

## [SHA congratulates Tang Wai-lok and Yu Chui-yee on winning first two gold medals in Asian Para Games](#)

The Secretary for Home Affairs, Mr Lau Kong-wah, today (October 7) extended his congratulations to Hong Kong swimming athlete Tang Wai-lok and wheelchair fencing athlete Yu Chui-yee on winning gold medals in Men's 200m Freestyle S14 and Women's Foil Individual Category A respectively at the Indonesia 2018 Asian Para Games.

Mr Lau said, "Tang Wai-lok has defended his title and Yu Chui-yee has performed marvellously. It is encouraging to know that they have won the first two gold medals for the Hong Kong team in this Asian Para Games. I hope fellow Hong Kong athletes can continue to excel in the upcoming events and win glory for Hong Kong."

---

## [Hong Kong Customs seizes suspected cocaine \(with photo\)](#)

Hong Kong Customs yesterday (October 6) seized about 2.1 kilograms of suspected cocaine with an estimated market value of about \$2.2 million at Hong Kong International Airport.

A male passenger arrived in Hong Kong from Panama via Netherlands yesterday. Upon examination of his hand-carry rucksack, Customs officers found the suspected cocaine concealed inside false compartments of the rucksack. The 63-year-old man was then arrested.

Investigation is ongoing.

Under the Dangerous Drugs Ordinance, trafficking in a dangerous drug is a serious offence. The maximum penalty upon conviction is a fine of \$5 million and life imprisonment.

Members of the public may report any suspected drug trafficking activities to the Customs 24-hour hotline 2545 6182 or its dedicated crime-reporting email account ([crimereport@customs.gov.hk](mailto:crimereport@customs.gov.hk)).



---

## Missing man in Sau Mau Ping located

A man who went missing in Sau Mau Ping was located.

Cheung Shun-king, aged 77, went missing after he left his residence in Upper Ngau Tau Kok Estate on October 4 morning. His family made a report to Police on the same day.

The man was located on How Ming Street in Kwun Tong this morning (October 7). He sustained no injuries and no suspicious circumstances were detected.

---

## Suspected MERS case reported

The Centre for Health Protection (CHP) of the Department of Health today (October 7) reported a suspected case of Middle East Respiratory Syndrome (MERS), and again urged the public to pay special attention to safety during travel, taking due consideration of the health risks in the places of visit. The case is detailed below:

Sex	Female
Age	70

Affected area involved	Kingdom of Saudi Arabi
High-risk exposure	Had direct contact with camel
Hospital	Queen Mary Hospital
Condition	Stable
MERS-Coronavirus preliminary test result	Pending

"Travellers to the Middle East should avoid going to farms, barns or markets with camels; avoid contact with sick persons and animals, especially camels, birds or poultry; and avoid unnecessary visits to healthcare facilities. We strongly advise travel agents organising tours to the Middle East to abstain from arranging camel rides and activities involving direct contact with camels, which are known risk factors for acquiring MERS Coronavirus (MERS-CoV)," a spokesman for the CHP said.

Locally, the CHP's surveillance with public and private hospitals, with practising doctors and at boundary control points is firmly in place. Inbound travellers and members of the public who recently visited the Middle East and developed fever or lower respiratory symptoms within 14 days will be classified as suspected MERS cases. They will be taken to public hospitals for isolation and management until their specimens test negative for MERS-CoV.

Travellers to affected areas should maintain vigilance, adopt appropriate health precautions and take heed of personal, food and environmental hygiene. The public may visit the MERS pages of the [CHP](#) and its [Travel Health Service](#), MERS statistics in [affected areas](#), the CHP's [Facebook Page](#) and [YouTube Channel](#), and the World Health Organization's [latest news](#) for more information and health advice. Tour leaders and tour guides operating overseas tours are advised to refer to the CHP's [health advice on MERS](#).

---

## [UCH announces a paediatric case](#)

The following is issued on behalf of the Hospital Authority:

The spokesperson for United Christian Hospital (UCH) made the following announcement today (October 7) on a paediatric case:

A 50-day-old baby girl was brought to Accident and Emergency Department

of United Christian Hospital (UCH) due to poor feeding and shortness of breath at 9.45am on October 5. The baby was admitted to General Paediatric Ward. After she was admitted, echocardiogram was performed and it showed enlarged heart, dilated left ventricle and severe mitral insufficiency. She was then transferred to Paediatric Intensive Care Unit (PICU) for further management immediately. Since initial diagnosis of congestive heart failure was made, patient was started on ventilator support and arterial line was set for blood pressure monitoring.

On the same day at around 11.40am, patient developed supraventricular tachycardia which resolved spontaneously. However, the baby girl developed supraventricular tachycardia again and her heart rate was noted to be reach 280 beats per minute at around 1pm. The doctor gave drug treatment intravenously but her situation persisted. So, the doctor performed direct current cardioversion and because the patient developed ventricular tachycardia and ventricular fibrillation, she was also treated with defibrillation and cardiopulmonary resuscitation. Sinus rhythm was returned after resuscitation. Endotracheal tube was inserted to assist patient's breathing.

Repeated echocardiogram was performed at 2.50pm and showed dilated left atrium and left ventricle, deterioration of contractility of left ventricle. Blood results showed that the patient's troponin T level was markedly elevated which were highly suggestive of myocarditis with severe heart failure and arrhythmias. The doctor consulted Department of Paediatric Cardiology of Queen Mary Hospital (QMH) at around 3pm for further management including the use of Extracorporeal Membrane Oxygenation (ECMO) machine. QMH agreed to take over the patient.

While pending hospital transfer, the patient developed another episode of arrhythmia including supraventricular tachycardia, ventricular tachycardia and ventricular fibrillation at around 3.30pm. The doctor immediately performed direct current cardioversion, defibrillation and drug treatment as well as cardiopulmonary resuscitation. After resuscitation and treatment, sinus rhythm was returned again. The patient was escorted by two doctors and two nurses to QMH at 4.54pm.

While the doctor reviewed the electrocardiography and defibrillation resuscitation records, it was noted that synchronisation mode was not turned on during direct current cardioversion although defibrillation procedures were carried out appropriately.

The hospital met with the patient's family today to explain the case in details and expressed our apology for not turning on the synchronisation mode during direct current cardioversion. The hospital is very concerned about this case and will keep close contact with patient's family and provide them with all the necessary assistance. The patient is currently in the ICU of Department of Paediatric Cardiology of QMH. She is put on ECMO machine and now in critical condition.

The hospital has reported the incident to Hospital Authority Head Office

via the Advance Incident Reporting System. An investigation panel will be formed to review the case and give recommendations.