Human infection with avian influenza A(H5) viruses

Human infection with avian influenza A(H5N1) virus

Between 16 August and 22 August 2019, no new cases of human infection with avian influenza A(H5N1) virus were reported to WHO in the Western Pacific Region.

As of 22 August 2019, 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 (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 15 August 2019), Western Pacific Region.](http://www.who.int/influenza/human_animal_interface/en/)

Globally, from January 2003 to 24 June 2019, there were 861 cases of human infection with avian influenza A(H5N1) virus reported from 17 countries. Of these 861 cases, 455 were fatal (CFR of 53%). The last case was reported from Nepal on 30 April 2019 (source).

Human infection with avian influenza A(H5N6) virus

Between 16 August and 22 August 2019, one new case of human infection with avian influenza A(H5N6) virus were reported to WHO in the Western Pacific Region. The case was notified to WPRO on 19 August 2019 from Beijing, China. To date, a total of 24 laboratory-confirmed cases of human infection with influenza A(H5N6) virus, including seven deaths at time of IHR report, 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 16 August and 22 August 2019, 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 16 August and 22 August 2019, no new cases of human infection with avian influenza A(H7N9) virus were reported to WHO in the Western Pacific Region. As of 22 August 2019, 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 (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 sixth wave (1 October 2017 to 30 September 2018).

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 16 August and 22 August 2019, no new cases of human infection with avian influenza A(H9N2) virus were reported to WHO in the Western Pacific Region. In 2018 there were seven human cases of avian influenza A(H9N2) reported from China to WHO and four cases thus far in 2019. A total of 26 cases of human infection with avian influenza A(H9N2) in China have been reported since December 2015.
Animal infection with avian influenza virus

Between 16 August and 22 August 2019, 3 new outbreaks of avian influenza were reported to OIE from the Western Pacific Region.

Highly pathogenic avian influenza A(H5N2) in Taiwan, China

On 21 August 2019, three outbreaks of highly pathogenic avian influenza A(H5N2) were reported to OIE from Taiwan, China. On 4 August in Taipei City, Wanhua District, there was one case and two susceptible cases in native chicken in a slaughter house, and both susceptible cases were culled. On 5 August in Taixi Township, Yunlin County, there were 266 susceptible meat geese of which all were culled. On 10 August in Dacheng Township, Changhua County, there were 883 A(H5N2) cases among native chickens on a farm of which 882 died and the remaining 19181 were 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. 24 June 2019
  - Risk assessment summary: The overall public health risk from currently known influenza viruses at the human-animal interface has not changed, as further human infections with viruses of animal origin are expected, and the likelihood of sustained human-to-human transmission of these viruses remains low.

- Recommended composition of influenza virus vaccines for use in the 2019 southern hemisphere influenza season. 27 September 2018

- WHO Consultation and Information Meeting on the Composition of Influenza Virus Vaccines for Use in the 2019-20 Northern Hemisphere Influenza Season. 18-21 February 2019

- Antigenic and genetic characteristics of zoonotic influenza viruses and candidate vaccine viruses developed for potential use in human vaccines. 21 February 2019

- H7N9 situation update (FAO). 7 August 2019

- TIPRA Frequently Asked Questions. March 2017