監測及流行病學處

衞生防護中心
Centre for Health Protection
保障市民健康
Protecting Hong Kong's health

Surveillance
And
Epidemiology
Branch

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Dear Doctor,

Vigilance against Hand, Foot and Mouth Disease and Acute Gastroenteritis

I would like to draw your attention to the recent increases in activities of hand, foot and mouth disease (HFMD) and acute gastroenteritis (AGE) and enlist your support in the prevention of the diseases.

HFMD

The surveillance data of the Centre for Health Protection (CHP) of the Department of Health showed an increase of HFMD activity in the past two weeks. The weekly consultation rate of HFMD at sentinel private medical practitioners has increased from 0 per 1,000 consultations in the week ending 15 September to 2.3 and 1.2 in the subsequent two weeks. The rate at sentinel General Out-patient Clinics (GOPC) has increased from 0.4 per 1,000 consultations in the week ending 15 September to 1.1 in the subsequent week. Besides, the weekly number of cases of enterovirus 71 (EV71) infection recorded has increased from one case in the week ending 15 September to two and three cases in the subsequent two weeks. The number of institutional outbreaks of HFMD in the past two weeks were 11 (affecting 32 persons) and eight (affecting 24 persons) respectively. Five institutional HFMD outbreaks (affecting 22 persons) have already been recorded in the first three days of this week.

HFMD occurs throughout the year in Hong Kong but the disease activity usually peaks between May and July. A smaller peak may also occur from October to December. HFMD mainly affects young children and outbreaks usually occur in child care centres and kindergartens (CCC/KG). Common aetiological agents of HFMD include coxsackieviruses, EV71 and other enteroviruses. The incubation period ranges from three to seven days. The disease is mainly transmitted by the faecal-oral route but direct contact with open and weeping skin vesicles may also spread the virus. An infected person is most contagious during the first week of illness and the virus can be

found in stools for weeks. Although HFMD is usually self-limiting, some patients, especially those infected with EV71, may develop complications like myocarditis, encephalitis or poliomyelitis-like paralysis.

We would like to enlist your support in providing the following health advice to HFMD patients and their carers/parents:

- Children with HFMD should be refrained from nurseries/ kindergartens/ schools, social activities and swimming until all vesicles have dried up and symptoms subsided;
- Seek medical advice urgently if they develop symptoms and signs suggesting severe illness such as persistent high fever, repeated vomiting, persistent sleepiness or drowsiness, myoclonic jerks or sudden limb weakness;
- Protect other family members, especially children, from getting the infection through strict personal and environmental hygiene; and
- As EV71 is associated with higher risk of complications and the virus may be excreted in stools for some weeks, CHP advises children suffering from laboratory confirmed EV71 infections to **stay away from school for two additional weeks** after symptoms have subsided.

AGE

CHP also recorded an increased number of institutional outbreaks of AGE from two (affecting 11 persons) in the week ending 22 September to five (affecting 38 persons) last week. Besides, surveillance of AGE based at sentinel CCC/KG and residential care homes for the elderly also recorded a corresponding increase of the activity of diarrhoea.

AGE is usually caused by norovirus or rotavirus infection. Symptoms include nausea, vomiting, diarrhoea, abdominal pain, fever and malaise. These viruses can be transmitted by consumption of contaminated food, contact with the vomitus or excreta of the infected persons, contaminated objects and aerosol spread with contaminated droplets of splashed vomitus. They are highly infectious and may result in outbreaks that are difficult to control. AGE outbreaks may occur throughout the year but are known to occur more frequently in winter months.

We would like to seek your assistance in providing the following health advice to your patients and persons who take care of them. In particular,

- Maintain high standards of personal, food and environmental hygiene;
- Wash hands before handling food and eating, and after going to the toilet;
- Cook all food, particularly shellfish, thoroughly before consumption;
- Refrain from work or school, and seek medical advice if suffering from vomiting or diarrhea; and

- Clean up vomitus appropriately:
  - Keep other people away from the area during the cleaning process.
  - Wear gloves and a mask while removing the vomitus.
  - Use disposable towels to wipe away all the vomitus from outside inward, before applying diluted bleach (1 in 49) to the surface and the neighbouring area (e.g. within 2 metres of the vomitus).
  - Leave bleach on the soiled surface for 15-30 minutes to allow time for the bleach to inactivate viruses before rinsing the surface with water and mop dry.
  - Floor mops should not be used for cleaning the vomitus.
  - Wash hands thoroughly afterwards.

Please inform the Central Notification Office (CENO) of CHP (Telephone: 2477 2772, Fax: 2477 2770) or CENO On-line at https://cdis.chp.gov.hk/CDIS_CENO_ONLINE/ceno.html when you encounter any case of EV71 infection or severe paediatric enterovirus infection (other than EV71 and poliovirus). Outbreaks of AGE occurring in an institution should also be reported to CENO for prompt epidemiological investigations and implementation of control measures. Please call our Medical Control Officer (pager: 7116 3300 call 9179) when reporting during non-office hours.

Please draw the attention of the healthcare professionals and supporting staff in your institution/ working with you to the above. Thank you for your unfailing support in prevention and control of communicable diseases.

Yours faithfully,

(Dr SK CHUANG)
for Controller, Centre for Health Protection
Department of Health