

# Communicable Diseases

## WATCH



衛生防護中心  
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Department of Health

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### FEATURE IN FOCUS

## Exercise “Garnet” tests government response to novel influenza

*Reported by Emergency Response and Information Branch, CHP.*

The Centre for Health Protection of the Department of Health (DH), in collaboration with other government departments and organisations, tested its preparedness for the scenario of detection of a novel human influenza case in November 2017 during an exercise code-named “Garnet”.

The exercise was aimed at assessing the interoperability of government departments and organisations in response to the detection of a case of novel human influenza, testing their execution of the Preparedness Plan for Influenza Pandemic, as well as enhancing the alertness and readiness of relevant stakeholders in guarding Hong Kong against novel influenza and the threat of the spread of communicable disease.

The exercise consisted of two parts. The first part was a table-top exercise conducted on November 15, 2017, in which relevant departments and organisations discussed and co-ordinated the communicable disease response measures required in the simulated scenario of detection of a confirmed case of novel human influenza in Hong Kong.

The second part was a ground movement exercise conducted on November 30, 2017. Under the exercise simulation, a staff member of a telecommunications company working at Wo Che Plaza, Sha Tin, was tested positive for novel influenza virus. Initial epidemiological investigations revealed that the staff member had no poultry contact locally, but she had travelled to a country with a novel influenza outbreak. Among other staff members who had close contact with her, some had also developed symptoms of novel influenza.

DH responded immediately and co-ordinated with relevant departments and organisations to formulate and implement corresponding measures. In addition to conducting on-site assessment and epidemiological investigations by its Public Health Team, DH also advised relevant stakeholders on infection control measures, prescribed antiviral prophylaxis for the close contacts, and instructed the shopping mall operator and its cleaning services company to disinfect the contaminated areas (Photo 1 - 3).

About 50 participants from relevant government departments and organisations took part in the exercise, including 11 experts from the Mainland and Macau health authorities as observers. The exercise provided a valuable opportunity for relevant government departments and organisations to test and assess the effectiveness of the Government's preparedness and response plans as well as procedures for communicable diseases, and carry out preventive measures with dedication. It also helped to enhance preparedness of relevant stakeholders in the control and prevention of communicable diseases.



Photo 1 - Director of Health, Dr Constance Chan (front row, second right), and Controller, Centre for Health Protection, Dr Wong Ka-hing (front row, first right), were inspecting the exercise at the plaza, during which a close contact in the simulated scenario was transferred from the plaza to an ambulance by Fire Services Department officers.

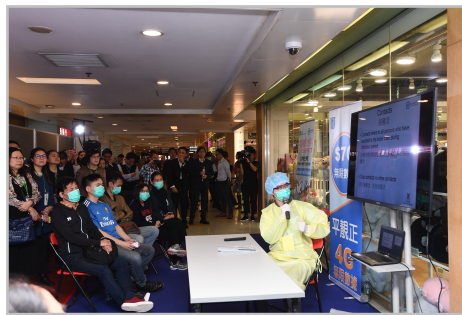


Photo 2 - DH was holding a briefing for the staff members concerned in the simulated scenario under the exercise and advising them on infection control measures.



Photo 3 - The cleaning services company of the shopping mall operator was conducting cleaning and disinfection work in the affected areas under the supervision of personnel from DH.

## Summary on the recent upsurge of hepatitis A infection among MSM in Hong Kong

Reported by Dr Billy HO, Senior Medical and Health Officer, Communicable Disease Division, Surveillance and Epidemiology Branch, and Dr Bonnie WONG, Senior Medical and Health Officer, Dr Kenny CHAN, Consultant, Special Preventive Programme, Public Health Services Branch, CHP.

The Centre for Health Protection (CHP) of the Department of Health (DH) has recorded an unusual upsurge of acute hepatitis A (HAV) infection affecting men who have sex with men (MSM) since August 2016. Initially the upsurge of cases was identified among the attendees of Integrated Treatment Centre (ITC), Special Preventive Programme of CHP who were human immunodeficiency virus (HIV) positive. More cases were subsequently identified via retrospective investigations and prospective reporting, which were shown to affect HIV negative MSM as well.

CHP published two articles in *Communicable Disease Watch* reporting this outbreak and updating the number of reported HAV infection cases among MSM in Hong Kong in February and June, 2017 respectively. (Volume 14, Number 3; Jan 29 – Feb 11, 2017 at [http://www.chp.gov.hk/files/pdf/cdw\\_v14\\_3.pdf](http://www.chp.gov.hk/files/pdf/cdw_v14_3.pdf) and Volume 14, Number 12; Jun 4 – Jun 17, 2017 at [http://www.chp.gov.hk/files/pdf/cdw\\_v14\\_12.pdf](http://www.chp.gov.hk/files/pdf/cdw_v14_12.pdf)). In this article, we provide an update of the progress of the outbreak and the public health control measures the CHP have implemented so far.

### Epidemiological update on the outbreak

A confirmed case was defined as a laboratory-confirmed HAV infection with clinical symptoms in an individual identified as MSM. Between September 2015 and November 24, 2017, CHP recorded 53 cases, peaking in end 2016 to early 2017 when three to seven cases were recorded each month (Figure 1 and 2). It was noted that the number of HAV cases among MSMs has now stabilised to a low level (zero to one case per month) since August 2017, after implementation of control measures. Reviewing the trend of outbreak in Hong Kong and similar reports in overseas countries and areas, MSM has become a significant risk factor for HAV infection and we considered this factor will persist in local community.

### Descriptive epidemiology of the confirmed cases

The age range of the 53 cases was 20 to 55 years (median: 33 years). They had symptom onset from September 2015 to October 2017. Forty-five (84.9%) required hospitalisation and no fatalities were recorded. Thirty-seven cases (69.8%) were known to be HIV positive attending one of the three designated public HIV clinics.

Apart from two cases (3.8%) who had received hepatitis A vaccine two weeks and one year prior to symptom onset respectively, the rest (51 cases, 96.2%) did not report history of HAV vaccination. Eighteen (33.9%) of the 53 cases reported travel history within the incubation period, and the most common regions they had visited were Mainland China (5), Japan (4) and Taiwan (4).

Thirteen cases (24.5%) had undergone screening of sexually transmitted infections (STIs) and were diagnosed to have concurrent infections (including syphilis, gonorrhea, chlamydia infection) during or within one month of their HAV diagnosis. Fourteen cases (26.4%) admitted to have oral-anal sex with their sexual partners during the incubation period.

Regarding microbiological investigations, forty-three (81.1%) cases had specimen available for laboratory analysis, all of which belonged to genotype 1A, while 27 (62.8%) had identical nucleotide sequences within the genotyping window.

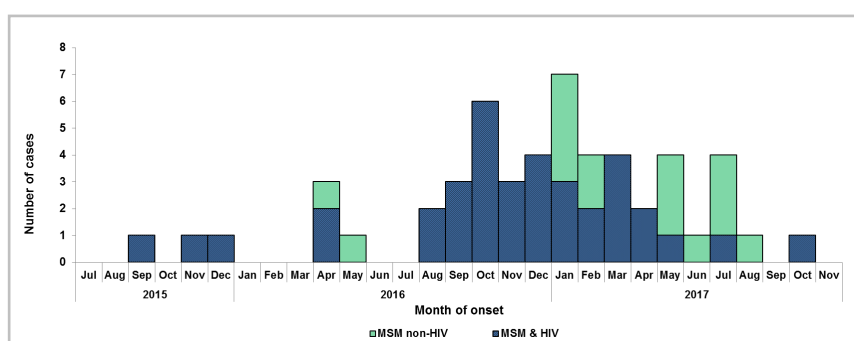


Figure 1 - Hepatitis A cases among known MSM, by HIV status, July 2015 – November 2017 (as of November 24, 2017).

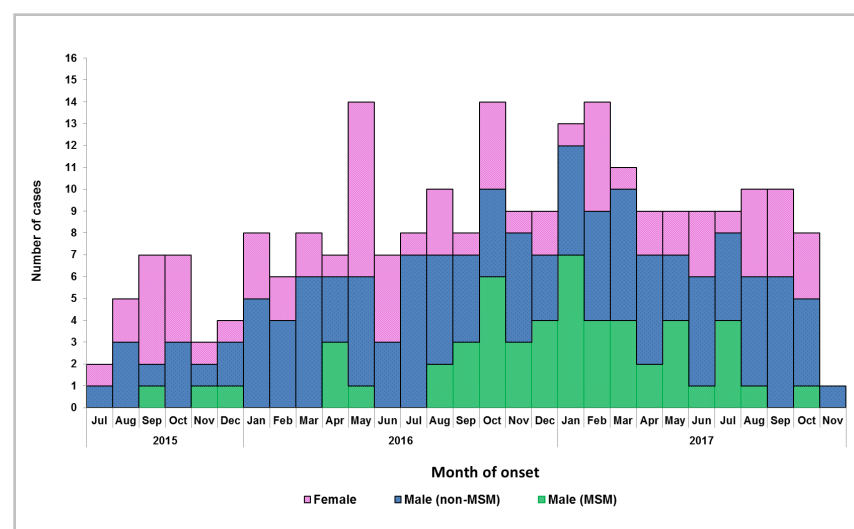


Figure 2 - Hepatitis A cases recorded by CHP, July 2015 - November 2017 (as of November 24, 2017).

Apart from one cluster affecting two patients who were sex partners residing together, no other epidemiological linkage among these cases could be found. No common food nor water source or social gathering was identified among these cases. Epidemiological investigations thus far suggested that the outbreak was contributed by transmission by way of sexual contact between men, a high proportion of whom were HIV-infected.

### Hepatitis A vaccination for MSM

To control the outbreak, a hepatitis A vaccination campaign was launched in February 2017 for around 2 000 eligible HIV-infected MSM clients attending the three HIV clinics of the DH and Hospital Authority (HA). Vaccination was also offered to MSM attending designated Social Hygiene Clinics (SHCs). Vaccination coverage had reached over 90% among HIV-infected MSM who have been linked to clinical care in public sector.

To date, the vaccination arrangements have reached their objectives and the number of MSM reported to have hepatitis A has stabilised to a low level in recent months. Nonetheless, the Scientific Committee on AIDS and STI, and Scientific Committee on Vaccine Preventable Diseases extended their recommendation for hepatitis A vaccine to MSM. Therefore, DH will, where appropriate, continue to provide hepatitis A vaccination for MSM attendees, not only at ITC, but also at Male SHCs in Wan Chai, Yau Ma Tei and Fanling, as well as STI screening and treatment.

### Risk assessment and publicity

Despite a decreasing number of cases reported in recent months, CHP will continue to keep abreast of the progress of the outbreak and will review control strategy in due course.

HAV outbreak among MSM is still ongoing in low HAV endemicity countries in the European Region<sup>1</sup> and in the Americas<sup>2</sup>. Given the higher potential of acquiring HAV in the MSM community and the high interconnectedness through global travel of this risk group, CHP will continue to closely monitor the global situation and remain vigilant at all time.

Apart from continual health education and counselling to MSM that have already been linked to clinical care, promotion of HAV vaccination would be further reinforced, especially among non-HIV infected MSM, via collaboration with NGOs serving the MSM community and via different communication platforms.

### References

<sup>1</sup>European Centre for Disease Prevention and Control. Epidemiological update: hepatitis A outbreak in the EU/EEA mostly affecting men who have sex with men. Available at: <https://ecdc.europa.eu/en/news-events/epidemiological-update-hepatitis-outbreak-eueea-mostly-affecting-men-who-have-sex-men>.

<sup>2</sup>Latash J, Dorsinville M, Del Rosso P, et al. Notes from the Field: Increase in Reported Hepatitis A Infections Among Men Who Have Sex with Men — New York City, January–August 2017. *MMWR Morb Mortal Wkly Rep* 2017;66:999–1000. Available at: <http://dx.doi.org/10.15585/mmwr.mm6637a7>.

## NEWS IN BRIEF

### A local sporadic case of psittacosis

On November 21, 2017, the Centre for Health Protection (CHP) recorded a local sporadic case of psittacosis affecting a 46-year-old man with underlying illnesses. He developed fever, chills and rigors on November 5. He attended the Accident and Emergency Department of a public hospital on November 9 and was admitted on the same day for management. His sputum collected on November 10 was tested positive for *Chlamydophila psittaci* DNA by polymerase chain reaction (PCR). He was treated with course of antibiotics. He recovered and was discharged on November 15.

Epidemiological investigation revealed that the patient had reared two pet birds at home during incubation period. According to the patient, the birds remained asymptomatic. He denied contact with any sick bird or bird carcass during the incubation period. He had no recent travel history and his home contacts remained asymptomatic. CHP visited the patient's home with the Agricultural, Fisheries and Conservation Department (AFCD) on November 23. Swabs taken from the birds' cages and their droppings were tested negative for *Chlamydophila psittaci* DNA by PCR.



## NEWS IN BRIEF

**A sporadic case of necrotizing fasciitis due to *Vibrio vulnificus* infection**

On November 30, 2017, CHP recorded a sporadic case of necrotizing fasciitis caused by *Vibrio vulnificus* affecting an 84-year-old woman with pre-existing medical conditions. She presented with fever, left shin redness and painful swelling on November 26. She was admitted to a public hospital on November 27 and the diagnosis was necrotizing fasciitis. She was treated with antibiotics and surgical debridement. Necrotic tissue collected from her left shin was tested positive for *Vibrio vulnificus*. Her current condition was stable. According to the patient's relatives, the patient cut her left shin accidentally by a knife at home and had handled raw fish during incubation period. She had no recent travel history.

**Infectious Disease Forum on Plague on November 28, 2017**

An infectious disease forum on 'Plague outbreak in Madagascar' was conducted on the November 28, 2017 in view of the unusually large outbreak that occurred there recently. The aim of the event was to familiarise healthcare workers with important aspects of the infectious disease, including port health control measures, epidemiological investigations, clinical management, infection prevention and pest control, so that we can be better equipped for the possible event of an imported case. Local speakers from the Centre for Health Protection (Port Health Office, Surveillance and Epidemiology Branch and Infection Control Branch), Hospital Authority (Infectious Disease Centre of Princess Margaret Hospital) as well as Food and Environmental Hygiene Department were invited to give talks on their own specialty areas. The forum was well received by the audience, which consisted of medical and nursing staff from both public and private sectors. Presentation materials have been uploaded to the Hong Kong Training Portal on Infection Control and Infectious Diseases (<http://icidportal.ha.org.hk/>).



Photo 1 - Speakers and audience were listening to welcome remarks by Dr.TY Wong, Head of Infection Control Branch, Centre for Health Protection.



Photo 2 - Ms. MY Fok, Head of Disease Response & Education Unit, Food and Environmental Hygiene Department gave a presentation on Rodent Situation and Control Strategy in Hong Kong.