



**衛生防護中心**  
Centre for Health Protection

## **Scientific Committee on Emerging and Zoonotic Diseases**

### **Summary of Recommendations on Management of Close Contacts of Cases of Human Infection with Avian Influenza in Hong Kong**

Human infections with avian influenza A(H7N9) emerged in early 2013 and resulted in severe illness. Globally, as of 12 March 2015, 638 cases of human infection with H7N9 have been reported. Among these cases, the case fatality rate was at least 35%. Current scientific evidence shows that the transmissibility of the H7N9 virus among humans remains low and no reported clusters occurred in health-care settings so far. Besides, the H7N9 virus is generally susceptible to the antiviral oseltamivir.

2. Based on review of the recommendations on contact tracing for human H7N9 cases by the World Health Organization and experiences and practices of other health authorities including the United States, United Kingdom, Canada, Mainland China and Taiwan, the Scientific Committee on Emerging and Zoonotic Diseases (SCEZD) recommends the Centre for Health Protection (CHP) of the Department of Health to continue to conduct contact tracing of contacts of confirmed human H7N9 cases. Antiviral prophylaxis with oseltamivir should be given to the close contacts (as determined by risk assessment) at an appropriate treatment dose for five days. Medical surveillance is to be undertaken for 10 days after the last exposure, where the close contacts should report to CHP promptly if fever or any respiratory symptom develops. Moreover, close contacts should wear a face mask for 10 days since last exposure to a confirmed case while the case was infectious. There are no restrictions for work or other daily activities during the surveillance period. If the close contacts are contraindicated/ intolerant to or refuse antiviral prophylaxis with oseltamivir, they should be put under quarantine for 10 days since last exposure.



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3. The above recommendations are based on the most current scientific understanding of the risk of human-to-human transmission of the H7N9 virus, which also apply to human infections with other types of avian influenza viruses with low risk of human-to-human transmission, e.g., avian influenza A(H5N1).

4. The SCEZD notes that avian influenza viruses may change unpredictably (including its transmissibility and pathogenicity). It advises CHP to closely monitor the latest scientific development on avian influenza viruses and review the above recommendations if in future new scientific evidence suggests changes in the potential of human-to-human transmission and antiviral susceptibility.

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