

本署檔號 Our Ref. : (198) in DH SEB CD/8/6/1 Pt.32

April 20, 2016

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 third confirmed imported case of human infection with avian influenza A(H7N9) virus in Hong Kong this year affecting an 80-year-old man.

The patient had history of hypertension, gout and renal stone. He travelled to Dongguan, Guangdong from April 1 to 5. He presented with cough with sputum, headache and gouty attack on April 6 and consulted a private doctor on April 7. He did not have fever at that time. He had persistent cough with sputum, headache and decreased appetite. He sought medical consultation from another private doctor on April 14 and was found to have fever. He subsequently developed confusion and refused eating on April 17, and was sent to the Accident and Emergency Department of United Christian Hospital by ambulance on the same day. He was admitted to an isolation ward. Chest X-ray showed right middle lobe consolidation.

The patient's nasopharyngeal aspirate collected on April 17 was tested negative for influenza A and B by polymerase chain reaction (PCR) on April 18 while a sputum specimen collected on April 18 was tested positive for avian influenza A(H7N9) virus by PCR by the Public Health Laboratory Services Branch of the Centre for Health Protection (CHP) on April 19. He has been treated with Tamiflu and is currently in stable condition.



Initial investigations by the CHP revealed that the patient visited a wet market near his residence in Dongguan on April 2. He bought a live chicken from the wet market and slaughtered it on April 3. His travel collaterals and close contacts have remained asymptomatic so far. Tracing of the patient's contacts in Hong Kong is ongoing. The CHP's investigation is continuing.

Prior to this case, fifteen imported cases of human infection with avian influenza A(H7N9) virus were recorded in Hong Kong since December 2013. Cumulatively, a total of 761 confirmed human H7N9 cases have been reported globally since March 2013, including at least 308 deaths (as of April 19, 2016). These included 738 cases in Mainland China and 23 cases exported from Mainland China to Hong Kong (16), 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 81 human H7N9 cases with onset dates since September 2015 have been reported in 10 provinces/ municipalities in Mainland China (as of April 19), including Zhejiang (31), Guangdong (13), Jiangsu (13), Hunan (8), Fujian (6), Shanghai (4), Jiangxi (3), Anhui (1), Hubei (1) and Shandong (1). Apart from H7N9, an influenza A(H5N1) case affecting a 42 years old man in Sichuan and six cases of influenza A(H5N6) (5 cases in Guangdong and one case imported to Jiangxi from Guangdong) have been reported in Mainland China since December 2015.

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

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_04_04_2016.pdf?ua=1

has not acquired the ability to transmit easily among humans.

We would like to urge your healthcare professionals 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 (such as 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 CENO On-line (https://cdis.chp.gov.hk/CDIS_CENO_ONLINE/ceno.html). The reporting criteria have been 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,



(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:
• 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.	