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13 April, 2010

Dear Doctor,

**Updated situation of Hand, Foot and Mouth disease (HFMD) and
Enterovirus 71 (EV71) infection**

Further to the letter dated March 25, I would like to provide you with the latest information of HFMD and EV71 infection, and to urge you again to be vigilant against these diseases.

In Hong Kong, the usual peak season of HFMD occurs from May to July. An early rise in HFMD activity was recorded recently. In March this year, 29 outbreaks of HFMD/herpangina were reported in institutions, as compared with 10 outbreaks reported in each month of January and February. Besides, the sentinel surveillance system based at child care centres and kindergartens has also detected a significant increase in HFMD activity recently. So far this year, there were 9 confirmed cases of EV71 recorded and all suffered from only mild symptoms without severe complication. Recent EV71 isolates show no significant genetic changes.

There are also recent increased activities of HFMD and EV71 infection in the neighbouring areas. In Mainland China, there were 77,756 HFMD cases reported in March (in which 40 cases were fatal), which was higher than the number of 37,567 and 23,862 in January and February respectively. We understand from the Health Department of Guangdong Province that the activity of HFMD and EV71 in the Guangdong province has also increased recently. Increased HFMD activity was also reported in Singapore with 5,373 HFMD cases reported in the first 13 weeks this year as compared with 4,925 cases reported in the corresponding period last year. In Taiwan, there were 3 severe enterovirus infections reported as of April 8 this year while 29 cases were reported in the whole year of 2009.



HFMD is a common childhood infectious disease in Hong Kong. It occurs throughout the year but is more commonly seen during summer (May through July). In the past few years, a smaller winter peak of HFMD activity also occurred from October to December. Most outbreaks affect young children in child care centres and kindergartens. Common aetiological agents of HFMD include Coxsackie viruses, EV71 and other enteroviruses. The main symptoms of HFMD are fever, sore throat, skin rash over hands and feet, and vesicles in the oral cavity, on the tongue and palate. The incubation period is usually 3-7 days. The disease is mainly transmitted by the faecal-oral route. Direct contact with open and weeping skin vesicles may also spread the virus. A person is most contagious during the first week of illness and the infectious agent can be found in stools for weeks. Although the illness is usually self-limiting, some patients infected with EV71 virus may result in complications like myocarditis, encephalitis or poliomyelitis-like paralysis.

You may wish to refer to the “**Management of HFMD in Health Care Settings**” published by the Scientific Committee on Enteric Infections and Foodborne Diseases of CHP for detailed information on laboratory testing and infection control measures (available at: http://www.chp.gov.hk/files/pdf/SCEIFD_Management_of_HFMD_in_Health_Care_Settings.pdf). Cases showing severe symptoms/signs should be considered for hospitalisation for investigation and treatment.

We enlist your continual support in providing the following **health advice to parents** whose children suffer from HFMD:

- Children with HFMD should be refrained from nurseries/kindergartens/schools or social activities such as parties, interest classes, swimming until all vesicles have dried up and symptoms subsided;
- Seek medical advice urgently if the child develops important symptoms and signs suggesting severe illness including persistent high fever, repeated vomiting, persistent sleepiness or drowsiness or myoclonic jerks or sudden limb weakness.
- Protect other family members, especially children, from getting the infection through strict personal and environmental hygiene, including always wash hands thoroughly after changing diapers or handling respiratory secretions, and clean thoroughly toys or appliances which are contaminated by the child’s secretions with 1 in 49 diluted household bleach (mixing 1 part of 5.25% bleach with 49 parts of water);

- For parents who are taking their unaffected children during travel, advise them to undertake similar stringent measures when visiting friends or relatives in other places.

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.

If you encounter an increase in the number of clients with HFMD coming from the same institution or ***laboratory confirmed cases of EV71 OR clinical case who present with severe complications possibly due to EV71***, please inform the Central Notification Office of CHP (Telephone: 2477 2772, Fax: 2477 2770) or CENO On-line at <http://www.chp.gov.hk/ceno> as early as possible. CHP will start epidemiological investigations and take appropriate control measures. The reporting criteria of EV71 are available in CENO On-line. A weekly update on HFMD and EV71 infection, the 'EV SCAN' has been published on CHP website to summarize the latest statistics of these diseases. Please visit the website of CHP at <http://www.chp.gov.hk> for more information on HFMD and EV71 infection.

Yours sincerely,



(Dr SK CHUANG)

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