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FLU EXPRESS

衞生防護中心
Centre for Health Protection
保障市民健康
Protecting Hong Kong's health

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 21, 2016)

Reporting period: Dec 11 – 17, 2016 (Week 51)

- 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 51, 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 4.0 recorded in the previous week (Figure 1, left). The average consultation rate for ILI among sentinel private doctors was 48.3 ILI cases per 1,000 consultations, which was lower than 50.8 recorded in the previous week (Figure 1, right).

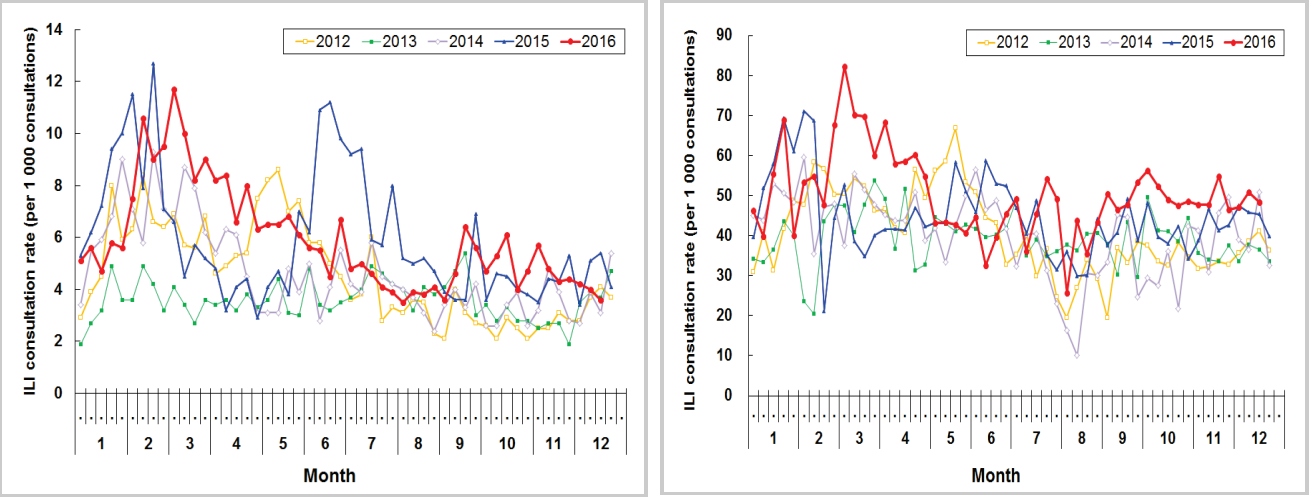

Figure 1 ILI consultation rate at sentinel GOPCs (left) and private doctors (right), 2012-16

Laboratory surveillance, 2012-16

Among the respiratory specimens received in week 51, 194 (5.12%) were tested positive for seasonal influenza viruses, including 1 (0.03%) influenza A(H1), 173 (4.57%) influenza A(H3), 17 (0.45%) influenza B and 3 (0.08%) influenza C. The percentage of respiratory specimens tested positive for seasonal influenza viruses last week was 5.12%, which was lower than 5.47% recorded in the previous week (Figure 2). Among the influenza viruses detected in the last week, the proportions of A(H3), B, C and A(H1) were 89.2%, 8.8%, 1.5% and 0.5% respectively.

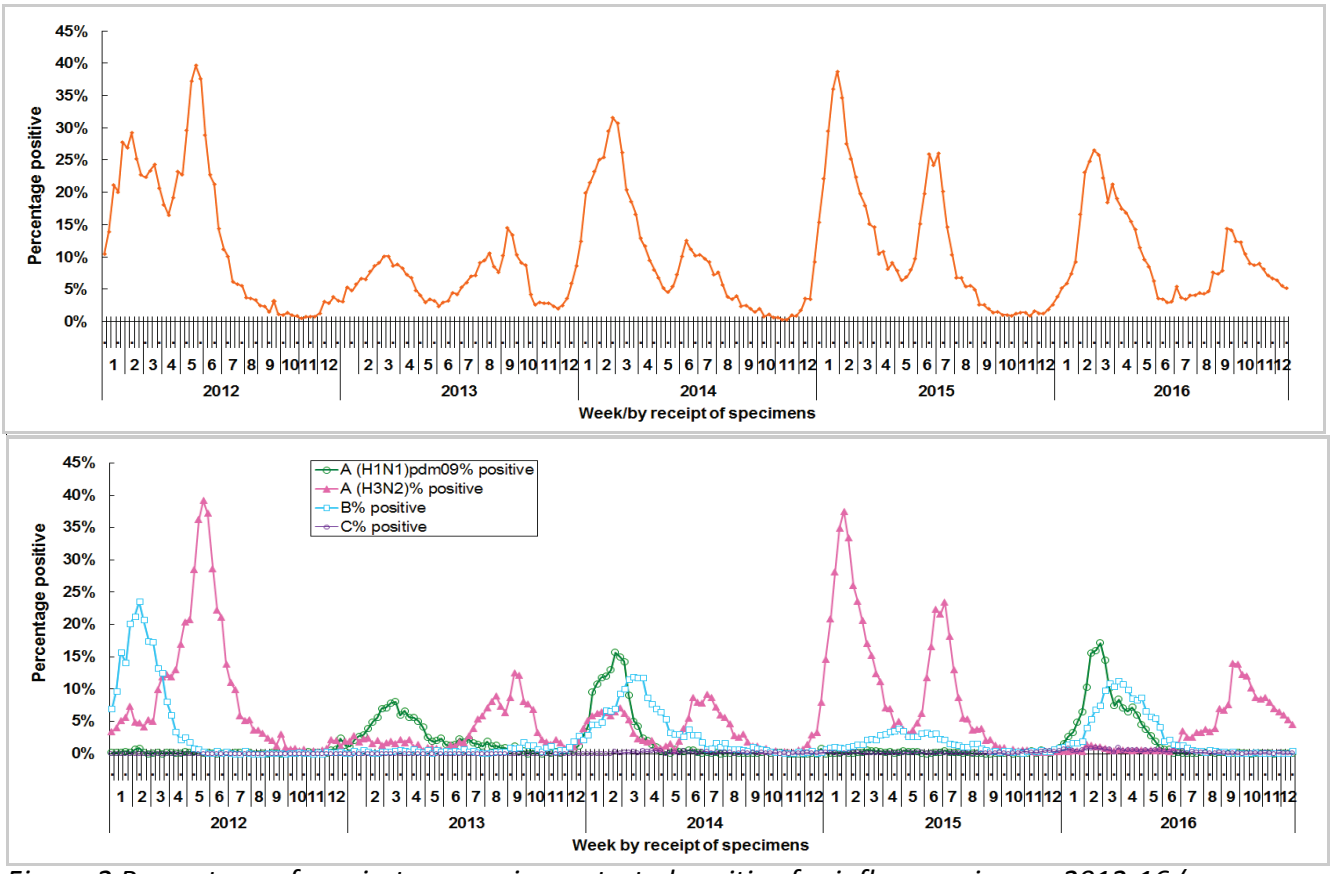

Figure 2 Percentage of respiratory specimens tested positive for influenza viruses, 2012-16 (upper: overall positive percentage, lower: positive percentage by subtypes)

Influenza-like illness outbreak surveillance, 2012-16

In week 51, 10 ILI outbreaks occurring in schools/institutions were recorded (affecting 37 persons), as compared to 5 outbreaks (affecting 20 persons) recorded in the previous week (Figure 3). In the first 4 days of week 52 (Dec 18 to 21, 2016), 5 institutional ILI outbreaks were recorded (affecting 25 persons).

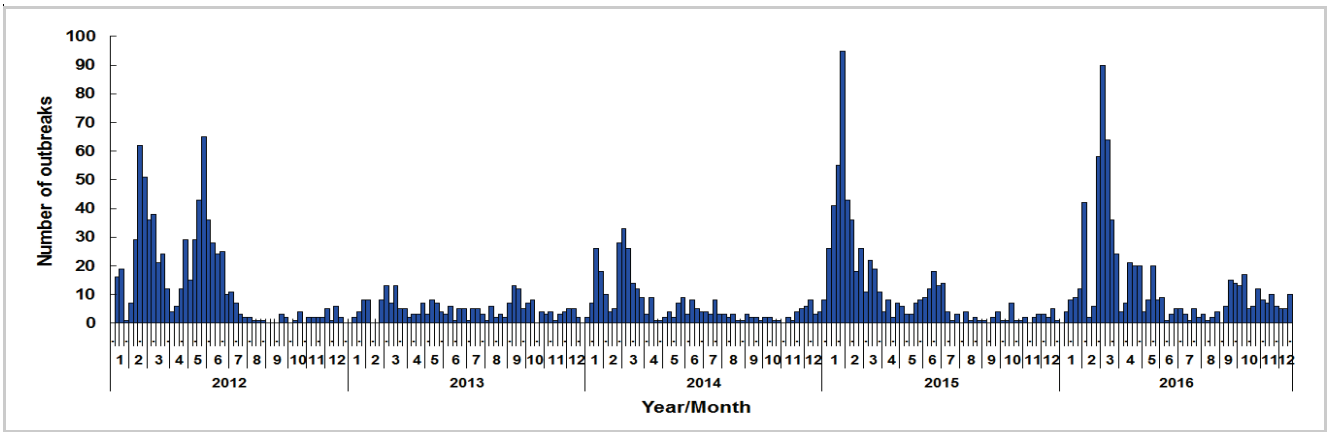

Figure 3 ILI outbreaks in schools/institutions, 2012-16

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

In week 51, the rate of the influenza-like illness syndrome group in the accident and emergency departments (AED) was 167.8 (per 1,000 coded cases), which was lower than the rate of 169.9 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.

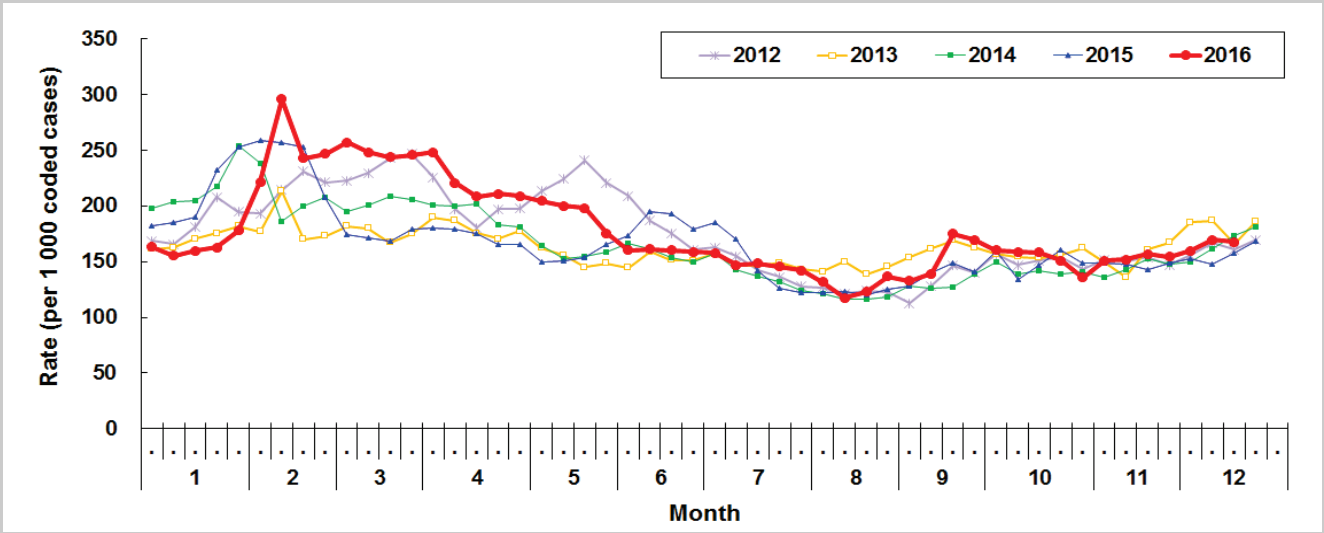

Figure 4 Rate of ILI syndrome group in AED, 2012-16

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

In week 51, 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 0.54, 0.28, 0.03 and 0.21 cases (per 10,000 people in the age group) respectively, as compared to 0.29, 0.31, 0.04 and 0.38 cases in the previous week (Figure 5). Weekly number of deaths with any diagnosis of influenza is also shown in Figure 5.

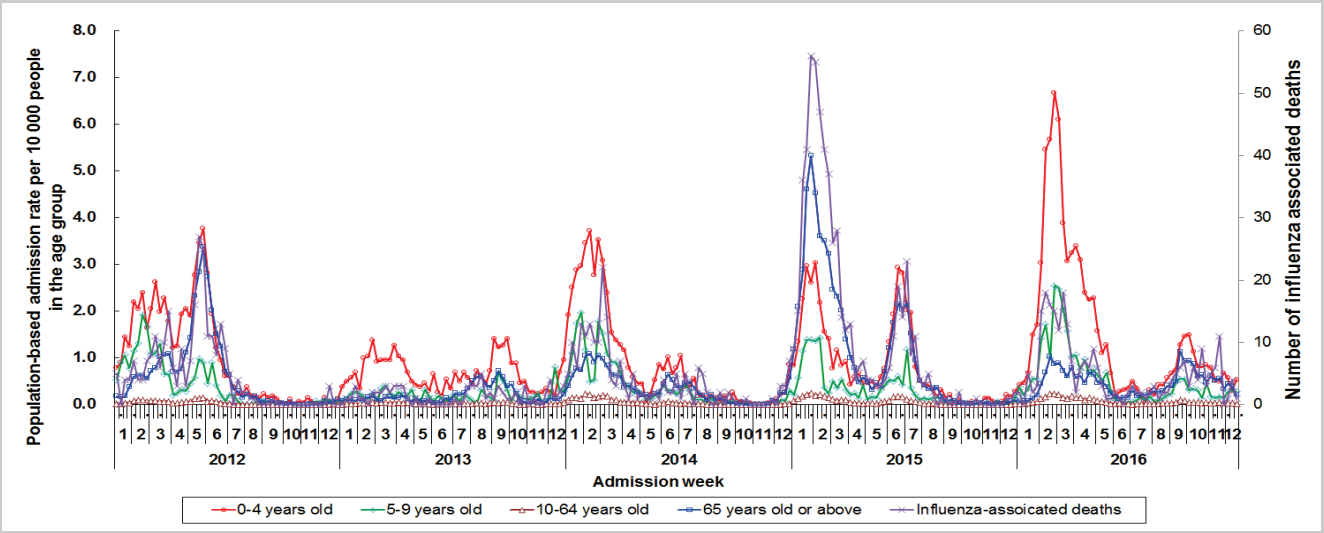

Figure 5 Influenza associated hospital admission rates and deaths, 2012-16

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

In week 51, 0.70% of children in the sentinel child care centres/ kindergartens (CCC/ KG) had fever (38°C or above) as compared to 0.76% in the previous week (Figure 6).

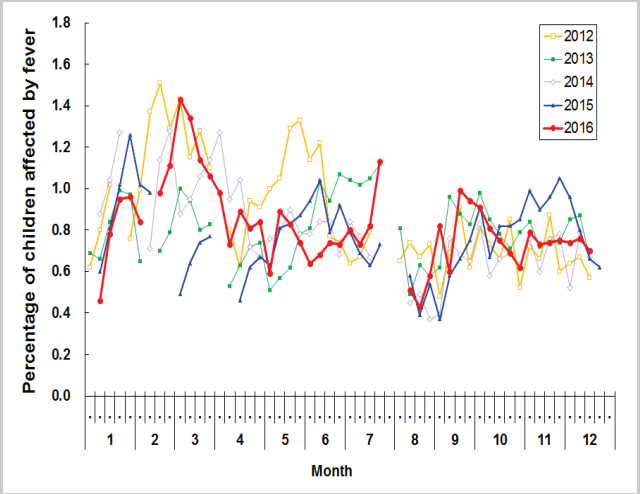

Figure 6 Percentage of children with fever at sentinel CCC/ KG, 2012-16

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

In week 51, 0.09% of residents in the sentinel residential care homes for the elderly (RCHEs) had fever (38°C or above) as compared to 0.07% in the previous week (Figure 7).

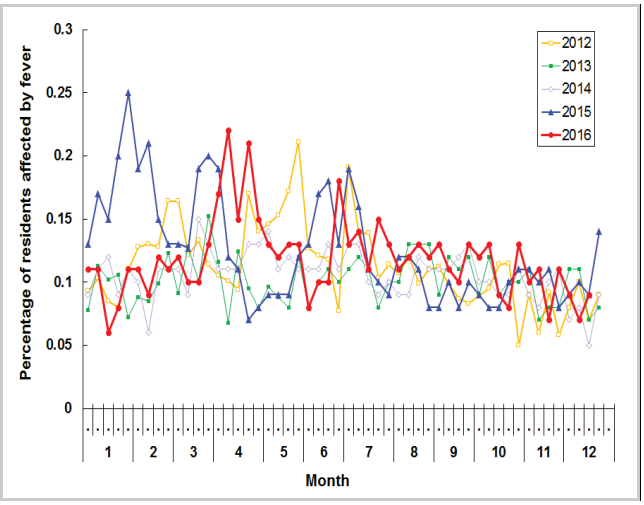

Figure 7 Percentage of residents with fever at sentinel RCHE, 2012-16

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

In week 51, the average consultation rate for ILI among Chinese medicine practitioners (CMPs) was 1.82 ILI cases per 1,000 consultations as compared to 1.64 recorded in the previous week (Figure 8).

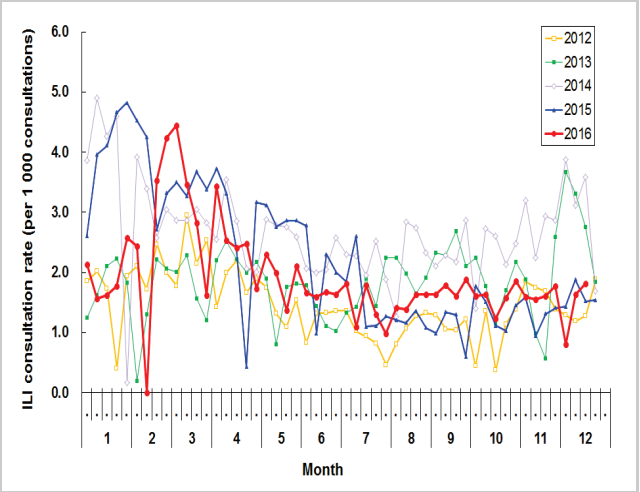

Figure 8 ILI consultation rate at sentinel CMP, 2012-16

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

- In week 51 and the first 4 days of week 52 (Dec 18 to 21, 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 51 and the first 4 days of week 52 (Dec 18 to 21, 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 10, 2016), the influenza activity increased slightly. The proportion of outpatient visits for ILI was 1.9%, which was below the national baseline of 2.2%.
- In Canada (week ending Dec 10, 2016), the influenza activity is increasing with greater numbers of influenza detections, hospitalizations and outbreaks being reported. Influenza A(H3N2) continues to be the most common subtype detected.
- In the United Kingdom (week ending Dec 11, 2016), the influenza activity is starting to increase for several indicators in particular flu outbreaks in the community, the proportion of laboratory samples positive for influenza and admissions to intensive care. The positivity of influenza detection was 9.4% in the week ending December 11, which was above the threshold for 2016/17 season of 8.6%.
- In Europe (week ending Dec 11, 2016), the influenza activity remained low, but is increasing across the region. The proportion of virus detections among sentinel surveillance specimens increased to 28%, which was above the seasonal threshold of 10%. The majority of influenza viruses detected was influenza A(H3N2).
- In Taiwan (week ending Dec 17, 2016), the influenza activity remained stable. The proportions of ILI cases in out-patient clinics and emergency departments were stable recently. The number of severe influenza cases and hospital admission for influenza also become stablized. The predominating viruses were influenza A(H3N2).
- In Japan (week ending Dec 11, 2016), the influenza season has started since mid-November. The average number of reported ILI cases per sentinel site was 3.31 in the week ending December 11, 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.