

Human infection with avian influenza A(H5) viruses

Human infection with avian influenza A(H5N1) virus

Between 31 August and 6 September 2018, **no new cases** of human infection with avian influenza A(H5N1) virus were reported to WHO in the Western Pacific Region.

As of 6 September 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 an 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.

Country	2003-2009		2010-2014		2015		2016		2017		2018		Total	
	C	D	C	D	C	D	C	D	C	D	C	D	C	D
Cambodia	9	7	47	30	0	0	0	0	0	0	0	0	56	37
China	38	25	9	5	6	1	0	0	0	0	0	0	53	31
Lao PDR	2	2	0	0	0	0	0	0	0	0	0	0	2	2
Viet Nam	112	57	15	7	0	0	0	0	0	0	0	0	127	64
Total	161	91	71	42	6	1	0	0	0	0	0	0	238	134

Globally, from January 2003 to 20 July 2018, 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](#))

Human infection with avian influenza A(H5N6) virus

Between 31 August and 6 September 2018, **no new case** of human infection with avian influenza A(H5N6) virus was reported to WHO in the Western Pacific Region. To date, a total of 20 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 31 August and 6 September 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

Between 31 August and 6 September 2018, **no new cases** of human infection with avian influenza A(H7N9) virus were reported to WHO in the Western Pacific Region. As of 6 September 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. Included in this total are 32 human cases of HPAI A(H7N9) virus all reported during the 5th wave (1 October 2016 to 30 September 2017). 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 ([source](#)).

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 (1 October 2016 to 30 September 2017) was greater than previous waves and the subsequent sixth wave (1 October 2017 to present).

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:

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

Human infection with avian influenza A(H9N2) in China

Between 31 August and 6 September 2018, **no new case** of human infection with avian influenza A(H9N2) virus was reported to WHO in the Western Pacific Region. There have been four human cases of avian influenza A(H9N2) reported from China to WHO in 2018, and a total of 20 cases of human infection with avian influenza A(H9N2) in China have been reported since December 2013.

Animal infection with avian influenza virus

Between 31 August and 6 September 2018, six outbreaks of avian influenza were reported to OIE from the Western Pacific Region.

Highly Pathogenic Avian Influenza Virus A(H5N1), Cambodia

On 31 August 2018, one outbreak of highly pathogenic avian influenza A(H5N1) from Trorpang Sangker, Srrollob, Thoung Khmum, Kg. Cham was reported by OIE. Of 378 susceptible poultry, 318 deaths were reported and the remaining culled. ([Source](#))

Highly Pathogenic Avian Influenza Virus A(H5N1), Malaysia

On 2 September 2018, three outbreaks of highly pathogenic avian influenza A(H5N1) from three localities in Tuaran district, Sabah were reported by OIE. Of 770 susceptible poultry, no deaths were reported but susceptible poultry was culled. ([Source](#))

Highly Pathogenic Avian Influenza Virus A(H5N2), Chinese Taipei

On 5 September 2018, two outbreaks of highly pathogenic avian influenza A(H5N2) from Gangshan District, Kaohsiung City and Taixi Township, Yunlin County were reported by OIE. Of 30,331 susceptible poultry, 6380 deaths were reported and the remaining culled. ([Source](#))

For more information on animal infection with avian influenza viruses with potential public health impact, visit:

- [World Organization of Animal Health \(OIE\) web page: Weekly disease information and Latest report on Avian Influenza](#)
- [Food and Agriculture Organization of the UN \(FAO\) webpage: Avian Influenza](#)
- [OFFLU: Animal Influenza](#)
- [Emergency Prevention System for Transboundary Animal and Plant Pests and Diseases \(EMPRES\)](#)

Other updates

- [WHO Risk Assessment of human infection with avian influenza A virus](#). 2 March 2018
- [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 2018-2019 northern hemisphere influenza season](#). 22 February 2018
- [Antigenic and genetic characteristics of zoonotic influenza viruses and candidate vaccine viruses developed for potential use in human vaccines](#). 22 February 2018
- [H7N9 situation update \(FAO\)](#). 3 May 2018
- [TIPRA Frequently Asked Questions](#). March 2017