



衛生防護中心  
Centre for Health Protection

## Scientific Committee on Emerging and Zoonotic Diseases

### Consensus Summary on Avian Influenza A (H7N9)

The emergence of human infections with the novel avian influenza A (H7N9) virus reported in the Mainland since 31 March 2013 is of concern. Within a month, 126 cases were reported in 11 provinces / municipalities / areas, most patients suffered severe respiratory illness and a significant proportion of them died. Further sporadic human infections and expansion of geographic spread in the Mainland and other countries / areas is anticipated.

2. The current epidemic strain of Avian influenza A (H7N9) virus is a novel reassortant avian influenza virus which does not cause illnesses in birds, but has gained some abilities to cross species barriers, causing sporadic poultry-to-human transmission which may result in severe disease in infected people. Genetic and epidemiological findings showed that patients are likely to be infected through exposure to infected poultry or its contaminated environment such as wet markets. However, the exact source and mode of spread still require further investigations.

3. Family clusters of infection suggest that limited human-to-human transmission may have occurred in close contacts but exposure to a common source can also be one of the explanations. There is no evidence of sustained human-to-human transmission at present.

4. Most of the patients with confirmed H7N9 infection to date were considered to be at increased risk for complications from influenza owing to older age or the presence of certain underlying medical condition. The reasons for the age and gender distribution and the exact spectrum of illness of H7N9 infection require further studies.



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5. The main concern is whether the virus will further adapt to enable efficient human-to-human transmission, which may result in a pandemic.

6. The import of human cases of avian influenza A (H7N9) infection to Hong Kong is expected due to heavy traffic between the Mainland and Hong Kong. The risk of importing affected poultry exists.

7. The enhanced preventive and control measures for human infection with avian influenza should be continued. Surveillance for human avian influenza A (H7N9) infection is crucial. Although the risk of human-to-human transmission appears to be low, the actual risk is currently unknown and control measures, such as appropriate infection control precautions, isolation of suspected cases, and quarantine of close contacts of confirmed cases should be enforced.

8. Avian influenza A (H7N9) virus is expected to be sensitive to the neuraminidase inhibitors, oseltamivir and zanamivir, but resistant to the antiviral drugs amantadine and rimantadine. Confirmed or highly suspected cases should receive antiviral treatment with a neuraminidase inhibitor as early as possible.

9. The Committee recommends:

- continue intensive surveillance for avian influenza A (H7N9) virus infection in both humans and poultry/birds;
- maintain a high level of alert, preparedness and response for avian influenza A (H7N9) virus infection;
- strengthen publicity and public education on the prevention of the disease;
- maintain close liaison with international and Mainland health authorities and local academics to monitor the latest development;
- further studies should be carried out to fill the knowledge gaps; and
- close monitoring of the progress of development of an H7N9 vaccine.

Centre for Health Protection  
Department of Health  
30 April 2013

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