

本署檔號 Our Ref. : (74) in DH CDB/9/12/6/4 Pt.1

26 January 2023

Dear Doctor,

Updated reporting criteria of Coronavirus disease 2019 (COVID-19)

Considering the balance between infection risks and resumption of economic and livelihood impetus, the Government decided to cancel the arrangement of issuing isolations orders to infected persons of COVID-19 according to the Prevention and Control of Disease Regulation (Cap. 599A) from 30 January 2023. The reporting criteria of COVID-19 will also be revised superseding my previous letter issued on 28 April 2020 (https://www.chp.gov.hk/files/pdf/letters_to_doctors_20200428.pdf). **With effect from 30 January 2023, doctors only need to report severe and death cases succumbed within 28 days of the first positive specimen collection date to the Centre for Health Protection (CHP) of the Department of Health.**

The revised reporting criteria of COVID-19 has been updated as shown at **Annex 1**. In short, doctors encountering an individual fulfilling both the laboratory criteria (PCR positive with Ct value below 35 or RAT positive) and clinical criteria (fatal cases fulfilling the aforesaid 28-day criteria while severe case refer to presentation of severe disease related to COVID-19 requiring intubation, extracorporeal membrane oxygenation, in shock or oxygen supplement with flow rate ≥ 3 L/min). While colleagues from public hospitals could make reporting via the prevailing mechanism, **private medical practitioners are advised to use the reporting form at Annex 2 for reporting.** The reporting form and the case definition are also available via CENO On-line (https://cdis.chp.gov.hk/CDIS_CENO_ONLINE/ceno.html).

We would also like to draw your attention to updated health advice for healthcare workers as below.

- Healthcare workers working in private healthcare settings including private hospitals and clinics are advised to take precautionary measures to minimise the risk of spreading of any respiratory infectious diseases



- Airborne Infection Isolation Room is not required solely because of COVID-19. COVID-19 patients can be treated in places with good ventilation in hospitals and clinics.
- Apply transmission-based precautions when handling suspected or confirmed cases of COVID-19. Following the recommendations of the WHO, transmission-based precautions could be discontinued after 10 days counting from onset date for symptomatic patients or after 5 days for asymptomatic patients counting from collection date of first positive specimen.

For further information on infection control, please refer to “Key Elements on Prevention and Control of COVID-19 in Healthcare Settings” at https://www.chp.gov.hk/files/pdf/ic_advice_for_nid_in_healthcare_setting.pdf.

Apart from monitoring of fatal and severe cases, the CHP will continue to monitor the development of the COVID-19 via laboratory surveillance and sentinel surveillance system. The reporting criteria will also be adjusted in a timely manner according to the prevailing situation.

Please draw the attention of the healthcare professionals and supporting staff in your institution/ working with you to the above. May I take this opportunity to thank you for your continuous support in combating infectious disease in Hong Kong, and wish you a happy and healthy Chinese New Year of the Rabbit.

Yours faithfully,



(Dr. SK Chuang)

for Controller, Centre for Health Protection
Department of Health

Coronavirus disease 2019 (COVID-19)

(With effect from 30 January 2023)

Clinical Description

Coronavirus disease 2019 (COVID-19) is caused by infection with the virus Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2).

Laboratory Criteria

Any one of the following:

- Detection of nucleic acid of SARS-CoV-2 in a clinical specimen (Ct value below 35);
OR
- Detection of SARS-CoV-2 antigen in a clinical specimen by antigen-detecting rapid diagnostic tests

Reporting Criteria

From 30 January 2023 onwards, the Centre for Health Protection (CHP) will monitor severe and death cases, and only cases satisfying the following reporting criteria are required to be reported.

An individual fulfilling both the laboratory criteria **AND** any of the clinical criteria below should be reported to the CHP for further investigation as appropriate:

Clinical criteria for reporting of severe and death cases

Severe case: Presenting with severe pneumonia, sepsis, encephalopathy/encephalitis, myocarditis, multiple organ failure, shock or other severe complications of COVID-19 **AND** requiring the following interventions within 28 days of the first positive specimen collection date:

- Serious: oxygen supplement of 3 to 6 L/min
- Critical: intubation, extracorporeal membrane oxygenation (ECMO) or high flow oxygen with flow rate > 6 L/min

Death case: Died within 28 days of the first positive specimen collection date

Restricted**PREVENTION AND CONTROL OF DISEASE ORDINANCE
(Cap. 599)****Notification of Severe or Fatal Cases of 2019 Coronavirus Disease (COVID-19)**

If patients fulfill the laboratory criteria AND clinical criteria as per the reporting criteria, please **report to the Central Notification Office (CENO) of the Centre for Health Protection** using the form by email (diseases@dh.gov.hk) or fax (2477 2770).

Particulars of Affected Person			
Name in English:	Name in Chinese:	Age / Sex:	If no HKID, identity document type and issuing jurisdiction (e.g. passport, Singapore):
Date of birth (dd-mm-yyyy)	HKID No.		Identity document number:
Reporting Hospital / A&E(if any):			Hospital / A&E No.:
Residential care home resident			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

First Positive Specimen of Current Episode	
Nature of specimen	<input type="checkbox"/> PCR <input type="checkbox"/> RAT
Specimen collection date	
Clinical Information of Severe Infection (COVID-19 severe case is defined as presenting with severe pneumonia, sepsis, multiple organ failure, encephalopathy/encephalitis, myocarditis, shock or other severe complications of COVID-19 within 28 days of the first positive specimen collection date AND requiring intubation, extracorporeal membrane oxygenation or oxygen at ≥ 3 L/min)	
Clinical manifestation of severe infection at time of reporting	<input type="checkbox"/> Severe pneumonia <input type="checkbox"/> Sepsis <input type="checkbox"/> Multiple organ failure <input type="checkbox"/> Encephalopathy/encephalitis <input type="checkbox"/> Myocarditis <input type="checkbox"/> Shock <input type="checkbox"/> Others (please specify):
Ever require oxygen ≥ 3 L/min	<input type="checkbox"/> Yes (3 – 6 L/min) <input type="checkbox"/> Yes (> 6 L/min) <input type="checkbox"/> No
Ever require intubation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever require ECMO	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever require ICU admission	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p align="center">Date of Death and Cause of Death for Fatal Case</p> <p align="center">(COVID-19 death case is defined as a death in a person with positive SARS-CoV-2 result and died within 28 days of the first positive specimen collection day. The underlying cause of death may have been unrelated to COVID-19)</p>	
Date of death	
Cause of death	
Death related to COVID-19	<input type="checkbox"/> Yes <input type="checkbox"/> No / undetermined
<p align="center">Other Medical History</p>	
No. of dose of COVID-19 vaccination received 14 days before onset of symptoms or death	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> >4 <input type="checkbox"/> Unknown
Past history of COVID-19 infection at least 90 days before current episode	<input type="checkbox"/> Yes Date(s) of previous infection if available: <input type="checkbox"/> No <input type="checkbox"/> Unknown

Notified under the Prevention and Control of Disease Regulation by

Dr. _____ of _____ Hospital / Clinic / Private Practice
 Name in BLOCK Letters)

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

Telephone No.: _____ Fax No.: _____ Email.: _____