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Dear Chinese Medicine Practitioners,

2-month-old girl confirmed with Influenza A (H9N2) infection

We are writing to inform you that we have confirmed a human case of influenza A (H9N2) infection today. The patient is a 2-month-old girl who was living in Shenzhen. She developed vomiting, cough and runny nose on December 20 and had sought advice from a Shenzhen hospital. She did not have fever. Her parents brought her to a public hospital in Hong Kong and she was admitted on December 22. Her nasopharyngeal aspirate was subsequently tested positive for influenza A (H9N2). As the girl was staying in Shenzhen for the whole incubation period, we have informed the Guangdong health department of this case and they will carry out necessary investigation and follow up actions.

Human influenza A (H9N2) infection is not new to Hong Kong. Similar cases were reported in 1999, 2003 and 2007. Unlike influenza A (H5N1) infection, previous cases with Influenza A (H9N2) infection presented only with mild illness with full recovery. The present patient also had mild symptoms, compatible with previous cases. According to scientific literature and local poultry surveillance data, influenza A (H9N2) virus is commonly found in the poultry population in this region and sporadic cases of human influenza A (H9N2) infection are anticipated.

If you have come across patients presented with symptoms compatible with influenza A (H9) as mentioned in Case Definition of Influenza A (H2, H5, H7 or H9) (appendix), please refer the patients to the nearest public hospital for further management. For update information of avian influenza, please visit our website at www.chp.gov.hk.

Yours faithfully,



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Influenza A (H2, H5, H7 or H9) (Last updated on 14 July 2008)

Description

Influenza A(H5), A(H7), or A(H9) viruses primarily affect avian species but occasionally cross the species barrier and cause human infections with varying clinical severity. For instance, Influenza A (H5N1) has caused over 300 human infections in more than 10 countries from 2003 to 2008. Influenza A (H7N3) and Influenza A (H7N7) have caused human acute conjunctivitis and respiratory infection, while Influenza A (H9N2) has caused mild respiratory infections in the affected humans. Such infection usually occurs with exposure to poultry population affected by the virus. However, inefficient human-to-human transmission has been reported in some countries.

Influenza A (H2N2) mainly affects human but is an uncommon strain in the seasonal influenza. It was once causing annual epidemics between late fifties to 1968 when it vanished after the emergence of influenza H3N2 viruses that caused the pandemic between 1968 to 1969. Since persons born after 1968 have minimal immunity to H2N2, any person affected with influenza A(H2) is considered of public health concern.

Laboratory criteria

Any one of the following:

- Positive viral culture for Influenza A (H2), Influenza A (H5), Influenza A(H7) or Influenza A(H9)
- Positive Polymerase Chain Reaction for Influenza A (H2), Influenza A (H5), Influenza A(H7) or Influenza A(H9)
- A four-fold or higher rise in Influenza A (H2), Influenza A (H5), Influenza A (H7) or Influenza A (H9) specific antibody titre in paired serum samples

For Influenza A (H5N1), please refer to the specific case definition.

Confirmed case

A clinically compatible individual fulfilling the laboratory criteria.

