

# 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 Jun 9, 2016)

**Reporting period: May 29 – Jun 4, 2016 (Week 23)**

- The latest surveillance data showed that the local influenza activity 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 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](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 23, the average consultation rate for influenza-like illness (ILI) among sentinel general outpatient clinics (GOPCs) was 5.6 ILI cases per 1,000 consultations, which was lower than 6.1 recorded in the previous week (Figure 1, left). The average consultation rate for ILI among sentinel private doctors was 44.5 ILI cases per 1,000 consultations, which was higher than 40.7 recorded in the previous week (Figure 1, right).

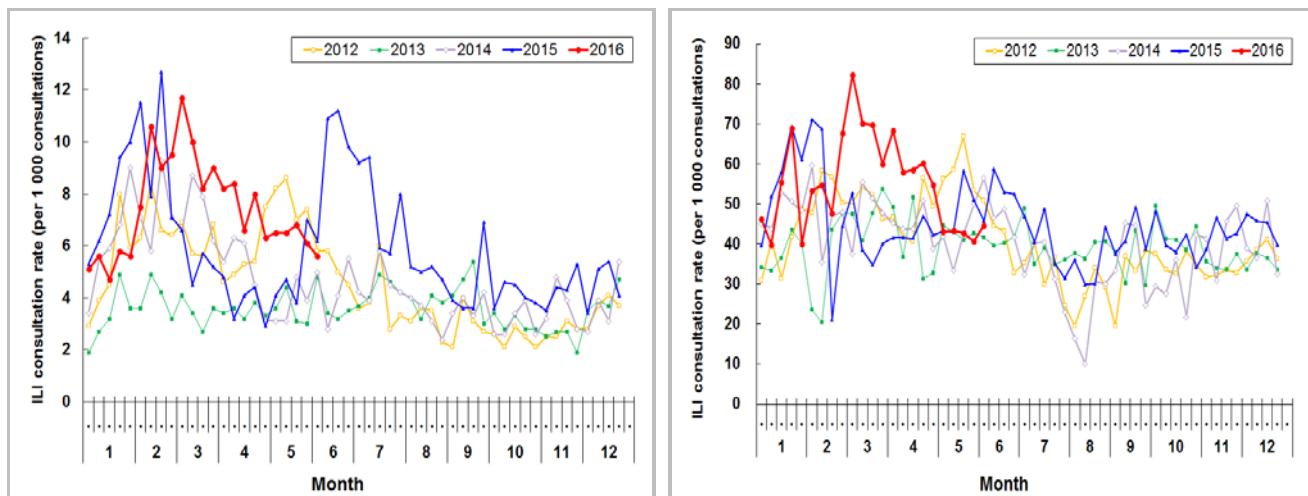


Figure 1 ILI consultation rate at sentinel GOPCs (left) and private doctors (right), 2012-16

## Laboratory surveillance, 2012-16

Among the respiratory specimens received in week 23, 134 (3.52%) were tested positive for seasonal influenza viruses, including 26 (0.68%) influenza A(H1), 19 (0.50%) influenza A(H3), 75 (2.00%) influenza B and 14 (0.37%) influenza C. The percentage of respiratory specimens tested positive for seasonal influenza viruses last week was 3.52%, which was lower than 6.27% 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 55.9%, 19.4%, 14.2% and 10.5% respectively.

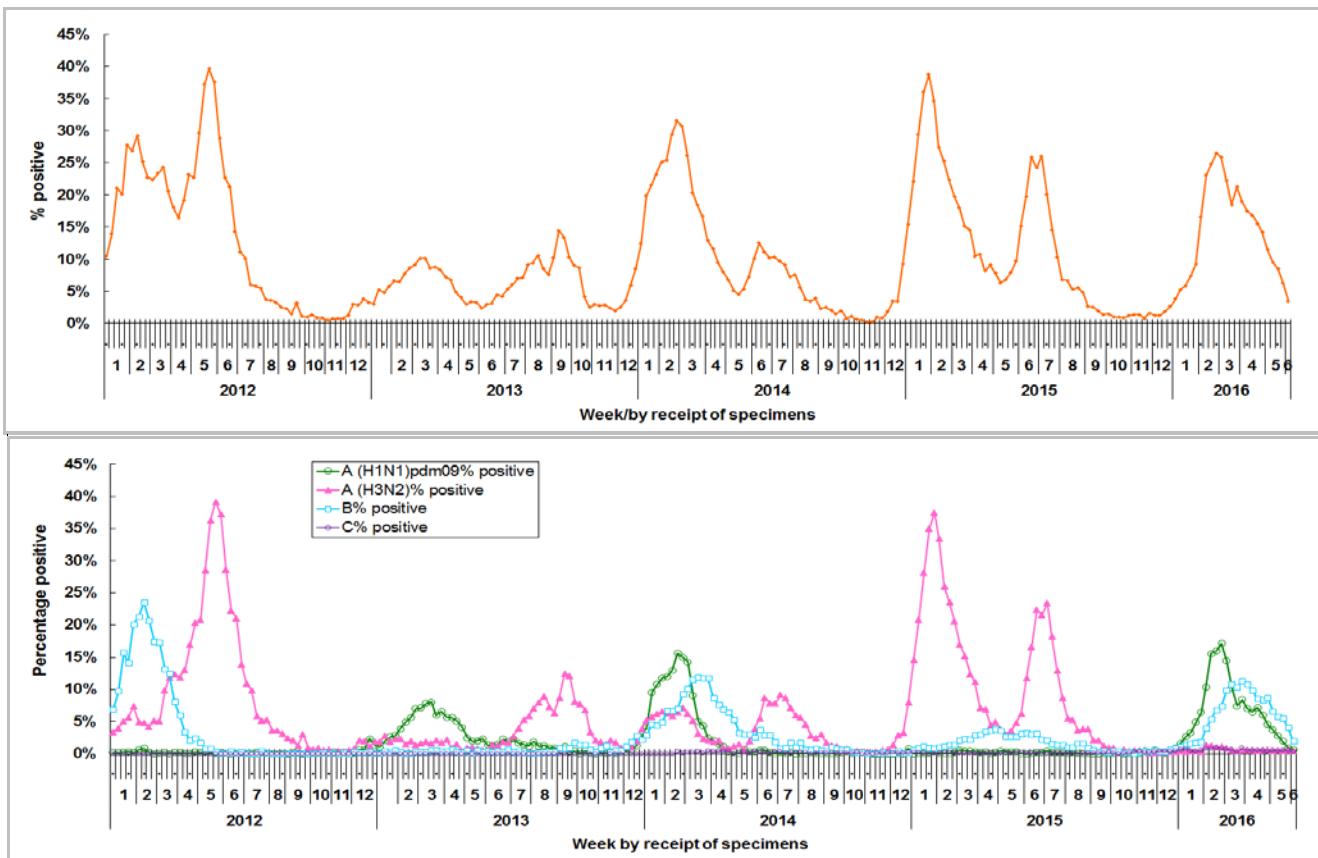


Figure 2 Percentage of respiratory specimens tested positive for influenza viruses, 2012-16 (upper: overall positive percentage, lower: positive percentage by subtypes)

## Influenza-like illness outbreak surveillance, 2012-16

In week 23, 9 ILI outbreaks occurring in schools/institutions (affecting 45 persons) were recorded, as compared to 8 outbreaks (affecting 32 persons) recorded in the previous week (Figure 3). In the first 5 days of week 24 (Jun 5 to 9, 2016), no institutional ILI outbreaks were recorded.

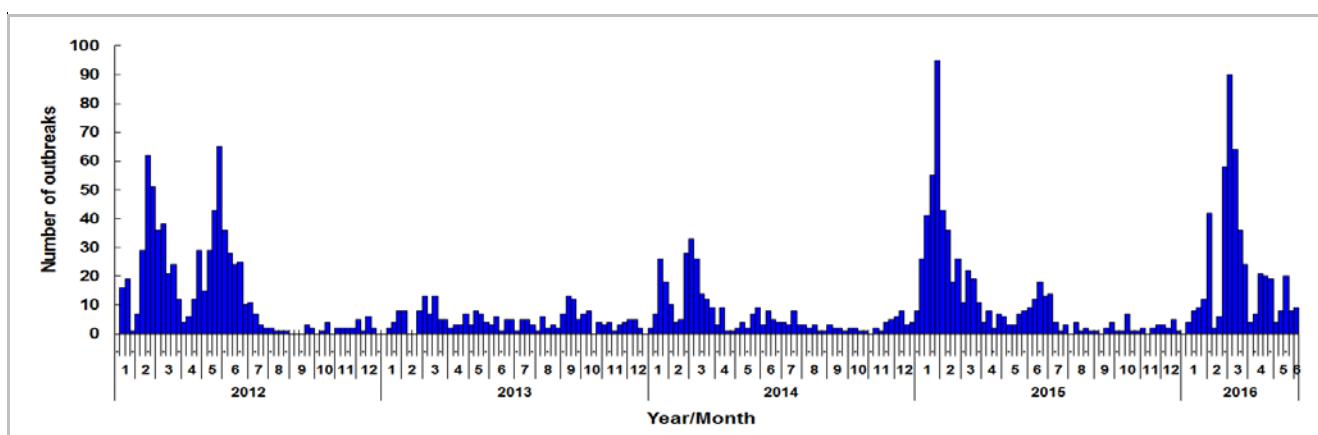


Figure 3 ILI outbreaks in schools/institutions, 2012-16

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

In week 23, the rate of the influenza-like illness syndrome group in the accident and emergency departments (AED) was 161.1 (per 1,000 coded cases), which was lower than the rate of 175.9 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.*

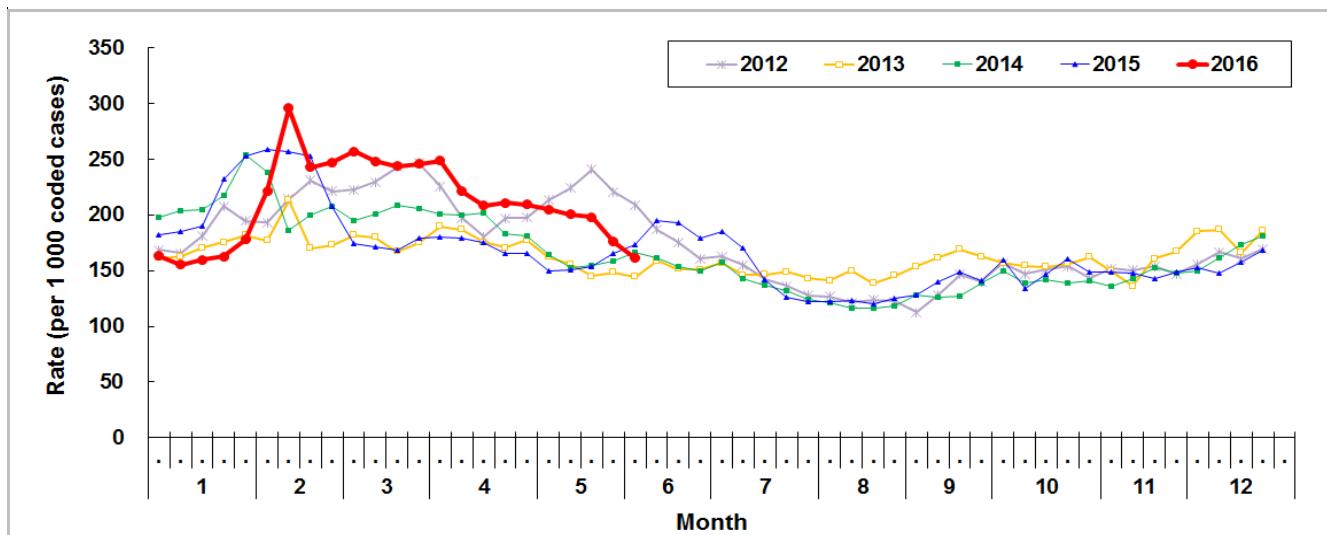


Figure 4 Rate of ILI syndrome group in AED, 2012-16

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

In week 23, 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 0.21, 0.07, 0.03 and 0.14 cases (per 10,000 people in the age group) respectively, as compared to 0.60, 0.21, 0.05 and 0.22 cases in the previous week (Figure 5). Weekly number of deaths with any diagnosis of influenza is also shown in Figure 5.

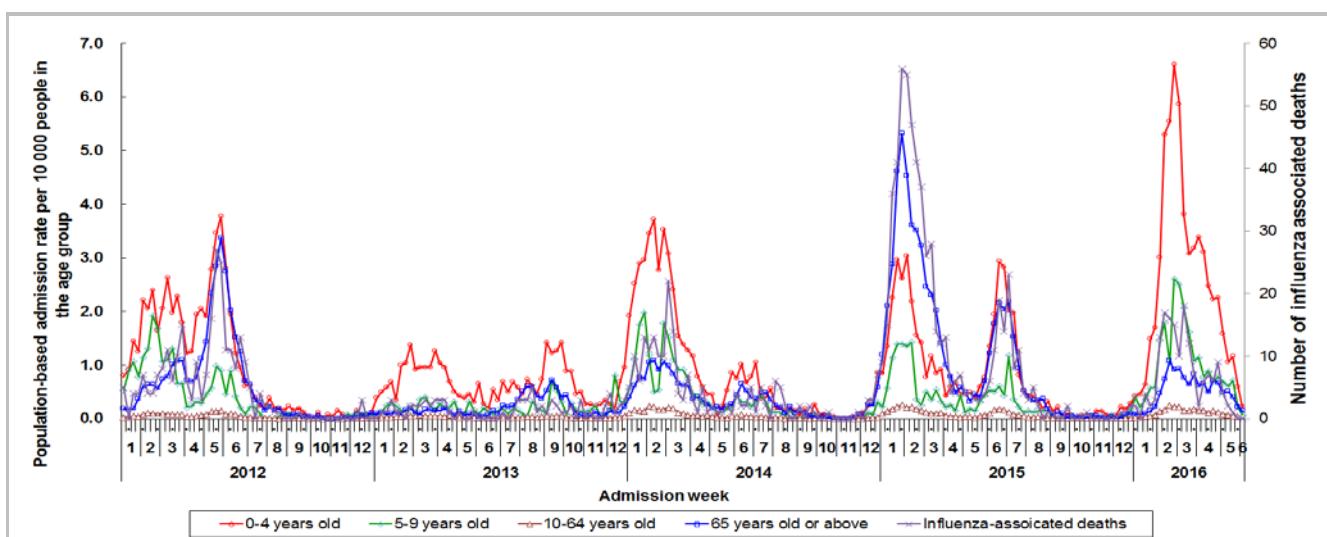


Figure 5 Influenza associated hospital admission rates and deaths, 2012-16

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

In week 23, 0.64% of children in the sentinel child care centres/ kindergartens (CCC/ KG) had fever ( $38^{\circ}\text{C}$  or above) as compared to 0.74% in the previous week (Figure 6).

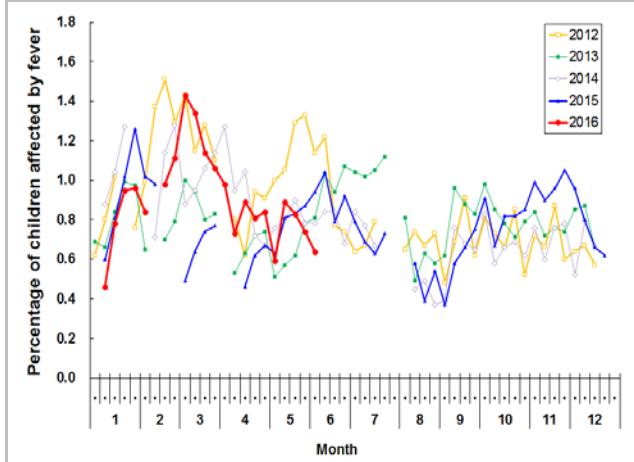


Figure 6 Percentage of children with fever at sentinel CCC/ KG, 2012-16

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

In week 23, 0.08% of residents in the sentinel residential care homes for the elderly (RCHEs) had fever ( $38^{\circ}\text{C}$  or above) as compared to 0.13% in the previous week (Figure 7).

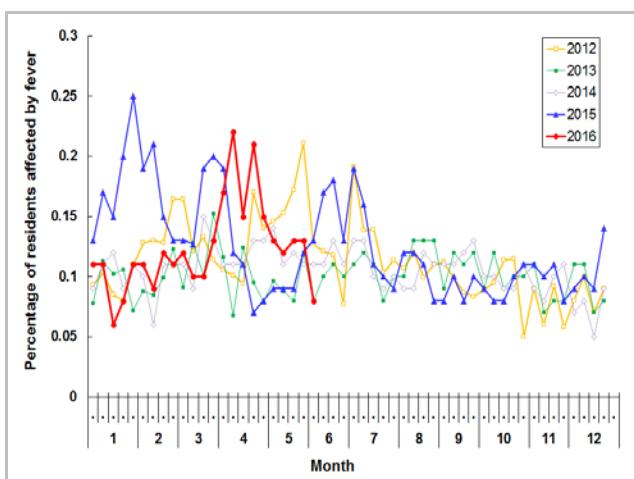


Figure 7 Percentage of residents with fever at sentinel RCHE, 2012-16

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

In week 23, the average consultation rate for ILI among Chinese medicine practitioners (CMPs) was 1.66 ILI cases per 1,000 consultations as compared to 2.11 in the previous week (Figure 8).

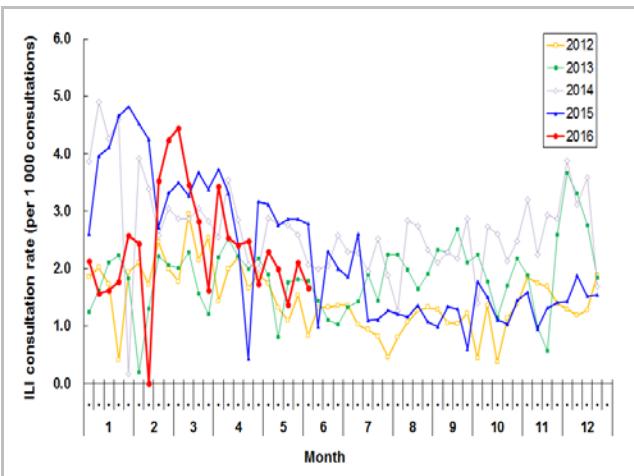


Figure 8 ILI consultation rate at sentinel CMP, 2012-16

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

- In week 23, there were no new cases of severe paediatric influenza-associated complication/death. In the first 5 days of week 24 (Jun 5 to 9, 2016), one case of severe paediatric influenza-associated complication was reported involving a 3-year-old boy who had developed pneumonia. His respiratory specimen was tested positive for influenza B virus. He did not receive seasonal influenza vaccine.

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

- In week 23 and the first 5 days of week 24 (Jun 5 to 9, 2016), there were no new reports of oseltamivir (Tamiflu) resistant influenza A(H1N1)pdm09 virus infection. There are totally 48 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 May 28, 2016), influenza activity remained at a low level. The proportion of outpatient visits for ILI was 1.5%, which was below the national baseline of 2.1%.
- In the United Kingdom (week ending May 29, 2016), influenza activity continued to decrease and was below the baseline levels across surveillance schemes.
- In Taiwan (week ending May 21, 2016), the peak of the season has been over and the influenza activity has persistently declined. The numbers of ILI consultations in AED and severe influenza cases continued to decrease. Influenza B constituted 76% of influenza detection. During the past four weeks, the antigenic match between the seasonal influenza vaccine and the circulating influenza virus strains were 100% for H1N1, 100% for H3N2 viruses, and 36% for influenza B virus.
- In New Zealand (week ending June 5, 2016), the influenza activity was very low among consultation-seeking patients nationwide.

*Sources:*

Information have been extracted from the following sources when updates are available: [United States Centers for Disease Control and Prevention](#), [Public Health England](#), [Taiwan Centers for Disease Control](#) and [New Zealand Ministry of Health](#).