

本署檔號 Our Ref. : (147) in DH SEB CD/8/6/1 Pt.35

February 15, 2017

Dear Doctors,

**Be vigilant against avian influenza**

We would like to draw your attention to the high activity of avian influenza viruses in neighboring areas and overseas countries and solicit your support to remain vigilant against avian influenza.

The activity of avian influenza A(H7N9) viruses has been increasing markedly in Mainland China since the end of 2016. This wave (i.e. the fifth wave) has been progressing much faster than that in the previous winter. According to the National Health and Family Planning Commission, the number of reported cases of human infection with avian influenza A(H7N9) virus in Mainland China increased from six in November 2016 to 106 and 192 cases in December 2016 and January 2017 respectively, as compared to 40 cases recorded from November 2015 to January 2016.

In this wave so far, 357 human H7N9 cases have been reported by health authorities in 17 provinces/municipalities/autonomous regions in the Mainland (as of February 14, 2017) (**Annex I**). The number of cases recorded has already exceeded that recorded in the previous four waves (135, 318, 224 and 121 in the first, second, third and fourth wave respectively).

Among the 357 cases, their ages ranged from 3 – 91 years (median: 57). Most cases presented with severe conditions. Among the cases where information on exposure history was known, as previous waves, most reported prior exposure to live poultry or potentially contaminated environments, including in live poultry markets (LPMs).

According to the World Health Organization, there has been no indication of significant changes in the epidemiology of the human infections, no evidence of sustained human-to-human transmission and no significant changes in the clinical presentation or disease outcome.



In Hong Kong, four imported human H7N9 cases were confirmed during December 2016 and January 2017. All were imported from different areas in Guangdong (廣東). Three of them had known exposure to poultry or environments contaminated by live poultry during their stay in Guangdong.

Apart from Mainland China and Hong Kong, two human H7N9 cases have been detected in Macau since December 2016, including an imported case from Zhongshan (中山). Also, one case imported from Guangdong was detected in Taiwan in February.

Avian influenza A(H7N9) viruses have already taken root in poultry in Mainland China. Under the national animal avian influenza H7N9 monitoring program of the Ministry of Agriculture, poultry samples taken from markets in December 2016 and January 2017 in Anhui (安徽), Guangdong, Guizhou (貴州), Hunan (湖南), Jiangsu (江蘇) and Zhejiang (浙江) were tested positive for H7N9 virus by virological tests. The Chinese Center for Disease Control and Prevention reported that the positive rate of environmental samples collected from LPMs or other live poultry-related environments through routine environmental surveillance in affected provinces like Guangdong, Jiangsu and Zhejiang increased in December 2016 and was higher compared to the relative periods of the earlier years. It is likely that environments with live poultry in Mainland China are contaminated with avian influenza viruses.

Since the viruses continue to be detected in animals and environments, further human cases are expected to occur from time to time in affected areas. Based on available information, there is no evidence of sustained human-to-human transmission, and there are no significant changes in the virus properties or the epidemiology of human infections. Most of the viruses remained sensitive to oseltamivir (Tamiflu).

Apart from H7N9, outbreaks of highly pathogenic avian influenza A(H5N2), A(H5N6) and A(H5N8) have occurred in farms in many parts of the world including Mainland China, Taiwan, Japan, Korea and many countries in Europe. Two cases of human infection with H5N6 have been detected in Mainland China in late 2016.

In this regard, we would like to urge you to pay special attention to patients who presented with fever or influenza-like illness (ILI). Travel history and relevant exposure history during travel should be obtained from them. Please note that the history of possible exposure to poultry or contaminated environments may not be voluntarily told by the patients in the beginning. If patients report seeing any live poultry during their travel in the Mainland, detailed information on possible exposure to environments contaminated by poultry should be solicited 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 of the Centre for Health Protection (CHP) via fax (24772770), phone (24772772) or CENO On-line ([https://cdis.chp.gov.hk/CDIS\\_CENO\\_ONLINE/ceno.html](https://cdis.chp.gov.hk/CDIS_CENO_ONLINE/ceno.html)). Please refer to the **Annex II** for the reporting criteria. The list of affected areas is regularly updated and is available from the CHP website (English: [http://www.chp.gov.hk/files/pdf/global\\_statistics\\_avian\\_influenza\\_e.pdf](http://www.chp.gov.hk/files/pdf/global_statistics_avian_influenza_e.pdf); Chinese: [http://www.chp.gov.hk/files/pdf/global\\_statistics\\_avian\\_influenza\\_c.pdf](http://www.chp.gov.hk/files/pdf/global_statistics_avian_influenza_c.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.

The CHP has collaborated with the Hospital Authority to enhance surveillance for avian influenza. The following cases will be routinely tested for avian influenza: (i) community-acquired pneumonia (CAP) of unknown causes, requiring admission to intensive care unit, occurring in clusters or involving healthcare workers, irrespective of travel history; (ii) paediatric in-patients with ILI and travel history to an affected area; and (iii) CAP with travel history to an affected area.

For updates on the latest situation of avian influenza, please refer to the designated website of the CHP (English: [http://www.chp.gov.hk/en/view\\_content/24244.html](http://www.chp.gov.hk/en/view_content/24244.html); Chinese: [http://www.chp.gov.hk/tc/view\\_content/24244.html](http://www.chp.gov.hk/tc/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,



(Dr. SK CHUANG)  
for Controller, Centre for Health Protection  
Department of Health

## Annex I

Cumulative numbers of confirmed cases of human infection with avian influenza A(H7N9) since 2013 and since November 2016 (as of February 14, 2017)

Mainland China		
Province / Municipality / Autonomous Region	Cumulative no. of cases since 2013	No. of cases reported since Nov 2016
Zhejiang (浙江)	284	65
Guangdong (廣東)	235	40
Jiangsu (江蘇)	219	115
Fujian (福建)	92	18
Anhui (安徽)	75	39
Shanghai (上海)	56	5
Hunan (湖南)	55	21
Jiangxi (江西)	36	22
Hubei (湖北)	12	10
Shandong (山東)	12	3
Beijing (北京)	10	1
Xinjiang (新疆)	10	-
Henan (河南)	8	4
Guizhou (貴州)	6	4
Sichuan (四川)	6	6
Guangxi (廣西)	4	1
Hebei (河北)	4	-
Liaoning (遼寧)	3	2
Jilin (吉林)	2	-
Tianjin (天津)	2	-
Yunnan (雲南)	1	1 <sup>^</sup>
Outside Mainland China		
Area	Cumulative no. of cases since 2013	No. of cases reported since Nov 2016
Hong Kong	20*	4
Taiwan	5*	1
Canada	2*	-
Macau	2	2 <sup>#</sup>
Malaysia	1*	-

<sup>^</sup>imported from Jiangxi

\*imported from Mainland China

<sup>#</sup>latest case imported from Guangdong

## Annex II

### 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"><li>• contact with a human case of influenza A (H5)/(H7N9); <b>OR</b></li><li>• 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; <b>OR</b></li><li>• 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; <b>OR</b></li><li>• close contact with a confirmed influenza A (H5)/(H7N9) infected animal other than poultry or wild birds; <b>OR</b></li><li>• worked in a laboratory that is processing samples from persons or animals that are suspected from avian influenza infection; <b>OR</b></li><li>• worked in the live poultry industry.</li></ul>	