World Health Organization
Western Pacific Region

Avian Influenza Weekly Update Number 1066

16 October 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 9 to 15 October 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 Oddar Meanchey Province, Cambodia, with symptom onset on 24 September 2026.

From 1 January 2003 to 6 September 2026, a total of 486 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, 320 were fatal, resulting in a case fatality rate (CFR) of 65.8%.

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 6 September 2026, Western Pacific Region.

Country	2003-2009		2010-2014		2015-2019		2020-2024		2025		2026		Total	
	C	D	C	D	C	D	C	D	C	D	C	D	C	D
Australia	0	0	0	0	0	0	1	0	0	0	0	0	1	0
Cambodia	9	7	47	30	0	0	16	6	18	9	5	1	95	53
China	38	25	9	5	6	1	3	1	1	0	0	0	57	32
Indonesia	162	134	35	31	3	3	0	0	0	0	0	0	200	168
Lao PDR	2	2	0	0	0	0	1	0	0	0	0	0	3	2
Viet Nam	112	57	15	7	0	0	2	1	1	0	0	0	130	65
Total	**323**	**225**	**106**	**73**	**9**	**4**	**23**	**8**	**20**	**9**	**5**	**1**	**486**	**320**

Source: Confirmed human cases of avian influenza A (H5N1) reported to WHO, 2003-2026

Globally, from 1 January 2003 to 6 September 2026, 1 003 cases of human infection with avian influenza A(H5N1) virus were reported from 25 countries. Of these 1 003 cases, 479 were fatal (CFR of 47.8%).

Human infection with avian influenza A(H5N6) virus

From 9 to 15 October 2026, **no new case** of human infection with avian influenza A(H5N6) virus was reported to WHO in the Western Pacific Region. The last case was reported from Chongqing Municipality, China, with symptom onset on 16 April 2026.

Since 2014, a total of 93 laboratory-confirmed cases of human infection with influenza A(H5N6) virus including 58 deaths (CFR 62.4%) have been reported to WHO in the Western Pacific Region.

Human infection with avian influenza A(H5) virus, unsubtyped virus

From 9 to 15 October 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.

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 have not 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 high pathogenicity avian influenza A(H5) virus events in animals and people published on 18 May 2026

Human infection with avian influenza A(H3N8) virus

From 9 to 15 October 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

From 9 to 15 October 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

From 9 to 15 October 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.

* Further analysis could not be performed due to low viral load.

Human infection with avian influenza A(H9N2) virus

From 9 to 15 October 2026, **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 Guizhou Province, China, with symptom onset on 20 September 2026.

Since 2015, a total of 185 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, 182 were reported from China, two were from Cambodia, and one was from Viet Nam.

Most human infections with avian influenza A(H9N2) have been associated with exposure to infected poultry or contaminated poultry environments, and the majority of cases have been mild. Sporadic human infections continue to be expected in areas where H9N2 viruses circulate in poultry populations. Current evidence indicates that H9N2 viruses have not acquired the ability for sustained human-to-human transmission, and the risk of further community-level spread remains low.

Human infection with avian influenza A(H10N3) virus

From 9 to 15 October 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 Guangdong Province, China, with an onset date of 29 December 2025. To date, seven 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 9 to 15 October 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 9 to 15 October 2026, **one new outbreak** of highly pathogenic avian influenza (HPAI) in animals was reported from China to the World Organization for Animal Health (WOAH) in the Western Pacific Region:

- China: One outbreak of H5N1 in wildlife (non-poultry including wild birds) was reported from Xizang Autonomous Region, China with a cumulative total of 1 601 new cases, 1 601 new deaths (Source).

Rapid joint One Health risk assessment of the risk of incursion of HPAI into Pacific Island countries and areas (PICs)

Recent detections of HPAI H5N1 clade 2.3.4.4b in Australia and New Zealand significantly alter the risk landscape for PICs, with potential impacts on wildlife, domestic animals, livelihoods, and human health. During August 2026 to January 2027, entry through seabird and wild bird movements within the Southwest Pacific is assessed as very high risk, and entry through poultry trade and human-associated movement as low risk. If introduced, establishment of the virus is assessed as high risk in resident wild bird populations and very high risk in domestic poultry, due to free-ranging backyard poultry systems, limited biosecurity measures, and close interfaces between wild birds and domestic flocks across many Pacific islands. Establishment in wild or domestic mammals is considered moderate risk, while human exposure is assessed as low risk under current conditions.

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

- Updated joint FAO/WHO/WOAH public health assessment of recent high pathogenicity avian influenza A(H5) virus events in animals and people 18 May 2026
- Influenza at the human-animal interface summary and assessment 6 September 2026
- Cumulative number of confirmed human cases for avian influenza A(H5N1) reported to WHO, 2003-2026 6 September 2026
- Recommendations for influenza vaccine composition for the 2026-2027 northern hemisphere season 27 February 2026
- 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
- 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