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25 July 2022

Dear Doctor,

**Updated case definition for reporting of monkeypox following
WHO's declaration of the recent multi-country outbreak as a
Public Health Emergency of International Concern**

I write to inform you that the World Health Organization (WHO) declared the multi-country outbreak of monkeypox as a Public Health Emergency of International Concern (PHEIC) on 23 July 2022. To strengthen relevant surveillance, the case definition for reporting of monkeypox has been updated.

According to the WHO, 15328 laboratory confirmed cases of monkeypox and 72 probable cases, including five death, have been reported to WHO from 74 countries/areas during 1 January to 21 July 2022. Most of these cases involved men who have sex with men. Transmission is occurring in many countries that had not previously reported cases of monkeypox, and the highest numbers were reported from countries in the WHO European Region and the Region of the Americas. On the other hand, Hong Kong has not recorded any confirmed human case of monkeypox so far.

WHO reported that the clinical presentation of monkeypox occurring in outbreaks outside Africa was generally that of a self-limited disease, often atypical to cases described in previous outbreaks, with rash lesions localized to the genital, perineal/perianal or peri-oral area, that often do not spread further, and appears prior to the development of lymphadenopathy, fever, malaise, and pain associated with lesions. The genome sequence of the virus obtained in several countries showed some divergence from the West African clade. Work is ongoing to understand whether the observed genomic changes lead to phenotypic changes such as enhanced transmissibility, virulence, immune escape, resistance to antivirals, or reduced impact of countermeasures. Meanwhile, there is currently no documented evidence of instances of anthroponotic transmission available.



Taking reference from the recent recommendations from the WHO and latest practice by overseas health authorities, the case definition for reporting of monkeypox has been updated as shown at Annex with capturing of more symptoms with a view to strengthen surveillance and facilitate possible case reporting to the WHO. 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), 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, interim consensus recommendation by the joint scientific committee on use of monkeypox vaccine subject to availability of the vaccine, as well as updated list of countries/areas 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,

A handwritten signature in red ink, appearing to read 'SK CHUANG', is written over a light blue rectangular background.

(Dr. SK CHUANG)

for Controller, Centre for Health Protection
Department of Health

Reporting criteria for suspected case of monkeypox (Updated on 25 July 2022)

A suspected case of monkeypox refers to a patient who meets **both** the clinical and epidemiologic criteria as set out below.

Clinical Criteria

- (a) Unexplained acute rash or acute skin lesions **plus** one of the following signs / symptoms
- Acute onset of fever (>38 °C)
 - Chills, headache, myalgia, back pain, joint pain or profound weakness (asthenia)
 - New lymphadenopathy
- (b) A case may be excluded if an alternative diagnosis can fully explain the illness¹

Epidemiologic Criteria

Fulfilling (a), (b) or (c) within 21 days of illness onset:

- (a) History of travel to country/area previously known as monkeypox endemic in Africa² as listed in the “Countries/areas previously known as monkeypox endemic in Africa” at: https://www.chp.gov.hk/files/pdf/list_of_affected_countries.pdf
- (b) History of travel to other country/area with confirmed cases of monkeypox as listed in the “Other countries/areas with monkeypox cases reported” at: https://www.chp.gov.hk/files/pdf/list_of_affected_countries.pdf
- Had contact with a person or people who have a similar appearing rash or received a diagnosis of confirmed or probable monkeypox; **OR**
 - Man who regularly has close or intimate in-person contact with other men
- (c) Contact with a dead or live wild animal or exotic pet that is an African endemic species or used a product derived such animals (e.g., game meat, creams, lotions, powders, etc.)

¹ According to WHO, common causes of acute rash include varicella zoster, herpes zoster, measles, herpes simplex, bacterial skin infections, disseminated gonococcus infection, primary or secondary syphilis, chancroid, lymphogranuloma venereum, granuloma inguinale, molluscum contagiosum, allergic reaction (e.g. to plants); and any other locally relevant common causes of papular or vesicular rash. According to the Centers for Disease Control and Prevention of the United States, the characteristic rash associated with monkeypox lesions involve the following: deep-seated and well-circumscribed lesions, often with central umbilication; and lesion progression through specific sequential stages (macules, papules, vesicles, pustules, and scabs). However, the rash can be confused with other diseases that are more commonly encountered in clinical practice (e.g., secondary syphilis, herpes, and varicella zoster). Historically, there had been sporadic reports of patients co-infected with monkeypox virus and other infectious agents (e.g., varicella zoster, syphilis).

² According to WHO, before this multi-country outbreak since May 2022, monkeypox endemic countries are: Benin, Cameroon, the Central African Republic, the Democratic Republic of the Congo, Gabon, Ghana, Côte d’Ivoire, Liberia, Nigeria, the Republic of the Congo, Sierra Leone and South Sudan.