



**World Health
Organization**

REGIONAL OFFICE FOR **Europe**

**WHO Regional Office for Europe update on avian influenza A(H7N9)
virus**

Situation update
13 December 2013

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This update summarizes the available information and recommendations made by WHO about human infections with avian influenza A(H7N9) virus in China for Member States of the WHO European Region. WHO/Europe will post this update (in English and with a possible slight delay for translation in Russian) as new information becomes available or the situation changes.

WHO/Europe emphasizes 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 A which should be notified to WHO in accordance with the International Health Regulations (2005). Human health and animal health sectors should maintain close and systematic interactions for timely exchange of information and to conduct joint risk assessments for the prevention and control of zoonotic diseases, as necessary.

What is new in this update?

- **A total of 143 cases of avian influenza A(H7N9) including 45 deaths have been reported to WHO**
- **The Centre for Health Protection, Hong Kong SAR of China reports its first cases**
- **Update on WHO Regional Office for Europe missions to strengthen response to avian influenza A(H7N9)**

Situation update and public health risk assessment

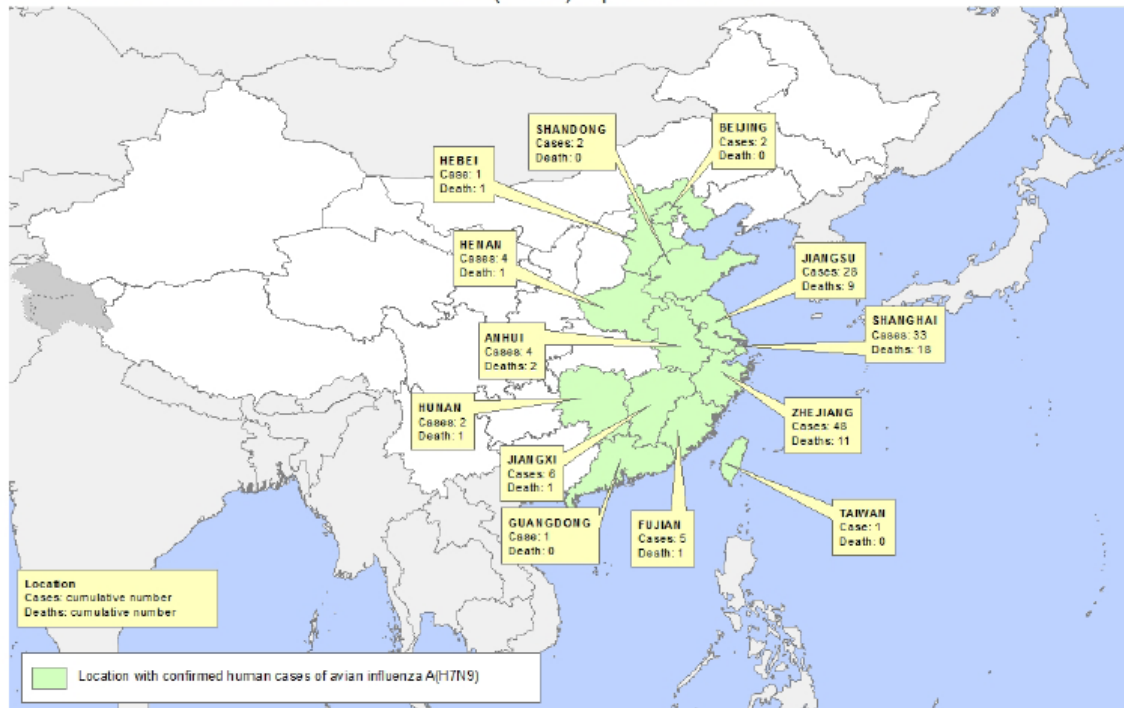
On 31 March 2013, the health authorities of China notified WHO of three laboratory-confirmed human cases of avian influenza A(H7N9) virus infection. As of 10 December 2013, a total of 143 cases and 45 deaths have been reported by China National Health and Family Planning Commission (140 cases), the Centers for Disease Control, Taipei (1 case) and the Centre for Health Protection, Hong Kong SAR of China (2 cases).

Although most human A(H7N9) cases have been in contact with poultry or have been at live animal markets, the knowledge about the origin of the virus as well as the prevalence of the virus in animals remains limited. Since the virus is low pathogenic in poultry, it is likely that the virus continues to circulate in China and perhaps in neighbouring countries. Therefore, reports of additional human cases and infections in animals may be expected, especially as the winter season has started in the Northern Hemisphere.

Four small family clusters have been reported but evidence does not indicate sustained human-to-human transmission of A(H7N9) and the current likelihood of community level spread of the virus is considered low.

The following map and epidemiological curve were published by WHO headquarters in the periodical report #10 on 25 October 2013 which can be accessed [here](#).

Confirmed human cases of avian influenza A(H7N9) reported to WHO

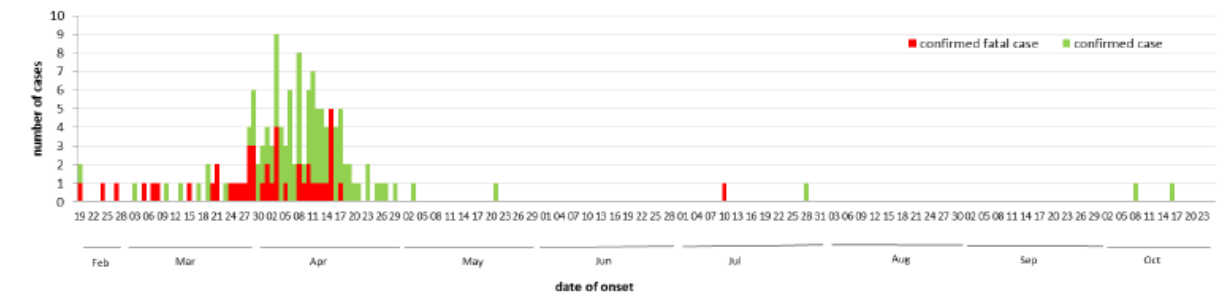


Data as of 25 October 2013, 8:00 GMT+1
Source: WHO/GIP

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Epidemiological curve of confirmed cases of A(H7N9) reported to WHO in 2013 by day.



WHO/Europe response and recommendations

In the period September to December 2013, WHO/Europe undertook activities in selected Member States to strengthen their response to human infections of A(H7N9). In consultation with ministries of health in five countries, trainings for critical care physicians in the clinical management of severely ill influenza cases and workshops for local and national outbreak response teams were organized. A report of the activities will be made available on WHO/Europe's website.

WHO/Europe recommends its Member States to strengthen preparedness to detect, assess and investigate cases and outbreaks of severe acute respiratory infections by:

- establishing laboratory capacity to confirm cases;

- developing investigation protocols and procedures for their rapid implementation;
- disseminating information and materials for appropriate sampling, including for serology;
- disseminating guidance for the clinical management of patients;
- ensuring integration of epidemiological, clinical and virological data, and sharing available data with WHO.

All specimens that cannot be subtyped for influenza A and those with inconclusive or unexpected subtyping results should be forwarded, immediately, to a [WHO Collaborating Centre \(WHO CC\) for Reference and Research on Influenza](#) for additional testing.

Member States are encouraged to conduct national risk assessment, and update and implement the relevant components of preparedness plans and outbreak investigation protocols based on available information. A list of relevant information sources is provided at the end of this document.

Key guidance documents

Surveillance:

- The interim surveillance recommendations for human infection with avian influenza A (H7N9) virus are available in [English](#) and [Russian](#).

Laboratory testing:

- The protocols for real-time RT-PCR are available in [English](#) and [Russian](#).
- A technical document on diagnostic preparedness in Europe for detection of avian influenza A(H7N9) viruses is available [here](#)
- The interim recommendations on laboratory biorisk management for laboratories handling human specimens suspected or confirmed to contain avian influenza A(H7N9) virus causing human disease are available [here](#) .

Vaccine:

- The WHO recommendations on influenza A(H7N9) vaccine virus are available [here](#).
- The WHO Update of WHO biosafety risk assessment and guidelines for the production and quality control of human influenza vaccines against avian influenza A(H7N9) virus is available [here](#).

Current technical information as well as guidance related to A(H7N9) can be found at:
http://www.who.int/influenza/human_animal_interface/influenza_h7n9/en/index.html