

本署檔號 Our Ref. : (208) in DH SEB CD/8/6/1 Pt.35

March 8, 2017

Dear Doctors,

An Imported Case of Human Infection with Avian Influenza A(H7N9) Virus

We would like to draw your attention to the fifth confirmed case of human infection with avian influenza A(H7N9) virus in Hong Kong this winter and solicit your support to remain vigilant against avian influenza.

The case affected 76-year-old man with hypertension, benign prostatic hyperplasia, fatty liver and past history of carcinoma of sigmoid. He developed fever and cough with sputum on March 3. He attended the Accident and Emergency Department of Yan Chai Hospital on March 5 and was admitted on the same day for management. His nasopharyngeal aspirate specimen taken on March 6 was tested positive for influenza A(H7N9) virus by the Public Health Laboratory Services Branch of the Centre for Health Protection (CHP) on March 7. He has been given antibiotics and oseltamivir and was transferred to Princess Margaret Hospital for isolation. His condition deteriorated on March 7 and he is now in critical condition.

The CHP's epidemiological investigation revealed that the patient travelled alone to Fuzhou, Fujian (福建福州) between February 11 and March 1 during which he visited a wet market there. The patient's wife remained asymptomatic. Tracing of his other contacts is underway. The CHP's investigation is continuing.

Prior to this case, four imported human H7N9 cases were recorded in Hong Kong in the current wave since October 2016. They were imported from different areas in Guangdong (廣東). Three of them were known to have exposure to wet markets or environments contaminated by live poultry during their stay in Guangdong.

Since October 2016, 487 human H7N9 cases have been reported, which greatly outnumbered the total numbers of reported cases in the previous four waves.¹ The cases

¹ The total number of cases in the first, second, third and fourth wave was 135, 320, 224 and 119

included 479 cases in 18 provinces/municipalities/autonomous regions in Mainland China, five imported cases in Hong Kong, two cases in Macau and one imported case (from Guangdong) in Taiwan. Among the cases, their ages ranging from 3 – 91 years (median: 57). The male to female ratio was about 2.5:1. Most cases presented with severe conditions and reported exposure to live poultry or contaminated environments such as live poultry markets.

Avian influenza A(H7N9) viruses have already taken root in poultry in Mainland China. Surveys have found that environments with live poultry in different provinces of Mainland China are contaminated with avian influenza viruses. Of note, according to the surveillance of the Guangdong Provincial Center for Disease Control and Prevention, from February 22 to 28, among 855 environmental samples collected from 89 markets in various areas in Guangdong, 83 samples from 27 markets were tested positive for H7 viruses, i.e. about 30% of the markets in Guangdong and 9.7% of the samples were positive.²

In the past few years, most human H7N9 cases in Hong Kong were detected in the first quarter of a year and were imported from Guangdong. In view of the heavy trade and travel between Mainland China and Hong Kong, further sporadic human cases imported to Hong Kong every now and then are expected.

We would like to urge you to pay special attention to patients who presented with fever or influenza-like illness (ILI). It is essential to obtain their travel history and relevant exposure history during travel. 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 your 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 (e.g. live poultry workers, history of visiting wet market, 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 CHP via fax (24772770), phone (24772772) or CENO On-line (https://cdis.chp.gov.hk/CDIS_CENO_ONLINE/ceno.html). 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; Chinese: http://www.chp.gov.hk/files/pdf/global_statistics_avian_influenza_c.pdf).

The CHP has collaborated with the Hospital Authority to enhance surveillance

respectively.

² <http://www.gdwst.gov.cn/a/yiqingxx/2017030317109.html>

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; Chinese: 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