



## THE HONG KONG COLLEGE OF OTORHINOLARYNGOLOGISTS

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Dear Fellows and members,

The College Council is aware of the anxiety which might have arisen amongst our Fellows and members amidst the present COVID-19 epidemic from two messages/news you might have come across in the different media. We understand so well how unsettling they can be unless they are tackled face on and our College would like to do this together with you.

The first message was from Professor Claire Hopkins and Professor Nirmal Kumar on new evidence for the loss of smell, hypo/anosmia, as a symptom of COVID-19 infection. Clearly, hypo/anosmia may be the sequelae on recovery from the infection which can be significant and permanent. **(Annex 1)**

The second issue came from a piece of news on two ENT consultants on ventilators because of COVID-19 infection. **(available from: <https://news.sky.com/story/coronavirus-two-nhs-medics-on-ventilators-after-contracting-covid-19-from-patients-11961531>)**

The key to both of the above is enhanced vigilance, proper precautions and practice of appropriate and strict self-protection which we hope to re-illustrate to all our Fellows and members to refresh your memory in this article.

Post viral hypo/anosmia is well known to our colleagues. 12%-20% or more of acquired anosmia are post-viral the cause of which is not well understood but probably related to mucosal and receptor cell damage at the olfactory epithelium. The majority of patients with viral hypo/anosmia will experience variable degree of recovery though it may never return to normal.

In the message from Professor Hopkins and Professor Kumar, 2 in 3 patients in Germany and 30% of Koreans tested positive for COVID-19 had anosmia and in South Korea, it was the major symptom at presentation.

With this report, staying well and adequately protected in our high risk ENT practice is adamant and awareness of possible ‘asymptomatic patients’ at all times is the key. We shall elaborate on protection later on in the article. It will be necessary to discuss the possibility of COVID-19 with patient with hypo/anosmia. It is not difficult to order a test in the Private or Public sector all free of charge under the Extended Surveillance System which the Hong Kong Government and HA have introduced. We shall elaborate on this later. There is no known treatment for viral hypo/anosmia but oral steroids should be avoided. Nasal steroids are safe. Small scale studies on intranasal sodium citrate report improvement in symptoms. Smell training may also help with recovery.

For hypo/anosmia on recovery from the infection, most public institutions in the different HA clusters have facilities for smell testing and are certainly looking at smell training protocols to help this group of patients if need be.

On the second issue, which was a piece of news on our unfortunate colleagues on ventilators, it cannot be further emphasized how important it is to observe the precautionary rules in a contagious epidemic like this. To our knowledge, in the United Kingdom, neither the patient nor the consultant wore masks, not to mention other forms of protection.

Observing the precautionary rules and staying well protected may be laborious but really necessary at this point in the time with the pandemic not yet under control. Awareness of the possible silent patient is important.

The College would like to recommend our Fellows and members to view the article authored by Professor Jason Chan, Dr Eddy Wong and Dr Wayne Lam on the Practical Aspects of Otolaryngologic Clinical Services During the 2019 Novel Coronavirus Epidemic. ([Annex 2](#))

## **Specimens and Testing for COVID-19**

Under the Enhanced Laboratory Surveillance System by the Center for Health Protection (CHP) and HA, further enhancement on specimen collection became effective from 12 March 2020 ([Annex 3](#)). Patients with mild symptoms may attend any of the 17 A&Es and over 50 GOPCs and follow their arrangements for specimen collection, usually a deep throat saliva specimen in the morning handed back to these A&Es and Clinics the next day. No admission is required if not indicated. These specimens are all sent to the Public Health Laboratories of the Public Health Laboratory Services Branch (PHLSB).

Under the same Surveillance System, private doctors could order the free RT-PCR (Reverse transcription polymerase chain reaction) test for SARS-CoV-2 (the COVID-19 virus) through accredited private microbiology laboratories and send respiratory specimens, deep throat saliva specimen, sputum, nasopharyngeal swabs etc. with the **laboratory request form (Annex 4)** to these laboratories for transfer to PHL SB service (an administrative charge may be incurred). Do contact your private laboratory directly to confirm the details of this arrangement. The report, usually on the following day will be faxed to the requesting private laboratory.

The patient may also be advised to send the specimens with the **laboratory request form (Annex 4)** on the same day of collection to **one of 13 designated DH clinics/collection points (Annex 5)** before 1pm on weekdays. There is no collection service on Saturday, Sunday and public holidays. Do be aware, with this method, only positive results will be communicated.

The two specimens preferred are a ‘Nasopharyngeal Swab’ (specimen swabs and medium best provided by the laboratory) and a ‘Deep Throat Saliva’ specimen. It is understandable most would not wish to take the nasopharyngeal specimen which requires rotating the swab while in contact with the nasopharynx for 10-15 seconds and one should not do so unless one is fully protected. There are blood tests (IgG and IgM), urine and fecal testing but they are less frequently performed unless indicated.

It is understandable that most will go for the Deep Throat Saliva specimen. If sputum is available, it can also be assayed. Please access the video at <http://videocwp.ha.org.hk/wmv/deep%20throat%20saliva%20v2.mp4> for the correct way of collecting the deep throat saliva specimen. You may wish to use this video to educate your patients.

At the moment, the College understands that hypo/anosmia is not within the list of surveillance symptoms in The Enhanced Laboratory Surveillance program. We do not have data on local cases of hypo/anosmia in the Hong Kong COVID-19 cases. The College has been in contact with CHP to look into the possibility of a survey of hypo/anosmia in our local cases which can be coordinated via our HACOC(ENT). **For the time being, on the request form, please take the box for respiratory symptoms which indeed hyposmia/anosmia belong with and include hyposmia or anosmia in the box for other symptoms.** Within this system, the tests are free.

There are private laboratories which perform paid COVID-19 tests. Our executive officer, Miss Cindy Leung will enquire further and keep a list for your reference if need be.

For the latest coronavirus updates from the Centre for Health Protection to health professionals, please visit at <https://www.chp.gov.hk/en/healthprofessionals/31/index.html>

## Precautionary Measures and Protection

It begins with the reception area. Triage is important and **FTOCC** is the abbreviation used to remind us of the at risk patients. F is for '**Fever**' and T is for '**Travel**' which should be screened for on entry. OCC are for contacts either due to '**Occupation**' either as a worker in a virology lab or carer for infected patients for example, or '**Contact**' and '**Clustering**', which we have witnessed good examples of, here in Hong Kong. These cases should be screened out and referred accordingly at triage. In the reception area, masks should be provided for patients who are not wearing them. There should be available alcohol-based hand rub at convenient locations and lined and lidded rubbish bins for mask disposals.

ENT examination are high risk maneuvers. It is recommended that our surgeons should be in full protective gear (**Photo 1**). Ideally, full protective gear which means a N95 mask with a face shield/goggles and cap. Level 3 (Blue-moderate fluid protection) gown is the ideal though Level 1 gowns (Yellow-water resistant) are an acceptable alternative with gloves and overshoes (*optional*). Please refer to **Annex 6** which highlights the practice in the ENT SOPD in the different HA clusters–The Present Recommended PPEs during different procedures in ENT SOPC under the Hospital Authority.



The practice at present, in the midst of shortage of PPEs, does require the same gear to be used throughout the clinic with only a change of glove and hand wash in between patients that is in the absence of sneezes, coughing and droplet splashes which would then require a complete change of gear except for the N95 mask which at present is used throughout the clinic.

All flexible endoscopic examination of the upper airway would require a complete change of gear except for the N95 mask.

This is not perfect but should be the least that we should try and achieve at this instance to minimize the chance of contracting this potentially deadly disease. We should always be aware that there are asymptomatic patients and must not fall short of self protection.

To refresh your memory, please click on to the video on the proper way of gowning and PPE removal. <https://www.hkcorl.org.hk/main.php>

We hope this rather lengthy message helps a little in alleviating your concerns and worries which are very understandable. The College Council will stand by you closely and by keeping safe and following the rules, we shall all come through this COVID-19 epidemic unscathed.

With warmest regards,

Yours faithfully,

***Dr Victor ABDULLAH, President and the Council  
of the Hong Kong College of Otorhinolaryngologists***

#### **Attachments**

*(Note: All necessary forms and documents are listed below and available for download from the College website at <https://www.hkcorl.org.hk/main.php?id=112>)*

- Annex 1***      ***Loss of senses of smell as marker of COVID-19 infection – Professor Claire Hopkins and Professor Nirmal Kumar***  
<https://www.entuk.org/loss-sense-smell-marker-covid-19-infection>
- Annex 2***      ***CHAN JYK, WONG EWY, LAM Wayne. Practical Aspects of Otolaryngologic Clinical Services During the 2019 Novel Coronavirus Epidemic. JMAM Otolaryngology-Head & Neck Surgery. Published online March 20, 2020***  
<https://jamanetwork.com/journals/jamaotolaryngology/fullarticle/2763406>
- Annex 3 to  
Annex 5***      ***Centre for Health Protection. Update on the list of areas with active community transmission of COVID-19 and further enhancement on the surveillance at clinics of Private Medical Practitioners. 10 March 2020. [https://www.chp.gov.hk/files/pdf/letters\\_to\\_doctors\\_20200311.pdf](https://www.chp.gov.hk/files/pdf/letters_to_doctors_20200311.pdf)***
- Annex 6***      ***Recommended PPE during different procedures in ENT SOPC under the Hospital Authority***
- Photo 1***      ***Photo courtesy of Dr Birgitta Yee-hang WONG, Honorary Secretary and Dr Thomas Shi-yeung HO, Higher Trainee of the Hong Kong College of Otorhinolaryngologists***