

本署檔號 Our Ref. : (103) in DH CDB/8/76/1
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電話 Tel. :
傳真 Fax No. :

September 29, 2025

Dear Doctor,

Updated Situation of Chikungunya Fever

We would like to provide an update on the latest global and local situation of chikungunya fever (CF), and to remind doctors to remain vigilant against the disease and arrange testing for clinically compatible cases for prompt diagnosis and control.

Disease situation

According to the World Health Organization, local transmissions of CF cases have been recorded in 119 countries/regions (mainly in South America, Africa, Indian Ocean countries, and Southeast Asia). As of August, approximately 317,000 cases had been reported in 16 countries/regions worldwide in 2025. Of these cases, about 135 were fatal. You can refer to the following webpage for details on areas with current outbreak or endemic areas (https://www.chp.gov.hk/files/pdf/cf_imported_cases_and_overseas_figures_eng.pdf).

In Guangdong Province, the number of cases recorded in Jiangmen City (江門市) has been increasing rapidly in the past few weeks, from less than 10 cases per week before early September, to 2,583 and 2,927 cases in the week ending September 20 and 27 respectively. On the other hand, the outbreak in Foshan City (佛山市) has largely been put under control, with about 80 cases per week in the past one month. As at September 27, Guangdong Province has recorded over 16,700 CF cases since July. All cases were mild, with no severe or fatal cases. Regarding Macao SAR, 20 imported cases and five local cases of CF have been recorded so far this year.



Latest situation in Hong Kong

As at September 28, a total of 23 CF cases have been recorded in Hong Kong this year, all of which were imported cases. The 23 cases involved 13 males and 10 females, with age ranging from 5 to 79 years (median: 34). During the incubation period, 17 cases had travel history to Guangdong Province (including Foshan City, Jiangmen City, Guangzhou City (廣州市) and Zhaoqing City (肇慶市)), four cases to Bangladesh, one case to Indonesia and one case to Sri Lanka. All patients developed fever with duration varied from 1 to 10 days. Nineteen cases (83%) had joint pain which appeared on the same day or one day after the onset of fever. Wrists, elbows, knees, and ankles were the most-affected sites, and 15 out of the 19 cases had bilateral joint involvement. Rashes were present in 17 cases (74%).

Testing of patients with compatible symptoms

In order to detect infected cases early for implementation of timely control measures, please arrange testing for CF for patients with compatible clinical presentations (e.g. fever, rash and joint pain) regardless of travel history. Moreover, testing should be considered for patients returning from affected areas who present with any symptoms of CF, based on clinical judgment. Private doctors can send blood specimens (2-3 ml of EDTA or clotted blood) to the Public Health Laboratory Centre (Address: No. 382 Nam Cheong Street, Shek Kip Mei, Kowloon) before 5 pm from Monday to Friday (except public holidays) together with the **electronically filled** request form attached to this letter. The service is free of charge.

For more information on CF, please visit the CHP website at <https://www.chp.gov.hk/en/healthtopics/content/24/6122.html>. Please draw the attention of healthcare professionals and supporting staff in your institution/ working with you to the above. Thank you for your unfailing support in the prevention and control of communicable diseases.

Yours faithfully,



(Dr. Albert AU)

for Controller, Centre for Health Protection
Department of Health



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九龍 石硤尾 南昌街 382 號

Public Health Laboratory Services Branch, Centre for Health Protection, Department of Health
382 Nam Cheong Street, Shek Kip Mei, Kowloon



微生物科

Microbiology Division

Laboratory Testing Request Form for Chikungunya fever

HKID : _____

Travel Document No. : _____
(if no HKID)

☐ Passport

☐ Two-way permit 雙程證

☐ 行街紙

☐ One-way permit 單程證

Name : _____
Surname first (in BLOCK letters)

Date of Birth : _____ / _____ / _____
(Day) (Month) (Year)

Age : _____ Sex : _____

Collection Date:

Patient Tel. No.: _____

Collection Time:

Clinic Tel. No.: _____

Clinic Fax No.: _____

Clinic Address: _____

Requesting Doctor : _____ Signature : _____

Clinical Diagnosis :

Onset date :

Please tick box ☐ as appropriate

SYMPTOMS

- ☐ Joint pain, location: _____
- ☐ Fever ☐ Headache
- ☐ Malaise ☐ Myalgia
- ☐ Back pain ☐ Vomiting
- ☐ Others (Please specify): _____

SPECIMEN TYPE

Blood (EDTA or clotted blood, 2-3 ml)

INVESTIGATION

- ☐ Chikungunya fever test

TRAVEL HISTORY (if any):

Destination(s) and period(s):

FOR LABORATORY USE ONLY