

# Missing patient from Queen Elizabeth Hospital

The following is issued on behalf of the Hospital Authority:

The spokesperson for Queen Elizabeth Hospital made the following appeal today (January 18), regarding a patient found missing.

An 85-year-old male patient accompanied by his family was sent by ambulance to Accident and Emergency Department (A&E) in Queen Elizabeth Hospital on this morning. He left A&E without notifying hospital staff while waiting for consultation. The hospital later checked the patient's detailed medical records and confirmed with the patient's family that the patient has a history of dementia. The hospital deployed security guards immediately to search within the hospital compound and checked CCTV footage to confirm that the patient had left the hospital at around 11am. The hospital then assisted the family to report to the police for assistance at noon.

The patient has white short hair and normal mobility. He was wearing a black jacket and jeans.

The hospital appeals to the public to contact the Police or call the hospital hotline at 3506 8944 if they know the whereabouts of the patient.

The Hospital has reported the incident to the Hospital Authority Head Office via the Advance Incident Reporting System. The hospital will continue to fully cooperate with the Police to locate the patient.

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## Public urged to continue vigilance against influenza and arrange early vaccination for young children to enhance personal protection

The Controller of the Centre for Health Protection (CHP) of the Department of Health (DH), Dr Wong Ka-hing, today (January 18) urged the community to continue heightening their vigilance against seasonal influenza as the latest surveillance data indicated that the local seasonal influenza activity has continued to increase in the past two weeks and may continue to rise in the period ahead. As young children are particularly affected in this influenza season, the CHP appealed to parents who have not yet arranged vaccination for their children in this season to do so as soon as possible to

strengthen their personal protection.

Dr Wong today hosted a press conference to report on the latest situation of the winter influenza season in Hong Kong. Among the respiratory specimens received by the Public Health Laboratory Services Branch of the CHP, the circulating influenza viruses of this season were predominantly influenza A(H1N1)pdm09 (85 per cent of all positive influenza detections). Past epidemiological data shows that children and adults aged 50 to 64 years were relatively more affected in seasons dominated by influenza A(H1).

The weekly number of institutional influenza-like illness (ILI) outbreaks reported to the CHP has sharply increased from six cases in the week ending January 5 (affecting 28 persons) to 121 cases (affecting 968 persons) in the week ending January 12 while 148 cases (affecting 989 persons) have been recorded in the first five days of this week (as at January 17). Majority of the outbreaks occurred in kindergartens/child care centres (KG/CCCs) (70 per cent), followed by primary schools (16 per cent) and residential care homes for the elderly (4 per cent).

In public hospitals, the overall admission rate with principal diagnosis of influenza has increased from 0.88 cases (per 10 000 population) in the week ending January 5 to 1.19 cases (per 10 000 population) in that ending January 12. The influenza admission rate was highest among children aged below six years, which increased from 6.49 to 9.23 cases (per 10 000 population) in the corresponding period, exceeding the highest weekly rate recorded in recent years.

Dr Wong said, "In view of the sharp increase in the number of ILI outbreaks in KG/CCCs in the past two weeks and the extraordinary high influenza-associated admission rate among children aged less than 6 years in public hospitals, the Government convened an interdepartmental meeting yesterday to review the latest local situation. The Government has recommended that as a targeted measure to enhance disease prevention and control at the KG/CCCs, all KG/CCCs with an ILI outbreak should suspend classes for a period of seven days starting tomorrow (January 19) to interrupt influenza transmission within the affected schools. The above measure is applicable for all KG/CCCs with outbreak before the Chinese New Year holiday."

Dr Wong explained, "As young children may not have the ability to observe strict personal and hand hygiene, they are prone to influenza infection and its complications. This additional measure is expected to reduce the risk of acquiring influenza infection in school settings. The Government will review the situation before the end of the Chinese New year holiday to see if this measure needs to be extended."

The CHP today has informed all affected KG/CCCs about the arrangement, and uploaded the list of affected KG/CCCs on the CHP website ([www.chp.gov.hk/files/pdf/kgccc\\_suspension\\_list\\_eng.pdf](http://www.chp.gov.hk/files/pdf/kgccc_suspension_list_eng.pdf)). If new KG/CCCs are added, the list will be updated daily in the evening from Monday to Saturday to help parents grasp the information.

Vaccination is one of the most effective ways to prevent seasonal influenza and its complications. To increase the seasonal influenza vaccination uptake rate among school children, the DH in the 2018/19 year has launched the School Outreach Vaccination Pilot Programme (pilot programme) for primary schools. Besides, the DH has actively assisted primary schools not participating in the pilot programme and KG/CCCs to arrange outreach vaccination at their schools such as through the Enhanced Vaccination Subsidy Scheme Outreach Vaccination newly launched in the 2018/19 year.

As of January 13, the number of primary schools with outreach influenza vaccination has increased more than five-fold from 65 in the 2017/18 year to 394 in the 2018/19 year while the number of KG/CCCs with outreach influenza vaccination has increased from 60 to 168 correspondingly, representing a 180 per cent increase.

As of January 13, about 427,000 and 515,000 doses of seasonal influenza vaccines (SIVs) had been administered via the Government Vaccination Programme and Vaccination Subsidy Scheme (VSS) (including Enhanced VSS Outreach Vaccination) respectively, increasing by 5.3 per cent and 83.2 per cent from the same period in the 2017/18 year. Including the 110,000 doses administered through the School Outreach Vaccination Pilot Programme, the total number of doses administered via various vaccination programmes was about 1,053,000, representing a 53.2 per cent increase from the same period in the 2017/18 year.

Among them, 332,000 doses of SIVs were administered to children aged 6 months to under 12 years, increasing by 141 per cent compared with the same period last year and reaching an overall coverage rate of 42.8 per cent. While the coverage rate of children aged 6 months to under 6 years is 30.1 per cent, the coverage rate of children aged 6 to under 12 years is 53.7 per cent.

The CHP appealed to parents who have not yet arranged their children (particularly those with chronic diseases) to receive the SIV this season to do so as soon as possible through the VSS. Children aged 6 months to under 12 years can receive subsidised SIV at \$210 per dose at the clinics of VSS doctors.

The CHP will again issue letters today to doctors, hospitals, institutions and schools to appeal for reinforcement in preventive measures so as to mitigate the impact of seasonal influenza. The CHP will encourage VSS doctors to promote and provide SIV to eligible groups, and doctors taking part in the Enhanced VSS Outreach Vaccination to arrange outreach vaccination for schools especially KG/CCCs.

The CHP will particularly encourage all KG/CCCs to arrange outreach vaccinations at their schools for their students, and reminded that all KG/CCCs are eligible for the Enhanced VSS Outreach Programme. Participating doctors providing vaccination to students at schools will not impose any charges. Under the programme, no quotation or tender is required from schools

in choosing a doctor and schools have flexibility in arranging the date and time of outreach vaccination.

Schools should actively check the body temperature of all students every day during this influenza season when they arrive at school so as to identify students with fever. This additional measure should be strictly followed and continue throughout this winter influenza season.

To prevent outbreaks of influenza and other respiratory infections, it is of prime importance that children with fever, regardless of the presence of respiratory symptoms, should not be allowed to attend school. They should seek medical advice and avoid school till 48 hours after the fever has subsided. Schools should also measure and record students' body temperature properly. Schools are reminded to follow the [Guidelines on Prevention of Communicable Diseases](#) on preventive and control measures as well as management of outbreaks, which should be reported to the CHP for prompt follow-up.

The Education Bureau reminds schools that during the class suspension period, schools should remain open and arrange staff to look after students who would be unattended at home and hence have to return to school; and to handle school matters and parents' enquiries. Schools have to make necessary arrangements for the students concerned to minimize the risk of transmission of influenza. Schools should clean their premises thoroughly to ensure environmental hygiene.

In order to minimise the chance of infection, the Social Welfare Department (SWD) advises members of the public not to take their children or family members to affected child care centres and special child care centres. However, these centres will remain open to continue their service provision for members of the public who might have difficulty in taking care of their children or family members.

In addition, parents may make use of the services provided under the Neighbourhood Support Child Care Project where necessary. For enquiries, please call the SWD hotline at 2343 2255.

Besides receiving seasonal influenza vaccination as early as possible for personal protection, the following measures are advised to prevent influenza and respiratory tract infections:

- Wash hands with liquid soap and water properly whenever possibly contaminated;
- When hands are not visibly soiled, clean them with 70-80 per cent alcohol-based handrub as an effective alternative;
- Cover nose and mouth while sneezing or coughing and wash hands thoroughly afterwards;
- Dispose of soiled tissue paper properly in a lidded rubbish bin;
- Put on a surgical mask when respiratory symptoms develop;
- Maintain good indoor ventilation;

- When influenza is prevalent, avoid going to crowded or poorly ventilated public places; high-risk individuals may consider putting on surgical masks in such places; and
- Maintain a balanced diet, exercise regularly, take adequate rest, do not smoke and avoid overstress.

For the latest information on influenza activity, please visit the CHP's [influenza page](#) and weekly [Flu Express](#). As for vaccination, the public may call the CHP's hotline at 2125 2125 or visit the CHP's [Vaccination Schemes page](#).

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## **CHP investigates case of invasive meningococcal infection**

The Centre for Health Protection (CHP) of the Department of Health is today (January 18) investigating a case of invasive meningococcal infection, a communicable disease transmitted by direct contact with droplets from carriers or infected persons.

The case involves a 2-year-old girl with good past health, who had presented with fever and vomiting since January 11. She developed rash and convulsion on January 18 and was sent to the Accident and Emergency Department of Queen Elizabeth Hospital for medical attention and was admitted on the same day. Her clinical diagnosis was meningitis. The patient is now in a stable condition.

Her cerebrospinal fluid sample tested positive for *Neisseria meningitidis* upon laboratory testing.

Initial enquiries revealed that the patient had no recent travel history. Her home contacts have remained asymptomatic so far. The CHP's investigation is continuing.

"Meningococcal infection is caused by a bacterium known as meningococcus. It is mainly transmitted by direct contact through respiratory secretions, including droplets from the nose and throat, from infected persons. The incubation period varies from two to 10 days, and is commonly three or four days," a spokesman for the CHP said.

The clinical picture may vary. Severe illness may result when the bacteria invade the bloodstream (meningococcaemia) or the membranes that envelop the brain and spinal cord (meningococcal meningitis).

Meningococcaemia is characterised by sudden onset of fever, intense headache, purpura, shock and even death in severe cases. Meningococcal

meningitis is characterised by high fever, severe headache and stiff neck followed by drowsiness, vomiting, fear of bright light, or a rash. It can cause brain damage or even death. The brain damage may lead to intellectual impairment, mental retardation, hearing loss and electrolyte imbalance. Invasive meningococcal infections can be complicated by arthritis, inflammation of the heart muscle, inflammation of the posterior chamber of the eye or chest infection.

Meningococcal infection is a serious illness. Patients should be treated promptly with antibiotics.

To prevent meningococcal infection, members of the public are advised to take heed of the following measures:

- Wash hands with liquid soap and water properly, especially when they are dirtied by respiratory secretions, e.g. after sneezing, and clean hands with alcohol-based handrub when they are not visibly soiled;
- Cover the nose and mouth while sneezing or coughing, hold the spit with tissue, dispose of nasal and mouth discharge in a lidded rubbish bin, and wash hands immediately;
- Avoid crowded places;
- Avoid close contact with patients who have fever or severe headache;
- Travellers to high-risk areas may consult doctors for meningococcal vaccination; and
- Travellers returning from high-risk areas should seek medical advice if they become ill and should discuss their recent travel history with their doctor.

The public may visit the CHP's [website](#) for more information on meningococcal infection.

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## **CHP investigates case of severe paediatric influenza A infection and two outbreaks of influenza A at kindergartens**

The Centre for Health Protection (CHP) of the Department of Health is today (January 18) investigating a case of severe paediatric influenza A infection, as well as two influenza A outbreaks at kindergartens in Tung Chung and Fanling.

The case of severe paediatric influenza A infection involves a 4-year-old boy with good past health, who has presented with fever, cough and runny

nose since January 15 and convulsion on January 17. He attended the Accident and Emergency Department of United Christian Hospital on January 17 and was transferred to the paediatric intensive care unit of the hospital on the same day for further management. His respiratory specimen tested positive for influenza A virus upon laboratory testing. The clinical diagnosis was influenza A infection complicated with encephalopathy. He is now in a critical condition.

Initial enquiries revealed that the patient had not received seasonal influenza vaccination for the current season and had no travel history during the incubation period. His parents had upper respiratory tract infection symptoms recently. His father is now recovered while his mother has been advised to seek medical attention. Both have been in a stable condition. His other home contact has remained asymptomatic so far. The CHP's investigations are ongoing.

Regarding the outbreaks at kindergartens, the case in Tung Chung affected 12 boys and seven girls, aged 3 to 5, as well as one female staff member, who have developed fever, cough and sore throat since January 5. Nineteen of them sought medical attention. One of them required hospitalisation and was discharged upon management. They have been in a stable condition. The nasopharyngeal swab specimen of one affected student tested positive for influenza A virus upon laboratory testing.

Another case in Fanling affected eight boys and 12 girls, aged 3 to 6, who have developed similar symptoms since January 7. All sought medical attention. Two of them required hospitalisation and were discharged upon management. They have been in a stable condition. The nasopharyngeal specimens of five affected students tested positive for influenza A virus upon laboratory testing.

"The latest surveillance data indicated that the local seasonal influenza activity has continued to increase in the past two weeks and may continue to rise in the period ahead. We urged the community to continue heightening their vigilance against seasonal influenza. As young children are particularly affected in this influenza season, we appealed to parents who have not yet arranged vaccination for their children in this season to do so as soon as possible to strengthen their personal protection," a spokesman for the CHP said.

"Particularly, children, people aged 50 to 64 years, the elderly and those with underlying illnesses who have not yet received influenza vaccination this season are urged to get vaccinated as early as possible to prevent seasonal influenza as it takes about two weeks for antibodies to develop in the body after vaccination. They should promptly seek medical advice if influenza-like symptoms develop so that appropriate treatment can be initiated as early as possible to prevent potential complications. Parents and carers are reminded to render assistance in prevention, care and control for vulnerable people," the spokesman added.

Besides receiving seasonal influenza vaccination as early as possible for personal protection, the public should maintain good personal and

environmental hygiene for protection against influenza and other respiratory illnesses. For more information, please visit the CHP's [influenza page](#) and weekly [Flu Express](#).

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## Suspected MERS cases reported

The Centre for Health Protection (CHP) of the Department of Health today (January 18) reported two suspected cases 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	Male
Age	4	66
Affected area involved	Dubai, United Arab Emirates	Israel
High-risk exposure	Nil	Nil
Hospital	Princess Margaret Hospital	Princess Margaret Hospital
Condition	Stable	Stable
MERS-Coronavirus preliminary test result	Negative	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](#).