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蘇美利小姐

蘇小姐 :

2009 年 12 月 14 日及 2010 年 1 月 11 日

立法會衛生事務委員會會議
人類豬型流感疫苗接種計劃

繼本局於 2010 年 2 月 11 日給你的信件，隨函附上醫院管理局在 2009 年 10 月 2 日就人類豬型流感最新情況發出的通訊(只備英文版)，以供參閱。

食物及衛生局局長

(張美兒

代行)

二零一零年二月二十六日

Summary of total cases confirmed in HK

Last week's summary (24th September 2009)
24,681

Total cases on 2nd October 2009
28,245

The number of cases for nH1N1 continues to rise and it is now **28,245**. Mortality and severe cases have also risen to *24 (0.08 %) and 113 (0.40%) respectively. It is still the lowest reported in the world.

* 1 from private

Data Scanning (vol. 3, 3rd issue: 2nd October 2009): Data reviewed on 2nd October.

- **The rapid viral scan for Influenza A has fallen to 37% this week and the number of positive result from PHLC also has a drop of 3.4%.** Furthermore the daily number positive cases in the last four days also decrease to 425 as compared to 642 the previous week. All this in a way is expected because from the 28th September, a new policy to limit HSI testing is implemented.
- However there are two data sets indicating that indeed the pandemic may be at the peak. In the 28th -30th September the daily attendance at the DFC is 1035 as compared to 1634 the previous week, while the number of school outbreaks (>3 ILIs) is 28/day as compared to 51/day the previous week. **These two data sets should not be affected by the new policy to limit testing and thus they indicate that the drop in cases might be a true reflection.** However it might be due to the holiday and we will continue to monitor the situation.
- Hospital admissions for Influenza are oscillating at the same level and the ILIs visits to the GP has risen 5% as compared to 20% last week. These are good indicators but again it might be affected by the holiday.

Conclusion: Rapid viral scan fell to 37% and there is a decrease in the daily number of positive HSI cases.

Other Issues – Comparing the actual severity of Pandemic and Seasonal Influenza in Hong Kong

Data from the clinical cases reported for both nH1N1 and H3N2 have been collected since July. The numbers are now large enough to provide a very reasonable comparison. The data is **up till 28th Sept 2009**

- **Serious/critical cases (S.C.):** In HA surveillance system, “critical” is for patients in a life-threatening condition while “serious” are those in an unstable condition and may deteriorate at any time.

	<u>Total cases (T)</u>	<u>S.C. Cases (n)</u>	<u>Mean age</u>	<u>M/F</u>	<u>+ underlying conditions</u>	<u>admit ICU</u>
HSI:	26,987	108 (0.4% of T)	42*	1.4	72 (67%)	72 (67%)
H3N2:	6,616	29 (0.4% of T)	67*	3.8	18 (62%)	22 (76%)

*No statistical differences are noted for all categories between the two groups except for age

As can be seen, **the severity of HSI and H3N2 is really similar** except that HSI will have more cases in the younger age group. This is also reported in many countries although their data is not as complete as HK. The WHO reported that 2-6% of cases will be severe enough to require hospital care (Weekly Epidemiol Rec 30, 2009: 84:301). **Thus our severity rate of 0.4% is extremely low.**

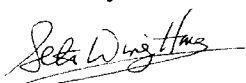
- **Mortality (M):**

	<u>Total cases (T)</u>	<u>M. Cases (n)</u>	<u>Mean age</u>	<u>M/F</u>	<u>+ underlying conditions</u>	<u>admit ICU</u>
HSI:	26,987	23 (0.09% of T)	55*	2.8	18 (78%)	16 (70%)
H3N2:	6,616	11 (0.16% of T)	75*	4.5	8 (73%)	5 (46%)

*No statistical differences are noted for all categories between the two groups except for age

The mortality worldwide is 0.4%. However, it is lower in cities where data collections are more thorough and in New York it is 0.2% and UK is 0.26% (Eurosurveillance Vol 14, issue 33, 14 August 2009). **Thus HK rate of 0.09% is rather low and with no difference noted between HSI and H3N2.**

Thank you and have a nice week.



WH Seto, CICO.