

本署檔號 Our Ref. : (50) in DH SEB CD/8/93/1 Pt.14

18 February 2019

Dear Doctors,

Revised Reporting Criteria for Middle East Respiratory Syndrome

I write to inform you the revised reporting criteria for Middle East Respiratory Syndrome (MERS). MERS-coronavirus (MER-CoV) emerged in the Middle East to cause human infections since 2012. Cases of human infection with MERS-CoV continued to be reported in the Middle East especially the Kingdom of Saudi Arabia (KSA). According to the latest information from the World Health Organization (as of February 15), 2,298 cases have been reported (with 811 deaths), including 2 079 in 10 Middle East countries comprising 1,915 in the KSA, 87 in the United Arab Emirates, 28 in Jordan, 19 in Qatar, 16 in Oman, six in Iran, four in Kuwait, two in Lebanon, and one each in Yemen and Bahrain.

The Centre for Health Protection (CHP) of the Department of Health (DH) has recently reviewed the case definition and reporting criteria of MERS taking reference from the World Health Organization and overseas health authorities. Please refer to the **Annex** for the updated reporting criteria with the changes highlighted in red.

There are two changes. First, the first clinical criteria is revised to person with fever **AND symptoms of respiratory illness** not explained by any other aetiology. Second, patients who have only transited in an international airport in the Middle East for less than 24 hours only but without actual entrance to any country in the Middle East will **not** be regarded as having a travel history to the Middle East.



Please be reminded to notify CHP of any suspected cases of MERS fulfilling the reporting criteria through the Central Notification Office (CENO) of CHP via fax (2477 2770), phone (2477 2772) or CENO On-line (<http://ceno.chp.gov.hk/>). Doctors should call the Medical Control Officer (MCO) of DH at Pager: 7116 3300 call 9179 when reporting any suspected case. CHP will make arrangement to

send the patient to a regional public hospital for isolation, testing and treatment. Please isolate the patient to minimise contact/exposure to staff and other patients and advise the patient to wear a surgical mask while waiting for transport.

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

Yours faithfully,

A handwritten signature in red ink, appearing to read 'Chuang Shuk-kwan', is enclosed in a light blue rectangular box.

(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 **AND symptoms of respiratory illness** 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 of the following 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)

*** 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; OR
- Anyone who stayed at the same place (e.g. lived with, visited) as a probable or confirmed case while the case was ill.

Transiting through an international airport (<24 hours stay, remaining within the airport) in the Arabian Peninsula or neighbouring countries only is not regarded as a history of travel.

Laboratory Criteria

Any one of the following:

- Detection of nucleic acid of MERS Coronavirus (MERS-CoV) in a clinical specimen; OR
- Isolation of MERS-CoV from a clinical specimen; OR
- Seroconversion or four-fold or greater increase in antibody titre to MERS-CoV in paired serum specimens.

Case Classification

Confirmed case

A person fulfilling the above laboratory criteria.

Probable case

A clinically compatible case with no conclusive laboratory results for MERS-CoV infection, who is a close contact of a confirmed case.

The number of cases of MERS in affected areas (Middle East) is regularly updated and is available on the CHP website

(http://www.chp.gov.hk/files/pdf/distribution_of_mers_cases_en.pdf).