Human infection with avian influenza A(H5) viruses

Human infection with avian influenza A(H5N1) virus
Between 11 August and 17 August 2023, no new cases of human infection with avian influenza A(H5N1) virus were reported to WHO in the Western Pacific Region.

As of 17 August 2023, a total of 244 cases of human infection with avian influenza A(H5N1) virus have been reported from four countries within the Western Pacific Region since January 2003 (Table 1). Of these cases, 136 were fatal, resulting in a case fatality rate (CFR) of 56%. The last cases in the Western Pacific Region were reported from Cambodia on 23 and 24 February 2023.

Table 1: Cumulative number of laboratory-confirmed human cases (C) and deaths (D) of influenza A(H5N1) virus infection reported to WHO, by date of onset (January 2003 to 17 August 2023), Western Pacific Region

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<td>128</td>
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<tr>
<td>Total</td>
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<td>42</td>
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<td>244</td>
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NB: This table is updated on a monthly basis following the updates from the Source

Globally, from January 2003 to 17 August, 878 cases of human infection with avian influenza A(H5N1) virus were reported from 23 countries. Of these 878 cases, 458 were fatal (CFR of 52%) (Source).

Human infection with avian influenza A(H5N6) virus
Between 11 August and 17 August 2023, no new cases of human infection with avian influenza A(H5N6) virus were notified to WHO in the Western Pacific Region. The last case was reported from Guilin city, Guangxi province, China, with an onset date of 3 July 2023.

To date, a total of 86 laboratory-confirmed cases of human infection with influenza A(H5N6) virus including 33 deaths (CFR 38 %) have been reported to WHO in the Western Pacific Region since 2014.

Human infection with avian influenza A(H5) virus
Between 11 August and 17 August 2023, no new cases of human infection with avian influenza A(H5) virus were notified to WHO in the Western Pacific Region. The last case was reported from Viet Nam, with an onset date of 22 October 2022 (one case, no death). This is the first case of avian influenza A(H5) reported from Viet Nam since 2014; NA subtype could not be determined.
**Public health risk assessment for human infection with avian influenza A(H5) viruses**

Whenever avian influenza viruses are circulating in poultry, there is a risk for sporadic infection and small clusters of human cases due to exposure to infected poultry or contaminated environments. Therefore, sporadic human cases are not unexpected.

The rise in the number of reported human cases of A(H5N6) infection may reflect the continued circulation of the virus in birds, and enhanced surveillance system and diagnostic capacity as a direct outcome of the response to the COVID-19 pandemic. The zoonotic threat remains elevated due to the spread of the viruses among birds. However, the overall pandemic risk associated with A(H5) is considered not significantly changed in comparison to previous years. WHO recommends that Member States remain vigilant and consider mitigation steps to reduce human exposure to potentially infected birds to reduce the risk of additional zoonotic infection.

For information on risk assessments on Avian Influenza, see: monthly risk assessment summaries and Assessment of risk associated with highly pathogenic avian influenza A(H5N6) virus.

**Human infection with avian influenza A(H3N8) virus**

Between 11 August and 17 August 2023, no new cases of human infection with avian influenza A(H3N8) virus were reported to WHO in the Western Pacific Region. The last case was reported from China with an onset of illness of 22 February 2023.

To date, a total of 3 laboratory-confirmed cases of human infection with influenza A(H3N8) virus with one death have been reported to WHO in the Western Pacific Region.

**Human infection with avian influenza A(H7N4) virus in China**

Between 11 August and 17 August 2023, no new cases of human infection with avian influenza A(H7N4) virus were reported to WHO in the Western Pacific Region. To date, only one laboratory-confirmed case of human infection with influenza A(H7N4) virus has been reported to WHO. This case was reported from China on 14 February 2018.

**Human infection with avian influenza A(H7N9) virus in China**

Between 11 August and 17 August 2023, no new cases of human infection with avian influenza A(H7N9) virus were reported to WHO in the Western Pacific Region. To date, a total of 1,568 laboratory-confirmed human infections with avian influenza A(H7N9) virus, including 616 fatal cases (CFR: 39%), have been reported to WHO since early 2013. The last case of human infection with avian influenza A(H7N9) reported to WHO in the Western Pacific Region was in 2019.

Of the 1,568 human infections with avian influenza A(H7N9), 33 have reported mutations in the hemagglutinin gene indicating a change to high pathogenicity in poultry. These 33 cases were from Taiwan, China (one case had a travel history to Guangdong), Guangxi, Guangdong, Hunan, Shaanxi, Hebei, Henan, Fujian, Yunnan, and Inner Mongolia. No increased transmissibility or virulence of the virus within human cases related to the HPAI A(H7N9) virus has been detected.

**Human infection with avian influenza A(H9N2) virus**

Between 11 August and 17 August 2023, no new cases of human infection with avian influenza A(H9N2) virus were reported to WHO in the Western Pacific Region. The last case was reported from China with an onset date of 22 June 2023. To date, a total of 90 cases of human infection with avian influenza A(H9N2),
including two deaths (both with underlying conditions), have been reported to WHO in the Western Pacific Region since December 2015. Of these, 88 were reported from China and two were reported from Cambodia. The last case was reported from China, with an onset date of 22 June 2023 and has since recovered.

**Human infection with avian influenza A(H10N3) virus**

Between 11 August and 17 August 2023, no new cases of human infection with avian influenza A(H10N3) virus were reported to WHO in the Western Pacific Region. To date, two cases of avian influenza A(H10N3) virus have been reported globally. The last case was reported from Zhejiang, China with an onset date of 11 June 2022.

Most previously reported human infections with avian influenza viruses were due to exposure to infected poultry or contaminated environments. Since avian influenza viruses, including avian influenza A(H10N3) viruses, continue to be detected in poultry populations, further sporadic human cases could be detected in the future. Currently, available epidemiologic information suggests that the avian influenza A(H10N3) virus has not acquired the ability for sustained human-to-human transmission, thus the likelihood of spread among humans is low.

**Animal infection with avian influenza virus**

Between 11 August and 17 August 2023, no new outbreak of highly pathogenic avian influenza among animals were notified to the World Organization for Animal Health (WOAH) from the Western Pacific Region.

For more information on animal infection with avian influenza viruses with potential public health impact, visit:

- World Organization for Animal Health (WOAH) web page: [Weekly disease information and Latest report on Avian Influenza](#)
- Emergency Prevention System for Transboundary Animal and Plant Pests and Diseases (EMPRES)
- FAO Global Animal Disease Information System (EMPRES-i)

**Other updates**

- [Influenza at the human-animal interface summary and assessment](#), 14 July 2023
- [Assessment of risk associated with recent influenza A(H5N1) clade 2.3.4.4b viruses](#), 21 December 2022
- [Recommended composition of influenza virus vaccines for use in the 2023 southern hemisphere influenza season](#), 23 September 2022
- [WHO issues updated influenza vaccines position paper](#), 1 June 2022
- [Recommended composition of influenza virus vaccines for use in the 2023-2024 northern hemisphere influenza season](#), 24 February 2023
- [WHO SAGE Seasonal Influenza Vaccination Recommendations during the COVID-19 Pandemic Interim guidance](#), 20 September 2020