

Between 13 and 19 January, 109 additional human infections with avian influenza A(H7N9) virus from China, including Hong Kong Special Administrative Region (SAR) and Macao SAR, were published in Disease Outbreak News. (source: <http://www.who.int/csr/don/17-january-2017-ah7n9-china/en/>, <http://www.who.int/csr/don/18-january-2017-ah7n9-china/en/>). A total of 918 laboratory-confirmed human infections with avian influenza A(H7N9) virus were reported to WHO between early 2013 and 12 January 2017. Details of cases during this reporting period are described below.

On 5 January 2017, the Department of Health, Hong Kong SAR notified WHO of a case of human infection with avian influenza A(H7N9) virus. The case was a 62-year-old man with underlying illnesses, who travelled to Guangzhou, Guangdong on 15 December 2016. He developed influenza-like symptoms on 1 January 2017 in Guangzhou. He was admitted to a hospital in Dongguan on 2 January, but returned to Hong Kong SAR on 3 January, where he was admitted to hospital on 4 January for further treatment. He died on 6 January. His respiratory samples tested positive for H7N9 virus on 5 January. The patient reported no recent exposure to poultry or live poultry markets.

On 9 January 2017, NHFPC notified WHO of 106 additional laboratory-confirmed cases of human infection with avian influenza A(H7N9) virus. Onset dates ranged from 22 November to 29 December 2016. Of these 106 cases, 36 were female. The median age was 54 years (range 23 to 91 years). The cases were reported from Jiangsu (52), Zhejiang (21), Anhui (14), Guangdong (14), Shanghai (2), Fujian (2) and Hunan (1). At the time of notification, there were 35 deaths and 57 severe cases. Eighty of the cases are reported to have had exposure to poultry or a live poultry market. There were two clusters reported: one family cluster (father and daughter in Jiangsu) and one healthcare facility cluster (two patients in the same ward in Anhui). Human-to-human transmission within the cluster cannot be ruled out.

On 11 January 2017, the Department of Health, Hong Kong SAR reported human infection with avian influenza A(H7N9) in a 10-year-old boy. He developed symptoms on 8 January and was admitted to the hospital on 9 January. He was confirmed positive for avian influenza A(H7N9) virus on 11 January. The patient reported indirect exposure to backyard chickens in Guangdong between 31 December 2016 and 3 January 2017.

On 12 January 2017, the Health Bureau, Macao SAR reported a human infection with avian influenza A(H7N9) in a 72-year-old female. The case resides in Zhongshan, Guangdong, a city close to Macao SAR. She had exposure live poultry. On 8 January 2017, she developed symptoms and was admitted to a hospital in Zhongshan. She left the hospital in Zhongshan on 9 January and travelled to Macao SAR where she was admitted to the government hospital on 10 January with the diagnosis of pneumonia. Specimens collected on 10 January tested positive for avian influenza A(H7N9) on 12 January.

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) 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. 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) virus

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:

http://www.who.int/influenza/human_animal_interface/influenza_h7n9/en/

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

http://www.who.int/influenza/human_animal_interface/influenza_h7n9/RiskAssessment_H7N9_23Feb20115.pdf