

## Latest Epidemiology

### End of Measles Outbreaks in Taiwan and Okinawa

Measles outbreaks were reported in the neighboring countries, Taiwan and Okinawa, Japan in March. The index case, who was a flight attendant, contracted measles in Thailand in early March. He had visited Okinawa with symptoms before returning to Taiwan on 26 March.

A cluster of 12 cases had known epidemiological linkage with the index case in Taiwan and investigation found no evidence of ongoing community transmission. In Japan, investigation suggested an ongoing spread in Okinawa with a total of 99 people infected eventually. The government announced the end of this outbreak on 11 June. So far, there was no case associated with these outbreaks in Hong Kong.

### Vaccine-preventable Disease - Measles

Immunization is the most effective way to prevent the infection. In Hong Kong, measles vaccine was first introduced in 1967 and later replaced by combined measles, mumps and rubella (MMR) vaccine since 1990. Currently, children are given MMR vaccine at one years old, followed by a second dose at primary one (P1). The coverage of MMR vaccination is over 95% at P1. Serological surveillance also showed high serological rate of measles virus antibodies in local populations in recent years. For details, please refer to the CHP immunization programme of measles vaccine poster.

Reference: CHP letter to doctors: Alert on Measles Cases in Okinawa, Japan and Taiwan [https://www.chp.gov.hk/files/pdf/letters\\_to\\_doctors\\_20180423.pdf](https://www.chp.gov.hk/files/pdf/letters_to_doctors_20180423.pdf)

### Learn more about measles vaccine Hong Kong Childhood Immunisation Programme - Measles vaccine



Year of birth		1 <sup>st</sup> dose of measles-containing vaccine	2 <sup>nd</sup> dose of measles-containing vaccine
Born before 1967		Not covered	
Born between 1967 and 1989	All persons (except those attended Primary 6 in 1996/97 school year or Primary 1 in 1997/98 school year or after)	Given AMV at the age of 6 months to one year	Not covered#
	Attended Primary 6 in 1996/97 school year	Given AMV at the age of one year	Given MMR at Primary 6 in school
	Attended Primary 1 in 1997/98 school year or after	Given AMV at the age of one year	Given MMR at Primary 1 in school
Born in 1990 or after	Attended Primary 1 before 1997/98 school year	Given MMR at the age of one year	Not covered#
	Attended Primary 1 in 1997/98 school year or after	Given MMR at the age of one year	Given MMR at Primary 1 in school

AMV: anti-measles vaccine  
MMR: Measles, Mumps and Rubella vaccine



# Those born between 1978 and 1996 might have received a second dose of MMR vaccine between July and November 1997 under the Special Measles Vaccination Campaign of the Government. Under the Campaign, a dose of MMR vaccine was provided to children and adolescents aged 1-19 years (born between 1978 and 1996) who had not received two doses of MMR vaccine or AMV.

**Points to note:**

- Healthy people in general can enjoy long term, even lifelong protection after receiving measles vaccination as recommended. One dose of MMR vaccine is 93% effective against measles while two doses are 97% effective.
- Consult doctor for advice on measles vaccination if you are unsure about your immunisation status or whether you had measles before.
- It takes about 2 weeks after vaccination for development of immunity against measles.

 Centre for Health Protection Website [www.chp.gov.hk](http://www.chp.gov.hk)  
 Centre for Health Protection Facebook Page [fb.com/CentreforHealthProtection](https://www.facebook.com/CentreforHealthProtection)  
 24-Hour Health Education Hotline of the Department of Health **2833 0111**  
Department of Health

## ICT to Note

### Update on Nipah Virus (NiV)

In view of the case fatality rate and nosocomial transmission risk, "airborne precautions" was recommended in addition to the standard, droplet and contact precautions for the management of suspected or confirmed NiV case.

The NiV communication kit is updated accordingly and can be accessed on [HA intranet](#).

## Hospital Infection Update

### Enterovirus peak season

Number of inpatient episodes with enterovirus infection diagnosis in HA hospitals has increased to 341 episodes in May. Enterovirus activity is expected to remain high in the coming month. (Figure 1)

Data from PHLSB respiratory lab results indicated while the positive rate of rhinovirus/enterovirus started dropping in the recent weeks (decreased to 9.5% last week), the rate is still above the usual baseline level (5% or below). (Figure 2)

Figure 1: Hospitalization episodes with enterovirus infection by admission age (monthly by admission date)

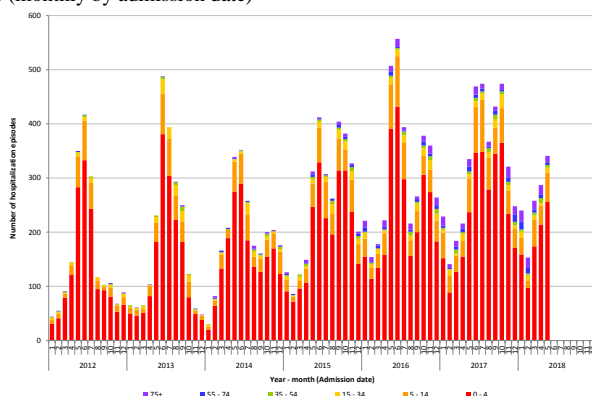
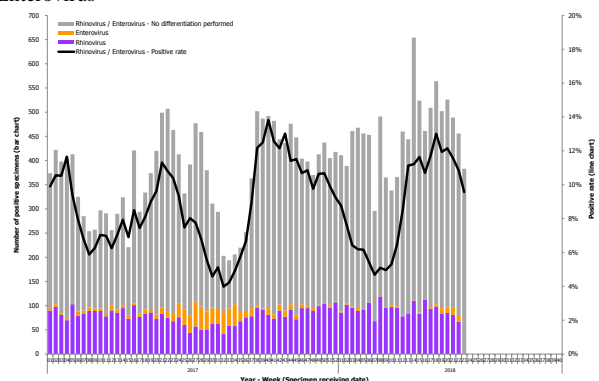


Figure 2: Number of positive results and positive rate – Rhinovirus / Enterovirus



**SAVE LIVES – Clean Your Hands: Hand Hygiene Promotion in KWC****Princess Margaret Hospital (PMH)**

On 4 May, the annual hand hygiene promotion day was held in accordance with the theme of WHO's campaign 2018 "It's in your hands – prevent sepsis in healthcare".

A simulation game booth was designed to mimic the real patient bed unit in order to gain staff awareness on the importance of hand hygiene. Ultraviolet (UV) fluorescent powder was applied all around the doll (patient) as well as the surroundings. Staff were invited to carry out patient care activities such as feeding and intravenous injection. After that, they put their hands into a dark cabinet for visual inspection of UV stains.

The interactive simulation allowed the staff to visualize the degree of hand contamination which inspired them to drive for better hand hygiene performance.

**North Lantau Hospital (NLTH)**

Hand hygiene campaign at NLTH spanned over 2 weeks from 4 May 2018, with emphasis on moment 5 (after patient surroundings) which is the oft-missed one. In addition to hand hygiene outstanding award presentation and out-reaching game booth, two hand hygiene simulation mini-workshops were also conducted.

Staff were invited to perform various clinical care duties involving moment 5 opportunities when the patient care equipment was stained with UV fluorescent marker. Hand contamination was visibly demonstrated before and after performing hand hygiene under the UV light.

Take-home messages and souvenirs were finally given to the participants. More importantly, the ideas were brought up by the multidisciplinary Hand Hygiene Working Group with the representatives from all clinical departments at NLTH.



Photo 1: PMH Simulation game booth

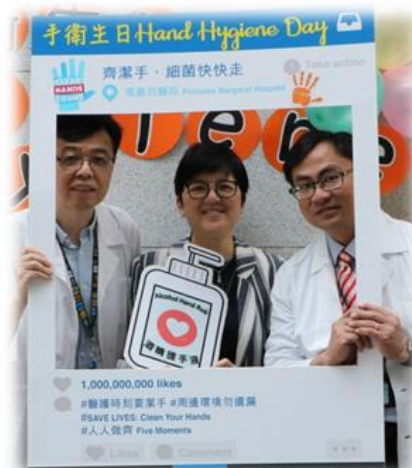


Photo 2: (Left to right) ICO Dr. W K To, CCE Dr. Doris Tse, Cons Dr. Y W Kwan

Photo 3: Group photo of PMH ICT



Photo 4: NLTH Hand Hygiene Outstanding Award



Photo 5: NLTH Game booth



Photo 6: NLTH Simulation mini-workshop