NORTHERN TERRITORY GOVERNMENT

Centre for Disease Control

NT HEALTH

Surveillance Update

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Avian influenza

- Avian influenza or 'bird flu' is caused by strains of influenza A virus with the subtypes H5N1 and H7N9 the most frequently identified strains causing disease in humans. Avian influenza can affect a variety of animals which includes wild and domestic birds (particularly intensively farmed poultry) with some spill over infections into mammals such as cattle, and rarely to humans.
- There have been recent detections of H7 in Australian poultry farms. The national hen layer flock has been impacted in Victoria, NSW and ACT. This may lead to disruption in egg supplies.
- A variant of H5N1, named clade 2.3.4.4b, causes significant illness and deaths in poultry, wild birds and some mammals and has spread rapidly across all continents except Australia. It has recently been detected in dairy cattle and cats in the USA. Infections in humans are rare and typically occur after close contact with sick birds and livestock. Person-to person transmission has not been reported.
- Avian influenza spreads by direct contact with infected birds or their saliva/faeces or from indirect contact through droplets or dust which contain the virus. Those at higher risk of getting avian influenza are people who have travelled to countries with avian influenza and who have had contact with sick birds and other infected animals.

- In countries where avian influenza occurs, people at highest risk of getting avian influenza are those who:
    - work with commercial poultry (chicken or turkey) and/or are in close contact with sick birds that may be infected with avian influenza
    - work with and/or are in close contact with other animal species that can be infected with avian influenza e.g. mammals, particularly if they are unwell
- For more information on avian influenza visit outbreak.gov.au. If a clinician suspects Avian influenza in a person, please contact your nearest NT CDC for advice.

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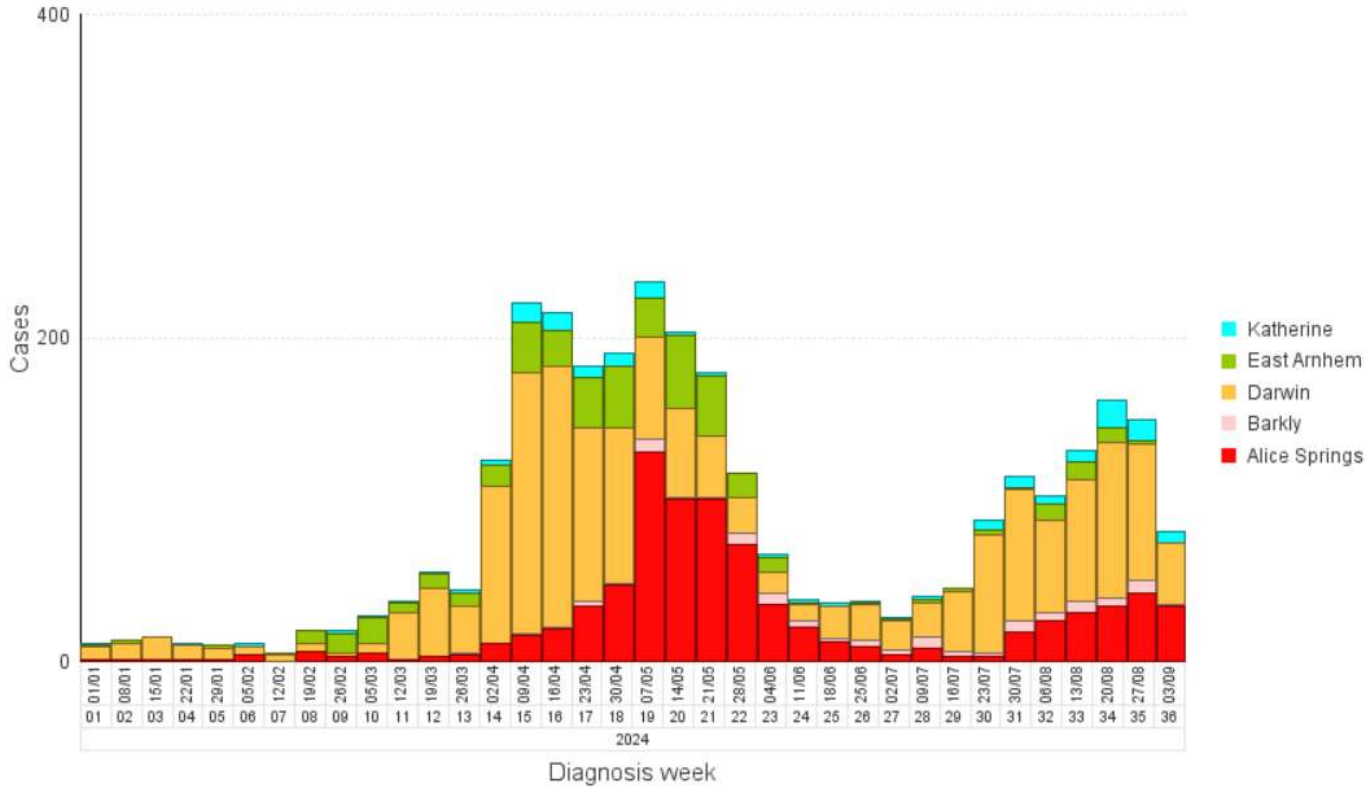
Influenza and the flu vaccine

- There have been 3,057 cases of flu this year (as at 9 September) with 786 cases (26%) requiring hospitalisation. There have been over 500 notifications in the past 4 weeks alone with cases commencing in the Darwin Area but now increasing in Central Australia.



- It is not too late to get the 2024 flu vaccine. It is recommended that all people (≥6 months old) have the annual flu vaccine. Offer it now. People at higher risk of influenza complications are eligible for FREE vaccination and these groups include:
    - all pregnant women (during any stage of pregnancy)
    - anyone 65 years of age and over
    - all children aged 6 months to <5 years
    - all Aboriginal and Torres Strait Islander people aged 6 months and over
    - people aged 6 months and over who have high risk medical conditions

Mpox (formerly monkeypox)

- The World Health Organization (WHO) declared Mpox a public health emergency of international concern (PHEIC) on 14 August 2024 in response to a surge in mpox clade 1 disease and a new variant clade 1b.
- There have been over 500 cases of mpox notified in Australia since the beginning of 2022 with over 350 cases notified in 2024 alone. There have been multiple outbreaks in Victoria, New South Wales and Queensland with clusters linked to sex-on-premises venues and private parties. All cases in Australia to-date have been clade IIb mpox. The NT has had 1 case of mpox notified in 2024 which was acquired overseas and did not result in onward spread.
- Mpox virus is spread through close contact with sores, bodily fluids, and contaminated objects. This may occur during sexual activities, but can also occur through other types of physical contact.
- Symptoms include a distinctive rash, lesions, ulcers, swollen lymph nodes, fever, headaches, muscle aches, and fatigue. Rashes and lesions often begin in the genito-anal areas, but may also involve the face, body, hands and feet,

and inside the mouth. Some cases may also present with proctitis. Symptoms of mpox may closely resemble other diseases such as syphilis, herpes, chicken-pox, scabies, molluscum, or other skin infections. It is important to take a travel and sexual history from patients presenting with these symptoms.

- Call ahead to the laboratory to let them know if you are sending samples for mpox testing, and contact the NT CDC to notify.
- Vaccines are available to protect against mpox and can be easily accessed from Clinic 34 sexual health clinics across the NT. For more information visit Mpox (monkeypox) vaccines | Australian Government Department of Health and Aged Care
- The Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) have compiled information and resources for mpox, including education resources, webinars, clinical management tools and important links. Visit Mpox (monkeypox) | ASHM Health

Pertussis is in the NT

- Pertussis has been increasing in 2024 throughout Australia, with over 25,000 notifications nationally this year to-date; mostly in NSW, Victoria and Queensland. Due to low pertussis notifications during the COVID-19 pandemic, decreased vaccination coverage and waning community immunity, the outbreak potential for pertussis is high.
- There have been 26 notifications of pertussis year-to-date in the NT, and the potential for an outbreak in the NT remains high. Almost all cases (81%) either had their last pertussis-containing vaccine more than 4 years prior, or had not had a vaccine.
- Pertussis is a highly infectious respiratory disease, caused by the bacteria *Bordetella pertussis*. It is characterised by a 'whooping' cough which can last for weeks, and it can cause severe illness in children under 12 months old.
- Most hospitalisations and deaths from pertussis occur in babies and young children who are not old enough to have received all their scheduled vaccine doses. Antibiotic prophylaxis is recommended for some people exposed to pertussis, including children under 6 months of age, and people who may transmit pertussis to children under 6 months of age.
- Testing for pertussis is recommended (PCR is preferred) for patients presenting with cough prior to starting antibiotics. People with pertussis should stay home from school, childcare, or work until they have completed 5 days of appropriate antibiotics, or for 3 weeks from the onset date of coughing.
- The best protection against pertussis is to be up to date with vaccinations. Check your patients' vaccination status and update them per the recommended schedule, which **importantly includes antenatal vaccination from 20 weeks gestation for *each* pregnancy**: Pertussis (whooping cough) | The Australian Immunisation Handbook (health.gov.au)
- Follow this link for more information: Pertussis – General Practitioner factsheet (nt.gov.au)

This update was prepared by Anthony Draper (Senior Epidemiologist [OzFoodNet] Surveillance and Response Unit) 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

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