

本署檔號 Our Ref. : (163) in DH SEB CD/8/16/1/2 Pt. 5

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Dear Medical Superintendent,

First locally acquired case of Japanese encephalitis in 2019

I am writing to alert you to the first local case of Japanese encephalitis (JE) recorded in 2019. The patient is a 63-year-old woman with good past health and lives in Cheung Wah Estate in Fanling. She developed fever, vomiting and decrease in general condition on 21 June 2019 and was admitted to North District Hospital through the Accident and Emergency Department on 23 June. Her cerebrospinal fluid specimen was tested positive for immunoglobulin M (IgM) antibodies against JE virus on 28 June. She is now in a serious condition.

Initial enquiries revealed that the patient had no travel history outside Hong Kong during the incubation period. Her local movements before symptom onset were mainly around her residence, Cheung Wah Market in Fanling and Shek Wu Hui Market in Sheung Shui. According to the Agriculture, Fisheries and Conservation Department, there is no pig farm within two kilometres of the residence of the patient.

JE is a viral disease principally transmitted by the bites of infective mosquitoes. The principal type of mosquito that transmits the disease is called *Culex tritaeniorhynchus* which breeds where there is abundant water such as water-logged fields, surface drainage channels, ponds, disused large water containers and sand pits. The mosquitoes become infected by feeding on pigs and wild birds infected with JE virus and transmit the virus to humans and animals during biting. While JE is principally mosquito-borne, a human case of JE transmitted by blood transfusion had been recorded in Hong Kong.



The incubation period of JE is usually four to 14 days. Most infections occur without apparent symptom or with mild symptoms such as fever and headache, but approximately one in 250 infections results in severe clinical illness. The severe illness is characterised by rapid onset of high fever, headache, neck stiffness, impaired mental

state, tremors, convulsions, paralysis and coma. The case-fatality rate can be as high as 30% among those with symptoms. Among those who survive, 20%–30% suffer permanent intellectual, behavioural or neurological problems such as paralysis, recurrent seizures or inability to speak.

To prevent contracting JE, members of the public should adopt personal protective measures to prevent mosquito bites. In Hong Kong, JE vaccination is generally not recommended for members of the general public. It is recommended for travellers who plan to stay one month or longer in endemic areas, particularly in rural areas; and for short-term (less than one month) travellers if they plan to have significant extensive outdoor or night-time exposure in rural areas during the transmission season of the disease. For more information on JE, please visit our website at <http://www.chp.gov.hk/en/content/9/24/28.html>.

If you encounter patients with signs and symptoms suggestive of JE, please report to the Central Notification Office (CENO) of CHP via fax (2477 2770), phone (2477 2772) or CENO On-line (https://cdis.chp.gov.hk/CDIS_CENO_ONLINE/ceno.html). Besides, a telephone hotline (2125 1122) has been set up operating from 9am till 5:45pm daily to offer health advice to persons who have been to the vicinity of Cheung Wah Estate or Cheung Wah Market in Fanling or Shek Wu Hui Market in Sheung Shui and developed JE symptoms. Laboratory investigation or referral to hospital will be arranged as appropriate.

Please draw the attention of the 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. SK CHUANG)

for Controller, Centre for Health Protection
Department of Health