Influenza at the human-animal interface

Summary and assessment of March 2011 events

Human infections with avian influenza H5N1 virus

As of 4 April, 539 confirmed human cases of infection with avian influenza H5N1 virus from 15 countries were reported to WHO. Of these, 318 died (CFR 59%). Epidemiologic investigations have identified only limited human to human transmission of this virus, with no community-level spread since its emergence in 2003.

Seven human cases with onset dates in March 2011 have been reported from three countries: Bangladesh (1), Egypt (4) and Indonesia (2). In March, Egypt also reported one case and Indonesia two cases with onset dates in February that were not included in previous summaries. On 6 April, an additional 4 cases from Egypt with onset dates in February and March were reported to WHO. All of these human cases either had contact with sick or dead poultry, or had visited markets where live poultry were sold. Egypt and Indonesia have officially declared the virus endemic in poultry\(^2\), and information from FAO suggests the H5N1 virus is also circulating endemically in poultry in Bangladesh\(^3\). Bangladesh has reported a large number of outbreaks in poultry farms in 2011.

In Egypt, human cases of avian influenza H5N1 virus infection continue to be regularly reported from several governorates, reflecting a functioning national disease surveillance and reporting structure as well as widespread virus circulation in poultry. The recent increase in number of cases so far follows the expected seasonal pattern in the country. It is anticipated that people in Egypt will continue to be exposed to the virus through contact with infected poultry or contaminated environments, and therefore sporadic human cases will occur as long as the virus continues to circulate in poultry. The animal health and public health sectors in Egypt continue to work closely together to reduce risks from H5N1 at the human-animal interface. However, there is the potential that the current political situation may interfere with some of the infrastructure supporting risk reduction measures in place, as well as interfere with disease detection and reporting.

In Indonesia, human cases continue to be reported, mainly from West Java province where the virus is known to be circulating widely in poultry. Of the recent cases, two were a mother and her two-year-old daughter and epidemiological investigations are ongoing to determine the source of infection. No other cases have been identified through investigations of close contacts in the family.

There seems to be a slight decrease in the number of non-endemic countries reporting H5N1 in poultry or wild birds since last month, which could be predicted with the onset of warmer weather. However, human cases are possible whenever the virus is circulating in birds. Data suggest that fewer human cases occur in association with H5N1 outbreaks in commercial poultry operations compared with outbreaks in village or household birds. More information on animal influenza is available from OIE (www.oie.int/animal-health-in-1

\(^1\) As of 4 April


Human infections with other animal influenza viruses

There were no human infections with other animal influenza viruses reported to WHO during March, 2011.

Relevant Links:

WHO Table: Cumulative Number of Confirmed Human Cases of Avian Influenza A/(H5N1) Reported to WHO

WHO Table: H5N1 avian influenza: timeline of major events

WHO Archive: Avian Influenza situation updates

World Organisation of Animal Health (OIE) webpage: Web portal on Avian Influenza

Food and Agriculture Organization of the UN (FAO) webpage: Avian Influenza

Government of Egypt website: "Strengthening Avian Influenza Detection and Response" (SAIDR) website:
www.saidr.org/index.php