

**A chronology of important events and activities
during the SARS outbreak at the Prince of Wales Hospital**

Dates	Events
24 February 2003	A 26-year old Hong Kong resident, <i>JJ</i> , who was later identified as the index patient of the Prince of Wales Hospital (PWH) outbreak, developed fever after visiting an acquaintance at the M Hotel.
28 February 2003	<i>JJ</i> attended the Accident and Emergency Department (AED) in PWH. After being diagnosed with respiratory tract infection, he was discharged.
4 March 2003	<i>JJ</i> returned to AED and was admitted to Ward 8A with respiratory symptoms.
10 March 2003	<p>Eleven healthcare workers (HCWs) of Ward 8A went on sick leave.</p> <p>PWH management decided at noon to close Ward 8A to admission, discharge, and visit. Infection control measures in the Ward were enhanced.</p> <p>Ward 8A was re-opened to visits by patients' immediate family members in the evening.</p>
11 March 2003	<p>Ten patients from Ward 8A were discharged between 11 March and 13 March 2003.</p> <p>Fifty HCWs on sick leave were called back for physical examination in an emergency medical clinic set up in PWH. Twenty-three HCWs were assessed to require immediate hospital admission.</p>
12 March 2003	<p>Department of Health (DH) reported the outbreak of cases in Ward 8A of PWH to the World Health Organization (WHO), following which WHO issued a global alert about cases of acute respiratory syndrome in Vietnam, Hong Kong and Guangdong that appeared to place HCWs at high risk.</p> <p>The New Territories East Regional Office of DH set up a Special Control Team to handle matters relating to the PWH outbreak, including case follow-up, contact tracing and surveillance, prevention of community spread, etc.</p>

Dates	Events
12 March 2003	<p>PWH set up a Disease Control Centre (DCC) to coordinate data collection and reporting. PWH and DH agreed on a working case definition for active case finding and surveillance.</p> <p>PWH implemented a number of measures including making eighth floor a restricted area, and designating cohort wards for cases of suspected and confirmed atypical pneumonia (AP). Ward 8D was used as the initial infection triage ward to screen all feverish patients requiring admission. HCWs in the Department of Medicine and Therapeutic of PWH were divided into a “Dirty Team” and a “Clean Team” to prevent cross-infection.</p> <p>The Dean of the Faculty of Medicine of The Chinese University of Hong Kong (CUHK), Professor Sydney CHUNG Sheung-chee, decided to restrict all medical students from visiting PWH and suspended all clinical teaching at PWH.</p>
13 March 2003	<p>Ward 8A was re-opened to admission. The entire Ward 8A was used as a cohort ward for patients with AP or highly suspected to have contracted AP.</p> <p>DH stationed a team of staff at DCC to facilitate timely communication with PWH.</p> <p>PWH implemented more control measures including suspension of non-emergency surgical operations, day services and cardiac specialist out-patient clinics; and patients were diverted to the Alice Ho Miu Ling Nethersole Hospital and North District Hospital.</p> <p>A review on the PWH outbreak led by the Secretary for Health, Welfare and Food, Dr YEOH Eng-kiong, was conducted.</p> <p>The brother-in-law and mother of <i>JJ</i> were admitted to PWH. <i>JJ</i> was suspected to be the source of outbreak at PWH and isolated.</p>
14 March 2003	<p><i>JJ</i> was confirmed as the index patient of PWH.</p> <p>Dr YEOH informed the public that there was no sign of the spread of AP in the community, as the surveillance data revealed that there had been no significant increase in the number of pneumonia cases.</p>

Dates	Events
15 March 2003	<p>Dr YEOH convened and chaired the first meeting of the Health, Welfare and Food Bureau Task Force.</p> <p>To prevent cross infection, CUHK suspended clinical training at all hospitals.</p> <p>The New Territories East Cluster (NTEC) decided to stop all clinical admissions to the medical departments in the cluster.</p> <p>WHO issued emergency travel advisory and named the illness Severe Acute Respiratory Syndrome, listing out the main syndromes and signs.</p> <p>The index case of the outbreak at the Amoy Gardens, YY, was admitted to Ward 8A as he was suspected to have AP.</p>
16 March 2003	<p>House Officers from other departments were deployed to help the Medical non-SARS team.</p>
17 March 2003	<p>PWH diverted all medical emergencies to hospitals outside NTEC.</p> <p>CUHK suspended all non-clinical activities at PWH and relocated its support staff out of PWH.</p>
18 March 2003	<p>The Hospital Authority (HA) announced that the use of nebulizer for the administration of bronchodilator to the PWH index patient from 6 March to 12 March 2003 was postulated to be the cause of the spread of infection in the Ward.</p> <p>A rapid increase in the number of Intensive Care Unit patients.</p>
19 March 2003	<p>PWH suspended its AED services completely from midnight for three days.</p> <p>Professor CHUNG wrote and spoke to the former Director of Health, Dr Margaret CHAN, urging her to “urgently consider all possible measures including quarantine of patients and contact to contain the outbreak before it is too late”.</p> <p>YY was discharged from PWH after his condition improved, with a positive diagnosis of influenza A. He stayed overnight at his brother’s flat in the Amoy Gardens.</p>

Dates	Events
20 March 2003	<p>Two private medical practitioners came down with SARS after seeing patients who had visited Ward 8A.</p> <p>The management staff of PWH met with the Chief Executive of HA, Dr William HO Shiu-wei, in late evening to review the evidence of the spread of the disease in the community. The Deputy Director of Health, Dr LEUNG Pak-yin, was alerted.</p>
21 March 2003	Suspension of AED services in PWH was extended for one week.
22 March 2003	YY was re-admitted to Ward 8C. His chest showed pneumonia changes on both lungs.
23 March 2003	Dr HO, who had visited PWH eight times over the previous two weeks, was admitted to hospital with SARS.
26 March 2003	Experts from the Centers for Disease Control and Prevention in Atlanta, the United States of America reviewed the infection control measures in PWH.
27 March 2003	<p>NTEC SARS Prevention Task Force was set up with joint membership from NTEC Risk Management Team and Infection Control Team.</p> <p>The Hospital Chief Executive of PWH, Dr FUNG Hong, was admitted to hospital with SARS.</p>
29 March 2003	Ward 11B was used as the step-down ward.
30 March 2003	AED in PWH was re-opened for walk-in patients.
6 April 2003	AED in PWH was fully re-opened.