

Government Vaccination Programme Express



Dr. K L Chung, Director of Quality & Safety, has taken the flu shot.



Dr. Vivien Chuang, Chief Manager of Department of Infection, Emergency and Contingency, and her colleagues took the lead in getting the flu shots.



“Flu Injection or Flu Infection”. Your Choice!!

Dr. T L Que, Cluster ICO of NTWC

Getting an annual influenza vaccine is the best way to protect against influenza. Since healthcare workers (HCWs) may care for or live with people at high risk for influenza-related complications, it is especially important for them to get vaccinated. For staff who are not directly involved in patient care but potentially exposed to infectious agents, they are also encouraged to get vaccinated to protect themselves, their family and friends.

Current Topic: Ongoing Rubella outbreak in Japan

An ongoing outbreak of rubella is reported by the Health Authority of Japan. As of 17 Oct 2018, a total of 1,289 cases of rubella have been recorded, with 914 cases reported in the past six weeks. The cumulative incidence was highest in Chiba, followed by Tokyo and Kanagawa. The last nationwide rubella epidemic in Japan was recorded between 2012 and 2013, resulting in 16,730 cases in total. Up to half of all infections may be subclinical or unapparent.

Rubella, also known as German measles, is an acute infectious disease caused by rubella virus, which is an enveloped, positive-stranded RNA virus classified as Rubivirus in the Togaviridae family. Infected persons are most contagious when the rash is erupting, but they can be contagious from 7 days before to 7 days after the rash appears.

Rubella is a notifiable disease in Hong Kong. Prenatal transmission to the fetus can happen and cause the infants to be born with congenital rubella syndrome (CRS). Vaccination against rubella is the mainstay of prevention of rubella infection and CRS. Healthcare-associated transmission of rubella in obstetrical clinics had been reported. Therefore, HCWs should be alert to the possibility of rubella in pre-vaccination ages and in adults without a history of rubella.

Clinical features: fever, headache, malaise, enlargement of lymph nodes, upper respiratory symptoms and conjunctivitis followed by skin rash.

Incubation period: usually 14 days, with a range of 12-23 days.

Transmission route: direct or droplet contact from nasopharyngeal secretions.

Infection control precautions: standard and droplet precautions.



Source: US CDC

References:

- Rubella and congenital rubella syndrome in Japan as of January 2018. National Institute of Infectious Diseases, Japan.
- Alert on recent rubella outbreak in Japan. Letter to Doctors. CHP
- Guideline on Rubella and CRS. HA

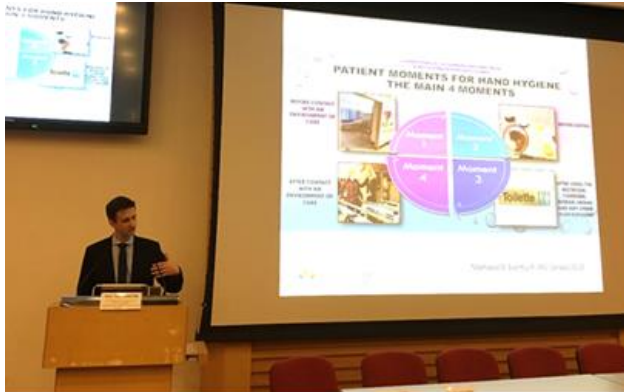
ICT to Note

A newly added flag “*Candida auris*” in MDRO Tagging System

Candida auris is an emerging multidrug resistant pathogen causing nosocomial infections and outbreak with significant mortality. As one of the strategies to prevent and control the spread of this organism in HA, confirmed and contact cases should be flagged by infection control teams in the CMS alert as well as MDRO Tagging System.

Sharing of “Patient Engagement in Hand Hygiene Promotion Workshop: The Keys of Success”

On 25-26 Oct, a hand hygiene workshop was held by Infectious Disease Control Training Centre of HA and Infection Control Branch of Centre for Health Protection. Patient engagement on hand hygiene was the main focus area. Two overseas speakers, Professor Yves Longtin and Ms. Rachel Thomson, were invited to share the challenges and their global views on the patient engagement program in hand hygiene.



Professor Yves Longtin shared a study of recruiting patients as hand hygiene observers and critical components of implementing of a successful patient participation program on hand hygiene.

Critical components of implementing a successful patient participation program on hand hygiene in health care settings:

A conceptual framework illustrated the strategies of implementing patient engagement on hand hygiene. Involving patients, healthcare workers and leaders to get their supports was critical. A multi-modal strategy focusing on patient education, engaging patients and healthcare workers, cultural change and resources support was proposed. Besides, it recommended 7 implementation phases to review literature, meet with leaders, identify helpers, locate resources, determine distribution, impact measures and finally program evaluation. Professor Longtin also emphasized that patient education of healthcare associated infection was a significant predictor of a successful patient participation program. Leadership and resources were also equally important. In reality, hospital experience showed that it was expected to take time for both patients and staff to get used to a new culture.



Two patient volunteers were invited to share their experiences in the patient empowerment program on hand hygiene implemented by NTEC. They both agreed that a paper fan was useful to serve as a friendly reminder for staff hand hygiene.



Paper fan designed by NTEC



Ms. Rachel Thomson shared hand hygiene promotion using simulation training and strategies to improve hand hygiene compliance of “difficult to engage groups”.

Latest Epidemiology: Ebola Virus Disease (EVD) Outbreak in Democratic Republic of Congo

WHO has issued the latest EVD situation report:

- New confirmed cases increased in the past 4 weeks. As of 28 Oct 2018, there were 274 confirmed and probable cases and 174 deaths, resulting in a crude fatality rate of 63.5%.
- Four confirmed cases among HCWs (one doctor and three nurses) were reported recently and potential of transmission within healthcare settings and to the community increase. A total of 25 HCWs were affected and 3 of them died.
- Over tens of thousands of persons including HCWs and contacts have received EVD vaccines
- The public health risk remains very high at national and regional levels, but low globally.

Reference: [WHO Ebola virus disease, external situation report 13](#), 30 Oct 2018.