World Health Organization
Western Pacific Region

Avian Influenza Weekly Update Number 994

25 April 2025

Human infection with avian influenza A(H5) viruses

Human infection with avian influenza A(H5N1) virus

From 11 to 24 April 2025, **no new case** of human infection with avian influenza A(H5N1) virus was reported to WHO in the Western Pacific Region. The last case was reported from Kratie Province, Cambodia, with onset of symptoms on 18 March 2025.

From 1 January 2003 to 19 March 2025, a total of 263 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, 144 were fatal, resulting in a case fatality rate (CFR) of 54.8%.

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 19 March 2025), Western Pacific Region

Country	2003-2009		2010-2014		2015-2019		2020-2024		2025		Total	
	C	D	C	D	C	D	C	D	C	D	C	D
Australia	0	0	0	0	0	0	1	0	0	0	1	0
Cambodia	9	7	47	30	0	0	16	6	2	2	74	45
China	38	25	9	5	6	1	3	1	0	0	56	32
Lao PDR	2	2	0	0	0	0	1	0	0	0	3	2
Viet Nam	112	57	15	7	0	0	2	1	0	0	129	65
Total	**161**	**91**	**71**	**42**	**6**	**1**	**23**	**8**	**2**	**2**	**263**	**144**

NB: This table is updated following updates from the source.

Globally, from 1 January 2003 to 19 March 2025, 969 cases of human infection with avian influenza A(H5N1) virus were reported from 24 countries. Of these 969 cases, 467 were fatal (CFR of 48.2%).

Human infection with avian influenza A(H5N6) virus

From 11 to 24 April 2025, **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 11 to 24 April 2025, **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:

Updated joint FAO/WHO/WOAH public health assessment of recent influenza A(H5) virus events in animals and people, published on 20 December 2024.

Human infection with avian influenza A(H3N8) virus

From 11 to 24 April 2025, **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 11 to 24 April 2025, **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 11 to 24 April 2025, **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 11 to 24 April 2025, **three new cases** of human infection with avian influenza A(H9N2) virus were reported in the Western Pacific Region. The first case is 7-years-old female reported from Henan Province, China with an onset date of 11 February 2025. The second case is 5-years-old male reported from Guangxi Province, China with an onset date of 3 March 2025. They were presented with mild symptoms and have recovered. The third case is 35-years-old female reported from Guizhou Province, China with an onset of date of 10 March 2025 and developed severe pneumonia and was hospitalized on 13 March 2025. All three

cases had exposure history of poultry before developing symptoms and there are no infections in other family members were reported among the three cases.

Since December 2015, a total of 120 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. Of these, 117 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 11 to 24 April 2025, **no new case** of human infection with avian influenza A(H10N3) virus was reported to WHO in the Western Pacific Region. The last case was reported from China with an onset date of 12 December 2024. To date, four cases of human infection with avian influenza A(H10N3) have been reported globally.

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 11 to 24 April 2025, **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

From 11 to 24 April 2025, **no outbreak** of highly pathogenic avian influenza in animal was reported from countries and areas in the Western Pacific Region to the World Organization for Animal Health (WOAH).

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

- Genetic and antigenic characteristics of zoonotic influenza A viruses and development of candidate vaccine viruses for pandemic preparedness February 2025
- Cumulative number of confirmed human cases for avian influenza A(H5N1) reported to WHO, 2003-2025 19 March 2025
- Updated joint FAO/WHO/WOAH public health assessment of recent influenza A(H5) virus events in animal and people 20 December 2024
- Recommended composition of influenza virus vaccines for use in the 2025-2026 northern hemisphere influenza season 28 February 2025
- 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