

本署檔號 Our Ref. : (109) in DH SEB CD/8/93/1 Pt.5

May 29, 2015

Dear Doctors,

Suspected Case of Middle East Respiratory Syndrome

Further to our letter dated May 21, 2015, we would like to provide you update on the latest situation of Middle East Respiratory Syndrome (MERS) in Korea. According to information from the Ministry of Health and Welfare of Korea, a total of seven laboratory-confirmed cases of MERS have been identified so far (as of May 28).

In summary, the first case (68-year-old man) travelled to the several countries in the Middle East (including Bahrain, the Kingdom of Saudi Arabia, Qatar and United Arab Emirates) from April 18 to May 3. He returned to Korea via Qatar and arrived at the Incheon International Airport on May 4. He developed symptoms on May 11. He was initially admitted to a hospital on May 15. The remaining six cases were epidemiologically linked to this index case.

The second case (64-year-old woman) who is the index case's wife, had taken care of the index and developed symptoms on May 18. The third case (76-year-old man) stayed in the same hospital room with the index case on May 16 and developed symptoms on May 20. The fourth case (46-year-old woman) is a daughter of the third case, who had taken care of her father from May 16-20 and also stayed in the same hospital room of the index case on May 16. She developed symptoms on May 25. The fifth case (50-year-old man) is a medical doctor who attended the index case on May 17. He developed symptoms on May 25. The sixth case (71-year-old man) had stayed in the same ward with the index from May 15-17 and developed symptoms on May 24. The seventh case (28-year-old woman) is a healthcare provider who had taken care of the index from May 16-17. She developed symptoms on May 26.



During contact tracing by the Korean health authority, a 44-year old male close contact, who is the son of the third case and younger brother of the fourth

case, was found to have travelled from Korea to Huizhou, Guangdong via Hong Kong on May 26. He arrived at the Hong Kong International Airport (HKIA) via **Asiana Airlines flight OZ723** at around 1pm on May 26. He then took two coaches operated by Eternal East Bus (永東直巴) on the same day to Huizhou: **PJ2595** departing at 3pm from HKIA to Sha Tau Kok and **HN5211** from Sha Tau Kok to Huizhou. Subsequent investigation by the Guangdong health authority revealed that he developed fever on May 21 and was a suspected case of MERS. Currently, he was hospitalised in Guangdong in stable condition pending laboratory testing results.

As a precautionary measure, the Centre for Health Protection (CHP) has commenced follow-up investigations and contact tracing of the above passengers, including passengers on the same flight and coaches as well as other contacts during his local movements. The CHP has set up a hotline (**2125 1111**) for passengers onboard OZ723 of Asiana Airlines who travelled from Korea to Hong Kong on May 26 and those of Eternal East Bus departing at 3pm that day from HKIA to Sha Tau Kok and from Sha Tau Kok to Huizhou to call for further assessment or follow-up. **If you encounter any patients who have fever or acute respiratory symptoms AND were passengers of the above flight (OZ723) or coaches, please call our Medical Control Officer (MCO) at Pager: 7116 3300 call 9179 for prompt investigation.** The CHP will continue to liaise with the relevant health authorities for follow-up.

Medical practitioners are reminded to take detailed travel history from patients with fever or acute respiratory symptoms and to notify the CHP of any suspected cases of MERS fulfilling the reporting criteria (Annex) through the Central Notification Office (CENO) via fax (2477 2770), phone (2477 2772) or CENO On-line (<http://ceno.chp.gov.hk>). Please also call our MCO when reporting outside office hours for prompt investigation. Private medical practitioners should contact the MCO when reporting any suspected case. The CHP will make arrangement to send the patient to a regional public hospital for isolation, testing and treatment. Please isolate the patient to minimize contact/exposure to staff and other patients and advise the patient to wear a surgical mask while waiting for transport.

This cluster of MERS cases in Korea signifies that human-to-human transmission of MERS Coronavirus (MERS-CoV) in health-care settings and among close contacts can occur. We would like to solicit your help and reiterate the importance of maintaining vigilance against MERS. The WHO has warned that failure in infection control and prevention measures in health-care settings could result in a large number of secondary cases. Nosocomial transmission can be

stopped by strict adherence to basic infection control and prevention measures. Healthcare workers (HCWs) hence should apply standard precautions consistently with all patients, regardless of their diagnosis, in all work practices at all times. Droplet precautions should be added to the standard precautions when providing care to any patient with symptoms of acute respiratory infection.

Healthcare facilities that provide care for patients suspected or confirmed to be infected with MERS-CoV should take appropriate measures to decrease the risk of transmission of the virus from an infected patient to other patients, HCWs and visitors. Regular training and education should be provided. Contact precautions and eye protection should be added when caring for probable or confirmed cases of MERS-CoV infection, and airborne precautions should be applied when performing aerosol-generating procedures. Please refer to the infection control guidelines on MERS for health professionals for details (available from: http://www.chp.gov.hk/files/pdf/interim_recommendations.pdf).

Since it is not always possible to identify patients with MERS-CoV early as some may have mild or unusual symptoms, patients should be managed as potentially infected when the clinical and epidemiological clues strongly suggest MERS-CoV infection, even if an initial test on a nasopharyngeal swab is negative. Laboratory testing should be repeated when the initial test is negative, preferably on specimens from the lower respiratory tract.

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 the CHP's Public Health Laboratory Services Branch (PHLSB). Please contact the PHLSB for necessary arrangement.

Thank you for your ongoing support in combating communicable diseases.

Yours faithfully,

A handwritten signature in dark ink, appearing to be 'Chuang Shuk-kwan', written in a cursive style.

(Dr. Chuang Shuk-kwan)
for Controller, Centre for Health Protection
Department of Health

Annex

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°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 14 days before onset of illness

- close contact* with a confirmed or probable case of Middle East Respiratory Syndrome while the case was ill

OR

- residence in or history of travel to the Arabian Peninsula or neighboring countries (i.e., areas/countries bounded by Iran, Turkey and Egypt, including Iran but not Turkey and Egypt)

*** Close contact is defined as:**

- Anyone who provided care for the patient, including a health care worker or family member, or who had other similarly close physical contact;
- Anyone who stayed at the same place (e.g. lived with, visited) as a probable or confirmed case while the case was ill.