

# 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 Jan 13, 2016)

**Reporting period: Jan 3 – 9, 2016 (Week 2)**

- The local influenza activity has continued to increase in the past week. The winter influenza season is expected to arrive in the next few weeks.
- 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](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 2, 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 higher than 5.1 recorded in the previous week (Figure 1, left). The average consultation rate for ILI among sentinel private doctors was 39.9 ILI cases per 1,000 consultations, which was lower than 46.2 recorded in the previous week (Figure 1, right).

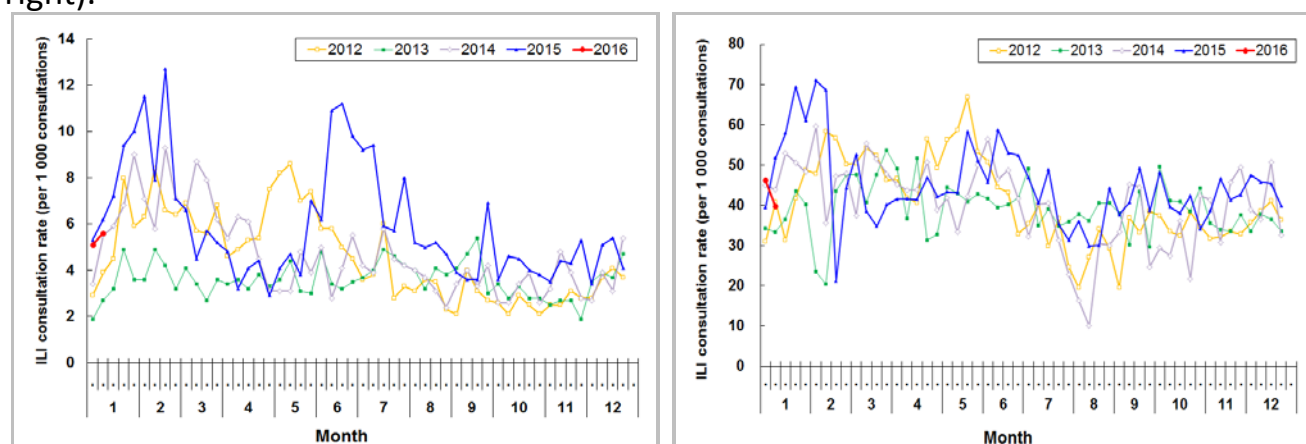


Figure 1 ILI consultation rate at sentinel GOPCs (left) and private doctors (right), 2012-16

## Laboratory surveillance, 2012-16

Among the respiratory specimens received in week 2, 166 (5.18%) were tested positive for seasonal influenza viruses, including 85 (2.65%) influenza A(H1), 10 (0.31%) influenza A(H3), 46 (1.44%) influenza B and 25 (0.78%) influenza C. The percentage of respiratory specimens tested positive for seasonal influenza viruses last week was 5.18%, which was higher than 3.81% 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 51.2%, 27.7%, 15.1% and 6.0% respectively.

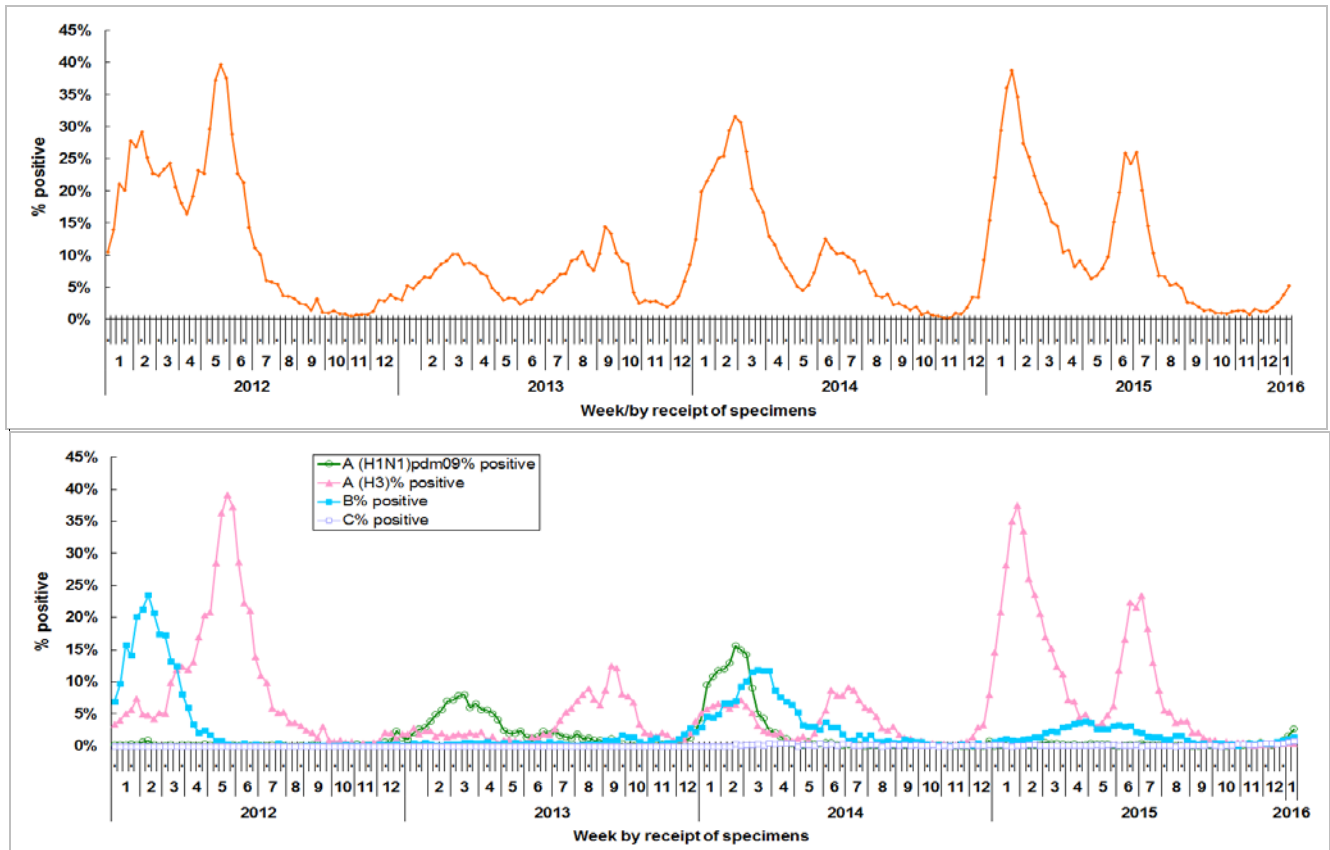


Figure 2 Percentage of respiratory specimens tested positive for influenza viruses, 2012-16 (upper: overall positive percentage, lower: positive percentage by subtypes)

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

In week 2, 4 ILI outbreaks occurring in schools/institutions (affecting 34 persons) were recorded, as compared to none recorded in the previous week (Figure 3). In the first 4 days of week 3 (Jan 10 to 13, 2016), 8 institutional ILI outbreaks (affecting 33 persons) were recorded.

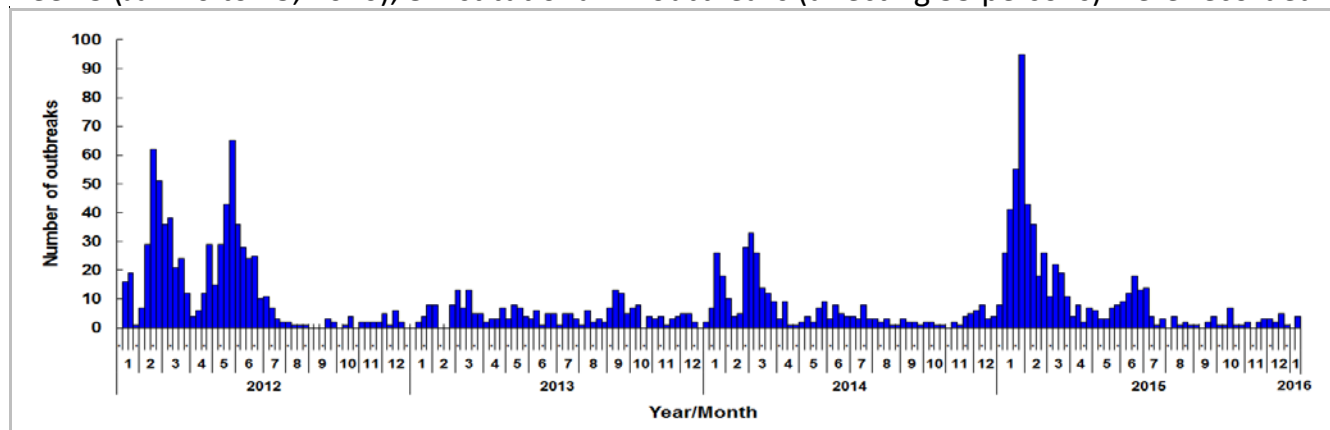


Figure 3 ILI outbreaks in schools/institutions, 2012-16

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

In week 2, the rate of the influenza-like illness syndrome group in the accident and emergency departments (AED) was 156.9 (per 1,000 coded cases), which was lower than the rate of 164.0 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.*

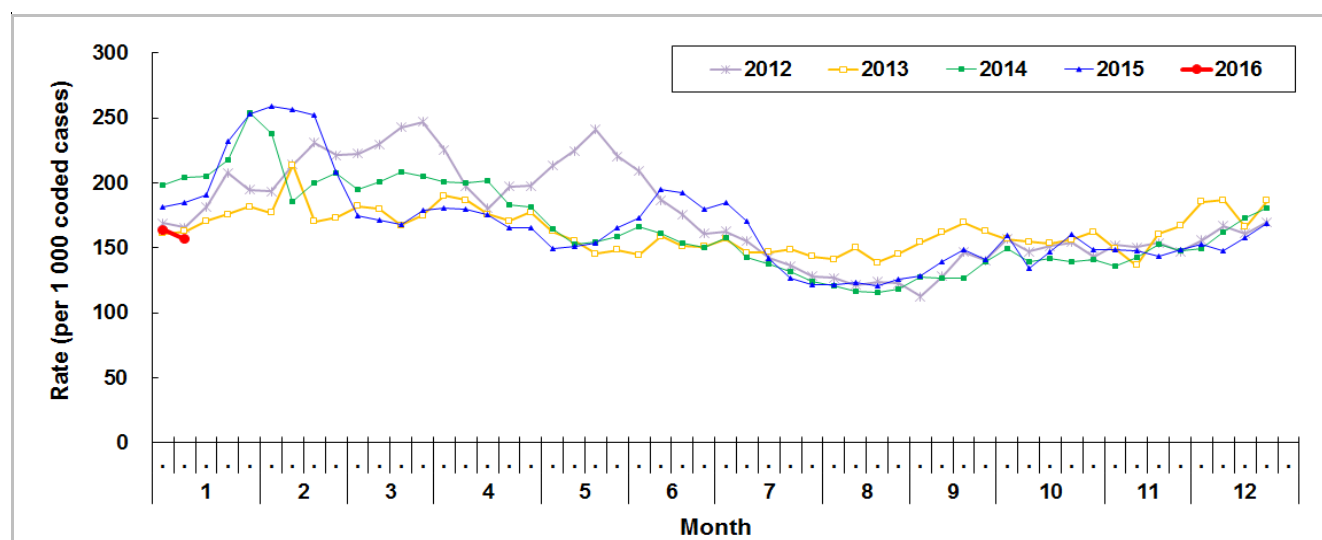


Figure 4 Rate of ILI syndrome group in AED, 2012-16

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

In week 2, 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 0.61, 0.04 and 0.08 cases (per 10,000 people in the age group) respectively, as compared to 0.39, 0.04 and 0.08 cases in the previous week (Figure 5). Weekly number of deaths with any diagnosis of influenza is also shown in Figure 5.

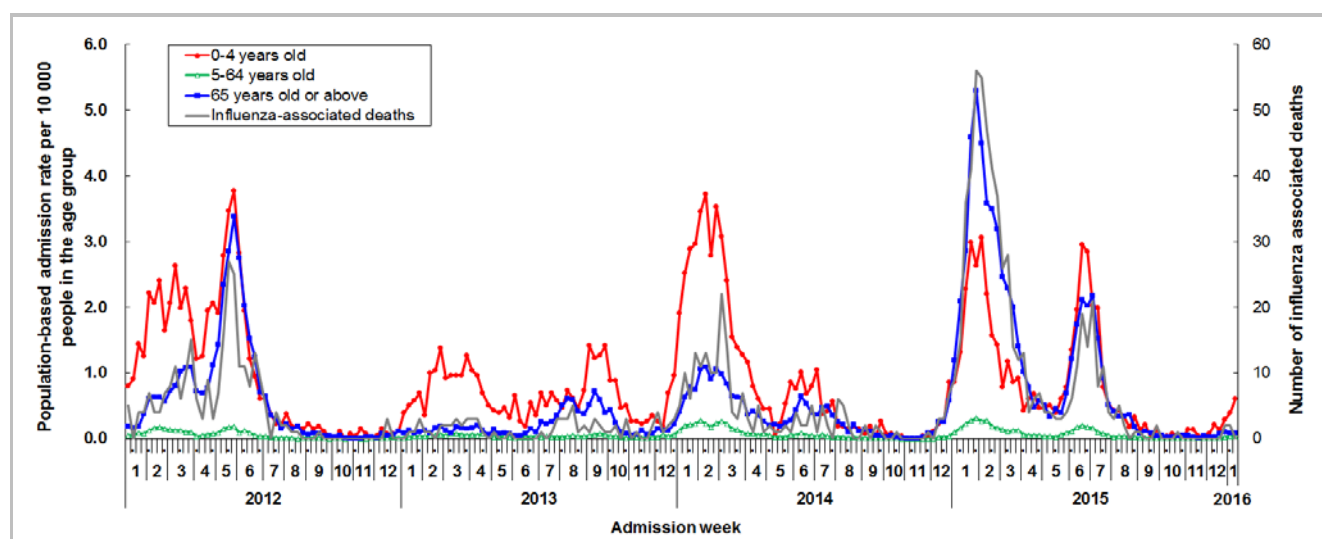


Figure 5 Influenza associated hospital admission rates and deaths, 2012-16

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

In week 2 of 2015, 0.46% of children in the sentinel child care centres/ kindergartens (CCC/ KG) had fever ( $38^{\circ}\text{C}$  or above), as compared to 0.62% in the week 52 of 2015 (Figure 6). The surveillance for week 1 was suspended due to New Year holiday.

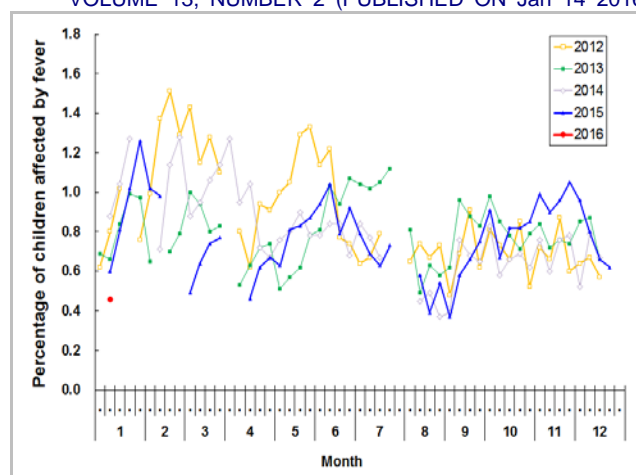


Figure 6 Percentage of children with fever at sentinel CCC/ KG, 2012-16

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

In week 2, 0.11% of residents in the sentinel residential care homes for the elderly (RCHes) had fever ( $38^{\circ}\text{C}$  or above), which was the same as the previous week (Figure 7).

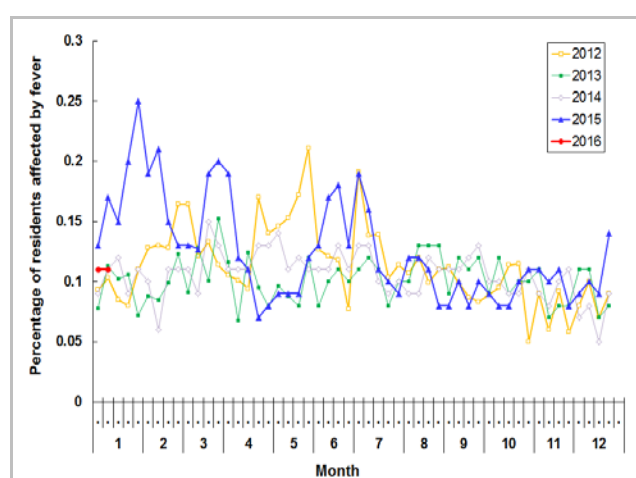


Figure 7 Percentage of residents with fever at sentinel RCHE, 2012-16

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

In week 2, the average consultation rate for ILI among Chinese medicine practitioners (CMPs) was 1.57 ILI cases per 1,000 consultations as compared to 2.13 in the previous week (Figure 8).

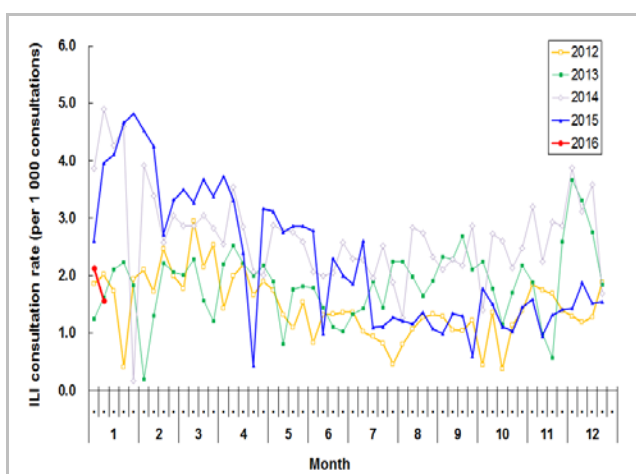


Figure 8 ILI consultation rate at sentinel CMP, 2012-16

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

- In week 2 and the first 4 days of week 3 (Jan 10 to 13, 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 2 and the first 4 days of week 3 (Jan 10 to 13, 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 Jan 2, 2016), influenza activity increased slightly. The proportion of outpatient visits for ILI was 2.8%, which is above the national baseline of 2.1%.
- In Canada (week ending Jan 2, 2016), the influenza activity in the past week increased slightly. Laboratory detection of influenza had increased but remained below expected levels for this time of the year.
- In the United Kingdom (week ending Jan 3, 2016), the influenza activity has increased. The weekly influenza-like illness consultation rates have increased in England, Wales, Scotland and Northern Ireland. The percentage of positive influenza detection was 11.1%. The influenza season has started.
- In Europe (week ending Jan 3, 2016), influenza activity remained low in most countries in the Region. However, the proportion of influenza virus positive sentinel specimens increased to over 10% for three consecutive weeks since October 2015, indicating the start of the influenza season in the week ending December 20, 2015 in the northern and southern parts of the Region.
- In Mainland China (week ending Jan 3, 2016), both southern and northern China have entered the influenza seasons, and the influenza activities showed increasing trends. 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 9, 2016), influenza activity continued to increase. The predominating virus was influenza A(H1N1).

### 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](#).