Human infection with avian influenza A (H5) viruses

Human infection with avian influenza A (H5N1) virus
From 27 June to 3 July 2015, no new case of human infection with an avian influenza A (H5N1) virus was reported in Western Pacific Region.

From February 2003 to 01 May 2015, 237 cases of human infection with avian influenza A (H5N1) virus were reported from four countries within the Western Pacific Region (Table 1). Of these cases, 134 were fatal, resulting in a case fatality rate (CFR) of 57%.

Table 1: Cumulative number laboratory-confirmed human cases (C) and deaths (D) of influenza A (H5N1) virus infection reported to WHO (January 2003 to 1 May 2015), Western Pacific Region.

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</tbody>
</table>

From 2003 to 23 June 2015, there have been 842 cases of human infection with avian influenza A (H5N1) virus reported from 16 countries worldwide. Of these cases, 447 were fatal, resulting in a CFR of 53%.

Human infection with avian influenza A (H5N6) virus
Since May 2014, three human cases of influenza A (H5N6) have been reported globally. All three cases were reported by China, with the last case reported on 9 February 2015.

Public health risk assessment for human infection with avian influenza A (H5) viruses
Whenever avian influenza viruses are circulating in poultry, sporadic infections and small clusters of human cases are possible in people exposed to infected poultry or contaminated environments, therefore sporadic human cases would not be unexpected.

With the rapid spread and magnitude of avian influenza outbreaks due to existing and new influenza A(H5) viruses in poultry in areas that have not experienced this disease in animals recently, there is a need for increased vigilance in the animal and public health sectors. Community awareness of the potential dangers for human health are essential to prevent infection in humans. Surveillance should be enhanced to detect human infections if they occur and to detect early changes in transmissibility and infectivity of the viruses. For more information on confirmed cases of human infection with avian influenza A (H5) virus reported to WHO, visit:


For more information on risk assessment on influenza at the Human-Animal interface, visit:

http://www.who.int/entity/influenza/human_animal_interface/Influenza_Summary_IRA_HA_interface_23_June_2015.pdf?ua=1
Human infection with avian influenza A (H7N9) virus in China

On 12 June 2015, the National Health and Family Planning Commission (NHFPC) of China notified WHO of 15 additional laboratory-confirmed cases of human infection with avian influenza A (H7N9) virus, including three (3) deaths. Onset dates ranged from 19 April to 22 May 2015. Cases ranged in age from 3 to 77 years with a mean age of 48 years. Of these 15 cases, 8 (53 %) were male. Every case reported exposure to poultry related environment. No clusters were reported. Cases were reported from seven provinces and municipalities: Anhui (4), Beijing (1), Fujian (1), Hubei (1), Jiangsu (3), Jiangxi (1), and Zhejiang (4).

WHO is assessing the epidemiological situation and conducting further risk assessment based on the latest information. Overall, the public health risk from avian influenza A (H7N9) viruses has not changed. Comparing with previous two months, the infection case number is decreasing and no new infected province was reported. Further sporadic human cases of avian influenza A (H7N9) infection are expected in affected and possibly neighbouring areas. Should human cases from affected areas travel internationally, their infection may be detected in another country during or after arrival. If this were to occur, community level spread is considered unlikely as the virus does not have the ability to transmit easily among humans


Public health risk assessment for avian influenza A(H7N9) viruses

On 23 February 2015, WHO conducted a public health risk assessment for avian influenza A(H7N9). This assessment found the overall public health risk from avian influenza A(H7N9) viruses has not changed since the previous assessment, published on 2 October 2014. To date, there has been no evidence of sustained human-to-human transmission of avian influenza A (H7N9) virus.

For more information on human infection with avian influenza A (H7N9) virus reported to WHO, visit:


For more information on risk assessment on avian influenza A(H7N9) virus, visit:


Animal infection with avian influenza

From 27 June to 3 July 2015, in the Western Pacific Region, there was no animal infection with avian influenza. For more information on animal infection with avian influenza viruses with potential public health impact, visit:

- World Organization of Animal Health (OIE) web page:
  http://www.oie.int/animal-health-in-the-world/web-portal-on-avian-influenza/ and

- Food and Agriculture Organization of the UN (FAO) webpage: Avian Influenza:

- OFFLU:
  http://www.offlu.net/

- EMPRES:
**Latest information on human seasonal influenza**

*For the latest information on the seasonal influenza situation in the Western Pacific Region, visit:*

http://www.wpro.who.int/emerging_diseases/Influenza/en/index.html

*For latest information on the global seasonal influenza situation, visit:*

- **Epidemiology:**
  http://www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillance

- **Virology:**
  http://www.who.int/influenza/gisrs_laboratory/updates/summaryreport

**Other updates**

*Influenza at the human-animal interface — Summary and assessment as of 1 May 2015*

http://www.who.int/influenza/human_animal_interface/Influenza_Summary_IRA_HA_interface_1_May_2015.pdf?ua=1

*WHO Risk Assessment of human infection with avian influenza A(H7N9) virus*

23 February 2015 posted on WHO website

http://www.who.int/influenza/human_animal_interface/influenza_h7n9/RiskAssessment_H7N9_23Feb2015.pdf?ua=1