HOSPITAL AUTHORITY

CICO's Biweekly Update

Volume 9, Number 14 (Published on Week 40, 4th October 2019)

Government Vaccination Programme (GVP) - Seasonal Influenza Vaccination (SIV) 2019/2020

Photo 1: Poster of SIV programme for HA staff

Annual SIV programme for HA staff has been scheduled for launching next week and staff could receive SIV in eight staff clinics from 9 October 2019 onwards. This year, the slogan for SIV program for HA staff is "***Care for your loved ones, Get a flu shot now***" (photo 1).

The SIV is a quadrivalent inactivated influenza vaccine which consists of two influenza A viruses (H1N1 and H3N2) and two influenza B viruses. The viruses in the vaccine have been killed and therefore the vaccine cannot cause influenza illness. The side effects are usually mild, including soreness, redness or swelling at the injection site, fever, muscle pain, and tiredness within 6 to 12 hours after vaccination, and may last up to two days. Serious adverse events of Guillain-Barré syndrome and severe allergic reactions are rare. Also, these adverse events may not necessarily have causal relations with influenza vaccination.

Each injection contains 0.5ml vaccine prefilled in a syringe with a fixed needle, administered subcutaneously or intramuscularly. After receiving the vaccine, it takes about two weeks for antibodies to develop in your body and provide protection against influenza virus infection; therefore you are encouraged to receive the jab as early as possible before the influenza season gets under way.

Photo 2: HA mascot pin 2019/2020

To promote staff vaccination, each vaccinated staff will be rewarded a mascot pin. The souvenir is newly designed and is the 2nd of the 5-year collection of mascot pins (photo 2).

ACT NOW!

Additional information can be accessed in the following link:
http://qsdportal/iec/Website/IEC%20Webpage/GVP/GVP%202019_20/GVP%20Webpage%202019_

Stay Vigilant Against Hand, Foot and Mouth Disease (HFMD)

HFMD is a contagious disease, common in children and caused by enterovirus, such as coxsackieviruses and enterovirus 71 (EV71). Symptoms include fever, painful sores in mouth, skin rash and blisters. The disease is self-limiting and resolves in 7-10 days. However, it may cause severe complications such as viral meningitis, encephalitis, poliomyelitis-like paralysis and even death, especially in some patients infected by EV71.

The incubation period ranges from 3-7 days. HFMD is transmitted mainly by faecal-oral route, direct contact with vesicles, stool or contaminated surfaces. It is most contagious in the first week of the illness and the virus can be found in stools for weeks. In Hong Kong, HFMD usually peaks from May to July and October to December. This year, HFMD peaked from May to July, receded in August then rose in September, causing institutional outbreaks in child care centres / kindergartens and schools.

Standard precautions should be strictly followed when caring patients with HFMD. In addition, contact precautions are required for diapered or incontinent children for the duration of illness and to control institutional outbreaks.

Hand, Foot, and Mouth Disease
Source from Wikimedia

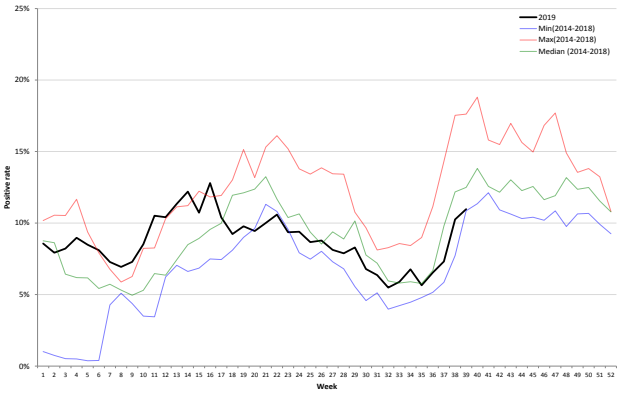
References:
1. CHP Letter to doctors. Vigilance against HFMD and acute gastroenteritis (AGE), September 2019
2. CHP and HA. Recommendations on Implementing Isolation Precautions in Hospital Settings.

Rhinovirus/enterovirus and norovirus activity increase

Positive rate of rhinovirus/enterovirus RT-PCR (respiratory specimens tested by PHLSB) has been increasing for 3 weeks from around 5-6% (week 30-36) to 11% last week. (Figure 1)

Activity of norovirus has been increasing as well. According to HA data, the positive rate of norovirus RT-PCR has been elevating from 1-3% (week 27-35) to 8.4% last week. The age-stratified positive rate indicated that the greatest rise was among the children aged within 0-5 years old with the positive rate increased from 4-6% (week 28-34) to 21.1% last week.

Figure 1: Seasonal change of the rhinovirus/enterovirus weekly positive rate



19th Tripartite Meeting on Prevention and Control of Communicable Diseases

The 19th Tripartite Meeting on Prevention and Control of Communicable Diseases was held in Hong Kong on 26 & 27 September 2019. More than 90 representatives from the health authorities of Guangdong, Macao and Hong Kong attended the meeting, including those from the Hospital Authority (HA).

It was a fruitful occasion for participants to exchange strategies and discuss on several hot topics, ranging from disease surveillance, disease prevention to notification mechanisms to facilitate co-operation. Besides, preparedness of the three places against infectious diseases such as measles, dengue fever, chikungunya fever, norovirus, enterovirus, and pandemic influenza; as well as emerging diseases like human infection of rat Hepatitis E virus and *Candida auris* was highlighted. Participants also conducted exchanges on areas including status of major communicable diseases, laboratory surveillance and testing methods, dissemination of laboratory information, work and capacity building for the World Health Organization's "Global Influenza Strategy for 2019-2030", together with healthcare infection control and prevention.

A table-top exercise codenamed "Shield" was conducted on the second day, with the aim to test the preparedness and enhance the response capacities of the three places against EVD.

Photo 3: A table-top exercise codenamed "Shield", which aimed to test the preparedness and enhance the capacities in the responses of Guangdong, Macao and Hong Kong to EVD

The drill began with a scenario of three university students from Guangdong, Macao and Hong Kong being infected with Ebola virus when they traveled to Africa in a graduation trip. The Hong Kong student was the first to develop relevant symptoms including fever, diarrhea, and vomiting as she returned. Upon medical consultation at A&E, the case was classified as a suspected case of EVD. She was then isolated in HA Infectious Disease Centre, and further tests were conducted in the Public Health Laboratory Services Branch (PHLSB). Notified of the case, the CHP promptly carried out epidemiological investigations and identified the other two students who also developed suspected symptoms in Guangdong and Macao respectively. The CHP instantly alerted the health authorities in Guangdong and Macao. Precautions for management of EVD patients including personal protective equipment (PPE), environmental disinfection, and safe handling of dead body were clearly demonstrated and discussed. The drill ended with corresponding disease control and preventive measures taken to contain the possible infection and spread of the Ebola virus in the areas concerned.

Photo 4: Ebola-specific PPE in Guangdong, Macao and Hong Kong

Reference:

HKSAR Government Press Release: Tripartite meeting enhances co-operation against communicable diseases
https://www.info.gov.hk/gia/general/201909/27/P2019092700599.htm