監測及流行病學處

衞生防護中心
Centre for Health Protection
保障市民健康
Protecting Hong Kong's health

Surveillance
And
Epidemiology
Branch

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Dear Doctor,

First case of Japanese encephalitis in 2017

The Centre for Health Protection (CHP) of the Department of Health writes to alert you the first case of Japanese encephalitis (JE) recorded in 2017. The patient is a 69-year-old man with underlying illnesses. He lives in Tseung Kwan O, Sai Kung District. According to his family, he developed headache, dizziness and nausea on 29 May 2017. He attended the Accident and Emergency Department of Tseung Kwan O Hospital (TKOH) on 30 May 2017 and was subsequently admitted for management. He developed fever since 31 May 2017. His condition deteriorated on 1 June 2017 and was transferred to the Intensive Care Unit for further management. The cerebrospinal fluid (CSF) specimen collected on 1 June 2017 and serum specimen collected on 6 June 2017 were tested positive for IgM antibodies against JE. He is now in critical condition. Although the patient had very brief travel history during the incubation period, based on epidemiological investigation findings so far, the case is managed as a local case at this stage as a precautionary measure. According to the information from Agriculture, Fisheries and Conservation Department, there is no pig farm within two kilometres of the residence of the patient.

JE is a viral disease transmitted by the bite of infective mosquitoes. The principal type of mosquito that transmits the disease is called *Culex tritaeniorhynchus* which breeds in water-logged fields, surface drainage channels, ponds, disused large water containers and sand pits. The mosquitoes become infected by feeding on pigs and wild birds infected with JE virus. Besides being widely distributed in rural areas, the vectors have also been found in urban areas in Hong Kong. The disease is not directly transmitted from person to person.

The incubation period of JE is usually 4 to 14 days. Mild infections may occur without apparent symptoms other than fever with headache. More severe infection is marked by quick onset of headache, high fever, neck stiffness, impaired

mental state, coma, tremors, convulsions (especially in children) and paralysis. The case-fatality rate can be as high as 30% among those with symptoms. Of those who survive, 20%–30% suffer permanent intellectual, behavioural or neurological problems such as paralysis, recurrent seizures or inability to speak. To prevent contracting the disease, one should take general measures to prevent mosquito bites. For more information on JE, please visit our website at http://www.chp.gov.hk/en/content/9/24/28.html.

If you encounter patients with signs and symptoms suggestive of JE, please report to the Central Notification Office (CENO) of CHP via fax (2477 2770), phone (2477 2772) or CENO On-line (https://cdis.chp.gov.hk/CDIS_CENO_ONLINE/ceno.html).

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,

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