

本署檔號 Our Ref. : (50) in DH CDB/8/103/1  
來函檔號 Your Ref :  
電話 Tel. :  
傳真 Fax No. :

10 June 2022

Dear Doctor,

**Inclusion of Monkeypox as a Statutorily Notifiable Disease**

I write to inform you that with effect from 10 June 2022, monkeypox has been included into the list of infectious diseases specified in Schedule 1 of the Prevention and Control of Disease Ordinance (Cap. 599).

While Hong Kong has not recorded any confirmed human case of monkeypox so far, more confirmed cases have been identified outside Hong Kong. As at 8 June 2022, 1217 laboratory confirmed cases of monkeypox have been reported to the World Health Organization (WHO) from 30 countries across four WHO regions where monkeypox is not usually or had not previously been reported. No associated deaths have been recorded. Given the number of countries across several WHO regions reporting cases of monkeypox, WHO stated that it is highly likely that other countries would identify cases and there would be further spread of the virus.

In this multi-country outbreak, cases in non-endemic countries have mainly, but not exclusively, been identified amongst men who have sex with men. The clinical presentation of a genital or peri-anal rash in many cases suggests close physical contact as the likely route of transmission during sexual contact. Many cases in this outbreak are not presenting with the classically described clinical picture for monkeypox (fever, swollen lymph nodes, followed by centrifugal rash). Atypical features described include presentation of only a few or even just a single lesion, lesions that begin in the genital or perineal/perianal area and not spread further, lesions appearing at different (asynchronous) stages of development, and the appearance of lesions before the onset of fever and other constitutional symptoms.



Making the disease statutorily notifiable would facilitate early detection and case management. Updated reporting form (a copy enclosed) and the case definition as well as interface for online reporting have been made available on the Central Notification Office (CENO) On-line website ( [https://cdis.chp.gov.hk/CDIS\\_CENO\\_ONLINE/ceno.html](https://cdis.chp.gov.hk/CDIS_CENO_ONLINE/ceno.html) ). Should you identify patients with suspected or confirmed monkeypox, please isolate the patient from other clients and report as soon as possible to CENO of CHP via fax (2477 2770) using the reporting form attached (Appendix), phone (2477 2772) during the office hour, or call our Medical Control Officer (pager: 7116 3300 call 9179) outside office hours. For more information about monkeypox such as health promotion materials and updated list of countries affected, please refer to the thematic webpage ( <https://www.chp.gov.hk/en/features/105683.html> ).

Thank you for your continuous support in combating infectious diseases.

Yours faithfully,



(Dr. SK CHUANG)

for Controller, Centre for Health Protection  
Department of Health

**Restricted****FORM 2****PREVENTION AND CONTROL OF DISEASE ORDINANCE****(Cap. 599)****Notification of Infectious Diseases other than Tuberculosis****Particulars of Infected Person**

Name in English:	Name in Chinese:	Age / Sex:	I.D. Card / Passport No.:
Residential address:			Telephone No. (Home):
Name and address of workplace / school:			(Mobile):
Job title / Class attended:			(Office / school / others):
Hospital / Clinic sent to (if any):			Hospital / A&E No.:

Disease [“✓”] below Suspected / Confirmed on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Date: dd/mm/yyyy)

<input type="checkbox"/> Acute poliomyelitis <input type="checkbox"/> Amoebic dysentery <input type="checkbox"/> Anthrax <input type="checkbox"/> Bacillary dysentery <input type="checkbox"/> Botulism <input type="checkbox"/> Chickenpox <input type="checkbox"/> Chikungunya fever <input type="checkbox"/> Cholera <input type="checkbox"/> Community-associated methicillin-resistant <i>Staphylococcus aureus</i> infection <input type="checkbox"/> Coronavirus disease 2019 (COVID-19) <input type="checkbox"/> Creutzfeldt-Jakob disease <input type="checkbox"/> Dengue fever <input type="checkbox"/> Diphtheria <input type="checkbox"/> Enterovirus 71 infection <input type="checkbox"/> Food poisoning Number of persons known to be affected: ____ Place and district of consumption (e.g. “XX Restaurant in Mongkok”):_____ _____ _____ Date of consumption: _____	<input type="checkbox"/> <i>Haemophilus influenzae</i> type b infection (invasive) <input type="checkbox"/> Hantavirus infection <input type="checkbox"/> Invasive pneumococcal disease <input type="checkbox"/> Japanese encephalitis <input type="checkbox"/> Legionnaires' disease <input type="checkbox"/> Leprosy <input type="checkbox"/> Leptospirosis <input type="checkbox"/> Listeriosis <input type="checkbox"/> Malaria <input type="checkbox"/> Measles <input type="checkbox"/> Meningococcal infection (invasive) <input type="checkbox"/> Middle East Respiratory Syndrome <input type="checkbox"/> Monkeypox <input type="checkbox"/> Mumps <input type="checkbox"/> Novel influenza A infection <input type="checkbox"/> Paratyphoid fever <input type="checkbox"/> Plague <input type="checkbox"/> Psittacosis <input type="checkbox"/> Q fever <input type="checkbox"/> Rabies	<input type="checkbox"/> Relapsing fever <input type="checkbox"/> Rubella and congenital rubella syndrome <input type="checkbox"/> Scarlet fever <input type="checkbox"/> Severe Acute Respiratory Syndrome <input type="checkbox"/> Shiga toxin-producing <i>Escherichia coli</i> infection <input type="checkbox"/> Smallpox <input type="checkbox"/> <i>Streptococcus suis</i> infection <input type="checkbox"/> Tetanus <input type="checkbox"/> Typhoid fever <input type="checkbox"/> Typhus and other rickettsial diseases <input type="checkbox"/> Viral haemorrhagic fever <input type="checkbox"/> Viral hepatitis <input type="checkbox"/> West Nile Virus Infection <input type="checkbox"/> Whooping cough <input type="checkbox"/> Yellow fever <input type="checkbox"/> Zika Virus Infection
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Notified under the Prevention and Control of Disease Regulation by

Dr. \_\_\_\_\_ of \_\_\_\_\_ Hospital / Clinic / Private Practice  
(Full Name in BLOCK Letters)

\_\_\_\_\_ Ward / Unit / Specialty on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Date: dd/mm/yyyy)

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
(Signature)

Remarks:
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