

FLU EXPRESS



Flu Express is a weekly report produced by Surveillance Division of the Communicable Disease Branch of the Centre for Health Protection. It monitors and summarizes the latest local and global influenza activities.

Local Situation of Influenza Activity (as of Mar 23, 2022)

Reporting period: March 13 – 19, 2022 (Week 12)

- The latest surveillance data showed that the overall seasonal influenza activity in Hong Kong remained low.
- 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 to protect themselves against seasonal influenza and its complications, as well as related hospitalisations and deaths.
- As Hong Kong continues to face the challenge of COVID-19 pandemic, influenza viruses and the virus that causes COVID-19 may both spread in the winter influenza season. To protect the healthcare system from being overwhelmed, getting influenza vaccination during 2021-2022 is therefore important. The 2021/22 seasonal influenza vaccination programmes, including Vaccination Subsidy Scheme (VSS) and Government Vaccination Programme (GVP), were launched on 6 October, 2021. For details, please refer to the webpage (<https://www.chp.gov.hk/en/features/17980.html>).
- Apart from getting influenza vaccination, members of the public should always maintain good personal and environmental hygiene.
- For the latest information on influenza and prevention measures, please visit the Centre for Health Protection's pages below for more information:
 - The influenza page (http://www.chp.gov.hk/en/view_content/14843.html)
 - Webpage on Personal Hygiene (<https://www.chp.gov.hk/en/healthtopics/content/460/19899.html>)
 - Video on "Prevent diseases · Maintain good hygiene" (<https://youtu.be/X00xrsgAP2w>)
- The current influenza surveillance data should be interpreted with caution as the ongoing COVID-19 pandemic has influenced the monitoring systems.

Influenza-like-illness surveillance among sentinel general outpatient clinics and sentinel private medical practitioner clinics, 2018-22

In week 12, the average consultation rate for influenza-like illness (ILI) among sentinel general outpatient clinics (GOPC) was 0.4 ILI cases per 1,000 consultations, which was lower than 3.1 recorded in the previous week (Figure 1, left). The average consultation rate for ILI among sentinel private medical practitioner (PMP) clinics was 17.2 ILI cases per 1,000 consultations, which was lower than 17.3 recorded in the previous week (Figure 1, right).

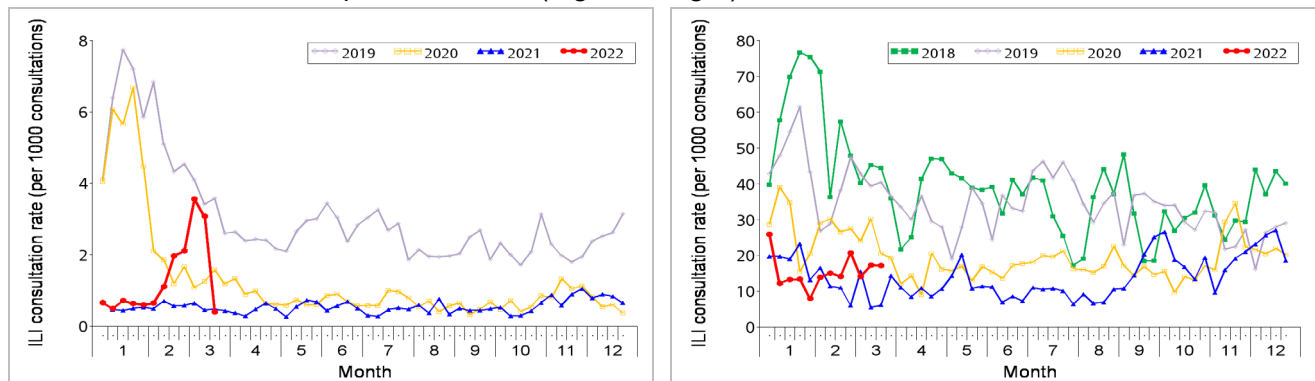


Figure 1 ILI consultation rates at sentinel GOPC (2019-22) (left) and PMP clinics (2018-22) (right)

Note: The CHP has started to use electronic data on diagnosis coding of patients of the Hospital Authority's GOPC for sentinel surveillance since January 2020, replacing manual data collection in the past.

Laboratory surveillance, 2018-22

Among the 1134 respiratory specimens received in week 12, none (0%) were tested positive for seasonal influenza A or B viruses. The positive percentage (0%) was below the baseline threshold of 9.21% and was the same as 0% recorded in the previous week (Figure 2).

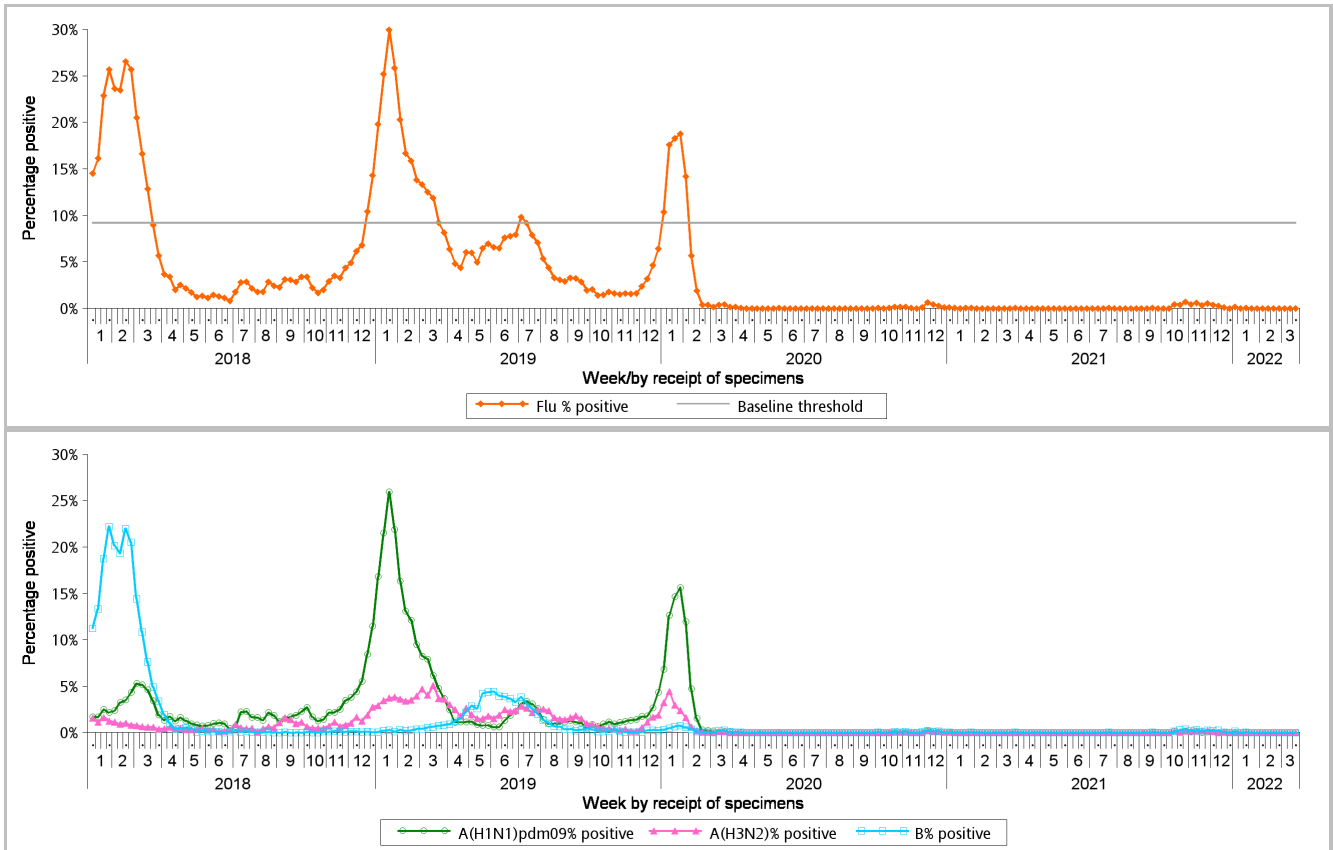


Figure 2 Percentage of respiratory specimens tested positive for influenza viruses, 2018-22 (upper: overall positive percentage, lower: positive percentage by subtypes)

[Note: The baseline threshold is 1.96 standard deviation above the average weekly positive percentage during non-season periods from 2014 week 49 - 2019 week 48.]

Remarks: Some specimens may contain vaccine strains from people with recent history of receiving live-attenuated influenza vaccine

Surveillance of oseltamivir resistant influenza A and B viruses

- In March 2020, there were no new reports of oseltamivir (Tamiflu) resistant influenza A and B viruses.
- For the results of previous months, please refer to the following webpage:
<https://www.chp.gov.hk/en/statistics/data/10/641/695/6903.html>

Influenza-like illness outbreak surveillance, 2018-22

In week 12, no ILI outbreaks occurring in schools/ institutions were recorded, as compared to no outbreaks recorded in the previous week (Figure 3). In the first 4 days of week 13 (Mar 20 to 23), no ILI outbreaks in schools/ institutions were recorded.

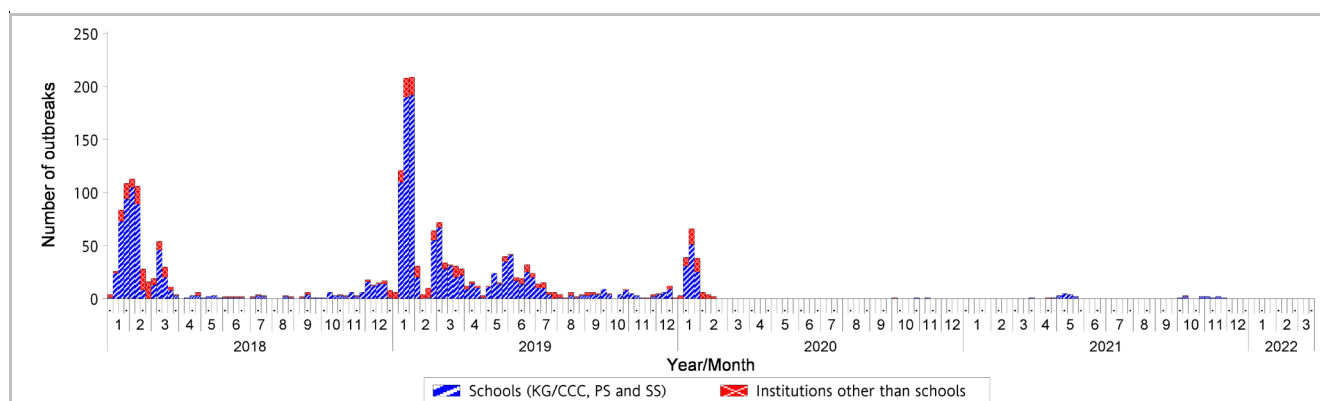


Figure 3 ILI outbreaks in schools/institutions, 2018-22

Type of institutions	Week 11	Week 12	First 4 days of Week 13 (Mar 20 – 23)
Child care centre/ kindergarten (CCC/KG)	0	0	0
Primary school (PS)	0	0	0
Secondary school (SS)	0	0	0
Residential care home for the elderly	0	0	0
Residential care home for persons with disabilities	0	0	0
Others	0	0	0
<i>Total number of outbreaks</i>	0	0	0
<i>Total number of persons affected</i>	0	0	0

Influenza-associated hospital admission rates in public hospitals based on discharge coding, 2018-22

In week 12, the overall admission rates in public hospitals with principal diagnosis of influenza was 0 (per 10,000 population), which was below the baseline threshold of 0.25 and was the same as 0 recorded in the previous week. The influenza-associated admission rates for persons aged 0-5 years, 6-11 years, 12-17 years, 18-49 years, 50-64 years and 65 years or above were 0, 0, 0, 0, 0 and 0 cases (per 10,000 people in the age group) respectively, as compared to 0, 0, 0, 0, 0 and 0 cases in the previous week (Figure 4).

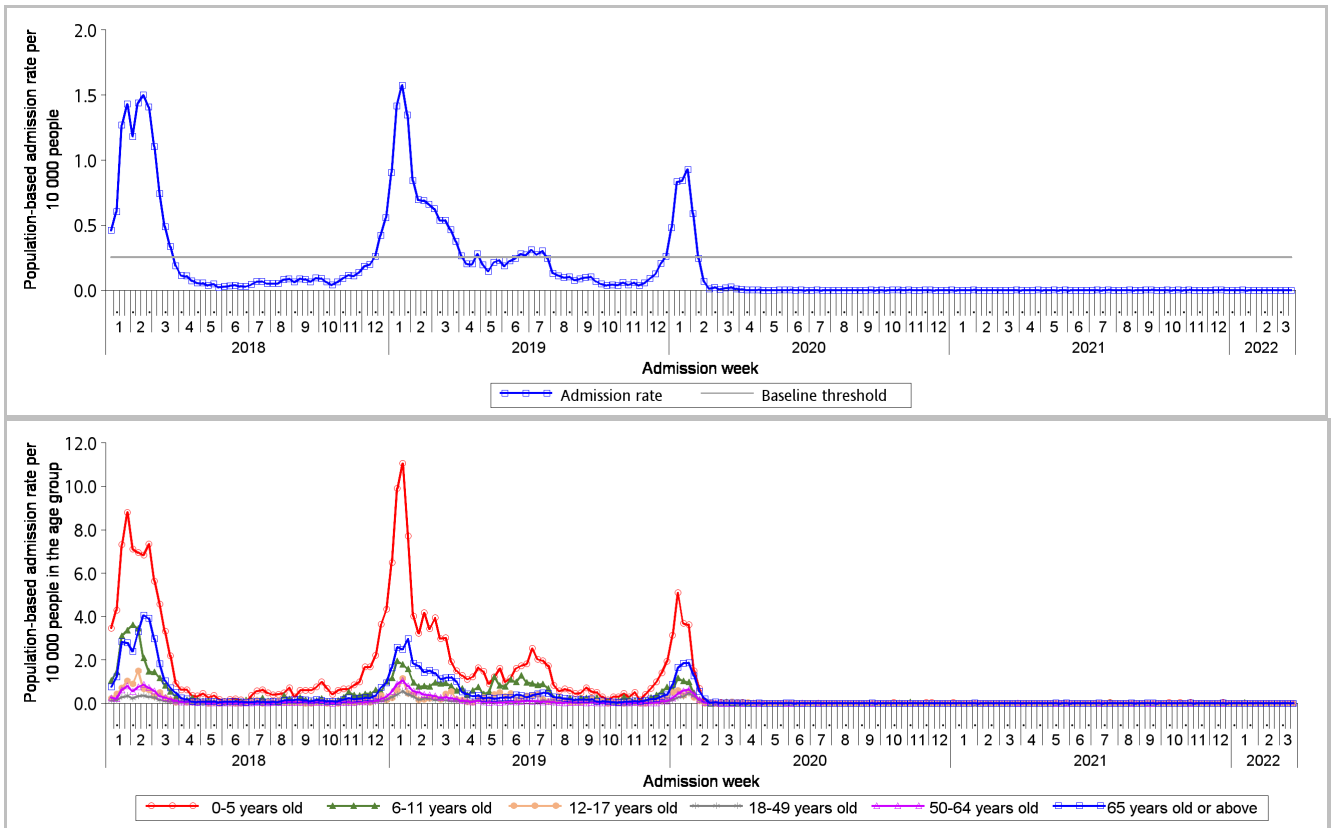


Figure 4 Influenza-associated hospital admission rates, 2018-22 (upper: overall rate, lower: rates by age groups)
 [Note: The baseline threshold is 1.96 standard deviation above the average weekly admission rate during non-season periods from 2014 week 49 – 2019 week 48.]

Rate of ILI syndrome group in accident and emergency departments, 2018-22[#]

In week 12, the rate of the ILI syndrome group in the accident and emergency departments (AEDs) was 134.9 (per 1,000 coded cases), which was lower than the rate of 172.0 in the previous week (Figure 5).

#Note: This syndrome group includes codes related to ILI such as influenza, upper respiratory tract infection, fever, cough, throat pain, and pneumonia.

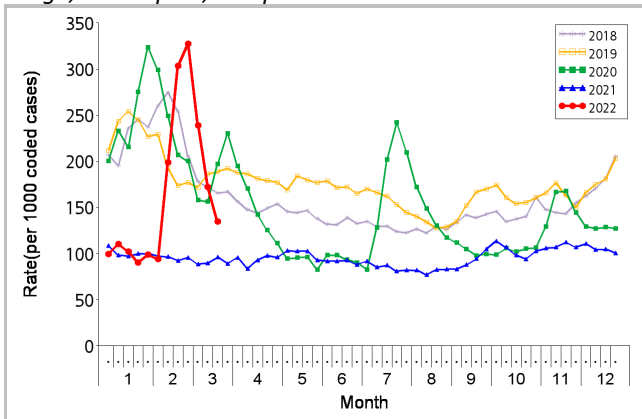


Figure 5 Rate of ILI syndrome group in AEDs, 2018-22

Fever surveillance at sentinel child care centres/ kindergartens, 2018-22

The surveillance for week 4-12 was suspended due to suspension of face-to-face classes. In week 3, 0.27% of children in the sentinel child care centres / kindergartens (CCCs/KGs) had fever (38°C or above) as compared to 0.25% recorded in the previous week (Figure 6).

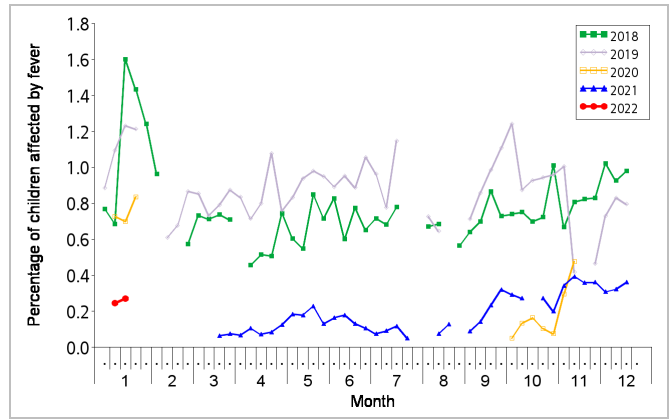


Figure 6 Percentage of children with fever at sentinel CCCs/KGs, 2018-22

Fever surveillance at sentinel residential care homes for the elderly, 2018-22

In week 12, 0.72% of residents in the sentinel residential care homes for the elderly (RCHEs) had fever (38°C or above), compared to 0.94% recorded in the previous week (Figure 7).

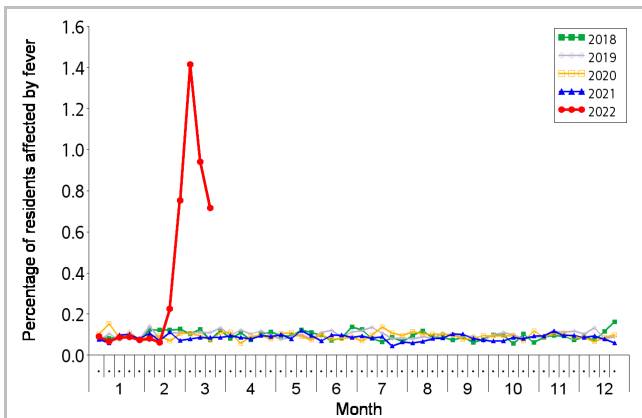


Figure 7 Percentage of residents with fever at sentinel RCHEs, 2018-22

Influenza-like illness surveillance among sentinel Chinese medicine practitioners, 2018-22

In week 12, the average consultation rate for ILI among Chinese medicine practitioners (CMPs) was 0.40 ILI cases per 1,000 consultations as compared to 0.91 recorded in the previous week (Figure 8).

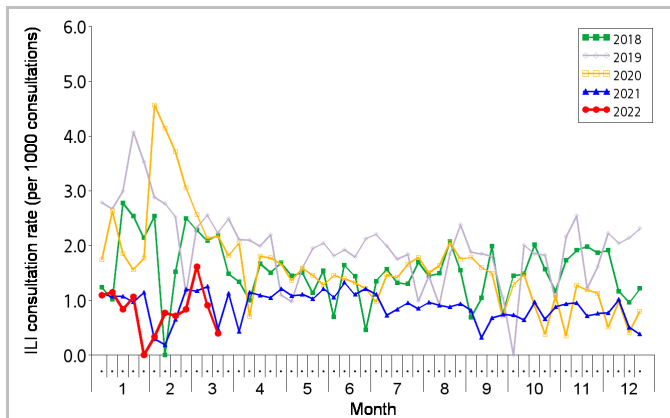


Figure 8 ILI consultation rate at sentinel CMPs, 2018-22

Surveillance of severe influenza cases

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

Surveillance for intensive care unit (ICU) admissions/deaths with laboratory confirmation of influenza among adult patients (Aged 18 years or above)

Since 2018, the Centre for Health Protection (CHP) has collaborated with the Hospital Authority and private hospitals to monitor ICU admissions and deaths with laboratory confirmation of influenza among adult patients regularly. For surveillance purpose, the cases refer to laboratory-confirmed influenza patients who required ICU admission or died within the same admission of influenza infection. Their causes of ICU admission or death may be due to other acute medical conditions or underlying diseases.

- In week 12, no adult cases of ICU admission/death with laboratory confirmation of influenza were recorded.

Week	Influenza type				
	A(H1)	A(H3)	B	C	A (pending subtype)
Week 11	0	0	0	0	0
Week 12	0	0	0	0	0

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

- In week 12 and the first 4 days of week 13 (Mar 20 – 23), there were no cases of severe paediatric influenza-associated complication/death.
- In 2021 and 2022, no paediatric cases of influenza-associated complication/death were recorded (as of Mar 23, 2022).

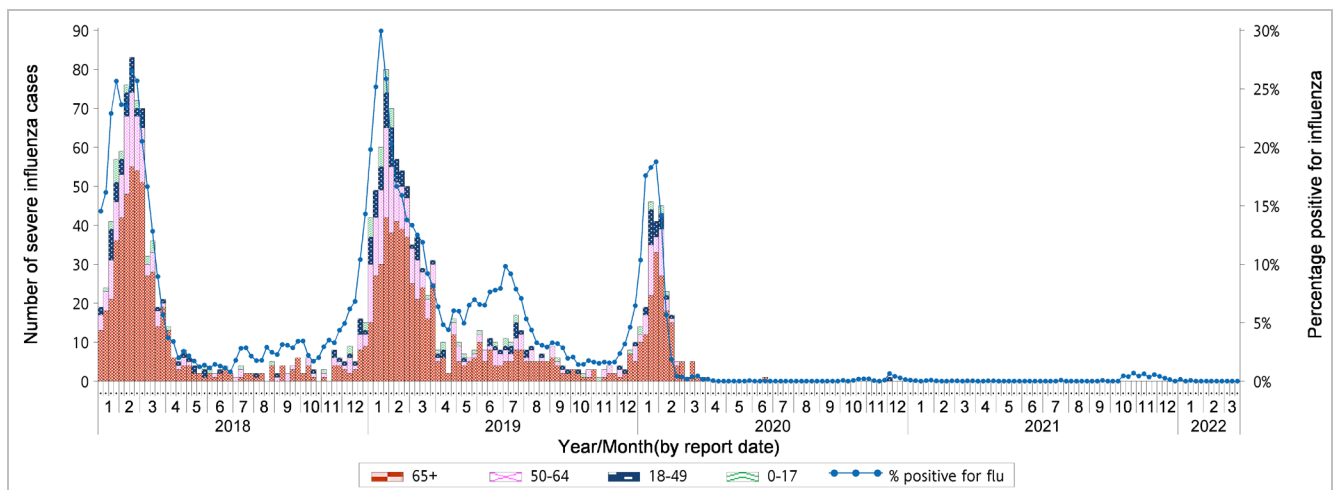


Figure 9 Weekly number of severe influenza cases by age groups, 2018-22 (the percentage positive for influenza viruses in Figure 2 is also shown in this graph)

Note: The surveillance system for severe influenza cases among adult patients aged 18 years or above was only activated intermittently during influenza seasons before 2018.

Global Situation of Influenza Activity

In the temperate zone of the northern hemisphere, influenza activity decreased with detections of mainly influenza A(H3N2) viruses and influenza B (Victoria) viruses reported. In the temperate zone of the southern hemisphere, influenza activity remained low overall, although increased detections of influenza A(H3N2) were reported in some countries in temperate South America.

- In the United States (week ending Mar 12, 2022), influenza activity was increasing in most of the country. The percentage of outpatient visits for ILI was 1.7%, which was higher than 1.6% in the preceding week, but was below the national baseline of 2.5%. The percentage of specimens tested positive for influenza continued to increase to 6.8% from 5.8% in the preceding week. Influenza A(H3N2) was the predominant circulating virus.
- In Canada (week ending Mar 12, 2022), influenza activity remained low. A total of 17 laboratory detections of influenza (17 influenza A and 0 influenza B) were reported in week 10. The percentage of visits for ILI was 1.0% in week 10.
- In the United Kingdom (week ending Mar 17, 2022), influenza activity was low but increasing. Influenza positivity remained low but increased slightly to 1.6% in week 10, with 101 of 6314 samples tested positive for influenza. Hospital admissions and ILI consultation rates remained very low.
- In Europe (week ending Mar 13, 2022), the influenza activity was increasing but remained at lower levels compared to seasons prior to the COVID-19 pandemic. The percentage of sentinel specimens tested positive for influenza has been rising again since week 4 and increased to a level above the epidemic threshold of 10% since week 8. The percentage positivity was 24% in week 10. Both influenza A and B were detected, with A(H3) being dominant.
- In Mainland China (week ending Mar 13, 2022), influenza surveillance data showed that the percentage of specimens tested positive for influenza in both northern and southern provinces had slightly decreased, but was higher than the same period last year. Currently, majority of the influenza viruses detected were influenza B (Victoria).

Sources:

Information have been extracted from the following sources when updates are available: [World Health Organization](#), [United States Centers for Disease Control and Prevention](#), [Public Health Agency of Canada](#), [UK Health Security Agency](#), [Joint European Centre for Disease Prevention and Control-World Health Organization/Flu News Europe](#) and [Chinese National Influenza Center](#).