

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 Oct 7, 2015)

Reporting period: Sep 27 – Oct 3, 2015 (Week 40)

- The overall influenza activity in the past week 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 Hospital Authority and designated Elderly Health Centres of the Department of Health since early Nov. Details are available from the vaccination schemes website (http://www.chp.gov.hk/en/view_content/17980.html).

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

In week 40, 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 6.9 recorded in the previous week (Figure 1, left). The average consultation rate for ILI among sentinel private doctors was 48.2 ILI cases per 1,000 consultations, which was higher than 38.7 recorded in the previous week (Figure 1, right).

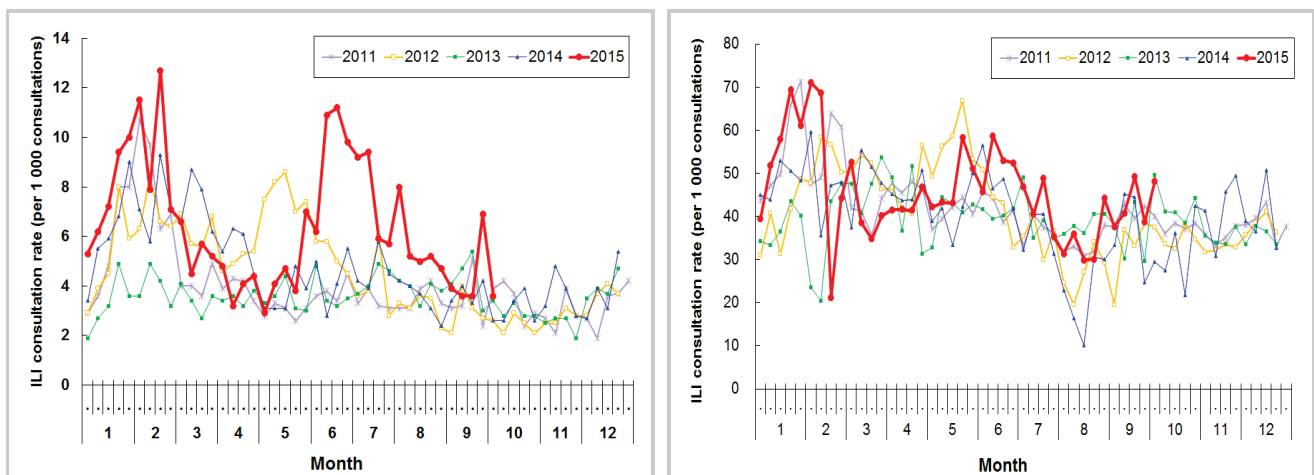


Figure 1 ILI consultation rate at sentinel GOPCs (left) and private doctors (right), 2011-15

Laboratory surveillance, 2011-15

Among the respiratory specimens received in week 40, 39 (1.45%) were tested positive for seasonal influenza viruses, including 2 (0.07%) influenza A(H1), 24 (0.90%) influenza A(H3), 10 (0.37%) influenza B and 3 (0.11%) influenza C. The percentage of respiratory specimens tested positive for seasonal influenza viruses last week was 1.45%, which was similar to 1.38% recorded in the previous week (Figure 2). Among influenza virus detections, the proportions of A(H3N2) and B in last week were 61.5% and 25.6% respectively, as compared to 66.7% and 18.0% in previous week. Those of A(H1) and C remained low.

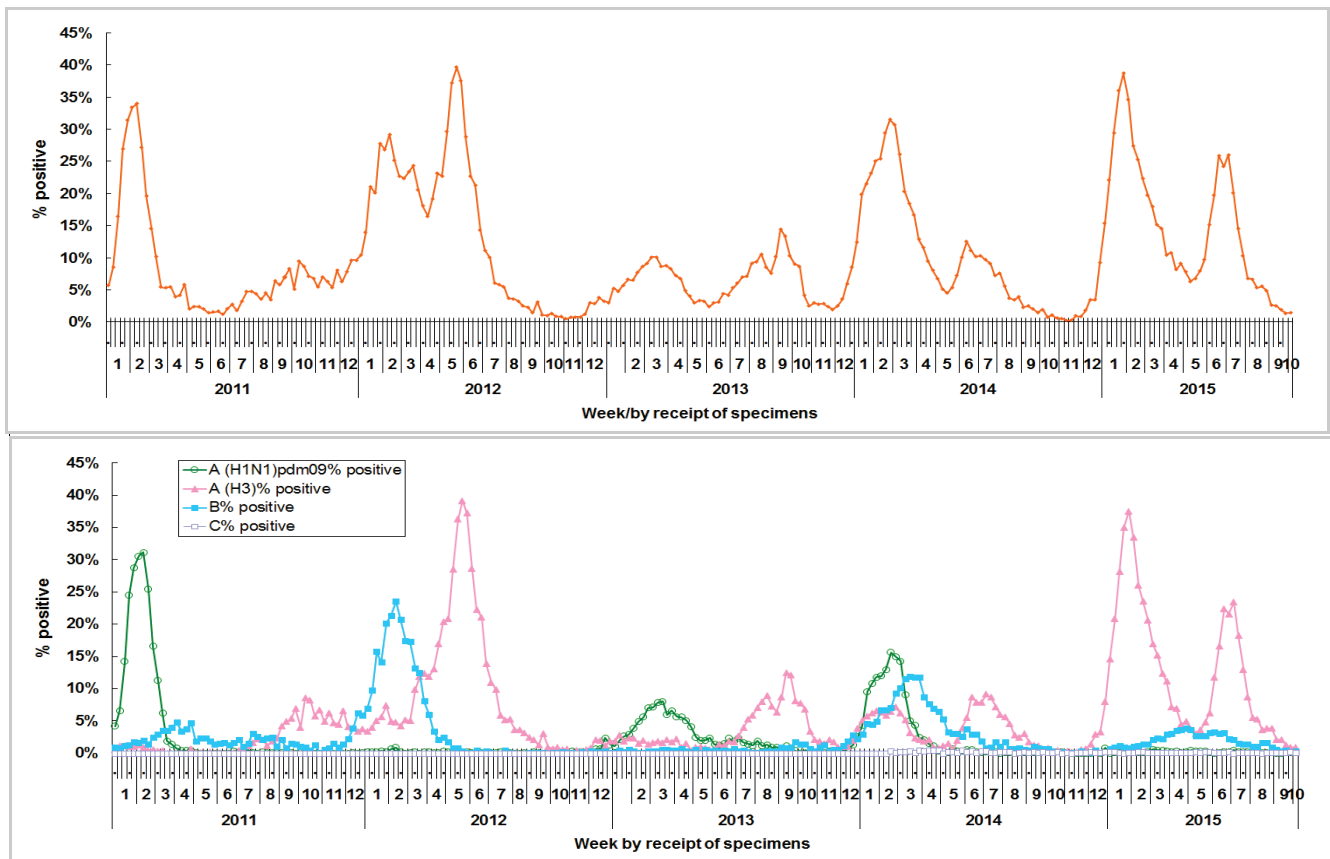


Figure 2 Percentage of respiratory specimens tested positive for influenza viruses, 2011-15 (upper: overall positive percentage, lower: positive percentage by subtypes)

Influenza-like illness outbreak surveillance, 2011-15

In week 40, 1 ILI outbreak occurring in a school was recorded (affecting 5 persons), as compared to 4 outbreaks recorded in the previous week (affecting 21 persons) (Figure 3). In the first 4 days of week 41 (Oct 4 to 7, 2015), 1 institutional ILI outbreak (affecting 3 persons) was recorded.

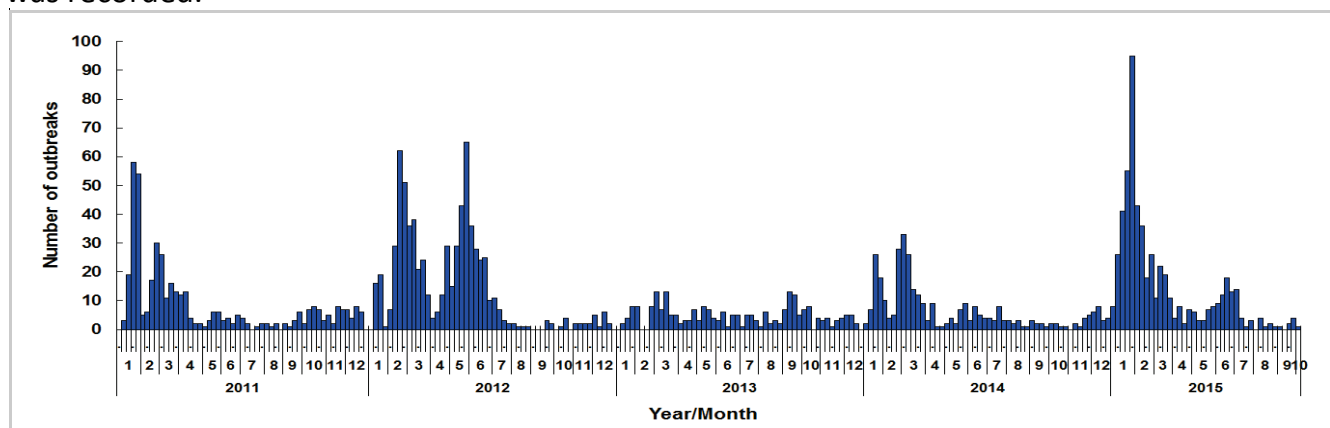


Figure 3 ILI outbreaks in schools/institutions, 2011-15

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

In week 40, the rate of the influenza-like illness syndrome group in the accident and emergency departments (AED) was 160.4 (per 1,000 coded cases), which was higher than the rate of 140.8 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.

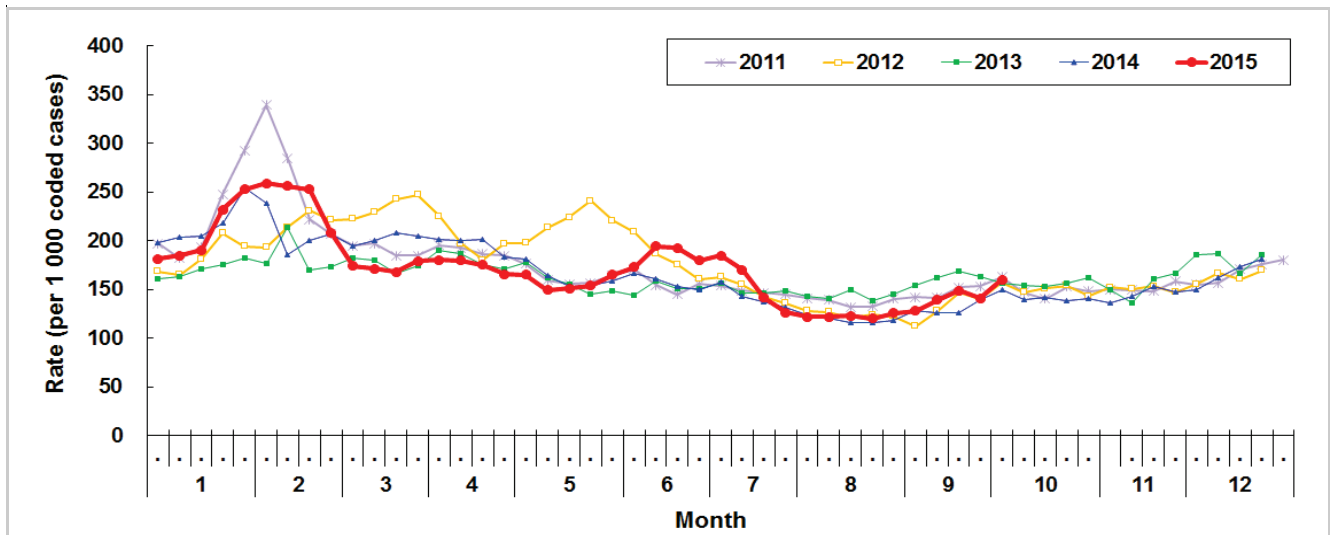


Figure 4 Rate of ILI syndrome group in AED, 2011-15

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

In week 40, 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, 0.01 and 0.04 cases (per 10,000 people in the age group) respectively, as compared to 0.15, 0.01 and 0.03 cases in the previous week (Figure 5). Weekly number of deaths with any diagnosis of influenza is also shown in Figure 5.

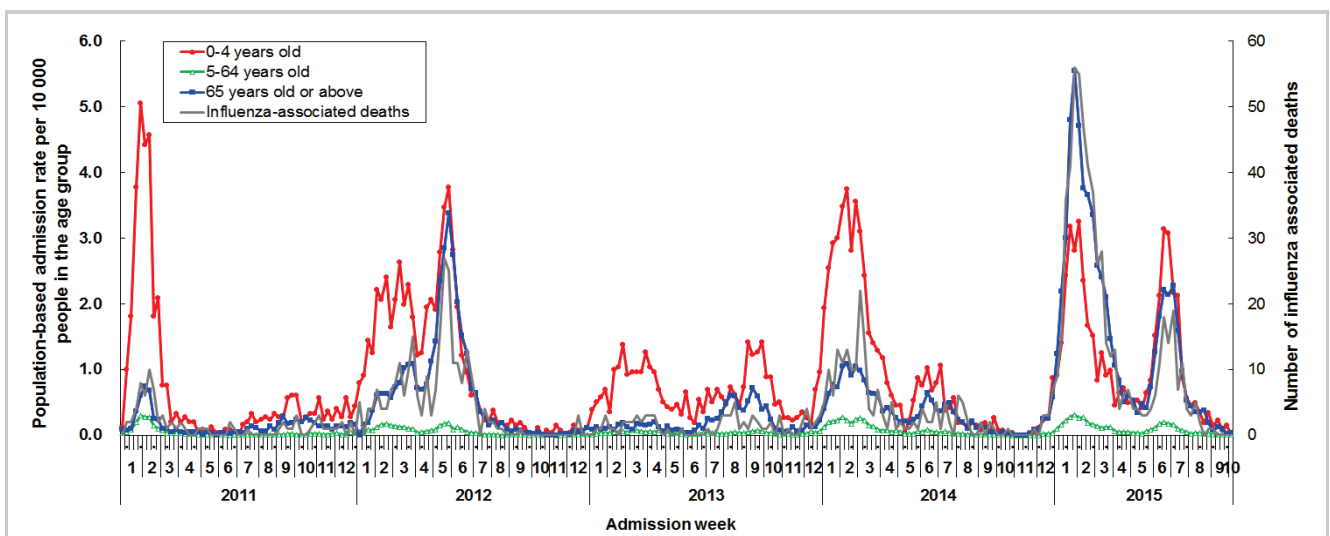


Figure 5 Influenza associated hospital admission rates and deaths, 2011-15

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

In week 40, 0.91% of children in the sentinel child care centres/ kindergartens (CCC/ KG) had fever (38°C or above) as compared to 0.75% in the previous week (Figure 6).

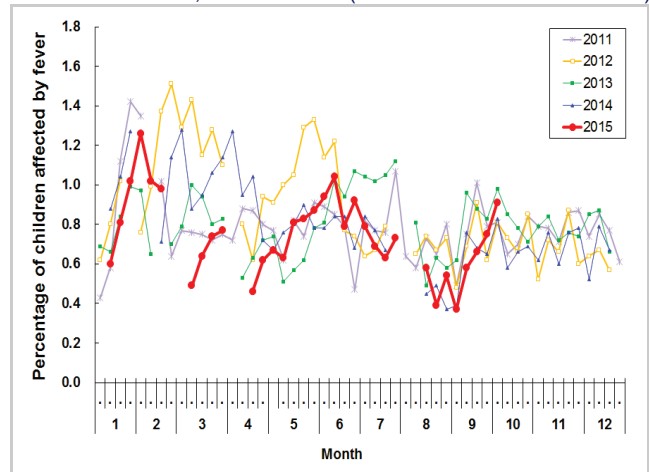


Figure 6 Percentage of children with fever at sentinel CCC/ KG, 2011-15

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

In week 40, 0.09% of residents in the sentinel residential care homes for the elderly (RCHes) had fever (38°C or above) as compared to 0.10% in the previous week (Figure 7).

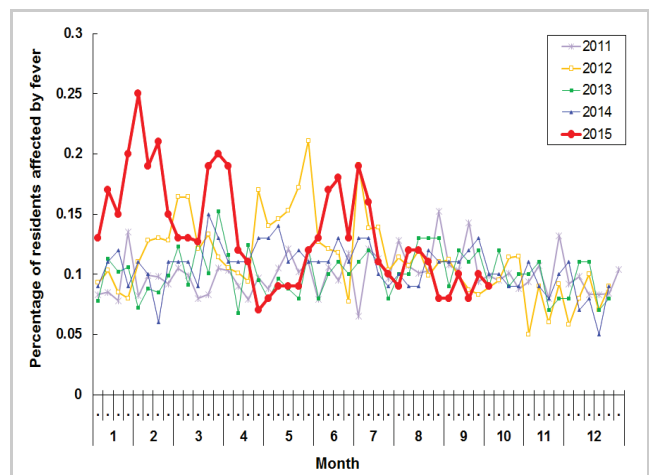


Figure 7 Percentage of residents with fever at sentinel RCHE, 2011-15

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

In week 40, the average consultation rate for ILI among Chinese medicine practitioners (CMPs) was 1.78 ILI cases per 1,000 consultations as compared to 0.60 in the previous week (Figure 8).

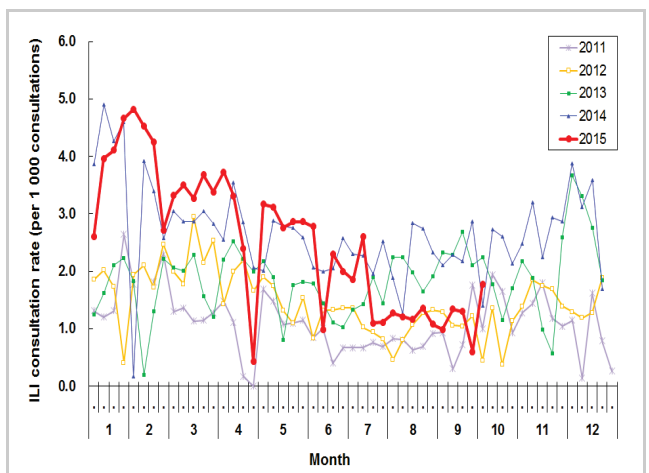


Figure 8 ILI consultation rate at sentinel CMP, 2011-15

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

- In week 40 and the first 4 days of week 41 (Oct 4 to 7, 2015), there were no new cases 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 40 and the first 4 days of week 41, 2015 (Oct 4 to 7, 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 Sep 26, 2015), the proportion of outpatient visits for influenza-like illness is below the national baseline.
- In Canada (Sep 13 to 26, 2015), the overall influenza activity was low but the influenza activity and detections were increasing, especially in British Columbia.
- In the United Kingdom (week ending Sep 20, 2015), the influenza activity remained at a low level.
- In Europe (Aug 31 to Sep 27, 2015), all countries reported low intensity of influenza activity.
- In Australia (Aug 29 to Sep 11, 2015), influenza activity has declined following a seasonal peak in mid-August, and is stable or decreasing across most regions in the country with the exception of some region of the Northern Territory and Tasmania where activity continued to increase. Influenza B continues to be the dominant influenza type.
- In New Zealand (week ending Sep 27, 2015), the ILI consultation rate continued to decrease. The current rate of ILI consultation is just above the seasonal threshold. Among the specimens received from sentinel and non-sentinel surveillance, there were 129 influenza B detections, 28 influenza A(H3N2), 3 influenza A(H1N1)pdm09 and 13 influenza A(not sub-typed).
- In Mainland China (week ending Sep 20, 2015), the influenza activity in both southern and northern China was at low level. Influenza A(H3N2) is the predominating virus.

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](#), [Australian Department of Health](#), [New Zealand Ministry of Health](#) and [Chinese National Influenza Center](#).