Human infection with avian influenza A(H5) viruses

Human infection with avian influenza A(H5N1) virus
Between 19 January 2018 and 25 January 2018, no new cases of human infection with avian influenza A(H5N1) virus were reported to WHO in the Western Pacific Region.

As of 25 January 2018, 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 China and its onset date was 27 December 2015 (1 case, no death).

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambodia</td>
<td>10</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>3</td>
<td>3</td>
<td>26</td>
<td>14</td>
<td>9</td>
</tr>
<tr>
<td>China</td>
<td>40</td>
<td>26</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Lao PDR</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>119</td>
<td>59</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>171</td>
<td>95</td>
<td>9</td>
<td>9</td>
<td>6</td>
<td>30</td>
<td>17</td>
<td>13</td>
<td>6</td>
</tr>
</tbody>
</table>

Globally, from January 2003 to 7 December 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 19 January 2018 and 25 January 2018, no new cases of human infection with avian influenza A(H5N6) virus were reported to WHO in the Western Pacific Region. To date, a total of 19 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:
Human infection with avian influenza A(H7N9) virus in China

Between 19 January 2018 and 25 January 2018, no new cases of human infection with avian influenza A(H7N9) virus were reported to WHO in the Western Pacific Region. Between 12 January 2018 and 18 January 2018, one laboratory-confirmed case of human infection with avian influenza A(H7N9) virus was reported to WHO in the Western Pacific Region on 12 January 2018. As of 25 January 2018, a total of 1,566 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 19 January 2018 and 25 January 2018, 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 the 5th wave remains at 31. These 31 cases were from Fujian, Guangdong, Guangxi, Hebei, Henan, Hunan, Shaanxi, and Taiwan (the case had travel history to Guangdong). Since October 2017, there has been one case of human infection with HPAI A(H7N9) virus, in a person from Yunnan. No increased transmissibility or virulence of the virus within 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:

Human infection with avian influenza A(H9N2) in China

Between 19 January 2018 and 25 January 2018, no new cases of human infection with avian influenza A(H9N2) virus were reported to WHO in the Western Pacific Region. The onset date of the last reported case was 27 November 2017. There have been five human cases of avian influenza A(H9N2) reported from China to WHO in 2017.
Animal infection with avian influenza virus

Between 19 January and 25 January 2018, one wild bird case and six outbreaks of avian influenza were reported in Japan, and Taiwan, China.

Highly pathogenic avian influenza A(H5N6) virus infection in wild bird in Japan
On 22 January 2018, a case of avian influenza A(H5N6) in wild bird in Tokyo Province, Japan was notified to OIE.

Highly pathogenic avian influenza A(H5N2) virus infection in poultry and slaughterhouse in Taiwan, China
On 23 January 2018, six outbreaks of avian influenza A(H5N2) in five poultry farms and one slaughterhouse in Changhua county, Chiayi county, Pingtung county, and Taipei city, Taiwan, China were notified to OIE. Among 46,378 susceptible birds, 15,692 died and the rest have been culled.

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/wahis_2/public/wahid.php/Diseaseinformation/WI
- Food and Agriculture Organization of the UN (FAO) webpage: Avian Influenza:
- OFFLU: http://www.offlu.net/

Other updates

WHO Risk Assessment of human infection with avian influenza A virus. 7 December 2017
http://www.who.int/influenza/human_animal_interface/Influenza_Summary_IRA_HA_interface_12_07_2017.pdf?ua=1

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
http://www.who.int/influenza/vaccines/virus/characteristics_virus_vaccines/en/

H7N9 situation update (FAO). 24 January 2017

TIPRA Frequently Asked Questions. March 2017