NT Health

Centre for Disease Control

Surveillance update

Issued: August 2026

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Influenza on the rise

- Influenza notifications are increasing across the NT, with 808 laboratory confirmed cases, 223 hospitalisations and 2 deaths reported so far in 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 person 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
- Further information on the Immunisation Program is available here.

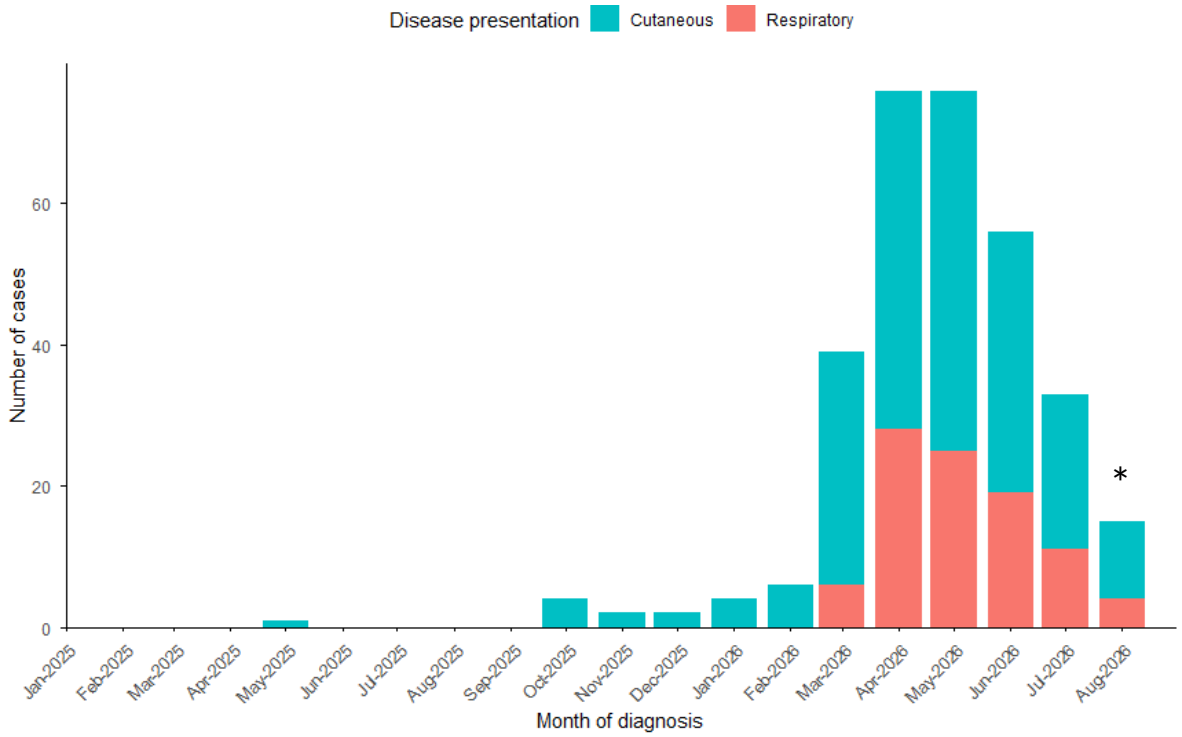
Bird flu (avian influenza)

- There has been bird detections and mass mortality events of H5 highly pathogenic bird flu in every Australian jurisdiction except the Australian Capital Territory and the NT, and a recent detection from a seal in South Australia. This is the first time this H5 subtype (H5N1 clade 2.3.4.4b) has been found in animals 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 (H5N1 clade 2.3.4.4b) 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.

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 25 August 2026, there have been a total of 314 cases with 92 cases of respiratory diphtheria and 222 cases of cutaneous diphtheria.
- The Clinical Management of Diphtheria in Primary Care in the Northern Territory has been updated, with further information on managing suspected and confirmed cases. Details protocols can be access through the NT Health CDC Webpage.
- Diphtheria public health guidelines have been recently published by the Communicable Disease Network of Australia. NT CDC will be updating local guidance to align with these recommendations, based on the knowledge and experiences gained during this outbreak.
- Over 38,000 diphtheria containing vaccines have been given in the NT since 30 March. Free vaccine boosters are available and recommended for eligible NT residents. Vaccination is the most effective prevention against severe disease NT Health CDC Webpage.
- The cutaneous form often presents as secondary infection of wounds, or as a well-demarcated punched out ulcer. Multiple organisms have also been isolated from skin wounds, including *Group A* Streptococcus and *Staphylococcus Aureus*.
- 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 Centre for Disease Control for advice on early antibiotics and prompt diphtheria antitoxin.
- Contact tracing is required for all respiratory and cutaneous cases, coordinated by the CDC.
- Vaccination
    - Vaccination is highly effective at preventing severe respiratory infection.
    - Ensure children, adolescents and adults are up to date with diphtheria, pertussis and tetanus vaccination (DTPa/dTpa)
- Cases appear to be decreasing since a peak in April/early May (Figure); however, a high degree of clinical suspicion is still required across the NT.

Figure. Epidemiological curve of diphtheria notifications in the Northern Territory, 1 Jan 2025 to 25 August 2026.



*Note that notifications for August are incomplete**

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. The outbreak risk remains highest in the DRC, with no further cases being reported in Uganda or France since 28 July 2026. However, the DRC, Uganda and South Sudan remain areas of concern.
- As of 22 August 2026, there have been 5514 cases with 2,642 deaths, with a case fatality ratio of 47.9%. Read more about the outbreak.
- There are no cases of Ebola in Australia and the risk to Australia remains low.
- 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.
- Clinicians should consider Ebola disease in:
    - Patients with fever (>38C), AND
    - History of travel to an outbreak area or area of concern, OR contact with someone with confirmed 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 and seek urgent advice from infectious diseases and immediately call NT CDC. Further information is available from the Australian CDC.**
- Consider Ebola disease in at-risk individuals, but also consider alternative diagnoses including malaria, typhoid and cholera.
- Further information is on the Ebola NT CDC website, and the Australian CDC website

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