LENS ON CHP

Above: The Ninth Joint Meeting of Senior Health Officials of the Mainland, Hong Kong and Macao was held on January 28, 2011.

NEWS

CA-MRSA cases in January

In January 2011, CHP recorded 51 cases of community-associated methicillin resistant Staphylococcus aureus (CA-MRSA) infection, affecting 25 males and 26 females aged between 4 and 72 years (median 33 years). Among them were 32 Chinese, 8 Filipinos, 1 English, 1 African, 1 French, 1 German, 1 Indonesian, 1 Italian, 1 Nepalese and 4 of unknown ethnicity. The isolates of all 51 cases exhibited Panton-Valentine Leucocidin (PVL) gene and were positive for SCCmec type IV (31) or V (20). All cases presented with skin or soft tissue infections and were in stable condition. One of them was a nurse of a public hospital. Investigations did not reveal any cases linked with her. Among the cases, two were epidemiologically linked and were father and daughter of a family.

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Salmonella surveillance in Hong Kong

Reported by MS VERA KY CHOW, Scientific Officer, Enteric and Vectorborne Disease Office, Surveillance and Epidemiology Branch, and DR JANICE LO, Consultant Medical Microbiologist, Public Health Laboratory Services Branch, CHP

The Salmonella Surveillance Programme is a laboratory-based surveillance system monitoring the situation of salmonella infection in Hong Kong. The main purposes of the programme are to monitor the pattern of circulating strains of Salmonella species in the local community and antibiotic resistance of S. Typhi and S. Paratyphi. Currently, eight public hospitals together with the Public Health Laboratory Services Branch of the Centre for Health Protection (CHP) provide data to the programme. These hospitals include Kwong Wah Hospital, Prince of Wales Hospital, Princess Margaret Hospital, Queen Elizabeth Hospital, Queen Mary Hospital, Tseung Kwan O Hospital, Tuen Mun Hospital and Tung Wah Eastern Hospital. The data are collated and analyzed by CHP.

In 2009, a total of 1319 Salmonella isolates were identified in the participating laboratories after de-duplication and the number was within the range (1167 to 1524) recorded in the previous five years (Table 1). More isolates were identified in the summer months from June to September which was similar to that observed in previous five years (Figure 1). Almost half (45.8%) of all the isolates came from children aged below 5, with one-third of them (15.1%) from infants and children aged below one. Elderly patients aged 65 or above.

<table>
<thead>
<tr>
<th>Year</th>
<th>No. of isolates</th>
</tr>
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<tbody>
<tr>
<td>2004</td>
<td>1423</td>
</tr>
<tr>
<td>2005</td>
<td>1167</td>
</tr>
<tr>
<td>2006</td>
<td>1524</td>
</tr>
<tr>
<td>2007</td>
<td>1321</td>
</tr>
<tr>
<td>2008</td>
<td>1503</td>
</tr>
<tr>
<td>2009</td>
<td>1319</td>
</tr>
</tbody>
</table>

Figure 1 Number of monthly Salmonella isolates in 2009 against monthly mean of 2004 - 2008.
contributed about 12% of the cases. For patients of all ages, the male-to-female ratio was approximately 1:1 (1:0.9) as shown in Figure 2. Majority of isolates were from specimens of stool (87.2%), blood (8.3%) and urine (2.3%).

The serotypes of the isolates were specified in 85.2% of the cases in 2009. A total of 70 serotypes were identified. The five most frequently reported serotypes, which accounted for about two-third of all isolates, were S. Enteritidis (32.0%), S. Typhimurium (16.0%), S. Derby (5.6%), S. Stanley (5.1%) and S. Typhi (4.8%). S. Enteritidis and S. Typhimurium were the commonest serotypes throughout past few years. The pattern of serotype distribution was similar in the past few years with S. Enteritidis, S. Typhimurium and S. Derby as the three leading serotypes (Figure 3). The antibiotic resistance patterns of S. Typhi and S. Paratyphi were comparable to those in the past five years.

Salmonella infection is commonly transmitted by consuming food contaminated with the bacterium. Common symptoms of salmonella infection include vomiting, diarrhoea and abdominal pain, with or without fever. Serious complications, such as dehydration and septicaemia leading to death may occur when appropriate treatment is delayed, but these are rare.

To prevent salmonella infection, the public should observe good personal, food and environmental hygiene. For example,

- Wash hands properly with liquid soap and water before eating or handling food, and after going to toilet or changing diapers.
- Purchase food from reliable sources. Do not patronise illegal hawkers.
- Clean and wash fruits and raw vegetables thoroughly before consumption.
- Cook food thoroughly and avoid raw or semi-cooked food.
- Keep the kitchen, cooking and eating utensils clean.
- Keep two sets of knife and chopping board, one for handling cooked food, another for raw food.
- Consume food as soon as it is done.
- Store perishable food in refrigerator. Keep it well covered.
- Handle and store raw and cooked food separately (upper compartment of the refrigerator for cooked food and lower compartment for raw food) to avoid cross contamination.
- If necessary, refrigerate cooked leftovers and consume as soon as possible. Reheat thoroughly before consumption. Discard any spoilt food item.
SUMMARY OF SELECTED NOTIFIABLE DISEASES AND OUTBREAK NOTIFICATIONS (WEEK 5 - WEEK 6)

Data contained within this bulletin is based on information recorded by the Central Notification Office (CENO) and Public Health Information System (PHIS) up until Feb 5, 2011. This information may be updated over time and should therefore be regarded as provisional only.