

Medical Bulletin

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

We provide an overview of the avian influenza (H5N1) situation, what clinicians should look out for as well as the testing and notification requirements.

We also provide updates on new changes to Hepatitis B prescribing, the rising mpox cases in Victoria and a timely reminder on updating patients' vaccinations prior to travel for upcoming holidays.

There will also be information on the new HIV PrEP eligibility program for those without Medicare, as well as updates on HPV vaccination and Australia being on track to eliminate cervical cancer.

Avian Influenza (H5N1)

A variant of the high pathogenicity avian influenza (HPAI) H5N1, clade 2.3.4.4b genotype B3.2 has now been detected in Australia. As of 18 September 2026, national surveillance has recorded 583 confirmed H5 wildlife events, with Victoria recording 184.

The Australian CDC confirms that H5 has now been detected in Australian mammals and continues to assess the risk to people as low. There have been no human cases associated with the current Australian outbreak. H5 generally requires close contact to infect people and person-to-person transmission is very rare. The severity of human infection associated specifically with the Australian genotype remains uncertain because no Australian human cases have occurred.

Public health advice remains to avoid touching or approaching sick or dead birds and other wildlife, keep pets away, record the location and report multiple sick or dead animals to the Emergency Animal Disease Hotline on 1800 675 888.

People developing compatible symptoms within 10 days after relevant exposure should seek healthcare and disclose the exposure.

Avian influenza in humans is an urgent notifiable condition that must be notified by medical practitioners and pathology services to the Department of Health by calling 1300 651 160 and connecting to the local public health unit.

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Potential exposures

Potential exposures to avian influenza include:

- close contact with wild birds or poultry, their remains, respiratory secretions, faeces or other bodily fluids, and contaminated environments (in an area with suspected or confirmed avian influenza infections)
- consumption of raw or undercooked poultry meat, eggs or other animal products (that were produced from an area with suspected or confirmed avian influenza)
- close contact with other animals confirmed to be infected with avian influenza (for example, livestock such as cows or pigs, and pets such as cats)
- close contact with a probable or confirmed human case of avian influenza (such as caring for, speaking with or touching the infected person)
- handling samples suspected or confirmed of containing avian influenza virus in a laboratory or other setting.

Potential exposure may occur during travel to countries or areas with avian influenza outbreaks, or in settings which have close contact with poultry, wild birds or animals.

Clinical features

Human infection with avian influenza is rare. Symptoms can vary from being asymptomatic or mild, to severe.

Symptoms may include one or a combination of flu-like symptoms such as:

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| • fever | • conjunctivitis |
| • chills | • fatigue |
| • cough | • muscle aches and pains |
| • sore throat | • headache |
| • coryza | • shortness of breath. |

Less common symptoms may include diarrhoea, nausea and vomiting.

Severe disease can result in pneumonia, neurological changes (such as seizures), encephalitis, sepsis and multi-organ failure, which can potentially lead to death.

Testing

All suspected cases must be tested urgently and discussed with the relevant local public health unit. PCR is the recommended confirmatory test and samples are usually taken as a nose and throat swab. If there are conjunctival symptoms, a conjunctival swab should also be collected.

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Samples should be collected while wearing appropriate personal protective equipment (PPE) and in a negative pressure room if available. For the management of a suspected human case of avian influenza, this includes gloves, gown, protective eyewear and a P2 or N95 respirator as well as airborne and contact transmission-based precautions.

Swabs should be sent directly to the Victorian Infectious Diseases Reference Laboratory (VIDRL) for urgent testing with relevant clinical details, suspected diagnosis and risk factors recorded on the request form

Vaccination

There is no vaccine for avian influenza and season influenza vaccination does not specifically protect against avian influenza. However, it protects against possible co-infection with strains of avian and human influenza viruses. This reduces the risk of genetic re-assortment and potential pandemics from avian strains that have become more virulent or transmissible to humans.

Therefore, seasonal influenza vaccination is recommended for all individuals working with poultry and/or responding to avian influenza outbreaks, at least 2 weeks prior to exposure. For further information, please refer to: [Avian influenza \(bird flu\) | health.vic.gov.au](https://www.health.vic.gov.au/avian-influenza-bird-flu)

Hepatitis B: Changes to prescribing accreditation

SEPHU is pleased to share a recent change from the Pharmaceutical Benefits Scheme on hepatitis B treatment.

From 1 September 2026, the prescriber **accreditation requirement** for hepatitis B medicines under the PBS Section 100 (s100) Highly Specialised Drugs (HSD) Program **will be removed**. As a result, **all** medical and authorised nurse practitioners will be able to prescribe hepatitis B antiviral treatment.

What is the change?

Currently the first-line medications for hepatitis B, entecavir and tenofovir, are scheduled on the Pharmaceutical Benefits Scheme (PBS) as Highly Specialised Drugs (s100). From 1 September, while hepatitis B medication will remain an s100 medication, there will no longer be an accreditation requirement to prescribe.

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Enhance your hepatitis B knowledge and start prescribing today!

For clinicians who are new to prescribing hepatitis B treatment or are interested in providing maintenance and initiation therapy, ASHM offers clinical support and expert guidance to build confidence and capability.

To register for an upcoming training, or to further enhance your knowledge on hepatitis B, please visit: <https://ashm.org.au/learning-hubs/hepatitis-b/>

Patient travelling overseas for holidays? Check their measles vaccination status

If your patient was born during or after 1966, it's time to check their measles vaccination status.

Experts estimate around 1.7 million Australians may not be fully protected against measles. Measles-containing vaccines are on the childhood immunisation schedule at 12 and 18 months of age.

Many Australians born between 1966 and 2000 may have had only one measles vaccine as a child. Others may not know if they were fully vaccinated.

Of [recent measles cases in Australia](#), measles was most common among people who:

- were aged 20 to 49 years – who accounted for 57% of total notifications
- either were unvaccinated (47%), had an unknown vaccination status (30%), or were under-vaccinated (one dose) (14%)
- had travelled overseas – especially to countries experiencing measles cases.

Ensure patients plan well ahead of travelling, as they will need two doses at a minimum 4 weeks apart for full protection against measles.

Mpox update

Mpox cases are rising in Victoria, with 52 cases reported in Victoria since 1 August 2026.

Test for mpox in sexually active patients who have symptoms consistent with mpox, regardless of their sexual orientation, vaccination status or travel history.

Be aware that vaccinated people can still develop mpox and may have milder or atypical symptoms.

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Advise patients with suspected mpox to cover any rash or skin lesions and limit close contact with others while waiting for test results.

Notify any suspected or confirmed cases to the Department of Health and call the Local Public Health Unit on 1300 651 160 as soon as practicable and within 24 hours.

Offer free mpox vaccination to eligible people at increased risk. Check whether they have received two doses and give a second dose if it is due.

Visit the Department of Health's [Mpox page](#) for more information on clinical presentations, testing, vaccination and notification.

HIV PrEP update – new eligibility for those without Medicare

The Victorian HIV PrEP (pre-exposure prophylaxis) program provides free PrEP appointments, testing and medication for people **without Medicare** living in Victoria. To join the program, patients must be:

- ineligible for Medicare
- Living in Victoria.

Once they [register for the program](#), they can attend a Victorian PrEP Program clinic. Appointments are available at the Alfred's PrEPMe Clinic and outreach sites or [MSHC Peach Clinic](#).

Patients do not need private or overseas health cover to be part of the program. [Find out more about the Victorian PrEP Program](#).

Patients with Medicare can access PrEP at a GP. For a list of GPs familiar with prescribing PrEP: [Find a PrEP prescriber](#)

HPV vaccination

Australia launched the Gardasil HPV vaccine 20 years ago, with Australia on track now to eliminate cervical cancer in the next 10 years. The vaccine has been provided free to Australian girls and young women up to age 26 as part of the national immunization program since 2007 and boys and young men were added in 2013.

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Vaccination rates however have been declining with HPV vaccine coverage for girls by their 15th birthday down to 86.6 per cent in 2020 to 78.7 percent in 2025. Coverage for boys also decreased from 84.9 per cent in 2020 to 75.6 per cent last year.

The HPV vaccine has been demonstrated to prevent cervical cancer, with long-term studies showing an 86-92% reduction in cervical cancer incidence among women vaccinated against HPV at age 16 years or younger.

For further information please refer to: [Human papillomavirus vaccine – frequently asked questions \(FAQs\) | NCIRS](#)

An upcoming conference of note for those interested in this area: *Eliminating Cervical Cancer Conference 2026*: 25-27 November 2026. Please register here [ECC2026 - ACPCC](#).