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Dear Doctor,

Updated Situation of Influenza Activity in Hong Kong

Further to our letter dated December 31, 2014, we would like to provide you updates on the latest influenza activity in Hong Kong. The 2014/15 winter influenza season arrived in late December 2014. The seasonal influenza activity has continued to increase since then and rapidly reached a high level in mid to end of January. The current activity is already comparable to the peak levels in previous seasons with high activities. It may further increase in the coming weeks.

Among the respiratory specimens received by the Public Health Laboratory Services Branch of the Centre for Health Protection (CHP), the percentage tested positive for influenza viruses increased from 9.22% in the week ending December 27, 2014, to 30.96% in the week ending January 24, 2015. Over 95% of positive influenza virus detections were A(H3N2). The number of institutional outbreaks of influenza-like illness (ILI) reported to the CHP significantly rose from eight (affecting 53 persons) in the week ending 3 January to 93 (459 persons) in the week ending January 31. The outbreaks in the four-week period from January 4 to 31 mainly occurred in primary schools (33.5%), residential care homes for the elderly (31.2%) and kindergartens or child care centres (14%).

The CHP has been monitoring the weekly hospital admission rates associated with influenza in public hospitals based on discharge diagnoses. Among children aged under 5 years, the hospital admission rate due to influenza increased from 0.97 (per 10 000 population) in the week ending January 3, 2015 to 2.92 in that ending January 24. In the same period, the hospital admission rate among elderly aged 65 years or above rose from 1.24 to 3.79 (per 10 000 population). Of note, the hospital admission rate of influenza among elderly aged 65 years or above was at an especially high level in this season, exceeding the highest rates recorded in the past few years.



The CHP has collaborated with the Hospital Authority (HA) and private hospitals to reactivate the enhanced surveillance of severe seasonal influenza from January 2, 2015 onwards. From January 2 noon to February 2 noon, the CHP recorded 162 ICU admissions or deaths (including 99 deaths) with laboratory diagnosis of influenza among patients aged 18 years or above. Among them, 149 were influenza A(H3N2), 8 were influenza A pending subtype and 5 were influenza B. Among the 162 severe cases and 99 deaths above, 133 cases (82.1%) and 91 deaths (91.9%) involved elderly persons aged 65 or above. Separately, 11 paediatric cases of severe influenza associated complications/deaths (without death) were recorded in the same period, 10 were H3N2 infections and 1 was influenza A pending subtype. Of note, the number of reported severe cases is high in this season as compared with the previous seasons from 2011 to 2014. In the weeks ending January 24 and 31, 45 and 64 severe cases were respectively recorded among all ages, which were more than the highest weekly number of 33 recorded during influenza seasons since 2011.

In summary, influenza activity in this current winter season as reflected by surveillance data is at a particularly high level. Besides, the severity as reflected by the weekly number of severe influenza cases recorded was higher than the winter seasons in the past. Elderly aged 65 and above were more affected in this season as reflected by the hospital admission rates, proportion of ILI outbreaks occurring in residential care homes for the elderly and age distribution of severe influenza cases.

According to the World Health Organization (WHO), after its recommendation of the influenza vaccine strains for the Northern Hemisphere 2014/15 season in February 2014, a drifted H3N2 strain named A/Switzerland/9715293/2013, which is antigenically different from the H3N2 vaccine strain (i.e., A/Texas/50/2012), has been observed in increasing numbers in circulation. In the United States, Canada and Europe, laboratory analyses revealed that most of the circulating H3N2 viruses detected in this season belonged to the drifted H3N2 strain (A/Switzerland/9715293/2013). Locally, over 95% of the circulating H3N2 viruses also belonged to this drifted H3N2 strain.

The mismatch of the circulating and vaccine strain of influenza H3N2 strain may reduce the vaccine effectiveness for H3N2, but it is expected that influenza vaccine would afford a certain degree of cross-protection against different but related strains, and also reduce the likelihood of severe outcomes such as hospitalisations and deaths, particularly for high-risk groups. As such, vaccination remains an important means to prevent influenza. In addition, overseas data so far have shown that all A(H3N2) viruses detected in this season remained sensitive to the antivirals oseltamivir (Tamiflu) and zanamivir (Relenza).

In view of the very high influenza activity in Hong Kong, we would like to solicit your support to advise your patients to avoid going to crowded or poorly ventilated public places. ***In particular, high risk individuals may consider putting on surgical masks when staying in crowded or poorly ventilated public places.***

Private and public hospitals should continue to report patients aged 18 years or above requiring ICU admission or died AND had any positive laboratory results of influenza infection to the CHP. The CHP will review the situation in late February to see if this surveillance system needs to be extended. We will then inform the Hospital Authority and private hospitals accordingly.

In addition, you are reminded to continue reporting any paediatric patients who fulfill the reporting criteria for *severe paediatric influenza-associated with complication/death* to the Central Notification Office (CENO) of CHP by fax (2477 2770), by phone (2477 2772), or via CENO On-line website (<http://www.chp.gov.hk/ceno>). Outbreaks of respiratory illnesses occurring in institutional settings should also be reported to CENO for prompt epidemiological investigations and implementation of control measures. Please call our Medical Control Officer (pager: 7116 3300 call 9179) during non-office hours. The reporting criteria and forms are available on the CENO On-line website.

The CHP will closely monitor the situation as the current flu season has not run its course yet. The latest information about influenza and severe cases will be published in the “*Flu Express*”, a weekly report which will be issued in CHP website. You may wish to find further information in the following link (http://www.chp.gov.hk/en/view_content/14843.html). May I take this opportunity to thank you for your continuous support in combating infectious disease in Hong Kong.

Yours faithfully,



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