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,

Standing Down of Serious Response Level under Government's Preparedness Plan for MERS

I would like to inform you that the Government has decided to lower the response level under the Preparedness Plan for the Middle East Respiratory Syndrome (MERS) from "Serious" to "Alert" on 1 August 2015 basing on the latest risk assessment of the MERS situation in Korea. At the same time, the Department of Health (DH) will also lift the travel health advice of avoiding non-essential travel to Korea and remove Korea from the list of affected areas for MERS. The response level was raised to "Serious" and the travel health advice was issued to Hong Kong residents on 8 June 2015 due to the widespread outbreaks of MERS in healthcare institutions in Korea and the imminent risk posed to Hong Kong at that time.

The number of new cases occurring each day in Korea has declined significantly since late June. The last confirmed case was isolated in hospital on 3 July and was reported by the Ministry of Health and Welfare of Korea on 5 July 2015. The decline has coincided with much stronger contact tracing, monitoring and quarantine, suggesting that the disease control measures in Korea were effective. According to the World Health Organization (WHO), the epidemiological pattern of the outbreak in Korea was similar to the hospital-associated outbreaks that have occurred in the Middle East and there was no evidence of sustained community transmission of MERS-coronavirus (MERS-CoV) in Korea. According to the current practice, the transmission of MERS-CoV in healthcare institutions in Korea is considered to have ceased as there is no new case detected within two maximum incubation periods (i.e., in total 28 days) after isolation of the last case on 3 July.

This MERS outbreak in Korea involved a total of 186 confirmed cases, including one case exported to Mainland China. Their ages ranged from 16 to 87 years old (median 55 years), and 111 (60%) of them were males. As of 31 July, there were 36 deaths. Since the activation of the Serious Response Level on 8 June, 403 suspected MERS cases were reported to the Centre for Health Protection (CHP) and all of them were tested negative

for MERS-CoV (as of 31 July noon).

Although Korea is no longer listed as an affected area of MERS since 1 August, please note that patients with recent travel history to Korea on or before 31 July who develop compatible symptoms within 2 to 14 days still meet the reporting criteria and are required to be promptly notified to the CHP for investigation. Please refer to the Annex for the revised reporting criteria for suspected MERS cases. Private hospitals are obliged to report the number of suspected cases on a daily basis and a nil return is required until 14 August.

The MERS outbreak in Korea is a wake-up call for us to remain vigilant against the possible importation of MERS cases into Hong Kong at all times. For early detection of cases, it is important to solicit travel and exposure history from patients with fever or respiratory symptoms. As it is not always possible to identify MERS patients early, it is important that all health care facilities establish and implement clear triage policies for rapid screening and assessment of potential MERS cases and all cases with acute respiratory symptoms.

The outbreak in Korea also reminded us that failure in infection control and prevention measures in healthcare settings could result in large nosocomial outbreaks. We would like to remind you to strictly adhere to good infection prevention and control measures in healthcare settings. Enhancing infection prevention and control awareness and implementation measures is critical to prevent the possible spread of MERS-CoV in health care facilities. Besides, healthcare workers 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.

Please draw the attention of the healthcare professionals and supporting staff in your institution/ working with you to the above. Thank you for your unfailing support in prevention and control of communicable diseases.

Yours faithfully,

(Dr. Yonnie LAM)
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 fever not explained by any other aetiology;

OR

- A person with clinical feature(s) of lower respiratory tract infection not explained by any other aetiology;

OR

- An immunocompromised patient with diarrhoea not explained by 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 Korea (only on or before 31 July 2015 for 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.