

Influenza at the human-animal interface

Summary and risk assessment, from 1 April to 8 May 2026¹

- **New human cases²:** From 1 April to 8 May 2026, based on reporting date, detections of influenza A(H5N1) in three humans, influenza A(H5N6) in one human, influenza A(H9N2) in five humans, and influenza A(H1N2) variant ((H1N2)v) virus in one human were reported officially.
- **Circulation of influenza viruses with zoonotic potential in animals:** High pathogenicity avian influenza (HPAI) events in poultry and non-poultry animal species continue to be reported to the World Organisation for Animal Health (WOAH).³ The Food and Agriculture Organization of the United Nations (FAO) also provides a global update on avian influenza viruses with pandemic potential.⁴ Additionally, low pathogenicity avian influenza viruses as well as swine influenza viruses continue to circulate in animal populations.
- **Risk assessment⁵:** Sustained human to human transmission has not been reported associated with the above-mentioned human infection events. Based on information available at the time of this risk assessment update, the overall public health risk from currently known influenza A viruses detected at the human-animal interface has not changed and remains low. At present, these viruses are not thought to be capable of sustained human-to-human transmission, although this could change as they evolve. Although human infections with viruses of animal origin are infrequent, they are not unexpected at the human-animal interface.
- **IHR compliance⁶:** This includes any influenza A virus that has demonstrated the capacity to infect a human and its haemagglutinin (HA) gene (or protein) is not a mutated form of those, i.e. A(H1) or A(H3), circulating widely in the human population. Information from these notifications is critical to inform risk assessments for influenza at the human-animal interface.

Avian influenza viruses in humans

A(H5N1), Bangladesh

On 23 April 2026, Bangladesh notified WHO of one laboratory-confirmed human case of avian influenza A(H5) infection in a child from Sylhet Division. The patient developed fever and cough on 27 March 2026 and was admitted to hospital on 28 March with a clinical diagnosis of measles with bronchopneumonia. As part of hospital-based influenza surveillance, a sample was

¹ This summary and assessment covers information confirmed during this period and may include information received outside of this period.

² For epidemiological and virological features of human infections with animal influenza viruses not reported in this assessment, see the reports on human cases of influenza at the human-animal interface published in the Weekly Epidemiological Record [here](#).

³ World Organisation for Animal Health (WOAH). Avian influenza. Global situation. Available at: <https://www.woah.org/en/disease/avian-influenza/#ui-id-2>.

⁴ Food and Agriculture Organization of the United Nations (FAO). Global Avian Influenza Viruses with Zoonotic Potential situation update. Available at: <https://www.fao.org/animal-health/situation-updates/global-aiv-with-zoonotic-potential>.

⁵ World Health Organization (2012). Rapid risk assessment of acute public health events. World Health Organization. Available at: <https://iris.who.int/handle/10665/70810>.

⁶ World Health Organization. Case definitions for the four diseases requiring notification in all circumstances under the International Health Regulations (2005). Available at: [https://www.who.int/publications/m/item/case-definitions-for-the-four-diseases-requiring-notification-to-who-in-all-circumstances-under-the-ihr-\(2005\)](https://www.who.int/publications/m/item/case-definitions-for-the-four-diseases-requiring-notification-to-who-in-all-circumstances-under-the-ihr-(2005)).

collected on 29 March and received by the Institute of Epidemiology, Disease Control and Research (IEDCR) on 20 April. The sample tested positive for influenza A(H5N1) on the same day by real-time reverse transcription polymerase chain reaction (RT-PCR). The patient was discharged on 30 March. No additional cases were reported among identified contacts. Epidemiological investigations identified exposure to household poultry.

This is the second laboratory-confirmed human case of avian influenza A(H5N1) reported in Bangladesh in 2026.

A(H5N1), Cambodia

On 22 April 2026, Cambodia notified WHO of one laboratory-confirmed human case of avian influenza A(H5) infection in a 66-year-old woman with comorbidities from Svay Rieng province. The patient developed symptoms on 15 April 2026 and was admitted to district hospital on 16 April and provincial hospital the next day. As part of severe acute respiratory infection surveillance, a sample was collected on 17 April and received by the National Institute of Public Health on 21 April. The sample tested positive for influenza A(H5N1) on the same day by real-time RT-PCR, and the result was confirmed by Institut Pasteur du Cambodge on 22 April. The patient died on 22 April. No additional cases were reported among 15 identified contacts. Epidemiological investigations identified exposure to sick and dead household chickens prior to illness onset.

Four human infections with A(H5N1) viruses have been confirmed in Cambodia in 2026, including one fatal case. Influenza A(H5N1) viruses continue to be detected in domestic birds in Cambodia in 2026, including in areas where human cases have been detected. Where the information is available, the genetic sequence data from the viruses from the human cases closely matches that from recent local animal viruses and are identified as clade 2.3.2.1e viruses. From the information available thus far on these recent human cases, there is no indication of human-to-human transmission of the A(H5N1) viruses.

A(H5N1), India

On 27 March 2026, India notified WHO of one laboratory-confirmed human case of avian influenza A(H5N1) infection in a child from West Bengal state. The patient developed fever and cough and was admitted to hospital on 19 March. The patient was discharged on 23 March. Laboratory testing at the Indian Council of Medical Research (ICMR) National Institute of Virology in Pune confirmed influenza A(H5N1). Genomic sequencing identified the virus as belonging to clade 2.3.2.1a, closely related to strains previously reported from Bangladesh and India in 2025. No additional cases were reported among identified contacts. Epidemiological investigations identified likely indirect exposure to poultry.

This is the first laboratory-confirmed human case of avian influenza A(H5N1) reported in India in 2026.

A(H5N6), China

On 29 April 2026, China notified WHO of one laboratory-confirmed human case of avian influenza A(H5N6) infection in a 55-year-old female with comorbidities from Chongqing Municipality. She had onset of symptoms on 16 April 2026 and was hospitalized on 23 April with severe pneumonia. The patient died on 3 May 2026. She had slaughtered and prepared poultry prior to onset of symptoms. Environmental samples collected from the food preparation tools at the patient's residence tested positive for influenza A(H5). No further cases were detected among contacts of the patient.

This is the first laboratory-confirmed human case of infection with an A(H5N6) virus detected since 2024.

According to reports received by WOA, various influenza A(H5) subtypes continue to be detected in wild and domestic birds in Africa, the Americas, Asia and Europe. Infections in non-human mammals are also reported, including in marine and land mammals.⁷ A list of bird and mammalian species affected by HPAI A(H5) viruses is maintained by FAO.⁸

Risk assessment for avian influenza A(H5) viruses:

1. What is the current global public health risk of additional human cases of infection with avian influenza A(H5) viruses?

Most human infections so far have been reported in people exposed to A(H5) viruses, for example, through contact with infected poultry or contaminated environments, including live poultry markets, and occasionally infected mammals and contaminated environments. As long as the viruses continue to be detected in animals and related environments humans are exposed to, further human cases associated with such exposures are expected but remain unusual. The impact for public health if additional sporadic cases are detected is minimal. The current overall global public health risk is low.

2. What is the likelihood of sustained human-to-human transmission of avian influenza A(H5) viruses related to the events above?

No sustained human-to-human transmission has been identified associated with the recent reported human infections with avian influenza A(H5) viruses. There has been no reported human-to-human transmission of A(H5N1) viruses since 2007, although there may be gaps in investigations. In 2007 and the years prior, small clusters of A(H5) virus infections in humans were reported, including some involving health care workers, where limited human-to-human transmission could not be excluded; however, sustained human-to-human transmission was not reported.

Current evidence suggests that influenza A(H5) viruses related to these events did not acquire the ability to efficiently transmit between people.

3. What is the likelihood of international spread of avian influenza A(H5) viruses by travellers?

Should infected individuals from affected areas travel internationally, their infection may be detected in another country during travel or after arrival. If this were to occur, further community-level spread is considered unlikely as current evidence suggests these viruses have not acquired the ability to transmit easily among humans.

A(H9N2), China

Between 7 April and 6 May 2026, China notified WHO of five laboratory-confirmed cases of A(H9N2) virus infection.

Age and sex	Province	Symptom onset	Outcome
<5-year-old male	Guangdong	23 February 2026	Recovered
<5-year-old female	Yunnan	3 March 2026	Recovered
<5-year-old male	Jiangxi	20 March 2026	Recovered
<5-year-old male	Guangxi	12 April 2026	Recovered
<5-year-old female	Sichuan	25 April 2026	Recovered

⁷ World Organisation for Animal Health (WOAH). Avian influenza. Global situation. Available at: <https://www.woah.org/en/disease/avian-influenza/#ui-id-2>.

⁸ Food and Agriculture Organization of the United Nations. Global Avian Influenza Viruses with Zoonotic Potential situation update. Available at: <https://www.fao.org/animal-health/situation-updates/global-aiv-with-zoonotic-potential/bird-species-affected-by-h5nx-hpai/en>.

The first case had comorbidities and developed severe pneumonia. All the cases except the child from Jiangxi had exposure to live bird markets or household birds. Samples from environments associated with the likely area of exposure of some of these cases tested positive for A(H9) viruses. No further cases were detected among contacts of these cases.

Risk assessment for avian influenza A(H9N2):

1. What is the global public health risk of additional human cases of infection with avian influenza A(H9N2) viruses?

Most human cases follow exposure to the A(H9N2) virus through contact with infected poultry or contaminated environments. Most human infections of A(H9N2) to date have resulted in mild clinical illness. Since the virus is endemic in poultry in multiple countries in Africa and Asia, additional human cases associated with exposure to infected poultry or contaminated environments are expected but remain unusual. The impact to public health if additional sporadic cases are detected is minimal. The overall global public health risk is low.

2. What is the likelihood of sustained human-to-human transmission of avian influenza A(H9N2) viruses related to these events?

At the present time, no sustained human-to-human transmission has been identified associated with the recently reported human infections with A(H9N2) viruses. Current evidence suggests that A(H9N2) viruses from these cases did not acquire the ability of sustained transmission among humans.

3. What is the likelihood of international spread of avian influenza A(H9N2) virus by travellers?

Should infected individuals from affected areas travel internationally, their infection may be detected in another country during travel or after arrival. If this were to occur, further community level spread is considered unlikely as current evidence suggests the A(H9N2) virus subtype has not acquired the ability to transmit easily among humans.

Swine influenza viruses in humans

Influenza A(H1N2)v, United States

On 2 May 2026, the United States notified WHO of a laboratory-confirmed case of A(H1N2)v influenza virus infection in an individual under 18 years of age from Nebraska. The patient had onset of mild illness in early April 2026 and has recovered. A respiratory specimen collected in mid-April as part of routine surveillance was sent to the US Centers for Disease Control and Prevention (CDC). Real-time RT-PCR testing by CDC determined the sample was positive for an influenza A(H1N2)v virus. Additional genetic and virologic characterization is currently underway. Local public health investigations did not identify direct or indirect exposure to swine. One household contact had mild respiratory illness also in early April but no additional cases of A(H1N2)v were identified at the time of reporting.⁹

This is the first human A(H1N2)v infection detected in the United States in 2026.

Risk assessment for swine influenza viruses:

1. What is the public health risk of additional human cases of infection with swine influenza viruses?

Swine influenza viruses circulate in swine populations in many regions of the world. Depending on geographic location, the genetic characteristics of these viruses differ. Most human cases are exposed to swine influenza viruses through contact with infected animals or contaminated environments. Human infection tends to result in mild clinical illness in most cases. Since these viruses continue to be detected in swine populations, further human cases are expected. The impact

⁹ US CDC. FluView week 17, 8 May 2026 (<https://www.cdc.gov/fluview/surveillance/2026-week-17.html>).

to public health if additional sporadic cases are detected is minimal. The overall risk of additional sporadic human cases is low.

2. What is the likelihood of sustained human-to-human transmission of swine influenza viruses?

No sustained human-to-human transmission was identified associated with the event described above. Current evidence suggests that contemporary swine influenza viruses have not acquired the ability of sustained transmission among humans.

3. What is the likelihood of international spread of swine influenza viruses by travellers?

Should infected individuals from affected areas travel internationally, their infection may be detected in another country during travel or after arrival. If this were to occur, further community level spread is considered unlikely as current evidence suggests that these viruses have not acquired the ability to transmit easily among humans.

Overall risk management recommendations:

Surveillance and investigations

- Due to the constantly evolving nature of influenza viruses, WHO continues to stress the importance of global strategic surveillance in animals and humans to detect virologic, epidemiologic and clinical changes associated with circulating influenza viruses that may affect human (or animal) health. Continued vigilance is needed within affected and neighbouring areas to detect infections in animals and humans. Close collaboration with the animal health and environment sectors is essential to understand the extent of the risk of human exposure and to prevent and control the spread of animal influenza. WHO has published guidance on [surveillance for human infections with avian influenza A\(H5\) viruses](#).
- As the extent of influenza virus circulation in animals is not clear, epidemiologic and virologic surveillance and the follow-up of suspected human cases should continue systematically. [Guidance on investigation of non-seasonal influenza and other emerging acute respiratory diseases](#) has been published on the WHO website.
- Countries should increase avian influenza surveillance in domestic and wild birds, enhance surveillance for early detection in cattle populations in countries where HPAI is known to be circulating, include HPAI as a differential diagnosis in non-avian species, including cattle and other livestock populations, with high risk of exposure to HPAI viruses; monitor and investigate cases in non-avian species, including livestock, report cases of HPAI in all animal species, including unusual hosts, to WOA and other international organizations, share genetic sequences of avian influenza viruses in publicly available databases, implement preventive and early response measures to break the HPAI transmission cycle among animals through movement restrictions of infected livestock holdings and strict biosecurity measures in all holdings, employ good production and hygiene practices when handling animal products, and protect persons in contact with suspected/infected animals.¹⁰ More guidance can be found from [WOAH](#) and [FAO](#).
- When there has been human exposure to a known outbreak of an influenza A virus in domestic poultry, wild birds or other animals – or when there has been an identified human case of infection with such a virus – enhanced surveillance in potentially exposed human populations becomes necessary. Enhanced surveillance should consider the health care seeking behaviour of the population, and could include a range of active and passive health care and/or community-based approaches, including: enhanced surveillance in local influenza-like illness (ILI)/SARI systems, active screening in hospitals and of groups that may be at higher occupational risk of

¹⁰ World Organisation for Animal Health. Statement on High Pathogenicity Avian Influenza in Cattle, 6 December 2024 (<https://www.woah.org/en/high-pathogenicity-avian-influenza-hpai-in-cattle/>).

exposure, and inclusion of other sources such as traditional healers, private practitioners and private diagnostic laboratories.

- Vigilance for the emergence of novel influenza viruses with pandemic potential should be maintained at all times including during a non-influenza emergency. In the context of the co-circulation of SARS-CoV-2 and influenza viruses, WHO has updated and published [practical guidance for integrated surveillance](#).

Notifying WHO

- All human infections caused by a new subtype of influenza virus are notifiable under the International Health Regulations (IHR, 2005).^{11,12} State Parties to the IHR (2005) are required to immediately notify WHO of any laboratory-confirmed¹³ case of a recent human infection caused by an influenza A virus with the potential to cause a pandemic¹⁴. Evidence of illness is not required for this report. Evidence of illness is not required for this report.
- WHO published the case definition for human infections with avian influenza A(H5) virus requiring notification under IHR (2005): <https://www.who.int/teams/global-influenza-programme/avian-influenza/case-definitions>.

Virus sharing and risk assessment

- It is critical that these influenza viruses from animals or from humans are fully characterized in appropriate animal or human health influenza reference laboratories. Under WHO's Pandemic Influenza Preparedness (PIP) Framework, Member States are expected to share influenza viruses with pandemic potential on a **timely basis**¹⁵ with a WHO Collaborating Centre for influenza of GISRS. The viruses are used by the public health laboratories to assess the risk of pandemic influenza and to develop candidate vaccine viruses.
- The Tool for Influenza Pandemic Risk Assessment (TIPRA) provides an in-depth assessment of risk associated with some zoonotic influenza viruses – notably the likelihood of the virus gaining human-to-human transmissibility, and the impact should the virus gain such transmissibility. TIPRA maps relative risk amongst viruses assessed using multiple risk elements. The results of TIPRA complement those of the risk assessment provided here, and those of prior TIPRA risk assessments are published at [http://www.who.int/teams/global-influenza-programme/avian-influenza/tool-for-influenza-pandemic-risk-assessment-\(tipra\)](http://www.who.int/teams/global-influenza-programme/avian-influenza/tool-for-influenza-pandemic-risk-assessment-(tipra)).

Risk reduction

- Given the observed extent and frequency of avian influenza in poultry, wild birds and some wild and domestic mammals, the public should avoid contact with animals that are sick or dead from unknown causes, including wild animals, and should report dead birds and mammals or request their removal by contacting local wildlife or veterinary authorities.

¹¹ World Health Organization. International Health Regulations (2005), as amended through resolutions WHA67.13 (2014), WHA75.12 (2022), and WHA77.17 (2024) (https://apps.who.int/gb/bd/pdf_files/IHR_2014-2022-2024-en.pdf).

¹² World Health Organization. Case definitions for the four diseases requiring notification in all circumstances under the International Health Regulations (2005) ([https://www.who.int/publications/m/item/case-definitions-for-the-four-diseases-requiring-notification-to-who-in-all-circumstances-under-the-ihp-\(2005\)](https://www.who.int/publications/m/item/case-definitions-for-the-four-diseases-requiring-notification-to-who-in-all-circumstances-under-the-ihp-(2005))).

¹³ World Health Organization. Manual for the laboratory diagnosis and virological surveillance of influenza (2011) (<https://apps.who.int/iris/handle/10665/44518>).

¹⁴ World Health Organization. Pandemic influenza preparedness framework for the sharing of influenza viruses and access to vaccines and other benefits, 2nd edition (<https://iris.who.int/handle/10665/341850>).

¹⁵ World Health Organization. Operational guidance on sharing influenza viruses with human pandemic potential (IVPP) under the Pandemic Influenza Preparedness (PIP) Framework (2017) (<https://apps.who.int/iris/handle/10665/259402>).

- Eggs, poultry meat and other poultry food products should be properly cooked and properly handled during food preparation. Due to the potential health risks to consumers, raw milk should be avoided. WHO advises consuming pasteurized milk. If pasteurized milk isn't available, heating raw milk until it boils makes it safer for consumption.
- WHO has published [practical interim guidance to reduce the risk of infection in people exposed to avian influenza viruses](#).

Trade and travellers

- WHO advises that travellers to countries with known outbreaks of animal influenza should avoid farms, contact with animals in live animal markets, entering areas where animals may be slaughtered, or contact with any surfaces that appear to be contaminated with animal excreta. Travelers should also wash their hands often with soap and water. All individuals should follow good food safety and hygiene practices.
- WHO does not advise special traveller screening at points of entry or restrictions with regards to the current situation of influenza viruses at the human-animal interface. For recommendations on safe trade in animals and related products from countries affected by these influenza viruses, refer to [WOAH](#) guidance.

Links:

WHO Human-Animal Interface web page

<https://www.who.int/teams/global-influenza-programme/avian-influenza>

WHO Influenza (Avian and other zoonotic) fact sheet

[https://www.who.int/news-room/fact-sheets/detail/influenza-\(avian-and-other-zoonotic\)](https://www.who.int/news-room/fact-sheets/detail/influenza-(avian-and-other-zoonotic))

WHO Protocol to investigate non-seasonal influenza and other emerging acute respiratory diseases

<https://www.who.int/publications/i/item/WHO-WHE-IHM-GIP-2018.2>

WHO Public health resource pack for countries experiencing outbreaks of influenza in animals:

<https://www.who.int/publications/i/item/9789240076884>

Cumulative Number of Confirmed Human Cases of Avian Influenza A(H5N1) Reported to WHO

<https://www.who.int/teams/global-influenza-programme/avian-influenza/avian-a-h5n1-virus>

Avian Influenza A(H7N9) Information

[https://www.who.int/teams/global-influenza-programme/avian-influenza/avian-influenza-a-\(h7n9\)-virus](https://www.who.int/teams/global-influenza-programme/avian-influenza/avian-influenza-a-(h7n9)-virus)

World Organisation of Animal Health (WOAH) web page: Avian Influenza

<https://www.woah.org/en/home/>

Food and Agriculture Organization of the United Nations (FAO) webpage: Avian Influenza

<https://www.fao.org/animal-health/avian-flu-qa/en/>

WOAH/FAO Network of Expertise on Animal Influenza (OFFLU)

<http://www.offlu.org/>