

# CHP investigates case of severe paediatric enterovirus 71 infection

The Centre for Health Protection (CHP) of the Department of Health (DH) is today (July 27) investigating a case of severe paediatric enterovirus (EV) 71 infection, and again urged the public and institutions to maintain strict hand, personal and environmental hygiene.

The case involves a 1-month-old baby boy with good past health, who has presented with fever and rash over hands and feet since July 22. He was admitted to Queen Mary Hospital for medical treatment on July 23 and was discharged today. He has all along been in a stable condition.

His cerebrospinal fluid specimen tested positive for EV71 upon laboratory testing. The clinical diagnosis was meningitis.

Initial enquiries revealed that the patient had no recent travel history. His home contacts remain asymptomatic so far. Investigations are ongoing.

"EV71 is one of the causative agents for hand, foot and mouth disease (HFMD). The infection is transmitted from person to person by direct contact with nose and throat discharges, saliva, fluid from blisters, or the stool of infected persons. Good personal and environmental hygiene are the most important measures to prevent EV71 infection," a spokesman for the CHP said.

"HFMD is common in children while adult cases may also appear. It is usually caused by enteroviruses such as Coxsackie virus and EV71. It is clinically characterised by maculopapular rashes or vesicular lesions occurring on the palms, soles and other parts of the body such as the buttocks and thighs. Vesicular lesions and ulcers may also be found in the oral cavity. Sometimes patients present mainly with painful ulcers at the back of the mouth, namely herpangina, without rash on the hands or feet," the spokesman said.

"HFMD occurs throughout the year. A summer peak usually occurs in May to July. As young children are more susceptible, parents should stay alert to their health. Institutional outbreaks may occur where HFMD can easily spread among young children with close contact," the spokesman added.

To prevent HFMD, members of the public, especially the management of institutions, should take heed of the following preventive measures:

- \* Maintain good air circulation;
- \* Wash hands before meals and after going to the toilet or handling diapers or other stool-soiled materials;
- \* Keep hands clean and wash hands properly, especially when they are dirtied by respiratory secretions, such as after sneezing;
- \* 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 one part of bleach containing 5.25 per cent sodium hypochlorite with 99 parts of water), leave for 15 to 30 minutes, and then rinse with water and keep dry. For metallic surfaces, disinfect with 70 per cent alcohol;
- \* Use absorbent disposable towels to wipe away obvious contaminants such as respiratory secretions, vomitus or excreta, and then disinfect the surface and neighbouring 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. For metallic surfaces, disinfect with 70 per cent alcohol;
- \* Children with EV71 infection are advised to refrain from going to schools or group activities such as parties, interest classes and swimming until two weeks after fever has subsided and all the vesicular lesions have dried and crusted to prevent the spread of disease;
- \* Avoid going to overcrowded places; and
- \* Parents should maintain close communication with schools to let them know the latest situation of the sick children.

The public may visit the CHP's page on [HFMD and EV71 infection](#) for more information.