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9 June 2015

Dear Nurses / Midwives,

Activation of Serious Response Level under Government's Preparedness Plan for Middle East Respiratory Syndrome (MERS)

Further to my previous letter of 3 June 2015 informing you about the latest situation of Middle East Respiratory Syndrome (MERS) in Korea, I would like to update you on more details of MERS in Korea and the activation of Serious Response Level under the Preparedness Plan for the MERS in Hong Kong.

Since the report of the first case of MERS in Korea on 21 May, the number of laboratory-confirmed case has continued to increase to 95 cases (as of 9 June), including 7 deaths. The ages of the cases ranged from 16 to 83 years (median: 56 years) and 58 (61%) of them were males.

Among the 94 cases who acquired the infection in Korea (93 cases confirmed in Korea and one case exported to Mainland China), 30 were secondary cases and 64 were tertiary cases without direct contact with the index. All the 94 cases (including 9 healthcare workers (HCWs)) had exposure to other MERS patient(s) in healthcare settings. Nosocomial transmissions of MERS-coronavirus (MERS-CoV) have been documented in at least nine healthcare facilities (HCFs), including two large outbreaks occurring in Pyeongtaek St. Mary's Hospital with 28 secondary cases and 8 tertiary cases, and Samsung Medical Center in Seoul with 37 tertiary cases respectively.

The Korean Government has asked people who had attended Pyeongtaek St. Mary's Hospital between May 15 and 29; Samsung Medical Center between May 27 and 31; Konyang University Hospital between May 28 and 30; and Dae-Chung Hospital between May 22 and 30 to report to them for assessment. In view of the latest information from Korea, we would like to

/ solicit ...

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solicit your assistance to advise patients who had visited these 4 HCFs (listed in the table below) between the specified periods to contact the Centre for Health Protection (CHP) through our hotline (2125 1111) for further assessment.

| Name in Chinese translation | Name in English translation | Location | Duration of surveillance |
|-----------------------------|--------------------------------|--|--------------------------|
| 平澤聖母醫院 | Pyeongtaek St. Mary's Hospital | Segyo-dong, Pyeongtaek-si (平澤市), Gyeonggi-do (京畿道) | 15 - 29 May |
| 三星首爾醫院 | Samsung Medical Center | Irwondong, Seoul (首爾) | 27 - 31 May |
| 建陽大學醫院 | Konyang University Hospital | Seogu (西區), Daejeon (大田) | 28 - 30 May |
| 大田大青醫院 | Dae-Chung Hospital | Seogu (西區), Daejeon (大田) | 22 - 30 May |

The Korean health authority has also released the names of a total of 24 HCFs with MERS patients admitted. Please refer to the following link for details: http://www.chp.gov.hk/files/pdf/korean_hospital_list.pdf. The information obtained so far indicated that the hospitals involved are located in at least three provinces or administrative regions. As of 9 June, the Korean Government has put at least 2,892 close contacts under medical surveillance/quarantine.

Although there is no evidence of sustained community transmission at the moment, so far over 65% cases have been considered as tertiary cases. In view of the increasing number of cases and the large number of persons potentially exposed to these cases, the frequent travel of people between Korea and Hong Kong which has dense population, as well as the capacity of the local health care system, the Government decided to raise the response level under the Preparedness Plan for the MERS from Alert to Serious on 8 June.

The CHP will enhance the surveillance of suspected cases of MERS by revising the reporting criteria with effect from 8 June. The new clinical criteria are either: (i) a person with fever not explained by any other aetiology; OR (ii) a person with clinical feature(s) of lower respiratory tract infection not explained by any other aetiology; OR (iii) an immunocompromised patient with diarrhoea not explained by any other aetiology. Besides, the epidemiological criteria have been expanded to include Korea as an affected area instead of just visiting HCFs in Korea. Please refer to Annex I for the updated reporting criteria.

The outbreak in Korea is the largest nosocomial outbreak that has occurred outside of the Middle East. The World Health Organization (WHO) expects that additional cases of

/ MERS-CoV ...

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MERS-CoV infection may be reported among the persons who were in contact with initial cases before measures were implemented by the public health authorities.

In response to the MERS outbreak in Korea, I remind you to pay attention to infection control measures in healthcare settings. ***All visitors and staff are advised to wear surgical mask in clinical environments and during encounters with patients.*** The WHO has warned that failure in infection control and prevention measures in healthcare settings could result in a large number of secondary cases. Nosocomial transmission can be stopped by strict adherence to basic infection control and prevention measures. 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 patients with symptoms of acute respiratory infection.

HCFs providing 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. Regular training and education should be provided. 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. Moreover, please pay particular attention to the high risk of spread of respiratory viruses through aerosol generating devices (such as nebulisers) in healthcare settings.

Since it is not always possible to identify patients with MERS-CoV early as some may have mild or unusual symptoms, 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.

Finally, I advise you and your families, in particular, people with chronic illnesses, to avoid unnecessary travel to Korea. Travellers in Korea and the Middle-East should avoid unnecessary visit to healthcare facilities. We will closely monitor the situation and let you know the updated information as soon as possible.

Once again, thank you for your constant support in combating and preventing communicable diseases.

Yours faithfully,



(Ms Shirley TSUI)

for Director of Health

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Annex I

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 neighbouring 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

*** 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.