

本署檔號 Our Ref. : (156) in DH SEB CD/8/16/1/2 II
傳真 Fax No. : (852) 2711 4847

6 August 2014

Dear Doctor,

Third local case of Japanese encephalitis (JE)

The Centre for Health Protection (CHP) of the Department of Health writes to alert you to a local case of Japanese encephalitis recorded on 6 August 2014. The patient is a 36-year-old man who lives in quarters of Crossroads Foundation near Gold Coast, Tuen Mun. He had onset of headache on 28 July 2014 and attended the Accident and Emergency Department (AED) of Tuen Mun Hospital (TMH) on 30 July, but walked away before assessment. Because of having confused speech and seizures on 1 August, he attended AED of TMH again and was admitted. He was managed as suspected central nervous system infection. The cerebral spinal fluid and blood collected on 2 August and 3 August respectively were confirmed to be positive for JE IgM today. The patient is currently afebrile, alert and in stable condition. He did not visit Yuen Long or Tin Shui Wai during the two weeks before onset of symptoms. He did not travel outside Hong Kong during the two weeks before onset of symptoms and is classified as a local case of JE. This is the third local JE case recorded in 2014. The first and second cases were recorded on 17 June and 21 July 2014 respectively.

Japanese encephalitis is a viral disease transmitted by the bite of infective mosquitoes. The principal type of mosquito that transmits the disease is called *Culex tritaeniorhynchus* which breeds in 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. Besides being widely distributed in rural areas, the vectors have also been found in urban areas in Hong Kong. The disease is not directly transmitted from person to person.



The incubation period of JE is usually 4 to 14 days. The disease may begin with non-specific prodromal symptoms lasting several days, followed by acute onset of high fever, severe headache, vomiting, photophobia, drowsiness, meningism and

convulsion. Many infections are asymptomatic, but the case-fatality rate among those with encephalitis can be as high as 30%. Permanent neurologic or psychiatric sequelae can occur in 30%–50% of those with encephalitis. To prevent contracting the disease, one should take general measures to prevent mosquito bites. For more information on JE, please visit our website at <http://www.chp.gov.hk>.

If you encounter patients with signs and symptoms suggestive of JE, please inform the Central Notification Office (CENO) of the CHP (Telephone: 2477 2772, Fax: 2477 2770) or CENO On-line at <http://www.chp.gov.hk/ceno>.

Thank you for your unfailing support in prevention and control of communicable diseases.

Yours sincerely,



(Dr. S.K CHUANG)

for Controller, Centre for Health Protection
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