

本署檔號 Our Ref. : (57) in DH CDB/8/22/1 Pt.4
來函檔號 Your Ref :
電話 Tel. :
傳真 Fax No. :

21 November 2025

Dear Principal / Person-in-charge,

Stay Vigilant - Hand, Foot and Mouth Disease Activity
Remains at a High Level

I would like to draw your attention to the continued increase in Hand, Foot and Mouth Disease (HFMD) activity, which remains at a high level, and enlist the support of your organisation in prevention of the disease.

The latest surveillance data from the Centre for Health Protection (CHP) of the Department of Health indicated an increasing trend in the number of HFMD outbreaks in institutions and schools over the past few weeks. A total of 17 outbreaks (affecting 50 persons) were recorded in the week ending 1 November, rising to 20 outbreaks (affecting 53 persons) and 25 outbreaks (affecting 61 persons) in the weeks ending 8 November and 15 November, respectively. In the first five days of this week, the CHP has recorded 16 outbreaks, affecting 40 persons.

In addition, CHP's sentinel surveillance in kindergartens/child care centres (KG/CCC) and private medical practitioner clinics showed that HFMD activity remains at a high level since late October this year. Data from syndromic surveillance in Accident and Emergency Departments also indicated a recent upsurge in HFMD activity. So far, three cases of severe paediatric enterovirus infection (other than EV71 and poliovirus) have been recorded this year.

HFMD is a common disease in children caused by enteroviruses such as coxsackieviruses and enterovirus 71 (EV71). In Hong Kong, HFMD occurs throughout the year with the usual peak occurring from May to July and from October to December. Young children in schools and institutions are in frequent close contact, making the disease spread easily and increasing the likelihood of outbreaks. Most HFMD patients have mild symptoms. It usually begins with fever, poor appetite, tiredness and sore throat. Painful sores may develop in the mouth one to two days after fever onset and then often become ulcers. Patients usually recover within 7 to 10 days. Although most patients



recover without complications, some patients, especially those infected with EV71, may develop complications like myocarditis, encephalitis or poliomyelitis-like paralysis.

Schools are reminded to follow the Guidelines on Prevention of Communicable Diseases in Schools / Kindergartens / Kindergartens-cum-Child Care Centres / Child Care Centres in preventive and control measures as well as management of outbreaks, which should be reported to the CHP for prompt follow-up. The guideline is available at:

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

Maintaining good personal and environmental hygiene is the most important measure to prevent HFMD and EV71 infection. **Alcohol-based handrub should not substitute hand hygiene with liquid soap and water, as alcohol does not effectively kill some viruses causing HFMD (e.g. EV71).** Please remind staff, students and parents to take the following measures to prevent HFMD and EV71 outbreaks in schools:

- Maintain good ventilation.
- Keep hands clean and wash hands properly. Wash hands before meals, after going to the toilet, when they are dirtied by respiratory secretions, such as after sneezing or after handling diapers or other stool-soiled materials.
- Cover the nose and mouth while sneezing or coughing and dispose of nasal and oral discharges properly.
- Regularly clean and disinfect frequently touched surfaces such as furniture, toys and commonly shared items with 1:99 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 99 parts of water), leave for 15 - 30 minutes, and then rinse with water and keep dry.
- Use absorbent disposable towels to wipe away obvious contaminants such as respiratory secretions, vomitus or excreta, and then disinfect the surface and surrounding areas with 1:49 diluted household bleach (mixing one part of bleach containing 5.25 per cent sodium hypochlorite with 49 parts of water), leave for 15 to 30 minutes and then rinse with water and keep dry.
- Ensure the household bleach used has not expired. For effective disinfection, diluted bleach should be used within 24 hours after preparation, as effectiveness would decrease with time if left unused.
- As undiluted bleach liberates a toxic gas when exposed to sunlight, it should be stored in a cool and shaded place out of reach of children.
- If children develop fever or rash, they should stay at home for rest.

People who develop symptoms suggestive of HFMD should seek medical advice promptly.

- Staff can screen children for signs and symptoms of HFMD before they enter the school. Children with HFMD should be excluded from school until fever has subsided and all the vesicles have dried and crusted. As an extra precaution, children with EV71 infection are advised not to go to school for another two weeks after all symptoms have subsided, since the virus may be excreted in stool for some weeks and the infection is associated with a higher risk of complications.
- Avoid high-risk play facilities such as ball pools.
- Staff should wash hands thoroughly with liquid soap and water after changing diapers for each child, to disinfect the diaper-change area with diluted bleach, and to dispose of soiled diapers properly.

If there is a suspected HFMD outbreak (e.g. two or more students in the same class or in the same setting in a KG/CCC developing symptoms of HFMD in succession within a short time), please inform the Central Notification Office of the CHP as early as possible by fax (2477 2770), phone (2477 2772) or email (diseases@dh.gov.hk). The CHP will give advice on the management of such cases and take appropriate control measures.

For more information, please visit the CHP website at http://www.chp.gov.hk/en/view_content/16354.html.

Yours faithfully,



(Dr Albert AU)
for Controller, Centre for Health Protection
Department of Health