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December 16, 2016

Dear Doctors,

Be vigilant against avian influenza

We would like to draw your attention to the recent increase in the activity of avian influenza viruses in neighboring areas and overseas countries. As winter is approaching, the avian influenza activity is expected to increase further based on its seasonal pattern. We would like to solicit your support to remain vigilant against avian influenza.

Regarding avian influenza A(H7N9), since November 2016, eight human H7N9 cases have been reported in Mainland China (five in Jiangsu, and one each in Fujian, Guangdong and Zhejiang) so far. In addition, the Macao Government reported the first human H7N9 case on December 14, 2016. The case in Macao involved a poultry wholesaler who had recent contact with silky fowls with samples tested positive for avian influenza A(H7). Globally, at least 807 human H7N9 cases have been reported since 2013. There were at least 322 deaths with a case fatality rate of 40%.

Moreover, since November 2016, two human cases of avian influenza A(H5N6) have been reported in Mainland China (one in Hunan and another in Guangxi) (as of December 15). A total of 16 sporadic human H5N6 cases have been reported globally since its first occurrence in 2014, and all were recorded in Mainland China. Among these 16 cases, eight of them were fatal. Most cases either had visited wet market or had contact with live poultry before the onset of illness.



Apart from the recent increase in human avian influenza cases, the activity of avian influenza in poultry and birds has also increased. The Macao Government reported on December 13, 2016 that samples taken from a consignment of silky fowls in a wholesale poultry market were tested positive for A(H7). In Mainland China, H7N9 has already become enzootic in poultry. Since 2015, 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 tests. 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

According to the World Organisation for Animal Health, outbreaks of highly pathogenic avian influenza (HPAI) A(H5N6) have occurred in Japan, Korea and Mainland China (Gansu and Hubei) since October 2016. Locally, faecal droppings of birds taken from Mai Po Nature Reserve on November 25 and 30, 2016 were tested positive for H5N6.

HPAI A(H5N8) viruses have been rapidly spreading, most likely via wild migratory birds in Asia and Europe in recent months, and causing deaths in wild birds and outbreaks in domestic poultry. Since November 2016, at least 19 countries/areas reported H5N8 outbreaks in domestic poultry or detections in wild or zoo birds.² Most of them were European countries. No human H5N8 cases have been documented so far.

According to the World Health Organization, most human cases were exposed to avian influenza viruses through contact with infected poultry or contaminated environments, including live poultry markets. Since the viruses continue to be detected in animals and environments, further human cases can be expected. Even though small clusters of A(H5) and H7N9 infections have been reported previously including those involving healthcare workers, current epidemiological and virological evidence suggests that A(H5) and H7N9 viruses have not acquired the ability of sustained transmission among humans, thus the likelihood of human-to-human transmission of avian influenza viruses is low.³

In this regard, 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

¹ http://www.fao.org/ag/againfo/programmes/en/empres/H7N9/situation_update.html

² Including Austria, Croatia, Denmark, Egypt, Finland, France, Germany, Hungary, India, Iran, Israel, Netherlands, Poland, Romania, Russia, Serbia, Sweden, Switzerland and Taiwan

³ http://www.who.int/influenza/human_animal_interface/Influenza_Summary_IRA_HA_interface_11_15_2016.pdf?ua=1

immediately reported to the Central Notification Office of the Centre for Health Protection (CHP) via fax (2477 2770), phone (2477 2772) or CENO On-line (https://cdis.chp.gov.hk/CDIS_CENO_ONLINE/ceno.html). Please refer to the **Annex** for the reporting criteria. 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.

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 black ink, appearing to be 'Yonnie LAM', with a horizontal line extending to the right.

(Dr. Yonnie LAM)
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 $>38^{\circ}\text{C}$) 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	