監測及流行病學處



Surveillance And Epidemiology Branch

|木門口氏腱原 Protecting Hong Kong's health

本署檔號 Our Ref. : (189) in DH SEB CD/8/93/1 Pt.5

1 June 2015

Dear Doctors,

Enhanced surveillance for Middle East Respiratory Syndrome

Further to our letter dated 29 May 2015, we would like to update you of the situation of Middle East Respiratory Syndrome (MERS) in Korea. To date, 17 MERS cases have been reported by Korea so far. Another case has been exported to Huizhou, Guangdong. According to the health authority of Korea, all of the secondary cases reported so far were epidemiologically linked to the index case (68-year-old man) who had travelled to the Middle East within the incubation period. The majority of the secondary cases, including the case exported to Huizhou, had been exposed to the index in the hospital in which the index case stayed from 15-17 May.

In view of the above development, we would like to enhance surveillance for suspected MERS cases for a period of two weeks, i.e., from now to 15 June. The reporting criteria for suspected case of MERS have now been revised to include one additional epidemiological criteria, i.e., *visited a healthcare facility in Seoul, Korea*. Besides, the period of exposure has been revised to '2-14 days before onset of illness', which is in-line with the range of incubation period of MERS. Please refer to the Annex for the updated reporting criteria. Any persons fulfilling the clinical criteria as well as the epidemiological criteria are regarded as a suspected case and should be reported to the Centre for Health Protection (CHP). Moreover, we advise the public to avoid unnecessary visits to healthcare facility in Seoul, Korea. We will closely monitor the situation and review the reporting criteria as appropriate.



For the 44-year-old confirmed case who had travelled to Huizhou from Korea via Hong Kong, contact tracing by the CHP is ongoing. Among the 29 close contacts of the flight OZ723 of Asiana Airlines (May 26), we have identified 19 contacts who have entered Hong Kong. All of them were located and they remained asymptomatic and have been placed under quarantine at the Lady

Maclehose Holiday Village. Besides, 27 other contacts have been identified as of June 1, 5pm and they have been put under medical surveillance. The CHP will continue the investigation and contact tracing. 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 the three vehicles operated by Eternal East Cross-Border Coach Mgt. Ltd. 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) and the three vehicles, please call our Medical Control Officer (MCO) at Pager: 7116 3300 call 9179 for prompt investigation.

Thank you for your unfailing support in prevention and control of communicable diseases.

Yours faithfully,

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

Department of Health

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 ($\geq 38^{\circ}$ C/100.4°F) and cough

- requiring hospitalizationOR
- 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 **2-14 day**s 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)
 OR
- Visited a healthcare facility in Seoul, Korea (tentatively until June 15, 2015 for this criterion)#

* 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.

#Due to the evolving situation of MERS in Korea, it will be reviewed from time to time and medical practitioners will be informed of any extension/change by letter.