

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 30, 2015)

Reporting period: Dec 20 – 26, 2015 (Week 52)

- 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 Nov 10, 2015. 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 52, the average consultation rate for influenza-like illness (ILI) among sentinel general outpatient clinics (GOPCs) was 4.1 ILI cases per 1,000 consultations, which was lower than 5.4 recorded in the previous week (Figure 1, left). The average consultation rate for ILI among sentinel private doctors was 39.9 ILI cases per 1,000 consultations, which was lower than 45.4 recorded in the previous week (Figure 1, right).

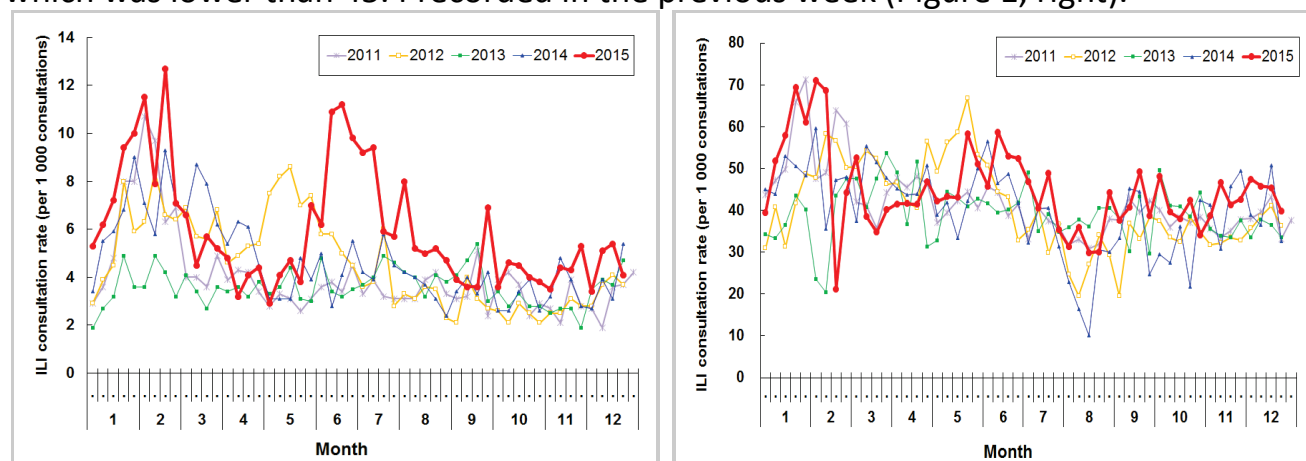


Figure 1 ILI consultation rate at sentinel GOPCs (left) and private doctors (right), 2011-15

Laboratory surveillance, 2011-15

Among the respiratory specimens received in week 52, 85 (2.63%) were tested positive for seasonal influenza viruses, including 29 (0.90%) influenza A(H1), 10 (0.31%) influenza A(H3), 30 (0.93%) influenza B and 16 (0.50%) influenza C. The percentage of respiratory specimens tested positive for seasonal influenza viruses last week was 2.63%, which was higher than 1.85% recorded in the previous week (Figure 2). Among the influenza viruses detected in the last week, the proportions of B, A(H1), C and A(H3) were 35.3%, 34.1%, 18.8% and 11.8% respectively.

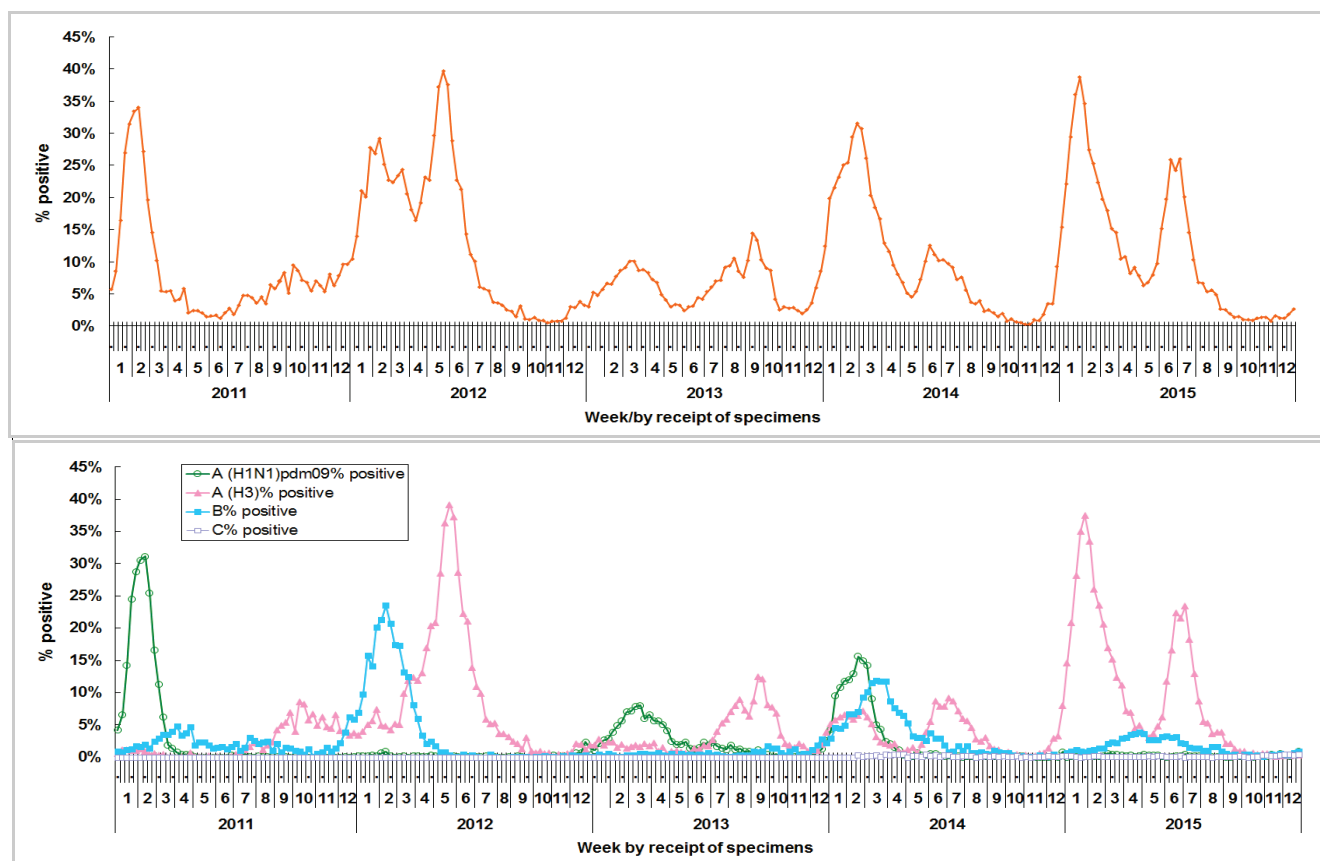


Figure 2 Percentage of respiratory specimens tested positive for influenza viruses, 2011-15 (upper: overall positive percentage, lower: positive percentage by subtypes)

Influenza-like illness outbreak surveillance, 2011-15

In week 52, one ILI outbreak occurring in an institution was recorded (affecting 4 persons), as compared to 5 (affecting 19 persons) recorded in the previous week (Figure 3). In the first 4 days of this week (Dec 27 to 30, 2015), no institutional ILI outbreaks were recorded.

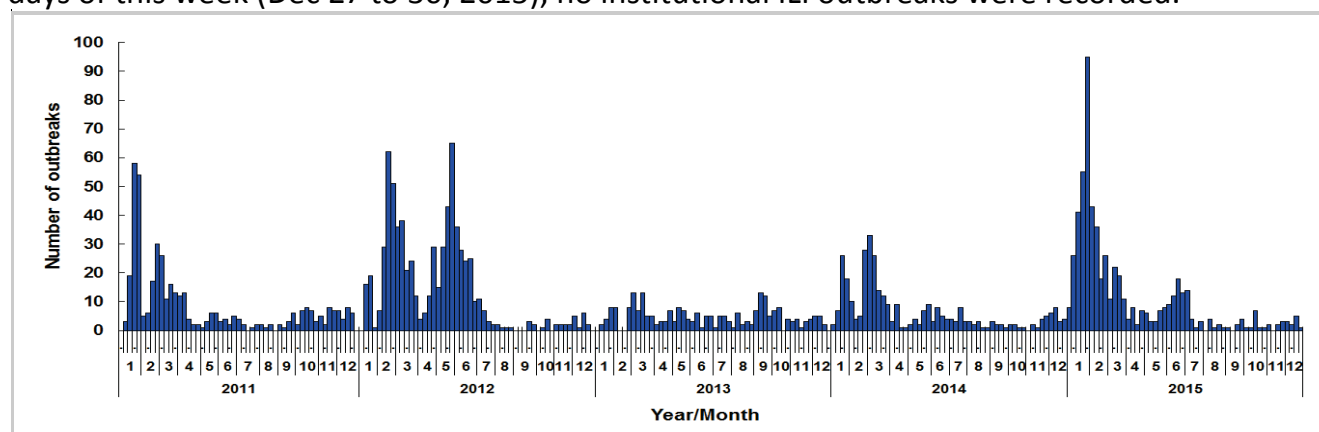


Figure 3 ILI outbreaks in schools/institutions, 2011-15

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

In week 52, the rate of the influenza-like illness syndrome group in the accident and emergency departments (AED) was 169.0 (per 1,000 coded cases), which was higher than the rate of 158.2 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.

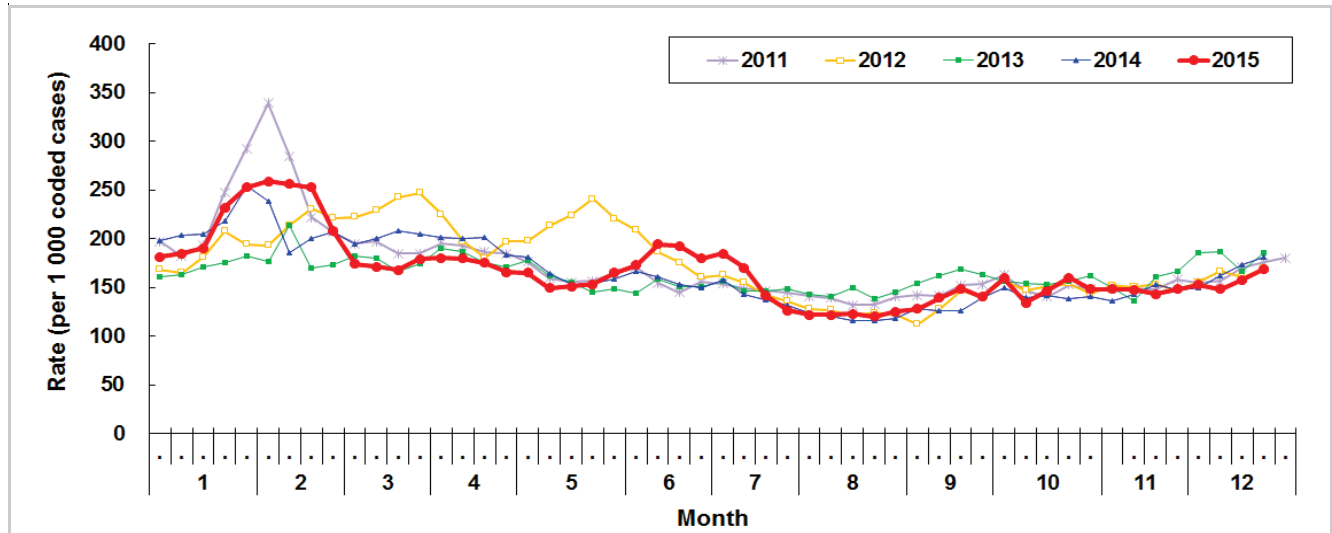


Figure 4 Rate of ILI syndrome group in AED, 2011-15

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

In week 52, 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 0.18, 0.02 and 0.06 cases (per 10,000 people in the age group) respectively, as compared to 0.14, 0.007 and 0.07 cases in the previous week (Figure 5). Weekly number of deaths with any diagnosis of influenza is also shown in Figure 5.

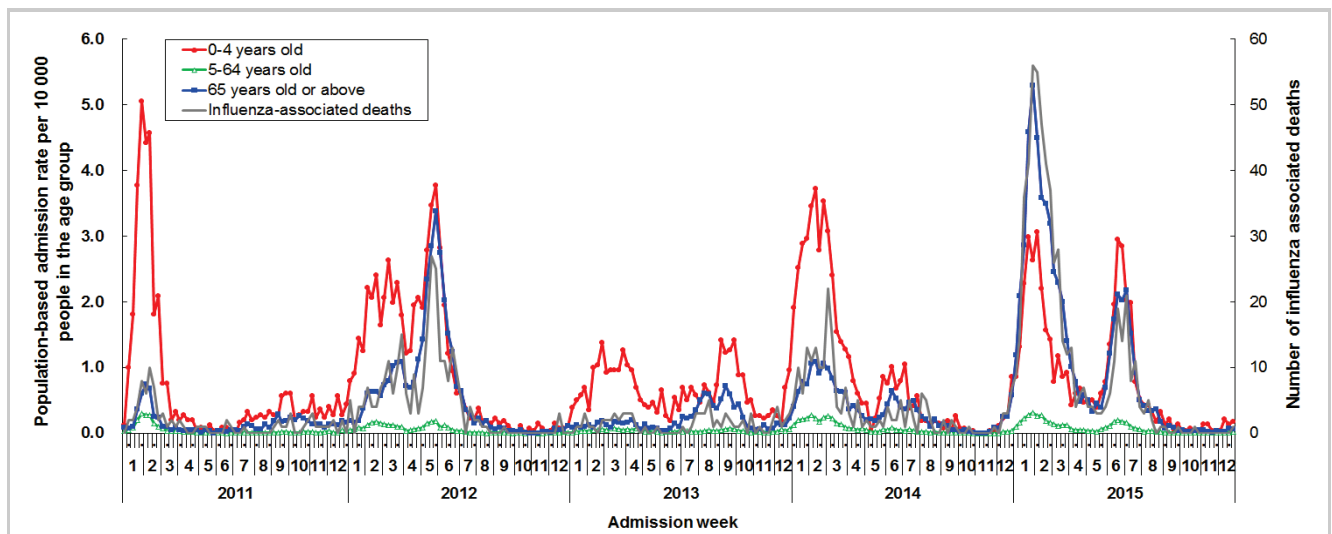


Figure 5 Influenza associated hospital admission rates and deaths, 2011-15

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

In week 52, 0.62% of children in the sentinel child care centres/ kindergartens (CCC/ KG) had fever (38°C or above), as compared to 0.66% in the previous week (Figure 6).

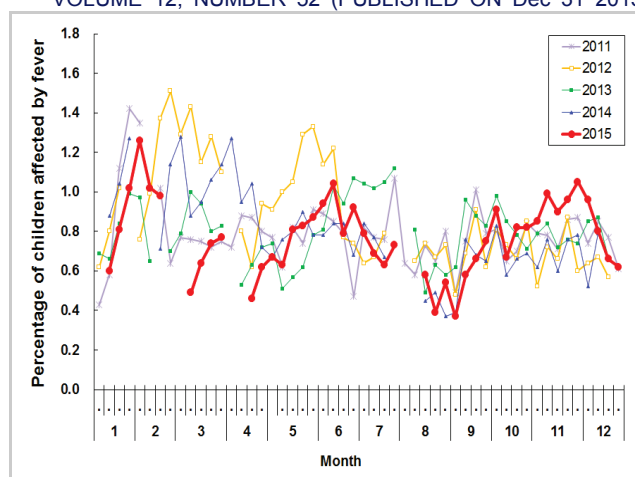


Figure 6 Percentage of children with fever at sentinel CCC/ KG, 2011-15

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

In week 52, 0.14% 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).

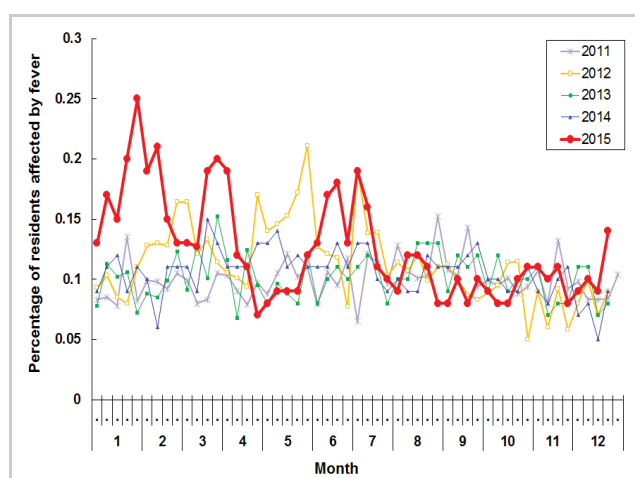


Figure 7 Percentage of residents with fever at sentinel RCHE, 2011-15

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

In week 52, the average consultation rate for ILI among Chinese medicine practitioners (CMPs) was 1.54 ILI cases per 1,000 consultations as compared to 1.52 in the previous week (Figure 8).

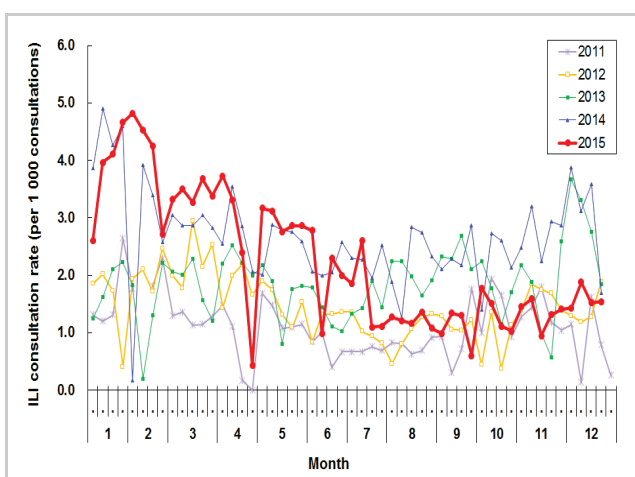


Figure 8 ILI consultation rate at sentinel CMP, 2011-15

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

- In week 52 and the first 4 days of this week (Dec 27 to 30, 2015), there were no new reports 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 52 and the first 4 days of this week (Dec 27 to 30, 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 Dec 19, 2015), influenza activity increased slightly. The proportion of outpatient visits for ILI was 2.2%, which is above the national baseline of 2.1%.
- In Canada (week ending Dec 19, 2015), the influenza activity in the past week was on the rise nationally compared to previous weeks.
- In the United Kingdom (week ending Dec 20, 2015), the influenza activity remained at a low level.
- In Europe (week ending Dec 20, 2015), influenza activity remained low in most countries in the Region. However, the proportion of influenza virus positive sentinel specimens increased to over 10% for the first time since October, indicating the start of the influenza season.
- In Mainland China (week ending Dec 20, 2015), the influenza activity in both southern and northern China has continued to increase. Influenza A and B co-circulated in both southern and northern China. Among the influenza A viruses detected, most were H1N1 in southern China while most were H3N2 in northern China.
- In Taiwan (week ending Dec 26, 2015), the influenza activity has increased recently. The predominating virus was 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](#), [Chinese National influenza Center](#) and [Taiwan Centers for Disease Control](#).