

# 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 22, 2014)

**Reporting period: Jan 12 – 18, 2014 (Week 3)**

- The latest surveillance data showed that the local influenza activity continued to increase.
- 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 Jan 22, there were 40 cases of influenza associated ICU admission or death, in which 12 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 3, the average consultation rate for influenza-like illness (ILI) among sentinel general outpatient clinics (GOPCs) was 5.9 ILI cases per 1,000 consultations (Figure 1).

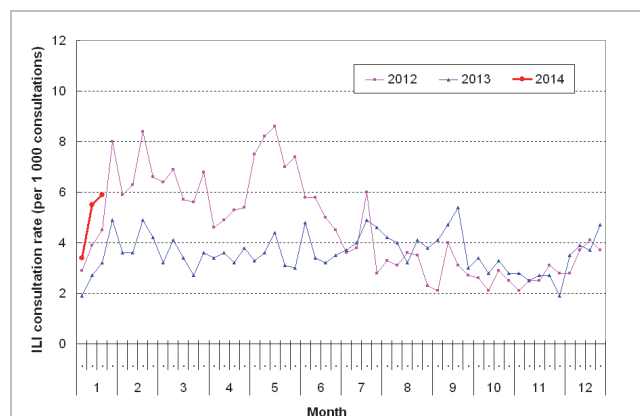


Figure 1 ILI consultation rate at sentinel GOPC, 2012-14

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

In week 3, the average consultation rate for ILI among sentinel private doctors was 52.9 ILI cases per 1,000 consultations (Figure 2).

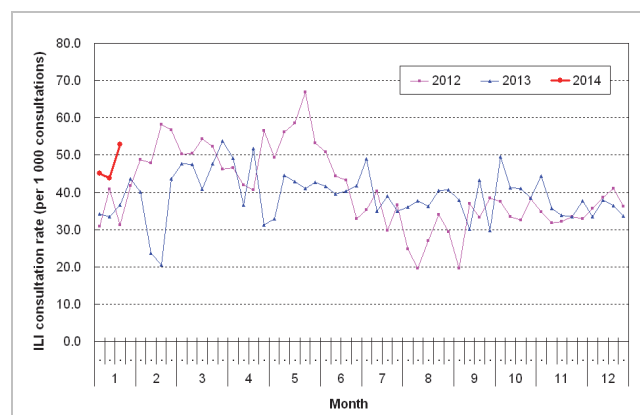


Figure 2 ILI consultation rate at sentinel GP, 2012-14

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

In week 3 (Jan 12 to 18, 2014), the number of influenza viruses detected in the Public Health Laboratory Services Branch was 619, including 334 influenza A(H1N1)pdm09 viruses, 179 influenza A(H3) viruses and 106 influenza B viruses (Figure 3).

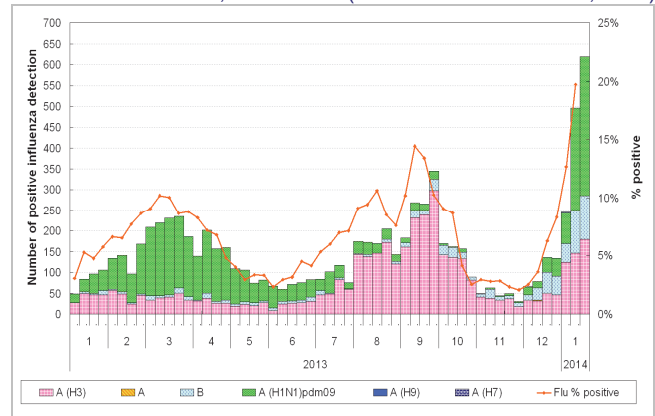


Figure 3 Influenza virus detections, 2013-14

## Percent positive for influenza viruses, 2013-14

For the respiratory specimens received between Jan 6 to 12, 2014, 19.7% were tested positive for influenza viruses, including 9.5% influenza A(H1N1)pdm09, 5.9% influenza A(H3) and 4.3% influenza B (Figure 4).

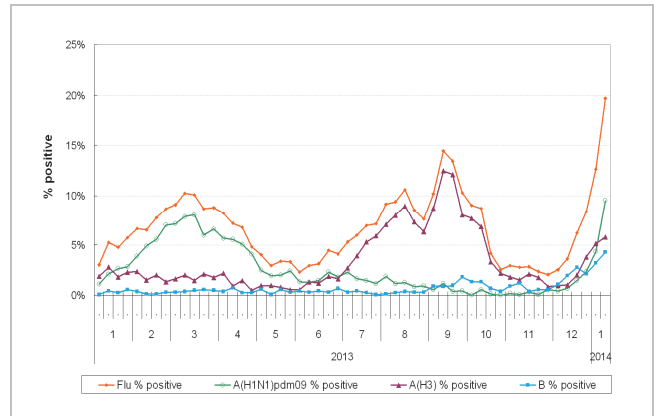


Figure 4 Percent positive for influenza viruses, 2013-14

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

In week 3, 26 ILI outbreaks occurring in schools/institutions were recorded. In the first 4 days of week 4 (Jan 19 to 22, 2014), 15 ILI outbreaks occurring in schools/institutions were recorded (Figure 5).

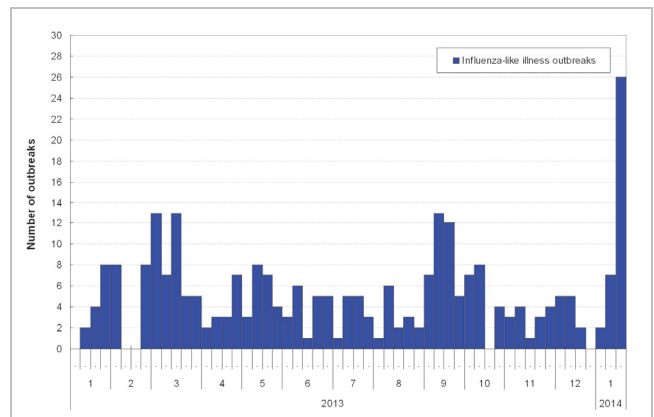


Figure 5 ILI outbreaks, 2013-14

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

In week 3, the rate of the influenza-like illness syndrome group in the accident and emergency departments (AED) was 198.2 (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.

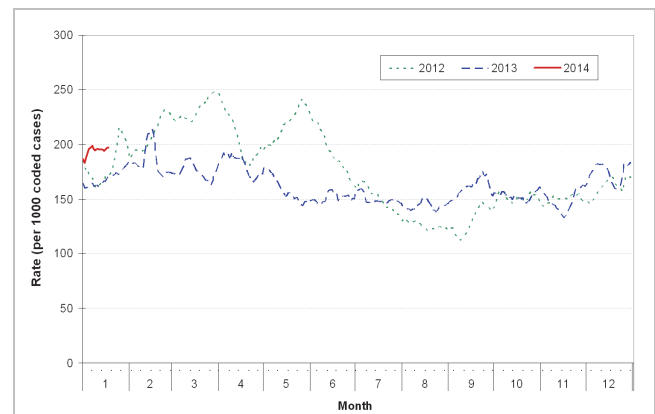


Figure 6 Rate of ILI syndrome group in AED, 2012-14

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

In week 3, hospital admission rates with principal diagnosis of influenza for persons aged 0-4 years, 5-64 years and 65 years or above were 3.08, 0.19 and 0.63 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.

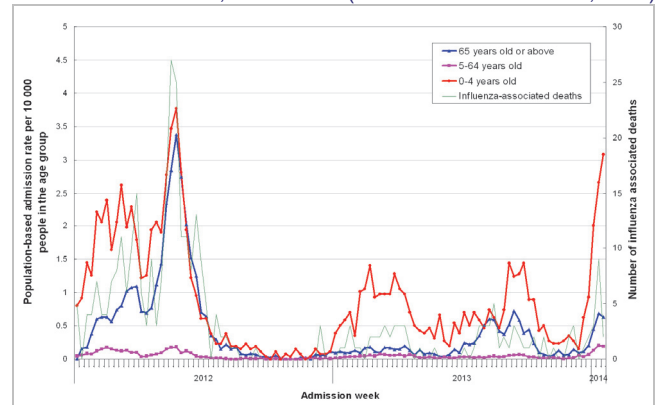


Figure 7 Influenza associated hospital admission rates and deaths, 2012-14

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

In week 3, 1.04% of children in the sentinel child care centres / kindergartens (CCC/ KG) had fever (Figure 8).

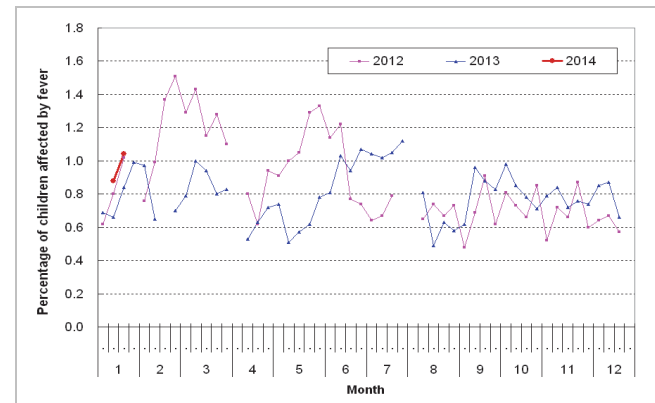


Figure 8 Percentage of children with fever at sentinel CCC/ KG, 2012-14

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

In week 3, 0.12% of residents in the sentinel residential care homes for the elderly (RCHEs) had fever (Figure 9).

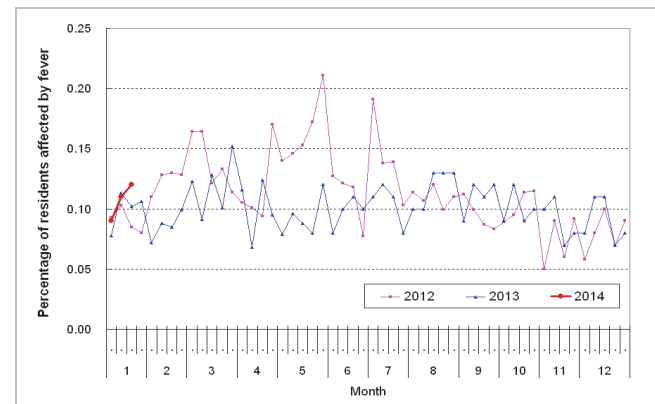


Figure 9 Percentage of residents with fever at sentinel RCHE, 2012-14

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

In week 3, the average consultation rate for ILI among Chinese medicine practitioners (CMPs) was 4.27 ILI cases per 1,000 consultations (Figure 10).

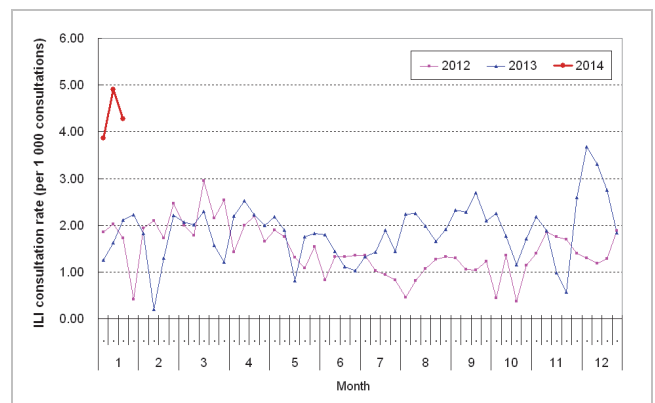


Figure 10 ILI consultation rate at sentinel CMP, 2012-14

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

- From Jan 15, 2014, 12:00 noon, to Jan 22, 2014, 12:00 noon, 15 cases of influenza associated ICU admission/death were recorded, in which 2 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 3, two cases of severe paediatric influenza-associated complication were reported. The first case was a 5-year-old boy who had developed pneumonia and was complicated with invasive pneumococcal disease. He passed away on Jan 17, 2014. The second case was a 17-year-old boy who had developed pneumonia and asthmatic attack. He is now in serious condition. Their nasopharyngeal aspirates were tested positive for influenza A(H1) and A(H3) respectively. In the first 4 days of week 4 (Jan 19 to 22, 2014), two cases of severe paediatric influenza-associated complication were reported. The first case was a 4-year-old girl who had developed pneumonia and was complicated with invasive pneumococcal disease. She is now in serious condition. Another case was a five-month-old girl who had developed severe influenza. She is now in critical condition. Their nasopharyngeal aspirates were tested positive for influenza A(H1) and A(H3) respectively.

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

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

- In week 3, there were two new reports of oseltamivir (Tamiflu) resistant influenza A(H1N1)pdm09 virus infection involving a 17-month-old boy and a 4-year old boy were reported. They had been discharged. The virus strains detected were sensitive to zanamivir (Relenza). In the first 4 days of week 4 (Jan 19 to 22, 2014), there were no new reports of oseltamivir (Tamiflu) resistant influenza A(H1N1)pdm09 virus infection. There are totally 41 reports of Tamiflu resistant influenza A(H1N1)pdm09 virus detected in Hong Kong since 2009.

## **Global Situation of Influenza Activity**

- In the United States (week ending Jan 11, 2014), the influenza activity remained high.
- In Canada (week ending Jan 11, 2014), the influenza activity continued to increase.
- In the United Kingdom (week ending Jan 12, 2014), the ILI consultation rate remained low.
- In Europe (week ending Jan 12, 2014), most countries continued to report low-intensity influenza activity, although with increasing trends .
- In Singapore (week ending Jan 18, 2014), the number of consultations for acute respiratory infections increased.

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](#).