

## **Epidemiological Update:**

## Human infection with avian influenza A(H7N9) in China

5 April 2013

The Pan American Health Organization / World Health Organization (PAHO/WHO) recommends that Member States maintain the capacity to detect any unusual health event, including those that might be associated with a new subtype of influenza A. Member States are encouraged to update and implement the relevant components of multi-hazard plans for preparedness and response to public health events.

The Organization does not advise special screening at points of entry with regard to this event, nor does it recommend that any travel or trade restrictions be applied.

After the confirmation of the first human cases of avian influenza A(H7N9) virus infection on 31 March 2013, the Chinese health authorities have continued to notify WHO of additional laboratory-confirmed cases of human infection with influenza A(H7N9) virus.

As of 5 April, the total number of confirmed cases is sixteen including six deaths. The age range is 4 to 87 (median = 50). Six cases are female and ten male. Cases are from Anhui (1), Zhejiang (3), Shanghai (5) and Jiangsu (7) provinces of China, all of them located in the east of China. The onset of symptoms occurred from 19 February to 31 March 2013. Fifteen cases were severe and one mild (a 4 year old child). Updated information is available on the WHO <u>Disease Outbreak News</u>.

More than 520 close contacts of the confirmed cases are being closely monitored. The investigation is ongoing of a contact that developed symptoms of respiratory illness. At this time there is no evidence of ongoing human-to-human transmission.<sup>1</sup>

The health authorities of China continue investigating the event to identify the source of the outbreak and continue strengthening disease surveillance for early detection, diagnosis and treatment.

WHO is closely monitoring the evolution of this event and is working with WHO Collaborating Centers for Reference and Research on Influenza and other partners to ensure that information is made available as it becomes available and that materials are developed for diagnosis and treatment and vaccine development. No vaccine is currently available for this influenza subtype. Preliminary test results provided by the WHO Collaborating Centre in China suggest that the virus is susceptible to the neuraminidase inhibitors (oseltamivir and zanamivir).

## Recommendations

<sup>&</sup>lt;sup>1</sup> WHO Disease Outbreak News, *Human infection with influenza A(H7N9) in China—update*, 5 April 2013. Available at: <a href="http://www.who.int/csr/don/2013\_04\_05/en/index.html">http://www.who.int/csr/don/2013\_04\_05/en/index.html</a>

PAHO/WHO reemphasizes the need for Members States to maintain the capacity to detect any unusual health event, including those that may be associated with a new subtype of influenza.

As per previous PAHO recommendations in these types of events, the initiation of an investigation is recommended in the following situations:

- a severe acute respiratory infection (SARI) case of unknown etiology is detected in a health facility,
- the detection of a SARI cluster with unexplained etiology, or
- an unusual or unexpected SARI case of unknown etiology in the community or in a health care worker.

In such situations, samples of clinical and epidemiological significance should be taken and analyzed within the capacity of the national laboratory system. All specimens that cannot be subtyped for influenza A and those with inconclusive or unexpected subtyping results should be forwarded, immediately, to the WHO Collaborating Center for influenza, at the United States Centers for Disease Control and Prevention for additional testing.<sup>2</sup> The investigation should include complete epidemiological and clinical information, for example: clinical signs and symptoms, date of onset of symptoms, underlying clinical conditions, history of influenza vaccination, history of treatment with oseltamivir or zanamivir, contact with animals, and history of travel, among others.

It is important to maintain close and systematic interactions between human health and animal health sectors, for timely exchange of information and to conduct joint risk assessments and prevent and control of zoonotic diseases, as necessary.

PAHO/WHO encourages Member States to update and implement the relevant components of their multi-hazard plans for preparedness and response to public health events.

PAHO/WHO does not advise the implementation of screening at points of entry in relation to this event, nor does it recommend that any travel or trade restrictions be applied.

## For more information, consult the following links:

- Frequently asked questions on human infection with influenza A(H7N9) in China
- Influenza

<u>IIIIIueiiza</u>

- Influenza at the Human-Animal interface (HAI)
- Avian influenza fact sheet
- Weekly Epidemiological Record (WER) 29 March 2013

<sup>&</sup>lt;sup>2</sup> WHO Collaborating Centre for the Surveillance, Epidemiology and Control of Influenza Centers for Disease Control and Prevention National Center for Immunization and Other Respiratory Diseases Influenza Division. 1600 Clifton Road, A-20. Atlanta, Georgia 30333, United States of America, Fax: +1 404 639 2334, http://www.cdc.gov/flu/