Human infection with avian influenza A (H5) viruses

Human infection with avian influenza A(H5N1) virus
From 5 to 11 February 2016, no new cases of human infection with avian influenza A(H5N1) virus were reported to WHO in the Western Pacific Region.

From February 2003 to 11 February 2016, 238 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 56%.

Table 1: Cumulative number laboratory-confirmed human cases (C) and deaths (D) of influenza A(H5N1) virus infection reported to WHO (January 2003 to 20 January 2016), Western Pacific Region.

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<td>Cambodia</td>
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<td>China</td>
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<td>4</td>
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<td>Total</td>
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<td>4</td>
<td>9</td>
<td>9</td>
<td>6</td>
<td>30</td>
<td>17</td>
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From February 2003 to 20 January 2016, there have been 846 cases of human infection with avian influenza A(H5N1) virus reported from 16 countries worldwide. Of these cases, 449 were fatal, resulting in a CFR of 53.1%.

Human infection with avian influenza A (H5N6) virus
From 5 to 11 February 2016, no new cases of human infection with avian influenza A(H5N6) virus were reported on the Disease Outbreak News. The last case was reported on 26 January 2016. Since May 2014, nine human cases of influenza A(H5N6) have been reported and all nine of these were reported from China.

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 is 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:

Human infection with avian influenza A (H7N9) virus in China

From 5 to 11 February 2016, 28 new cases of human infection with avian influenza A (H7N9) virus from the Western Pacific Region were reported. The last case was reported 5 February 2016. Onset dates ranged from 21 December 2015 to 25 January 2016. Cases ranged in age from 14 to 91 years, with a median age of 58 years. Of these 28 cases, 18 (64%) were male. The majority (25 cases, 89%) reported exposure to live poultry or live poultry markets; the exposure history of three cases is unknown or no clear exposure to poultry. No clusters were reported. Cases were reported from six provinces and municipalities: Zhejiang (13), Jiangsu (5), Guangdong (4), Fujian (3), Shanghai (2) and Hunan (1). See attachment for individual case information.


WHO is continuing to assess the epidemiological situation and will conduct further risk assessments with new information. Overall, the public health risk from avian influenza A (H7N9) viruses has not changed.

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:


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

Animal infection with avian influenza

From 5 to 11 February 2016, there were no new animal outbreaks with avian influenza virus were reported in the Western Pacific Region.

For more information on animal infection with avian influenza viruses with potential public health impact, visit:
- World Organization of Animal Health (OIE) web page:
- 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 20 January 2016
http://www.who.int/influenza/human_animal_interface/Influenza_Summary_IRA_HA_interface_20_Jan_2016.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

WHO Recommended composition of influenza virus vaccines for use in the 2016 southern hemisphere influenza season—24 September 2015

Antigenic and genetic characteristics of zoonotic influenza viruses and candidate vaccine viruses developed for potential use in human vaccines—24 September 2015
http://www.who.int/influenza/vaccines/virus/characteristics_virus_vaccines/en/

H7N9 situation update (FAO) —18 January 2016