

FLU EXPRESS



Flu Express is a weekly report produced by the Respiratory Disease Office of the Centre for Health Protection. It monitors and summarizes the latest local and global influenza activities.

Local Situation of Influenza Activity (as of Apr 6, 2016)

Reporting period: Mar 27 – Apr 2, 2016 (Week 14)

- Some surveillance data have shown that the local influenza activity has continued to decrease from the peak level but still remained elevated. It is expected that the influenza activity will remain elevated for some time. The public should continue to be vigilant.
- The Centre for Health Protection (CHP) has collaborated with the Hospital Authority (HA) and private hospitals to reactivate the enhanced surveillance for severe seasonal influenza cases (i.e. influenza-associated admissions to intensive care unit (ICU) or deaths) among patients aged 18 or above since Jan 29, 2016. As of Apr 6, 304 adult severe cases (including 134 deaths) were recorded. Separately, 18 cases of severe paediatric influenza-associated complication/death among patients aged below 18 years (including one death) were recorded during the period.
- Influenza can cause serious illnesses in high-risk individuals and even healthy persons. Given that seasonal influenza vaccines are safe and effective, all persons aged 6 months or above except those with known contraindications are recommended to receive influenza vaccine for personal protection.
- Eligible children (aged between six months and less than 6 years, or 6 years old or above attending a kindergarten or child care centre in Hong Kong), elderly (aged 65 years or above) and eligible persons with intellectual disabilities can be subsidised for seasonal influenza vaccination from enrolled private doctors participating in the Government's vaccination subsidy schemes starting from Oct 15, 2015. Elderly aged 65 or above living in the community can also receive free vaccination from General Out-patient Clinics under the HA and designated Elderly Health Centres of the Department of Health since Nov 10, 2015. Details are available from the vaccination schemes website (http://www.chp.gov.hk/en/view_content/17980.html).

Influenza-like-illness surveillance among sentinel general outpatient clinics and sentinel private doctors, 2012-16

In week 14, the average consultation rate for influenza-like illness (ILI) among sentinel general outpatient clinics (GOPCs) was 8.2 ILI cases per 1,000 consultations, which was lower than 9.0 recorded in the previous week (Figure 1, left). The average consultation rate for ILI among sentinel private doctors was 68.2 ILI cases per 1,000 consultations, which was higher than 58.9 recorded in the previous week (Figure 1, right).

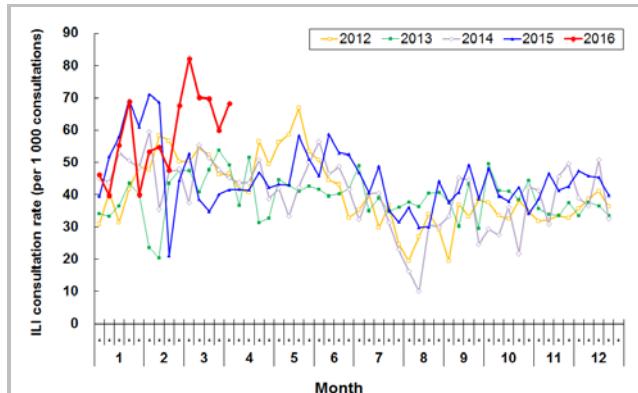
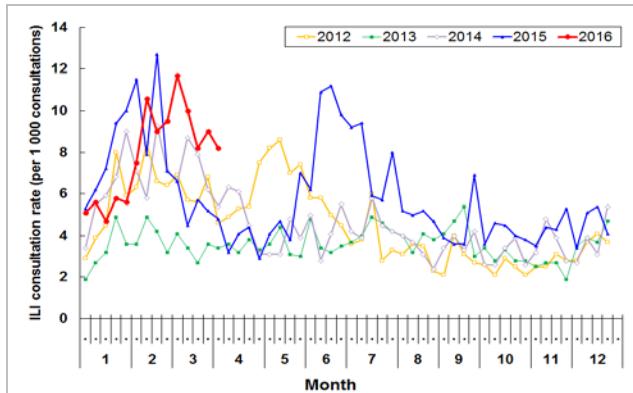


Figure 1 ILI consultation rate at sentinel GOPCs (left) and private doctors (right), 2012-16

Laboratory surveillance, 2012-16

Among the respiratory specimens received in week 14, 979 (18.57%) were tested positive for seasonal influenza viruses, including 365 (6.92%) influenza A(H1), 30 (0.57%) influenza A(H3), 560 (10.62%) influenza B and 24 (0.46%) influenza C. The percentage of respiratory specimens tested positive for seasonal influenza viruses last week was 18.57%, which was lower than 21.26% recorded in the previous week (Figure 2). Among the influenza viruses detected in the last week, the proportions of B, A(H1), A(H3) and C were 57.2%, 37.3%, 3.1% and 2.5% respectively. The proportion of influenza B among positive influenza detections has been increasing steadily in February and has overtaken A(H1) to become the most commonly detected subtype in last four weeks.

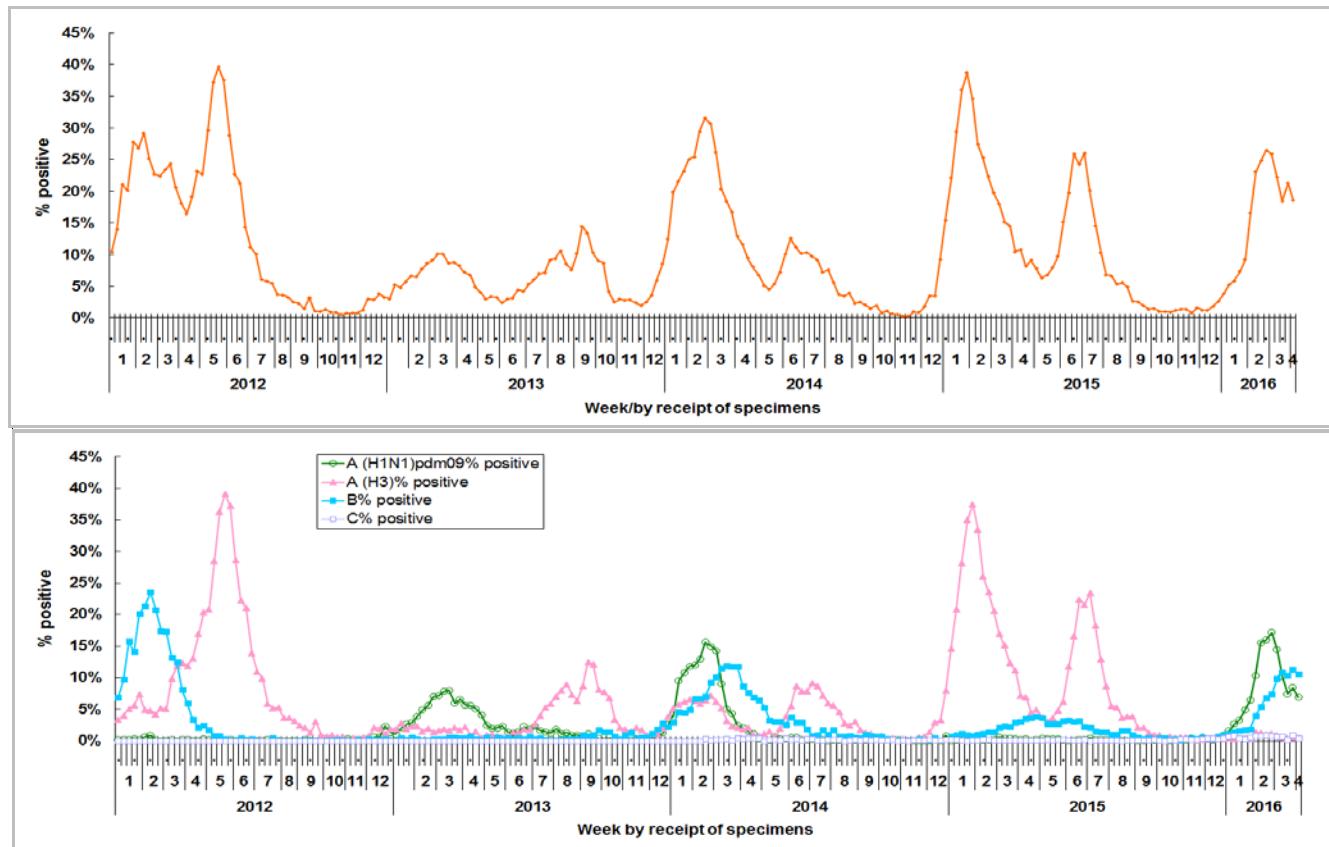


Figure 2 Percentage of respiratory specimens tested positive for influenza viruses, 2012-16 (upper: overall positive percentage, lower: positive percentage by subtypes)

Influenza-like illness outbreak surveillance, 2012-16

In week 14, 4 ILI outbreaks occurring in schools/institutions (affecting 20 persons) were recorded, as compared to 24 outbreaks (affecting 115 persons) recorded in the previous week (Figure 3). In the first 4 days of week 15 (Apr 3 to 6, 2016), 3 institutional ILI outbreaks (affecting 7 persons) were recorded.

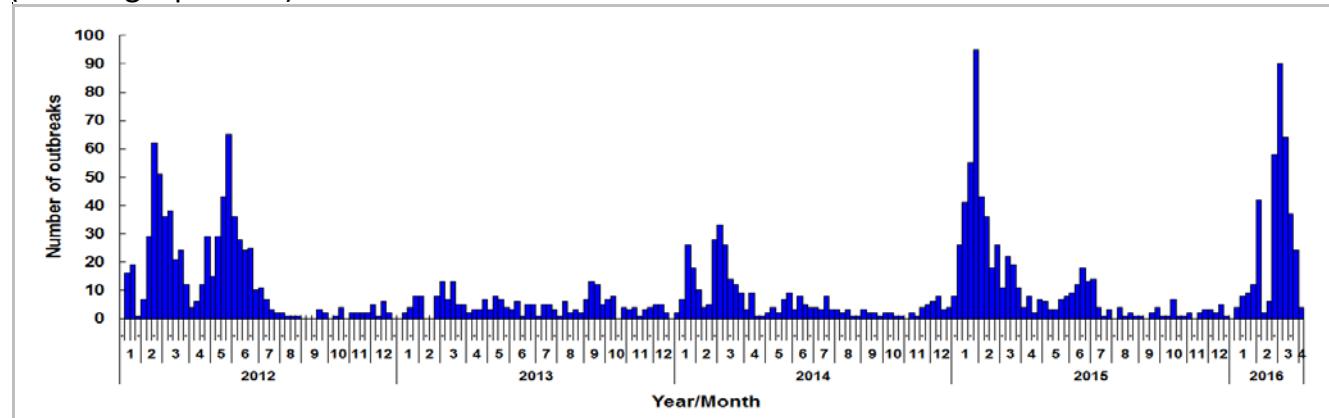


Figure 3 ILI outbreaks in schools/institutions, 2012-16

Rate of influenza-like illness syndrome group in accident and emergency departments, 2012-16[#]

In week 14, the rate of the influenza-like illness syndrome group in the accident and emergency departments (AED) was 249.6 (per 1,000 coded cases), which was higher than the rate of 246.8 in the previous week (Figure 4).

#Note: The influenza-like illness syndrome group includes codes such as influenza, upper respiratory tract infection, fever, cough, throat pain, and pneumonia.

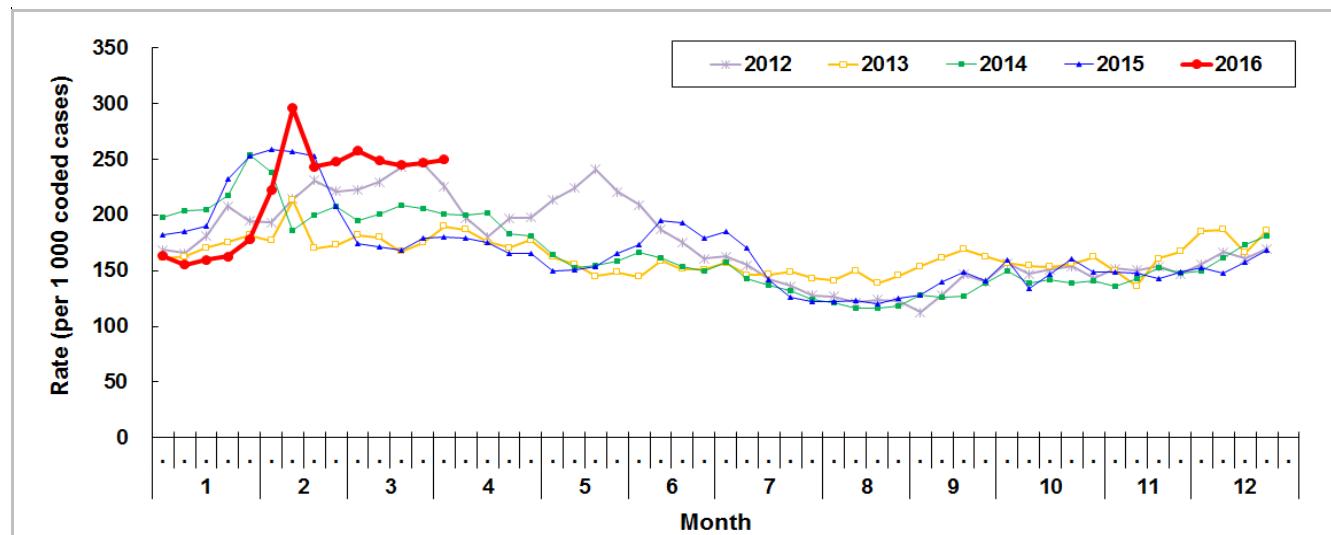


Figure 4 Rate of ILI syndrome group in AED, 2012-16

Influenza associated hospital admission rates and deaths in public hospitals based on discharge coding, 2012-16

In week 14, the admission rates in public hospitals with principal diagnosis of influenza for persons aged 0-4 years, 5-9 years, 10-64 years and 65 years or above were 2.78, 1.09, 0.17 and 0.46 cases (per 10,000 people in the age group) respectively, as compared to 3.10, 1.23, 0.15 and 0.76 cases in the previous week (Figure 5). Weekly number of deaths with any diagnosis of influenza is also shown in Figure 5.

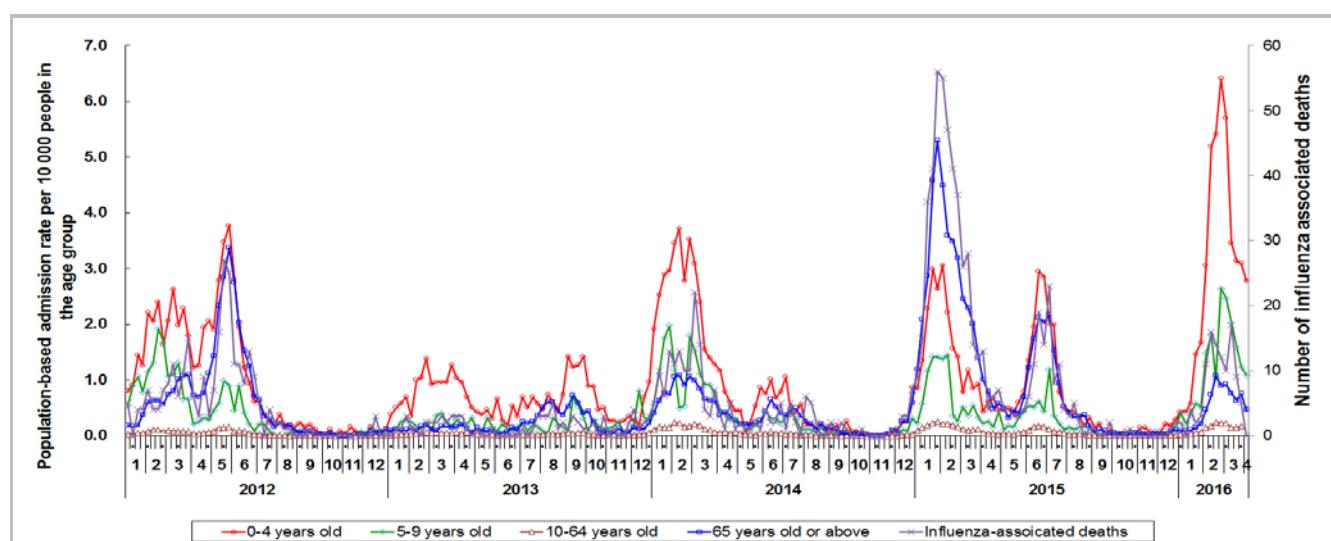


Figure 5 Influenza associated hospital admission rates and deaths, 2012-16

Fever surveillance at sentinel child care centres/ kindergartens, 2012-16

In week 14, 0.98% of children in the sentinel child care centres/ kindergartens (CCC/ KG) had fever (38°C or above) as compared to 1.06% in the previous week (Figure 6).

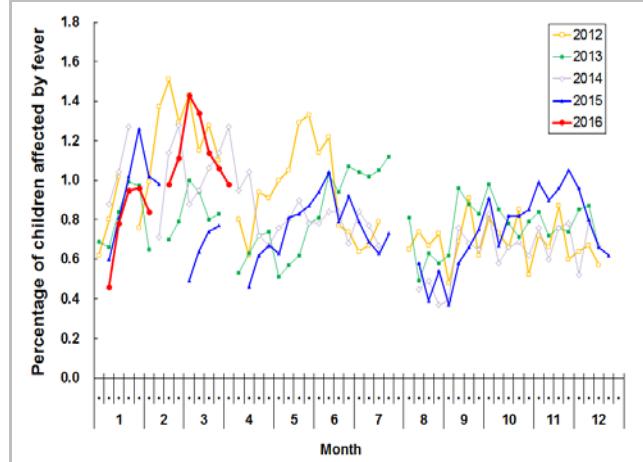


Figure 6 Percentage of children with fever at sentinel CCC/ KG, 2012-16

Fever surveillance at sentinel residential care homes for the elderly, 2012-16

In week 14, 0.17% of residents in the sentinel residential care homes for the elderly (RCHEs) had fever (38°C or above) as compared to 0.13% in the previous week (Figure 7).

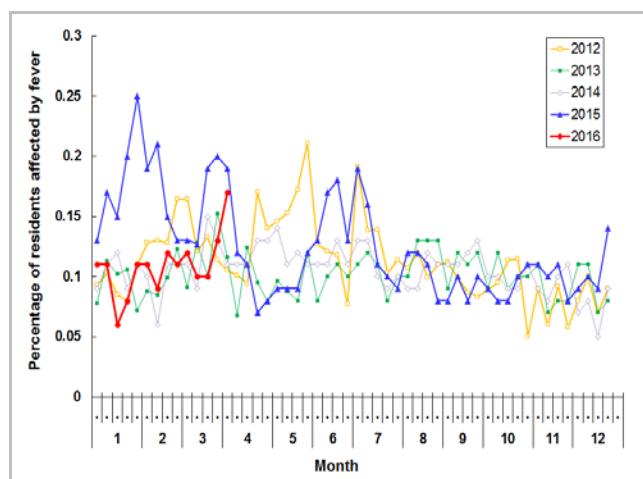


Figure 7 Percentage of residents with fever at sentinel RCHE, 2012-16

Influenza-like illness surveillance among sentinel Chinese medicine practitioners, 2012-16

In week 14, the average consultation rate for ILI among Chinese medicine practitioners (CMPs) was 3.44 ILI cases per 1,000 consultations as compared to 1.62 in the previous week (Figure 8).

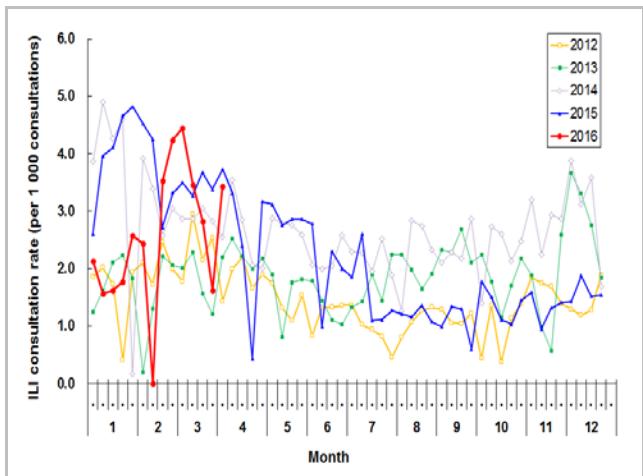


Figure 8 ILI consultation rate at sentinel CMP, 2012-16

Surveillance of severe influenza cases

(Note: The data reported are provisional figures and subject to further revision)

- Since activation of the enhanced surveillance for severe influenza infection on Jan 29, 2016, a total of 304 adult severe cases (including 134 deaths) and 18 paediatric severe cases (including one death) were recorded (as of Apr 6)(Figure 9). Among them, 210 patients had infection with influenza A(H1N1)pdm09, 80 patients with influenza B, 18 patients with influenza A(H3N2), one patient with influenza C, 12 patients with influenza A pending subtype and one patient with both influenza A(H3N2) and B. In the last winter season in early 2015, 647 adult cases (including 501 deaths) and 18 paediatric cases (including 1 death) were filed.

Enhanced surveillance for severe seasonal influenza (Aged 18 years or above)

- In week 14, 28 cases of influenza associated ICU admission/death were recorded, in which 13 of them were fatal. In the first 4 days of week 15 (Apr 3 to 6), 9 cases of influenza associated ICU admission/death were recorded, in which 5 of them were fatal.

Surveillance of severe paediatric influenza-associated complication/death (Aged below 18 years)

- In week 14, there were two cases of severe paediatric influenza-associated complication. In the first 4 days of week 15 (Apr 3 to 6), there was one case of severe paediatric influenza-associated complication. The details are as follow:

| Reporting week | Age | Sex | Complication | Influenza subtype |
|----------------|----------|--------|----------------|--------------------|
| 14 | 10 years | Male | Encephalopathy | Influenza B |
| 14 | 5 months | Male | Pneumonia | Influenza B |
| 15 | 16 years | Female | Pneumonia | Influenza A (H1N1) |

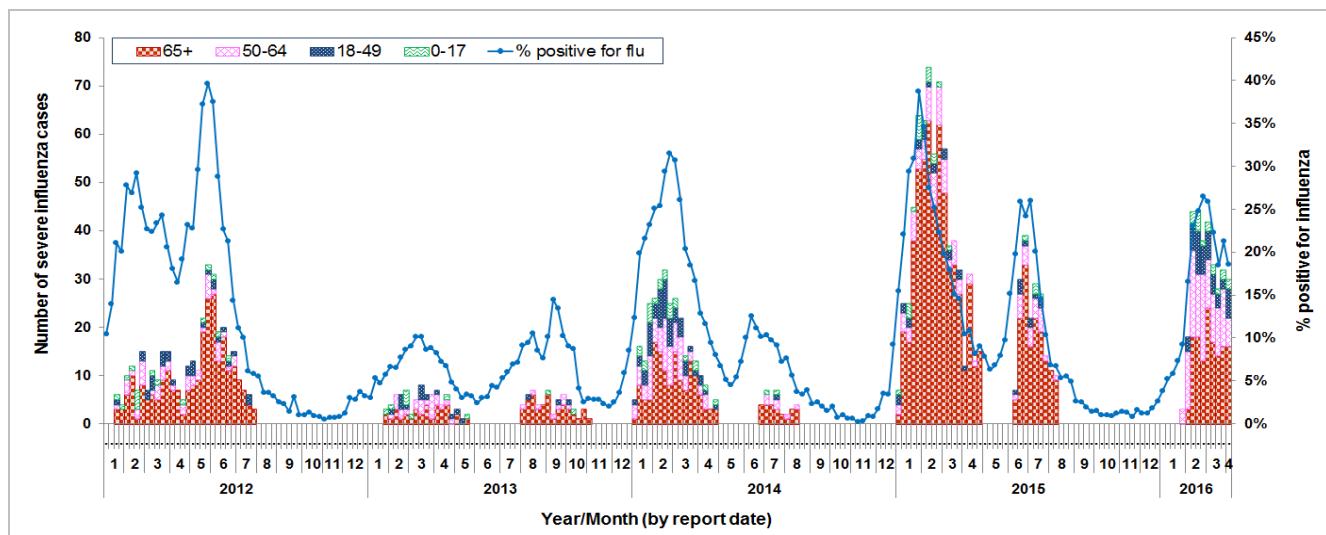


Figure 9 Weekly number of severe influenza cases recorded during influenza seasons, 2012-2016

Remark: The surveillance system for severe influenza cases aged 18 years or above was only activated intermittently during influenza seasons.

Surveillance of oseltamivir resistant influenza A(H1N1)pdm09 virus infection

- In week 14 and the first 4 days of week 15 (Apr 3 to 6, 2016), there were no new reports of oseltamivir (Tamiflu) resistant influenza A(H1N1)pdm09 virus infection. There are totally 47 reports of oseltamivir resistant influenza A(H1N1)pdm09 virus detected in Hong Kong since 2009.

Global Situation of Influenza Activity

- In the United States (week ending Mar 26, 2016), influenza activity decreased slightly but remained elevated. The proportion of outpatient visits for ILI was 2.9%, which was above the national baseline of 2.1%.
- In Canada (week ending Mar 26, 2016), the influenza activity continued to decrease. Influenza A(H1N1)pdm09 is the most common circulating virus subtype, but the number of positive influenza B tests reported is accounting for an increasing proportion of all positive influenza tests reported.
- In the United Kingdom (week ending Mar 27, 2016), influenza activity continues with influenza A(H1N1)pdm09 and influenza B co-circulating at present. Overall weekly ILI consultation rate has decreased but remained above the baseline threshold. The percentage of positive influenza detection was 25.0%, which was above the threshold for 2015/16 season of 7.4%.
- In Europe (week ending Mar 27, 2016), influenza was still widespread in countries in the southern and western part of the Region, but majority of countries reported decreasing trends. Influenza B constituted 67% of influenza virus detections in sentinel samples.
- In Mainland China (week ending Mar 27, 2016), the influenza activities in both southern and northern China were at seasonal epidemic levels. Influenza activity in southern China continued to increase while that in northern China slightly decreased. Influenza outbreaks further increased. Influenza B is the most common circulating virus subtype.
- In Taiwan (week ending Mar 26, 2016), the overall influenza activity continued to decrease. The numbers of ILI consultations in AED and severe influenza cases have been decreasing. Influenza B constituted about 70.9% of influenza detection. During the past four weeks, the antigenic match between the seasonal influenza vaccine and the circulating influenza virus strains were 100% in H1N1 and H3N2 viruses, but 42% in influenza B virus.
- In Japan (week ending Mar 27, 2016), the influenza season has started since early January. The average number of reported ILI cases per sentinel site decreased to 13.81 in the week ending Mar 27 from 21.13 in the previous week, but still higher than the baseline level of 1.00.

Sources:

Information have been extracted from the following sources when updates are available: [United States Centers for Disease Control and Prevention](#), [Public Health Agency of Canada](#), [Public Health England](#), [Joint European Centre for Disease Control and Prevention](#)-[World Health Organization/Flu News Europe](#), [Chinese National influenza Center](#), [Taiwan Centers for Disease Control](#) and [Japan Ministry of Health](#).