

本署檔號    Our Ref.    : (27) in DH SEB CD/9/12/1 Pt.9

27 September 2012

Dear Doctor,

**Statutory Reporting of**  
**“Severe Respiratory Disease associated with Novel Coronavirus”**

Our letter dated 24 September had provided you with the latest situation of the novel coronavirus infection. In view of the severity of illness of the two confirmed cases, we consider it necessary to revise and amend the Prevention and Control of Disease Ordinance (Cap. 599) (“the Ordinance”) to include “Severe Respiratory Disease associated with Novel Coronavirus” (新型冠狀病毒致嚴重呼吸系統病) as one of the statutorily notifiable diseases with effect from 28 September, 2012.

So far, no human infection with novel coronavirus associated with severe respiratory disease has been detected in Hong Kong. However, with the frequent international travel, it is possible that an imported case of Severe Respiratory Disease associated with Novel Coronavirus may occur in Hong Kong. To detect these cases early, medical practitioners are reminded to make prompt notification to the Department of Health any suspected cases of Severe Respiratory Disease associated with Novel Coronavirus fulfilling the reporting criteria (see attached) for laboratory testing and hospitalization arrangement.

Please report suspected cases to the Central Notification Office (CENO) of CHP via fax (2477 2770) using the reporting form attached, phone (2477 2772) or CENO On-line (<http://ceno.chp.gov.hk/>). Please also call our Medical Control Officer at 7116 3300 a/c 9179 outside office hour for prompt investigation. The updated case definition was released by the World Health Organization on 25 September 2012. The revised reporting criteria for Severe Respiratory Disease associated with Novel Coronavirus is attached in Appendix for your reference. They are also available on CENO On-line website.



May I take this opportunity to thank you for your continuous support in combating infectious disease in Hong Kong.

Yours faithfully,

A handwritten signature in black ink, appearing to read 'SK Chuang', written in a cursive style.

(Dr SK CHUANG)

Consultant Community Medicine (Communicable Disease)  
Centre for Health Protection  
Department of Health

## **Appendix**

### **Reporting criteria for Severe Respiratory Disease associated with Novel Coronavirus**

An individual fulfilling both the *Clinical Criteria* **AND** *Epidemiological Criteria* should be reported to CHP for further investigation.

#### ***Clinical Criteria***

A person with acute respiratory syndrome which may include fever ( $\geq 38^{\circ}\text{C}$  ,  $100.4^{\circ}\text{F}$ ) and cough

- requiring hospitalization

OR

- with suspicion of lower airway involvement (clinical or radiological evidence of consolidation) not explained by any other infection or any other aetiology

**AND**

#### **Epidemiological criteria:**

One or more of the followings within the last 10 days before onset of illness

- close contact\* with a probable or confirmed case of novel coronavirus infection while the case-contact was ill

OR

- travel to or residence in an area\*\* where infection with novel coronavirus has recently been reported or where transmission could have occurred

#### **\* Close contact is defined as:**

- Anyone who provided care for a confirmed or probable case including HCW and family members in a health care setting or in the community.
- Anyone who stayed at the same place (e.g. lived with, visited) as a probable or confirmed case while they have been symptomatic.
- Anyone with significant casual exposure with the patient such as sitting nearby in a classroom, sharing a taxi, sitting close by on an airplane.

**\*\* Area where infection with novel coronavirus has recently been reported or where transmission could have occurred will be found in the following link.**

[http://www.chp.gov.hk/files/pdf/novel\\_coronavirus\\_affected\\_areas.pdf](http://www.chp.gov.hk/files/pdf/novel_coronavirus_affected_areas.pdf)

**FORM 2**  
**PREVENTION AND CONTROL OF DISEASE ORDINANCE**  
**(Cap. 599)**

**Notification of Infectious Diseases other than Tuberculosis**

**Particulars of Infected Person**

Name in English:	Name in Chinese:	Age / Sex:	I.D. Card / Passport No.:
Residential address:			Telephone No. (Home) :  (Mobile) :  (Office / school / others):
Name and address of workplace / school:			
Job title / Class attended:			
Hospital / Clinic sent to (if any):			Hospital / A&E No.:

Disease [“✓”] below Suspected / Confirmed on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Date: dd/mm/yyyy)

<input type="checkbox"/> Acute poliomyelitis <input type="checkbox"/> Amoebic dysentery <input type="checkbox"/> Anthrax <input type="checkbox"/> Bacillary dysentery <input type="checkbox"/> Botulism <input type="checkbox"/> Chickenpox <input type="checkbox"/> Chikungunya fever <input type="checkbox"/> Cholera <input type="checkbox"/> Community-associated methicillin-resistant <i>Staphylococcus aureus</i> infection <input type="checkbox"/> Creutzfeldt-Jakob disease <input type="checkbox"/> Dengue fever <input type="checkbox"/> Diphtheria <input type="checkbox"/> Enterovirus 71 infection <input type="checkbox"/> Food poisoning Number of persons known to be affected: ____ Place and district of consumption (e.g. “XX Restaurant in Mongkok”): _____ _____ _____ _____ Date of consumption: ____	<input type="checkbox"/> <i>Haemophilus influenzae</i> type b infection (invasive) <input type="checkbox"/> Hantavirus infection <input type="checkbox"/> Influenza A (H2), Variant Influenza A (H3N2), Influenza A (H5), Influenza A (H7), Influenza A (H9) <input type="checkbox"/> Japanese encephalitis <input type="checkbox"/> Legionnaires' disease <input type="checkbox"/> Leprosy <input type="checkbox"/> Leptospirosis <input type="checkbox"/> Listeriosis <input type="checkbox"/> Malaria <input type="checkbox"/> Measles <input type="checkbox"/> Meningococcal infection (invasive) <input type="checkbox"/> Mumps <input type="checkbox"/> Paratyphoid fever <input type="checkbox"/> Plague <input type="checkbox"/> Psittacosis <input type="checkbox"/> Q fever <input type="checkbox"/> Rabies <input type="checkbox"/> Relapsing fever	<input type="checkbox"/> Rubella and congenital rubella syndrome <input type="checkbox"/> Scarlet fever <input type="checkbox"/> Severe Acute Respiratory Syndrome <input type="checkbox"/> Severe Respiratory Disease associated with Novel Coronavirus <input type="checkbox"/> Shiga toxin-producing <i>Escherichia coli</i> infection <input type="checkbox"/> Smallpox <input type="checkbox"/> <i>Streptococcus suis</i> infection <input type="checkbox"/> Tetanus <input type="checkbox"/> Typhoid fever <input type="checkbox"/> Typhus and other rickettsial diseases <input type="checkbox"/> Viral haemorrhagic fever <input type="checkbox"/> Viral hepatitis <input type="checkbox"/> West Nile Virus Infection <input type="checkbox"/> Whooping cough <input type="checkbox"/> Yellow fever
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Notified under the Prevention and Control of Disease Regulation by

Dr. \_\_\_\_\_ of \_\_\_\_\_ Hospital / Clinic / Private Practice  
 (Full Name in BLOCK Letters)

\_\_\_\_\_ Ward / Unit / Specialty on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Date: dd/mm/yyyy)

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
 \_\_\_\_\_ (Signature)

Remarks:
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