

本署檔號 Our Ref.: (5) in DH SEB CD/8/77/1

來函檔號 Your Ref.:

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3 January 2007

Dear Doctor,

Addition of Community-associated methicillin-resistant *Staphylococcus aureus*
(CA-MRSA) infection to the First Schedule of
the Quarantine and Prevention of Disease Ordinance, Cap.141

I am writing to draw your attention that with effect from 5th January 2007, "Community-associated methicillin-resistant *Staphylococcus aureus* infection" will become a statutory notifiable infectious disease in Hong Kong.

CA-MRSA is an emerging antibiotics resistant infection which has become endemic in some overseas countries. Since mid-2005, the Centre for Health Protection (CHP) of the Department of Health has received voluntary reports of cases of CA-MRSA infections from the accident and emergency departments of public hospitals and general practitioners. We note that there was an apparent increase of reported cases in recent months and we consider that there is a window of opportunity to contain this infection before it becomes widespread. To this end, we need to strengthen the surveillance and implement effective public health preventive and control measures locally and hence to include CA-MRSA infection as a statutory notifiable infectious disease.

CA-MRSA infections generally refer to MRSA infections that are acquired by persons who have no significant exposure to health care within the past one year. They usually manifest as skin and soft tissue infections, and occur in otherwise healthy people. More serious complications may result in pneumonia, septicaemia and surgical wound infection. Furthermore, CA-MRSA is more infectious and likely to cause outbreaks in susceptible groups.



Please refer to the case definition of CA-MRSA (also available at www.chp.gov.hk/ceno) developed taking reference from overseas recommendations as attached. For laboratory confirmed CA-MRSA cases, please report to Central Notification Office of the CHP (Telephone: 2477 2772, Fax: 2477 2770) or CENO On-line at <http://www.chp.gov.hk/ceno>. Please note that CA-MRSA confirmatory test will be provided free by the Microbiology Division, Public Health Laboratory Services Branch of the CHP if MRSA is identified in the culture isolate of patients fulfilling the clinical and epidemiological criteria. You can simply ask your laboratory to deliver the MRSA isolate to the aforesaid Division. For further information about testing, please see <http://www.chp.gov.hk/files/pdf/grp-specimenhandbook-en-2004122802.pdf>

Attached please find a revised notification form (Form 2), which can also be downloaded from the CHP's website (www.chp.gov.hk) with effect from 5th January 2007.

Yours sincerely,



(Dr Thomas TSANG)

Consultant Community Medicine (Communicable Disease)
Centre for Health Protection

Case Definition

Community-associated MRSA infection (11 October 2006)

Clinical description

Community-associated methicillin-resistant *Staphylococcus aureus* (CA-MRSA) infections generally refer to MRSA infections that are acquired by persons who have no significant exposure to health care within the past one year. A select group of CA-MRSA strains have specific genetic characteristics and tend to be more susceptible to non- β -lactam antibiotics (e.g. co-trimoxazole, ciprofloxacin, and erythromycin) than the hospital-associated MRSA strains. Such strains however have also been reported to be acquired from the hospital setting. The case definition of this entity is thus undergoing evolution.

Persons with laboratory diagnosis of MRSA in outpatient settings or within 48 hours after admission to hospitals, and fulfilling the clinical and epidemiological criteria below are more likely to have “CA-MRSA” infections:

i. **Clinical criteria:**

- Skin / soft tissue infections (e.g. infected eczema / boil / abscess), **OR**
- More serious infections (e.g. blood stream infections or pneumonia)

ii. **Epidemiological criteria:**

- No permanent indwelling catheters or medical devices that pass through the skin into the body **AND** no medical history in the past year of:
 - Hospitalization
 - Admission to nursing home, skilled nursing facility, or hospice
 - Dialysis
 - Surgery

Laboratory criteria

Isolation of MRSA strain from any clinical specimen with the following characteristics:

- Staphylococcal cassette chromosome *mec* (SCC*mec*) type IV or V, **AND**
- Positive for Panton-Valentine leucocidin (PVL) gene

Confirmed case

A clinically compatible case that is laboratory confirmed.

FORM 2
QUARANTINE AND PREVENTION OF DISEASE ORDINANCE
(Cap. 141)

Notification of Infectious Diseases other than Tuberculosis
Particulars of Infected Person

Name in English:	Name in Chinese:	Age/Sex:	I.D. Card/Passport No.:
Address:			Telephone Number:
Place of Work/ School Attended:			Telephone Number:
Hospital(s) attended:			Hospital/A&E Number:

Disease [“✓”] below Suspected/Confirmed on ____ / ____ / ____

<input type="checkbox"/> Acute Poliomyelitis <input type="checkbox"/> Amoebic Dysentery <input type="checkbox"/> Bacillary Dysentery <input type="checkbox"/> Chickenpox <input type="checkbox"/> Cholera <input type="checkbox"/> Community-associated methicillin-resistant <i>Staphylococcus aureus</i> infection <input type="checkbox"/> Dengue Fever <input type="checkbox"/> Diphtheria <input type="checkbox"/> Food Poisoning <input type="checkbox"/> Influenza A(H5), Influenza A(H7) or Influenza A(H9)	<input type="checkbox"/> Japanese Encephalitis <input type="checkbox"/> Legionnaires' Disease <input type="checkbox"/> Leprosy <input type="checkbox"/> Malaria <input type="checkbox"/> Measles <input type="checkbox"/> Meningococcal Infections <input type="checkbox"/> Mumps <input type="checkbox"/> Paratyphoid Fever <input type="checkbox"/> Plague <input type="checkbox"/> Rabies <input type="checkbox"/> Relapsing Fever	<input type="checkbox"/> Rubella <input type="checkbox"/> Scarlet Fever <input type="checkbox"/> Severe Acute Respiratory Syndrome <input type="checkbox"/> <i>Streptococcus suis</i> Infection <input type="checkbox"/> Tetanus <input type="checkbox"/> Typhoid Fever <input type="checkbox"/> Typhus <input type="checkbox"/> Viral Hepatitis <input type="checkbox"/> Whooping Cough <input type="checkbox"/> Yellow Fever
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Notified under the Prevention of the Spread of Infectious Diseases Regulations by

Dr. on / /
 (Full Name in BLOCK Letters) (Date)

Telephone Number: (Signature)

Remarks: