



HUMAN EMERGING RESPIRATORY PATHOGENS BULLETIN

MONTHLY SITUATIONAL ANALYSIS OF EMERGING RESPIRATORY DISEASES AFFECTING HUMANS

Issue No 19 August 2018

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AVIAN INFLUENZA A(H7N9)

In July 2018, there have been no new cases of H7N9 reported. A total of 1567 human cases of avian influenza A(H7N9), including at least 613 deaths, have been reported globally since 2013, with 1564 cases reported in wave 5 and three cases reported in wave 6. The three cases reported in the current wave (wave 6) have been spread across China. Two travel-related cases were reported in Canada in January 2015.

AVIAN INFLUENZA A(H5N1)

In July 2018, no new cases of H5N1 were reported to the World Health Organization (WHO). A total of 860 cases, including 454 deaths, have been reported globally since 1997. One fatal travel-related case of A(H5N1) was reported in Canada in January 2014.

AVIAN INFLUENZA A(H9N2)

In July 2018, no new cases of H9N2 were reported. Globally, 45 cases, including 1 death, have been reported since 1998.

AVIAN INFLUENZA A(H5N6)

In July 2018, no new cases of H5N6 were reported to the WHO. There have been a total of 19 cases, including 9 deaths, reported globally since 2014, with all cases occurring in China.

AVIAN INFLUENZA A(H7N4)

In July 2018, no new cases of H7N4 were reported to the WHO. The only human case reported so far was in China in February 2018.

SWINE ORIGIN INFLUENZAS A(H3N2)v, A(H1N2)v, and A(H1N1)v

In July 2018, there have been no new cases of A(H3N2)v, A(H1N2)v, or A(H1N1)v. The latest case of A(H3N2)v occurred in June 2018 in the United States and one locally-acquired case was reported in Canada in December 2016. Since 2005, there have been a total of 13 confirmed cases of A(H1N2)v in the United States, with four cases occurring in 2017. There have been a total of 22 cases of A(H1N1)v reported globally since 2005, with only one case reported in 2018 by Switzerland. These A(H1N1)v cases differ from the H1N1 virus from the 2009 pandemic, which has since been called A(H1N1)pdm09.

UPDATE ON HUMAN EMERGING RESPIRATORY PATHOGEN PUBLIC HEALTH EVENTS (AS OF JULY 30, 2018)

NOVEL INFLUENZA ¹	[N CUMULATIVE CASES ² (DEATHS), CFR% ³]
A(H7N9)	[1567 (613), 39%]
A(H5N1)	[860 (454), 53%]
A(H9N2)	[45 (1), 2%]
A(H5N6)	[19 (9), 47%]
A(H7N4)	[1 (0), 0%]
H3N2v	[435 (1), <1%]
H1N2v	[13 (0), 0%]
H1N1v	[22 (0), 0%]
MERS-CoV¹	
Global case count	[2237 (794), 35%]
Saudi Arabia	[1864 (736), 39%]

¹**Date of 1st Reported Case of Human Infection:** MERS-CoV: February 2013 (retrospective case finding September 2012). A(H7N9): March 2013. A(H5N1): 1997. A(H9N2): 1998. A(H5N6): 2014. A(H7N4): February 2018 (retrospective case finding December 2017). H3N2v with M gene from pH1N1: 2011. H1N2v: 2005. H1N1v: 2005.

²**Cumulative Case Counts:** updated using data reported by the World Health Organization (avian and swine influenza, MERS CoV), and the United States Centers for Disease Control and Prevention (US CDC) (swine influenza), and other governmental sources.

³**Case Fatality Rate:** The proportion of cases that resulted in death.

MIDDLE EAST RESPIRATORY SYNDROME CORONAVIRUS (MERS-COV)

In July 2018, the Kingdom of Saudi Arabia's Ministry of Health reported a total of 7 MERS-CoV cases, including 3 deaths. All July cases were male Saudi residents. The median age of these cases was 55 years old (age range: 29 – 74 years old) and 5/7 (71%) of cases reported primary community acquired infections.



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