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21 October 2011

Dear Doctor,

Vigilance against Hand, Foot and Mouth disease (HFMD)

Please be informed that the local activity of HFMD has increased, as indicated by various surveillance systems. The number of institutional outbreaks of HFMD recorded by the Centre for Health Protection (CHP) of Department of Health has increased from 15 and 23 in August and September respectively to 25 in October (as of 20 Oct). The consultation rate for HFMD reported by sentinel surveillance at private practitioners has increased from 1.4 to 2.3 per 1000 consultations in the weeks ending 8 Oct and 15 Oct respectively. The sentinel surveillance system based at child care centres and kindergartens also detected an increase in HFMD activity.

The increased activity is compatible with the seasonal pattern of HFMD. HFMD is more commonly seen during summer (May through July) but a smaller winter peak also occurred from October to December in the past few years. Most outbreaks affect young children in child care centres and kindergartens. Common aetiological agents of HFMD include Coxsackie viruses, Enterovirus 71 (EV71) and other enteroviruses. The main symptoms of HFMD are fever, sore throat, skin rash over hands and feet, and vesicles in the oral cavity, on the tongue and palate. The incubation period is usually 3-7 days. The disease is mainly transmitted by the faecal-oral route. 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.



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The Centre for
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arm of the
Department of
Health for disease
prevention and
control

Although the illness is usually self-limiting, some patients infected with EV71 virus may result in complications like myocarditis, encephalitis or poliomyelitis-like paralysis.

You may wish to refer to the “Management of HFMD in Health Care Settings”

published by the Scientific Committee on Enteric Infections and Foodborne Diseases of CHP for information on laboratory testing and infection control measures (http://www.chp.gov.hk/files/pdf/SCEIFD_Management_of_HFMD_in_Health_Care_Settings.pdf).

In addition, we would like to enlist your support in providing the following health advice to parents whose children suffer from HFMD:

- Children with HFMD should be refrained from attending nurseries/ kindergartens/ schools or social activities such as parties, interest classes, swimming until all vesicles have dried up and symptoms subsided;
- Parents should 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 washing hands thoroughly after changing diapers or handling respiratory secretions, and cleansing thoroughly the toys or appliances which are contaminated by the child's secretions with 1 in 49 diluted household bleach (mixing 1 part of 5.25% bleach with 49 parts of water);

If you encounter cases of EV71 infection or HFMD outbreak, please inform the Central Notification Office (CENO) of CHP (Telephone: 2477 2772, Fax: 2477 2770) or CENO On-line at <http://www.chp.gov.hk/ceno>. CHP will start epidemiological investigations on these cases and take appropriate control measures.

Thank you for your unfailing support in prevention and control of communicable diseases.

Yours faithfully,



(Dr Christine WONG)

for Controller, Centre for Health Protection
Department of Health