

# 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 Nov 16, 2016)

**Reporting period: Nov 6 – 12, 2016 (Week 46)**

- The local influenza activity has largely returned to the baseline in late October. The latest surveillance data showed that the influenza activity of last week was comparable to the previous week.
- 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.
- For 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). The Vaccination Subsidy Scheme (VSS) 2016/17 has been launched on October 20. For details of VSS, please refer to the webpage ([http://www.chp.gov.hk/en/view\\_content/46107.html](http://www.chp.gov.hk/en/view_content/46107.html)). 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 Government Vaccination Programme (free vaccination) has been rolled out on Nov 3. Please refer to the webpage for details ([http://www.chp.gov.hk/en/view\\_content/18630.html](http://www.chp.gov.hk/en/view_content/18630.html)).

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

In week 46, the average consultation rate for influenza-like illness (ILI) among sentinel general outpatient clinics (GOPCs) was 4.8 ILI cases per 1,000 consultations, which was lower than 5.7 recorded in the previous week (Figure 1, left). The average consultation rate for ILI among sentinel private doctors was 47.8 ILI cases per 1,000 consultations, which was similar to 47.7 recorded in the previous week (Figure 1, right).

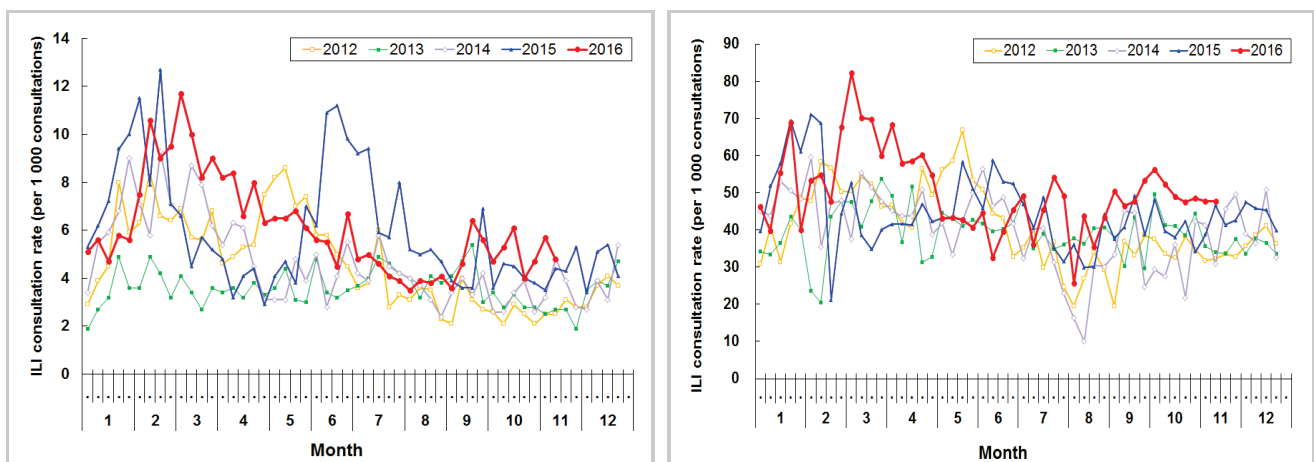


Figure 1 ILI consultation rate at sentinel GOPCs (left) and private doctors (right), 2012-16

### Laboratory surveillance, 2012-16

Among the respiratory specimens received in week 46, 275 (8.06%) were tested positive for seasonal influenza viruses, including 1 (0.03%) influenza A(H1), 270 (7.91%) influenza A(H3), 1 (0.03%) influenza B and 3 (0.09%) influenza C. The percentage of respiratory specimens tested positive for seasonal influenza viruses last week was 8.06%, which was lower than 8.95% recorded in the previous week (Figure 2). Among the influenza viruses detected in the last week, the proportions of A(H3), C, A(H1) and B were 98.2%, 1.1%, 0.4% and 0.4% respectively.

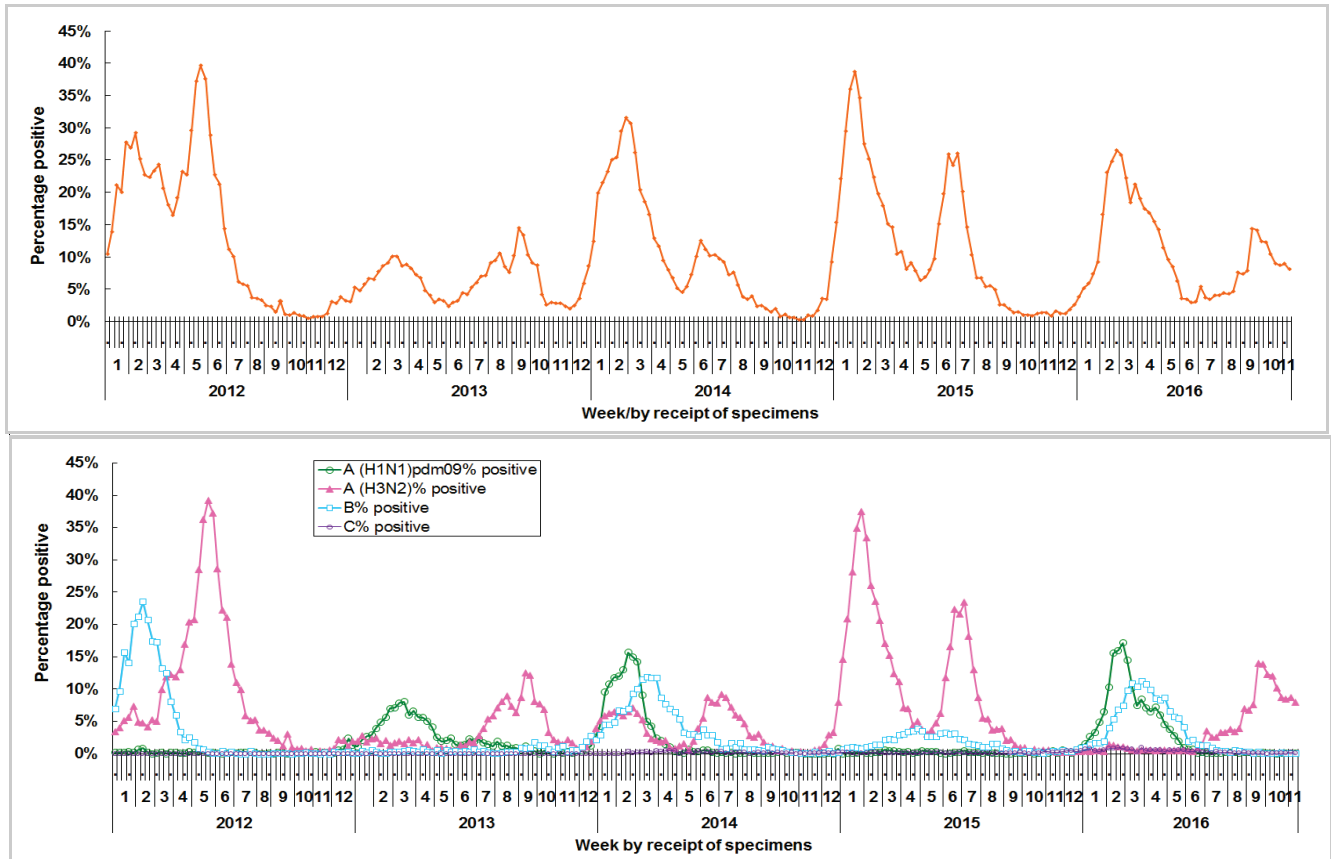


Figure 2 Percentage of respiratory specimens tested positive for influenza viruses, 2012-16 (upper: overall positive percentage, lower: positive percentage by subtypes)

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

In week 46, 8 ILI outbreaks occurring in schools/institutions were recorded (affecting 54 persons), as compared to 9 outbreaks (affecting 43 persons) recorded in the previous week (Figure 3). In the first 4 days of week 47 (Nov 13 to 16, 2016), 7 institutional ILI outbreaks were recorded (affecting 28 persons).

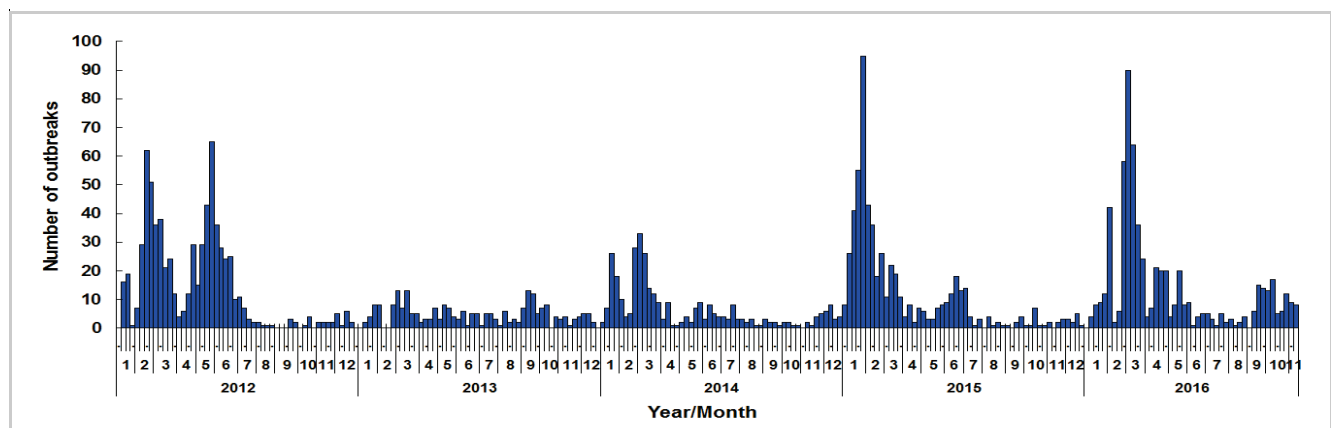


Figure 3 ILI outbreaks in schools/institutions, 2012-16

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

In week 46, the rate of the influenza-like illness syndrome group in the accident and emergency departments (AED) was 153.2 (per 1,000 coded cases), which was higher than the rate of 151.9 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.*

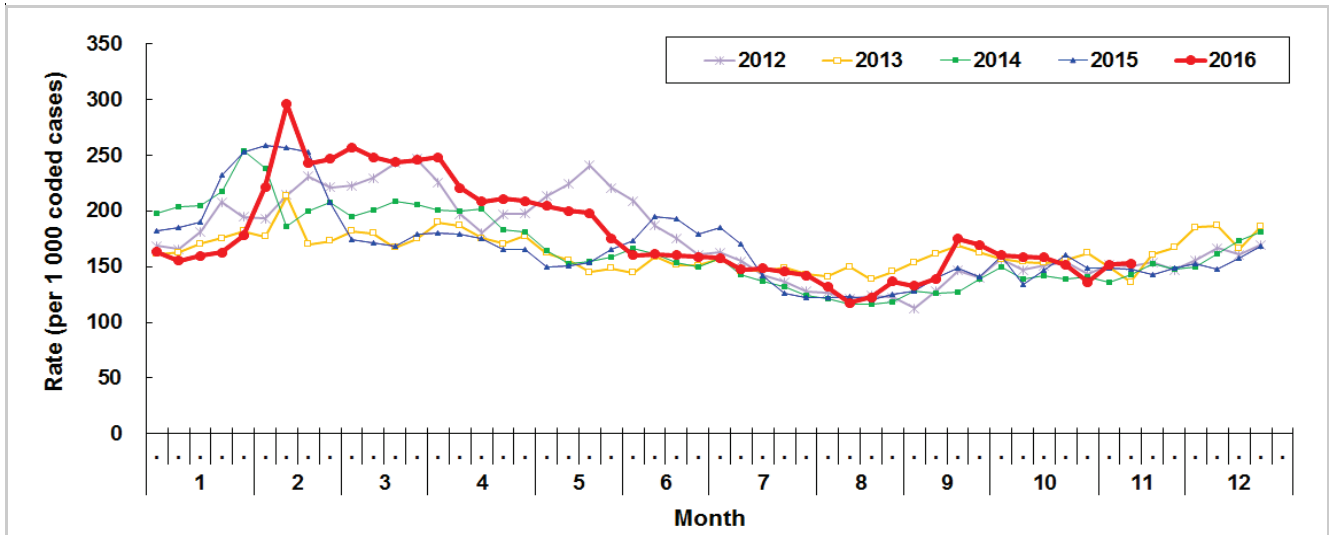


Figure 4 Rate of ILI syndrome group in AED, 2012-16

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

In week 46, 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 0.42, 0.14, 0.03 and 0.43 cases (per 10,000 people in the age group) respectively, as compared to 0.78, 0.18, 0.04 and 0.60 cases in the previous week (Figure 5). Weekly number of deaths with any diagnosis of influenza is also shown in Figure 5.

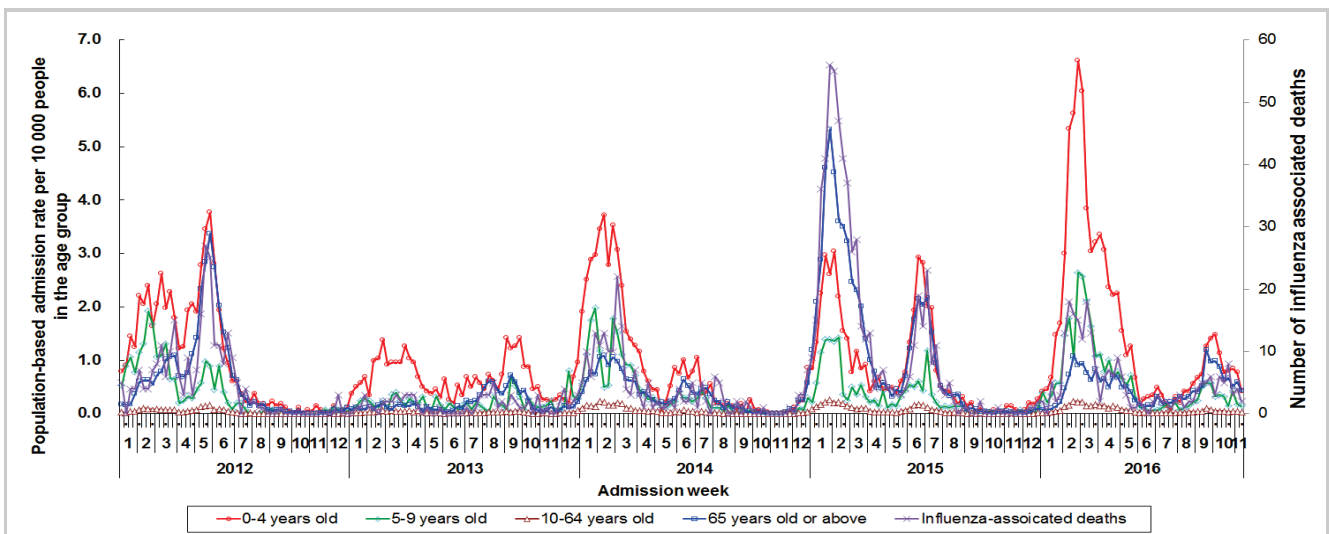


Figure 5 Influenza associated hospital admission rates and deaths, 2012-16

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

In week 46, 0.73% of children in the sentinel child care centres/ kindergartens (CCC/ KG) had fever (38°C or above) as compared to 0.79% in the previous week (Figure 6).

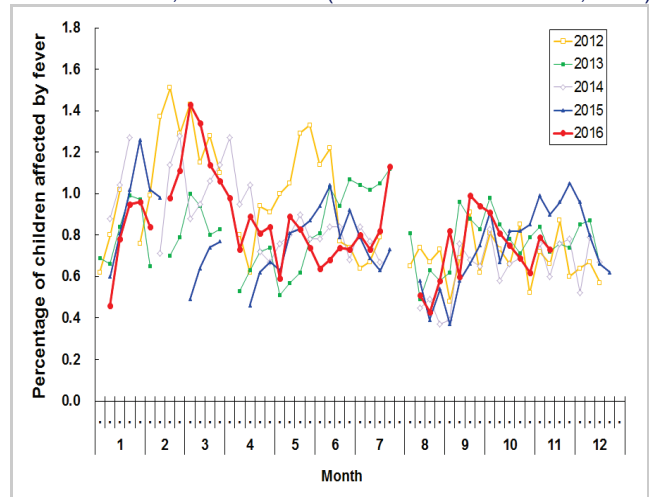


Figure 6 Percentage of children with fever at sentinel CCC/ KG, 2012-16

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

In week 46, 0.11% 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).

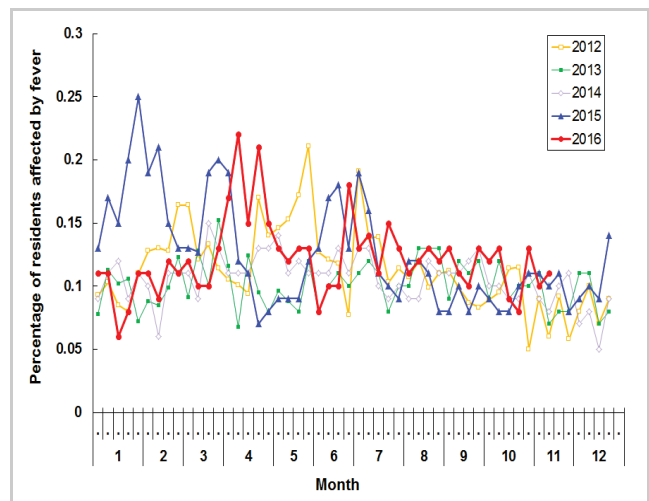


Figure 7 Percentage of residents with fever at sentinel RCHE, 2012-16

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

In week 46, the average consultation rate for ILI among Chinese medicine practitioners (CMPs) was 1.55 ILI cases per 1,000 consultations as compared to 1.59 recorded in the previous week (Figure 8).

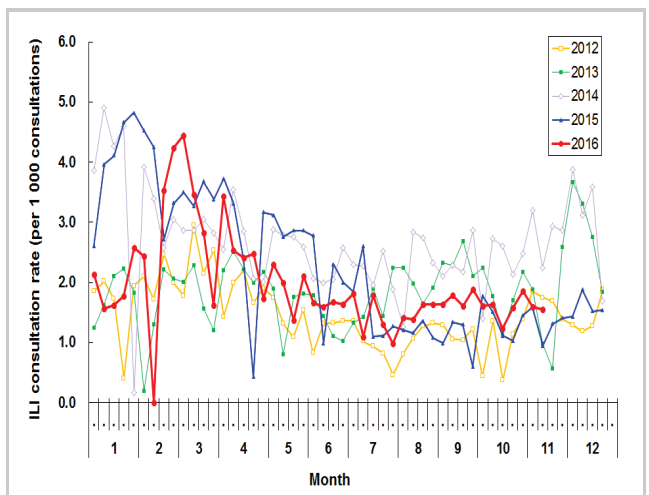


Figure 8 ILI consultation rate at sentinel CMP, 2012-16

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

- In week 46 and in the first 4 days of week 47 (Nov 13 to 16, 2016), there were no new reports of severe paediatric influenza-associated complication/death.

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

- In week 46 and the first 4 days of week 47 (Nov 13 to 16, 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 Nov 5, 2016), the influenza activity remained at a low level. The proportion of outpatient visits for ILI was 1.4%, which was below the national baseline of 2.2%.
- In Canada (week ending Nov 5, 2016), the influenza activity was at interseasonal levels with the majority regions reporting low influenza activity.
- In the United Kingdom (week ending Nov 6, 2016), the influenza activity was at low level.
- In Europe (week ending Nov 6, 2016), influenza activity remained low.
- In Australia (week ending Oct 28, 2016), the influenza activity was returning to baseline levels, but seasonal activity persisted in some regions.
- In Taiwan (week ending Nov 5, 2016), the influenza activity slightly increased, including the ILI cases in out-patient clinics and emergency departments, positive influenza detections and severe influenza cases. The predominating viruses were influenza A(H3N2).

### 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](#) and [Taiwan Centers for Disease Control](#) .