

本署檔號 **Our Ref.** : (19) in DH SEB CD/8/22/1 IV
電話 **Tel.** :
傳真 **Fax No.** :

22 May 2019

Dear Doctor,

Vigilance against Hand, Foot and Mouth Disease (HFMD)

I would like to draw your attention to the recent increase in activity of hand, foot and mouth disease (HFMD) and enlist your support in the prevention of the disease.

The Centre for Health Protection (CHP) of the Department of Health recorded an increasing number of institutional outbreaks of HFMD in the past two weeks, from seven in week 19 (ending 11 May) to 16 last week. Nine institutional HFMD outbreaks have already been recorded in the first two days of this week. In addition, surveillance of HFMD based at sentinel child care centres/kindergartens (CCC/KG) recorded a corresponding increase of HFMD activity recently.

In Hong Kong, HFMD occurs throughout the year with the usual peak season occurring from May to July. A smaller peak may also occur from October to December. HFMD mainly affects young children with outbreaks commonly occurring in CCC/KG. Common aetiological agents of HFMD include coxsackieviruses, enterovirus 71 (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 refrain 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 infection to **stay away from school for two additional weeks** after symptoms have subsided.

Please report cases of EV71 infection and severe paediatric enterovirus infection (other than EV71 and poliovirus) to the Central Notification Office (CENO) of CHP by telephone (2477 2772), by fax (2477 2770) or via the CENO On-line website (https://cdis.chp.gov.hk/CDIS_CENO_ONLINE/ceno.html). For details of the reporting criteria, please refer to the CENO website at https://cdis.chp.gov.hk/CDIS_DINS_ONLINE/document/downloadDocumentWithDocName?Dockey=CaseDefinition. CHP will carry out epidemiological investigations for these cases and take appropriate control measures.

The latest surveillance data on HFMD and EV71 are published in the weekly *EV Scan* (http://www.chp.gov.hk/en/guideline1_year/29/134/441/502.html). Further information can be found from the following webpage: http://www.chp.gov.hk/en/view_content/16354.html. 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