



Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.

Hong Kong bears brunt of latest outbreak

Rights were not granted to include this image in electronic media. Please refer to the printed journal.

Staff called for the Prince of Wales Hospital to be closed

Health investigators in Hong Kong have been puzzled by the outbreak of more than 100 cases of atypical pneumonia that has predominately affected local hospital staff.

By March 18, 111 hospital workers and relatives of what authorities now believe is the index patient have been diagnosed with atypical pneumonia, most of them at the Prince of Wales Hospital. Four are in intensive care. The 111 patients have been admitted for what WHO has called severe acute respiratory syndrome (SARS).

Five other hospitals in Hong Kong have also been affected. But people suspected to have been in contact with the index cases are still being traced and the causative agent has yet to be identified. The avian influenza H5N1 and other influenza strains have been ruled out. All tests that have been conducted so far were negative, said Masato Tashiro, a WHO consultant from the National Institute of Infectious Diseases in Tokyo.

Hong Kong Secretary for Health, Welfare, and Food Yeoh Eng-kiong, who is leading Hong Kong's response to the outbreak, said there was no indication

that the outbreak had spread to the community.

"I guess this is the time for calm, for us not to panic. The government has no intention of hiding the fact [that] . . . the figures . . . we have, they're very alarming", he said on March 17.

Of the 111 cases with atypical pneumonia, 44 are doctors, nurses, and other hospital personnel at the Prince of Wales Hospital, where Hong Kong's major outbreak began on March 8.

Authorities are also investigating two new clusters of cases involving a private hospital and a fifth public hospital, Yeoh said.

Among the infected patients are 17 medical students and 36 family members and close contacts of the index patient.

The Prince of Wales Hospital has scaled back health services, postponed non-emergency operations, specialist consultations, and obstetrics services, for the next 2 weeks, and has suspended accident and emergency services for 3 days this week. Calls to close the hospital have been rejected by Yeoh.

"The continued provision of medical services by the Prince of Wales Hospital will be based on two principles:

safety of the patients and the staff available", he said.

Two patients have died so far in the outbreak that began at the Prince of Wales Hospital, the teaching hospital for Chinese University of Hong Kong.

One of these patients was a 49-year-old American-Chinese businessman who died on March 13, a week after he was evacuated from a private hospital in Hanoi where he had symptoms of atypical pneumonia.

The businessman was the index patient for the outbreak in Vietnam, which has now affected two hospitals and 40 hospital workers including 32 in the private French Hanoi Hospital where he was admitted on Feb 26. The man had been on a business trip to Shanghai and Hong Kong and was already sick when he arrived in Hanoi.

The second fatality was a mainland doctor who died at Kwong Wah Hospital in Hong Kong on March 4. Some doctors in Hong Kong have opted to live in hospital quarters where they are treating the sick, many of them colleagues, rather than risk exposing their families.

WHO said in a statement that "from an operational point of view, this is analogous to an influenza pandemic and national health systems will be challenged to provide adequate hospital facilities and additional supplies of protective equipment which are now in short supply due to high demand as a result of bioterror preparedness".

International airlines are now on high alert for any sick travellers. And all have agreed to ban from its planes any passengers who have flu-like symptoms. Furthermore, there are already signs that the fears of the illness has hit tourism in the region. So far WHO has not called for travel bans in any parts of the world affected by SARS.

Mary Ann Benitez

WHO case definitions for severe acute respiratory syndrome

Case definitions are updated as new information accumulates, and the following are those updated on March 16.

Suspect case

A person presenting after Feb 1, 2003 with history of: high fever ($>38^{\circ}\text{C}$); and one or more respiratory symptoms including cough, shortness of breath, difficulty breathing, and one or more of the following:

- close contact, within 10 days of onset of symptoms, with a person who has been diagnosed with SARS
- history of travel, within 10 days of onset of symptoms, to an area in which there are reported foci of transmission of SARS.

Probable case

A suspect case with chest X-ray findings of pneumonia or respiratory distress syndrome; or a person with an unexplained respiratory illness resulting in death, with a necropsy examination demonstrating the pathology of respiratory distress syndrome without an identifiable cause.

Pattern of transmission

WHO has reported that as of March 15, most cases have been close contacts of other cases, and more than 90% of cases have occurred in health-care workers.

Comments

In addition to fever and respiratory symptoms, SARS may be associated with other symptoms including: headache, muscular stiffness, loss of appetite, malaise, confusion, rash, and diarrhoea. Close contact means having cared for, lived with, or had direct contact with respiratory secretions and body fluids of a person with SARS.

Source: www.who.int