

本署檔號 Our Ref. : (133) in DH CDB/8/76/1
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電話 Tel. :
傳真 Fax No. :

December 4, 2025

Dear Doctor,

Remain Vigilant Against Chikungunya Fever
New Local Case Recorded in Sheung Wan and Latest Situation in Hong Kong

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 December 3, 2025, and to provide an update on the latest situation of CF in Hong Kong. Please remain vigilant against the disease and arrange testing for clinically compatible cases for prompt diagnosis and control, irrespective of travel history.

Case information

The patient involved a 23-year-old female who did not have travel history in the past one month. She developed joint pain on November 27, and a rash and fever since November 28 and 29 respectively. She sought medical attention at Queen Mary Hospital on December 1 and was admitted on the same day. Her blood sample collected on December 2 was tested positive for chikungunya virus upon laboratory testing. She is currently in stable condition. The patient resides in Queen's Road West in Sheung Wan, Central and Western District. Her residence area and usual activity areas do not overlap with other imported or local cases recorded recently.

In addition, the CHP has recorded another cluster of three local cases in Tsing Yi of Kwai Tsing District in late November. The patients had visited the Tsing Yi Nature Trails during the incubation period. The CHP has liaised with the Food and Environmental Hygiene Department to carry out intensive anti-mosquito operations in the areas visited by the patients during their incubation periods and infectious periods, so as to stop further transmissions.



For active case finding, the CHP has urged people who have recently visited the Tsing Yi North area or hiked along the Tsing Yi Nature Trails, as well as residents living nearby Queen's Road West in Sheung Wan, to seek medical attention as soon as possible if they develop relevant symptoms and to call the CHP's enquiry hotline at 2125 2373.

So far, Hong Kong has recorded a total of 77 confirmed CF cases this year. Among them, eight were local cases, and the remaining were imported cases. Please refer to the following webpage for details on the residence and buildings/premises in the vicinities of the cases: 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 of CF irrespective of travel history. Free PCR testing for chikungunya virus is provided by 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.

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