## Volume 3, Number 19 (Published on Week 1, 3<sup>rd</sup> January 2014)

# **ICT TO NOTE:**

# Activation of Enhanced Surveillance for Severe Seasonal Influenza in Adults

CICO's Biweekly Update

- **Reporting period:** 3 January 28 February 2014
- **Reporting criteria:** Any patients of age 18 years or above, who required intensive care admission or died <u>AND</u> had any positive laboratory result of influenza infection.
- Action required:
- 1) Cases fulfilling the above reporting criteria should be reported to eFlu via CMS.
- 2) Access rights to eFlu have been granted to all doctors.
- ICU doctors for reporting cases in ICU and updating the patient's condition in eFlu while the patient is in ICU
- All doctors for reporting death cases in general ward

# Paediatric Invasive Pneumococcal Disease (IPD)

The Centre for Health Protection (CHP) has informed that Paediatric IPD has been included as one of the communicable diseases of topical public health concern with effect from 2 January 2014.

Please report any cases of Paediatric IPD fulfilling the reporting criteria to CHP Central Notification Office (CENO) through NDORS. The data sheet for clinical information can be downloaded for manual entry. Please click <u>here</u> for Communicable Disease Surveillance Case Definitions.

# Influenza A(H7N9) Infection

On 31 Dec 2013, the Centre for Health Protection (CHP) of the Department of Health (DH) have been notified of a confirmed human case of avian influenza A(H7N9) affecting an 86 year old man in Taiwan.

The patient, who lives in Jiangsu Province in Mainland China, travelled to Taiwan on 17 Dec. He had onset of symptoms including loss of appetite and chest discomfort since 19 Dec. Please click <u>here</u> for more information.

# Middle East Respiratory Syndrome Coronavirus (MERS-CoV)

As of 27<sup>th</sup> Dec 2013, the World Health Organization (WHO) has been informed of a total of 170 laboratoryconfirmed cases of infection with MERS-CoV since September 2012. Of whom 72 died and the case fatality was 42.35%

Countries	Cases	Deaths
France	2	1
Italy	1	0
Jordan	2	2
Kuwait	2	0
Oman	2	2
Qatar	9	6
Saudi Arabia	136	56
Tunisia	3	1
United Kingdom (UK)	3	2
United Arab Emirates (UAE)	10	2
Total	170	72



# Wishing you a happy and prosperous New Year ahead!

# WHAT'S NEW

# An imported case of Influenza A (H9N2) infection in HK

A human case of influenza A (H9N2) was confirmed on 30 Dec 2013. The case was directly transferred from Lo Wu Border Control Point to the Accident and Emergency Department of North District Hospital (NDH) and admitted into isolation ward on 28 Dec 2013. The patient is an 86-year-old man, a Hong Kong resident living with his daughter in Huangbeiling, Luohu, Shenzhen. He had low fever, chills and cough with sputum and was diagnosed with chest infection on admission. His sputum specimen on 28/12/2013 was H9N2 PCR positive. He was transferred to IDC, Princess Margaret Hospital on 30 December. The latest update on 2 Jan 2014 of his condition was stable with fever subsided. Investigations by the Centre for Health Protection (CHP) revealed that the patient had no recent poultry contact, consumption of undercooked poultry, or contact with patients. His home contact in Shenzhen has remained asymptomatic.

H9N2 is one of the avian influenza viruses (H5N1, H7N9, H9N2, H10N8) that can affect humans. This is the eighth case reported in Hong Kong since 1999. Four of them were local cases, 3 were imported cases and 1 was unclassified. Among the 8 H9N2 cases, 6 were females and 2 were males. Six of them were paediatric patients aged range from 0-5 years old. All of the H9N2 cases presented with mild illness in general and recovered after treatment.

On1 Jan 2014, the Chinese Center for Disease Control and Prevention reported a confirmed human H9N2 case in Hunan. The patient was a 7-year-old boy who presented with fever and running nose on 19/11/2013. He was recovered after treatment in hospital on 24/12/2013.

Influenza A (H9) is a statutory notifiable disease in Hong Kong. Any suspected case meeting the reporting criteria should be immediately reported to NDORS and notified to the Central Notification Office of CHP or <u>CENO On-line</u> and the Medical Control Officer (MCO) of DH at Pager: 7116 3300 call 9179.

# **UPCOMING EVENTS:**

# Workshop on infection control aspects in hospital reconstruction Date: 15 January 2014

**Organizer**: Infectious Disease Control Training Centre (IDCTC), Hospital Authority / Infection Control Branch (ICB), Centre for Health Protection (CHP) and Chief Infection Control Officer's (CICO) Office, Hospital Authority **Venue**: Lecture Theatre, G/F, Centre for Health Protection, 147C Argyle Street, Kowloon

### **Overseas speakers:**

Dr. Anucha Apisarnthanarak : Thammasat University Hospital, Thailand Ms. Linda Dickey : University of California Irvine Medical Center, USA Dr. Ling Moi Lin : Singapore General Hospital, Singapore

# CICO's Biweekly Update

#### Disclaimer: The information and contents are based on the analyses and interpretations of available information obtained from sources believed to be HOSPITAL INFECTION UPDATE reliable. CIC office will try to ensure their accuracy, completeness, timeliness or correctness, however, the information and contents are subject to change without notice

# **Respiratory viruses infection**

Data source: Five HA laboratories (PMH, PWH, QEH, QMH, TMH) Time frame covered (dd/mm/yyyy):

- 2013 Week 52 (22/12/2013-28/12/2013), 2014 Week 1 (up to 02/01/2014)
- Positive rate of influenza A has been increasing from 0.9% (2013 week 50) to 5.1% (2014 week 1) (figure 1);
- Positive rate of parainfluenza has been decreasing for six weeks to 3.1% in 2014 week 1;
- Positive rate of influenza B, RSV and adenovirus were at low level.

# **Circulating influenza A strain**

Data source: Virus Isolation and Serology Testing (Respiratory Pathogens) results, Virology Division, PHLC

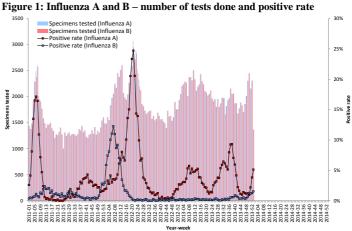
- Time frame covered (dd/mm/yyyy): 2013 Week 51 (16/12/2013-21/12/2013), 2013 Week 52
  - (23/12/2013-28/12/2013)
- In week 51 and 52, 55.4% of the typed isolates (97/175) were subtype H3 and the others were subtype H1. The proportion of subtype H1 isolates (among all the typed isolates) has been progressively increasing from 0% in week 43 to 48% in week 52. According to the experience in Hong Kong and other countries, if influenza A (H1N1) pdm09 is going to be the predominant strain of the coming flu season, greater impact is expected on the children without preexisting immunity.

# Norovirus virus infection

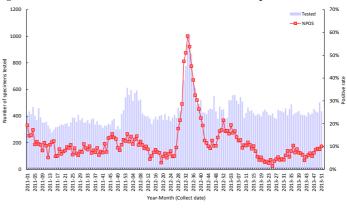
Data source: Cluster Reporting System

- Time frame covered (dd/mm/yyyy):
- Up to 2013 week 51 (15/12/2013-21/12/2013) . The positive rate has been increasing from 5.7 % in week 46 to 10.1% in week 51 (Figure 2).

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### Figure 2: Norovirus - number of RT-PCR tests done and positive rate



### Influenza activity in northern hemisphere

The influenza activity in Europe (including the UK), Taiwan and Japan, South Korea remains low. However, the flu season in North America (the US and Canada) has started since 2013 week 44 and the predominant strain is influenza A (H1N1) pdm09. In mainland China, the influenza activity in the southern provinces is at high level in recent weeks with influenza A (H3N2) as the predominant strain, while the flu season in the northern provinces is still at beginning stage with influenza A (H1N1) pdm09 as the predominant strain

# Seasonal Influenza Vaccination 2013/14 for HA Staff – Kowloon West Cluster (KWC)



The total number of HA staff received the seasonal influenza vaccination in 2011/12 and 2012/13 were 9775 (with uptake rate of 15.99%) and 12354 (with uptake rate of 19.24%) respectively. As of 30 Dec 2013, a total of 11188 HA staff (with uptake rate of 16.57%) have received the seasonal influenza vaccination.

Figure 3 shows the number of HA staff and vaccination uptake rate in HA Clusters during the 2011/12, 2012/13 and 2013/14 (up to Week 11) programmes.

From left to right: Dr. H C Ma, Hospital Chief Executive of CMC, Dr. W K To, Infection Control Officer of CMC & YCH, Dr. Y W Kwan, Associate Consultant (Paed&AM) of PMH



Figure 3: Number of HA staff who received seasonal influenza vaccination by cluster and profession in 2011/12, 2012/13 and 2013/14 (as at 30 Dec 2013)