

本署檔號 Our Ref. : (171) in DH SEB CD/8/12/1 V
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25 June 2013

Dear Doctor,

Dengue Fever Alert – Increase in Ovitrap Indices

Please be informed that the Food and Environmental Hygiene Department recorded a sharp increase in ovitrap index during the month of May. The monthly average ovitrap index for May was 11.3%, compared with 2.5% in April 2013, signifying an increased risk of local transmission of dengue fever (DF) in Hong Kong.

2. On top of that, we would like to inform you that there is also an increase in DF activity in Southeast Asia. According to the Ministry of Health of Singapore, Singapore had recorded a total of 10,065 DF cases in 2013 as of June 19, which was almost six times the number within the same period in 2012. In Thailand, the number of cases was about 40,000 as of early June this year, while about 74,000 cases were reported in the whole year of 2012. The number of cases in the Laos was 6,377 as of May 31, 2013, about seven times that compared with the same period in 2012. The recent trends in Cambodia, Vietnam and Malaysia have also indicated increase in DF cases.

3. In Hong Kong, local DF cases have been reported in 2002, 2003 and 2010 since it became statutorily notifiable in 1994. In 2013, there were 39 confirmed DF cases as of 24 June and all were imported from various countries including Indonesia (11 cases), Thailand (10 cases), the Philippines (eight cases), Sri Lanka (two cases), Cambodia (two cases), Malaysia (one case), the Maldives (one case), Vietnam (one case), Brazil (one case), India (one case) as well as one case in which the patient had travelled to multiple countries during the incubation period.

4. 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.



5. For serological confirmation, IgM antibody is usually detectable by day 5 after onset of illness. Demonstration of dengue virus antigen NS1 in serum samples or, a fourfold or greater rise in total antibody titre to any dengue serotype in paired sera is also diagnostic. Diagnosis by RT-PCR requires a serum specimen within the first week after onset of symptoms.

6. Dengue fever should form a differential diagnosis in a patient with travel history to dengue endemic areas (e.g., SE Asia) within 14 days and presenting with febrile flu-like illness, especially when a rash is present. Please inform the Central Notification Office (CENO) of the Centre for Health Protection (Telephone: 2477 2772, Fax: 2477 2770) or CENO On-line at <http://www.chp.gov.hk/ceno> for any case of DF.

7. We would also like to enlist your support to provide the following health advice to travellers to protect themselves against mosquitoes:

- Wear long-sleeved shirts and trousers;
- Rest in air-conditioned or well-screened rooms;
- Use aerosol insecticide indoor and use bednets if sleeping areas are not air-conditioned or screened;
- Use insect repellents containing DEET on exposed skin and clothings;
- If travelling in endemic rural areas, carry a portable bednet and apply permethrin on it as well as to clothes.

8. For the latest information on DF in other places, please refer to the "Travel Health News" which can be accessed at the Hong Kong Travel Health Service website (<http://www.travelhealth.gov.hk/eindex.html>).

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

Yours sincerely,



(Dr Yonnie LAM)

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