

Dear Staff and Students,

The Centre for Health Protection (CHP) of the Department of Health announced on 1 June 1 2015, with immediate effect, inbound travellers with fever or respiratory symptoms who had recently visited any healthcare facilities in Seoul, Korea will be classified as suspected case of Middle East Respiratory Syndrome (MERS). Suspected cases identified will be sent to public hospitals for isolation and management until their specimens test negative for MERS-CoV.

If you or your close contact person are suspected or confirmed sufferer, please inform the Estates Office and your department for appropriate action as necessary. Estates Office will monitor the situation and stay alert to the latest development.

Below is the health information from CHP related to Middle East Respiratory Syndrome (MERS) for your easy reference:-

Middle East Respiratory Syndrome

Causative agent

Coronaviruses are a large family of viruses which include viruses that may cause mild illness like common cold as well as severe illness like severe acute respiratory syndrome (SARS) in humans. There are 3 main subgroups of coronaviruses: alpha (α), beta (β) and gamma (γ). Middle East Respiratory Syndrome Coronavirus (MERS-CoV), formerly known as novel coronavirus (NCoV), is a beta coronavirus which has not been identified in humans before and is different from any coronaviruses (including SARS-coronavirus) that have been found in humans or animals.

Clinical features

Infected persons may present with acute serious respiratory illness with symptoms including fever, cough, shortness of breath and breathing difficulties. Most patients developed pneumonia. Many also had gastrointestinal symptoms or kidney failure. In people with immune deficiencies, the disease may have atypical presentation such as diarrhoea.

Mode of transmission

There is still uncertainty at the moment. People may be infected upon exposure to animals (such as camel), environment or other confirmed patients, (such as in a hospital setting).

Coronaviruses are typically spread like other respiratory infections such as influenza. Based on the current information, MERS-CoV could be spread from person-to-person through close contact. Since April 2014, many cases appeared to be secondary cases which might have been infected from a confirmed patient. These secondary cases were mainly healthcare workers who had taken care of patients suffering from MERS. The majority of them presented with no or mild symptoms and had been infected within healthcare settings.

Besides, recent studies support that camels serve as the primary source of MERS-CoV.

Incubation period

Up to 14 days.

Management

There is currently no specific treatment for the disease. Treatment is supportive.

Prevention

Wear surgical mask and seek medical advice promptly if respiratory symptoms develop.

Personal hygiene

- Keep hands clean
 - Wash hands frequently with liquid soap and water especially after sneezing, coughing or cleaning the nose
 - Rub hands with 70 – 80% alcohol-based handrub if not visibly soiled
 - Avoid touching your eyes, nose and mouth before washing hands
- Cover nose and mouth with tissue paper while sneezing or coughing and dispose of soiled tissue paper in a lidded rubbish bin
- Build up good body immunity by having a balanced diet, regular exercise and adequate rest, do not smoke and avoid alcohol consumption

Environmental hygiene

Though coronaviruses may survive for some time in the environment, they are easily destroyed by most detergents and cleaning agents. It is important to:

- Maintain good ventilation
- Avoid visiting crowded places with poor ventilation
- Keep our home clean – clean and disinfect frequently touched surfaces, furniture, commonly shared items and floor at least once daily by using appropriate disinfectant. For non-metallic surface, clean with diluted household bleach (mixing 10ml of bleach containing 5.25% sodium hypochlorite with 990ml of water), wait until dry and then rinse with water. For metallic surface, disinfect with 70% alcohol

Travel health advice

Consult a health care provider before travelling to review the risk, as pre-existing major medical conditions including diabetes, chronic lung disease, pre-existing renal failure, or immuno-compromised conditions can increase the likelihood of medical problems, including Middle East Respiratory Syndrome (MERS), during travel.

- Avoid going to farms, barns and markets with camels;
- Avoid contact with animals, especially camels (including riding camels or participating in any activity involving contact with camels), birds, poultry or sick people during travel;
- Wash hands regularly before and after touching animals in case of visits to farms, barns or markets with camels;
- Avoid close contact with sick people, especially with those suffering from acute respiratory infections, and avoid visit to healthcare settings with MERS patients;
- Travellers should also adhere to food safety and hygiene rules such as avoiding consuming raw or uncooked animal products, including milk and meat, or foods which may be contaminated by animal secretions, excretions (such as urine) or products, unless they have been properly cooked, washed or peeled.
- If feeling unwell, put on a surgical mask and seek medical attention immediately
- Before departure: postpone your trip until recovery
- While overseas: inform hotel staff or tour leader
- After returning home: during medical consultation, inform doctor of recent travel history

Special note for people planning to travel for pilgrimage

Pilgrims with pre-existing major medical conditions (e.g. chronic diseases such as diabetes, chronic lung disease, immunodeficiency) can increase the likelihood of illness, including MERS-CoV infection, during travel; thus, pilgrims should consult a health care provider before travelling to review the risk and assess whether making the pilgrimage is advisable.

They should cover their mouth and nose with a tissue when coughing or sneezing and discard the tissue in the trash after

use and wash hands afterwards, or if this is not possible, to cough or sneeze into upper sleeves of their clothing, but not their hands.

Estates Office
3 Jun 2015

各教職員及同學:

衛生署衛生防護中心於 2015 年六月一日公布，由即時起入境人士如最近曾到訪韓國首爾的任何醫療機構並出現發燒或呼吸道病徵，會被界定為中東呼吸綜合症懷疑個案。懷疑個案將會被送到公立醫院接受隔離治療，直至樣本對中東呼吸綜合症冠狀病毒呈陰性反應。

如有教職員或同學本人或緊密接觸者已確診或懷疑染上中東呼吸綜合症，請盡快聯絡物業處及其部門跟進。物業處會留意發展及最新消息。

以下中東呼吸綜合症資料來自衛生署衛生防護中心:-

中東呼吸綜合症

病原體

冠狀病毒可分為很多種類，其中包括可能導致輕微疾病的病毒如傷風，它亦可引致嚴重的疾病，如嚴重急性呼吸系統綜合症（沙士）。冠狀病毒有三種主要類別，包括：alpha (α), beta (β) 和 gamma (γ)。而中東呼吸綜合症冠狀病毒（前稱新型冠狀病毒）屬於 beta 類別，以往從未在人類中發現，亦跟曾在人類或動物所發現的冠狀病毒（包括引致「沙士」的冠狀病毒）不同。

病徵

患者可出現急性嚴重呼吸系統疾病，病徵包括發燒、咳嗽、呼吸急促和困難。多數患者患有肺炎。很多病人還有腸胃方面的症狀或出現腎臟衰竭。免疫力較弱的患者，可出現非典型病徵，例如腹瀉。

傳播途徑

現時仍未確定，可能透過接觸動物（例如駱駝）、環境或確診病人（例如在醫院內）而受感染。

一般冠狀病毒的傳播途徑，與其他呼吸道感染例如流感相似。根據目前所掌握資料顯示，中東呼吸綜合症冠狀病毒會經由緊密接觸而出現人傳人的情況。自 2014 年 4 月起，有多些個案為繼發性個案，即透過接觸確診病人而受感染。此類個案主要為曾接觸中東呼吸綜合症患者的醫護人員，他們大多數均沒有病徵或病徵輕微，相信於醫護環境中受感染。

此外，近期的研究支持駱駝屬中東呼吸綜合症冠狀病毒的主要來源。

潛伏期

可達 14 天。

治理方法

現時並未有針對性治療此病的方法，主要為支援性治療。

預防方法

如出現呼吸道感染病徵時，應佩戴口罩，並盡快求診。

個人衛生

- 保持雙手清潔
 - 經常用梘液和清水洗手，尤其是打噴嚏、咳嗽或清潔鼻子後
 - 如雙手沒有明顯的污垢時，可用含 70 – 80% 酒精搓手液清潔雙手
 - 如要觸摸眼睛、鼻子和嘴巴，應先洗手
- 打噴嚏或咳嗽時應用紙巾掩著口鼻，並將染污的紙巾妥善棄置於有蓋垃圾桶內
- 保持均衡飲食、恆常運動、充足休息、不要吸煙和避免飲酒，以建立良好身體抵抗力

環境衛生

雖然冠狀病毒可能會在環境存活一段時間，但一般清潔劑都能輕易地消滅此病毒。我們切記要：

- 保持空氣流通
- 避免前往人多擠迫、空氣欠流通的地方
- 保持家居清潔。應每天徹底清潔和消毒經常接觸的表面、傢具、共用物品和地板最少一次。可使用稀釋家用漂白水（以 10 毫升次氯酸鈉的濃度為 5.25% 的漂白水混和於 990 毫升清水內）清洗非金屬表面，待乾後再用清水過淨，或用 70% 火酒消毒金屬表面

旅遊健康建議

由於長期病患者（包括糖尿病，慢性肺病，腎功能衰竭或免疫力抑制性的疾病）於旅途中較易出現健康問題，包括感染中東呼吸綜合症，因此，旅客應該於出發前諮詢醫生意見並評估旅遊風險。

- 避免到訪農場、農莊或有駱駝的市集；
- 旅程中避免接觸動物（特別是駱駝，包括騎駱駝或涉及接觸駱駝的活動）、雀鳥、家禽或病人；
- 一旦到訪農場、農莊或市場，接觸動物前後均應經常洗手；
- 避免近距離接觸病人，特別是有呼吸道感染症狀的病人，及避免到中東呼吸綜合症病人入住的醫護環境；
- 旅客亦應注意食物安全和衛生，避免進食或飲用生或未熟透的動物產品，包括奶類和肉類，或食用可能被動物分泌物、排泄物(例如尿液) 或產品染污的食物，除非已經煮熟、洗淨或妥為去皮；
- 如感到不適，應佩戴口罩及盡快求醫；
- 出發前：延遲行程，直至痊癒
- 在海外：告知酒店工作人員或領隊
- 返港後：求診時，告知醫生近期的旅遊紀錄

朝覲人士的建議

患有長期病患，如糖尿病、慢性肺病或免疫系統疾病的人士，朝覲可能增加感染中東呼吸綜合症的機會，因此出

發前，應諮詢醫生的意見，評估風險以了解此旅程是否合適。

打噴嚏或咳嗽時應用紙巾掩著口鼻，將染污的紙巾妥善棄置並徹底清潔雙手；或者，如果沒有紙巾，咳嗽或打噴嚏到衣袖上，而不是在手中。

物業處

2015 年 6 月 3 日