

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 22, 2017)

Reporting period: Nov 12 – 18, 2017 (Week 46)

- 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 2017/18 season, the Vaccination Subsidy Scheme (VSS) and the Government Vaccination Programme (GVP) have been launched on Oct 18 and Oct 25, 2017 respectively. The VSS continues to provide subsidised vaccination to 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. Eligible groups for free vaccination are the same as those of 2016/17 under the GVP. For more details, please refer to the webpage (http://www.chp.gov.hk/en/view_content/17980.html).

Influenza-like-illness surveillance among sentinel general outpatient clinics and sentinel private doctors, 2013-17

In week 46, 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 4.7 recorded in the previous week (Figure 1, left). The average consultation rate for ILI among sentinel private doctors was 39.5 ILI cases per 1,000 consultations, which was lower than 43.8 recorded in the previous week (Figure 1, right).

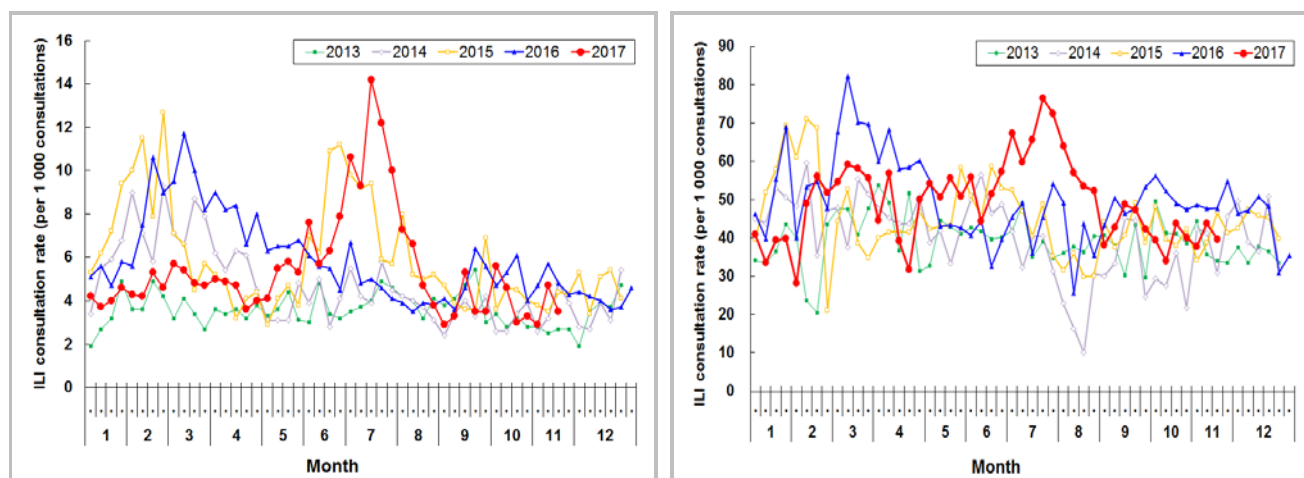


Figure 1 ILI consultation rate at sentinel GOPCs (left) and private doctors (right), 2013-17

Laboratory surveillance, 2013-17

Among the respiratory specimens received in week 46, 77 (2.04%) were tested positive for seasonal influenza viruses, including eight (0.21%) influenza A(H1), 11 (0.29%) influenza A(H3), 48 (1.27%) influenza B and ten (0.26%) influenza C. The percentage of respiratory specimens tested positive for seasonal influenza viruses last week was 2.04%, which was similar to 2.26% recorded in the previous week (Figure 2). Among the influenza viruses detected in the last week, the proportions of B, A(H3), C and A(H1) were 62.3%, 14.3%, 13.0% and 10.4% respectively.

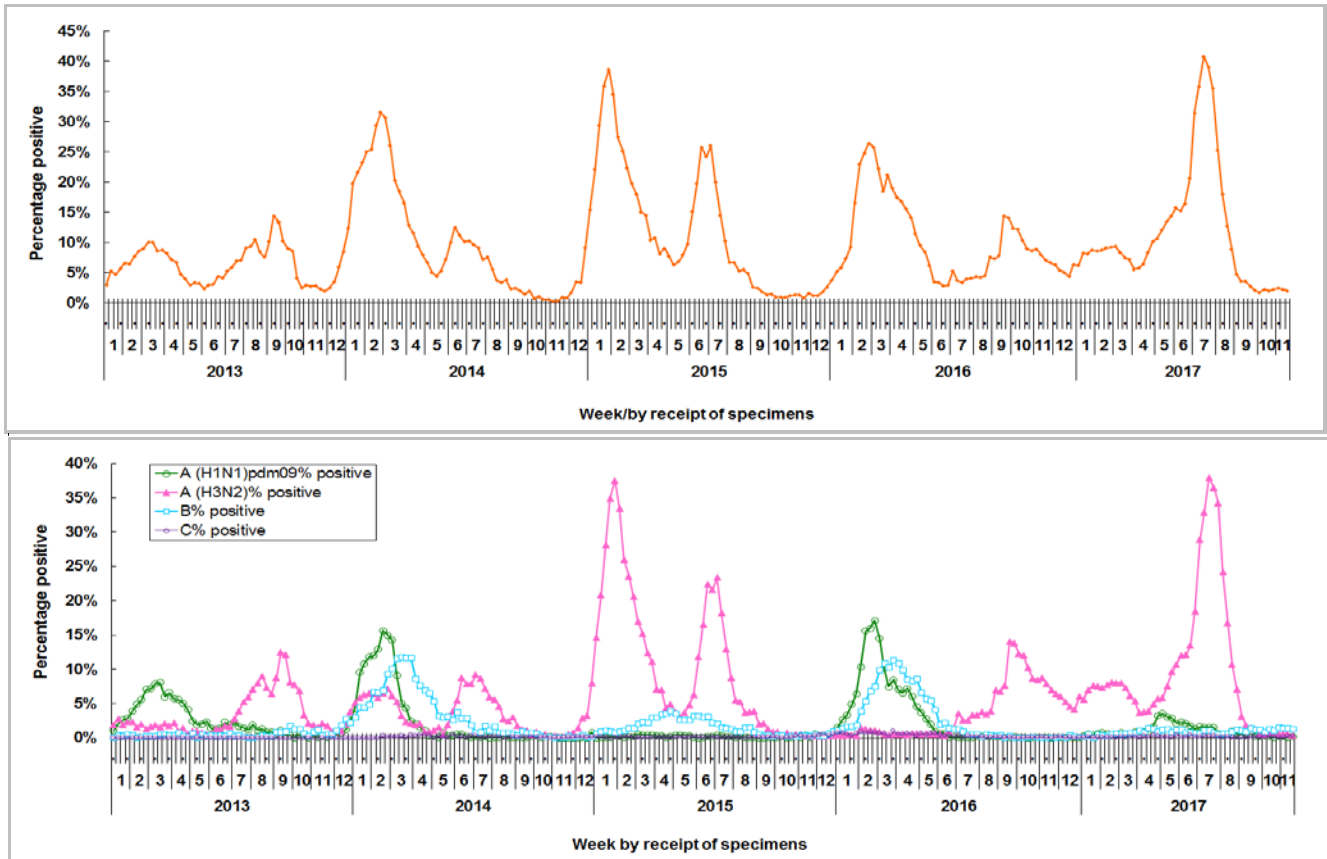


Figure 2 Percentage of respiratory specimens tested positive for influenza viruses, 2013-17 (upper: overall positive percentage, lower: positive percentage by subtypes)

Influenza-like illness outbreak surveillance, 2013-17

In week 46, two ILI outbreaks occurring in schools/institutions were recorded (affecting eight persons), as compared to six outbreaks recorded in the previous week (affecting 27 persons) (Figure 3). In the first 4 days of week 47 (Nov 19 to 22 2017), one ILI outbreak in a school was recorded (affecting three persons).

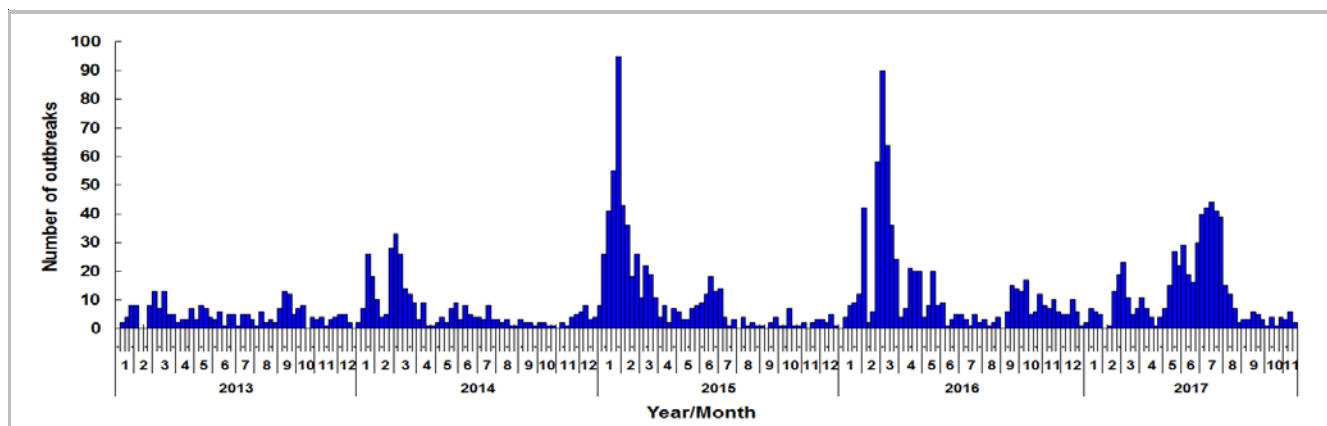


Figure 3 ILI outbreaks in schools/institutions, 2013-17

Rate of influenza-like illness syndrome group in accident and emergency departments, 2013-17[#]

In week 46, the rate of the influenza-like illness syndrome group in the accident and emergency departments (AED) was 146.7 (per 1,000 coded cases), which was lower than 151.4 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.

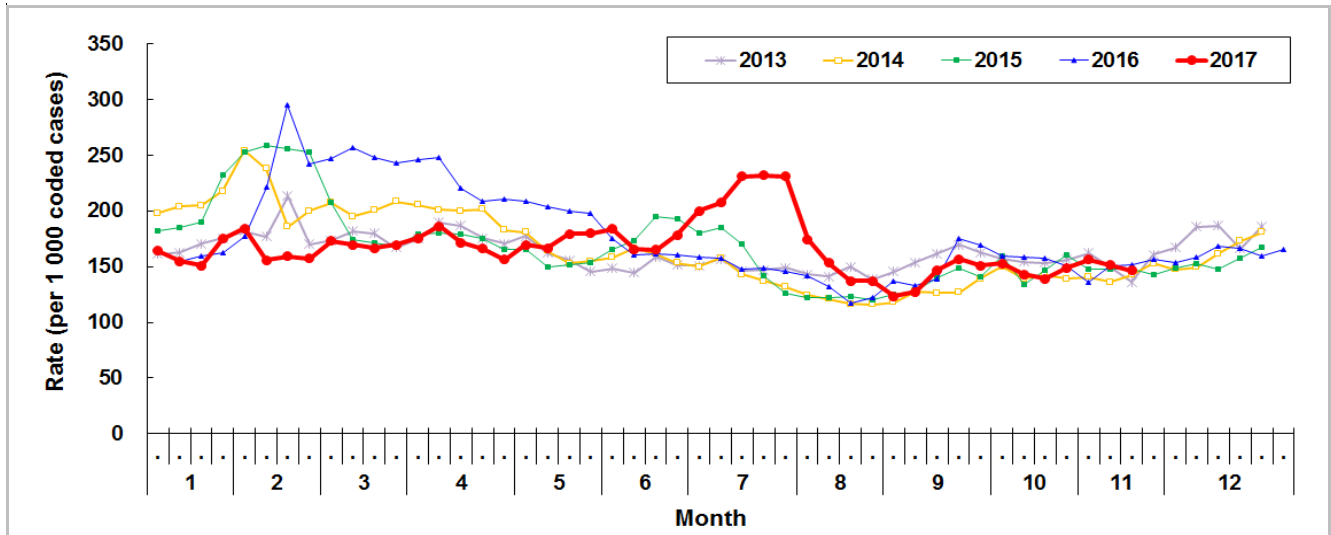


Figure 4 Rate of ILI syndrome group in AED, 2013-17

Influenza associated hospital admission rates and deaths in public hospitals based on discharge coding, 2013-17

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 0.25, 0.10, 0.01 and 0.06 cases (per 10,000 people in the age group) respectively, as compared to 0.29, 0.13, 0.02 and 0.04 cases in the previous week (Figure 5). Weekly number of deaths with any diagnosis of influenza is also shown in Figure 5.

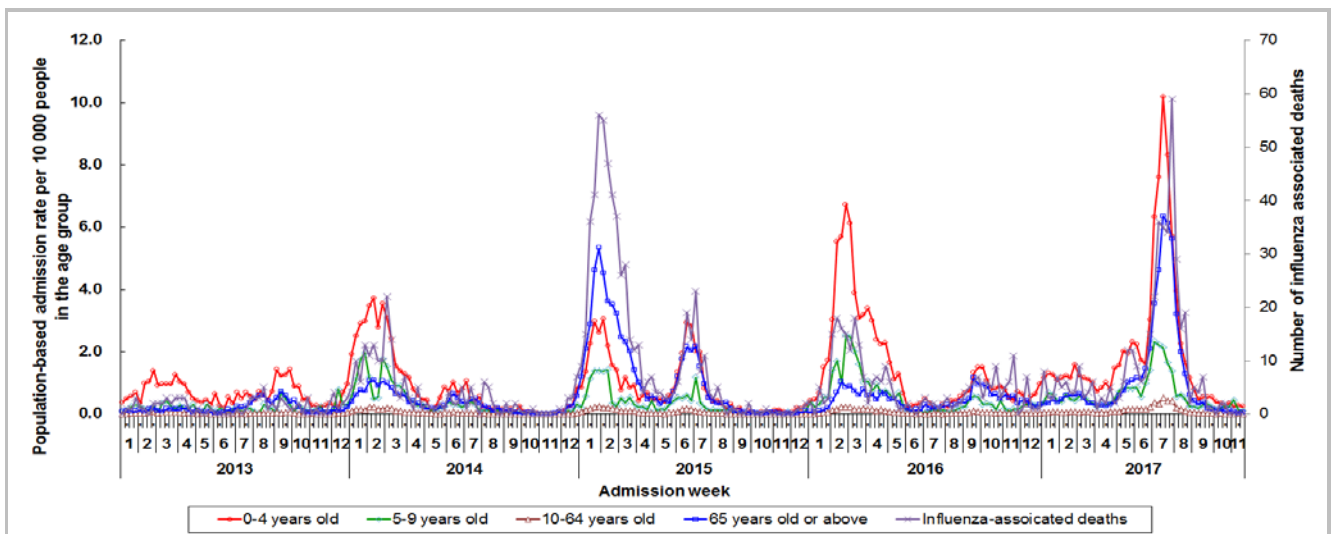


Figure 5 Influenza associated hospital admission rates and deaths, 2013-17

Fever surveillance at sentinel child care centres/ kindergartens, 2013-17

In week 46, 0.63% of children in the sentinel child care centres/ kindergartens (CCC/ KG) had fever (38°C or above) as compared to 0.75% recorded in the previous week (Figure 6).

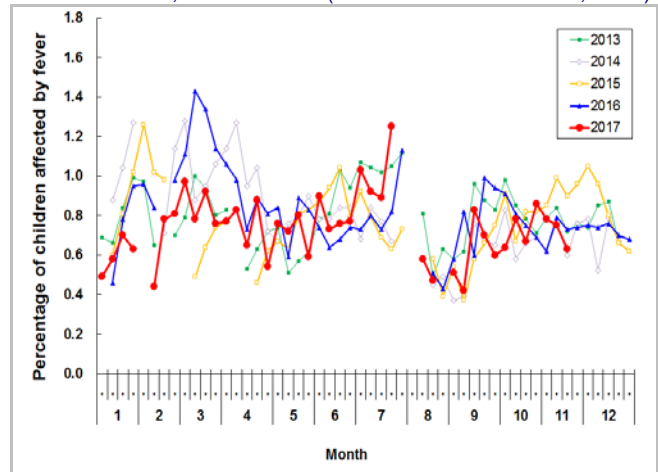


Figure 6 Percentage of children with fever at sentinel CCC/ KG, 2013-17

Fever surveillance at sentinel residential care homes for the elderly, 2013-17

In week 46, 0.09% of residents in the sentinel residential care homes for the elderly (RCHes) had fever (38°C or above) as compared to 0.08% recorded in the previous week (Figure 7).

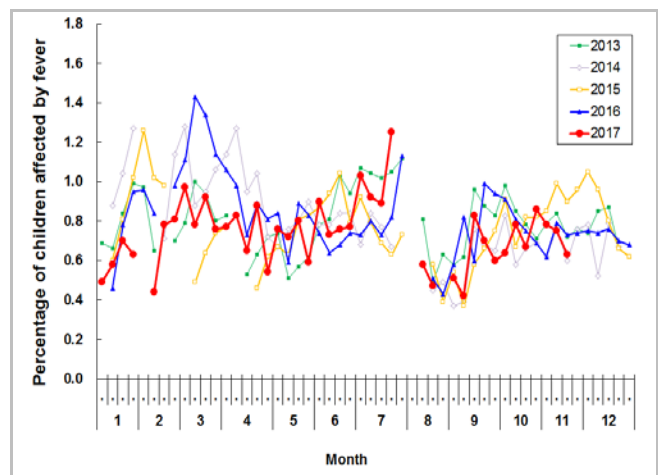


Figure 7 Percentage of residents with fever at sentinel RCHE, 2013-17

Influenza-like illness surveillance among sentinel Chinese medicine practitioners, 2013-17

In week 46, the average consultation rate for ILI among Chinese medicine practitioners (CMPs) was 2.16 ILI cases per 1,000 consultations as compared to 2.08 recorded in the previous week (Figure 8).

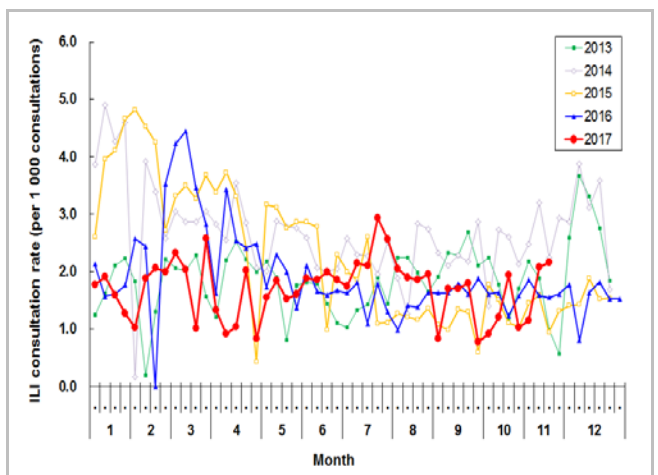


Figure 8 ILI consultation rate at sentinel CMP, 2013-17

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

- In week 46 and the first 4 days of week 47 (Nov 19 to 22, 2017), there were no cases 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 19 to 22, 2017), 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

Influenza activity remained at low levels in the temperate zone of the northern hemisphere. In the temperate zone of the southern hemisphere and in some countries of South and South East Asia, declining levels of influenza activity were reported. In Central America and the Caribbean, low influenza activity was reported in a few countries. Worldwide, influenza A(H3N2) and B viruses accounted for the majority of influenza detections.

- In the United States (week ending Nov 11, 2017), influenza activity is increasing. The proportion of outpatient visits for ILI was 1.9%, which was below the national baseline of 2.2%.
- In Canada (week ending Nov 11, 2017), influenza activity crossed the seasonal threshold, indicating the beginning of the influenza season at the national level. The percentage of tests positive for influenza crossed the seasonal threshold of 5%.
- In the United Kingdom (week ending Nov 12, 2017), influenza activity was low across all surveillance systems. The positivity of influenza detection was 1.5% in the week ending Nov 12, which was below the threshold of 8.6% for this season.
- In Europe (week ending Nov 12, 2017), influenza activity remained at a low level. Overall, 4.5% of sentinel specimens were tested positive for influenza virus.
- In Southern China (week ending Oct 29, 2017), influenza activity continued to decrease. The proportion of ILI cases in emergency and outpatient departments reported by sentinel hospitals was 2.9%, higher than that reported in the previous week (2.8%) and that in the corresponding period in 2014-2016 (2.3%, 2.5%, 2.8%). The proportion of influenza detections was 9.1%, lower than 11.7% recorded in the previous week. In Northern China, influenza activity was at a low level. The predominant circulating subtype in both Northern and Southern China was influenza A (H3N2).
- In Macau (week ending Nov 11, 2017), the proportions of ILI cases in emergency departments among adult increased, while that among children decreased as compared to the previous week. The proportion of influenza detections was 5.3%, which was higher than 1.6% in the previous week.

Sources:

Information have been extracted from the following sources when updates are available: [World Health Organization](#), [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 [Health Bureau of Macau Special Administrative Region](#).