

# 5 Outbreak of communicable disease



## 5.1 What does outbreak of communicable diseases mean?

If the residents or staff in a RCHE develop similar symptoms one after another and the incidence rate is higher than that at ordinary times, this is an outbreak from the epidemiological point of view. A common example is the outbreak of influenza which usually peaks in February, March, July and August each year though sporadic cases may also occur at other times.

To decide whether there is an outbreak, day-to-day information on cases of communicable diseases in RCHEs has to be monitored. Some examples are cited below for reference. The ICO should closely monitor the situation if:

- The residents living in the same room or on the same floor develop similar symptoms in clusters within short period of time.
- The residents and staff concurrently develop similar symptoms in clusters, such as symptoms of influenza (fever, cough and sore throat). This means that cross-infection may have occurred in the RCHE.



- Two or more people develop similar symptoms after eating common food items. This means that a cluster of food poisoning may have occurred. The infective agent may be bacteria, viruses or toxins contained in the food.
- A single case of communicable disease may sometimes be treated as an outbreak. For example, a new disease unprecedented in the past or a situation which has major impact on public health like avian influenza in 1997 and SARS in 2003.

## 5.2 What should be done if outbreak is suspected?

Early detection of occurrence of communicable disease is essential to the prevention of its spread. For such purpose, all healthcare workers, including the ICOs and other staff in the RCHEs, should be responsible for close monitoring of the physical conditions of the residents to enable early detection of communicable diseases, particularly the statutory notifiable diseases and notify the relevant parties according to [Appendix J](#) as soon as possible so that control measures can be implemented promptly.

## 5.3 What are statutory notifiable communicable diseases?

Please refer to section 1.5 for details.

## 5.4 Is notification only applicable to confirmed cases of statutory notifiable communicable diseases?

Doctors are required by law to report suspected or confirmed cases of statutory notifiable communicable diseases to the Department of Health. If a home manager suspects or knows of such a case among the residents or staff of a RCHE or suspects or knows that any such person has been in contact with a case of statutory notifiable communicable disease, he/she should immediately report to the CENO of CHP and Director of Social Welfare. The ICO should contact the infected resident's attending doctor if there is query about the resident's condition. The Department of Health also encourages doctors, home managers or ICOs of RCHE to report suspected outbreak of communicable diseases to CENO of CHP and Licensing Office of Residential Care Homes for the Elderly of the Social Welfare Department. The notification form is shown in [Appendix K](#). (Please refer to [Appendix L](#) for content of the relevant information.)

## 5.5 General guideline on the management of a suspected outbreak of communicable disease

- Isolate the patients properly and then arrange early medical treatment for them.
- Notify relevant parties according to established procedures after settling down the patients so that relevant staff from these parties can implement control measures promptly. (Please refer to the flow chart of the notification mechanism for communicable diseases in [Appendix J](#) for details.)
- Inform the relatives/guardians of the residents.
- Keep a proper medical record of residents and staff.
- Residents or staff falling sick should avoid participating in group activities.
- Minimize contact between residents and staff of different floors to avoid cross-infection, and arrange staff of the same team to take care of a fixed group of residents as far as possible in preparation of the shift roster.
- Actively inform and alert staff of other health care facilities such as clinics, hospitals etc. where the residents attend that there is currently an outbreak of communicable disease in the RCHE.
- In general, visit to the affected RCHE is discouraged. Personal hygiene of visitors should be strictly observed.

## 5.6 Disinfection during an outbreak of communicable disease

### 5.6.1 Disinfection of environment

- Disinfect furniture, floors and toilets with 1 in 49 diluted household bleach (mixing 1 part of 5.25% bleach with 49 parts of water); leave for 15-30 minutes before rinsing with water and mopping dry; special attention should be paid to the disinfection of toilets, kitchens and objects which are frequently touched such as light switches, door knobs and handrails.
- Use highly absorptive materials to preliminarily clean up surfaces contaminated with vomitus or excreta before performing the above disinfection procedure.
- Since household bleach usually contains 5.25% of available chlorine, care should be taken to avoid its use in metal surfaces as chlorine is corrosive to metal. 70% alcohol can be used if disinfection of metal surfaces is required.



## 5.6.2 Handling of linen

- During outbreak situation, soak linen soiled with blood/secretions in 1 in 49 diluted household bleach (5.25%) for 30 minutes before general handling.

## 5.7 Specific recommendations on management of selected communicable diseases

### 5.7.1 Food poisoning

- List names of people suspected to be infected and details of their medical records as well as information on food consumed in the RCHE within several days before the outbreak in the RCHE for use by the Department of Health during investigation.
- Save food remnants and vomitus for investigation.
- Disinfect articles or places soiled by excreta or vomitus.
- Clean and disinfect toilets with 1 in 49 diluted household bleach (5.25%).
- Ensure good personal, food and environmental hygiene in the RCHE.
- Maintain a hygienic environment in the kitchen and make sure that the refrigerator works properly.
- Infected staff, especially food handlers, should be granted sick leave to prevent spread of the disease.

### 5.7.2 Outbreak of respiratory tract infection

- Definition of outbreak of respiratory tract infection: There are increased number of residents and/or staff with upper respiratory tract symptoms which include cough, sore throat, running nose and fever above the usual pattern.
- The RCHE should implement relevant preventive measures to prevent spread of respiratory infection.
- List names of people suspected to be infected and details of their medical records.
- Enhance health surveillance for other residents like measuring body temperature.



- Switch on exhaust fans and open windows, if possible, to improve indoor ventilation.
- Infected residents not admitted to hospitals should wear surgical masks and be relocated to the same designated area/room for isolation as far as possible.
- Be stringent with personal and hand hygiene and observe for respiratory hygiene/cough etiquette ([Appendix F](#)).
- Group activities should be suspended during the outbreak period.
- Sick staff should refrain from work until fully recovered.
- Minimize staff movement, arrange the same group of staff to take care of the same group of residents as far as possible and provide them with appropriate protective gear.
- Depending on the situation, the Department of Health will consider giving vaccination to staff and residents who have not yet received influenza vaccination as well as distributing medicines for prophylaxis against influenza.

### 5.7.3 Outbreak of scabies

- List names of persons suspected to be infected and details of their medical records.
- Thoroughly trace the infected cases and the contacts (including staff, relatives or visitors) and arrange proper medical treatment for them.
- Implement contact precaution and preferably isolate the infected residents until treatment has been completed.
- Clothing and linen of infected persons should be handled separately and ensure that high temperature disinfection procedures are performed properly ([Appendix M](#)).
- Staff should put on protective gowns and gloves before touching infected residents under treatment and should wash their hands thoroughly after taking off the protective gowns and gloves.
- Instruct and supervise staff on the proper way to use and apply anti-scabies medication following doctor's instruction.
- Staff should regularly and repeatedly check the skin condition of both the infected residents and other residents, and seek medical advice if any suspected case is found.