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Dear Doctors,

Meningococcal cases linked to international Scout jamboree

We would like to draw your attention to the meningococcal cases linked to an international Scout jamboree held in Japan from 28 July to 8 August 2015 and to remind doctors to remain vigilant against this disease.

According to the Health Protection Scotland (HPS), there is a total of four confirmed cases of meningococcal disease associated with an international Scout jamboree, a 12-day event in Kirara-hama, Yamaguchi Prefecture, Japan. Among them, three were Scouts from Scotland who had returned from the jamboree while the fourth case is a parent of a Scout (not a case) who attended the event. The four cases have been admitted into hospital for further management. Two of the cases have been confirmed as serogroup W.

Meanwhile, according to the Public Health Agency of Sweden, there is one confirmed case of meningococcal infection and three more suspected cases are under investigation. All four were participants who have returned after attending the same event.

In this connection, the Centre for Health Protection (CHP) has contacted the Scout Association of Hong Kong (SAHK). According to SAHK, about 600 Hong Kong contingent members had attended the event. The CHP will continue to closely monitor the situation.

Locally, as of 18 August, a total of five confirmed cases of invasive meningococcal infection was reported to the CHP this year. None of them were related to the event. Five cases were recorded in 2014 and three in 2013.



Meningococcal infection is caused by a bacterium *Neisseria meningitidis*, also 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 ten days, and is commonly three

to four days.

The clinical picture may vary. Severe illness may result when the bacteria invade the bloodstream causing meningococcaemia or the meninges that envelop the brain and spinal cord causing 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, photophobia or 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, myocarditis, and inflammation of the posterior chamber of the eye or chest infection. Meningococcal infection is a serious illness. Patients should be treated promptly with antibiotics. Close contacts of confirmed case should also be put under medical surveillance for early signs of disease and offered chemoprophylaxis as appropriate.

Meningococcal infection is a notifiable disease in Hong Kong and any suspected cases, especially those who are linked with this international Scout jamboree in Japan, should be reported to Central Notification Office (CENO) of the CHP by fax (2477 2770), by phone (2477 2772), or via the CENO On-line website (<http://www.chp.gov.hk/ceno>). Please also call Medical Control Officer at 7116 3300 a/c 9179 outside office hour for prompt investigation. Please arrange hospital admission for further patient management as necessary.

Thank you for your continuous support in combating infectious diseases in Hong Kong.

Yours faithfully,



(Dr. SK CHUANG)

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