Human infection with avian influenza A(H5) viruses

Human infection with avian influenza A(H5N1) virus
Between 8 and 14 January 2021, no new cases of human infection with avian influenza A(H5N1) virus were reported to WHO in the Western Pacific Region.

As of 14 January 2021, a total of 239 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 Lao PDR, with an onset date of 13 October 2020 (one case, no death).

Table 1: Cumulative number of laboratory-confirmed human cases (C) and deaths (D) of influenza A(H5N1) virus infection reported to WHO, by date of onset (January 2003 to 14 January 2021), Western Pacific Region.

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<td></td>
<td>C</td>
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<tr>
<td>Cambodia</td>
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<td>47</td>
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<tr>
<td>China</td>
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<td>25</td>
<td>9</td>
<td>5</td>
<td>6</td>
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<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>
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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>
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Globally, from January 2003 to 14 January 2021, there were 862 cases of human infection with avian influenza A(H5N1) virus reported from 17 countries. Of these 862 cases, 455 were fatal (CFR of 53%). The last case was reported from Lao PDR on 13 October 2020 (source).

Human infection with avian influenza A(H5N6) virus
Between 8 and 14 January 2021, 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 27 laboratory-confirmed cases of human infection with influenza A(H5N6) virus 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/](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/](http://www.who.int/influenza/human_animal_interface/HAI_Risk_Assessment/en/)
Human infection with avian influenza A(H7N4) virus in China

Between 8 and 14 January 2021, 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 8 and 14 January 2021, no new cases of human infection with avian influenza A(H7N9) virus were reported to WHO in the Western Pacific Region. As of 14 January 2021, a total of 1,568 laboratory-confirmed human infections with avian influenza A(H7N9) virus have been reported to WHO since early 2013. Among them, 33 cases were infected with HPAI A(H7N9) virus, which have mutations in the hemagglutinin gene indicating a change to high pathogenicity in poultry. These 33 cases were from Taiwan, China (the case had travel history to Guangdong), Guangxi, Guangdong, Hunan, Shaanxi, Hebei, Henan, Fujian, Yunnan, Inner Mongolia. 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 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: http://www.who.int/influenza/human_animal_interface/influenza_h7n9/en/

Human infection with avian influenza A(H9N2) in China

Between 8 and 14 January 2021, no new cases of human infection with avian influenza A(H9N2) virus were reported in the Western Pacific Region. A total of 42 cases of human infection with avian influenza A(H9N2) in China have been reported since December 2015.
Animal infection with avian influenza virus
Between 8 and 14 January 2021, thirty new outbreaks of avian influenza were reported to OIE from the Western Pacific Region.

Highly pathogenic avian influenza virus A(H5N8) in Republic of Korea
On 12 January, nine new outbreaks of highly pathogenic avian influenza A(H5N8) among poultry were reported to OIE from the Republic of Korea. The outbreaks occurred in Chungcheongnam, Sejong, Jeollabuk, Chungcheongbuk, Jeollanam, Gyeongsangnam, and Gyeonggi. Among 666,700 susceptible birds, there were 648 cases including 648 deaths and the remaining 666,052 birds were culled (Source).

Also on 12 January, eleven new outbreaks of highly pathogenic avian influenza A(H5N8) among wild birds were reported to OIE from the Republic of Korea. The birds were identified in Chungcheongbuk, Jeollanam, Seoul, Gyeongsangnam, Busan, and Daegu. There were 11 birds identified and all died (Source).

Highly pathogenic avian influenza virus A(H5N5) in Taiwan, China
On 13 January, three new outbreaks of highly pathogenic avian influenza A(H5N5) among poultry were reported to OIE from Taiwan, China. The poultry outbreaks were reported from Pingtung and Yunlin Counties. Among 10,141 susceptible poultry, there were 293 cases including 293 deaths, and the remaining 9,848 poultry were culled (Source).

Highly pathogenic avian influenza virus A(H5N8) in Hong Kong SAR, China
On 14 January, one new outbreak of highly pathogenic avian influenza A(H5N8) among wild birds was reported to OIE from Hong Kong SAR, China. The outbreak occurred in Mai Po Nature Reserve, where two wild bird faecal samples were confirmed positive for HPAI A(H5N8) (Source).

Highly pathogenic avian influenza virus A(H5N1) in Cambodia
On 14 January, one new outbreak of highly pathogenic avian influenza A(H5N1) among poultry was reported to OIE from Cambodia. The outbreak was reported from Battambang Province. Among 1,990 susceptible poultry, there were 1,827 cases including 1,827 deaths, and the remaining 163 birds were culled (Source).

Highly pathogenic avian influenza virus A(H5N6) in Viet Nam
On 14 January, five new outbreaks of highly pathogenic avian influenza A(H5N6) among poultry were reported to OIE from Viet Nam. The outbreaks were reported from Phu Yen, Bac Ninh, Ha Noi and Quang Ninh Provinces. Among 11,830 susceptible poultry, there were 3,400 cases including 1,509 deaths, and the remaining 10,285 birds were culled (Source).
For more information on animal infection with avian influenza viruses with potential public health impact, visit:

- World Organization for Animal Health (OIE) webpage: Weekly disease information and Latest report on Avian Influenza
- Food and Agriculture Organization of the UN (FAO) webpage: Avian Influenza
- OFLU: 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. 9 December 2020
  - Risk assessment summary: The overall public health risk from currently known influenza viruses at the human-animal interface has not changed, and the likelihood of sustained human-to-human transmission of these viruses remains low. Human infections with viruses of animal origin are expected at the human-animal interface wherever these viruses circulate in animals.

- Recommended composition of influenza virus vaccines for use in the 2021 southern hemisphere influenza season. 25 September 2020

- WHO SAGE Seasonal Influenza Vaccination Recommendations during the COVID-19 Pandemic Interim guidance. 21 September 2020

- WHO Consultation and Information Meeting on the Composition of Influenza Virus Vaccines for Use in the 2021 Southern Hemisphere Influenza Season. 16 September - 02 October 2020

- Recommended composition of influenza virus vaccines for use in the 2020 - 2021 northern hemisphere influenza season. 28 February 2020

- WHO Consultation and Information Meeting on the Composition of Influenza Virus Vaccines for Use in the 2020-21 Northern Hemisphere Influenza Season. 24-27 February 2020

- Antigenic and genetic characteristics of zoonotic influenza viruses and candidate vaccine viruses developed for potential use in human vaccines. 1 October 2020

- TIPRA Frequently Asked Questions. March 2017