

Medical Bulletin

Welcome to the South East Public Health Unit (SEPHU) first medical newsletter for 2026

We kick off the year with some news on antimicrobial resistance including practical steps practitioners can take to minimise this risk, as well as the extended Japanese encephalitis vaccination program. We continue to highlight measles as there is an ongoing risk of local transmission, including ways in which health practitioners can help prevent infection by vaccinating patients and their families. We also touch on the national syphilis campaign recently launched by ASHM.

For the management of chronic diseases, we introduce the recently released National Strategy Framework for Chronic Conditions by the Commonwealth Department of Health, Disability and Ageing.

Practical steps to addressing antimicrobial resistance

In Australia, antibiotics are used more in the community than in hospitals. Antibiotics are being prescribed in the community for acute respiratory tract infections 4 to 9 times more than guidelines recommend. Prescribing antibiotics when they are not needed increases the risk of resistance with resistant bacteria spreading to infect people or animals.

The Australian Centre of Disease Control (CDC) recently released the [‘Sixth Australian report on antimicrobial use and resistance in human health’](#). Besides providing a report on the findings from the Antimicrobial Use and Resistance in Australia (AURA) surveillance program, the report also provides steps that can be undertaken by the general public and health services, including primary care practitioners, aged care facilities and pharmacists, to reduce antibiotic resistance.

General practice can take the following practical steps to reduce antibiotic resistance:

1. **Consider safe alternatives** to an immediate antibiotic prescription
2. Prescribe in accordance with **therapeutic guidelines** and where possible **use diagnostics** to inform treatment decisions
3. Talk to your patients about the importance of antibiotic overuse and the dangers of antibiotic resistance
4. Give patient advice on how to **manage symptoms without antibiotics**
5. Apply best practice **infection prevention and control**
6. Talk to patients about how **to prevent the spread of infection** through **vaccination, good hygiene** and **hand washing**.

Medical Bulletin

Expanded access to Japanese encephalitis vaccination

There is an ongoing risk of Japanese encephalitis and other mosquito borne diseases in high-risk areas of regional Victoria. Due to the prolonged mosquito season with recent heavy rainfall and flooding in parts of northern Victoria as well as virus detections in neighboring regions of New South Wales, the Department of Health has expanded access to the Japanese encephalitis vaccine for people visiting high-risk areas **until 30 June 2026**.

People aged 2 months or older who plan to visit any high-risk local government areas in Victoria for any outdoor recreation, such as camping, caravanning, fishing, boating and hunting, are now also eligible for free vaccine.

For more information on Japanese encephalitis and complete vaccine eligibility criteria, including a list of high-risk local government areas, please visit the [Department of Health website](#). It is also important to remind patients intending to travel to high-risk areas to take practical steps to prevent mosquito bites such as by using repellent and wearing protective clothing.

Measles epidemiology in the south east

There continues to be measles cases notified in the SEPHU catchment. As of 31 March 2026, there have been a total **22 cases notified in Victoria – 60% (13 cases) of cases were in individuals living in the SEPHU catchment**. Six cases acquired their infection overseas, 7 were locally acquired – 6 from a known source and one from an unknown source. **85% of cases were either unvaccinated or had unknown vaccination status**, with the remaining case having evidence of only one vaccine dose.

This highlights the importance of vaccination in the prevention of measles infection. For families with infants intending to travel overseas, we provide a reminder that a free state-funded vaccination dose is available for infants from 6 months and before 12 months of age prior to travel. Children and adults alike should make sure that they are up to date with their vaccinations prior to travel. Vaccinations should be provided at least 2 weeks prior to travel. With local transmission occurring, it is equally important to ensure patients are up to date with vaccinations in general.

Primary care practitioners should utilise state-funded vaccinations for those eligible. Eligibility criteria for the state-funded program for measles, mumps and rubella vaccine (MMR) are as below, and can also be found on the [Department of Health website](#).

Medical Bulletin

Victorian Government funded program

- infants from 6 months and before 11 months of age prior to overseas travel. This dose is in addition to the scheduled MMR vaccine doses recommended at ages 12 (MMR) and 18 months (MMRV) under the NIP
- all people born during or after 1966 without documented evidence of receipt of 2 valid doses of measles containing vaccine or without serological evidence of immunity
- includes people not eligible for Medicare.

Patients aged between 20 and 59 (even without a Medicare card) can also access the MMR vaccine for free through participating pharmacies with the SEPHU catchment. A voucher can be redeemed online via the [SEPHU website](#).

Spotlight on syphilis

The Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) has recently launched a [national campaign](#) highlighting the importance of moving away from risk-based syphilis testing to more **opportunistic and enhanced testing**. This is to ensure that everyone in the community is protected, including women of reproductive age who are at risk of passing the infection to their babies during pregnancy.

The ASHM website provides useful information for clinicians such as clinical indicator tools, management guidelines and decision-making tools.

In Victoria, syphilis is a [routine notifiable condition](#) requiring notification from both laboratories and medical practitioners. Medical practitioners can notify online via the [secure online form](#).

If you have any questions on the public health management of your patients, including partner notification, please contact SEPHU at sephu.trace@monashhealth.org.

Medical Bulletin

Update to National Strategy for Chronic Conditions

The [National Strategic Framework for Chronic Conditions 2026-2035](#) was released in March 2026. It responds to the growing burden of chronic disease, with over 15 million Australians affected. The framework takes a whole-of-life approach, recognising the need for prevention, early intervention and management across the lifespan, and shifts away from single-disease models toward addressing shared risk factors.

It will align action across governments, health systems, service providers and communities and supports system-level change. Health practitioners may find this document useful as it outlines shared objectives, principles and priority areas to guide the development of policies, strategies and services.

A strong focus is placed on multimorbidity, reflecting that more than one-third of Australians live with multiple chronic conditions. The framework also prioritises health equity, identifying First Nations peoples, rural and remote communities, socioeconomically disadvantaged groups, and culturally and linguistically diverse populations as key priorities.