NT Health

Centre for Disease Control

Surveillance update

Issued: October 2026

In this issue:

- Leptospirosis in the Top End
- Acute post streptococcus glomerulonephritis in Barkly and Central Australia
- The 2026 influenza season – it's not too late to vaccinate!
- Diphtheria outbreak
- Melioidosis season

Leptospirosis in the Top End

- There have been several recent notifications of leptospirosis among hunters in urban and remote areas of the Top End region, with exposure locations including Fogg Dam, Harrison Dam and Arnhem wetlands.
- Leptospirosis is an infection caused by the bacterium *Leptospira*. People can become infected through skin contact with water, wet soil, or vegetation contaminated with the urine of animals carrying the bacteria, particularly cattle and rats. Infection can also occur when contaminated water or mud enters the mouth, nose, or eyes.
- Symptoms generally occur 5 to 14 days after exposure but may develop anywhere from 2 to 30 days following exposure. The illness can last from a few days to 3 weeks or longer.
- Initial symptoms include the sudden onset of fever, headache, chills, severe muscle pain (particularly in the legs and lower back), red, sore, or bloodshot eyes, diarrhoea, and vomiting.
- Maintain a high index of suspicion for leptospirosis in hunters, particularly those who have visited these areas. Early diagnosis and treatment can reduce the risk of severe disease.
- Further information is available here: Leptospirosis | NT Health

Acute post-streptococcus glomerulonephritis in Barkly and Central Australia

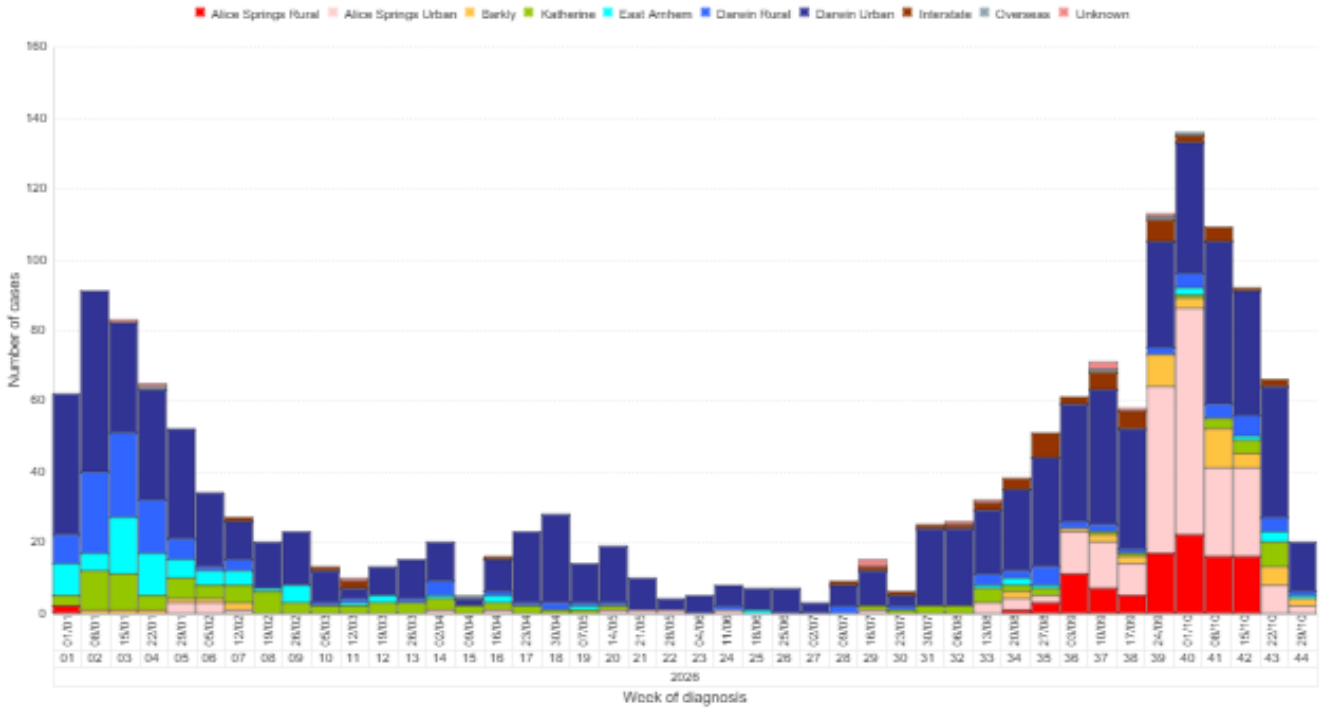
- CDC has noted an increase in cases across Barkly and Central Australia, with an outbreak of acute post-streptococcal glomerulonephritis (APSGN) in Tennant Creek following notification of 3 unlinked cases within the past 30 days.
- APSGN is an inflammatory disease of the kidneys caused by an immune response to Group A *Streptococcus* (GAS). It most commonly affects children aged 0-14 years and frequently requires hospital admission.
- Since 1 January 2026, there have been 13 notified cases of APSGN in the Northern Territory, including 5 cases from Tennant Creek since July 2026. Prior to July 2026, the most recent case notified in the Barkly region was in June 2024.
- For children presenting with any of the following: (1) puffy face, (2) skin sores, or (3) dark-coloured urine, please assess for:
    - Weight (look for sudden increases due to fluid retention)
    - Blood pressure (elevated for age)
    - Urinalysis (look for the presence of blood and protein)
    - Oedema (peripheral and/or facial)

- If APSGN is suspected, please notify NT CDC, inform the covering GP or RMP, and consider admission to an acute hospital setting.
- All GAS throat and skin infections should be treated with appropriate antibiotics to prevent APSGN and other complications.
- Contact tracing should be undertaken for all probable and confirmed cases. All contacts should receive education and clinical assessment for symptoms of APSGN, skin sores, sore throat, and scabies.
- Scabies infestation is a major cause of infected skin sores in the NT that can become secondarily infected with GAS.
- Further information is available here: Acute post streptococcal glomerulonephritis (APSGN) | NT Health

The 2026 influenza season – it's not too late to vaccinate!

- There have been 1,605 laboratory-confirmed cases, 460 hospitalisations and 4 deaths, reported up to 30 October 2026.
- Key actions to control flu (*Vaccinate-Test-Treat-Prevent*):
    - Vaccinate everyone over 6 months of age who has not received the vaccine
    - Test patients presenting with influenza-like illness for influenza, COVID-19 and RSV where appropriate
    - Treat people with suspected or confirmed influenza who are at high risk of severe disease, moderately unwell or deteriorating.
    - Prevent spread by promoting the use of masks in symptomatic people and using personal protective equipment (PPE). Isolate cases and promote hand hygiene, social distancing and cough etiquette.
- More detailed information is available at National Immunisation Program 2026 Influenza Vaccination

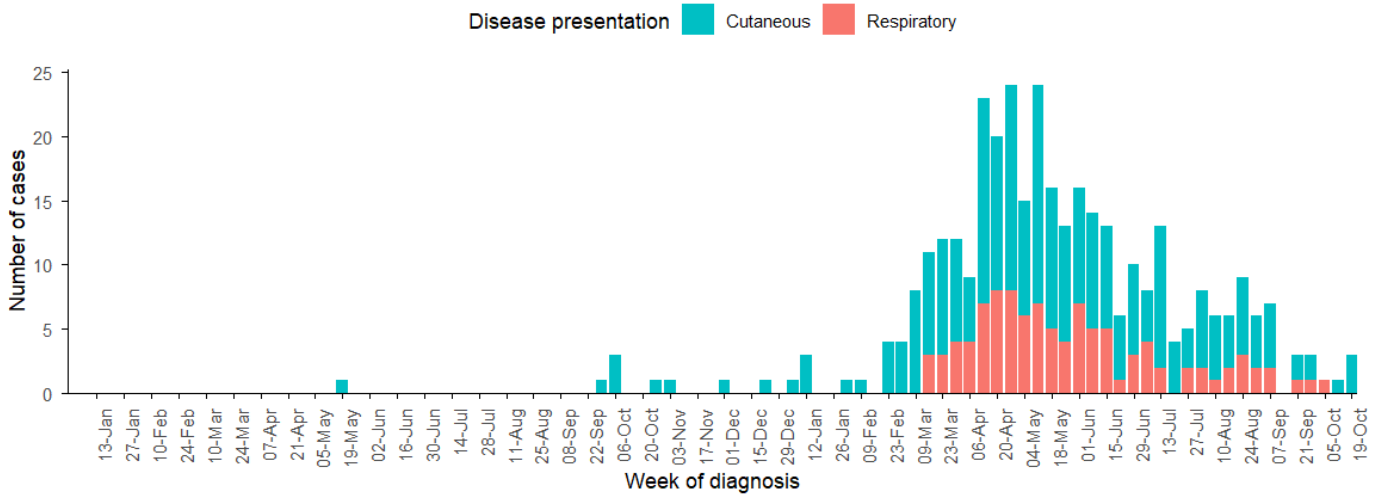
Epidemiology Curve of influenza in the Northern Territory, by week of diagnosis and region, 1 January 2026 to 30 October 2026. Take caution when interpreting recent weeks due to pending notifications.



Diphtheria outbreak

- Diphtheria notifications have continued to decline following the peak observed in late April and early May 2026. As of 30 October 2026, there have been 352 notifications, including 103 respiratory (29%) and 249 cutaneous (71%) notifications. More than 47,500 diphtheria-containing vaccines have been administered in the NT since 30 March.
- Respiratory diphtheria typically presents with a fever and sore throat, with pharyngeal exudate potentially thickening to form a life-threatening pseudomembrane, particularly in individuals who received a diphtheria-containing vaccine more than five years ago. If respiratory diphtheria is suspected, urgently contact an infectious diseases physician and the CDC for advice regarding early antibiotic treatment and prompt administration of diphtheria antitoxin.
- Further information and detailed protocols can be accessed through the NT Health CDC Webpage.

Epidemiological Curve of diphtheria notifications in the Northern Territory, by week of diagnosis and disease presentation type, 1 January 2025 to 30 October 2026. Take caution when interpreting recent weeks.



Melioidosis season

- The wet season increases the risk of melioidosis, a disease caused by the bacterium *Burkholderia pseudomallei*. The bacteria lives in the soil and comes to the surface after heavy rain.
- There were 72 cases of melioidosis notified between October 2025 and September 2026, compared with 65 notifications in the prior wet season.
- The most common exposure is from contaminated soil or water entering cuts or scratches. However, infection can follow exposure to contaminated aerosols or the outside air following heavy rain or during windy conditions.
- Be on the alert for melioidosis in patients who present with unexplained fever or community-acquired pneumonia – particularly in those who may be immunocompromised by: diabetes, heavy alcohol consumption (including binge drinking), renal or lung disease, immunosuppressive therapy, or cancer. Melioidosis can also present as non-healing ulcers so ensure non-healing ulcers are swabbed and MCS requested.
- All patients with confirmed melioidosis require hospital treatment and consultation with an infectious diseases specialist.
- Advise patients with risk factors to stay inside during windy, rainy conditions; to protect their skin from cuts and sores; and wear gloves and waterproof footwear while working in the garden or with soil. For further information follow the link: Melioidosis



This update was prepared by Dr Bhavi Ravindran (Head of Surveillance and Response, Public Health Physician) and NT CDC staff. We encourage NT health staff to circulate this to their clinical colleagues.

Contact: View all CDC units NT wide at the NT Health website.

NThealth
Centre for Disease Control
Public Health Division
(08) 8922 8044 or 1800 008 002
CDCSurveillanceTopEnd.Health@nt.gov.au