

香港特別行政區政府  
衛生署  
香港灣仔皇后大道東 213 號  
胡忠大廈 17 及 21 樓



THE GOVERNMENT OF THE HONG KONG  
SPECIAL ADMINISTRATIVE REGION  
DEPARTMENT OF HEALTH  
WU CHUNG HOUSE, 17<sup>th</sup> & 21<sup>st</sup> FLOORS,  
213 QUEEN'S ROAD EAST, WAN CHAI  
HONG KONG

本署檔號 OUR REF: (8) in DH SEB CD/8/16/1/2  
來函檔號 YOUR REF:  
電 話 TEL.:  
圖文傳真 FAX.:

13 July 2004

Dear Doctor,

**Amendment to the Quarantine and Prevention of Disease Ordinance, Cap. 141**

The Director of Health issued an Order on 12 July 2004 to amend the First Schedule to the Quarantine and Prevention of Disease Ordinance (Cap. 141) by adding Japanese encephalitis to the list of infectious diseases specified in that Schedule. Another Order to add this disease to Form 2 of the Schedule to the Prevention of the Spread of Infectious Diseases Regulations (Cap. 141 sub. leg. B) has also been issued as a consequence of the inclusion of this disease in the list of statutorily notifiable diseases. The two Orders will come into effect on 16 July 2004 upon gazettal.

Recently there have been three local Japanese encephalitis (JE) cases confirmed in Hong Kong. This compares with two local cases in the past ten years (1994-2003). In view of this recent development, the severity of the disease, and the opportunity for effective public health intervention through early diagnosis and reporting, I hope you agree that there is a good case to make JE a statutorily notifiable disease.

Medical practitioners are required to report suspected or confirmed cases of JE to the Director of Health in accordance with Form 2 under Regulation 4 of the Prevention of the Spread of Infectious Diseases Regulations. Notification can be made directly to Central Notification Office, Centre for Health Protection at telephone number 24772772 and fax number 24772770. I enclose an updated notification form for reporting infectious disease (Form 2), which can also be downloaded from the website of Centre for Health Protection ([www.chp.gov.hk](http://www.chp.gov.hk)). A fact sheet on JE is also attached for your information.

Yours sincerely,

(Dr Thomas TSANG)  
for Director of Health

*We are committed to providing quality client-oriented service*

# Information Sheet

## Japanese Encephalitis

### Prevalence

Japanese encephalitis (JE) is an acute viral infection of the central nervous system caused by JE virus which is a flavivirus. JE is endemic in parts of China, India, Korea, Japan, South East Russian Federation, islands in the Torres Strait of Australia, Nepal, Thailand, Vietnam, Cambodia, Laos PDR, the Philippines, Taiwan, Indonesia, Malaysia, and Sri Lanka. In Hong Kong, there had been 6 human cases of Japanese encephalitis reported in the past 10 years (1994 – 2003), including 2 local cases and 4 imported cases, and the range was 0 – 2 cases per year. In 2004, as of 12 July, three local cases have been reported.

### Mode of Transmission

The virus is transmitted by the bite of infective Culicine mosquitoes. *Culex tritaeniorhynchus* is the principal vector of the disease. The mosquito becomes infected by feeding on pigs and wild birds infected with the JE virus. The infected mosquitoes then transmit the virus to humans and animals during the feeding process. The transmission reaches its dead end in human. The disease is not directly transmitted from person-to-person.

### Incubation Period

The incubation period is usually 4 to 14 days.

### Clinical Features

Mild infections may occur without apparent symptoms other than fever with headache. More severe infection is marked by rapid onset, headache, high fever, neck stiffness, stupor, disorientation, coma, tremors, convulsions (especially in infants) and paralysis. Case fatality rates range from 5% to 35%. Neurological and psychiatric sequelae are common among survivors.

### Laboratory Diagnosis

Diagnosis of JE infections can be made by serological tests, such as haemagglutination inhibition test, by demonstrating a fourfold or greater rise in antibody titres in paired sera. This test is available at the Virology Division, Public Health Laboratory Services Branch, Centre for Health Protection. It is advisable to take the first blood specimen during the acute phase and the second at 2 weeks after onset. Occasionally, it may be necessary to take a third blood specimen at 3 weeks after onset to rule out the diagnosis of JE.

### Treatment

Treatment for JE is supportive.

### Prevention

As JE is a mosquito-borne disease, measures should be taken to eliminate mosquito breeding sites and prevent mosquito bites. Vaccination is indicated mainly for persons spending 30 days or more in a rural agricultural endemic area during the transmission season. Currently one inactivated JE vaccine is licensed in Hong Kong. For initial immunization, usually two doses are administered at an interval of 1 - 2 weeks. Immunity may take one month to develop. Common reported side effects include local reactions at the injection site, and mild systemic symptoms such as headache, myalgia, gastrointestinal symptoms and fever. Further information is available in the Department of Health Travel Health Website at [http://www.info.gov.hk/trhealth/e\\_HKTHS.htm](http://www.info.gov.hk/trhealth/e_HKTHS.htm)

**FORM 2**  
**QUARANTINE AND PREVENTION OF DISEASE ORDINANCE**  
**(Cap. 141)**

**Notification of Infectious Diseases other than Tuberculosis**  
**Particulars of Infected Person**

Name in English:	Name in Chinese:	Age/Sex:	I.D. Card/Passport No.:
Address:			Telephone Number:
Place of Work/ School Attended:			Telephone Number:
Hospital(s) attended:			Hospital/A&E Number:

Disease [“✓”] below Suspected/Confirmed on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ .

<input type="checkbox"/> Acute Poliomyelitis <input type="checkbox"/> Amoebic Dysentery <input type="checkbox"/> Bacillary Dysentery <input type="checkbox"/> Chickenpox <input type="checkbox"/> Cholera <input type="checkbox"/> Dengue Fever <input type="checkbox"/> Diphtheria <input type="checkbox"/> Food Poisoning <input type="checkbox"/> Influenza A(H5) <input type="checkbox"/> Japanese Encephalitis	<input type="checkbox"/> Legionnaires' Disease <input type="checkbox"/> Leprosy <input type="checkbox"/> Malaria <input type="checkbox"/> Measles <input type="checkbox"/> Meningococcal Infections <input type="checkbox"/> Mumps <input type="checkbox"/> Paratyphoid Fever <input type="checkbox"/> Plague <input type="checkbox"/> Rabies <input type="checkbox"/> Relapsing Fever	<input type="checkbox"/> Rubella <input type="checkbox"/> Scarlet Fever <input type="checkbox"/> Severe Acute Respiratory Syndrome <input type="checkbox"/> Tetanus <input type="checkbox"/> Typhoid Fever <input type="checkbox"/> Typhus <input type="checkbox"/> Viral Hepatitis <input type="checkbox"/> Whooping Cough <input type="checkbox"/> Yellow Fever
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Notified under the Prevention of the Spread of Infectious Diseases Regulations by

Dr. \_\_\_\_\_ on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (Full Name in BLOCK Letters) (Date)

Telephone Number: \_\_\_\_\_  
 \_\_\_\_\_  
 (Signature)

Remarks:
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