

GVP Express

**KWH - 總有你鼓勵
 GVP Plus Fun Day**



“Feeling Good 👍”
 Dr. N C Tsang,
 Cluster ICO of KCC

In the light of the upcoming influenza season, a promotional activity “總有你鼓勵 GVP Plus Fun Day” was held in Kwong Wah Hospital (KWH) on 15 October in order to encourage the staff who have not received flu shots previously to get the jab. Dr. Eric Cheung (Hospital Chief Executive of KWH) and heads of departments / units were joining together to promote staff flu vaccination on-site.

Recent Topic: Surface Contamination with *Candida auris*

Candida auris (*C. auris*) is an emerging fungal pathogen causing numerous outbreaks of invasive infections in multiple countries across the world.

In 2016, a study was conducted to investigate the extent of contamination of *C. auris* in hospital environment of four hospitals in Colombia. Of the 322 environment samples collected, 37 (11%) were positive with *C. auris*, including frequently touched surfaces: bed rails, bed hand controller, cellular phone, chairs, bed trays, door handles, alcohol gel dispensers; and medical equipment, closet cabinets, sink basins, bedpans and mop buckets and floors. Moreover, *C. auris* was detected from reusable patient monitoring equipment (skin–surface axillary temperature probes and a pulse oximeter in a neurological intensive care unit of a UK hospital).

The ability of this pathogen to survive on surfaces has become a challenge to infection control. Quaternary ammonium compound disinfectants were found to have poor activity against *C. auris*. Cleaning and disinfection of reusable equipment should follow manufacturer’s instructions. Using chlorine-based disinfectants (at a concentration of 1,000 ppm) or other disinfectants with documented fungicidal activity is recommended for terminal cleaning and disinfection of patient environment. It is important that disinfection should be thorough and supervised.



Example of Skin–surface axillary temperature probes



Example of pulse oximeter

References:

1. Patricia Escandón et al. Molecular Epidemiology of *Candida auris* in Colombia Reveals a Highly Related, Countrywide Colonization with Regional Patterns in Amphotericin B Resistance. *Clinical Infectious Diseases* 2018.
2. David W. Eyre et al. A *Candida auris* Outbreak and Its Control in an Intensive Care Setting. *N Engl J Med* 2018;379:1322-31.
3. Hilary Madder et al. Short Report. Multiuse patient monitoring equipment as a risk factor for acquisition of *Candida auris*. *BioRxiv* Posted online June 13, 2017. <https://www.biorxiv.org/content/early/2017/06/12/149054>

Influenza activity update

The influenza activity in Hong Kong, similar to other areas in northern hemisphere (e.g. the US, Europe, mainland China, Taiwan and Japan), remains low. However, the positive rate has been increasing for five weeks from 1.7% in week 42 to 4.4% in week 47. The rise was driven by the influenza A positive cases and the majority of them were infected by influenza A(H1N1)pdm09 (Figure 1). The weekly influenza A positive rate by age group was illustrated in figure 2 (based on raw lab data of influenza A RT-PCR performed by PHL SB, downloaded from CDARS on 26/11/2018). The data indicated that the rate among the paediatric patients has been moving around 6% since September when the overall positive rate has been around 2-3%. We will closely monitor the influenza positive rate and the predominant influenza type circulating in Hong Kong, especially among the children.

Figure 1: Number of positive results and positive rate – Influenza A

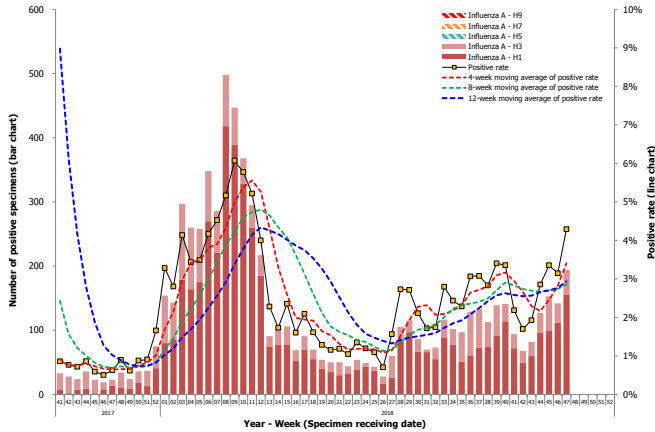
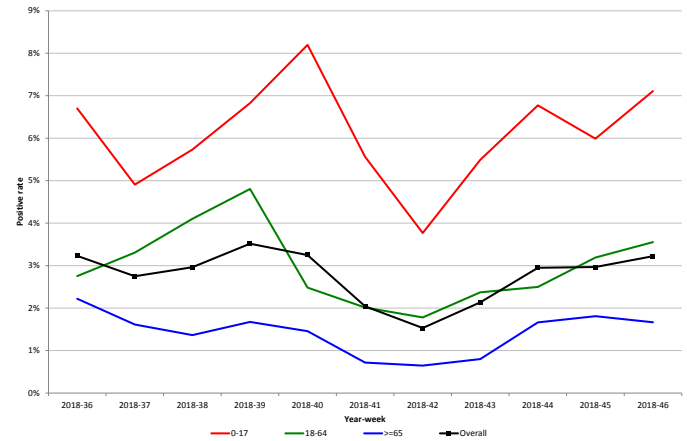


Figure 2: Weekly influenza A positive rate by age group



Current Topic: Increase in Acute Flaccid Myelitis (AFM) in United States

In August 2018, Centers for Disease Control and Prevention (CDC) reported an increased number of reports of patients having symptoms clinically compatible with AFM. AFM is rare but can lead to serious condition characterized by rapid onset of flaccid weakness in one or more limbs and spinal cord gray matter lesions. The illness mainly affects children.

Among 106 patients reported in 2018 (as of 2 Nov), 80 cases were classified as confirmed (from 25 states), 6 as probable, and 20 as non-cases. The number of confirmed cases represented a threefold increase compared to the same time period last year. The figure showed that most patients had onset of AFM between August and October, with increases in AFM cases in an every-other-year pattern since 2014. More than 90% of the AFM cases had a mild respiratory illness or fever consistent with a viral infection in the weeks preceding limb weakness.

Because enteroviruses can cause acute flaccid limb weakness, and there was a temporal association with AFM and EV-D68 in 2014. CDC conducted enterovirus/rhinovirus (EV/RV) RT-PCR testing for all patients meeting the case definition. Of the 80 confirmed cases in 2018, 54% patients were positive including 29% for EV-A71, 37% for EV-D68, and 34% for other viruses, primarily from nonsterile sites. CSF specimens from two patients were positive. All stool specimens tested negative for poliovirus.

Clinical, laboratory, and epidemiologic evidence to date suggest a viral association but not strong enough to conclude a single pathogen is responsible for AFM. CDC and collaborators continue to investigate risk factors for AFM and to study the causes and mechanisms of AFM.

References:

- CDC - [Morbidity and Mortality Weekly Report \(MMWR\) November 13, 2018 / 67](#)
- CDC - [AFM Investigation](#)