

# 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 May 1, 2014)

**Reporting period: Apr 20 – 26, 2014 (Week 17)**

- The latest surveillance data showed that the overall influenza activity has continued to decrease.
- 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) between Jan 3 to Apr 25, 2014. During the enhanced surveillance period, a total of 266 cases of influenza associated ICU admission or death were recorded, in which 133 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 2, 2013.

### Influenza-like-illness surveillance among sentinel general outpatient clinics, 2012-14

In week 17, the average consultation rate for influenza-like illness (ILI) among sentinel general outpatient clinics (GOPCs) was 4.5 ILI cases per 1,000 consultations (Figure 1).

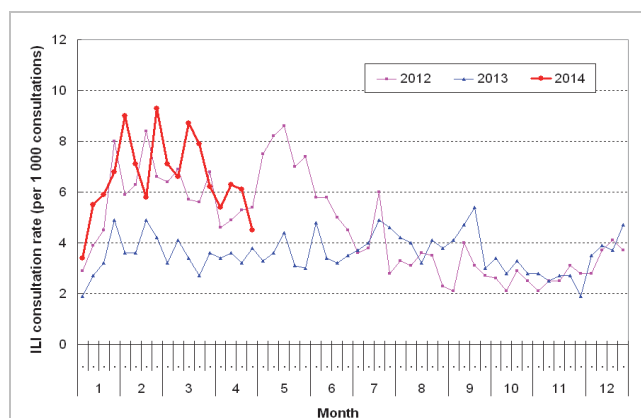


Figure 1 ILI consultation rate at sentinel GOPC, 2012-14

### Influenza-like illness surveillance among sentinel private doctors, 2012-14

In week 17, the average consultation rate for ILI among sentinel private doctors was 50.8 ILI cases per 1,000 consultations (Figure 2).

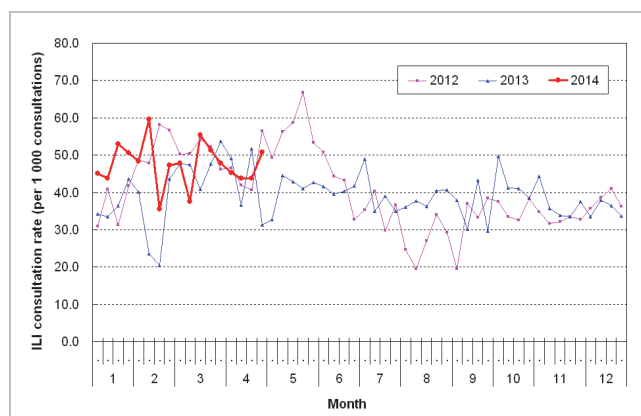


Figure 2 ILI consultation rate at sentinel GP, 2012-14

## Influenza virus detections (Laboratory surveillance), 2013-14\*

For the respiratory specimens received in week 17, 180 (7.8%) were tested positive for seasonal influenza viruses, including 7 influenza A(H1N1)pdm09 viruses, 19 influenza A(H3) viruses, 145 influenza B viruses and 9 influenza C viruses (Figure 3).

\* Since Feb 10, 2014 (week 7), Public Health Laboratory Services Branch has adopted new genetic tests as the primary tests for various respiratory viruses, which are expected to be more sensitive than the methods used previously. This transition in laboratory techniques may bring about increases in detection of and percentage positive for influenza viruses.

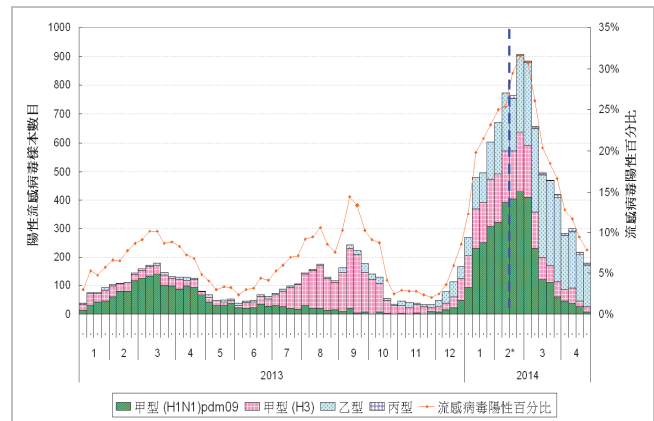


Figure 3 Influenza virus detections, 2013-14

## Percentage positive for influenza viruses, 2013-14\*

Among the respiratory specimens received in week 17, 0.3% was influenza A(H1N1)pdm09, 0.8% influenza A(H3), 6.3% influenza B and 0.4% influenza C (Figure 4).

\* Since Feb 10, 2014 (week 7), Public Health Laboratory Services Branch has adopted new genetic tests as the primary tests for various respiratory viruses, which are expected to be more sensitive than the methods used previously. This transition in laboratory techniques may bring about increases in detection of and percentage positive for influenza viruses.

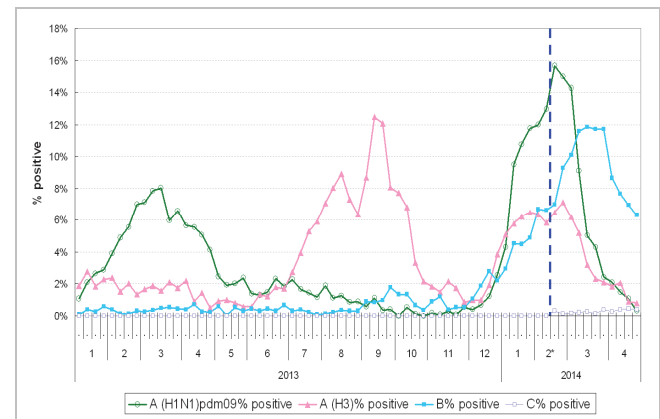


Figure 4 Percentage positive for influenza viruses, 2013-14

## Influenza-like illness outbreak monitoring, 2013-14

In week 17, 1 ILI outbreak occurring in an institution was recorded. In the first 5 days of week 18 (Apr 27 to May 1, 2014), 1 ILI outbreak occurring in an institution was recorded (Figure 5).

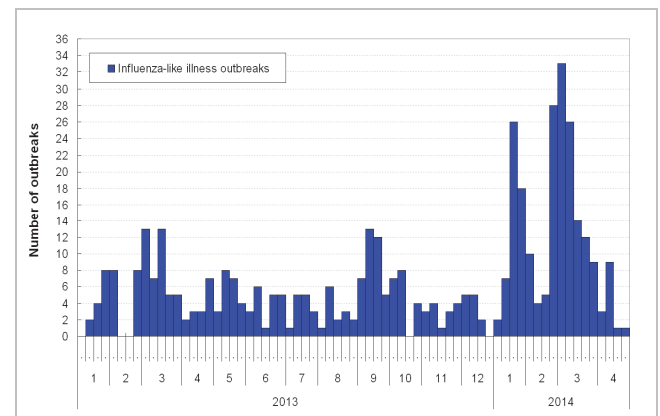


Figure 5 ILI outbreaks, 2013-14

## Rate of influenza-like illness syndrome group in accident and emergency departments, 2012-14#

In week 17, the rate of the influenza-like illness syndrome group in the accident and emergency departments (AED) was 184.4 (per 1,000 coded cases) (Figure 6).

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

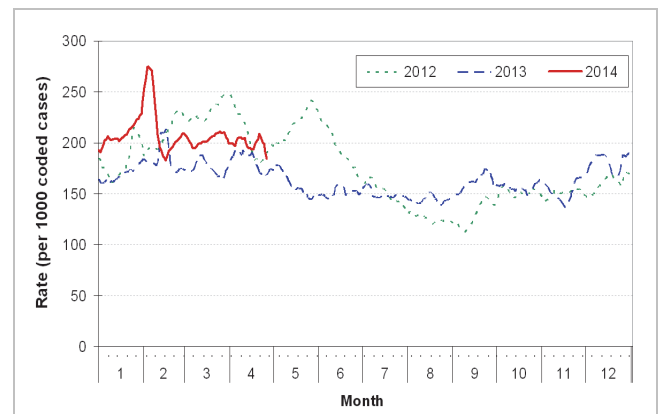


Figure 6 Rate of ILI syndrome group in AED, 2012-14

## Influenza associated hospital admission rates and deaths based on discharge coding, 2012-14

In week 17, hospital admission rates with principal diagnosis of influenza for persons aged 0-4 years, 5-64 years and 65 years or above were 0.38, 0.07 and 0.23 cases respectively (per 10,000 people in the age group) (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.

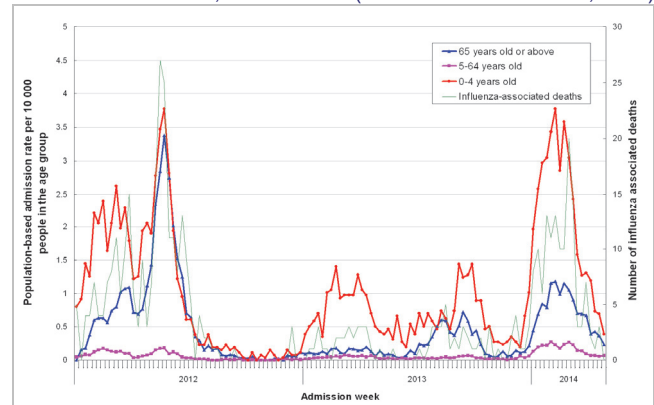


Figure 7 Influenza associated hospital admission rates and deaths, 2012-14

## Fever surveillance at sentinel child care centres/ kindergartens, 2012-14

In week 17, 0.72% of children in the sentinel child care centres/ kindergartens (CCC/ KG) had fever (Figure 8).

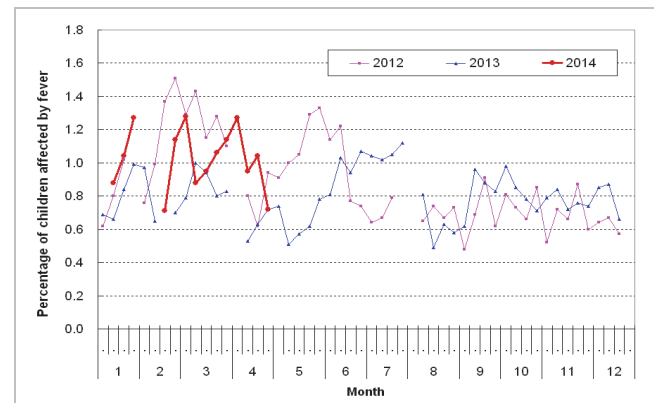


Figure 8 Percentage of children with fever at sentinel CCC/ KG, 2012-14

## Fever surveillance at sentinel residential care homes for the elderly, 2012-14

In week 17, 0.13% of residents in the sentinel residential care homes for the elderly (RCHEs) had fever (Figure 9).

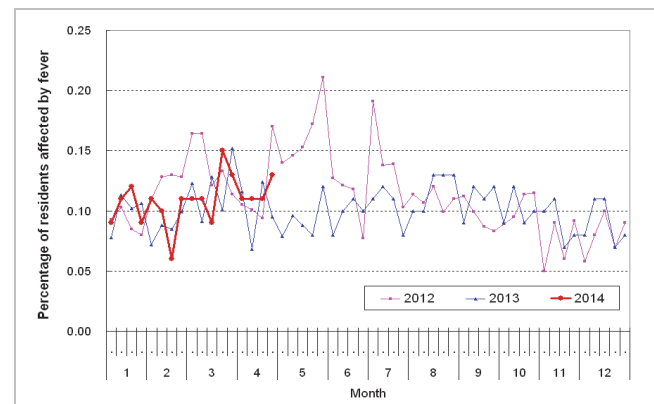


Figure 9 Percentage of residents with fever at sentinel RCHE, 2012-14

## Influenza-like illness surveillance among sentinel Chinese medicine practitioners, 2012-14

In week 17, the average consultation rate for ILI among Chinese medicine practitioners (CMPs) was 2.06 ILI cases per 1,000 consultations (Figure 10).

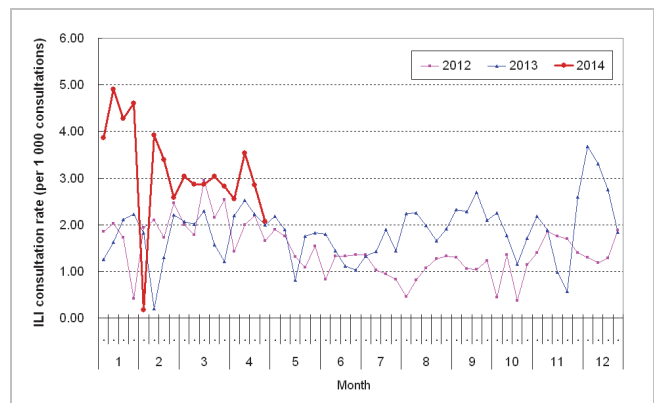


Figure 10 ILI consultation rate at sentinel CMP, 2012-14

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

From Apr 23, 2014, 12:00 noon, to Apr 25\*, 2014, 12:00 noon, 2 cases of influenza associated ICU admission/death were recorded, in which none of them were fatal.

\* As the influenza activity has decreased to a low level, the enhanced surveillance was ended on Apr 25, 2014.

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

## Surveillance of severe paediatric influenza-associated complication/death (Aged above one month and below 18 years)

- In week 17 there was one case of severe paediatric influenza-associated complication involving a six-month-old boy who had developed pneumonia. He was in serious condition. His tracheal aspirate tested positive for influenza A (H3). In the first 5 days of week 18, (Apr 27 to May 1, 2014), there were no new cases of severe paediatric influenza-associated complication/death..

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

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

- In week 17 and the first 5 days of week 18 (Apr 27 to May 1, 2014), 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 Apr 19, 2014), influenza activity continued to decrease.
- In Canada (week ending Apr 19, 2014), influenza activity remained within expected levels and influenza B continued to circulate in some regions.
- In the United Kingdom (week ending Apr 20, 2014), the weekly influenza consultations remained low in England, Wales, Scotland and Northern Ireland.
- In Europe (week ending Apr 20, 2014), influenza activity were low, with majority of the countries reporting sporadic influenza activity.
- In Singapore (week ending Apr 26, 2014), 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](#), [United Kingdom Health Protection Agency](#), [World Health Organization/Europe Euroflu](#) and [Singapore Ministry of Health](#).