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FLU EXPRESS

衞生防護中心 Centre for Health Protection
保障市民健康 Protecting Hong Kong's health

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 2, 2018)

Reporting period: July 22 – 28, 2018 (Week 30)

- The latest surveillance data showed that the overall influenza activity in Hong Kong remained at a low level.
- Influenza can cause serious illnesses in high-risk individuals and even healthy persons. Given that seasonal influenza vaccines (SIV) 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.
- In the 2018/19 season, the Government Vaccination Programme and Vaccination Subsidy Scheme will continue to provide free and subsidised vaccination to eligible groups respectively. The details will be announced in due course.

Influenza-like-illness surveillance among sentinel general outpatient clinics and sentinel private doctors, 2014-18

In week 30, the average consultation rate for influenza-like illness (ILI) among sentinel general outpatient clinics (GOPCs) was 2.6 ILI cases per 1,000 consultations, which was lower than 3.5 recorded in the previous week (Figure 1, left). The average consultation rate for ILI among sentinel private doctors was 25.5 ILI cases per 1,000 consultations, which was lower than 31.0 recorded in the previous week (Figure 1, right).

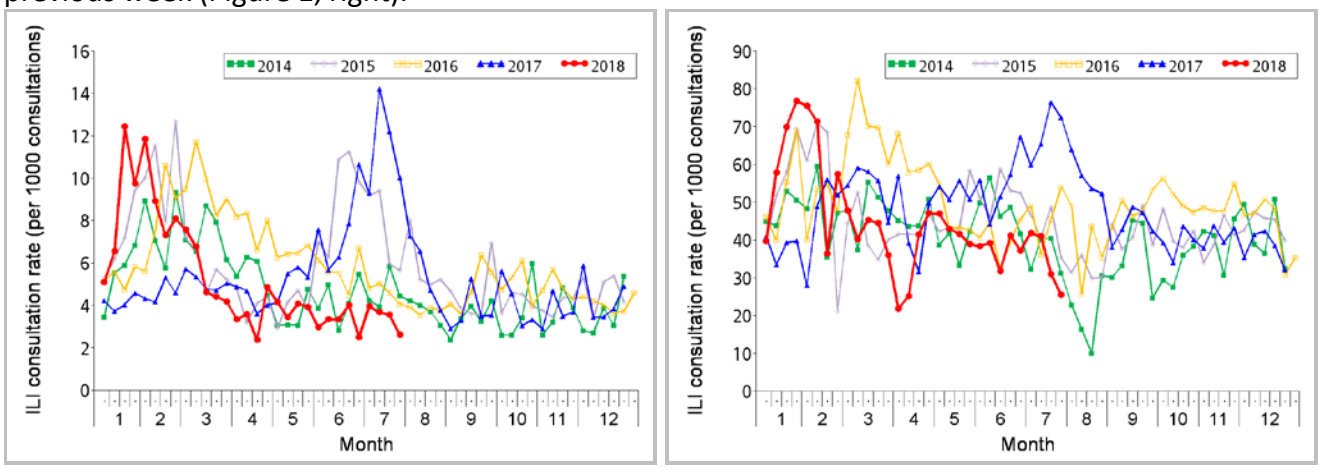

Figure 1 ILI consultation rate at sentinel GOPCs (left) and private doctors (right), 2014-18

Laboratory surveillance, 2014-18

Among the respiratory specimens received in week 30, the positive percentage of seasonal influenza viruses was 2.25%, which was below the baseline threshold of 10.7% and was lower than 3.02% recorded in the previous week (Figure 2). The 92 influenza viruses detected last week included 67 (1.64%) influenza A(H1), 19 (0.47%) influenza A(H3), 2 (0.05%) influenza B and 4 (0.10%) influenza C.

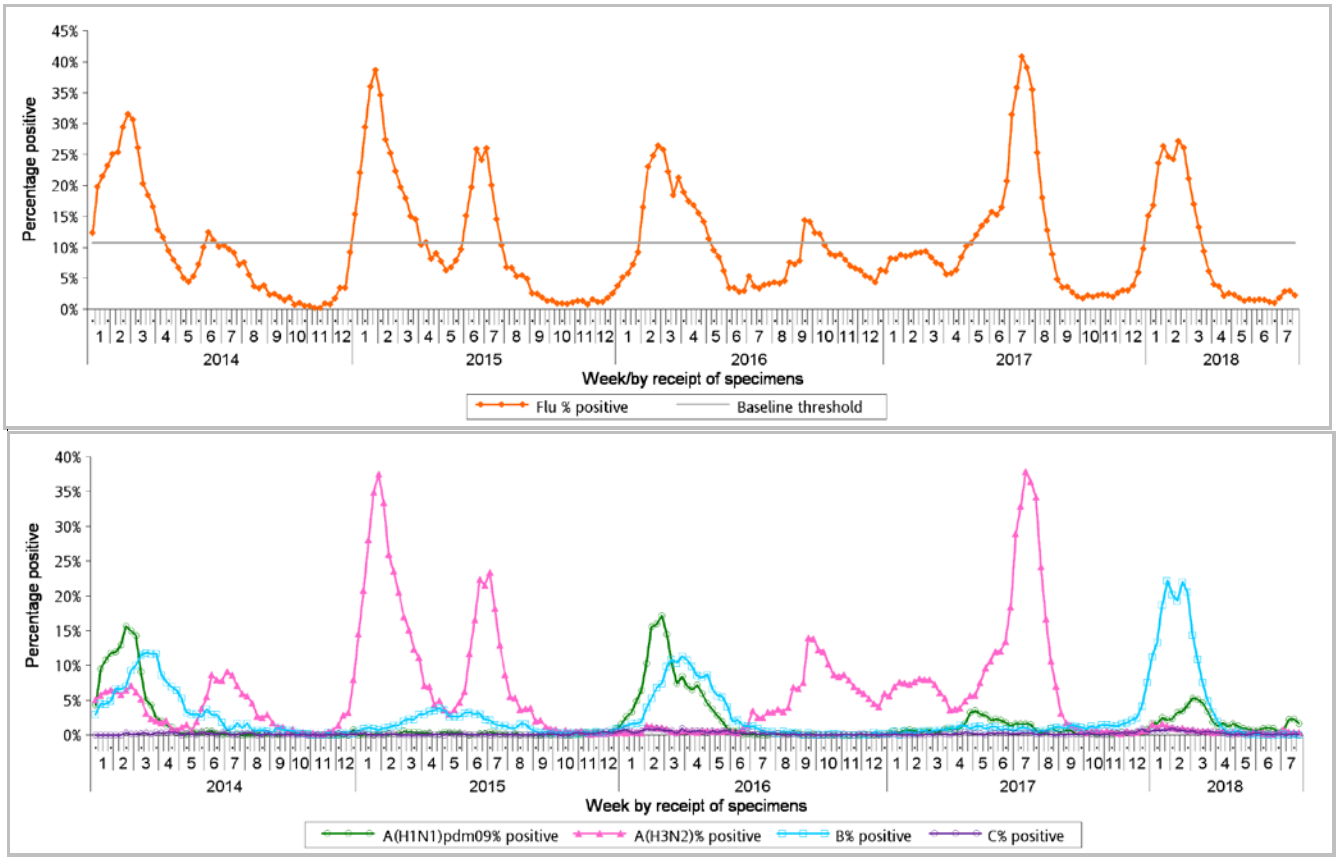

Figure 2 Percentage of respiratory specimens tested positive for influenza viruses, 2014-18 (upper: overall positive percentage, lower: positive percentage by subtypes)

[Note: The baseline threshold is 1.96 standard deviation above the average weekly positive percentage during non-season periods from 2014-2017.]

Influenza-like illness outbreak surveillance, 2014-18

In week 30, no ILI outbreaks occurring in schools/institutions were recorded, as compared to three outbreaks recorded in the previous week (affecting nine persons) (Figure 3). In the first 4 days of week 31 (July 29 to Aug 1), no ILI outbreaks in schools/ institutions were recorded.

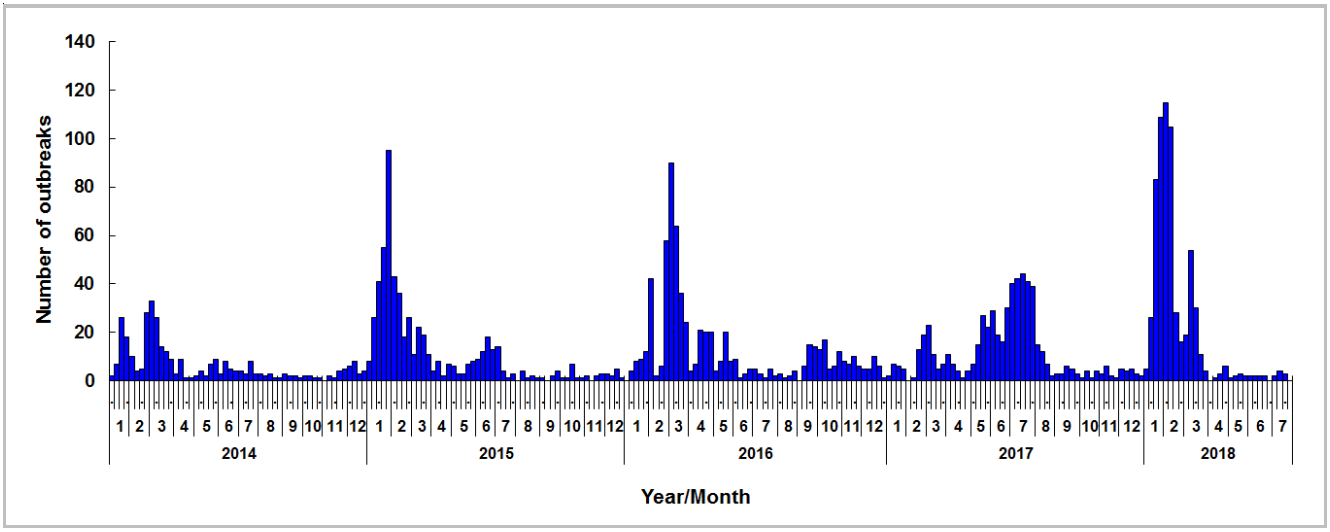

Figure 3 ILI outbreaks in schools/institutions, 2014-18

Type of institutions	Week 29	Week 30	First 4 days of week 31 (July 29 to Aug 1)
Kindergarten/ child care centre	2	0	0
Primary school	0	0	0
Secondary school	0	0	0
Residential care home for the elderly	0	0	0
Residential care home for persons with disabilities	1	0	0
Others	0	0	0
Total number of outbreaks	3	0	0
Total number of persons affected	9	0	0

Influenza-associated hospital admission rates in public hospitals based on discharge coding, 2014-18

In week 30, the overall admission rates in public hospitals with principal diagnosis of influenza was 0.04 (per 10,000 population), which was below the baseline threshold of 0.20 and was lower than 0.06 recorded in the previous week. The influenza-associated admission rates for persons aged 0-4 years, 5-9 years, 10-64 years and 65 years or above were 0.36, 0.23, 0.02 and 0.05 cases (per 10,000 people in the age group) respectively, as compared to 0.61, 0.39, 0.02 and 0.06 cases in the previous week (Figure 4).

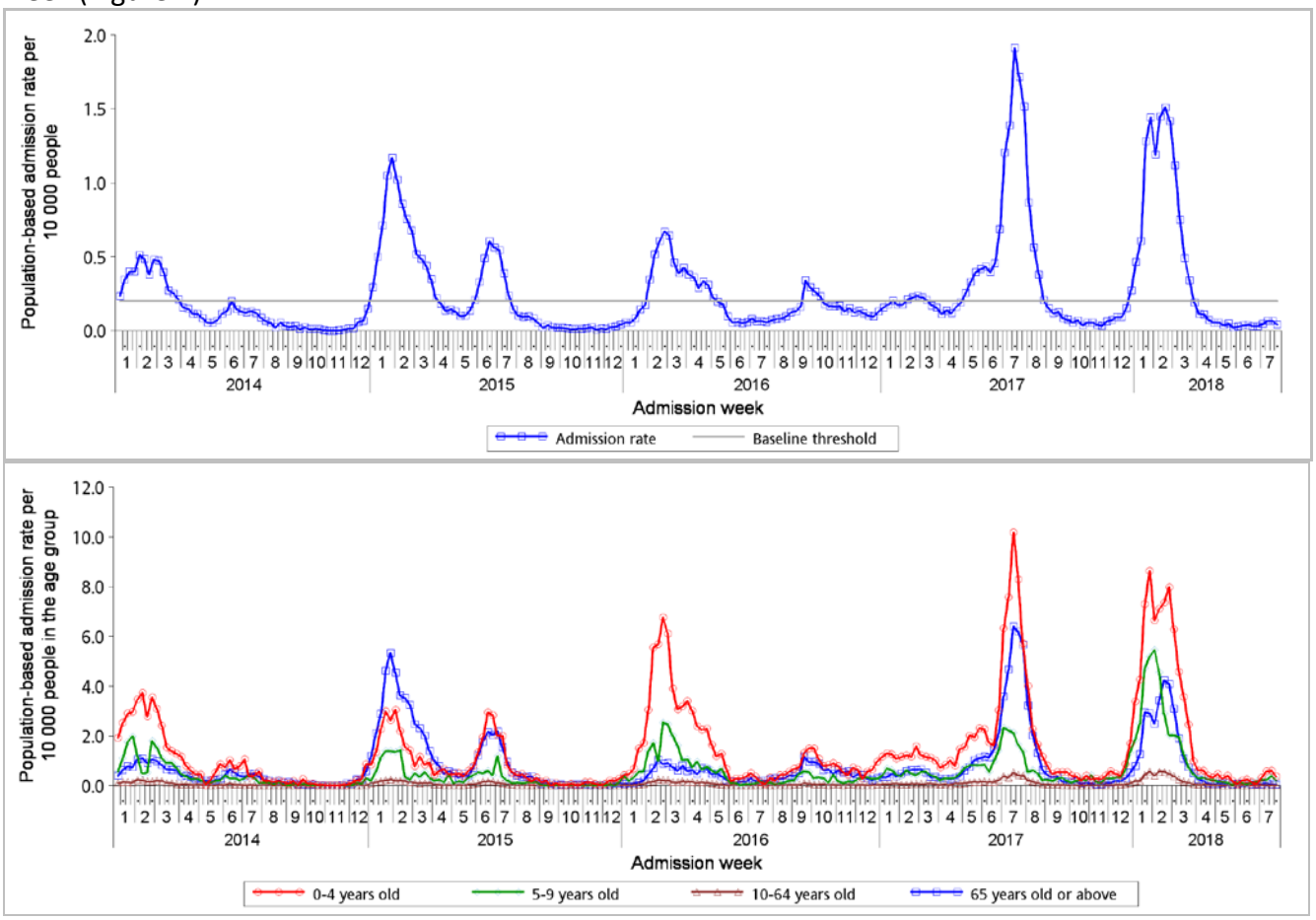

Figure 4 Influenza-associated hospital admission rates, 2014-18 (upper: overall rate, lower: rates by age groups)

[Note: The baseline threshold is 1.96 standard deviation above the average weekly admission rate during non-season periods from 2014-2017.]

Rate of ILI syndrome group in accident and emergency departments, 2014-18#

In week 30, the rate of the ILI syndrome group in the accident and emergency departments (AEDs) was 124.9 (per 1,000 coded cases), which was lower than the rate of 130.0 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.

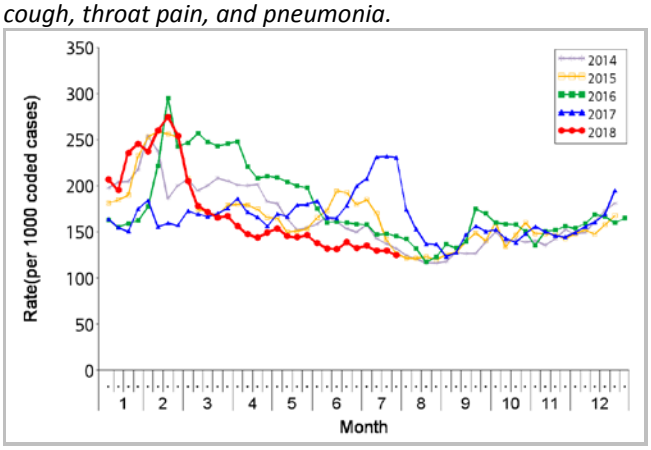

Figure 5 Rate of ILI syndrome group in AEDs, 2014-18

Fever surveillance at sentinel child care centres/ kindergartens, 2014-18

The surveillance for week 30 was suspended due to summer holiday. In week 29, 0.78% of children in the sentinel child care centres/ kindergartens (CCC/ KG) had fever (38°C or above) as compared to 0.68% recorded in the previous week (Figure 6).

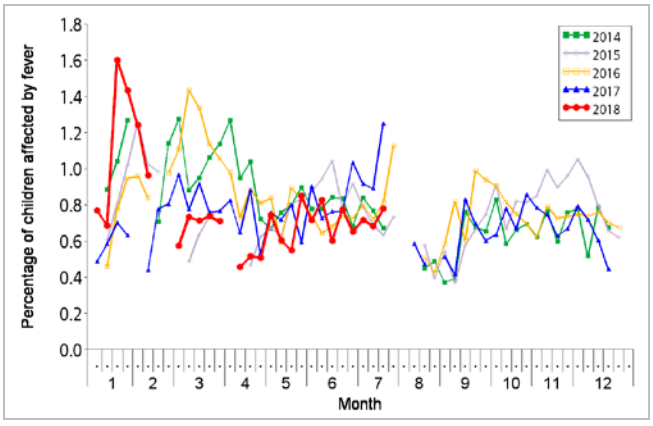

Figure 6 Percentage of children with fever at sentinel CCCs/KGs, 2014-18

Fever surveillance at sentinel residential care homes for the elderly, 2014-18

In week 30, 0.09% 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).

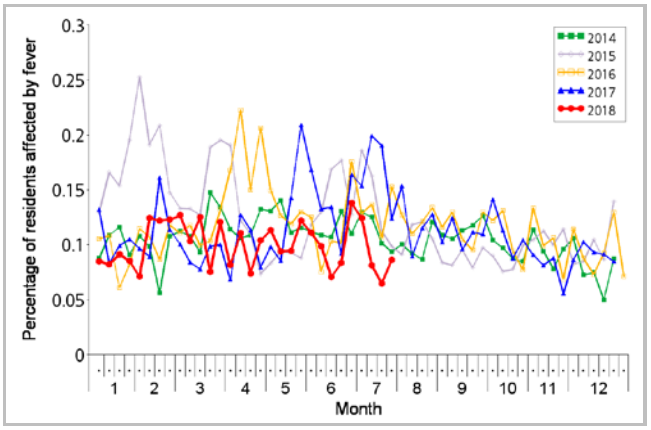

Figure 7 Percentage of residents with fever at sentinel RCHEs, 2014-18

Influenza-like illness surveillance among sentinel Chinese medicine practitioners, 2014-18

In week 30, the average consultation rate for ILI among Chinese medicine practitioners (CMPs) was 1.30 ILI cases per 1,000 consultations as compared to 1.32 recorded in the previous week (Figure 8).

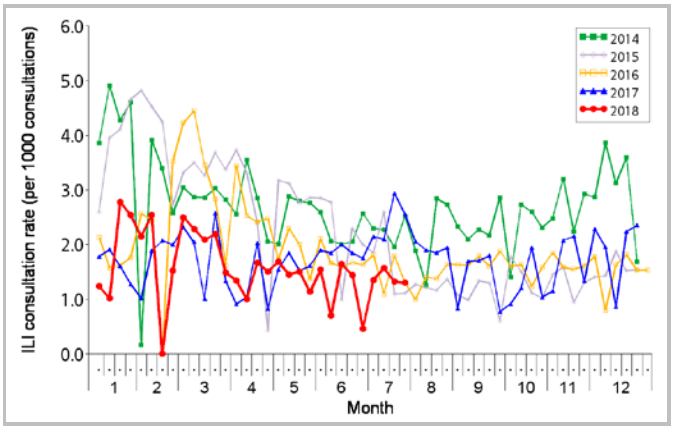

Figure 8 ILI consultation rate at sentinel CMPs, 2014-18

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)

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 30, two adult cases of ICU admission/death with laboratory confirmation of influenza (including two deaths) were recorded, which was the same as that recorded in the previous week. None of the two severe adult cases were known to have received the 2017/18 influenza vaccine.

Week	Influenza type				
	A(H1)	A(H3)	B	C	A (pending subtype)
Week 29	1	0	0	0	1
Week 30	1	0	0	0	1

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

- In week 30 and the first 4 days of week 31 (July 29 to Aug 1), there were no cases of severe paediatric influenza-associated complication/death.
- In 2018, 25 paediatric cases of influenza-associated complication/death were recorded, in which three of them were fatal (as of Aug 1). 21 (84%) did not receive the influenza vaccine for the 2017/18 season.

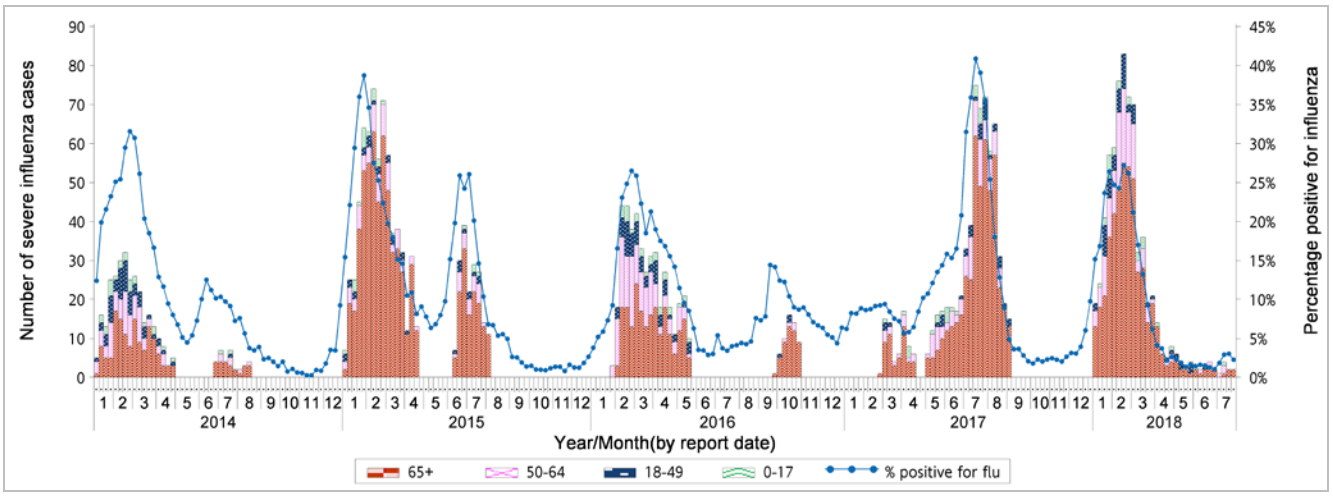

Figure 9 Weekly number of severe influenza cases by age groups, 2014-18 (the percentage positive for influenzas viruses in Figure 2 is also shown in this graph)

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.

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

- In week 30 and the first 4 days of week 31 (July 29 to Aug 1), 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 returned to inter-seasonal levels in the temperate zone of the northern hemisphere. Increased influenza activity was reported in some countries of tropical America. In the temperate zones of southern hemisphere, influenza activity continued to increase in South America and may have peaked in Southern Africa. However influenza activity remained below seasonal threshold in Australia and New Zealand. Worldwide, seasonal influenza subtype A viruses accounted for the majority of detections.

- In the United States (week ending July 21, 2018), influenza activity was at a low level. The proportion of outpatient visits for ILI was 0.7%, which was below the national baseline of 2.2%. The percentage of respiratory specimens testing positive for influenza was 1.14%.
- In Canada (June 24 to July 21, 2018), influenza activity was at interseasonal levels across the country. The majority of regions in Canada were reporting no influenza activity. Influenza A was the most common influenza virus circulating in Canada.
- In the United Kingdom (week ending July 15, 2018), indicators for influenza showed low levels of activity. The positivity of influenza detection was 0.4% in the week ending July 15, 2018, which was below the baseline threshold of 8.6%.
- In Australia (fortnight ending July 15, 2018), influenza activity was low and remained at inter-seasonal levels. Majority of confirmed influenza cases reported nationally were influenza A (88%).
- In New Zealand (week ending July 29, 2018), influenza activity was still unseasonably low but was slowly increasing. It was expected that influenza virus circulation in New Zealand would increase in the next few weeks.
- In Mainland China (week ending July 22, 2018), influenza activity remained at an extremely low level. There were only few influenza A(H1N1) viruses detected .
- In Macau (week ending July 21, 2018), the proportions of ILI cases in emergency departments among adults and children were at a low level. The proportion of influenza detections remained at a low level.

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, Public Health England, Australian Department of Health, New Zealand Ministry of Health, Chinese National Influenza Center and Health Bureau of Macao Special Administrative Region.