Update on Human Infection with Avian Influenza A (H5N6)

H5N6 is one of the highly pathogenic avian influenza viruses (AIV) and became one of dominant AIV subtypes in poultry farms and live poultry markets.

In April 2014, a fatal human infection with a novel reassortant H5N6 avian influenza virus was first identified in Sichuan of Mainland China. To date, a total of 24 laboratory-confirmed cases of human infection with AIV (H5N6), including seven deaths, have been reported to the World Health Organization (WHO). All cases occurred in Mainland China. The latest case, was reported on 19 August 2019, who was a 59-year-old female from Beijing. She was hospitalised on 11 August and was in a critical condition.

Among 24 confirmed cases, there were 20 adults and 4 children, involved 11 males and 13 females, with ages ranged from 3 to 65 years (median: 38.5 years).

In Hong Kong, all novel influenza A infections, including H5N6, are notifiable diseases.

Healthcare workers (HCWs) should pay attention to the patients who have fulfilled TOCC criteria (e.g. visit wet markets, live poultry markets or farms; or contact with poultry or wild birds or their droppings in the affected areas). For details, please refer to CHP's case definition:

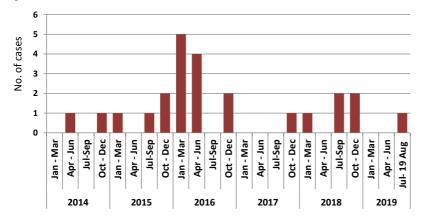
https://cdis.chp.gov.hk/CDIS_CENO_O NLINE/disease.html

Table 1: Areas with documented human infection with avian influenza A (H5N6), from 2014 to 19 Aug 2019

| Areas with documented human infection with avian influenza A (H5N6) | No. of cases | Last report on |
|---|--------------|----------------|
| Beijing Municipality 北京市 | 1 | 19/8/2019 |
| Jiangsu Province 江蘇省 | 1 | 23/11/2018 |
| Guangxi Zhuang Autonomous Region 廣西壯族自治區 | 4 | 31/10/2018 |
| Guangdong Province 廣東省 | 8 | 30/9/2018 |
| Fujian Province 福建省 | 1 | 6/1/2018 |
| Hunan Province 湖南省 | 3 | 28/11/2016 |
| Anhui Province 安徽省 | 1 | 3/5/2016 |
| Hubei Province 湖北省 | 1 | 21/4/2016 |
| Jiangxi Province 江西省 | 1* | 10/1/2016 |
| Yunnan Province 雲南省 | 2 | 11/7/2015 |
| Sichuan Province 四川省 | 1 | 4/2014 |

^{*}Imported case from Guangdong





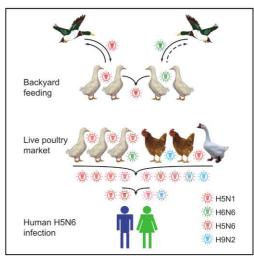


Figure 2: Evolution of AIV (H5N6)

References:

- 1. CHP. Novel Influenza A Infection Avian Influenza
- CHP. Avian Influenza report Volume 15, no. 33 (Published on August 20, 2019) https://www.chp.gov.hk/files/pdf/2019 avian influenza report vol15 wk33.pdf
- WHO (Western Pacific Region). Avian Influenza weekly update No. 701. 9 August 2019. https://iris.wpro.who.int/bitstream/handle/10665.1/14328/AI-20190809.pdf
- 4. Bi, Y.,et al. (2016). Genesis, evolution and prevalence of H5N6 Avian Influenza Viruses in China. Cell Host & Microbe. 20, 810-821.

Patient Empowerment Tool for Hand Hygiene

Patient empowerment is recognized by the WHO as an important component of a multimodal strategy to improve hand hygiene (HH) adherence. There are a growing number of countries of the world that are incorporating patient empowerment into their national strategies, including the United States, Canada, England and Wales, Australia, Singapore and Taiwan etc.

A key element of patient empowerment is that patients must be willing to be empowered to engage with HCWs and HCWs must be welcoming to facilitate such empowerment.

It is important to educate patients about the importance of HH and their potentially powerful role in supporting improvement.

- 1. Educational information: HH information for patients in form of audiovisual, oral demonstration, printed matter or using internet sources such as home pages for hospitals or national agencies
- 2. Reminders and motivational messages: visual reminders such as small badges or stickers worn by patients or HCWs, posters with a core message "It's OK to ask"
- 3. Role modelling: role models of HCWs, such as their peers and seniors to influence compliance and motivate the patient to be empowered.



Reference: WHO Guidelines on Hand Hygiene in Health Care, 2009

Update on Ebola Virus Disease Outbreak in Democratic Republic of Congo

The ongoing Ebola virus disease (EVD) outbreak in Democratic Republic of Congo (DRC) began in August 2018. Since then, EVD cases were centred within North Kivu and Ituri province. Trial drugs and vaccines, based on compassionate ground, have been used to treat and prevent EVD infections and results showed that they are effective. However, the internal political unrest, high rates of population movement, funding shortage and community resistance to health response team interrupted and hindered the control strategies to prevent and contain the outbreak.

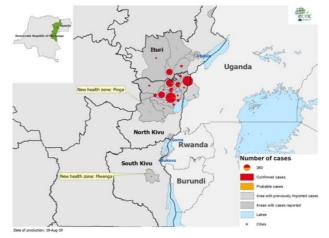
By this summer, there are signs of geographical spread of EVD beyond the epicentres of the two provinces to other new remote areas. All the first reported cases had history of travel to the epicentres.

- In June 2019, 3 confirmed cases were identified in Uganda, neighbouring DRC.
- In July 2019, 4 confirmed cases were reported in Goma, a populous city with international airport and borders with Rwanda. Active transmission occurred in 2 family members.
- On 15 August 2019, it made the first report of 2 confirmed cases in Mwenga in South Kivu, which became the third affected province in DRC. Nosocomial transmission to the third case occurred in a local health centre later.
- On 17 August 2019, another case was reported in a rural village in Pinga, far away from the affected areas in North Kivu. Epidemiological investigation continues.

On 17 July 2019, the WHO declared the EVD outbreak in the DRC as a Public Health Emergency of International Concern. On the next day, HA activated Alert Response Level to tie in with the Government's raising the response level of the Preparedness and Response Plan for EVD. As of 18 August 2019, a total of 2,888 EVD cases were reported and 1,938 deaths, the overall case fatality ratio is 67%. Total 153 (5%) HCWs were affected.

The WHO assessed the risk of EVD spreading in DRC and neighboring countries is very high but remains low at global level.

Figure 3: Geographical distribution of confirmed and probable cases of EVD in DRC and Uganda (17 August 2019)



References:

- WHO Ebola Virus Disease Democratic Republic of Congo: External Situation Report 55
- 2. Ebola outbreak in the Democratic Republic of the Congo