

本署檔號 Our Ref. : (18) in DH SEB CD/8/50/1

24 August 2011

Dear Principal / Person-in-charge / Teacher,

Stay Vigilant to Guard Against Communicable Diseases
in New School Year

The new school year is approaching. I would like to take this opportunity to urge your vigilance in prevention against influenza, scarlet fever and other communicable diseases at child care centres, kindergartens and schools.

Influenza in Hong Kong is usually more common in periods from January to March and from July to August. Our latest surveillance data showed that the influenza activity has slightly increased. The number of influenza detections increased from 23 in week ending July 23, 2011 to 52 in week ending Aug 13, 2011. Regarding other respiratory pathogens, the activity of adenovirus has been decreasing, whereas that of Respiratory Syncytial Virus (RSV) has been increasing for the past few weeks.

In addition, the overall scarlet fever activity has gradually decreased in July and August after the peak in June. Nevertheless, the recent activity is still higher than that recorded in the corresponding period of the past years. The number of scarlet fever cases recorded in July 2011 was 314, as compared with 27, 9 and 7 in same period of 2008, 2009 and 2010 respectively. The Centre for Health Protection (CHP) has been publishing a daily update on the latest situation on scarlet fever, which includes a list of newly reported institutional/school outbreak of scarlet fever at CHP website.

Apart from the above, outbreaks of other communicable diseases, like chickenpox, norovirus, and hand, foot and mouth disease may also occur in institutions, where young children are incapable of taking proper personal care. To prevent outbreak after school resumption, students who develop symptoms of diarrhoea, vomiting, skin rash, fever, or influenza-like illness are strongly advised not to attend the school and schools should take precautions against communicable diseases outbreaks.



If you notice two or more cases of scarlet fever or an increase in respiratory illnesses or absenteeism in your school, please report to our Central Notification Office (Tel: 2477 2772; Fax: 2477 2770) for immediate epidemiological investigations and outbreak control. Staff with respiratory or other illnesses, who are suspected to be epidemiologically linked to an outbreak should refrain from work.

You may wish to note that the CHP has recently reviewed the recommendation on sick leave duration for common childhood infections and the updated recommendation is attached for your reference. “*Guidelines on Prevention of Communicable Diseases in Schools /Kindergartens /Kindergartens-cum-Child Care Centres / Child Care Centres*” is updated and is accessible at http://www.chp.gov.hk/files/pdf/School_full_eng_20110822.pdf. Other latest disease information and guidelines are also available at the CHP website (www.chp.gov.hk).

Yours faithfully,



(Dr. S K CHUANG)

For Controller, Centre for Health Protection
Department of Health

Recommendation on sick leave duration for common childhood infections

Disease	Sick leave duration
Acute conjunctivitis	Until no abnormal secretion from the eyes
Bacillary dysentery *	Until diarrhoea ceases and at least 2 consecutive stool samples collected no less than 24 hours apart are tested negative for such bacteria (1 st stool sample has to be collected 48 hours after the completion of the antibiotic course)
Chickenpox *	About one week or until all vesicles have dried up
Cholera *	Until non-infection is confirmed (test is to be done on three stool samples collected at least 1 day apart following 48 hours after the completion of the antibiotic course)
Diphtheria *	Until non-infection is confirmed by negative result on sample culture test (test is to be done on two nasopharyngeal swabs collected at least 24 hours apart following 24 hours after the completion of the antibiotic course)
Hand, foot and mouth disease	Until all vesicles dry up or as advised by the doctor. If enterovirus 71 is confirmed to be the pathogen, take 2 more weeks of sick leave after all vesicles have dried up
Hepatitis A *	Until at least 1 week from the appearance of jaundice or as advised by the doctor
Measles *	4 days after the day of appearance of rash
Mumps *	5 days after the day of appearance of gland swelling
Rubella *	7 days after the day of appearance of rash
Scarlet fever *	Until fever down and 24 hours after starting of appropriate antibiotic
Tuberculosis *	As advised by the doctor
Typhoid fever *	Until at least three consecutive stool samples collected no less than 24 hours apart are tested negative for such bacteria (the first stool sample has to be collected 48 hours after the completion of the antibiotic course)
Viral gastroenteritis	Until 48 hours after the last episode of diarrhoea or vomiting
Whooping cough *	5 days from starting the antibiotic course or as advised by the doctor

Note

1. The recommendation made above is based on the general infection period only. Other factors, such as the clinical conditions of the sick child, have to be considered as well. The attending doctor should exercise his / her professional judgment when making the final decision on the length of sick leave.
2. Diseases marked with asterisk (*) should be reported to the Centre for Health Protection as required by the law.