

# 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 Sep 7, 2016)

**Reporting period: Aug 28 – Sep 3, 2016 (Week 36)**

- The latest surveillance data showed that the local influenza activity in the past two weeks has increased.
- 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 36, the average consultation rate for influenza-like illness (ILI) among sentinel general outpatient clinics (GOPCs) was 3.6 ILI cases per 1,000 consultations, which was lower than 4.1 recorded in the previous week (Figure 1, left). The average consultation rate for ILI among sentinel private doctors was 50.5 ILI cases per 1,000 consultations, which was higher than 43.4 recorded in the previous week (Figure 1, right).

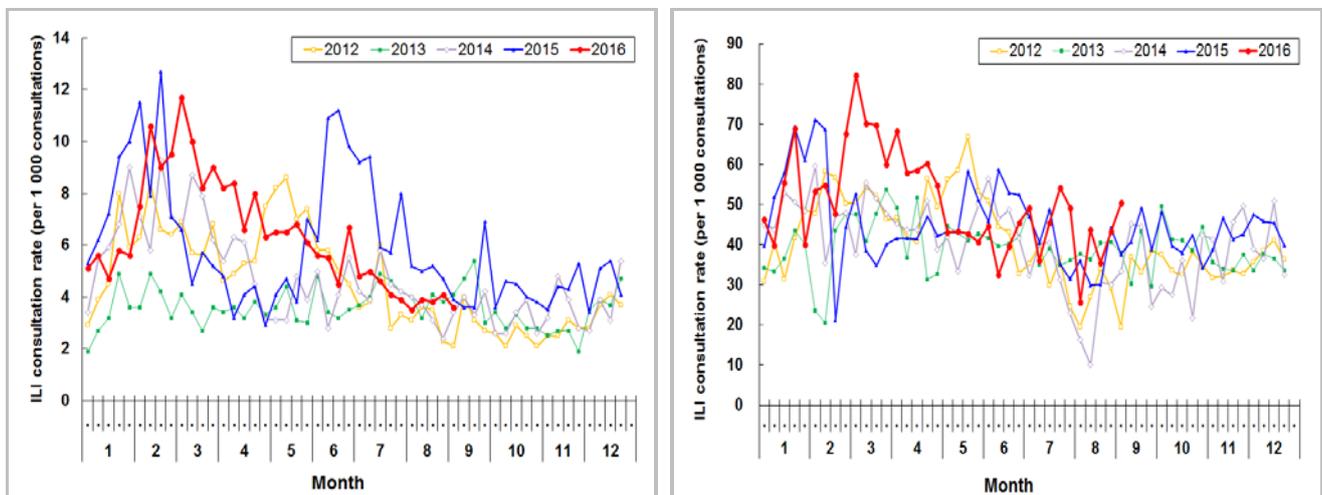


Figure 1 ILI consultation rate at sentinel GOPCs (left) and private doctors (right), 2012-16

### Laboratory surveillance, 2012-16

Among the respiratory specimens received in week 36, 221 (7.31%) were tested positive for seasonal influenza viruses, including 6 (0.20%) influenza A(H1), 202 (6.68%) influenza A(H3), 11 (0.36%) influenza B and 2 (0.07%) influenza C. The percentage of respiratory specimens tested positive for seasonal influenza viruses last week was 7.31%, which was lower than 7.60% 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 91.4%, 5.0%, 2.7% and 0.9% respectively.

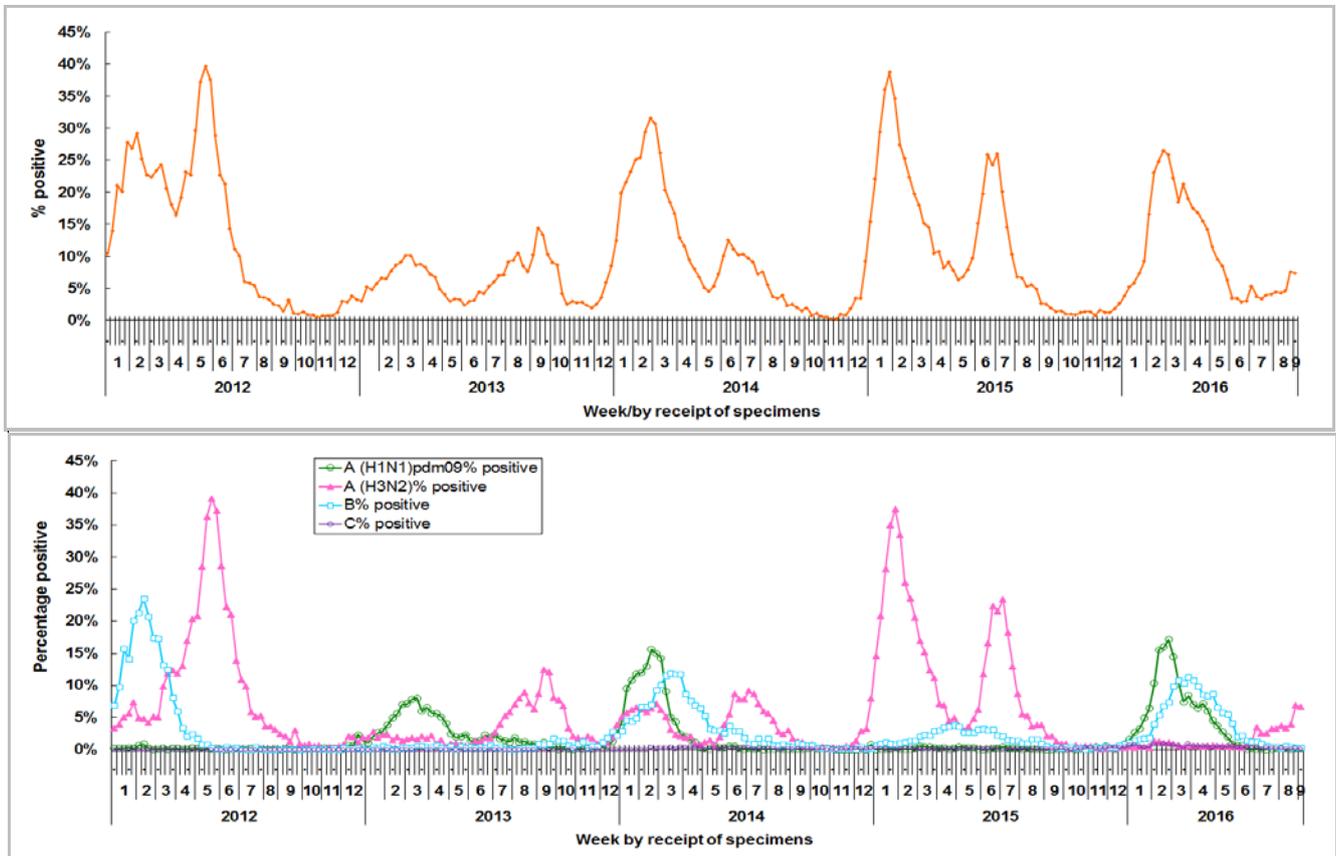


Figure 2 Percentage of respiratory specimens tested positive for influenza viruses, 2012-16 (upper: overall positive percentage, lower: positive percentage by subtypes)

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

In week 36, no ILI outbreaks occurring in schools/institutions were recorded, as compared to 4 outbreaks (affecting 14 persons) recorded in the previous week (Figure 3). In the first 4 days of week 37 (Sep 4 to 7, 2016), 3 institutional ILI outbreaks were recorded (affecting 13 persons).

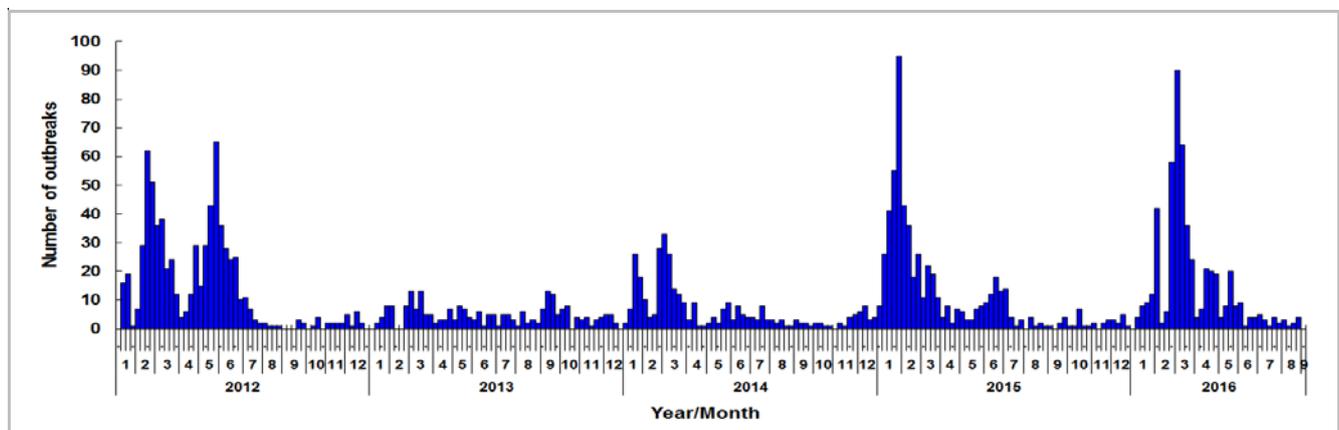


Figure 3 ILI outbreaks in schools/institutions, 2012-16

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

In week 36, the rate of the influenza-like illness syndrome group in the accident and emergency departments (AED) was 133.7 (per 1,000 coded cases), which was lower than the rate of 137.4 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.*

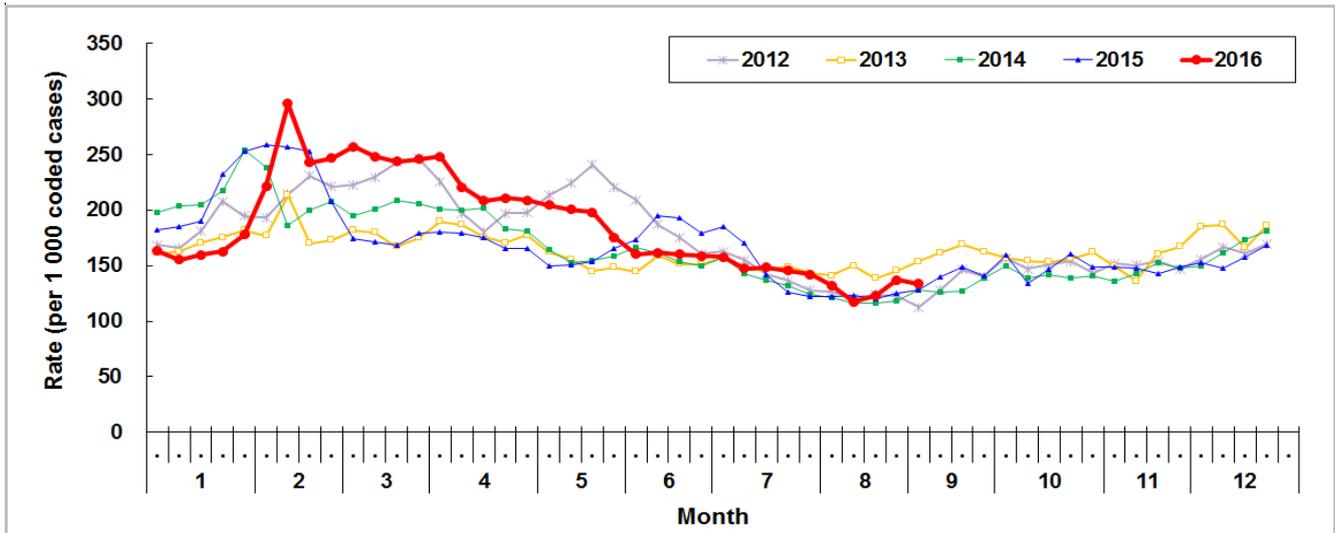


Figure 4 Rate of ILI syndrome group in AED, 2012-16

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

In week 36, 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 0.60, 0.21, 0.03 and 0.34 cases (per 10,000 people in the age group) respectively, as compared to 0.64, 0.21, 0.03 and 0.42 cases in the previous week (Figure 5). Weekly number of deaths with any diagnosis of influenza is also shown in Figure 5.

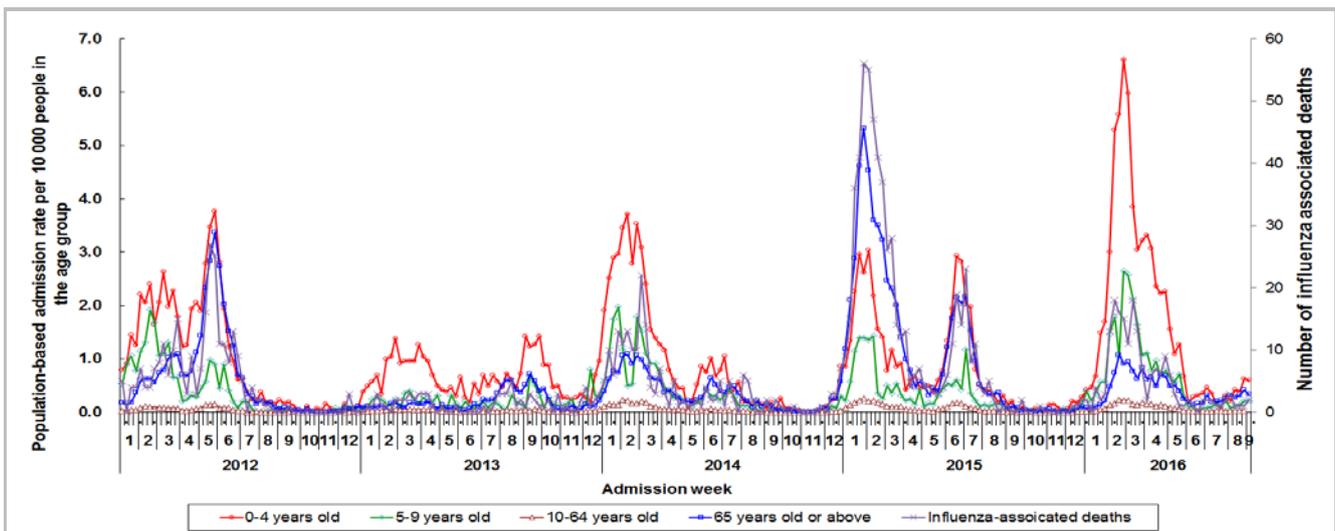


Figure 5 Influenza associated hospital admission rates and deaths, 2012-16

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

In week 36, 0.82% of children in the sentinel child care centres/ kindergartens (CCC/ KG) had fever (38°C or above) as compared to 0.58% in the previous week (Figure 6).

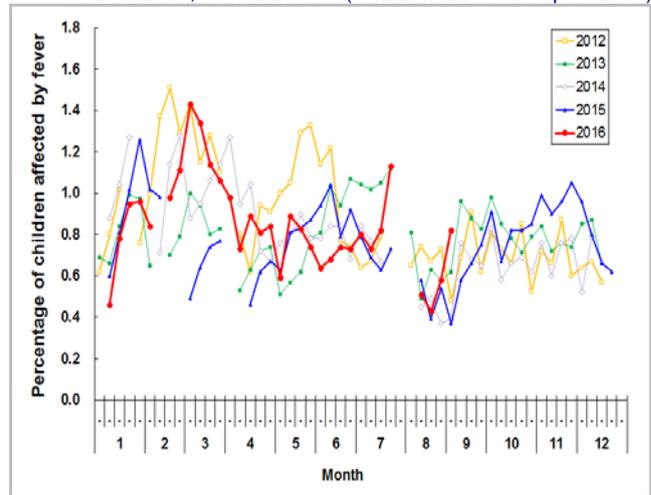


Figure 6 Percentage of children with fever at sentinel CCC/ KG, 2012-16

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

In week 36, 0.13% of residents in the sentinel residential care homes for the elderly (RCHEs) had fever (38°C or above) as compared to 0.12% in the previous week (Figure 7).

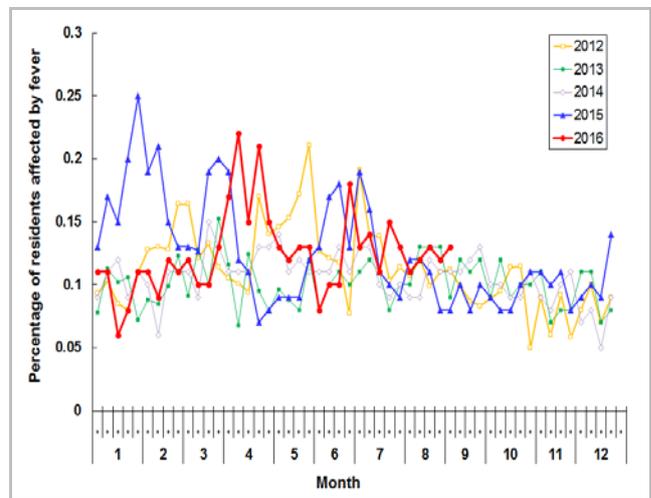


Figure 7 Percentage of residents with fever at sentinel RCHE, 2012-16

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

In week 36, the average consultation rate for ILI among Chinese medicine practitioners (CMPs) was 1.63 ILI cases per 1,000 consultations which was the same as that recorded in the previous week (Figure 8).

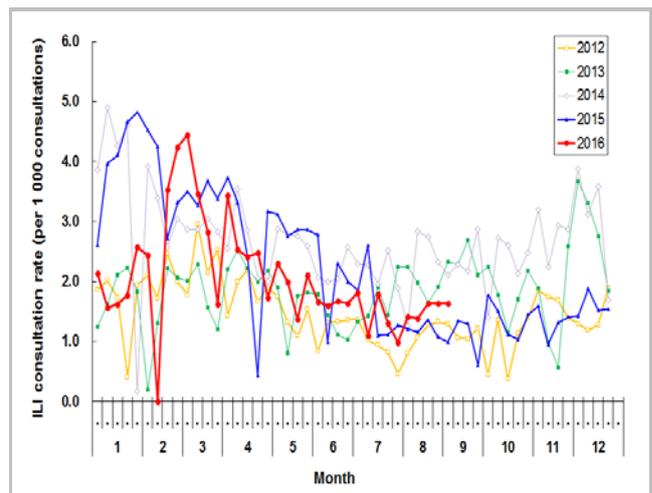


Figure 8 ILI consultation rate at sentinel CMP, 2012-16

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

- In week 36 and the first 4 days of week 37 (Sep 4 to 7, 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 36 and the first 4 days of week 37 (Sep 4 to 7, 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 Aug 27, 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 Canada (week ending Aug 27, 2016), the influenza activity is at interseasonal levels with all regions reporting low to no influenza activity.
- In Australia (week ending Aug 19, 2016), the influenza activity continued to increase, with most regions reporting widespread and increasing activity. Influenza A(H3N2) was the dominating circulating virus in recent weeks.
- In New Zealand (week ending Aug 28, 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 Agency of Canada](#), [Australian Department of Health](#) and [New Zealand Ministry of Health](#).