

本署檔號 Our Ref. : (62) in DH CDB/9/12/6 Pt. 3

January 23, 2020

Dear Medical Superintendent,

**Two Confirmed Imported Cases of Novel Coronavirus Infection in
Hong Kong and the Revised Reporting Criteria**

Further to our letter dated January 22, 2020, we would like to update you of the two confirmed imported cases of novel coronavirus (nCoV) infection in Hong Kong, and the revised reporting criteria of "Severe Respiratory Disease associated with a Novel Infectious Agent".

The respiratory specimens of the two highly suspected cases reported on January 22 were tested positive for nCoV on January 23. Both have been isolated and receiving treatment, and they are in stable condition. The Centre for Health Protection (CHP) of the Department of Health (DH) has immediately commenced epidemiological investigations and conducted relevant contact tracing. Quarantine will be arranged for close contacts while medical surveillance will be arranged for other contacts. Relevant authorities and management office have been advised to carry out cleansing and disinfection. The CHP has set up a hotline (2125 1122) to answer public enquiries.

In view of the latest situation and risk assessment, the CHP will further enhance surveillance and revise the reporting criteria of "Severe Respiratory Disease associated with a Novel Infectious Agent" as follows:

- Presented with fever **OR** acute respiratory illness **OR** pneumonia; **AND**
- Either one of the following conditions within 14 days **BEFORE ONSET OF SYMPTOM**:
 1. With travel history to Hubei Province* (irrespective of any exposure to a wet market or seafood market); **OR**
 2. Visited a medical hospital in Mainland China; **OR**
 3. Had close contact with a confirmed case of novel coronavirus infection while that patient was symptomatic.



In the past few days, increasing numbers of confirmed cases of nCoV infection have been reported from different provinces in the Mainland as well

as overseas countries/areas. Information on the number of cases reported in countries/areas is available on the designated webpage of the CHP:

https://www.chp.gov.hk/files/pdf/statistics_of_the_cases_novel_coronavirus_infection_en.pdf

Please refer to the **Appendix 1** for the revised case definition of “Severe Respiratory Disease associated with a Novel Infectious Agent”. It is also available on website of the Central Notification Office (“CENO On-line”) (https://cdis.chp.gov.hk/CDIS_CENO_ONLINE/ceno.html). Please report cases fulfilling the reporting criteria to the Central Notification Office (CENO) of CHP via fax (2477 2770), phone (2477 2772) or CENO On-line. Private doctors are reminded to call the Medical Control Officer (MCO) of DH at Pager: 7116 3300 call 9179 immediately when reporting any case. The CHP will make arrangement to transfer the patient to a public hospital by ambulance for isolation, testing and treatment.

We would like to remind you to provide a summary of the cases reported to the CHP on a daily basis (before 12 noon). The updated forms are attached in the appendices. Please fax the completed forms (Appendices 2 and 3) to the Central Notification Office (CENO) of the CHP (Fax number: 2477 2770). Daily nil return (i.e. zero reporting) is required, including public holidays.

The CHP will continue to maintain its liaison with the World Health Organization, the National Health Commission and overseas health authorities, and closely monitor the situation for risk assessment. The reporting criteria will 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.

Yours faithfully,



(Dr. SK Chuang)

for Controller, Centre for Health Protection
Department of Health

Appendix 1

Case definition

Severe Respiratory Disease associated with a Novel Infectious Agent
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Clinical Description

According to announcements from the health authorities of Mainland China, pneumonia cases caused by a novel coronavirus have been identified since December 2019 in Wuhan of Hubei Province (湖北省武汉市), China. Symptoms were mainly fever and cough while some had presented with shortness of breath.

Reporting Criteria

An individual fulfilling the following should be reported to the Centre for Health Protection (CHP) for further investigation:

- Presented with fever **OR** acute respiratory illness **OR** pneumonia; **AND**
- Either one of the following conditions within 14 days **BEFORE ONSET OF SYMPTOM**:
 4. With travel history to Hubei Province* (irrespective of any exposure to a wet market or seafood market); **OR**
 5. Visited a medical hospital in Mainland China; **OR**
 6. Had close contact with a confirmed case of novel coronavirus infection while that patient was symptomatic.

*A list of the first level of administrative regions under Hubei Province is shown in the **Annex**. Further geographical information of Hubei Province can be found from the following website:

<http://xzqh.mca.gov.cn/defaultQuery?shengji=%BA%FE%B1%B1%CA%A1%28%B6%F5%29&diji=-1&xianji=-1>

Laboratory Criteria

Any one of the following:

- Detection of nucleic acid of the novel coronavirus in a clinical specimen;
OR
- Isolation of the novel coronavirus from a clinical specimen; **OR**
- Seroconversion or four-fold or greater increase in antibody titre to the novel coronavirus in paired serum specimens.

Case Classification

Suspected case

A case that fulfils the reporting criteria.

Probable case

A case that:

- fulfils the reporting criteria; **AND**
- has pneumonia confirmed by chest X-ray; **AND**
- has **either** one of the following: (i) exposure to a wet market in Wuhan, **or** (ii) visited a medical hospital in Wuhan; **or** (iii) had close contact with a confirmed case of novel coronavirus infection.

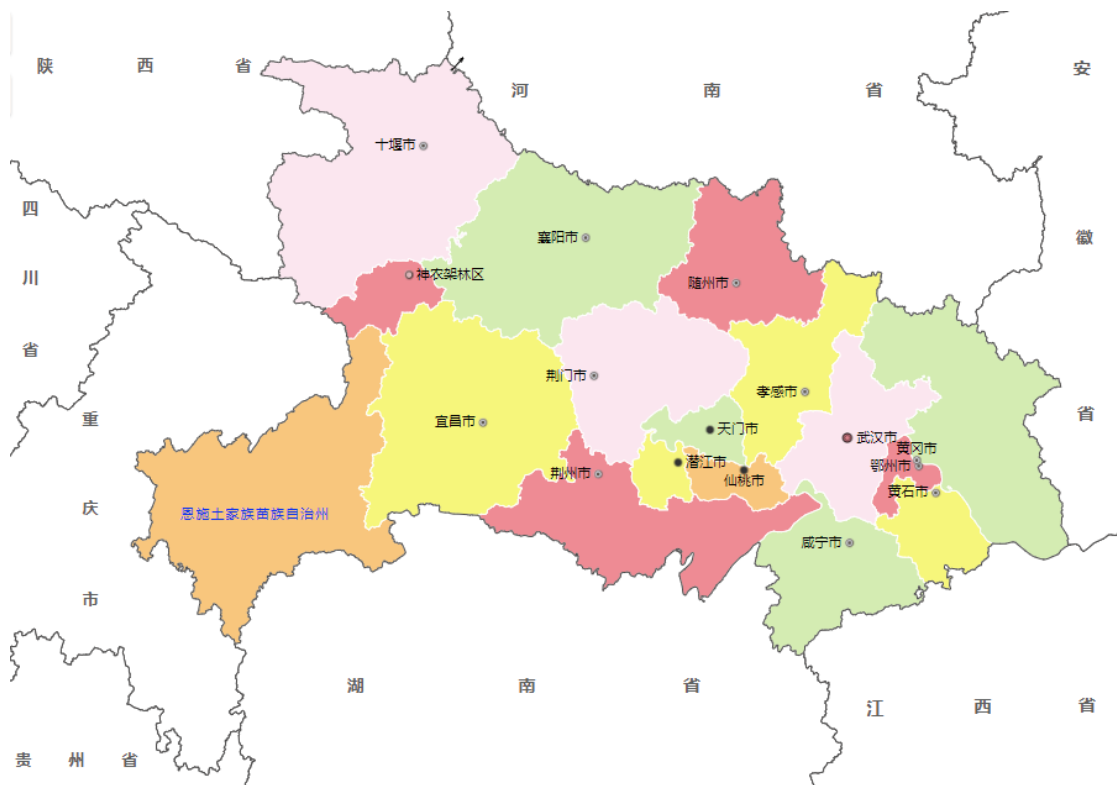
Confirmed case

A clinically compatible case that fulfils the laboratory criteria.

Annex

A list of the first level of administrative regions under Hubei Province:

- Enshi Tujia and Miao Autonomous Prefecture (恩施土家族苗族自治州)
- Ezhou (鄂州市)
- Huanggang (黃岡市)
- Huangshi (黃石市)
- Jingmen (荊門市)
- Jingzhou (荊州市)
- Shiyan (十堰市)
- Suizhou (隨州市)
- Wuhan (武漢市)
- Xiangyang (襄陽市)
- Xianning (咸寧市)
- Xiaogan (孝感市)
- Yichang (宜昌市)
- Other administrative units:
 - Tianmen (天門市)
 - Xiantao (仙桃市)
 - Qianjiang(潛江市)
 - Shennongjia Forestry District (神農架林區)



Appendix 2

Please fax your reply by 12:00 noon

Reporting of Cases under Enhanced Surveillance

To: Centre for Health Protection

Fax No. : 2477 2770 (Central Notification Office)

Daily Reply Slip on _____/_____/2020 (Please insert date)

from _____ (Name of institution)

1. The number of cases reported to the Centre for Health Protection yesterday (00:00 to 23:59) is: _____ (Please complete Appendix 3 for the reported cases)

2. Since 31 December 2019, the total number of cases reported so far (as of yesterday):

Contact person:

Name: _____

Tel: _____

Position: _____

Note:

Please return this form even if no case is recorded.

Appendix 3

Reporting of Cases under Enhanced Surveillance (New Cases)

For patient with fever OR acute respiratory illness OR with pneumonia; and (i) visited Hubei (irrespective of any exposure to a wet market or seafood market) OR (ii) visited a medical hospital in Mainland China OR (iii) had close contact with a confirmed case of novel coronavirus infection while that patient was symptomatic within 14 days before onset of symptom. 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: _____