監測及流行病學處

衞生防護中心
Centre for Health Protection
保障市民健康
Protecting Hong Kong's health

Surveillance
And
Epidemiology
Branch

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Dear Doctor,

Statutory Notification of Novel Influenza A Infection

You may be aware that the current seasonal influenza A viruses circulating among humans belong to the subtypes H1 and H3. From time to time, other subtypes of influenza A viruses and other variants of the H1 and H3 subtypes have been reported to cause human infections sporadically without sustained human-to-human transmission. Such "novel" subtypes primarily affect animal species especially avian species but occasionally cross the species barrier and cause human infections with varying clinical severity. These viruses are different from the seasonal influenza viruses and the human population generally has no immunity against them.

Influenza A (H5N1) has caused over 600 human infections in more than 15 countries since 1997. Influenza A (H7N3) and influenza A (H7N7) have caused acute conjunctivitis and respiratory infections in humans, while influenza A (H9N2) has caused mild respiratory infections in humans. Recently, human infections of novel influenza A virus subtypes H6N1, H7N9 and H10N8 were first reported since 2013. Such infections usually occur with exposure to poultry harbouring the viruses. Moreover, human infections with influenza A(H1N1) variant [A(H1N1)v], A(H3N2)v and A(H1N2)v viruses determined to be of swine origin have been reported occasionally, such as infections with A(H3N2)v reported in the United States among people with direct exposure to pigs (e.g. workers in the swine industry, attendants to agricultural fairs). All the above are considered as novel influenza A infections. Influenza A (H2N2) which had caused annual epidemics from late 1950's to 1968 was once a seasonal influenza virus. However, it vanished after the emergence of the seasonal influenza A(H3N2) virus causing the pandemic from 1968 to 1969. Since persons born after 1968 have minimal immunity against influenza A (H2N2), this subtype is also considered as a novel influenza A virus.

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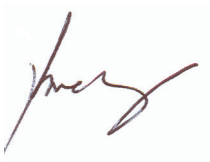
With frequent international travel, it is foreseen that more imported human cases of novel influenza A infections may occur in Hong Kong. Given the potentially unpredictable behaviour of these influenza viruses and that majority of the population has no immunity against them, vigilance and close monitoring is necessary for novel influenza A infection. While influenza A (H2), variant influenza A (H3N2), influenza A (H5), influenza A (H7) and influenza A (H9) are statutorily notifiable, other novel subtypes are not. In this connection, we have initiated the amendment of the Prevention and Control of Disease Ordinance (Cap. 599) so that efficient public health measures can be implemented promptly. With effect from **21 February 2014**, "Novel influenza A infection" (新型甲型流行性感冒) will be added to the list of infectious diseases specified in Schedule 1 to Cap. 599. This will replace the existing "Influenza A (H2), Variant influenza A (H3N2), Influenza A (H5), Influenza A (H7), Influenza A (H9)" in the list.

Any suspected cases meeting the reporting criteria for novel influenza A infection (https://ceno.chp.gov.hk/casedef/casedef.pdf) should be reported immediately to the Central Notification Office (CENO) of the Centre for Health Protection via fax (2477 2770), phone (2477 2772) or CENO On-line (http://ceno.chp.gov.hk/). All suspected cases reported to CHP should be sent to public hospital for isolation, testing and treatment. Please contact the Medical Control Officer of the Department of Health at pager 7116 3300 (call 9179) to make such arrangement. Please also isolate the patient to minimize contact/exposure to staff and other patients and advise the patient to wear a surgical mask while waiting for transfer. The reporting criteria and case definition of novel influenza A infection are attached in the Appendix for your reference. They are also available on the CENO On-line website.

May I take this opportunity to thank you for your continuous support in combating infectious diseases in Hong Kong.

Yours faithfully,



(Dr. SK CHUANG)
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Appendix

Novel influenza A infection

Confirmatory Laboratory Tests

Any one of the following:

- Positive viral culture for a novel influenza A virus,
- Positive molecular testing for a novel influenza A virus, or
- A four-fold or higher rise in a novel influenza A virus specific antibody titre in paired serum samples.

Confirmed Case

A clinically compatible illness with any of the positive confirmatory laboratory tests listed above

Reporting criteria for human novel influenza A infection

An individual fulfilling either one of the following should be reported to CHP for further investigation:

1) Clinical Criteria **AND** Epidemiological Criteria - only apply for cases suspected to be suffering from influenza A (H5N1), influenza A (H7N9) or variant influenza A(H3N2) infections (please refer to respective reporting criteria appended) and do not apply for non-H5/H7/vH3 cases;

OR

2) Laboratory Criteria – apply for all novel influenza A infections -

- Detection of an influenza A virus that cannot be subtyped as a human seasonal influenza A(H1) or (H3) virus

Variant Influenza A (H3N2)

Clinical Criteria

- A person with acute respiratory illness, characterized by fever (temperature >38^{o}C) and cough and/or sore throat, OR
- A person with pneumonia, OR
- A person died of unexplained acute respiratory illness.

Epidemiological Criteria

History of recent contact (7 days before onset of illness) with

- swine in the United States or areas with known variant influenza A(H3N2); OR
- patient with variant influenza A(H3N2).

Influenza A (H5N1) and Influenza A (H7N9)

Clinical Criteria

- A person with acute respiratory illness, characterized by fever (temperature >38^{o}C) and cough and/or sore throat, OR
- A person with pneumonia, OR
- A person died of unexplained acute respiratory illness.

Epidemiological Criteria

Influenza A (H5N1)	Influenza A (H7N9)
One or more of the following exposures in the 7 days prior to symptom onset:	One or more of the following exposures in the 10 days prior to symptom onset:
• contact with a human case of influenza A (H5N1)/(H7N9); **OR** • contact with poultry or wild birds or their remains or to environments contaminated by their faeces in countries/areas with documented avian influenza A (H5N1)/(H7N9) infection in birds and/or humans in the recent 6 months (see List of affected areas); **OR** • consumption of raw or undercooked poultry products in countries/areas with documented avian influenza A (H5N1)/(H7N9) infection in poultry and/or humans in the recent 6 months (see List of affected areas); **OR** • close contact with a confirmed influenza A (H5N1)/(H7N9) infected animal other than poultry or wild birds; **OR** • worked in a laboratory that is processing samples from persons or animals that are suspected from avian influenza infection; **OR** • worked in the live poultry industry.	

The latest list of affected areas is regularly updated and is available on the website of the Centre for Health Protection (*http://www.chp.gov.hk/files/pdf/global_statistics_avian_influenza_e.pdf*).