
Event	Highly Pathogenic Avian Influenza (HPAI) H5N1 detected in wild birds in Australia
Notified by	Clinical Team, Protection, NPHS
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To	Chief Medical Officers of Health, Hospital Specialists, NPHS national and regional services, Office of the Director of Public Health (Manatū Hauora), NZMN, Diagnostic Laboratories.

Highly Pathogenic Avian Influenza (HPAI) H5N1 detected in wild birds in Australia - increased risk of H5N1 arriving in New Zealand.

Summary

A highly pathogenic strain of avian influenza (HPAI H5N1, clade 2.3.4.4b) has been spreading around the globe since 2020, impacting poultry and wildlife.

Australian authorities confirmed detection of this strain of HPAI H5N1 in three migratory wild birds in southern Western Australia and South Australia.

Risk of Highly Pathogenic Avian Influenza H5N1 in New Zealand

HPAI H5N1 is expected to eventually arrive in New Zealand, when this happens it will have impacts on our wild bird population and on the poultry industry. The detection of HPAI H5N1 in Western Australia is the closest it has been to NZ and does increase the likelihood of introduction of H5N1. However, the overall public health risk for NZ currently remains low.

H5N1 can spread to poultry and other animals from contact with infected wild birds. Mammals infected this way include marine mammals, livestock and companion animals. Human infections have been linked to direct contact with infected animals, animal materials (e.g. faeces, raw milk), or from environments contaminated with these materials.

There is no evidence of human-to-human transmission in the current international outbreak. However, there is international recognition that H5N1 could mutate to enable sustained human-to-human transmission which would significantly increase its pandemic potential.

Key preparedness actions

A One Health approach – integrating human, animal, and environmental health, is guiding preparedness efforts across agencies. The Ministry of Primary Industries (MPI) is leading NZ’s One Health response.

Health NZ, in collaboration with the Ministry of Health (MoH), PHF Science, and the National Public Health Service (NPHS), is progressing the following:

- Enhanced influenza surveillance to identify and manage public health risks, incorporating respiratory data from hospitals, ICUs, SARI surveillance, and primary care sentinel surveillance systems.
- Stakeholder engagement – ongoing coordination.
- Maintaining a stockpile of H5N1 pre-pandemic vaccine.

Key messages for healthcare professionals

- The risk of H5N1 in NZ remains low. There is currently no evidence of H5N1 in NZ including in wild birds.
- Avian influenza H5N1 rarely spreads to people. When it does, it typically causes a respiratory infection.
- Infected animals shed the virus in secretions, faeces, and other body fluids, and through the air. People can become infected by breathing in contaminated dust or air, or touching an infected animal, their body fluids or something contaminated with the virus, and then touching their eyes, nose or mouth.

Key actions for healthcare professionals

- Influenza PCR testing for HPAI should be undertaken in individuals who present with clinically compatible symptoms **and** meet epidemiological criteria i.e. close contact or exposure to animals, animal fluids or faeces, or their environments suspected to be infected with avian influenza.
 - Ensure both the patient's clinical symptoms and relevant epidemiological exposures are documented on the laboratory request form to enable appropriate influenza subtyping.
- If H5N1 is suspected, notify your local Medical Officer of Health **urgently** as per your usual notification process for urgent referrals (i.e. by eReferral for Northern region, and phone call for all other regions) See here for [contact details for local public health services](#).
- Reminder to diagnostic laboratories to continue to refer influenza-positive samples that meet referral criteria to PHF Science for subtyping and other testing, specifically:
 - All influenza A positive samples from patients admitted to ICU.
 - Influenza-positive samples from severe acute respiratory illness (SARI) patients with recent overseas travel (within seven days).
 - Influenza-positive samples from, or which are associated with, an aged-care facility.
 - Five additional influenza-positive samples per week according to the viral surveillance criteria provided by PHF Science.

Further information

[Avian influenza | Communicable Disease Control Manual](#)

[Avian influenza, HPAI, bird flu, risk to NZ | NZ Government](#)

[HPAI Incursion Health Sector Framework](#)

[Detection of bird flu in Australia | Australian Centre for Disease Control](#)

[Avian influenza | Health Topics](#)
