

Weekly number of hospital admission episodes of hand, foot and mouth disease (HFMD) reported by Hospital Authority

Column	Type	Description
week_end_date	Date (DD/MM/YYYY)	For the week ending
adm_without_complication	Number	No. of hospital admission episodes of HFMD (Without complication)
adm_with_complication	Number	No. of hospital admission episodes of HFMD (With complication)