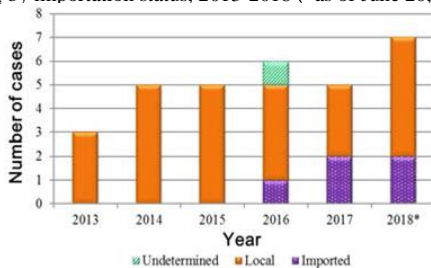


Latest Epidemiology

Update on Invasive Meningococcal Disease

The Centre for Health Protection (CHP) has recently reviewed the local epidemiology of Meningococcal disease. It was found that the number of confirmed cases reported to CHP (7 cases with one patient infected twice) in the first six months of 2018 has exceeded the annual number of cases (3 to 6 cases) in the past five years (Figure 1). Among the 31 reported cases, only five of them (16.1%) were classified as imported infections. The annual incidence was 0.04 – 0.08 per 100, 000 populations and the case fatality rate was about 12.5%.

Figure 1: Annual number of cases of invasive meningococcal infection in Hong Kong by importation status, 2013-2018 (*as of June 20, 2018)



Invasive meningococcal disease (IMD) is serious, often resulting in meningitis and septicaemia. *Neisseria meningitidis* is the causative agent - a gram-negative diplococcus, the most common serotype isolated in recent years is Y, followed by serotype B, C, W135 and X.

IMD can progress rapidly. Symptoms includes sudden onset of fever, chills, headache, stiff neck, nausea and vomiting. Transmission is mainly by droplets through sneezing or coughing or by direct contact via respiratory secretions from infected persons. The incubation period varies from 2 – 10 days.

IMD is a statutory notifiable disease. Any probable or confirmed cases should be notified via Notifiable Diseases and Outbreak Reporting System (NDORS) to the CHP to facilitate rapid control actions. The patient should be cared under droplet and standard precautions until 24 hours after initiation of appropriate antibiotics.

Occupational transmission of *N. meningitidis* has been reported in healthcare settings. Chemoprophylaxis is recommended for healthcare workers who have unprotected exposure (i.e. without wearing a mask) to infectious nasopharyngeal secretions or respiratory droplets.

References: CHP. Update on Global and Local Epidemiology of Meningococcal Disease. [CD Watch, June 3-6, 2018, week 23-24](#). Policy on Meningococcal Disease Prevention for Employees of HSE West, Limerick, Clare & North Tipperary, Health Service Executive CHP. [Meningococcal Infection. 2017, Nov.](#)

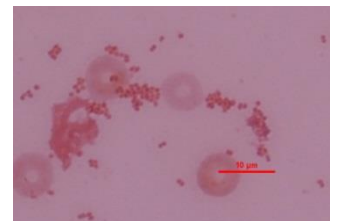


Photo 1: *Neisseria meningitidis*





ICT to Note

Enhanced Properties on Disposable Isolation Gowns

There is a new contract for the two types of disposable isolation gowns in HA. Starting from July 2018, the isolation gowns with barrier performance compliant to AMMI Level I and Level III will be delivered to the cluster stores according to the local hospital consumption rates.

There will be two sizes of gown - regular and large. And the large size is designed with a pink collar. Healthcare workers should wear an appropriate gown for patient care activities based on the potential for exposure to blood, body fluids, and other potentially infectious materials. Other enhanced features are summarized in the below table.

Properties on Disposable Isolation Gowns

Standard testing	Minimal water resistant *(AMMI level I)		Moderate water resistant *(AMMI level III)	
Use	During basic care		When fluid exposure may be anticipated	
Size	Regular size Gown length: 120 cm Sleeve length: 90 cm	Large size Gown length: 135 cm Sleeve length: 98 cm	Regular size Gown length: 120 cm Sleeve length: 90 cm	Large size Gown length: 135 cm Sleeve length: 98 cm
Color	Yellow	Yellow with pink collar	Blue	Blue with pink collar
Appearance				
Liquid barrier performance	Provides a slight barrier to small amounts of fluid penetration		Provides a barrier to larger amounts of fluid penetration through splatter and more fluid exposure through soaking	
Overall enhancement	<ul style="list-style-type: none"> ■ Two sizes – regular and large ■ SMS material – soft and lightweight ■ Increase the overlapping area of back closure ■ Reinforce seam strength ■ Promote air permeability 		<p>*American National Standards Institute/Association of the Advancement of Medical Instrumentation (ANSI/AAMI) PB70:2012 Liquid barrier performance and classification of protective apparel and drapes intended for use in health care facilities</p>	

SAVE LIVES – Clean Your Hands: Hand Hygiene Promotion in HKWC

Grantham Hospital (GH)

On 18th May 2018, the hand hygiene promotion day was held at Grantham Hospital. Two booths were set up which emphasized on the technique and knowledge on hand hygiene. In one of the booths, staff was asked to answer a question by shooting the alcohol based hand rub bottle labelled with an answer using a toy gun. Another booth enabled staffs to visualize areas that were missed during hand washing. More than 140 staff visited the booths and had a wonderful time.



Photo 2 & 3 (Left & Right): GH staff at hand hygiene promotion day booths.



Photo 4: Hand Hygiene promotion day held at GH on 18th May.



Photo 5: Answer a question by shooting the hand rub bottle labelled with the correct answer with a toy gun.

Queen Mary Hospital (QMH)

The Hand Hygiene Day in Queen Mary Hospital was held on 11 May 2018. With the strong support from Dr C C Luk (CCE), and Dr Irene Lee (CGM(N)), more than 400 staff visited our booth and joined in the activities. The event aimed to engaged patients and visitors to enhance their awareness and knowledge about hand hygiene.



Photo 6: (From left to right) Ms S C Wong, SNO(ICT); Dr Vincent Cheng, HKWC ICO; Dr C C Luk, HKWC CCE



Photo 7: Strong support from QMH staff

Tung Wah Hospital (TWH)



Photo 8: Prize presentation for outstanding performance award on TWH hand hygiene day



Photo 9: Effective promotion on TWH hand hygiene day

Fung Yiu King Hospital / The Duchess of Kent Children's Hospital at Sandy Bay / MacLehose Medical Rehabilitation Centre (FYKH/DKCH/MMRC)



Photo 10: Strong support from Dr K S Tang, HCE, and frontline healthcare workers