

本署檔號 Our Ref. : (2) in DH CDB/9/12/6 Pt.1

January 7, 2020

Dear Medical Superintendent,

Statutory Reporting of “Severe Respiratory Disease associated with a Novel Infectious Agent”

The Centre for Health Protection (CHP) of the Department of Health (DH) writes to inform you about the amendment of Schedule 1 to the Prevention and Control of Disease Ordinance (Cap. 599) (“the Ordinance”) to include “Severe Respiratory Disease associated with a Novel Infectious Agent” (嚴重新型傳染性病原體呼吸系統病) as one of the statutorily notifiable diseases, with effect from 00:00 on January 8, 2020.

“Severe Respiratory Disease associated with a Novel Infectious Agent” refers to the cluster of pneumonia cases with unknown aetiology occurring in Wuhan (武漢市) of the Mainland since December 2019. The causative pathogen is still being investigated by the Mainland health authorities. Respiratory pathogens including influenza viruses, avian influenza viruses, adenovirus, Severe Acute Respiratory Syndrome coronavirus and Middle East Respiratory Syndrome coronavirus have been ruled out. It is highly likely that this condition is caused by a novel pathogen.

At present, “Severe Respiratory Disease associated with a Novel Infectious Agent” is not a notifiable disease under Cap. 599, and hence the DH does not have the legal power to effectively handle suspected cases if the patients are uncooperative and refuse to receive medical examination or be isolated. The listing of “Severe Respiratory Disease associated with a Novel Infectious Agent” as a notifiable disease will enhance the prevention and control of infectious diseases in Hong Kong.



The CHP has established case definition and specific reporting criteria to guide doctors to report such cases. In gist, the reporting criteria of “Severe Respiratory Disease associated with a Novel Infectious Agent” is as follows:

An individual fulfilling the following:

- ***Presented with fever and acute respiratory illness, or with pneumonia;***
AND
- ***With travel history to Wuhan within 14 days before onset of symptom***
(irrespective of any exposure to wet market or seafood market)

Please refer to the Appendix for the 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) using **Form 2**, phone (2477 2772) or CENO On-line. The CHP will review the above reporting criteria from time to time when there is new information on the disease.

It is important to note that once a specific infectious agent related to “Severe Respiratory Disease associated with a Novel Infectious Agent” is identified, the name of the disease will be suitably revised and its related infectious agent will be added to Schedule 2 of Cap. 599. By that time, there may be laboratory criteria for confirmation or exclusion of the cases fulfilling reporting criteria.

Private doctors should call the Medical Control Officer (MCO) of DH at Pager: 7116 3300 call 9179 when reporting any case. The CHP will make arrangement to transfer the patient to a public hospital by ambulance for isolation, testing and treatment.

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

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, a number of pneumonia cases with unknown cause related to the wholesale market named “華南海鮮城 (華南海鮮批發市場)” in Wuhan have been identified since December 2019 in Wuhan of Hubei Province (湖北省武漢市), China. Symptoms were mainly fever while a few had presented with shortness of breath.

Reporting Criteria

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

- Presented with fever and acute respiratory illness, or with pneumonia; AND
- With travel history to Wuhan within 14 days before onset of symptom (irrespective of any exposure to wet market or seafood market).

Laboratory Criteria

Not applicable.

(The causative pathogen is still under investigation by the Mainland health authorities. There is no laboratory test for this condition at the present moment.)

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** (i) exposure to the market “華南海鮮城 (華南海鮮批發市場)”, **or** (ii) close contact with a pneumonia case with unknown aetiology epidemiologically linked to the above market in Wuhan within 14 days before onset of symptoms.

Confirmed case

Not applicable.

Restricted

FORM 2

PREVENTION AND CONTROL OF DISEASE ORDINANCE

(Cap. 599)

Notification of Infectious Diseases other than Tuberculosis

Particulars of Infected Person

Name in English:	Name in Chinese:	Age / Sex:	I.D. Card / Passport No.:
Residential address:			Telephone No. (Home):
Name and address of workplace / school:			(Mobile):
Job title / Class attended:			(Office / school / others):
Hospital / Clinic sent to (if any):			Hospital / A&E No.:

Disease [“✓”] below Suspected / Confirmed on _____ / _____ / _____ (Date: dd/mm/yyyy)

<input type="checkbox"/> Acute poliomyelitis <input type="checkbox"/> Amoebic dysentery <input type="checkbox"/> Anthrax <input type="checkbox"/> Bacillary dysentery <input type="checkbox"/> Botulism <input type="checkbox"/> Chickenpox <input type="checkbox"/> Chikungunya fever <input type="checkbox"/> Cholera <input type="checkbox"/> Community-associated methicillin-resistant <i>Staphylococcus aureus</i> infection <input type="checkbox"/> Creutzfeldt-Jakob disease <input type="checkbox"/> Dengue fever <input type="checkbox"/> Diphtheria <input type="checkbox"/> Enterovirus 71 infection <input type="checkbox"/> Food poisoning Number of persons known to be affected: _____ Place and district of consumption (e.g. “XX Restaurant in Mongkok”): _____ _____ _____ Date of consumption: _____	<input type="checkbox"/> <i>Haemophilus influenzae</i> type b infection (invasive) <input type="checkbox"/> Hantavirus infection <input type="checkbox"/> Invasive pneumococcal disease <input type="checkbox"/> Japanese encephalitis <input type="checkbox"/> Legionnaires' disease <input type="checkbox"/> Leprosy <input type="checkbox"/> Leptospirosis <input type="checkbox"/> Listeriosis <input type="checkbox"/> Malaria <input type="checkbox"/> Measles <input type="checkbox"/> Meningococcal infection (invasive) <input type="checkbox"/> Middle East Respiratory Syndrome <input type="checkbox"/> Mumps <input type="checkbox"/> Novel influenza A infection <input type="checkbox"/> Paratyphoid fever <input type="checkbox"/> Plague <input type="checkbox"/> Psittacosis <input type="checkbox"/> Q fever <input type="checkbox"/> Rabies <input type="checkbox"/> Relapsing fever	<input type="checkbox"/> Rubella and congenital rubella syndrome <input type="checkbox"/> Scarlet fever <input type="checkbox"/> Severe Acute Respiratory Syndrome <input type="checkbox"/> Severe Respiratory Disease associated with a Novel Infectious Agent <input type="checkbox"/> Shiga toxin-producing <i>Escherichia coli</i> infection <input type="checkbox"/> Smallpox <input type="checkbox"/> <i>Streptococcus suis</i> infection <input type="checkbox"/> Tetanus <input type="checkbox"/> Typhoid fever <input type="checkbox"/> Typhus and other rickettsial diseases <input type="checkbox"/> Viral haemorrhagic fever <input type="checkbox"/> Viral hepatitis <input type="checkbox"/> West Nile Virus Infection <input type="checkbox"/> Whooping cough <input type="checkbox"/> Yellow fever <input type="checkbox"/> Zika Virus Infection
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Notified under the Prevention and Control of Disease Regulation by

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

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

Telephone No.: _____ Fax No.: _____ _____
(Signature)

Remarks: