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FLU EXPRESS

衞生防護中心
Centre for Health Protection
保障市民健康
Protecting Hong Kong's health

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 Jan 6, 2016)

Reporting period: Dec 27, 2015 – Jan 2, 2016 (Week 1)

- The local influenza activity has slightly increased as compared with previous week but still remained at a low level.
- 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 Hospital Authority 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 1, the average consultation rate for influenza-like illness (ILI) among sentinel general outpatient clinics (GOPCs) was 5.1 ILI cases per 1,000 consultations, which was higher than 4.1 recorded in the previous week (Figure 1, left). The average consultation rate for ILI among sentinel private doctors was 46.2 ILI cases per 1,000 consultations, which was higher than 39.9 recorded in the previous week (Figure 1, right).

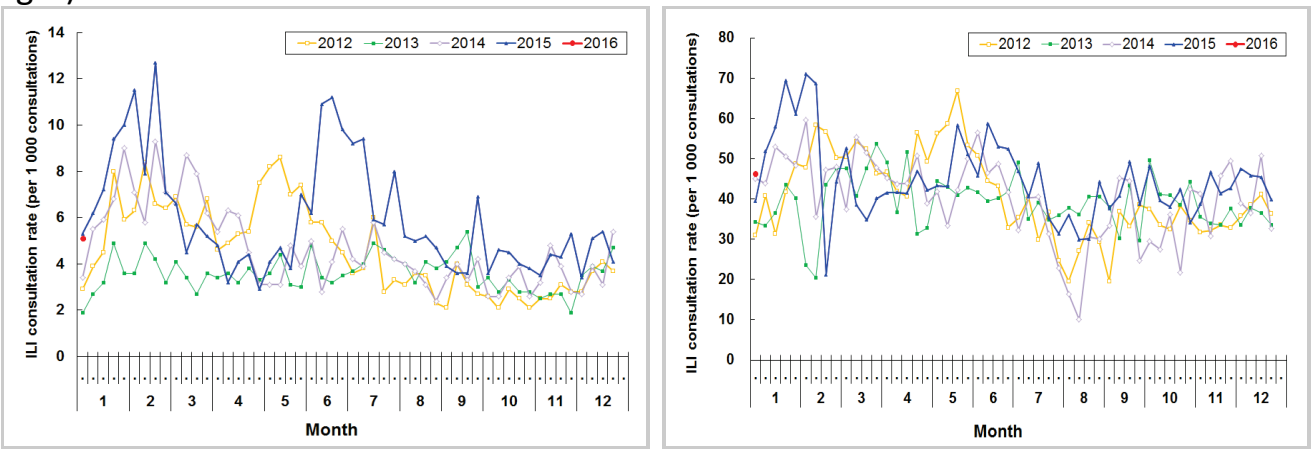

Figure 1 ILI consultation rate at sentinel GOPCs (left) and private doctors (right), 2012-16

Laboratory surveillance, 2012-16

Among the respiratory specimens received in week 1, 118 (3.78%) were tested positive for seasonal influenza viruses, including 49 (1.57%) influenza A(H1), 13 (0.42%) influenza A(H3), 34 (1.09%) influenza B and 22 (0.70%) influenza C. The percentage of respiratory specimens tested positive for seasonal influenza viruses last week was 3.78%, which was higher than 2.63% recorded in the previous week (Figure 2). Among the influenza viruses detected in the last week, the proportions of A(H1), B, C and A(H3) were 41.5%, 28.8%, 18.6% and 11.0% respectively.

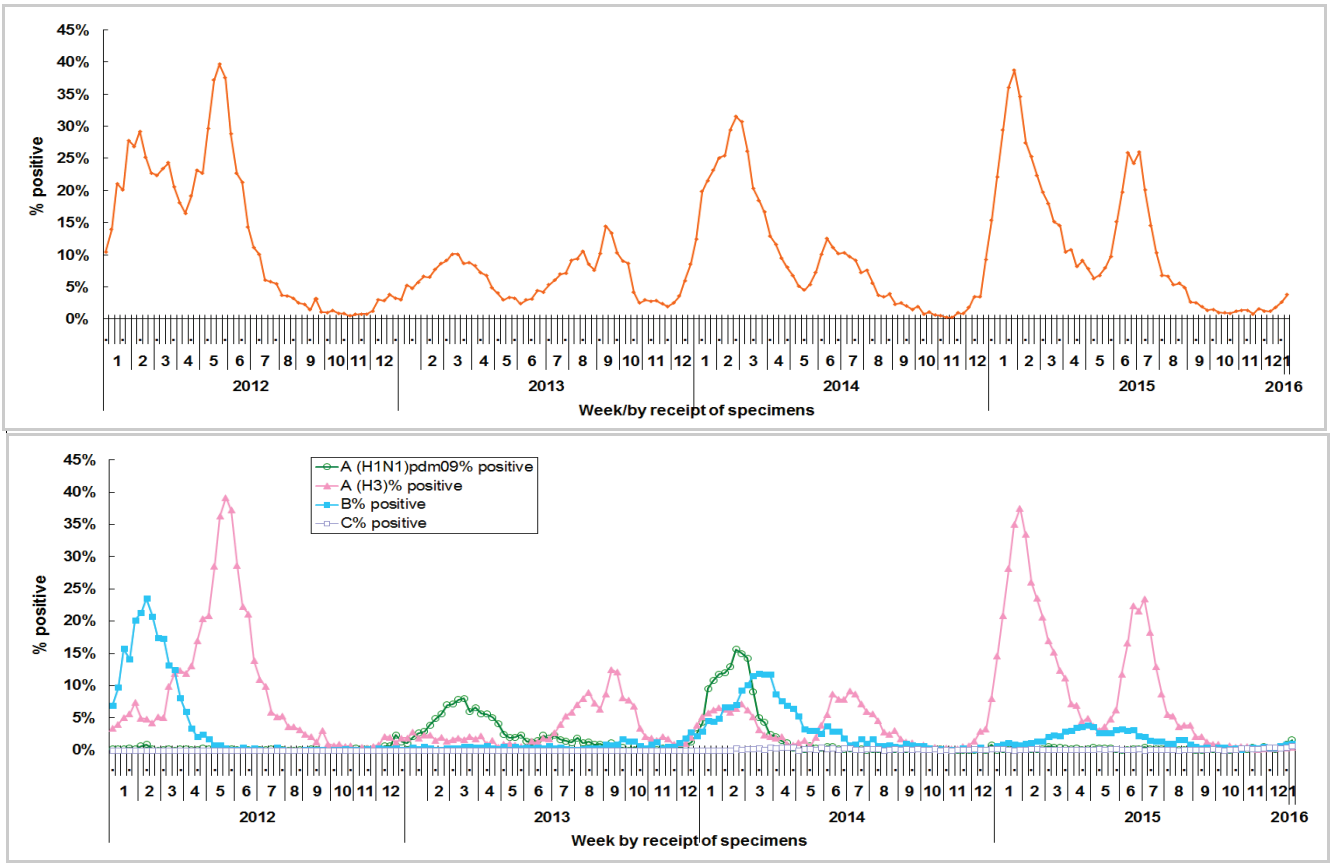

Figure 2 Percentage of respiratory specimens tested positive for influenza viruses, 2012-16 (upper: overall positive percentage, lower: positive percentage by subtypes)

Influenza-like illness outbreak surveillance, 2012-16

In week 1, no ILI outbreaks occurring in schools/institutions were recorded, as compared to 1 (affecting 4 persons) recorded in the previous week (Figure 3). In the first 4 days of week 2 (Jan 3 to 6, 2016), no institutional ILI outbreaks were recorded.

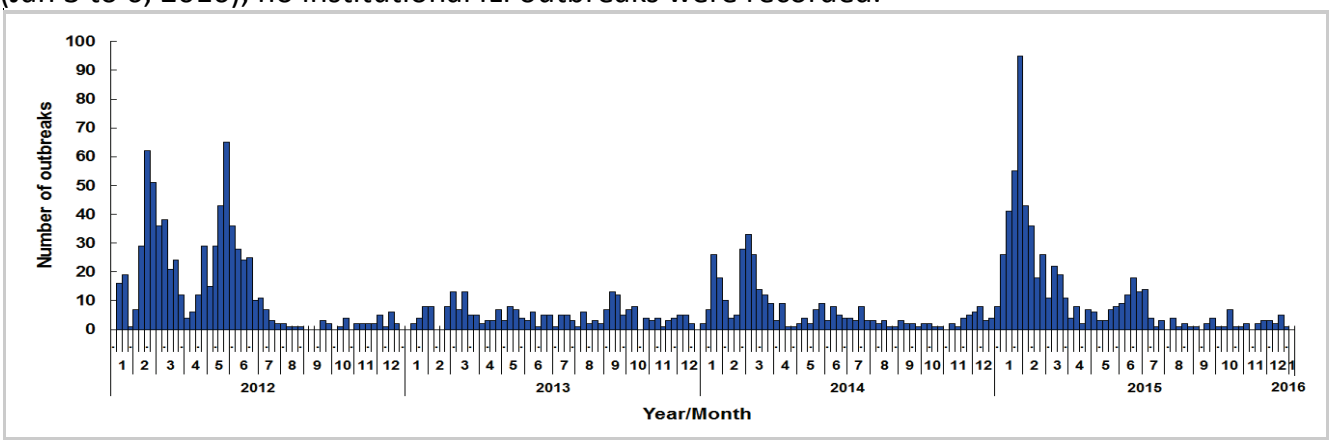

Figure 3 ILI outbreaks in schools/institutions, 2012-16

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

In week 1, the rate of the influenza-like illness syndrome group in the accident and emergency departments (AED) was 164.1 (per 1,000 coded cases), which was lower than the rate of 168.5 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.

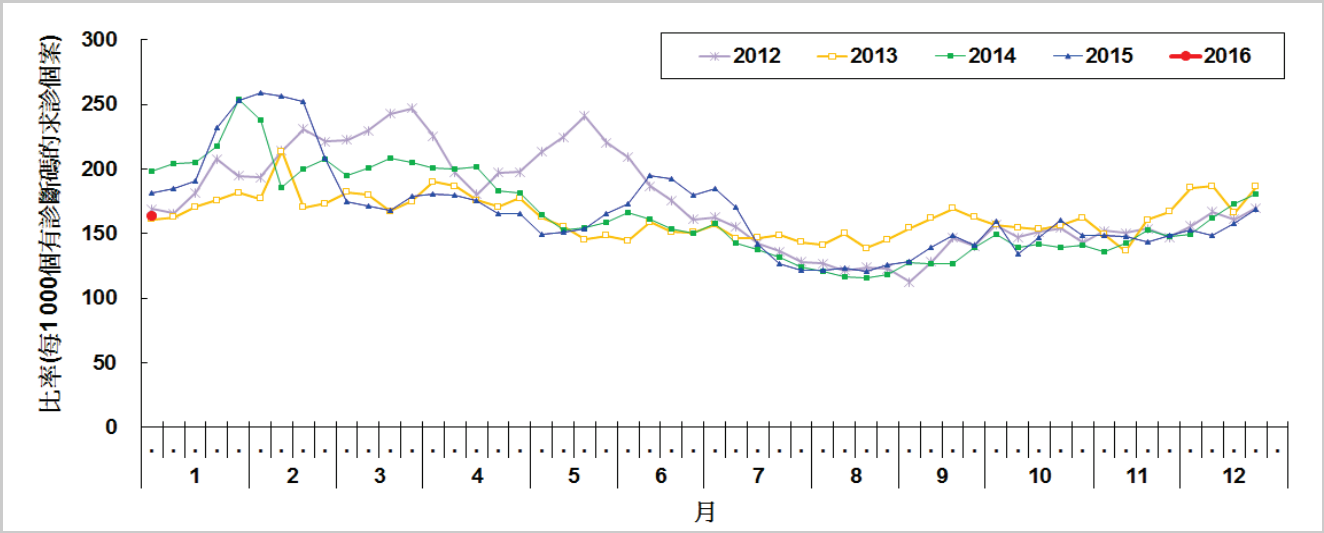

Figure 4 Rate of ILI syndrome group in AED, 2012-16

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

In week 1, the admission rates in public hospitals with principal diagnosis of influenza for persons aged 0-4 years, 5-64 years and 65 years or above were 0.36, 0.03 and 0.04 cases (per 10,000 people in the age group) respectively, as compared to 0.28, 0.02 and 0.09 cases in the previous week (Figure 5). Weekly number of deaths with any diagnosis of influenza is also shown in Figure 5.

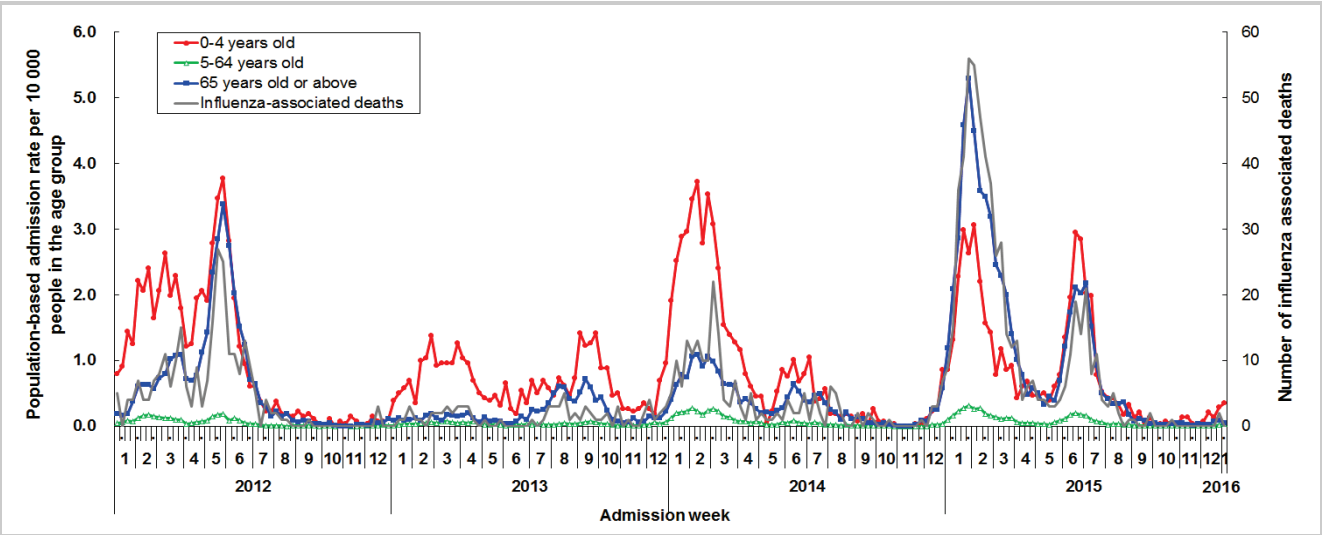

Figure 5 Influenza associated hospital admission rates and deaths, 2012-16

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

In week 52 of 2015, 0.62% of children in the sentinel child care centres/ kindergartens (CCC/ KG) had fever (38°C or above), as compared to 0.66% in the previous week (Figure 6). The surveillance for week 1 was suspended due to New Year holiday.

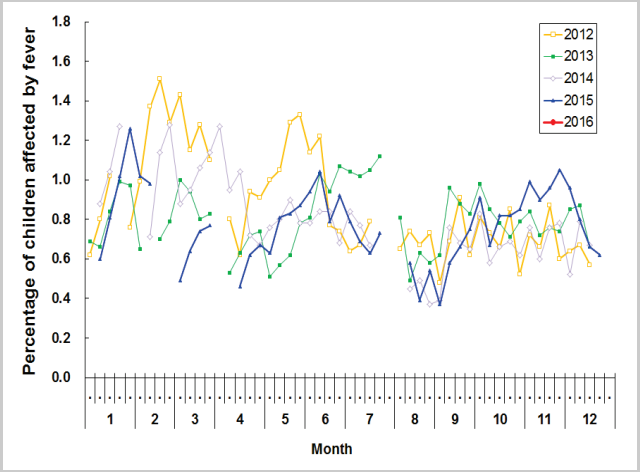

Figure 6 Percentage of children with fever at sentinel CCC/ KG, 2012-16

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

In week 1, 0.11% of residents in the sentinel residential care homes for the elderly (RCHEs) had fever (38°C or above), as compared to 0.14% in the previous week (Figure 7).

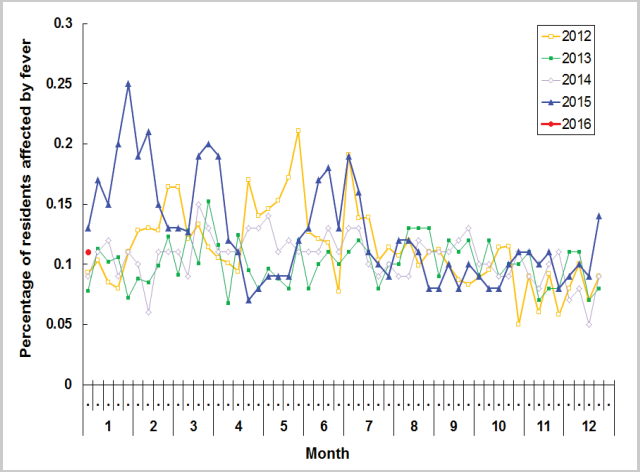

Figure 7 Percentage of residents with fever at sentinel RCHE, 2012-16

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

In week 1, the average consultation rate for ILI among Chinese medicine practitioners (CMPs) was 2.13 ILI cases per 1,000 consultations as compared to 1.54 in the previous week (Figure 8).

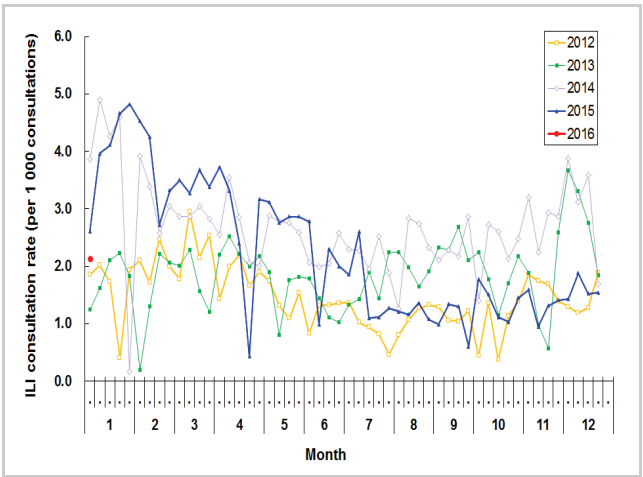

Figure 8 ILI consultation rate at sentinel CMP, 2012-16

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

- In week 1 and the first 4 days of week 2 (Jan 3 to 6, 2016), there were no new reports of severe paediatric influenza-associated complication/death.

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

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

- In week 1 and the first 4 days of week 2 (Jan 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 Dec 26, 2015), influenza activity increased slightly. The proportion of outpatient visits for ILI was 2.6%, which is above the national baseline of 2.1%.
- In Canada (week ending Dec 19, 2015), the influenza activity in the past week was on the rise nationally compared to previous weeks.
- In the United Kingdom (week ending Dec 27, 2015), the influenza activity remained at a low level but an increase in the activity has been observed.
- In Europe (week ending Dec 27, 2015), influenza activity remained low in most countries in the Region. However, the proportion of influenza virus positive sentinel specimens increased to over 10% for two consecutive weeks for the first time since October 2015, confirming the start of the influenza season in the week ending December 20, 2015.
- In Mainland China (week ending Dec 27, 2015), the influenza activity in both southern and northern China has continued to increase. Influenza A and B co-circulated in both southern and northern China. Among the influenza A viruses detected, the majority were H3N2 in northern China while most of the influenza A viruses detected recently in southern China were the H1N1 virus circulating in some eastern provinces.
- In Taiwan (week ending Jan 2, 2016), the influenza activity continued to increase. The predominating virus was influenza A(H3N2).

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 and Taiwan Centers for Disease Control.