

本署檔號    Our Ref. : (23) in DH SEB CD/8/22/1 IV  
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25 September 2019

Dear Doctor,

**Vigilance against Hand, Foot and Mouth Disease (HFMD) and  
Acute Gastroenteritis (AGE)**

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

**HFMD**

The summer peak of HFMD in 2019 started in May and the HFMD activity remained at a high level throughout June and July. After a transient decrease in August, the local HFMD activity has increased again after the start of the new school year in September. There was significant increase in the number of institutional outbreaks in the past two weeks, from 24 (affecting 112 persons) in the week ending 14 September to 42 (affecting 183 persons) in that ending 21 September. Thirty-five outbreaks (affecting 97 persons) have already been recorded in the first three days of this week. These 101 outbreaks occurred in child care centres/kindergartens (60), primary schools (25), secondary schools (13) and others (3).

Besides, surveillance data based at Accident and Emergency Departments and sentinel child care centres/kindergartens showed that the HFMD activity remained at a high level. As of 24 September, a total of five cases of enterovirus (EV71) infection and eight severe paediatric enterovirus infection (other than EV71 and poliovirus) has been recorded in 2019.



HFMD 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. Patients showing severe symptoms/signs should be considered for hospitalisation for further management. EV71 is associated with higher risk of complications and the virus may be excreted in stools for some weeks. Hence, the Centre for Health Protection (CHP) of the Department of Health advises children suffering from laboratory confirmed EV71 infections to stay away from school for two additional weeks after symptoms have subsided.

### **AGE**

The CHP also recorded an increased number of institutional outbreaks of AGE in the past few weeks. The number of AGE outbreaks increased from two (affecting 26 persons) in the week ending on 7 September to seven (affecting 77 persons) in that ending 21 September. The outbreaks recorded in the past three weeks occurred in child care centres/kindergartens (9), primary schools (3), secondary school (1), elderly home (1) and other (1). AGE is usually caused by norovirus or rotavirus infection. They can be transmitted by consumption of contaminated food, contact with the vomitus or excreta of 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.

Please inform the Central Notification Office (CENO) of the CHP (Telephone: 2477 2772; Fax: 2477 2770; or CENO On-line at [https://cdis.chp.gov.hk/CDIS\\_CENO\\_ONLINE/ceno.html](https://cdis.chp.gov.hk/CDIS_CENO_ONLINE/ceno.html)) when you encounter cases of (i) EV71 infection, or (ii) 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 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