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30 September 2004

Dear Doctor,

**H5 influenza infection update**

We are writing to update you on the latest situation regarding human cases of avian influenza H5N1 in Thailand. On 28 September 2004, the Ministry of Public Health in Thailand has confirmed two new cases of H5N1 avian influenza in humans, which were associated with a family cluster. The cases were a 26-year-old mother (deceased) and her 32-year-old sister and an 11-year-old daughter (deceased). The girl and her aunt were known to have had contact with dead chickens. The mother, who resided in another region in Thailand, provided bedside care for her daughter while hospitalized, up to the time of the child's death. She subsequently fell ill and died. Thai officials have concluded that the mother could have acquired the infection either from some environmental source or while caring for her daughter. While investigation of this family cluster provided evidence that human-to-human transmission may have occurred, evidence to date indicated that transmission of the virus among humans has been limited to family members and that no wider transmission in the community has occurred. Further details can be found at WHO website: [http://www.who.int/csr/don/2004\\_09\\_28a/en/](http://www.who.int/csr/don/2004_09_28a/en/).

The efficiency of human-to-human transmission is important in determining the public health significance of a novel influenza strain. In fact, studies by the Department of Health, Hong Kong, and the Centers for Disease Control and Prevention, USA found evidence of inefficient human-to-human transmission during the H5N1 outbreak in Hong Kong (1997). For example, a retrospective study found that healthcare workers exposed to H5N1 case patients had a higher seroprevalence of H5 antibodies compared with unexposed healthcare workers, adjusted for other confounding exposures. However, human-to-human transmission of the virus was uncommon. You may access relevant articles on this subject through the following links:



<http://www.cdc.gov/mmwr/preview/mmwrhtml/00050775.htm>

<http://www.journals.uchicago.edu/JID/journal/issues/v181n1/990819/990819.html>.

Since January this year, there were 15 confirmed avian influenza cases reported in Thailand, causing 10 deaths. The majority of them (9 cases) were located in central part of Thailand, while 3 cases were reported in northern part and 3 cases were reported in north-eastern part. There were also 27 confirmed cases reported in Vietnam, leading to 20 deaths. Most of the cases were located in northern (13 cases) and southern (13 cases) regions in Vietnam.

If you come across patients presenting with pneumonia or flu-like illness within 7 days returning from countries reporting recent cases of avian influenza (e.g., Thailand, Vietnam), please enquire history of exposure to poultry, as well as contact with persons suffering from influenza symptoms. Based on the Hong Kong outbreak experience in 1997, the initial clinical presentation of avian influenza A H5N1 may be indistinguishable from human influenza. However, about 60% of cases developed viral pneumonia, and some patients ran a rapid downhill course with lymphopenia, deranged liver and renal function, prolonged clotting time, adult respiratory distress syndrome, and multi-organ dysfunction syndrome.

Influenza A (H5) is a statutorily notifiable disease. Suspected cases should be reported to the Central Notification Office of the Centre for Health Protection at **Fax: 24772770** and **Tel: 24772772**.

We are closely monitoring local and overseas situation on avian influenza. Please visit our website at [www.chp.gov.hk](http://www.chp.gov.hk) for further information and situation updates.

Yours faithfully,



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