



ASEAN BIOLOGICAL THREATS SURVEILLANCE CENTRE

DISEASE ALERT



May 15, 2025 | Issue No. 34

First alert: May 15, 2025 | Human Avian Influenza A (H9N2 and H10N3) in China

Sub-Locations Affected

Chongqing Municipality, Provinces of Guizhou, Hunan, Yunnan

Event Description

On May 13, 2025, the Centre for Health Protection (CHP) in Hong Kong, in coordination with Chinese health authorities, reported 9 new human cases of avian influenza A in April 2025 in Mainland China, 8 cases of H9N2 and 1 case of H10N3, respectively.



Figure 1: Distribution of new human cases of Avian Influenza A (H9N2 and H10N3) in China, April 2025

Epidemiological Information

- **H9N2 Cases:** On April 1 to 19, 2025, eight human cases of avian influenza A(H9N2) were reported in the provinces of Guizhou (2 cases), Hunan (4 cases), Yunnan (1 case), and the municipality of Chongqing (1 case). Seven of the cases involved children aged 1 to 7 years old, while one case involved a 67-year-old man in Chongqing.

In the past six months, from November 18, 2024 to March 10, 2025, the country reported ten human cases of avian influenza A(H9N2). Of the cases, seven cases from the provinces of Henan (1 case), Hubei (1 case), Hunan (2 cases), Chongqing Municipality (1 case), and Guangxi Zhuang Autonomous Region (2 cases) involved children aged 1 to 15 years old. Three cases involving adults (aged 35-72 years old) reported from Guangdong (2 cases) and Guizhou (one case).

- **H10N3 Cases:** On April 15, 2025, a 68-year-old woman from Guangxi Zhuang Autonomous Region developed symptoms of avian influenza A(H10N3), the fifth confirmed human case of this subtype since its emergence in China in 2021. The province previously recorded a human case of avian influenza A(H10N3) on December 12, 2024, involving a 23-year-old woman. Within the past six months, Guangxi recorded two human cases of avian influenza A(H10N3) among adults.
- Most infections were detected through routine surveillance for influenza-like illness or during hospitalization for other conditions. Although clinical severity was not specified, no deaths were reported during the period.
- To date, there is no evidence of human-to-human transmission for either H9N2 or H10N3, and most infections are linked to exposure to poultry or contaminated environments.

Response Measures

- **National Surveillance:** China continues routine surveillance of influenza and laboratory confirmation of zoonotic cases. The CHP reports updates on new human cases of avian influenza weekly in the Avian Influenza Report, which highlights both national and global avian influenza activity in humans and birds.
- **Use of personal protective equipment (PPE):** Biosecurity gaps, particularly in live bird markets, remain a significant source of human exposure. Serological evidence of exposure among poultry workers highlights the need to reinforce occupational safety measures for at-risk populations. This includes consistently using PPE to prevent further transmission.
- **Public Awareness and Precautionary Measures:** Public health authorities advise the public to avoid contact with live poultry or contaminated environments and to seek prompt medical care if flu-like symptoms develop after potential exposure.

Sources:

1. BlueDot (Event Alert), issued on May 14, 2025.
2. Centre for Health Protection. (2025, May 13). *Avian Influenza Report: Volume 21, Number 19 (Week 19, 4–10 May 2025)*. Department of Health, Hong Kong SAR. Retrieved from May 15, 2025, from https://www.chp.gov.hk/files/pdf/2025_avian_influenza_report_vol21_wk19.pdf
3. CIDRAP. (2025, May 14). *China reports more H9N2 and H10N3 avian flu cases*. CIDRAP. Retrieved May 15, 2025, from <https://www.cidrap.umn.edu/avian-influenza-bird-flu/china-reports-more-h9n2-and-h10n3-avian-flu-cases>

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