



Epidemiological Update:

Human infection with avian influenza A(H7N9) in China

10 April 2013

The Pan American Health Organization / World Health Organization (PAHO/WHO) recommends that Member States maintain the capacity to detect any unusual health event, including those that might be associated with a new subtype of influenza virus. Member States are encouraged to update and implement the relevant components of multi-hazard plans for preparedness and response to public health events.

The Organization does neither advise health screening at points of entry in relation to this event, nor that any travel or trade restrictions be applied.

The Chinese health authorities have notified WHO of additional laboratory-confirmed cases of human infection with influenza A(H7N9) virus. As of 10 April, the total number of confirmed cases is 28, including nine deaths, 14 severe cases and five mild cases. The age range is 4 to 87 (median = 62). Nine cases are female and 19 are male. Cases are from Anhui (2), Zhejiang (5), Shanghai (13) and Jiangsu (8) provinces of China, all located in the east of China. The onset of symptoms occurred from 19 February to 3 April 2013. Updated information is available on the [WHO Disease Outbreak News](#) (DON).

As per the WHO DON, to date, there is limited information to determine whether the reported number of cases represents some or all of the cases actually occurring. As some relatively mild cases of illness have now been reported, it is possible that there are other such cases that have not been identified and reported.

More than 600 close contacts of the confirmed cases are being closely monitored. The investigation of a contact that developed symptoms of respiratory illness in Jiangsu is ongoing. At this time there is no evidence of ongoing human-to-human transmission.¹

The health authorities of China continue investigating the event to identify the source of the outbreak and continue strengthening disease surveillance for early detection, diagnosis and treatment.

WHO is closely monitoring the evolution of this event and is working with WHO Collaborating Centers for Reference and Research on Influenza and other partners to ensure that information is made available as it becomes available and that materials are developed for diagnosis and treatment and vaccine development. No vaccine is currently available for this influenza subtype. Preliminary test results provided by the WHO Collaborating Centre in China suggest that the virus is susceptible to the neuraminidase inhibitors (oseltamivir and zanamivir).

¹ WHO Disease Outbreak News, *Human infection with influenza A(H7N9) in China—update*, 10 April 2013. Available at: http://www.who.int/csr/don/2013_04_10/en/index.html

Recommendations

PAHO/WHO reemphasizes the need for Member States to maintain the capacity to detect any unusual health event, including those that may be associated with a new subtype of influenza.

It is important to maintain close and systematic interactions between human health and animal health sectors, for timely exchange of information and to conduct joint risk assessments and prevent and control of zoonotic diseases, as necessary.

PAHO/WHO encourages Member States to update and implement the relevant components of their multi-hazard plans for preparedness and response to public health events.

PAHO/WHO does not advise the implementation of health screening at points of entry in relation to this event, nor that any travel or trade restrictions be applied.

PAHO/WHO takes this opportunity to remind Member States that the determination of health measures that can be adopted in response to specific public health risks pursuant paragraph 1 of Article 43 of the International Health Regulations (IHR),² should be based on scientific principles, available scientific evidence, and available guidance and advice by WHO. According to paragraph 3 of Article 43, any measure adopted pursuant paragraph 1 and significantly interfering with international traffic should be notified to PAHO/WHO. In compliance with Recommendation 3 by the IHR Review Committee,³ endorsed by Member States through Resolution WHA64.1,⁴ PAHO/WHO is actively monitoring health measures adopted by States Parties and, when justified by the assessment of the public-health rationale of such measures, the Organization will be sharing relevant information with other States Parties.

Epidemiological and laboratory surveillance

As per previous PAHO/WHO recommendations in these types of events, the initiation of an investigation is recommended in the following situations:

- a severe acute respiratory infection (SARI) case of unknown etiology is detected in a health facility,
- the detection of a SARI cluster with unexplained etiology, or
- an unusual or unexpected SARI case of unknown etiology in the community or in a health care worker.

In such situations, samples of clinical and epidemiological significance should be taken and analyzed within the capacity of the national laboratory system. **All specimens that cannot be subtyped for influenza A and those with inconclusive or unexpected subtyping results should be forwarded, immediately,** to the WHO Collaborating Center for influenza, at the United States Centers for Disease Control and Prevention for additional testing.⁵

² Available at: http://whqlibdoc.who.int/publications/2008/9789241580410_eng.pdf

³ Available at: http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_10-en.pdf

⁴ Available at: http://apps.who.int/gb/ebwha/pdf_files/WHA64-REC1/A64_REC1-en.pdf#page=21

⁵ WHO Collaborating Centre for the Surveillance, Epidemiology and Control of Influenza Centers for Disease Control and Prevention National Center for Immunization and Other Respiratory Diseases Influenza Division. 1600 Clifton Road, A-20. Atlanta, Georgia 30333, United States of America, Fax: +1 404 639 2334, <http://www.cdc.gov/flu/>

The investigation should include complete epidemiological and clinical information, for example: clinical signs and symptoms, date of onset of symptoms, underlying clinical conditions, history of influenza vaccination, history of treatment with oseltamivir or zanamivir, contact with animals, and history of travel, among others.

The Real-time RT-PCR Protocol for the Detection of A(H7N9) Influenza Virus, was published by WHO on 8 April 2012 on the Global Influenza Programme website.⁶

Information for the Public

Although there is no evidence about the ongoing human-to-human transmission¹ of this virus, always it is pertinent to observe transmission prevention measures for respiratory virus, in particular the following:

- Washing hands is the most effective way of reducing transmission.
- Dissemination of “respiratory etiquette” knowledge to help prevent transmission of the virus.
- Individuals with fever should avoid leaving their homes to go to work or to other public places.

The transmission prevention measures should be disseminated in multiple languages to reach all population groups.

For more information, consult the following links:

- [Frequently asked questions on human infection with influenza A\(H7N9\) in China](#)
- [Influenza](#)
- [Influenza at the Human-Animal interface \(HAI\)](#)
- [Avian influenza fact sheet](#)
- [Weekly Epidemiological Record \(WER\) 29 March 2013](#)

⁶ Available at: http://www.who.int/influenza/gisrs_laboratory/cnic_realtime_rt_pcr_protocol_a_h7n9.pdf