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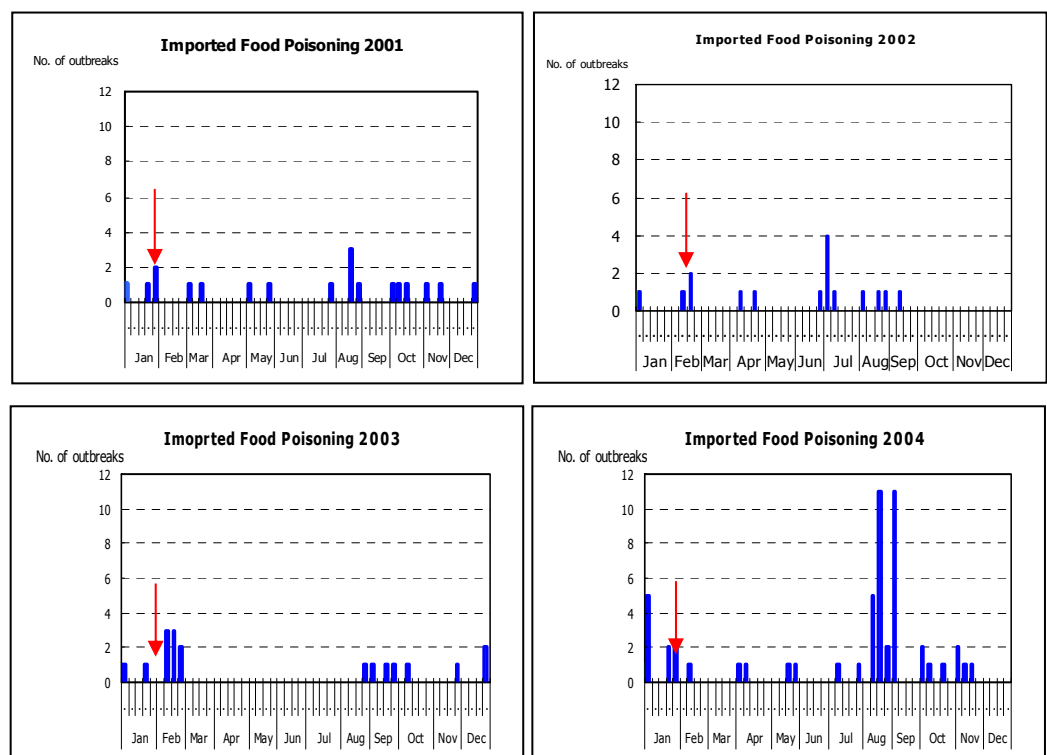
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## Imported food poisoning outbreaks following Lunar New Year holidays

The Centre for Health Protection received notification of three imported food poisoning outbreaks affecting a total of 13 persons after the Lunar New Year. All three outbreaks occurred in Hong Kong residents who traveled to different places in China during the Lunar New Year holidays.

The first outbreak involved a tour group (February 9 – 11, 2005). Out of 12 persons interviewed, five persons (one male and four females, aged 24–66 years) developed abdominal pain, diarrhea or vomiting during travel. Four attended the Accident and Emergency Department (AED) on return to Hong Kong and none were hospitalized.

The second outbreak involved a self-organized tour group (February 12 – 14, 2005). Out of the nine persons contacted, five (two males and three females, aged 14 – 21 years) developed vomiting, abdominal pain and/or diarrhea during the trip. All attended the AED on return to Hong Kong and none were hospitalized.



**Figure 1 – Seasonal trends in imported food poisoning (2001-2004). Red arrow denotes the first day of Lunar New Year for that year. Cases with incomplete information 2 cases in 2001; 0 cases in 2002; 3 cases in 2003; 1 cases in 2004. Number of imported cases each year: 23 cases in 2001; 15 cases in 2002; 22 cases in 2003; 54 cases in 2004; Total = 114 cases**

The third outbreak also involved a self-organized group of 8 persons (February 12 – 13, 2005). Three persons (one male and two females, aged 46 – 82 years) developed abdominal pain, diarrhea, vomiting and/or fever during the trip. One attended AED after returning to Hong Kong and was hospitalized.

During 2001 through 2004, the Department of Health received a total of 114 notifications of imported food poisoning outbreaks. The number of such outbreaks was noticeably higher in 2004 compared with the three previous years (2001: 23, 2002: 15, 2003: 22, 2004: 54). Imported food poisoning outbreaks constitute 2 - 6% of the total number of food poisoning outbreaks reported in Hong Kong. They are not uncommonly seen around the time of the Lunar New Year (typically Weeks 5 – 9). A more visible peak occurs at variable times during summer (typically Weeks 34-36).

*Coordinated by Terence Lam, Research Officer. Reports contributed by Chuang Shuk Kwan, Principal Medical Officer and May Yeung Pui San, Medical Officer, Surveillance and Epidemiology Branch, CHP. \*\*\**

Tips to avoid food poisoning during travel:

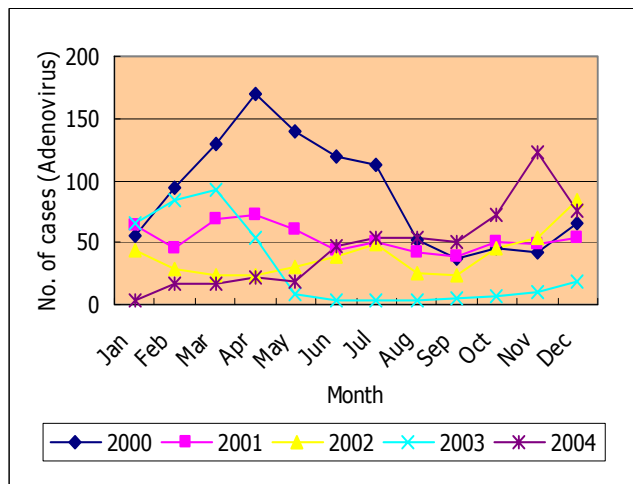
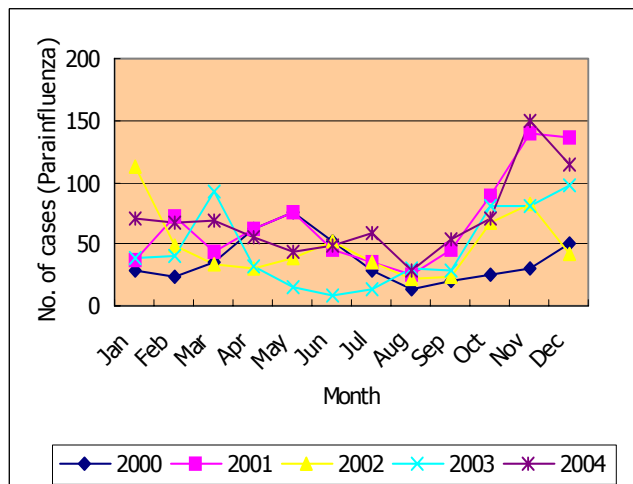
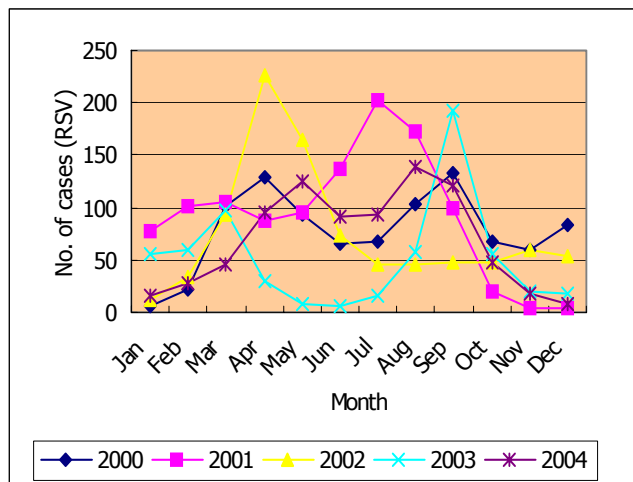
- avoid eating raw seafood and shellfish;
- eat only thoroughly cooked food and food fresh from sealed packs or cans;
- drink only boiled water, canned or bottled drinks, pasteurized milk or dairy products;
- always wash hands before eating; do not eat fruits that have not been peeled by yourself;
- do not eat fruits and vegetables without thorough cleansing; and
- do not patronize food hawkers.

## Patterns of upper respiratory tract infections caused by parainfluenza, RSV, and adenovirus in Hong Kong

In Hong Kong, common viral pathogens that cause upper respiratory tract infection (URTI) include influenza, parainfluenza, respiratory syncytial virus (RSV), adenovirus, rhinovirus, coronavirus, and echovirus.

The CHP's Virology Division of Public Health Laboratory Services Branch conducts virological surveillance on respiratory viruses. Surveillance results for influenza are regularly publicized at the CHP website at [www.chp.gov.hk](http://www.chp.gov.hk). Besides influenza, there were >800 positive test results for RSV, >800 for parainfluenza, and >500 for adenovirus in 2004.

Figure 2 (a, b, c) shows the monthly number of positive test results for RSV, parainfluenza, and adenovirus respectively. All



**Figure 2a, b, c - Number of cases with positive test for RSV, parainfluenza and adenovirus (2000-2004). Note the seasonal patterns.**

three viruses are present throughout the year in Hong Kong, with varying degrees of seasonality.

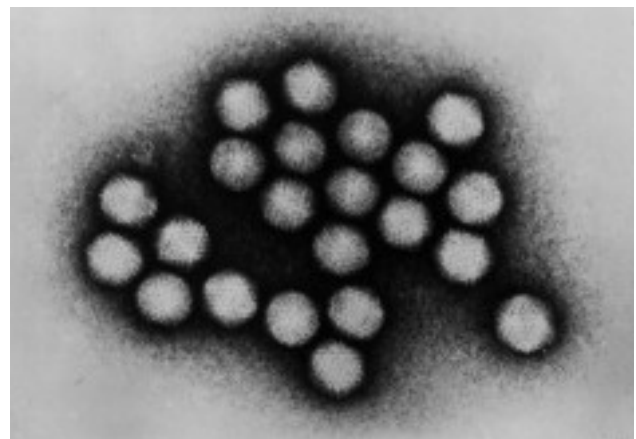
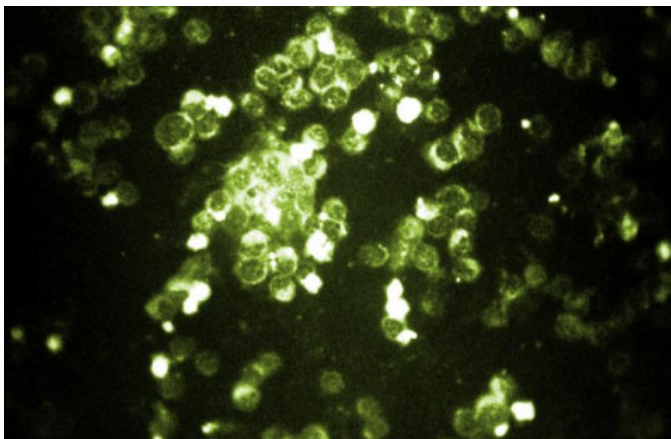
RSV (Figure 2a) is a member of pneumovirus. It is the major viral respiratory pathogen during the first 2 years of life. It is an important pathogen for bronchiolitis and can also cause bronchitis, pneumonia and otitis media. Like parainfluenza virus, it can also affect adults especially the debilitated elderly. RSV in general appears to be more active during spring and summer (March – September.)

Parainfluenza viruses belong to the family of paramyxovirus. Type 1, 2, 3 and rarely type 4 can cause URTI. It is the major known etiologic agent of croup and also causes bronchitis, bronchiolitis and pneumonia in paediatric populations. It can also cause symptomatic disease in debilitated elderly. Parainfluenza often shows a seasonal peak during November and December (Figure 2b).

Adenovirus (Figure 3b) is mostly associated with respiratory diseases but is also an etiologic agent for eye infections and gastrointestinal infections. There are 47 types of adenovirus. Types 1-5, 7, 14 and 21 commonly cause acute respiratory diseases. Unlike parainfluenza and RSV, adenovirus does not show a consistent seasonal pattern.

Clinical presentations of URTI caused by these pathogens may not be distinguishable with one another. Droplet transmission is predominant, and to a lesser extent, direct contact with respiratory secretions. Effective precautions against transmission include maintaining good personal and environmental hygiene, covering nose and mouth with tissue paper while sneezing or coughing, and washing hands with soap and water or disinfectants after contact with respiratory secretions. Droplet precautions are indicated in healthcare settings.

*Reported by Manny Lam Man-chung, Medical Officer, Surveillance and Epidemiology Branch, CHP. \*\*\**



**Figure 3a (Left) - Photomicrographic detection of respiratory syncytial virus (RSV) using indirect immunofluorescence technique; 3b (Right) Transmission electron micrograph of adenovirus. Picture credit: US CDC**

## Risk Communication Digest

The CHP has undertaken the following risk communication exercises during the past two weeks:

Press releases	Number
Health measures during cold weather	1
Acute Conjunctivitis	1
Malaria	1
Gastroenteritis	1

## News

### CHP investigating a food poisoning outbreak related to a lunch buffet

On February 3, 2005, CHP received report from a public hospital of a suspected food poisoning outbreak in their staff following a lunch buffet gathering of around 900 staff on February 2.

We liaised with the hospital management and the Food and Environmental Hygiene Department to conduct an investigation. We collected information on symptoms and food histories using standardized questionnaires. A case was defined as a person who developed diarrhea or vomiting twice or more within 48 hours after eating the buffet lunch on February 2. Out of 566 staff who completed the questionnaires, 167 cases were identified. They developed diarrhea (99%), abdominal pain

(87%), nausea (22%) and vomiting (7%) approximately 1 to 38 hours (median 10 hours) after the lunch buffet. Their symptoms were mild and most cases did not seek medical attention. Nine stool specimens from the cases were culture-positive for *Clostridium perfringens*.

### Rise in acute conjunctivitis cases detected

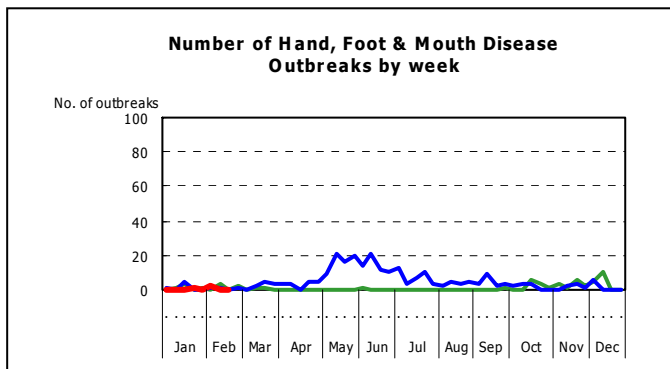
CHP detected a rise in consultation rates for acute conjunctivitis (ACJ) cases during the week ending February 12 through sentinel surveillance among general out-patient clinics and private doctors. During that week, the consultation rate rose from 1.2 cases per 1000 to 3.4 cases per 1000 consultations among general out-patient clinics (GOPC) and rose from 3.8 cases per 1000 to 8.1 cases per 1 000 consultations among patients of private doctors. Earlier, the sentinel surveillance system at Child Care Centres also recorded an increase in the number of child care centres which reported ACJ cases during the 3 weeks from January 17 to February 4.

ACJ is a contagious condition mostly caused by viruses and bacteria. The main symptoms are irritation, tearing, pain and redness of the eyes. It is usually a self-limiting condition with recovery in one to two weeks' time with proper treatment. CHP reminds the public to guard against ACJ through maintaining good personal hygiene practices, and continues to monitor the situation.

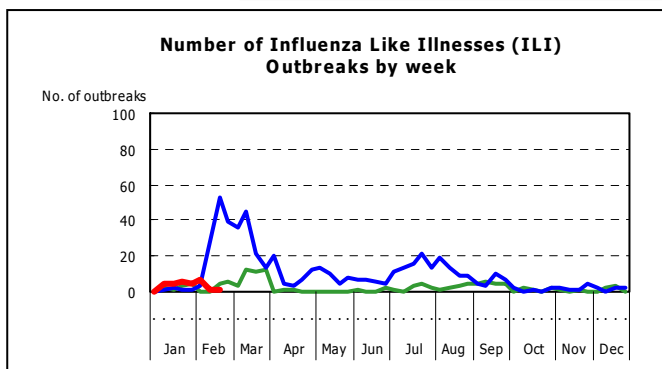
Data contained within this bulletin is based on information recorded by the Central Notification Office (CENO) and Public Health Information System (PHIS) up until February 19, 2005. This information may be updated over time and should therefore be regarded as provisional only.

## Summary of selected notifiable diseases and outbreak notifications (Weeks 7 - 8)

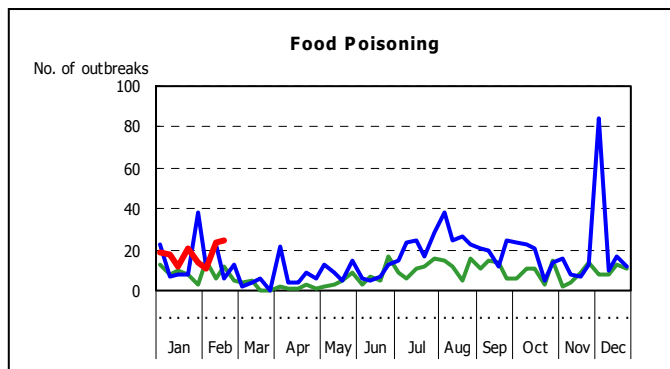
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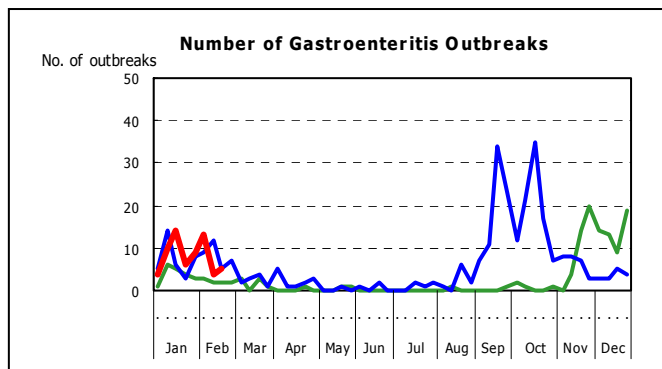
**Week 5 : 0 outbreak    Week 7 : 0 outbreak**  
**Week 6 : 2 outbreaks    Week 8 : 0 outbreak**



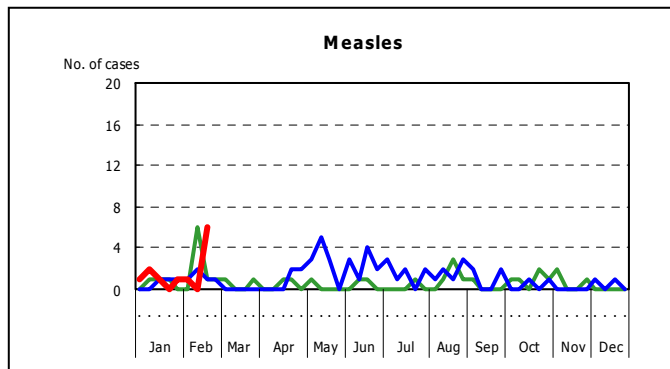
**Week 5 : 5 outbreaks    Week 7 : 1 outbreak**  
**Week 6 : 7 outbreaks    Week 8 : 1 outbreak**



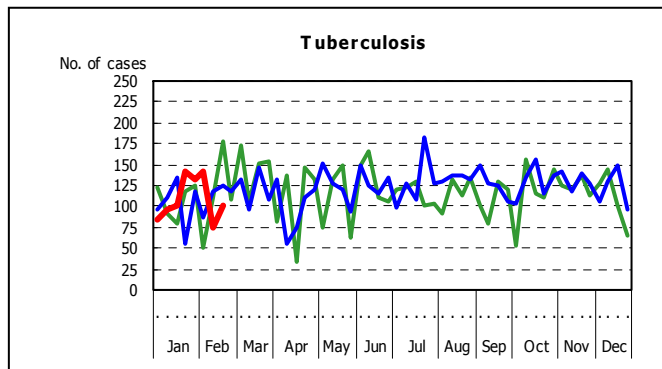
**Week 5 : 14 outbreaks    Week 7 : 24 outbreaks**  
**Week 6 : 11 outbreaks    Week 8 : 25 outbreaks**



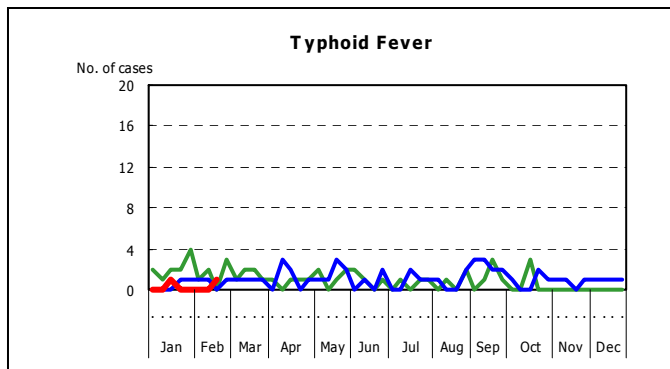
**Week 5 : 9 outbreaks    Week 7 : 4 outbreaks**  
**Week 6 : 13 outbreaks    Week 8 : 5 outbreaks**



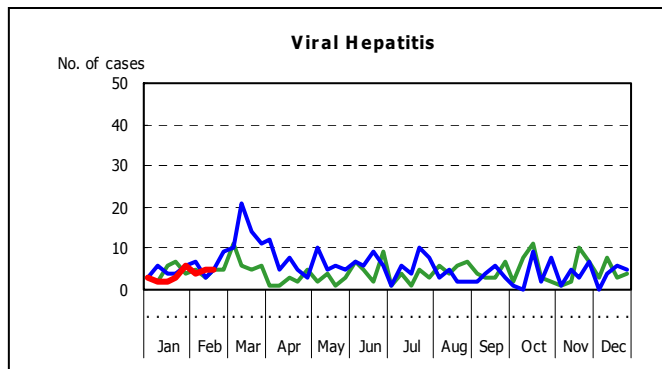
**Week 5 : 1 case    Week 7 : 0 case**  
**Week 6 : 1 case    Week 8 : 6 cases**



**Week 5 : 133 cases    Week 7 : 75 cases**  
**Week 6 : 142 cases    Week 8 : 101 cases**



**Week 5 : 0 case    Week 7 : 0 case**  
**Week 6 : 0 case    Week 8 : 1 case**



**Week 5 : 6 cases    Week 7 : 5 cases**  
**Week 6 : 4 cases    Week 8 : 5 cases**