CICO's Biweekly Update
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Surgical Mask…… Which Side Out?

It has been brought to our attention that some misinformation has been circulating recently on social media in regards to which side of a surgical mask should face outside if you are not sick.

Surgical mask consists of three layers of pleated fabrics and was made in a particular sequence. Each layer serves a different function (figure 1):

1. the outer layer is water repellent, to prevent fluids getting in;
2. the middle layer is a bacterial filter, to filter large particle droplets; and
3. the inner one is to absorb moisture generated during breathing.

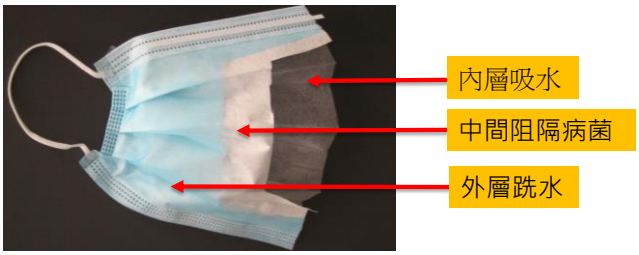


Figure 1: Three layers of a surgical mask

If the mask is worn inside out, it can reduce its effectiveness and cause discomfort to the wearer. Therefore, the mask should be worn properly, that is the coloured side of the mask face outwards with the metallic strip uppermost (photo 1). For those masks without a coloured side, wear the mask with the side of folds facing downwards on the outside. Please click here for information of "Appropriate Wearing of Ear-loops Type Surgical Mask".

Photo 1: Proper wearing of a surgical mask

Reference:
CHP – Use mask properly
https://www.chp.gov.hk/files/pdf/use_mask_properly.pdf

ICT-To-Note

The HA guideline on infection control for *Candida auris* (*C. auris*) has been released. The guideline covers the laboratory diagnostic test and infection control measures.

Identification of *C. auris* using matrix-assisted laser desorption ionization–time of flight (MALDI-TOF) is available in HA laboratories. Enhanced laboratory surveillance would be in place. All *Candida* isolates obtained from a normally sterile site (e.g., bloodstream, cerebrospinal fluid) or intensive care units will be identified to the species level so that appropriate initial treatment can be administered based on the typical, species-specific susceptibility patterns.

If a case of *C. auris* is identified, all *Candida* isolates from the affected ward will be speciated to detect any *C. auris* for the subsequent four weeks. Screening is advised for the patient contacts who share the same room or cubicle as the confirmed case within the past one month. Screening sites include nasal, axilla and groin. Preemptive contact precautions should be applied until three consecutive screens at least 24 hours apart are negative for close contacts.

For details, please refer to the guideline:
http://ha.home/ho/cico/candida_auris.pdf.

Upcoming Event

Workshop on Infection Control and Risk Assessment for Construction and Renovation Work in Hospital

Date: 2 – 3 April 2019
Venue: Lecture Theatre of CHP
Organizer: IDCTC of HA & ICB of CHP
Target participants:

- Clinicians, nurses and other healthcare professionals
- Facility management professionals & engineers

Key topics:

- Standards for construction and renovation;
- Outbreak investigations related to renovation;
- Fungal infection and susceptible hosts;
- Prevention of Legionnaire's disease; and
- Water management program etc.

Respiratory virus activity update

Influenza activity is generally stable at elevated level in the recent two weeks (figure 2). While the majority of the influenza cases were still infected by influenza A, the proportion of influenza A (H3) positive cases has been increasing in the recent weeks (especially among the elderly patients) (figure 3). Apart from influenza, human metapneumovirus (hMPV) is following similar increasing trend of the last year and its positive rate has been increasing for four weeks to 2.7% in week 9.

Figure 2: Weekly number of influenza positive cases and positive rate (based on RT-PCR performed in HA labs)

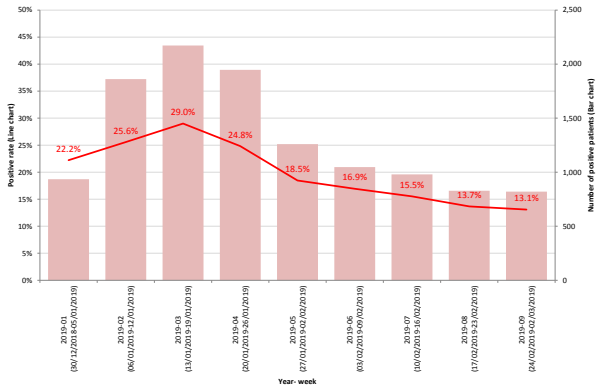
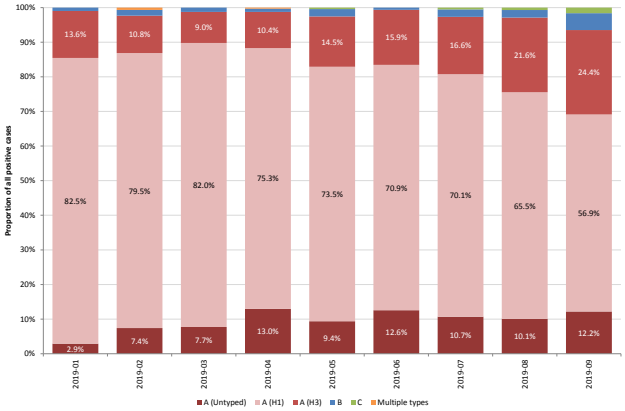


Figure 3: Weekly distribution of the positive patients by influenza typing



Sharing of WHO's Global Vector Control Response (GVCR) 2017–2030

Mosquitoes, flies, bugs, ticks and other vectors transmit viruses, bacteria and parasites that infect millions of people globally. They can cause many diseases including malaria, dengue, Zika virus disease, chikungunya, leishmaniasis and Chagas disease. These diseases account for around 17% of the estimated global burden of communicable diseases according to the World Health Organization (WHO). The risk of transmission of these vector-borne diseases are rapidly changing due to unplanned urbanization, increased movement of people, environmental changes and biological challenges, such as vectors resistant to insecticides and evolving strains of pathogens.

Dr. Rabindra R. Abeyasinghe, who is an expert in vector-borne diseases control, was invited by the Food and Environmental Hygiene Department (FEHD) to give a talk on "Global Vector Control Response and its Importance to Hong Kong" on 28 February 2019. He shared the WHO's Global Vector Control Response (GVCR) 2017–2030 which provides strategic guidance to strengthen vector control programmes as a fundamental approach to preventing diseases and responding to outbreaks.

There are four pillars of actions under the response framework (figure 4): (1) strengthening inter- and intra-sectoral action and collaboration; (2) engaging and mobilizing communities; (3) enhancing vector surveillance and monitoring and evaluation of interventions; and (4) scaling up and integrating tools and approaches. Activities within these four pillars complement one another.

Besides, Dr. Abeyasinghe highlighted the control of Aedes-transmitted viruses such as dengue. It is important to understand the mosquito habitats, local entomological and epidemiological data. In an urban setting like Hong Kong, the health sectors should work closely with those involved in urban planning, water, sanitation, solid waste management, and housing design and construction to ensure adequate management of domestic and peri-domestic habitats. Engaging the communities as part of broad-based inter-sectoral collaboration will be key to improve vector control delivery. Mosquito control can be enhanced by educating and empowering communities to identify, empty, remove or treat mosquito aquatic habitats in and around their homes.

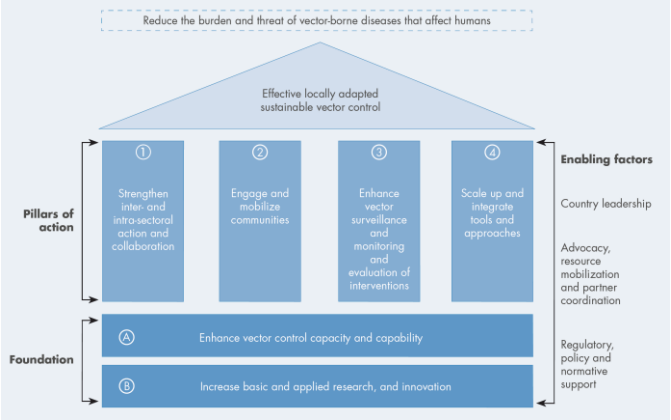


Figure 4: Response Framework

Photo 2: Dr. Rabindra Romauld Abeyasinghe (Coordinator, Malaria, other Vectorborne and Parasitic Diseases Unit, Division of Communicable Diseases, WHO/ Regional Office for the Western Pacific)

Reference: WHO - Global vector control response 2017–2030
https://www.who.int/vector-control/publications/global-control-response/en/