

Infection Control Recommendations for Monkeypox in Hospital Settings

10 June 2022

MS M Y KONG

SNO, CICO OFFICE, HAHO



醫院管理局
HOSPITAL
AUTHORITY

HA Preparedness for Monkeypox

HA Preparedness Plan for Infectious Disease Pandemic

HA's response to infectious disease pandemic generally follows the HK Government response system. A 3-tier system is differentiated according to the risk of the infectious disease causing significant public health impact to HK.



Coordinated by Food and Health Bureau (FHB) and steer Government response

Steering Committee chaired by Secretary for Food and Health (SFH)

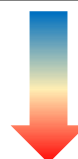
Steering Committee chaired by the Chief Executive with FHB

HA will activate the same response levels according to response levels activated by the Government.

Alert
Low Risk



Serious
Moderate Risk



Emergency
High and Imminent Risk



Serious or Emergency level

Convene Ad hoc CCIDER



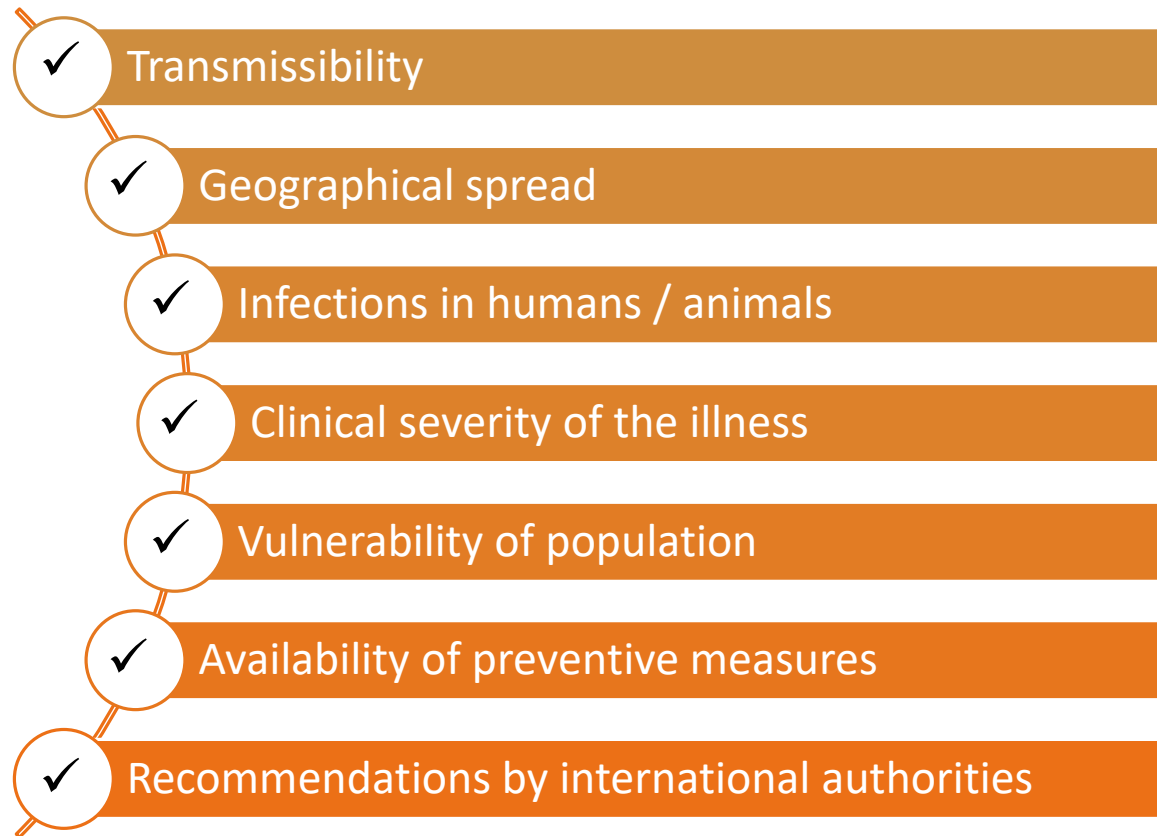
HA Central Command Committee (CCC) chaired by CE of HA



Emergency Executive Committee (EEC) delegated by HA Board.

Risk Assessment

- HK Government and HA's preparedness plans are based on a comprehensive risk assessment.
- Risk assessment can help to initiate the right response actions at the right time.
- Areas of concern in the risk assessment as follow:



Response Levels



Alert

- Situation where the immediate health impact in HK is **low**
- There is an **imported human case** and/or epidemiological linked cases or an **imported animal case**



Serious

- Risk of infectious disease causing serious health impact in HK is **moderate**
- There is evidence of apparently **unlinked sporadic cases/clusters** of cases in the community or **infected animals** epidemiological linked to human or imported animal cases



Emergency

- Risk of infectious disease causing serious health impact in HK is **high and imminent**
- There is evidence of **spread in a healthcare facility** or imminent risk of **sustained transmission in the community**; finding of **infected animals** in the community which are not epidemiological linked to human cases or imported animal cases

Source:

The Government of the Hong Kong Special Administrative Region - Preparedness and Response Plan for Monkeypox (2022)

https://www.chp.gov.hk/files/pdf/preparedness_and_response_plan_for_monkeypox_eng.pdf

Current risk assessment

- On 4 June 2022, the WHO assessed the public health risk at the **global level as moderate** considering this is the first time that many monkeypox cases and clusters are reported concurrently in non-endemic and endemic countries in widely disparate WHO geographical areas. (WHO)
- The probability of monkeypox **transmission to healthcare workers (HCWs) wearing appropriate personal protective equipment is very low**, with the disease having an estimated low impact, leading to an overall low risk. (ECDC)

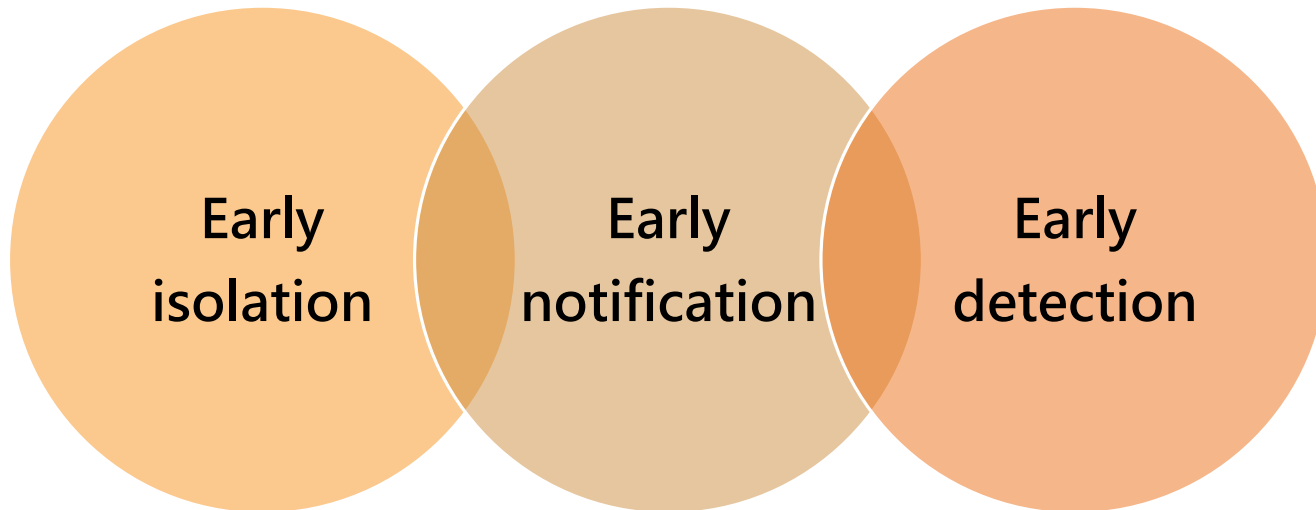
Sources:

- WHO - Multi-country monkeypox outbreak: situation update
<https://www.who.int/emergencies/disease-outbreak-news/item/2022-DON390>
- ECDC – Monkeypox multi-country outbreak
<https://www.ecdc.europa.eu/sites/default/files/documents/Monkeypox-multi-country-outbreak.pdf>

HA Preparedness for Monkeypox

1. HA Preparedness Plan for Monkeypox
2. HA Infection Control Plan for Monkeypox
3. Interim recommendation on clinical management of Monkeypox virus infection
4. Communication kit for Monkeypox
5. Thematic webpage
6. Staff forums

Bundle Approach



Case Reporting & Notification

Case reporting criteria for Monkeypox (Last updated on 10 Jun 2022)

Clinical criteria		Epidemiological criteria
<p>Presented with</p> <ul style="list-style-type: none"> Unexplained acute rash AND one of the following signs / symptoms: <ul style="list-style-type: none"> Acute onset of fever ($>38^{\circ}\text{C}$) Chills and/or sweats New lymphadenopathy (periauricular, axillary, cervical, or inguinal) A case may be excluded if an alternative diagnosis can fully explain the illness ¹ 	AND	<p>Fulfilling (a), (b) or (c) within 21 days of illness onset:</p> <p>(a) History of travel to country where monkeypox is endemic ² OR</p> <p>(b) History of travel to non-endemic country with confirmed cases of monkeypox ³</p> <ul style="list-style-type: none"> Had contact with a person or people who have a similar appearing rash or received a diagnosis of confirmed or probable monkeypox; or Man who regularly has close or intimate in-person contact with other men <p>OR</p> <p>(c) 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.)</p>

¹ According to WHO, common causes of acute rash include varicella zoster, herpes zoster, measles, Zika, dengue, chikungunya, 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 rash associated with monkeypox can be confused with other diseases that are more commonly encountered in clinical practice (e.g., secondary syphilis, herpes, chancroid, 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, monkeypox endemic countries are: Cameroon, the Central African Republic, the Democratic Republic of the Congo, Gabon, Côte d'Ivoire, Liberia, Nigeria, the Republic of the Congo, and Sierra Leone. In Ghana, the monkeypox virus was identified in animals only. Benin and South Sudan have documented importations in the past. Countries currently reporting cases of the West African clade are Cameroon and Nigeria, and of the Congo Basin clade are Cameroon, Central African Republic and Democratic Republic of the Congo.

³ Please refer to the following hyperlink for latest list of non-endemic country with confirmed cases of monkeypox
<https://www.chp.gov.hk/en/features/105683.html>

Case classification for Monkeypox

(Last updated on 10 Jun 2022)

Laboratory criteria

Any one of the following:

Isolation of monkeypox virus in culture from a clinical specimen; **OR**

Detection of unique sequences of viral DNA either by real-time polymerase chainreaction and/or sequencing from a clinical specimen.

Case Classification

Confirmed case

- A clinically compatible illness that is laboratory confirmed.

Suspected case

- A case that meets both the clinical and epidemiologic criteria.

Source:

https://cdis.chp.gov.hk/CDIS_CENO_ONLINE/ceno.html

Notification

➤ Monkeypox is listed as a **statutorily notifiable infectious disease** under the Prevention and Control of Disease Ordinance (Cap 599) on 10 June 2022.

➤ Clinicians should report any suspected or confirmed case to CENO of CHP and HAHO via NDORS, and call the Medical Control Officer (MCO) of CHP (Pager: 71163300 call 9179) immediately.

HA CMS | CHAN, TAI MAN | QMH | MED - Internet Explorer

File 1.Clinical 2.Investigation 3.Enquiry 4.Booking 5.DT 6.Report 7.Doc./Print 8.Other System 9.Info 0.Admin Login Info CMS

Logoff Close PSP Bed Assign Transfer Discharge Rx Modify Rx Letter/Doc Lab Result OP Book Time Out eHandover ePR HKPMI DM Info OT Record Next Patient

Patient-specific Function(s) +Reminder PMI Alert

病人 PATIENT, 9959

F 70y DOB: 15-Apr-1952 D007097(2) LTP L1 Adm: 09-Apr-1998 HN98025688(5)

NDORS X

Report Date	Edit Print	Disease	Reported by	Last Updated	Pat.Spec	Hosp	Case St
25-May-2022 09:51		Monkeypox	CHAN, TAI MAN	25-May-2022 09:52	MEDB	QMH	
23-May-2022 16:47		Vibrio vulnificus infection	CHAN, TAI MAN	23-May-2022 16:47	MEDB	QMH	
23-May-2022 16:22		Vibrio vulnificus infection	CHAN, TAI MAN	23-May-2022 16:22	MFDR	QMH	

Scheduled Infectious Diseases Infectious Diseases of Public Health Concerns HA Internal Reporting DD/Non-DD Reporting

Acute poliomyelitis	Cholera	Food poisoning	Leptospirosis	Mumps	Rabies	Smallpox	Viral haemorrhagic fever
Amoebic dysentery	CA-MRSA Infection	Haemophilus influenzae type b infection (invasive)	Listeriosis	Novel influenza A infection - Variant Influenza A (H3N2) - Influenza A (H5) - Influenza A (H7) - Others	Relapsing fever	Streptococcus suis infection	Viral hepatitis
Anthrax	COVID-19	Hantavirus infection	Malaria	Paratyphoid fever	Rubella / Congenital rubella syndrome	Tetanus	West Nile Virus Infection
Bacillary dysentery	Creutzfeldt-Jakob disease	Invasive pneumococcal disease	Measles	Plague	Scarlet fever	Tuberculosis	Whooping cough
Botulism	Dengue fever	Japanese encephalitis	Meningococcal infection (invasive)	Psittacosis	SARS	Typhoid fever	Yellow fever
Chickenpox	Diphtheria	Legionnaires' disease	Middle East Respiratory Syndrome	Q fever	Shiga toxin-producing Escherichia coli infection	Typhus / Other rickettsial diseases	Zika Virus Infection
Chikungunya fever	Enterovirus 71	Leprosy	Monkeypox				

Effective on 10 June 2022 18:30

Laboratory diagnosis

Specimen should be sent to the PHLSB for Monkeypox virus PCR

- TAT for negative result: usually within next day
- TAT for preliminary positive result: may require up to two days for confirmation

Specimen types:

- ① **Dry swab** in sterile container

AND / OR

- ② **Vesicle fluid** in plain sterile bottle or syringe (with needle removed and syringe capped)



Remark:

- Prior arrangement should be made with Microbiologist of PHLSB before sending of specimen.

GCRS Request for Monkeypox

Effective on
22 Jun 2022

Ix Request

Request Date: 01/06/2022
Admission / Current Dx: mm
Requested By: GCRS GCRS REQUE
Requesting Location:
Report To: *DF* (DEFAULT)
Copy To:
Discipline: M Microbiology
Ix:
Search

Specimen

Test

Selected Ix / Services

ALLIED HEALTH

Clinical Psy
Dietetics
MSW (General)
OT (General)
P&O
PRC
Physiotherapy
Podiatry
Speech Therapy
CRSS

DI

CPLC
PHLC

CEU / EDU service

Gastrointestinal
Neurophysiology
Non-Invasive Cardiac
Respiratory

LAB

A Histopathology
C Biochemistry
H Haematology
M Microbiology
S Blood Bank
DM / ENDO
DM & Endo Services
Miscellaneous
HBOT
RADIOLOGY

Specimen

☐ Blood (Culture)
☐ Blood
☐ CSF
☐ CSU
☐ Clotted Blood
☐ Combined nasal and throat swab
☐ Deep Wound Swab
☐ High Vaginal Swab
☐ MSU
☐ Nasal+Axilla+Groin+Rectal Swab
☐ Rectal Swab
☐ Sputum
☐ Stool
☐ Superficial Wound Swab
☐ Throat Saliva
☒ Vesicular fluid_Lesion swab
☐ Wound Swab
Other Specimen

Test

☐ Lesion swab, PCR for Monkeypox
☐ Vesicular fluid, PCR for Monkeypox

Selected Ix / Services

Allow to select:

- Both Vesicular fluid & Lesion swab at the same time
- Lesion swab only
- Vesicular fluid only

Ix Information

LAB

Request Information (Lesion swab, PCR for Monkeypox, Vesicular fluid, PCR for Monkeypox)

- For any suspected case fulfilling the reporting criteria, it should be reported immediately to the Hospital Infection Control Officer (HICO) and notified to the Central Notification Office (CENO) of CHP through NDORS.
- For the diagnosis of suspected Monkeypox, please send 1) dry swab in sterile container, plus 2) vesicle fluid in plain sterile bottle or syringe (with needle removed and syringe capped) to PHLSB.
- Prior arrangement should be made with Microbiologist before sending of specimen.

Infection Control Measures

Patient Placement

- Suspected or confirmed monkeypox cases should be placed in a **single airborne infection isolation room (AIIR) en-suite with toilet facility** (i.e. with negative pressure and at least 12 ACH)
- Confirmed cases should not be nursed in the same room with suspected cases.
- Confirmed cases should be **centrally isolated and managed at Hospital Authority Infectious Disease Centre (HAIDC)**.

Isolation Precautions

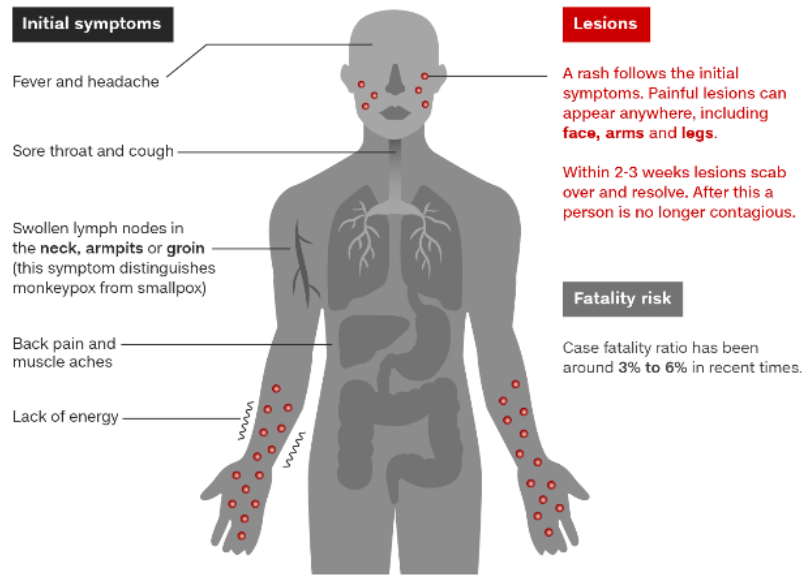
- Monkeypox is considered to be mainly transmitted through respiratory droplets and direct contact with body fluids or lesion materials.
- A combination of **standard, contact, and droplet precautions** should be adopted for routine patient care. Because of the theoretical risk of airborne transmission of MPXV, **airborne precautions** should also be applied.
- PPE: **Surgical respirator, eye protection (goggles / face shield), isolation gown, gloves, and cap (optional)** for routine patient care and aerosol-generating procedures (AGPs)
- Isolation precautions should be maintained until all scabs have fallen off and new skin is present.



Monkeypox and other common skin rash illness

Monkeypox is a viral disease with symptoms similar to smallpox but clinically less severe

It is characterized by the following symptoms:



		Monkeypox	Chickenpox	Measles
Symptoms	Fever	1-3 days before rash	1-2 days before rash	3-5 days before rash
	Rash appearance	Lesions often in one stage of development	Lesions often in multiple stages of development	Lesions often in multiple stages of development
	Rash development	Slow	Rapid	Rapid
	Rash distribution	More dense on face; present on palms and soles	More dense on trunk; Absent on palms and sole	Starts on face and spreads, sometimes reaching hands and feet
	Lymphadenopathy	Present	Absent	Occasional
	Death	Up to 10%	Rare	Varies widely

CNN Source: Centers for Disease Control and Prevention, World Health Organization
Graphic: Natalie Leung, CNN

Sources:

<https://www.gmanetwork.com/news/topstories/nation/832727/what-s-the-difference-between-monkeypox-chickenpox-and-measles/story/>
<https://edition.cnn.com/2022/06/02/health/monkeypox-endemic-silent-spread/index.html>

Personal Protective Equipment (PPE)

PPE at triage / fever room / fever consultation room



Shoe covers are not recommended.

Recommended PPE for suspected / confirmed monkeypox cases



Shoe covers are not recommended.

Respiratory Protection Program for Healthcare Workers

- Before initial use of surgical respirator, fit test should be performed to select a suitable type, model and size of respirator for individual respirator user. Test results should be maintained according to local hospital protocol.
- Qualitative Fit Test (QLFT) and Quantitative Fit Test (QNFT)
- Maintain Fit Test results record



*每次配戴外科呼吸器後, 要做正壓及負壓密合檢查。

*Perform positive and negative seal check every time after wearing surgical respirator



正壓檢查:

以雙手遮著口罩，然後大力呼氣。如空氣從口罩邊緣溢出，表示配戴不當，必須再次調校頭帶。

負壓檢查:

以雙手遮著口罩，然後大力吸氣。口罩中央會凹陷，如空氣從口罩邊緣進入，表示配戴不當，必須再次調校頭帶。在未將口罩校至適合位置前，切勿進入空氣污染地區。

- **Positive Seal Check:**

Place both hands completely over the respirator and exhale sharply. If air leaks around respirator edges, adjust the straps back along the sides of your head. Perform seal check again if an adjustment is made.

- **Negative Seal Check:**

Place both hands completely over the respirator. Inhale sharply and the respirator will collapse slightly. If inward leakage of air is detected, the seal of the respirator is considered unsatisfactory. Reposition it by adjusting the straps. If you cannot achieve a proper seal, do not enter the contaminated area.

Repeat of Surgical Respirator Fit Test

Under the following circumstances, retest of fit test should be done:

- A significant change on facial contour affecting the respirator fit
- A significant increase or decrease in weight (10%)
- Change in facial structure or scarring due to dental work, cosmetic surgery or accidents
- When no supply of appropriate model or size of respirator
- Any other condition that may interfere with face-piece sealing

Patient Care Equipment

- Handle used/soiled patient-care equipment carefully to prevent skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to other patients and environment
- Use disposable items when those items cannot be cleaned or disinfected properly
- **Designate non-critical patient care equipment** to the patients. If sharing is unavoidable, clean and disinfect with sodium hypochlorite solution 1,000 ppm after each patient use
- **Respiratory therapy equipment require high-level disinfection.** Central reprocessing is preferred based on local hospital policy. Well-packed contaminated items before transfer to prevent environmental contamination

Environmental Control

- Poxviruses showed extraordinary **resistance drying**, increased temperature and pH tolerance when compared to other enveloped viruses. These characteristics strongly impact their environmental persistence: materials from infected patients (e.g. dermal crusts) or **fomites (e.g. bed linens) remain infective** for months to years.
- Poxviruses are sensitive to common disinfectants, although they can be **less sensitive to organic disinfectants** compared to other enveloped viruses, due to their reduced envelop lipid content.
- Clean and disinfect with **sodium hypochlorite solution 1,000 ppm or 2-in-1 disinfectant** at least daily, or whenever visibly soiled
- Use 70% alcohol to disinfect metal surfaces
- Clean and disinfect the immediate patient environment promptly after performing AGPs.
- Perform terminal disinfection upon each patient discharge
- Use hydrogen peroxide vapor (HPV) / ultraviolet C (UVC) for room disinfection after risk assessment by ICO and OSH teams

Linen Handling

- Monkeypox virus may spread through direct contact with body fluids or sores on an infected person or with **materials that have touched body fluids or sores, such as clothing or linens.**
- **Contaminated clothing and linens should be washed at least 60°C cycle.**
- All linen should be classified as **infected linen**. Linen bag should be secured with “infected linen” tag with information of the origin.
- **Avoid sorting** linens in patient-care areas.
- Place linen into **water soluble bag**, then a **laundry bag** with minimal manipulation or agitation to avoid contamination of air, surfaces and persons.



Waste Management

- The majority of wastes arising from monkeypox cases such as **PPEs**, paper tissues, leftover food, meal boxes, and packing materials should be treated as **general waste**.
- The exceptions are those waste types defined as clinical waste in the Waste Disposal Ordinance including used or contaminated sharps, laboratory waste, human tissues and dressings (**e.g. gauzes soaked with lesion fluid**) which should be handled according to HA Operation Circular No. 14/2015 Implementation of Clinical Waste Management Plan (CWMP).
- <http://ha.home/circular2/Ops-2015-14.pdf>
- Use bedpan washer to clean and thermal disinfect the urinals and bedpans. If bedpan washer is not available, please consider to use the liner bag. After use, the contents are to be solidified with high-absorbency gel and then discarded as **general waste**.



Example:
Bedpan liner

Cleaning of Spillage of blood, body fluids, or other potentially infectious materials


- Clean the visible soils with disposable absorbent material and discard it into the appropriate waste bag
- **Mop the area with a cloth or paper towels wetted with sodium hypochlorite solution 10,000 ppm, leave for 10 minutes**
- Then rinse with water and allow the area to air dry
- 70% alcohol can be used in metal surface if household bleach is contraindicated

Handling of Dead Body

➤ Handling and disposal of dead body according to **Category 2**

➤ Use **YELLOW** label

➤ Follow the additional precautions as recommended in “Precautions for Handling and Disposal of Dead Bodies, 10th edition.” https://www.chp.gov.hk/files/pdf/grp-guideline-hp-ic-precautions_for_handling_and_disposal_of_dead_bodies_en.pdf

	Danger of Infection 小心傳染			Category 類別 2
	In handling dead bodies, Standard Precautions are required. 處理屍體時需要採取標準預防措施。 In addition, the following precautions are also required: 此外，下列附加的預防措施亦必須採納:			
	Bagging 入屍袋	Viewing in funeral parlour 殯儀館內瞻仰遺容	Embalming 防腐處理	Hygienic preparation in funeral parlour 殯儀館內裝身及化妝
Must 必須	Allowed 可以	Not allowed 不可以	Allowed with disposable gloves, water resistant gown / plastic apron over water repellent gown & surgical mask 可以，但必須戴上用後即棄的手套、防水保護衣/ 抗水保護衣外加膠圍裙和外科口罩	

Patient Transport

- Limit patient transport to essential purpose only
- Wear appropriate PPE when handling patients
- Provide **surgical mask to patients** during transportation if not contraindicated
- **Cover patients' lesion (e.g. long sleeves and pants) to the best extend possible for transport**
- Inform the receiving ward/ parties before patient transport to facilitate appropriate arrangement
- Inform the administration to prepare the **designated route** for transport. The involved area should be disinfected afterwards
- **Disinfect transport vehicles** after use

Recommended visiting service policies in HA Hospitals

HK Gov't Response Systems		Alert Response Level	Serious Response Level		Emergency Response Level
HA Response		Alert Response Level	Serious Response Level (S1)	Serious Response Level (S2)	Emergency Response Level (ERL)
Visiting hours	Isolation wards	No visiting unless on compassionate ground			
	Other patient areas	Not more than 4 hrs per day, 2 persons at a time	Not more than 4 hrs per day, 2 persons at a time	2 hrs per day, 2 persons at a time	No visiting in general or Subject to CCC's decision upon CCIDER's advice & supported by CHP
	Convalescent hospitals	Not more than 6 hrs per day, 2 persons at a time	Not more than 6 hrs per day, 2 persons at a time	4 hrs per day, 2 persons at a time	
Hand Hygiene		Required			
Surgical Mask		Not required	Not required	Required in all patient areas	Required in all hospital areas
Temperature check		Publicize the general public to take temperature check by themselves			Subject to CCC's decision upon CCIDER's advice & supported by CHP
Registration		Registration is required for visiting suspected / confirmed case in isolation wards under special permission			Subject to CCC's decision upon CCIDER's advice & supported by CHP

Remarks:

- PPE for visitors should be available to the area of visit
- Health advice and information on proper infection control precautions should be available to visitors e.g. poster.
- Make arrangements for the provision of surgical masks and hand washing facilities and/ or hand rub within their hospitals and clinics.

Recommended volunteer services and clinical attachment in HA hospitals

Recommended volunteer services

HK Gov't Response Systems		Alert Response Level	Serious Response Level		Emergency Response Level
HA Response		Alert Response Level	Serious Response Level (S1)	Serious Response Level (S2)	Emergency Response Level (ERL)
Volunteers for patient support services (including patient group activities)	High-risk areas [#]	Not allowed			
	Other patient areas	Allowed	Allowed under directives given by Cluster Chief Executive and Hospital Infection Control Team		Suspended in general or Subject to CCC's decision upon CCIDER's advice & supported by CHP
	Non-patient areas and Non-hospital settings	Allowed			

Recommended clinical attachment

HK Gov't Response Systems		Alert Response Level	Serious Response Level		Emergency Response Level
HA Response		Alert Response Level	Serious Response Level (S1)	Serious Response Level (S2)	Emergency Response Level (ERL)
Clinical Attachment • medical students • nursing students • allied health students • pharmacy students	High-risk areas [#]	Allowed	Not allowed		
	Other patient areas		Perform risk assessment and act as appropriate		Suspended in general or Subject to CCC's decision upon CCIDER's advice & supported by CHP
	Non-patient areas and Non-hospital settings		Allowed		

Remarks:

- [#]High-risk areas refer to triage stations of Out-patient Clinics and Accident & Emergency department; fever rooms of Out-patient Clinics; designated clinics, isolation rooms (including isolation rooms in ICUs and AEDs); surveillance wards; and clinical laboratories.
- The high risk areas in clinical laboratories referred to Microbiology Laboratory (the particular bench with direct handling of relevant specimen), mortuaries (including autopsy rooms), rooms where frozen sections were performed and molecular laboratories where fresh clinical specimens were handled. (Endorsed in Directors' Meeting held on 14 January 2015)

Recommended other service providers in HA hospitals

HK Gov't Response Systems		Alert Response Level	Serious Response Level		Emergency Response Level
HA Response		Alert Response Level	Serious Response Level (S1)	Serious Response Level (S2)	Emergency Response Level (ERL)
(I) Chinese Medicine Practitioners from CMCTRs	High-risk areas [#]	Only allowed on a case-by-case basis			Suspended in general or Subject to CCC's decision upon CCIDER's advice & supported by CHP
	Other patient areas	Allowed	Perform risk assessment and act as appropriate		
	Non-patient areas and Non-hospital settings	Allowed			
(II) Non-government organization (NGO) and others	High-risk areas [#]	Not allowed			
	Other patient areas	Allowed	Allowed under directives given by Cluster Chief Executive and Hospital Infection Control Team		Suspended in general or Subject to CCC's decision upon CCIDER's advice & supported by CHP
	Non-patient areas and Non-hospital settings	Allowed			
(III) Honorary staff - Clinical - Non-clinical	High-risk areas [#]	Only allowed on a case-by-case basis			Suspended in general or Subject to CCC's decision upon CCIDER's advice & supported by CHP
	Other patient areas	Allowed	Allowed under directives given by Cluster Chief Executive and Hospital Infection Control Team		
	Non-patient areas and Non-hospital settings	Allowed			
(IV) Justice of peace (JP)	High-risk areas [#]	Only allowed on a case-by-case basis			Suspended in general or Subject to CCC's decision upon CCIDER's advice & supported by CHP
	Other patient areas	Allowed	Allowed under directives given by Cluster Chief Executive and Hospital Infection Control Team		
	Non-patient areas and Non-hospital settings	Allowed			
(IV) Contract out staff for	High-risk areas [#]	Allowed	Perform risk assessment and act as appropriate		
essential services e.g. EMSD, cleaning staff	Other patient areas	Allowed			
	Non-patient areas and Non-hospital settings	Allowed			

Remarks:

- [#]High-risk areas refer to triage stations of Out-patient Clinics and Accident & Emergency department; fever rooms of Out-patient Clinics; designated clinics, isolation rooms (including isolation rooms in ICUs and AEDs); surveillance wards; and clinical laboratories.
- The high risk areas in clinical laboratories referred to Microbiology Laboratory (the particular bench with direct handling of relevant specimen), mortuaries (including autopsy rooms), rooms where frozen sections were performed and molecular laboratories where fresh clinical specimens were handled. (Endorsed in Directors' Meeting held on 14 January 2015)

Staff Early Sickness Alert System (SESAS)

For early detection and control of potentially communicable infectious diseases / outbreaks

醫管局員工病徵速報 HA Staff Sickness Reporting

如出現以下病徵，請通知你的上司以紀錄在**職員初期病徵預警系統**。
If you have the following symptoms, please inform your supervisor to record in **Staff Early Sickness Alert System (SESAS)**.

發熱
Fever

肌肉疼痛
Myalgia

發冷
Chills

咽喉疼痛
Sore Throat

肺炎
Pneumonia

流涕
Running Nose

咳嗽
Cough

腹瀉
Diarrhoea

嘔吐
Vomiting

詳情請參閱內聯網：
Please visit Intranet for details: <http://sesas.home/>

如有疑問，請盡快聯絡醫院感染控制小組或總感染控制主任辦公室。
For any enquiries, please contact Hospital Infection Control Team or CICO office.

March 2013

Staff Early Sickness Alert System (SESAS)

職員初期病徵預警系統

User Login(使用者登入)

Logon Name(登入名稱) :

Password(密碼) :

Domain Name(網域名稱) : CORP

☒ Save my "NT Domain" and "User Name" for next login
儲存我的"網域"和"使用者名稱"作下次之用

General enquiries (一般查詢) : [Infection Control Team \(感染小組\)](#)
[Email to HAHQ-感](#) | [Other Requests\(其他申請事項\)](#)

[User Manual/使用者手冊](#) [User Guidelines/使用者守則](#)

If you have any query please contact (IT Call Center) 2515-2653 OR input your query by clicking following link (Business Support Desk):
如有任何查詢，請致電 (IT Call Center) 2515-2653 或 按以下連結(Business Support Desk) 輸入查詢問題：
[Business Support Desk - http://wcdiis02/bsd/hotline_login.asp](http://wcdiis02/bsd/hotline_login.asp)

News 最新消息

HKID is replaced by Employee Number during sickness reporting. In the interest of personal data privacy, HKID is no longer required for reporting sickness for colleagues not on the list of "My Team". For non-HA staff and in case the Employee Number is not available, the Employee Number field can be left blank and the system will generate a reference number for record purpose.
在報病過程中，「職員號碼」已取代了「香港身份證號碼」。為了保護個人資料私隱，為其他人(非組員)報告疾病時，已不再需要

Risk communication

Enhanced Measures

Internal communication

- Thematic webpage
- Communication kit
- Staff forums

IEC Welcome to IEC webpage
Infection, Emergency & Contingency

Home About Us COC/CCs Infectious Disease Control Emergency Response & Crisis Intervention

The Department of Infection, Emergency and Contingency was born after the reform of the Hospital Authority Head Office in 2006. The nomenclature has reflected our mission that sheds the new light of the corporate initiative onto combating with infectious diseases, enhancing the emergency response and contingency planning.

What's New!

COVID-19
2019冠狀病毒病

Monkeypox
猴痘

2021/22 猴痘疫情防疫計劃
Starting 6.10.2021

Monkeypox 猴痘

Reporting Criteria (Last updated as at 6 Jun 2022)

Clinical criteria:
Presented with
 • Unexplained acute rash
 AND
 one of the following signs / symptoms:
 • Acute onset of fever ($\geq 38.3^{\circ}\text{C}$)
 • Chills and/or sweats
 • New lymphadenopathy (periorbital, axillary, cervical, or inguinal)
 • A case may be excluded if an alternative diagnosis can fully explain the illness¹
 AND

Epidemiological criteria:
 Fulfilling (a), (b) or (c) within 21 days of illness onset:
 (a) History of travel to country where monkeypox is endemic²
 OR
 (b) History of travel to non-endemic country with confirmed cases of monkeypox³
 • Had contact with a person or people who have a similar appearing rash or received a diagnosis of confirmed or probable monkeypox; or
 • Men who regularly has close or intimate in-person contact with other men
 OR
 (c) 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.)

1. According to WHO, common causes of acute rash include: varicella (chickenpox), herpes (shingles), measles, scarlet fever, drug allergy, allergic reactions, bacterial skin infections, disseminated gonococcal 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 rash associated with monkeypox can be confused with other diseases that are more commonly encountered in clinical practice (e.g., secondary syphilis, herpes, chancroid, and varicella zoster (shingles)). There has been sporadic reports of patients co-infected with monkeypox virus and other infectious agents (e.g., varicella zoster, syphilis).

2. According to WHO, monkeypox endemic countries are: Cameroon, the Central African Republic, the Democratic Republic of the Congo, DRC, Gabon, Côte d'Ivoire, Liberia, Nigeria, the Republic of the Congo, and Sierra Leone. In Ghana, the monkeypox virus has been identified in animals only. Benin and South Sudan have documented incidences in the past. Countries currently reporting cases of the West African form are Cameroon and Nigeria, and of the Congo Basin form are Cameroon, Central African Republic and Democratic Republic of the Congo.

3. Please refer to the following hyperlink for latest list of non-endemic country with confirmed cases of monkeypox: <https://www.cdc.gov/media/releases/2022/s0606-mpv.html>

Thank you