World Health Organization
Western Pacific Region

Avian Influenza Weekly Update Number 1028

9 January 2026

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 19 December to 8 January 2026, **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 Phnom Penh, Cambodia, with an onset of symptoms on 10 November 2025.

From 1 January 2003 to 19 December 2025, a total of 481 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, 319 were fatal, resulting in a case fatality rate (CFR) of 66.3%.

Table 1: Cumulative number of laboratory-confirmed human cases (C) and deaths (D) of influenza A(H5N1) virus infection reported to WHO, 1 January 2003 to 19 December 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	18	9	90	52
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**	**19**	**8**	**481**	**319**

Source: Confirmed human cases of avian influenza A(H5N1) reported to WHO, 2003-2025

Globally, from 1 January 2003 to 19 December 2025, 993 cases of human infection with avian influenza A(H5N1) virus were reported from 25 countries. Of these 993 cases, 477 were fatal (CFR of 48.0%).

Human infection with avian influenza A(H5N6) virus

From 19 December to 8 January 2026, **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 61.3%) 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 19 December to 8 January 2026, **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 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 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 29 September 2025.

Human infection with avian influenza A(H3N8) virus

From 19 December to 8 January 2026, **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 19 December to 8 January 2026, **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 19 December to 8 January 2026, **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: 39.3%), have been reported to WHO since early 2013. The last case reported to WHO in the Western Pacific Region was in 2019.

Human infection with avian influenza A(H9N2) virus

From 19 December to 8 January 2026, **three new cases** of human infection with avian influenza A(H9N2) virus were reported to WHO in the Western Pacific Region. On 12 December 2025, the National Health Commission of the People's Republic of China notified WHO of three laboratory-confirmed human infections with avian influenza A(H9N2) virus diagnosed in November 2025. The first case is a 10-year-old male from Guangxi Province, with exposure to backyard poultry, who developed symptoms on 2 November 2025. The second case is a 73-year-old male from Hubei Province, with exposure to live poultry market, who developed symptoms on 1 November 2025. The third case is a 71-year-old male from

Guangdong Province, with no history of direct contact with live poultry, who developed symptoms on 9 November 2025. Two of the cases required hospitalization.

Since December 2015, a total of 152 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, 149 were reported from China, two were from Cambodia, and one was from Viet Nam.

Human infection with avian influenza A(H10N3) virus

From 19 December to 8 January 2026, **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 19 December to 8 January 2026, **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 19 December to 8 January 2026, **five new outbreaks** of highly pathogenic avian influenza (HPAI) in animals were reported from Japan to the World Organization for Animal Health (WOAH) in the Western Pacific Region.

- Japan: Five outbreaks of H5N1 in domestic poultry were reported from Hyōgo, Ibaraki, Kyoto, Okayama, and Saitama prefectures, with cumulatively 208 new cases, 208 new deaths, and 2 141 762 birds killed and disposed of. Additionally, 15 outbreaks in wild birds were reported from Kagoshima (9), Hokkaido (2), Kochi (1), Oita (1), and Tokushima (1) prefectures, with cumulatively 17 new cases and 13 new deaths (Sources 1,2).

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

- Cumulative number of confirmed human cases for avian influenza A(H5N1) reported to WHO, 2023-2025 19 December 2025
- Influenza at the human-animal interface, Summary and risk assessment, from 30 September to 5 November 2025 5 November 2025
- Updated joint FAO/WHO/WOAH public health assessment of recent influenza A(H5) virus events in animals and people 28 July 2025
- Considerations for use of avian influenza A(H5) vaccines during the interpandemic and emergence periods 23 June 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
- Recommended composition of influenza virus vaccines for use in the 2026 southern hemisphere influenza season, 26 September 2025
- Recommended composition of influenza virus vaccines for use in the 2025-2026 northern hemisphere influenza season 28 February 2025
- 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