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Dear Doctor,

The first imported case of Zika Virus Infection in 2017

We would like to draw your attention to the first confirmed case of imported Zika Virus Infection (ZVI) reported this year in Hong Kong today and to remind doctors to remain vigilant against this disease.

The patient was a 31-year-old woman who lives in Fortune Plaza, Tai Po. She presented with headache, mild sore throat, nausea and vomiting since 21 April 2017 and developed generalised skin rash since 23 April 2017. She consulted a general practitioner at Tai Po on 22 April 2017; attended the Accident and Emergency Department of Alice Ho Miu Ling Nethersole Hospital (AHNH) on 24 April 2017 and was admitted on the same day. Her urine sample taken on 25 April 2017 was tested positive for Zika virus RNA today by the Public Health Laboratory Services Branch (PHLSB) of the Centre for Health Protection (CHP). The patient was stable all along and was put under isolation in a vector free (mosquito-free) environment in AHNH for further management.

The patient had travelled with her family to Ecuador and Peru on 8 April 2017 and returned to Hong Kong on 21 April 2017. Her travel collaterals have remained asymptomatic so far. According to the World Health Organization (WHO), these two countries are classified under Category 1 which are areas with new introduction or re-introduction with ongoing transmission of ZVI. The case is therefore regarded as an imported infection. After arrival in Hong Kong at the Hong Kong International Airport and before admission to hospital, she mainly stayed near her residence. Investigation is ongoing.



ZVI is a mosquito-borne disease caused by Zika virus. Most ZVI is asymptomatic. The symptoms of ZVI include skin rash, fever, conjunctivitis, muscle

or joint pain and general malaise. These symptoms are usually mild and last for a few days. The current major concern is the association with adverse pregnancy outcome (microcephaly) and neurological and autoimmune complications such as Guillain-Barré syndrome (GBS). WHO has concluded that ZVI during pregnancy is a cause of congenital brain abnormalities, including microcephaly, and that Zika virus is a trigger of GBS.

We would like to take this opportunity to remind all doctors again that blood and urine tests are advised for those clinically suspected of ZVI, in particular those with travel history to areas with ongoing Zika virus transmission (affected areas) (http://www.chp.gov.hk/en/view_content/43209.html). Please report **confirmed** cases immediately to the Central Notification Office (CENO) of Centre for Health Protection (CHP) via fax (2477 2770) using the reporting form, phone (2477 2772) or CENO On-line (https://cdis.chp.gov.hk/CDIS_CENO_ONLINE/ceno.html). If you report any case outside office hours, please call our Medical Control Officer at 7116 3300 a/c 9179 for prompt investigation. Apart from confirmed cases in any individuals, you are also reminded to report **probable cases in pregnant women or infants with clinical features suggestive of congenital ZVI** to CHP for further investigation.

Please draw the attention of the healthcare professionals and supporting staff in your institution/ working with you to the above. Thank you for your unfailing support in prevention and control of communicable diseases.

Yours faithfully,



(Dr. SK CHUANG)

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