監測及流行病學處

衞生防護中心
Centre for Health Protection
保障市民健康
Protecting Hong Kong's health

Surveillance
And
Epidemiology
Branch

本署檔號 Our Ref. : (15) in DH SEB CD/8/50/1 Pt.2

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Dear Superintendent,

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 is higher than the same period in previous years.

In Hong Kong, the activity of SF is usually higher from November to February and from June to July. After the seasonal upsurge of SF activity from December 2016 to January 2017, the activity of SF has increased again in the past few weeks. The weekly number of SF cases reported to the Centre for Health Protection (CHP) of the Department of Health has increased from 41 in the week ending March 4, 2017 to 49 and 59 in the week ending March 11 and 18 respectively. In the past three weeks, there were six outbreaks occurring in schools/institutions with a total of 12 students affected.

So far, a total of 474 SF cases have been reported in 2017 (as of March 18). Their ages ranged from 2 months to 31 years (median: 5 years). 465 cases (98.1%) were children under 10 years old. The male-to-female ratio was 1.5:1. Their characteristics were similar to cases reported in previous years. Among the 474 cases, 170 (35.9%) required hospitalisation and no severe cases requiring admission to intensive care unit or deaths have been recorded so far.

SF is a bacterial infection caused by Group A Streptococcus (GAS). Most of the SF cases affect children. The streptococcal bacteria are transmitted through the respiratory route or direct contact with infected respiratory secretions. The incubation period ranges from 1 to 3 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 your colleagues 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 scarlet fever should not go to schools or child care centres until they fully recover.

In addition, doctors 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,

(Dr. SK CHUANG)
for Controller, Centre for Health Protection
Department of Health