

# Armed Forces Health Surveillance Branch H7N9 Surveillance Summary (17 FEB 2016)



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*For questions or comments, please contact:*

[dha.ncr.health-surv.list.afhs-ib-alert-response@mail.mil](mailto:dha.ncr.health-surv.list.afhs-ib-alert-response@mail.mil)



# DEPARTMENT OF DEFENSE (AFHSB)

## Avian Influenza A (H7N9) Surveillance Summary #55

17 FEB 2016 (next Summary 2 MAR)



**CASE REPORT:** As of 17 FEB 2016, 777 (+19) human cases of avian influenza A (H7N9), including 273 (+4) deaths, have been reported in China, Hong Kong, Taiwan, Malaysia, and Canada. The cases in Taiwan (4), Hong Kong (13), Malaysia (1), and Canada (2) are thought to have been imported, most likely from Guangdong, China. Of the cases most recently reported by China, very few have been reported with sufficient demographic information to distinguish them from the confirmed cases reported by WHO on 10 FEB. All of these cases are included in our above count, but many were reported without a location and therefore not included in the map on page 5. On 6 FEB, media reported two additional suspected cases not included in the above case count as they have not yet been reported by the provincial government. This year's Chinese Lunar New Year celebrations began on 8 FEB; festivities for this holiday often include a large meal that heavily features poultry. The majority of human cases of H7N9 have reported exposure to poultry, often via live bird markets, which are frequented more highly during the celebrations of this holiday.

**TRANSMISSION:** In a study published in CDC's APR 2015 EID Journal, H7N9 antibodies were found among 6.7% of case contacts identified between MAR 2013 and MAY 2014 in China, suggesting that human-to-human transmission does occur and could cause mild or asymptomatic infections. AFHSB notes that since much of the reporting out of China occurs in monthly batches, with limited information on age, gender, and location, it is possible that only the most severe cases and fatalities are being reported by China. It is unknown how many mild or asymptomatic cases have occurred and how many cases have occurred without laboratory testing. This lack of information coupled with the infrequent reporting makes spatial and temporal cluster analysis difficult. However, CDC reports there have been 20 known disease clusters since the beginning of the outbreak in 2013, and that cluster-associated cases account for only 5.9% of the total reported cases.

**BIRD MARKET CLOSURES:** The city of Shanghai announced on 16 JAN that it will suspend all live poultry trade from 8 FEB to 30 APR 2016, clarifying that some retailers will still be allowed to sell "chilled" poultry meat. On 22 JAN, a provincial meeting was held to discuss improving live bird market slaughtering, cold chain distribution, and marketing of fresh meat. Following this, Guangzhou City, in Guangdong Province, announced it will close its live poultry markets for 1-3 FEB and 16-18 FEB to implement cleaning and disinfection procedures. Media report that Ningbo city, in Zhejiang Province, has kept its urban poultry markets closed since JUL 2015 and taken steps to prevent transmission in the "countryside markets" as well. However, media report that rural residents are at higher risk of contracting the virus during winter "as many turn to breeding poultry in their homes" to avoid the cold conditions. As H7N9 is usually asymptomatic in birds, many bird owners are likely unaware of the risk of transmission.

On 2 FEB, the Food and Agriculture Organization (FAO) reported the sequencing results of previously detected avian influenza A (H7) cases, in poultry imported from Guangdong Province to a street market in Macao, to be low pathogenic avian influenza (LPAI) A (H7N9). The street market included 15,000 live chickens, all of which were culled to prevent further spread. Government officials imposed a three-day halt to live poultry sales, ordered all poultry stalls in the street market to be disinfected, and placed three workers from the market under medical observation for 10 days. On 14 FEB, FAO reported two additional cases of LPAI H7N9 in chickens in Zhejiang Province, one on a chicken farm and one in a live bird market. On 15 FEB, FAO reported 145 additional serum samples (from poultry) tested positive for H7 antibodies in Guizhou (68), Henan (56), Heilongjiang (8), Gansu (7), Sichuan (3), and Guangdong (3) Provinces.

**Legend:** Text updated from the previous report will be printed in red; items in (+xx) represent the change in number from the previous Summary (3 FEB 2016).

All information has been verified unless noted otherwise. Sources include the U.S. CDC, HHS, WHO, and FAO.

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**BACKGROUND:** On 1 APR 2013, WHO reported three human cases of infection with a novel influenza A (H7N9) virus in China. This was the first time human infection with H7N9 had been detected. Seasonality has been observed since the beginning of this outbreak with a consistent pattern of declining incidence through the summer months followed by a spike in cases in the winter months. The FAO [reports](#) a “fourth wave” of the outbreak has begun and notes this follows the trend from previous years of an uptick in human cases each winter. FAO expects human cases to “rise sharply in the coming weeks or months” as a result of virus seasonality and critical gaps in biosecurity found in the poultry industry, such as the mixing of species, lack of flock identification and movement control, and close contact between birds at live bird markets. Confirmed avian H7N9 has been rare and subclinical but has been previously identified. On 2 FEB, FAO reported over 2,000 virus samples from the environment, chickens, pigeons, ducks, and wild birds have tested positive for H7N9 since the beginning of the outbreak. Most of the positive samples were from live bird markets, vendors, and commercial poultry farms. The overall case-fatality proportion among known cases is **35%**, the average age of those affected is 53 years, and at least 157 of the cases reported have been female. The most recent known date of onset was 25 DEC 2015. Cases have been reported in 14 provinces of China: Anhui, Fujian, Guangdong, Guangxi, Guizhou, Hebei, Henan, Hunan, Jiangsu, Jiangxi, Jilin, Shandong, Zhejiang, and Xinjiang; and two municipalities, Beijing and Shanghai.

**INTERAGENCY/GLOBAL ACTIONS:** CDC maintains its [Level 1: Practice Usual Precautions travel advisory for China](#), advising travelers to China to avoid contact with poultry (including poultry markets and farms), birds, and their droppings. On 11 JAN, CDC released a [Level 1 travel advisory](#) for travelers to Asia to celebrate the Lunar New Year, which specifically advises “Do not touch birds, pigs, or other animals, and avoid farms and poultry markets.” On 26 JAN, CDC released new guidance for [People Exposed to Birds Infected with Avian Influenza Viruses of Public Health Concern](#), which provides instructions for monitoring symptoms. CDC and WHO advise no special screenings at points of entry, and no trade or travel restrictions. **On 10 FEB 2016, WHO included an updated risk assessment in their [Disease Outbreak News](#) update that says the overall public health risk from H7N9 has not changed** since its last full [Risk Assessment of Human Infections with Avian Influenza A \(H7N9\) Virus](#) on 23 FEB 2015. On 15 OCT 2015, FAO released new guidelines for [biosecurity improvements in live bird markets](#) and [risk communication](#) regarding H7N9. On 9 NOV 2015, the China Ministry of Agriculture (MOA) released [recommendations](#) for how to improve H7N9 prevention and control efforts for the coming flu season. These include strengthening: monitoring and early warning, live bird market regulations for transporting live poultry, sectorial collaboration, emergency preparedness, advocacy, and information dissemination.

**SURVEILLANCE:** Reagents for surveillance testing purposes are available via the [CDC website](#). NMRC has produced amplicon H7N9 positive testing control material using the published WHO primers/probes. Kits have been sent to AFRIMS, NAMRU-3, NAMRU-6, NAMRU-2 Phnom Penh, NMRC-A and NHRC for surveillance. Nineteen DoD laboratories have been sent diagnostic kits, as have all 50 states, the District of Columbia, Puerto Rico, and more than 60 international labs.

**DIAGNOSTICS AND TREATMENT:** The H7N9 testing and reporting guidelines and a list of DoD laboratories can be found at the [AFHSB website](#). On 19 APR 2013, FDA issued an [Emergency Use Authorization](#) for the CDC Human Influenza Virus Real-Time RT-PCR diagnostic panel – Influenza A/H7 assay; this was made available on 26 APR 2013. WHO confirms oseltamivir (Tamiflu) and zanamivir (Relenza) are recommended treatments for H7N9. A study, [published on 7 DEC 2015 in the Lancet](#), found that a live attenuated influenza vaccine (LAIV) candidate for avian influenza A (H7N9) was well tolerated by the phase one trial participants and showed significant immunogenicity.

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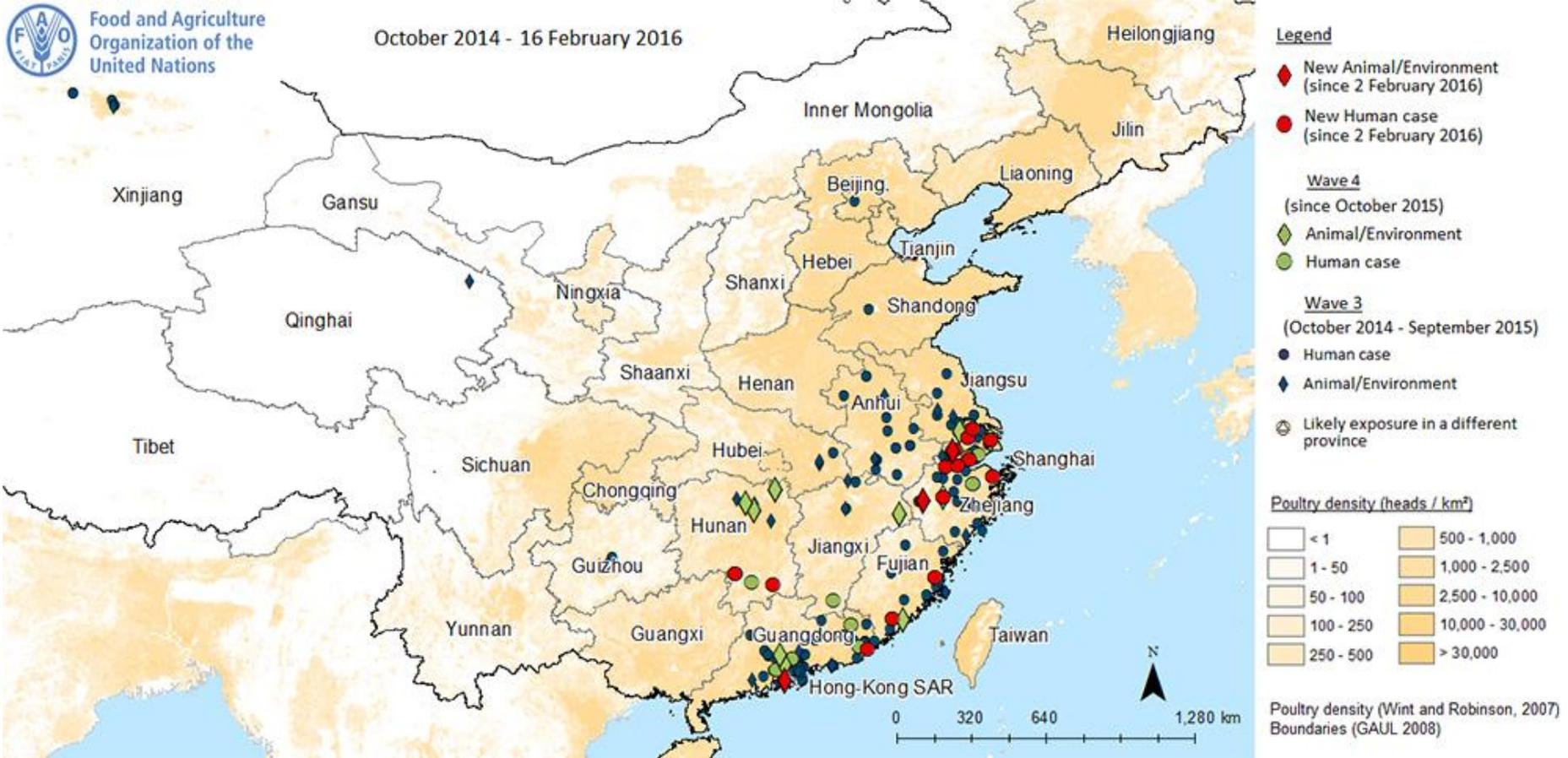
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Source: [FAO H7N9 Situation Update 16 FEB 2016](#)

This map illustrates the geographic distribution of human H7N9 cases and H7N9-positive samples in birds or the environment in China since OCT 2014. Human cases are depicted in the geographic location where they were reported; for some cases, exposure may have occurred in a different geographic location. Precise location of 49 human cases in Fujian (28), Jiangsu (8), Zhejiang (11), Guangdong (1), Hunan (1), and Xinjiang (1) are currently not known. These cases are therefore not shown on the map. Imported cases are also not represented.

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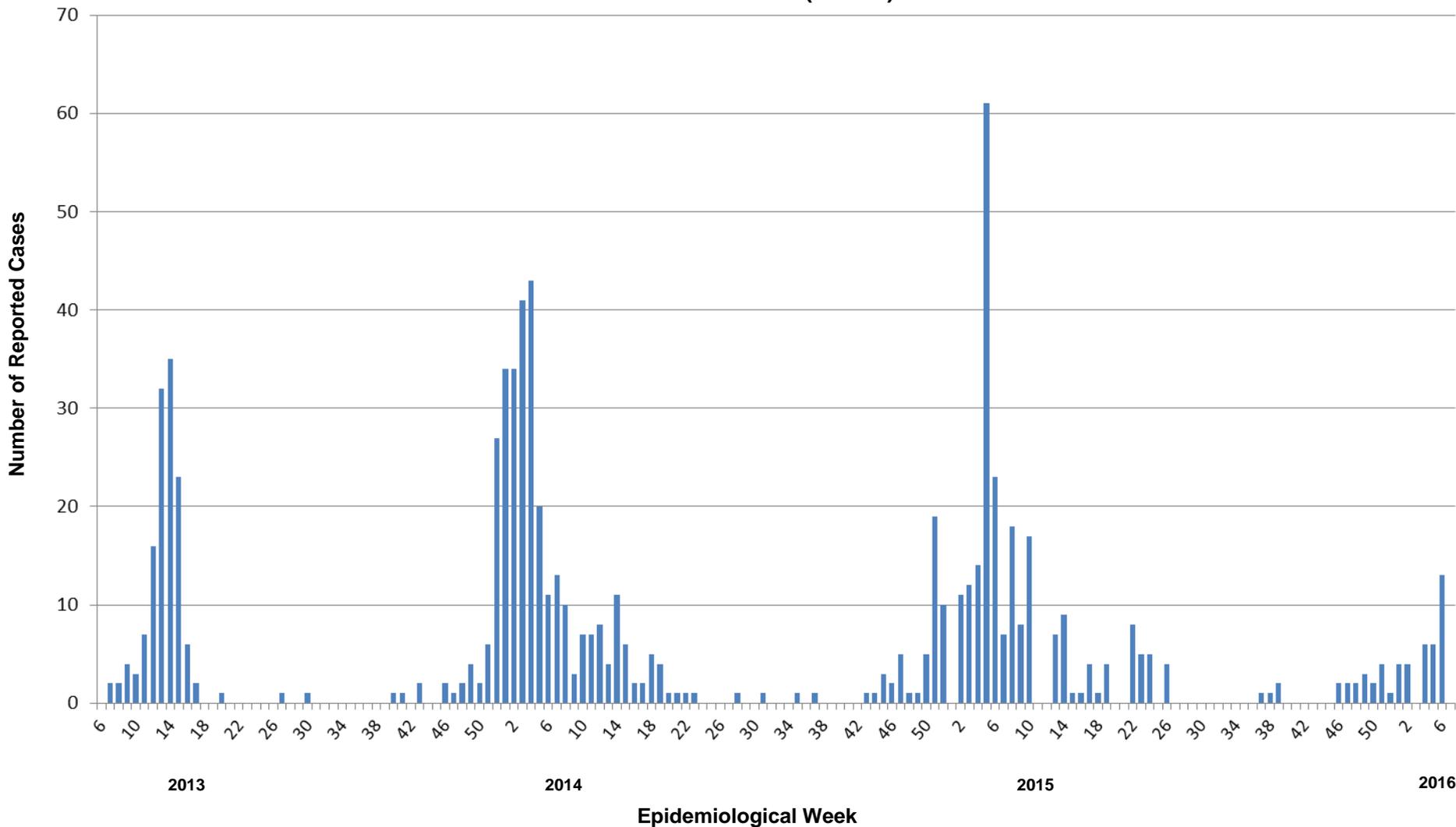
## Avian Influenza A (H7N9) Surveillance Summary #55

### 17 FEB 2016



### Avian Influenza A (H7N9) Cases by Estimated Week of Onset

As of 17 FEB 2016 (N=777)



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### Additional Resources and Media Reports

#### H7N9 Web Sites

- [AFHSB Detecting and Reporting DOD Cases of Avian Influenza A \(H7N9\)](#)
- [WHO H7N9 Overview](#)
- [WHO Guidelines for H7N9 Post-Exposure Chemoprophylaxis of Close Contacts](#)
- [WHO Risk Assessment for Human Infection of H7N9](#)
- [CDC H7N9 Overview](#)
- [CDC H7N9 Case Definitions](#)
- [CDC H7N9 FAQs](#)
- [CDC H7N9 Risk Assessment](#)
- [CDC Travel Notice](#) (General)
- [CDC Travel Notice](#) (Lunar New Year)
- [CDC Guidance People Exposed to Birds Infected with Avian Influenza Viruses of Public Health Concern](#)
- [HHS EUA Declaration](#)
- [FAO EMPRES-i](#)

#### Information and News

- [Nosocomial Co-Transmission of Avian Influenza A\(H7N9\) and A\(H1N1\)pdm09 Viruses between 2 Patients with Hematologic Disorders](#) (CDC EID Journal, APR 2016)
- [FAO H7N9 situation update](#) (FAO, 16 FEB)
- [Probable Hospital Cluster of H7N9 Influenza Infection](#) (NEJM, 11 FEB)
- [Latest WHO DON on H7N9](#) (WHO, 10 FEB)
- [Media report: 3 H7N9 confirmed cases in Fujian province](#) (Daily News, 6 FEB)
- [Identification of climate factors related to human infection with avian influenza A H7N9 and H5N1 viruses in China](#) (Nature, 11 DEC 2015)
- [H7N9 live attenuated influenza vaccine in healthy adults: a randomised, double-blind, placebo-controlled, phase 1 trial](#) (The Lancet, 7 DEC 2015)
- [Experimental infection of peridomestic mammals with emergent H7N9 \(A/Anhui/1/2013\) influenza A virus: Implications for biosecurity and wet markets](#) (Journal of Virology, 6 NOV 2015)
- [Human Infection with Avian Influenza A \(H7N9\) Situation Update as of 23 OCT](#) (WHO, 23 OCT 2015)
- [Fourth wave of H7N9 avian influenza threatens livelihoods, public health](#) (FAO, 15 OCT 2015)
- [Differences in the epidemiology of human cases of avian influenza A\(H7N9\) and A\(H5N1\) viruses infection](#) (Journal of Clinical infectious Diseases, 4 MAY 2015)
- [Detecting Spread of Avian Influenza A \(H7N9\) Virus Beyond China](#) (CDC EID Journal, APR 2015)
- [Transmission Potential of Influenza A \(H7N9\) Virus, China 2013-2014](#) (CDC EID Journal, APR 2015)
- [Avian Influenza A \(H7N9\) Virus Antibodies in Close Contacts of Infected Persons, China, 2013–2014](#) (CDC EID Journal, APR 2015)
- [Co-infection with Avian \(H7N9\) and Pandemic \(H1N1\) 2009 Influenza Viruses, China](#) (CDC EID Journal, APR 2015)
- [Dissemination, divergence and establishment of H7N9 influenza viruses in China](#) (Nature, 11 MAR 2015)