傳 染 病 處

衞生防護中心
Centre for Health Protection
保障市民健康
Protecting Hong Kong's health

Communicable Disease Branch

本署檔號 Our Ref. : (10) in DH CDB/8/103/1 Pt.3
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電　　話 Tel. :
傳　　真 Fax No. :

15 August 2024

Dear Doctor,

WHO declared mpox outbreak as a
Public Health Emergency of International Concern

I write to inform you that the World Health Organization (WHO) declared on 14 August 2024 that the recent upsurges of mpox (monkeypox) cases in Africa constituted a Public Health Emergency of International Concern (PHEIC). I would like to draw your attention to the latest mpox situation and the updated reporting criteria of suspected mpox cases.

According to the WHO, the African Region was the most affected WHO region in the past six months, where 1 854 confirmed mpox cases and 13 deaths have been reported. According to the African Centres for Disease Control and Prevention, at least 13 African countries have reported mpox outbreaks in 2024 and these countries have confirmed 2 863 cases and 517 deaths, primarily in the Democratic Republic of the Congo (DR Congo). Suspected cases in Africa have surged past 17 000 in 2024 so far, a significant increase from 7 146 cases in 2022 and 14 957 cases in 2023.

A new variant known as Clade Ib (a new sexually transmissible strain) emerged and has circulated in the eastern part of DR Congo since September 2023. In the past month, four African countries neighbouring the DR Congo that have not reported mpox before (Burundi, Kenya, Rwanda, and Uganda) have reported more than 100 laboratory-confirmed cases of Clade Ib. Available information suggests that the modes of transmission in Africa are more diverse including human-to-human transmission due to different types of physical or close direct or indirect contact and, in some settings, also zoonotic exposure.

Since 2022, a total of 67 mpox cases (54 local and 13 imported) have been recorded in Hong Kong (as of 14 August 2024). All cases were males and most cases involved men who have sex with men (MSM) or bisexual with a history of high-risk

衞生防護中心乃衞生署轄下執行疾病預防及控制的專業架構
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sexual behaviors during the incubation period, including having sex with strangers. Most were local infections of unknown origin, indicating that mpox had been spreading among local high-risk groups.

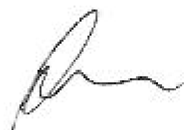
Enhanced laboratory surveillance on mpox targeting patients with compatible skin lesions and other risk factors has been rolled out since August 2022. You may collect swab specimens for mpox testing from the lesions into any container suitable for PCR testing. The specimens should be delivered to the Public Health Laboratory Services Branch (PHLSB) of the Centre for Health Protection (CHP) (Address: No. 382 Nam Cheong Street, Shek Kip Mei, Kowloon) before 5 pm from Monday to Friday (except public holidays) together with the request form. The service is free of charge. You may contact PHLSB for further enquiries (Tel: 2319 8254).

In view of the latest mpox situation in Africa, the case definition for reporting mpox has also been updated at **Annex** with revised epidemiologic criteria to strengthen surveillance. Should you identify patients with suspected or confirmed mpox, including those with a recent travel history in Africa, please isolate the patient from other clients and report as soon as possible to the CENO of CHP via fax (2477 2770), phone (2477 2772) during the office hour, or call our Medical Control Officer (pager: 7116 3300 call 9179) outside office hours.

For more information about mpox such as health promotion materials, interim consensus recommendation by the joint scientific committee on the use of the mpox vaccine and mpox vaccination programme, please refer to the thematic webpage (https://www.chp.gov.hk/en/features/105683.html).

Thank you for your continuous support in combating infectious diseases.

Yours faithfully,



(Dr. Albert Au)
for Controller, Centre for Health Protection
Department of Health

<u>**Annex**</u>

Reporting criteria for suspected case of mpox
(Updated on 15 August 2024)

A suspected case of mpox refers to a patient who meets <u>**both**</u> the clinical and epidemiologic criteria as set out below.

Clinical Criteria

(a) Unexplained acute rash or acute skin lesions
plus one of the following signs / symptoms
- o Acute onset of fever (>38 °C)
- o Chills, headache, myalgia, back pain, joint pain or profound weakness (asthenia)
- o New lymphadenopathy

(b) A case may be excluded if an alternative diagnosis can fully explain the illness[1]

Epidemiologic Criteria

Fulfilling (a), (b), (c) or (d) within 21 days of illness onset:

(a) ***History of travel to Africa***;

(b) Had contact with a person or people who have a similar appearing rash or received a diagnosis of confirmed or probable mpox;

(c) Man who regularly has close or intimate in-person contact with other men; or

(d) 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.).

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[1] According to WHO, common causes of acute rash include varicella zoster, herpes zoster, measles, 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 characteristic rash associated with mpox lesions involve the following: deep-seated and well-circumscribed lesions, often with central umbilication; and lesion progression through specific sequential stages (macules, papules, vesicles, pustules, and scabs). However, the rash can be confused with other diseases that are more commonly encountered in clinical practice (e.g., secondary syphilis, herpes, 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).