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4 October, 2010

Dear Doctor,

A Cluster of Chikungunya Fever Reported in Dongguan (東莞市)

We would like to draw your attention to a cluster of chikungunya fever reported in Dongguan of Guangdong Province and to remain vigilant against this disease.

On 3 October, the Centre for Health Protection (CHP) was informed by the Department of Health of Guangdong Province of a cluster of chikungunya fever cases reported in Dongguan. Specimens from 10 cases were positive for chikungunya fever by polymerase chain reaction test done by Centre for Disease Control and Prevention of Guangdong Province. Epidemiological investigation (as of Oct 1) revealed 91 suspected cases of chikungunya fever. Patients presented with mild symptoms of fever, joint pain, myalgia or rash and most of them had recovered without hospitalization. There was no severe or fatal case reported so far. Epidemiological investigation, disease surveillance, case management, public health education, vector surveillance and control, are carried out by the health authority in Guangdong Province to prevent further spread of the disease.

In Hong Kong, a total of seven imported cases of chikungunya fever were reported to CHP since 2006, 3 cases in 2006, 3 cases in 2008 and one case in 2009. No case was reported so far this year. All these seven cases were imported from endemic areas such as India, Indonesia, Malaysia and Thailand. The disease has become a statutory notifiable disease since March 2009.



Outbreaks of chikungunya fever have occurred in recent years in Central and South America, Africa, Southeast Asia and the Caribbean. Chikungunya virus is transmitted to humans through mosquito bites. The mosquito *Aedes aegypti* is the main vector, although *Aedes albopictus*, which is commonly found in Hong Kong, was also identified to be able to transmit the disease. The incubation period is 1 to 12 days.

Chikungunya fever is characterized by fever, headache, and joint pain (arthralgia and arthritis) of the wrist, knee, ankle, and small joints. Some patients may develop a rash affecting the trunk and limbs. The illness is usually self-limiting and lasts for 3-10 days, although the joint pain may last for weeks to months. There is no specific antiviral treatment for chikungunya fever and treatment is mainly supportive. Chikungunya fever can be diagnosed by isolation of chikungunya virus or detection of chikungunya virus genomic sequences by polymerase chain reaction (PCR) in clinical specimen. Alternatively, the diagnosis can be confirmed by a four-fold or greater rise in antibody titres to chikungunya virus antigen in paired serum samples. All these tests are available in Public Health Laboratory Services Branch of the CHP.

It is crucial to ask for travel history during clinical consultation to guide further laboratory testing and diagnosis. If you encounter suspected case of chikungunya fever with compatible clinical presentation and travel history to endemic area, please report to Central Notification Office (CENO) of the CHP by fax (2477 2770) using the form attached, by phone (2477 2772), or via the CENO On-line website (<http://www.chp.gov.hk/ceno>). You may wish to obtain more information from the paper "Epidemiology and Prevention of Chikungunya Fever in Hong Kong" published by the Scientific Committee on Vector-borne Diseases, which is available in the website of CHP: <http://www.chp.gov.hk/en/sas7/101/110/107.html>

Yours sincerely,



(Dr. S.K CHUANG)

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