

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 17, 2015)

Reporting period: Jun 7 – 13, 2015 (Week 24)

- The summer influenza season has arrived in Hong Kong. The latest surveillance data showed a continual increase in local influenza activity.
- The Centre for Health Protection has collaborated with the Hospital Authority and private hospitals to monitor influenza associated intensive care unit (ICU) admissions or deaths (aged 18 years or above) since Jun 12, 2015. As of Jun 17, there were 23 cases of influenza associated ICU admission or death, in which 16 were fatal cases. Separately, no cases of severe paediatric influenza infection (aged below 18 years) were recorded in the same period. The total number of severe cases recorded among all age groups in the past week was 23.
- Influenza can cause serious illnesses in high-risk individuals and even healthy persons. Except for those with contraindications, influenza vaccination is suitable for all persons aged 6 months or above.
- Children (aged between six months and less than 6 years, or attending a kindergarten or child care centre in Hong Kong) and elderly (aged 65 years or above), who are eligible, can be subsidized for seasonal influenza vaccination from enrolled private doctors participating in the Government's vaccination subsidy schemes starting from Oct 6, 2014.
- The Centre for Health Protection has launched the 2015 Southern Hemisphere Seasonal Influenza Vaccination Programme for residents of residential care homes for the elderly and other elders. Programme detail can be found at the following website:
http://www.chp.gov.hk/files/pdf/provision_table_2015_shsivp_eng.pdf

Influenza-like-illness surveillance among sentinel general outpatient clinics and sentinel private doctors, 2011-15

In week 24, the average consultation rate for influenza-like illness (ILI) among sentinel general outpatient clinics (GOPCs) increased to 10.9 ILI cases per 1,000 consultations from 6.2 recorded in the previous week (Figure 1, left). The average consultation rate for ILI among sentinel private doctors increased to 58.7 ILI cases per 1,000 consultations from 45.8 recorded in the previous week (Figure 1, right).

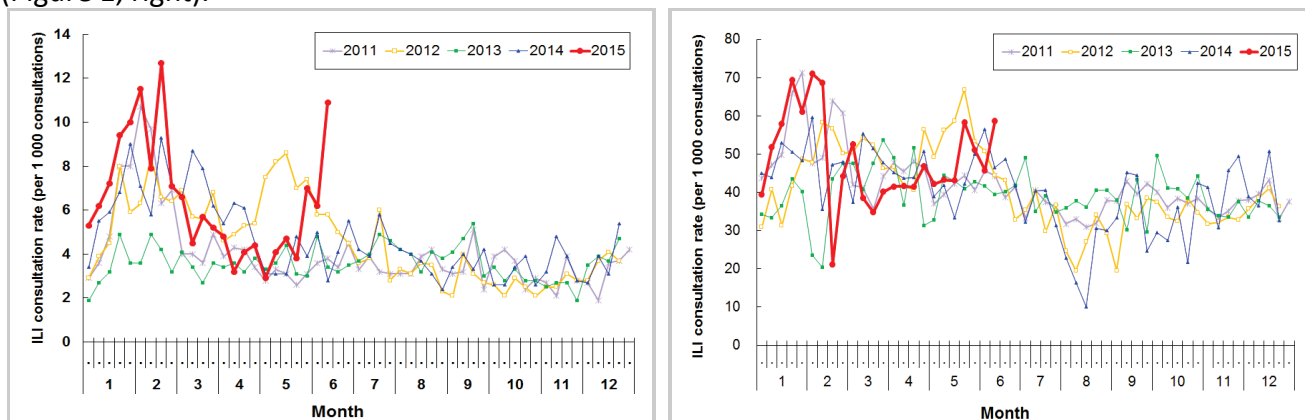


Figure 1 ILI consultation rate at sentinel GOPCs (left) and private doctors (right), 2011-15

Laboratory surveillance, 2011-15

Among the respiratory specimens received in week 24, 746 (19.55%) were tested positive for seasonal influenza viruses, including 3 (0.08%) influenza A(H1), 627 (16.44%) influenza A(H3), 113 (2.96%) influenza B and 3 (0.08%) influenza C. The percentage of respiratory specimens tested positive for seasonal influenza viruses last week was 19.55%, which was higher than 15.13% recorded in the previous week (Figure 2). Among influenza virus detections, the proportion of A(H3N2) increased from 77.8% to 84.1% in the last two weeks while that of B decreased from 21.6% to 15.2%. That of A(H1) and C remained low.

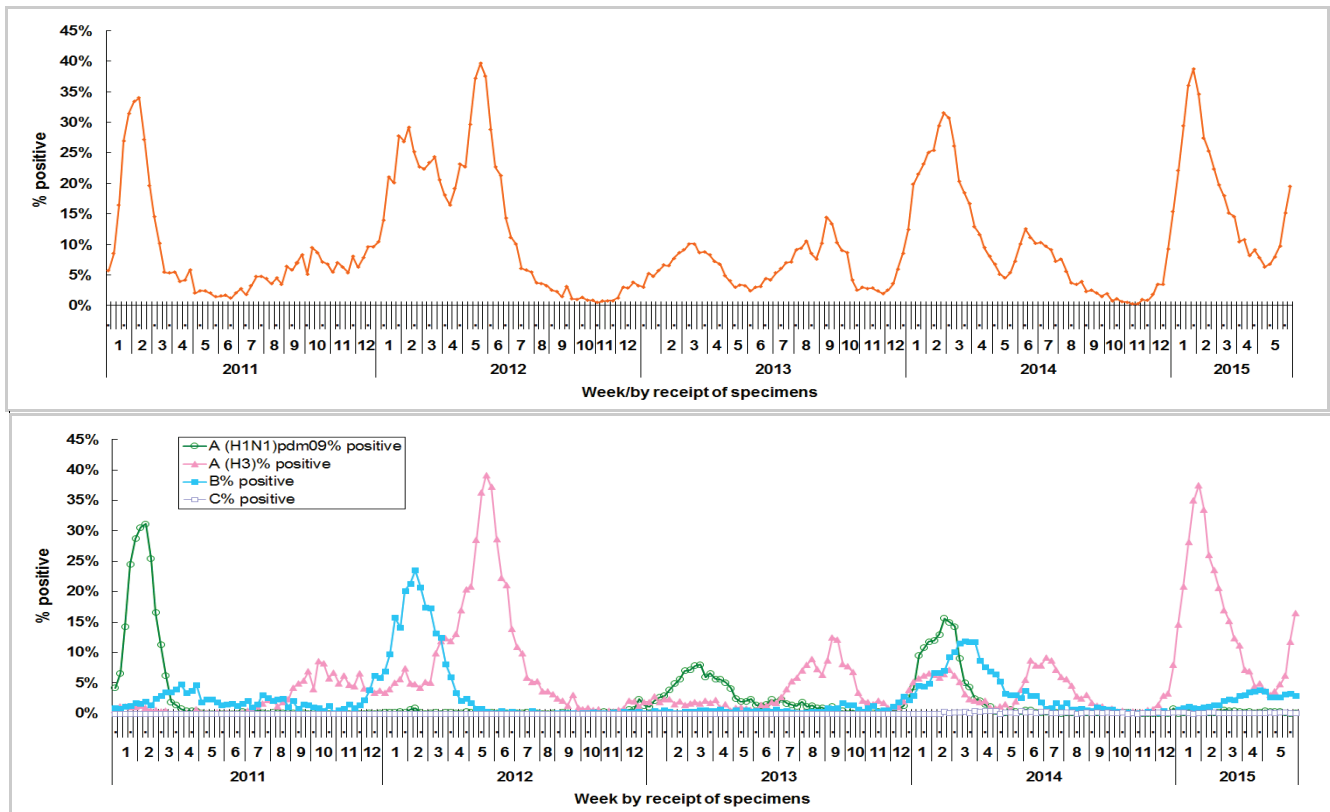


Figure 2 Percentage of respiratory specimens tested positive for influenza viruses, 2011-15 (upper: overall positive percentage, lower: positive percentage by subtypes)

Influenza-like illness outbreak surveillance, 2011-15

In week 24, the number of ILI outbreaks occurring in schools/ institutions recorded was 12, as compared to 10 recorded in the previous week (Figure 3). In the first 4 days of week 25 (Jun 14 to 17, 2015), 11 institutional ILI outbreaks were recorded. Majority of the outbreaks in the past four weeks occurred in schools (51.4%) and residential care homes for the elderly (40.5%).

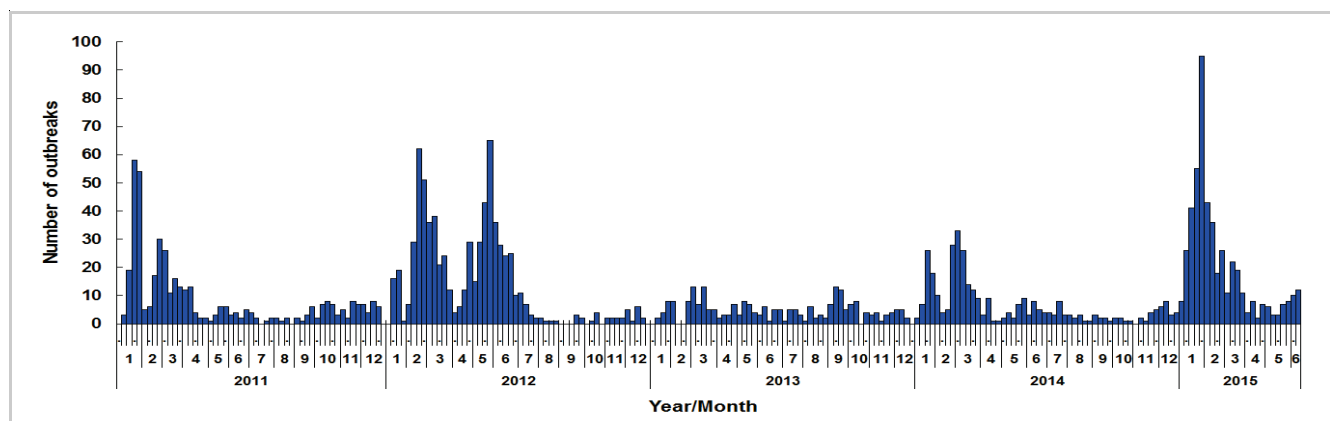


Figure 3 ILI outbreaks in schools/institutions, 2011-15

Rate of influenza-like illness syndrome group in accident and emergency departments, 2011-15[#]

In week 24, the rate of the influenza-like illness syndrome group in the accident and emergency departments (AED) was 196.2 (per 1,000 coded cases), which was higher than the rate of 173.5 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.

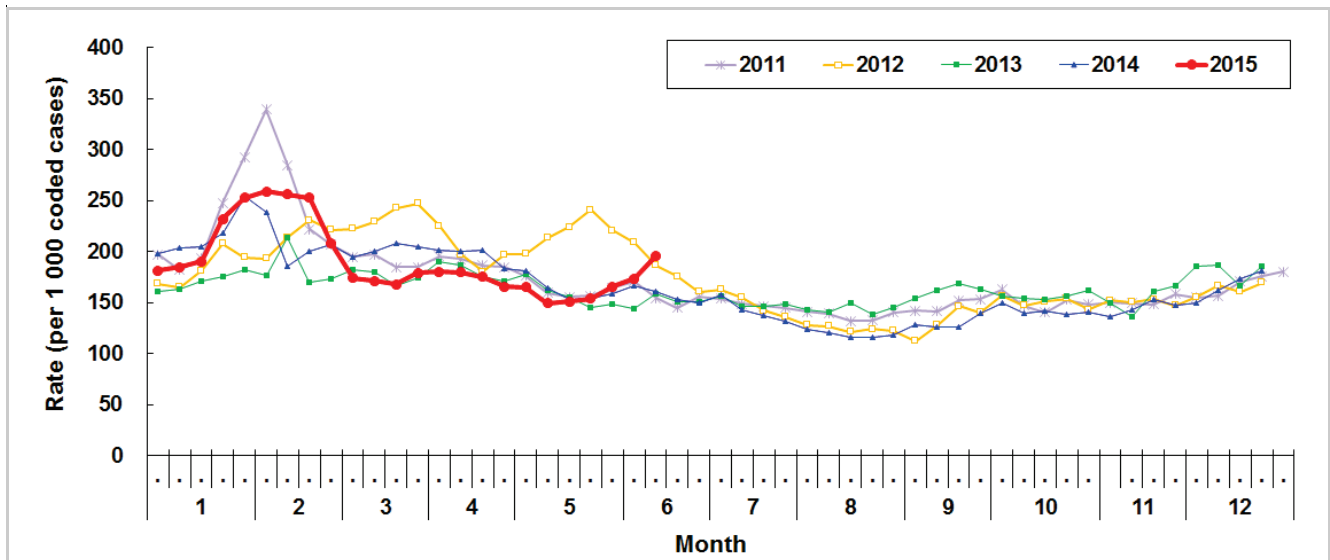


Figure 4 Rate of ILI syndrome group in AED, 2011-15

Influenza associated hospital admission rates and deaths in public hospitals based on discharge coding, 2011-15

In week 24, 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 2.12, 0.17 and 1.47 cases (per 10,000 people in the age group) respectively, as compared to 1.25, 0.11 and 1.26 cases in the previous week (Figure 5). Weekly number of deaths with any diagnosis of influenza is also shown in Figure 5.

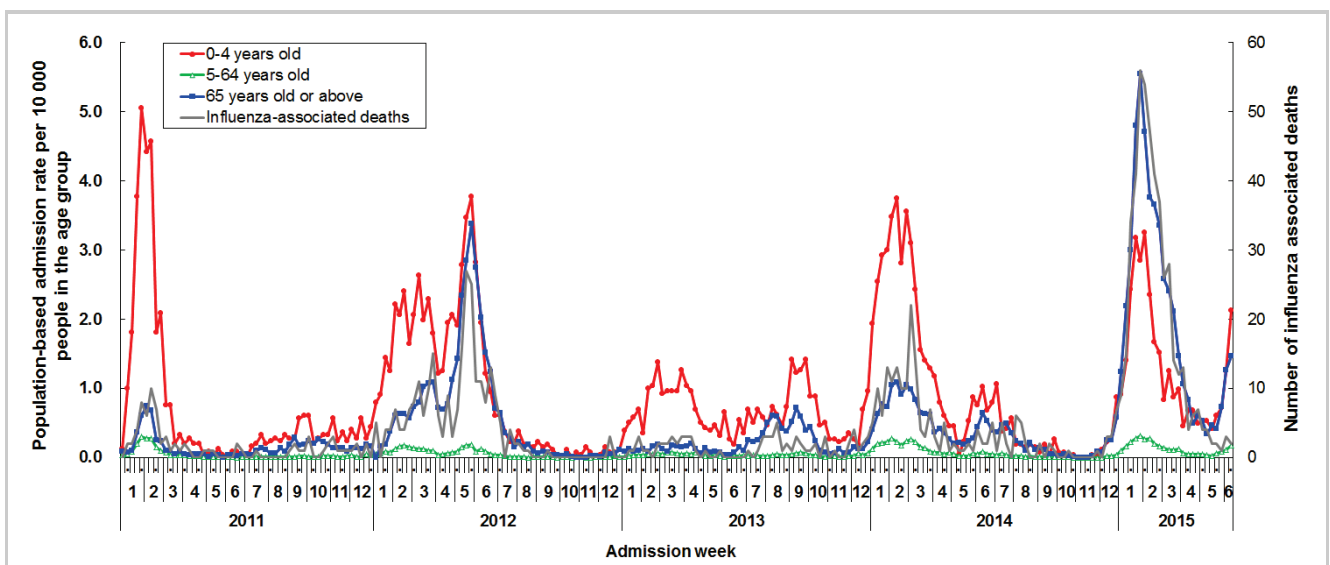


Figure 5 Influenza associated hospital admission rates and deaths, 2011-15

Fever surveillance at sentinel child care centres/ kindergartens, 2011-15

In week 24, 1.04% of children in the sentinel child care centres/ kindergartens (CCC/ KG) had fever (38°C or above) as compared to 0.94% in the previous week (Figure 6).

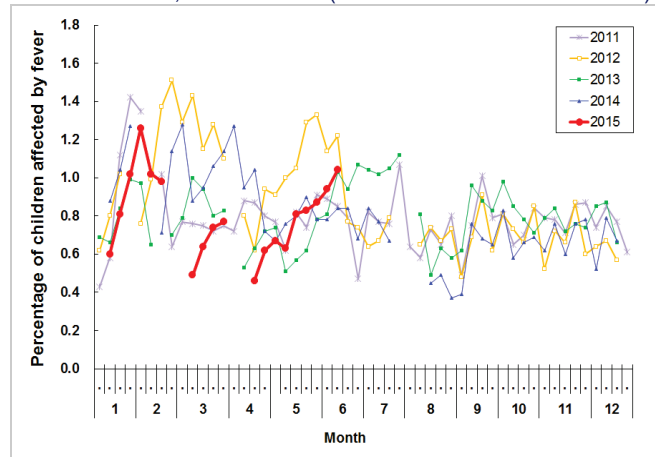


Figure 6 Percentage of children with fever at sentinel CCC/ KG, 2011-15

Fever surveillance at sentinel residential care homes for the elderly, 2011-15

In week 24, 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).

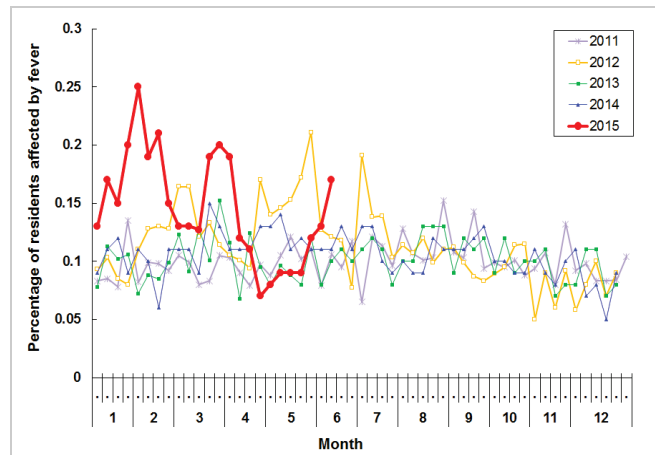


Figure 7 Percentage of residents with fever at sentinel RCHE, 2011-15

Influenza-like illness surveillance among sentinel Chinese medicine practitioners, 2011-15

In week 24, the average consultation rate for ILI among Chinese medicine practitioners (CMPs) was 0.99 ILI cases per 1,000 consultations as compared to 2.78 in the previous week (Figure 8).

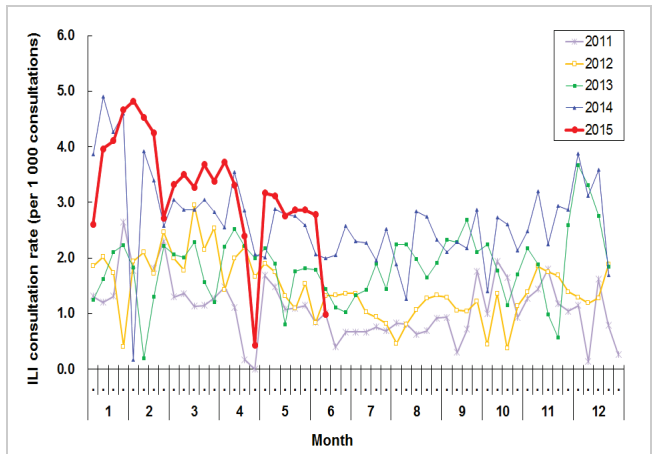


Figure 8 ILI consultation rate at sentinel CMP, 2011-15

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 Jun 12, 2015, a total of 23 severe cases (among all age groups) including 16 deaths were recorded (Figure 9) (as of Jun 17).

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

- In last two days of week 24 (Jun 12 to 13), 4 cases of influenza associated ICU admission/death were recorded, in which 2 of them were fatal. In the first 4 days of week 25 (Jun 14 to 17), 19 cases of influenza associated ICU admission/death were recorded, in which 14 of them were fatal.

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

- In week 24 and the first 4 days of week 25 (Jun 14 to 17), there were no new cases of severe paediatric influenza-associated complication/death.

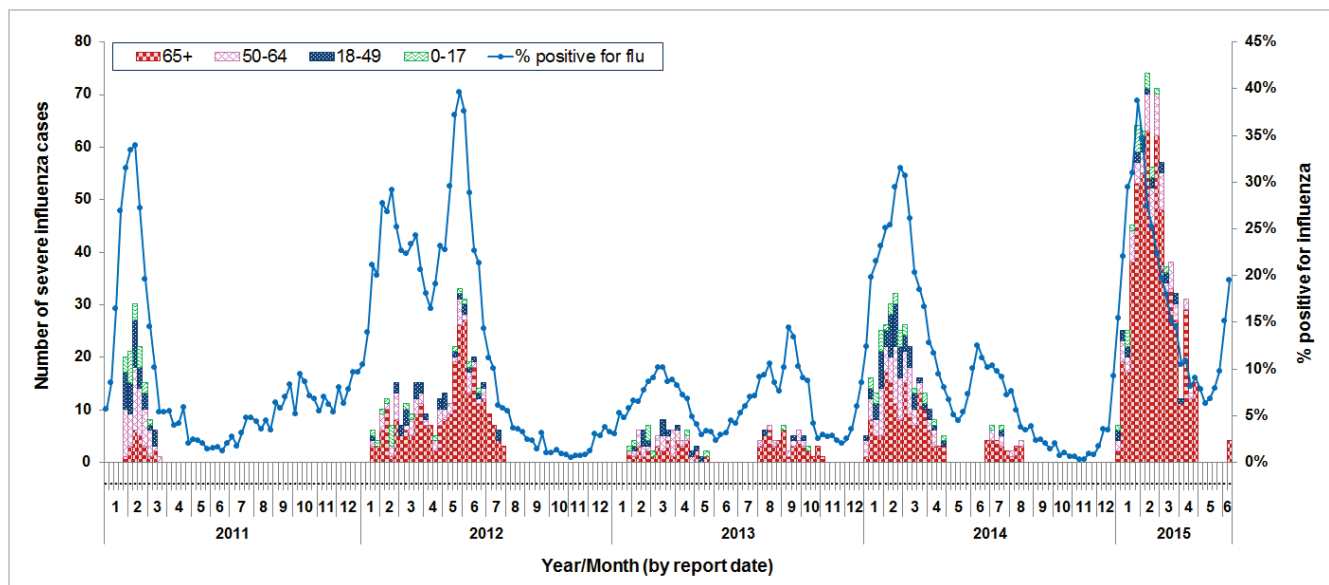


Figure 9 Weekly number of severe influenza cases recorded during influenza seasons, 2011-2015

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 24 and the first 4 days of week 25, 2015 (Jun 14 to 17, 2015), 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 Jun 6, 2015), the proportion of outpatient visits for influenza-like illness is below the national baseline. The percentage tested positive for influenza viruses continued to decrease to a low level of 2.12% in the week ending Jun 6. Influenza B viruses accounted for more than 80% of all influenza viruses reported in this reporting period.
- In Australia (week ending Jun 5, 2015), the 2015 influenza season does not appear to have commenced. While influenza notifications are higher than at this point last year, they are still at low levels.
- In New Zealand (week ending Jun 14, 2015), the ILI consultation rate was below the seasonal threshold.
- In Mainland China (week ending Jun 7, 2015), the influenza activity in southern China showed an increasing trend with influenza A(H3N2) and influenza B predominating. In northern China, the influenza activity remained at a low level with influenza B predominating.
- The summer influenza peak season has arrived in Macao. As of Jun 17, the number of notified influenza infections in Jun was 646, which was twice the number in May (281) and in the same period in 2014 (303). Besides, paediatric and adult ILI consultation rates have significantly increased in recent two weeks to 204 and 109 per 1,000 consultations respectively, as compared with 170 and 75 in the same period last year (as of Jun 17, 2015).

Sources:

Information have been extracted from the following sources when updates are available: [United States Centers for Disease Control and Prevention](#), [Australian Department of Health](#), [New Zealand Ministry of Health](#), [Chinese National influenza Center](#) and [Health Bureau, Macao Special Administrative Region](#).