

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 Aug 10, 2016)

Reporting period: Jul 31 – Aug 6, 2016 (Week 32)

- 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.
- In the coming 2016/17 season, subsidised vaccination will be provided for children aged 6 months to under 12 years, elderly aged 65 years or above, pregnant women, persons with intellectual disabilities and recipients of Disability Allowance (DA). In addition, the eligibility of free vaccination will be expanded to include children aged 6 years to under 12 years from families receiving Comprehensive Social Security Assistance or holding valid Medical Waiver Certificates and DA recipients who are existing clients of public clinics and hospitals (<http://www.chp.gov.hk/en/content/116/45099.html>). The various vaccination programmes will be launched in this autumn and the details will be announced in due course.

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

In week 32, the average consultation rate for influenza-like illness (ILI) among sentinel general outpatient clinics (GOPCs) was 3.5 ILI cases per 1,000 consultations, which was lower than 3.9 recorded in the previous week (Figure 1, left). The average consultation rate for ILI among sentinel private doctors was 25.6 ILI cases per 1,000 consultations, which was lower than 49.2 recorded in the previous week (Figure 1, right).

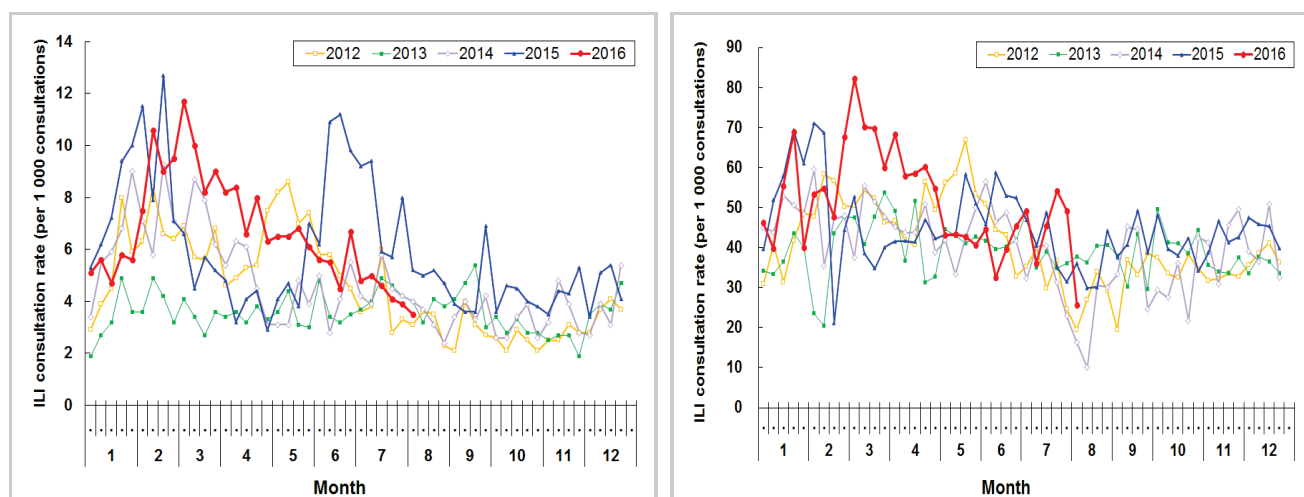


Figure 1 ILI consultation rate at sentinel GOPCs (left) and private doctors (right), 2012-16

Laboratory surveillance, 2012-16

Among the respiratory specimens received in week 32, 132 (4.35%) were tested positive for seasonal influenza viruses, including 6 (0.20%) influenza A(H1), 114 (3.76%) influenza A(H3), 7 (0.23%) influenza B and 5 (0.17%) influenza C. The percentage of respiratory specimens tested positive for seasonal influenza viruses last week was 4.35%, which was higher than 4.11% recorded in the previous week (Figure 2). Among the influenza viruses detected in the last week, the proportions of A(H3), B, A(H1) and C were 86.4%, 5.3%, 4.6% and 3.8% respectively.

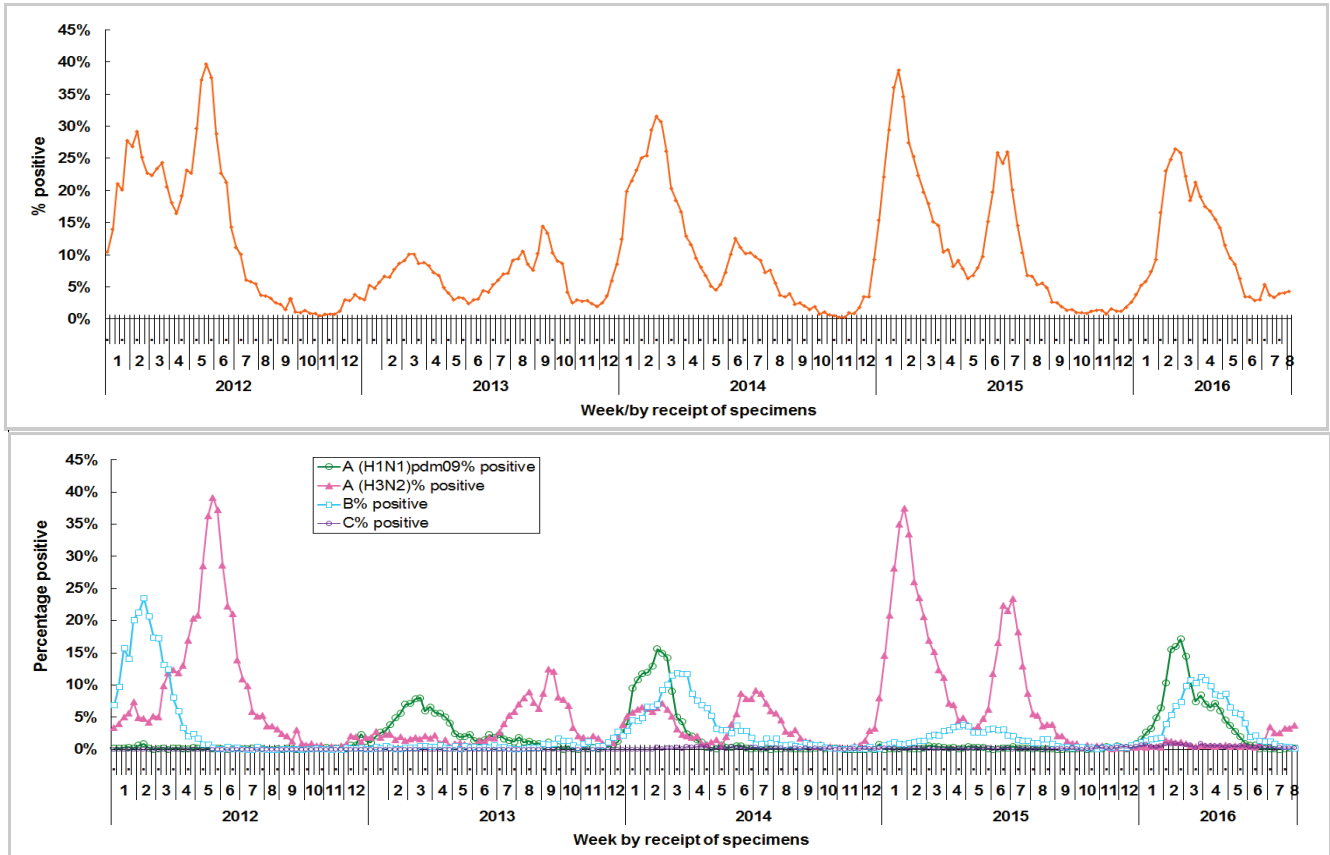


Figure 2 Percentage of respiratory specimens tested positive for influenza viruses, 2012-16 (upper: overall positive percentage, lower: positive percentage by subtypes)

Influenza-like illness outbreak surveillance, 2012-16

In week 32, 3 ILI outbreaks occurring in schools/ institutions (affecting 14 persons) were recorded, as compared to 2 outbreaks (affecting 10 persons) recorded in the previous week (Figure 3). In the first 4 days of week 33 (Aug 7 to 10, 2016), no institutional ILI outbreaks were recorded.

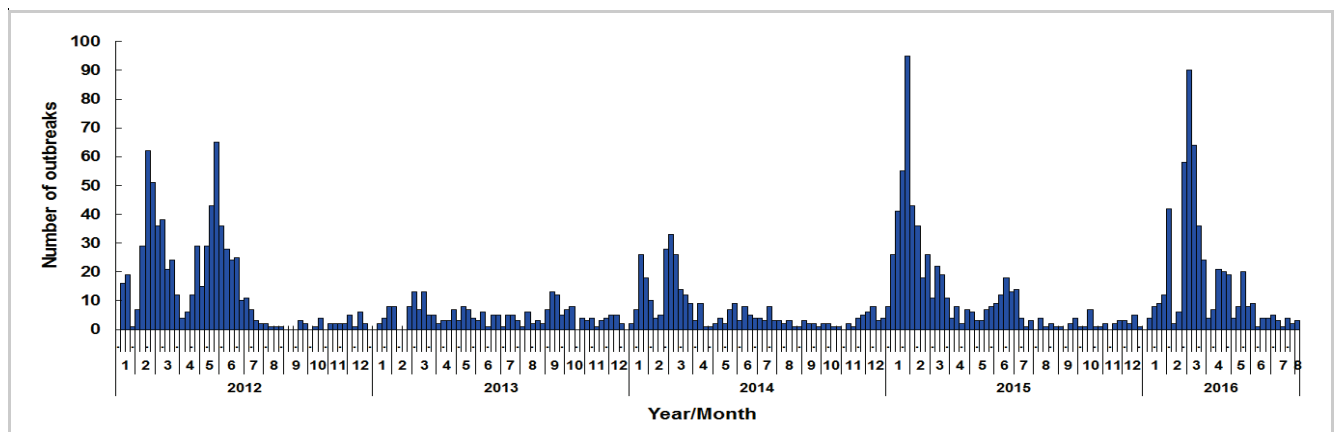


Figure 3 ILI outbreaks in schools/institutions, 2012-16

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

In week 32, the rate of the influenza-like illness syndrome group in the accident and emergency departments (AED) was 132.6 (per 1,000 coded cases), which was lower than the rate of 142.5 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.

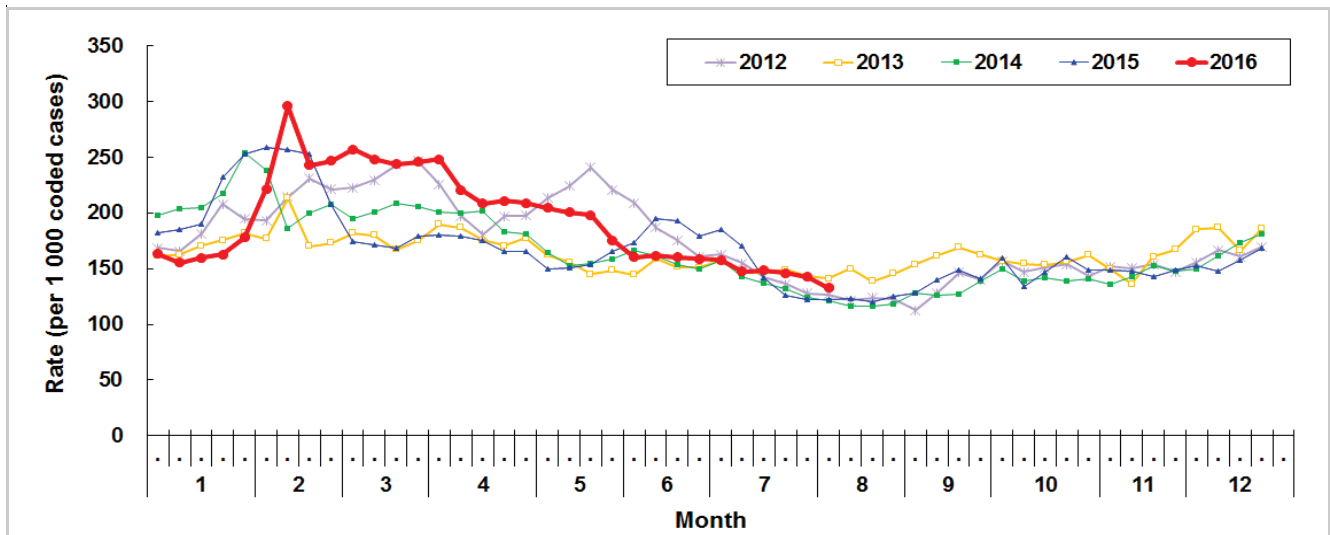


Figure 4 Rate of ILI syndrome group in AED, 2012-16

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

In week 32, 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, 0.02 and 0.25 cases (per 10,000 people in the age group) respectively, as compared to 0.32, 0.18, 0.02 and 0.24 cases in the previous week (Figure 5). Weekly number of deaths with any diagnosis of influenza is also shown in Figure 5.

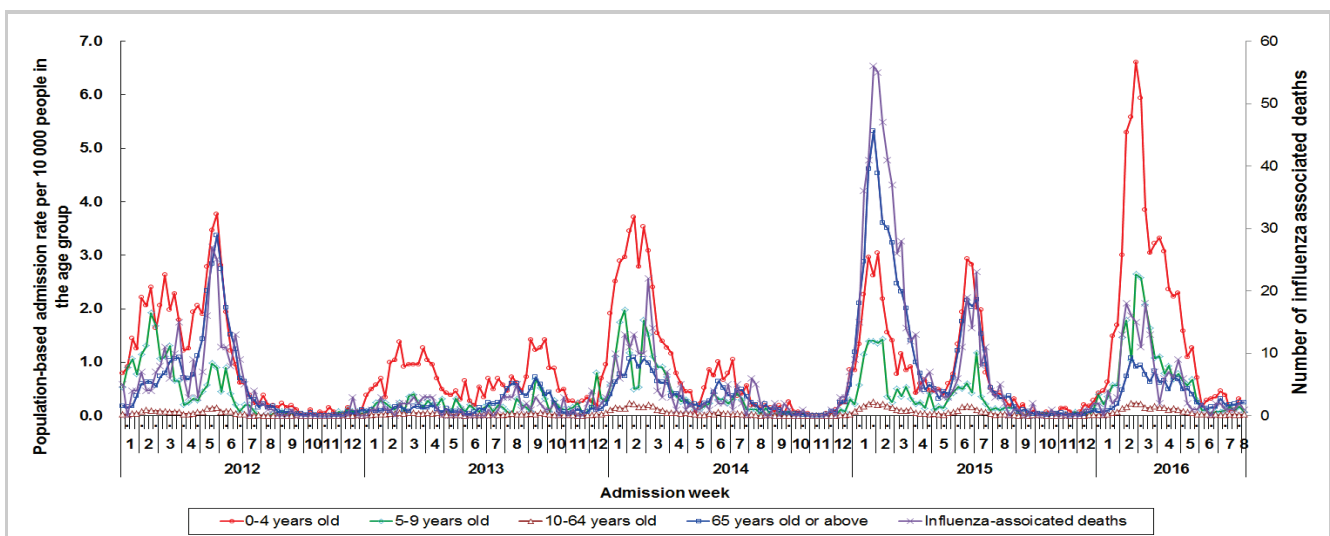


Figure 5 Influenza associated hospital admission rates and deaths, 2012-16

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

In week 30, 1.13% of children in the sentinel child care centres/ kindergartens (CCC/ KG) had fever (38°C or above) as compared to 0.82% in the previous week (Figure 6). The surveillance for week 31-32 was suspended due to summer holiday.

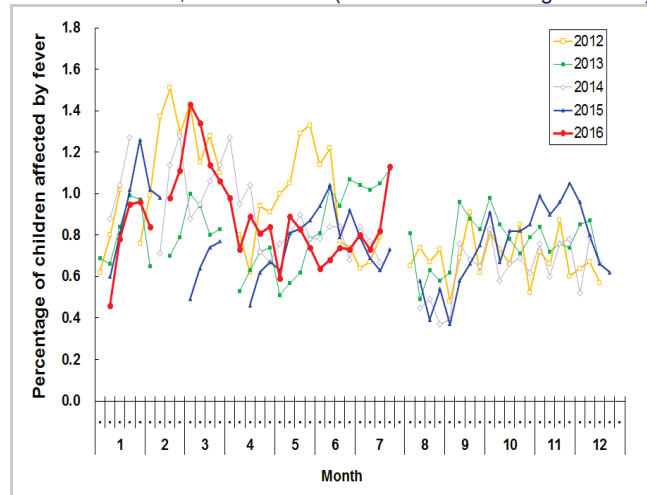


Figure 6 Percentage of children with fever at sentinel CCC/ KG, 2012-16

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

In week 32, 0.11% 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).

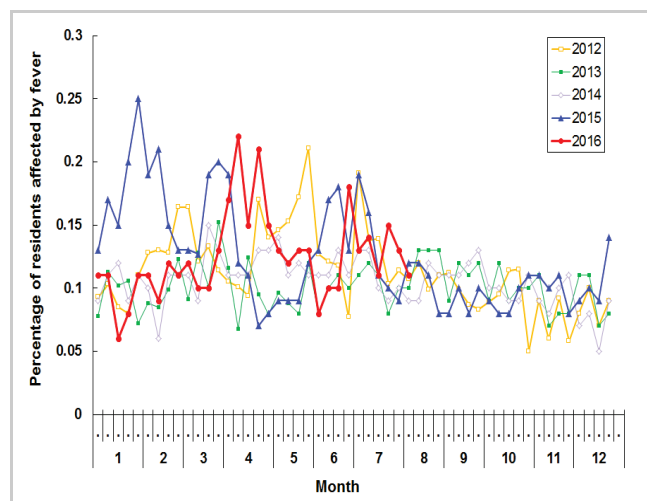


Figure 7 Percentage of residents with fever at sentinel RCHE, 2012-16

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

In week 32, the average consultation rate for ILI among Chinese medicine practitioners (CMPs) was 1.41 ILI cases per 1,000 consultations as compared to 0.99 in the previous week (Figure 8).

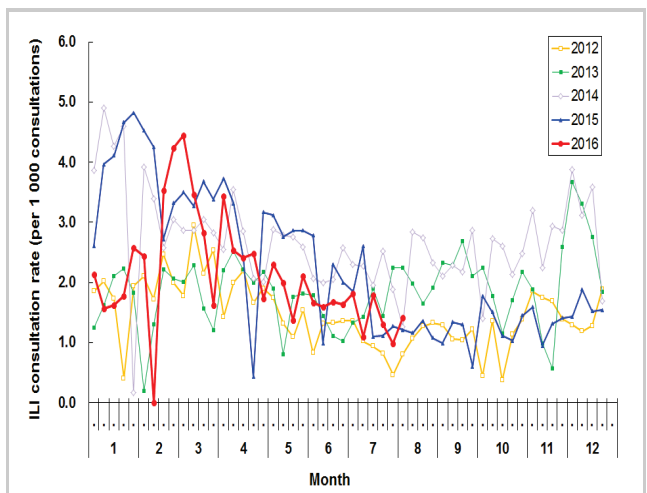


Figure 8 ILI consultation rate at sentinel CMP, 2012-16

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

- In week 32 and the first 4 days of week 33 (Aug 7 to 10, 2016), there were no new cases of severe paediatric influenza-associated complication/death.

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

- In week 32 and the first 4 days of week 33 (Aug 7 to 10, 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 Jul 30, 2016), the influenza activity remained at a low level. The proportion of outpatient visits for ILI was 0.9%, which was below the national baseline of 2.1%.
- In the United Kingdom (week ending Jul 31, 2016), the influenza activity remained low.
- In Australia (week ending Jul 22, 2016), the influenza activity was increasing and indicative of early influenza seasonal activity, however there were some regions within Australia where activity remained unchanged. Influenza A(H3N2) was the predominating virus in recent weeks. The ILI consultation rate increased to 8.8 per 1,000 consultations in the past week from 7.4 in the previous week. This increase is consistent with the trends in previous years.
- In New Zealand (week ending Aug 7, 2016), the influenza activity was very low among consultation-seeking patients nationwide.
- In Brazil (as of Aug 3, 2016), the influenza detections decreased with influenza A(H1N1)pdm09 predominating.

Sources:

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