CASE REPORT: As of 15 JAN 2015, 506 (+58 since 10 JUN 2014) cases of avian influenza A (H7N9) including 185 (+15) deaths have been reported in China, Hong Kong, Taiwan, and Malaysia. The overall case-fatality proportion among known cases is 37%; the average age of those affected is 42 years; and at least 114 of the cases reported have been female.

On 31 DEC 2014, the Cheung Sha Wan live poultry market in Kowloon City, Hong Kong was closed due to the discovery of H7N9 in a sample of imported chicken from Guangdong, China. At least 15,000 chickens were culled and imports of live poultry from mainland China were suspended until 10 JAN 2015. As of 11 JAN, the city’s live poultry markets have re-opened, and all birds must be inspected at a temporary check-point in Ta Kwu Ling prior to delivery at the wholesale market. Similar restrictions and temporary suspensions of live poultry sales have been observed in Guangdong, Fujian and Jiangsu Provinces as well as in Taiwan.

TRANSMISSION: There is currently no evidence of sustained human-to-human transmission.

DIAGNOSTICS: As of 7 JAN 2015, updated H7N9 testing and reporting guidelines and a list of DoD laboratories can be found at www.afhsc.mil/home. On 19 APR 2013, HHS declared 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.

SURVEILLANCE: Reagents to be used for surveillance testing purposes are available via the CDC website; www.cdc.gov/flu/clsis. 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 purposes. Nineteen DoD laboratories have been sent diagnostic kits, as have all 50 states, DC, Puerto Rico, and more than 60 international labs.

TREATMENT: WHO confirms oseltamivir (Tamiflu) and zanamivir (Relenza) are recommended treatments for H7N9.

DOD RELEVANCE: There have been no reported cases among DoD populations or within the United States. Risk of infection among DoD populations continues to be low.

BACKGROUND: On 1 APR 2013, the 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. Page 4 illustrates these ongoing seasonal trends for H7N9 cases.

Cases have been reported in 14 (+1) provinces of China: Anhui, Fujian, Guangdong, Guangxi, Guizhou, Hebei, Henan, Hunan, Jiangsu, Jiangxi, Jilin, Shandong, Zhejiang, and Xinjiang and; and two municipalities, Beijing and Shanghai. Four cases identified in Taiwan are presumed to have become infected while traveling in Jiangsu. Eleven cases in Hong Kong and one in Malaysia are thought to be imported from Guangdong.

At least seven small family clusters of confirmed illness have been identified since APR 2013, although the majority of human cases have reported exposure to poultry, often via live bird markets.

Consequently, Shanghai closed its live bird markets for from JAN to MAY 2014 in an attempt to limit transmission of the virus. According to health officials, this type of closure will continue annually for the next five years, pending evaluation of future need. Of note, Shanghai did not report cases of H7N9 during the closure and has only reported one case since last year’s bird market closure. Confirmed avian H7N9 has been rare and subclinical but has been identified in chickens, ducks, pigeons, and a wild tree sparrow.

According to a study published in the Proceedings for the National Academy of Sciences on 26 NOV 2014, the origins of the H7N9 flu virus have been genetically linked to the co-circulation of H9N2 and other H7 flu viruses on chicken farms and in poultry markets. The observed recombination of H7 and N9 viruses enabled the virus to jump from wild fowl to domestic birds and eventually to humans in 2013.

INTERAGENCY/GLOBAL ACTIONS: CDC posted interim guidance for H7N9 case definitions in the U.S., and also updated FAQs for H7N9 on 9 SEP 2014. CDC and WHO advise no special screenings at points of entry, and no trade or travel restrictions. WHO also published guidelines for H7N9 post-exposure chemoprophylaxis of close contacts and updated their risk assessment for human infection of H7N9 on 2 OCT 2014.

The Hong Kong Center for Health Protection (CHP) encourages avoiding poultry, wild birds, and their droppings, and advises the public to continue to avoid live poultry markets and farms.

Legend: Text updated from the previous report will be printed in red; items in (+xx) represent the change in number from the previous Summary (10 JUN 2014).

All information has been verified unless noted otherwise. Sources include the CDC, HHS, WHO, CHP, Chinese CDC, and NPAS.

For questions or comments, please contact: usarmy.ncr.medcom-afhsc.list.dib.alert-response@mail.mil

UNCLASSIFIED
Seasonal Cases of Avian Influenza A (H7N9)  
1 OCT 2014 - 15 JAN 2015

Seasonal Case Count: 51
Avian Influenza A (H7N9) Cases by Estimated Week of Onset
As of 15 JAN 2015 (N=506)
H7N9 Web Sites

- **AFHSC Detecting and Reporting DOD Cases of Avian Influenza A (H7N9)**
- **WHO H7N9 Overview**
- **CDC H7N9 Overview**
- **CDC H7N9 Case Definitions**
- **CDC H7N9 FAQs**
- **CDC H7N9 Risk Assessment**
- **HHS EUA Declaration**

Information and News

- **Live Chickens Back on Sale in Hong Kong After Bird Flu Cull** (South China Morning Post, 11 JAN 2015)
- **Mapping chicken flu virus offers clues about deadly H7N9 bird flu** (Medical News Today, 30 DEC 2014)
- **Latest WHO DON on H7N9** (WHO, 30 DEC 2014)
- **Unraveling H7N9's History** (Scientist, 30 DEC 2014)
- **Article on Origins of H7N9** (PNAS, 26 NOV 2014)
- **Bird Flu in Hong Kong** (Reuters, 31 DEC 2014)
- **WHO H7N9 Risk Assessment** (WHO, 2 OCT 2014)