

Global and Local Hand Hygiene (HH) Promotion, 5 May 2019

World Health Organization (WHO)



The slogan of the WHO global annual HH campaign 2019 is “Clean care for all – it’s in your hands”. This year’s theme reflects a strong focus on providing clean care and health for all: equally protecting all patients and healthcare workers from

infection and antimicrobial resistance transmission across all countries.
<https://www.who.int/infection-prevention/campaigns/clean-hands/5may2019/en/>

Centre for Health Protection (CHP)



Locally, to echo the global annual HH campaign, an electronic HH banner was designed by the CHP. The theme of “Don’t Pass on the Bugs. Wash or Rub with 7 Steps for 20 seconds is a MUST” emphasizes the importance of proper HH technique to break the chain of

infection. The electronic banner can be downloaded for display on digital panels for promulgation in hospitals and clinics.
<https://www.chp.gov.hk/en/features/101481.html>

Preparedness and Response Plan for Dengue Fever (DF) in Hong Kong

The Government launched the Preparedness and Response Plan for DF on 18 April 2019. The Plan adopts a three-tier response level system, comprising Alert, Serious and Emergency, with each level representing a graded risk of DF affecting Hong Kong and its health impact on the community. The document can be accessed at: https://www.chp.gov.hk/files/pdf/govt_preparedness_and_response_plan_for_dengue_fever_en_201904.pdf

Response Levels	Public Health Objectives	Situation
Alert Response Level	(a) To contain the outbreak as soon as possible. (b) To minimise the number of locally acquired cases.	It corresponds to a situation where the immediate health impact caused by DF on local population is low . Generally, it depicts a situation when there are THREE or more locally acquired cases with onset dates within a period of TWO weeks .
Serious Response Level	(a) To contain the outbreak as soon as possible. (b) To minimise the number of foci of infection.	It corresponds to a situation where the risk of health impact caused by DF on local population in Hong Kong is moderate . Generally, it depicts a situation when there are more than TEN locally acquired cases with onset dates within a period of TWO weeks and epidemiological linkage case be identified among the cases in geographic clusters.
Emergency Response Level	(a) To minimise morbidity and mortality. (b) To prevent DF from becoming endemic in Hong Kong.	It corresponds to a situation where the risk of health impact caused by DF on local population in Hong Kong is high and imminent . Generally, it depicts a situation when clear geographical clusters of transmission cannot be identified suggesting there is territory-wide local transmission .

In response to the Government Plan, the prevailing HA Operational Plan for Dengue Fever Outbreak will be replaced by a new document “HA Preparedness Plan for Dengue Fever”. The key changes will be highlighted in the coming issue.

Latest Epidemiology of Measles

Ongoing measles outbreaks continue in worldwide countries, including the United States, Philippines and Japan.

In Hong Kong, as of 2 May 2019, there were a total of 67 cases of measles infection (42 males and 25 females), aged from 8 months to 49 years. In the past 2 weeks (18 Apr to 1 May), 2 new cases were reported with travel history within the incubation period (Singapore & Malaysia, and Zhuhai). Number of cases associated with the outbreak among workers in the Hong Kong International Airport (HKIA) remained unchanged (29 cases). Besides, a previously reported case of a 14-month-old boy (case no. 54) was reclassified as vaccine-associated measles by laboratory testing.

Regarding the HA Staff Measles Vaccination Programme (SVMP), the cumulative number of measles vaccine administered between 1 April and 2 May was 4,094.

Reference:

CHP - Daily Update on measles situation in Hong Kong.

https://www.chp.gov.hk/files/pdf/daily_update_on_measles_cases_in_2019_eng.pdf

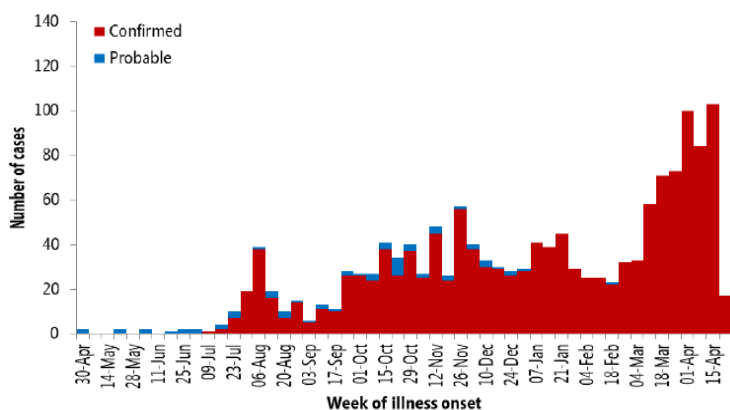
Latest Epidemiology: Ebola virus disease (EVD) in Democratic Republic of the Congo (DRC)

The current outbreak of EVD in the DRC has been reported since 1 August 2018. The number of EVD cases continued to increase but remained confined to a limited geographical area within North Kivu and Ituri provinces. The recent trend is likely associated with ongoing security issues, unrest amongst certain local populations and lingering community mistrust towards outbreak response teams.

The World Health Organization (WHO) Emergency Committee's assessment was made on 12 April and concluded that the ongoing EVD outbreak did not constitute a Public Health Emergency of International Concern (PHEIC).

As of 28 April 2019, a total of 1,466 confirmed and probable EVD cases have been reported, of which 957 died (case fatality rate 65%). Of the 1,466 cases with reported age and sex, 56% were female, and 28% were children aged less than 18 years. The number of healthcare workers affected has risen to 92 (6.3% of total cases), including 33 deaths.

Figure 1: WHO – Number of confirmed and probable EVD cases by week of illness onset



Reference:

WHO external situation report no. 39

http://newsletters.afro.who.int/icfiles/1/46425/184054/6134450/97816cb57ede15249d4eb5b5/sitrep_evd_drc_20190430-eng.pdf?ua=1

Preliminary Results on the Efficacy of rVSV-ZEBOV-GP Ebola Vaccine

Ring vaccination is one of the important strategies to control the EVD outbreak in DRC. Currently there is no licensed treatment or vaccine against EVD.

An investigational Ebola vaccine, which is called rVSV-ZEBOV-GP, has been initiated seven days after the declaration of the EVD outbreak in the two affected areas, North Kivu and Ituri provinces.

An observational study on the vaccine efficacy (VE) was carried out from August 2018 to March 2019. A total of 951 confirmed and probable cases of EVD were reported during the period. Among 100,754 contacts and contacts of contacts, 90.8% of all enumerated contacts and contacts of contacts were vaccinated in the defined 679 rings. The estimated Ebola attack rate for vaccinated individuals was about 0.017%, compared with an estimated 0.656 % in unvaccinated individuals. The estimated VE was 97.5%, 95% CI [95.8 – 95.5%]. The overall case fatality rate was reduced among all vaccines that developed Ebola.

This preliminary analysis showed that the rVSV-ZEBOV-GP candidate vaccine is effective and is contributing to prevent cases when delivered using the ring vaccination strategy. A detailed analysis will be available in a peer-reviewed journal according to the WHO.

Reference:

WHO. Preliminary results on the efficacy of rVSV-ZEBOV-GP Ebola vaccine using the ring vaccination strategy in the control of an Ebola outbreak in the Democratic Republic of the Congo: an example of integration of research into epidemic response.

<https://www.who.int/csr/resources/publications/ebola/ebola-ring-vaccination-results-12-april-2019.pdf?ua=1>