

For Discussion  
on 14 June 1999

**LegCo Panel on Health Services**

**Hand Foot Mouth Disease (HFMD) and Enterovirus 71**

***Purpose***

The paper aims to provide members with the background information on enterovirus infection in Hong Kong and to update members on the preventive measures taken by the Administration.

***Background***

2. Hand Foot Mouth Disease (HFMD) is a common and mild infectious disease which mainly affects children under the age of five. Affected patients would develop fever, mouth ulcers and rash on the limbs. They usually recover without complications. Complications affecting the brain and the heart are rare. The disease is more common in the summer months. It is mainly transmitted by the faecal oral route and respiratory secretion. The best way of prevention is to practise good personal hygiene.

3. HFMD can be caused by a number of enteroviruses including coxsackie virus and enterovirus 71 (EV 71), etc. The disease is not uncommon in Hong Kong. The sentinel surveillance set up by the Department of Health in 1998 showed that HFMD peaked in June and July,

***The Surveillance System for Enterovirus Infection***

4. The surveillance system on enterovirus infection consists of two aspects: clinical surveillance of HFMD and laboratory surveillance of enterovirus infection.

A. Clinical surveillance of HFMD

5. Clinical surveillance was set up in June 1998 and includes:

- (a) Sentinel surveillance of HFMD activities in the community. At present, 28 private practitioners and 63 General Outpatient Clinics of the Department of Health take part in the sentinel surveillance network. Each doctor would report weekly the number of HFMD cases observed in the clinic to the Department of Health.
- (b) Surveillance of hospital in-patients suffering from HFMD. The Hospital Authority would submit the number of hospital patients treated for HFMD to the Department of Health on a weekly basis.

Based on the past data and overseas experience, it is expected that there will be a seasonal upsurge of HFMD during the summer months.

B. Laboratory surveillance

6. Laboratory surveillance for enteroviruses is undertaken by the Department of Health's Government Virus Unit which provides viral culture and identification service for specimens sent from all hospitals and clinics. The numbers of enteroviruses isolated in 1994 - 1999 are shown in the following table.

Enterovirus Infections in 1994 - 1999

Year	Number of infections			
	Coxsackie	EV71	Other Enteroviruses	Total
1994	111	0	22	133
1995	36	1	34	71
1996	49	0	21	70
1997	30	2	32	64
1998	170	60	332	562
1999 (Jan-Apr)	19	4	16	39

7. In 1998, more enteroviruses were isolated and identified compared with previous years because of the enhanced awareness and interest in such infections among physicians.

***Preventive Measures***

8. The Interdepartmental Working Group on Enterovirus Infection met in May 1999, and all member departments would work together to enhance the following measures:

A. *To sustain efforts in surveillance*

9. The Department of Health will continue monitoring the trend of HFMD in the community through the present surveillance system. The Hospital Authority will also continue monitoring the HFMD cases admitted into public hospitals. The relevant data would be collected, analyzed and disseminated.

B. *Prevention of the spread of enterovirus infection in child care institutions and schools*

10. DH has regularly paid visits to child care centres, nurseries and kindergartens to disseminate health messages and to ensure adherence to proper hygiene measures. In the current academic year, as of 4.6.99, a total of 642 kindergartens (85%) and 269 child care centres (68%) had been visited. Their hygienic conditions were satisfactory and substandard conditions, mostly minor, were rectified. The Social Welfare Department and the Education Department staff deliver health and hygiene messages to such institutions during their regular inspections and visits. Health talks for staff of these institutions have been and will continue to be conducted to disseminate health messages, especially on the prevention of enterovirus infection.

C. *Prevention of the spread of enterovirus infection in public places*

11. Attention will be paid particularly to places frequently visited by

children. including swimming pools and amusement centres. The two municipal departments will ensure that the residual chlorine level of all public and private swimming pools will be kept at the recommended levels. Swimmers with skin problems are prohibited to enter. Spread of enterovirus infection in children playgrounds, especially bell pools, will be guarded against by frequent cleansing and disinfection of balls and other playing facilities. Health talks for swimming pools and amusement centres staff as well as the public will also be conducted to deliver messages on communicable disease prevention and environmental hygiene.

D. Health education to the public

12. Information on HFMD and its prevention will be disseminated through the following channels;

- (a) Information leaflets and posters;
- (b) Government promotional short films;
- (c) Other media channels, such as TV interviews and radio interviews.

***Summary***

13. Since HFMD usually peaks in summer, the Department of Health will work closely with the Hospital Authority to maintain vigilance in the surveillance of the disease. Moreover, the Department of Health together with other relevant departments would take all appropriate steps to prevent the spread of this infection and to disseminate timely health messages to the public of Hong Kong.

Health and Welfare Bureau

June 1999