

本署檔號 Our Ref. : (111) in DH CDB/8/76/1
來函檔號 Your Ref :
電話 Tel. :
傳真 Fax No. :

26 October 2025

Dear Doctor,

The First Local Case of Chikungunya Fever in Hong Kong

We would like to draw your attention to the first local case of chikungunya fever (CF) recorded by the Centre for Health Protection (CHP) of the Department of Health, and to remind doctors to remain vigilant against the disease and arrange testing for clinically compatible cases for prompt diagnosis and control.

Case information

The patient is an 82-year-old female who experienced acute onset of pain and swelling in the left ankle on 18 October. Subsequently, on 22 October, she developed a fever accompanied by pain and swelling in multiple small joints. She consulted a private doctor on 22 October. On 23 October, due to persistent fever, she attended the Accident & Emergency department at Kwong Wah Hospital and was admitted on the same day. Her blood sample collected on 24 October was tested positive for the CF virus. The patient is currently in stable condition.

Epidemiological investigation revealed that the patient resides in Fung Tak Estate in Wong Tai Sin. She did not have travel history outside Hong Kong during the incubation period, and her local movements were mainly confined to Fung Tak Estate. Her household contacts are currently asymptomatic and are under medical surveillance. No epidemiological linkage has been found so far between this local case and other previously recorded imported CF cases in Hong Kong. The CHP is collaborating closely with the Food and Environmental Hygiene Department (FEHD) to assess and prevent any potential spread of the infection. The CHP's epidemiological investigations and the FEHD's vector investigations, surveillance, and control efforts are ongoing.



The CHP has set up a telephone hotline (2125 2373) for residents of Fung Tak Estate having CF symptoms for laboratory testing or referral as appropriate. The hotline will operate from 9:00 am to 8:00 pm.

We would like to remind you that all patients presenting with active symptoms compatible with CF (e.g. fever and joint pain) and residing within 200 metres of Fung Tak Estate should be reported as suspected cases of CF to the Central Notification Office (CENO) of the CHP by fax (2477 2770), by phone (2477 2772), or via the CENO On-line website (https://cdis.chp.gov.hk/CDIS_CENO_ONLINE/ceno.html). They should also be referred to public hospitals for testing. Please refer to the following webpage for the involved buildings:

https://www.chp.gov.hk/files/pdf/cf_imported_cases_and_overseas_figures_eng.pdf.

Testing of patients with compatible symptoms

If your patients develop compatible symptoms (e.g. fever, rash and joint pain), especially after visiting CF-affected areas, please arrange testing for prompt diagnosis, treatment and implementation of control measures. Testing is provided free of charge at the Public Health Laboratory Services Branch (PHLSB) of the CHP. Private doctors can send blood specimens (2-3 ml of EDTA or clotted blood) to the PHLSB (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



衛生署 衛生防護中心 公共衛生化驗服務處

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