

Human infection with avian influenza A(H5) viruses

Human infection with avian influenza A(H5N1) virus

From 6 to 12 December 2024, **no new case** of human infection with avian influenza A(H5N1) virus was reported to WHO in the Western Pacific Region.

From 1 January 2003 to 1 November 2024, a total of 261 cases of human infection with avian influenza A(H5N1) virus have been reported from five countries within the Western Pacific Region (Table 1). Of these cases, 142 were fatal, resulting in a case fatality rate (CFR) of 54%. The last cases in the Western Pacific Region were reported from Cambodia, with an onset date of 11 August 2024.

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 (1 January 2003 to 1 November 2024), Western Pacific Region

Country	2003-2009		2010-2014		2015-2019		2020		2021		2022		2023		2024		Total	
	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D
Australia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0
Cambodia	9	7	47	30	0	0	0	0	0	0	0	0	6	4	10	2	72	43
China	38	25	9	5	6	1	0	0	0	0	1	1	1	0	1	0	56	32
Lao PDR	2	2	0	0	0	0	1	0	0	0	0	0	0	0	0	0	3	2
Viet Nam	112	57	15	7	0	0	0	0	0	0	1	0	0	0	1	1	129	65
Total	161	91	71	42	6	1	1	0	0	0	2	1	7	4	13	3	261	142

NB: This table is updated following updates from the [source](#).

Globally, from 1 January 2003 to 1 November 2024, 939 cases of human infection with avian influenza A(H5N1) virus were reported from 24 countries. Of these 939 cases, 464 were fatal (CFR of 49%).

Human infection with avian influenza A(H5N6) virus

From 6 to 12 December 2024, **no new case** of human infection with avian influenza A(H5N6) virus was reported to WHO in the Western Pacific Region. Since 2014, a total of 93 laboratory-confirmed cases of human infection with influenza A(H5N6) virus including 57 deaths (CFR 61%) have been reported to WHO in the Western Pacific Region. The last case was reported from Anhui Province, China, with an onset date of 17 June 2024.

Human infection with avian influenza A(H5) virus

From 6 to 12 December 2024, **no new case** of human infection with avian influenza A(H5) virus was reported to WHO in the Western Pacific Region. The last case was reported from Tan An City, Long An Province, Viet Nam, with an onset date of 9 November 2024.

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.

No sustained human-to-human transmission has been identified associated with the recent reported human infections with avian influenza A(H5). Available evidence suggests that influenza A(H5) viruses circulating have not acquired the ability to efficiently transmit between people, therefore sustained human-to-human transmission is thus currently considered unlikely at this time.

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 to not have 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, Assessment of risk associated with highly pathogenic avian influenza A\(H5N6\) virus and Updated joint FAO/WHO/WOAH assessment of recent influenza A\(H5N1\) virus events in animals and people.](#)

Human infection with avian influenza A(H3N8) virus

From 6 to 12 December 2024, **no new case** of human infection with avian influenza A(H3N8) virus was reported to WHO in the Western Pacific Region. The last case was reported from China with an onset date of 22 February 2023. To date, a total of three 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

From 6 to 12 December 2024, **no new case** of human infection with avian influenza A(H7N4) virus was 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

From 6 to 12 December 2024, **no new case** of human infection with avian influenza A(H7N9) virus was 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

From 6 to 12 December 2024, **two new cases** of human infection with avian influenza A(H9N2) virus were reported to the Western Pacific Region from China

The first case is one year old female from Bijie City, Guizhou Province with onset of symptoms on 28 October 2024, case had direct contact with backyard poultry at home and reported to have mild condition. The sample from backyard poultry tested positive and all contact tested negative.

The second case is a one-year-old female from Fang Cheng Gang City, Guangxi Province, with onset of symptoms on 18 November 2024. The case had exposure to a live poultry market. The case was reported to have a mild condition. A sample from the market tested positive and all contact tested negative.

There is no epidemiological link between the two cases, and no family clusters have been reported. Both cases have recovered. Since December 2015, a total of 113 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. Of these, 110 were reported from China, two were reported from Cambodia, and one was reported from Viet Nam.

Human infection with avian influenza A(H10N3) virus

From 6 to 12 December 2024, **no new case** of human infection with avian influenza A(H10N3) virus was reported to WHO in the Western Pacific Region. To date, three cases of avian influenza A(H10N3) virus have been reported globally. The last case was reported from Yunnan Province, China, with an onset date of 28 February 2024.

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.

Human infection with avian influenza A(H10N5) virus

From 6 to 12 December 2024, **no new case** of human infection with avian influenza A(H10N5) was reported to WHO in the Western Pacific Region. To date, one case of avian influenza A(H10N5) virus has been reported from Zhejiang Province, China, with an onset date of 30 November 2023.

Avian influenza A(H10) subtype viruses are known to be distributed in domestic and wild bird species worldwide. They are classified as low pathogenic and occasionally infect mammals (e.g., pigs). Human infection with avian influenza A(H10N5) is unusual; however, given the sporadic nature of human infection with H10Nx, this is not an unexpected event. There is no evidence of sustained human-to-human transmission of influenza A(H10Nx). Human infections of avian influenza need to be monitored and assessed for any indications of changes in transmissibility and virulence.

Animal infection with avian influenza virus

Between 6 to 12 December 2024, one outbreak report of highly pathogenic avian influenza among domestic birds reported to the World Organization for Animal Health (WOAH) in Japan.

Kawaminami-Town, Miyazaki Prefecture, Japan reported new outbreak of highly pathogenic avian influenza A(H5N1) on 9 December 2024. Total of 955 new cases and 955 deaths. All birds were killed and disposed and all control measures at event level were implemented.

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

- [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

- [Cumulative number of confirmed human cases for avian influenza A\(H5N1\) reported to WHO, 2003-2024](#) 1 November 2024
- [Joint FAO/WHO/WOAH preliminary assessment of recent influenza A\(H5N1\) viruses](#) 14 August 2024
- [Recommended composition of influenza virus vaccines for use in the 2024-2025 northern hemisphere influenza season](#) 23 February 2024
- [Recommended composition of influenza virus vaccines for use in the 2025 southern hemisphere influenza season](#) 27 September 2024
- [WHO position paper: Vaccines against influenza](#) 1 June 2022
- [Assessment of risk associated with recent influenza A\(H5N1\) clade 2.3.4.4b viruses](#) 21 December 2022
- [WHO SAGE Seasonal Influenza Vaccination Recommendations during the COVID-19 Pandemic Interim guidance](#) 20 September 2020