

Note: The reporting date of human infections included in this weekly update is based on the Event Information Site (EIS) posting date, rather than the date of initial notification received through the International Health Regulations (2005) (IHR).

Human infection with avian influenza A(H5) viruses

Human infection with avian influenza A(H5N1) virus

From 4 to 10 July 2025, **four new cases** of human infection with avian influenza A(H5N1) virus were reported to WHO in the Western Pacific Region. All cases were from Siem Reap Province, Cambodia. Details of the cases include:

- A 41-year-old female with onset of symptoms on 18 June. The case had a history of handling dead chicken.
- A 46-year-old female with a history of handling sick poultry. The case was asymptomatic.
- A 16-year-old male with a history of handling sick poultry. The case was asymptomatic.
- A 36-year-old female with symptom onset on 23 June. The case had a history of handling sick poultry.

All cases have reported direct exposure to sick/dead poultry. While human-to-human transmission cannot be ruled out, the more likely source of exposure of these cases is infected poultry or contaminated environments.

From 1 January 2003 to 1 July 2025, a total of 474 cases of human infection with avian influenza A(H5N1) virus have been reported from six countries within the Western Pacific Region (Table 1). Of these cases, 316 were fatal, resulting in a case fatality rate (CFR) of 66.7%.

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 July 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	11	6	83	49
China	38	25	9	5	6	1	3	1	1	0	57	32
Indonesia	162	134	35	31	3	3	0	0	0	0	200	168
Lao PDR	2	2	0	0	0	0	1	0	0	0	3	2
Viet Nam	112	57	15	7	0	0	2	1	1	0	130	65
Total	323	225	106	73	9	4	23	8	5	3	474	316

[Source: Confirmed human cases for avian influenza A\(H5N1\) reported to WHO, 2003-2025](#)
[Disease Outbreak News: Avian Influenza A\(H5N1\) - Cambodia](#)

Globally, from 1 January 2003 to 1 July 2025, 986 cases of human infection with avian influenza A(H5N1) virus were reported from 25 countries. Of these 986 cases, 473 were fatal (CFR of 48%).

Human infection with avian influenza A(H5N6) virus

From 4 to 10 July 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 4 to 10 July 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 17 April 2025.

Human infection with avian influenza A(H3N8) virus

From 4 to 10 July 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 4 to 10 July 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 4 to 10 July 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.

Human infection with avian influenza A(H9N2) virus

From 4 to 10 July 2025, **no new case** of human infection with avian influenza A(H9N2) virus was reported to WHO in the Western Pacific Region. The last case was reported from China with an onset date of 14 May 2025.

Since December 2015, a total of 133 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, 130 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 4 to 10 July 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 21 April 2025.

To date, six 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 4 to 10 July 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 4 to 10 July 2025, **one new outbreak** of highly pathogenic avian influenza (HPAI) in animals was reported to the World Organization for Animal Health (WOAH) in the Western Pacific Region.

- Cambodia: A H5N1 outbreak was reported in domestic poultry in Kampot province, with 315 new cases, 10 new deaths, and 315 birds killed and disposed of. ([Source](#))

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

- [Influenza at the human-animal interface, Summary and risk assessment, from 23 April to 27 May 2025](#), 27 May 2025
- [Updated joint FAO/WHO/WOAH public health assessment of recent influenza A\(H5\) virus events in animal and people](#) 17 April 2025
- [Genetic and antigenic characteristics of clade 2.3.4.4b A\(H5N1\) viruses identified in dairy cattle in the United States of America](#), 22 May 2025
- [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
- [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