

Medical Bulletin

Welcome to the South East Public Health Unit's second medical newsletter for 2026

We provide an overview of the ongoing diphtheria outbreak impacting communities primarily in Northern Territory and Queensland, what clinicians should do if they suspect a diphtheria case locally, as well as the diphtheria booster vaccination program recently launched by the Victorian Department of Health. Besides this booster vaccination program, we also highlight the Victorian Department of Health's extended Japanese encephalitis vaccination program as well as the change in the nationally funded adult pneumococcal vaccine program.

Internationally, there have been outbreaks of the Bundibugyo ebola virus and Andes virus (type of hantavirus) on MV Hondius cruise ship. We briefly provide an update on what is currently being done locally and links to up-to-date reports for situational awareness.

We also touch on what clinicians can do for early detection of syphilis and a newly developed resource on hepatitis B for patients of Chinese and Vietnamese backgrounds.

For non-communicable diseases, we provide some data on falls, a priority area for SEPHU.

Diphtheria declared a Communicable Disease Incident of National Significance

There is a growing outbreak of diphtheria reported in central and northern states and territories that is primarily affecting Aboriginal and Torres Strait Islander communities. As of 15 June 2026, [the Australian Centre for Disease Control reports](#) 357 cases, with most cases in Northern Territory and Western Australia and a small number in South Australia and Queensland. While diphtheria is rare in Victoria and historic cases have been associated with overseas travel, this outbreak poses an increased risk of exposure.

Diphtheria is caused by infection with toxin-producing strains of *Corynebacterium diphtheriae* and *Corynebacterium ulcerans* bacteria and can result in respiratory or cutaneous disease, as well as cardiac and neurological complications. Diphtheria-toxoid vaccines help protect against toxin-mediated illness.

Clinical and public health management

Patients with suspected respiratory diphtheria should have a throat swab collected and sent for culture. Swab beneath part of the pseudomembrane if one is present. Patients with suspected cutaneous diphtheria should have a swab of the lesion(s) and the throat collected.

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Bacterial swabs should be used (not with viral transport medium). Selective medium is required to culture *C. diphtheriae*, so **please specify in your request form that diphtheria is clinically suspected**. All isolates should be sent from primary labs to the Microbiological Diagnostic Unit Public Health Laboratory for *C. diphtheriae* toxin gene detection by polymerase chain reaction (PCR).

For appropriate antibiotic therapy, please refer to the Antibiotic Therapeutic Guidelines.

Suspected or confirmed cases must be notified immediately by phone to Local Public Health Units by calling 1300 651 160. Local Public Health Units can facilitate antitoxin if required.

Victoria's Diphtheria Booster Vaccination Campaign

In partnership with the Victorian Aboriginal Community Controlled Organisation and its networks, as well as with other vaccination providers, [The Victorian Department of Health has launched a diphtheria vaccination campaign](#) to provide **free vaccines** for the following groups:

- Catch-up vaccines for Aboriginal and Torres Strait Islander people over the age of 20 years who have not previously received 3 doses
- Booster vaccines for Aboriginal and Torres Strait Islander people over the age of 20 years who have previously received at least 3 doses, with the most recent dose more than 10 years ago
- Booster vaccines for Aboriginal and Torres Strait Islander people travelling to an impacted region interstate for any reason who have not had a booster dose in the last 5 years
- Booster vaccines for anyone who will be travelling to live or work in an impacted region who have not had a booster dose in the last 5 years.

Routine vaccination under the National Immunisation Program (NIP)

Diphtheria combination vaccine is offered under the NIP for *infants, children and adolescents* at 2, 4, 6 and 18 months, 4 years and 12 to 13 years. Free vaccines are also offered to *pregnant women* (as part of pertussis combination vaccine), as catch-up vaccination for people aged under 20 years and for *refugees and humanitarian entrants* at any age.

Updated access to Japanese encephalitis vaccination

The Victorian Department of Health has expanded and simplified the eligibility criteria to access the state-funded Japanese encephalitis vaccine, as per the [CHO alert](#) issued on 7 May.

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The following groups remain eligible for the free vaccine – for people aged 2 months or older who:

- live or work in any of the high-risk local government areas in Victoria
- live in, work in or plan to visit places where there is a higher risk of exposure to Japanese encephalitis virus, such as piggeries, pork abattoirs, pork rendering plants and laboratories, or any work involving mosquito surveillance and control activities.

For people aged 2 months or older who plan to visit any of the high-risk local government areas in Victoria or interstate for any outdoor recreation, such as camping, caravanning, fishing, boating and hunting, the free vaccination has been extended until **31 July 2026**.

For more information on Japanese encephalitis and complete vaccine eligibility criteria, including a list of high-risk local government areas in Victoria and links to information for high-risk local government areas located interstate, 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 using mosquito repellent and wearing protective clothing.

Changes to adult pneumococcal vaccine

From 1 July 2026, the new 21 valent pneumococcal conjugate vaccine (21vPCV) **Capvaxive** will be the only recommended and funded pneumococcal vaccine for adults under the National Immunisation Program. Capvaxive® will replace Prevenar 13® and Pneumovax 23®. Those eligible include:

- all people aged 65 years and over – single dose
- Aboriginal and Torres Strait Islander 25 years and over – single dose
- People aged 18 years and over with an eligible medical condition* – single dose at diagnosis.

* See Australian Immunisation Handbook, including [Table. Risk conditions for pneumococcal vaccination and eligibility for NIP funding](#). Updates coming soon.

The following resources are useful for the schedule recommendation, information on co-administration, and transition guide for adults who have previously received pneumococcal vaccination:

- [Adult pneumococcal vaccination – Program advice for health professionals](#)
- [Pneumococcal vaccination – Consumer fact sheet](#)

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International outbreaks and local response

The **Bundibugyo ebola virus outbreak** is ongoing in the Democratic Republic of Congo (Ituri, North Kivu and South Kivu provinces) and Uganda (Kampala and Wakiso districts). Ebola virus remains an urgent notifiable condition and Australia has border health measures in place to screen for individuals who may be symptomatic who have travelled to the impacted regions. The risk to human health in Australia from Bundibugyo virus disease remains low. For up-to-date reports, refer to the [Australian Centre for Disease Control](#) and [WHO](#) websites.

Hantavirus was made an [urgent notifiable condition in Victoria](#) on 5 June 2026. This zoonotic infection primarily spreads from contact with infected rodents to humans. Human-to-human spread is uncommon but can occur. For further information, refer to the [Better Health Channel](#) website.

Spotlight on syphilis

Syphilis resources

ASHM has launched a National Syphilis Awareness campaign with resources and clinical tools to assist clinicians with early detection and testing. Campaign resources, clinical guidance and a decision-making tool are available at: <https://ashm.org.au/stopsyphilis/>.

These resources have been developed due to results of a survey conducted whereby health care workers reported not feeling confident about when to test or refer their patients for their syphilis management.

Should clinicians routinely swab anogenital lesions for syphilis?

Results of a [recently published study conducted in Melbourne](#) have demonstrated improved detection of primary syphilis in general practice through the routine use of multiplex PCR testing which simultaneously detects *T pallidum* and herpes simplex virus (HSV-1 and HSV-2).

A total of 8873 *T pallidum* and HSV PCR multiplex tests were performed. Of these, 6668 *T pallidum* tests were added to HSV-only requests by multiplex testing.

Key results:

- 107 cases of primary syphilis were detected (positive *T pallidum* PCR)
- 27 (25.2%) of these cases were identified from samples in which only HSV PCR was requested
- A higher proportion of cases detected from add on *T pallidum* PCR were from female patients, syphilis reinfections, atypical presentations or those with HSV coinfection.

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As the multiplex test is not routinely available, clinicians are urged to also test for syphilis on swabs collected for the investigation of any anogenital lesions, such as when testing for HSV. Early detection and treatment will assist in reducing transmission. This is especially important for syphilis infection among women in reproductive age, who may inadvertently pass on the infection to their babies.

Hepatitis B

A new national hepatitis B campaign [Live Well with Hep B](#) was launched this week. A collaboration between Hep B Voices and The Burnet Institute, the campaign offers awareness-raising and myth busting around hepatitis B, with a focus on people from **Vietnamese** and **Chinese** communities.

Please consider sharing this resource with your patients.

Falls prevention – SEPHU data insights and resources

Falls are a major yet preventable health issue among older adults (aged 65+) and remain a key priority for SEPHU. Below are key insights from the 2024 Victorian Admitted Episodes Dataset (VAED), recently released by the Victorian Injury Surveillance Unit (VISU).

- Falls account for **~78% of unintentional injury hospitalisations** in this group.
- Falls hospitalisation rates are **higher in females** than males for all local government areas in the SEPHU region.
- **Almost half of falls occur at home**, often due to slips and trips on the same level.
- Many falls are [preventable through safer environments and increased awareness](#).

If you have specific data needs to support your organisation's work in falls prevention, you can submit a request [here](#). You can also explore our population health dashboard for a SEPHU catchment overview and LGA-level socio-demographic profiles: [Population health dashboard | Monash Health South East Public Health Unit \(SEPHU\)](#). Priority area dashboard updates including falls will be released progressively.

Upcoming public health conferences of note

National Ageing Research Institute Summit: 22 July
[NARI Annual Summit 2026: Honouring the Past, Shaping the Future of Ageing | National Ageing Research Institute Limited](#)

Eliminating Cervical Cancer Conference 2026: 25-27 November 2026
[ECC2026 - ACPCC](#)