

Influenza at the human-animal interface

Summary and risk assessment, from 23 January to 31 March 2026¹

- **New human cases**²: From 23 January to 31 March 2026, based on reporting date, detections of influenza A(H5N1) in four humans, influenza A(H9N2) in five humans, influenza A(H10N3) in one human, an influenza A(H1N1) variant ((H1N1)v) virus in one human, an influenza A(H1N2)v virus in one human, and influenza A(H3N2)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 assessment**⁵: 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. The occurrence of sustained human-to-human transmission of these viruses is currently considered unlikely. Although human infections with viruses of animal origin are infrequent, they are not unexpected at the human-animal interface.
- **Risk management**: Candidate vaccine viruses (CVVs) for zoonotic influenza viruses for pandemic preparedness purposes were reviewed and updated at the February 2026 WHO consultation on influenza vaccine composition for use in the northern hemisphere 2026-2027 influenza season. A detailed summary of zoonotic influenza viruses characterized since September 2025 is published [here](#) and updated CVVs lists are published [here](#).
- **IHR compliance**⁶: 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.

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)).

Avian influenza viruses in humans

Current situation:

Since the last risk assessment of 22 January 2026, four laboratory-confirmed human cases of A(H5N1) infection were detected in Bangladesh (one case) and Cambodia (three cases).

A(H5N1), Bangladesh

On 9 February 2026, the National International Health Regulations Focal Point of Bangladesh notified WHO of a laboratory-confirmed human case of avian influenza A(H5) infection in a child from Chattogram Division. The patient, with no known comorbidities, developed symptoms on 21 January 2026 and was admitted to hospital on 28 January. A nasopharyngeal swab was collected on 29 January as part of the Hospital-based Influenza Surveillance (HBIS) platform for influenza-like illness (ILI) and severe acute respiratory infection (SARI) sentinel surveillance in Bangladesh. The patient was referred to a specialized private hospital and admitted to intensive care on 31 January. The patient died on 1 February.

On 7 February, the Institute of Epidemiology, Disease Control and Research (IEDCR), serving as the National Influenza Centre (NIC), received and tested the sample, confirming influenza A(H5) by real-time reverse transcription polymerase chain reaction (RT-PCR) on the same day. Virus characterization and whole genome sequencing was conducted at International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b), which confirmed that the A(H5N1) virus belongs to clade 2.3.2.1a of highly pathogenic avian influenza A(H5N1) virus (Gs/GD lineage), similar to the clade of viruses circulating in local poultry since around 2011. Genetic sequence data are available in [GISAID](https://gisaid.org/record/EPI_ISL_20367262) (EPI_ISL_20367262; submission date 19 Feb 2026; Institute of Epidemiology, Disease Control & Research (IEDCR)).

The case had exposure to household poultry, with two ducks and one chicken reportedly dying shortly before the case's illness onset. Animal and environmental samples were collected and tested with RT-PCR and serology by the zoonotic investigation team of icddr,b. Two samples from ducks in the community and two samples from chicken meat in the freezer of household tested positive for influenza A(H5). Samples from symptomatic close human contacts tested negative for influenza.

This is the first confirmed human case of avian influenza A(H5) reported in Bangladesh in 2026. In 2025, four human cases of avian influenza A(H5) were reported.

According to reports received by WOAHA, 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

A(H5N1), Cambodia

Between 15 February and 31 March 2026, Cambodia notified WHO of three laboratory-confirmed cases of A(H5N1) virus infection.

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>.

Age and sex	Province	Symptom onset	Outcome
30-year-old male	Kampot	5 February 2026	Recovered
45-year-old female	Banteay Mean Chey	13 March 2026 (sample collection date)	Asymptomatic
3-year-old male	Oddar Mean Chey	28 March 2026	Still in hospital

All cases above had exposure to sick or dead backyard poultry. The first case was detected through SARI surveillance. The other two cases were detected following the detection of A(H5N1) in sick and dead poultry which initiated deployment of rapid response teams from the public health sector and active case finding. The last case was identified as having had exposure to sick and dead poultry, sampled and then developed ILI symptoms.

Three human infections with A(H5N1) viruses have been confirmed in Cambodia in 2026 and none have been fatal. Influenza A(H5N1) viruses continue to be detected in domestic birds in Cambodia in 2026, including in areas where human cases have been detected.⁹ 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(H9N2), China

Between 9 February and 20 March 2026, China notified WHO of four laboratory-confirmed cases of A(H9N2) virus infection.

Age and sex	Province	Symptom onset	Outcome
<5-year-old male	Hunan	29 December 2025	Recovered
73-year-old female	Guangdong	17 January 2026	Recovered
<5-year-old male	Guangdong	20 January 2026	Recovered
63-year-old male	Guangxi	5 February 2026	Recovered

The two adult cases had underlying conditions. The first two cases had exposure to live bird markets. The last case had exposure to sick poultry. Samples from environments associated with the likely area of exposure of these cases tested positive for A(H9) viruses. The third case likely had exposure to contaminated environments or fomites. No further cases were detected among contacts of these cases.

A(H9N2), Italy, ex-Senegal¹⁰

On 21 March 2026, Italy notified WHO of the detection of A(H9N2) virus in an adult male. The case had travelled to Senegal for more than six months and returned to Italy in mid-March 2026. Upon arrival in Italy, the case sought medical care, presenting with fever and persistent cough that had been present since mid-January. Laboratory investigations conducted on a bronchoalveolar lavage specimen on 16 March showed a positive *Mycobacterium tuberculosis* result, as well as detection of an un-subtypeable influenza A virus. The case was admitted to an isolation room under airborne precautions in a negative-pressure room and received antitubercular and antiviral treatment. As of 24 March, the patient was clinically stable and improving.

⁹ World Organisation for Animal Health. WAHIS. <https://wahis.woah.org/#/in-review/7409>.

¹⁰ World Health Organization. World Health Organization (10 April 2026). Disease Outbreak News: Avian Influenza A(H9N2) in Italy (<https://www.who.int/emergencies/disease-outbreak-news/item/2026-DON597>).

On 20 March 2026, the regional reference laboratory confirmed the A(H9) subtype, and on 21 March, influenza A(H9N2) was confirmed by next-generation sequencing. Initial genetic findings suggest the infection was likely acquired from an avian source linked to Senegal. Additional samples have been sent to Italy's National Influenza Center, where further characterization confirmed virus subtype Influenza A(H9N2), with close genetic similarity to strains previously identified in poultry in Senegal.

No direct exposure to animals, wildlife or rural environments was identified. There was also no reported contact with symptomatic or confirmed human cases. Further epidemiological investigations on the source of exposure are ongoing.

Contacts identified in Senegal were asymptomatic. All identified and traced contacts in Italy have tested negative for influenza and completed the period of active monitoring for the onset of symptoms and the quarantine required by national guidelines.

Human infections with influenza A(H9) viruses have been reported from countries in Africa and Asia, where these viruses are also detected in poultry. This is the first imported human case of avian influenza A(H9N2) reported in the European Region.

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, therefore sustained human-to-human transmission is thus currently considered unlikely.

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, such as in the case reported by Italy. 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.

A(H10N3), China

On 9 February 2026, China notified WHO of one laboratory-confirmed case of human infection with an avian influenza A(H10N3) virus in a 34-year-old man from Guangdong province who developed symptoms on 29 December 2025. On 1 January 2026, he was admitted to hospital and diagnosed with severe pneumonia, severe acute respiratory distress syndrome (ARDS) and sepsis. Oseltamivir treatment was initiated on 3 January. The patient's condition was stable at the time of reporting. On 12 January, the sample was sent to the provincial laboratory for testing. The result was positive for A(H10N3). On 14 January, the National Influenza Center confirmed the positive result.

The patient works near two establishments that keep live poultry on the premises and chickens are present at the household. Environmental samples collected from sites related to likely poultry exposure, including the patient's home, the workplace and a nearby poultry market tested negative for A(H10N3) influenza virus. No further cases were detected among contacts of these cases. A total of 98 close contacts of the patient were traced.

Since 2021, a total of seven cases of human avian influenza A(H10N3) virus infection have been reported globally and all were from China.

Risk Assessment for avian influenza A(H10N3):

1. What is the global public health risk of additional human cases of infection with avian influenza A(H10N3) viruses?

Human infections with avian influenza A(H10) viruses have been detected and reported previously. The circulation and epidemiology of these viruses in birds have been previously reported.¹² Avian influenza A(H10N3) viruses with different genetic characteristics have been detected previously in wild birds since the 1970s and more recently spilled over to poultry in some countries. As long as the virus continues to circulate in birds, further human cases can be expected but remain unusual. The impact to public health if additional sporadic cases are detected is minimal. The overall global public health risk of additional sporadic human cases is low.

2. What is the likelihood of sustained human-to-human transmission of avian influenza A(H10N3) viruses?

No sustained human-to-human transmission has been identified associated with the event described above or past events with human cases of influenza A(H10N3) viruses. Current epidemiologic and virologic evidence suggests that contemporary influenza A(H10N3) viruses assessed by the Global Influenza Surveillance and response System (GISRS) have not acquired the ability of sustained transmission among humans, therefore sustained human-to-human transmission is thus currently considered unlikely.

3. What is the likelihood of international spread of avian influenza A(H10N3) 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 based on current limited evidence.

Swine influenza viruses in humans

Influenza A(H1N1)v, China

On 20 March 2026, China notified WHO of a laboratory-confirmed case of A(H1N1)v influenza virus infection in a child from Yunnan province. The patient had onset of illness on 30 January 2026, was hospitalized on 2 February with pneumonia, and recovered in a few days. The patient had reported exposure to domestic pigs prior to illness onset.

Influenza A(H1N2)v, China

On 3 February 2026, China notified WHO of a laboratory-confirmed case of A(H1N2)v influenza virus infection in a child from Yunnan province. The patient had onset of mild illness on 20 January 2026, and the infection was laboratory-confirmed on 2 February 2026. The patient had reported exposure to domestic pigs prior to illness onset. This case and the one above are not epidemiologically linked.

Influenza A(H3N2)v, Brazil

On 26 January 2026, Brazil notified WHO of a laboratory-confirmed case of A(H3N2)v influenza virus infection. On 1 September 2025, a male child residing in the state of Mato Grosso do Sul presented with ILI symptoms and was taken to a health unit on 2 September. The patient had no reported comorbidities or recent travel history and reported being vaccinated against seasonal influenza in the last campaign.

On 9 September, a respiratory sample was collected at the health unit, which is a sentinel unit for ILI. On 12 September, the Central Public Health Laboratory of Mato Grosso do Sul (Lacen/MS) reported that the RT-qPCR test for influenza A virus subtyping amplified the influenza A marker along with the H3 marker, indicating a swine-origin variant of the influenza H3 virus. The sample was sent to the National Influenza Center (NIC) of the Adolfo Lutz Institute, where the A(H3N2)v was confirmed by molecular tests and genomic sequencing. The sequences were entered into GISAID on 1 October. The sample was also shared with the WHO Collaborating Centre at the US Centers for Disease Control and Prevention (CDC), where it was genomically and antigenically characterized.

An epidemiological investigation was conducted, which identified the case as a student at an agricultural school where pigs and laying hens are raised, although the institution's coordinators reported that the students had not had direct contact with pigs recently. It was reported that the case had contact with classmates who presented ILI symptoms during this period. All household contacts were vaccinated against seasonal influenza in the 2025 season, except for the patient's mother. To date, no other human cases of infection with the A(H3N2)v virus have been detected in association with this case.

Risk Assessment:

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 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 events described above. Current evidence suggests that contemporary swine influenza viruses have not acquired the ability of sustained transmission among humans, therefore sustained human-to-human transmission is thus currently considered unlikely.

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

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.

For more information on zoonotic influenza viruses, see the report from the WHO Consultation on the Composition of Influenza Virus Vaccines for Use in the 2026-2027 Northern Hemisphere Influenza Season that was held on 23-26 February 2026 at this [link](#).

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 WOAAH 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.¹¹ 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 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](#).

¹¹ 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/>).

Notifying WHO

- All human infections caused by a new subtype of influenza virus are notifiable under the International Health Regulations (IHR, 2005).^{12,13} State Parties to the IHR (2005) are required to immediately notify WHO of any laboratory-confirmed¹⁴ case of a recent human infection caused by an influenza A virus with the potential to cause a pandemic¹⁵. 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**¹⁶ 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.
- 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](#).

¹² 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).

¹³ 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-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))).

¹⁴ World Health Organization. Manual for the laboratory diagnosis and virological surveillance of influenza (2011) (<https://apps.who.int/iris/handle/10665/44518>).

¹⁵ 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>).

¹⁶ 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>).

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/>