HOSPITAL AUTHORITY
CICO's Biweekly Update
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Latest Epidemiology

Monkeypox cases in England

Public Health England (PHE) reported the third case of monkeypox on 26 September 2018. This case was a worker involved in the care of the second case before monkeypox was diagnosed. The first and second case is a Nigerian naval officer and a UK resident, who likely contracted the disease in Nigeria, where has now confirmed 115 cases in an outbreak that began a year ago. These three cases are the second clustering reported outside of Africa. The first outbreak was reported in the United States in 2003, linked to pet prairie dogs that were infected by imported African rodents.

Photo 1: Monkeypox (Source: CDC)

Monkeypox is a rare, zoonotic orthopoxvirus that occurs mostly in Central and West Africa The clinical presentation is similar to smallpox but causes a milder disease. The incubation period is usually from 6 to 16 days but can range from 5 to 21 days, depending on the route and nature of exposure. Initial symptoms typically include fever and lymphadenopathy (a distinctive feature of monkeypox) followed by a maculopapular rash that evolves through different stages.

The monkeypox virus is mostly transmitted to people from various wild animals such as rodents and primates, but has limited secondary spread through human-to-human transmission. Transmission occurs primarily through direct contact with lesions and respiratory secretions. A combination of **Standard, Contact, and Droplet Precautions** should be applied.

In view of the theoretical risk of airborne transmission, patient suspected of having monkeypox should be isolated in an **airborne infection isolation room (AIIR) and Airborne Precautions** should be applied as well.

References: PHE, WHO, CDC

Avian Influenza A (H5N6) Infection

In 2014, a novel H5N6 reassortant caused a human infection and was first reported in China. As of 1 Oct 2018, a total of 21 laboratory confirmed cases of human infection with H5N6 have been reported in China. Most of them had a history of exposure to live poultry.

The latest case, reported by the National Health Commission, was a 22-year-old man from Guangzhou. He developed symptoms on 25 September and was hospitalized in the next day in a serious condition. The patient had contact with live poultry before the onset of symptoms. This was the third case of human infection with H5N6 in 2018.

On 29 September 2018, there was an outbreak of avian influenza (H5N6) at a poultry farm in Guizhou province. Over 30,000 susceptible birds have been culled. According to WHO, a new variant strain of H5N6 emerged and caused multiple outbreaks in poultry and wild birds of Asia and European countries in 2017 - 2018. These viruses were different from the H5N6 viruses associated with the human infections in China.

References: WHO, OIE

Hand Hygiene Series – Nail Polish Carry Less Risk than Artificial Nails?

The World Health Organization (WHO) advocates hand hygiene practice to be an important process in the prevention of pathogen transmission by the contact route. Studies have shown that chipped nail polish or nail polish worn longer than 4 days can harbour microorganisms that are not removed by hand washing, even with surgical hand scrubs. **Therefore, healthcare workers or whom perform tasks that require hand hygiene should NOT wear artificial nails including nail polish or nail enhancements, and should keep natural nails short and clean.**

Photo 2: Keep fingernails short and clean

Reference:
World Health Organization Guidelines on Hand Hygiene in Health Care, 2009
Wynd CA, Samstag DE, Lapp AM. Bacterial carriage on the fingernails of OR nurses. AORN journal. 1994 Nov;60(5):796, 9-805.
Baumgardner CA, Maragos CS, Walz J, Larson E. Effects of nail polish on microbial growth of fingernails. Dispelling sacred cows. AORN journal. 1993 Jul;58(1):84-8.

Study on the Perception of Patient Empowerment in Improving Hand Hygiene among Healthcare Workers and In-Patients

Hand hygiene is always the top priority area of infection control in healthcare settings. The overall hand hygiene compliance has increased from 55% in 2007 to 88% in 2017. To drive further improvement, the involvement of patients is being explored. A campaign named "Your Health in Your Hands" has been launched in May 2018 with a variety of promotional and educational activities to promulgate the importance of hand hygiene among patients.

Starting from October 2018, a survey has been conducted by the Infection Control Branch/ Infectious Disease Control and Training Centre in collaboration with hospital Infection Control Teams and the CICO office in 12 hospitals. The study aims to collect the views from healthcare workers and patients to understand their perception on patient empowerment and identify their knowledge and the barriers. The results will help formulate the strategies of program planning.

Enterovirus infection cases remain at moderate to high level

After a small drop of enterovirus infection cases in August, there was a rebound in September with 324 inpatient episodes had enterovirus infection diagnosis (figure 1). The Centre for Health Protection (CHP) has reminded the public that the activity of hand, foot and mouth disease (HFMD) is increasing. A smaller peak may occur from October to December. For respiratory virus, rhinovirus/enterovirus is still the most active virus and around 50% of positive respiratory specimens tested by PHLSB in the recent two weeks were rhinovirus/enterovirus positive.

Figure 1: Hospitalization episodes with enterovirus infection by admission age

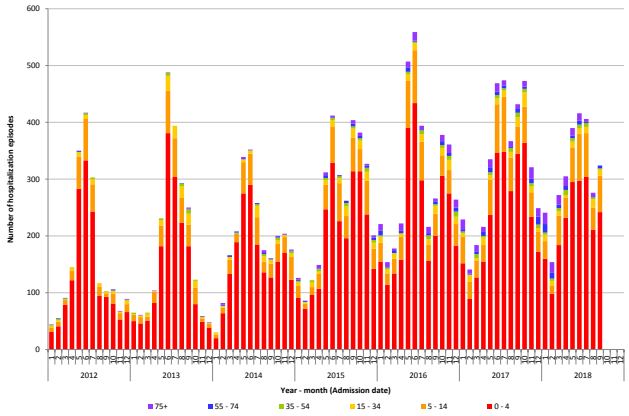
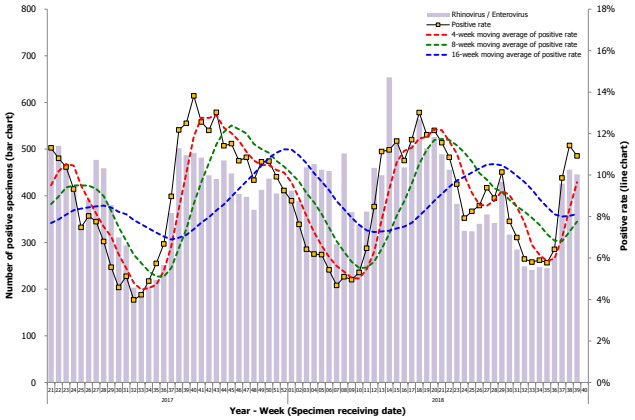


Figure 2: Number of positive results and positive rate – Rhinovirus / Enterovirus



GVP Express: 10 October – The first date of Seasonal Influenza Vaccination for HA staff

Mid-Autumn Festival has been celebrated in the city. It also reminds us that winter season is soon to come and the greatest risk of getting influenza is in these cold months. In response, HA seasonal influenza vaccination program is ready for us every year around this time. From 10 Oct 2018, HA staff can get seasonal influenza vaccine (SIV) in their hospitals or at designated staff clinics, on a voluntary basis. To facilitate the vaccination process, mobile vaccination teams will be set up in the hospitals. In general, medical consultation prior to vaccination is not required. After vaccination, it takes about 2 weeks for the immune system to develop antibodies against seasonal influenza.

According to the WHO, when the vaccine strains closely match the circulating influenza viruses, vaccine effectiveness (VE) of IIV in individuals younger than 65 years of age, typically range from 70% to 90%. In Hong Kong, a local study reported that IIV offered a moderate to good protection against influenza at primary level in the 2017/18 winter influenza season. The estimated VE among all ages was 63.4% against all influenza, and 59.3% against influenza B. Another local study on hospitalized children found that the interim overall VE was 66% and 65% against influenza B.

For 2018/19 season, the SIV composes of quadrivalent inactivated influenza vaccine (IIV), namely:

A/Michigan/45/2015 (H1N1)pdm09 -like virus,
A/Singapore/INFIMH-16-0019/2016 (H3N2)-like virus,
B/Colorado/06/2017-like virus and
B/Phuket/3073/2013-like virus.

None of the ingredients in the vaccine can cause influenza illness. Besides, the vaccine is a single dose and does not contain preservatives, such as mercury.

As healthcare workers, we are listed as one of the priority groups advised to receive SIV annually. The SIV rates of healthcare workers in HA increased to 32% last year and more than 40% in individual clusters. A single shot of SIV provides dual benefit of protecting our own health, in addition to serve to reduce the risk of transmitting the influenza to vulnerable patients and our own family.

Care for your loved ones, Get a Jab on 10 Oct!

References:

GVP 2018/19
CHP - SCVPD. Recommendations on Seasonal Influenza Vaccination for the 2018/19 Season in Hong Kong