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27 July 2023

Dear Medical Superintendent,

Updated case definition for reporting mpox cases in Hong Kong

We would like to provide an update on the latest situation of mpox globally and locally, and our updated case definition for reporting mpox.

According to the World Health Organization (WHO), a total of 88 600 laboratory confirmed cases of mpox and 1 087 probable cases, including 152 deaths, were reported to WHO from 113 countries/areas during 1 January 2022 to 24 July 2023. Most of these cases involved men who have sex with men (MSM). Although the number of cases reported weekly has declined substantially in recent months, the number of weekly reported new cases globally has increased by 104.9% during the week between 17 and 23 July (166 cases) when compared to the preceding week (81 cases). The majority of cases reported in the past 4 weeks were from the WHO Western Pacific Region (40.2%) and Region of the Americas (35.1%). Within the Western Pacific region, new cases outside Hong Kong were recorded in Mainland China, Japan, Singapore, South Korea, Taiwan and Vietnam.

Locally, Hong Kong has recorded 16 mpox cases as at 26 July 2023. All cases were males with age up to 59 years. Among them, eight were recorded this month, involving MSM with high-risk behaviour during the incubation periods, including having sexual practices with strangers. Initial investigation showed that four of these eight cases were local infections with unknown sources. The results reflected transmission might have occurred among local high-risk groups and cannot rule out the possibility of an outbreak.



Among the above-mentioned 16 confirmed mpox cases, 11 of them did not receive mpox vaccination, while another two did not complete the two-dose course. The Centre for Health Protection (CHP) has set up a new designated

mpox vaccination centre for high-risk target groups to receive vaccination by appointment. The new designated mpox vaccination centre (situated at 2/F, CHP building, 147C Argyle Street, Mong Kok) operates from 0900 to 2000 during Monday to Friday except public holidays. Individuals belonging to high-risk target groups can make a booking by email (mpv_booking@dh.gov.hk), or call the booking line (2547 1900) during office hours (0900 to 1730 during Monday to Friday excluding public holidays).

Apart from the newly set up designated vaccination centre, high-risk target groups can receive the mpox walk-in vaccination at the DH's Social Hygiene Service Clinics (SocHS) (namely Chai Wan SocHS, Wan Chai Male SocHS, Wan Chai Female SocHS, Yau Ma Tei Male SocHS, Yau Ma Tei Female SocHS, Yung Fung Shee SocHS, Fanling SocHS and Tuen Mun SocHS). Meanwhile, the DH's Integrated Treatment Centre in Kowloon Bay, and the Hospital Authority's Special Medical Clinics at Queen Elizabeth Hospital and Princess Margaret Hospital will continue to provide mpox vaccination services for their clients. For details of the clinics, please refer to the following website: www.dh.gov.hk/english/tele/tele_chc/tele_chc_shcf.html and www.dh.gov.hk/english/tele/tele_chc/tele_chc_shcm.html.

In view of the detection of locally acquired mpox cases, 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, please isolate the patient from other clients and report as soon as possible to CENO of CHP via fax (2477 2770), phone (2477 2772) during office hour, or call our Medical Control Officer (pager: 7116 3300 call 9179) outside office hours.

For more information about mpox, please refer to the thematic webpage at <https://www.chp.gov.hk/en/features/105683.html>.

Thank you for your continuous support in combating infectious diseases.

Yours faithfully,



(Dr KH KUNG)

for Controller, Centre for Health Protection
Department of Health

Reporting criteria for suspected case of mpox (Updated on 27 July 2023)

A suspected case of mpox refers to a patient who meets **both** 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
 - Acute onset of fever (>38 °C)
 - Chills, headache, myalgia, back pain, joint pain or profound weakness (asthenia)
 - New lymphadenopathy
- (b) A case may be excluded if an alternative diagnosis can fully explain the illness¹

Epidemiologic Criteria

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

- (a) History of travel to country/area previously known as mpox endemic in Africa² as listed in the “Countries/areas previously known as mpox endemic in Africa” at: https://www.chp.gov.hk/files/pdf/list_of_affected_countries.pdf
- (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;
- (d) Contact with a dead or live wild animal or exotic pet that is an African endemic species or used a product derived from 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, 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).

² According to WHO, before this multi-country outbreak since May 2022, mpox endemic countries are: Benin, Cameroon, the Central African Republic, the Democratic Republic of the Congo, Gabon, Ghana, Côte d’Ivoire, Liberia, Nigeria, the Republic of the Congo, Sierra Leone and South Sudan.