

# Chinese Notifiable Infectious Diseases Surveillance Report

## Human infection with H7N9 virus

September 2023

### Introduction

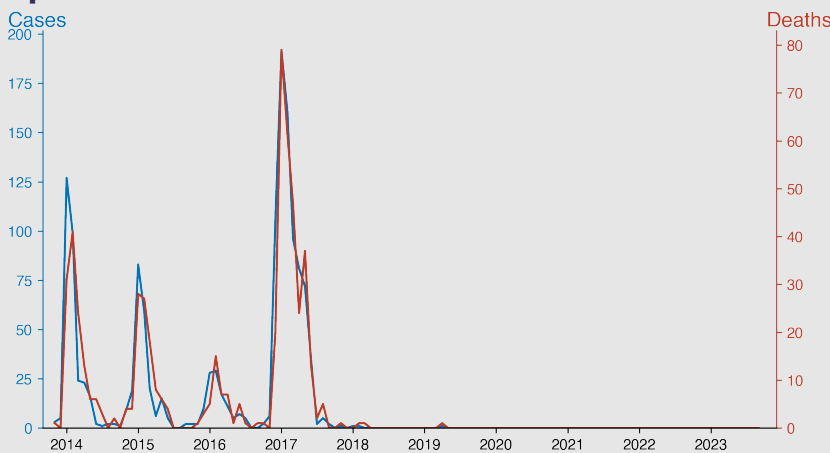
Human infection with the H7N9 virus, a subtype of influenza A, was first reported in China in March 2013. This avian-origin virus primarily affects birds, but it has shown the capability to infect humans, leading to severe respiratory illness. Most cases have been linked to exposure to live poultry markets or contact with infected animals. While H7N9 does not currently appear to transmit easily from person to person, there is concern about the potential for the virus to mutate and gain this ability, which could lead to a pandemic.

### Highlights

The H7N9 virus in mainland China showed periodic spikes in human cases and deaths, particularly noticeable during early 2014 and early 2017, suggesting a possible seasonal pattern.

- Since the peak in 2017, there has been a significant decline in both cases and deaths, with occurrences dropping to zero from the start of 2018 through September 2023.
- No cases or deaths were reported for over 5 years, indicating successful control measures or a potential end of the transmission cycle in humans.
- Vigilance is still required to monitor for any possible resurgence, considering the historical pattern of sporadic outbreaks.

### Temporal Trend



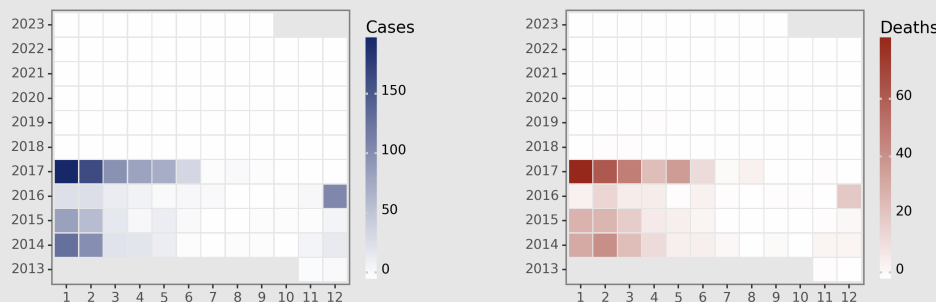
### Cases Analysis

The H7N9 virus in mainland China reached its peak incidence during January and February of 2017, with 192 and 160 cases respectively. The years 2013 to 2017 marked active transmission periods, highlighted by prolonged winter-spring epidemics. A dramatic decline post-2017 suggests successful containment measures or virus pattern changes. The dramatic reduction to zero cases since March 2018 implies effective public health interventions or potential under-reporting.

### Deaths Analysis

Mortality associated with H7N9 peaked concurrently with cases, particularly in January and February of 2017, recording 79 and 61 deaths, respectively. The high case fatality rates in the early months of 2014 and 2017 suggest a virulent strain. Deaths also ceased from March 2018 onwards, mirroring the decline in reported cases. The trend denotes either the impact of control strategies or possible shifts in reporting and surveillance sensitivity.

### Distribution



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