監測及流行病學處

衞生防護中心
Centre for Health Protection
保障市民健康
Protecting Hong Kong's health

Surveillance
And
Epidemiology
Branch

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30 April 2009

Dear Doctors,

Update on the Situation of Human Swine Influenza Infections

As the swine influenza situation has evolved rapidly, I would like to provide you the latest updates. The World Health Organisation (WHO) has raised the level of influenza pandemic alert to Phase 5 on 29 April 2009, indicating human-to-human spread of this novel virus into at least two countries in one WHO region. This is a strong signal that a pandemic is imminent. As of 29 April 2009, nine countries have officially reported 181 laboratory confirmed cases of swine influenza A/H1N1 infection, including United States (91, including one death), Mexico (49, including seven deaths), Canada (13), United Kingdom (5), Spain (4), New Zealand (13), Germany (3), Israel (2) and Austria (1).

The symptoms of swine flu in people are similar to the symptoms of regular human flu and include fever, cough, sore throat, body aches, headache, chills and fatigue. Some people have reported diarrhea and vomiting associated with swine flu. In the past, severe illness (pneumonia and respiratory failure) and deaths have been reported with swine flu infection in people. Like seasonal flu, swine flu may cause a worsening of underlying chronic medical conditions. According to the United States Centers for Disease Control and Prevention (USCDC), people with swine influenza virus infection should be considered potentially contagious as long as they are symptomatic and possible for up to 7 days following illness onset. Children, especially younger children, might potentially be contagious for longer periods. The estimated incubation period is unknown and may range from 1-7 days.

According to the *MMWR Dispatch* issued on 28 April 2009, of the 47 patients reported to USCDC with known ages, the median age was 16 years (range: 3 to 81 years), and 38 (81%) were aged <18 years; 51% of cases were in males. Of the 25 cases with known dates of illness onset, onset ranged from March 28 to April 25. Five patients are known to have been hospitalised. Of 14 patients with known travel histories, three had traveled to Mexico; 40 of 47 patients (85%) have not been linked to travel or to another

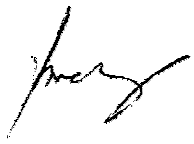
confirmed case.

Laboratory testing done at USCDC revealed that this swine influenza A/H1N1 virus contained a unique combination of gene segments that have not been reported previously among swine or human influenza viruses. The virus was found to be resistant to amantadine and rimantidine but sensitive to zanamivir and oseltamivir.

For laboratory diagnosis, as this novel swine influenza A (H1N1) virus is considerably distinct from the human influenza A (H1N1) virus, the clinical specimen from an infected swine flu patient is expected to yield a specific result pattern with the currently available molecular assays: positive for influenza A M gene and negative for H1 and H3 genes, hence referred to as unsubtypable influenza A. Genome sequencing, which usually takes 1 to 2 days, should be able to provide definitive diagnosis of the new strain, until a specific test for the virus is developed. Isolation of swine influenza A (H1N1) virus is also diagnostic of infection, but is expected to take up to a week.

For your information.

Yours sincerely,



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