

本署檔號    Our Ref. : (98) in DH SEB CD/8/27/1 Pt.21

March 30, 2017

Dear Medical Superintendent,

**Extension of Enhanced Surveillance for Severe Seasonal Influenza**

I refer to my previous letter dated March 23, 2017 and thank you again for your ongoing support to the enhanced surveillance for severe seasonal influenza.

I would like to update you on the latest influenza situation in Hong Kong. The latest surveillance data of the Centre for Health Protection (CHP) showed that the overall influenza activity has further decreased last week but it has not yet returned to the low levels observed during inter-season periods. Among the respiratory specimens received by the Public Health Laboratory Services Branch of the CHP, the percentage positive for seasonal influenza viruses decreased from 9.38% recorded in the week ending March 4 to 7.54% and 7.18% in that ending March 18 and 25 respectively. Most of the influenza viruses detected were influenza A(H3N2).

Since the activation of the enhanced surveillance for severe influenza infection on February 24, 2017, a total of 50 adult severe cases (including 31 deaths) were recorded (as of March 29). In addition, one case of paediatric influenza-associated with complication was recorded in the same period.

We will continue to closely monitor the situation to see if the influenza activity will continue to decrease. In the meantime, we would like to extend the enhanced surveillance for one week, i.e. the last date will be **April 7, 2017** instead of March 31. Please continue to report patients who satisfy the following criteria to the CHP on a daily basis (as of 12 noon):

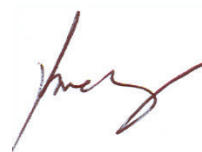


Please fax the completed forms (Appendices 1 and 2) to the Central Notification Office (CENO) of the CHP (Fax number: 2477 2770). Daily nil return is required. **When the condition of previously reported patients has changed, it is essential to fill in the details in Appendix 1.** If further extension is necessary, we will inform you by letter before the end.

In addition, please remind doctors in your hospital to continue to report any paediatric patients (aged below 18 years) who fulfill the reporting criteria for *severe paediatric influenza-associated with complication/death* to the CENO by fax (2477 2770), by phone (2477 2772), or via the CENO On-line website ([https://cdis.chp.gov.hk/CDIS\\_CENO\\_ONLINE/ceno.html](https://cdis.chp.gov.hk/CDIS_CENO_ONLINE/ceno.html)). Doctors should call our Medical Control Officer (pager: 7116 3300 call 9179) when reporting cases during non-office hours.

The latest surveillance data on influenza and severe cases are published in the “*Flu Express*”, a weekly report available on the CHP website ([http://www.chp.gov.hk/en/guideline1\\_year/29/134/441/304.html](http://www.chp.gov.hk/en/guideline1_year/29/134/441/304.html)). Further information on influenza can be found from the following link: [http://www.chp.gov.hk/en/view\\_content/14843.html](http://www.chp.gov.hk/en/view_content/14843.html). Please draw the attention of the healthcare professionals and supporting staff in your institution/ working with you to the above. Thank you for your ongoing support in combating communicable diseases.

Yours faithfully,



(Dr. SK CHUANG)  
for Controller, Centre for Health Protection  
Department of Health

## Appendix 1

Please fax your reply by 12:00 hrs

### Reporting of Patients with Influenza Associated ICU Admission or Death (1 – 7 April, 2017)

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 <b>with date</b> (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: 2477 2772) 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<br>(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<br>(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 : \_\_\_\_\_

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

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

Hospital: \_\_\_\_\_

#### Note

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