

本署檔號 Our Ref. : (1) in DH CDB/9/17/5 Pt. 1  
來函檔號 Your Ref :  
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31 December 2019

Dear Doctor,

**Alert on the cluster of pneumonia cases in Wuhan of Mainland**

The Centre for Health Protection (CHP) of the Department of Health are closely monitoring a cluster of pneumonia cases in Wuhan of Hubei Province (湖北省武漢市), and alert you to remain vigilance.

According to available information, there were a total of 27 pneumonia cases with unknown cause with epidemiological linkage to a local market named “華南海鮮城” decocted in December 2019. Among them, seven cases were in serious condition and the remaining cases were in stable condition. Symptoms were mainly fever while a few had presented with shortness of breath. All patients have been isolated and receiving treatment. Contact tracing of close contacts and medical surveillance by the Wuhan health authority are ongoing. Assessment by relevant experts in Wuhan revealed that the cases were compatible with viral pneumonia. The Wuhan Health Commission reported that no obvious human-to-human transmission has been observed and no healthcare workers have been infected for the time being. The causative pathogen and cause of infection are still under investigation.

We have contacted the National Health Commission immediately for further information, and also informed the Hospital Authority (HA) about the cluster of pneumonia cases in Wuhan. The CHP will enhance surveillance of cases of pneumonia with immediate effect. Please report cases fulfilling the following criteria to CHP for prompt investigation:

- Patient presented with fever and acute respiratory illness, or with pneumonia; **and**
- Visited wet market or seafood market in Wuhan (武漢市) within 14 days before onset of symptom.



It is very important to obtain travel and exposure history from all patients presenting with fever and acute respiratory symptoms. If you identify any cases fulfilling the above criteria, please report to the Central Notification Office (CENO) of the CHP via fax (2477 2770), phone (2477 2772) or CENO On-line ([https://cdis.chp.gov.hk/CDIS\\_CENO\\_ONLINE/ceno.html](https://cdis.chp.gov.hk/CDIS_CENO_ONLINE/ceno.html)) using the attached form (**Annex**).

Private doctors should call the Medical Control Officer (MCO) of the Department of Health at Pager: 7116 3300 call 9179 when reporting any case. The CHP will make arrangement to transfer the patient to a public hospital for isolation, testing and treatment. While waiting for transfer, please isolate the patient to minimise contact/exposure to staff and other patients and advise the patient to wear a surgical mask.

We would also like to seek your assistance in providing health advice on personal and environmental hygiene to your patients. In particular, patients with respiratory symptoms are reminded to wear surgical masks.

We will closely monitor the situation and review the reporting criteria as appropriate. Please draw the attention of the healthcare professionals and supporting staff in your institution/ working with you to the above. Thank you for your ongoing support in combating communicable diseases.

Yours faithfully,



(Dr. Albert AU)  
for Controller, Centre for Health Protection  
Department of Health

**Reporting of Cases under Enhanced Surveillance**

Please ✓: New case \_\_\_\_\_ Change of condition of previously reported case \_\_\_\_\_

**For patient with fever and acute respiratory illness or with pneumonia; and visited wet market / seafood market in Wuhan (武漢市) within 14 days before onset of symptoms. Please complete this form and fax to CHP's Central Notification Office (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	
Date of consultation	
Case no.	

**Clinical and epidemiological information**

Onset date	
Symptoms	
Diagnosis	
Travel history (within 14 days)	
Past health	
Current condition of patient (Stable/satisfactory/serious/critical/fatal)	
Laboratory test results (if available)	
Radiological investigation results (if any)	
Treatment given	

**Attending Physician**

Name : \_\_\_\_\_

Tel: \_\_\_\_\_

**Contact Person**

Name : \_\_\_\_\_

Position: \_\_\_\_\_

Tel: \_\_\_\_\_

Hospital: \_\_\_\_\_