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2 March, 2009

Dear Doctor,

**Addition of Enterovirus 71 infection and chikungunya fever
to Schedule 1 of the Prevention and Control of Disease Ordinance (Cap.599)**

With effect from 6 March, 2009, Enterovirus 71 (EV71) infection and chikungunya fever will become statutory notifiable diseases in Hong Kong, under the Prevention and Control of Disease Ordinance (Cap.599).

EV71 infection

High level of EV71 activity has been reported cyclically in many areas in Southeast Asia. In 2008, the Centre for Health Protection (CHP) in Hong Kong received reports of 98 cases of EV71 infection, including one fatal case, the highest number reported to Department of Health within the past decade.

Enterovirus (EV) 71 infection most commonly presents with hand-foot-mouth disease (HFMD) or herpangina. HFMD are characterized by maculopapular rash or vesicular lesions occurring on the palms, soles, and other parts of the body such as buttocks and thighs. Vesicular lesions and ulcers may also be found in the oral cavity. In herpangina, patients have only oral lesions without rash on hands or feet. EV71 infection may be associated with severe complications such as aseptic meningitis, encephalitis, acute flaccid paralysis and myocarditis. Symptoms such as persistent high fever, repeated vomiting, persistent sleepiness or drowsiness, myoclonic jerks or sudden limb weakness, may signify that the patient suffers from complication of EV71 infection. These patients are advised to be admitted to hospital for further management and laboratory investigation to ascertain the diagnosis.



To facilitate early detection of severe cases of EV71 infection and to implement prompt public health measures to stop the transmission, you are required to notify CHP of ***laboratory confirmed EV71 cases OR clinical cases who present with severe complications possibly due to EV71***. You may refer to the attached reporting criteria for details. If you encounter patients who fulfill the reporting criteria for EV71 infection, please report to Central Notification Office of the CHP (Telephone: 2477 2772, Fax: 2477 2770) or CENO On-line at <http://www.chp.gov.hk/ceno>.

Chikungunya fever

Chikungunya fever is an acute febrile illness characterized by arthralgia over wrist, ankle and knee, headache and rash over trunk or limbs. Other symptoms include chills, myalgia, nausea and vomiting. Rarely, the infection can result in meningoencephalitis. Large outbreaks of chikungunya fever have occurred in various Indian Ocean islands, India, Indonesia, Malaysia and Sri Lanka in recent years. Besides, Italy and Singapore also reported their first local outbreak of chikungunya fever in 2007 and 2008 respectively. Although only six imported cases of chikungunya fever had been recorded in Hong Kong from 2006 to 2008, *Aedes albopictus*, a potential vector for transmitting chikungunya virus, is abundant in Hong Kong. In view of the large volume of travelers commuting between Hong Kong and the neighbouring countries, Hong Kong is susceptible to the risk of local outbreaks resulting from imported cases. Public health measures including active case detection, investigation for the possible sources of infection, mosquito control measures, and protection of the case from further mosquito bites are essential to prevent local transmission. To facilitate early implementation of public health measures, chikungunya fever will be included as one of the statutory notifiable infectious diseases.

Chikungunya fever should be considered as one of the differential diagnoses of a patient presenting with compatible symptoms and a history of mosquito bite when visiting areas where chikungunya fever has been reported, e.g. African countries such as Democratic Republic of Congo and Gabon, and Asian countries such as India, Indonesia, Malaysia and Sri Lanka. The incubation period ranges from 1 to 12 days. Infected persons should be protected from further mosquito exposure by staying indoors during the viraemic phase, i.e. the first few days of illness, so as to break the human-mosquito-human transmission cycle. If you encounter a suspected case of chikungunya fever, please report to CENO and admit the patient to hospital

for laboratory confirmation test and to avoid secondary local transmission.

For more information on EV71 infection and chikungunya fever, please visit the website of CHP at <http://www.chp.gov.hk>.

Yours sincerely,



(Dr. S.K. CHUANG)

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Enterovirus 71 infection (February 2009)

Reporting criteria for Enterovirus (EV) 71 Infection

An individual fulfilling either the *Clinical Criteria* OR *Laboratory Criteria* should be reported to CHP for further investigation.

Clinical Criteria

A person presented with the following condition :

1. Hand-Foot-Mouth Disease or herpangina; AND
2. One of the following complications:
 - Meningitis; OR
 - Encephalitis;OR
 - Acute flaccid paralysis; OR
 - Other central nervous system complication (e.g. cerebellar ataxia); OR
 - Myocarditis; OR
 - Pulmonary edema or hemorrhage

Laboratory Criteria

Any of the following:

- Isolation of EV71 from a clinical specimen
- Detection of EV71 by PCR from a clinical specimen