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

Surveillance
And
Epidemiology
Branch

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Dear Medical Superintendent / Hospital Chief Executive,

Updated Global Situation of Middle East Respiratory Syndrome

In view of the marked upsurge in the number of Middle East Respiratory Syndrome (MERS) cases reported to the World Health Organization (WHO), I would like to update you on the latest global situation of MERS.

The number of laboratory-confirmed MERS cases reported to WHO has sharply increased since mid-March 2014, essentially in the Kingdom of Saudi Arabia (KSA) and the United Arab Emirates (UAE), where healthcare-associated outbreaks have been occurring. The number of cases who acquired the infection presumably from non-human sources (i.e., patients who had not reported contacts with other laboratory-confirmed cases) has also increased since mid-March. Some of these primary cases have reported contacts with animals, including camels.

Since April 2012, 572 laboratory-confirmed cases of human infection with Middle East Respiratory Syndrome Coronavirus (MERS-CoV) have been reported to WHO, including 173 deaths. Among the 572 cases, 554 cases (96.9%) were confirmed in the Middle East. For the remaining 18 cases reported by countries outside the Middle East, all had a link to the Middle East, either through recent travel to the region or exposure to a patient who acquired infection in the region.

To date, there are eight Middle East countries with confirmed MERS cases including KSA (468), UAE (63), including one case who had returned to the Philippines before confirmation), Jordon (9), Qatar (7), Kuwait (3), Oman (2), Yemen (1) and Lebanon (1). Countries outside the Middle East which had reported confirmed imported or import-related cases included the United Kingdom (UK) (4), France (2), Germany (2), Italy (1), Greece (1), and the Netherlands (1) in Europe, Tunisia (3) and Egypt (1) in North Africa, and Malaysia (1) in Asia, and the United States (US) (2) in North America. All of the recent cases reported outside the Middle East (i.e., in Egypt, Greece, Malaysia, US and the Netherlands) had recent travel history to KSA. So far, they have not resulted

in onward transmission to contacts on airplanes or in the respective countries outside the Middle East.

According to WHO, approximately one-third of the recent cases in Jeddah of KSA were considered to be primary cases and more than 60% were presumed to have acquired the infection in hospital settings. The cases affecting healthcare workers (HCWs) were more likely to exhibit mild or no symptoms when compared with primary cases. However, 15% of HCWs presented with severe disease or died. The upsurge in cases in Jeddah is explained by an increase in the number of primary cases, amplified by several hospital-acquired outbreaks that resulted from a lack of systematic implementation of infection prevention and control measures.

Besides, I would like to draw your attention to a large hospital cluster in Al Ain City in Abu Dhabi of UAE involving 28 cases. The first case reported in this cluster was a 45-year-old male shopkeeper who died in UAE on 10 April 2014. Contact tracing identified 27 secondary cases who were either HCWs or contacts residing in UAE.

The WHO's International Health Regulations Emergency Committee concerning MERS-CoV (the Committee) concluded in the fifth meeting on 13 May that the seriousness of the situation had increased in terms of public health impact, but that there is no evidence of sustained human-to-human transmission. The Committee emphasised that its concern about the situation had significantly increased. In particular, the Committee strongly recommended that infection prevention and control should be urgently improved and implemented in healthcare facilities in all countries.

It is foreseen that additional cases of MERS-CoV infection will be reported from the Middle East, and that it is likely that cases will continue to be exported to other countries. The WHO emphasised that infection prevention and control measures are critical to prevent the possible spread of MERS-CoV in healthcare facilities. Healthcare facilities that provide 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, HCWs and visitors. HCWs should be educated, trained and refreshed with skills on infection prevention and control. The latest infection control guidelines on MERS issued by the Centre for Health Protection (CHP) are available for the following hyperlink to the CHP website: (http://www.chp.gov.hk/en/view_content/26535.html).

I would like to reiterate that it is not always possible to identify patients with MERS-CoV early because some have mild or unusual symptoms. As such, HCWs must apply standard precautions consistently with all patients in all work practices all the time. Patients should be managed as potentially infected when the clinical and epidemiological

clues strongly suggest MERS-CoV, even if an initial test on a nasopharyngeal swab is negative. Repeated testing should be done when the initial testing is negative, preferably on specimens from the lower respiratory tract.

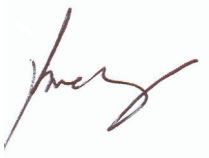
I would also like to solicit your assistance to remind your clients, especially those at high risk of severe disease due to MERS-CoV (such as those with diabetes, chronic lung disease, pre-existing renal failure, or those who are immuno-compromised), to avoid visiting farms, barn areas or market environments where camels are present, avoid contact with animals especially camels, practice good hand hygiene, and avoid drinking raw milk or eating food that may be contaminated with animal secretions or products unless they are properly washed, peeled, or cooked during travel. For the general public, in case of visiting a farm or a barn, general hygiene measures, such as regular hand washing before and after touching animals, should be adhered to. Further information and health advice are available from CHP's MERS page (www.chp.gov.hk/en/view_content/26511.html) and the Travel Health Service of the Department of Health (www.travelhealth.gov.hk/english/popup/popup.html).

So far, no human cases of MERS have been detected in Hong Kong. Nevertheless, 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,



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