

本署檔號 Our Ref. : (102) in DH SEB CD/8/93/1 Pt.5

21 May, 2015

Dear Medical Superintendent / Hospital Chief Executive,

**A cluster of three cases of Middle East Respiratory Syndrome
in the Republic of Korea**

We would like to provide you update on the latest situation of Middle East Respiratory Syndrome (MERS). According to information from the Ministry of Health and Welfare of the Republic of Korea, three laboratory-confirmed cases of MERS were confirmed recently. The first case was a 68-year-old male who had travel history to Bahrain from April 18, 2015 to May 3, 2015. He returned to the Republic of Korea via Qatar on May 4. He developed fever and cough on May 11 and attended outpatient clinic. He was subsequently hospitalised and is currently in stable condition.

The second case was the wife of the above index patient. She did not travel with her husband to the Middle East but had taken care of him before he was diagnosed to have MERS. She presented with respiratory symptoms and was in stable condition. The third case involved a 76-year-old male who was a hospital contact of the index patient. He had stayed in the same hospital room of the index patient. He was also in stable condition. Contact tracing by the health authority of the Republic of Korea is underway.

These are the third, fourth and fifth case in Asia since the first two cases reported in Malaysia and the Philippines in April 2014 and February 2015 respectively. Apart from these three cases, from September 2012, a total of 1,118 laboratory-confirmed MERS cases have been reported to the World Health Organization (WHO) globally, including at least 423 deaths (as of May 19, 2015). Among all the 1,121 cases, 1,093 cases (97.5%) were confirmed in nine Middle East countries including the Kingdom of Saudi Arabia (983), United Arab Emirates (71), Jordan (12), Qatar (11), Iran (6), Oman (5), Kuwait (3), Lebanon (1) and Yemen (1). All the remaining 28 cases reported by countries outside the



Middle East were linked directly or indirectly to the Middle East, either with travel history to the Middle East during incubation period (imported cases) or exposed to a patient who acquired the infection in the Middle East (import-related cases).

MERS-coronavirus (MERS-CoV) is a zoonotic virus and has entered the human populations in the Arabian Peninsula on multiple occasions from direct or indirect contact with camels or camel-related products. Human-to-human transmission has been observed to a limited extent in households and healthcare settings. According to the WHO, failures in infection control and prevention in healthcare settings has sometimes resulted in large numbers of secondary cases.

We would like to solicit your support by remaining vigilant against MERS. It is not always possible to identify patients with MERS-CoV early because some may have mild or unusual symptoms. 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. 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 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. 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).

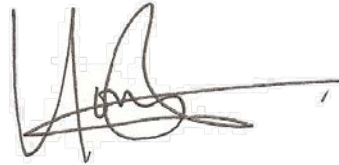
So far, no human cases of MERS have been detected in Hong Kong. Medical practitioners are reminded to notify the Centre for Health Protection (CHP) of any suspected cases of MERS fulfilling the reporting criteria through the Central Notification Office (CENO) via fax (2477 2770), phone (2477 2772) or CENO On-line (<http://ceno.chp.gov.hk/>). Please also call our 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. 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.

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 black ink, appearing to be 'Yonnie LAM', with a long horizontal line extending to the right.

(Dr. LAM Chau-kuen, Yonnie)
for Controller, Centre for Health Protection
Department of Health