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23 May 2022

Dear Doctor,

Vigilance against monkeypox

I would like to draw your attention to the latest surge of overseas monkeypox cases and enlist your support in the notification and prevention of the disease.

Monkeypox is a zoonosis caused by monkeypox virus, and most of the reported monkeypox outbreaks have occurred in Central and West Africa. Infection could occur when a person comes into contact with the virus from infected animals, infected humans or contaminated materials. Humans could get infected from various wild animals, such as some species of primates, rodents and squirrels, etc., through bite or scratch, or direct contact with their body fluids. Human-to-human transmission is also possible through respiratory droplets during prolonged face-to-face contact or direct contact with body fluids.

Recently, cases of monkeypox have been reported in non-endemic countries in Europe, North America and Australia. As at 21 May 2022, 92 laboratory confirmed cases and 28 suspected cases of monkeypox from those non-endemic countries have been reported to the World Health Organization (WHO). According to the WHO, cases have mainly but not exclusively been identified amongst men who have sex with men seeking medical help in primary care and sexual health clinics.

Monkeypox is usually a self-limited disease with symptoms lasting from 14 to 21 days. The first few days after infection with monkeypox are characterised by fever, intense headache, myalgia and lymphadenopathy. Severe swollen lymph nodes before the appearance of rash could be a distinctive feature of monkeypox. Lesions in mouth and body appear about 1 to 3 days after onset of fever. The lesions progress from maculopapules to vesicles, pustules and followed by crusts within a period of 10 days to two weeks and the lesions typically progress simultaneously at all parts of



the body. Severe cases occur more commonly among children and are related to the extent of virus exposure, patient health status and nature of complications. Complications include secondary infections, bronchopneumonia, sepsis, encephalitis, and infection of the cornea with ensuing loss of vision. The case fatality ratio of monkeypox has varied between 0 and 11 % in the general population, and has been higher among young children. Diagnosis could be made by testing of specimens such as skin swabs or aspirated lesion fluid of suspected patients.

In regard to the current situation, if you identify patients with suspected monkeypox, please isolate the patient from other clients and report to the Central Notification Office of CHP as soon as possible via fax (2477 2770) or phone (2477 2772) during office hours, or call our Medical Control Officer (pager: 7116 3300 call 9179) outside office hours. The reporting criteria is shown at **Annex** for your reference. Softcopy of relevant notification form is available at <https://www.chp.gov.hk/files/pdf/hpf-form3-en-20150109.pdf> . For more details, please refer to <https://www.chp.gov.hk/en/features/105683.html> .

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

Yours faithfully,



(Dr. SK CHUANG)

for Controller, Centre for Health Protection
Department of Health

Reporting criteria for suspected case of monkeypox (As at 23 May 2022)

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

Clinical Criteria

- Unexplained acute rash **plus** one of the following signs / symptoms
 - Acute onset of fever (>38 °C)
 - Chills and/or sweats
 - New lymphadenopathy (periauricular, axillary, cervical, or inguinal)
- 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 where monkeypox is endemic²
- (b) History of travel to non-endemic country with confirmed cases of monkeypox³
 - 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, Zika, dengue, chikungunya, 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 rash associated with monkeypox can be confused with other diseases that are more commonly encountered in clinical practice (e.g., secondary syphilis, herpes, chancroid, 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, monkeypox endemic countries are: Benin, Cameroon, the Central African Republic, the Democratic Republic of the Congo, Gabon, Ghana (identified in animals only), Côte d'Ivoire, Liberia, Nigeria, the Republic of the Congo, and Sierra Leone. Benin and South Sudan have documented importations in the past. Countries currently reporting cases of the West African clade are Cameroon and Nigeria.

³ Please refer to the following hyperlink for latest list of non-endemic country with confirmed cases of monkeypox: <https://www.chp.gov.hk/en/features/105683.html>