

監測及流行病學處



Surveillance
And
Epidemiology
Branch

本署檔號 Our Ref.: (10) in DH SEB CD/8/6/1 XVII

10 December 2007

Dear Doctor,

**Confirmed human cases of H5N1 Infection in Jiangsu and
Enhanced Pneumonia Surveillance Program in Hospitals**

I would like to draw your attention to the two human cases of H5N1 infection in Jiangsu Province confirmed in December 2007.

The first case was a 24-year-old man living in Nanjing with no fixed occupation. He had onset of respiratory symptoms on November 24 and was admitted for hospital treatment on November 27 for left lower lobe pneumonia. His condition deteriorated rapidly and he died on December 2. His diagnosis of H5N1 infection was confirmed by China CDC on December 2 through testing of respiratory specimen by PCR. Preliminary information suggested that he did not have contact with sick/dead poultry.

The second case was the 52-year-old father of the first case. He had onset of fever in the evening of December 3, while under medical surveillance. His respiratory specimen yielded positive result to H5N1 by PCR by China CDC on December 6. The other close contacts have been put under medical surveillance.

The Centre for Health Protection is liaising with The Ministry of Health of China to obtain further details on the possible sources and mode of transmission. In view of the latest development, the Government has put in place the following measures to safeguard public health:



衛生防護中心乃衛生署
轄下執行疾病預防
及控制的專業架構
The Centre for Health
Protection is a
professional arm of the
Department of Health for
disease prevention and
control

- a) Health information has been distributed to travellers to and from Jiangsu. Temperature screening at immigration control points will be continued. The Port Health Office has informed the travel industry about the situation. Updated information is available at Port Health Office's website (www.travelhealth.gov.hk); and
- b) An enhanced pneumonia surveillance programme has been set up targeting at passengers arriving from Jiangsu Province with signs and symptoms of pneumonia admitted to public and private hospitals. Please enquire your affiliated hospitals for details.

Please be reminded that the reporting criteria of Influenza A (H5, H7, and H9) remain unchanged (Appendix). Your attention is drawn to the **criteria of possible exposure** issued by the World Health Organisation in August 2006, which stated that possible exposure may also include:

- i. consumption of raw or undercooked poultry products in areas where H5N1 infections in animals or humans have been suspected or confirmed;
- ii. close contact with a confirmed H5N1 infected animal other than poultry or wild birds (e.g. cat or pig); and
- iii. handling samples (animal or human) suspected of containing H5N1 virus in a laboratory or other setting.

Any suspected cases should be reported to the Central Notification Office of the CHP via fax (24772770), phone (24772772) or CENO On-line (www.chp.gov.hk/ceno). Please also refer patients fulfilling the reporting criteria to public hospitals for further clinical management.

The latest information on avian influenza is available at our CHP website (www.chp.gov.hk). Please kindly visit our website regularly for updated information.

Yours faithfully,



(Dr Liza TO)

for Consultant Community Medicine (Communicable Disease)
Centre for Health Protection
Department of Health



Reporting Criteria for Human Influenza A (H5, H7, or H9) infection

(revised on 27 March 2006)

An individual fulfilling both the *Clinical Criteria* **AND** *Epidemiological Criteria* should be reported to CHP for further investigation.

Clinical Criteria

- person with acute respiratory illness, characterized by fever (temperature $>38^{\circ}\text{C}$) and cough and/or sore throat, **OR**
- person with severe pneumonia, **OR**
- person died of unexplained acute respiratory illness

Epidemiological Criteria

- recent (less than 1 week) contact with a human case of Influenza A (H5), Influenza A (H7) or Influenza A (H9), **OR**
- recent (less than 1 week) contact with diseased poultry, diseased wild bird, or their carcasses in a country / area with documented avian influenza H5 infection in birds in recent 6 months^{notes}, **OR**
- recent (less than 1 week) contact with diseased poultry, diseased wild bird, or their carcasses in a country / area with documented indigenous human case of Influenza A (H5), Influenza A (H7) or Influenza A (H9) in recent 6 months^{notes}, **OR**
- worked in a laboratory that is processing samples from persons or animals that are suspected from avian influenza infection

Notes:

1. *According to reporting criteria issued by the World Health Organisation on 29 August 2006, possible exposure may also include:*

- *consumption of raw or undercooked poultry products in areas where H5N1 infections in animals or humans have been suspected or confirmed;*
- *close contact with a confirmed H5N1 infected animal other than poultry or wild birds (e.g. cat or pig); and*
- *handling samples (animal or human) suspected of containing H5N1 virus in a laboratory or other setting.*

2. *The list of country / area with documented avian influenza H5 infection in birds (including poultry and wild birds) and indigenous human cases of Influenza A (H5), Influenza A (H7) or Influenza A (H9) in recent 6 months will be regularly updated and posted on CHP website.*

