

Latest Epidemiology - Legionnaires' disease at seasonal peak

Disease Epidemiology

Legionnaires' disease (LD) is a severe form of pneumonia associated with high mortality. It is caused by Legionella species, mainly *L. pneumophila*. Legionella is ubiquitous in the natural environment, especially in damp soil and water. The first LD outbreak occurred in the summer of 1976 in US, which affected 182 people and 29 died. LD accounts for 2–15% of hospital admissions for community-acquired pneumonia, with peak at summer or autumn season. The hot and humid environment with water temperature at 25–42 °C is ideal for the bacteria to grow and multiple.

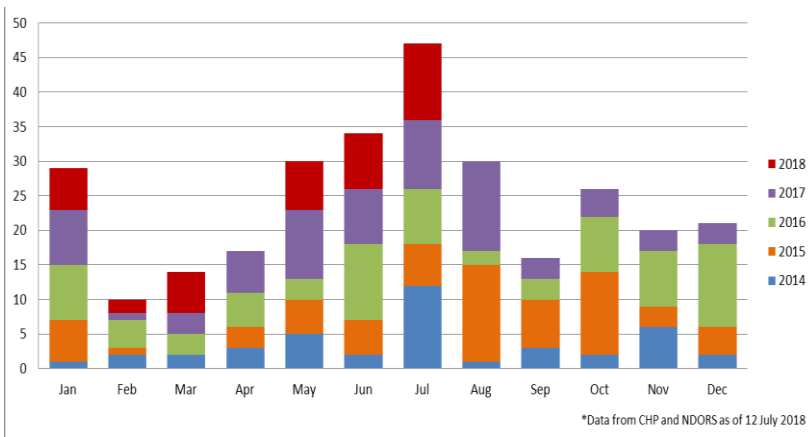
Local Situation

LD is a statutory notifiable disease and should be reported via NDORS. From 1 January to 12 July 2018, a total of 39 cases were reported through NDORS in HA. Number of cases slightly increased in May and June (7-8 cases per month); then accelerated in July (11 cases as of 12 July), which has exceeded the total number of cases in July 2017.

Prevention of nosocomial transmission

Nosocomial LD cases are associated with a high fatality. Specific enhanced measures to prevent LD in high risk areas are highlighted as follows. For details, please refer to the [HA Guideline on Prevention and Control of Nosocomial Legionnaires' disease](#).

Figure 1: No. of Legionnaires' disease cases from 2014-2018



Prevention and Control of Nosocomial Legionnaires' Disease Quick Reference Guide

In all **high risk areas** (including bone marrow transplant units, solid organ transplant wards, haematology/oncology wards, adult intensive care units, and other areas as advised by the hospital Infection Control Officer), the following measures should be taken:

- Keep shower heads to the minimum required.
- Use shower heads that are easy to clean, and avoid using shower heads with high pressure jet.
- **Flush** water outlets (e.g. water taps, shower heads) which are seldom used for at least 1 minute regularly (e.g. twice per week).
- **Clean or replace shower heads and hoses** regularly (e.g. every 6 months).
- **Conduct water temperature check** regularly on hot water system (should be maintained at 50°C or above).
- Provide **boiled water or bottled water** to patients for drinking and mouth wash.

Hospital Infection Updates – Respiratory viruses activity update

After the end of influenza peak season in March (after week 13), the activities of rhinovirus/enterovirus and human metapneumovirus have gradually increased with positive rates ranging from 8-13% and 4-6% respectively (Figure 2). In the recent 3 months, 70-80% of positive results were belonged to rhinovirus/enterovirus, human metapneumovirus and parainfluenza virus. (Figure 3) An increase in RSV activity has been observed recently with the positive rate rising from 2% to above 4%.

Figure 2: Overview – Specimens tested and positive rate of different viruses

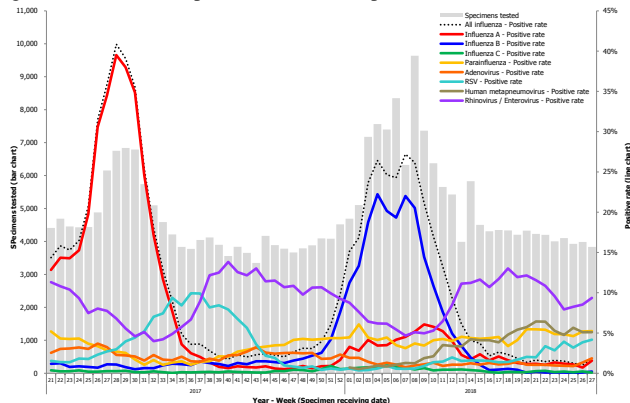
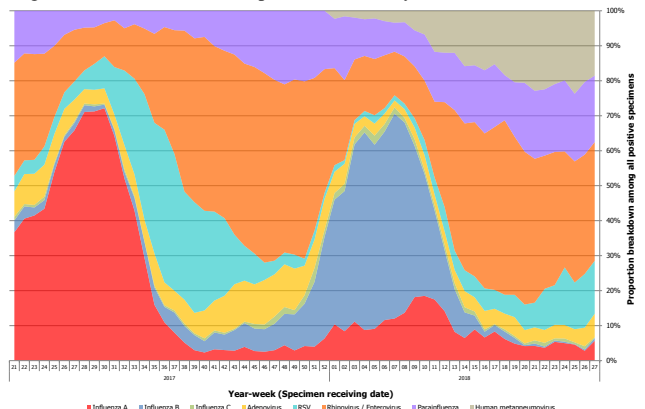


Figure 3: Distribution of the positive results by viruses



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

Hand hygiene promotion was launched on 4 May 2018 in HKEC. The importance of hand hygiene was delivered through multi-activities, including kick off ceremony, hand hygiene funny video, game booth and slogan competition.

醫患同潔手，惡菌無路走

Hand Hygiene Slogan Competition

2018 年一人一句搵手衛生標語創作比賽
冠軍：胡家倫醫生（港島東聯網微生物學科顧問醫生）



Pamela Youde Nethersole Eastern Hospital (PYNEH) Cheshire Home, Chung Hom Kok (CCH)



St. John Hospital (SJH)



Ruttonjee & Tang Shiu Kin Hospital (RHTSK)



Wong Chuk Hang Hospital (WCHH)



HKEC General Out-patient Clinic (GOPC)



Tung Wah Eastern Hospital (TWEH)

港島東聯網 HKEC 手部衛生關注月 Hand Hygiene Awareness Month 2018

Mr. Handrub Music Video

主題曲：潔手少林寺好好嘢
主唱：Dr. Alan Wu & Dr. Betty Young

Mr. Handrub Dr. Alan Wu Dr. Betty Young



Mr Handrub 手衛生大使



急症室男臣篇



潔手豆沙包的讚美篇