

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 Apr 2, 2014)

Reporting period: Mar 23– 29, 2014 (Week 13)

- The latest surveillance data showed that the local activity of influenza A continued to decrease. However, the activity of influenza B is still at a relatively high level.
- 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 3, 2014. As of Apr 2, there were 246 cases of influenza associated ICU admission or death, in which 120 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 13, 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).

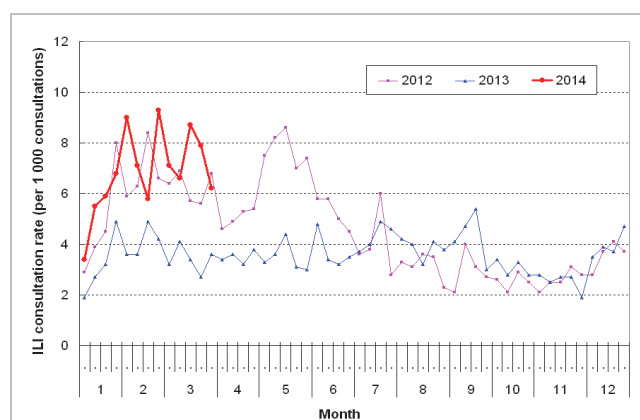


Figure 1 ILI consultation rate at sentinel GOPC, 2012-14

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

In week 13, the average consultation rate for ILI among sentinel private doctors was 47.8 ILI cases per 1,000 consultations (Figure 2).

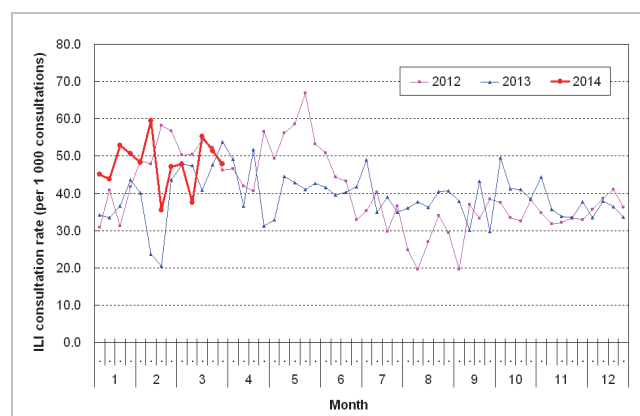


Figure 2 ILI consultation rate at sentinel GP, 2012-14

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

For the respiratory specimens received in week 13, 418 (16.5%) were tested positive for seasonal influenza viruses, including 61 influenza A(H1N1)pdm09 viruses, 53 influenza A(H3) viruses, 294 influenza B viruses and 10 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.

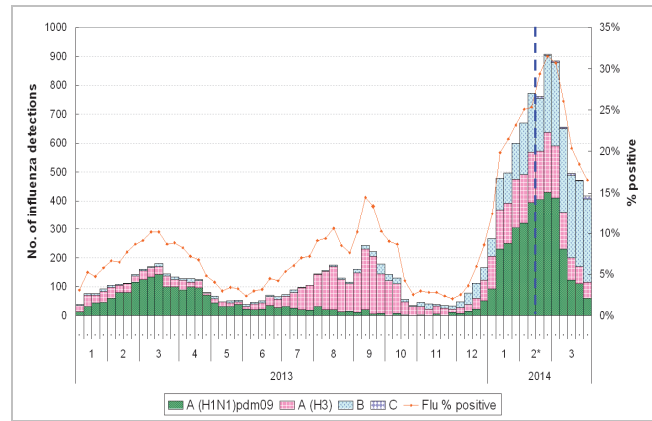


Figure 3 Influenza virus detections, 2013-14

Percentage positive for influenza viruses, 2013-14*

Among the respiratory specimens received in week 13, 2.4% was influenza A(H1N1)pdm09, 2.1% influenza A(H3), 11.6% 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.

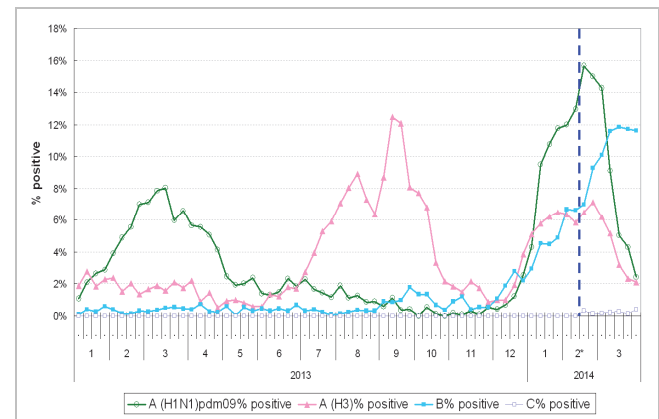


Figure 4 Percentage positive for influenza viruses, 2013-14

Influenza-like illness outbreak monitoring, 2013-14

In week 13, 9 ILI outbreaks occurring in schools/institutions were recorded. In the first 4 days of week 14 (Mar 30 to Apr 2, 2014), 4 ILI outbreaks occurring in schools/institutions were recorded (Figure 5).

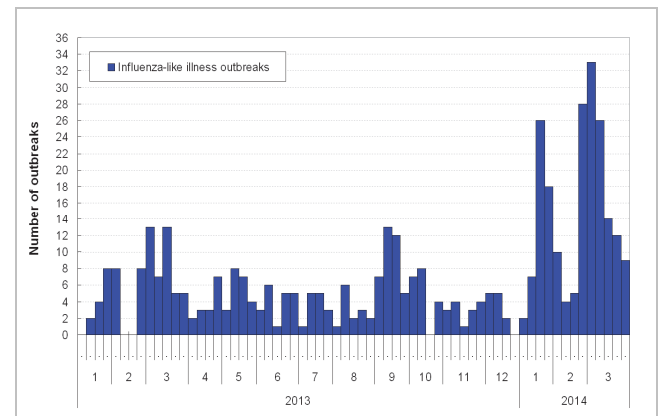


Figure 5 ILI outbreaks, 2013-14

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

In week 13, the rate of the influenza-like illness syndrome group in the accident and emergency departments (AED) was 206.8 (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.

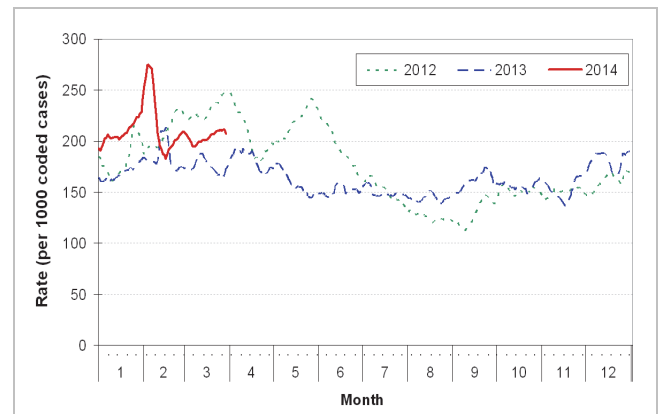


Figure 6 Rate of ILI syndrome group in AED, 2012-14

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

In week 13, hospital admission rates with principal diagnosis of influenza for persons aged 0-4 years, 5-64 years and 65 years or above were 1.20, 0.08 and 0.56 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.

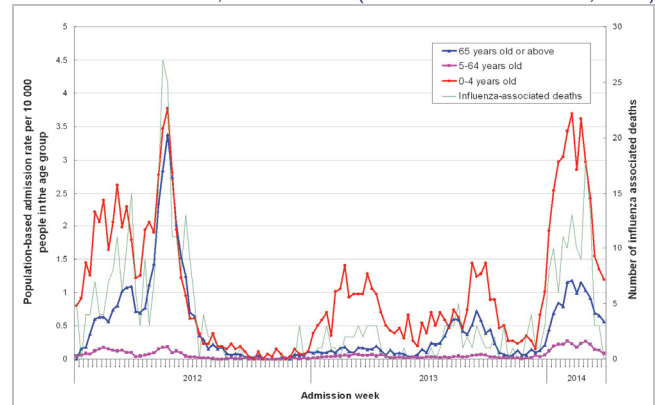


Figure 7 Influenza associated hospital admission rates and deaths, 2012-14

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

In week 13, 1.14% of children in the sentinel child care centres/ kindergartens (CCC/ KG) had fever (Figure 8).

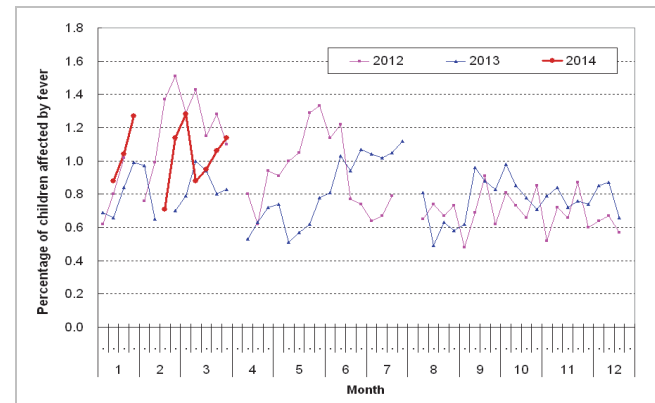


Figure 8 Percentage of children with fever at sentinel CCC/ KG, 2012-14

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

In week 13, 0.13% of residents in the sentinel residential care homes for the elderly (RCHEs) had fever (Figure 9).

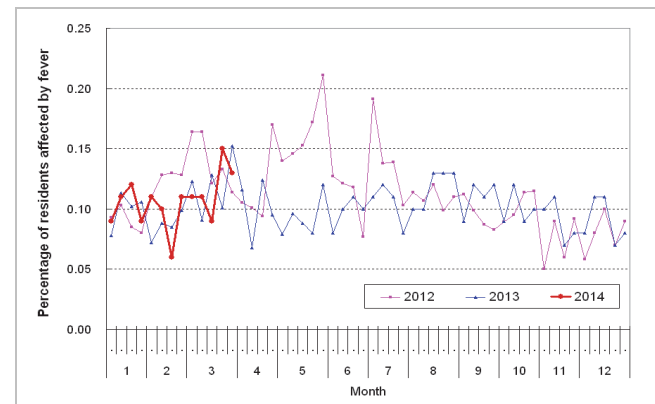


Figure 9 Percentage of residents with fever at sentinel RCHE, 2012-14

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

In week 13, the average consultation rate for ILI among Chinese medicine practitioners (CMPs) was 2.82 ILI cases per 1,000 consultations (Figure 10).

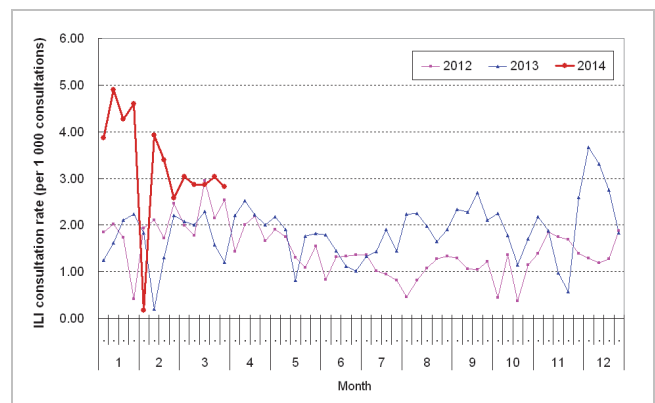


Figure 10 ILI consultation rate at sentinel CMP, 2012-14

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

- From Mar 26, 2014, 12:00 noon, to Apr 2, 2014, 12:00 noon, 7 cases of influenza associated ICU admission/death were recorded, in which 4 of them were fatal. In addition, 1 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 above one month and below 18 years)

- In week 13, two cases of severe paediatric influenza-associated complication were reported. The first case was a 19-month-old girl who had developed status epilepticus. She had been discharged from the hospital. The second case was a 5-year-old girl who had developed encephalitis. She is now in critical condition. Their nasopharyngeal aspirates were both tested positive for influenza B. In the first 4 days of week 14 (Mar 30 to Apr 2, 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 13 and the first 4 days of week 14 (Mar 30 to Apr 2, 2014), there were no new reports of oseltamivir (Tamiflu) resistant influenza A(H1N1)pdm09 virus infection. There are totally 46 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 Mar 22, 2014), influenza activity continued to decrease.
- In Canada (week ending Mar 22, 2014), influenza activity continued to decrease slowly.
- In the United Kingdom (week ending Mar 23, 2014), the weekly influenza consultations remained low in England, Wales, Scotland and Northern Ireland.
- In Europe (week ending Mar 23, 2014), ILI consultation rates returned to below baseline levels in most countries of the Region.
- In Singapore (week ending Mar 29, 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](#).