

本署檔號 Our Ref. : (155) in DH SEB CD/8/22/1 III
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1 December 2015

Dear Doctor,

Hand, Foot and Mouth disease (HFMD) activity remains high

I would like to draw your attention to the latest situation of Hand, Foot and Mouth disease (HFMD) and EV71 infection and enlist your support to be vigilant against the disease, as the activity of HFMD has further increased and remained at a very high level in Hong Kong. HFMD occurs throughout the year but the disease activity is usually peak from May to July in Hong Kong. There was also smaller winter peak in past few years but the HFMD activity in this year is unusual that it has been persistently high since the summer peak and has increased remarkably lately.

The Centre for Health Protection (CHP) of the Department of Health (DH) recorded an increase in number of institutional HFMD outbreaks in recent few weeks from 23 in week 46 (ending on 14 Nov) to 64 in week 48 (ending on 28 Nov). Sentinel surveillance among private medical practitioners and general outpatient clinics also detected an increase in HFMD activity recently. The weekly consultation rates of HFMD based at sentinel private medical practitioners increased from 2.4 to 3.7 (number of cases per 1000 consultations) from week 46 (ending on 14 Nov) to week 47 (ending 21 Nov). The weekly consultation rates of HFMD based at sentinel general outpatient clinics also increased from 0.4 to 1.2 (number of cases per 1000 consultations) from week 46 to week 47. Besides, surveillance of HFMD based at the accident and Emergency departments and sentinel child care centres/kindergartens also remains at high level of activity. As of 30 November 2015, 56 EV71 infections were recorded in 2015 as compared with 68 cases in the same period of 2014. Among the 56 cases recorded in 2015, six cases developed severe complication.



Most outbreaks of HFMD affect young children in child care centres and kindergartens. Common aetiological agents of HFMD include coxsackie viruses, EV71 and other enteroviruses. Symptoms of HFMD are fever, sore throat, skin rash over hands and feet, and vesicles in the oral cavity, on the tongue and the palate. The

incubation period is usually 3 to 7 days. The disease is mainly transmitted by the faecal-oral route but direct contact with open and weeping skin vesicles may also spread the virus. A person is most contagious during the first week of illness and the infectious agent can be found in stools for weeks.

Although the illness is usually self-limiting, some patients, especially those infected with EV71, may result in complications like myocarditis, encephalitis or poliomyelitis-like paralysis. Patients showing severe symptoms/signs should be admitted to hospital for further management.

We would like to enlist your continuous support in providing the following **health advice to parents** whose children suffer from HFMD:

- ◆ Children with HFMD should be refrained from nurseries/ kindergartens/ schools or social activities such as parties, interest classes, swimming until all vesicles have dried up and symptoms subsided;
- ◆ Seek medical advice urgently if the child develops important symptoms and signs suggesting severe illness including persistent high fever, repeated vomiting, persistent sleepiness or drowsiness or myoclonic jerks or sudden limb weakness;
- ◆ Protect other family members, especially children, from getting the infection through strict personal and environmental hygiene, including always wash hands thoroughly after changing diapers or handling respiratory secretions, and clean thoroughly toys or appliances which are contaminated by the child's secretions with 1 in 49 diluted household bleach (mixing one part of household bleach containing 5.25% sodium hypochlorite to 49 parts of water);
- ◆ For parents taking their unaffected children during travel, advise them to undertake similar stringent measures.

As EV71 is associated with higher risk of complications and the virus may be excreted in stools for some weeks, the CHP advises children suffering from laboratory confirmed EV71 infections to **stay away from school for two additional weeks** after symptoms have subsided.

Please inform the Central Notification Office (CENO) of CHP (Telephone: 2477 2772, Fax: 2477 2770) or CENO On-line at https://cdis.chp.gov.hk/CDIS_CENO_ONLINE/ceno.html when you encounter the following cases:

- ◆ **EV71 infection;**
- ◆ **Severe paediatric enterovirus infection (other than EV71 and poliovirus).**

For details of the reporting criteria, please refer to the CENO website at <https://ceno.chp.gov.hk/casedef/casedef.pdf>. CHP will start epidemiological investigations on these cases and take appropriate control measures.

Please draw the attention of the healthcare professionals and supporting staff in your institution/ working with you to the above. Thank you for your unfailing support in prevention and control of communicable diseases.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'SK Chuang', written in a cursive style.

(Dr SK CHUANG)

for Controller, Centre for Health Protection
Department of Health