

本署檔號 Our Ref. : (127) in DH CDB/8/76/1  
來函檔號 Your Ref :  
電話 Tel. :  
傳真 Fax No. :

14 November 2025

Dear Doctor,

**Remain Vigilant Against Chikungunya Fever  
– New Local Case Recorded in Eastern District**

We would like to draw your attention to a local case of chikungunya fever (CF) recorded by the Centre for Health Protection (CHP) of the Department of Health on 13 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 68-year-old female who developed joint pain since 10 November, followed by fever and rash on 11 November. She consulted a private doctor on 11 November and then attended the Accident & Emergency Department at Pamela Youde Nethersole Eastern Hospital. She was admitted on the same day. The patient is currently in stable condition. Her household contacts are currently asymptomatic and are under medical surveillance.

The patient resides in Tung Hei Court (東熹苑) in Shau Kei Wan, Eastern District. She did not have travel history outside Hong Kong in the past two months. Epidemiological investigation of her local movements has not revealed any areas overlapping with those of other imported or local cases recorded in recent months. The CHP will carry out genome analysis to ascertain whether the patient has epidemiological linkage with other cases in Hong Kong. Investigation is ongoing.



The CHP urged the residents living nearby Tung Hei Court in Eastern District to seek medical advice or contact the CHP immediately if they presented with a fever, rash or joint pain since October 15. The CHP inquiry hotline (2125

2373) set up earlier will continue to operate from 9am to 6pm daily.

Please refer to the following webpage for details on the residence and buildings/premises in the vicinities of the case:  
[https://www.chp.gov.hk/files/pdf/cf\\_imported\\_cases\\_and\\_overseas\\_figures\\_eng.pdf](https://www.chp.gov.hk/files/pdf/cf_imported_cases_and_overseas_figures_eng.pdf)

Outbreaks of CF are still occurring in many parts of the world. Although local ambient temperatures have begun to decrease recently, mosquito breeding can still occur if environmental conditions are favorable. As such, the risks of imported CF cases and local transmission remain. Early diagnosis of cases is essential for prompt control. We would like to remind you once again 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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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**