

LCQ11: Herpes Zoster

Following is a question by the Hon Chan Hoi-yan and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (May 4):

Question:

According to statistics, one in every three persons will contract Herpes Zoster (HZ) (commonly known as "shingles") in the lifetime, and the morbidity rate of the disease increases progressively after the age of 50. HZ causes patchy rashes on the patient's body and tingling pain in the affected areas. HZ may even trigger serious after-effects such as persistent neuralgia, encephalitis, blindness and hearing impairment. Some analyses have pointed out that in 2039, more than half of the population of Hong Kong will reach the age of 50 or above. By then, the number of HZ patients may increase. In this connection, will the Government inform this Council:

- (1) whether it knows the current morbidity rate of HZ in the population of Hong Kong;
- (2) of the respective total attendances of HZ patients seeking treatment in public hospitals and at the outpatient clinics under the Department of Health in the past five years, with a breakdown by the age and gender of such patients and the type of clinics (i.e. general or specialist clinics) they attended;
- (3) whether it knows the common complications suffered by HZ patients in Hong Kong in the past five years, with a breakdown of the number of such patients by the type of complications;
- (4) of the respective attendances of patients contracting HZ and with complications who used the accident and emergency, inpatient and outpatient clinic services of public hospitals in the past five years; the average length of stay of such patients using inpatient services and the average medical cost incurred by them; and
- (5) whether it will consider providing free HZ vaccination for members of the public; if so, of the details; if not, the reasons for that, and whether it will, by making reference to the practices in countries such as the United States, Canada and Australia of providing elderly nationals with subsidies for HZ vaccination, subsidise the elderly for receiving HZ vaccination?

Reply:

President,

The consolidated reply prepared in consultation with the Department of Health (DH) and the Hospital Authority (HA) to the Hon Chan Hoi-yan's

question is as follows:

Herpes Zoster (Shingles) is an infectious disease that causes localised belt-like, painful skin rash with blisters. It is caused by varicella-zoster virus which is also responsible for varicella (chickenpox). The virus resides in the nervous system of patients recovered from chickenpox and may reactivate in times of weakened immune system due to ageing or stress. Itch or slight pain with burning sensation typically precedes rash in the affected area for one to three days; the rash then develops into vesicles or blisters, which further spread in a belt-like pattern and can last from one to 14 days, during which pustules or trickle of blood may appear. This will be followed by bursting, collapse and drying up of the fluid-filled blisters and crusting over two to three weeks.

The DH normally maintains statistics on notifiable infectious diseases in accordance with the Prevention and Control of Disease Ordinance (Cap 599). As Herpes Zoster is not a notifiable infectious disease, the DH does not maintain statistics on the incidence of Herpes Zoster in the local population. Some of the Herpes Zoster patients will also seek medical advice from private doctors and currently the relevant information is not captured by any central system (e.g. Electronic Health Record Sharing System). The HA also does not keep breakdown on the number of Herpes Zoster patients among its overall attendance at its clinics at present. Therefore, statistics of relevant information and expenditure could not be provided.

A local academic research in 2014 (Note) showed that a quarter of patients hospitalised with Herpes Zoster between 1999 and 2014 suffered from various complications, such as post-herpetic neuralgia which could last between a couple of months to years after the skin lesions subsided. Other complications included skin pigmentation, skin turning black, and scarring in severe case. Ocular involvement may result in loss of vision.

Patients with symptoms of Herpes Zoster generally consult their family doctors, General Out-patient Clinics or Accident and Emergency Departments. Current antiviral drug can shorten the recovery time of Herpes Zoster patients and it is optimal to take it within three to five days of the onset of the disease. Therefore, patients should seek medical consultation as soon as possible and take the medicine according to doctor's instructions. Patients are advised to maintain a comfortable room temperature, keep the affected skin clean and dry, apply soothing ointment to the affected area or take analgesic drug as needed in order to alleviate the itch and pain. Patients should also avoid contacting frail persons, such as pregnant women and children, to prevent transmission of disease.

Regarding the Herpes Zoster vaccination, the Centre for Health Protection (CHP) of the DH has been keeping abreast of the latest position of the World Health Organization on immunisation and vaccination, the scientific evidence of new vaccines, the latest global and local epidemiology of vaccine preventable diseases, and the advice and practical experience of health authorities across the world. The Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the CHP meets regularly to review and develop public

health strategies for handling of vaccine preventable diseases and their risk factors in the light of changing epidemiology and advances in medical science and provide science-based advice on vaccine use at population level to the Government. The SCVPD so far has not recommended on the use of Herpes Zoster vaccine in adults.

Note: The DH has not conducted any new study on the conditions of Herpes Zoster inpatients since the study in 2014.