

# 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 Jun 1, 2022)

**Reporting period: May 22 – 28, 2022 (Week 22)**

- 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](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 22, the average consultation rate for influenza-like illness (ILI) among sentinel general outpatient clinics (GOPC) was 0.3 ILI cases per 1,000 consultations, which was the same as 0.3 recorded in the previous week (Figure 1, left). The average consultation rate for ILI among sentinel private medical practitioner (PMP) clinics was 7.5 ILI cases per 1,000 consultations, which was higher than 5.6 recorded in the previous week (Figure 1, right).

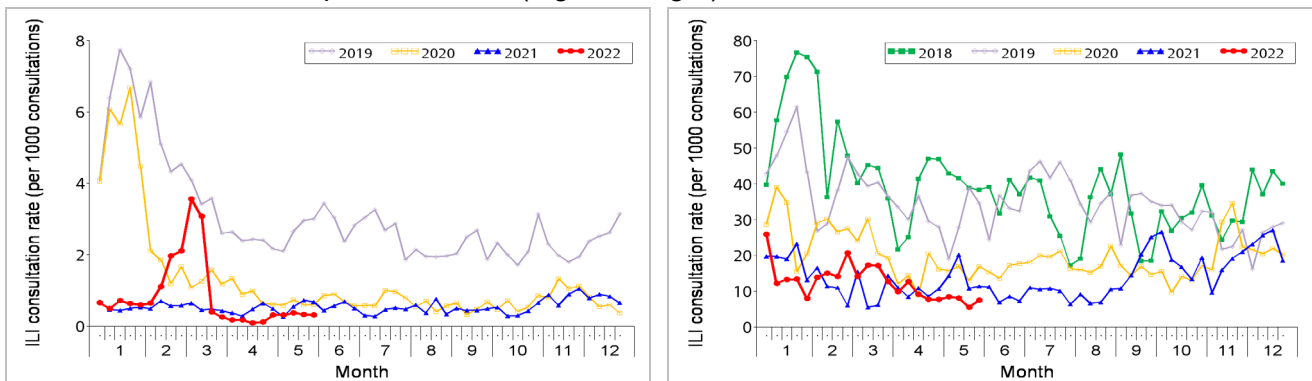


Figure 1 ILI consultation rates at sentinel GOPC (2019-22) (left) and PMP clinics (2018-22) (right)

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 1042 respiratory specimens received in week 22, 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 lower than 0.20% recorded in the previous week (Figure 2).

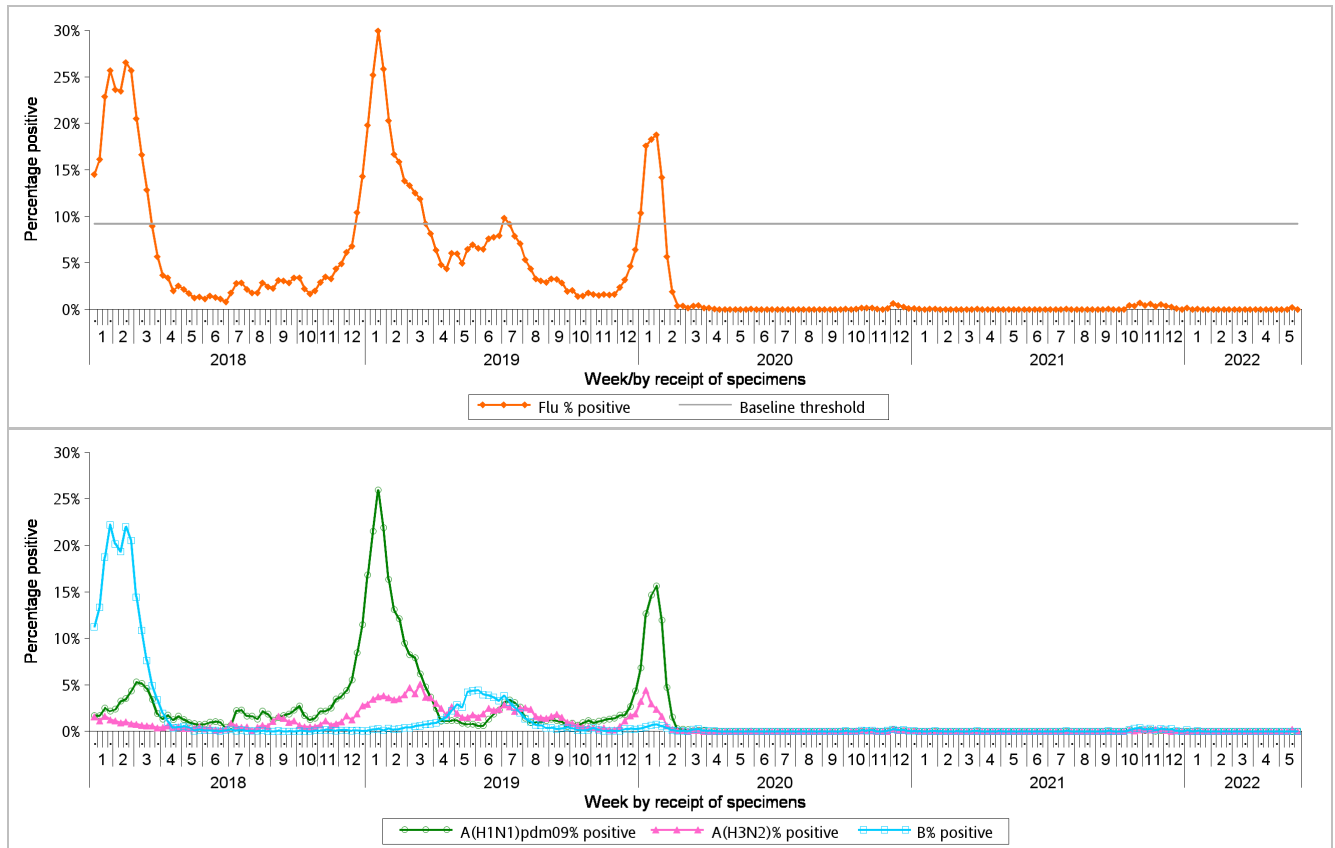


Figure 2 Percentage of respiratory specimens tested positive for influenza viruses, 2018-22 (upper: overall positive percentage, lower: positive percentage by subtypes)

[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 22, 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 23 (May 29 to Jun 1), no ILI outbreaks in schools/ institutions were recorded.

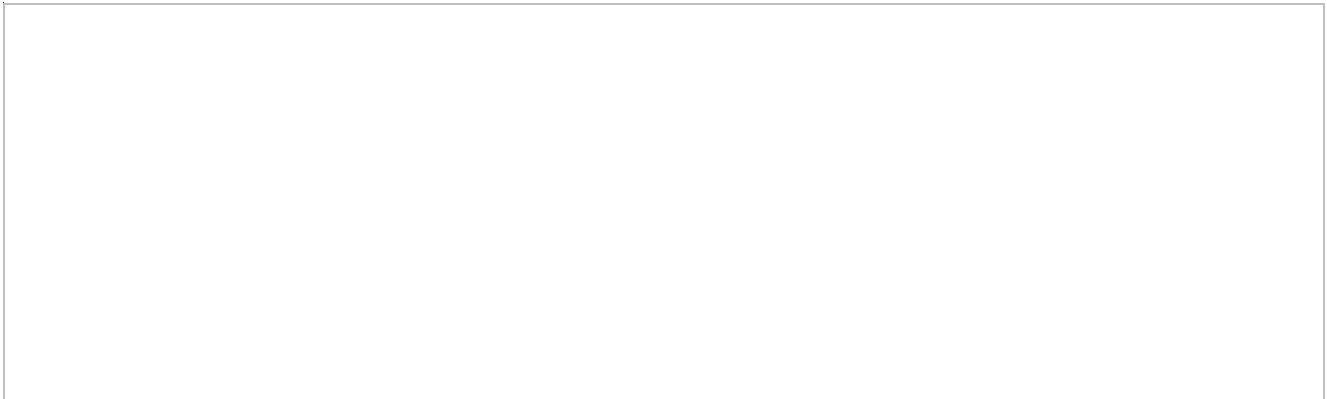


Figure 3 ILI outbreaks in schools/institutions, 2018-22

| Type of institutions                                | Week 21 | Week 22 | First 4 days of Week 23<br>(May 29 – Jun 1) |
|---|---------|---------|---|
| 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 22, 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 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).

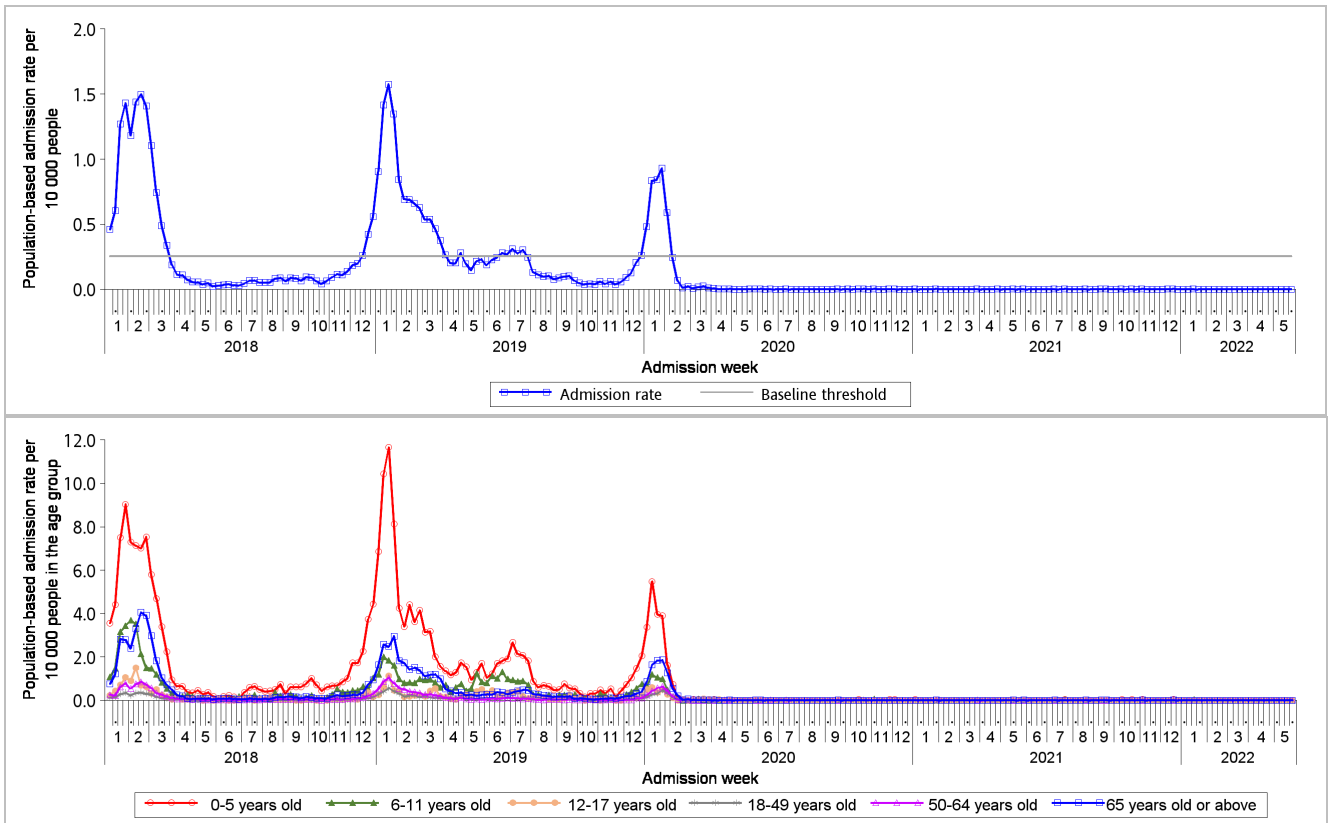


Figure 4 Influenza-associated hospital admission rates, 2018-22 (upper: overall rate, lower: rates by age groups)

[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<sup>#</sup>

In week 22, the rate of the ILI syndrome group in the accident and emergency departments (AEDs) was 61.0 (per 1,000 coded cases), which was higher than the rate of 60.2 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.*

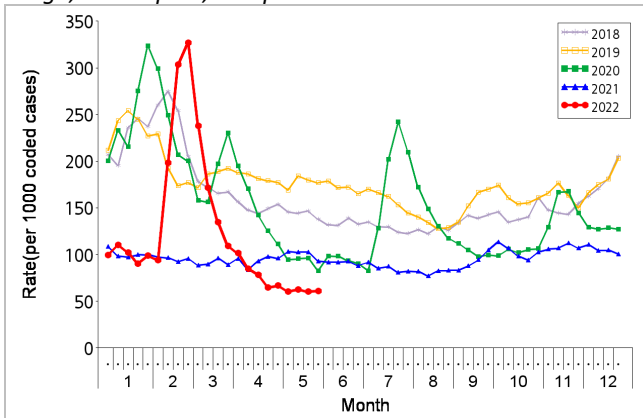


Figure 5 Rate of ILI syndrome group in AEDs, 2018-22

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

In week 22, 0.07% of children in the sentinel child care centres / kindergartens (CCCs/KGs) had fever (38°C or above) as compared to 0.08% recorded in the previous week (Figure 6).

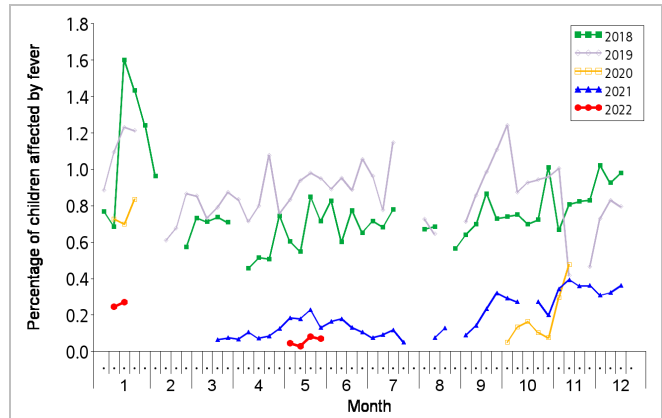


Figure 6 Percentage of children with fever at sentinel CCCs/KGs, 2018-22

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

In week 22, 0.07% of residents in the sentinel residential care homes for the elderly (RCHEs) had fever (38°C or above), compared to 0.06% recorded in the previous week (Figure 7).

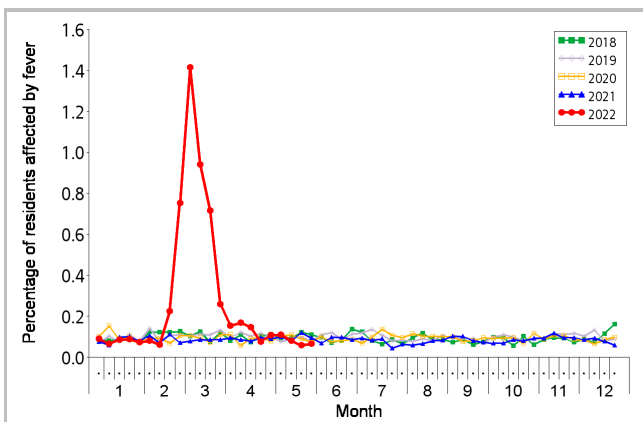


Figure 7 Percentage of residents with fever at sentinel RCHEs, 2018-22

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

In week 22, the average consultation rate for ILI among Chinese medicine practitioners (CMPs) was 0.51 ILI cases per 1,000 consultations as compared to 0.47 recorded in the previous week (Figure 8).

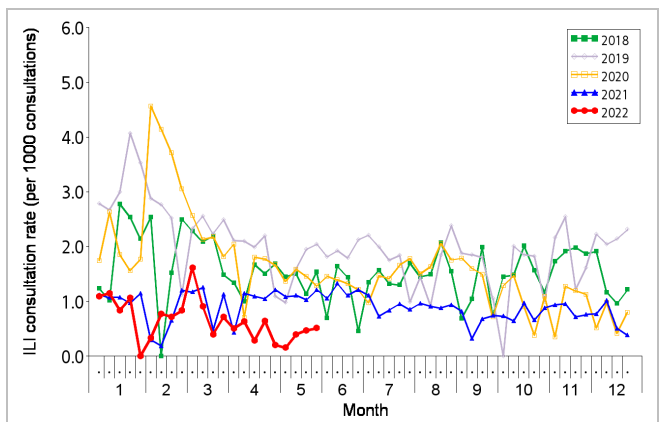


Figure 8 ILI consultation rate at sentinel CMPs, 2018-22

## 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 22, 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 21 | 0              | 0     | 0 | 0 | 0                   |
| Week 22 | 0              | 0     | 0 | 0 | 0                   |

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

- In week 22 and the first 4 days of week 23 (May 29 – Jun 1), 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 Jun 1, 2022).

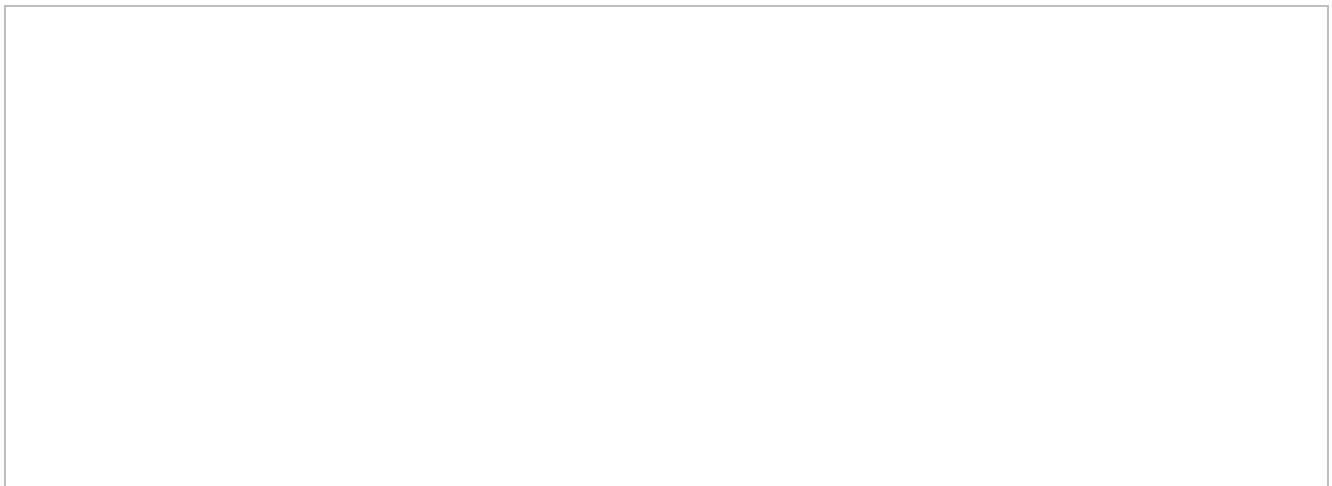


Figure 9 Weekly number of severe influenza cases by age groups, 2018-22 (the percentage positive for influenza viruses in Figure 2 is also shown in this graph)

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

Globally, influenza activity continued to decrease, following a peak in March 2022. In the temperate zone of the northern hemisphere, influenza activity decreased or remained stable. Detections were mainly influenza A(H3N2) and influenza B (Victoria) viruses. In the temperate zone of the southern hemisphere, influenza activity was low overall.

- In the United States (week ending May 21, 2022), influenza activity was increasing in parts of the country. The percentage of outpatient visits for ILI was 2.4% as compared to 2.5% in preceding week, and was below the national baseline of 2.5%. The percentage of specimens tested positive for influenza continued to decrease to 6.4% from 7.4% in preceding week. Influenza A(H3N2) was the predominant circulating virus.
- In Canada (week ending May 21, 2022), influenza activity declined slightly from previous week, but remained above the epidemic threshold. After increasing sharply since the beginning of April, the number of detections and weekly percentage of tests positive for influenza viruses decreased in week 20, but remained above levels typically seen at this time of year. A total of 1793 laboratory detections of influenza (1781 influenza A and 12 influenza B) were reported. The percentage of visits for ILI was 1.8% in week 20.
- In the United Kingdom (week ending May 22, 2022), influenza activity was low and remained stable or decreased in week 20 in most indicators. The overall influenza positivity remained low and decreased to 1.0%, and 69 samples were tested positive for influenza in week 20. Hospital admissions and ILI consultation rates remained low.
- In Europe (week ending May 22, 2022), overall influenza activity was well above the level in 2020-2021 season. The percentage of sentinel specimens tested positive for influenza has decreased to 7% from 10% in the previous week. Both influenza A and B were detected, with A(H3) being dominant.
- In Mainland China (week ending May 22, 2022), influenza surveillance data showed that the percentage of specimens tested positive for influenza in the southern provinces had slightly increased and influenza A (H3N2) virus were predominating. In northern provinces, the percentage of specimens tested positive for influenza was on a decreasing trend. Influenza B (Victoria) virus predominated in the northern provinces.

### 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](#).