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THE GOVERNMENT OF THE HONG KONG  
SPECIAL ADMINISTRATIVE REGION  
DEPARTMENT OF HEALTH  
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5 November 2003

Dear Chinese Medicine Practitioner,

### **A Local Case of Japanese Encephalitis in 2003**

The Department of Health confirmed a case of Japanese encephalitis (JE) on 4 November 2003. The 38-year-old patient, living in Fairview Park in Yuen Long, had onset of fever, headache and drowsiness on 25 October 2003. She was admitted into Tuen Mun Hospital on 27 October. She is now under intensive care. As the patient has not travelled outside Hong Kong in the 2 weeks before onset of illness, this is classified as a local case. Her family members are asymptomatic. So far, no other case has been reported in 2003. Multi-disciplinary investigation and control actions are being carried out to prevent local transmission.

JE is a rare disease in Hong Kong, with 0 – 2 sporadic human cases reported per year. From 1996 – 2002, there have been 5 cases reported, including 1 local case in 1996 and 4 imported cases (1 in 1997, 1 in 2001, and 2 in 2002). The disease is endemic in a large number of countries/areas in Asia. It is transmitted by the bite of infective *Culicine* mosquitoes which breed mainly in flooded rice fields and marshes. The disease is not directly transmitted from person to person.

The public are advised to take measures to prevent mosquito breeding by removing stagnant water, and to take precautions against mosquito bites. Villagers are advised to drain water-logged fields properly and regularly. Pesticides for crop protection and small fresh water fish can be applied to the fields for mosquito control.

Please help educate your clients to prevent mosquito bites and eliminate mosquito breeding places. Enclosed please find an information sheet on JE for your reference. The Department of Health has set up a special JE hotline 29618968 for health advice and counselling. The hotline is manned by health nurses and it operates during office hours until further notice. Persons in the vicinity of the Fairview Park can call the hotline and appropriate follow-up for symptomatic individuals will be arranged. You may call the hotline if you encounter patients with symptoms suggestive of JE. Patients with severe symptoms should be referred to hospital for management.

Yours sincerely,

(Dr Marina Sum)  
for Director of Health

*We are committed to providing quality client-oriented service*

# Information Sheet

## Japanese Encephalitis

### Prevalence

Japanese encephalitis (JE) is an acute viral infection of the central nervous system caused by JE virus which is a flavivirus. According to the World Health Organization, JE occurs in a large number of countries/areas of Asia, including Cambodia, China, Indonesia, Japan, Lao People's Democratic Republic, Malaysia, Myanmar, the Philippines, Republic of Korea, Thailand, Viet Nam, south-eastern Russian Federation and the Indian subcontinent. In recent decades, JE has gradually spread to previously non-affected Asian regions, and a small outbreak was recently reported from islands in the Torres Strait off the Australian mainland. In Hong Kong, about 0 - 2 cases of human JE were reported each year. Both local and imported cases have occurred.

### Mode of Transmission

The virus is transmitted by the bite of infective Culicine mosquitoes. *Culex tritaeniorhynchus* is the principal vector of the disease. The mosquito becomes infected by feeding on pigs and wild birds infected with the JE virus. The infected mosquitoes then transmit the virus to humans and animals during the feeding process. The transmission reaches its dead end in human. The disease is not directly transmitted from person-to-person.

### Incubation Period

The incubation period is usually 4 to 14 days.

### Clinical Features

Mild infections may occur without apparent symptoms other than fever with headache. More severe infection is marked by rapid onset, headache, high fever, neck stiffness, stupor, disorientation, coma, tremors, convulsions (especially in infants) and paralysis. Case fatality rates range from 10% to 35%. Neurological and psychiatric sequelae are common among survivors.

### Laboratory Diagnosis

Diagnosis of JE infections can be made by serological tests, such as haemagglutination-inhibition test, by demonstrating a fourfold rise in antibody titres in paired sera. This test is available at the Government Virus Unit of the Department of Health.

### Treatment

Treatment for JE is supportive.

### Prevention

As JE is a mosquito-borne disease, measures should be taken to eliminate mosquito breeding sites and prevent mosquito bites. Vaccination is indicated mainly for persons spending 30 days or more in a rural agricultural endemic area during the transmission season. Currently one inactivated JE vaccine is licensed in Hong Kong. For initial immunization, usually two doses are administered at an interval of 1 - 2 weeks. Immunity may take one month to develop. Common reported side effects include local reactions at the injection site, and mild systemic symptoms such as headache, myalgia, gastrointestinal symptoms and fever. Further information is available in the Department of Health Travel Health Website at [http://www.info.gov.hk/trhealth/e\\_HKTHS.htm](http://www.info.gov.hk/trhealth/e_HKTHS.htm)