HOSPITAL AUTHORITY

CICO's Biweekly Update

Volume 8. Number 14 (Published on Week 42. 19th October 2018)

GVP Express

"Influenza vaccine is proven to be effective in preventing influenza. I take it every year."

Dr. Raymond Lai
Chief Infection Control Officer

On 12 October 2018, Dr. P Y Leung (Chief Executive of HA), Dr. K L Chung (Director of Q&S), Dr. Vivien Chuang (Chief Manager of IEC), Ms. Anna Lee (Chief Pharmacist), Dr. Sharon Wong (Chief Manager of Medical Grade), Mr. Lawrence Poon (Chief Manager of Nursing) and Mr. Frankie Yip (Chief Manager of Corporate Communication) have taken the lead in encouraging staff to get seasonal influenza vaccination at HAHO.

Join Us Now! GET a Flu Shot and GET a Souvenir Bear Pin

Souvenir Bear Pin

Recent Topic: Top 10 Health Technology Hazards for 2019

The Emergency Care Research Institute (ECRI) released Top 10 Health Technology Hazards for 2019. The 2nd and 5th hazards are the infection risks caused by improper handling of mattresses and flexible endoscopes.

"Clean" mattresses can ooze body fluids onto patients: If a mattress cover is not cleaned and disinfected effectively, or if its integrity is compromised in a way that allows the mattress underneath to become contaminated, subsequent patients could be exposed to infectious materials. Therefore, healthcare workers should use appropriate products to clean and disinfect the mattress covers thoroughly, and they should regularly inspect mattresses and covers for signs of damage or contamination.

Mishandling flexible endoscopes after disinfection: Improper handling and storage practices are commonly observed in the following situations:

- Endoscopes are not completely dried after disinfection;
- Disinfected endoscopes are handled with unclean gloves; and
- Recontamination occurs while transporting and storing endoscopes.

It is recommended to purge endoscope channels with clean air at the end of the reprocessing process. Gloves used to handle an endoscope at that stage should not be used to remove the endoscope from the reprocessing machine. Disinfected and dried endoscopes should be transported in a clean and dedicated enclosed container.

Clean gloves to handle disinfected endoscopes

Reference: ECRI Institute. 2019 Top 10 Health Technology Hazards: Executive Brief.

High levels of rhinovirus/enterovirus activity continue

Positive rate of rhinovirus/enterovirus have been stayed above 11% for four weeks. The rate further increased last weeks to 12.1% and over 55% of positive respiratory specimens tested by PHLSB belonged to rhinovirus/enterovirus.

Figure 1: Number of positive results and positive rate – Parainfluenza

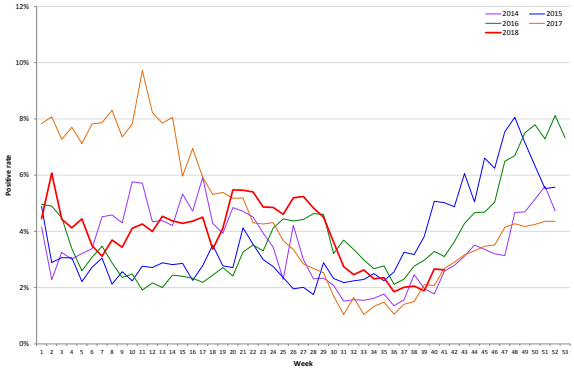

Figure 1 displayed the weekly positive rate of parainfluenza in the recent years. Activity of parainfluenza usually starts increasing during autumn and remains at high level in early winter.

ICT to Note

End of local dengue fever (DF) outbreak on 10 October 2018

1. e-Dengue was deactivated and the usual notification through NDORS has been resumed.
2. Laboratory support: the test requests are referred to PHLSB (except PWH) with service provision during working days.
3. Mosquito control: the frequency of regular round of inspection for mosquito control in hospitals had been reverted to weekly.
4. Continue to maintain vigilance against DF and other mosquito-borne diseases.

Latest Epidemiology: Middle East Respiratory Syndrome (MERS)

It has long been known that 60% of known human infectious diseases have their source in domestic or wild animals. The health of people is interconnected to the health of animals and their shared environment. The WHO strongly believes that the **One Health** approach, in which multi-disciplinary sectors work together, is effective to prevent and control the Middle East respiratory syndrome coronavirus (MERS-CoV). The following table highlights the current knowledge and scientific findings on MERS:

Human surveillance for MERS-CoV	· From 2012 to August 2018, there were 2,229 laboratory confirmed cases and 791 died, giving a crude fatality rate of 35.5%. · Event-specific surveillance found that no MERS-CoV infections have been identified among pilgrims returning from Hajj and Umrah.
Human-to-human transmission in healthcare settings	· Healthcare workers, patients sharing rooms/wards with MERS patients or family visitors were affected. · 21% MERS patients were reported to have no or mild symptoms and their roles in transmission chains remain unclear. · The exact mode of transmission in healthcare settings is not clear. Important risk factors include performing aerosol generating procedures, non-invasive ventilation, low awareness and early suspicion of MERS-CoV infections resulting in early missed cases and inappropriate infection prevent and control practices. · Studies from South Korea have identified MERS-CoV virus on surface inside patient rooms and on equipment during patient stay and after discharge or death.
Surveillance in dromedary population	· Dromedary camels are regarded as the main source of transmission to humans. · MERS-CoV have been identified in dromedary camels in countries in the Middle East, Africa and Asia. · Routine surveillance in dromedary population is limited and knowledge is lack in the modes of transmission between dromedary camels and humans.
Diagnosis	· Early diagnosis of MERS in humans is challenging, due to non-specificity of clinical symptoms and asymptomatic infection. Initial cases are sometimes easily missed.
Therapeutics	· Therapeutics including convalescent plasma, lopinavir/ ritonavir, ribavirin, interferon and novel therapies including polyclonal antibodies and broad-spectrum antivirals are in development.
Vaccines for humans	· Currently, no MERS-CoV-specific or licensed human vaccines are available. · Several human vaccine candidates are at various stages of development.
Vaccines for camels	· At least two promising camel vaccine candidates are currently in development and being evaluated in field trials.

References:
1. FAO-OIE-WHO MERS Technical Working Group. MERS: Progress on the global response, remaining challenges and the way forward. 2018. Antiviral Research, 159 (2018) 35-44.
2. World Organization for Animal Health. One World, One Health.
3. WHO MERS Global Summary and Assessment of Risk. August 2018.