

Surveillance And **Epidemiology** Branch

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監測及流行病學處

28 May 2010

To Principals / Persons-in-charge,

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

Further to the letter dated April 13, I would like to update you on the latest situation of HFMD and EV71 infection, and to urge you again to be vigilant against these diseases in your institution.

In Hong Kong, a continuous rise in HFMD activity is noted since March. As of May 27, 211 HFMD/herpangina institutional outbreaks were recorded this year. This has exceeded the number reported in the whole year of 2007 to 2009 (ranged from 103 to 167 outbreaks). Besides, the sentinel surveillance system based at child care centres and kindergartens has also detected a sustained high activity of HFMD. In addition, 33 cases of laboratory confirmed EV71 infection were reported so far this year. While most of the EV71 cases presented with mild symptoms of HFMD, three cases (F/18 months, F/18 years and F/10 years) developed severe complications including meningitis and meningoencephalitis.

There are also recent increased activities of HFMD and EV71 infection in the neighbouring areas including the Guangdong Province and Singapore.

衞生防護中心乃衞生署 轄下執行疾病預防 及控制的專業架構 The Centre for Health Protection is a professional arm of the Department of Health for disease prevention and control

An interdepartmental working group was held on May 27 to review the preventive measures. The meeting discussed further preventive and control strategies by different departments and parties, and agreed that the current criteria on class suspension of individual child care institutions/ schools due to EV 71 infection would be maintained. We may consider to advise suspension of classes for a period of 14 days when situation warrants. Examples of such scenarios include occurrence of further cases in an institution attended by a confirmed EV 71 case after stepping up



control measures, OR occurrence of an EV71 case who is suffering from severe complication and the institution the child is attending has an associated HFMD outbreak.

CHP will continue to closely monitor the local situation and overseas areas. A daily report of latest situation of HFMD and EV71 infection will be uploaded to CHP website, including the names of institutions/schools with newly reported outbreaks and those institutions/schools required class suspension.

HFMD is a viral infection commonly seen in children. The infection can occur throughout the year but is more commonly found in summer months from May to July. In the past few years, a smaller winter peak of HFMD activity also occurred from October to December. The main symptoms are fever, sore throat and skin rash over the hands and feet. Although the illness is self-limiting in most cases, some cases may be caused by EV71 virus and may be associated with complications like myocarditis, encephalitis or poliomyelitis-like paralysis. No specific treatment is available for HFMD. Good hygiene practices are the most important measures to prevent HFMD and EV71 infection.

To prevent HFMD outbreak and EV71 infection in your institution, I would recommend you taking the following steps:

- 1. Maintain good communication with parents and help them to understand the need to keep children at home for rest when they develop fever or rash. Advise them to see doctor promptly if they develop symptoms suggestive of HFMD.
- 2. Encourage staff to screen for sick children before they enter the institution. Children with HFMD should be excluded from the institution until fever has subsided and all the vesicles have dried and crusted. (As an extra precaution, children with EV71 infection are advised not to go to school for another two weeks after all symptoms subsided, since the virus may be excreted in stool for some weeks and is associated with a higher risk of complications.)
- 3. Supervise children on personal hygiene practices, especially on how to wash the hands properly with liquid soap before meals and after going to toilet, cover nose and mouth while sneezing or coughing, and proper disposal of nasal and mouth discharge.
- 4. Avoid high risk toys such as ballpools. Clean and disinfect frequently touched surface, furniture and toilets regularly with diluted bleach of 1 in 99

concentration (mixing 1 part of 5.25% household bleach with 99 parts of water). Disinfect toys/places which are contaminated by secretions or excreta with diluted household bleach of 1 in 49 concentration.

- 5. Remind staff to wash hands thoroughly with liquid soap and water after changing diapers for each child, to disinfect diaper-change area by diluted bleach, and to dispose soiled diapers properly.
- 6. Keep the environment clean and hygienic, and follow the Guidelines on Prevention of Communicable Diseases in Child Care Centres, Kindergartens, and Schools which is available at http://www.chp.gov.hk/files/pdf/School_full_eng_20090115.pdf
- 7. Last but not least, please also incorporate in your health education to children that, when they are having holidays outside Hong Kong, they should also remember to keep their hands clean and avoid touching vesicles on hands of other sick children.

If you suspect a HFMD outbreak (e.g. two or more children in the same class develop HFMD within a period of 7 days), please inform the Central Notification Office of CHP as early as possible at Fax: 2477 2770 or Tel: 2477 2772. CHP will give advice on the management of such cases and take appropriate control measures. For more information, please visit the website of CHP at http://www.chp.gov.hk

Yours sincerely,

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