

本署檔號 Our Ref. : (54) in DH SEB CD/8/27/1 Pt.19

25 June 2012

Dear Medical Superintendent,

**Extension of Enhanced Surveillance for Severe Seasonal Influenza**

I refer to the letter of 11 Jun, 2012 and thank you for your ongoing support to the enhanced surveillance for severe seasonal influenza. Since the surveillance was enhanced on 13 January, 2012, 289 cases (including 187 deaths) were recorded (as of 22 June, 2012). In accordance with the latest surveillance data, although the overall influenza activity has decreased from 1113 for the week ending 26 May to 571 for the week ending 16 June 2012, the influenza activity still remains at high level in Hong Kong with the number of influenza detections at 460 for the week ending 23 June, 2012.

In view of the sustained activity of the influenza, we would maintain our vigilance and extend the enhanced surveillance for severe seasonal influenza for two more weeks i.e. instead of ending on 28 June, 2012 and now ending on **12 July, 2012**. The case definition remains the same and the enhanced surveillance would be further extended if needs be. Please report patients who satisfy the following case definition to the Central Notification Office (CENO) of the Centre for Health Protection (CHP) (Fax number: 2477 2770) by fax of the completed form. Nil return is required.

**Case definition**

*Any patients of age 18 years or above who required intensive care admission or died AND had any positive laboratory result of influenza infection*



Please be reminded that this enhanced surveillance is in addition to the reporting of severe paediatric influenza-associated complication/death as a communicable disease of topical public health concern.

Thank you once again for your kind assistance.

Yours faithfully,

A handwritten signature in black ink, appearing to be 'Yonnie LAM', with a long horizontal stroke extending to the right.

(Dr. Yonnie LAM)  
for Controller, Centre for Health Protection  
Department of Health

Please fax your reply before 12 noon

**Reporting of Patients with Influenza Associated ICU Admission or Death  
(13 Jan – 12 Jul 2012)**

To: Director of Health

Fax No. : 2477 2770 (Central Notification Office)

Daily Reply Slip on \_\_\_\_\_ (Please insert date)  
from \_\_\_\_\_ (Name of institution)

1. The number of new cases reported to the Centre for Health Protection in the past 24 hours is: \_\_\_\_\_  
(For new cases, please complete appendix 2)
2. The total number of cases reported so far is: \_\_\_\_\_
3. The following patients' clinical conditions have changed (please use additional sheets if necessary):

Name	Sex	Age	Any Change of Condition with date (e.g. death or discharge)

**Contact person:**

Name: \_\_\_\_\_

Tel: \_\_\_\_\_

Position: \_\_\_\_\_

**Note 1**

For severe paediatric influenza-associated complication/death, please also report to Central Notification Office (Tel: 24772772) or call Medical Control Officer at 71163300 a/c 9179 if outside office hour.

**Note 2**

Please return even if no case is recorded.

**Appendix 2**

**Reporting of Patients with Influenza Associated Intensive Care Unit Admission and Death  
(New Cases)**

For patients with influenza associated with intensive care unit admission or death who are tested positive for Influenza, please fax this form to our Central Notification Office (2477-2770)

**Date:** \_\_\_\_\_

**Patient particulars**

Name in English (please affix patient's gum label if applicable)	
Name in Chinese	
Sex / Age	
HKID / Passport No.	
Patient / guardian contact phone number	
Date of admission	
Ward / Bed no.	

**Clinical information**

Onset date (please specify symptoms)	
Diagnosis	
Past health	
Obesity (please specify BMI if available)	
Influenza vaccination history	
Current condition of patient (Stable/satisfactory/serious/critical/fatal)	
Date of death (if applicable)	
Influenza test type	
Influenza test result	
Further laboratory test results	

**Attending Physician**

Name : \_\_\_\_\_ Tel : \_\_\_\_\_

**Contact Person**

Name : \_\_\_\_\_ Tel : \_\_\_\_\_  
Position \_\_\_\_\_ Hospital : \_\_\_\_\_

**Note**  
Appendix 1 should be faxed to CENO for any update on the information.