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

本署檔號 Our Ref. : (108) in DH SEB CD/8/97/1 Pt.2

5 February 2016

Dear Medical Superintendent,

Updated health advice on Zika Virus Infection

Further to the letter dated 1 February 2016, I write to provide some updates in relation to Zika Virus Infection.

The World Health Organization convened an Emergency Committee on 1 February 2016 and advised that the recent cluster of microcephaly cases and other neurological disorders reported in Brazil, following a similar cluster in French Polynesia in 2014 constitutes a Public Health Emergency of International Concern. The experts agreed that a causal relationship between Zika infection during pregnancy and microcephaly is strongly suspected, though not yet scientifically proven. At present the most important protective measures are the control of mosquito populations and the prevention of mosquito bites in at-risk individuals, especially pregnant women.

As most Zika Virus Infection is asymptomatic and spread of virus through blood transfusion and sexual contact have been reported, we have updated our health advice as follows.

1. To prevent mosquito borne diseases, wear loose, light–coloured, long-sleeved tops and trousers, and use DEET- containing insect repellent on exposed parts of the body and clothing. Take additional preventive measures when going outdoor activities:
   - Avoid using fragrant cosmetics or skin care products;
   - Re-apply insect repellents according to instructions.

2. Special notes when travelling abroad:
   - If going to affected areas or countries, travellers, **especially people**

香港九龍亞皆老街 147C 號 3 樓
3/F, 147C Argyle Street, Kowloon, Hong Kong

with immune disorders or severe chronic illnesses, should arrange a consultation with doctor at least 6 weeks before the trip, and to have extra preventive measures to avoid mosquito bite;

- During the trip, if travelling in rural affected areas, carry a portable bed net and apply permethrin (an insecticide) on it. Permethrin should NOT be applied to skin. Seek medical attention as early as possible if feeling unwell;
- Travellers who return from affected areas **should apply insect repellent for 14 days after arrival to Hong Kong**. If feeling unwell e.g. having fever, should seek medical advice as soon as possible, and provide travel details to doctor.

3. Special notes for pregnant women and women preparing for pregnancy:
   - **Pregnant women and women preparing for pregnancy should consider deferring their trip to affected areas.** Those who must travel to any of these areas should seek medical advice from their doctor before the trip, adopt contraception if appropriate, strictly follow steps to avoid mosquito bites during the trip, and consult and reveal their travel history to their doctor if symptoms develop after the trip;
   - Women preparing for pregnancy are advised to continue to **adopt contraception for 28 days** after returning from these areas.

4. Special notes for prevention of sexual transmission*:

   If a female partner is at risk of getting pregnant, or is already pregnant, **condom use** is advised for a male traveller:
   - for 28 days after his return from an active Zika transmission area if he had no symptoms of unexplained fever and rash;
   - for 6 months following recovery if a clinical illness compatible with Zika Virus Infection or laboratory confirmed Zika Virus Infection was reported.

   **This is a precaution and may be revised as more information becomes available. Individuals with further concerns regarding potential sexual transmission of Zika virus should contact their doctor for advice.*

As the scientific evidence of the disease is evolving, please refer to the CHP's dedicated mini web http://www.chp.gov.hk/en/view_content/43086.html for latest information and health advice.

For information about the latest epidemiology of the disease and the updated

travel health information on Zika virus transmission, please visit the following websites:

- Pan American Health Organization (PAHO)/ World Health Organization (WHO):
http://www.paho.org/hq/index.php?option=com_content&view=article&id=11603&Itemid=41696&lang=en
- the US Centers for Disease Control and Prevention (CDC):
http://www.cdc.gov/zika/geo/index.html
- the European Centre for Disease Prevention and Control (ECDC):
http://ecdc.europa.eu/en/healthtopics/zika_virus_infection/zika-outbreak/Pages/Zika-information-travellers.aspx
- Travel Health Service of the Department of Health (DH)
http://www.travelhealth.gov.hk/eindex.html

I would also like to remind with effect from **today (5 February 2016)**, "Zika Virus Infection" (寨卡病毒感染) has been added to the list of infectious diseases specified in Schedule 1 to Cap. 599. For travellers returning from areas with ongoing Zika virus transmission (affected areas) and present with compatible clinical picture which cannot be explained by dengue fever, chikungunya fever or other medical conditions, please consider further investigations of Zika Virus Infection. Laboratory tests can be arranged with the Public Health Laboratory Services Branch for a clinical suspected case.

Please report **confirmed** cases (Appendix I) immediately to the Central Notification Office (CENO) of CHP, DH via fax (2477 2770) using the reporting form attached (Appendix II), phone (2477 2772) or CENO On-line (https://cdis.chp.gov.hk/CDIS_CENO_ONLINE/ceno.html). The reporting form and the case definition are also available on CENO On-line website. If it is outside office hour, please also call our Medical Control Officer at 7116 3300 a/c 9179 for prompt investigation, isolation and treatment.

Yours faithfully,

(Dr. SK CHUANG)
for Controller, Centre for Health Protection
Department of Health

Appendix I

Zika Virus Infection

(Last updated on 5 February 2016)

Description

Symptoms of Zika Virus Infection are similar to those of dengue fever and chikungunya fever. Symptomatic Zika Virus Infections are characterised by a febrile illness accompanied by maculopapular rash and/or, arthralgia, non-purulent conjunctivitis or conjunctival hyperemia, myalgia, headache or malaise. Less commonly, there may be retro-orbital pain, anorexia, vomiting, diarrhoea and abdominal pain.

There are cases reported to have neurological complications including Guillain–Barré syndrome (GBS), meningitis, meningoencephalitis and myelitis.

Though a causal association between Zika Virus Infection during pregnancy and adverse pregnancy outcomes has yet to be established, there have been reports of congenital microcephaly in babies of mothers who were infected with Zika virus while pregnant. Zika Virus Infections have also been confirmed in several infants with microcephaly.

Laboratory criteria

Any one of the following:

- Detection of Zika virus by nucleic acid testing or virus isolation
- Demonstration of seroconversion or a four-fold or greater rise in antibody titres against Zika virus in acute and convalescent serum samples

Confirmed case

A clinically compatible illness with laboratory confirmation.

Probable case

A clinically compatible case where laboratory test results cannot confirm or rule out recent infection.

FORM 2

PREVENTION AND CONTROL OF DISEASE ORDINANCE **Appendix II**

(Cap. 599)

Notification of Infectious Diseases other than Tuberculosis

Particulars of Infected Person

Name in English:	Name in Chinese:	Age / Sex:	I.D. Card / Passport No.:
Residential address:			Telephone No. (Home): (Mobile): (Office / school / others):
Name and address of workplace / school:			
Job title / Class attended:			
Hospital / Clinic sent to (if any):			Hospital / A&E No.:

Disease ["✓"] below Suspected / Confirmed on _____ / _____ / _____ (Date: dd/mm/yyyy)

☐ Acute poliomyelitis	☐ *Haemophilus influenzae* type b infection (invasive)	☐ Rubella and congenital rubella syndrome
☐ Amoebic dysentery	☐ Hantavirus infection	☐ Scarlet fever
☐ Anthrax	☐ Invasive pneumococcal disease	☐ Severe Acute Respiratory Syndrome
☐ Bacillary dysentery	☐ Japanese encephalitis	☐ Shiga toxin-producing *Escherichia coli* infection
☐ Botulism	☐ Legionnaires' disease	☐ Smallpox
☐ Chickenpox	☐ Leprosy	☐ *Streptococcus suis* infection
☐ Chikungunya fever	☐ Leptospirosis	☐ Tetanus
☐ Cholera	☐ Listeriosis	☐ Typhoid fever
☐ Community-associated methicillin-resistant *Staphylococcus aureus* infection	☐ Malaria	☐ Typhus and other rickettsial diseases
☐ Creutzfeldt-Jakob disease	☐ Measles	☐ Viral haemorrhagic fever
☐ Dengue fever	☐ Meningococcal infection (invasive)	☐ Viral hepatitis
☐ Diphtheria	☐ Middle East Respiratory Syndrome	☐ West Nile Virus Infection
☐ Enterovirus 71 infection	☐ Mumps	☐ Whooping cough
☐ Food poisoning	☐ Novel influenza A infection	☐ Yellow fever
Number of persons known to be affected: ____	☐ Paratyphoid fever	☐ Zika Virus Infection
Place and district of consumption (e.g. "XX Restaurant in Mongkok"):	☐ Plague	
_____	☐ Psittacosis	
_____	☐ Q fever	
_____	☐ Rabies	
_____	☐ Relapsing fever	
Date of consumption: _____		

Notified under the Prevention and Control of Disease Regulation by

Dr. _____ of _____Hospital / Clinic / Private Practice
(Full Name in BLOCK Letters)

_____Ward / Unit / Specialty on _____ / _____ / _____ (Date: dd/mm/yyyy)

Telephone No.: _____ Fax No.: _____ _____
(Signature)

Remarks: