

For information

SARS Expert Committee

Monitoring of Hospitals on the Prevention and Control of Infectious Diseases

Purpose

This paper examines the legal basis for, and the role of, the Director of Health (Director) in monitoring private and public hospitals in respect of the prevention and control of infectious diseases. It also covers the management of outbreaks in private hospitals by the Department of Health (DH).

Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165)

2. The Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165) requires private hospitals to be registered with the Director, subject to conditions relating to accommodation, staffing or equipment. She is empowered to inspect any hospital premises and records required to be kept under the Ordinance, and may cancel the registration of a hospital if there is a contravention of any condition imposed by the Director.

3. A Guide to Hospital Standards has been promulgated by the DH to private hospitals recommending standards to be adopted by the hospital management to provide quality care. In the Guide, it is recommended that policies and procedures on infection control be developed to minimize hospital infection and to ensure a safe environment for staff and patients. In practice, all private hospitals have set up an infection control committee to monitor the situation of infection within the hospitals and to institute infection control measures when required. In addition, all private hospitals have to furnish reports where required.

4. The Ordinance exempts hospitals managed by the Hospital Authority from the requirement of registration.

Hospital Authority Ordinance (Cap. 113)

5. The Hospital Authority (HA) was established under the Hospital Authority Ordinance (Cap.113) to manage and control public hospitals. The Director is a member of the HA.

6. If it considers necessary to refuse entry or restrict access to a hospital, the HA may close any part of a hospital to the public under S.6(3) of the Hospital Authority Bylaws (Cap.113 sub.leg.A).

Quarantine and Prevention of Disease Ordinance (Cap. 141)

7. Under S.4 of the Prevention of the Spread of Infectious Diseases Regulations (Cap.141B), medical practitioners are required to notify the Director if they have reason to suspect the existence of a case of infectious disease as specified in the First Schedule of the Ordinance or, in the case of death, that an infectious disease existed. This is applicable to doctors in both the public and private sectors and hence public and private hospitals. Failure to notify is liable to a fine of \$2,500. [Note: SARS was included in the First Schedule of the Ordinance on 27 March 2003.]

8. The Director or an authorized health officer is empowered under Cap.141B to –

- (a) break into any premises to ascertain whether there is any sick persons or contact or carrier or to examine any dead body (Regulation 8);
- (b) carry out examination of persons or dead bodies (Regulation 9);
- (c) remove sick persons, contacts and carriers to an infectious diseases hospital or an appointed place (Regulation 10);
- (d) permit treatment elsewhere than in an infectious diseases hospital (Regulation 11);
- (e) detain persons in an infectious diseases hospital or an appointed place (Regulation 12); and
- (f) restrict entry to an infectious diseases hospital or an appointed place (Regulation 13).

9. The Director of Health can serve a disinfection order (Regulation 19) or an isolation order (Regulation 24) to prevent or control the spread of infectious diseases on areas or premises.

Monitoring of Hospitals during SARS Outbreak

10. As explained in paragraph 5 above, HA is responsible for monitoring public hospitals in their management of the SARS outbreak.

11. As regards private hospitals, DH had regularly disseminated to them guidelines and updates on SARS since March 2003. To monitor the situation, DH required private hospitals to report patients and staff who were cases or suspected cases of SARS through the Daily Reply Slip.

12. The letters and guidelines to all private hospitals are summarized as follows -

Date	Content of Letters and Guidelines
12 March	Advised private hospitals to adhere to infection control guidelines in view of fever and respiratory tract infection outbreak in PWH.
14 March	Required private hospitals to provide surveillance on pneumonia cases.
17 March	Issued WHO guidelines on “Hospital Infection Control Guidance and Management of SARS”.
18 March	Required private hospitals to report patients and staff with Acute Respiratory Syndrome in Daily Reply Slip starting from 19 March.
20 March	Updated private hospitals on atypical pneumonia outbreak in Hong Kong and provide them with extracts of HA Guideline on the Management of SARS (e.g. cohorting patients, barrier nursing, etc).
24 March	Issued to private hospitals Guidelines on Infection Control Measures for Clinics/Healthcare Facilities.
28 March	Required private hospitals to provide surveillance data by completing a daily reply slip to DH on patients and health care

	workers sick with SARS.
7 May	Reminded private hospitals to strictly adhere to stringent infection control measures and prompt notification.

Management of Outbreaks

13. Upon notification of suspected or confirmed SARS cases in public or private hospitals, DH Regional Offices initiated investigation to identify the source of infection and carry out active case finding and contact tracing. All home and social contacts were put under medical surveillance by the Regional Offices staff or followed up at the Designated Medical Centres. Home confinement measures were implemented for home contacts of cases confirmed after 11 April 2003. Hospital management was advised to step up infection control measures including thorough cleansing of wards. All staff were put under medical surveillance. In addition, advice on ward closure with suspension of patient admission, freezing of movement of staff between wards, follow up on discharged patients, restriction of visitors was given accordingly.

Outbreaks in Private Hospitals

14. A total of three outbreaks of SARS occurred in two private hospitals, two in March and one in April 2003.

15. The first outbreak occurred in St Paul's Hospital (SPH) in March 2003. On 17 March, SPH notified that three health care workers in one ward were suspected of SARS. Investigation showed that the index case was a 72-year old male patient, who had onset of illness on 27 February, hospitalized in SPH from 2 to 8 March and transferred to a public hospital on 8 March. He was a Canadian visitor who stayed in M Hotel since 12 February. Eventually, a total of 12 persons were confirmed with SARS in this outbreak, including two in-patients (including the index), three health care workers and a family contact, and five visitors plus one family contact. All have recovered.

16. The second cluster occurred in Hong Kong Baptist Hospital (HKBH) in March. On 21 March, HKBH notified that three health care workers in two wards were suspected to be suffering from SARS. Investigation showed that there were three possible index cases, one was a relative of the index patient of Prince of Wales Hospital and the other two were patients of a visiting doctor. In total, there were 34 persons confirmed with SARS, including 10 health care

workers, one visiting doctor, 12 patients, eight contacts and three visitors. Of these, 4 persons died.

17. The third cluster occurred in HKBH in late April and early May. On 2 May, a nurse of HKBH working on 9th floor was confirmed to be suffering from SARS. Investigation showed that there were two possible index cases. They included a housewife with renal disease and a male patient with bladder cancer. Both were transferred to a public hospital for further management of atypical pneumonia on 21 April and fever on 25 April respectively. This cluster involved, a total of 13 persons confirmed to be SARS cases, including two nurses, six patients and five family members. Three persons finally died. Separately, there were also two other nurses working on other floors confirmed to be suffering from SARS. They were found unrelated to the 9th Floor outbreak.

18. In compliance with a requirement from DH, HKBH submitted a report on the April/May outbreak on 20 May, followed by supplementary information on 27 May. After review, DH concluded that there were two areas of inadequacy on the part of the HKBH. The first area relates to the delay in reporting the suspected SARS cases of the health care workers to the DH using the Daily Reply Slip. The second area relates to the withholding of information concerning the outbreak from other in-patients. DH issued an advisory letter to the HKBH on 31 May reminding the management to report suspected SARS cases and improve communication with patients. The performance of HKBH will be closely monitored and taken into account when the hospital applies for renewal of licence.

Department of Health
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