

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 Aug 30, 2017)

Reporting period: Aug 20 – 26, 2017 (Week 34)

- The latest surveillance data showed that the local influenza activity has returned to the baseline level, indicating the end of the summer influenza season.
- The Centre for Health Protection (CHP) has collaborated with the Hospital Authority (HA) and private hospitals to reactivate the enhanced surveillance for severe seasonal influenza cases (i.e. influenza-associated admissions to intensive care unit or deaths) among patients aged 18 or above since May 5, 2017. As of Aug 30, 579 severe cases (including 429 deaths) were recorded. Separately, 19 cases of severe paediatric influenza-associated complication/death (including three deaths) (aged below 18 years) were recorded in the same period.
- 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.
- In the coming 2017/18 season, the Vaccination Subsidy Scheme will continue to provide subsidised vaccination to children aged 6 months to under 12 years, elderly aged 65 years or above, pregnant women, persons with intellectual disabilities and recipients of Disability Allowance. Eligible groups for free vaccination will be the same as that of 2016/17 under the Government Vaccination Programme. The various vaccination programmes will be launched in Oct 2017 and the details will be announced in due course.

Influenza-like-illness surveillance among sentinel general outpatient clinics and sentinel private doctors, 2013-17

In week 34, the average consultation rate for influenza-like illness (ILI) among sentinel general outpatient clinics (GOPCs) was 3.8 ILI cases per 1,000 consultations, which was lower than 4.7 recorded in the previous week (Figure 1, left). The average consultation rate for ILI among sentinel private doctors was 52.3 ILI cases per 1,000 consultations, which was lower than 53.6 recorded in the previous week (Figure 1, right).

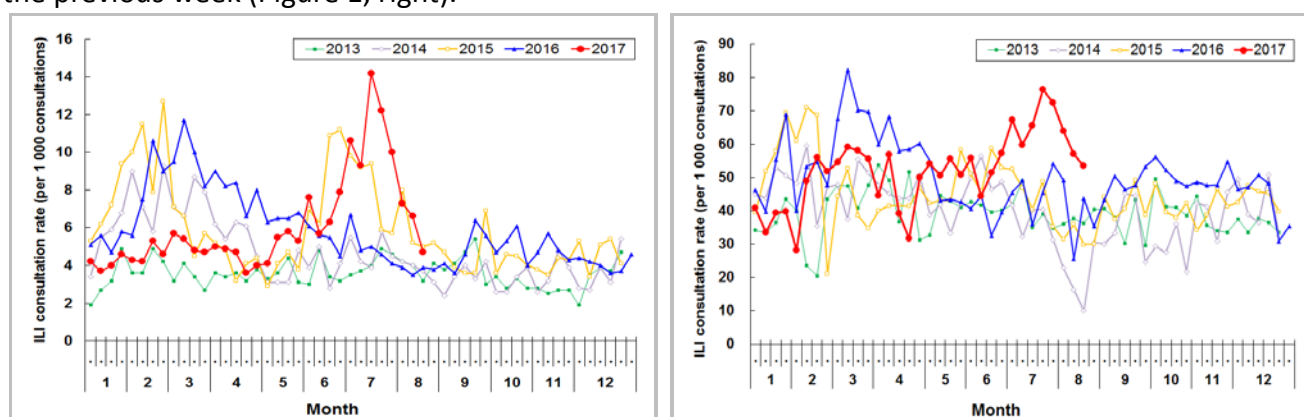


Figure 1 ILI consultation rate at sentinel GOPCs (left) and private doctors (right), 2013-17

Laboratory surveillance, 2013-17

Among the respiratory specimens received in week 34, 375 (8.90%) were tested positive for seasonal influenza viruses, including 25 (0.59%) influenza A(H1), 299 (7.10%) influenza A(H3), 49 (1.16%) influenza B and two (0.05%) influenza C. The percentage of respiratory specimens tested positive for seasonal influenza viruses last week was 8.90%, which was lower than 12.79% recorded in the previous week (Figure 2). Among the influenza viruses detected in the last week, the proportions of A(H3), B, A(H1) and C were 79.7%, 13.1%, 6.7% and 0.5% respectively.

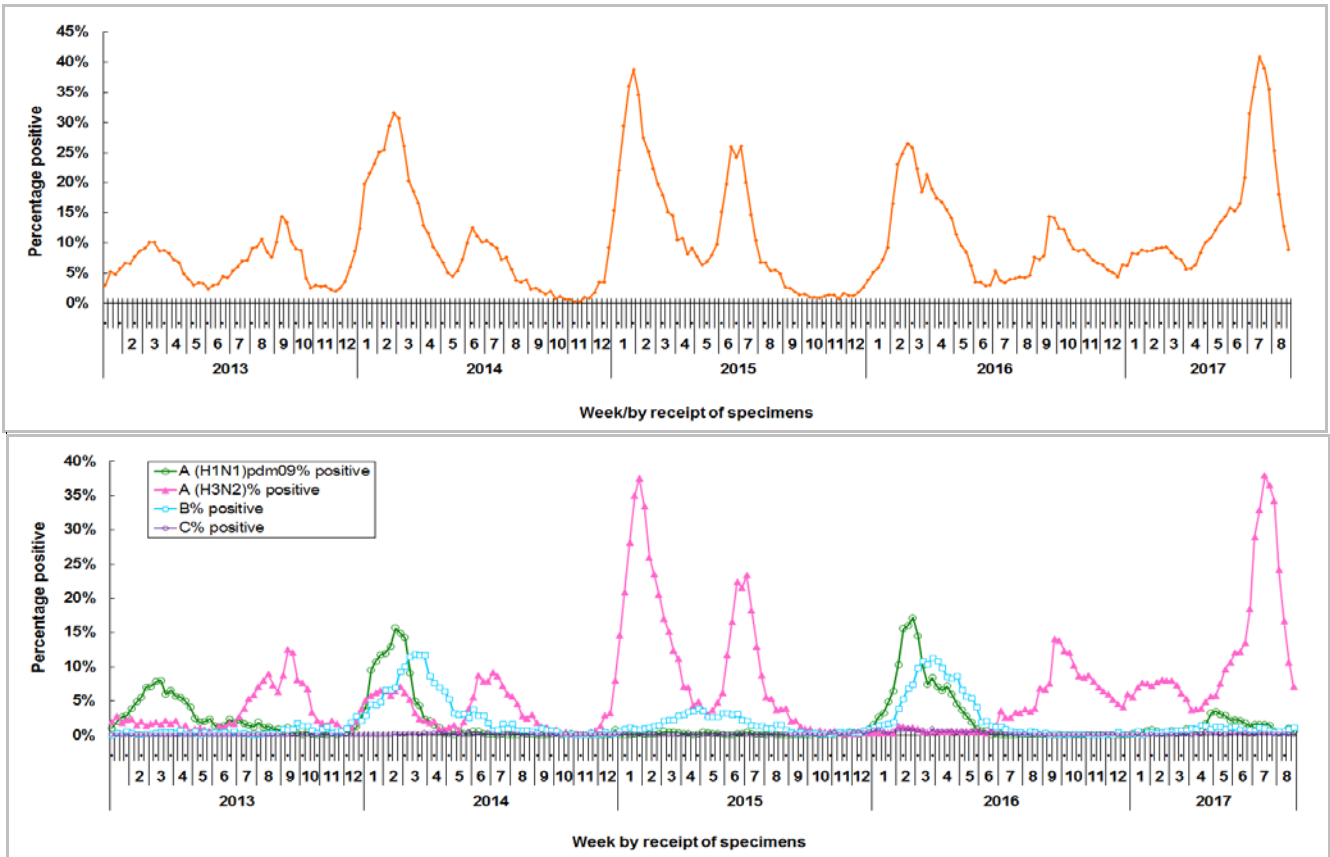


Figure 2 Percentage of respiratory specimens tested positive for influenza viruses, 2013-17 (upper: overall positive percentage, lower: positive percentage by subtypes)

Influenza-like illness outbreak surveillance, 2013-17

In week 34, two ILI outbreaks occurring in schools/institutions were recorded (affecting ten persons), as compared to seven outbreaks recorded in the previous week (affecting 25 persons) (Figure 3). In the first 4 days of week 35 (Aug 27 to 30, 2017), two institutional ILI outbreaks were recorded (affecting 11 persons).

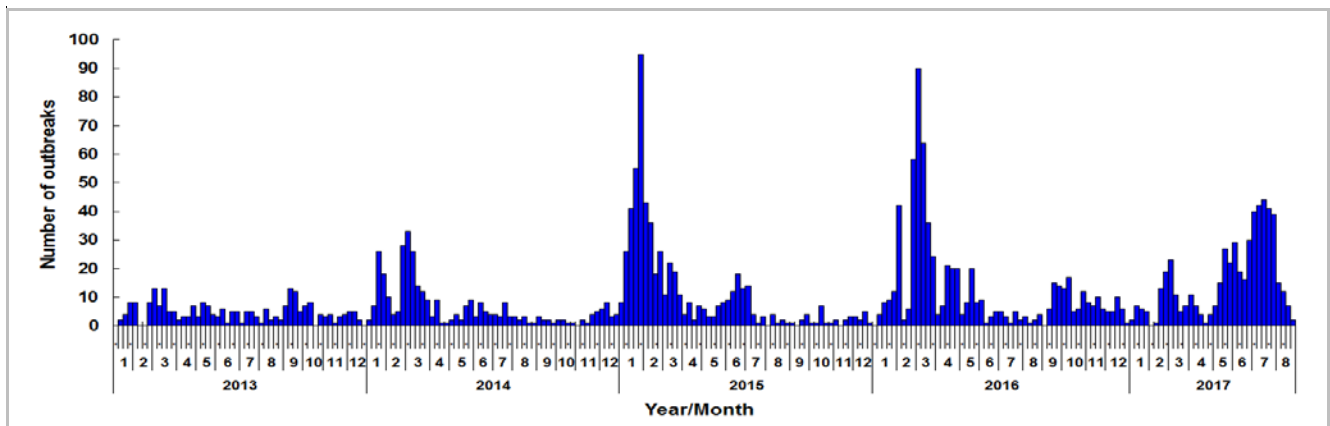


Figure 3 ILI outbreaks in schools/institutions, 2013-17

Rate of influenza-like illness syndrome group in accident and emergency departments, 2013-17[#]

In week 34, the rate of the influenza-like illness syndrome group in the accident and emergency departments (AED) was 137.9 (per 1,000 coded cases), which was similar to 137.3 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.

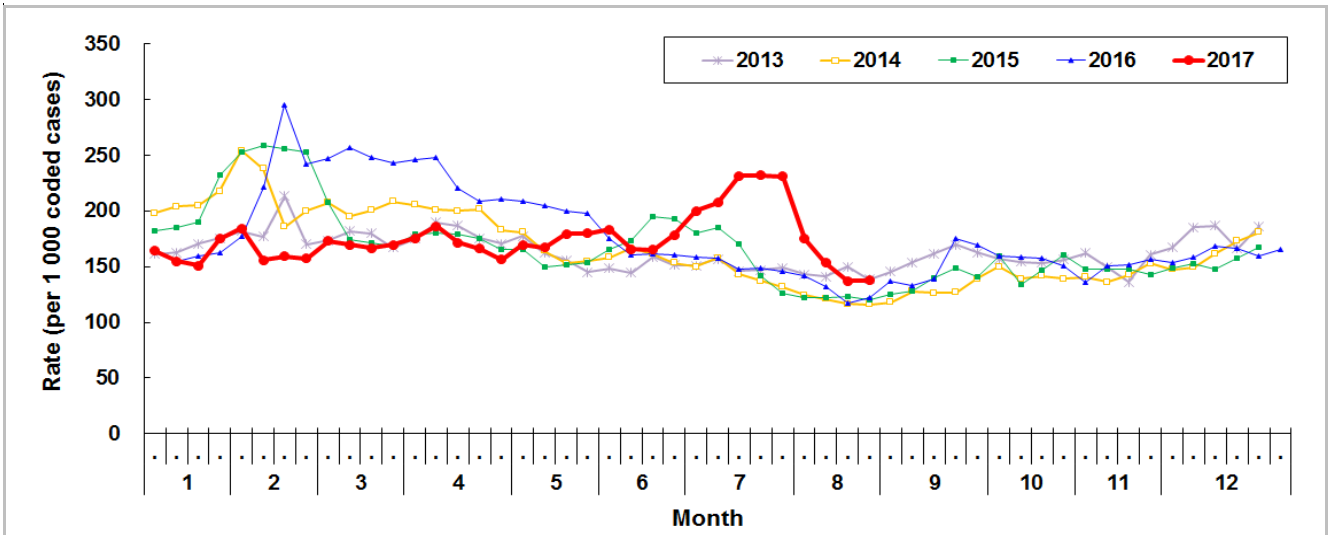


Figure 4 Rate of ILI syndrome group in AED, 2013-17

Influenza associated hospital admission rates and deaths in public hospitals based on discharge coding, 2013-17

In week 34, 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 1.07, 0.21, 0.07 and 0.53 cases (per 10,000 people in the age group) respectively, as compared to 1.57, 0.51, 0.11 and 1.31 cases in the previous week (Figure 5). Weekly number of deaths with any diagnosis of influenza is also shown in Figure 5.

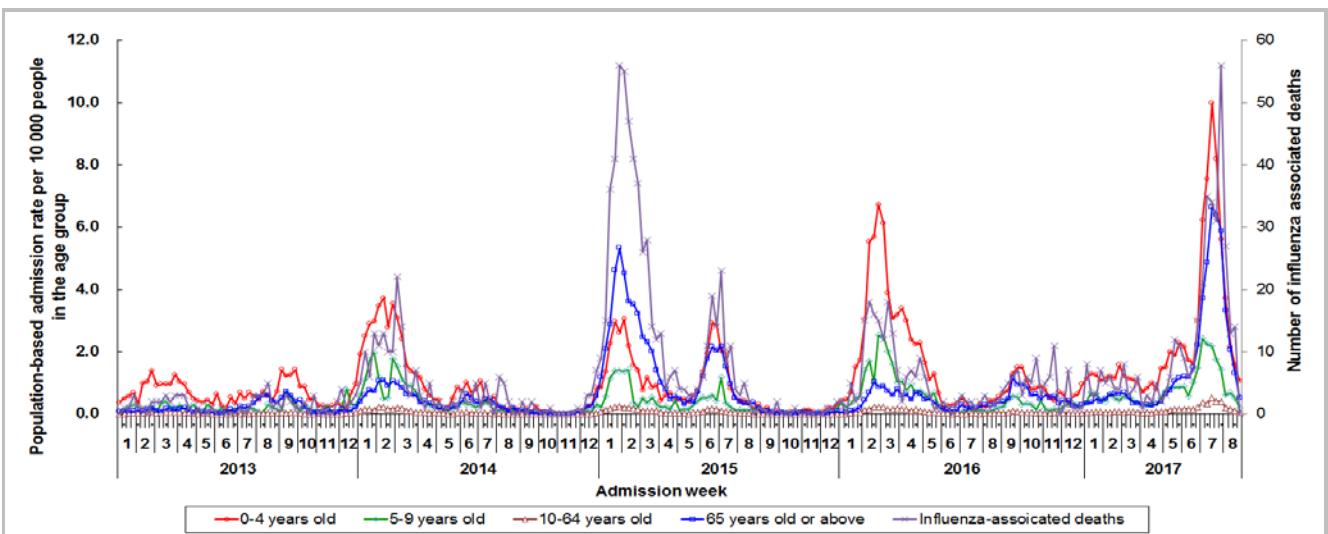


Figure 5 Influenza associated hospital admission rates and deaths, 2013-17

Fever surveillance at sentinel child care centres/ kindergartens, 2013-17

The surveillance for week 34 was suspended due to holiday. In week 33, 0.47% of children in the sentinel child care centres/ kindergartens (CCC/ KG) had fever (38°C or above) as compared to 0.58% in week 32 (Figure 6).

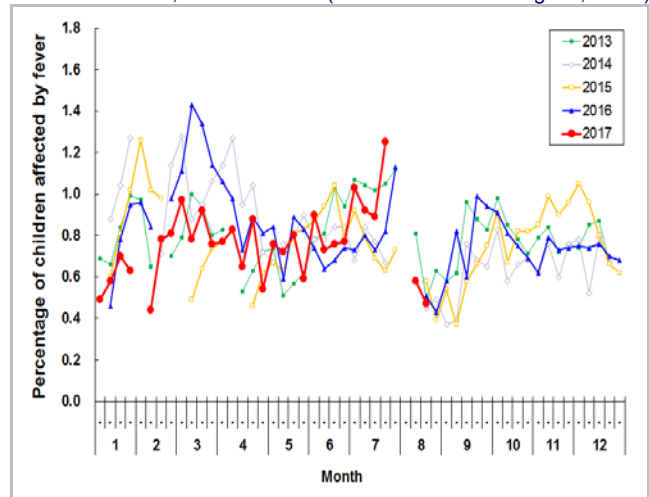


Figure 6 Percentage of children with fever at sentinel CCC/ KG, 2013-17

Fever surveillance at sentinel residential care homes for the elderly, 2013-17

In week 34, 0.13% of residents in the sentinel residential care homes for the elderly (RCHEs) had fever (38°C or above) as compared to 0.12% recorded in the previous week (Figure 7).

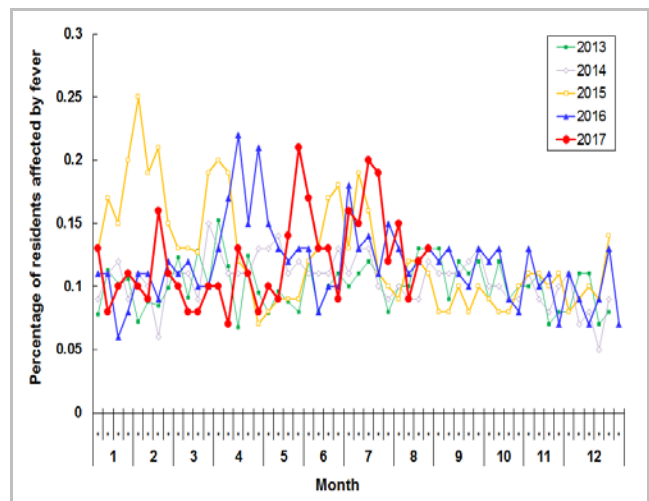


Figure 7 Percentage of residents with fever at sentinel RCHE, 2013-17

Influenza-like illness surveillance among sentinel Chinese medicine practitioners, 2013-17

In week 34, the average consultation rate for ILI among Chinese medicine practitioners (CMPs) was 1.95 ILI cases per 1,000 consultations as compared to 1.85 recorded in the previous week (Figure 8).

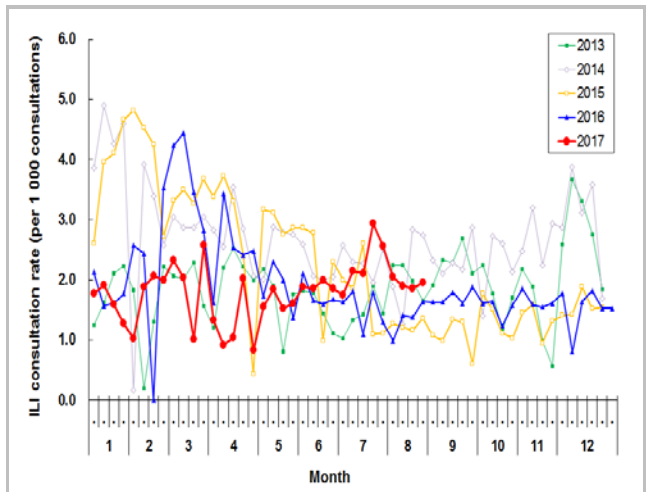


Figure 8 ILI consultation rate at sentinel CMP, 2013-17

Surveillance of severe influenza cases

(Note: The data reported are provisional figures and subject to further revision)

Since the activation of the enhanced surveillance for severe influenza infection on May 5, 2017, a total of 598 severe cases (including 432 deaths) were recorded cumulatively (as of Aug 30) (Figure 9). These included:

- 579 cases (including 429 deaths) among adult patients aged 18 years or above. Among them, 520 patients had infection with influenza A(H3N2), 25 patients with influenza A(H1N1)pdm09, 17 patients with influenza B, one patient with influenza C and 16 patients with influenza A pending subtype. 228 (39.4%) were known to have received the influenza vaccine for the 2016/17 season. Among the 429 fatal cases, 198 (46.2%) were known to have received the influenza vaccine. In the winter season in early 2017, 66 adult severe cases (including 41 deaths) were filed.
- 19 cases (including three deaths) of severe paediatric influenza-associated complication/death. Seventeen (89.5%) cases did not receive the influenza vaccine for the 2016/17 season. To date in 2017, 27 paediatric cases (including four deaths) were filed.

Enhanced surveillance for severe seasonal influenza (Aged 18 years or above)

- In week 34, 19 cases of influenza associated ICU admission/death were recorded (including 17 deaths), which was lower than 31 cases (including 27 deaths) recorded in week 33. In the first 4 days of week 35 (Aug 27 to 30, 2017), 12 cases of influenza associated ICU admission/death were recorded, in which nine of them were fatal.

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

- In week 34 and the first 4 days of week 35 (Aug 27 to 30, 2017), there were no cases of severe paediatric influenza-associated complication/ death.

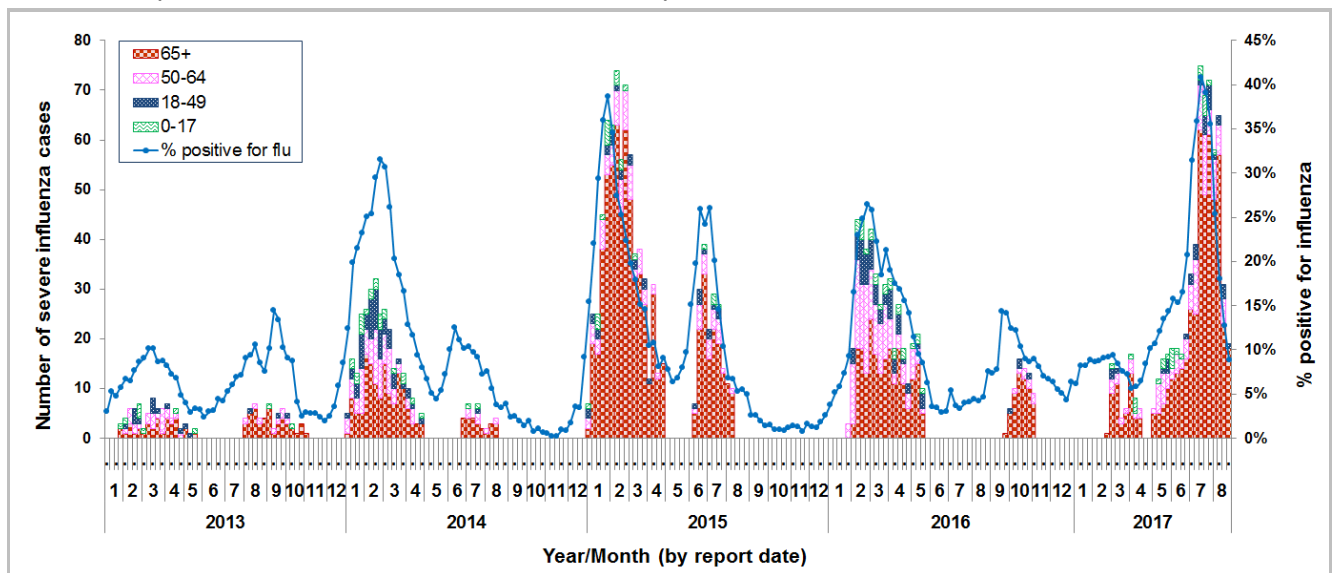


Figure 9 Weekly number of severe influenza cases recorded during influenza seasons, 2013-2017

Remark: The surveillance system for severe influenza cases aged 18 years or above was only activated intermittently during influenza seasons.

Surveillance of oseltamivir resistant influenza A(H1N1)pdm09 virus infection

- In week 34 and the first 4 days of week 35 (Aug 27 to 30, 2017), 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

Influenza activity remained at low levels in the temperate zone of the northern hemisphere. In the temperate zone of the southern hemisphere and in some countries of South and South East Asia, high levels of influenza activity continued to be reported. In Central America and the Caribbean, influenza activity continued to be reported in a few countries. Worldwide, influenza A(H3N2) viruses are predominating.

- The 2016/17 winter influenza season in the United States, Canada, the United Kingdom and Europe had ended and the influenza activity in these areas remained at low levels.
- In Southern China (week ending Aug 20, 2017), influenza activity was still at a very high level. The proportion of ILI cases in emergency and outpatient departments reported by sentinel hospitals was 3.6%, the same as that reported in the previous week (3.6%), but higher than that in the corresponding period in 2014-2016 (2.9%, 3.1%, 2.8%). The proportion of influenza detections was 25.5%, higher than 24.9% recorded in the previous week. The predominant circulating subtype was Influenza A (H3N2).
- In Macau (as of Aug 27, 2017), the influenza activity has decreased markedly. Recently the proportion of ILI cases in emergency departments of hospitals decreased significantly from the peak and approached the baseline level. However, sporadic cases might still occur.
- In Taiwan (week ending Aug 12, 2017), the numbers and proportions of ILI cases in emergency and outpatient departments showed a decreasing trend. The predominating viruses were influenza A(H3N2), and influenza B constituted approximately 14% of the influenza detection in the week ending Aug 12.
- In New Zealand (week ending Aug 20, 2017), ILI consultation rates decreased compared to the previous week, while remaining above the seasonal threshold level. The overall influenza positivity rate of tested samples has dropped again. Influenza A(H3N2) are the predominant viruses in New Zealand this year.
- In Australia (two-week period ending Aug 18, 2017), influenza activity at the national level continued to increase this reporting fortnight with many surveillance systems at levels comparable to or exceeding the peak of the 2016 season. Influenza A(H3N2) is currently the predominant circulating virus nationally, however influenza B viruses also continue to circulate.

Sources:

Information have been extracted from the following sources when updates are available: [Chinese National Influenza Center](#), [Health Bureau of Macau Special Administrative Region](#), [Taiwan Centers for Disease Control](#), [New Zealand Ministry of Health](#) and [Australian Department of Health](#).