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2 July 2015

Dear Secretary of District Council,

First case of Japanese Encephalitis in 2015

The Centre for Health Protection (CHP) of the Department of Health (DH) announced on 30 June 2015 the investigation into the first suspected local case of Japanese encephalitis (JE) reported this year, and urged the public to maintain strict environmental hygiene, mosquito control and personal protective measures both locally and during travel. We are writing to appeal for your support in promoting the health messages about prevention of the disease.

The relevant press release is enclosed for your information (Annex 1).

JE is a viral disease transmitted by the bite of infected mosquitoes. *Culex tritaeniorhynchus* (Culicine mosquito) is the principal type of mosquito that transmits JE and is nocturnal. It mainly breeds in waterlogged fields, marshes, ditches and small stagnant collections of water around cultivated fields. The mosquitoes become infected by feeding on pigs and wild birds infected with the JE virus, and then transmit the virus to humans and animals during the feeding process. JE is endemic in the Mainland and in Southeast Asia.

To avoid contracting JE, members of the public, particularly those living in rural areas, are reminded to take heed of the following preventive measures, especially after dark:

- Wear loose, light-coloured, long-sleeved clothes and trousers;
- Use effective insect repellents containing DEET over exposed parts of the body and clothing when outdoors; and
- Use mosquito screens or nets in rooms which are not air-conditioned.

Travellers to endemic areas of JE should take the following precautions:

- Avoid outdoor exposure at dusk and dawn, when mosquitoes spreading this virus are most active, especially in rural areas, to prevent mosquito bites;
- Apply effective insect repellents containing DEET over exposed parts of the body and clothes; and
- for stays in endemic areas in Asia or the Western Pacific of one month or longer, particularly in high-risk rural areas, arrange a travel health consultation with a doctor at least six weeks before departure, to determine the need for vaccination and vector preventive measures .

***We build a healthy Hong Kong and
aspire to be an internationally renowned public health authority***

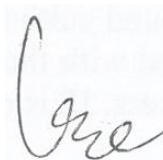
A copy of the pamphlet on Japanese encephalitis is attached (Annex 2). The public may also visit websites below for more information:

- The CHP's JE page (www.chp.gov.hk/en/content/9/24/28.html);
- The DH's Travel Health Service (www.travelhealth.gov.hk);
- The CHP's tips for using insect repellents (www.chp.gov.hk/en/view_content/38927.html);
- The CHP Facebook Page (www.fb.com/CentreforHealthProtection);
- The CHP YouTube Channel (www.youtube.com/c/ChpGovHkChannel); and
- The FEHD's Guidebook on Control and Prevention of Mosquito Breeding (www.fehd.gov.hk/english/safefood/handbook_prev_mos_breeding.html).

We would like to solicit your assistance in disseminating the message to District Council members and work associates, to update them of the situation and preventive measures.

Thank you for your support.

Yours sincerely,



(Dr Emily LEUNG)
for Director of Health

Encl.: (1) Press release on CHP investigates first case of Japanese encephalitis in 2015
(2) Pamphlet of "Japanese encephalitis"

Press Releases

CHP investigates first case of Japanese encephalitis in 2015

The Controller of the Centre for Health Protection (CHP) of the Department of Health (DH), Dr Leung Ting-hung, today (June 30) announced the investigation into the first suspected local case of Japanese encephalitis (JE) this year, and hence again urged the public to maintain strict environmental hygiene, mosquito control and personal protective measures both locally and during travel.

"Although the case had travel history during the incubation period, the duration of stay was short. It cannot be ruled out that the case was locally acquired at this stage. As a precautionary measure, we are working closely with the Food and Environmental Hygiene Department (FEHD) to assess and prevent any possible spread of infection," Dr Leung said at a briefing today.

According to the patient's family, the male patient, aged 68 with underlying illness, developed fever and poor appetite on June 23 and acute confusion on June 24. He was then taken to Ha Kwai Chung General Out-patient Clinic for medical attention and was transferred and admitted to Princess Margaret Hospital for further management. He is now in the Intensive Care Unit in critical condition.

Both his cerebrospinal fluid and blood sample tested positive for antibodies against JE upon testing by the CHP's Public Health Laboratory Services Branch.

Initial enquiries revealed that, according to his family, he had travelled to Kaiping and Xinhui, Guangdong, on June 11 and returned to Hong Kong on June 12. His home contacts have remained asymptomatic and have been put under medical surveillance. The CHP is conducting further enquiries for more information on his travel history, local movements and exposure.

In addition, the patient lives in Wah Yuen Chuen, 12 Wah King Hill Road, Kwai Chung. According to the FEHD, there are water streams and water bodies in the vicinity, while according to Agriculture, Fisheries and Conservation Department (AFCD), there are wild birds in the area but there are no records of wild pigs or registered pig farms nearby.

"Upon notification and laboratory confirmation, the CHP immediately commenced epidemiological investigations and promptly informed the FEHD and the AFCD for vector investigation. We also informed the relevant management office and the Home Affairs Department for their follow-up. Investigations and health education in the vicinity where the patient frequented are proceeding," Dr Leung added.

Officers of the CHP will conduct a site visit and field investigation by questionnaire surveys at the patient's residence for active case finding and arranging blood tests. Joint health talks with the FEHD will be held to deliver health advice to residents and the public.

Persons who have been to the vicinity of Wah Yuen Chuen with JE symptoms should call the CHP's hotline (2125 1133) for laboratory investigation or referral to hospital as appropriate. It will operate until 10pm today and from 9am to 6pm tomorrow (July 1).

"We will issue letters to doctors and hospitals to alert them to the case," Dr Leung said.

This is the first JE case reported to the CHP this year. Five cases (three local, two imported) were filed in 2014 while six (two local, three imported, one unclassified) were filed in 2013.

JE is a viral disease transmitted by the bite of infected mosquitoes. *Culex tritaeniorhynchus* (Culicine mosquito) is the principal vector of JE and is nocturnal. It mainly breeds in waterlogged fields, marshes, ditches and small stagnant collections of water around cultivated fields. The mosquitoes become infected by feeding on pigs and wild birds infected with the JE virus, and then transmit the virus to humans and animals during the feeding process. JE is endemic on the Mainland and in Southeast Asia.

Most JE virus infections are mild without apparent symptoms other than fever with headache. More severe infections are clinically characterised by the quick onset of headache, high fever, neck stiffness, impaired mental state, coma, tremors, occasional convulsions (especially in infants) and paralysis.

To avoid contracting JE, members of the public, particularly those living in rural areas, are reminded to take heed of the following preventive measures, especially after dark:

- * Wear loose, light-coloured, long-sleeved clothes and trousers;
- * Use effective insect repellents containing DEET over exposed parts of the body and clothing when outdoors; and
- * Use mosquito screens or nets in rooms which are not air-conditioned.

Travellers to endemic areas of JE should take the following precautions:

- * Avoid outdoor exposure to mosquito bites at dusk and dawn, especially in rural areas, when mosquitoes spreading this virus are most active;
- * Apply effective insect repellents containing DEET over exposed parts of the body and clothes; and
- * Consider vaccination and arrange a travel health consultation with a doctor to determine the need for vaccination and vector preventive measures at least six weeks before departure to endemic areas in Asia or the Western Pacific for stays of over one month, particularly in high-risk rural areas.

The public may visit the pages below for more information:

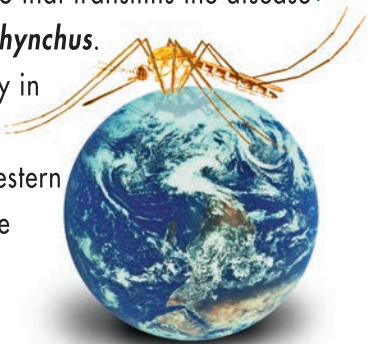
- * The CHP's JE page (www.chp.gov.hk/en/content/9/24/28.html);
- * The DH's Travel Health Service (www.travelhealth.gov.hk);
- * The CHP's tips for using insect repellents (www.chp.gov.hk/en/view_content/38927.html);
- * The CHP Facebook Page (www.fb.com/CentreforHealthProtection);
- * The CHP YouTube Channel (www.youtube.com/c/ChpGovHkChannel); and
- * The FEHD's Guidebook on Control and Prevention of Mosquito Breeding (www.fehd.gov.hk/english/safefood/handbook_prev_mos_breeding.html).

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Japanese Encephalitis

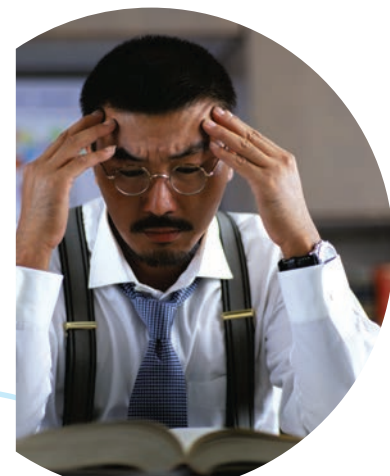
Japanese Encephalitis

Japanese encephalitis is a mosquito-borne disease caused by the Japanese encephalitis virus. The virus is transmitted by the bites of infected mosquitoes. The principal type of mosquito that transmits the disease is called ***Culex tritaeniorhynchus***. The disease occurs mainly in the rural and agricultural areas of Asia and the Western Pacific Region. It is a rare disease in Hong Kong.



Mode of transmission

The infected mosquito transmits the virus to humans and animals during biting. The mosquitoes breed where there is abundant water such as rice paddies and becomes infected by feeding on pigs and wild birds infected with the Japanese encephalitis virus. It is not directly transmitted from person to person.



Signs and symptoms

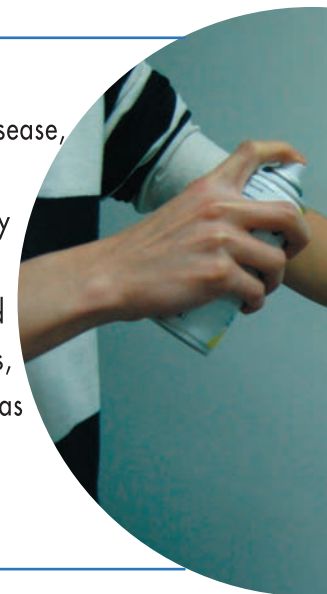
Patients usually show symptoms around 4-14 days after being infected. Mild infections may occur without apparent symptoms other than fever with headache. More severe infection is marked by quick onset of headache, high fever, neck stiffness, impaired mental state, coma, tremors, occasional convulsions (especially in infants) and paralysis.

Treatment

There is no specific treatment for this disease. Supportive therapy is indicated. Mortality rates ranges from 5% to 35%. Patients who survive may have neurological consequences.

Prevention

To prevent contracting the disease, one should take measures to prevent mosquito bites. Apply effective insect repellents (containing DEET) to exposed parts of the body and clothes, and avoid going to rural areas from dusk till dawn when the mosquitoes are most active.



Vaccines

There is a vaccine for Japanese encephalitis but it is usually not recommended for members of the general public. The vaccine is only recommended for travellers who plan to stay one month or longer in endemic areas in Asia and Western Pacific Region, particularly in rural areas. For further information on Japanese encephalitis vaccination and outbreak news in other countries, please visit the Hong Kong Traveller's Health Service website at

www.travelhealth.gov.hk



General measures on preventing mosquito-borne diseases

- 1 Wear long-sleeved clothing and trousers, and apply effective insect repellents containing DEET to exposed parts of the body and clothes.
- 2 Use mosquito screens or nets when the room is not air-conditioned.
- 3 Apply household pesticide to kill adult mosquitoes with a dosage according to the label instructions. Do not spray the pesticide directly against functioning electrical appliances or flame to avoid explosion.
- 4 Place mosquito coils, electric mosquito repellents or electric insecticide vaporisers near possible entrances, such as windows, to prevent mosquitoes from entering.
- 5 Prevent the accumulation of stagnant water:
 - Put all used cans and bottles into covered dustbins.
 - Change water for plants at least once a week, leaving no water in the saucers underneath flower pots.
 - Cover tightly all water containers, wells, and water storage tanks.
 - Keep all drains free from blockage.
 - Top up all defective ground surfaces to prevent the accumulation of stagnant water.



If you notice any mosquito breeding sites in public places, you may call the Food and Environmental Hygiene Department Hotline at 2868 0000.

Centre for Health Protection Website: www.chp.gov.hk

24-Hours Health Education Hotline of the Department of Health: 2833 0111



衛生署
Department of Health