



ALERT FOR CLINICIANS

Detection of H5N1 highly pathogenic avian influenza in seabirds near Esperance, WA

KEY POINTS

- H5N1 highly pathogenic avian influenza (HPAI) (clade 2.3.4.4b) has been confirmed in two migratory seabirds found near Esperance last week.
- No human H5N1 HPAI infections have been identified.
- Based on global experience to date, the risk of humans acquiring H5N1 HPAI from wildlife is assessed as very low and the risk of human-to-human transmission is also very low.
- If a human case of H5N1 HPAI is suspected, please contact your local [public health unit](#) for advice or call **1800 434 122** after hours.
- Seasonal influenza vaccination is recommended for all people aged ≥ 6 months. Despite the very low risk of dual seasonal influenza and H5N1 HPAI virus infection, this will mitigate the risk of HPAI/human seasonal influenza reassortment viruses, potentially leading to a pandemic strain.

Current situation

- Mainland Australia's first detections of H5N1 HPAI (clade 2.3.4.4b) occurred in two sick seabirds found on 16 and 18 June 2026 near Esperance, Western Australia.
- Local public health unit staff are monitoring a small number of persons exposed to the affected seabirds.
- No human H5N1 HPAI infections have been identified.
- Based on extensive global experience to date, the risk of humans acquiring HPAI from wildlife is assessed as very low and the risk of human-to-human transmission is also very low.

Signs and symptoms of avian influenza infection

- The clinical manifestations of avian influenza in humans are drawn from relatively few documented cases worldwide to date, but can be mild to severe.
- Many people with avian influenza infection have experienced mild signs and symptoms which are similar to those of seasonal influenza illness, including sore, irritated, red eyes, or conjunctivitis; fever; cough; sore throat; runny or stuffy nose; headache and myalgia. Less common symptoms include diarrhoea, nausea, or vomiting. Severe disease includes high fever, shortness of breath, altered consciousness and seizures.
- Symptoms typically begin between 1 to 10 days after infection.

Testing for H5N1 influenza in humans

- At present, the index of suspicion for H5N1 HPAI infection is not high for persons without contact to animals with documented H5N1 influenza infection.
- Urgently notify any suspected human H5N1 HPAI infections to your local [public health unit](#) by telephone to seek advice and to arrange for testing, if required.
- Any suspected cases should be advised to isolate until they are contacted by local public health unit staff.
- PathWest is currently the only clinical laboratory in WA that can test specimens for H5N1 influenza.
- Specimens tested at PathWest which are positive for influenza A, but negative for seasonal (H1 and H3) influenza, undergo further molecular subtyping, including H5 testing, as appropriate.
- Respiratory specimens from other clinical laboratories can be forwarded to PathWest QEII for H5N1 influenza subtyping, if indicated and as requested by public health.
- Routine influenza serological testing cannot distinguish H5 influenza infection from seasonal influenza.

Advice for patients

- Reassure persons without known exposure to animals with documented H5N1HPAI infection that they are at very low risk of becoming infected; illness from a human seasonal influenza virus is much more likely and vaccinations are available to prevent it.
- Advise all persons aged ≥ 6 months – especially those who work with wildlife, poultry and other animals – to have an annual influenza vaccination. Although the seasonal influenza vaccine will not directly protect against H5N1 influenza illness it can help further reduce the risk of dual infection and the potential for reassortment of avian and human seasonal influenza viruses going forward.

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