PHF Science

30th April 2026

Overseas emerging respiratory virus intelligence

Influenza A(H5N1) - Situation at a glance

Oceania

NO DETECTIONS of influenza A(H5N1) in humans or animals in New Zealand, Australia or the South Pacific.

Global

Since the last monthly update on 26 March:

ONE new human detection of A(H5N1), **ONE** new human detection of influenza A(H7N7) and **FIVE** new detection of A(H9N2).

Sporadic human detections of infection with different avian and swine influenza viruses continue.

Public health risk assessment - New Zealand

Overall public health risk of avian influenza A(H5N1) to Aotearoa New Zealand is **LOW.**

- Current absence of infected animals in New Zealand
- Potentially **HIGH** impact of the disease,
- **VERY LOW** likelihood of sustained human-to human transmission; and
- **VERY LOW** likelihood of importation of a human case of influenza A(H5N1).

World Health Organization

Global public health risk for currently known viruses at the human animal interface, including influenza A(H5N1), remains **LOW**

Contents

Major content updates as of 30 April 2026 since the previous report are highlighted in green. The next scheduled update of this report is on 28 May 2026.

Highly Pathogenic Avian Influenza A(H5NX)

The joint FAO/WHO/WOAH assessment on the influenza A(H5N1) virus situation in animals and people was updated on 28 July 2025.[1] The assessment concludes that the global public health risk of influenza A(H5N1) remains low, and the risk for occupationally exposed persons remains low to moderate, depending on risk mitigation and hygiene measures in place and the local avian influenza epidemiological situation. Additional human infections in those exposed to infected animals or contaminated environments are likely to occur, however the public health impact of these infections remains minor at the global level.

H5NX infections have never been detected in New Zealand animals or people.

Clade 2.3.4.4b

Avian influenza A(H5N1) clade 2.3.4.4b has spread throughout poultry and wild birds across Africa, Asia, Europe and the Americas, and was detected on Antarctica's mainland in February 2024.[2, 3] It has never been detected in New Zealand, Australia or Pacific Island Countries or Territories.

Influenza A(H5) has been detected in samples collected from southern elephant seals on Heard Island, a sub-Antarctic Australian territory.[4] Heard Island is 4000km south-west of Perth, and close to the French Kerguelen and Crozet sub-Antarctic islands where influenza A(H5) has recently been detected. The Australian government do not consider the detection to increase the risk to Australia.

Since January 2022, 86 human cases of avian influenza H5N1 clade 2.3.4.4b have been reported in Europe (8 cases), Asia (3 cases) and the Americas (75 cases[1]). Eighty-two cases had direct or indirect exposure to sick poultry/birds (41 cases) or dairy cattle (41 cases) before illness onset, while three cases have no immediately known animal exposure. There is no evidence of sustained human-to-human transmission.[2, 5]

United States

There have been three known spillover events of influenza A(H5N1) clade 2.3.4.4b from birds into dairy cattle in the US. Genotype B3.13 was first detected in cattle on 25 March 2024, and two spillovers of genotype D1.1, the predominant strain circulating in migratory wild birds in the US, were detected in February 2025.[6, 7] Influenza A(H5N1) has been detected in 1,084 dairy herds in 19 states. In the past 30 days (to 16 December 2025), two detections among dairy herds were reported, including the first detection in Wisconsin.[8]

As of 24 November 2025, the US Centers for Disease Control and Prevention (CDC) has reported 41 human cases of infection with influenza A(H5) among dairy farms workers, mostly in California.[5] The most recently detected case was reported in February 2025. The majority of cases have been due to genotype B3.13, have had mild illnesses and recovered. There is no evidence of human-to-human transmission. Studies have demonstrated that seroprevalence to HPAI A(H5N1), even among workers with known exposures, is low reflecting the generally poor ability of this virus to transmit to humans.[9]

Between 2024 and 24 November 2025, the CDC has reported 24 confirmed cases of influenza A(H5) in poultry farm workers .[5, 10] Genotypes B3.13, D1.1 and D1.3 have been detected among these cases [11] Two cases have also been detected in owners of infected backyard poultry flocks [12]. Twenty-seven states have reported outbreaks in backyard and commercial poultry flocks in the past 30 days (as of 16 December).[13]

There have been three severe cases of influenza A(H5N1) infection in the US (one death, two hospitalisations), all associated with poultry and all due to genotype D1.1.[14, 15]

The US have confirmed three human cases of infection with influenza A(H5N1) where the source of infection is unknown; one in Missouri and two in California.[16-19] There is no evidence of human-to-human transmission in any of these cases.

Influenza A(H5N1) was confirmed in two pigs on a non-commercial farm with infected poultry in late 2024.[20] The genotype was D1.2 and similar to virus isolated from migratory birds in the area. No detections in pigs have been reported since.

On 15 November 2024, the State of Hawaii Department of Health confirmed the first detection of influenza A(H5N1) in Hawaii in a backyard flock of various birds.[21] It is likely that the virus (genotype A3) arrived via wild birds on the Pacific flyway. Influenza A(H5N1) has been confirmed in three wild ducks; Oahu island in October 2025 and Maui and Kauai in November 2025.[22, 23] It

[1] This includes H5 cases linked to outbreaks of A(H5N1) clade 2.3.4.4b but not further typed.

has also been detected in wastewater on two other islands in 2024 and 2025.[24] No human cases have been detected in Hawaii.

Canada

On 13 November 2024, the Public Health Agency of Canada confirmed their first domestically acquired human case of infection with influenza A(H5N1) in British Columbia.[25] The case, a teenager, had no underlying conditions, was hospitalised in critical condition but has since recovered. The virus was clade 2.3.4.4b genotype D1.1, the same strain currently circulating in wild birds and poultry in British Columbia.[26] The source of infection was never identified.

United Kingdom

On 27 January 2025, the United Kingdom Health Security Agency (UKHSA) reported a human case of infection with influenza A(H5N1).[27] The case was a poultry farm worker exposed to birds infected with genotype D1.2. Prior to this, the UK has detected two cases in poultry workers involved in depopulation activities.

On 24 March 2025, the United Kingdom Department for Environment, Food & Rural Affairs reported the world's first detection of influenza A(H5N1) in sheep.[28] A single positive sheep was identified via routine surveillance on a farm with influenza A(H5N1)-infected captive birds. The only clinical sign was mastitis. Influenza A(H5N1) was detected in a milk sample and a blood sample was positive for influenza A(H5) antibodies.[29] There have been no additional detections among sheep or other mammals on the premises.

Mexico

On 2 April 2025, Mexico notified the WHO of a human case of infection with influenza A(H5N1), the first confirmed case reported in the country.[30] The case, a child, had no underlying conditions and died in hospital. The virus was confirmed as clade 2.3.4.4b genotype D1.1. The source of infection remains under investigation. Influenza A(H5N1) has been detected in wild and captive birds in same state where the case resided in 2025. All contacts tested were negative for influenza A(H5N1).

Clade 2.3.2.1.e (previously classified as clade 2.3.2.1c)

A reassortment of A(H5N1), with surface genes from clade 2.3.2.1.c and internal genes from clade 2.3.4.4b has been circulating in the Greater Mekong subregion, including Cambodia and Vietnam, since 2023 and has caused human infections. [31]

In 2025, Cambodia has reported 18 cases of influenza A(H5N1).[32] The majority of cases were exposed to sick poultry prior to illness onset.[33] Since February 2023, Cambodia has reported 33 cases of influenza A(H5N1) to the WHO (as of 5 November 2025), of which 14 were fatal (42%) and all cases with known clade were clade 2.3.2.1e.

Cambodia reported nine influenza A(H5N1) cases in June and July, with five of these cases coming from the Siem Reap province.[28][34] All five cases had contact with sick and dead poultry. Poultry outbreaks near reported human cases have been reported to WOAH.[1]

On 18 April 2025, Vietnam reported a human case of infection with A(H5N1) clade 2.3.2.1e.[35] The child had an underlying health condition and developed encephalitis. They had contact with sick birds two weeks before illness onset.

Clade 2.3.2.1a

On 31 May 2025, the WHO was notified by Bangladesh of a confirmed human case of infection with influenza A(H5N1).[36] The child was hospitalised and recovered. They were exposed to backyard poultry prior to illness onset. This is the third case of influenza A(H5N1) clade 2.3.2.1a reported in Bangladesh this year. The previous two cases, reported in May, both recovered.[37]

In May 2025, a fatal human case of infection with influenza A(H5N1) clade 2.3.2.1a was reported in India [36] Information on exposure history is not currently available. This is the second case reported in India this year, The previous case was reported in April and had no clear source of infection as there was no evidence of A(H5N1) circulation in avian populations near the case. There have been four reported human cases of influenza A(H5N1) acquired in India to date.[38]

On 22 May 2024, the Victorian Department of Health in Australia reported the retrospective identification of a human case of infection with influenza A(H5N1) clade 2.3.2.1a. The case was a child who acquired infection in India in March before returning to Australia and recovered following severe infection. There was no evidence of onwards human transmission. This clade has previously been detected among birds in India.[39]

Clade unknown

On 21 April 2026, a human case of avian influenza A(H5N1) case was reported in a woman in her 60's from the Svay Rieng Province in Cambodia. The case had contact with poultry, and sick and dead poultry had been identified in the case's household and village. The case has been isolated and treated in hospital and close contacts have been followed up. No clade information is available for cases detected in Cambodia in 2026, but Clade 2.3.2.1e has been circulating among birds in Cambodia and has previously been detected in human cases. [40] This is the fourth reported human case in Cambodia in 2026 to date.

On 29 March 2026, Oddar Meanchey province in Cambodia reported a human case of Avian influenza A(H5N1) in a child. The child was exposed to sick and dead poultry before disease onset. [41]

On 15 March 2026, a human case of influenza A(H5N1) was reported in Cambodia, in the Banteay Meanchey province. The case had been in contact with home-raised ducks and chickens which had become ill and died. The case has been isolated in hospital and given antiviral medication. H5N1 continues to circulate in Cambodia's rural poultry populations. [42]

On 15 February 2026, a human case of infection with influenza A(H5N1) was reported in Cambodia Kampot province. The case had contact with a dead chicken prior to illness onset and has since recovered. [43]

On 10 May 2025, China notified the WHO of a human case of infection with influenza A(H5N1), The case was detected by routine screening on entry into the country from Vietnam.[37] The case

was hospitalised and has since recovered. The most likely source of infection was domestic poultry.

On 14 November 2024, a human case of infection with A(H5) was reported in Vietnam.[44] The N gene has not been reported for this case, although A(H5N1) detections in wild birds from the area were clade 2.3.2.1c. This case was exposed to sick poultry prior to illness onset and died from their infection.

PHF Science public health risk assessment for H5N1 in New Zealand

Given the current absence of infected animals in New Zealand, potentially high impact of the disease, very low likelihood of sustained human-to human transmission and very low likelihood of importation of a human case of influenza A(H5N1), the overall public health risk of avian influenza A(H5N1) to Aotearoa New Zealand is low. However, due to the pandemic potential of avian influenza viruses should there be a change in viral transmissibility, national preparedness activities led by the Ministry for Primary Industries, Health New Zealand and the Public Health Agency are ongoing.

Other human cases of avian and swine influenza

Five human cases of influenza A(H9N2) were reported in China during April 2026 (with onsets in January, February and March). Four cases were in children aged 5 years and younger and one was in an adult male. The first was a three-year-old boy from Guangdong Province. The second case was a 63-year-old male from Guangxi Province. The third case was a five-year old boy in the Guangdong Province. The fourth case was a two-year-old girl in the Yunnan Province. The fifth case was a two year old boy from Jiangxi Province. [45] [40]

On 3 April 2026 an influenza A(H7N7) low pathogenic avian influenza virus was notified in Taiwan. The case is in his 70s and had exposure to poultry. This is the first avian influenza A(H7N7) reported since 2013. [46]

On 26 March, the first human case of influenza A(H9N2) was reported in the EU/EEA. The case was reported in the Lombardy region of Italy but had returned from a non-European country where the virus had previously been identified in birds. The case remains in hospital isolation. [47]

In February 2026, one human case of swine influenza A(H1N1)v was reported from Catalonia, Spain. The case has no known history of exposure to pigs or a contaminated environment and was detected as part of the acute respiratory infections surveillance system. The case remains asymptomatic and epidemiological investigations are ongoing. [48]

From 13 to 19 February 2026, two new cases of influenza A(H9N2) were reported, both from China. One was in a two-year-old male in Hunan Province and one in a 73-year-old female in Guangdong Province. Both had exposure to domestic parrots and live poultry market.

A new case of avian influenza A(H10N3) was reported in a 34-year-old male from Guangdong province in China. The case had exposure to live poultry. [49]

On 12 December 2025, Eurasian avian-like swine influenza A(H1N1)v virus in a human was reported from China in a 60-year-old male from Yunnan province. The case reported exposure to backyard pigs. [50]

From 20 December 2025 to 22 January 2026, there were three reports of influenza A(H9N2) detections in humans. All three cases were in China and had exposure to poultry. [51]

On 14 November 2025, the Washington State Department of Health in the US reported the first known human case influenza A(H5N5) infection globally.[52] The case, an older adult with underlying conditions, was hospitalised and has died.[53] Based on currently available information, the most likely source of infection is the case's backyard poultry flock which had exposure to wild birds. No additional cases have been detected. The WHO risk assessment is the same as other influenza A(H5) viruses; low in the general population and low to moderate in occupationally exposed individuals.[54]

On 21 November 2025, the US CDC reported a human case of infection with influenza A(H1N2) variant virus.[55] The case recovered from their illness. The investigation did not determine whether the case was exposed to swine or other animals prior to illness onset, or whether any close contacts were symptomatic. No additional cases have been identified. The virus has been confirmed as clade 2.3.4.4b genotype A6, which has commonly been detected in birds and mammals in North America.[32]

From 30 September to 5 November 2025, one human case of infection with influenza A(H5N2) was reported in Mexico and two human cases of infection with influenza A(H9N2) were reported in China.[56] The case of influenza A(H5N2) was hospitalised. Samples collected from animals at the case's residence, including birds and a dog, tested positive for influenza A(H5). Samples collected from close contacts tested negative. This is the second case of influenza A(H5N2) in Mexico since 2024. The two cases of influenza A(H9N2), reported in different provinces of China, both had exposure to poultry prior to illness onset and influenza A(H9) was detected in environmental samples collected during the investigations.

Australia has responded to 20 outbreaks of HPAI H7 in commercial and domestic poultry flocks since 2024, and is now considered free of influenza H7 in poultry.[57] There have been no associated human cases.

WHO risk assessment for influenza at the human-animal interface

As at 22 January 2026, the WHO advises that the overall public health risk from currently known influenza viruses at the human-animal interface remains low. Sustained human to human transmission of these viruses is currently considered unlikely, however, infections with viruses of animal origin are not unexpected at the human-animal interface wherever these viruses circulate in animals. [51]

Middle East respiratory syndrome coronavirus (MERS-CoV)

As of 5 January 2026, five new MERS cases have been reported in Saudi Arabia since the last update on 10 December 2025. Of the 19 MERS cases with onset in 2025, 17 were reported in Saudi Arabia. [58]

On 3 December 20025, the French Ministry of Health reported two imported cases of MERS-CoV who travelled in the same group to the Arabian Peninsula. No additional cases have been detected. These are the first cases of MERS-CoV detected in Europe since 2018.[59]

Twelve cases of MERS-CoV have been detected in Saudi Arabia in 2025 (as of 3 November).[60] This includes a cluster of seven case, including six healthcare workers who acquired infection while caring for one patient. As of 12 May 2025, the WHO's risk assessment remains moderate at the global and regional levels. The WHO expects additional cases of MERS-CoV to be reported from the Middle East and/or other countries where MERS-CoV is circulating in dromedaries.

Situational awareness: Global response limitations

Surveillance and response capacity for emerging viruses is likely to be affected by reduced funding for global health security and One Health programmes led by international organisations such as WHO and FAO as well as national agencies overseas.[61-63]

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