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Communicable Diseases Watch

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衞生防護中心 Centre for Health Protection

衞生署 Department of Health

Situation of Chikungunya Fever in Hong Kong in 2025

A Review of Global and Local Situation of Psittacosis

Global Disease Snapshot

Highlights on infectious diseases and events, week 44 - 47:

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- Seminar on Pet-related and Emerging Zoonotic Infections
- Interdepartmental Exercise "Amethyst" on Ebola Disease
- A local case of severe Community-associated Methicillin-resistant *Staphylococcus aureus* (CA-MRSA) infection
- A local case of listeriosis
- A local case of whooping cough

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Feature in focus

Situation of Chikungunya Fever in Hong Kong in 2025

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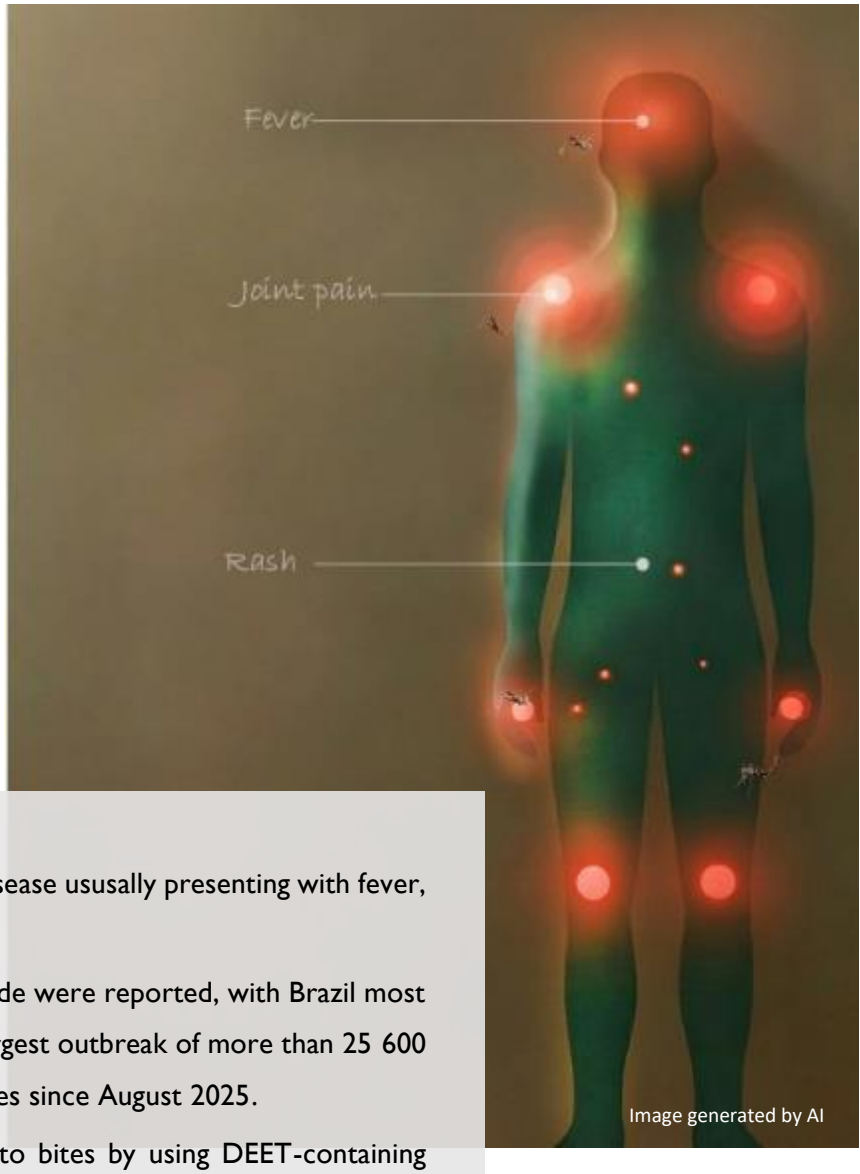

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Key Points

- Chikungunya fever is a mosquito-borne disease ususally presenting with fever, rash, and severe joint pain.
- By late 2025, over 445 000 cases worldwide were reported, with Brazil most affected and Guangdong seeing China's largest outbreak of more than 25 600 cases, while Hong Kong confirmed 70 cases since August 2025.
- The public is advised to prevent mosquito bites by using DEET-containing repellents, wearing protective clothing, and maintaining mosquito control measures.

Background

Chikungunya fever (CF) is a mosquito-borne viral disease caused by the chikungunya virus (CHIKV), first identified in Tanzania in 1952. The term "chikungunya," meaning "to become contorted" in the Kimakonde language of southern Tanzania, describes the characteristic stooped posture of patients afflicted by its hallmark symptom of severe joint pain. Symptoms typically appear three to eight days after the bite of an infected mosquito. Most symptomatic patients experience an acute onset of fever and debilitating joint pains involving small joints of the wrists, hands, ankles, and feet, although larger joints such as the knees and shoulders may also be affected. Other symptoms include rash, myalgia, headache, malaise and conjunctivitis.

The article provides an update on the global and local situation of CF.

Global situation

According to the World Health Organization (WHO), autochthonous CHIKV transmission has been recorded in 119 countries and territories across Asia, Africa, Europe and the Americas[1], exposing about 5.5 billion people to the risk of infection[2].

Global warming has caused the breeding range of *Aedes* mosquitoes to expand from tropical and subtropical areas to temperate regions. In addition, genetic mutations in CHIKV in recent years have increased the efficiency of *Aedes albopictus* in transmitting this virus, thereby leading to the spread of CF in multiple countries/regions worldwide in recent years.

Since the beginning of 2025, and as of September 30, a total of 445 271 CF cases and 155 related deaths have been reported in 40 countries/territories worldwide[3]. While some regions have reported fewer cases than in 2024, others are experiencing marked increases. The Region of the Americas is most affected, with Brazil alone accounting for 96% of the global cases and deaths. Significant outbreaks are also ongoing in the European Region (primarily French overseas territories), South-East Asia, and the Western Pacific.

According to the WHO's latest risk assessment dated October 3, 2025[4], this spread is attributable to multiple factors, including the expanded geographic range of *Aedes* mosquitoes due to climate change and global transportation networks; introduction of the virus into new areas by infected travellers; and a lack of immunity in previously unaffected populations. The WHO assesses the risk of further global spread as significant and emphasises that strengthening disease surveillance, vector control, and public health preparedness is essential to mitigate the threat.

Situation in Guangdong Province and Macao SAR

CF was rarely reported in Guangdong Province before the current outbreak. Two local outbreaks were documented previously in Guangdong: one in Dongguan City in 2010 affecting 282 cases, and the other in Foshan City in 2019 involving four cases. Both outbreaks were import-related[5].

In mid-July 2025, the Guangdong Provincial Disease Control and Prevention Administration reported an import-related outbreak of CF in Shunde District of Foshan City, initially involving nearly 500 local cases[6]. Since then, other districts of Foshan City as well as other cities in Guangdong Province have also reported cases[7]. While the outbreak in Foshan City has been put under control since late August, there was a resurgence of cases in Jiangmen City in mid-September[8]. Subsequent to intensive control measures, the number of new cases recorded in Jiangmen City has been decreasing since mid-October[9]. By mid-November, the outbreak in Guangdong Province have been largely controlled with only a low level of sporadic cases reported. The latest data shows that the number of cases in Guangdong Province has decreased to 43 cases in the week of November 16 - 22, 2025.

The current outbreak in Guangdong Province is the largest documented CF outbreak in China to date[10]. As of November 22, 2025, more than 25 600 cases have been reported in this outbreak. Foshan City and Jiangmen City were the most affected, constituing about 42% (10 861 cases) and 40% (10 372 cases) of Guangdong Province's cases respectively. Apart from Foshan City and Jiangmen City, 19 other cities in Guangdong Province had reported 4 414 cases (Figure 1). All were mild cases without deaths.

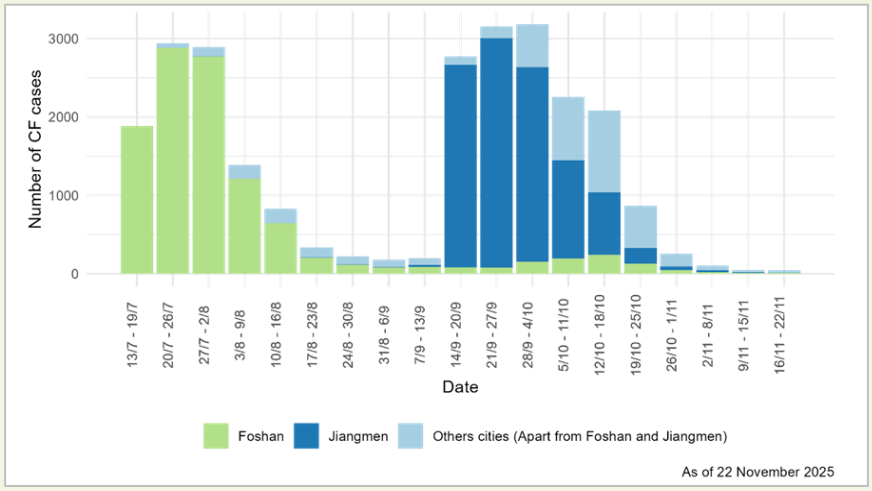


Figure 1 – Weekly number of CF cases recorded in Guangdong Province since July 2025 (as of November 22).

Similar to Hong Kong, Macao SAR has also recorded a marked increase in CF cases since August 2025. As of November 25, a total of 45 CF cases have been reported so far this year, including 37 imported and eight local cases (including a cluster in a construction site)[11]. Among the 37 imported cases, 35 had travel history to Chinese Mainland (including 34 to Guangdong and one to Guangxi during the incubation period), while the remaining two had travelled to the Philippines and Sri Lanka respectively.

Local situation in Hong Kong

From 2016 to 2019, between one and 11 CF cases were recorded in Hong Kong each year, all of which were imported cases. There have been no CF cases in Hong Kong from 2020 to July 2025.

Since August 2025 (as of November 23), the Centre for Health Protection (CHP) of the Department of Health (DH) has recorded 70 CF cases (including 64 imported cases and six local cases) (Figure 2). The increase in imported cases was associated with the upsurge of CF activity in Guangdong Province. Moreover, the weekly number of CF cases imported from Guangdong Province closely correlated with the reported case numbers there.

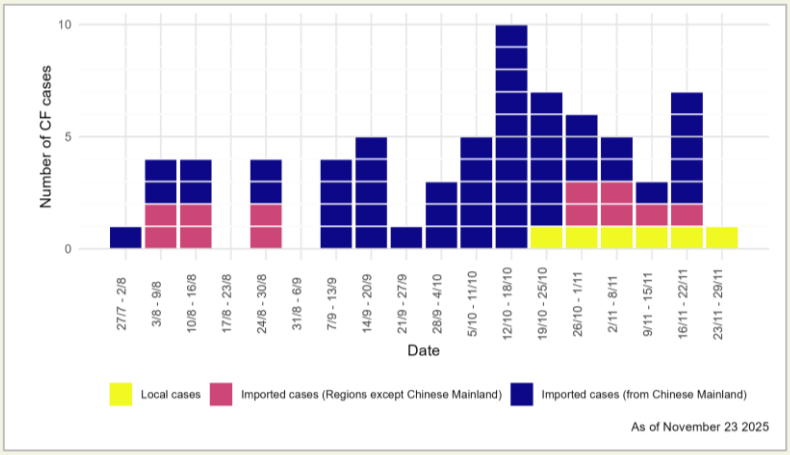
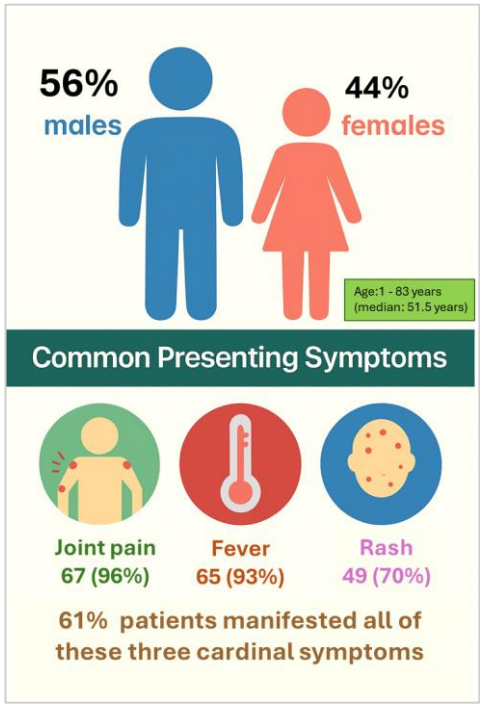
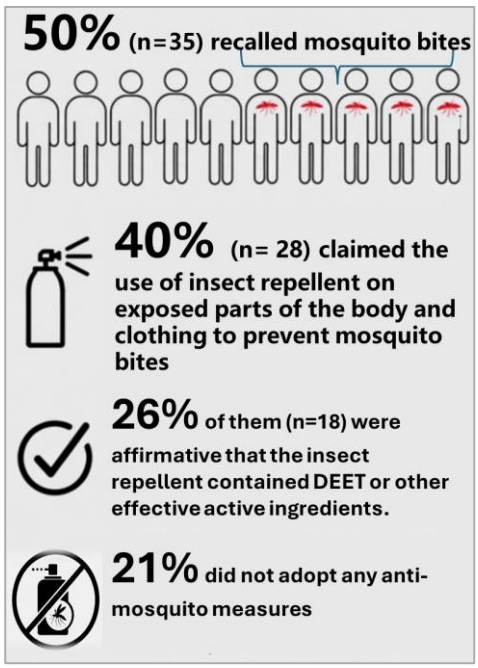


Figure 2 – Weekly number of CF cases recorded in Hong Kong since August 2025 (as of November 23).

The 70 cases involved 39 males and 31 females, with ages ranging from one to 83 years (median: 51.5 years). The most common presenting symptoms included joint pain (67, 96%), fever (65, 93%), and rash (49, 70%). Sixty-three patients (90%) presented with fever and joint pain, while 43 patients (61%) manifested all three cardinal symptoms (fever, rash and joint pain). The most frequently affected joints included finger and hand joints (40, 57%), knees (33, 47%), ankles (22, 31%), elbows (19, 27%), wrists (18, 26%), toes and feet joints (15, 21%) and shoulders (4, 6%). In 87% of the cases with joint pain, joint involvement were bilateral. Other presenting symptoms included myalgia (20, 29%), headache (18, 26%) and malaise (16, 23%).



All cases were laboratory-confirmed by reverse transcription polymerase chain reaction (RT-PCR). Among them, 68 patients (97%) required hospitalisation. The two patients who were not admitted were afebrile upon arrival in Hong Kong and were therefore considered non-infectious to local mosquitoes; hence, hospitalisation was deemed not necessary. All infections were mild except for one fatal case involving a 77-year-old Chinese male with underlying illnesses and a travel history to Guangzhou City before symptom onset. The clinical diagnosis was CF complicated by multi-organ failure.



Only half of the cases (35, 50%) recalled mosquito bites. Out of the 70 cases, 28 patients (40%) reported using insect repellent on exposed parts of the body and clothing to prevent mosquito bites. However, only 18 of them confirmed that the insect repellent contained diethyltoluamide (DEET) or other effective active ingredients. Fifteen patients (21%) did not adopt any anti-mosquito measures.

Among the 64 imported cases, 51 patients (80%) had travel history to Guangdong while one case had history of travel to Guangxi during the incubation period. The remaining patients had travel history to Bangladesh (5), India (2), Indonesia (2), Cuba (1), Sri Lanka (1), Cuba and Mexico (1).

Among the 70 cases, six were locally acquired CF infections. There were two local clusters, each involving two cases: one in Wong Tai Sin in late October and another in Tsing Yi in mid-November. The remaining two were sporadic cases in Sau Kei Wan and Tsing Yi, respectively. For each of the clusters, genomic sequencing confirmed that the two cases within the cluster were identical, indicating a common source of infection, but they were different from other cases. The viruses from the sporadic cases Kwai Tsing and Shau Kei Wan were genetically distinct from each other and from the two clusters but closely related to the viruses detected in imported cases from Chinese Mainland.

Response and control measures in Hong Kong

The CHP attaches great importance to protecting public health and preventing the disease from becoming established locally. Early detection of imported cases and targeted anti-mosquito measures in the places visited by the patients during their infectious periods are crucial to minimise the risk of onward transmission. Upon notification of each CF case, the CHP promptly conducts epidemiological investigations. Relevant findings, including the patient's residential address and local movements during the infectious periods, are conveyed to the Food and Environmental Hygiene Department (FEHD) for enhanced vector surveillance and targeted anti-mosquito operations to eliminate breeding sites and reduce the risk of local transmission. The FEHD collected *Aedes albopictus* mosquito samples from places visited by patients and submitted them to the Public Health Laboratory Services Branch (PHLSB) of the CHP for testing on CHIKV. From October to November 2025, all 67 samples received by the PHLSB were tested negative for CHIKV.

For local cases, the CHP conducts active case finding in affected areas to determine the extent of transmission and prevent further spread in the community. Measures included door-to-door visits (Figure 3), questionnaire surveys, operation of temporary health consultation booths offering on-site blood testing (Figure 4), and setting up a dedicated enquiry hotline. Epidemiological findings were promptly shared with the FEHD, which then carried out vector surveys and implemented intensive and targeted anti-mosquito control measures in the vicinity of affected areas.

Public engagement and community awareness activities were conducted in collaboration with the Home Affairs Department. In addition, the CHP has strengthened public education and publicity on CF and its preventive measures through various communication channels. Territory wide anti-mosquito measures have also been strengthened by various government departments and organisations in responses to detection of these local cases.

Figure 3 – CHP staff conducted active case finding through door-to-door visits for investigation of a local CF case on November 13, 2025.

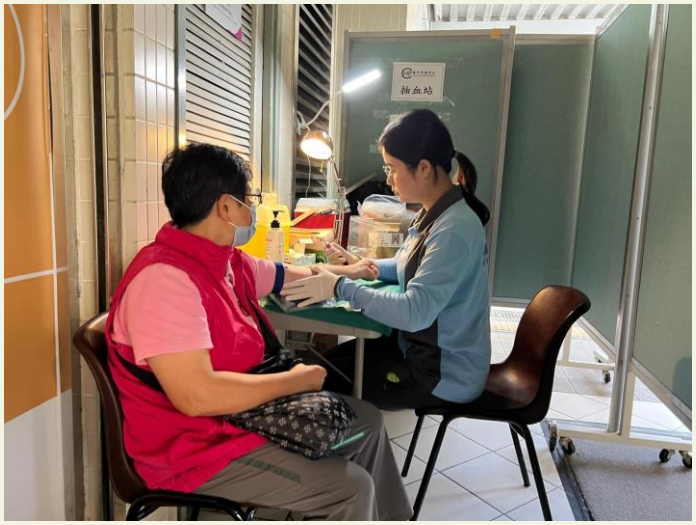


Figure 4 – CHP staff conducted blood tests on individuals with mild symptoms at health consultation booth.

Risk assessment

Although the Northern Hemisphere is approaching winter, temperatures may still remain higher than usual due to climate change. With CF continuing to spread in tropical regions, members of the public are advised to take precautions when travelling to affected areas. Locally, as the weather turns cooler and rainfall decreases, mosquito activity and breeding are expected to drop significantly. Combined with effective anti-mosquito measures implemented by the FEHD and other government departments, the risk of local transmission of CF is expected to decrease.

Prevention of chikungunya fever

No CF vaccine is currently registered for use in Hong Kong. The most effective preventive measure is avoiding mosquito bites and controlling mosquito proliferation. Members of the public are advised to adopt personal protective measures and mosquito control practices both locally and when travelling outside of Hong Kong. Recommended measures include:

- Using insect repellents containing DEET or other effective active ingredients properly to prevent mosquito bites;
- Wearing loose, light-coloured, long-sleeved tops and trousers;
- Using mosquito screens or nets when rooms are not air-conditioned.

Travellers returning from areas affected by CF should continue applying insect repellent for 14 days after arrival in Hong Kong. Thos who develop symptoms should seek medical advice promptly and inform their doctor of their recent travel details to facilitate early diagnosis, appropriate medical management, epidemiological investigation and timely control actions. For more information, please (https://www.chp.gov.hk/en/healthtopics/content/24/6122.html).

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Feature in focus

A Review of Global and Local Situation of Psittacosis

Reported by Dr Jasmine CHAN, Medical and Health Officer, Respiratory Disease Section, Surveillance Division, Communicable Disease Branch, CHP

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Key Points

- Psittacosis (parrot fever) is caused by *Chlamydia psittaci*, mainly transmitted from birds to humans (pet parrots, cockatiels, poultry). Humans are infected via inhalation of dried droppings, secretions, or feather dust.
- Common symptoms include fever, cough, headache, muscle aches, and pneumonia in severe cases which are treatable with antibiotics.
- The disease is endemic in Asia-Pacific (Australia, Japan, China, etc.) with sporadic outbreaks in Europe.
- Preventiuon measures includes maintaining personal and environmental hygiene, washing hands after handling birds or their droppings, avoiding close contact with sick birds.

Introduction

Psittacosis, commonly known as parrot fever, is an infectious disease caused by the bacterium *Chlamydia psittaci (C. psittaci)*. This pathogen primarily affects birds, which serve as the main reservoir for the disease. Humans typically contract psittacosis through inhalation of aerolised particles containing *C. psittaci* from dried droppings, respiratory secretions, or feather dust of infected birds. The condition can affect individuals of any age.

While all bird species have the potential to transmit the disease to humans, pet birds (e.g., parrots, cockatiels, parakeets, macaws) and poultry (e.g., turkeys and ducks) are the most common sources of infection. Infected birds may not always display symptoms, yet they remain capable of spreading the infection. Persons with frequent contact with pet birds or poultry, particularly those in bird-related industries, are at an increased risk. The disease is not normally transmitted from person to person.

In humans, the incubation period typically ranges from five to 14 days, but it may extend up to four weeks. Psittacosis commonly presents with fever, chills, headache, dry cough, muscle aches, and shortness of breath. Severe cases can progress to pneumonia. Complications such as encephalitis, endocarditis, myocarditis, hepatitis and sepsis occur occasionally. Psittacosis can be treated effectively with appropriate antibiotics.

Global situation

Psittacosis is a zoonotic disease found worldwide. Its annual incidence varies significantly by location and time, with the number of cases fluctuating from year to year with periodic outbreaks. While psittacosis is a notifiable disease in some countries, it has not been classified as such in most developing countries. Furthermore, the disease is likely underdiagnosed globally due to its non-specific symptoms and diagnostic challenges, contributing to underreporting. As a result, current global case numbers for psittacosis are likely significantly underestimated.

Psittacosis is endemic in parts of the Asia-Pacific region. In Australia, 1 687 notifications of psittacosis were reported between 2001 and 2014, with an average annual incidence of 0.5 cases per 100 000 population. Males were more commonly affected and notification rates were highest among people aged 40 years or above. Some cases reported only indirect contact with birds, such as seeing birds and their excreta in the local environment[1]. Between 25 and 65 cases of psittacosis were reported annually from 2020 to October 2025[2].

In Japan, 129 cases were reported from April 2006 to March 2017, with a slight male predominance. The median age was 62 years for men and 50.5 years for women. Among the 110 cases with a confirmed or presumed animal source, parakeets and pigeons were the most frequently identified suspected sources of infection[3].

Psittacosis is generally less common in Western countries. In the United States, the Centers for Disease Control and Prevention has received fewer than 10 reports of psittacosis cases per year since 2010[4]. In England, typically fewer than 10 PCR-confirmed cases are reported annually, ranging from zero to seven cases each year between 2020 and 2023[5].

Outbreaks of psittacosis have been reported occasionally. In 2023 and early 2024, five European countries—Austria, Denmark, Germany, Sweden, and the Netherlands—reported a combined total of more than 100 cases of psittacosis, with five deaths (four in Denmark and one in the Netherlands). Most cases involved exposure to wild and/or domestic birds[6]. An analysis of outbreaks from 1946 to 2022 across 13 countries, involving 4 158 exposed individuals, revealed an infection prevalence of 27.7% among those exposed and a case-fatality rate of approximately 1.8%[7].

Psittacosis is emerging as a public health concern in Chinese Mainland. A recent increase in cases and clusters has been observed across various provinces, with most cases (61.6%) occurring in the southeastern region. At the national level, psittacosis incidence has shown distinct seasonal patterns, peaking in autumn and winter. However, regional differences have been observed, with southern provinces showing the highest rates in autumn and winter, while other areas experience peaks predominantly in spring and summer. Notably, the off-peak season consistently occurs in winter in the northwestern and Qinghai-Tibet regions. These seasonal variations may be related to the migratory patterns of birds, demonstrating that psittacosis is geographically widespread in Chinese Mainland[8].

In Guangdong Province, the incidence of psittacosis has been increasing, rising from two cases annually during 2019–2020 to 229 cases in 2024. Males are more commonly affected than females, with ages ranging from three to 93 years (median: 58 years). Incidence rates were higher in the 50–60 and 60–70 age groups compared to other age groups. A majority of cases had poultry exposure, primarily with chickens, parrots, and ducks, through contact at markets or during breeding[9].

Local situation

In Hong Kong, psittacosis has been listed as a statutory notifiable infectious disease under the Prevention and Control of Disease Ordinance (Chapter 599) since July 14, 2008. From 2020 to October 2025, the Centre for Health Protection (CHP) of the Department of Health (DH) recorded a total of 81 cases of psittacosis, with 10 to 21 cases reported annually (Figure 1). Of these 81 cases, 54 were males and 27 were females, with ages ranging from 36 to 89 years (median: 65 years). Seventy-three cases (90%) were classified as locally acquired.

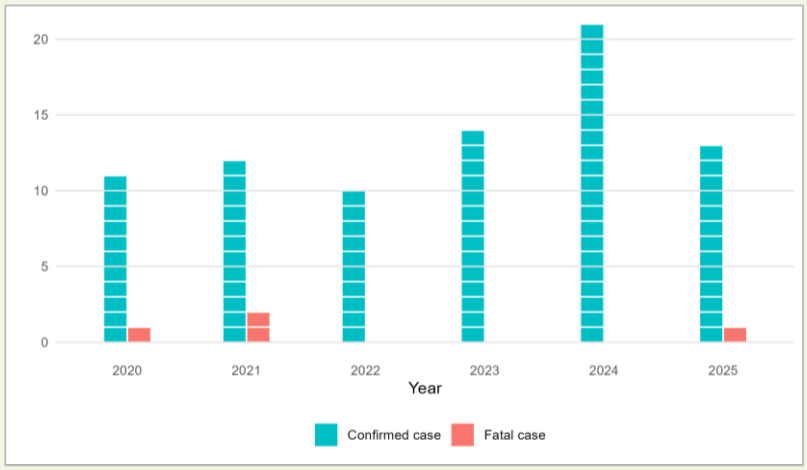

Figure 1 - Annual number of psittacosis cases and fatal cases recorded in Hong Kong, 2020-2025 (as of October 31, 2025).

The most common clinical presentations included fever (88%), cough (68%), and shortness of breath (56%). All patients required hospitalisation and 91% developed pneumonia. Thirty-four patients (42%) required admission to intensive care units (ICU). There were four fatal cases, resulting in a case fatality rate of 5% (Table 1).

The four fatalities were males aged from 69 to 88 years; one occurred in 2020, two in 2021, and one in 2025. All four patients required intubation and were transferred to ICU. Three had underlying illnesses, while one had good past health. None reported a significant history of bird contact.

Table 1 - Characteristics of Psittacosis Cases in 2020–2025 (as of October 31, 2025).

Characteristics		2020-2025 (as of Oct 31, 2025)
Number of reported cases		81
Sex ratio (M:F)		54:27 (1:0.5)
Age range (median)		36 to 81 (65)
Clinical presentation	Fever	71 (88%)
	Cough	55 (68%)
	Shortness of breath	45 (56%)
	Pneumonia	74 (91%)
Number requiring hospitalisation		81 (100%)
Number requiring ICU admission		34 (42%)
Number of deaths (case fatality rate)		4 (5%)
Number with bird contact		16 (20%)
Number of clusters recorded		0

Regarding risk exposure, epidemiological investigation revealed that only 16 patients (20%) reported an obvious history of bird contact during the incubation period, such as visiting pet bird shops, keeping pet birds at home, or handling bird droppings. Among these cases, cloacal and environmental swabs (e.g. cage surfaces and droppings) were collected from four cases who had still kept the birds at the time of investigation, and three cases had cloacal and environmental swabs tested positive for *C. psittaci.* The remaining 65 patients (80%) could not recall any known direct exposure to birds prior to disease onset. However, 33 patients (41%) reported seeing birds or their droppings near their homes or frequently visited

locations despite they had no direct contact with the birds/droppings. This suggests indirect transmission, such as inhaling dried bird droppings from environments where birds are abundant.

Prevention of Psittacosis

To prevent psittacosis, the public is advised to:

- Maintain good personal and environmental hygiene;
- Wash hands thoroughly after handling birds;
- Seek medical treatment if symptoms develop; and
- Avoid close contact with infected birds.

People keeping birds as pets are advised to:

- Purchase birds from licensed animal traders; never buy or adopt birds from suspicious or unknown sources;
- Keep cages clean; clean food and water bowls daily;
- If keeping multiple cases, position them to prevent the spread of food, feathers and faeces between them (i.e. do not stack cages, use solid-sided cases or barriers if cages are next to each other);
- Disinfect bird cages and surfaces contaminated by bird droppings or secretions regularly;
  - Wear gloves and a surgical mask when cleaning cages, or handling droppings, secretions or feather dusts of birds;
  - Avoid creating aerosols and dust while cleaning: Use water or disinfectant to wet surfaces before cleaning bird cages or contaminated surfaces. Avoid dry sweeping or using a vacuum cleaner / pressure washer to minimize circulation of feathers, dust and droppings;
  - Scrub thoroughly with a detergent to remove all faecal debris, then disinfect and rinse all items in clean running water;
  - Wash hands thoroughly with running water and liquid soap after contact with birds or their droppings;
- Avoid over-crowding of birds. Maintain good ventilation in their housing; and
- Isolate and seek treatment for infected birds. Take sick birds to a veterinarian as soon as possible.

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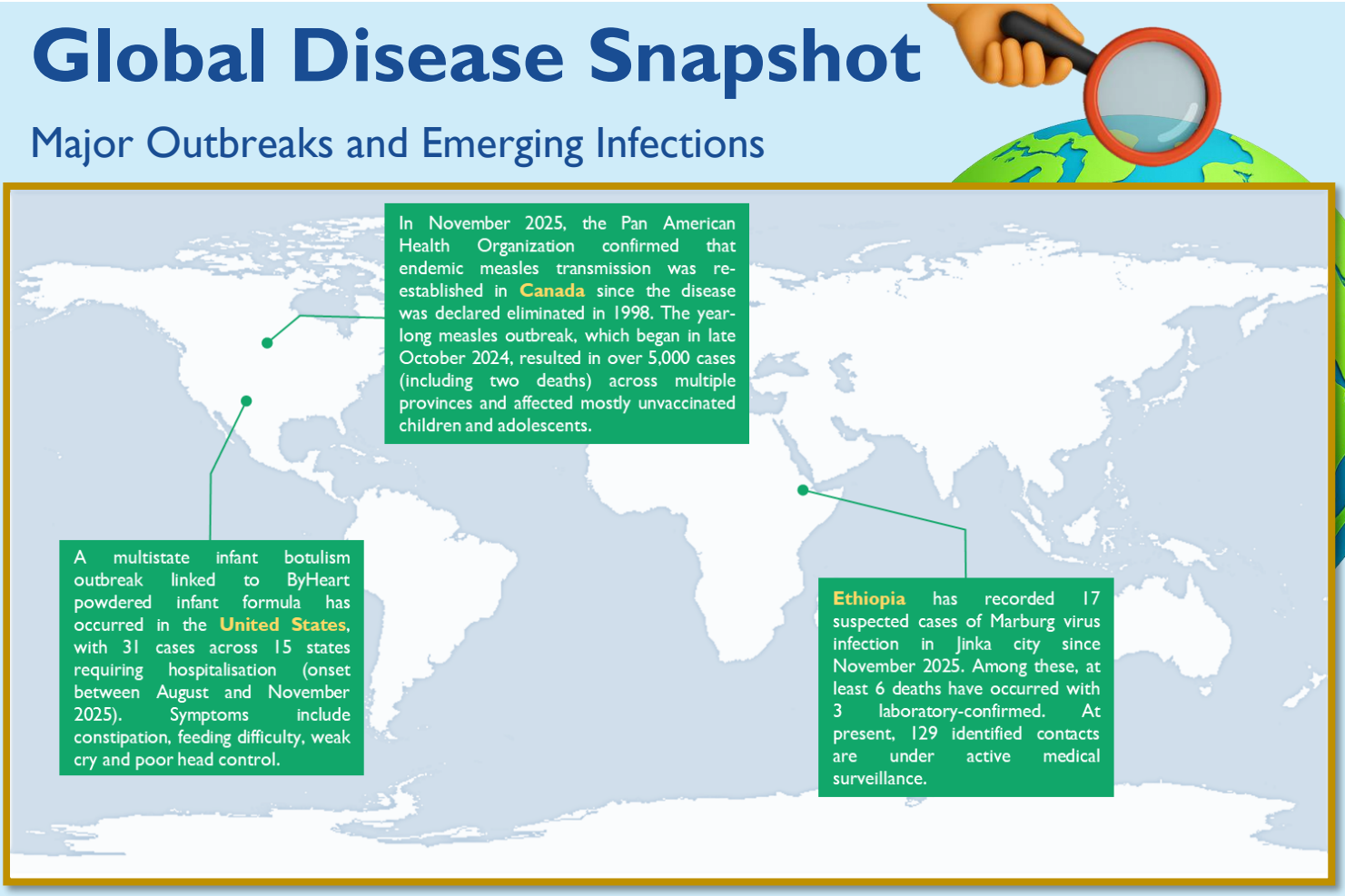
Global Disease Snapshot

Major Outbreaks and Emerging Infections



Sources of information

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News in Brief

Infection Control Training Programme 2025 for Residential Care Homes for the Elderly and Residential Care Homes for Persons with Disabilities

The "Infection Control Training 2025" for Residential Care Homes for the Elderly (RCHEs) and Residential Care Homes for Persons with Disabilities (RCHDs) was successfully conducted by the Infection Control Branch (ICB) in July 2025. The programme aimed to enhance infection prevention and control knowledge of staff in RCHEs and RCHDs. The training sessions took place on July 9, 17 and 24 in a hybrid format, offering both physical and virtual attendance options. An online review period is also provided afterwards for those who were unable to attend the training on the scheduled dates. The programme covered key topics including basic infection control principles, common infectious diseases, food safety recommendations, outbreak management, results of the annual integrated assessment, and practical advice for improving indoor ventilation. A total number of 5 058 attendees from 479 RCHEs and 1 434 attendees from 291 RCHDs participated in the on-site and online training. To facilitate ongoing learning, the relevant presentation files and video recordings have been uploaded to the Hong Kong Training Portal on Infection Control and Infectious Disease at https://icidportal.ha.org.hk/Contents/View/203 (RCHE) and https://icidportal.ha.org.hk/Contents/View/204 (RCHD).

Photo 1 - Participants at the RCHE and RCHD Infection Control Training Programme 2025.

Photo 2 - Discussion session at RCHE and RCHD Training programme 2025.

Seminar on Pet-related and Emerging Zoonotic Infections

The ICB of the CHP and the Infectious Disease Control Training Centre (IDCTC) of the Hospital Authority jointly organised a seminar on "Pet-related and Emerging Zoonotic Infections" during October 23–24, 2025, aiming to provide updated knowledge on pet-related and emerging zoonotic infections, from epidemiology, clinical management, to preventive measures. Distinguished speakers from Hong Kong, Chinese Mainland, the United Kingdom, Türkiye, and Thailand shared their expertise and experience. The programme covered a wide range of topics, such as cross- species transmission of emerging infections, occupational zoonotic infections among healthcare workers, mosquito-borne diseases in international travel, and the application of the One Health approach in combating antimicrobial resistance and emerging diseases. The seminar was well received, bringing together over 400 healthcare professionals across public and private sectors. It provided a valuable platform for knowledge exchange and strengthened collaboration among human, veterinary, and environmental health disciplines in the

prevention and control of zoonotic infections. Details of the seminar and training materials are available on the IDCTC training portal at https://icidportal.ha.org.hk/Trainings/View/1195.

Photo 1 - Professor Tom SOLOMON Chair of Neurological Science at the University of Liverpool and Director of the National Institute for Health Research, Health Protection Research Unit in Emerging and Zoonotic Infections, delivering his lecture during the seminar.

Photo 2 - Speakers, organising committee, and participants on Day 2 at the CHP Lecture Theatre.

Interdepartmental Exercise "Amethyst" on Ebola Disease

The CHP, in collaboration with relevant government departments and the Hospital Authority (HA), conducted an interdepartmental public health exercise, code-named "Amethyst" (紫水晶) in November 2025, to enhance the Government's response capabilities in dealing with Ebola disease and strengthen exchanges with Chinese Mainland and international community.

The first part of the exercise was a table-top exercise in which eight relevant government departments (including DH) and the HA discussed and coordinated the response measures required in a simulated scenario in which an imported case of Ebola disease was reported in Hong Kong.

Photo 1 - CHP staff utilising mobile devices and an electronic platform for contacts registration. Looking on are the Director of Health, Dr Ronald Lam (first left), the Controller of the CHP of the DH, Dr Edwin Tsui (fourth left), and experts from the NHC, the NDCPA, health authorities of relevant Chinese Mainland provinces, the Macao SAR and Singapore.

The second part of the exercise was a ground movement exercise held at the Penny's Bay Community Isolation Facility. The CHP coordinated with relevant departments to carry out investigation and control measures, which included transfer of the patient to isolation facilities, environmental disinfection, contact tracing, and arrangement of quarantine.

Approximately 40 representatives from four government departments (including DH) participated in the ground movement exercise, along with over 20 expert observers from the National Health Commission (NHC), the National Disease Control and Prevention Administration (NDCPA), Shaanxi Province, Hubei Province, Guangdong Province, Chinese Mainland cities in the Guangdong-Hong Kong-Macao Greater Bay Area, the Macao Special Administrative Region (SAR) and Singapore health authorities.

This exercise was successfully completed and provided valuable opportunities for all the relevant participating units to test each individual aspect in handling public health emergencies, ensuring seamless co-ordination and efficient collaboration.

A local case of severe Community-associated Methicillin-resistant *Staphylococcus aureus* (CA-MRSA) infection

The CHP recorded a local case of invasive CA-MRSA affecting a 46-year-old woman with good past health residing in Eastern. She presented with left lower limb pain, redness, and swelling since November 1, and was admitted to the intensive care unit of a public hospital on November 5. The clinical diagnosis was necrotizing fasciitis of left leg. Pus swab collected from her left foot on November 5 was cultured positive for CA-MRSA. She was treated with antibiotics and surgical debridement of the wound. Her condition was stable. She recalled she had an insect bite on her left buttock in late October, but otherwise no history of injury or wound. Her household contacts remained asymptomatic.

A local case of listeriosis

The case involves a 100-year-old female with underlying illness who is a resident of a residential care home for the elderly (RCHE) in Mong Kok. She developed fever, respiratory symptoms, and loss of appetite on November 4 and was admitted to a public hospital for treatment the following day. Blood culture collected on November 5 yielded *Listeria monocytogenes*. She received antibiotic treatment and her condition remained stable. She had no travel history and was not known to have consumed high-risk food during the incubation period. No other residents were affected. Health advice on prevention and control of listeriosis was provided to RCHE staff and family members.

A local case of whooping cough

The CHP recorded a local case of whooping cough on November 19, involving a 5-year-old girl with good past health residing in Sai Kung. She developed a cough and runny nose since November 13, and was admitted to a private hospital on November 16. A nasopharyngeal swab taken on November 17 was tested positive for *Bordetella pertussis*. Her condition remained stable, and she was discharged with a course of antibiotics. She had no travel history during the incubation period. She completed four doses of pertussis vaccine according to the schedule of the Hong Kong Childhood Immunisation Programme. Her close contacts remained asymptomatic and were provided with chemoprophylaxis.