

# FLU EXPRESS



*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 Jan 14, 2015)

**Reporting period: Jan 4 – 10, 2015 (Week 2)**

- The overall influenza activity has continued to increase. The predominating virus is influenza A(H3N2).
- The Centre for Health Protection has collaborated with the Hospital Authority and private hospitals to monitor influenza associated intensive care unit (ICU) admissions or deaths (aged 18 years or above) since Jan 2, 2015. As of Jan 14, there were 37 cases of influenza associated ICU admission or death, in which 10 of them were fatal.
- Influenza can cause serious illnesses in high-risk individuals and even healthy persons. Except for those with contraindications, influenza vaccination is suitable for all members of the public.
- Children (aged between six months and less than 6 years, or attending a kindergarten or child care centre in Hong Kong) and elderly (aged 65 years or above), who are eligible, can be subsidised for seasonal influenza vaccination from enrolled private doctors participating in the Government's vaccination subsidy schemes starting from Oct 6, 2014.

### Influenza-like-illness surveillance among sentinel general outpatient clinics, 2013-15

In week 2, the average consultation rate for influenza-like illness (ILI) among sentinel general outpatient clinics (GOPCs) was 6.2 ILI cases per 1,000 consultations (Figure 1).

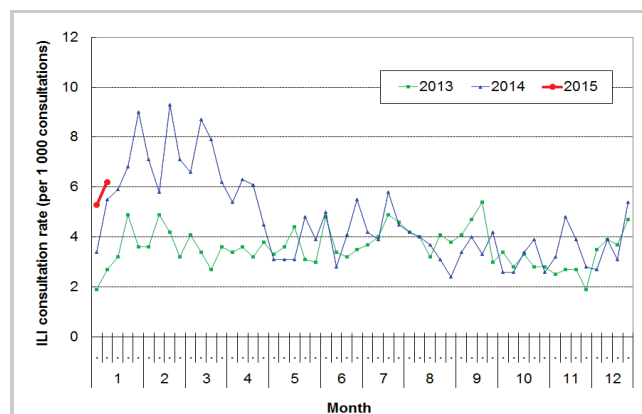


Figure 1 ILI consultation rate at sentinel GOPC, 2013-15

### Influenza-like illness surveillance among sentinel private doctors, 2013-15

In week 2, the average consultation rate for ILI among sentinel private doctors was 51.8 ILI cases per 1,000 consultations (Figure 2).

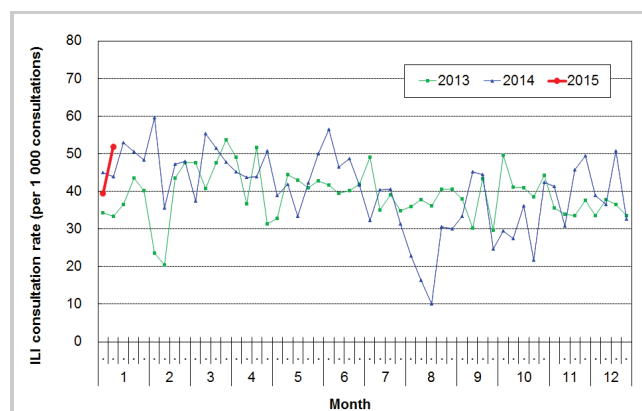


Figure 2 ILI consultation rate at sentinel GP, 2013-15

## Influenza virus detections (Laboratory surveillance), 2014-15

Among the respiratory specimens received in week 2, 607 (18.11%) were tested positive for seasonal influenza viruses, including 2 influenza A(H1N1)pdm09, 567 influenza A(H3), 30 influenza B and 8 influenza C (Figure 3).

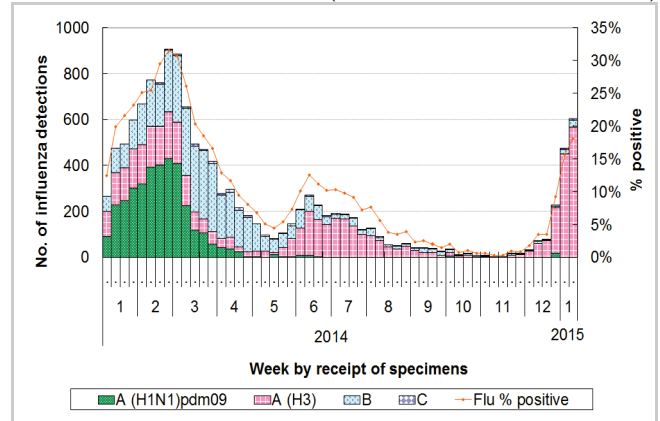


Figure 3 Influenza virus detections, 2014-15

## Percentage positive for influenza viruses, 2014-15

Among the respiratory specimens received in week 2, 0.06% was influenza A(H1N1)pdm09, 16.92% influenza A(H3), 0.89% influenza B and 0.24% influenza C (Figure 4).

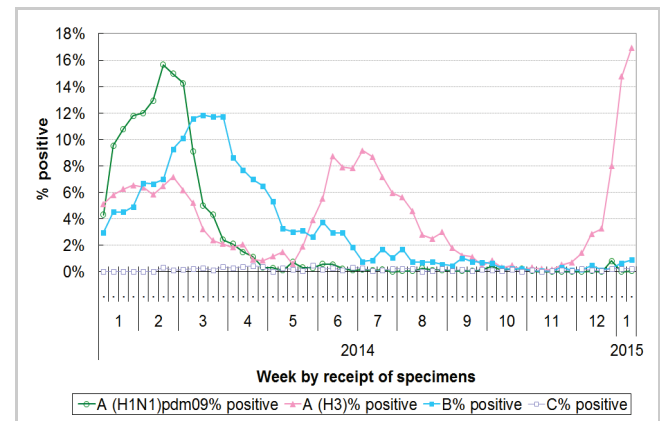


Figure 4 Percentage positive for influenza viruses, 2014-15

## Influenza-like illness outbreak monitoring, 2014-15

In week 2, 25 ILI outbreaks occurring in schools/institutions were recorded. In the first 4 days of week 3 (Jan 11 to 14, 2015), 26 ILI outbreaks occurring in schools/institutions were recorded (Figure 5).

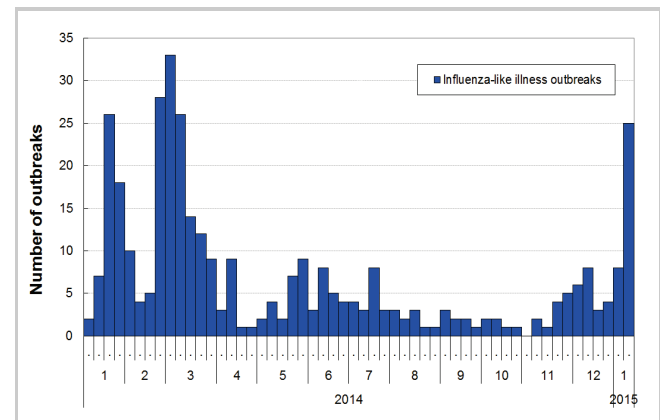


Figure 5 ILI outbreaks, 2014-15

## Rate of influenza-like illness syndrome group in accident and emergency departments, 2013-15<sup>#</sup>

In week 2, the rate of the influenza-like illness syndrome group in the accident and emergency departments (AED) was 186.2 (per 1,000 coded cases) (Figure 6).

<sup>#</sup>Note: The influenza-like illness syndrome group includes codes such as influenza, upper respiratory tract infection, fever, cough, throat pain, and pneumonia.

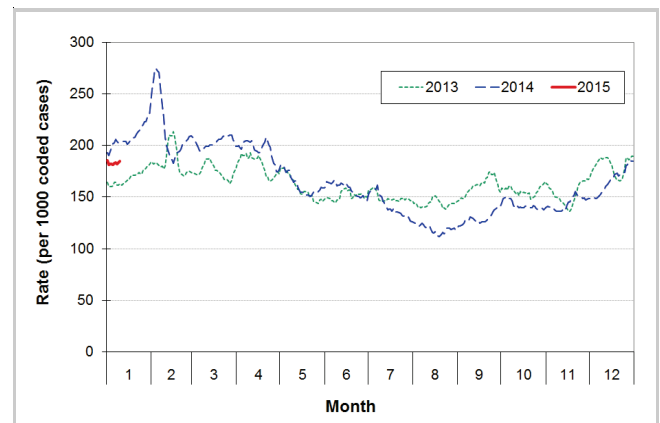


Figure 6 Rate of ILI syndrome group in AED, 2013-15

## Influenza associated hospital admission rates and deaths based on discharge coding, 2013-15

In week 2, hospital admission rates with principal diagnosis of influenza for persons aged 0-4 years, 5-64 years and 65 years or above were 1.40, 0.14 and 1.68 cases (per 10,000 people in the age group) respectively (Figure 7). Weekly number of deaths with any diagnosis of influenza in public hospitals is also shown in the figure on the right hand side.

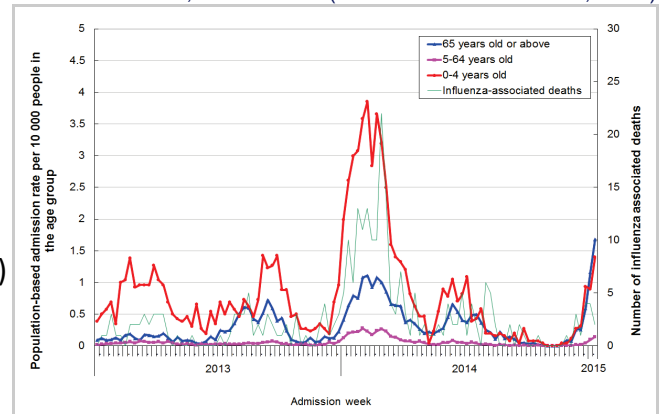


Figure 7 Influenza associated hospital admission rates and deaths, 2013-15

## Fever surveillance at sentinel child care centres/ kindergartens, 2013-15

In week 2, 0.60% of children in the sentinel child care centres/ kindergartens (CCC/ KG) had fever (Figure 8).

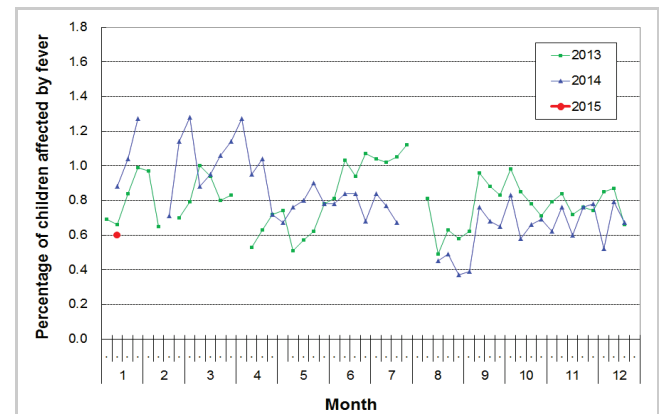


Figure 8 Percentage of children with fever at sentinel CCC/ KG, 2013-15

## Fever surveillance at sentinel residential care homes for the elderly, 2013-15

In week 2, 0.17% of residents in the sentinel residential care homes for the elderly (RCHEs) had fever (Figure 9).

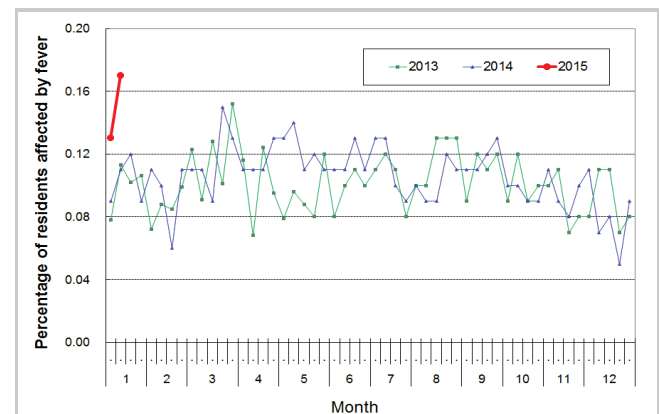


Figure 9 Percentage of residents with fever at sentinel RCHE, 2013-15

## Influenza-like illness surveillance among sentinel Chinese medicine practitioners, 2013-15

In week 2, the average consultation rate for ILI among Chinese medicine practitioners (CMPs) was 3.96 ILI cases per 1,000 consultations (Figure 10).

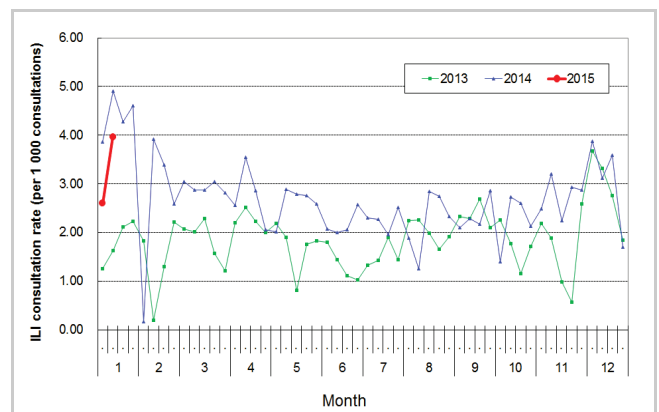


Figure 10 ILI consultation rate at sentinel CMP, 2013-15

### **Enhanced Surveillance for Severe Seasonal Influenza (Aged 18 years or above)**

- From Jan 8, 2015, 12:00 noon, to Jan 14, 2015, 12:00 noon, 22 cases of influenza associated ICU admission/ death were recorded, in which 7 of them were fatal. In addition, one previously reported case who required ICU admission passed away during this reporting period.

Note: The data reported are provisional figures and subject to further revision.

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

- In week 2, there were no new cases of severe paediatric influenza-associated complication/ death. In the first 4 days of week 3 (Jan 11 to 14, 2015), one case of severe paediatric influenza-associated complication/ death involving a 11-year-old boy who had presented with fever, cough and shortness of breath was reported. He is now in serious condition. His respiratory specimen was tested positive for influenza A(H3).

Note: The data reported are provisional figures and subject to further revision.

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

- In week 2 and the first 4 days of week 3, 2015 (Jan 11 to 14, 2015), there were no new reports of oseltamivir (Tamiflu) resistant influenza A(H1N1)pdm09 virus infection. There are totally 47 reports of oseltamivir resistant influenza A(H1N1)pdm09 virus detected in Hong Kong since 2009.

## **Global Situation of Influenza Activity**

- In the United States (week ending Jan 3, 2015), the influenza activity continued at elevated levels, with influenza A(H3N2) being the most predominating virus.
- In Canada (week ending Jan 3, 2015), laboratory detection of influenza remained elevated. Influenza A(H3N2) continues to be the most common type of viruses.
- In the United Kingdom (week ending Jan 4, 2015), the weekly influenza-like illness consultation rates increased in England, Wales and Northern Ireland but remained stable in Scotland.
- In Europe (week ending Jan 4, 2015), the influenza season has started. The number of countries with increased influenza activity continued to rise compared to those in previous weeks. The proportion of influenza virus-positive sentinel specimens increased to 16%.
- In Singapore (week ending Jan 10, 2015), the number of consultations for acute respiratory infections remained low.

#### *Sources:*

Information have been extracted from the following sources when updates are available: [United States Centers for Disease Control and Prevention](#), [Public Health Agency of Canada](#), [Public Health England](#), [Joint European Centre for Disease Control and Prevention-World Health Organization/Flu News Europe](#) and [Singapore Ministry of Health](#).