

監測及流行病學處



Surveillance
And
Epidemiology
Branch

本署檔號 Our Ref.: (19) in DH SEB CD/8/77/1

14 December 2007

Dear Doctors,

**Enhanced Case Detection for Community-associated Methicillin Resistant
Staphylococcus aureus (CA-MRSA) in Hong Kong**

With effect from 5th January 2007, community-associated methicillin-resistant *Staphylococcus aureus* (CA-MRSA) infection became a statutory notifiable infectious disease in Hong Kong (please refer to Appendix for case definition). During January through November 2007, the Centre for Health Protection (CHP) has received 155 local reports of CA-MRSA infections, while most of them presented with **skin and soft tissue infections** such as skin abscess, boils, carbuncles or furuncles.

A study had been conducted at 5 local Accident and Emergency Departments (AEDs) over a 4 months period. 298 swabs were taken from patients presenting with skin and soft tissue infection and out of which 13 (4.4%) were CA-MRSA positive, in other words, about 1 in 20 of purulent skin and soft tissue infection were caused by CA-MRSA infection.

Your attention is drawn to the result of this study and you are encouraged to take swabs from patients presenting with purulent skin or soft tissue infections. If MRSA is identified in the culture isolate of patients fulfilling the clinical and epidemiological criteria (Appendix), free confirmatory molecular testing for CA-MRSA will be provided by the Public Health Laboratory Services Branch (PHLSB) of CHP (further information: <http://www.chp.gov.hk/files/pdf/grp-specimenhandbook-en-2004122802.pdf>). Please also report these suspected CA-MRSA cases to Central Notification Office (CENO) of the CHP (Telephone: 2477 2772, Fax: 2477 2770) or CENO On-line at <http://www.chp.gov.hk/ceno>.



衛生防護中心乃衛生署
轄下執行疾病預防
及控制的專業架構
The Centre for Health
Protection is a
professional arm of the
Department of Health for
disease prevention and
control

To help prevent cross transmission of CA-MRSA infection in the community, please advise your patients:

- not to use antibiotics without medical professional advice. They should take antibiotics according to the frequency and dosage as prescribed by doctors and complete the whole course;
- to maintain good personal hygiene especially washing hands frequently with soap and water. Hand hygiene is particularly important if a person is taking antibiotics as loss of normal bacterial flora during this time predisposes even healthy individuals to acquire CA-MRSA; and
- to disinfect wounds promptly and to cover the wounds to prevent secondary bacterial infections.

For more information on CA-MRSA, please visit the website of CHP at <http://www.chp.gov.hk>. Thank you very much for your attention and support.

Yours faithfully,



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Appendix

Case definition

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.