NT Health

Centre for Disease Control

Surveillance update

Issued: June 2026

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Diphtheria outbreak in the NT

- The Northern Territory (NT) Centre for Disease Control (CDC) is continuing to respond to an outbreak of diphtheria in the NT, with control measures including vaccination, health education and contact tracing.
- As of 29 June 2026, there have been a total of 246 cases with 77 cases of respiratory diphtheria and 169 cases of cutaneous diphtheria.
- Newly updated interim guidelines to support clinicians diagnosing and managing suspected and confirmed cases of diphtheria in the community have now been published. Details protocols can be accessed through the NT Health CDC Webpage.
- Free vaccine boosters are available and recommended for eligible NT residents. See NT Health CDC Webpage.
- Respiratory and cutaneous diphtheria are vaccine-preventable diseases caused by toxigenic strains of *Corynebacterium diphtheriae*. Vaccination remains the most effective measure to protect individuals against severe diphtheria and to reduce disease transmission.
- Vaccination
  - Vaccination is highly effective at preventing against severe respiratory infection.
  - Ensure infants, children, adolescents and adults are up to date with diphtheria, pertussis and tetanus vaccination (DTPa/dTpa).
- The cutaneous form often presents as secondary infection of wounds, or as a well-demarcated punched out ulcer. Respiratory diphtheria presents with a fever and sore throat, with pharyngeal exudate thickening to form a life-threatening pseudo-membrane.
- Testing and treatment:
  - If cutaneous diphtheria is suspected, collect swabs from the suspect lesions and a respiratory swab.
  - Macrolides (**azithromycin)** are preferred for **empiric treatment of suspected and confirmed respiratory diphtheria** due to increasing penicillin resistance.
    If respiratory diphtheria is suspected, urgently contact an infectious diseases physician and the CDC for advice on early antibiotics and prompt diphtheria antitoxin.
- Contact tracing is required for all respiratory and cutaneous cases, assisted by the CDC.

Ebolavirus (Bundibugyo Virus Disease)

- There is an outbreak of Ebola disease caused by Bundibugyo virus in the Democratic Republic of the Congo (DRC) and Uganda. South Sudan has also been noted as an area of concern.
- The World Health Organisation has determined this situation to be a public health emergency of international concern.

- As of 27 June 2026, there have been 1,203 confirmed cases and 321 deaths in the DRC and 20 cases and 2 deaths in Uganda. There has also been 1 confirmed case in France in a returned healthcare worker. Read more about the outbreak.
- Risk factors for Ebola include direct contact with bodily fluids of an infected person, with an incubation period of ~2 to 21 days.
- There are no cases of Ebola in Australia and the risk to Australia remains low.
- Clinicians should consider Ebola disease in:
    - Patients with fever (>38C), AND
    - History of travel to an outbreak area or area of concern (DRC, Uganda and South Sudan), OR contact with someone with Ebola disease or their blood, other bodily fluids or organs within 21 days of illness onset
- If you suspect Ebola disease, place the patient immediately in an isolated single room with infection control precautions and seek urgent advice from infectious diseases and immediately call NT CDC.
- Symptoms of Ebola disease can develop 2 to 21 days after exposure. In the early stages of disease, symptoms may include:
    - Fever, muscle and joint pain, headache, sore throat and weakness.
    - These may be followed by vomiting, diarrhoea, abdominal pain and a rash. Some cases developed internal and external bleeding and may progress to multi-organ failure and death.
- Consider Ebola disease in at-risk individuals, and consider alternative diagnosis including malaria, typhoid and cholera.
- Further information is on the Ebola NT CDC website, and the Australian CDC website

Bird Flu (Avian Influenza)

- There has been a detection of H5 bird flu in birds across Western Australia and South Australia. This is the first time this H5 subtype (H5N1 clade 2.3.4.4b) has been found in an animal in Australia. It is the same subtype that has caused mass mortality in poultry, wild birds and sea mammals globally.
- There has been no human case of avian influenza in Australia and the risk to people in Australia is currently considered low. Avian influenza viruses do not spread easily from birds to humans and human infections are rare.
- The information that is currently being provided to the public includes:
    - If you see multiple sick or dead birds or other animals, do not touch them.
    - Avoid Contact. Record what you see. Report it to the Emergency Animal Disease Hotline on **1800 675 888.**
    - Practice good hand hygiene by washing your hands and utensils after handling animals, eggs or raw meat.
    - Stay up to date with recommended influenza vaccination. The seasonal flu vaccine won't protect against bird flu but minimises the risk that people become unwell with both seasonal and bird flu viruses at the same time.
- For more visit Australian Centre for Disease Control and the Department of Agriculture.

Vaccination – Pneumococcal, RSV and Influenza

- From 1 July 2026, the 21-valent pneumococcal conjugate vaccine (21vPCV), Capvaxive (single dose), will be introduced on the National Immunisation Program (NIP) for eligible adults.
- From May 2026, respiratory syncytial virus (RSV) vaccine, Arexvy has been funded through the NIP. A single dose is free and funded for
    - Aboriginal and Torres Strait Islander people aged 60 years and over
    - Adults aged 75 years and over
- The 2026 influenza vaccinations are available now from GPs, health clinics, and selected pharmacies. Free influenza vaccines under the NIP are available to:
    - Children 6 months to < 5 years
    - Aboriginal and Torres Strait Islander people aged 6 months and over
    - People aged 65 years and over
    - Pregnant women at any stage of pregnancy

    - People aged 6 months and over with chronic medical conditions
- More detailed information is available at National Immunisation Program 2026 Influenza Vaccination

Further information on the Immunisation Program is available here.

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.