監測及流行病學處

衞生防護中心
Centre for Health Protection
保障市民健康
Protecting Hong Kong's health

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Dear Doctors,

Updated Risk Assessment of Middle East Respiratory Syndrome by the World Health Organization

The World Health Organization (WHO) has published the latest risk assessment on Middle East Respiratory Syndrome (MERS) on 24 April 2014 (http://www.who.int/csr/disease/coronavirus_infections/MERS_CoV_RA_20140424.pdf?ua=1). I would like to draw your attention to the important updates in the latest risk assessment.

Since April 2012, 254 laboratory-confirmed cases of human infection with Middle East Respiratory Syndrome Coronavirus (MERS-CoV) have been reported to the WHO, including 93 deaths. To date, reporting countries included Jordan, Kuwait, Oman, Qatar, Kingdom of Saudi Arabia (KSA) and the United Arab Emirates (UAE) in the Middle East, France, Germany, Greece, Italy and the United Kingdom in Europe, Tunisia in North Africa, and Malaysia and the Philippines in Asia. Several recent cases acquired the infection in KSA or UAE and then travelled to another country, including Greece (1 case), Jordan (1 case), Malaysia (1 case), and the Philippines (1 case). No further transmission has been documented so far.

According to the WHO, the occurrence of new cases seems to follow a seasonal pattern, with increasing incidence from March-April onwards. The number of cases sharply increased since mid-March 2014, essentially in KSA and UAE, where two important healthcare-associated outbreaks have been occurring. The number of cases who acquired the infection in the community has also increased since mid-March. As much as 75% of the recently reported cases appeared to be secondary cases, meaning that they were considered to have acquired the infection from another infected person. The majority of these secondary cases were mainly healthcare workers (HCWs) who had been infected within the healthcare setting and presented with no or minor symptoms. Several hospital patients were also considered to have been infected with MERS-CoV in hospital setting.

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Recent studies supported the premise that **camels serve as the primary source** of the MERS-CoV infecting humans and that other livestock are not involved. However, the way humans become infected from an animal and/or environmental source is still under investigation. When human-to-human transmission occurred, transmission was not sustained, and to date only two possible tertiary cases have been reported.

The majority of the cases reported recently have likely acquired infection through human-to-human transmission and only about a quarter were considered as primary cases. This suggested slightly more human-to-human transmission than previously observed. According to the WHO, one hypothesis is that the transmission pattern and transmissibility have not changed and that the occurrence of two large nosocomial outbreaks reflects inadequate infection prevention and control measures, coupled with intensive contact tracing and screening. An alternative hypothesis is that transmissibility of the virus has increased and is resulting in more human-to-human transmission. At this point, there is insufficient information on the recent cases to definitively exclude these hypotheses.

It is very likely that more primary cases will occur, and consequently further transmission will occur. It is foreseen that cases will continue to be exported to other countries, through tourists, travellers, or pilgrims, who might acquire the infection following an exposure to the animal or environmental source, or to other cases, in a hospital for instance.

In view of the above assessment, enhancing infection prevention and control awareness and measures is critical to prevent the possible spread of MERS-CoV in health care facilities. Health-care facilities that provide care for patients suspected or confirmed to be infected with MERS-CoV infection should take appropriate measures to decrease the risk of transmission of the virus from an infected patient to other patients, health-care workers and visitors. It is not always possible to identify patients with MERS-CoV early because some have mild or unusual symptoms. For this reason, it is important that health-care workers apply standard precautions consistently with all patients – regardless of their diagnosis – in all work practices all the time.

I would also like to solicit your assistance to remind people at high risk of severe disease due to MERS-CoV, including those with diabetes, chronic lung disease, pre-existing renal failure, or those who are immuno-compromised, to take appropriate precautions when visiting farms, barn areas or market environments where camels are present, including avoiding contact with camels, good hand hygiene,

and avoiding drinking raw milk or eating food that may be contaminated with animal secretions or products unless they are properly washed, peeled, or cooked. For the general public, when visiting a farm or a barn, general hygiene measures, such as regular hand washing before and after touching animals, avoiding contact with sick animals, and following food hygiene practices, should be adhered to.

So far, no human cases of MERS have been detected in Hong Kong. Nevertheless, the Centre for Health Protection (CHP) is keeping a close watch over the latest situation and will inform you of any new development and updates. Medical practitioners are reminded to notify CHP of any suspected cases of MERS fulfilling the reporting criteria through the Central Notification Office (CENO) of CHP via fax (2477 2770), 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 hours for prompt investigation.

Apart from the statutory notification of suspected MERS cases as mentioned above, please consider testing for MERS-CoV for severe pneumonia not responding to treatment after exclusion of common causative agents, regardless of the travel history. Laboratory testing of MERS-CoV is available in Public Health Laboratory Services Branch (PHLSB) of CHP. Please contact the PHLSB for necessary arrangement.

Thank you for your ongoing support in combating communicable diseases.

Yours faithfully,

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