

本署檔號 Our Ref. : (26) in DH SEB CD/8/12/1 IV  
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Dear Doctor,

### **Maintain Vigilance against Dengue Fever**

We would like to draw your attention to the recent dengue fever activity situation in our neighbourhood places.

According to the World Health Organization, the number of reported dengue cases has increased in Indonesia, Myanmar and Thailand as compared with last year. Indonesia has already doubled the number of cases recorded in 2005. Myanmar and Thailand are seeing increases of 29% and 17%, respectively, in the number of dengue cases over the same period. The Singapore Ministry of Health reported more than twice the number of dengue cases this year as compared with the same period last year. Malaysia Ministry of Health recorded 47.5% increase from last year's figures.

In Hong Kong, the annual number of notifications in Hong Kong ranged from 3 to 49 since it was made notifiable in 1994. Local cases were reported in 2002 (20 cases) and 2003 (1 case) but not since 2004. So far this year, the total number of dengue fever infection in Hong Kong has reached 34 cases. All cases reported this year were classified as imported from areas outside Hong Kong except for one case which is still under investigation. Among them, three cases recorded in August were Hong Kong residents working in the same outdoor workplace in Macao during the incubation period. They were three males, aged 25 to 57 years old, with onset of symptoms from July 31 to August 5. All three patients were confirmed to be positive for dengue virus type 2 by RT-PCR on serum samples. CHP has notified and liaised with the Macao health authority about these cases and for further investigation action.



Dengue fever presents with a spectrum of clinical illness ranging from a non-specific viral illness to severe and fatal haemorrhagic disease. The incubation period is usually 3 to 14 days. The disease is characterized by sudden onset of fever for 3-5 days, intense headache, myalgia, arthralgia, retroorbital pain, anorexia, GI

disturbance, and a maculopapular rash. Thrombocytopenia is frequently seen and leucopenia is sometimes observed. In severe cases, the patient may present with bleeding and shock. Children may have milder symptoms than adults.

Dengue fever should form a differential diagnosis in a patient with travel history to dengue endemic areas (e.g. Southeast Asia) within 14 days and presenting with febrile flu-like illness, especially when a rash is present. If you encounter patients with signs and symptoms suggestive of dengue fever, please report to the Central Notification Office (CENO) of the CHP by phone (2477 2772) or fax (2477 2770) or via the CENO On-line website (<http://www.chp.gov.hk/ceno>). Outside office hours, the Medical Control Officer could be informed through hospital emergency departments. For more information on dengue fever, please visit our website at [http://www.chp.gov.hk/content.asp?lang=en&info\\_id=19&id=24&pid=9](http://www.chp.gov.hk/content.asp?lang=en&info_id=19&id=24&pid=9)

To this end, we would also like to seek your assistance in advising your patients who will travel to areas with dengue endemic or epidemic to take preventive measures against mosquito bite-

- Wear long-sleeved tops and trousers;
- Use insect repellent on the exposed parts of the body; and
- Use mosquito screens or nets when rooms are not air-conditioned.

Yours sincerely,



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