

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 Feb 16, 2022)

Reporting period: February 6 – 12, 2022 (Week 7)

- 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>)

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

In week 7, the average consultation rate for influenza-like illness (ILI) among sentinel general outpatient clinics (GOPC) was 1.1 ILI cases per 1,000 consultations, which was higher than 0.6 recorded in the previous week (Figure 1, left). The average consultation rate for ILI among sentinel private medical practitioner (PMP) clinics was 15.0 ILI cases per 1,000 consultations, which was higher than 13.9 recorded in the previous week (Figure 1, right).

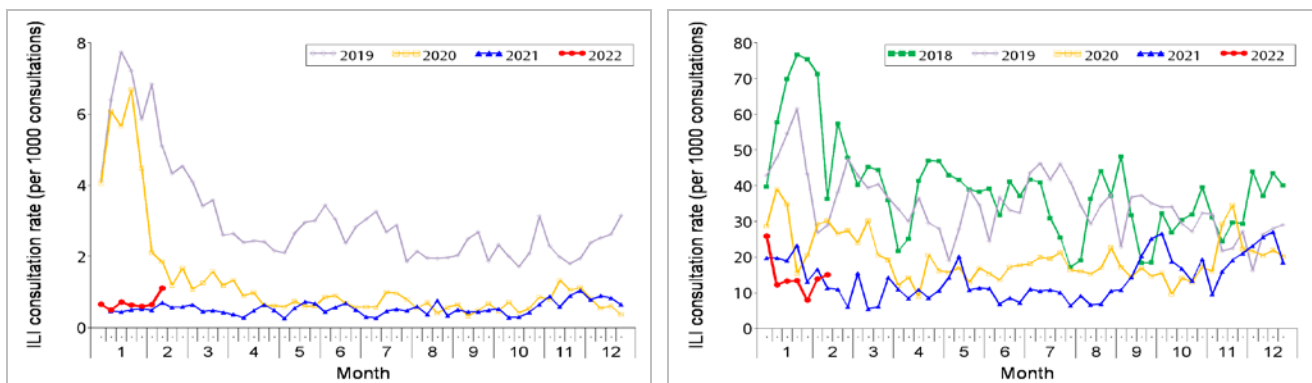


Figure 1 ILI consultation rates at sentinel GOPC (2019-22) (left) and PMP clinics (2018-22) (right)

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 1431 respiratory specimens received in week 7, 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).

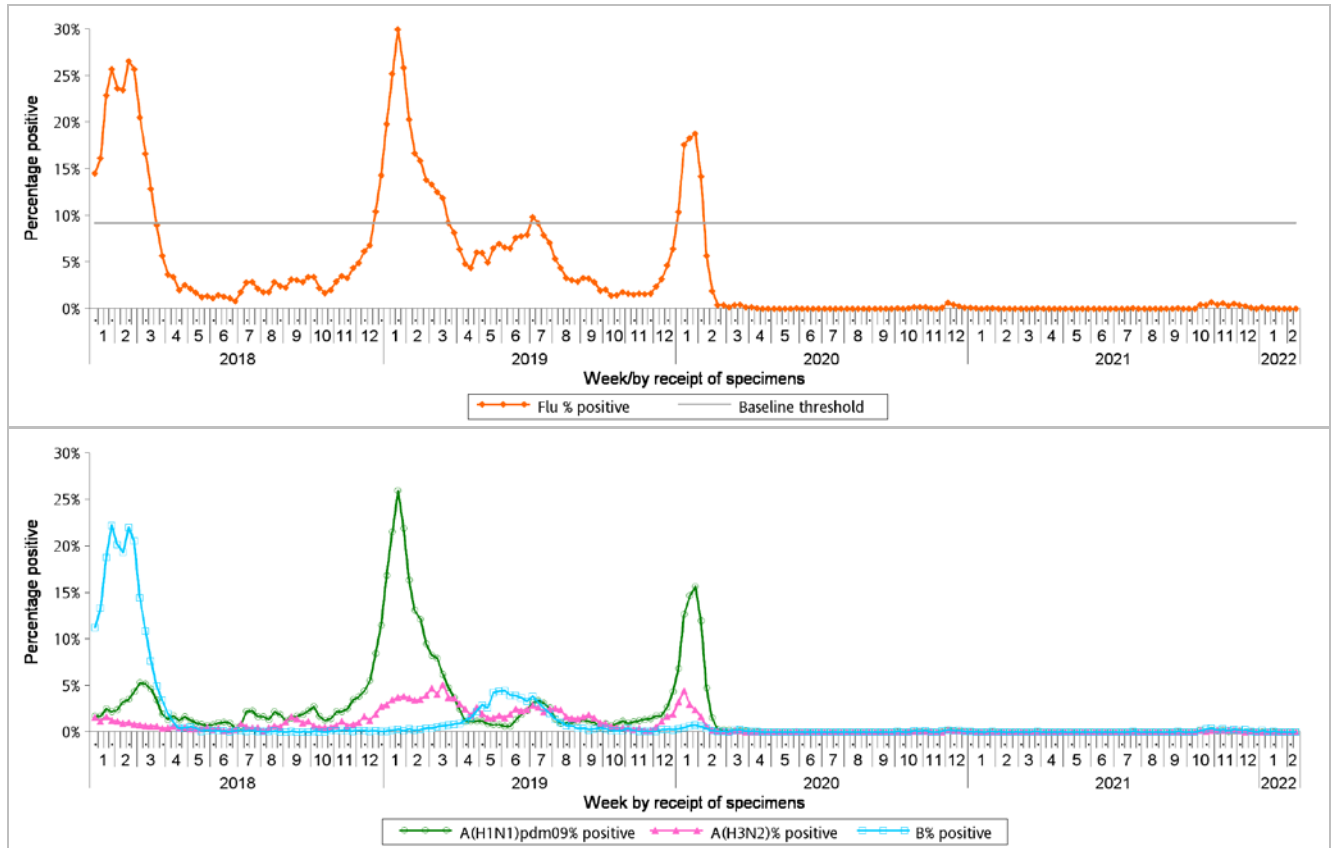


Figure 2 Percentage of respiratory specimens tested positive for influenza viruses, 2018-22 (upper: overall positive percentage, lower: positive percentage by subtypes)

[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 7, 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 8 (Feb 13 to 16), no ILI outbreaks in schools/ institutions were recorded.

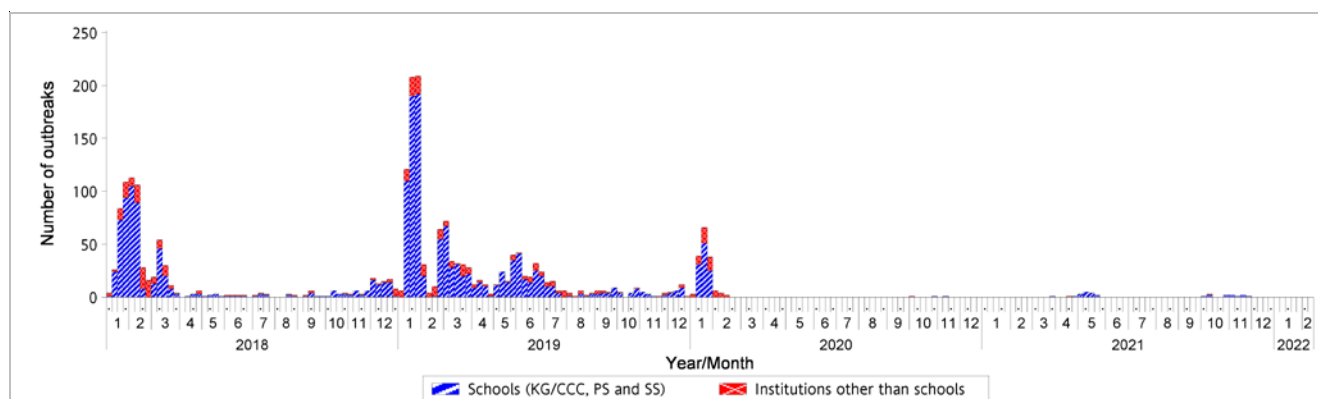


Figure 3 ILI outbreaks in schools/institutions, 2018-22

Type of institutions	Week 6	Week 7	First 4 days of Week 8 (Feb 13 – 16)
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 7, 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).

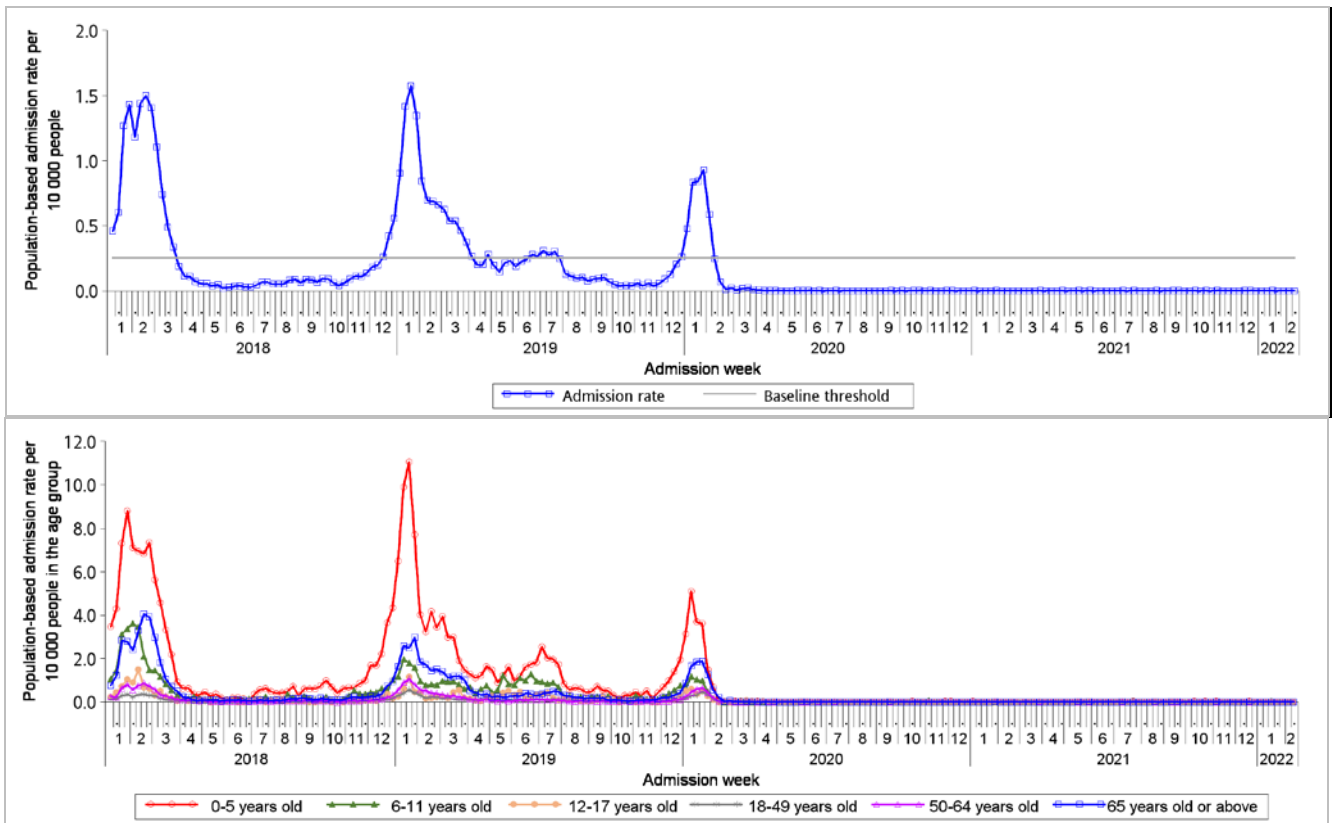


Figure 4 Influenza-associated hospital admission rates, 2018-22 (upper: overall rate, lower: rates by age groups)

[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 7, the rate of the ILI syndrome group in the accident and emergency departments (AEDs) was 198.8 (per 1,000 coded cases), which was higher than the rate of 94.0 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.

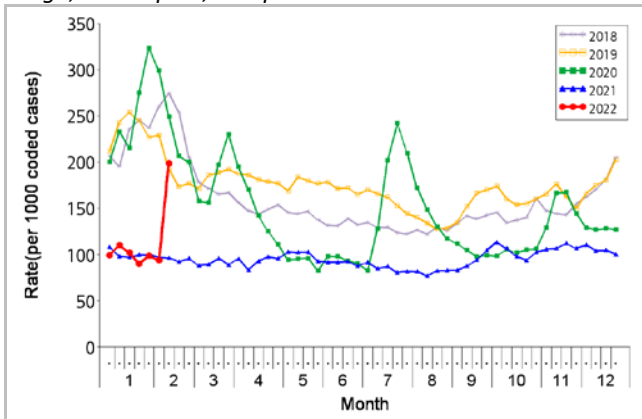


Figure 5 Rate of ILI syndrome group in AEDs, 2018-22

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

The surveillance for week 4-7 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).

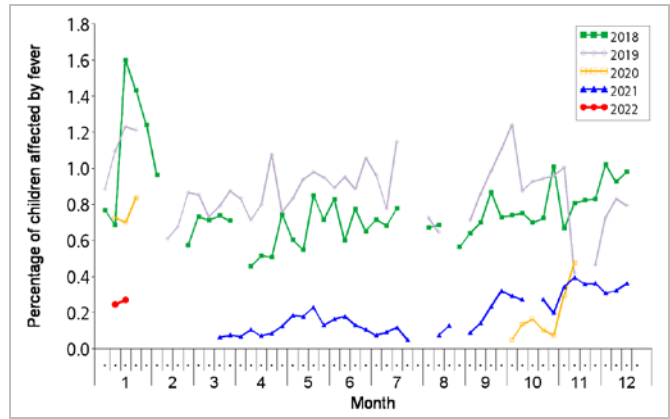


Figure 6 Percentage of children with fever at sentinel CCCs/KGs, 2018-22

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

In week 7, 0.06% of residents in the sentinel residential care homes for the elderly (RCHEs) had fever (38°C or above), compared to 0.08% recorded in the previous week (Figure 7).

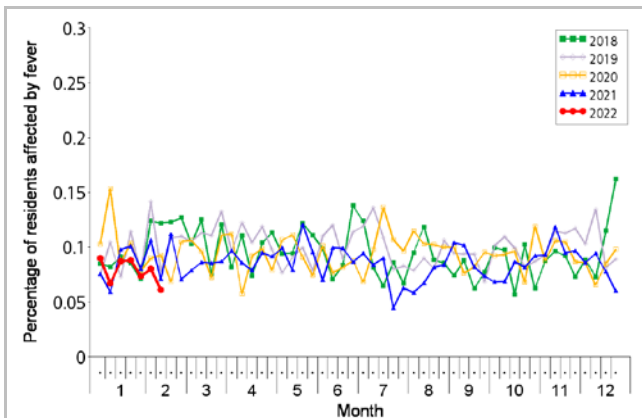


Figure 7 Percentage of residents with fever at sentinel RCHEs, 2018-22

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

In week 7, the average consultation rate for ILI among Chinese medicine practitioners (CMPs) was 0.77 ILI cases per 1,000 consultations as compared to 0.33 recorded in the previous week (Figure 8).

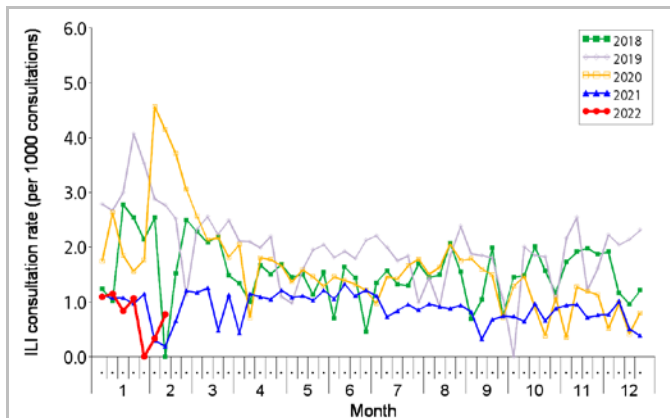


Figure 8 ILI consultation rate at sentinel CMPs, 2018-22

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 7, 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 6	0	0	0	0	0
Week 7	0	0	0	0	0

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

- In week 7 and the first 4 days of week 8 (Feb 13 – 16), 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 Feb 16, 2022).

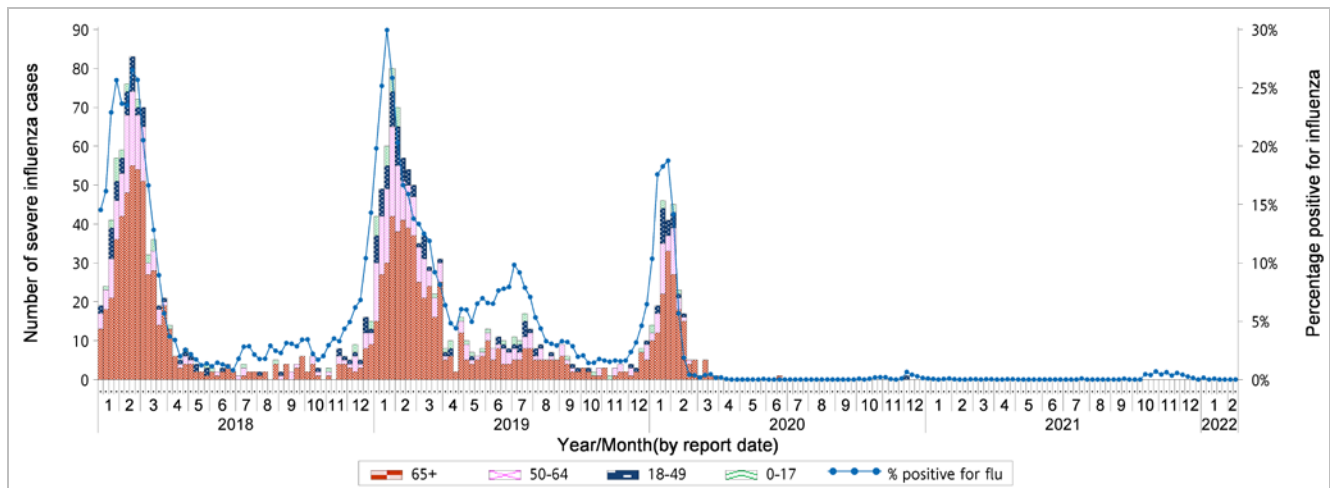


Figure 9 Weekly number of severe influenza cases by age groups, 2018-22 (the percentage positive for influenza viruses in Figure 2 is also shown in this graph)

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 Feb 5, 2022), sporadic influenza activity continued across the country. The percentage of outpatient visits for ILI continued to decrease to 1.7% from 2.1% in the preceding week, and was below the national baseline of 2.5%. The percentage of specimens tested positive for influenza was 2.04%, compared to 1.94% in preceding week. Influenza A(H3N2) was the predominant circulating virus.
- In Canada (week ending Feb 5, 2022), influenza activity has decreased in recent weeks and remained low. A total of 6 laboratory detections of influenza (5 influenza A and 1 influenza B) were reported in week 5. The percentage of visits for ILI was 1% in week 5. The percentage of visits for ILI has decreased in recent weeks.
- In the United Kingdom (week ending Feb 6, 2022), influenza activity was very low. Influenza positivity was very low at 0.3% in week 5, with 19 of 5836 samples tested positive for influenza. Hospital admissions and ILI consultation rates remained very low.
- In Europe (week ending Feb 6, 2022), overall influenza activity started to increase in week 49, 2021, with different levels of activity observed between the countries and areas of the Region, and a general dominance of A(H3) viruses though some countries reported both A(H3) and A(H1)pdm09 viruses. 8% of sentinel specimens were tested positive for influenza virus in week 5. Both influenza A and B viruses were detected, with A(H3) being dominant.
- In Mainland China (week ending Feb 6, 2022), influenza surveillance data showed that both southern and northern provinces have been in the influenza season. The percentages of specimens tested positive for influenza in both southern and northern provinces decreased but were still higher than those of 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](#).