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Dear Medical Superintendents,

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

I would like to draw your attention to the second confirmed imported case of human infection with avian influenza A(H7N9) virus in Hong Kong this year affecting an 81-year-old woman.

The patient with history of pulmonary tuberculosis and bronchiectasis, travelled to Kaiping, Guangdong on March 5. She has presented with malaise, headache, shortness of breath and fever since March 10 and was admitted to a hospital in Kaiping between March 14 and 16. Computed tomography scan of the thorax showed bronchiectatic changes in lungs. She was diagnosed to have community acquired pneumonia. She went back to Hong Kong on March 17 and attended the Accident and Emergency Department of Caritas Medical Centre on the same day. She was subsequently admitted for management of pneumonia.

The patient's nasopharyngeal aspirate tested positive for avian influenza A(H7N9) virus upon laboratory testing by the Public Health Laboratory Services Branch of the Centre for Health Protection (CHP) on March 18. The patient has been transferred to the Hospital Authority Infectious Disease Centre (HAIDC) in Princess Margaret Hospital for further management. She was given Augmentin and Tamiflu and is now in stable condition.

Initial investigations by the CHP revealed that the patient visited a wet market near her residence in Kaiping during her stay in the Mainland and reported contact with slaughtered chicken. Among 20 close contacts of the patient identified so far, two daughters have developed headache and malaise since March 16 and 17 respectively. They have been transferred to HAIDC for management. Tracing of the patient's contacts in Hong Kong by the CHP is ongoing.

Prior to this case, fourteen imported cases of human infection with avian influenza



A(H7N9) virus were recorded in Hong Kong since December 2013. Cumulatively, a total of 757 confirmed human H7N9 cases have been reported globally since March 2013, including at least 300 deaths (as of March 18, 2016). These included 735 cases in Mainland China and 22 cases exported from Mainland China to Hong Kong (15), Taiwan (4), Canada (2) and Malaysia (1).

There has been increase in the number of sporadic human cases of avian influenza A(H7N9) infection reported in Mainland China in the past few months. At least 78 human H7N9 cases with onset dates since September 2015 have been reported in Mainland China (as of March 18). These 78 cases were reported in Zhejiang (31), Guangdong (13), Jiangsu (13), Hunan (8), Fujian (6), Shanghai (4), Hubei (1), Jiangxi (1) and Shandong (1). Besides, six cases of avian influenza A(H5N6) have been reported in Mainland China since December 2015, including five cases in Guangdong and one case imported from Guangdong to Jiangxi.

According to reports received by the Food and Agriculture Organization on surveillance activities for avian influenza A(H7N9) viruses in Mainland China, positives among virological samples continue to be detected mainly from live bird markets, vendors and some commercial or breeding farms.¹ It is expected that the disease activity of avian influenza in Mainland China will continue to remain at a high level and further sporadic cases of avian influenza are expected to be imported to Hong Kong.

According to the latest risk assessment by the World Health Organization², **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 your health care professionals to pay special attention to patients who presented with fever or influenza-like illness and had **history of visiting wet market with live poultry**, contact with poultry or other at-risk exposure in affected areas

¹ Food and Agriculture Organization. H7N9 situation update:

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

²

http://www.who.int/influenza/human_animal_interface/Influenza_Summary_IRA_HA_interface_25_02_2016.pdf?ua=1

within the incubation period (i.e. 10 days before onset of symptoms). The list of affected areas is regularly updated and is available at the following webpage of the CHP website: http://www.chp.gov.hk/files/pdf/global_statistics_avian_influenza_e.pdf.

Any suspected case meeting the reporting criteria (available from: https://cdis.chp.gov.hk/CDIS_CENO_ONLINE/ceno.html) should be immediately reported to the Central Notification Office (CENO) of the CHP via fax (2477 2770), phone (2477 2772) or CENO On-line (https://cdis.chp.gov.hk/CDIS_CENO_ONLINE/ceno.html). 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/exposure to staff and other patients and advise the patient to wear a surgical mask while waiting for transport.

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,



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