

本署檔號 Our Ref. : (142) in DH CDB/8/76/1
來函檔號 Your Ref :
電話 Tel. :
傳真 Fax No. :

17 September 2026

Dear Medical Superintendent,

A Locally Acquired Case of Chikungunya Fever

We would like to draw your attention to a locally acquired case of chikungunya fever (CF) recorded by the Centre for Health Protection (CHP) of the Department of Health. This is the first local CF case recorded in 2026. Please remain vigilant against mosquito-borne diseases and arrange testing for clinically compatible cases for prompt diagnosis and control.

The patient is a 55-year-old woman who developed fever, headache, and multiple joint pain at fingers and wrists on 7 September, followed by a body rash. She attended Queen Elizabeth Hospital on 16 September, where she was admitted for isolation. Her blood sample was tested positive for the CF virus on 17 September. The patient is currently in stable condition.

An epidemiological investigation revealed that the patient lives on Li Tak Street of Tai Kok Tsui (大角咀利得街). She had no travel history outside Hong Kong during the incubation period. Her daily activities were mainly confined to the vicinity of her residence, including frequent visits to the nearby parks (Cherry Street Park [櫻桃街公園] and Lok Kwan Street Park [樂群街公園]). She recalled sustaining mosquito bites during the incubation period. The CHP is collaborating closely with the Food and Environmental Hygiene Department (FEHD) to carry out intensive anti-mosquito operations in the relevant areas visited by the patient during her incubation period and infectious period.



We urge residents living in the vicinity of Li Tak Street in Tai Kok Tsui, Cherry Street Park, and Lok Kwan Street Park to seek medical advice or contact the

CHP via the hotline (2125 2373) immediately if they have developed compatible symptoms (including fever, rash, or joint pain) since 1 August. Please refer to the following webpage for details of the buildings/premises in the affected area:

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

We would be grateful for your continued vigilance in identifying suspected CF cases. If you encounter patients presenting with compatible symptoms of CF, particularly those with a recent travel history to affected areas, please report them promptly 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). To facilitate early diagnosis and timely public health intervention, please consider arranging diagnostic testing for any patient presenting with symptoms suggestive of CF, regardless of their 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.

As of September 17, 2026, Hong Kong has recorded a total of 3 confirmed CF cases this year, including the above local case and 2 imported cases recorded earlier this year. 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 : _____ Year 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