

本署檔號 Our Ref. : (39) in DH SEB CD/8/27/1 Pt.19

9 January 2012

Dear Medical Superintendent,

**Increase in Influenza Activity in Hong Kong**

We would like to inform you that our latest surveillance data showed an increase in the local influenza activity, signalling the impending arrival of winter influenza season. In order to closely monitor the occurrence of severe influenza cases who required admission to intensive care unit or died during the coming winter influenza season, from 13 January to 22 March 2012 (10 weeks), your assistance is sought to report patients who satisfy the following criteria in the attached form (Appendix 1 and 2) on daily basis (as of 12 noon).

**Any patient of age 18 years or above, who required intensive care admission or died AND had any positive laboratory results of influenza infection.**

Please fax the completed form to the Central Notification Office (CENO) of the Centre for Health Protection (CHP) (Fax number: 24772770). Nil return is required.

In addition, we would like to take this opportunity to update the reporting criteria for *severe paediatric influenza-associated with complication/death* to include **those patients aged above 1 month and below 18 years**, instead of those patients aged above 1 month and 12 years or below. The new reporting criteria will be effective from 13 January 2012 onwards and are attached in Appendix 3 for your reference.

Please be reminded that any paediatric patients who fulfill the updated criteria should be reported to the Central Notification Office (CENO) of the CHP by fax (2477 2770), by phone (2477 2772), or via the CENO On-line website (<http://www.chp.gov.hk/ceno>). Please also call Medical Control Officer (pager: 7116 3300 call 9179) outside office hours for prompt investigation. The reporting forms and the criteria are available on CENO On-line website.



The latest information about severe influenza cases will be reported in the *Flu Express*, a weekly report available at CHP website ([www.chp.gov.hk](http://www.chp.gov.hk)).

Thank you once again for your continuous support in combating infectious disease in Hong Kong.

Yours faithfully,

A handwritten signature in black ink, appearing to read 'S K Chuang', written in a cursive style.

(Dr. S K Chuang)  
for Controller, Centre for Health Protection  
Department of Health

Please fax your reply before 12 noon

**Reporting of Patients with Influenza Associated ICU Admission or Death  
(13 Jan – 22 Mar 2012)**

To: Director of Health

Fax No. : 2477 2770 (Central Notification Office)

Daily Reply Slip on \_\_\_\_\_ (Please insert date)  
from \_\_\_\_\_ (Name of institution)

1. The number of new cases reported to the Centre for Health Protection in the past 24 hours is: \_\_\_\_\_  
(For new cases, please complete appendix 2)
2. The total number of cases reported so far is: \_\_\_\_\_
3. The following patients' clinical conditions have changed (please use additional sheets if necessary):

Name	Sex	Age	Any Change of Condition with date (e.g. death or discharge)

**Contact person:**

Name: \_\_\_\_\_

Tel: \_\_\_\_\_

Position: \_\_\_\_\_

**Note 1**

For severe paediatric influenza-associated complication/death, please also report to Central Notification Office (Tel: 24772772) or call Medical Control Officer at 71163300 a/c 9179 if outside office hour.

**Note 2**

Please return even if no case is recorded.

**Appendix 2**

**Reporting of Patients with Influenza Associated Intensive Care Unit Admission and Death**  
**(New Cases)**

For patients with influenza associated with intensive care unit admission or death who are tested positive for Influenza, please fax this form to our Central Notification Office (2477-2770)

**Date:** \_\_\_\_\_

**Patient particulars**

Name in English (please affix patient's gum label if applicable)	
Name in Chinese	
Sex / Age	
HKID / Passport No.	
Patient / guardian contact phone number	
Date of admission	
Ward / Bed no.	

**Clinical information**

Onset date (please specify symptoms)	
Diagnosis	
Past health	
Obesity (please specify BMI if available)	
Influenza vaccination history	
Current condition of patient (Stable/satisfactory/serious/critical/fatal)	
Date of death (if applicable)	
Influenza test type	
Influenza test result	
Further laboratory test results	

**Attending Physician**

Name : \_\_\_\_\_ Tel : \_\_\_\_\_

**Contact Person**

Name : \_\_\_\_\_ Tel : \_\_\_\_\_  
Position \_\_\_\_\_ Hospital : \_\_\_\_\_

**Note**  
Appendix 1 should be faxed to CENO for any update on the information.

## **Reporting criteria for severe paediatric influenza-associated complication/death**

An individual fulfilling all the following 3 criteria should be reported to the Centre for Health Protection for further investigation:

1. Children >1 month and <18 years old on date of admission; AND
2. with fever and respiratory symptoms; AND
3. one of the following complications:
  - severe pneumonia (requiring admission to intensive care unit or assisted ventilation); OR
  - sepsis; OR
  - shock; OR
  - encephalopathy; OR
  - myocarditis; OR
  - death.