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6 June 2016

Dear Doctors,

**Faecal droppings of live poultry tested positive for
H7N9 avian influenza virus**

I would like to draw your attention to the report of a sample of faecal droppings of live poultry taken from a poultry stall in Yan Oi Market in Tuen Mun on May 16 that tested positive of the H7N9 avian influenza virus under the routine surveillance programme for avian influenza (AI) at markets and fresh provision shops.

According to the Food and Environmental Hygiene Department (FEHD), the affected stall sold live chickens from local farms and pigeons imported from Mainland China on the day when samples were taken. There are two poultry stalls in Yan Oi Market and no samples from the other stall tested were tested positive of H7N9 virus. In response to the positive result available on June 4, the Agriculture, Fisheries and Conservation Department (AFCD) has declared the live poultry stalls at Yan Oi Market in Tuen Mun as an infected place and the FEHD has conducted thorough disinfection and cleansing. Investigation to the source of positive sample is underway.

The Centre for Health Protection (CHP) contacted the staff concerned and all of them remained asymptomatic. The AFCD has been conducting inspection on all local chicken farms and collecting samples for AI testing. Trading of live poultry has been suspended pending follow-up investigations to trace the source of the virus. Supply of chickens from local farms and import of live poultry have also been suspended.

H7N9 has become enzootic in poultry in Mainland China. From January 2015 to April 2016, under the national animal H7N9 avian influenza monitoring program of the Ministry of Agriculture, poultry and environmental samples taken from markets in Anhui, Fujian, Guangdong, Hubei, Hunan, Jiangsu, Jiangxi, Jilin, Shanghai and Zhejiang were tested positive for H7N9 by virological test. According to reports received by the Food and Agriculture Organization on surveillance activities for H7N9



viruses in Mainland China, positive samples continue to be detected mainly from live bird markets, vendors and some commercial or breeding farms.¹

Locally, there were two previous episodes of detection of H7N9 viruses in live chicken in Hong Kong. The first incident occurred on January 27, 2014 when samples from a batch of live chickens imported from a registered poultry farm in Shunde District of Foshan City, Guangdong were tested positive for H7N9. The second incident occurred on December 31, 2014 when samples collected from a consignment of live chickens imported from a registered farm in Huizhou, Guangdong were tested positive for H7N9.

Globally a total of 783 confirmed human cases of infection with avian influenza A (H7N9) have been reported with at least 313 deaths, making a case fatality rate of about 40%. In Hong Kong, sixteen imported cases had been recorded since December 2013.

According to the latest risk assessment by the World Health Organization ², **most human cases are exposed to the A(H7N9) virus through contact with infected poultry or contaminated environments, including live poultry markets.** Since the virus continues to be detected in animals and environments, further human cases can be expected. Nonetheless, even though small clusters of cases have been reported previously including those involving healthcare workers, current epidemiological and virological evidence suggests that this virus has not acquired the ability of sustained transmission among humans, thus the likelihood is low. Should infected individuals from affected areas travel internationally, their infection may be detected in another country during travel or after arrival. If this were to occur, further community level spread is considered unlikely as this virus has not acquired the ability to transmit easily among humans.

We would like to urge you to pay special attention to patients who presented with fever or influenza-like illness. Travel history and relevant exposure history during travel should be obtained from them. Any patients with acute respiratory illness or pneumonia, and with at-risk exposure (including live poultry workers, history of visiting market with live poultry, contact with poultry, etc.) in affected areas within the incubation period (i.e. 10 days before onset of symptoms) should be managed as suspected cases and immediately reported to the Central Notification Office (CENO) of the CHP via fax (2477 2770), phone (2477 2772) or

¹ Food and Agriculture Organization. H7N9 situation update:

http://www.fao.org/ag/againfo/programmes/en/empres/H7N9/situation_update.html

²

http://who.int/influenza/human_animal_interface/Influenza_Summary_IRA_HA_interface_05_09_2016.pdf?ua=1

CENO On-line (https://cdis.chp.gov.hk/CDIS_CENO_ONLINE/ceno.html). Please also be reminded that the reporting criteria was updated to specify **visiting markets with live poultry** as one of the epidemiological criteria (**Annex**). Please refer to the following website for the reporting criteria: https://cdis.chp.gov.hk/CDIS_CENO_ONLINE/ceno.html. Also, the list of affected areas is regularly updated and is available from the following webpage of the CHP website: http://www.chp.gov.hk/files/pdf/global_statistics_avian_influenza_e.pdf.

In addition, private doctors should contact the Medical Control Officer of the Department of Health at pager: 7116 3300 (call 9179) when reporting any suspected case outside office hours. The CHP will make arrangement to send the patient to a public hospital for isolation, testing and treatment. Besides, it is important to isolate the patient to minimise contact with or exposure to staff and other patients and advise the patient to wear a surgical mask while waiting for transfer.

For updates on the latest situation of avian influenza, please visit the CHP's designated website at http://www.chp.gov.hk/en/view_content/24244.html. Please draw the attention of the healthcare professionals and supporting staff in your institution/ working with you to the above. Thank you for your ongoing support in combating communicable diseases.

Yours faithfully,

A handwritten signature in red ink, appearing to be 'SK CHUANG', written in a cursive style.

(Dr. SK CHUANG)

for Controller, Centre for Health Protection
Department of Health

Influenza A (H5) and Influenza A (H7N9)

An individual fulfilling BOTH Clinical Criteria **AND** Epidemiological Criteria should be reported to CHP for further investigation:

Clinical Criteria

- A person with acute respiratory illness, characterized by fever (temperature >38°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 (H5)	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:
<ul style="list-style-type: none">• contact with a human case of influenza A (H5)/(H7N9); OR• contact with poultry or wild birds or their remains or visit to environments contaminated by their faeces (e.g. markets with live poultry) in countries/areas with documented avian influenza A (H5)/(H7N9) infection in birds and/or humans in the recent 6 months; OR• consumption of raw or undercooked poultry products in countries/areas with documented avian influenza A (H5)/(H7N9) infection in poultry and/or humans in the recent 6 months; OR• close contact with a confirmed influenza A (H5)/(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.	