At the Battle Front

By Prof Chee Yam Cheng

Prof Chee, who was Chairman, Medical Board (CMB) of Tan Tock Seng Hospital (TTSH) during the SARS outbreak in 2003, shares some thoughts on Singapore’s battle against SARS.

Each day was a new day. The grim statistics were announced at the Ops Room at TTSH. More cases, some deaths. The worse was when one of our own staff died. But all those present continued to be present day in day out – strong foot soldiers at the battle front.

There was no available diagnostic test for SARS in the initial days of the outbreak, so we relied on taking body temperature to check for infection. You took your temperature using your personal oral thermometer and sent in the recording electronically, three times a day. The hospital was monitoring if there were clusters of febrile staff in any ward or department. If you had fever, you reported to the emergency department (ED) and investigations would be done. You were then isolated in the hospital or at home with the usual precautions. Every febrile staff knew that it was possible that it could be the SARS infection. Being isolated was to ensure the virus did not spread within the hospital community.

One day, we were notified of a cluster of febrile staff from the Institute of Mental Health. They were from senior management, including the Chief Executive Officer (CEO) and CMB, and were promptly warded at TTSH. After a few days and to the relief of all, the virus they had was not SARS, but influenza B.

As fever was the main symptom and sign of early SARS, the ED and the polyclinics had a protocol to separate febrile patients from those who were afebrile at the first triage point.

Tents were erected to cope with the crowds, many brought by ambulances direct from their homes or workplace.

All people, regardless of health status, job or rank, are vulnerable in an infectious disease epidemic. The SARS bug was indiscriminate in its infection.

We found that SARS could incubate in a person without any fever, masking itself. This led to the spread of the disease; patients who weren’t showing signs of fever but who were already incubating SARS were sent home, took ill and readmitted elsewhere. SARS turned out to be more of a nosocomial (hospital acquired) infection, and spread within a hospital, not social, setting. Basic hygiene procedures have to be strictly followed as they make the difference between life and death. Personal protection equipment must be correctly worn to be effective.

“Closing” the entire nation down for six months cost Singapore a great deal financially. Working in healthcare could be dangerous, even fatal. But TTSH staff are dedicated, loyal and committed healthcare professionals. During the SARS crisis, they stood true to their professions, their calling and their posts despite the dangers.

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