

本署檔號 Our Ref. : (13) in DH SEB CD/8/22/1 II
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3 April, 2009

Dear Doctor,

**Be vigilant against Hand, Foot and Mouth Disease (HFMD) and
Enterovirus 71 (EV71) infection**

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

Recently, an increase in HFMD activity has been reported in Mainland China. According to the press release issued by China Ministry of Health on March 27, from January 1 to March 26, 2009, there were 41846 cases of HFMD reported over 30 Provinces, including 94 severe cases. Most of the HFMD cases reported were under age 5 (94.0%). Among those who had laboratory confirmation, EV71 accounted for 75%. As of March 26, there were 18 fatal cases. In Henan Province, as of March 26, there were 4761 HFMD cases, including 37 severe infections and 7 fatal cases. In Shandong Province, there were 3280 HFMD cases, including 39 severe infections and 5 fatal cases.

In Hong Kong, the HFMD and EV71 activity has slightly increased. In the first three months this year, we have received 23 institutional outbreaks of HFMD/herpangina affecting 92 persons, higher than the number (10 to 20 outbreaks) in the corresponding period of the last three years. Most of them occurred in child care centres / kindergartens. The HFMD trends monitored by sentinel surveillance systems remain stable.



So far this year, there were 12 confirmed cases of EV71 recorded affecting 5 males and 7 females. Two-thirds of the patients were aged 5 years old or lower. All patients did not have severe complication and had recovered/were stable. There were 16 and 12 and 98 EV71 cases in 2006, 2007 and 2008 respectively.

HFMD is a common childhood infectious disease in Hong Kong. It occurs throughout the year but more commonly seen during summer (May through July) 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). 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 ***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. For more information on HFMD and EV71 infection, please visit the website of CHP at <http://www.chp.gov.hk>.

Yours sincerely,



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