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2 November, 2007

Dear Doctor,

Recent Increased Hand-Foot-Mouth Disease (HFMD) Activity

We would like to draw your attention to the recent increased HFMD activity locally.

In October, a total of 21 institutional HFMD outbreaks have been reported to the Centre for Health Protection, compared with 8 and 9 outbreaks in August and September respectively. Ten occurred in child care centre/kindergarten, 5 in primary schools and 6 in secondary schools, affecting a total of 92 children.

An increase in HFMD activity was also observed in other surveillance systems. The latest weekly consultation rate of HFMD among sentinel general practitioners is 1.9 per 1000 consultations, compared with an average of 1.0 per 1000 consultations in the previous 4 weeks. Hospital admission data from the Hospital Authority recorded an average of 2.8 admissions due to HFMD per week in October, compared with an average of one admission per week in August and September.

HFMD is a common childhood infectious disease in Hong Kong. It occurs throughout the year but more commonly seen during summer in the past few years. Most outbreaks affecting younger children in child care centres and kindergarten. However, increased activity of the disease was also noted from October to December in 2006.

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 3-5 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 the 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.



In May this year, CHP issued a guideline on management of HFMD in health care settings to all doctors in Hong Kong, in order to facilitate physicians to make timely diagnoses and provide appropriate care for HFMD. The guideline is developed with reference made from the Hospital Authority and the Scientific Committee on Enteric Infection and Foodborne Diseases and the Scientific Committee on Infection Control. Special emphasis has been placed on indication of laboratory studies, criteria for hospital admissions, and infection control measures. The guideline is available at the CHP website via the following URL: (http://www.chp.gov.hk/files/pdf/letters_to_doctors_2007052301.pdf).

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

- Do not let children attend nurseries/kindergartens/schools until all vesicles have dried up.
- Keep children at home while symptomatic and do not let them attend activities that mix with other children, e.g. birthday party, interest classes, swimming pool.
- Wash hands thoroughly after changing diapers or handling respiratory secretions of their children.
- Clean thoroughly toys or appliances which are contaminated by the child's secretions with 1:49 diluted household bleach.

If you encounter an increase in the number of clients with HFMD coming from the same institution or patients diagnosed to have EV71 infection, please inform the Central Notification Office of CHP as early as possible at Fax: 2477 2770 or Tel: 2477 2772. CHP will start epidemiological investigations and take appropriate control measures. More information is also available at the website of CHP via the following URL: (http://www.chp.gov.hk/health_topics.asp?lang=en&id=24&pid=9).

Yours sincerely,



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