

Press Release – Immediate Release

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10 Years after SARS – Improper Hand Washing in the Majority of HK People Coupled With a 25% Drop in Cold & Flu Sick Leave for Reducing Risk of Spreading of Germs Doctor Urges to Regain Strict Personal Hygiene Habits

Three Personal Hygiene Protective Measures – Mask Use, Hands Washing and Gargling during the Influenza Season & Emergence of a Novel SARS-like Coronavirus

March 4th 2003 marks the day SARS claimed the life of the first patient in Hong Kong. In essence, the epidemic redefined personal hygiene behaviours of Hong Kong residents. Due to the rapid spread of the disease, preventive behaviours including mask usage and hand washing were quickly and effectively adopted. However, a recent survey found that the alertness and personal hygiene behaviours of Hong Kong residents have lessened over the last 10 years.

Less than half of the respondents “wash hands, wash hands and wash hands” every day. The survey also reported a 12-percentage-point decrease in the number of respondents using face masks when having a cold or flu; and an alarming 25-percentage-point drop in workers taking sick leave to prevent the spread of germs. A Specialist in Infectious Disease warns that this is an alarming situation as public hygiene is the first line of defense against upper respiratory tract infection (URTI). He urges Hong Kong people to enhance prevention measures and stick to the three personal hygiene protective measures, “wearing masks, washing hands and gargling”.

65% Admitted Loosening in Personal Hygiene Protective Measures after SARS

The Public Opinion Programme of the University of Hong Kong (HKUPOP) conducted a survey from February 4 to 7, 2013 on “Survey on Alertness and Personal Hygiene Behaviours in HK”. This survey involved phone interviews with 513 Hong Kong residents aged 25 years old or above. 65% of the respondents thought there is a loosening in personal hygiene protective measures compared with the SARS period. Among them, 35% admitted that the change in behavior happened within 2 years after SARS was over. The main reason quoted by respondents was that, “there is no SARS in Hong Kong, not much attention is needed for just common cold and flu” (81%), followed by “can rely on the Government and the Centre of Health Protection for gatekeeping, strict personal hygiene measures imposed during the SARS period are no longer necessary” (40%); and “forgot those personal hygiene measures” (39%).

Nowadays, less than half of the respondents (44%) maintained proper hand washing behaviours (i.e. wash hands whenever returning home and before meals, wash hands with

soap/ liquid cleanser for at least 20 seconds each time), representing a drop of 18 percentage points from the situation they recalled 10 years ago (62%). There is also a 13-percentage-point decline in respondents (52%) who would wear a face mask when in contact with others while having cold & flu symptoms. In addition, there was a 25-percentage-point decrease of respondents who would take sick leave if influenza symptoms appear to avoid the spread of germs. Only 14% of respondents chose to stay at home to avoid spreading of germs now.

25 to 29 Years Old Being the Age Group With Most Significant Decline

It is alarming that the 25-29 years old age group showed the greatest declines in all three major protective measures, including washing hands, wearing face masks and taking sick leave to avoid spreading of germs.

Washing hands **SARS: 56%, present: 26%** (Dropped by 30 percentage points)

Wearing face masks **SARS: 83%, present: 53%** (Dropped by 30 percentage points)

Taking sick leave **SARS: 64%, present: 30%** (Dropped by 34 percentage points)

This age group is highly active in social activities and thus diseases can spread easily through social or work interactions.

82% of Respondents or People They Know Suffered from Cold & Flu in the Past 3 Months

Half of the respondents reported that they got used to the warnings as no major incident happened during the influenza seasons in the winters. Nonetheless, cold and flu are common in Hong Kong, 82% of interviewees or people they know reported suffering from cold & flu between Nov 2012 and early Feb 2013. Among them, 68% reported being sick more than once, there is an average frequency of being sick twice for an average of 8 days in total within 3 months.

Dr So Man Kit, Thomas, Specialist in Infectious Disease, is concerned about the findings of this survey. He pointed out that good personal hygiene protective behaviours are of utmost importance in the prevention of infectious diseases and public health. Although there have been no deadly outbreaks in Hong Kong since SARS, a novel coronavirus was identified in the Middle East late last year. Susceptible cases of human-to-human infection were found in the United Kingdom recently. The first suspected case of this novel coronavirus has also been identified in HK. The Hong Kong Government is now paying close attention to the case and it is time for Hong Kong people to increase their alertness.

Even though there were no confirmed case of novel coronavirus in Hong Kong, Dr So said that proper personal hygiene behaviours are essential to prevent other upper respiratory tract infections, including common colds and flu. The Centre of Health Protection had announced that we are now in influenza season, indicated by the increasing number of influenza cases and patients admitted to hospitals due to the infection.

Three Personal Hygiene Protective Measures - Mask Use, Hand Washing and Gargling

Dr So urges Hong Kong people to reinstate strict personal hygiene protective measures. All URTI are spread through droplets when those infected cough, sneeze or talk. In addition, infection may also spread through contact with inanimate objects laden with pathogens, thus invading the human body through the mouth, nose or eyes.

Dr So noted that, "the survey shows that many people wash their hands on returning home or before meals. However, this is not enough as washing with soap or liquid cleansers for at least 20 seconds is required. A face mask should also be used when patients experience URTI symptoms in order to avoid the spread of germs."

Apart from protecting our hands, mouth and nose, "gargling" is another personal hygiene measure as this can reduce germ count at the pharynx. Gargling can therefore prevent common colds and influenza, the most common types of URTI. Gargling complements hand washing and mask use, forming the 3 major personal hygiene protection measures.

Study: Gargling Reduces Absence Rates due to Common Cold & Influenza among Students

A study was conducted in Japan during the winter influenza season (from January to March in 1999), in which 8 middle schools were divided into two groups. Gargling was encouraged in one group, but not used in the control group. The absence rate due to common cold and influenza at the middle school where gargling was encouraged was 19.8%, a 5.7% reduction ($p < 0.05$) from the control group. The Ministry and Health and Welfare of Japan recommends gargling and hand washing after returning home for influenza prevention.

Dr So explained that many germs can be present at the pharynx. Germs and viruses attach to the epithelial cells of the pharynx. Phlegm further potentiates this sticking effect, thus increasing ones susceptibility to infection. Other secondary infections of serious consequences, such as pneumonia and middle ear infection, can also occur. Gargling with an antiseptic mouthwash with a proven killing effect on bacteria and viruses can help inhibit the attachment of germs at the pharynx. This can serve as an effective means of prevention against colds, flu and other secondary infections. Further, gargling can also soothe sore throats.

Gargle for 30 Seconds

Rinsing is different from gargling. Dr So suggested an appropriate mouthwash to rinse the mouth and pharynx (tilt your head slightly until you make bubbling sound) for at least 30 seconds. He cautions that mouthwashes may contain different antiseptic agents (including (PVP-I), (CPC) and (CHG)). The criteria for selecting mouthwashes should include effectiveness of antiseptic agent in killing viruses, bacteria and fungi, especially viruses which lead to influenza and sore throat. A mouthwash that does not kill viruses may not be effective in cold and flu prevention. Mouthwashes should be used according to products' instructions or advice from healthcare professionals.

Dr So stressed that the public be vigilant throughout the influenza season. Hong Kong residents were advised to adopt the 3 hygiene habits, including "wash hands, wash hands and wash hands", put on face masks when symptoms appear and gargle with an appropriate mouthwash, to prevent URTI including colds & flu.

Ingredients and effectiveness in common mouthwash

Antiseptic Agent	Mean reduction rate in bacteria count immediately after gargling
Povidone-iodine (PVP-I)	99.4%
Cetylpyridium Chloride Gargles (CPC)	97.0%
Chlorhexidine Gluconate (CHG)	59.9%

Organisms susceptible to PVP-I

Virus	Bacteria	Fungi
SARS Coronavirus	<i>Streptococcus pneumoniae</i>	<i>Aspergillus flavus</i>
Rotavirus	Diphtheroids	<i>Cryptococcus neoformans</i>
Influenza Type A	<i>Staphylococcus aureus</i>	
Cytomegalovirus	<i>Salmonella typhi</i>	
Poliovirus type 1	Vibrio comma	
Herpes simplex virus	<i>Pseudomonas aeruginosa</i>	
	<i>Escherichia coli</i>	
	<i>Klebsiella pneumoniae</i>	

Ref:

<http://www.info.gov.hk/gia/general/201302/23/P201302230365.htm>

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