additional manpower from PWH and CUHK was available if necessary.

2. Did the work of DCC include contact tracing? If yes, why was it necessary for DCC

to undertake contact tracing when the Department of Health (DH) was responsible for contact tracing? Was there any coordination between DCC and DH in respect of their respective contact tracing work? If yes, how was such work coordinated and how was information exchanged? Were the contact tracing procedures of DCC the same as those of DH? If not, what were the differences? How would you assess the adequacy of DCC's contact tracing work?

A, The work of DCC did not included contact tracing. DCC compiled lists of SARS patients to DH to conduct contact tracing. Our understanding of contact tracing means identification of persons who had close contact with a SARS patient. The purpose of contact tracing is to reduce the risk of ongoing transmission by health surveillance or isolation of close contacts.

B, Before 31/3/03, doctors and nurses from DH were stationed in PWH DCC. Staff in DCC would provide to DH staff a soft copy of the 'master list' with information about suspected / confirmed SARS patients in PWH on a daily basis. This information included:

- Name of patient
- HK Identify Card Number
- Age and sex
- Mobile telephone number (if available)
- Current location (in which hospital ward and bed)
- Whether they are health care workers or not; if yes, what rank
- Date of admission
- Date of discharge
- Date of illness onset
- Chest XR findings
- Remark of important information

C, PWH DCC would also provide a daily 'patient movement list' to DH. The patient movement list identified patients who were: 1, newly admitted; 2, transferred to another ward/intensive care unit; and 3, discharged home. The purpose of producing this list was to facilitate DH to carry out its contact tracing.

D, A daily statistics of SARS patients was also produced and copied to DH staff.

E, DH had designed a questionnaire for contact tracing purpose. Base on the master list, DH staff would then go to ward and interviewed these admitted patients and

completed the questionnaire. DH would entered the information into a computer database. This computer database was first given by DH to PWH DCC on 21 March 2003.
Copies of questionnaire were also put in the atypical pneumonia screening clinic in the Accident and Emergency Department of PWH. All patients attended the clinic (regardless of whether they require hospital admission or not) were required to fill in the questionnaire. The questionnaire was collected by staff at DCC and passed to DH.

F, After 31/3/2003, DH withdrew all their staff stationed in PWH DCC. Staff at DCC would complete a questionnaire for all newly admitted suspected / confirmed SARS patients. The questionnaire was modified from the one previous used by DH. The completed questionnaires were all fax to DH for their further action (such as quarantine and health surveillance). Relevant information would also be entered into CMS E-SARS, which DH staff had access on.

3. How was the contact tracing work in respect of the healthcare workers (HCWs) in PWH who had been infected during the outbreak of Severe Acute Respiratory Syndrome (SARS) conducted? Was the contact tracing work conducted by DCC? If not, why not?

The contact tracing work under question 3 was not performed by DCC.

4. How was the contact tracing work in respect of the PWH index patient and the Amoy Gardens index patient conducted? Was the contact tracing work conducted by DCC? If not, why not?

DCC was responsible to pass information regarding the PWH index patient and Amoy Garden index patient to DH staff. Contact tracing for these 2 patients were carried out by DH staff. Information regarding to the Amoy Garden index patient was included in the master list and passed to DH on 16, 17, 18, and 19 March. This patient was discharged from PWH on 19 March and his name was included in a 'patient movement list' as a discharge case and passed to DH.

5. How was the contact tracing work in respect of the seven patients discharged from Ward 8A on 12 and 13 March 2003 conducted? Was the contact tracing work conducted by DCC? If not, why not?

Follow up of patients discharged back to the community was not performed by DCC.

6. How was the contact tracing work in respect of a five-year old girl (surname [redacted]) who had developed fever on 13 March 2003 and attended school for two days before admission to PWH on 16 March 2003 conducted? Was the contact tracing work conducted by DCC? If not, why not? Were you aware whether contact tracing had been conducted in respect of her contacts? Did you know whether any of her contacts at school had subsequently contracted SARS?

Cheng was admitted to PWH on 02:23am, 16 March 2003. the five-year old girl [redacted] appeared on the master list on 16 March 2003 and the list was passed to DH staff. I was also informed by the paediatrian in-charge of [redacted] that she is a student of a kindergarten in Shatin and had gone to school before her admission. I expressed my concern to DH staff that children studying in that kindergarten are at risk of getting infected. This information was also presented in the NTE cluster SARS meeting. Members of the meeting urged me to find out from DH staff whether consideration would be given to suspend school for that kindergarten and quarantine the children. I expressed the strong concern from the PWH side about this case to DH staff. DH staff confirmed with me that they were aware of the case and had already heightened the health surveillance for that kindergarten. I further expressed PWH's concern that whether consideration should be given to suspend school and quarantine the students. Staff from DH told me that it was not necessary to do so because studying in the same school or class is not define as close contact.

To my knowledge, there was no other students got infected in that kindergarten.

7. How was the contact tracing work in respect of the close contacts of the SARS patients in PWH conducted? Was the contact tracing work conducted by DCC? If not, why not?

As explained above, identification of contacts in the community was not carried out by the DCC.

8. Did DCC trace all the visitors to Ward 8A starting from the day on which the PWH index patient was admitted to the Ward? If yes, what was the outcome? If not, why not?

As explained above, identification of contacts in the community was not carried out by the DCC.

Did DCC omit any of the visitors in its contact tracing work who was later found to have contracted SARS? If yes, when did DCC find out the omission and what was the reason for the omission?

Not applicable.