



敬啟者：

### 有關【學生感染「手足口病」】事宜

本校近日接獲家長通知，其子女經醫生診治後，證實患上「手足口病」；有關學生已向校方請假，並留在家中休息。

本校已即時按指引進行全校消毒，並於課室內擺放消毒濕紙巾供學生有需要時使用。同時，謹希望家長能多加留意 貴子弟之身體狀況，如有不適，請及早看醫生，並儘快告之本校有關情況。另一方面，亦希望各家長能夠繼續於每天早上為子女量度體溫，遇到身體不適時需戴上口罩，有需要時必須就醫及留在家中休息。

有關「手足口病」的病徵、傳播途徑、潛伏期、預防方法等資料，家長可參考附頁的內容或瀏覽衛生防護中心網頁 (<http://www.chp.gov.hk>)。如有任何疑問，歡迎致電 2404 5333 查詢。

此致  
各家長

陳進華校長敬啟

二零二三年十月十二日

## 有關「手足口」的資料

### 病原體

手足口病是一種常見於兒童的疾病，通常由腸病毒如柯薩奇病毒和腸病毒 71 型引起。腸病毒 71 型引致的手足口病備受關注，是因為它較有可能引致嚴重併發症（如病毒性腦膜炎、腦炎、類小兒麻痺癱瘓等），甚至死亡。在香港，手足口病的高峰期一般由初夏至秋季，亦有機會於冬季出現小高峰。

### 病徵

大部份患者病徵輕微並在 7 - 10 天內自行痊癒。病發初期通常會出現發燒、食慾不振、疲倦或喉嚨痛。發燒後 1 - 2 天，口腔會出現疼痛的水疱，這些水疱初時呈細小的紅點，然後會形成潰瘍。潰瘍通常位於舌頭、牙肉以及口腔的兩腮內側。另外，手掌及腳掌，甚至臀部及/或生殖器亦會出現不痕癢及有時會帶有小水疱的紅疹。手足口病患者亦可能沒有病徵，或者只出現皮疹或口腔潰瘍等病徵。患者在病發首星期最具傳染性，而病毒可在其糞便中存活數星期。

患者痊癒後，會對相應的腸病毒產生抗體，但日後仍可感染由其他腸病毒引致的手足口病。

### 傳播途徑

手足口病主要透過接觸患者的鼻或喉嚨分泌物、唾液、穿破的水疱和糞便或觸摸受染污的物件而傳播。

### 潛伏期

約 3 - 7 天。

### 治理方法

- 現時並沒有藥物治療手足口病。患者應多喝水和有充足休息，同時亦可用藥物治療徵狀，以紓緩發燒和口腔潰瘍引致的痛楚。
- 為免把病毒傳染給別人，患病的兒童應該避免上學或參加集體活動，直至所有水疱結痂。如感染是由腸病毒 71 型引致，患者完全康復（即發燒及紅疹消退，以及所有水疱結痂）後應留家休息多兩星期才回校上課。
- 父母要細心觀察兒童的病情。如出現持續高燒、神情呆滯或病情惡化等情況，患者應及早求診。

### 預防方法

現時仍未有疫苗可有效預防手足口病。因此，良好的衛生習慣最為重要：

- 保持良好個人衛生；
- 用清水及梘液洗手，尤其是：
  - 在接觸鼻和口前；
  - 進食及處理食物前；
  - 接觸水疱後；
  - 如廁後；
  - 當手被呼吸道分泌物污染時；如咳嗽及打噴嚏後；
  - 更換尿片後，及處理被污染的物件後。
- 打噴嚏及咳嗽時，用手巾或紙巾掩著口及鼻。紙巾應包裹好放入有蓋垃圾桶內。
- 不要共用毛巾或其他個人物品。
- 經常清潔和消毒常接觸的表面、如傢俬、玩具和共用物件。使用 1 比 99 稀釋家用漂白水（即把 1 份 5.25% 漂白水與 99 份清水混和）消毒，待 15 - 30 分鐘後，用水清洗並抹乾。
- 用吸水力強的即棄抹布清理可見的污物，如呼吸道分泌物、嘔吐物或排泄物，然後用 1 比 49 稀釋家用漂白水（即把 1 份 5.25% 漂白水與 49 份清水混和）消毒被污染的地方及鄰近各處，待 15 - 30 分鐘後，用水清洗並抹乾。
- 當學校或院舍爆發手足口病期間，避免集體活動。此外，應減少人手調動，盡量安排同一組員工照顧同一組學生。
- 避免與患者有親密接觸，如接吻、擁抱。

## **Hand, Foot and Mouth Disease**

### **Causative agent**

Hand, Foot and Mouth Disease (HFMD) is a common disease in children caused by enteroviruses such as coxsackieviruses and enterovirus 71 (EV71). The EV71 infection is of particular concern as it more likely associates with severe outcomes (like viral meningitis, encephalitis, poliomyelitis-like paralysis) and even death. The usual peak season for HFMD in Hong Kong is from early summer to autumn and a smaller peak may also occur in winter.

### **Clinical features**

The disease is mostly self-limiting and resolves in 7 - 10 days. It usually begins with fever, poor appetite, tiredness and sore throat. One or two days after fever onset, painful sores develop in the mouth. They begin as small red spots that blister and then often become ulcers. They are usually located on the tongue, gum, and inside of the cheeks. There may also be skin rash that is non-itchy and, some with blisters. The rash is usually located on the palms of the hands and soles of the feet; it may also appear on the buttocks and/or genitalia. A person with HFMD may not have symptoms, or may have only the rash or only mouth ulcers. The disease is most contagious during the first week of the illness and the viruses can be found in stool for weeks.

Infection will result in immunity to (protection against) the specific virus that has caused HFMD. However, a second attack of HFMD may occur following infection with a different member of the enterovirus group.

### **Mode of transmission**

The disease mainly spreads by contact with nose or throat discharges, saliva, fluid from vesicles or patients' stool, or after touching contaminated objects.

### **Incubation period**

About 3 - 7 days.

### **Management**

- There is no specific drug treatment for HFMD. Patients should drink plenty of water and take adequate rest, and may receive symptomatic treatment to reduce fever and pain from oral ulcers.
- Sick children should stay away from school or gatherings till all vesicles have dried up to avoid spreading the disease. If infection is caused by enterovirus 71, the patient is advised to stay at home for two more weeks after recovery from the disease (i.e. fever and rash have subsided, and vesicles have dried).
- Parents should monitor the child's condition closely and seek prompt medical attention if persistent high fever, decrease in alertness or deterioration in general condition develops.

### **Prevention**

There is no effective vaccine. Good hygiene practices are the mainstay of prevention:

- Maintain good personal hygiene;
- Wash hands with liquid soap and water especially:
  - before touching nose and mouth;
  - before eating or handling food;
  - after touching blister;
  - after using the toilet;
  - when hands are contaminated by respiratory secretions e.g. after coughing or sneezing;
  - after changing diapers or handling soiled articles;
- Cover both the nose and mouth with a handkerchief or tissue paper when coughing or sneezing and discard the tissue paper into garbage bins with lids;
- Do not share towels and other personal items;
- Frequently clean and disinfect touched surface such as furniture, toys and commonly shared items with 1:99 diluted household bleach (mixing 1 part of 5.25% bleach 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 neighbouring areas with 1:49 diluted household bleach (mixing 1 part of 5.25% bleach with 49 parts of water), leave for 15 - 30 minutes and then rinse with water and keep dry;
- Avoid group activities when Hand, Foot and Mouth Disease outbreak occurs in the school or institution. Besides, minimize staff movement and arrange the same group of staff to take care of the same group of children as far as possible; and
- Avoid close contact (such as kissing, hugging) with infected persons