

本署檔號 Our Ref. : (33) in DH CDB/8/50/1 Pt.2
來函檔號 Your Ref :
電話 Tel. : (852)
傳真 Fax No. : (852)

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Dear Doctor,

Increase in Scarlet Fever Activity in Hong Kong

We would like to inform you that the activity of scarlet fever (SF) in Hong Kong has been increasing in the past few weeks, and solicit your support in the prevention of SF.

The weekly number of SF reported to the Centre for Health Protection (CHP) of the Department of Health has increased from 16 in the week ending November 23 to around 40 in the subsequent two weeks, and further increased to 78 in the week ending December 14. In the first three days of this week (as of December 17), 46 cases have been recorded. In December (as of December 17), seven institutional outbreaks have been recorded as compared with six in November. Most of the outbreaks occurred in kindergartens/child care centres.

In the first 11 months of this year, 1,351 SF cases have been recorded as compared with 1,909 and 1,942 cases recorded in the same period in 2018 and 2017 respectively. Among the 1,351 cases, there were 776 males and 575 females with ages ranging from five months to 64 years (median: six years). The majority (92.5%) of the cases affected children aged 10 years or below. 425 (31.5%) cases required hospitalisation, with two cases requiring admission to intensive care units. In 2019, there was one fatal case recorded (as of December 17).



While SF occurred throughout the year locally, there was a seasonal pattern for SF in Hong Kong with higher activity observed from May to June and from November to March in the past few years. Based on past epidemiological pattern, we expect that the SF activity will remain at a high level in the coming few months.

SF is a bacterial infection caused by Group A Streptococcus (GAS). The streptococcal bacteria are transmitted through the respiratory route or direct contact with infected respiratory secretions. The incubation period ranges from one to three days. SF classically presents with fever, sore throat, red and swollen tongue (known as strawberry tongue), and erythematous rash characterised by a sandpaper texture. The diagnosis of SF mainly relies on clinical features. The illness is usually clinically mild but can be complicated by localised extension of infection leading to otitis media, mastoiditis, sinusitis or peritonsillar abscess. Rare and serious complications include acute rheumatic fever, glomerulonephritis and toxic shock syndrome.

GAS infections can be treated by appropriate antibiotics effectively. Early use of antibiotics in SF patients will prevent clinical deterioration and complications. Antibiotic treatment also shortens the period of infectivity and will prevent transmission of GAS within 24 hours of treatment. Of note, GAS with resistance to erythromycin is known to be common in Hong Kong (<https://www.chp.gov.hk/en/statistics/data/10/100044/6861.html>). If you suspect SF, empirical treatment with antibiotics belonging to the penicillin group or first generation cephalosporin should be considered, and antibiotics belonging to the macrolide group (e.g. erythromycin) would not be appropriate.

We would also like to seek your assistance in providing health advice on personal and environmental hygiene to your patients. In particular, patients who are suffering from SF should not go to schools or child care centres until they fully recover. In addition, you are reminded to report any suspected cases of SF to the Central Notification Office (CENO) of the CHP via fax (2477 2770), phone (2477 2772) or CENO On-line (https://cdis.chp.gov.hk/CDIS_CENO_ONLINE/ceno.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 ongoing support in combating communicable diseases.

Yours faithfully,



(Dr. SK CHUANG)

for Controller, Centre for Health Protection
Department of Health