

本署檔號 Our Ref. : (276) in DH SEB CD/8/22/1 III

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Dear Medical Superintendent,

Vigilance against Hand, Foot and Mouth Disease (HFMD)

I would like to draw your attention to the recent increase in activity of hand, foot and mouth disease (HFMD) and enlist your support in the prevention of the disease.

The Centre for Health Protection (CHP) of the Department of Health recorded an increasing number of institutional outbreaks of HFMD in recent weeks, from 3 in week 36 (ending on 9 September) to 13 in week 40 (ending on 7 October) of 2017. There were 14 institutional HFMD outbreaks recorded in the first three days of this week. Besides, sentinel surveillance based at private doctors and Accident & Emergency Departments communicable diseases syndromic surveillance also recorded a corresponding increase of HFMD activity last week. Moreover, a total of 47 EV71 cases had been recorded this year (as of 10 October), compared with 38 last year. Regarding severe paediatric EV infection other than EV71 and poliovirus, six cases had been recorded so far this year, compared with 11 in 2016.

HFMD occurs throughout the year in Hong Kong but the disease activity usually peaks between May and July. A smaller peak may also occur from October to December. HFMD mainly affects young children and outbreaks usually occur in child care centres and kindergartens. Common aetiological agents of HFMD include coxsackie viruses, EV71 and other enteroviruses. The incubation period ranges from three to seven 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. An infected person is most contagious during the first week of illness and the virus can be found in stools for weeks. Although HFMD is usually self-limiting, some patients, especially those infected with EV71, may develop complications like myocarditis, encephalitis or poliomyelitis-like paralysis.



We would like to enlist your support in providing the following health advice to HFMD patients and their carers/parents:

- ◆ Children with HFMD should be refrained from nurseries/ kindergartens/ schools, social activities and swimming until all vesicles have dried up and symptoms subsided;
- ◆ Seek medical advice urgently if they develop symptoms and signs suggesting severe illness such as persistent high fever, repeated vomiting, persistent sleepiness or drowsiness, myoclonic jerks or sudden limb weakness;
- ◆ Protect other family members, especially children, from getting the infection through strict personal and environmental hygiene; and
- ◆ As EV71 is associated with higher risk of complications and the virus may be excreted in stools for some weeks, CHP advises children suffering from laboratory confirmed EV71 infections to **stay away from school for two additional weeks** after symptoms have subsided.

Please report cases of EV71 infection and severe paediatric enterovirus infection (other than EV71 and poliovirus) to the Central Notification Office (CENO) of CHP by telephone (2477 2772), by fax (2477 2770) or via the CENO On-line website (https://cdis.chp.gov.hk/CDIS_CENO_ONLINE/ceno.html). For details of the reporting criteria, please refer to the CENO website at https://cdis.chp.gov.hk/CDIS_DINS_ONLINE/document/downloadDocumentWithDocName?Dockey=CaseDefinition. CHP will carry out epidemiological investigations for these cases and take appropriate control measures.

The latest surveillance data on HFMD and EV71 are published in the weekly “*EV Scan*” (http://www.chp.gov.hk/en/guideline1_year/29/134/441/502.html). Further information can be found from the following webpage: http://www.chp.gov.hk/en/view_content/16354.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 unfailing support in prevention and control of communicable diseases.

Yours faithfully,



(Dr SK CHUANG)

for Controller, Centre for Health Protection
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