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8 January 2014

Dear Doctor,

Vigilance against acute gastroenteritis

I would like to draw your attention to the prevention of acute gastroenteritis in the community as we are entering into the traditional peak season of the disease.

The Centre for Health Protection (CHP) recorded 5 institutional outbreaks of acute gastroenteritis in week ending 4 January 2014 as compared with one outbreak each in the past three weeks (8 - 28 December 2013). The communicable diseases surveillance system based at the Accident & Emergency Departments of public hospitals showed an increasing trend in consultation rate of the acute gastroenteritis syndrome group. The consultation rate increased from 121.8 (per 1000 cases) in the week ending 28 December 2013 to 127.7 (per 1000 cases) in the week ending 4 January 2014. Besides, the sentinel surveillance system based at childcare centres and kindergartens (CCC/KG) also showed a recent increase in the activity of diarrhoea. The percentage of CCC/KG with children affected by diarrhoea increased from 10.9 in the week ending 29 November 2013 to 16.1 in the week ending 20 December 2013. Meanwhile a gradual increase in AGE activity is observed for the weekly consultation rates of acute diarrhoeal diseases (ADD) based at sentinel General Out-patient Clinics (GOPCs). From the week ending 30 November 2013 to 4 January 2014, the consultation rate of ADD based at sentinel GOPCs increased from 2.2 to 3.8 (per 1000 consultations).

Acute gastroenteritis is usually caused by norovirus or rotavirus infection. It is highly contagious and can be transmitted by consumption of contaminated food, contact with the vomitus or excreta of the infected persons, contaminated objects and aerosol spread with contaminated droplets of splashed vomitus. Symptoms include nausea, vomiting, diarrhoea, abdominal pain, fever and malaise. Although infections are usually mild and self-limiting, they are highly infectious and may result in outbreaks that are



difficult to control. It is a frequent cause of outbreaks in institutions. Such outbreaks may occur throughout the year but are known to occur more frequently in winter months.

We would like to seek your assistance in providing the following health advices to the patients and persons who take care of them. In particular,

1. Maintain high standards of personal, food and environmental hygiene;
2. Wash hands before handling food and eating, and after going to the toilet;
3. Cook all food, particularly shellfish, thoroughly before consumption;
4. Refrain from work or school, and seek medical advice if suffering from vomiting or diarrhea;
5. Clean up vomitus appropriately:
 - Keep other people away from the contaminated area;
 - Wear gloves and mask throughout the disinfection procedure;
 - Use disposable towels (do not use floor mops) to wipe away all the vomitus from the periphery inward. Then apply 1 in 49 diluted household bleach (by adding 1 part of household bleach containing 5.25% sodium hypochlorite to 49 parts of water) to the contaminated surface and adjacent areas (e.g. within two metres of the vomitus);
 - Leave bleach on the soiled surface for about 30 minutes to allow time for the bleach to inactivate viruses. Then rinse the surface with clean water and leave the surface air dry;
 - Wash hands thoroughly afterwards.

If you suspect an acute gastroenteritis outbreak occurring in an institution, please report to the Central Notification Office of CHP as soon as possible via fax (2477 2770) or phone (2477 2772) during office hours, or call our Medical Control Officer (pager: 7116 3300 call 9179) outside office hours. CHP will provide advice in the management of such cases and control measures.

Yours faithfully,



(Dr SK CHUANG)

for Controller, Centre for Health Protection
Department of Health