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2 May, 2008

Dear Doctor,

**Recent Increase in Hand, Foot and Mouth Disease (HFMD) and Enterovirus 71 (EV71) infection in neighbouring areas and in Hong Kong**

I would like to draw your attention to the recent rise in HFMD and EV71 infection in neighbouring areas and in Hong Kong and solicit your assistance in detecting children with severe diseases as well as advising parents on the necessary precautionary measures.

Recently, increase in HFMD and EV71 activities have been reported in Singapore, Taiwan and Mainland China (Anhui province):

- a) In Singapore, in the week ending April 26, there were a total of 9026 HFMD cases reported, compared to 5241 cases in the same period last year. 25% of the samples were tested positive for EV71.
- b) In Taiwan, as of March 7, 39 cases of severe enterovirus infection had been reported, compared with 3 cases in the same period last year. The number of cases has increased to 86 as of April 24. This was associated with an increase in EV71 infection, in particular the B5 strain.
- c) According to the Anhui Health Department, there was an upsurge of EV71 infection. From mid-March to April 28, a total of 1520 cases of EV71 infection were reported in Fuyang municipal (阜陽市), including 20 fatal cases.

Recent surveillance figures also suggest an increase in HFMD activity in Hong Kong. The consultation rate for HFMD among sentinel general practitioner reported in April ranged from 1.3 to 1.9 per 1000 consultations, which was higher than those reported in March (range from 0.5 to 1.5 per 1000 consultations). So far this year, we have recorded 20 institutional outbreaks of HFMD, with 7 outbreaks occurring in the past four weeks. Most occurred in kindergarten and child care centres.

Hong Kong has recorded ten EV71 cases so far and the number is higher than the number of cases reported in the same period in the past three years. All cases were aged below 15 (median 3.5 years), except for a mother of an EV71 case. Seven patients had travel history outside Hong Kong during the incubation period (six cases to Mainland and one case to Taiwan). None reported to have visited Anhui Province. Nine of them presented with HFMD while one patient presented with pneumonia. None of them had severe complications. Gene sequencing studies of the three



imported cases reported this year showed C4 strains while the Taiwan tourist had B5 strain. The sequencing results of other cases were pending.

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. 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 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.

Doctors are encouraged to refer to the “**Management of HFMD in Health Care Settings**” published by the Scientific Committee on Enteric Infections and Foodborne Diseases of CHP which provide guidelines on conducting diagnostic tests, hospital admission and infection control measures (available at: [http://www.chp.gov.hk/files/pdf/SCEIFD Management of HFMD in Health Care Settings.pdf](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:

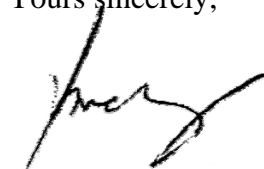
- Not to let children with HFMD attend nurseries/kindergartens/schools or social activities such as parties, interest classes, swimming until all vesicles have dried up and symptoms subsided;
- Consult medical advice urgently if the child develops important symptoms and signs suggesting severe illness 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 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 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](http://www.chp.gov.hk/health_topics.asp?lang=en&id=24&pid=9)).

Yours sincerely,



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