

本署檔號 Our Ref. : (120) in DH CDB/8/6/1 Pt. 36

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Dear Doctor,

### **A Local Human Case of Influenza A(H9) Infection**

We would like to draw your attention to a local human case of avian influenza A(H9) infection and to remind doctors to remain vigilant for the disease.

The patient is a 2-year-old boy who developed fever and mild diarrhea on 9 June 2026. His respiratory specimen was tested positive for influenza A by rapid antigen test by his parent. He was brought to the Accident and Emergency Department of Prince of Wales Hospital on 10 June. He was admitted for treatment and is currently in stable condition. His nasopharyngeal swab tested positive for influenza A(H9), while subtyping result is pending.

Initial investigation revealed that the patient lives with six family members in Sha Tin District and had no travel history during the incubation period. He has no history of keeping poultry or birds at home, consuming undercooked poultry, or contacting sick individuals. However, a family member took him to visit Wo Che Market in Sha Tin twice in early June, during which the patient stopped at a fresh provision shop selling live chicken in the market to watch the poultry and touched the surroundings of the shop. It cannot be ruled out that the patient was infected through indirect contact with poultry-contaminated environments in the market.

The Centre for Health Protection (CHP), in collaboration with the Food and Environmental Hygiene Department, has launched an investigation and collected environmental samples from the shop concerned. His six household contacts and the food stall staff are currently asymptomatic, and they have been provided with oseltamivir chemoprophylaxis and placed under medical surveillance.



Unlike the highly pathogenic avian influenza viruses (such as H5N1), infection with the low pathogenic avian influenza A(H9N2) virus usually presents with relatively mild illness. Most reported influenza A(H9N2) human cases were associated with direct exposure to infected poultry/birds or indirect contact with contaminated environments. No sustained human-to-human transmission has been identified associated with the reported human infections with A(H9N2) viruses. Current evidence suggests that A(H9N2) viruses from these cases did not acquire the ability of sustained transmission among humans.

Hong Kong has previously recorded a total of 10 cases of influenza A(H9N2) since 1999, including four local cases. Novel influenza A infection (e.g. H5, H7 or H9) is a statutory notifiable disease in Hong Kong. Doctors are reminded to remain vigilant for patients presenting with influenza-like illness and having contact history with poultry/birds or contaminated environments (e.g. live poultry shops). Suspected cases of novel influenza A infection should be immediately reported to the Central Notification Office (CENO) of CHP by fax (2477 2770), by phone (2477 2772), or via the CENO On-line website ([https://cdis.chp.gov.hk/CDIS\\_CENO\\_ONLINE/ceno.html](https://cdis.chp.gov.hk/CDIS_CENO_ONLINE/ceno.html)). If you are reporting any Novel influenza A infection cases outside office hours, please also call our Medical Control Officer at 9260 7090 immediately for prompt investigation. Moreover, all respiratory specimens with unsubtypeable influenza A virus (non-H1 and non-H3) should be submitted to the CHP's Public Health Laboratory Services Branch for further subtyping (enquiry: 2319 8360 / 2319 8254).

Please draw the attention of the healthcare professionals and supporting staff in your institution/ working with you to the above. Thank you for your unfailing support in prevention and control of communicable diseases.

Yours faithfully,



(Dr. Albert AU)

for Controller, Centre for Health Protection  
Department of Health