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8 June 2015

Dear Doctors,

Activation of Serious Response Level under Government's Preparedness Plan for MERS and Revision of Reporting Criteria for MERS

Since the report of the first case of Middle East Respiratory Syndrome (MERS) in Korea on 21 May, the number of laboratory-confirmed case has continued to increase to 87 cases (as of 8 June), including 6 deaths. The ages of the cases ranged from 16 to 83 years (median: 55 years) and 51 (59%) of them were males.

Among the 86 cases who acquired the infection in Korea (85 cases confirmed in Korea and one case exported to Mainland China), 30 were secondary cases and 56 were tertiary cases without direct contact with the index. All the 86 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 six 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 34 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 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.



衛生防護中心乃衛生署
轄下執行疾病預防
及控制的專業架構
The Centre for Health
Protection is a
professional arm of the
Department of Health for
disease prevention and
control

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 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 7 June, the Korean Government has put at least 2,361 close contacts under medical surveillance/quarantine.

Although there is no evidence of sustained community transmission at the moment, so far over 60% cases were 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 and the dense population in Hong Kong, and 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 revised reporting criteria. Any person fulfilling both clinical AND epidemiological criteria is regarded as a suspected case and should be reported to the CHP for prompt investigation. Moreover, private hospitals are obliged to report the number of suspected cases on a daily basis and a nil return is required (Annex II and III).

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 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, please 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 patient with symptoms of acute respiratory infection.

HCFs 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. 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, please advise your patients to avoid unnecessary travel to Korea, in particular, those with chronic illnesses. Travellers in Korea and the Middle-East should avoid unnecessary visit to 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 red ink, appearing to read 'Shuk-Kwan', is written over a faint, illegible stamp.

(Dr. CHUANG, Shuk-Kwan)

for Controller, Centre for Health Protection
Department of Health

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.

Reporting of Suspected Case of MERS

To: Director of Health

Fax No. : 2477 2770 (Central Notification Office)

Daily Reply Slip on _____ (Please insert date)
from _____ (Name of institution)

1. The number of new cases reported to the Centre for Health Protection in the past 24 hours is: _____
(For new cases, please also complete Annex III)
2. The total number of cases reported so far is: _____
3. The following patients' clinical conditions have changed (please use additional sheets if necessary):

Name	Sex	Age	Any change of condition with date (e.g. death or discharge)

Contact person:

Name: _____

Tel: _____

Position: _____

Note 1

For suspected case of MERS, please also report to the Central Notification Office (Tel: 2477 2772) or call Medical Control Officer at 71163300 a/c 9179 if outside office hours.

Note 2

Please return even if no case is recorded.

Reporting of suspected case of MERS

For suspected case of MERS, please complete this form and fax to our Central Notification Office (CENO) (Fax no. 2477 2770).

Date:

Patient particulars

Name in English (please affix patient's gum label if applicable)	
Name in Chinese	
Sex / Age	
HKID / Passport No.	
Patient / guardian contact phone number	
Occupation	
Date of admission	
Ward / Bed no.	

Clinical and epidemiological information

Onset date (please specify symptoms)	
Diagnosis	
Past health	
Travel history	
Camel contact / suspicious exposure	
Current condition of patient (Stable/satisfactory/serious/critical/fatal)	
Date of death (if applicable)	
CXR result (if available)	
Further laboratory test results	

Attending Physician

Name : _____

Tel: _____

Contact Person

Name : _____

Position: _____

Tel: _____

Hospital: _____

Note

Annex II should be faxed to CENO for any update on the information.