

# Measles vaccination for foreign domestic helpers to be provided at designated private clinics and venues starting next Monday

The Centre for Health Protection (CHP) of the Department of Health (DH) today (August 23) announced that from next Monday (August 26) to November 15, eligible foreign domestic helpers (FDHs) working in Hong Kong can visit designated private clinics and group/outreach vaccination venues to receive free measles, mumps and rubella (MMR) vaccination under the Measles Vaccination Mop-up Programme 2019.

The CHP earlier announced that as a public health strategy to prevent and control measles, a one-off mop-up programme has been launched to provide free MMR vaccination to specific target groups including FDHs with the aim of boosting the community's herd immunity against measles.

Persons with laboratory evidence of immunity (i.e. tested positive for measles immunoglobulin G) do not require MMR vaccination. Foreign domestic helpers working in Hong Kong who do not have laboratory evidence of immunity and fulfil the following criteria are eligible for free MMR vaccination:

- (1) Born in or after 1967, and have not received two doses of measles vaccination before, and did not have laboratory confirmed measles infection; or
- (2) Have laboratory evidence of testing non-immune to measles (i.e. tested negative/indeterminate for measles immunoglobulin G).

Measles vaccination for FDHs will be provided at designated clinics and group/outreach vaccination venues by private medical organisations engaged by the DH. Eligible FDHs are required to make prior booking for the vaccination and bring their employment contract/working visa and Hong Kong identity card/passport to their vaccination appointment. Details of the clinics and group/outreach vaccination venues can be found on the programme webpage at [www.chp.gov.hk/en/features/102004.html](http://www.chp.gov.hk/en/features/102004.html).

Vaccination will be carried out in phases for receiving the first and second doses of the MMR vaccines. Details of the arrangements will be announced on the programme webpage.

Under the mop-up programme, measles vaccination has also been given to other target groups including airport workers, healthcare workers and tour escorts or tourist guides. The CHP will continue to communicate and work closely with relevant parties on the arrangements.

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## **Cluster of Enterovirus cases in Kwong Wah Hospital**

The following is issued on behalf of the Hospital Authority:

The spokesperson for Kwong Wah Hospital made the following announcement today (August 23):

Three baby girls (aged 6 months to 9 months) in the Special Care Baby Unit presented with rash or fever since August 10. Laboratory testing has confirmed detection of Enterovirus. The three babies are still hospitalised under treatment and isolation with stable condition.

Infection control measures have already been stepped up. All other babies in the ward are under close surveillance.

The cases have been reported to Hospital Authority Head Office and the Centre for Health Protection for necessary follow-up.

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## **Cluster of Rhinovirus cases in Duchess of Kent Children's Hospital at Sandy Bay**

The following is issued on behalf of the Hospital Authority:

The spokesperson of Duchess of Kent Children's Hospital at Sandy Bay made the following announcement today (August 23):

Five patients (four male and one female, aged 4 to 8) in a ward presented with fever, running nose or cough since August 16. Three patients were confirmed as having Rhinovirus infection. All patients are in stable condition. They are being treated under isolation.

Infection control measures of the ward have already been stepped up according to established guidelines. All other patients in the ward are under close surveillance. The cases have been reported to Hospital Authority Head Office and the Centre for Health Protection for necessary follow-up.

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## Suspected MERS case reported

The Centre for Health Protection (CHP) of the Department of Health today (August 23) reported a suspected case of Middle East Respiratory Syndrome (MERS), and again urged the public to pay special attention to safety during travel, taking due consideration of the health risks in the places they visit. The case is detailed below:

Sex	Female
Age	48
Affected area involved	Saudi Arabia
High-risk exposure	Nil
Hospital	Pamela Youde Nethersole Eastern Hospital
Condition	Stable
MERS-Coronavirus preliminary test result	Pending

"Travellers to the Middle East should avoid going to farms, barns or markets with camels; avoid contact with sick persons and animals, especially camels, birds or poultry; and avoid unnecessary visits to healthcare facilities. We strongly advise travel agents organising tours to the Middle East to abstain from arranging camel rides and activities involving direct contact with camels, which are known risk factors for acquiring MERS Coronavirus (MERS-CoV)," a spokesman for the CHP said.

Locally, the CHP's surveillance with public and private hospitals, with practising doctors and at boundary control points is firmly in place. Inbound travellers and members of the public who recently visited the Middle East and developed fever or lower respiratory symptoms within 14 days will be classified as suspected MERS cases. They will be taken to public hospitals for isolation and management until their specimens test negative for MERS-CoV.

Travellers to affected areas should maintain vigilance, adopt appropriate health precautions and take heed of personal, food and environmental hygiene. The public may visit the MERS pages of the [CHP](#) and its [Travel Health Service](#), MERS statistics in [affected areas](#), the CHP's [Facebook Page](#) and [YouTube Channel](#), and the World Health Organization's [latest news](#) for more information and health advice. Tour leaders and tour guides operating overseas tours are advised to refer to the CHP's [health advice on MERS](#).

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## Update on dengue fever and chikungunya fever

The Centre for Health Protection (CHP) of the Department of Health today (August 23) reported the latest number of cases of dengue fever (DF) and chikungunya fever (CF), and strongly urged the public to maintain strict environmental hygiene, mosquito control and personal protective measures both locally and during travel.

### A. Dengue fever

From August 16 to 22, the CHP recorded 10 imported DF cases. The patients had been to Thailand (three cases), India (two cases), the Philippines (two cases), Malaysia (one case), Myanmar (one case) and Vietnam (one case) during the incubation period.

As of yesterday (August 22), 123 cases had been recorded this year, as compared with 86 cases recorded in the same period last year. All the cases recorded in 2019 were imported, mainly from Thailand (26), Malaysia (21), Cambodia (18) and Indonesia (18).

The CHP has been closely monitoring the latest DF situation in neighbouring and overseas areas. DF is endemic in many tropical and subtropical areas of the world. According to the World Health Organization, some Asian countries are experiencing unusually high numbers of DF cases for this time of year. The number of cases in several countries including Malaysia, the Philippines, Singapore and Vietnam was about two to six times the number for the same period in 2018.

According to the Health Commission of Guangdong Province, Guangdong is currently in the epidemic season of DF. As of July 31, 796 cases have been recorded in Guangdong this year, which was significantly higher than that in the same period last year (121 cases). In Taiwan, 400 cases (including 74 local cases) have been recorded in 2019 (as of August 22). According to the health authority of Taiwan, the number of imported DF cases recorded so far this year was the highest compared to the number for the same period in the past 10 years.

Detailed information on the latest DF situation in Hong Kong as well as neighbouring and overseas countries and areas this year has been uploaded to the CHP's website ([www.chp.gov.hk/files/pdf/df\\_imported\\_cases\\_and\\_overseas\\_figures\\_eng.pdf](http://www.chp.gov.hk/files/pdf/df_imported_cases_and_overseas_figures_eng.pdf)). Members of the public should stay vigilant and carry out effective mosquito prevention and control measures.

â€œApart from [general measures](#), travellers returning from areas

affected by DF should apply insect repellent for 14 days upon arrival in Hong Kong. If feeling unwell, seek medical advice promptly and provide travel details to the doctor," a spokesman for the CHP said.

## B. Chikungunya fever

From August 16 to 22, the CHP recorded one CF case. The patient had been to Myanmar during the incubation period. As of yesterday (August 22), seven confirmed CF cases had been recorded this year, including six imported from Thailand and one imported from Myanmar.

CF is a mosquito-borne disease caused by the chikungunya virus. It is clinically characterised by fever frequently accompanied by joint pain. Other common signs and symptoms include muscle pain, headache, nausea, fatigue and a rash. Joint pain is often very debilitating, but usually lasts for a few days or may be prolonged for weeks. Most patients recover fully, but in some cases joint pain may persist for several months, or even years.

Chikungunya virus is transmitted to humans by mosquito bites. Although the vector *Aedes aegypti* is not found in Hong Kong, another vector, *Aedes albopictus*, is widely distributed locally. These mosquitoes can be found biting throughout daylight hours, though there may be peaks of activity in the early morning and late afternoon.

The public should take heed of the following advice on mosquito control:

- Thoroughly check all gully traps, roof gutters, surface channels and drains to prevent blockage;
- Scrub and clean drains and surface channels with an alkaline detergent compound at least once a week to remove any deposited mosquito eggs;
- Properly dispose of refuse, such as soft drink cans, empty bottles and boxes, in covered litter containers;
- Completely change the water of flowers and plants at least once a week. The use of saucers should be avoided if possible;
- Level irregular ground surfaces before the rainy season;
- Avoid staying in shrubby areas; and
- Take personal protective measures such as wearing light-coloured long-sleeved clothes and trousers and apply insect repellent containing DEET to clothing or uncovered areas of the body when doing outdoor activities.

DEET-containing insect repellents are effective and the public should take heed of the tips below:

- Read the label instructions carefully first;
- Apply right before entering an area with risk of mosquito bites;
- Apply on exposed skin and clothing;
- Use DEET of up to 30 per cent for pregnant women and up to 10 per cent

for children\*;

- Apply sunscreen first, then insect repellent; and
- Re-apply only when needed and follow the instructions.

\* For children who travel to countries or areas where mosquito-borne diseases are endemic or epidemic and where exposure is likely, those aged 2 months or above can use DEET-containing insect repellents with a DEET concentration of up to 30 per cent.

The public should call 1823 in case of mosquito problems and may visit the following pages for more information: the DF page of the [CHP](#) and the [Travel Health Service](#), the [CF page](#) of the CHP, the latest [Travel Health News](#), [tips for using insect repellents](#), and the CHP [Facebook Page](#) and [YouTube Channel](#).