**Feature:**
Latest Situation of seasonal influenza in Hong Kong

**Review of leptospirosis in Hong Kong in 2010**

**NEWS**

**A confirmed case of human myiasis**

On January 14, 2011, CHP recorded a case of human myiasis affecting an 83-year-old old-age home resident. She had history of peripheral vascular disease with chronic ulcers on both legs. Maggots were seen in her right foot ulcer on January 12 and she was admitted to Caritas Medical Centre. Wound debridement was done and the maggots removed confirmed to be larvae of Chrysomya bezziana by the Pest Control and Advisory Section of the Food and Environmental Hygiene Department. The patient was stable. Advice on wound care and environmental hygiene was given to the old-age home.

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CHP also recorded an increase in the number of institutional ILI outbreaks. A total of 80 institutional ILI outbreaks were reported in the past three weeks, including 3, 18, 59 ILI outbreaks reported in week 2, week 3, week 4 respectively. Majority (90%) of them occurred in schools involving 38 (48%) primary schools, 23 (29%) kindergartens/child care centres and 8 (10%) secondary schools. The number of persons affected in each outbreak ranged from 3 to 31 (median: 5) (Figure 2).

Figure 2 - Influenza-like illness outbreaks, 2010-11.

There has been an increase in hospital admission rates due to influenza in public hospitals recently. For children aged under 5 years, the hospital admission rate due to influenza increased from 0.08 (per 10,000 population) in week 1 to 2.64 in week 4. The hospital admission rate for elderly aged 65 years or above demonstrated a modest increase from 0.08 in week 1 to 0.25 in week 4. From week 4 onwards, 4 cases were reported to have severe paediatric influenza-associated complications, involving 3 boys and 1 girl. Their ages ranged from 4 months to 3 years. One of them was discharged.

Globally, influenza activity has been increasing in many countries in the temperate zone of the Northern Hemisphere, indicating that the winter influenza season has already started. Countries/areas in North America and Europe have also reported increases in influenza activity in previous few weeks. The temperate areas of Asia, including Mongolia, northern China, the Republic of Korea, and Japan have all reported slight increases in respiratory disease activity in recent weeks.

The local influenza activity is expected to further increase in the next few weeks. CHP will continue to monitor the influenza activity closely. CHP has published a daily update on influenza situation at [http://www.chp.gov.hk/en/content/5473.html](http://www.chp.gov.hk/en/content/5473.html) since January 25, 2011. As the peak of the winter influenza season is approaching, target groups are advised to make use of the last opportunity to receive influenza vaccination. The public are reminded to observe personal and environmental hygiene to prevent influenza and other respiratory illnesses. Persons who develop influenza-like symptoms should wear face masks and consult their doctors promptly.

Laboratory surveillance on multi-antimicrobial resistant bacteria (December 2010)

The Microbiology Division of the Public Health Laboratory Services Branch (PHLSB) provides diagnostic microbiology laboratory services and receives referred isolates from various laboratories for confirmation and characterization testing. Laboratory surveillance on various multi-antimicrobial resistant bacteria has been undertaken to monitor the epidemiology and to inform on public health measures. The data will be regularly uploaded to the CHP’s website: [http://www.chp.gov.hk/files/pdf/mdr_lab_surveillance_20110119.pdf](http://www.chp.gov.hk/files/pdf/mdr_lab_surveillance_20110119.pdf)

**RISK COMMUNICATION DIGEST**

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CDW editorial committee wishes you good health and all the best in the Year of Rabbit!
Review of leptospirosis in Hong Kong in 2010

Reported by Dr KM Wong, Medical Officer, and Dr Darwin Mak, Senior Medical Officer, Communicable Disease Surveillance and Intelligence Office, Surveillance and Epidemiology Branch, CHP.

Leptospirosis is a zoonosis caused by the bacteria leptospira. The Centre for Health Protection (CHP) recorded seven sporadic cases of leptospirosis in 2010. This figure laid within the range of 1 and 10 cases recorded annually from 2001 to 2009 (Figure 1). Since July 14, 2008, leptospirosis has been listed as a statutory notifiable infectious disease in Hong Kong.

The seven cases recorded in 2010 included four men and three women aged between 15 and 55 (median: 40 years). All of them reported fever as the main presenting symptom. The other commonly presented symptoms were myalgia, joint pain, headache, chills, and rigor. All patients required admission to hospital within 1 to 4 days after onset of symptoms. About two-thirds of the patients had liver or renal impairment during the illness and one of them required dialysis. All of them showed positive result to microscopic agglutination test (MAT). Autumnalis and australis (57%) followed by canicola (29%) were the most commonly identified Leptospira serogroups. The duration of hospitalisation of patients ranged from 2 to 9 days with an average stay of five days. All of them recovered after antibiotic treatment.

Epidemiological investigation revealed that three of these patients acquired the infection while travelling abroad to Malaysia (2), and Thailand (1) and the other four patients were infected locally. All the imported cases had history of contact with river or stream water while participating in outdoor recreational activities such as hiking, swimming and whitewater rafting. For the local cases, only one of them recalled history of contact with wet soil while no definite sources of infection could be identified for the others at the time of writing. All local cases were sporadic infections with no epidemiological linkage.

Leptospirosis can be found in animals such as rodents, cattle, pigs, horses and dogs. Most human infections occur through contact with urine excreted by infected animals, primarily through skin abrasions, open wounds or mucus membranes, and occasionally through ingestion or inhalation. The disease is normally not transmissible among human. The incubation period is usually between 5 and 14 days, with a range of 2 to 30 days. Leptospirosis is common in tropical and subtropical areas where there is abundant rainfall. It is known for its occupational and recreational hazard as people can come into contact with contaminated soil and water. People infected with leptospirosis usually present with a flu-like illness with fever, headache and myalgia. In serious case, respiratory distress, liver and renal failure may follow. Microscopic agglutination test is considered the “gold standard” of serodagnosis and it might help to identify sources of infection because certain serogroups tend to associate with particular animal hosts. For example, copenhageni is associated with rats, canicola with dogs, hardjo with cattle, australis and autumnalis with cattle and deer, etc. Leptospirosis can be treated with antibiotics.

To prevent the infection, members of the public should avoid both direct contact with infected animals and indirect contact with animal urine-contaminated fresh water, soil, and mud. Hands should be washed after handling pets or animals. Proper wound care after injury reduces the chance of infection. Persons with occupational risk should wear protective clothing, such as impermeable gloves and high rubber boots.
SUMMARY OF SELECTED NOTIFIABLE DISEASES AND OUTBREAK NOTIFICATIONS (WEEK 3 - WEEK 4)

Data contained within this bulletin is based on information recorded by the Central Notification Office (CENO) and Public Health Information System (PHIS) up until Jan 22, 2010. This information may be updated over time and should therefore be regarded as provisional only.