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3 June 2015

Dear Medical Superintendents,

**Revised Reporting Criteria for Middle East Respiratory
Syndrome**

Further to our letter yesterday, we would like to update you on the situation of Middle East Respiratory Syndrome (MERS) in Korea. According to the health authority of Korea, there were additional 5 MERS cases reported today. Four cases were in-patients in the same hospital ward with the first case from May 15 to 17, and the remaining one was an in-patient in the same ward of another hospital with another confirmed case (Case#16 assigned by Korea) from May 22 to 28. This case did not have direct contact with the index and could be regarded as a tertiary case. On 2 June, the health authority of Korea already reported that there were two other confirmed MERS cases who were in-patients in the same ward of a different hospital in which Case#16 was hospitalised from May 28 to 30. So far, there were three tertiary cases involving two hospitals.

To date, 30 MERS cases (2 deaths) have been involved in this outbreak, including 29 cases confirmed by Korea and an additional case exported to Huizhou, Guangdong from Korea. According to information released by the health authority of Korea, at least five hospitals in Korea had nosocomial transmission of MERS-coronavirus involving patients and healthcare workers so far. In view of the evolving situation in Korea, the epidemiological criteria for reporting of suspected case of MERS will be extended to include the whole of Korea instead of Seoul only, i.e., **visited healthcare facility in Korea**. Please refer to the Annex for the updated reporting criteria.



Please be reminded that the above enhanced surveillance of MERS among patients who had visited healthcare facility in Korea will continue until further notice. Any persons fulfilling both clinical criteria as well as epidemiological criteria are regarded as a suspected case and should be reported to the Centre for Health Protection for prompt investigation. Moreover, we advise the public to

avoid unnecessary visits to healthcare facilities in Korea, including participating in medical exchange activities in healthcare facilities. We will closely monitor the situation and review the reporting criteria as appropriate.

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

Yours faithfully,

A handwritten signature in black ink, appearing to be 'Yonnie Lam', with a long horizontal stroke extending to the right.

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

Annex

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

- requiring hospitalization

OR

- 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 days*** 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., Bahrain, Iran, Iraq, Israel, Jordan, Kingdom of Saudi Arabia, Kuwait, Lebanon, Oman, Qatar, State of Palestine, Syria, United Arab Emirates, and Yemen)

OR

- ***Visited healthcare facility in Korea***

*** 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.