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Dear Doctor,

Arrival of the 2019/20 Winter Influenza Season in Hong Kong

We would like to alert you that the local seasonal influenza activity has continued to increase in the past week and exceeded the baseline thresholds, indicating that Hong Kong has entered the 2019/20 winter influenza season. We anticipate that the influenza activity will continue to rise in the coming weeks and remain at an elevated level for some time.

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 A and B viruses has increased steadily since mid-December last year and rose to 10.09% last week, which was higher than the baseline threshold of 9.21%. The circulating influenza viruses in the past two weeks were predominately influenza A(H1) (66.3%) and A(H3) (30.4%), with very few influenza B positive detections. The overall admission rate with principal diagnosis of influenza in public hospitals has been increasing to 0.40 per 10 000 population last week, which was above the baseline threshold of 0.25.

Globally, influenza activities continued to increase in the temperate zone of the northern hemisphere. The winter influenza season has already started in the United States (US), Canada, Europe, the United Kingdom (UK), Japan, Mainland China, Macau and Taiwan. Different subtypes of viruses circulate with varying proportions in different regions. Influenza A(H3) virus was predominating in Europe, the UK and Mainland China (both southern and northern provinces), while influenza A(H1) virus was predominating in places such as the US, Japan and Taiwan. In the US and southern provinces in Mainland China, influenza B virus was also one of the predominant circulating viruses.



For the surveillance of influenza-associated admissions to intensive care unit (ICU) and deaths among patients aged ≥ 18 years, private doctors are reminded to continue to report cases fulfilling the following criteria to the

CHP through the infection control officer or designated responsible officer of the respective private hospital: ***adult patients (aged ≥ 18 years) who (i) required ICU admission or died; AND (ii) had any positive laboratory result of influenza infection.*** For patients admitted to public hospitals, the CHP has collaborated with the Hospital Authority (HA) to retrieve the relevant data electronically. In addition, all doctors in both public and private sectors are reminded to continue to report any paediatric patients who fulfil the reporting criteria for severe paediatric influenza-associated complication/death to the CHP.

Please advise your patients who are aged six months or above especially the priority groups to receive the 2019/20 influenza vaccine as soon as possible for personal protection. Moreover, you may consider 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. We would like to draw your attention to HA's internal clinical guideline on "Use of neuraminidase inhibitors in out-patient settings" (<http://icidportal.ha.org.hk/Home/File?path=/Use%20of%20neuraminidase%20inhibitors%20in%20out-patient%20settings.pdf>).

The latest surveillance data on influenza are published in the "*Flu Express*" (<https://www.chp.gov.hk/en/resources/29/304.html>) and further information on influenza can be found at 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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