

本署檔號 Our Ref. : (17) in DH SEB CD/8/50/1 Pt.2

March 21, 2017

Dear Principals / Persons-in-charge / Teachers,

Increase in Scarlet Fever Activity

The Centre for Health Protection (CHP) of the Department of Health today (March 21) appealed to 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 41 in the week of February 26, 2017, to 49 and 59 in the two subsequent weeks. Regarding SF outbreaks in schools/institutions, six affecting 12 pupils/children were recorded in the last three weeks.

The local SF activity is usually higher from November to February and from June to July. Of note, after the seasonal peak from December 2016 to January 2017, the SF activity increased again in the last few weeks and was higher than that in the same period in previous years.

As of March 18, a total of 474 SF cases have been reported to the CHP in 2017, comprising 286 boys and 188 girls aged from 2 months to 31 years, nearly all of which (465, 98 per cent) were under ten. Most presented with mild illnesses and clinical presentations were largely similar to cases in previous years. Among them, 170 cases (35.9 per cent) have required hospitalisation. No severe cases requiring admission to intensive care unit or 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.

It usually starts with a fever and sore throat. Headache, vomiting and abdominal pain may also occur. The tongue may have a distinctive strawberry-like (red and bumpy) appearance. A sandpaper texture-like rash



would commonly begin on the first or second day of onset over the upper trunk and neck which spreads to the limbs. The rash is usually more prominent in armpits, elbows and groin areas. It usually subsides after one week and is followed by skin peeling over fingertips, toes and groin areas.

SF is sometimes complicated with middle ear infection, throat abscess, chest infection, meningitis, bone or joint problems, damage to kidneys, liver and heart, and rarely toxic shock syndrome. SF can be effectively treated by appropriate antibiotics. People suspected to have SF should consult a doctor promptly.

There are no vaccines available against SF. Members of the public are advised to take heed of health advice below:

- Maintain good personal and environmental hygiene;
- Always keep hands clean and wash with liquid soap when they are dirtied by mouth and nasal fluids;
- Cover your nose and mouth while sneezing or coughing and dispose of nasal and mouth discharge properly;
- Avoid sharing personal items such as eating utensils and towels;
- Maintain good ventilation; and
- Sick children should refrain from school or child care settings until they fully recover.

If you notice an increase in the number of your staff or students with symptoms of SF, please inform the Central Notification Office of CHP as early as possible at Fax: 2477 2770 or Tel: 2477 2772. CHP will give advice on the management of such cases and take appropriate control measures. For more information, please visit the website of CHP at <http://www.chp.gov.hk>.

Yours faithfully,



(Dr. S K CHUANG)

For Controller, Centre for Health Protection
Department of Health