

本署檔號 Our Ref. : (6) in DH SEB CD/8/14/1
來函檔號 Your Ref :
電話 Tel. :
傳真 Fax No. : 2711 0927

7 January 2015

Dear Doctor,

Statutory reporting of “Invasive pneumococcal disease”

In order to enhance surveillance of invasive pneumococcal disease so that we can monitor the situation in Hong Kong more accurately thus leading to appropriate public health strategies, we would like to inform you that the Prevention and Control of Disease Ordinance (Cap.599) has been amended to include “invasive pneumococcal disease” in the list of scheduled infectious diseases, with effect from 9 January, 2015. Invasive pneumococcal disease is also listed as one of the notifiable diseases in other developed countries such as Australia, Canada and New Zealand.

Invasive pneumococcal disease is a group of severe infectious diseases caused by the bacterium *Streptococcus pneumoniae*. The disease may present in various forms such as meningitis, sepsis or severe pneumonia and may be life threatening. It can occur in persons of any age but the mortality is substantially higher for people under 2 years of age and elders aged 65 years or above. Other at risk groups of severe invasive pneumococcal disease include persons who have history of clinical invasive pneumococcal disease, are immunocompromised, have underlying chronic illnesses, or have cochlear implants.

The disease can be caused by over 90 serotypes of pneumococci. From 2007 to June 2014, there were 1 108 cases of invasive pneumococcal disease recorded by the laboratory surveillance system in Hong Kong. The overall annual incidence per 100 000 population varied from 1.7 to 2.5. To prevent this disease, pneumococcal vaccination has been introduced into the Childhood Immunisation Programme in Hong Kong since September 2009. Moreover, pneumococcal vaccination has also been introduced into the Government Vaccination Programme and the Elderly Vaccination Subsidy Scheme for elders aged 65 years or above.



In view of the potential rapid progression of invasive pneumococcal disease in children, early diagnosis and appropriate antibiotic treatment should be the mainstay of management. Macrolide resistance is frequent among local isolates of *Streptococcus pneumoniae*. Therefore, macrolides should not be the first line of treatment for community acquired pneumonia in children. Additional information on the local susceptibility of pneumococcal isolates to various beta-lactams could be obtained from the IMPACT guideline which is available as IOS/Android Apps.

http://www.chp.gov.hk/files/pdf/reducing_bacterial_resistance_with_impact.pdf

Medical practitioners are reminded to notify the Department of Health any confirmed cases of invasive pneumococcal disease. Please report to the Central Notification Office (CENO) of the Centre for Health Protection via fax (2477 2770) using the reporting forms attached, phone (2477 2772) or CENO On-line (<http://www.chp.gov.hk/ceno>). The case definition and reporting criteria of invasive pneumococcal disease are attached in Appendix I for your reference. The case definition is also available on CENO On-line website. Reporting doctors are required to fill in the reporting forms (Appendix II and Appendix III).

May I take this opportunity to thank you for your continuous support in combating infectious disease in Hong Kong.

Yours faithfully,



(Dr SK CHUANG)

Consultant Community Medicine (Communicable Disease)

Centre for Health Protection

Department of Health

Appendix I

Case definition and reporting criteria of invasive pneumococcal disease

(Effective on 9 January 2015)

Reporting criteria

All **confirmed cases** of invasive pneumococcal disease should be reported to the Centre for Health Protection

Case definition

Description

Invasive pneumococcal disease is a group of severe infectious diseases caused by the bacterium *Streptococcus pneumoniae*. The disease may present in various forms such as meningitis, sepsis or severe pneumonia and may be life threatening. The disease can occur in persons of any age but the mortality is substantially higher for people at extremes of age (children under 2 years of age and elders aged 65 years or above).

Laboratory Criteria

Any one of the following:

- Isolation of *Streptococcus pneumoniae* from a normally sterile site (e.g. blood, cerebrospinal fluid (CSF), joint, pleural or pericardial fluid) ; or
- Detection of *Streptococcus pneumoniae* DNA from a normally sterile site.

Confirmed case

A clinically compatible case that is laboratory confirmed.

Appendix II

FORM 2
PREVENTION AND CONTROL OF DISEASE ORDINANCE
(Cap. 599)

Notification of Infectious Diseases other than Tuberculosis

Particulars of Infected Person

Name in English:	Name in Chinese:	Age / Sex:	I.D. Card / Passport No.:
Residential address:			Telephone No. (Home):
Name and address of workplace / school:			(Mobile):
Job title / Class attended:			(Office / school / others):
Hospital / Clinic sent to (if any):			Hospital / A&E No.:

Disease ["✓"] below Suspected / Confirmed on ____ / ____ / ____ (Date: dd/mm/yyyy)

<input type="checkbox"/> Acute poliomyelitis <input type="checkbox"/> Amoebic dysentery <input type="checkbox"/> Anthrax <input type="checkbox"/> Bacillary dysentery <input type="checkbox"/> Botulism <input type="checkbox"/> Chickenpox <input type="checkbox"/> Chikungunya fever <input type="checkbox"/> Cholera <input type="checkbox"/> Community-associated methicillin-resistant <i>Staphylococcus aureus</i> infection <input type="checkbox"/> Creutzfeldt-Jakob disease <input type="checkbox"/> Dengue fever <input type="checkbox"/> Diphtheria <input type="checkbox"/> Enterovirus 71 infection <input type="checkbox"/> Food poisoning Number of persons known to be affected: ____ Place and district of consumption (e.g. "XX Restaurant in Mongkok"): ____ ____ ____ Date of consumption: ____	<input type="checkbox"/> <i>Haemophilus influenzae</i> type b infection (invasive) <input type="checkbox"/> Hantavirus infection <input type="checkbox"/> Invasive pneumococcal disease <input type="checkbox"/> Japanese encephalitis <input type="checkbox"/> Legionnaires' disease <input type="checkbox"/> Leprosy <input type="checkbox"/> Leptospirosis <input type="checkbox"/> Listeriosis <input type="checkbox"/> Malaria <input type="checkbox"/> Measles <input type="checkbox"/> Meningococcal infection (invasive) <input type="checkbox"/> Middle East Respiratory Syndrome <input type="checkbox"/> Mumps <input type="checkbox"/> Novel influenza A infection <input type="checkbox"/> Paratyphoid fever <input type="checkbox"/> Plague <input type="checkbox"/> Psittacosis <input type="checkbox"/> Q fever <input type="checkbox"/> Rabies <input type="checkbox"/> Relapsing fever	<input type="checkbox"/> Rubella and congenital rubella syndrome <input type="checkbox"/> Scarlet fever <input type="checkbox"/> Severe Acute Respiratory Syndrome <input type="checkbox"/> Shiga toxin-producing <i>Escherichia coli</i> infection <input type="checkbox"/> Smallpox <input type="checkbox"/> <i>Streptococcus suis</i> infection <input type="checkbox"/> Tetanus <input type="checkbox"/> Typhoid fever <input type="checkbox"/> Typhus and other rickettsial diseases <input type="checkbox"/> Viral haemorrhagic fever <input type="checkbox"/> Viral hepatitis <input type="checkbox"/> West Nile Virus Infection <input type="checkbox"/> Whooping cough <input type="checkbox"/> Yellow fever
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Notified under the Prevention and Control of Disease Regulation by

Dr. _____ of _____ Hospital / Clinic / Private Practice
(Full Name in BLOCK Letters)

_____ Ward / Unit / Specialty on ____ / ____ / ____ (Date: dd/mm/yyyy)

Telephone No.: _____

Fax No.: _____

(Signature)

Remarks:

Appendix III

*Please fill in this form for each notification and return the completed form to the Central Notification Office (CENO) of CHP.
(Fax number: 24772770 or email: diseases@dh.gov.hk)*

Invasive pneumococcal disease (IPD) case report form

A. Notification Information					
Notifying Doctor		Organisation			
Telephone		Date of notification (DD/MM/YYYY)			
B. Demographics					
PLEASE AFFIX PATIENT'S GUM LABEL IF APPLICABLE					
Name		ID number			
Date of birth (DD/MM/YYYY)		Age (year)		Sex	M/F
Residential address (including institution)					
Institutional care		Y/N			
Name of institution		LORCHD/ LORCHE no.			
C. Hospitalization information					
Hospital		Episode/ hospital reference number (e.g. HN/ OPD number)			
Date of admission (DD/MM/YYYY)		Date of discharge (DD/MM/YYYY)			
ICU admission		Y/N			
Discharge destination (Please circle)		Death (date of death: _____) Home Institution Other hospital (please specify: _____) Others (please specify: _____)			
D. Pneumococcal Vaccination History					
Pneumococcal Vaccine		Y/ N/ Unknown			
Specify type for each dose of vaccine and date of administration or attach copy of immunisation record					
No. of dose	Type of Pneumococcal Vaccine*		Date (DD/MM/YYYY)		
1 st					
2 nd					
3 rd					
4 th					
5 th					
6 th					
* a = Pneumococcal Polysaccharide Vaccine (23vPPV); b = Pneumococcal Conjugate Vaccine (PCV7); c = PCV10; d = PCV13; e = PCV – exact valency unsure; f = pneumococcal vaccine, exact type unsure					
E. Underlying Disease		Please specify			
1. CVS	Y/N				
2. CNS	Y/N				
3. Metabolic	Y/N				
4. Respiratory	Y/N				
5. Malignancy	Y/N				
6. Haematologic	Y/N				
7. Prematurity	Y/N				
8. Immunodeficiency	Y/N				
9. Others	Y/N				

F. Clinical Details				
Onset date (fever) (DD/MM/YYYY)		Type of pneumococcal disease (Please circle)	Bacteremia alone Meningitis Pneumonia Pleural/ parapneumonic effusion Empyema (Site: _____) Bacteremic otitis media Others (specify):	
HUS	Y/N	Remarks:		
Other complications				
Known concurrent infection (with laboratory confirmation)		Influenza: Y/ N/ Unknown Others: Y/N _____ (please specify)		
G. Treatment and Outcome				
Mechanical ventilation	Y/N	Duration of ventilation		
Renal replacement therapy (e.g. renal dialysis, hemodialysis)	Y/N	Duration		
Surgical procedure(s)	Y/N	Specify	Chest drain/ neurosurgical procedure/ Others:	
Known sequelae at time of discharge	Y/N	Specify		
H. Microbiology Data				
Laboratory criteria: either culture or nucleic acid test for <i>Streptococcus pneumoniae</i> is positive from a normally sterile site.				
Specimen tested positive	Test type	Date of collection (DD/MM/YYYY)	Serotype	Laboratory reference number
Blood/ CSF/ pleural fluid/ joint fluid/ other normally sterile site (please specify)	Culture/ PCR			
Blood/ CSF/ pleural fluid/ joint fluid/ other normally sterile site (please specify)	Culture/ PCR			
Please attach laboratory results with antibiotic susceptibility tests when submitting this form.				