

本署檔號 Our Ref. : (117) in DH CDB/8/76/1
來函檔號 Your Ref :
電話 Tel. :
傳真 Fax No. :

4 November 2025

Dear Doctor,

A Local Case of Chikungunya Fever Living in Tsing Yi

We would like to draw your attention to another local case of chikungunya fever (CF) recorded by the Centre for Health Protection (CHP) of the Department of Health on 3 November, and to remind doctors to remain vigilant against the disease and arrange testing for clinically compatible cases for prompt diagnosis and control.

The patient involved a 45-year-old male who had onset of acute bilateral fingers joint pain and rash on 30 October. Subsequently, on 31 October, he developed fever accompanied by severe bilateral ankle joint pain with swelling. He consulted a private doctor and then attended the Accident & Emergency department at Princess Margaret Hospital on 1 November. He was admitted on the same day and his blood sample collected was tested positive for the CF virus. The patient is currently in stable condition. His household contacts are currently asymptomatic and are under medical surveillance.

Epidemiological investigation revealed that the patient resides in Mount Haven (曉峰園) in Kwai Tsing and works in Sheung Wan. He did not have travel history outside Hong Kong in the past three months. He also did not visit Wong Tai Sin district during the incubation period. No epidemiological linkage has been found so far between this local case and the recent local cluster in Fung Tak Estate. However, there is an overlap in the patient's residence and some activity areas with individual imported cases, including areas near Kwai Chung Plaza and Shun Tak Centre in Sheung Wan. The CHP is collaborating closely with the Food and Environmental Hygiene Department to assess and prevent any potential spread of the infection.



The CHP urged the residents living nearby Mount Haven in Tsing Yi, Kwai Chung Plaza and Shun Tak Centre in Sheung Wan to seek medical advice or contact the CHP immediately if they presented with a fever, rash or joint pain since October 1. The CHP inquiry hotline (2125 2373) set up earlier will continue to operate from 9am to 8pm daily.

Please refer to the following webpage for details on the residences of the cases and buildings/premises in the vicinities of their overlapping activity areas: https://www.chp.gov.hk/files/pdf/cf_imported_cases_and_overseas_figures_eng.pdf

We would like to remind you that all patients presenting with active symptoms compatible with CF (e.g. fever, rash and joint pain), especially after visiting CF-affected areas, should be reported as suspected cases of CF to the Central Notification Office (CENO) of the CHP. Testing should also be arranged for your patients who develop symptoms relevant to CF for prompt diagnosis, irrespective of travel history.

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



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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