

本署檔號 Our Ref. : (69) in DH SEB CD/8/27/1 Pt.19

8 May, 2013

Dear Medical Superintendent,

Extension of Enhanced Surveillance for Severe Seasonal Influenza

I refer to the letter of 23 April, 2013 and thank you for your ongoing support to the enhanced surveillance for severe seasonal influenza. Since the surveillance was enhanced on 18 January, 2013, 68 cases (including 28 deaths) were recorded (as of 8 May, 2013). The latest surveillance data showed that the local influenza activity continues to decline but the number of influenza like illness (ILI) outbreaks remains stable. The weekly number of influenza detections at Public Health Laboratory Centre increased from 95 for the week ending 16 February, 2013 to a peak of 235 for the week ending 23 March, 2013, and the number of influenza detections was 108 for the week ending 4 May, 2013. The current circulating influenza viruses mainly included influenza A(H1N1)2009 (77.7%), influenza A(H3N2) (17.6%) and influenza B (4.6%). The weekly number of institutional ILI outbreaks has increased from 3 in the week ending 13 April, 2013 to 7 in the week ending 27 April, 2013, and the number of outbreaks was 4 in the week ending 4 May, 2013.

Although the local influenza activity has declined recently, we would maintain our vigilance and extend the enhanced surveillance for severe seasonal influenza for two more weeks i.e. instead of ending on 10 May, 2013 and now ending on **24 May, 2013**. The case definition remains the same. 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 (Appendix 1 and 2). Nil return is required.



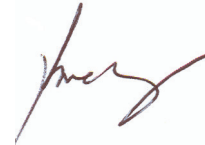
Case definition

Any patients of age 18 years or above, who required intensive care admission or died AND had any positive laboratory results 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 assistance.

Yours faithfully,

A handwritten signature in red ink, appearing to read 'SK CHUANG', is written over a light blue rectangular background.

(Dr. SK CHUANG)
for Controller, Centre for Health Protection
Department of Health

**Reporting of Patients with Influenza Associated ICU Admission or Death
(10 May – 24 May 2013)**

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: 2477 2772) or call Medical Control Officer at 71163300 a/c 9179 if outside office hour.

Note 2

Please return even if no case is recorded.

**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 : _____

Position: _____

Tel: _____

Hospital: _____

Note

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