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Dear Medical Superintendent,

Second local case of Japanese encephalitis in 2017

The Centre for Health Protection (CHP) of the Department of Health writes to alert you the second local case of Japanese encephalitis (JE) recorded in 2017. The patient is a 38-year-old man with good past health and lives in Tin Shui (I) Estate of Tin Shui Wai. He developed fever and headache since 18 June 2017. He attended the Accident and Emergency Department of Tuen Mun Hospital (TMH) on 28 June 2017 and was admitted for management. The clinical diagnosis was encephalitis. The cerebrospinal fluid specimen and serum specimen collected on 28 June 2017 were tested positive for IgM antibodies against JE. He is now in stable condition. There was no travel history outside Hong Kong during the incubation period. According to information from the Agriculture, Fisheries and Conservation Department, there are two pig farms within two kilometres of the residence of the patient. This is the second local JE case recorded in 2017. The first case was recorded on 9 June 2017 and the patient lived in Tseung Kwan O, Sai Kung District. So far no epidemiological linkage has been found between these two cases.

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% to 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,



(Dr. S.K. CHUANG)

for Controller, Centre for Health Protection
Department of Health