

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.

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 discharge;
- 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
- Children suffering from SF should refrain from attending school or child care setting until fever has subsided and they have been treated with antibiotics for at least 24 hours.

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/en/view\\_content/23359.html](http://www.chp.gov.hk/en/view_content/23359.html).

Yours faithfully,



(Dr. S K CHUANG)

For Controller, Centre for Health Protection  
Department of Health