

本署檔號 Our Ref. : (100) in DH CDB/8/76/1  
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電話 Tel. :  
傳真 Fax No. :

9 August 2025

Dear Medical Superintendent,

### **Updated Situation of Chikungunya Fever and Testing Arrangement**

We would like to draw your attention to one new imported case and one probable case of chikungunya fever (CF) recorded by the Centre for Health Protection (CHP) of the Department of Health (DH) on August 8, 2025, and to remind doctors to remain vigilant against the disease and arrange testing for clinically compatible cases for prompt diagnosis and control.

#### Details of the imported case and the probable case

The confirmed imported case involved a 66-year-old female who travelled alone to Foshan (佛山) in Guangdong Province between July 24 and August 5. She developed fever, rash and joint pain since August 6. She attended the Accident and Emergency Department of a public hospital on August 7 and was admitted. She is currently in stable condition.

The probable case involved a 22-year-old female who travelled overseas between July 16 and August 4 (July 16 to 28: Madagascar; July 28 to August 3: Mauritius; August 3 to 4: Malaysia), then arrived Hong Kong on August 4. She developed fever, headache and multiple joint pain in Madagascar since July 25 and rash over four limbs since July 30. Her fever already subsided before returning to Hong Kong. She sought medical attention from a public hospital on August 4 and was admitted for treatment on August 5. Her blood sample collected on August 4 tested negative by polymerase chain reaction (PCR), while the blood sample collected on August 5 tested positive for immunoglobulin M (IgM) antibodies to CF virus. The case is likely a recovered case. The CHP



considered that the patient was no longer infectious to mosquito upon her return to Hong Kong.

A total of five CF cases have been recorded in Hong Kong so far this year, all of which were imported cases. The Food and Environmental Hygiene Department is conducting vector investigations and targeted mosquito control operations and will intensify mosquito prevention and control measures at the residence of the confirmed imported case, as well as locations visited after the onset of symptoms.

### Disease situation

According to the World Health Organization, local transmissions of CF cases have been recorded in more than 119 countries/regions (mainly in South America, Africa, Indian Ocean countries, and Southeast Asia). As of July, approximately 240,000 cases had been reported in 16 countries/regions worldwide in 2025. Of these cases, about 90 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](https://www.chp.gov.hk/files/pdf/cf_imported_cases_and_overseas_figures_eng.pdf)).

As of August 7, Guangdong Province has recorded over 8,600 CF cases. The majority of cases (7,063 cases) were concentrated in Shunde (順德) District of Foshan. All cases were mild, with no severe or fatal cases. Regarding Macao SAR, six imported cases and two local cases of CF were recorded so far this year.

### Testing of patients with compatible symptoms

CF is mainly diagnosed by detection of nucleic acid of chikungunya virus by PCR in clinical specimens during the first week after onset of symptoms. PCR test is available in Public Health Laboratory Services Branch (PHLSB) of the CHP. In view of the occurrence of multiple imported cases in Hong Kong, the risk of secondary local transmission via mosquitoes exists. Please arrange testing for patients with typical clinical presentations of CF (i.e. fever, rash and joint pain) regardless of travel history.

Testing should also be considered for patients with any symptoms of CF and a travel history to affected areas, based on clinical judgment. We would like to remind you that the patients fulfilling the following criteria should be reported to the Central Notification Office (CENO) of the CHP as suspected CF cases 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](https://cdis.chp.gov.hk/CDIS_CENO_ONLINE/ceno.html)):

1. fever with either rash or joint pain; AND
2. either: (i) a recent travel history to areas with current outbreak or endemic areas of CF; or (ii) living in areas in the vicinity of recent imported cases (currently On Tat Estate (安達邨) in Kwun Tong, Lei Tung Estate (利東邨) in Southern District, Mount Haven (曉峰園) and Shek Lei (I) Estate (石籬一邨) in Kwai Tsing).

Please admit the above suspected cases to hospitals for investigation. I would like to remind you that testing is NOT limited to the above suspected cases. Testing could be offered to any patients clinically compatible with CF regardless of travel history. Privates 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. You may contact Dr Janice LO, Head of PHLSB, for further enquiries if necessary (Tel: 2319 8254).

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): \_\_\_\_\_

### INVESTIGATION

☐ Chikungunya fever test

### TRAVEL HISTORY (if any):

Destination(s) and period(s):

### SPECIMEN TYPE

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

**FOR LABORATORY USE ONLY**