Human infection with avian influenza A (H5) viruses

Human infection with avian influenza A (H5N1) virus
From 18 to 24 March 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 24 March 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%.

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From February 2003 to 25 February 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 18 to 24 March 2016, one (1) new case of human infection with avian influenza A (H5N6) virus from China was reported on the Disease Outbreak News. The case is a 40-year-old female from Guangdong Province. Date of illness onset was on 20 February 2016 and was in critical condition at the time of report. Since May 2014, a total of ten laboratory confirmed cases of human infection with influenza A (H5N6) have been reported and all cases 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: [http://www.who.int/influenza/human_animal_interface/en/](http://www.who.int/influenza/human_animal_interface/en/)

Human infection with avian influenza A (H7N9) virus in China
From 17 to 24 March 2016, 29 new cases of human infection with avian influenza A (H7N9) virus from mainland China were reported on the Disease Outbreak News. The cases were reported in the provinces of Zhejiang (7), Hunan (7), Jiangsu (6), Guangdong (4), Fujian (3) and Shanghai (2). The median age of the patients is 57 years old (ranging from 21 to 78 years old). Of these 29 cases, 22(76%) were male. Three family
clusters were reported and none of the 29 cases were health care workers. Twenty-four cases (83%) reported a history of exposure to live poultry, slaughtered poultry, or live poultry markets. Date of illness onset ranged from 17 January to 19 February 2016. As of 23 March 2016, 11 of the 29 cases died.


On 19 March 2016, the Department of Health, Hong Kong Special Administrative Region reported one (1) new case of human infection with avian influenza A(H7N9). The case is an 81-year-old female with underlying illness and recent travel history to Guangdong Province, China. Her date of illness onset was 10 March 2016 and she has a history of exposure to slaughtered poultry. The case was in a stable condition at the time of report.

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. Human infections with the A(H7N9) virus are unusual and need to be monitored closely in order to identify changes in the virus and/or its transmission behaviour to humans as it may have a serious public health impact.

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 18 to 24 March 2016, there was no new animal outbreak with avian influenza virus 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/
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 25 February 2016
http://www.who.int/influenza/human_animal_interface/Influenza_Summary_IRA_HA_interface_25_02_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_23Feb20115.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—25 February 2016
http://www.who.int/influenza/vaccines/virus/characteristics_virus_vaccines/en/

H7N9 situation update (FAO) —15 March 2016