Human infection with avian influenza A(H5N1) virus

Between 23 and 29 March 2018, no new cases of human infection with avian influenza A(H5N1) virus were reported to WHO in the Western Pacific Region.

As of 29 March 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, with onset date of 27 December 2015 (1 case, no death).

Table 1: Cumulative number laboratory-confirmed human cases (C) and deaths (D) of influenza A(H5N1) virus infection reported to WHO, by date of onset (January 2003 to 2 March 2018), Western Pacific Region.

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<tbody>
<tr>
<td></td>
<td>C</td>
<td>D</td>
<td>C</td>
<td>D</td>
<td>C</td>
<td>D</td>
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<tr>
<td>Cambodia</td>
<td>9</td>
<td>7</td>
<td>47</td>
<td>30</td>
<td>0</td>
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<tr>
<td>China</td>
<td>38</td>
<td>25</td>
<td>9</td>
<td>5</td>
<td>6</td>
<td>1</td>
<td>0</td>
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<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>
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<tr>
<td>Viet Nam</td>
<td>112</td>
<td>57</td>
<td>15</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Total</td>
<td>161</td>
<td>91</td>
<td>71</td>
<td>42</td>
<td>6</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Globally, from January 2003 to 2 March 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 53%). The last case was reported from Indonesia on 26 September 2017. (Source: http://www.who.int/influenza/human_animal_interface/H5N1_cumulative_table_archives/en/ http://www.who.int/influenza/human_animal_interface/HAI_Risk_Assessment/en/)

Human infection with avian influenza A(H5N6) virus

Between 23 and 29 March 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, there is a risk for sporadic infection and small clusters of human cases due to exposure 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(H7N4) virus in China

Between 23 and 29 March 2018, no new cases of human infection with avian influenza A(H7N4) virus were reported to WHO in the Western Pacific Region. To date, only one laboratory-confirmed case of human infection with influenza A(H7N4) virus has been reported to WHO. This case was reported from China on 14 February 2018.


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

As of 29 March 2018, a total of 1,567 laboratory-confirmed human infections with avian influenza A(H7N9) virus have been reported to WHO since early 2013, including 40 instances of 2-3 person clusters.

Between 23 and 29 March 2018, no new human cases with highly pathogenic avian influenza (HPAI) A(H7N9) virus have been reported by the China CDC. A total of 32 human cases of HPAI A(H7N9) virus were reported during the 5th wave. These 32 cases were from Fujian, Guangdong, Guangxi, Hebei, Henan, Hunan, Shaanxi, Taiwan, China (the case had travel history to Guangdong), and 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 is 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 23 and 29 March 2018, no new cases of human infection with avian influenza A(H9N2) virus were reported to WHO in the Western Pacific Region. There have been three human cases of avian influenza A(H9N2) reported from China to WHO in 2018, and a total of 17 cases of human infection with avian influenza A(H9N2) in China have been reported since December 2015.
Animal infection with avian influenza virus

Between 23 and 29 March 2018, outbreaks of avian influenza were reported in Cambodia and Japan.

Highly pathogenic avian influenza A(H5N1) virus infection in poultry in Cambodia

On 28 March 2018, an outbreaks of avian influenza A(H5N1) among poultry in a farm in Siem Reap province, Cambodia were notified to OIE. Among 200 susceptible birds, 23 died and the rest have been culled.


Highly pathogenic avian influenza A(H5N6) virus infection in crows in Japan

On 18 March 2018, 23 crows of avian influenza A(H5N6) in Hyogo prefecture, Japan were notified to OIE. All 23 crows were found dead.


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. 2 March 2018
http://www.who.int/influenza/human_animal_interface/Influenza_Summary_IRA_HA_interface_02_03_2018.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. 22 February 2018
http://www.who.int/influenza/vaccines/virus/characteristics_virus_vaccines/en/

H7N9 situation update (FAO). 28 March 2018

TIPRA Frequently Asked Questions. March 2017