衞生防護中心
Centre for Health Protection

Prevention and Control of Communicable Diseases in Kindergartens / Child Care Centres / Schools

Infection Control Branch

Sep 2017

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Department of Health

Contents

- Introduction
- Infection control in schools / centres
  - A brief introduction on the “Guidelines on Prevention of Communicable Diseases in Schools / KG / KG-Cum-CCC / CCC”
  - Sentinel surveillance
  - Leaflets and posters
  - Videos
  - Health advices
  - Letter to schools/ kindergartens

Introduction

- Communicable diseases can easily spread through close person-to person contact in children
- Prevention, early detection and management
  - ➢Prevent the spread of communicable diseases
- Roles of school / centre staff are important
- Designated staff should coordinate and monitor the implementation of preventive and control measures for communicable diseases

Infection Control in Schools/ Centres

1. Guideline
2. Sentinel surveillance
3. Leaflets and posters
4. Videos
5. Health talks
6. Letter to schools/ kindergartens

Guidelines on
Prevention of Communicable Diseases
in
Schools / KG / KG-Cum-CCC / CCC

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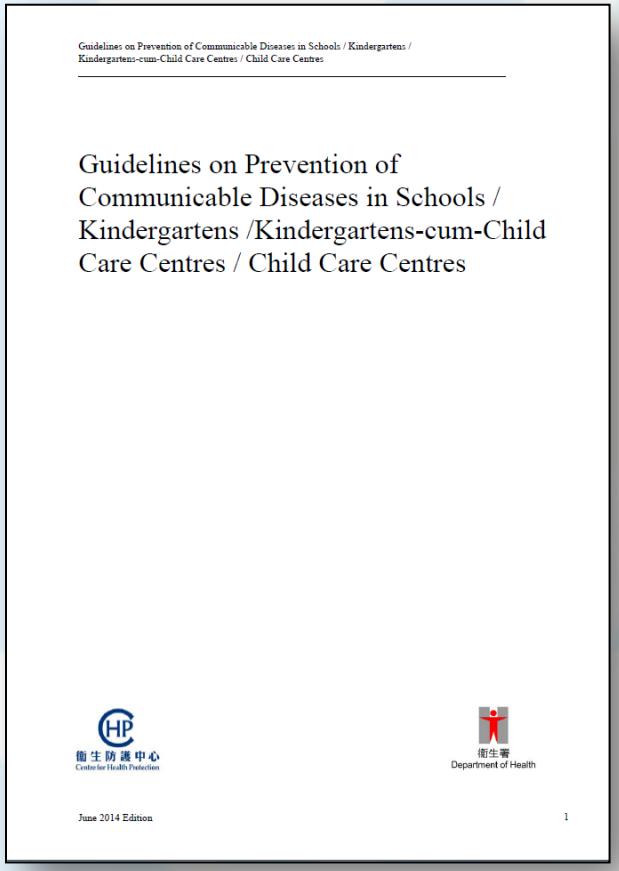
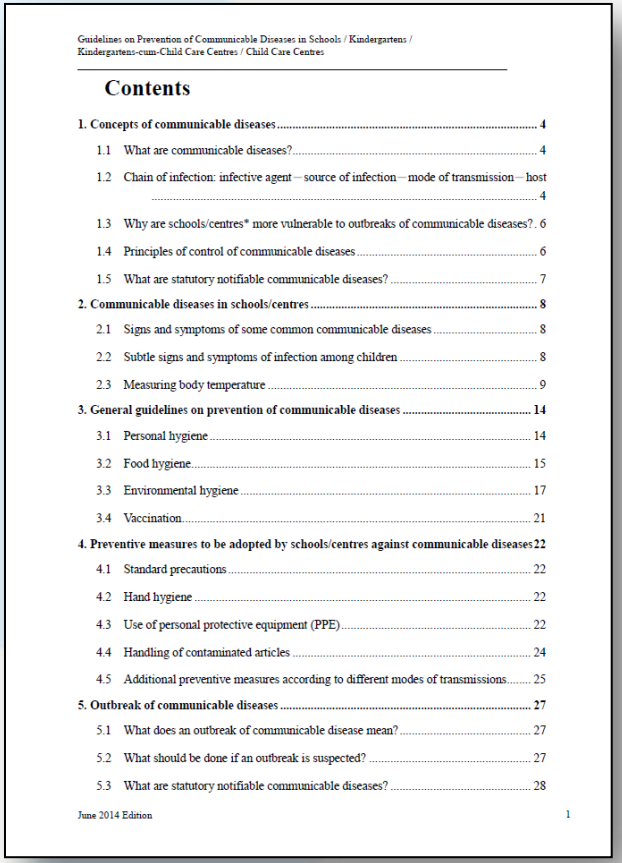
Guidelines on Prevention of Communicable Diseases in Schools/ KG/ KG-Cum-CCC / CCC





http://www.chp.gov.hk/files/pdf/guidelines_on_prevention_of_communicable_diseases_in_schools_kindergartens_kindergartens_cum_child_care-centres_child_are_centres_chi.pdf

Contents in Guideline

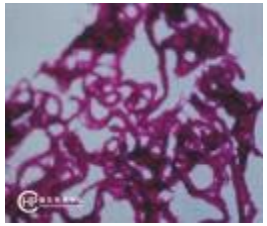
7 major sections

1. Concepts of communicable diseases
2. Communicable diseases in schools/ centres
3. General guidelines on prevention of communicable diseases
4. Preventive measures to be adopted by schools/ centres against communicable diseases
5. Outbreak of communicable diseases
6. Roles of school/ centre staff and related support
7. Appendix (15 attachments)

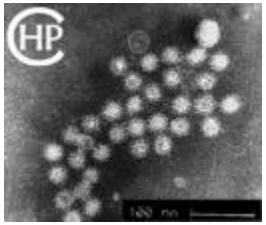
What are Communicable Diseases?

- Infective agents (pathogens)

Bacteria



Viruses



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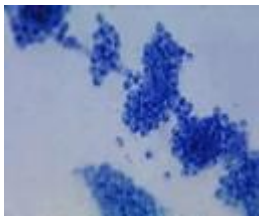

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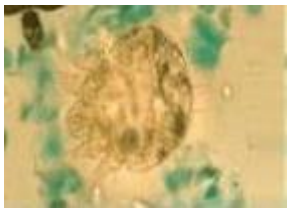

- Transmission
  - Invade the body or release toxins
  - Damage normal body cells and their functions
  - In severe cases, they may lead to death

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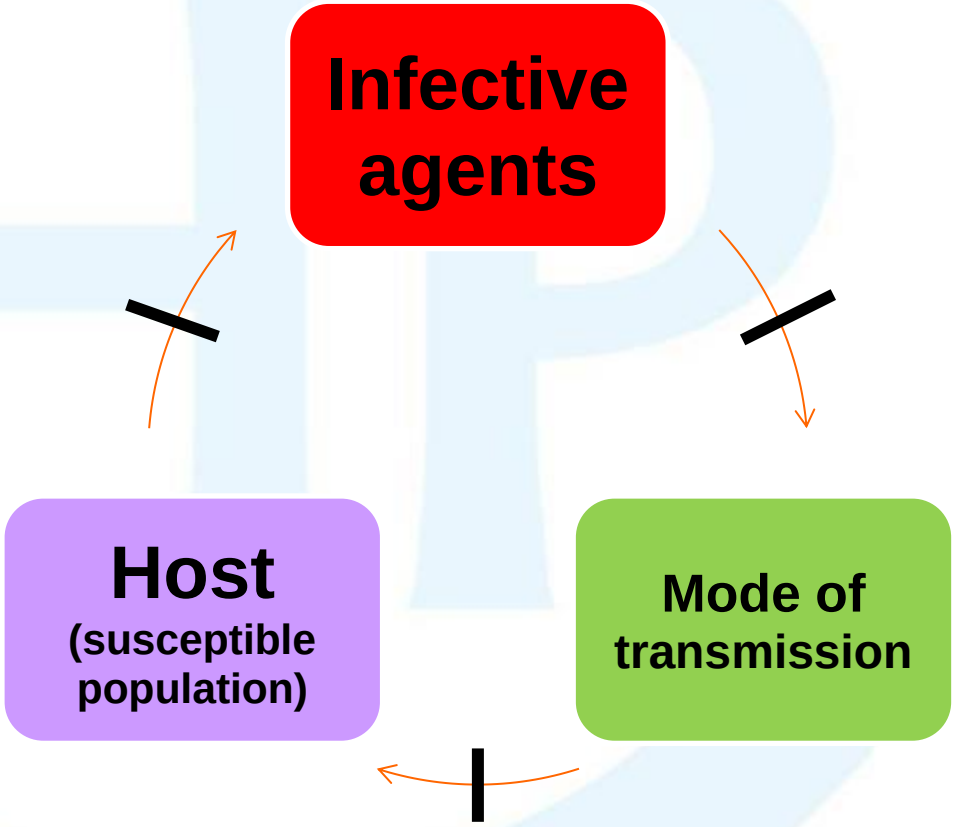
Transmission of Communicable Diseases

Crucial factors for the spread of communicable diseases



Infection cannot occur if any factor is missing

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General Guidelines on Prevention of Communicable Diseases

Controlling crucial factors →Break the chain of infection →Control the spread of communicable diseases

Preventive measures

- ✓ Disinfection to kill the **infective agents**
- ✓ Early detection, isolation and treatment
- ✓ Removal of breeding sites
- ✓ Maintenance of good environmental, personal and food hygiene
- ✓ Adoption of infection control measures appropriate to the different modes of transmission
- ✓ Building up personal immunity by immunisation and healthy lifestyles

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Mode of transmission

1.2.3 mode of transmission

Mode of transmission	Process	Examples of communicable diseases
Contact transmission	Through direct body contact with the infected persons, e.g. playing together with direct skin contacts; or indirect through contact with objects contaminated by infective agents, e.g. sharing towels, combs and clothes	• Hand, foot and mouth disease • Acute conjunctivitis • Head lice • Scabies • Chickenpox #
Droplet transmission	Inhale or contact of droplets expelled from the sick during sneezing, coughing, spitting and speaking, or through subsequent touching of mucous membranes of the mouth, nose and the eyes, etc with hands contaminated with infective agents	• Influenza • Common cold • Acute bronchiolitis • Pneumonia • Severe acute respiratory syndrome (SARS) • Scarlet fever

Contents in Guideline

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Examples of Communicable Diseases in Schools/ Centres

Diseases	Signs/symptoms
Acute conjunctivitis	Redness of eyes, itching eyes, excessive tears, abnormal secretion
Avian influenza	Similar symptoms as influenza viruses but more likely to result in high fever, pneumonia, respiratory failure, multi-organ failure and eventual death
Chickenpox	Fever, fatigue, vesicles on head and body
Dengue fever	Fever, headache, muscle pain, impaired mental state
Gastroenteritis	Abdominal pain, vomiting, diarrhoea, poor appetite, fatigue, fever
Hand, foot and mouth disease	Fever, poor appetite, malaise, sore throat, painful sores in the mouth, rash (red spots) on palms of the hands and soles of the feet
Hepatitis B	Fever, jaundice, fatigue, poor appetite
Human immunodeficiency virus (HIV) infection and acquired immunodeficiency syndrome (AIDS)	Weight loss, fever, profuse night sweating, swollen lymph nodes, pink to purplish blotches on or under the skin, inside the mouth, nose, or eyelids. Patients with HIV infection can be without symptoms for years
Influenza	Fever, cough, sneeze, runny nose, sore throat, muscle ache, fatigue
Pneumonia	Fever, fatigue, cough, thick sputum, sputum with blood, shortness of breath
Severe Acute Respiratory Syndrome (SARS)	Fever, fatigue, headache, chills, cough, shortness of breath, difficulty in breathing, diarrhoea
Scabies	Itchiness, localised rash, desquamation, swelling, scales, etc.
Tuberculosis	Persistent fever, cough, sputum with blood, fatigue, weight loss, night sweating

- **Typical signs and symptoms**
  - Fever
  - Vesicles

HFM

- **Subtle signs and symptoms**
  - Crying and nagging for no reason, restlessness
  - Loss of appetite
  - Lack of energy
  - Shortness of breath
  - Frequent eye rubbing
  - Frequent scratching

Measuring Body Temperature

Measuring method	Celsius scale (℃)	Fahrenheit scale (℉)
Ear	38.5 ℃	100.4 ℉
Rectal	38.5 ℃	100.4 ℉
Oral	37.5 ℃	99.5 ℉
Armpit	37.3 ℃	99.1 ℉

Importance:

Body temperature varies with age, time of day and level of physical activity. For screening purpose, temperature above the reference range will be considered as significant and one should consult a doctor for suspected fever.

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Child Health Records

- Maintain proper personal health records for each child
- Check and record children temperatures regularly
- Most children develop fever / Some children have fluctuating temperature when infected
  - Vigilant to identify children with fever
  - Influenza season
  - Outbreak of communicable diseases
- Pay more attention to young children who have special health conditions since they are more vulnerable to infection

General guidelines on prevention of communicable diseases

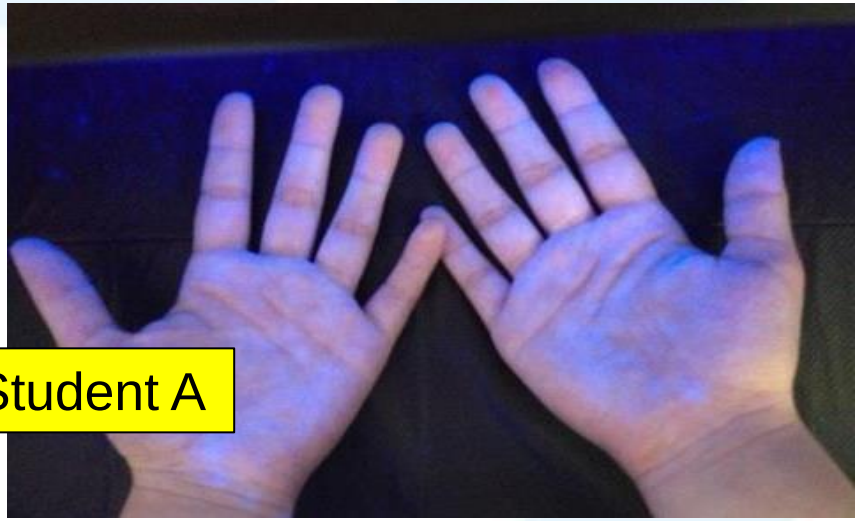
- Personal hygiene
- Food hygiene
- Environmental hygiene
- Vaccination

Personal Hygiene

Hand Hygiene

Researches show

Performing **Hand Hygiene** properly is the most effective way to prevent the spread of communicable diseases



Hand Hygiene

- Supervise children to develop good hand hygiene habits
- Indicate the moments for hand hygiene

Hand Hygiene

- Either hand washing or proper use of alcohol-based handrub can achieve hand hygiene
- Provide adequate hand hygiene facilities in the schools / centres
- Liquid soap, paper towel or hand dryer
- Proper means for hand drying: disposable paper towel or hand dryer
- Put up hand hygiene posters to remind others the importance of hand hygiene

Hand Hygiene

Wash hand with soap and water when hands are visibly soiled or likely contaminated with body fluid, e.g. after using the toilet, after coughing or sneezing

Hand Hygiene

When hand are not visibly soiled, 70-80% alcohol-based handrub is effective for disinfection

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Respiratory hygiene

Instruct the children to maintain respiratory hygiene practices

Visual alert

☺ **Post up posters**

- Cover both the nose and mouth with a handkerchief or tissue paper when coughing or sneezing
- Wrap up sputum with tissue paper and discard it into garbage bins with lids
- Wash hands immediately after contacting respiratory secretions or touching objects contaminated with respiratory secretions
- Put on a surgical mask for those with respiratory infection symptoms

Points to note about wearing a surgical mask

- Choose the appropriate mask size. Child size is available for children
- Perform hand hygiene before putting on a mask
- The coloured side of the mask faces outwards, with the metallic strip uppermost
- For those masks without a coloured side, the side with folds facing downwards on the outside
- The metallic strip moulds to the bridge of the nose and the mask should fit snugly over the face
- Extend the mask to fully cover mouth, nose and chin
- Try not to touch the mask once it is secured on the face. If you must do so, wash hands before and after touching the mask
- After taking off the mask, put it into a rubbish bin with a lid and perform hand hygiene immediately

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Food Hygiene

- Choice of food
  - Buy fresh meat and vegetables
  - Do not patronise illegal food hawkers
  - Do not buy packaged food without proper labelling, beyond its expiry date or with damaged packages
- Preparation of food
  - Wash hands properly before preparing food
  - Wash food thoroughly, and scrub with a brush when appropriate
  - Handle and store raw food and cooked food separately. Use separate knives and chopping boards for each to avoid cross-contamination
  - Cook food thoroughly before consumption

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Food Hygiene

- Storage of food
  - Store food in well-covered containers
  - Never leave perishable food in room temperature
  - Keep the refrigerator clean and function properly, and clean it at regular intervals. Keep the temperature inside the refrigerator at or below 4℃ and the freezer at or below -18℃
  - Temperature of each refrigerator should be recorded regularly in a temperature log book
  - Cold foods should be kept at 4℃ or below
  - Store perishable food in the refrigerator immediately after purchase

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Environmental Hygiene

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Environmental Hygiene

Maintain good indoor ventilation to remove or dilute the infective agents in the air

- ✓Open windows wide
- ✓Turn on fans or exhaust fans
- ✓Clean air-filters regularly

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Environmental Hygiene

Since infective agents can survive in the environment for a period of time, it is essential to observe proper environmental hygiene

Choice of disinfectants

- Different types of disinfectants can be used to clean the environment
- Household bleach, which normally contains 5.25% hypochlorite solution, is the most convenient and effective disinfectant
  - ✓ General cleaning:
    1 in 99 diluted household bleach (5.25%)
  - ✓ Places contaminated with respiratory secretions, vomitus or excreta:
    1 in 49 diluted household bleach
- Use 70% alcohol for disinfection of metal surfaces

Environmental Hygiene

Clean and disinfect the area of schools / centres daily

including classrooms, playrooms, kitchens, canteens, toilets, bathrooms

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Environmental Hygiene

- Toys and equipment should be cleaned thoroughly

  Increase the cleansing frequency of frequently touched surfaces such as computer keyboards, handrails

Reminder:

To prevent items from contamination

- Clean and disinfect school buses daily

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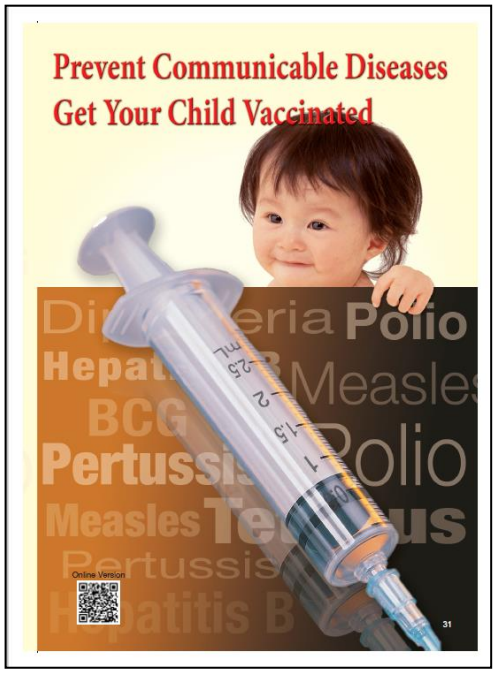
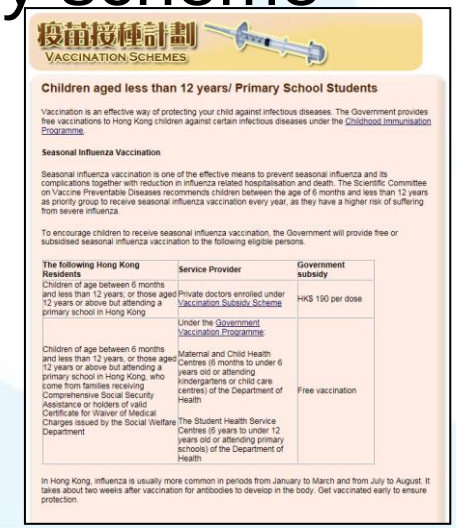
Vaccination

Remind parents to vaccinate their children according to the childhood immunisation programme recommended by CHP

- Childhood immunisation programe
- Childhood influenza vaccination subsidy scheme





疫苗接種計劃
VACCINATION SCHEMES

Children aged less than 12 years/ Primary School Students

Vaccination is an effective way of protecting your child against infectious diseases. The Government provides free vaccinations to Hong Kong children against certain infectious diseases under the Childhood Immunisation Programme.

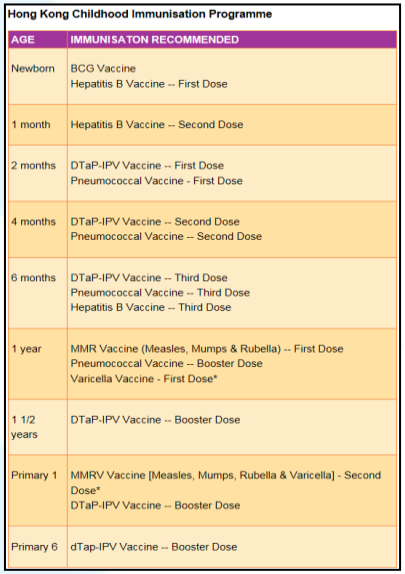
Seasonal Influenza Vaccination

Seasonal influenza vaccination is one of the effective means to prevent seasonal influenza and its complications together with reduction in influenza related hospitalisation and death. The Scientific Committee on Vaccine Preventable Diseases recommends children between the age of 6 months and less than 12 years as priority group to receive seasonal influenza vaccination every year, as they have a higher risk of suffering from severe influenza.

To encourage children to receive seasonal influenza vaccination, the Government will provide free or subsidised seasonal influenza vaccination to the following eligible persons.

The following Hong Kong Residents	Service Provider	Government subsidy
Children of age between 6 months and less than 12 years, or those aged 12 years or above but attending a primary school in Hong Kong	Private doctors enrolled under Vaccination Subsidy Scheme	HK$ 190 per dose
Children of age between 6 months and less than 12 years, or those aged 12 years or above but attending a primary school in Hong Kong, who come from families receiving Comprehensive Social Security Assistance or holders of valid Certificate for Waiver of Medical Charges issued by the Social Welfare Department	Under the Government Vaccination Programme: Maternal and Child Health Centres (6 months to under 6 years old or attending kindergartens or child care centres) of the Department of Health The Student Health Service Centres (6 years to under 12 years old or attending primary schools) of the Department of Health	Free vaccination

In Hong Kong, influenza is usually more common in periods from January to March and from July to August. It takes about two weeks after vaccination for antibodies to develop in the body. Get vaccinated early to ensure protection.



Hong Kong Childhood Immunisation Programme

AGE	IMMUNISATON RECOMMENDED
Newborn	BCG Vaccine Hepatitis B Vaccine -- First Dose
1 month	Hepatitis B Vaccine -- Second Dose
2 months	DTaP-IPV Vaccine -- First Dose Pneumococcal Vaccine - First Dose
4 months	DTaP-IPV Vaccine -- Second Dose Pneumococcal Vaccine -- Second Dose
6 months	DTaP-IPV Vaccine -- Third Dose Pneumococcal Vaccine -- Third Dose Hepatitis B Vaccine -- Third Dose
1 year	MMR Vaccine (Measles, Mumps & Rubella) -- First Dose Pneumococcal Vaccine -- Booster Dose Varicella Vaccine - First Dose*
1 1/2 years	DTaP-IPV Vaccine -- Booster Dose
Primary 1	MMRV Vaccine [Measles, Mumps, Rubella & Varicella] - Second Dose* DTaP-IPV Vaccine -- Booster Dose
Primary 6	dTap-IPV Vaccine -- Booster Dose

Infection Control in Schools/ Centres

1. Guideline
2. Sentinel surveillance
3. Leaflets and posters
4. Videos
5. Health talks
6. Letter to schools/ kindergartens

Sentinel Surveillance

Centre for Health Protection
Department of Health
The Government of the Hong Kong Special Administrative Region

Home > Statistics on communicable diseases > Sentinel surveillance > Child Care Centre/Kindergarten

Sentinel Surveillance of Infectious Diseases at Child Care Centres/Kindergartens(CCC/KG)
Weekly Update

The Centre for Health Protection (CHP) of the Department of Health has established several surveillance systems in Hong Kong to monitor communicable disease activity at the community and public and private healthcare facilities. With the participation of different partners, CHP will have a more comprehensive picture of the situation of communicable diseases. The sentinel surveillance system based at CCC/KG is one of the surveillance systems.

This weekly update outlines the data provided by CCC/KG participating in the "Sentinel Surveillance of Infectious Diseases at Child Care Centres/Kindergartens". This update aims at informing the public of community-wide trends of infectious disease based on inference from the collected data, and does not represent the situation at any particular CCC/KG or geographic area.

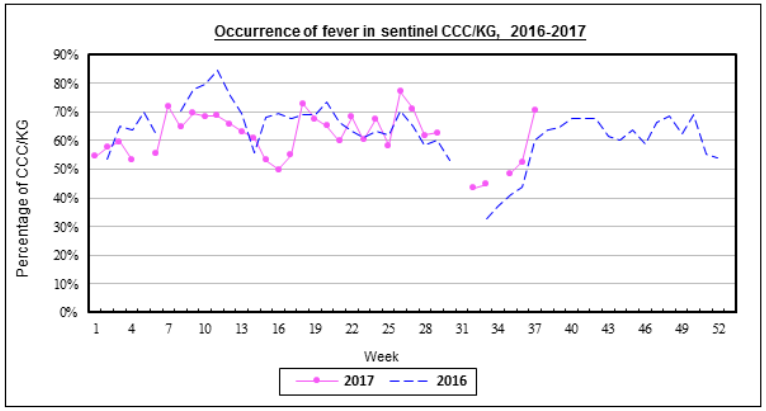
I. Weekly Overview

Week 34 (21/8 – 25/8)

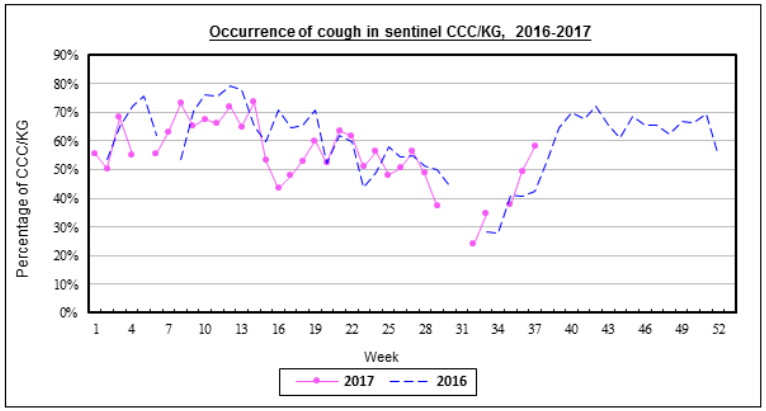
As most of the CCC/KGs were on holiday in week 34, sentinel surveillance report of the week was suspended.

Year 2017	Week 33	Week 32	Week 31	Week 30
Surveillance period	14/8 - 18/8	7/8 - 11/8	31/7 - 4/8	24/7 - 28/7
Number of children (CCC/KG) under surveillance	7389(49)	6335(46)	-	-
a) Surveillance of Symptoms				
Percentage of CCC/KG with children affected by fever	44.90	43.48	-	-
Percentage of CCC/KG with children affected by cough	34.69	23.91	-	-
Percentage of CCC/KG with children	2.04	4.35	-	-

1) Fever



2) Cough



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Leaflets and Posters

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Videos

學校/幼稚園/幼稚園暨幼兒中心/幼兒中心預防傳染病指引

短片

第 1 節：簡介 (1.4MB)

第 2 節：一般傳染病的常見病徵 (7.6M

第 3 節：預防傳染病的一般指引 (29.6

第 4 節：處理疑似的傳染病爆發 (16.8

第 5 節：示範 (28.8MB)

你可前往以下網頁 http://www.chp.gov

Guidelines on Prevention of Communicable Diseases in Schools/Kindergartens/Kindergartens-cum-Child Care Centres/Child Care Centres

Video

Chapter 1: Introduction (1.4MB)

Chapter 2: Symptoms & signs of common communicable diseases (7.6MB)

Chapter 3: General guidelines on prevention of communicable diseases (29.6MB)

Chapter 4: Handling of suspected outbreak of communicable diseases (16.8MB)

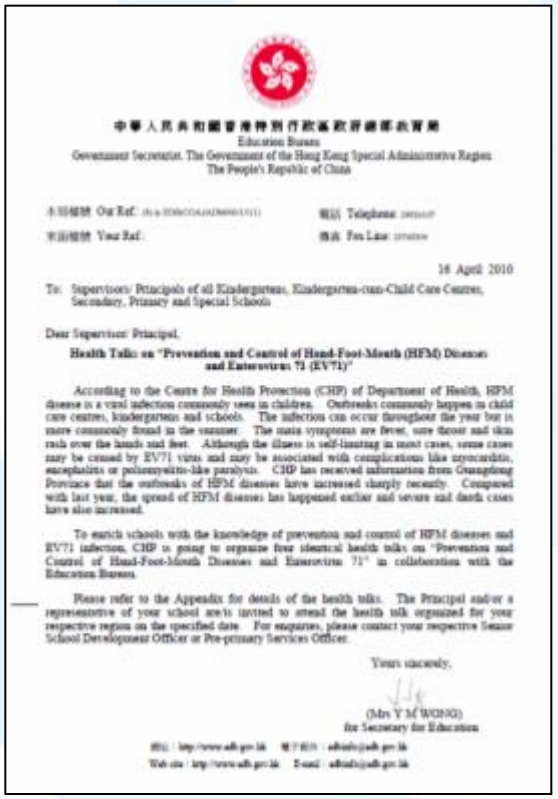
Chapter 5: Demonstration (28.8MB)

You may wish to download video by visiting

http://www.chp.gov.hk/files/pdf/video_for_prevention_of_communicable_diseases_ccc.pdf

Health Talk

- Hand, foot and mouth disease
- Influenza
- Outbreak of communicable diseases



中華人民共和國香港特別行政區政府總部教育局
Education Bureau
Government Secretariat, The Government of the Hong Kong Special Administrative Region
The People's Republic of China

Our Ref.:
Your Ref.:
Telephone:
Fax Line:

16 April 2010

To: Supervisors/ Principals of all Kindergartens, Kindergartens-cum-Child Care Centres, Secondary, Primary and Special Schools

Dear Supervisor/ Principal,

Health Talks on "Prevention and Control of Hand-Foot-Mouth (HFM) Disease and Enterovirus 71 (EV71)"

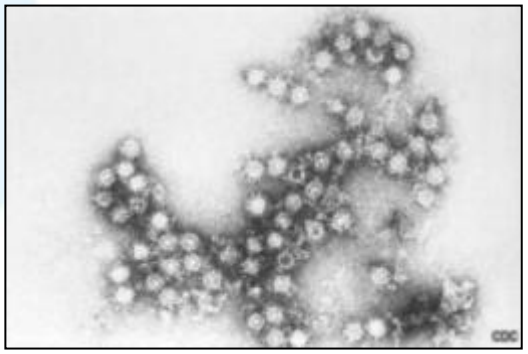
According to the Centre for Health Protection (CHP) of Department of Health, HFM disease is a viral infection commonly seen in children. Outbreaks commonly happen in child care centres, kindergartens and schools. The infection can occur throughout the year but is more commonly found in the summer. The main symptoms are fever, sore throat and skin rash over the hands and feet. Although the illness is self-limiting in most cases, some cases may be caused by EV71 virus and may be associated with complications like myocarditis, encephalitis or poliomyelitis-like paralysis. CHP has received information from Guangdong Province that the outbreaks of HFM diseases have increased sharply recently. Compared with last year, the spread of HFM diseases has happened earlier and severe and death cases have also increased.

To enrich schools with the knowledge of prevention and control of HFM diseases and EV71 infection, CHP is going to organize four identical health talks on "Prevention and Control of Hand-Foot-Mouth Diseases and Enterovirus 71" in collaboration with the Education Bureau.

Please refer to the Appendix for details of the health talks. The Principal and/or a representative of your school are/is invited to attend the health talk organized for your respective region on the specified date. For enquiries, please contact your respective Senior School Development Officer or Pre-primary Services Officer.

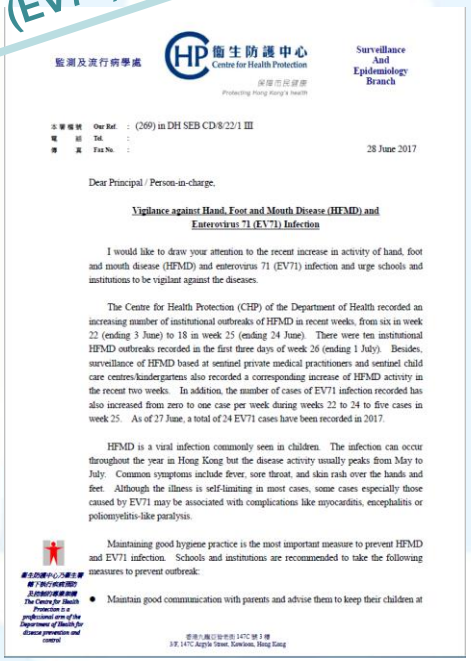
Yours sincerely,

(Mrs Y M WONG)
for Secretary for Education



Letter to schools/ kindergartens

Vigilance against Hand, Foot and Mouth Disease (HFMD) and Enterovirus 71 (EV71) Infection



監測及流行病學處 衞生防護中心 Centre for Health Protection 保障市民健康 Protecting Hong Kong's health

Surveillance And Epidemiology Branch

本署檔號 Our Ref. : (269) in DH SEB CD/8/22/1 III
電話 Tel. :
傳真 Fax No. :

28 June 2017

Dear Principal / Person-in-charge,

Vigilance against Hand, Foot and Mouth Disease (HFMD) and Enterovirus 71 (EV71) Infection

I would like to draw your attention to the recent increase in activity of hand, foot and mouth disease (HFMD) and enterovirus 71 (EV71) infection and urge schools and institutions to be vigilant against the diseases.

The Centre for Health Protection (CHP) of the Department of Health recorded an increasing number of institutional outbreaks of HFMD in recent weeks, from six in week 22 (ending 3 June) to 18 in week 25 (ending 24 June). There were ten institutional HFMD outbreaks recorded in the first three days of week 26 (ending 1 July). Besides, surveillance of HFMD based at sentinel private medical practitioners and sentinel child care centres/kindergartens also recorded a corresponding increase of HFMD activity in the recent two weeks. In addition, the number of cases of EV71 infection recorded has also increased from zero to one case per week during weeks 22 to 24 to five cases in week 25. As of 27 June, a total of 24 EV71 cases have been recorded in 2017.

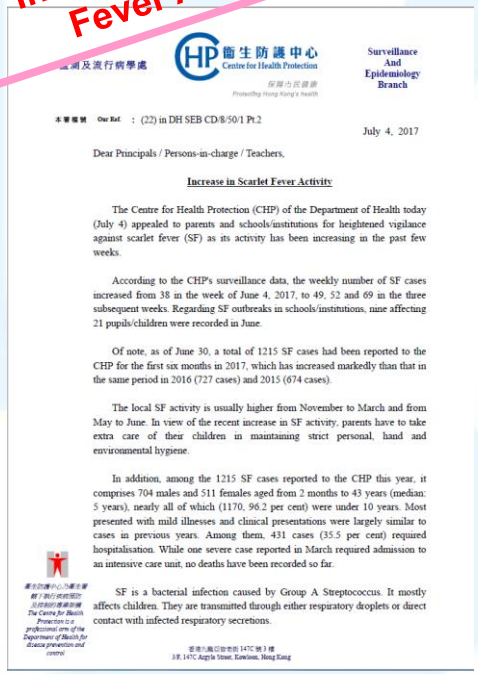
HFMD is a viral infection commonly seen in children. The infection can occur throughout the year in Hong Kong but the disease activity usually peaks from May to July. Common symptoms include fever, sore throat, and skin rash over the hands and feet. Although the illness is self-limiting in most cases, some cases especially those caused by EV71 may be associated with complications like myocarditis, encephalitis or poliomyelitis-like paralysis.

Maintaining good hygiene practice is the most important measure to prevent HFMD and EV71 infection. Schools and institutions are recommended to take the following measures to prevent outbreak:

- Maintain good communication with parents and advise them to keep their children at

香港九龍亞皆老街147C號3樓
3/F, 147C Argyle Street, Kowloon, Hong Kong

Increase in Scarlet Fever Activity



監測及流行病學處 衞生防護中心 Centre for Health Protection 保障市民健康 Protecting Hong Kong's health

Surveillance And Epidemiology Branch

本署檔號 Our Ref. : (22) in DH SEB CD/8/50/1 Pt.2

July 4, 2017

Dear Principals / Persons-in-charge / Teachers,

Increase in Scarlet Fever Activity

The Centre for Health Protection (CHP) of the Department of Health today (July 4) appealed to parents and schools/institutions for heightened vigilance against scarlet fever (SF) as its activity has been increasing in the past few weeks.

According to the CHP's surveillance data, the weekly number of SF cases increased from 38 in the week of June 4, 2017, to 49, 52 and 69 in the three subsequent weeks. Regarding SF outbreaks in schools/institutions, nine affecting 21 pupils/children were recorded in June.

Of note, as of June 30, a total of 1215 SF cases had been reported to the CHP for the first six months in 2017, which has increased markedly than that in the same period in 2016 (727 cases) and 2015 (674 cases).

The local SF activity is usually higher from November to March and from May to June. In view of the recent increase in SF activity, parents have to take extra care of their children in maintaining strict personal, hand and environmental hygiene.

In addition, among the 1215 SF cases reported to the CHP this year, it comprises 704 males and 511 females aged from 2 months to 43 years (median: 5 years), nearly all of which (1170, 96.2 per cent) were under 10 years. Most presented with mild illnesses and clinical presentations were largely similar to cases in previous years. Among them, 431 cases (35.5 per cent) required hospitalisation. While one severe case reported in March required admission to an intensive care unit, no deaths have been recorded so far.

SF is a bacterial infection caused by Group A Streptococcus. It mostly affects children. They are transmitted through either respiratory droplets or direct contact with infected respiratory secretions.

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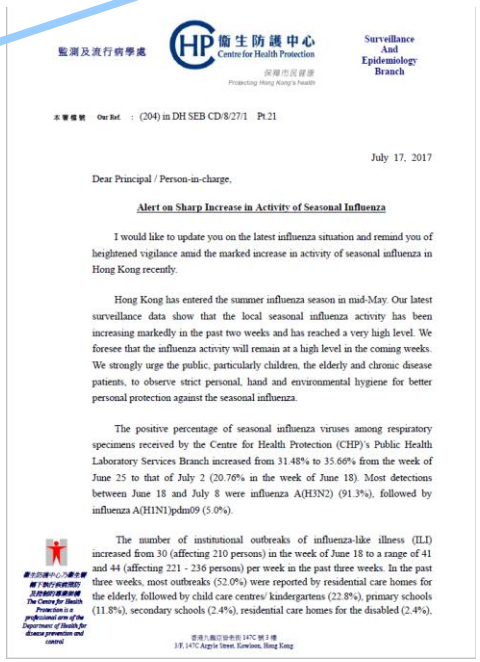
Alert on Sharp Increase in Activity of Seasonal Influenza



監測及流行病學處 衞生防護中心 Centre for Health Protection 保障市民健康 Protecting Hong Kong's health

Surveillance And Epidemiology Branch

本署檔號 Our Ref. : (204) in DH SEB CD/8/27/1 Pt.21

July 17, 2017

Dear Principal / Person-in-charge,

Alert on Sharp Increase in Activity of Seasonal Influenza

I would like to update you on the latest influenza situation and remind you of heightened vigilance amid the marked increase in activity of seasonal influenza in Hong Kong recently.

Hong Kong has entered the summer influenza season in mid-May. Our latest surveillance data show that the local seasonal influenza activity has been increasing markedly in the past two weeks and has reached a very high level. We foresee that the influenza activity will remain at a high level in the coming weeks. We strongly urge the public, particularly children, the elderly and chronic disease patients, to observe strict personal, hand and environmental hygiene for better personal protection against the seasonal influenza.

The positive percentage of seasonal influenza viruses among respiratory specimens received by the Centre for Health Protection (CHP)'s Public Health Laboratory Services Branch increased from 31.48% to 35.66% from the week of June 25 to that of July 2 (20.76% in the week of June 18). Most detections between June 18 and July 8 were influenza A(H3N2) (91.3%), followed by influenza A(H1N1)pdm09 (5.0%).

The number of institutional outbreaks of influenza-like illness (ILI) increased from 30 (affecting 210 persons) in the week of June 18 to a range of 41 and 44 (affecting 221 - 236 persons) per week in the past three weeks. In the past three weeks, most outbreaks (52.0%) were reported by residential care homes for the elderly, followed by child care centres/ kindergartens (22.8%), primary schools (11.8%), secondary schools (2.4%), residential care homes for the disabled (2.4%),

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衞生署 Department of Health

Letter to schools/ kindergartens

Prevent influenza and respiratory tract infection

- If students/ children develop fever and symptoms of respiratory tract infection, advise them to stay at home for rest until fever has subsided for at least 2 days
- Staff with respiratory illnesses who are suspected to be epidemiologically linked to an outbreak should refrain from work

➢ Report promptly to CHP if notice an increase in cases of respiratory illnesses or absenteeism

(Tel: 2477 2772, Fax: 2477 2770)

衛生署
Department of Health

Infection Control in Schools/ Centres

- To develop variety of infection control information
- To enhance communication mechanism
- To ensure a delightful learning environment to support the healthy development of children

衞生防護中心
Centre for Health Protection

Thank You

衞生署
Department of Health