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# Communicable Diseases Watch



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衞生防護中心 Centre for Health Protection

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## Review of Cryptosporidiosis

## Hong Kong Viral Hepatitis Action Plan 2025-2030 launched

## Global Disease Snapshot

**Highlights on infectious diseases and events, week 52 - 4:**

- Four local sporadic psittacosis cases
- Three local sporadic cases of human myiasis
- A local case of whooping cough

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Feature in focus

# Review of Cryptosporidiosis

Reported by Dr LAI Guan-xing, Medical and Health Officer, Field Epidemiology Training Programme Section, Communicable Disease Branch, CHP

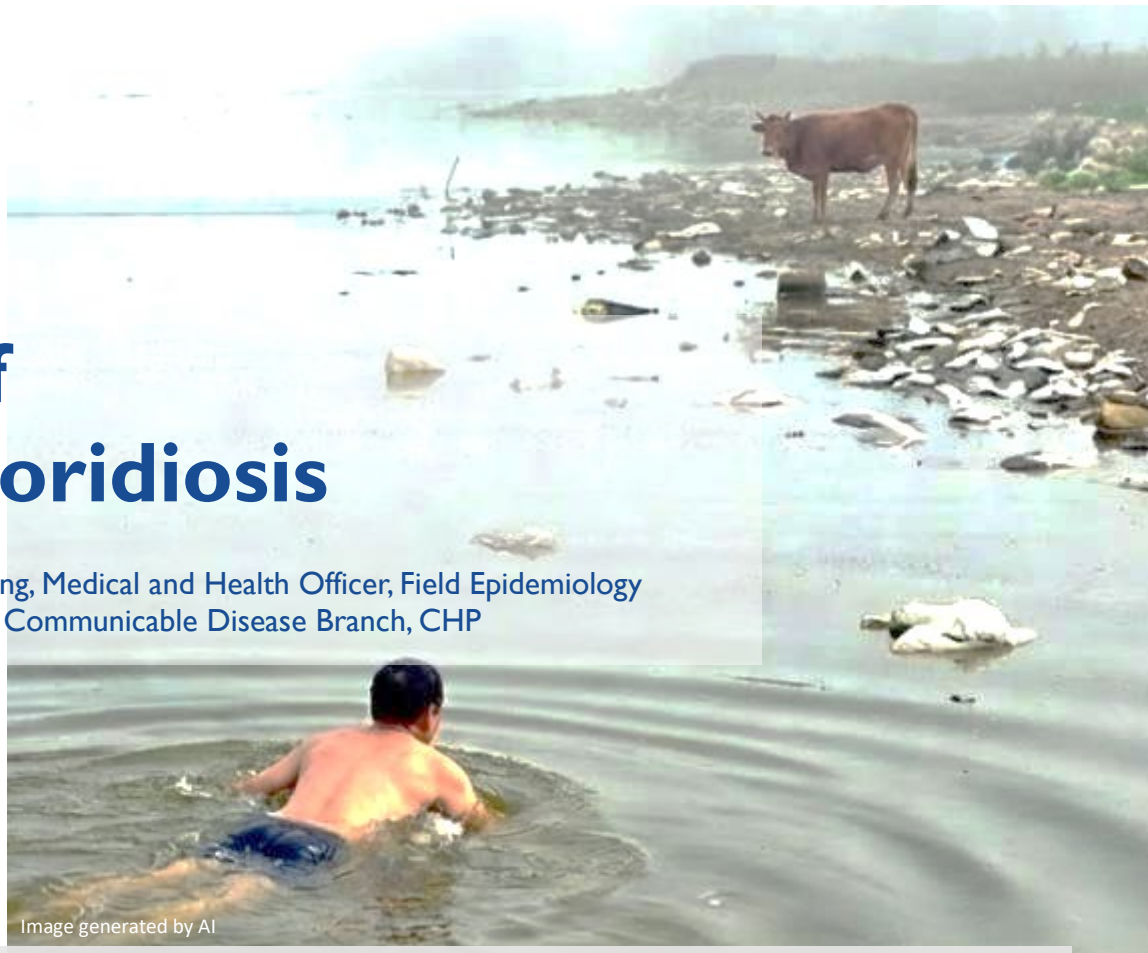


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**Key Points**

- Cryptosporidiosis remains uncommon in Hong Kong, but there has been an increase in reported cases, coinciding with wider use of more sensitive molecular diagnostic tests.
- No common source or local outbreak had been identified; reported exposures include consumption of raw fruits and vegetables, drinking unboiled water and recreational water contact, echoing international evidence on foodborne and waterborne transmission.
- Clinicians should maintain a high index of suspicion in patients with persistent diarrhoea and relevant risk factors (e.g. immunocompromised, recent travel, recreational water exposure), and consider requesting specific tests for Cryptosporidium, especially PCR where available.
- People should avoid swallowing water during swimming and refrain from using pools, waterparks or spa pools for at least two weeks after resolution of diarrhoea, because oocyst shedding can continue after symptom resolution.

## Background

Cryptosporidiosis is a diarrhoeal disease caused by the parasite Cryptosporidium. Among the over 40 identified species[1], *Cryptosporidium parvum* (*C. parvum*) and *C. hominis* are the leading causes of human infections[2].

Cryptosporidiosis is transmitted via the faecal-oral route, through ingestion of faecal contaminated food or water, or direct contact with infected animals or people[3]. Outbreaks linked to raw fruits and vegetables, drinking water, and recreational

water (e.g. pools, lakes or rivers for sports or leisure activities) have been reported in many countries[3,4]. Studies have shown that the prevalence of Cryptosporidium in raw fruits and vegetables in different countries can range from <1% to 100%[4]. Several properties of Cryptosporidium contribute to its transmission. First, it has a low infective dose, as few as ten oocysts can cause infection in healthy individuals. Second, oocysts can survive and remain infectious in moist environment for at least six months. Lastly, oocysts are highly resistant to chlorine[5,6].

The incubation period ranges from two to 10 days with an average of seven days[2]. While some individuals are asymptomatic, Cryptosporidiosis is often mild and self-limiting, resolving within two to three weeks[2,7]. Symptoms include watery diarrhoea, abdominal pain, dehydration, nausea, vomiting, fever and weight loss. However, the disease can be severe and life-threatening in children and immunocompromised persons, such as those with Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome, organ transplant, or cancer[3].

Cryptosporidiosis can be diagnosed by microscopic examination or polymerase chain reaction (PCR) of stool samples. PCR can also be used to identify Cryptosporidium at the species level[2].

For immunocompetent hosts, Cryptosporidiosis is usually self-limited; mainstay of treatment is supportive, aiming to prevent dehydration. Nitazoxanide is an antiparasitic for Cryptosporidiosis in immunocompetent patients ≥1 year[8] but it is not a registered drug in Hong Kong. For persons with HIV, anti-retroviral therapy helps to reduce or resolve symptoms by restoring the immune system. However, Cryptosporidiosis could become chronic, and relapses when immune status worsens[8].

## Global Situation

Table 1 shows that the annual incidence was 2.1-4.2 per 100 000 population in North America, and 0.8-16.7 per 100 000 population in Europe. In Australia, the annual incidence was 7.2-22.2 per 100 000 population from 2016 to 2023. An upsurge was observed in 2024, with an annual incidence of 51.2 per 100 000 population. However, no specific source of the outbreak was identified. It was postulated that people swam more frequently due to the warmer climate[9].

*Table 1 - Number of Cryptosporidiosis cases and annual incidence reported by country.*

| Country | Year | No. of cases reported each year | Annual incidence (cases /100 000 population) |
|---|---|---|---|
| United States[13] | 2016 – 2022 | ~7 600-14 000 | 2.3-4.2 |
| Canada[14] | 2016 – 2023 | ~800-1 500 | 2.1-4.0 |
| United Kingdom[15] | 2016 – 2024 | ~2 100-6 800 | 3.8-11.8 |
| Belgium[16] | 2017 – 2021 | ~500-1 300 | 4.3-11.0 |
| Finland[16] | 2017 – 2021 | ~300-600 | 4.5-10.3 |
| Germany[16] | 2017 – 2021 | ~1 200-2 000 | 1.4-2.4 |
| Iceland[16] | 2017 – 2021 | 3-18 | 0.8-5.2 |
| Ireland[16] | 2017 – 2021 | ~500-800 | 10.3-16.7 |
| Norway[16] | 2017 – 2021 | ~300-500 | 6.2-9.0 |
| Slovenia[16] | 2017 – 2021 | 16-32 | 0.8-1.5 |
| Sweden[16] | 2017 – 2021 | ~500-1 100 | 5.0-10.6 |
| Australia[17] | 2016 – 2023 | ~1 800-5 400 | 7.2-22.2 |
| | 2024 | ~14 000 | 51.2 |

Developing countries are more affected than developed countries, with Cryptosporidiosis being a leading cause of diarrhoea in childhood[10]. However, incidence is often underestimated since most countries lack a national surveillance system and laboratory testing capacity[11]. It was estimated that 2.9 and 4.7 million children aged <2 years were affected annually in sub-Saharan Africa and India/ Pakistan/ Bangladesh/ Nepal/ Afghanistan regions respectively[12].

## Local situation

In Hong Kong, Cryptosporidiosis is a communicable disease of topical public health concern. Medical practitioners are encouraged to report Cryptosporidiosis cases to the Centre for Health Protection (CHP) of the Department of Health for epidemiological investigations. In the past seven years (2019-2025), six to 24 confirmed cases of Cryptosporidiosis were

reported to the CHP annually, making up a total of 84 cases (Figure 1). The cases involved 40 males and 44 females with ages ranging from two to 61 years (median: 31 years). Most of them were Chinese (n=80, 95.2%). The annual incidence ranged from 0.08-0.32 per 100 000 population. Compared with notification rates of around 2.3–22.2 per 100 000 population reported in countries such as the United States, United Kingdom and Australia, the incidence in Hong Kong remains low but has shown a rising trend over the past decade.

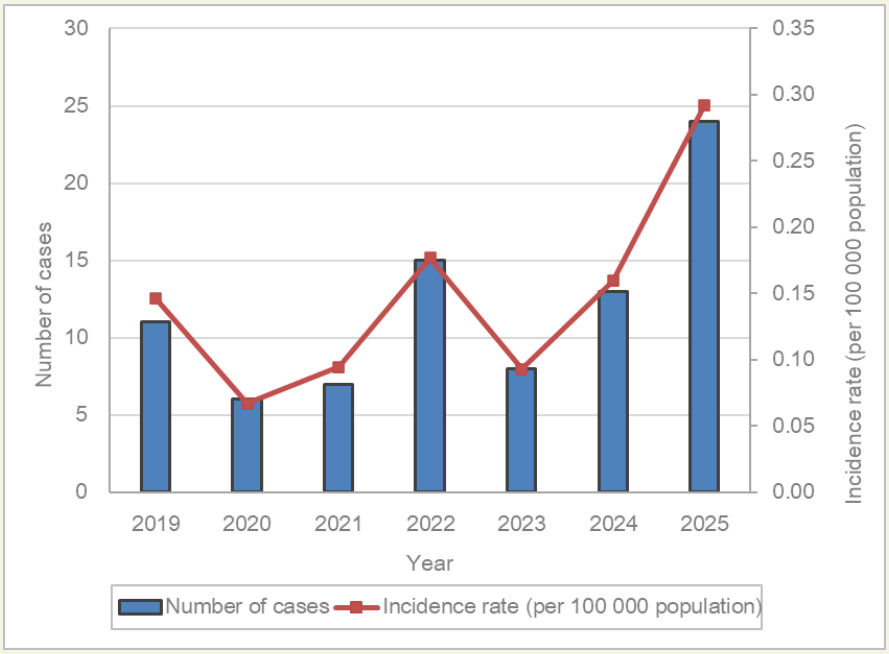



*Figure 1 - Annual number and incidence rate of confirmed Cryptosporidiosis cases recorded by CHP from 2019 – 2025.*

## *Clinical Profile*

Most patients had good past health (n=63, 75.0%). Thirteen (15.7%) had immunocompromising conditions (including seven known to have HIV infection) and eight (9.6%) had other chronic illnesses, indicating an ongoing burden among vulnerable groups but also a sizeable proportion of cases in previously healthy individuals. They presented with diarrhoea (n=74, 88.1%), abdominal pain (n=62, 73.8%), fever (n=47, 56.0%), vomiting (n=31, 36.9%), and nausea (n=29, 34.5%). Seventy-five (89.1%) required hospitalisation, with median length of stay of two days (range: less than one day to 105 days). No fatal case due to Cryptosporidiosis was recorded, while one reported case died of other underlying illness.

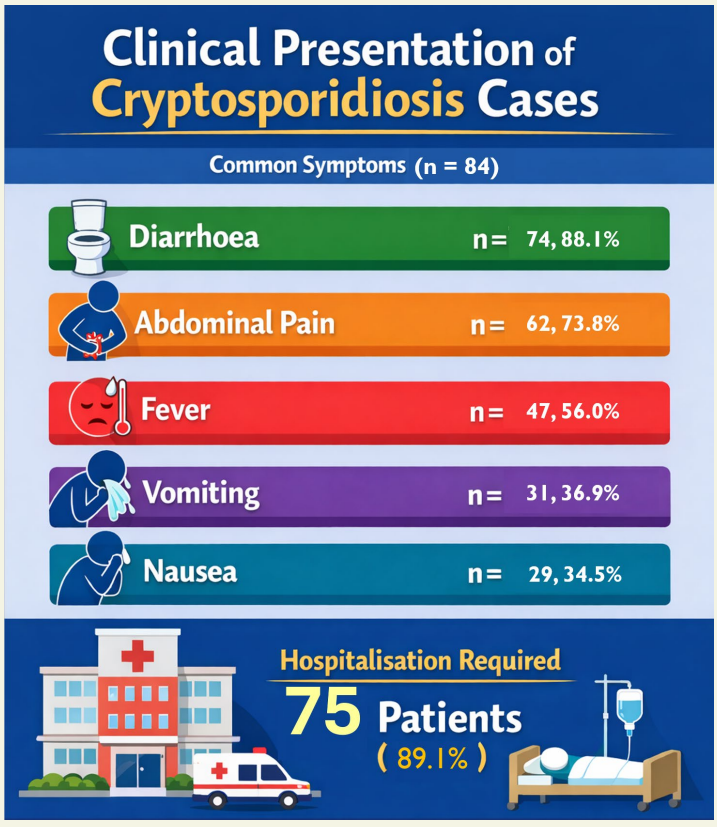



*Figure 2- Clinical presentation of Cryptosporidiosis cases in Hong Kong from 2019 – 2025.*

Most cases were reported by private doctors (n=75, 89.3%). All except one of them were initially diagnosed by PCR (n=74), while one case was diagnosed by both microscopy and PCR. Nine cases (10.7%) were reported by public hospitals, all of which were diagnosed by microscopy. Among the 38 cases with species identification performed, *C. parvum* was identified in 15 cases (39.5%), *C. hominis* was identified in four cases (10.5%), and other species were identified in 18 cases (47.4%). Both *C. hominis* and other species were identified in one case.

## *Epidemiological Profile*

All were sporadic cases without clustering. Epidemiological investigations did not identify common exposure source. Most cases (n=66) acquired the infection locally, while 14 were imported cases who acquired the infection from Chinese Mainland (n=4), Australia (n=1), Bahrain (n=1), Georgia (n=1), Italy (n=1), Japan (n=1), Pakistan (n=1), Spain (n=1), United Kingdom (n=1), Vietnam (n=1), and multiple countries (n=1). The place of infection could not be determined for three cases as they had stayed both in and outside Hong Kong during the incubation period. No information on travel history was available for the remaining case.

Regarding the possible sources of infection and risk factors, about 60% (n=50) of patients reported consumption of raw vegetables or fruits, and smaller proportions reported recreational water exposure (eight) or consumption of unboiled water (seven), echoing international findings that foodborne and waterborne routes can both contribute in sporadic disease.



# Prevention of Cryptosporidiosis



There is no vaccine for Cryptosporidiosis[18]. To avoid contracting the disease, members of the public should maintain good personal, food and environmental hygiene:

- Adopt the Five Keys to Food Safety in handling food, i.e. Choose (Choose safe raw materials); Clean (Keep hands and utensils clean); Separate (Separate raw and cooked food); Cook (Cook thoroughly); and Safe Temperature (Keep food at safe temperature) to prevent foodborne diseases;
- Wash hands thoroughly with liquid soap and water before handling food or eating, and after using toilet or handling faecal matter;
- Drink only boiled water from the mains or bottled drinks from reliable sources;
- Avoid drinks with ice of unknown origin;
- Purchase fresh food from hygienic and reliable sources. Do not patronise illegal hawkers;
- Eat only thoroughly cooked food;
- Wash and peel fruit by yourself and avoid eating raw vegetables;
- Exclude infected persons and asymptomatic carriers from handling food and providing care to children, elderly and immunocompromised people; and
- Refrain from work or school, and seek medical advice if suffering from gastrointestinal symptoms such as diarrhoea.



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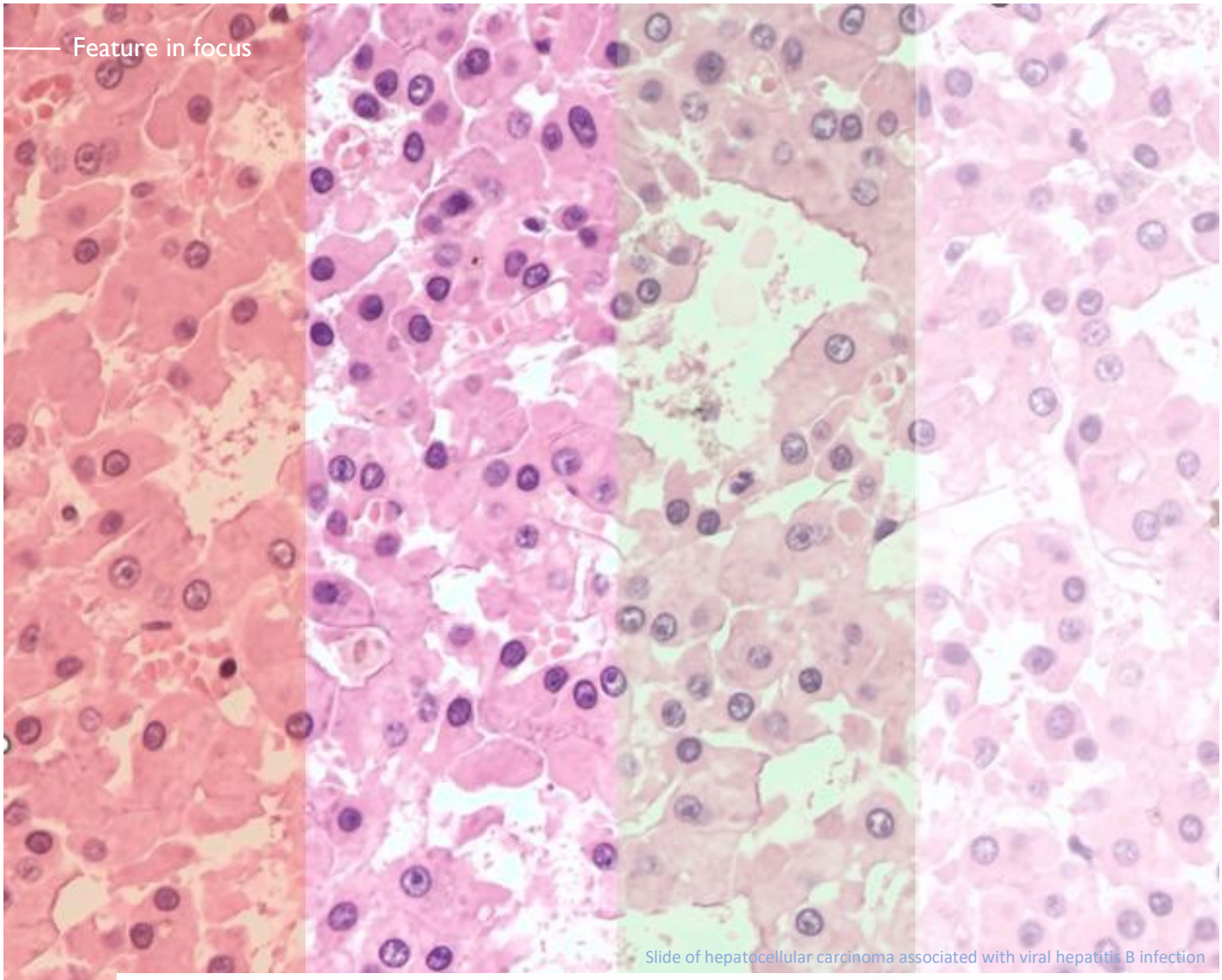
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Feature in focus



Slide of hepatocellular carcinoma associated with viral hepatitis B infection

# Hong Kong Viral Hepatitis Action Plan 2025-2030 launched

Reported by Dr Chin-man POON, Scientific Officer, Dr Zenith Hin-yam WU, Senior Medical and Health Officer, and Dr Bonnie Chun-kwan WONG, Consultant (Special Preventive Programme), Special Preventive Programme, Public Health Services Branch, CHP

**Key Points**

- Viral hepatitis (HBV/HCV) causes a major health burden in Hong Kong, especially on new liver cancer cases and deaths.
- The 2020–2024 Action Plan strengthened prevention of HBV mother-to-child transmission, expanded HCV treatment, and improved testing and care models.
- The 2025–2030 Action Plan steps up efforts in awareness-raising, surveillance, infection prevention, and access expansion for screening and treatment.
- The ultimate goal is to cut transmission, reduce liver cancer cases, and eliminate viral hepatitis as a public health threat by 2030 in line with World Health Organization targets.

## Disease Burden

Viral hepatitis, particularly those caused by hepatitis B and C virus (HBV and HCV) infections, can lead to severe liver diseases, including cirrhosis and liver cancer. Viral hepatitis remains a significant public health issue locally and globally. In 2022, viral hepatitis caused an estimated 1.3 million deaths worldwide, while the number of people living with HBV and HCV reached 254 million (3.3% of the world's population) and 50 million (0.7%) respectively.

Locally, according to the Population Health Survey (PHS) 2020-22, there are approximately 410,000 people (about 5.6% of the Hong Kong population) living with chronic hepatitis B and 17 000 with chronic hepatitis C (0.23%). Liver cancer is the fifth most common cancer and the third leading cause of cancer deaths in Hong Kong, accounting for approximately 1 600 new cases and claiming the lives of more than 1 400 citizens each year. The latest statistics from Hong Kong Cancer Registry found that more than 80% of the primary liver cancer cases were related to HBV and HCV infection.

## Preventive Strategies

The Hong Kong Government has long attached great importance to tackling the public health burden posed by viral hepatitis. Screening of pregnant women for HBV during antenatal care since the 1980s, the provision of hepatitis B immunoglobulin to babies born to mothers with hepatitis B, and the implementation of the universal neonatal hepatitis B vaccination under the Hong Kong Childhood Immunisation Programme in 1988 have significantly reduced the prevalence of hepatitis B in the younger generation to less than 1%. However, among participants aged 35-84 years in PHS 2020-22, HBV prevalence remains elevated at 7.8%, reflecting historical exposure patterns. In the past decade, the effort on prevention and control of viral hepatitis was further stepped up following the establishment of the Steering Committee on Prevention and Control of Viral Hepatitis (SCVH) in July 2018 and the formulation of the first Hong Kong Viral Hepatitis Action Plan 2020 - 2024 (the Action Plan 2020-2024) in October 2020. These have laid strong foundation for advancing towards the goal of eliminating viral hepatitis as a public health threat by 2030, in line with the World Health Organization's Global Health Sector Strategies[1, 2].

Since the launch of the Action Plan 2020-2024, a comprehensive set of initiatives has been successfully implemented, driving measurable progress towards the global goal of viral hepatitis elimination. These include the use of antivirals to prevent mother-to-child transmission of HBV, post-vaccination serologic testing for babies born to mothers with hepatitis B and expansion of access to direct-acting antivirals for HCV treatment. The diagnosis and treatment capacity for HBV infection were also augmented following the enhancement of focused risk-based testing in clinical services under the Department of Health and the pilot implementation of a collaborative care model between Family Medicine Specialist Clinics and Hepatology Clinics in Hospital Authority.

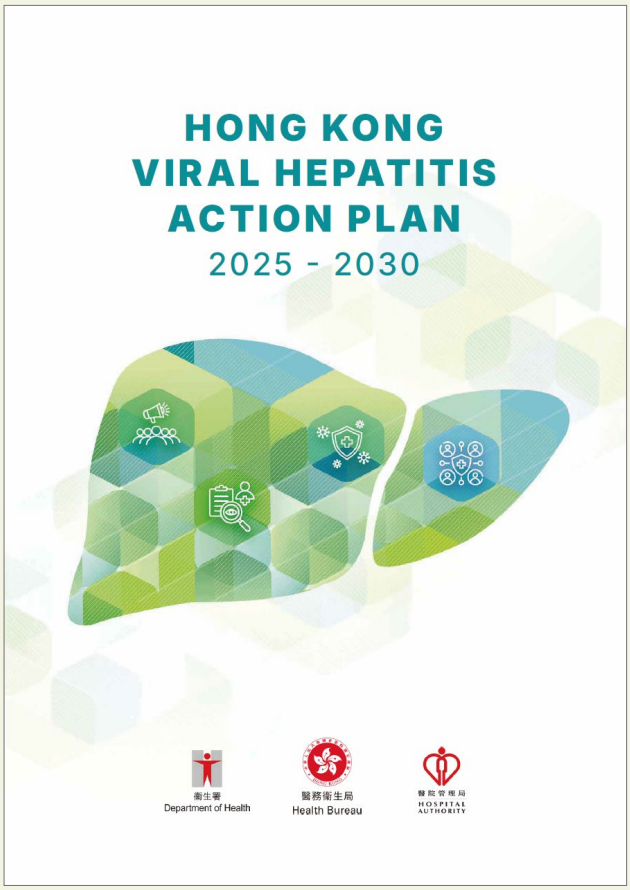



*Figure 1 - Cover of the Hong Kong Viral Hepatitis Action Plan 2025-2030.*

## Hong Kong Viral Hepatitis Action Plan 2025 - 2030

To carry forward the achievements and progress made in the Action Plan 2020 - 2024 and continue the effort on viral hepatitis

elimination, the SCVH formulated the Hong Kong Viral Hepatitis Action Plan 2025 - 2030 (the Action Plan 2025-2030) in December 2025, strengthening efforts to prevent and control viral hepatitis along four strategic axes –

(1) Heightening awareness: The collaborative partnerships and engagement with District Health Centres and other community stakeholders will be strengthened, leveraging the complementary strengths of each organisation to raise awareness among the general population, target populations and healthcare professionals;

(2) Tracking health sector response: The existing surveillance on viral hepatitis will be enhanced with an updated set of local indicators, allowing closer monitoring and evaluation of the elimination progress, supporting data-driven policy formulation, and offering data for the validation of the effectiveness of the health sector's response;




*Figure 2 - The four strategic axes of the Hong Kong Viral Hepatitis Action Plan 2025-2030.*

(3) Preventing new infections: Existing prevention strategies of mother-to-child transmission (MTCT) of HBV will be sustained to maintain high coverage of effective measures involved for realising a hepatitis B-free generation, while other prevention strategies include preventing healthcare-related transmission of HBV and HCV and reducing the risk and disease burden among key populations; and

(4) Expanding access to screening, care and treatment: A screening service subsidising groups at increased risk of HBV infection will be launched to gradually scale up hepatitis B screening in Hong Kong, while a shared care model supported by primary care will also be developed to build up capacity for hepatitis B management.

The Action Plan 2025-2030 outlines specific actions for the Department of Health, Hospital Authority, Primary Healthcare Commission and other stakeholders, with milestones established for key actions. It includes a series of initiatives, which aims to reduce the transmission of viral hepatitis and lower related morbidity and mortality in Hong Kong, especially new cases and deaths of liver cancer attributable to viral hepatitis. The SCVH will continue to advise the Government on overall policy, targeted strategies, and effective resource allocation related to prevention and control of viral hepatitis, in addition to conducting and co-ordinating the monitoring and evaluation of the actions set out in the Action Plan.

The full text of the Action Plan 2025-2030 is accessible at the website of Viral Hepatitis Control Office at: https://www.hepatitis.gov.hk/english/action_plan/action_plan_2025-2030.html.

## References

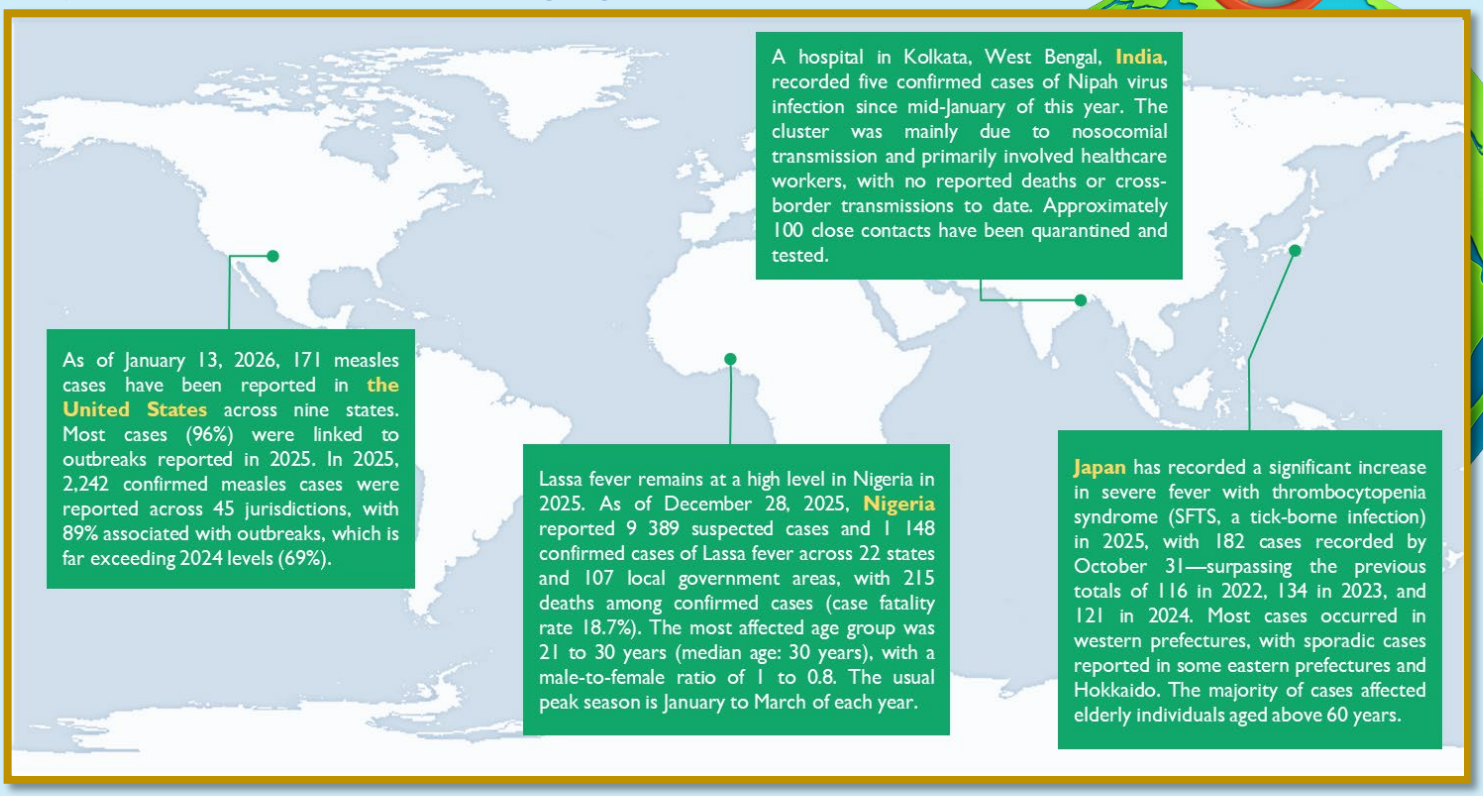
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# Global Disease Snapshot

## Major Outbreaks and Emerging Infections






**Sources of information**

Nigeria Centre for Disease Control and Prevention: https://ncdc.gov.ng/themes/common/files/sitreps/04beb529df54f4ceb99ac291842640b4.pdf

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Japan Institute for Health Security: https://id-info.jihs.go.jp/surveillance/idwr/article/sfts/020/20251125161623.html

# News in Brief




### Four local sporadic psittacosis cases

The Centre for Health Protection (CHP) of the Department of Health (DH) recorded three and one psittacosis cases in December 2025 and January 2026 respectively.

The first case involved a 55-year-old man with underlying illnesses residing in Tuen Mun. He developed fever, cough, shortness of breath and headache since December 12, 2025 and was admitted to a public hospital on December 15. Chest X-ray showed left lower zone haziness. His sputum collected on December 18 was tested positive for *Chlamydia psittaci* DNA. He was treated with antibiotics and his condition remained stable. He did not keep any birds at home. He spotted wild birds on ground floor of the building near where he lived but he did not have direct contact with the birds, bird droppings or carcasses. He lived alone and had no recent travel.

The second case involved a 57-year-old male residing in Wong Tai Sin. He developed fever, myalgia, dry cough and shortness of breath since December 20 2025. He sought medical attention at private clinics on December 20 and 23 respectively, and was admitted to a public hospital on December 26 due to persistent symptoms. His chest X-ray showed left-sided haziness and he had mildly deranged liver function. His sputum tested positive for *Chlamydia psittaci* DNA. He was treated with antibiotics and discharged on December 30. He kept more than 10 captive birds (including lovebirds and Amazon parrots) at home for several years. He cleaned bird cages without wearing masks or gloves. Two of his birds demonstrated feather plucking behavior in early December. He surrendered the sick birds to Agriculture, Fisheries and Conservation Department (AFCD) for management. His wife remained asymptomatic.

The third case involved a 52-year-old female with underlying illness residing in Islands District. She developed fever, cough, sputum, myalgia and headache since December 30, 2025 and was admitted to a public hospital on January 4, 2026. Her sputum collected on January 5 was tested positive for *Chlamydia psittaci* DNA. She was treated with antibiotics and discharged on January 8. She kept two pet parrots at home and was responsible for their daily feeding and cleaning without wearing mask or gloves. The parrots had become ill and died since mid-December 2025, and she disposed of their carcasses. She lived with her son who had minimal contact with the pet parrots and remained asymptomatic.

The fourth case involved a 78-year-old male with underlying illness residing in Sham Shui Po. He developed fever, cough, sputum and shortness of breath since January 6, 2026 and was admitted to a public hospital on January 9. His endotracheal aspirate collected on January 10 was tested positive for *Chlamydia psittaci* DNA. He was treated with antibiotics and his condition remained stable. He did not keep any birds at home. He denied having direct contact with birds, bird droppings or carcasses, but recalled seeing pigeons around his residence. He lived with his wife and a domestic helper who remained asymptomatic.

Details of the cases were referred to AFCD, Food and Environmental Hygiene Department (FEHD) and Leisure and Cultural Services Department (LCSD) for follow-up as appropriate.

### Three local sporadic cases of human myiasis

The CHP recorded three local sporadic cases of human myiasis in January 2026.

The first case involved an 83-year-old female resident of an elderly home in Tuen Mun. She was bedbound and had multiple chronic diseases. On December 29, 2025, she was found to have gum swelling and blood-stained gingiva. She was admitted to a public hospital for treatment on December 30. Multiple maggots were noted in mouth and gum. The maggots were identified to be *Chrysomya bezziana*. Her condition remained stable after treatment. Advice on personal care and environmental hygiene was given to the elderly home. The Pest Control Advisory Section (PCAS) of FEHD had carried out follow-up actions in the vicinity of the elderly home.

The second case involved a 101-year-old male living in Kwai Tsing. He was chairbound with multiple chronic diseases including a squamous cell carcinoma (SCC) at nasal bridge. On December 30, 2025, maggots were found in the SCC wound and he was admitted to a public hospital for treatment immediately. The maggots were identified to be *Chrysomya bezziana*. His condition remained stable after treatment. Advice on personal care and environmental hygiene was given to the patient's family. The AFCD and FEHD were informed for follow-up actions.

The third case involved a 72-year-old male with multiple chronic diseases including chronic leg ulcers defaulted regular follow-up and wound care. He was ambulatory and lived with his wife in Shatin. On December 24, 2025, his preexisting bilateral leg ulcers were noted to have purulent discharge and foul smelling. He was admitted to a public hospital for treatment on December 31. Maggot was found on his left leg wound on January 2, 2026. The maggot was identified to be *Chrysomya bezziana*. His condition remained stable after treatment. Health advice on personal care and environmental hygiene was given to the patient. The AFCD and PCAS were informed for follow-up actions.

## A local case of whooping cough

The CHP recorded a local case of whooping cough on January 2, 2026, involving a 74-year-old male with underlying disease living in Wong Tai Sin. He developed fever, mild cough with sputum and shortness of breath since December 29, 2025. He attended a public hospital on January 2 and was admitted to Intensive Care Unit on the same day. His tracheal aspirate tested PCR positive for *Bordetella pertussis*. His condition improved with treatment, and was discharged to general medical ward on January 12. He had travel history to Guangdong during the incubation period. His close contacts remained asymptomatic and was provided with chemoprophylaxis.