CONFIDENTIAL

瑪麗醫院
QUEEN MARY HOSPITAL

Urgent & Confidential
9 December 2003

Ref.: CCE – SC(03)/Statement

Tel.: 2855 3021
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Miss Flora TAI
Clerk to Select Committee
Legislative Council
Legislative Council Building
8 Jackson Road
Central
Hong Kong

Select Committee to inquire into the handling of the Severe Acute Respiratory Syndrome outbreak by the Government and the Hospital Authority

Your letter referenced CB2/SC2 dated 2 December 2003 requesting my attendance at hearing of the Select Committee and to give evidence on 16 December 2003 refers.

As requested, a written statement on the following areas of study mentioned in the aforementioned letter to facilitate the taking of evidence is enclosed herewith:

(i) the handling of the case of a Canadian tourist, [redacted] who was transferred from St Paul's Hospital to Queen Mary Hospital on 8 March 2003; and

(ii) the communication between the head office of the Hospital Authority and individual hospitals.

Please feel free to contact the undersigned for any queries or clarification.

Yours sincerely,

Dr. York CHOW
Cluster Chief Executive
Hong Kong West Cluster

The handling of the case of a Canadian tourist, AU Chiu, who was transferred from St. Paul's Hospital to Queen Mary Hospital on 8 March 2003

Chronology of patient's admission & discharge

Mr. [redacted] came to Hong Kong from Toronto on 12 February 2003 and stayed at the Metropole Hotel. He started to have fever with non-productive cough on 25 February 2003 and was seen by a General Practitioner on the same day. He was subsequently submitted to St. Paul's Hospital on 2 March 2003. On 8 March 2003, he was transferred from St. Paul's Hospital to the Accident & Emergency Department (A&E) of Queen Mary Hospital (QMH) through ambulance at about 1230 hour. Before the transfer, no prior notification was given to QMH. When the patient was sent to A&E, a referral letter from St. Paul's Hospital was attached briefly mentioning his medical history and medical conditions. (A copy of the referral letter is attached in Appendix I). The patient was immediately attended in the Resuscitation Room by the medical staff of A&E and was admitted to the general medical ward. Intensivists were consulted who considered the transfer of patient to Intensive Care Unit (ICU) necessary in view of his Type I respiratory failure (i.e. patient had difficulties in breathing and would require urgent medical intervention such as respiratory assistance e.g. BiPAP or ventilator).

2. At 1930 hour on 8 March 2003, the patient was transferred to ICU. During his stay in ICU, he was nursed in an open single-bed cubicle. His conditions improved and he was transferred back to the general medical ward on 14 March 2003.

3. On 16 March 2003, he was admitted to the SARS cohort ward for isolation (the SARS cohort ward was put into operation since 15 March 2003) as he was suspected to have Severe Acute Respiratory Syndrome (SARS) as Department of Health confirmed that he had contact history at Metropole Hotel.

4. The patient responded slowly with the help of BiPAP, nebulized medication and 14 days of Tazocin and Klacid. He was put on Ribavirin only from 22 to March 03 and steroid therapy from 22 March till 1 May 03. Finally, his condition was considered satisfactory and discharged on 17 April 2003. This patient did not present with fever, and only had one kick of high temperature on 18 March 2003 since admission.

Infection control measures adopted by healthcare workers in QMH when patient was admitted and being nursed

5. At the time of transfer from St. Paul's Hospital, there was no special infection control precaution adopted. The patient was attended in the Resuscitation Room by the medical staff of A&E. It was the normal practice for all resuscitations for attending staff to take universal precaution. Concerning the infection control measures adopted in early March 2003 by the ward staff in the cohort ward Intensive Care Units, it has always been the general hospital policy that universal precaution and droplets precaution be adopted. For your easy reference, copy of self-explanatory letters dated 13 March 2003 on "Special Announcement on Handling of Atypical Pneumonia" (Appendix II) and 18 March 2003 on "Preventive Measures to Contain SARS" (Appendix III) issued to staff by Deputy Hospital Chief Executive and Cluster Chief Executive (CCE) respectively concerning the precautions to be adopted and the hospital contingency plan are enclosed. Please note that the hospital policies regarding infection control measures and personal protective equipments were subsequently updated on regular basis in response to HAHO's alert, changing situation of the epidemic and our clinical experiences.

The communication between the head office of the Hospital Authority and individual hospitals

There are regular communication channels between HA and hospitals at management, specialty, professional and staff levels. Cluster Chief Executive (CCE) functions as an important bridge between HAHO and the cluster hospitals.

2. During SARS outbreak, a management structure with clear commanding authority and functioning roles for designated people was necessary. Flow of communication between HA and Hong Kong West Cluster (HKWC) hospitals was mainly channelled through the following ways:

(i) Daily morning meetings at HAHO represented by CCE
(ii) Specialty / Functional meetings between HAHO executives and hospital / cluster representatives
(iii) Memos / letters / circulars issued e.g. Battling SARS Update
(iv) Intranet / HA website / cluster or hospital websites
(v) E-mails
(vi) The occasional staff forums and training sessions

3. Most of the latest corporate directions / policies were channelled through CCE who had Directorate's Meeting daily with the senior management and other CCEs of HA. I acted as a bridge between HAHO and cluster hospitals, interpreting, implementing and giving instructions for hospital staff on corporate directions / policies. I also updated HAHO on the development of the epidemic in our cluster.

Philosophy and Strategy

4. At the very beginning of the outbreak, it was decided that QMH would be the only hospital in HKWC that would manage SARS patients and any suspected cases within other cluster hospitals would be transferred to QMH. In fighting against SARS, the following main principles were communicated: -

(i) Provide best care for SARS patients
(ii) Aim at "zero infection" of staff
(iii) Support other hospitals in HA
(iv) Protect our community through advice & communication with relevant parties

Internal & External Communication

5. To keep our staff as well as the community updated of the SARS situation, the hospital maintained a regular and proactive communication with colleagues as well as external parties.

Internal Communication

Direct Communication to Staff through Their Managers and Clinical Leaders

6. In times of crisis, staff needs the right information, support and compassion from management and particularly their direct supervisors, so that they can continue to perform effectively, professionally and with confidence. Weekly Task Force Meeting with all heads of departments and key persons in-charge of anti-SARS operations was held since 28 March 2003, with active participation from staff in formulating policies and procedure guidelines. A total of 16 task force meetings were held between 28 March and 25 June 2003.

7. Training courses for all medical, nursing and allied health staff on updated knowledge of SARS, and infection control courses for all clinical and non-clinical staff. Over 230 sessions of SARS-related talks/trainings were organized between March and June 2003.

Daily Newsletter from Infection Control Officer

8 In times of uncertainty, people might lose their rational thinking and prompt to listen to rumours. It was therefore important to disseminate the factual information to staff. From 19 March to 26 June 2003, a newsletter was issued on daily basis by our Infection Control Officer to all staff of HKW clusters as well as staff of Faculty of Medicine, HKU, (i) providing an epidemiology update on SARS situation in the cluster; (ii) reminding / updating staff on the infection control measures; and (iii) reporting on the investigations for staff infection. A full copy of the daily newsletter is enclosed in Appendix IV.

Regular Reports / Update from Cluster Chief Executive

9 Regular Update / Weekly report directly by CCE were sent to keep all staff informed of the latest HA's and cluster policies and contingency plans adopted. Guidelines for the Protection of Individuals and Family Members later sent to even external parties on demand, and adopted by the South China Morning Post for daily publishing. A full copy of the reports / letters sent by CCE to staff is enclosed in Appendix V.

External Communication

Attending District Councils Meetings by CCE

10. Since the outbreak, CCE had attended the Southern District Council Meeting and the Central & Western District Council Meeting to make direct report on SARS development and the courses of actions taken to the Council members and to address their concerns. A full copy of the meeting notes of the District Councils attended by CCE is attached in Appendix VI.

Letters to District Councils

11. Besides attending the District Council Meeting, written reports with infection control guidelines updated were also regularly sent to the two District Councils. A full copy of the letters issued is attached in Appendix VII.

Letters to Hospital Governing Committees (HGC)

12. Besides making direct presentation to members of Hospital Governing Committee during the HGC meetings, written reports with infection control guidelines updated were also regularly provided to members of all HKW cluster hospitals. A full copy of the letters sent is attached is Appendix VIII.

Letters to Private Practitioners & Private Hospitals

13. To effectively contain the spread of SARS, cooperation from the primary health care practitioners was equally important. As early as March 2003, we shared with them our knowledge and experiences on the disease and provided them with the guidelines for protection of individuals and family members. Moreover, a hotline was set up to answer their enquiries on infection control issues. A copy of the letter sent is attached in Appendix IX.

14. Letter and guidelines to private hospitals on Hong Kong Island concerning the transfer of suspected SARS patients was also issued in early April 2003. A copy of the letter is attached in Appendix X.

聖保祿醫院
St. Paul's Hospital
2 Eastern Hospital Road, Causeway Bay, Hong Kong. Tel: 28906008

8th March 03

Consultant Physician
A&E
OMH.

Re: Mr. [redacted]

Please admit this patient with acute community acquired pneumonia with respiratory failure.

Patient admitted on 2nd March 03 for fever for 4 days. Assessed to have pneumonia, started on IV. Co-amoxiclav with clinical response, subjectively well and ↓ fever.

Sudden deterioration with hypoxaemia today O_2 85% on 5 litres. Likely need ICU care.

PMH:- IHD on medical Rx, DM on metformin. Hx IHD has been stable after admission. Bronchiectasis on prn

On Plavix 1#QD Diltiazem 1#O.D. aspirin, nifedipine 1#QD Combivent prn Becotide prn. Ranitidine 1#O.D.

On IV Cravit 500mg O.D. x 6 days for 6 days since 2/3/03

何錦輝醫生
DR HO HOK FAI
SPECIALIST IN RESPIRATORY MEDICINE
M.B.B.S.(H.K.) M.R.C.P.(U.K.) F.R.C.P. (Edin)
F.H.K.C.P., F.H.K.A.M. (Medicine)
[redacted]

Special Announcements on Handling of Atypical Pneumonia in QMH

Dear Colleagues,

The hospital had a contingency meeting regarding the atypical pneumonia outbreaks in Hong Kong with special reference to the staff outbreak in PWH. Reviewing data from our hospital, it is clear that there is no similar outbreak presently in QMH and we call upon all staff to remain calm but would endorse the following guidelines for prevention among staff and treatment of cases admitted with severe community acquired pneumonia.

Precautions in Patient-care.

It was agreed together with directives from HAHO that "droplets precaution" will be adequate. The following are the recommended precautions:

Droplet precautions include the following:

- When taking care of patients (usually within 3 feet), a well fitted surgical mask should be worn.
- Don gloves when touching respiratory secretions.
- Wash hands after taking off gloves and particularly after touching respiratory secretions.
- Advise patients to cover mouth when coughing and sneezing. Patients should also wash hands after such procedures.
- Follow disinfection and sterilization guidelines for patient care items and equipments.
- Patients of similar symptoms are cohorted in the same cubicle if possible.
- **No single room is required.**
- **No need to use N95 masks.**

The most important precaution is handwashing after touching respiratory secretions.

For staff precautions:

Presently we are going through the "Flu' season. Therefore staff may also acquire **upper respiratory tract infections** from the community. Staff with **upper respiratory tract infections are advised to attend staff clinic, GOPC or their own family doctor. Please also inform ward or unit in-charge about the infection episode with or without sick leave.**

Staff with mild infection may still go on duty. However, such staffs are advised to wear surgical mask when caring of patients. He/she should also cover mouth when coughing or sneezing and wash hands afterwards.

Treatment for **Severe Community Acquired Pneumonia**

Recommended Empirical antibiotic treatment for severe community acquired pneumonia (dosages for adults).

IV 3rd generation cephalosporin (e.g. Ceftriazone 2g q. 24h.) or 4th generation cephalosporin (eg. Cefepime 1g q. 8h).

And

Oral Clarithromycin 500mg B.D.

In patients with penicillin allergy replace (1) with I.V. Levofloxacin 500 mg once daily.

For patients with **typical** influenza symptoms (and community acquired pneumonia), then add Tamiflu 75 mg bd or Amantidine 100 mg bd. (> 65 years 100 mg daily).

Special Briefing on Atypical Pneumonia

Experts including Dr. WH Seto, Dr. Kenneth Tsang and Ms Patricia Ching have agreed to hold a briefing session for all staff at 1 pm at the Underground lecture Theatre tomorrow (14th March 2003). You are all encouraged to attend.

Any queries, please feel free to contact Infection Control Unit via operator or Ext. 3553/4190.

Thank you very much,

Dr. MP Leung
Deputy HCE

—Original Message—
From: York CHOW Dr. HKWC CCE / QMH HCE / TYH HCE
Sent: Tuesday, March 18, 2003 9:08 PM
To: HKWC Medical Committee
Cc: QMH All CONS Users; QMH All DOM Users; QMH All WM Users; QMH Allied Health Staff; QMH Department - CND
Subject: Preventative Measures to contain SARS

Urgent and Inportant

Dear Colleagues,

Hong Kong is already facing a crisis situation regarding the recent outbreak of SARS in PWH. In addition to the measures taken and advised by the HA, the Infection Control Team of HKW Cluster and the Cluster Management, together with the medical Faculty of HKU, have decided to implement the following with immediate effect:

1. Segregation of all suspected cases to be nursed in a special ward or wards:

At the moment all cases suspected to have SARS, or pneumonia of other known or unknown agents, are being cared in B6. Ward A6 is also being prepared to be used as a decanting ward for B6 patients. If the cases are increasing another ward will also be prepared. GH has also been prepared as a second line back-up in case of need. As it is relatively certain that the SARS infection is transmitted through droplet and contact, **staff working in B6 and A6 should take strict precaution in barrier nursing for droplet infection, and also to report any respiratory discomfort to their supervisor.** **Dr. P. C Wong, Cons(Respiratory Medicine) from GH** will be in charge of the B6/A6 wards in all clinical care decisions and co-ordinations. **Dr. Kenneth Tsang, Assoc. Professor (Respiratory Medicine) will overlook the operation and interface between departments regarding patient care. The admission/ transfer criteria will be sent to all departments.**

2. Daily reporting of cases, and monitoring of progress:

Dr, MP Leung will be the overall co-ordinator of QMH and the HKW cluster in this Anti-SARS Exercise. I shall take charge of the whole contingency operation and liason with HAHO, the HWFB, and the public media.

In order to obtain the most updated situation, Departments and particularly A&E, B6, C6 and other wards shall **inform Dr. MP Leung at 8am** every morning the number of cases under the two categories:

1)All cases diagnosed as suspected SARS, sent to B6, and number of new cases and new contacts who required health check.
2)All staff reported sick or unwell with respiratory symptoms, and status of their conditions.
All staff (medical, nursing, and supporting) working in B6 and A6 are required to report to B6 every morning from 7:30 to 8 am on their health status.

3. Precautions and Segregation:

Staff working in B6/A6 and ICUs should take **full precaution with gowns and masks. Surgical Masks** will be supplied to all other wards, and staff are advised to wear them when caring particularly patients with respiratory conditions. N-95 masks are not indicated generally and should only be used by staff working in ICUs and B6/A6 if they choose to. They also need to ensure the N-95 masks are being worn properly.

Surgical masks should be given to medical students and visitors if requested, and the cluster Supply Department must ensure a steady supply for the coming weeks for all hospitals.

For staff who had exposure with index cases, or develope mild respiratory symptoms, and thus become too worried to get in contact with their families, they can stay in QMH with overnight rooms prepared for them. Please contact Mr. Alan Wong, GM(N) or CND for asistance.

4.Reduction of elective clinical activites:

As there are already panic in some hospitals and obvious increase in attendance at our A&E Department; we need to free up more resources to deal with this unknown and escalating disease. The Department of Medicine has already reduced its elective activities and admissions, and all other departments are advised to reduce their non-life-threatening admissions and procedures/operations gradually. If the incidents continue to increase throughout HK, I would request your elective admission starting from next Monday be reduced by 25-30%. Outpatient activities will continue for the moment without any reduction, but COSs should assess their staff situation and regulate the activities in case of need.

5.Reduction of hospital traffic and unnecessary contact with patients:

In order to minimize contact of patients or staff that might be carriers of SARS, the following measures are being taken with immediate effect:
1)Suspension of all clinical teaching in clinical areas, tentatively until Monday, 24 March. Medical Students are advised to stay out of wards except

for Examination purposes. The Medical Faculty will inform all the students on the arrangement of their Clinical Examinations.
2)All voluntary services will be informed and advised to reduce their activities in our hospitals. Likewise patients' relatives are advised not to visit too frequently or stay for too long. Flexibility should be exercised by Ward Managers in these areas, particularly for patients who are gravely sick.
3)The hospital and HKU Medical Faculty shall cancel or minimize all visiting activities from outside bodies.

These policies might cause inconvenience for patients or their families, but any additional measures being taken at this time would make our hospitals and community more safe.

6.Information and communication:

In times of uncertainty, people will over-react to rumours and lose their rational thinking. Although the organism of SARS has yet to be identified, we are reasonably confident that the disease is likely to be spread by close contact and droplet transmission, with an incubation period of 2-7 days. **Dr. WH Seto and the Infection Control Team** will monitor the condition daily, and obtain the **factual information** from HAHO and DH, regarding the following, and disseminate to our cluster staff daily at 5pm:
1) Situation for the whole of HK.
2) Situation regarding cases in HKW, and follow-up investigations of our "index cases" and their contacts, including our staff or medical students.
3) Any update on the discovery of the origin of the disease, from HA, University ,or DH laboratories.
4) Any new infection control measures.

This is a very challenging time for our health care professions, and I appeal to all of you to remain calm and rational, but exercise great caution and protection for your patients, your peers, and yourselves. We can only contain and discover this unknown devil by staying alert and meticulous, whilst maintaining our strong commitment and compassion for our community.

Please kindly pass this message to all your staff.

God Bless Us All,

York.

Epidemiology Update on SARS situation in QMH 19/3/03

Dear Colleagues,

We will try to provide for you regular updates on the situation in QMH and especially relevant information from HAHO.

1. The latest communication from the CDC (17th March) in USA is that after examination of the evidence, it is now believed that SARS is most probably by the droplets route. You can visit the Website yourself at http://www.cdc.gov/od/oc/media/pressrel/r030317.htm

2. The HAHO fully concurred with this and again emphasized the need for droplets precautions as recommended already in the present guidelines.

3. The HAHO also confirmed that the outbreak in PWH is likely to be related to the used of nebulizer for medication. This has already been discontinued in QMH as of last night.

4. We had reported two cases of SARS on the 18th to the HAHO and one case today, 19th March 2003 (to be confirmed by headquarters). Up till now we do not have any confirmed cases of SARS reported among our staff. We must continue to be vigilant but certainly we can remain calm and be assured that measures adopted in our hospital are evidently adequate.

Thank you,

Dr. Seto Wing Hong, Infection Control Officer.

Epidemiology Update on SARS situation in QMH 20/03/03

You have probably heard about the outbreak related to the Metropole Hotel. One of the patients and an infected contact were in fact admitted into QMH. These were the two cases we had reported to the HAHO on the 18th March. The two cases were appropriately isolated and all staff and student contacts were traced and screened where needed. Up till now we do not have any staff shown to be infected. Again, as yesterday, I am glad to report that up till now in QMH, we do not have any SARS among our staff.

As for SARS admitted, we have no new cases reported to the HAHO on 20th March 2003.

We wish to remind staff to be vigilant in keeping the environment clean. A guideline for this has been formulated and is attached. A Chinese version will be available tomorrow. If there are queries, please contact the infection control unit.

Thank you,

Dr. Seto Wing Hong, Infection Control Officer.

Epidemiology Update on SARS situation in QMH 21/03/03

One observation to date regarding SARS is that young children are generally not affected. Up till the present, the youngest confirm SARS cases are the twins admitted to PMH who are 15 years old.

You might be interested to know that we had conducted a Case-Control study on the effectiveness of "droplets precautions" in the prevention of SARS among hospital staff. Data was collected from five hospitals. Preliminary data obtained from nearly 150 staff indicates that the wearing of mask in droplets precautions offer the staff over 20 times more protection (OR:20.1) when in contact with an active SARS case. The data also shows that the wearing of the N95 did not change the significance of the observation. This again reassures us that the present precautions work, but at the same time we must be vigilant to adopt it to protect ourselves.

As for SARS admitted, we have no new cases reported to the HAHO on 20th March 2003 and we do not have any staff infected in QMH.

As promised, we attach for your reference the QMH guideline for environmental cleaning with the Chinese Version.

Thank you,

Dr. Seto Wing Hong, Infection Control Officer.

Epidemiology Update on SARS situation in QMH 24/03/03

You might have known that Dr. William Ho (CE of Hospital Authority) has been admitted to QMH ICU with the diagnosis of SARS. His condition so far is stable.

Other than that there were no new cases reported to the HAHO on 24th March 2003. Up till to-day we do not have any staff infected in QMH.

Please be vigilant and observe 'Droplet Precautions' and 'Contact Precautions' while performing patient care. Besides wearing of surgical mask, handwashing after contacting infectious patients and patients' respiratory secretions is of equal importance. Environmental disinfection is vital to reduce viral load and prevent cross contamination.

Thank you,

Dr. Seto Wing Hong, Infection Control Officer.

Epidemiology Update on SARS situation in QMH 25/03/03

Today we had just reported one paediatric SARS case (5 years old Japanese) admitted to QMH on 22/03/03 (to be confirmed by HAHO). If we include this case, it will bring the total to four cases. As for staff with SARS, we still stand at nil.

To facilitate smooth reporting of staff affected in QMH, I include for you the following procedure sheet:

Reporting system for staff exposed to SARS

Staff with history of exposure to SARS cases should observe themselves for related signs and symptoms as follows:

- Fever $\geq 38^0$ C or history of such any time within 2 days
- Chills any time in the last 2 days
- New or increased cough
- General malaise

Hospital staff who have any 2 signs and symptoms of the above are advised to contact ICN Ms. Sania Kwan at Tel. 28554516 during office hour (9-5). After office hour, please page ICN through the hospital pager :71109866-9173.

Affected staff will be arranged to see Dr. PC Wong, Consultant Chest Physician, Department of Medicine at the Special Clinic in A6. The clinic starts at 2.30pm, Monday to Friday and all appointment should book through ICN-QMH.

Staff with concern about SARS exposures and related signs and symptoms are welcome to contact Infection Control Unit Queen Mary Hospital.

Also attached is an update version of the HAHO official guideline for SARS. It was updated yesterday and this copy is attached.

Epidemiology Update on SARS situation in QMH 26/03/03

Today we had reported one SARS case admitted to QMH on 24/03/03. This is a lady resident of Wong Chuk Hang. This patient had definite history of exposure to the cluster in Baptist Hospital. If we include this case, it will bring the total to six cases. As for QMH staff with SARS, we still stand at nil.

Dr. Seto Wing Hong, Infection Control Officer.

Epidemiology Update on SARS situation in QMH 27/03/03

There is now much public concern and even hysteria over the outbreak. This is the time for us healthcare workers to be an example. We must remain calm and continue to do what is right and appropriate.

I am glad to report that we did not have any new case to report to the HAHO today and the number of staff infected in QMH remains at **nil**. Based on the present data we should have reason to remain calm and collected but definitely we must be resolutely vigilant to ensure that we protect ourselves with the proper precautions.

You should also know that up till the present, if we exclude all PWH staff and others with definite contact with the clusters around PWH, the number of HA staff infected (as of yesterday) in all the other HA hospitals stands at only 14. Thirteen of these were exposed to a proven index case without proper protection (all were not wearing surgical masks or N95's). After droplets precautions had been rigorously implemented in HA hospitals since mid-March, we have no new cases (except for cases related to PWH clusters).

Let us look at staff infected in some hospitals with proven index cases admitted: PMH (0), QMH (0), KWH (2), TMH (0), QEH (4). There is reason to believe that droplets precaution is indeed working and is adequate.

I hope these figures will be an encouragement but we must maintain vigilance at all times.

Thank you,

Dr. Seto Wing Hong, Infection Control Officer.

Epidemiology Update on SRS situation in QMH 28/03/03

I continue to report today that we do not have any staff infected in QMH. However more and more SARS patients are being admitted and today we have at least two cases that will be reported to HAHO but did not make the 10 am cut-off dateline. I will give you a firm cumulative total tomorrow. As the numbers of cases escalate, again we must be vigilant to ensure our own protection. One matter that is discussed and agreed among our QMH task force is that we will not use BIPAP (Bilevel Positive Airway Pressure) for treatment of SARS patients, either suspected or confirmed. Please do play attention to this. Also remember nebulizer is already banned from use.

We have laboratory tests now to diagnose SARS. These include the detection of antibodies for the Coronavirus in acute and convalescent serum and also rapid testing for the presence of the virus in the NPA by PCR. However you should know that these tests cannot be used at the moment to exclude or screen for SARS but it can be used as confirmatory test. So the present policy is that specimens (serum and NPA) **should only be submitted from cases that fully meet the clinical definition for SARS in the HA guideline.**

Thank you very much,

Dr. Seto Wing Hong, Infection Control Officer

Epidemiology Update on SRS situation in QMH 31/03/03

Currently, 11 in-patients are diagnosed with SRS in QMH even after intense reporting throughout Hong Kong. Some of these patients are epidemiologically related to several clusters as listed as follows:

2	Metropole Hotel
2	Amoy Garden
1	St Paul Hospital
1	Baptist Hospital
1	PWH
1	Air flight CA 112
1	PYNEH
1	Guangzhou
1	GP at Tsim Sha Tsui

However, I am glad to announce that up to now we do not have any staff infected in QMH.

The Task Force Meeting on Anti-SRS of HKW cluster has decided to stop all staff forums to prevent the spread of SRS. It is also decided that staff of HKWC and HKU Medical Faculty and their immediate family members would stay in QMH for expert treatment should they fell ill with SRS.

It is time for us to remain calm and do thing logically.

Thank you very much,

Dr. Seto Wing Hong, Infection Control Officer

Epidemiology Update on SARS situation in QMH 01/04/03

We have reported 3 new SRS to the headquarters making a total of 14. As for staff, we still stand at **nil**. There is one non-clinical staff who has fever today but do not fit the definition and at present do not seems to be SRS. We will update you on this matter tomorrow.

Many actually wondered and are concerned whether SRS can be infectious when they are asymptomatic? We are already managing the situation very conservatively by only discharging patients at least 3 weeks after they become asymptomatic.

However from all we know about respiratory viral infections, they are only infectious for the duration of their illness. If you look at the CDC guidelines, all respiratory viral infections are isolated only for the duration of their illness. The WHO guideline in fact will discharge SRS patients 48 hours after the duration of their illness. This do fit well with what we know, that asymptomatic patients are generally non infectious.

In a crises situation, prudence may dictate that we manage matters conservatively. However we must remember that this is to play safe and do not assume that SRS remain infectious for a long time. As we walk around in our daily activities, we should calmly remember that asymtomatic SRS are most likely non-infectious. If we assume otherwise, every healthy person or patient we meet can be held as suspect, which will only add on to the tension. This is needless, because based on present known facts of respiratory viruses, it is not so. It has never been so critical that we give calm assurance of what we know to the public at large. Let us do that as good healthcare professionals. But be vigilant – wear you masks and wash your hands, when you are caring for SRS and suspected patients.

Remember
Wash hands
Wear Masks
Control SARS (or SRS)

Thank you,

Dr. Seto Wing Hong, Infection Control Officer.

Epidemiology Update on SARS situation in QMH 02/04/03

Today we reported one case of SRS to HAHO bringing the total to 15. As for staff, QMH still officially stands at nil.

There are two suspected cases. One was a workman who had worked in repair section. He actually works at E/M and was briefly exposed to A6 before it was converted to an SRS isolation ward. He illness is mild and he is not classified as a SRS yet. We are awaiting laboratory results.

The other case is a Houseman who has fever and myalgia. However CXR and CT scan is normal. He has been cleared and transferred to D6 (step down ward) in the afternoon.

We have aggressively followed contacts of SRS in our hospital. As yet we have not detected any cluster in HKW.

We will just keep vigilant.

Remember
Wash hands
Wear Masks
Control SARS (or SRS)

Thank you

Dr. Seto Wing Hong, Infection Control Officer.

Epidemiology Update on SARS situation in QMH 03/04/03

The number of staff infected still stands at nil. The workman that was suspected yesterday became afebrile and was not considered presently to be infected with SARS. The houseman that was ill is now stable. The CXR and CT thorax is normal and he is afebrile. We should have the PCR result tomorrow. He is already resting in the step-down ward.

As for SARS cases, there are no new case reported to HAHO today and so our cumulative total still stands at 15.

There are however two suspected cases. One is a male patient who was confirmed to have Infuenza B and our chest physician feels that it is not compatible with SARS clinically. The other is a case of cirrhosis who came in for liver transplant work-up and found to have fever. Her response to antibiotics is quite dramatic, but the NPA-PCR was positive. I hope you all understand that these tests are still new and we are still gathering experience with it. Thus we need to repeat the test when the clinical picture did not completely fit the criteria. The case is still not confirmed pending the repeat of the PCR.

Related to the liver cirrhosis case, can we remind all frontline staff to screen all cases who are admitted for other condition or procedures. If they have fever and/or respiratory symptoms, this must be dealt with before they are admitted. **All DOM's are alerted to this and we certainly need your cooperation.**

You might have heard that seven doctors in UCH have been reported to have come down with the disease. No doubt UCH had admitted many cases from Amoy Gardens, but these doctors are not those working in the A&E Department, the ICU or Isolation Wards. Perhaps the staff in high risk areas are already familiar with all the protective precautions. Rather the affected staff are from the general wards (I heard medicine) and this is the first time UCH had to deal with such influx of cases. This is a reminder that we need to be vigilant at all times, not only at the high risk areas but in all departments. Any patient with possible symptoms of SARS, i.e. FEVER must be taken seriously and we need to protect ourselves.

Please take care,

Remember
Wash hands
Wear Masks
Control SARS (or SRS)

Thank you

Dr. Seto Wing Hong, Infection Control Officer.

Epidemiology Update on SARS situation in QMH 04/04/03

We reported one new case of SARS to the HAHO today bringing our cumulative total to 16. As for staff, we still stand at zero. The two suspect staff case of a workman and a houseman are doing very well and are afebrile. We are awaiting full laboratory testing to review the situation. Anyway, both did not have close exposure to any index SARS cases.

We have just finished reviewing as part of our contact tracing programme, three definite confirmed SRS cases that had been admitted to our general medical wards in the past 2 weeks. You can say that these are 3 cases testing our infection control system. The results are summarised below:

Total 1. 2 Confirmed and 1 suspected SRS cases stayed in Medical Admission wards.

Confirmed cases : Leung Wai Man Ada E2, E3; Chan Kam Chuen D3
Totally staff surveyed = 75, **Total with contact = 50**

Rank of the 50

RANK	Exposed	(%)
Nurses	23	46
HCA/WA	12	24
Doctor	11	22
Others	4	8
Total	50	100

Precautions taken by the 50

Precautions	n	(%)	Rank non-conform
Mask (46 surgical, 4N95)	50	100	
Gown	13	26	
Glove	14	28	
handwashing	45	92	2 RN + 2 HCA, 1 not sure

Note that 100% wore masks and 92 % wash their hands after care of the patient. This is very high if you compare to other studies. **The bottom line is that no staff was infected. In other words, we passed the test.**

This is no basis for us to relax our vigilance, but rather to be more assured that if we keep up the good work, we should be protected. The critical key is the mask and wash hands after every contact or contamination. **You can add on other precautions but these two measures must be practised consistently**. Also make sure you are working in a calm and collected manner. If you are overstressed and tense, studies have shown that there will be infection control lapse.

Please look after yourself and we will all get through this, healthy and fit to serve our patients again.

Remember: Wash hands, Wear Masks, Control SARS

Thank you
Dr. Seto Wing Hong, Infection Control Officer.

Epidemiology Update on SARS situation in QMH 07/04/03

Today we had one highly suspected paediatric SARS case which is PCR positive. However we are repeating the test and the case is still not formally confirmed. So the cumulative total still stands at 16.

As for staff, we still stand at zero. The two suspected staff cases, I am glad to report, can now be taken off the suspect list. The workman has a negative PCR and serology and the houseman is already discharged. We have an ICU nurse who reported febrile but there was no history of direct contact with a case and clinically, it does not seem like SARS. There is also a nurse in Nam Long Hospital that is suspected case of a community contact, being a social contact of an Amoy Garden resident. However at the moment she does not seems to be SARS clinically.

If you read the SCMP, it is now confirmed that for PWH (see attached page.), in spite of wearing masks, even N95 and N100 and other barrier precautions – they now reported that they did not wash their hands. This again stresses the fact that we must practise the right good basic infection control practice (mask, wash hands, proper barrier precautions), practise all of them and every time. If you miss this, like hand washing, overdoing the others like getting even a N100 masks will not help.

So do keep up your vigilance as we face this outbreak.

Remember:
Wash hands,
Wear Masks,
Control SARS

Thank you

Dr. Seto Wing Hong, Infection Control Officer.

Epidemiology Update on SARS situation in QMH 08/04/03

We have no reported new case today. We are still in the midst of repeating the PCR on the paediatric case I mentioned yesterday. I should have the results tomorrow and will let you know.

As for staff infected, **we still stand at nil.** Please do not be complacent because you may think that we are still not admitting too many SARS. I have just heard that in TMH where they had only 16 SARS admitted, four staff were affected (to be confirmed). So do stay on your toes and ensure precautions at all time.

You have already heard that QMH will have to be make ready 450 beds for SARS cases. So all staff will have to be vigilant. To ensure that we are ready, we have made CD ROMs and videos for education. However nothing can compare to face-to-face educational sections. We hope to arrange this for every staff in the hospital, so that we can tell you for sure what to do and allow ample Q & A. We have separate sections for doctors, nurses, allied health and other staff. This is because their needs will be different. For doctors we have already arranged two sections:

1. 8 - 9 am. Lecture theatre Professorial Block, 5th Floor. Thursday, 10th, April.
2. 9 –10 am. Lecture theatre, Professorial Block, 4th Floor, Monday, 14th , April

We definitely have room for improvement. Last week we had a patient admitted to the surgical ward. She had fever and for a while we thought that it could be a SARS. So we proceeded with contact tracing as a SARS case. Fortunately it was later confirmed that it was not a SARS case – both by clinical criteria and lab. But we have the result of our contacting tracing exercise.

Total staff surveyed = 36 **Total with contact = 32**

Precautions taken

Precautions	n	(%)	Rank non-conform
Mask (30 surgical, 1 N95)	31	97	1 HCA
Gown	4	13	
Glove	12	38	
Handwashing	25	78	3 Dr + 2 HCA + 2 others

We found (as shown in the table) that 78% of the staff washes hands after touching the patient. In other times, this may be acceptable, but now we must aim at **100% after each contact with any patient.** Also 100% mask. This is the best way to protect yourself.

So Remember:

Wash hands,
Wear Masks,
Control SARS

Thank you

Dr. Seto Wing Hong, Infection Control Officer.

Epidemiology Update on SARS situation in QMH 09/04/03

We have four new SARS reported to HAHO today. Three of them are from Kowloon. We also have one direct transfer of a SARS from PMH. This is perhaps a harbinger of things to come. As I had mentioned yesterday, PMH and UCH will not be admitting SARS cases anymore and some cases from Kowloon will be channelled to our hospital. As for the suspected paediatric case I mentioned yesterday, I will only get the PCR result at about 7-8 pm and will confirm it later.

As for staff infected we still stand at nil. The suspected case I mentioned yesterday is doing well and has not been upgraded.

But we better brace ourselves for what is ahead. We will be looking after more patients now. Infection Control practices must be in the forefront. So do come to our face-to-face sessions and get yourselves ready. There will also be tapes and CD ROMs if you want to study the disease further. Arrangements are also made to provide orientation postings in SARS areas for staff to be familiarized with the process. Detailed information on these postings can be obtained from your Chiefs of Service.

It will be interesting to note that in spite of the vast amount of cases in PWH, none of the ICU staff were reported to have acquired the infection. ICU staff must have been extra careful to avoid lapse and are trained to do so. It is reported that they also took steps to calm the staff to ensure that they are not overworked. So this is crucial: Do remain calm and be familiar with your process.

Again if there are lapse –WASH, WASH, and WASH.

One practical note. You can arrange to spend the night in the hospital if you have any concern of too much exposure.

If you need to arrange this

Call SNO June Lui: Ex 4130 during office hours.
or Security: Ext 3263 after office hours.

Please take care of yourself,

Remember:
Wash hands,
Wear Masks,
Control SARS

Thank you

Dr. Seto Wing Hong, Infection Control Officer.

Epidemiology Update on SARS situation in QMH 10/04/03

We have no new SARS reported to HAHO today. However we have a total of 8 suspected SARS cases directed to us from Kowloon. This will be the trend as I had mentioned yesterday. We just need to prepare ourselves for more cases.

The suspected paediatric case that I mentioned yesterday was confirmed to be PCR negative. However as the clinicians still feel it is a case based on clinical grounds so it is considered a confirmed case.

As for staff, we still stand at nil. It is important that we work together. Our education section, 8 am this morning was fully attended with over 120 medical colleagues present. There was lots of relevant discussion. If you miss this one, we will have another on Monday. So do come along. There will be a special section for nurses at 3.45 pm tomorrow. So we are moving on, hoping to give all in QMH a face to face appeal to take special care, protect yourself ardently with masks and remember to wash you hands every time.

Please take care of yourself,

Remember:
Wash hands,
Wear Masks,
Control SARS

Thank you

Dr. Seto Wing Hong, Infection Control Officer.

Epidemiology Update on SARS situation in QMH 11/04/03

We have today a cumulative total of 22 SARS patients hospitalised now in QMH. There is one case transferred directly from PMH but has already been reported to HAHO on the 4th of April. We did not report any SARS case to HAHO today.

Again we have no staff infected in QMH and our record still stands at **nil**. We have a male nurse admitted to D6 yesterday as a suspect case but does not looks like a case at the moment. He is warded just to be on the safe side. Other suspected cases are doing well and do not appear to be SARS.

We do have a nurse from TWH who was admitted to PMH and from what we know, is a confirmed case of SARS. She is already started on treatment. The nurse lives in Amoy Garden and her brother was already admitted to PMH as a case of SARS. She had been nursing her brother before he was admitted. Thus she is clearly a community-acquired case of SARS. Perhaps this is something we may be facing in the future. It is possible for our staff to get infected in the community. We had always appealed to you to protect yourselves at work. Now that the disease is in the community, you must also try your best to protect yourselves outside the hospital. Early admission for your household members would be best if they are affected. This is often even better than you looking after them at home. So if members of your household are not well, please see a doctor early.

Our five nurses who are seconded to PMH are doing well. One sustains a needle stick injury but it is a clean one. As of today, they are still very positive in spirit.

Please do take care,

Remember:
Wash hands,
Wear Masks,
Control SARS

Thank you

Dr. Seto Wing Hong, Infection Control Officer.

Epidemiology Update on SARS situation in QMH 14/04/03

Last week, we ended Friday with a total of 22 SARS in the hospital. During the weekend and including Monday (today) we reported 2 new cases. There were also 6 SARS cases directly transferred from other hospitals. Thus our cumulative total now stands at **30.** There are many suspected cases transferred from other hospitals. However we do have a plan and so remain calm as we manage this new intake of patients.

As for staff we still stand at **nil**. Since we have more SARS patients now, so stay alert and remember to look after yourself. TVB reported we had one nurse infected at the 6.30 news yesterday, which is a mistake. It was corrected on the 8.30 news.

There are right now lots of talk about new garments and masks. You need to be careful about all these new devices. We call them personal protective equipments (or PPE). You should understand that many of these are not actually designed for infection control. These are more for chemical hazards and are used in industrial accidents or bio-terrorism. They are never designed for use in the hospital per-se. So you have to evaluate it carefully.

I just evaluated one headgear that is introduced recently call the Air-mate. This is actually designed for protection against chemical fumes and vapours. In the enclosed brochure, it stated categorically that it was never evaluated for use as a surgical mask. Furthermore it also stated that the face shield is not flame resistant and should not be used if sparks may be present. It is supposed to be used for protection against vapours but there is nothing there saying that it will protect against spills, splash or say vomitus etc from a patient. This is important because there are holes at the bottom of the gear. It is never designed as an infection control device. I will not recommend it as such for infection control in procedures for SARS patients.

The basics are still the same. A good surgical mask and if there are possibilities of aerosols generated – wear a N95. Wash you hands after each patient contact and gowns with gloves if there is any chance of contact with patient's secretions. Be calm and just avoid lapse. If you inadvertently contaminate yourself, wash, Wash and WASH immediately.

We must help to watch out for one another and, if we really do it, there is no reason why we cannot remain fit to face any adversity.

Please take care,

Remember:
Wash hands,
Wear Masks,
Control SARS

Thank you

Dr. Seto Wing Hong, Infection Control Officer.

Epidemiology Update on SARS situation in QMH 15/04/03

We have our first SARS discharge. This is our CE and he is now fit enough to go home. We are grateful that he is well. All of us should also be grateful that again up till now, none of our staff are infected. As I report again today, our infected staff still stands at **nil**, I feel grateful but again we must continue to keep our guard and protect ourselves.

We have reported two new cases and they are both PMH staff admitted to our hospital. There is another PMH patient transferred here and thus our total stands at 33. We have one discharge making our total 32. Our numbers are mounting steadily. We are in the thick of it now. We just need to keep our calm and help one another as we serve our patients.

This coming Thursday, we will have our last arranged session with the doctors on SARS and it will be 3.30 pm at the Department of Medicine Lecture theatre. Please come along if you have not attended one of these.

Do take care and look after yourself.

Remember:
Wash hands,
Wear Masks,
Control SARS

Thank you

Dr. Seto Wing Hong, Infection Control Officer.

Epidemiology Update on SARS situation in QMH 16/04/03

We have reported 2 new SARS cases to HAHO today. However there are three transferred from other hospitals and so at the moment we have a total of 37 SARS patients in our hospital. As I said before, the numbers are indeed building up. In fact to understand the full impact of what we are receiving from other hospitals, you should know that we have a total of 25 transfers in the last six days up till the yesterday. This works out to about 4-6 a day. Then we have almost an equal number of our own admissions. So we are really in the thick of things.

However every time I come to the end of the day, I check and see if any of our own staff are infected. Today again it is still **nil** for QMH. I just am grateful that this is so. It is really your good work and I again pray that we will stay this way. Yet we must stay vigilant.

I am sure you receive the HA newsletter printing the number of patients admitted to each hospital. Please note that the numbers of healthcare workers listed under each hospital are not staff from that hospital, but rather it is where they are presently admitted to. So the three listed under QMH are not our staff, but rather health care workers admitted from other hospitals. The total patients also simply represents the number of new cases reported to HAHO and does not include those confirm SARS cases transferred to our hospital. Thus the numbers are much smaller then what I had reported in the QMH newsletter.

The Easter break is just around the corner. I hope you have a chance to take a break and get rested so that we can go on serving our patients.

Thank you so much,

Remember:
Wash hands,
Wear Masks,
Control SARS

Thank you

Dr. Seto Wing Hong, Infection Control Officer.

Epidemiology Update on SARS situation in QMH 17/04/03

Today we have no new case to report to the HAHO. Even better news is that we have discharged 2 patients and so our total SARS in the hospital now stands at 35.

As for staff, I am grateful to report that we still stand at **nil.** I hope we do not take this for granted. Everyday that we remain healthy is a gift and we must with vigilance continue to look out for one another. If you notice that someone else got splash etc, you must help by informing the colleague if he/she is not aware.. More important, the colleague must go and change and wash if needed. He/she needs to be relieved so that this can be done.

I had the opportunity to look into the Stryker outfit. This is another one of those protective garments that is available. I asked for the manual and somehow no one seems to have one. What I got was a letter saying it is approved. Then I found out it is a 510 approval from the FDA of America. I keep asking for a NIOSH (National Institute for Occupational Safety and Health) evaluation and none is provided. Now, I do not want to bore you with the details. The FDA as you know stands for the Food and Drug Administration which is set up firstly to ensure that the public is safe and all drugs must be approved by them. They also approve medical devices, but it is always with the safety of the patient in mind. Some of you for example had conducted drug trails for FDA approval – and as you know you will have to submit detail data on adverse effects of the patients – but never the staff. The FDA is not in business to protect the staff. This is the responsibility of OSHA (Occupational Safety and Health Administration) in America. In the 510 FDA approval that I was given, the Stryker was submitted as a "Surgical Apparel". So it is approved as safe as any other surgical gown for the patient. There is nothing or any statement verifying that it is safe for the staff. I searched the OSHA website for a NIOSH evaluation and it simply do not exist (at least I have not found it). So I am afraid if staff wants to use it, they will have to assume that it is not tested for their safety. So be very careful. For the moment I cannot recommend it.

Rest is important for the mind and so also for infection Control. Take a good rest and do take care,

Thank you so much,

Remember:
Wash hands,
Wear Masks,
Control SARS

Dr. Seto Wing Hong, Infection Control Officer.

Epidemiology Update on SARS situation in QMH 22/04/03

I certainly hope you have had a good rest during the Easter holidays. Let me update you on the present situation. With the transfers during the holidays, we have now a total of 43 SARS cases treated in QMH (including those transferred from other hospitals). However as we have discharged 6 patients so we now have 37 SARS patients in QMH.

As for our staff, we still stand at **nil** infected. This is even more pertinent when we hear of reports that the numbers of infected healthcare workers are on the rise. Now that the holidays are over, I hope you will brace yourself for another month. Please do remember to wash your hands **everytime** after patient care. Ultimately it is you who must look after yourself.

You might have heard from some sources that there is some evidence that the virus may be able to survive even up to 24 hours in the environment. Actually this will not affect our hospital infection control policy because we had already taken this into account. The protocol that we had given out previously will still work because it is not dependant on the death of virus, but rather on the efficacy of hypochorite as the disinfectant. So if you abide by that protocol which is reproduced here, you should be fine.

You might have also read about a patient alleging that he had contracted SARS while being warded in our hospital. Actually if we cohort all pneumonia patients in the same ward, this will definitely be a possibility. Furthermore if the incubation period of SARS is 2-10 days, when a patient develops symptoms of SARS within that time frame, it will be almost impossible to show that the hospital is not the source (or to show that the hospital is the source). You might be aware that all patients admitting at the A & E with pneumonia is given a memo explaining this. So if your patient did not receive this memo, call up Dr. Tong at A&E Department regarding the memo.

Thank you very much,

Remember:
Wash hands,
Wear Masks,
Control SARS

Thank you

Dr. Seto Wing Hong, Infection Control Officer.

Epidemiology Update on SARS situation in QMH 23/04/03

In a way, we had a rather good day. We had no new SARS case to report to HAHO and there was no transfer from other hospitals for the day. All we had was five admissions to our cohort wards from the A&E. Note that we actually admitted many more patients to our cohort wards as compared to the actual number of SARS patients hospitalised in QMH. As I had reported yesterday we had admitted a total of 43 SARS patients to date (and 37 is still in the hospital). However if you look at our admissions to our cohort wards, it actually stands at 202 from 28th of March 2003. So our staffs have been working hard.

As for staff infected, I am thankful to report that we still stand at **nil.** Actually we had almost reaching 100% face-to-face education in QMH for all levels of clinical staff. We hope to work more for our cluster hospitals in the coming weeks.

Although we have a good day, there is no evidence that the outbreak is really on the way down. Today there are still 24 cases reported of which 4 are health care workers. We need to pace ourselves for the coming challenge. I think it would be good for us to build sustainable habits of infection control. It should still be based on the basics, i.e. always wear an appropriate mask properly and wash your hands after all patient contact. But it must be simple that you can practise all the time.

Please do take care,

Remember:
Wash hands,
Wear Masks,
Control SARS

Thank you

Dr. Seto Wing Hong, Infection Control Officer.

Epidemiology Update on SARS situation in QMH 24/04/03

I do not have much to report today. Again we have no new SARS reported to HAHO. However there were 6 admissions to our cohort wards from the A&E Department.

Then for staff infection, we still stand at **nil.** I hope we will not take this for granted because even today there are three reported new cases of health workers infected with SARS. So please look after yourself.

One new development which will be useful for your to know is that the Department of Health will now do a full epidemiological investigation of SARS even for suspected cases. So we need not feel that there is pressure to confirm a case just to ensure that the contacts are being tracked and investigated. Clinically suspected cases of SARS can receive antiviral treatment and in fact in our surveillance we now have a category of "suspected SARS with treatment". So the initiation of treatment does not necessitate that we confirm the case as SARS.

Please do take care.

Remember:
Wash hands,
Wear Masks,
Control SARS

Thank you

Dr. Seto Wing Hong, Infection Control Officer.

Epidemiology Update on SARS situation in QMH 25/04/03

We have one new SARS reported to HAHO today who was previously admitted to PMH as a suspected case and was hospitalised from 8-15th of April. Then on the 20th she had recurrence of fever and admitted to QMH on the 23rd together with her husband who is presently listed as a suspected SARS case. We also have a SARS case transferred from UCH and presently we have a total of 36 SARS patients in our hospital. As for staff, I am grateful to report that we still stand at **nil.**

There is now a vast amount of reports regarding PPE's. Please remember that all this cannot replace the basics of wearing a good mask and washing your hands.

Gloves is now being used more abundantly. Let me quote you two statements from the CDC guidelines:

"Wearing gloves does not replace the need for hand washing because:

(a) Gloves may have small inapparent defects or be torn during use,

(b) Hands can become contaminated during removal of gloves."

"Failure to change gloves between patient contacts is an infection control hazard."

I hope you would really think about it.

You might have also read the press reports and the SCM drive for the "Barrier Man" PPE. Again before you jump into using it, you need to be aware of the disadvantages of these garments in the hospital setting. I had explained before that gowns used in the hospital are designed for the hospital and has advantages you should appreciate. The front is always considered the dirty area and that is why in our surgical gown, you tie it up at the back. If you remove our surgical gowns in the correct way, you can after flipping the top part out, remove the entire gown without touching the dirty area in front. Then surgical gowns are often loose enough for ease of movement. The "Barrierman" is quite tight fitting because they are designed for fieldwork and thus mobility is needed. But in the degowning process, the tight fit makes it difficult to de-gown briskly, and you zip up in the front, which is the dirty area. The gown is also very stuffy and many have found that perspiration is commonplace. A sweaty body is without doubt an infectious risk. You should also note that the Barrier Man clearly states that it is flammable and you must stay away from heat. These are just some of the reasons why I will not recommend it.

Please do take special care,

Remember:
Wash hands,
Wear Masks,
Control SARS

Thank you

Dr. Seto Wing Hong, Infection Control Officer.

Epidemiology Update on SARS situation in QMH 28/04/03

We reported two new cases to HAHO today. As for staff we again stand at nil.

I will just want to attached for you a summary of what I feel about the Barrier man for your reading.

Please do take care,

Remember:
Wash hands,
Wear Masks,
Control SARS

Thank you

Dr. Seto Wing Hong, Infection Control Officer.

Epidemiology Update on SARS situation in QMH 29/04/03

We have no new case reported to HAHO today and perhaps as the newspaper says, the SARS outbreak in Hong Kong has peaked. However we have 10 admissions through our A&E Department to our cohort wards today. Thus the problem is not going away yet and you have to continue to be vigilant. We also have our first mortality today among our SARS patients. This is a 48 year old male with SARS.

As for staff, we still stand at nil. We must be grateful because even hospitals with very few acute cases (like NH) are also seeing staff infected. So even as we are thankful, we must really work close together to ensure that we stay healthy.

We have also started a programme to review those among us who may be living near SARS cases reported. At the moment we have identified seventy-seven among our staff and if you are one of these, there is a staff health ambassador who will give you a telephone call and perhaps advise you on how to look after yourself. We will also send you a little note to alert you. **However really by far, the most important thing is that if you do not feel well and if you have fever, please take leave and stay at home.** There are already many examples in the other hospitals of staff infecting their colleagues. The SARS HCW is often very responsible and will turn up at work in spite of a "little fever" or "cold". We appreciate such a spirit, but for the present SARS outbreak, you will be doing more by staying at home until you know that you are well.

Please look after yourself.

Remember:
Wash hands,
Wear Masks,
Control SARS

Thank you

Dr. Seto Wing Hong, Infection Control Officer.

Epidemiology Update on SARS situation in QMH 30/04/03

We have no new SARS case reported to HAHO today. However there is great concern because we have a staff in the SARS ward who was admitted early this morning with high fever. His CXR appeared normal on admission and is classified as a suspect case. However as he works in the SARS area, we have initiated a full investigation to ensure that we have done everything we can to prevent any possible clustering among our staff. We must however remain calm as we go around trying to ask key questions, do help us as much as you can. My prayer is that he will be fine but do be assured that the staff is in the best of hands under our very senior clinicians.

I would like to address an important Infection Control principle today. You should know that when you use a protective device, the de-gowning of it is just as important as the putting-on process. If you do not put it on right – you will face the danger of incomplete protection. The de-gowning process is similarly fraught with risks and must be handled with immense care because the protective device must be assumed to be contaminated (or even grossly contaminated) when you de-gown. Thus if you do not remove it correctly, you will contaminate yourself. After complete de-gowning, you must always end the process with a good hand wash. On the same basis, when you remove your gloves, your hands must be assumed to be contaminated (this is what the CDC says and it is logical too). So there must be hand wash after each glove removal. This is also true of any double gloving. If you remove the top glove, then the inner glove must be assumed to be contaminated. Thus if you put on a new glove, there is always danger that this new glove will be contaminated in the process of wearing. **It is apparent that double gloving can never be a substitute for hand washing.** Orthopaedic surgeons for example who may wear double gloves always remove both at the same time and wash hands thoroughly after that. Can I appeal to all of you that you observe this principle as recommended by the CDC. **Every time a glove is removed, you must wash you hands thoroughly.** Double gloving is not a substitute for hand washing.

Tomorrow is a holiday. Please do take a good rest and we shall keep you informed of further news on Friday.

Remember:
Wash hands,
Wear Masks,
Control SARS

Thank you

Dr. Seto Wing Hong, Infection Control Officer.

Epidemiology Update on SARS situation in QMH 02/05/03

Many of you were very concerned over the past two days about our colleague, a nurse working in the SARS ICU, who was admitted as a suspected SARS on Wednesday. I mentioned this in the newsletter just before the holiday. Well with great relief I am glad to report that up till now, he is still just a suspect SARS. His fever is already down towards the end of the day and he remained afebrile on both Thursday and today. Furthermore the CXR/CAT scan is normal, and we had already performed two PCR, and they are both negative. So presently he does **not** look like a case but we are carefully watching his progress. Our present SARS among staff therefore still stand at **nil.**

On Thursday we reported one SARS to HAHO but no cases was reported today.

QMH policy is that for every SARS case among staff, we will thoroughly investigate, to prevent further spread. In the present case of suspect SARS, we decided to initiate the investigation process because:

1. The staff works in a SARS area
2. The SARS ICU had just started one week and we want to quickly identify any infectious risk.
3. The clinical picture, although not fulfilling all the criteria, seems a possible case.

We had thus completed a very thorough investigation, which involved interviewing the patient and 9 other staff, conducted some observational study and checked records for accuracy of reports, all being done within 24 hours. There is a standard method for outbreak investigation if it involves only one case (and not a cluster) and we have even come up with some recommendations. This will be submitted to the CCE and the task force.

We are naturally relieved that our colleague is probably not a SARS. However do be assured that even if we have one, we shall have a good contingency plan to quickly investigate the case and implement control measures immediately. Perhaps this case is another alert that we must continue to be vigilant and watch out for one another.

By the way there is a paper reporting this morning that there were 13 staff infected in QMH. It is, as you know, a gross error.

Please do take care.

Remember:
Wash hands,
Wear Masks,
Control SARS

Thank you.

Dr. Seto Wing Hong, Infection Control Officer

Epidemiology Update on SARS situation in QMH 05/05/03

We have no SARS cases reported to the HAHO over the weekend and today, and from what we can see, the outbreak seems to be on the decline.

I am really glad to report that the nurse in our hospital is definitely not a SARS and in fact he was already discharged. In the mean time, we had a patient admitted critically ill to our Pneumonia Admission ward from Tai Po and he needed to be intubated. He succumbed shortly afterwards. This is the first time we had to intubate a patient in the Pneumonia Admission ward. There was no big incident, but we routinely reviewed all risky procedures first time. We subsequently recommended all involved staff to take a shower after intubation of suspected SARS patients. As I had always said, washing is indeed a basic infection control procedure and it will always be wise to do so.

I am glad to report again that we still stand at **nil** staff infection. We had a nurse with suspected SARS from the Head and Neck Surgery, but she has no history of contact and is afebrile now. She does not look like a SARS.

As the outbreak is declining, there are some who have suggested that we should do some serology studies among staff. We are indeed looking into this. Naturally we will have to do it in stages and it is in the planning stage. We are planning some surveys and we also have to clear with the ethics committee on this. I certainly hope that when we launch this, we will have your co-operation.

Please do take care,

Remember:
Wash hands,
Wear Masks,
Control SARS

Thank you.

Dr. Seto Wing Hong, Infection Control Officer

Epidemiology Update on SARS situation in QMH 06/05/03

The SARS outbreak really seems to be on the decline. Again we have no new case to report to HAHO. In fact we had discharged many cases and there are now only 25 confirmed SARS cases in the hospital.

As for staff, again we stand at **nil.** Let me update you on the intubation incident in our SARS ward yesterday. We can confirm now that E coli was isolated from the blood and is a very sensitive strain, even to ampicillin. It does look like a community-acquired strain. Perhaps one reminder is, as we know, severely ill febrile patients can also be due to other causes. All colleagues involved in the intubation incident are doing very well and we are indeed thankful.

I had an opportunity to visit another hospital today, which has managed many SARS cases and also staff infected. It is not possible to have direct comparison with our situation and we must still be open to learn. Their commitment is very evident and the one overseeing the outbreak operations definitely (as I can see it) commands a high level of authority.

Perhaps one thing to note is that they do have a "glove all the time" policy and as I had an opportunity to visit a ward, this is indeed common practice. Even non-ward counter clerks have gloves on. This practice is really not optimal infection control. I always believe that it is better to wear gloves for procedures and after that, remove it, and wash hands. So instead of a "glove all the time", we should rather **"gloves when needed but wash hands at every opportunity"** policy. There are compelling reasons for this:

1. If we wear gloves all the time – we inadvertently will wash our hands less.
2. With gloves, we are less sensitive if we touch contaminations in the environment and will not go for a wash. Thus the glove has a greater chance of staying dirty.
3. Accidentally touching our mucous membranes with a dirty glove is just as detrimental (if not more) as a pair of dirty hands.

Do be assured that our skin is very protective – it is our gift from Mother Nature and we should have confidence in it.

Think about it. After all this is CDC's traditional policy on gloves.

Please do take care,

Remember:
Wash hands,
Wear Masks,
Control SARS

Thank you.

Dr. Seto Wing Hong, Infection Control Officer

QMH policy on Personal Protective Equipments - PPE's (update on 9th May 2003)

Introduction:

The hospital has been managing SARS for seven weeks. The zero cases of SARS reported among staff is evident that transmission is mainly by droplets. However for high-risk procedures and in high-risk areas, a higher level of precaution will be prudent. We already have two guidelines ("Infection Control Precautions for Care of Atypical Pneumonia in QMH" and "Procedures for gearing up in SARS isolation room or ward"), which refer to PPE's, but this is a summary on QMH's policy for each PPE category.

Mask:

1. Wearing a clean surgical mask when approaching patient is the minimum for mask. Paper mask must not be used.
2. The N95 may be worn in high-risk areas like the SARS isolation wards and for high-risk procedures for SARS patients, such as intubation and aspirations.
3. For the N95 mask, the fit-check should be carried out each time the mask is worn. Presently, mask-fitting do not seems to be a problem if the correct size of N95 is selected. If there are problems, the ICN can be contacted.
4. All masks must be worn appropriately covering the nose and the mouth.
5. A worn mask must be assumed contaminated when worn and must be thrown away after patient care or after a high-risk procedure. It should not be kept in a paper bag or other retainer for future use.
6. If the mask is touched in a patient care area, hand washing is advisable.
7. Other masks like the N100 or air-mate are not design for use in the hospital and are not recommended by QMH or the Labour Department of Hong Kong. The new policy of HAHO also does not recommend it.

Gowns.

1. Surgical gowns should be worn in high-risk areas like the SARS wards and for high-risk procedures.
2. Disposable water repellent surgical gowns may be worn as required following individual department's policy.
3. Other gowns like the Barrier Man, Stryker gown and level AB or C suites are not recommended because they are not design for staff protection in the hospital. This is again jointly the policy for QMH and the Labour Department of Hong Kong.

Gloves.

1. Gloves may be worn when touching blood, body fluids, secretions, non-intact skin and during high-risk procedures.
2. It must however be de-glove after the procedure, followed by a thorough hand wash. Gloving must never be a substitute for hand washing.
3. Double gloving may be preferred by some but again, both gloves must be removed after the procedure followed by a thorough hand wash.
4. In QMH, the Task Force has agreed that we will not adopt a policy of constant gloving in any area. The constant gloving will result in slackness in hand washing. The staff will also be less sensitive to touching any environmental contaminations and the gloved hands will also easily

contaminate the environment, endangering others. Gloves must not be worn in the clean area where clerical work is done. Rather, rigorous hand washing in this clean area before any work in this area is mandatory.

Eye Shield.

1. This is worn when there is anticipated risk of infected droplets on the eyes. With the SARS outbreak still active, we should have a high index of suspicion for such risk.
2. The eye shield will be fully available for all staff so that everyone can use it for protection, but it will not be mandatory.
3. If you use the eye shield, as for all protective devices, you must assume that it will be contaminated with use and therefore you must ensure that the item is **clean appropriately before leaving the patient-care area.**
4. It must be clean thoroughly with mild detergent, rinsing it thoroughly with water after each use in a procedure or on leaving a patient care area.
5. It should be worn properly over the eyes and not over the hairline or under the chin where contamination can result.
6. Do not wear the eye shield into the canteen.

Goggles

1. This is worn when there is anticipated risk of heavy splashing on the eyes, where the eye shield may not be sufficient.
2. If the risk of splashing on the eyes is not high, these are <u>not</u> needed as they do result in compromised vision. Thus they should not be worn all the time.
3. It must be clean thoroughly with mild detergent, rinsing it thoroughly with water after each use in a procedure or on leaving a high-risk area.
4. Do not wear it in the canteen.

Face Shield

1. These are worn if there is danger of splashing the face.
2. They are disposable and must be thrown away after use.
3. They should not be worn outside patient care area.
4. Do not wear a face shield to the canteen.

Disposable Caps

1. These are used only in the SARS area or when splashing on the head is anticipated.
2. The cap must cover completely the hair, ears and the forehead.

Hand washing and PPE's

1. This is critical and any PPE's is no substitute for hand washing after each patient contact.
2. The alcohol gel may be used for clean hands.

3. Hand wash should also be practiced if you know that you have consciously touched a contaminated PPE or a PPE that is worn for sometime in a high-risk area.

Other points:

The only PPE required outside patient care area will be the masks unless needed for special procedures.

Important: Wearing PPE's cannot be a substitute for this important Infection Control principle:

When you think there are lapses:

- wash, Wash WASH

Epidemiology Update on SARS situation in QMH 07/05/03

We have one new SARS case reported to HAHO today bringing our cumulative total to 48. As for staff, I gratefully continue to report that we stand at **nil.**

We have finalised a policy for PPE's which has being approved by the QMH Task Force. I attach this for your information.

Have a nice rest for the coming holiday and please do take care,

Remember:
Wash hands,
Wear Masks,
Control SARS

Thank you.

Dr. Seto Wing Hong, Infection Control Officer

Epidemiology Update on SARS situation in QMH 09/05/03

We have no new case reported to HAHO and also our staff infected still stands at nil. However when I email to all of you the guideline for PPE's, we did not include disposable caps. It is included now and I therefore attached this again for your study.

There is some concern about our infection control practice in the canteen. We do know of some very draconian measures in some hospitals. However we believe that the most important principle is that you come to the canteen wearing a clean mask and no other PPE's. All other PPE's should be removed before entering the canteen. Then be sure to wash your hands before entering the canteen (or have an alcohol rub). We do not believe that talking to one another is a significant risk. This is especially true if we are already careful that we come to work only when we are healthy. Recently the WHO again declared that there is no evidence that a completely asymptomatic patient is infectious. We have staff talking to one another in the canteen for 8 weeks and did not face any problems and I am sure there is no significant risk if we observe the few principles that I had listed above.

Remember:
Wash hands,
Wear Masks,
Control SARS

Thank you.

Dr. Seto Wing Hong, Infection Control Officer

Epidemiology Update on SARS situation in QMH 12/05/03

We had no new SARS case reported to HAHO over the weekend. However over the weekend we had two of our nurses who had worked for many weeks in our SARS ward admitted for fever. They also have abnormalities in the CXY. The PCR for one of the cases is already completed and it is negative and officially they are still just suspected. We should know the PCR result for the other colleague tomorrow morning.

However we had already started a very thorough investigation and at the moment we have not identified any definite lapse. We have also to play extra safe, screen all the staff of all the SARS wards. We have worked hard throughout the weekend on this and I will keep you updated.

The important message is that even though the outbreak is on the decline, can I ask all of you to be extra careful. Please remember to look after yourself and wash your hands after every patient contact.

Please do take care,

Remember:
Wash hands,
Wear Masks,
Control SARS

Thank you.

Dr. Seto Wing Hong, Infection Control Officer

Epidemiology Update on SARS situation in QMH 13/05/03

We had reported one new SARS case to HAHO today.

As for our staff, as you know we have two suspected staff in our wards. We have the results of their PCR and negative for both colleagues. In fact for one of the colleagues, it is negative two days in a row. Final serology results are pending.

The clinician will make the final decision and you know our QMH policy. It will be made in the best interest of the staff. We have nothing to prove and our colleagues' welfare is by far the most important. In the meantime both colleagues however remain afebrile. After careful evaluation of the clinical situation and all tests results, it was decided that treatment is still not indicated. Our colleagues are resting will need your prayers. They should still be considered as suspected SARS.

We have much less SARS patients in our hospital now. The culmulative total is today . However do please look after yourself. Also be careful of exposures from the community.

Please do take care,

Remember:
Wash hands,
Wear Masks,
Control SARS

Thank you.

Dr. Seto Wing Hong, Infection Control Officer

Epidemiology Update on SARS situation in QMH 14/05/03

I am sure many are keenly aware of our two colleagues with suspected SARS. Although we have yet to report to HAHO, but for the RN, we believe she is definitely a confirmed case and had in fact started treatment. She showed a 4 fold rise in IgG to Coronavirus and should be a definite case. She is now afebrile and really doing well.

What is more important is that we had done a very extensive chain of investigations in the last 48 hours, and in fact have confidently identified the reason for these two unfortunate breakthrough infections to our staff, who had observed our meticulous infection control measures. An important aspect of such investigation is to generate possible hypothesis, to tests these out and to leave no stone unturned. We must have explored close to 20 different hypotheses. Remember the hypothesis must be able to explain why we have no infection for the last eight weeks. In other words – why now? So some of these hypotheses are not very probable – like our two nurses changed napkins for patients. Well they have been doing these for a long time and many nurses change napkins for patients – why an outbreak now? Finally, we noted that there were patients in B6 on 15L 100% O_2 therapy. So we pull out our QMH SARS cases data and found that from the start of our cohort SARS wards, there were only five cases on such therapy. However, three of these were being treated in B6 from 3rd to 8th of May, and all three were nursed on an isle bed. Thus there is a concentrated cluster of these patients blowing 45L per hour of air through SARS lungs on to the surrounding. This seems incriminating enough but we still need a case-control study. From the duty rooster of all nursing staff working in the 6th floor this is the 2 x 2 data set:

	Exposed To 15L O_2 pat.	Not Exposed	
Possible Infected SARS	2	0	p = 0.023 (Fisher's)
Non-infected staff	20	120	

Thus it comes up **significant.** Possibly the best is to give such high flow O_2 therapy in the ICU, where there are individual negative pressure rooms, in the future.

We also have solid evidence that poor gloving practice (not washing hands after glove removal), adjusting goggles with unwashed hands and also talking to patient too close (within 3 feet) are related to increased risks of infection. Please do avoid such practices.

While we do not have nil staff infection now, we should not despair. The key is that when we have colleagues infected, we must investigate thoroughly to prevent the next one. We are also fortunate to have identified the precise cause and it is something not yet described by others (15L O_2 therapy together). We can thus prevent further occurrences and this will also help others in the field.

In the meantime, Please do look after yourself.

Remember:
Wash hands,
Wear Masks,
Control SARS

Thank you.

Dr. Seto Wing Hong, Infection Control Officer