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

本署檔號 Our Ref. : (228) in DH SEB CD/8/93/1 Pt.4

25 February 2015

Dear Medical Superintendent / Hospital Chief Executive,

Updated Situation of Middle East Respiratory Syndrome

We would like to provide you update on the latest situation on Middle East Respiratory Syndrome (MERS).

The number of laboratory-confirmed MERS cases reported to the World Health Organization (WHO) has significantly increased in February. A total of 57 MERS have been reported in February (as of 24 February). Among them, 54 (95%) occurred in the Kingdom of Saudi Arabia (KSA), one occurred in the United Arab Emirates (UAE), one occurred in Qatar. The remaining one was an imported case from KSA to the Philippines involving a 31-year old female health care worker (HCW) in KSA who returned to the Philippines after onset of her illness. According to the WHO, there has been a surge of cases in KSA in the past few weeks, including infections acquired in healthcare facilities involving health care workers (HCWs) and human-to-human transmissions. The WHO also reported in early February that among the recently exported cases who reported performing Umrah in KSA, investigation into their activities while in KSA revealed that they had either visited a healthcare facility or had come into contact with camels or raw camel products while in KSA.

As of 23 February 2015, a total of 1,026 laboratory-confirmed cases of human infection with MERS-Coronavirus (MERS-CoV), including at least 376 deaths, have been reported worldwide to the WHO. Among these cases, 1,002 (97.7%) were confirmed in nine Middle East countries, including KSA (895), UAE (70), Jordan (12), Qatar (10), Iran (5), Oman (5), Kuwait (3), Lebanon (1) and Yemen (1). For the remaining 24 cases outside the Middle East, all were linked to Middle East, either through recent travel to the region (imported cases), or exposure to a patient who acquired the infection in the region (import-related cases). People of all age groups were affected although males of middle and older ages were over-represented. Over 50% of the cases were known to have co-morbidities. About 23% involved HCWs.

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Recently, a team of experts from the WHO, the United Nations' Food and Agriculture Organization, the World Organization for Animal Health and Institut Pasteur, France carried out a mission to KSA to assess the current situation and to make recommendations for improving the surveillance, prevention and control of the virus. The mission noted that infections were still occurring in some healthcare settings but not in others, which indicated that current infection control measures are effective but not implemented universally. The mission emphasized that understanding where the breach in these measures is occurring and taking the steps needed to fully implement infection prevention and control measures can put an end to these nosocomial infections.

There was a huge upsurge of MERS cases during spring time (April and May) in 2014 in KSA and UAE, including several large healthcare-associated outbreaks. In the next few months, a possible seasonal upsurge of MERS cases in the Middle East related to weaning of young camels from their mothers in spring may occur. The WHO expected that additional cases of MERS-CoV infection will be reported from the Middle East, and it is likely that cases will continue to be exported to other countries by tourists, travellers, migrant workers or pilgrims who might acquire infection after exposure to an animal (e.g., while visiting farms or markets) or human source (possibly in a healthcare setting). Until more is understood about mode of transmission and risk factors for infection, cases resulting from zoonotic transmission will continue to occur, and will eventually lead to limited community transmission within households and possibly significant hospital-associated outbreaks. Infection prevention and control measures are critical to prevent the possible spread of MERS-CoV in healthcare facilities.

It is not always possible to identify patients with MERS-CoV early because some may have mild or unusual symptoms. 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 infection should take appropriate measures to decrease the risk of transmission of the virus from an infected patient to other patients, HCWs and visitors. 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.

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. Laboratory testing should be repeated when the initial test is negative, preferably on specimens from the lower respiratory tract. Please refer to the infection control guidelines for MERS for health professionals

for details (available from: http://www.chp.gov.hk/files/pdf/interim_recommendations.pdf).

So far, no human cases of MERS have been detected in Hong Kong. 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 (MCO) at Pager: 7116 3300 call 9179 outside office hours for prompt investigation. Private medical practitioners should contact the MCO when reporting any suspected case. 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.

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 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,

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