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Global Update on Hantavirus Infection

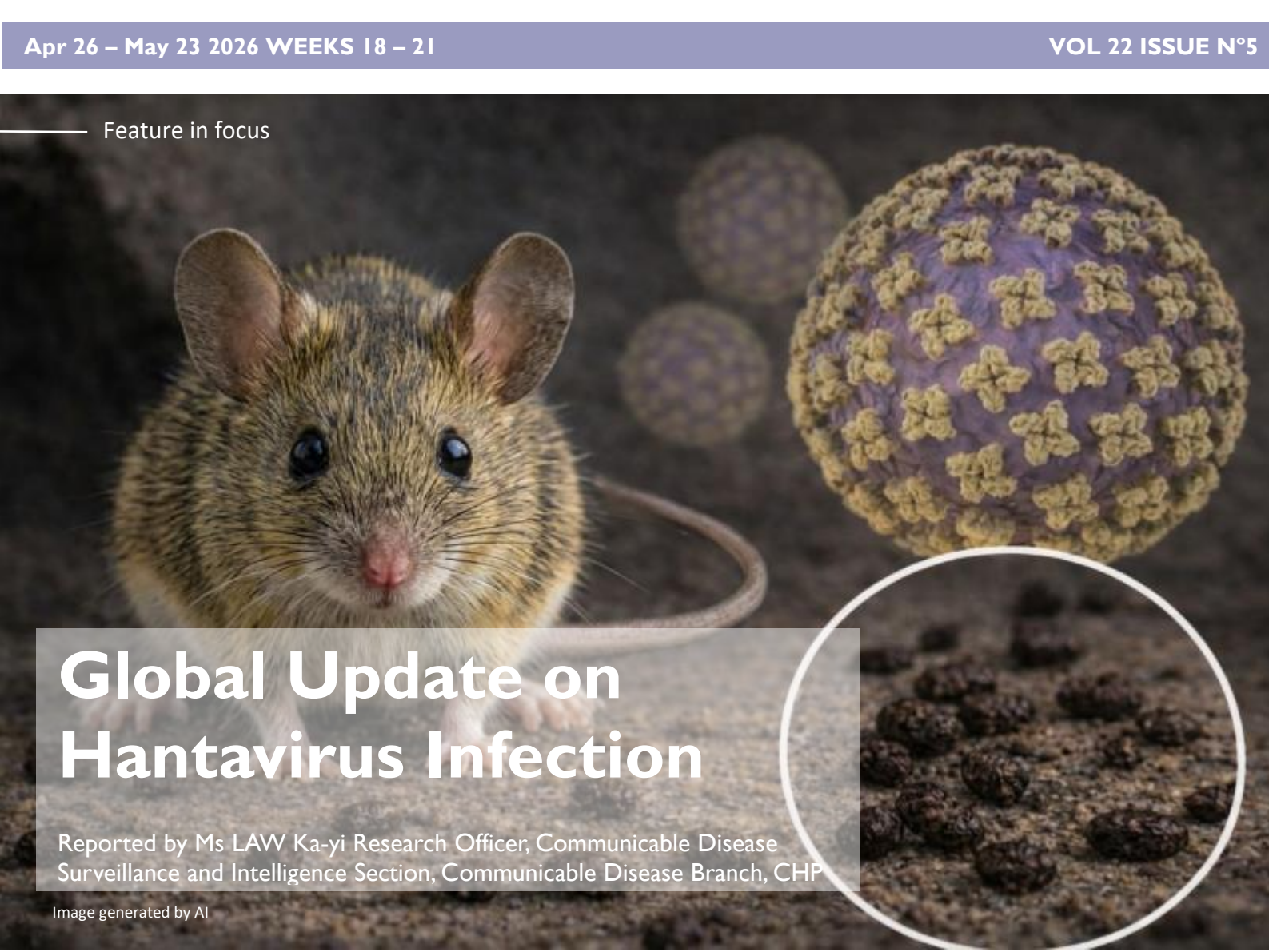
Review of Food Poisoning Outbreaks in Hong Kong, 2016 – 2025

Global Disease Snapshot

Highlights on infectious diseases and events, week 18 – 21:

- A local sporadic case of psittacosis
- A sporadic case of necrotising fasciitis due to *Vibrio vulnificus* infection
- Hand Hygiene Day 2026: Clean Hands Bring Health

Feature in focus



Global Update on Hantavirus Infection

Reported by Ms LAW Ka-yi Research Officer, Communicable Disease Surveillance and Intelligence Section, Communicable Disease Branch, CHP

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Key Points

- Hantaviruses are rodent-borne pathogens that cause Haemorrhagic Fever with Renal Syndrome (HFRS) in Asia and Europe and Hantavirus Cardiopulmonary Syndrome (HCPS) in the Americas, with HCPS being more severe and deadly.
- Transmission occurs mainly through rodent urine, saliva, or faeces, and rare human-to-human spread has been documented with the Andes virus.
- Globally, hantavirus cases range from 10 000 to over 100 000 annually, with Asia and Europe carrying the highest burden, while the Americas report fewer but deadlier HCPS outbreaks.
- In 2025, eight countries in the Americas reported 229 HCPS cases and 59 deaths, and in May 2026 a cruise ship outbreak confirmed Andes virus spread among 13 passengers, with three deaths.
- In Hong Kong, hantavirus has been notifiable since 2008. Only 14 cases have been recorded, all HFRS, with none HCPS. Prevention mainly relies on rodent control and maintenance of environmental hygiene.

Background

Hantavirus, first identified following a mysterious illness outbreak among United Nations soldiers during the Korean War in 1950–1953, is a globally distributed zoonotic pathogen. In 1976, the virus was successfully isolated from a striped field mouse and named as Hantaan virus after the local Hantan River¹. While initially thought to be confined to Europe and Asia, a respiratory outbreak in 1993 in the Southwest part of the United States identified a novel hantavirus strain called the Sin Nombre virus². This discovery revealed that hantaviruses pose a widespread public health threat across regions.

Reservoirs

Hantaviruses, belonging to the *Hantaviridae* family and *Orthohantavirus* genus, are maintained globally by small mammals, with rodents (such as rats, mice and voles) serving as their primary natural reservoirs. Each virus is associated with a specific reservoir host, establishing a long-term, subclinical infection that remains completely asymptomatic within the host³. Despite showing no signs of illness, these animals continuously shed the pathogen through saliva, urine, and faeces.

Two distinct syndrome groups

In humans, Hantaviruses cause two major distinct clinical syndromes: Haemorrhagic Fever with Renal Syndrome (HFRS) and Hantavirus Cardiopulmonary Syndrome (HCPS). HFRS is caused by Old World hantaviruses including Hantaan virus, Seoul virus and Puumala virus. It occurs mainly in Europe, and Asia, and carries a case fatality rate ranging from less than 1% to 15%. HCPS is caused by New World hantaviruses including Andes virus and Sin Nombre virus. It occurs predominantly in North and South America, and presents a much higher case fatality rate of approximately 20% to 40%³.

Modes of transmission

Hantaviruses primarily infect humans through direct contact with the faeces, saliva or urine of infected rodents or by inhalation of aerosolised particles from rodent excreta. Secondary transmission routes include direct contact with contaminated surfaces, ingestion of compromised food, and rodent bites (Figure 1). While person-to-person transmission is generally a rare epidemiological event, a critical exception exists with the Andes virus strain which can spread between humans through prolonged, close contact, causing HCPS³.

Clinical characteristics

The incubation period for hantaviruses typically spans two to four weeks, but can range from one to eight weeks. The initial presentation of HFRS include abruptly onset of severe headache, back and abdominal pain, fever, chills, nausea, and blurred vision, may accompanied by facial flushing, inflammation or redness of the eyes and rash; subsequent disease progression can induce severe hypotension and acute kidney injury. Conversely, early-stage HCPS manifests with fatigue, fever, and myalgia localised to the thighs, hips, and back, alongside secondary symptoms like headache, dizziness, and gastrointestinal problems. Respiratory manifestations, including a progressive cough and shortness of breath, typically supervene four to 10 days following prodrome onset⁴. Given that no approved antiviral treatment for hantavirus exists, management mainly relies on prompt clinical evaluation and intensive supportive care⁵.

Global epidemiology

Globally, hantavirus infections are relatively uncommon, with annual estimates ranging from 10 000 to exceeding 100 000 cases; however, the highest disease burden is documented within Asia and Europe³.

HFRS in Asia and Europe

In Asia and Europe, hantavirus infections primarily manifest as HFRS caused by Old World hantaviruses, driven by distinct regional strains associated with specific rodent reservoirs. In East Asia, particularly the Chinese Mainland and the Republic of Korea, HFRS continues to account for thousands of cases annually, although incidence has declined in recent decades. The Hantaan virus, carried by the striped field mouse (*Apodemus agrarius*), and the Seoul virus, transmitted globally by the common brown rat (*Rattus norvegicus*), serve as the dominant strains in Asia. Notably, human-to-human transmission has not been documented in this part of the world.

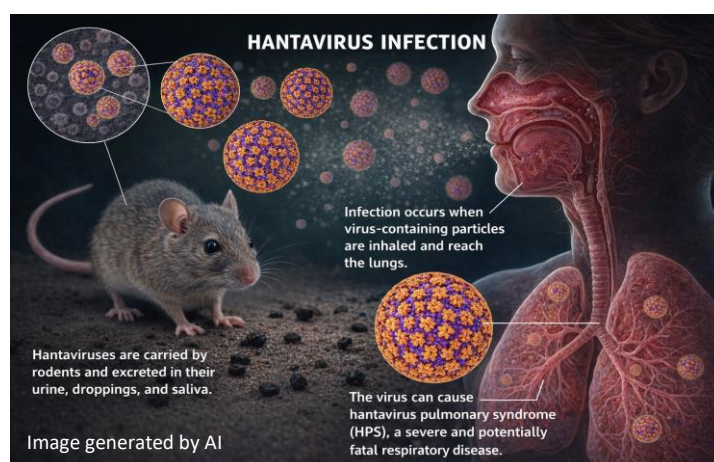


Figure 1 – Mechanism of hantavirus transmission and pathogenesis.

Europe reported 1 885 cases of hantavirus infection in 2023, presenting primarily as HFRS caused by the Puumala virus, hosted by the bank vole (*Myodes glareolus*), and the rarer but more severe Dobrava virus, hosted by the yellow-necked field mouse (*Apodemus flavicollis*). Data indicate that transmission in Europe remains highly concentrated, with Finland and Germany accounting for over 60% of cases, while the overall notification rate of 0.4 cases per 100 000 population in 2023 represents a five-year low⁶.

HCPS in Americas

Conversely, hantavirus infections in the Americas manifest as HCPS caused by New World hantaviruses, a disease with a significantly higher mortality rate. In the Americas, the Sin Nombre virus, transmitted by the deer mouse (*Peromyscus maniculatus*), is the leading cause of HCPS in North America, while the Andes virus, hosted by the long-tailed pygmy rice rat (*Oligoryzomys longicaudatus*), accounts for most cases in South America.

While the disease remains rare across the Americas with only a few hundred annual cases, eight countries, including Argentina, Brazil, Bolivia, Chile, Panama, Paraguay, the United States of America, and Uruguay, reported a total of 229 cases and 59 deaths in 2025 resulting in a case fatality rate of 25.7%⁷.

Furthermore, limited human-to-human transmission by Andes virus among close and prolonged contacts within household settings or during the index patient's early prodromal stage, had been reported primarily in South America's Argentina and Chile.

Hantavirus cluster linked to cruise ship travel in 2026

On May 2, 2026, the World Health Organization (WHO) was notified of a severe acute respiratory illness cluster among passengers aboard the Dutch-flagged vessel MV Hondius. The ship carried 147 passengers and crew members who originally embarked from Argentina on April 1, 2026. As of May 26, 2026, the epidemiological investigation identifies a total of 13 cases including 11 laboratory-confirmed, two probable cases and three reported deaths⁸. All laboratory-confirmed cases are positive for Andes virus.

Epidemiological investigation found that the first two cases had spent few months birdwatching across South America, including visits to several areas where Andes infection have been recorded in the past. Subsequent human-human transmission then occurred directly between individuals while onboard due to close living quarters, shared enclosed spaces, prolonged exposure, and frequent interpersonal contact on the ship. Preliminary genomic sequencing also showed a near-identical viral sequence from different cases⁹. Although the confined environment of a cruise ship accelerates infectious disease spread in the outbreak, person-to-person transmission of Andes virus remains limited.

Due to the long incubation period, the WHO assessed that additional cases may still occur among previously exposed passengers and crew members before the implementation of containment measures. Despite that, following disembarkation of the passengers and crews from the ship and the implementation of control measures, including active surveillance, rapid identification and isolation of suspected cases, the risk of onward transmission is expected to be minimised and the risk to the global population posed by the event is low.

Local situation

Hantavirus infection has been a statutory notifiable disease in Hong Kong since July 14, 2008. Since then, Hong Kong has recorded a total of 14 cases reported to date, of which 12 cases were classified as locally acquired. All cases manifested clinically as HFRS. No cases of HCPS have ever been recorded in Hong Kong. The annual average number of cases over the past five years range from zero to two. The most recent case was recorded in July 2024, and no further infections have been notified in 2025 or during the current year as of May 26, 2026.

In response to the cruise ship Hantavirus infection cluster, the Centre for Health Protection of the Department of Health has implemented a series of prevention and control measures. These include the issuance of a press release to raise public awareness; conducting medical assessments of arrivals who appear unwell or have a fever at all boundary control points, and referring them to hospitals for medical examinations when necessary; contacting the Airport Authority and the travel industry to provide them

with information on preventive measures, guidelines, and relevant health information on Hantavirus; providing information on rodent control to relevant parties; and reminding them to implement various rodent control measures and strengthen environmental hygiene monitoring at all boundary control points.



Prevention of Hantavirus Infection



At present, no vaccine against Hantaviruses is registered or available for use in Hong Kong. Rodent control is the primary strategy for preventing hantavirus infection.

To prevent hantavirus infection, the public should adopt the following measures:

Hand hygiene

- ✦ Wash hands with liquid soap for 20 seconds.
- ✦ Use 70-80% alcohol handrub if water is unavailable.

Rodent control

- ✦ Store food and pet food securely.
- ✦ Use well-fitted covers on daily emptied dustbins.
- ✦ Keep premises clean and clutter-free.
- ✦ Inspect flowerbeds and pavements regularly.

Avoid high-risk activities

- ✦ Do not touch rodents, nests, or excreta.
- ✦ Avoid rodent-infested spaces and keeping wild rodents.
- ✦ Do not lie on the ground in affected areas.
- ✦ Avoid unhygienic travel sites and secure camp tents.

Cruise passengers should take the following measures to prevent and reduce the risk of contracting infectious diseases while on board, as they are often in relatively crowded cabin environments during their voyages:

- ✦ Contact the cruise line to cancel trip if feel unwell before departure.
- ✦ Immediately notify the ship's medical staff and follow their health advice if feel unwell during the voyage (e.g. fever, cough, vomiting, diarrhoea, etc).
- ✦ Maintain good personal and environmental hygiene at all times during the voyage.
- ✦ Wear a mask in crowded or poorly ventilated indoor areas.



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Feature in focus

Review of Food Poisoning Outbreaks in Hong Kong, 2016–2025

Reported by Mr Ian Siu-kiu YAU, Scientific Officer, and Dr HO Mei-lin, Senior Medical and Health Officer, Enteric and Vector-borne Disease Section, Communicable Disease Branch, CHP

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Key Points

- From 2016 to 2025, Hong Kong recorded 1 964 food poisoning outbreaks affecting a total of 7 758 persons. Most outbreaks were small in scale, with 88% involving five or fewer individuals. A clear seasonal pattern was observed, with food poisoning outbreaks peaking in May and June attributable to warmer conditions favouring bacterial growth, while norovirus outbreaks were more common in winter months.
- Bacteria remained the predominant causative agents, with *Salmonella* species, *Vibrio parahaemolyticus*, and norovirus accounting for the majority of outbreaks, though *Clostridium perfringens* and *Bacillus cereus* caused larger outbreaks on average.
- Norovirus-associated outbreaks became increasingly prominent in recent years, particularly those linked to raw oysters, accounting for over 40% of all food poisoning outbreaks in 2024 and 2025, and continuing into early 2026.
- These findings underscore the need for sustained vigilance in food safety, particularly through safe food sourcing, thorough cooking, proper temperature control, prevention of cross-contamination, and good personal hygiene to reduce the risk of foodborne illness.

Food poisoning is a statutory notifiable disease under the Prevention and Control of Disease Ordinance (Cap. 599) in Hong Kong. All medical practitioners are required to notify the Centre for Health Protection (CHP) of the Department of Health of any suspected or confirmed food poisoning outbreaks (FPOs). This article reviewed the confirmed and suspected FPOs recorded by the CHP from 2016 to 2025.

Epidemiological trend

During 2016–2025, the CHP recorded a total of 1 964 FPOs, affecting 7 758 persons. The annual number of FPOs fluctuated over the decade, ranging from 129 to 242, with an annual average of 196 FPOs. The annual number of persons affected ranged from 578 to 1 084, with an average of 776 persons affected per year. The median number of persons affected per outbreak was three, indicating that most FPOs were small in scale. About 88% of the FPOs involved five or fewer persons.

Overall, the annual number of outbreaks remained relatively stable while the annual number of persons affected showed a decreasing trend over the past decade (Figure 1). The decrease in the number of persons affected in recent years could be partly due to social-distancing measures during COVID-19 pandemic, as well as changes in dining habits and heightened awareness of personal and food hygiene both during and after the COVID-19 pandemic.

A seasonal pattern of FPOs was observed, with FPOs occurring more frequently in May and June, with 217 and 249 outbreaks respectively over the ten-year period (Figure 2). This summer predominance may be related to higher ambient temperatures and humidity levels, which favour bacterial growth in food, particularly for common bacterial agents such as *Salmonella* species and *Vibrio parahaemolyticus* (*V. parahaemolyticus*). By contrast, norovirus activity is usually more prominent in winter, contributing to a relatively higher number of norovirus-associated FPOs during December to March. This coincided with the peak season for acute gastroenteritis in Hong Kong.

Causative agents and contributing factors

Overall, the most frequently identified contributing factors were contamination by raw food, inadequate cooking, improper holding temperature and contaminated raw food, accounting for 22.2%, 21.5%, 20.9% and 18.7% of FPOs respectively. These findings highlighted the importance of promoting basic food safety measures, including separation of raw and cooked foods, thorough cooking, proper hot and cold holding, prevention of cross-contamination and good personal hygiene among food handlers.

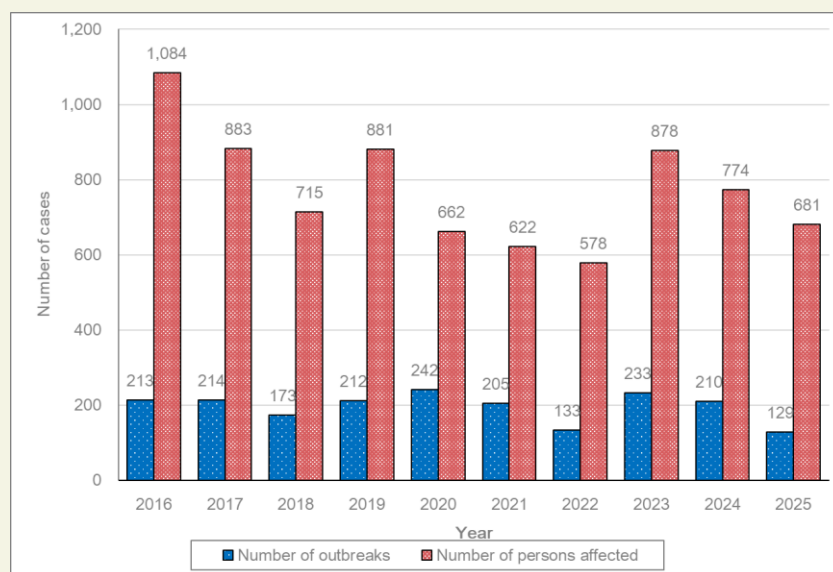


Figure 1 – Number of food poisoning outbreaks and number of persons affected by year, 2016–2025.

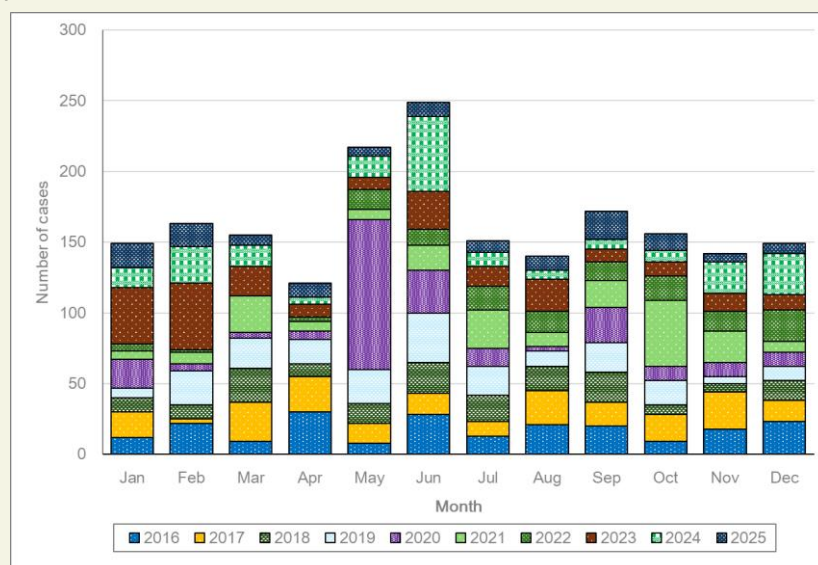


Figure 2 – Number of food poisoning outbreaks by month, 2016–2025.

Bacteria remained the predominant causative agent group during 2016–2025, accounting for 1,354 outbreaks (68.9%) and affecting 5 828 persons. The most frequently incriminated bacterial agents included *Salmonella* species and *V. parahaemolyticus*, which together accounted for over 61.2% of FPOs during the period. *Salmonella* species were incriminated in 693 outbreaks (35.3%) affecting 2,584 persons (average 3.7 persons affected per outbreak), while *V. parahaemolyticus* was incriminated in 509 outbreaks (25.9%) affecting 2,038 persons (average 4.0 persons affected per outbreak).

Salmonella food poisoning was commonly associated with contaminated or inadequately cooked food, including poultry, eggs and egg-containing products, whereas *V. parahaemolyticus* is commonly associated with marine products, especially raw or undercooked seafood. Prevention relies on thorough cooking, safe handling of raw ingredients, maintenance of the cold chain, and prevention of cross-contamination.

Although FPOs caused by *Clostridium perfringens* (*C. perfringens*) and *Bacillus cereus* (*B. cereus*) were less frequently recorded, those involving these agents tended to be large with more persons affected on average. During 2016–2025, *C. perfringens* was recorded in 109 outbreaks affecting 1 084 persons (average 9.9 persons affected per outbreak), while *B. cereus* was recorded in 93 outbreaks affecting 672 persons (average 7.2 persons affected per outbreak). These FPOs were often associated with food prepared in bulk, prolonged storage, inadequate reheating or improper temperature control.

Norovirus was one of the three most common causative agents during 2016–2025, accounting for 480 FPOs (24.4%) affecting 2 040 persons (average 4.3 persons affected per outbreak). Norovirus-associated FPOs became more prominent in recent years, accounting for over 40% of all FPOs in both 2024 and 2025, compared with 20.9% in 2016-2023. Although the absolute number of norovirus-associated FPOs decreased from 88 in 2024 to 53 in 2025, their relative contribution remained high, accounting for 41.1% of all FPOs in 2025 (Figure 3).

Raw oysters were overwhelmingly the major food item incriminated in norovirus-associated FPOs. During 2016–2025, raw oysters were the incriminated food item in 390 norovirus-associated FPOs, representing 81.3% of all norovirus-associated FPOs during the period. The trend remained similar in the first quarter of 2026, with norovirus accounting for 47 of the 66 FPOs (71.2%) recorded up to March 31, among which 42 involved raw oysters.

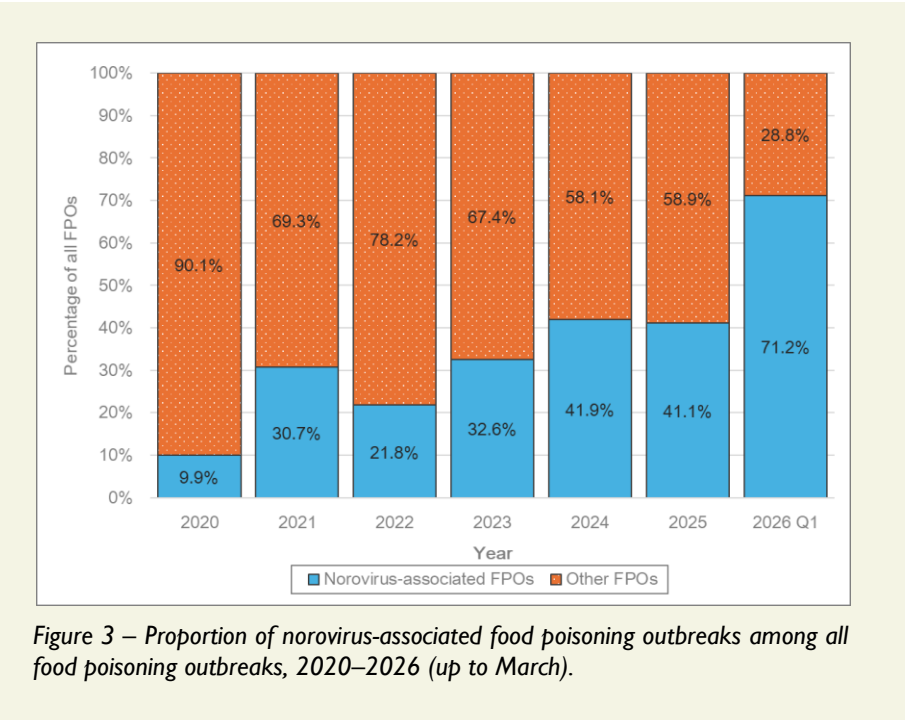


Figure 3 – Proportion of norovirus-associated food poisoning outbreaks among all food poisoning outbreaks, 2020–2026 (up to March).

The relative contribution of norovirus-associated FPOs increased in recent years, although the annual number of such outbreaks fluctuated. The recent prominence of norovirus-associated FPOs, particularly those involving raw oysters, might be related to contamination of oysters at source, and the fact that raw oysters are usually consumed without cooking. As norovirus is highly infectious, a small amount of contamination may be sufficient to cause illness. Members of the public, especially susceptible (e.g. pregnant women, infants, young children, the elderly and people with weakened immune systems) are strongly advised against consumption of raw or undercooked shellfish.

Biochemical FPOs accounted for a smaller proportion of FPOs, with 224 outbreaks (11.4%) affecting 382 persons recorded during 2016–2025; however, these may cause more severe illness. Examples recorded during the period included mushroom toxin, ciguatera toxin, tetrodotoxin, shellfish toxin, scombrototoxin and others. These outbreaks underlined the importance of obtaining food from reliable sources and avoiding consumption of unknown wild mushrooms or high-risk marine products.

Public health implications

Overall, FPOs in Hong Kong fluctuated during 2016–2025, while the annual number of persons affected showed a decreasing trend. Most outbreaks were small in scale, but occasional larger outbreaks continued to occur, highlighting the importance of prompt notification, investigation and control measures.

Bacterial agents remained important causes of FPOs over the decade. However, norovirus-associated FPOs became more prominent in recent years, particularly those involving raw oysters, and this pattern was further reflected in the first quarter of 2026, which norovirus remained the most predominant causative agent accounting for 71.2% of the 66 outbreaks recorded during the period. Among those norovirus-associated FPOs, 42 involved raw oysters, highlighting the prominence of raw or undercooked shellfish as a vehicle for foodborne norovirus transmission. These findings highlighted the need for sustained vigilance against both bacterial and norovirus-associated FPOs, in particular for those high-risk ready-to-eat foods.

Continued surveillance, timely investigation of suspected FPOs and collaboration among relevant stakeholders remain essential for identifying incriminated food items, implementing control measures and preventing further spread. Prevention should continue to focus on safe sourcing, proper food handling, thorough cooking, temperature control, prevention of cross-contamination and good personal hygiene. Key health tips for members of the public are summarised below.



Health Tips for Preventing Food Poisoning



Food poisoning is a common illness that occurs when contaminated food or water is consumed. According to the World Health Organization (WHO), an estimated 600 million people worldwide fell ill each year due to food poisoning, with 420 000 deaths reported annually.

Food poisoning can be caused by various agents, including bacteria, viruses, parasites, or toxins in biochemical or chemical in nature¹. Examples of causative agents include *Salmonella*, *Staphylococcus aureus*, ciguatera fish poisoning, pesticide, etc. While most cases of food poisoning are mild and resolve on their own, severe cases can lead to hospitalisation, long-term health complications, or even death; seeking prompt medical attention is crucial when food poisoning is suspected².

To prevent food poisoning and foodborne illnesses, members of the public are advised to adopt the “Five Keys to Food Safety” advocated by the WHO. These five simple and effective keys for safe food handling are³:

1. Choose (Choose safe raw materials);
2. Clean (Keep hands and utensils clean);
3. Separate (Separate raw and cooked food);
4. Cook (Cook thoroughly); and
5. Safe Temperature (Keep food at safe temperature)



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² Centre for Health Protection. Food Poisoning. Available at: <https://www.chp.gov.hk/en/healthtopics/content/24/43.html>. Accessed on May 7, 2026

Global Disease Snapshot

Major Outbreaks and Emerging Infections



A norovirus outbreak has been confirmed aboard the cruise ship *Ambition* in Bordeaux, **France**. Around 50 passengers developed acute gastrointestinal symptoms and were promptly isolated by the ship's doctor. No severe cases have been reported, and investigations indicate the outbreak was caused by person-to-person transmission or exposure to a contaminated environment.

Borno State in northeastern **Nigeria** reported a total of 2 081 cholera cases including 23 deaths from May 1 to May 20, 2026. Laboratory investigations confirmed *Vibrio cholerae* O1 Ogawa in 14 samples, while initial assessments also detected *E. coli* contamination in water sources, suggesting unsafe water and poor sanitation as major drivers of transmission.

As of May 24, 2026, a total of 105 confirmed cases of Ebola disease including ten deaths; and 906 suspected cases including 223 deaths have been reported in Ituri, North Kivu and South Kivu Provinces, the **Democratic Republic of Congo**. Uganda has also reported seven confirmed cases of Ebola disease with one confirmed death.

Bangladesh has reported 57 856 suspected measles cases and 8 067 confirmed cases across all 64 districts as of May 20, including 401 suspected deaths and 80 confirmed deaths. Cases reported in the first months of 2026 have already exceeded the full-year 2025 total. Children under five account for 81% of all reported cases. As of May 19, more than 18.3 million children have been vaccinated through the ongoing nationwide measles-rubella vaccination campaign rolled out since April.

Sources of information

World Health Organization: <https://www.who.int/emergencies/alert-and-response>

Les services de l'État en Gironde: <https://www.gironde.gouv.fr/Actualites/Communiqués-de-presse/Communiqués-de-presse-2026/Mai-2026/Episode-de-troubles-gastro-intestinaux-sur-le-navire-de-croisiere>; <https://www.gironde.gouv.fr/Actualites/Communiqués-de-presse/Communiqués-de-presse-2026/Mai-2026/Navire-de-croisiere-Ambition-les-analyses-confirment-un-episode-gastro-intestinal-viral>

United Nations Office for the Coordination of Humanitarian Affairs: <https://reliefweb.int/report/bangladesh/bangladesh-situation-report-4-measles-outbreak-21-may-2026>; <https://reliefweb.int/report/nigeria/nigeria-health-sector-cholera-outbreak-situation-report-borno-state-no-04-21-may-2026>

News in Brief

A local sporadic case of psittacosis

The Centre for Health Protection (CHP) of the Department of Health (DH) recorded a local case of psittacosis involving a 79-year-old male with underlying illness residing alone in Tuen Mun. He presented with fever, runny nose, cough, sputum, generalised bone pain and malaise since April 29 and was admitted to a public hospital on May 1. Chest X-ray showed left upper zone consolidation. His sputum collected on May 3 was tested positive for *Chlamydia psittaci* DNA. He was treated with antibiotics and was discharged from hospital later. He had no travel history during the incubation period. He has kept seven pet birds at home for over 10 years, all of which appeared healthy. He was responsible for their daily feeding and cleaning without wearing mask or gloves. Additionally, he visited the Yuen Po Street Bird Garden on April 5 with a family member, who has remained asymptomatic. The case was referred to Agriculture, Fisheries and Conservation Department (AFCD), and Food and Environmental Hygiene Department (FEHD) for follow-up as appropriate.



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

The CHP recorded a sporadic case of necrotising fasciitis caused by *Vibrio vulnificus* infection in Kowloon City district on May 9. The patient was a 76-year-old man with underlying medical conditions. He developed fever, left leg pain and swelling on May 7. He was admitted to a private hospital on the same day. The clinical diagnosis was necrotising fasciitis of the left leg with sepsis. Emergency left above-knee amputation was performed, followed by antibiotic therapy and intensive care support. Cultures from left leg tissue and blood yielded *Vibrio vulnificus*. On May 6, the day before his symptom onset, the patient slipped and fell in front of a seafood stall at a wet market in Shek Kip Mei. He suffered from a left knee abrasion injury but did not manage the wound properly immediately after. The patient did not have recent travel history. His home contact remained asymptomatic. The CHP has informed FEHD of the case for disinfection of the wet market.

Hand Hygiene Day 2026: Clean Hands Bring Health

The World Health Organization has designated May 5 each year as “World Hand Hygiene Day”. To strengthen awareness of hand hygiene among healthcare professionals and the general public, the Infection Control Branch (ICB) of the Centre for Health Protection (CHP) has adopted the theme “Clean Hands Bring Health” for the campaign this year (Figure 1). Hand hygiene is a highly cost-effective public health measure. International evidence indicates that proper hand hygiene can reduce the transmission of multidrug-resistant organisms (MDROs) in hospital settings by up to 80%¹. Furthermore, hand hygiene is associated with a reduction of approximately 30% in diarrhoeal diseases and 20% in respiratory tract infections².

The ICB has ramped up publicity efforts this year by employing diverse channels to promote proper hand hygiene practices. Key activities include displaying step-by-step flowchart and reminder stickers on hand hygiene, or promotional videos at over 2 200 locations throughout Hong Kong. The reach includes public and private hospitals, government clinics, District Health Centres, Residential Care Homes for the Elderly, elderly service units under the Social Welfare Department, public markets, and cooked food markets. To maximise the impact, those physical and digital promotion items are integrated with territory-wide e-banners, social media posts and free-to-download WhatsApp stickers (see QR code) (Figure 2 and 3). Together, these multi-channel approach ensures handwashing is consistently reinforced as an important community message.

ICB invites all healthcare professionals to uphold correct and timely hand hygiene practices in their daily work. Hospital and clinic staff are encouraged to display e-banners on digital panels, feature the promotional videos provided below at their workplace, and actively advocate hand hygiene messages to the public.

For more information and resources, please visit the thematic website for the Hand Hygiene Day 2026 at <https://www.chp.gov.hk/en/features/109946.html>.

Reference

- 1 World Health Organization. Evidence of hand hygiene to reduce transmission and infections by multidrug resistant organisms in health-care settings. Available at: <https://cdn.who.int/media/docs/default-source/integrated-health-services-%28ihs%29/infection-prevention-and-control/mdro-literature-review.pdf>. (accessed April 28, 2026)
- 2 Centers for Disease Control and Prevention. Handwashing Facts. Last modified April 17, 2024. Available at: <https://www.cdc.gov/clean-hands/data-research/facts-stats/index.html>. (accessed April 28, 2026)



Figure 1 – Clean Hands Bring Health.



Figure 2 – “Clean Hands Bring Health” e-banners on 56 dynamic digital panels spanning the Central footbridge from One IFC to Shun Tak Centre.



Figure 3 – Promotional videos and WhatsApp stickers QR codes.