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,

Launching of the Preparedness Plan for Middle East Respiratory Syndrome (MERS) and Standing Down of "Serious" Response Level for Avian Influenza A(H7N9)

1. Launching of the Preparedness Plan for MERS and activation of the respective "Alert" Response Level

I write to inform you that the Government has launched the ***Preparedness Plan for Middle East Respiratory Syndrome*** (the MERS Plan). The MERS Plan sets out the Government's preparedness and responses for the threat of MERS. It defines the response level and the corresponding command structure to be set up at each response level. The MERS Plan is available from the CHP website: (http://www.chp.gov.hk/en/view_content/26511.html). After taking consideration of the latest situation and scientific knowledge on MERS, the Government has accordingly activated the "**Alert**" Response Level under the MERS Plan on 12 June 2014.

I would like to take this opportunity to update you of the latest MERS situation. Since September 2012, 684[1] laboratory-confirmed cases of human infection with Middle East Respiratory Syndrome Coronavirus (MERS-CoV) have been reported to the World Health Organization (WHO), including 204 deaths (as of 11 June). Among the 684 cases, 663 cases (96.9%) were confirmed in the Middle East, including the Kingdom of Saudi Arabia (KSA) (570), the United Arab Emirates (UAE) (66[2]), Jordon (11), Qatar (7), Kuwait (3), Oman (2), Iran (2), Yemen (1) and Lebanon (1). For the remaining 21 imported or import-related cases reported by countries outside the Middle East, all had links to the Middle East, either through recent travel to the region or exposure to a patient who

[1] Excluding one case that was reported to WHO on 7 May but had not yet been confirmed.
[2] Including one case who had returned to the Philippines before confirmation.

acquired infection in the region. Countries outside the Middle East which had reported confirmed cases included the United Kingdom (4), France (2), Germany (2), the Netherlands (2), Italy (1) and Greece (1) in Europe, Tunisia (3), Egypt (1) and Algeria (2) in North Africa, 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, Algeria, 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 the WHO, 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, especially in healthcare settings. In particular, the WHO pointed out that the increase in cases in KSA and UAE was contributed by breaches in infection prevention and control measures in healthcare settings.

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 emphasises 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, healthcare workers (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).

Recent studies supported the premise that camels served as the primary source of MERS-CoV infecting humans. Studies revealed that strains of MERS-CoV that matched human strains had been isolated from camels and MERS-CoV antibodies were found in camels across Africa and the Middle East. Human and camel genetic sequence data demonstrated a close link between the virus found in camels and that found in people. Data from a study in the KSA recently published in the *New England Journal of Medicine* suggested that a human MERS-CoV infection was transmitted through close contact with an infected camel.[3]

In addition, I would like to solicit your assistance to remind your clients, especially those at high risk of severe disease due to MERS-CoV (such as those

[3] http://www.nejm.org/doi/full/10.1056/NEJMoa1401505?query=featured_home

with diabetes, chronic lung disease, pre-existing renal failure, or those who are immunocompromised), to avoid visiting farms, barn areas or market environments where camels are present, avoid contact with animals especially camels, and practice good hand hygiene during travel. Moreover, travelers should avoid consuming raw or undercooked animal products, including milk and meat, or foods which may be contaminated by animal secretions, excretions (such as urine) or products, unless they have been properly cooked, washed or peeled. 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).

2. Standing down of "Serious" Response Level for avian influenza A(H7N9) and update of the "Preparedness Plan for Influenza Pandemic (2012)"

The "Serious" Response Level had been activated after confirmation of the first imported human case of avian influenza A(H7N9) infection in Hong Kong on 2 December 2013. In view of the latest situation, the Government has decided to stand down the Response Level under the Framework of Government's Preparedness Plan for Influenza Pandemic from "Serious" to "**Alert**" on 12 June 2014. We have also updated the "Preparedness Plan for Influenza Pandemic (2012)". The latest version is available from the CHP website: (http://www.chp.gov.hk/en/view_content/24244.html).

The second wave of human infections with avian influenza A(H7N9) virus had been occurring since October 2013 in Mainland China. It reached the peak in late January 2014 and has started to subside since then. Although there were still sporadic cases occurring in Mainland China occasionally in May, the number of reported cases has markedly decreased when compared with early 2014. The last confirmed case with disease onset on 22 May was reported in Jiangsu. In Guangdong, the last confirmed case had disease onset on 12 May and there have been no new cases for about a month. This indicates that the disease activity is currently at a relatively low level and the outbreak has come under control since summer. The pattern was similar to the first wave in 2013 and it is expected that the activity of H7N9 in summer will remain at a low level.

Locally, there were ten confirmed human cases of H7N9 infection so far and all of them were imported from Guangdong. The last case with disease onset on 11 April was confirmed on 13 April. There have not been any new cases

detected in the last two months in Hong Kong. In view of the mitigation of the disease activity in the Mainland, the risk of importation of human H7N9 cases to Hong Kong has been reduced as compared with earlier period of this year.

According to the WHO, most human cases were exposed to the H7N9 virus through contact with infected poultry or contaminated environments. Information available so far suggests that the virus does not transmit easily from human to human, and does not support sustained human-to-human transmission.

Judging from the seasonal pattern of avian influenza viruses, it is likely that the disease activity of H7N9 in the Mainland will remain at a low level during summer but may increase again when winter comes. As the H7N9 virus continues to be detected in poultry and environments such as live poultry markets in affected areas, further sporadic human infections may occur.

Your assistance is sought to report any suspected cases of MERS and novel influenza A infection fulfilling the reporting criteria (https://ceno.chp.gov.hk/casedef/casedef.pdf) to 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 contact our Medical Control Officer at 7116 3300 call 9179 outside office hours when reporting any suspected case. Thank you for your ongoing support in combating communicable diseases.

Yours faithfully,

(Dr. SK CHUANG)
for Controller, Centre for Health Protection
Department of Health