Human infection with avian influenza A(H5) viruses

Human infection with avian influenza A(H5N1) virus

Between 1 and 7 December 2017, no new cases of human infection with avian influenza A(H5N1) virus were reported to WHO in the Western Pacific Region.

As of 7 December 2017, a total of 238 cases of human infection with avian influenza A(H5N1) virus were reported from four countries within the Western Pacific Region since January 2003 (Table 1). Of these cases, 134 were fatal, resulting in a case fatality rate (CFR) of 56%. The last case was reported from Indonesia on 26 September 2017.

Globally, from January 2003 to 27 September 2017, there were 860 cases of human infection with avian influenza A(H5N1) virus reported from 16 countries worldwide. Of these 860 cases, 454 were fatal (CFR of 52.8%). The last case was reported from Indonesia on 26 September 2017.

(Source: http://www.who.int/influenza/human_animal_interface/HAI_Risk_Assessment/en/)

Human infection with avian influenza A(H5N6) virus

Between 1 and 7 December 2017, no new cases of human infection with avian influenza A(H5N6) virus were reported to WHO in the Western Pacific Region. The onset date of the last reported case was 7 November 2017. To date, a total of 17 laboratory-confirmed cases of human infection with influenza A(H5N6) virus, including six deaths, have been reported to WHO from China since 2014.

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 are not unexpected.

With continued incidence of avian influenza due to existing and new influenza A(H5) viruses in poultry, there is a need to remain vigilant 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 continued to detect human cases and 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/

For information on monthly risk assessments on Avian Influenza, visit: http://www.who.int/influenza/human_animal_interface/HAI_Risk_Assessment/en/
Human infection with avian influenza A(H7N9) virus in China

Between 1 and 7 December 2017, one case of human infection with avian influenza A(H7N9) virus in China was reported to WHO in the Western Pacific Region. The case is a 64-year-old male from Yunnan Province, China. The date of illness onset was 21 November 2017. This is the first reported case of the 6th epidemic wave. As of 7 December 2017, a total of 1,565 laboratory-confirmed human infections with avian influenza A(H7N9) virus, including 40 two to three person clusters, have been reported to WHO since early 2013.

Between 1 and 7 December 2017, China CDC has not reported any additional human cases with highly pathogenic avian influenza (HPAI) A(H7N9) virus, which have mutations in the hemagglutinin gene indicating a change to high pathogenicity in poultry. The total number of human cases with HPAI A(H7N9) virus during 5th wave remains at 28. These 28 cases were from Guangdong, Guangxi, Hebei, Hunan, Shaanxi and Taiwan with illness onset date before July 2017. No increased transmissibility or virulence to human cases has been detected related to the HPAI A(H7N9) virus.


WHO is continuing to assess the epidemiological situation and will conduct further risk assessments as new information becomes available. The number and geographical distribution of human infections with avian influenza A(H7N9) viruses in the fifth epidemic wave (since October 2016) is greater than previous waves.

Further sporadic human cases of avian influenza A(H7N9) virus 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. However, if this were to occur, community level spread is considered unlikely as the virus does not have the ability to transmit easily among humans.

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 transmission behaviour to humans as this may have serious public health impacts.

For more information on human infection with avian influenza A (H7N9) virus reported to WHO: http://www.who.int/influenza/human_animal_interface/influenza_h7n9/en/

Human infection with avian influenza A(H9N2) in China

Between 1 and 7 December 2017, one case of human infection with avian influenza A(H9N2) virus in China was reported to WHO in the Western Pacific Region. The case is a 20-month-old girl from Hunan, China. The case had mild symptoms with a date of illness onset on 27 November 2017. This is the 5th human case of avian influenza A(H9N2) to be reported from China to WHO in 2017.

Animal infection with avian influenza virus

Between 1 and 7 December 2017, one wild bird case of avian influenza A(H5N6) in Taiwan, China was notified to OIE. On 1 December 2017, one black-faced spoonbill was found dead and tested positive for influenza A(H5N6) on 5 December. The government have launched active surveillance over three categories of higher risk poultry farms: poultry farms located within a three kilometer radius of wetlands nationwide; outdoor feeding duck farms; and native chicken farms.
For more information on animal infection with avian influenza viruses with potential public health impact, visit:

- World Organization of Animal Health (OIE) web page:


- OFFLU: [http://www.offlu.net/](http://www.offlu.net/)


### Other updates

**WHO Risk Assessment of human infection with avian influenza A virus. 30 October 2017**

**Recommended composition of influenza virus vaccines for use in the 2018 southern hemisphere influenza season. 28 September 2017**

**Recommended composition of influenza virus vaccines for use in the 2017-2018 northern hemisphere influenza season. 2 March 2017**

**Antigenic and genetic characteristics of zoonotic influenza viruses and candidate vaccine viruses developed for potential use in human vaccines. 28 September 2017**

**H7N9 situation update (FAO). 24 November 2017**

**TIPRA Frequently Asked Questions. March 2017**