





HUMAN EMERGING RESPIRATORY PATHOGENS BULLETIN MONTHLY SITUATIONAL ANALYSIS OF EMERGING RESPIRATORY DISEASES AFFECTING HUMANS

Issue No 29 May 2019

IN THIS BULLETIN

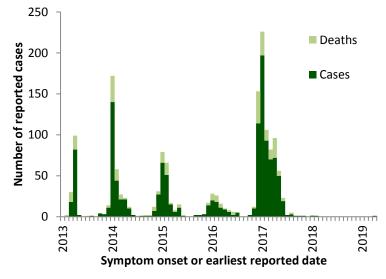
- 1. Novel Influenza Updates
- 2. MERS-CoV Updates

AVIAN INFLUENZA UPDATES

AVIAN INFLUENZA A(H7N9)

No new H7N9 cases were reported to the WHO in May 2019. The last case was reported in April 2019. A total of 1568 human cases of avian influenza A(H7N9), including at least 615 deaths, have been reported globally since 2013, with 1564 cases reported in wave 5, three cases reported in wave 6 and one case reported in the current wave 7 (Figure 1). Two travel-related cases were reported in Canada in January 2015.

Figure 1. Temporal distribution of human infection with avian influenza A(H7N9), globally, by month and year, January 1, 2013 – May 31, 2019 (n=1568).



Note: Graph was prepared by the Centre for Immunization and Respiratory Infectious Diseases (CIRID) using data from the latest WHO Monthly Influenza at the Human-Animal Interface Risk Assessment. This graph reflects data available through these risk assessments as of May 31, 2019.

Public Health Agency of Canada Agence de la santé publique du Canada UPDATE ON HUMAN EMERGING RESPIRATORY
PATHOGEN PUBLIC HEALTH EVENTS
(AS OF APRIL 30, 2019)

NOVEL INFLUENZA ¹	[N CUMULATIVE CASES ² (DEATHS), CFR% ³]
A(H7N9)	[1568 (615), 39%]
A(H5N1)	[878 (460), 52%]
A(H9N2)	[51 (1), 2%]
A(H5N6)	[23 (15), 65%]
A(H7N4)	[1 (0), 0%]
4(H1N2) ⁴	[2 (0), 0%]
H3N2v	[435 (1), <1%]
H1N2v	[26 (0), 0%]
H1N1v	[23 (0), 0%]
MERS-CoV ¹	
Global case count	[2442 (839), 34%]
Saudi Arabia	[2051 (762), 37%]
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¹Date of 1st Reported Case of Human Infection: MERS-CoV: February 2013 (retrospective case finding September 2012). A(H7N9): March 2013. A(H5N1): 1997. A(H9N2): 1998. A(H5N6): 2014. A(H7N4): February 2018 (retrospective case finding December 2017). H3N2v with M gene from pH1N1: 2011. H1N2v: 2005. H1N1v: 2005.

AVIAN INFLUENZA A(H9N2)

No new cases of H9N2 were reported to the WHO in May 2019. The most recent case was reported in March 2019 in China. Globally, 51 cases, including 1 death, have been reported since 1998

AVIAN INFLUENZA A(H5N6)

No new cases of H5N6 were reported to the WHO in May 2019. The most recent case of H5N6 was reported in November 2018 in China. The source of exposure was unknown. There have been a total of 23 cases, including 15 deaths, reported globally since 2014, all in China.

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²Cumulative Case Counts: updated using data reported by the World Health Organization (avian and swine influenza, MERS CoV), and the United States Centers for Disease Control and Prevention (US CDC) (swine influenza).

³Case Fatality Rate: The proportion of cases that resulted in death.

⁴Seasonal reassortant: virus is a reassortant of the A(H1N1)pdm09 and A(H3N2) seasonal strains..

AVIAN INFLUENZA A(H7N4)

No new cases of H7N4 were reported to the WHO in May 2019. On February 14, 2018, the WHO was notified of the first known human case of H7N4. The case was associated with poultry exposure. No cases have been reported since.

SWINE INFLUENZA UPDATES

SWINE ORIGIN INFLUENZA A(H3N2)v

The most recent case of swine origin influenza H3N2v was reported in June 2018 in the United States. The case reported exposure to swine at an agricultural fair. A total of 435 cases, including 1 death, have been reported globally since 2011. One locally-acquired case of H3N2v was reported in Canada in December 2016.

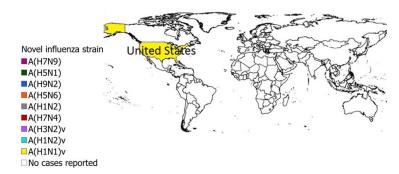
SWINE ORIGIN INFLUENZA A(H1N2)v

The most recent case of swine origin influenza H1N2v was reported in August 2018 in the United States. The case reported exposure to swine at an agricultural fair. A total of 26 confirmed cases of H1N2v have been reported in the United States since 2005. Most of the reported cases resulted in mild illness.

SWINE ORIGIN INFLUENZA A(H1N1)v

The most recent case of swine origin influenza H1N1v was reported in May 2019 from Michigan in the United States. The case was over 65 years, had no history of swine exposure, and has fully recovered. A total of 23 cases have been reported globally since 2005. H1N1v infection is associated with mild illness.

Figure 2. Spatial distribution of human cases of avian and swine influenza reported globally in May 2019 (n=1).

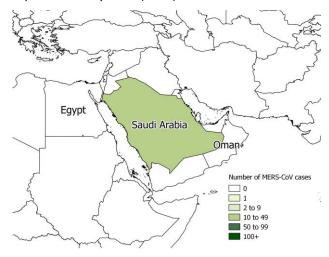


Note: Map was prepared by the Centre for Immunization and Respiratory Infectious Diseases (CIRID) using data from the latest WHO Monthly Influenza at the Human-Animal Interface Risk Assessment. This map reflects data available through these risk assessments as of May 31, 2019.

MIDDLE EAST RESPIRATORY SYNDROME CORONAVIRUS (MERS-COV)

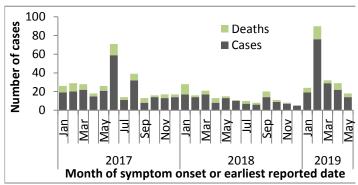
In May 2019, 14 new cases of MERS-CoV, including 4 deaths, were reported in Saudi Arabia (Figure 3): a decrease from the number of cases reported in earlier months this year (Figure 4). Approximately 71% (10/14) of these cases were male and the median age was 59 years (range: 22-80 years). Twelve cases were classified as primary cases (eight cases with unknown camel exposure, three cases with camel exposure, and one case with no camel exposure) and two cases were classified as secondary cases. A total of 2442 laboratory-confirmed cases of MERS-CoV, including 839 deaths, have been reported globally since 2012 by the WHO and the Kingdom of Saudi Arabia (Figure 4). No cases have been reported in Canada.

Figure 3. Spatial distribution of human cases of MERS-CoV reported in May 2019 (n=14).



Note: Map was prepared by the Centre for Immunization and Respiratory Infectious Diseases (CIRID) using data from the latest WHO Disease Outbreak News and Saudi Arabia's Ministry of Health. This map reflects data available through these risk assessments as of May 31, 2019.

Figure 4. Temporal distribution of human cases of MERS-CoV reported to the WHO, globally, by month and year, January 1, 2017 – May 31, 2019 (n=535).



Note: Graph was prepared by the Centre for Immunization and Respiratory Infectious Diseases (CIRID) using data from the WHO Disease Outbreak News and Saudi Arabia's Ministry of Health. This graph reflects data available as of May 31, 2019.