

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 Dec 14, 2016)

Reporting period: Dec 4 – 10, 2016 (Week 50)

- The latest surveillance data showed that the influenza activity of last week was similar 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.
- The Vaccination Subsidy Scheme (VSS) 2016/17 was launched on October 20. Subsidised vaccination has been provided for children aged 6 months to under 12 years, elderly aged 65 years or above, pregnant women, persons with intellectual disabilities and persons receiving Disability Allowance (DA). In addition, starting from November 3, the eligibility of free vaccination under the Government Vaccination Programme has been expanded to include children aged 6 years to under 12 years from families receiving Comprehensive Social Security Assistance or holding valid Medical Waiver Certificates as well as persons receiving DA who are existing clients of public clinics and hospitals. Please refer to the webpages (http://www.chp.gov.hk/en/view_content/46107.html) and (http://www.chp.gov.hk/en/view_content/18630.html) for details.

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

In week 50, the average consultation rate for influenza-like illness (ILI) among sentinel general outpatient clinics (GOPCs) was 4.0 ILI cases per 1,000 consultations, which was lower than 4.2 recorded in the previous week (Figure 1, left). The average consultation rate for ILI among sentinel private doctors was 50.8 ILI cases per 1,000 consultations, which was higher than 47.1 recorded in the previous week (Figure 1, right).

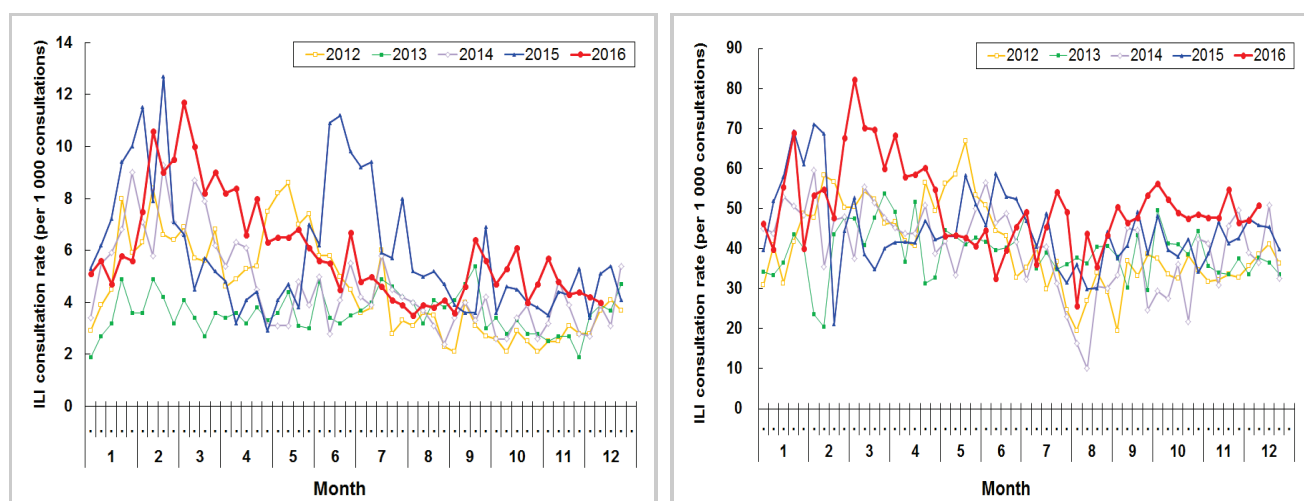


Figure 1 ILI consultation rate at sentinel GOPCs (left) and private doctors (right), 2012-16

Laboratory surveillance, 2012-16

Among the respiratory specimens received in week 50, 200 (5.47%) were tested positive for seasonal influenza viruses, including 1 (0.03%) influenza A(H1), 193 (5.28%) influenza A(H3), 2 (0.05%) influenza B and 4 (0.11%) influenza C. The percentage of respiratory specimens tested positive for seasonal influenza viruses last week was 5.47%, which was lower than 6.34% recorded in the previous week (Figure 2). Among the influenza viruses detected in the last week, the proportions of A(H3), C, B and , A(H1) were 96.5%, 2.0%, 1.0% and 0.5% respectively.

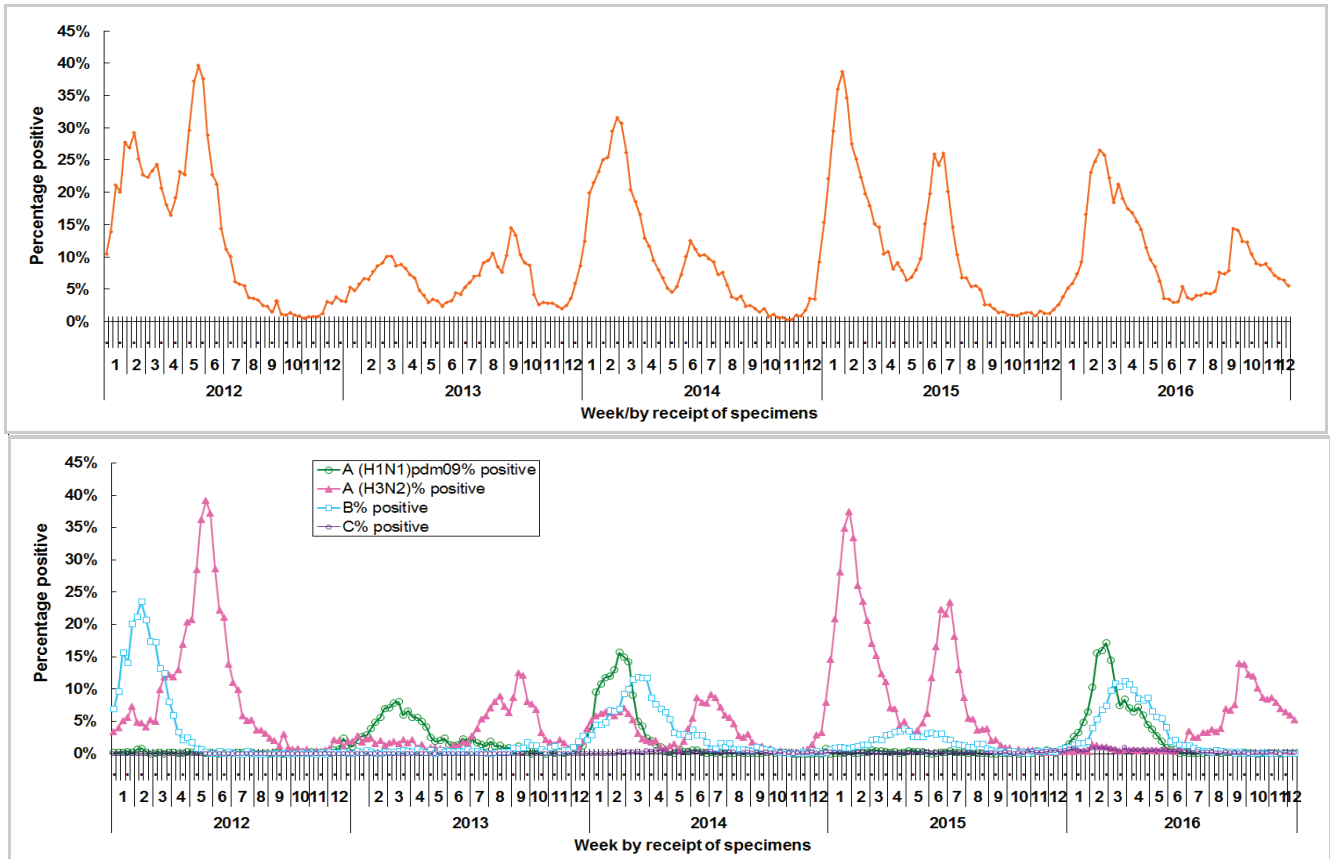


Figure 2 Percentage of respiratory specimens tested positive for influenza viruses, 2012-16 (upper: overall positive percentage, lower: positive percentage by subtypes)

Influenza-like illness outbreak surveillance, 2012-16

In week 50, 5 ILI outbreaks occurring in schools/institutions were recorded (affecting 19 persons), as compared to 5 outbreaks (affecting 17 persons) recorded in the previous week (Figure 3). In the first 4 days of week 51 (Dec 11 to 14, 2016), 5 institutional ILI outbreaks were recorded (affecting 20 persons).

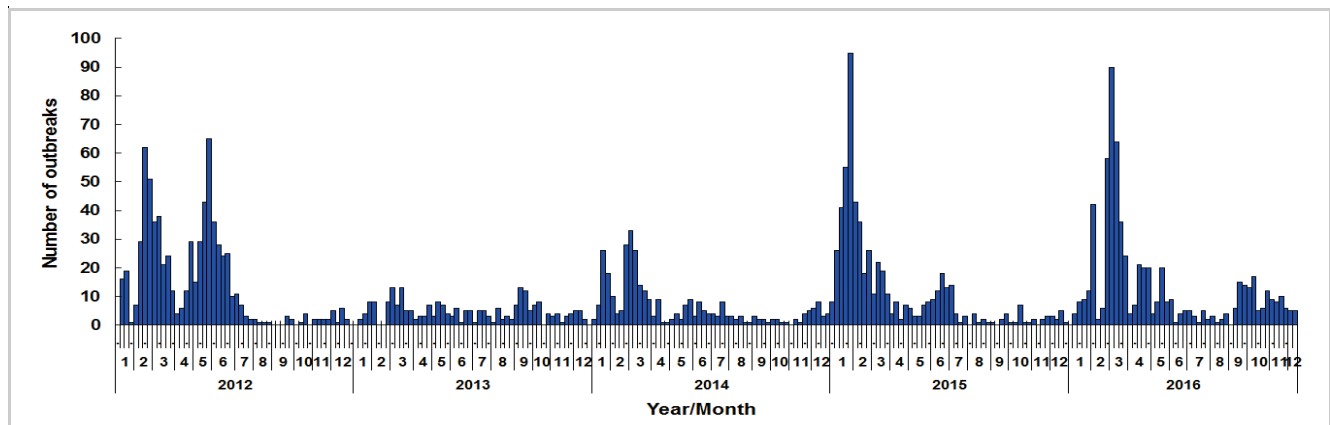


Figure 3 ILI outbreaks in schools/institutions, 2012-16

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

In week 50, the rate of the influenza-like illness syndrome group in the accident and emergency departments (AED) was 170.6 (per 1,000 coded cases), which was higher than the rate of 159.7 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.

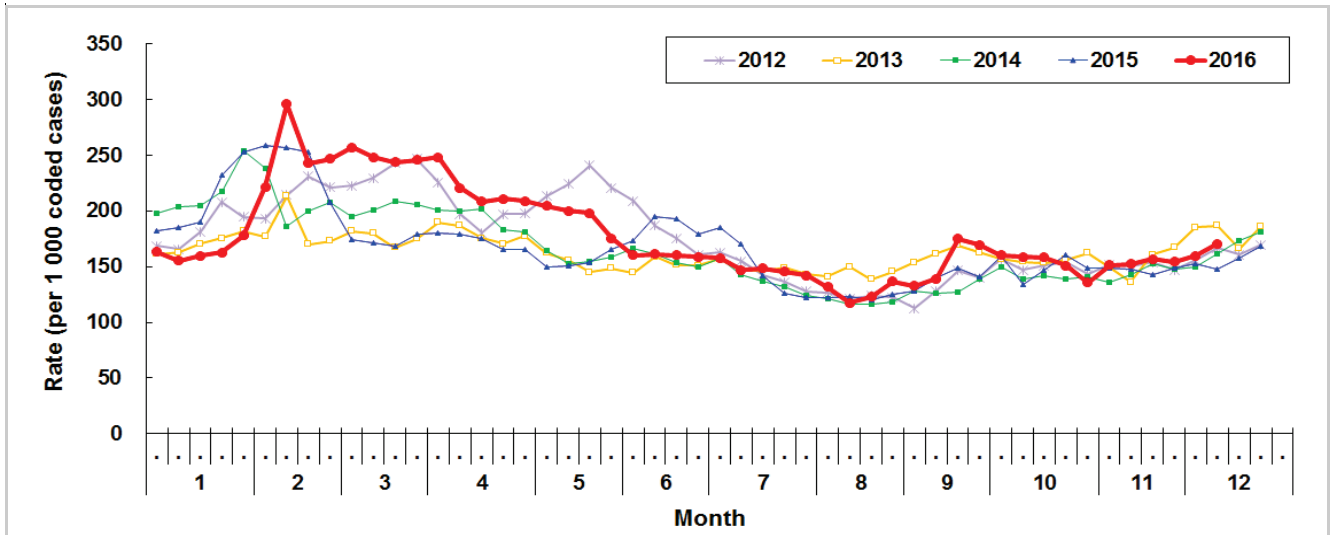


Figure 4 Rate of ILI syndrome group in AED, 2012-16

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

In week 50, 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 0.29, 0.31, 0.03 and 0.28 cases (per 10,000 people in the age group) respectively, as compared to 0.39, 0.24, 0.03 and 0.44 cases in the previous week (Figure 5). Weekly number of deaths with any diagnosis of influenza is also shown in Figure 5.

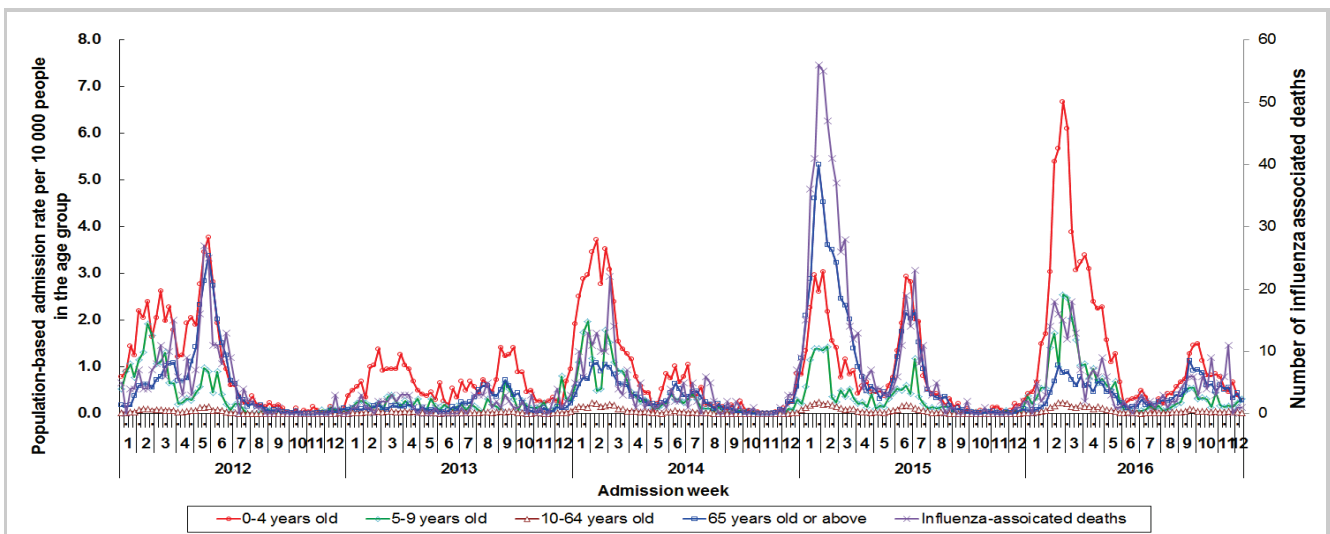


Figure 5 Influenza associated hospital admission rates and deaths, 2012-16

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

In week 50, 0.76% of children in the sentinel child care centres/ kindergartens (CCC/ KG) had fever (38°C or above) as compared to 0.74% in the previous week (Figure 6).

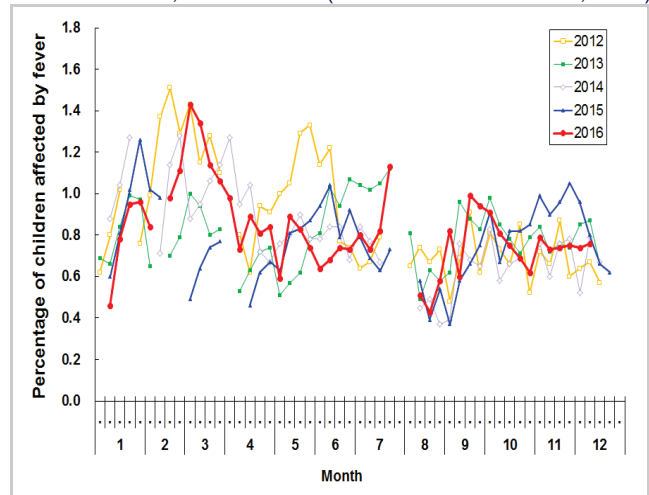


Figure 6 Percentage of children with fever at sentinel CCC/ KG, 2012-16

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

In week 50, 0.07% of residents in the sentinel residential care homes for the elderly (RCHEs) had fever (38°C or above) as compared to 0.09% in the previous week (Figure 7).

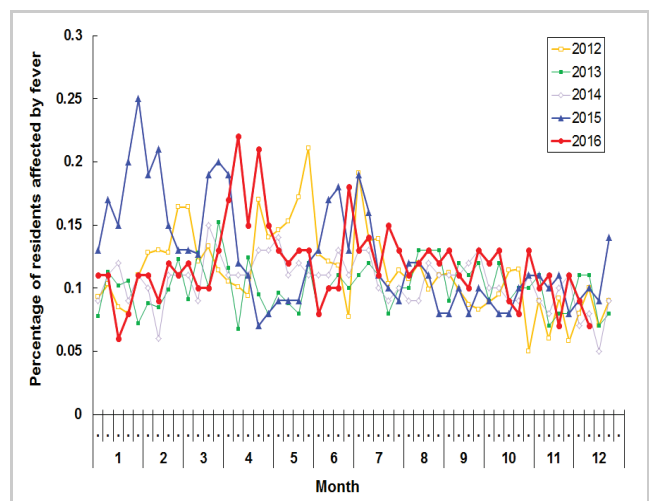


Figure 7 Percentage of residents with fever at sentinel RCHE, 2012-16

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

In week 50, the average consultation rate for ILI among Chinese medicine practitioners (CMPs) was 1.64 ILI cases per 1,000 consultations as compared to 0.80 recorded in the previous week (Figure 8).

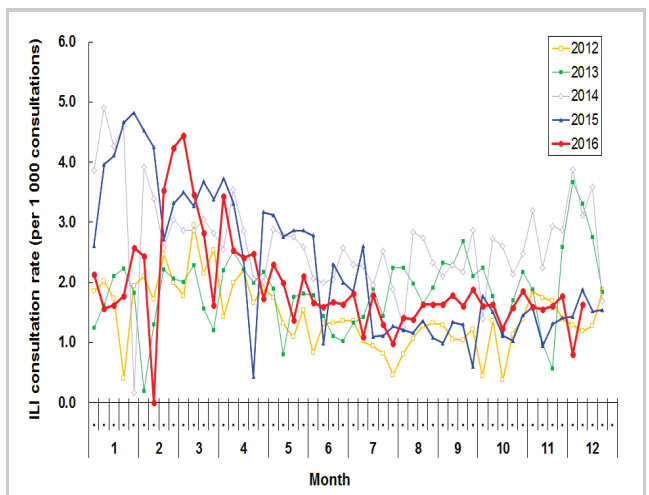


Figure 8 ILI consultation rate at sentinel CMP, 2012-16

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

- In week 50 and the first 4 days of week 51 (Dec 11 to 14, 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 50 and the first 4 days of week 51 (Dec 11 to 14, 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 Dec 3, 2016), the influenza activity increased slightly but remained low. The proportion of outpatient visits for ILI was 1.8%, which was below the national baseline of 2.2%.
- In Canada (week ending Dec 3, 2016), the influenza activity has reached seasonal levels with many regions reporting increasing influenza activity. Influenza A(H3N2) continues to be the most common subtype detected.
- In the United Kingdom (week ending Dec 4, 2016), the influenza activity was at low level.
- In Europe (week ending Dec 4, 2016), the influenza activity remained low, but has started to increase in some countries.
- In Taiwan (week ending Dec 10, 2016), the influenza activity remained stable. The proportion of ILI cases in out-patient clinics and emergency departments fluctuated recently. The number of severe influenza cases and positive influenza detections also gradually become stabilized. The predominating viruses were influenza A(H3N2).
- In Japan (week ending Dec 4, 2016), the influenza season has started since mid-November. The average number of reported ILI cases per sentinel site was 2.49 in the week ending December 4, higher than the baseline level of 1.00.

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](#), [Taiwan Centers for Disease Control](#) and [Japan Ministry of Health](#).