



ASEAN BIOLOGICAL THREATS SURVEILLANCE CENTRE

DISEASE
ALERT



Korea Disease Control and
Prevention Agency



With Support by:



January 22, 2026 | Issue No. 2

First alert: January 22, 2026 | **Avian Influenza A(H9N2) in China**

Sub-Locations Affected

Hubei, Jiangsu, Guangxi Zhuang

Event Description

From January 9 to 15, 2026, three new cases of human infection with avian influenza A(H9N2) virus were reported to the World Health Organization in the Western Pacific Region, with all cases reported from China.

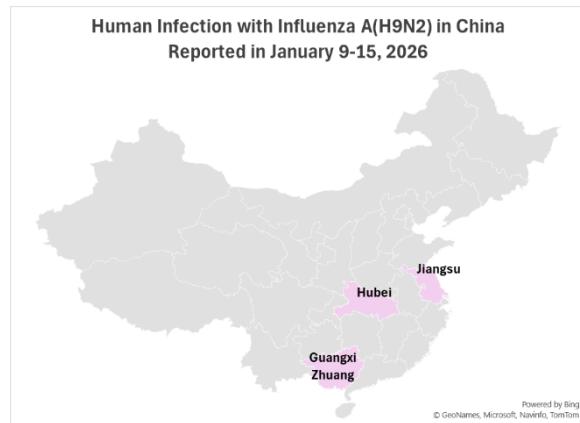


Figure 1. Human infection with avian influenza A(H9N2) in China
Reported in January 9-15, 2026

Source: [Centre for Health Protection \(CHP\)](#)

Epidemiological Information

- The first case is a five-year-old male from Hubei Province, with symptom onset on November 30, 2025. The child had a history of exposure to backyard poultry.
- The second case is an eight-year-old female from Jiangsu Province, with symptom onset on December 4, 2025. Although no direct exposure to live poultry was reported, the patient's parents had visited a store selling freshly slaughtered poultry, suggesting indirect exposure.
- The third case is a one-year-old male from Guangxi Zhuang Province, with symptom onset on December 7, 2025. The patient also had indirect exposure to freshly slaughtered poultry, with no direct contact with live birds reported.
- All three cases have fully recovered, and no secondary human-to-human transmission has been reported.

- Between July and December 2025, a total of 16 human infections with avian influenza A(H9N2) were reported in China, with no associated deaths. The cases were distributed across multiple jurisdictions: Guangxi Zhuang Autonomous Region (4), Hubei (3 cases), Hunan (2), Anhui (1), Guangdong (1), Henan (1), Jiangsu (1), Jiangxi (1), Sichuan (1), and Chongqing Municipality (1).

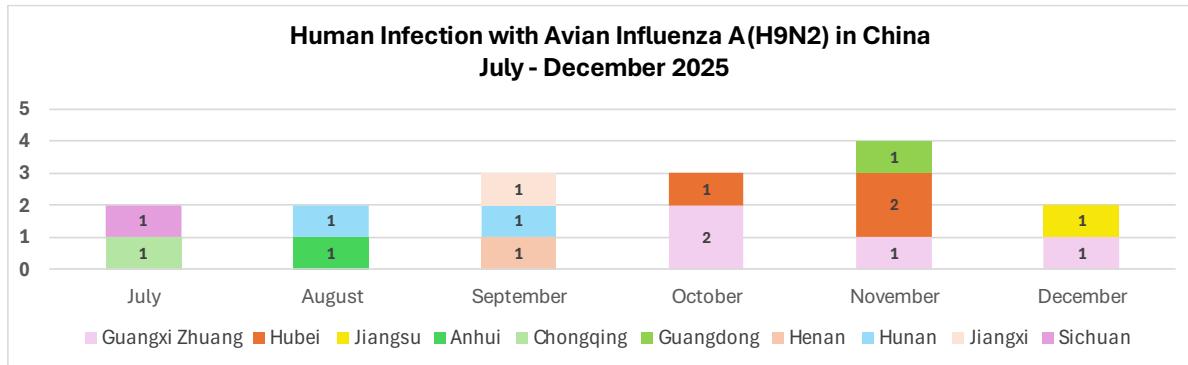


Figure 2. Onset of human infections with avian influenza A(H9N2) in China, July–December 2025

Source: [Centre for Health Protection \(CHP\)](#)

- Since December 2015, China has reported 152 cases of human infection with avian influenza A(H9N2) with two associated deaths (CFR=1.32%).

Response Measures

- Rapid contact tracing:** Health authorities conducted rapid contact tracing, identifying 12 close contacts, including family members and school staff. All identified contacts remained asymptomatic and tested negative for avian influenza A(H9N2) infection.
- Temporary market closure:** The live poultry market visited by the children's family was temporarily closed to facilitate deep cleaning, disinfection, and the strengthening of biosecurity measures.
- Vaccination update:** Health authorities emphasized the importance of seasonal influenza vaccination, particularly among children, to reduce the risk of co-infection and improve clinical and diagnostic management, in the absence of a licensed human vaccine against influenza A(H9N2).
- Education campaign:** Local health authorities implemented risk communication and community engagement activities, including the distribution of informational materials on safe poultry handling practices and the importance of hand hygiene after visiting live or freshly slaughtered poultry markets.
- Continuous monitoring and reporting:** The Centre for Health Protection (CHP) and WHO continuously monitor the global avian influenza activity in humans, on weekly basis.

Recommendations

In response to the ongoing influenza virus activity, WHO emphasizes the following measures:

- **Strengthened epidemiological investigation and global surveillance** to identify virological, epidemiological, and clinical changes in emerging or circulating influenza viruses.
- **Immediate and comprehensive investigations** of confirmed or suspected human infections with influenza A viruses, including assessment of exposure and travel history, contact tracing, and early detection of potential human-to-human transmission.
- **Enhanced surveillance among exposed human populations** following outbreaks in poultry, wild birds, or other animals, using a combination of active and passive approaches (e.g. ILI/SARI surveillance, hospital-based screening, and monitoring of occupational risk groups).
- **Public health advice to reduce exposure risk**, including avoiding high-risk environments such as live animal markets, refraining from contact with live or dead poultry or contaminated surfaces, maintaining good hand hygiene, and promptly reporting animal illness or unexplained deaths to veterinary authorities.
- **Early healthcare seeking and disclosure of exposure history** by individuals who develop symptoms after potential exposure to infected animals or contaminated environments.

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