



- Please bring to the attention of all doctors -

Date: 26 June 2026

Contact telephone number: 1300 232 272 (24 hours/7 days)

H5N1 Avian Influenza

On 24 June 2026, the first case of High Pathogenicity Avian Influenza (HPAI) A(H5N1) in South Australia was confirmed in a migratory bird at Knights Beach. A new strain of avian influenza A (H5N1 clade 2.3.4.4b) has been circulating the world since 2020, causing outbreaks in wild birds, terrestrial and marine mammals, and domestic animals (poultry and cattle). **The risk to humans is low.**

Human infection can occur through mucosal exposure to the secretions/faeces or litter of live or dead infected bird/animal. For example, inhaling infectious respiratory droplets or contaminated dust or touching infected animals or contaminated items/surfaces and then touching one's eyes, mouth or nose. It is not spread to humans through the consumption of properly cooked poultry meat or eggs. Human to human transmission is rare.

Symptoms of avian influenza in humans are like seasonal influenza, including fever, cough, sore throat, myalgia, fatigue, dyspnoea, rhinorrhoea, headache, diarrhoea and nausea. Also, avian influenza in humans can present with conjunctivitis. Severity can range from asymptomatic to life-threatening, as with seasonal influenza.

Incubation is between 1-10 days. The infectious period is unclear but generally considered to be from 1 day before symptom onset, to 7 days after symptom onset or until acute symptoms resolve, whichever is longer.

Medical practitioners are advised to:

- **Consider** avian influenza in patients with clinical criteria AND exposure criteria.
 - Clinical criteria at least ONE of: (1) fever AND one or more of: cough, rhinorrhoea, myalgia, headache, dyspnoea or diarrhoea; (2) conjunctivitis; (3) pneumonia AND respiratory compromise.
 - Exposure criteria within 10 days of illness onset: high risk exposure (as above) to a bird or mammal with suspected avian influenza.
- **Use** standard and transmission-based precautions (contact, droplet and airborne). Ask the patient to wear a surgical mask (if tolerated). Put patient in a single room with door closed (negative pressure room if available). Wear appropriate PPE i.e. gown, gloves, eye protection, fit checked particulate filter respirator (PFR e.g. N95/P2). Undertake hand hygiene. Avoid aerosol generating procedures if possible.
- **Transfer** patient with (or at risk of) severe disease to hospital.
- **Collect** nasal and throat viral swab for respiratory NAT. **Use** another swab to swab the conjunctiva for NAT if conjunctivitis is present. **Wear** PPE as above. **Request** avian influenza testing and include exposure information (e.g. exposure to sick bird). **Double** bag the sample. **Do not** use pneumatic tubes for transport. **Advise** the courier prior to collection (if applicable). **Send** samples to SA Pathology. **Call** ahead (08 8222 3000) to advise them. Standard influenza NAT and RATs do not test for avian influenza.
- **Seek** specialist infectious disease or medical microbiology advice for empiric treatment and management of confirmed cases.
- **Notify** Communicable Disease Control Branch (CDCB) immediately of suspected or confirmed cases (1300 232 272). CDCB will assist with contact tracing and prophylaxis for close contacts.
- **See** [SA Health: Bird flu](#) for more information including the flow chart to guide initial patient management.

For all enquires please contact the CDCB on 1300 232 272 (24 hours/7 days)
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