

本署檔號 Our Ref. : (20) in DH SEB CD/8/50/1 Pt.2

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Dear Doctor,

Increase in Scarlet Fever Activity

We would like to inform you that the activity of scarlet fever (SF) in Hong Kong has been increasing in the past few weeks, and solicit your support in the prevention of SF.

The weekly number of SF reported to the Centre for Health Protection (CHP) of the Department of Health has increased from 38 in the week ending June 10, 2017 to 69 in that ending July 1, which was the highest weekly number of reported cases since April 2017. In June, nine institutional outbreaks were recorded as compared with two outbreaks in May. The outbreaks in June occurred in seven kindergartens/child care centres, one primary school and one special school.

While SF occurred throughout the year locally, there was a seasonal pattern for SF in Hong Kong with higher activity observed from November to March and from May to June in the past few years. However, the activity of SF remained at an elevated level in the first half of 2017. In the first six months of this year, 1,215 SF cases were recorded as compared with 674 and 727 cases recorded in the same period in 2015 and 2016 respectively. The epidemiological features of the cases recorded in 2017 were similar to those in previous years. Among the 1,215 cases, there were 704 males and 511 females with ages ranging from two months to 43 years (median: five years). The majority (96.2%) of the cases affected children aged below 10 years. 431 (35.5%) cases required hospitalisation, and there were no fatal cases recorded in 2017.

SF is a bacterial infection caused by Group A Streptococcus (GAS). The streptococcal bacteria are transmitted through the respiratory route or direct contact with infected respiratory secretions. The incubation period ranges from one to three days. SF classically presents with fever, sore throat, red and swollen tongue (known as strawberry tongue), and erythematous rash characterised by a sandpaper texture. The diagnosis of SF mainly relies on clinical features. The illness is usually clinically mild but can be complicated by localised extension of infection leading to otitis media, mastoiditis,



sinusitis or peritonsillar abscess. Rare and serious complications include acute rheumatic fever, glomerulonephritis and toxic shock syndrome.

GAS infections can be treated by appropriate antibiotics effectively. Early use of antibiotics in SF patients will prevent clinical deterioration and complications. Antibiotic treatment also shortens the period of infectivity and will prevent transmission of GAS within 24 hours of treatment. Of note, GAS with resistance to erythromycin is known to be common in Hong Kong. If you suspect SF, empirical treatment with antibiotics belonging to the penicillin group or first generation cephalosporin should be considered, and antibiotics belonging to the macrolide group (e.g. erythromycin) would not be appropriate.

We would also like to seek your assistance in providing the following health advice to your patients:

- Maintain good personal and environmental hygiene;
- Keep hands clean and wash hands properly;
- Wash hands when they are dirtied by respiratory secretions, e.g. after sneezing;
- Cover nose and mouth while sneezing or coughing and dispose of nasal and mouth discharge properly;
- Keep good ventilation; and
- Patients who are suffering from SF should not go to schools or child care centres until they fully recover.

In addition, you are reminded to report any suspected cases of SF to the Central Notification Office (CENO) of the CHP via fax (2477 2770), phone (2477 2772) or CENO On-line (https://cdis.chp.gov.hk/CDIS_CENO_ONLINE/ceno.html). Please draw the attention of the healthcare professionals and supporting staff in your institution/working with you to the above. Thank you for your ongoing support in combating communicable diseases.

Yours faithfully,



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