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Dear Doctor,

Alert on Increase in Activity of Seasonal Influenza in Hong Kong and Neighboring Regions

I would like to update you on the latest seasonal influenza activities in Hong Kong and overseas countries. The local seasonal influenza activity has increased in the past two weeks. Globally, influenza activity also continued to increase in the temperate zone of the northern hemisphere. We foresee that the influenza activity in Hong Kong will continue to increase, indicating the impending arrival of the winter influenza season.

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 rose from 3.93% in the week ending December 16 to 6.02% and 9.32% in the following two weeks. The circulating influenza viruses in the past two weeks were predominantly influenza B, with low influenza A activity.

The weekly admission rate with principal diagnosis of influenza in public hospitals has increased from 0.09 per 10,000 population in the week ending December 16 to 0.15 and 0.23 in the following two weeks. The rate of the influenza-like illness (ILI) syndrome group in the accident and emergency departments has increased from 161.3 cases per 1,000 coded cases in the week ending December 16 to 170.2 and 196.1 in the following two weeks.



Globally, the 2017/18 winter influenza season has already started in the United States, Canada, United Kingdom and Japan. In North America, influenza A (H3N2) was the predominating virus. In Europe, influenza A and influenza B viruses were co-circulating.

In Mainland China, the winter influenza season has arrived in both Southern and Northern China with an increasing trend of influenza activities. The positive percentage of influenza detections was 40.2%. The predominant circulating influenza subtype was influenza B (78.1% in Southern China and 55.7% in Northern China). In Guangdong, the influenza activity has been increasing in the past few weeks. In the week ending December 24, the proportion of ILI cases among sentinel hospitals was 4.90% as compared with 3.96% in the previous week. The predominating virus was influenza B. This winter influenza season arrived earlier than the past two years and the surveillance indicators showed that the influenza activity was higher than the same period in the past few years. However, the overall influenza activity in Guangdong so far was within the expected range.

Since 2011, the CHP has collaborated with public hospitals under the Hospital Authority (HA) and private hospitals to monitor influenza-associated admissions to Intensive Care Units (ICU) and deaths among patients aged 18 years or above. This enhanced surveillance system has been regularised as a routine surveillance operating throughout the year since 2018. In this regard, private doctors are reminded to 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 through the infection control officer, infection control nurse or designated responsible officer in the respective private hospital. For patients admitted to public hospitals, the CHP has collaborated with the HA Head Office to exchange the data on ICU admissions and deaths with laboratory confirmation of influenza infection.

In addition, all doctors in both public and private sectors are reminded to continue to report any paediatric patients who fulfill the reporting criteria for severe paediatric influenza-associated with complication/death to the Central Notification Office (CENO) of the CHP by fax (2477 2770), by phone (2477 2772), or via the CENO On-line website (https://cdis.chp.gov.hk/CDIS_CENO_ONLINE/ceno.html). The reporting criteria and forms are available on the CENO On-line website. Please call our Medical Control Officer (pager: 7116 3300 call 9179) when reporting during non-office hours.

Apart from adopting personal, hand and environmental hygiene practices against respiratory illnesses, please advise your patients who are aged six months or above especially the priority groups to receive the 2017/18 influenza vaccine as soon as possible for personal protection. Details of the various vaccination schemes can be found from the following webpage:

<https://www.chp.gov.hk/en/features/17980.html>. Moreover, you may consider prescribing empirical treatment with neuraminidase inhibitor (e.g. oseltamivir) for your patients suspected to have influenza infection early based on clinical assessment, especially patients at higher risk of complications, such as young children, elders, people with chronic diseases, pregnant women, etc. Studies have shown that neuraminidase inhibitors can reduce severe outcomes of influenza.

The latest surveillance data on influenza are published in the “*Flu Express*”, a weekly report available on the CHP website (http://www.chp.gov.hk/en/guideline1_year/29/134/441/304.html). Further information on influenza can be found from the following link: http://www.chp.gov.hk/en/view_content/14843.html. Please draw the attention of the healthcare professionals and supporting staff in your institution/ working with you to the above.

May I take this opportunity to thank you for your continuous support in combating infectious diseases in Hong Kong.

Yours faithfully,



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