PUBLIC HEALTH ADVISORY

15/07/2026

Health New Zealand
Te Whatu Ora

Event	**Highly Pathogenic Avian Influenza (HPAI) H5N1 detected in unwell bird in New Zealand**
Notified by	Clinical Team, Protection, NPHS
Authorised by	Dr Susan Jack, National Clinical Director, Protection, NPHS
To	Chief Medical Officers of Health, Hospital Specialists, NPHS national and regional services, Office of the Director of Public Health (Manatū Hauora), Primary Care, PHF Science, NZMN

For Awareness. Highly Pathogenic Avian Influenza (HPAI) H5N1 detected in bird in New Zealand.

Summary

There has been a detection of a case of Highly Pathogenic Avian Influenza (HPAI) (also commonly known as avian flu or bird flu) subtype H5N1 2.3.4.4b in an unwell bird at Petone beach in Wellington. This is the first time H5N1 has been detected in New Zealand. This is the same strain of HPAI that has recently been detected in wild birds in Australia (Bird flu (Avian influenza) - DAFF). This information provides an update on the disease, the health response underway, and guidance for clinicians.

The **overall public health risk of H5N1 to human health remains low**. There are currently no suspected or confirmed human cases of H5N1 in New Zealand. Infection in humans generally requires close contact with infected birds or other infected animals.

Key messages for healthcare professionals

- The risk to human health is low. It remains rare for humans to be infected with H5N1 bird flu. The disease is generally only found in people who have had close contact with infected birds or other infected animals.
- H5N1 bird flu is very unlikely to transmit from human to human. However, viruses can change over time, so it's important that we remain vigilant.
- H5N1 bird flu symptoms range in severity from conjunctivitis or very mild coryzal or flu-like symptoms to severe illness including pneumonia, respiratory failure, acute respiratory distress syndrome and multi-organ failure. Recent information from the US suggests that H5N1 2.3.4.4b most commonly presents with a mild self-limited upper respiratory illness with most patients presenting with conjunctivitis, about half presenting with fever and just over a third with mild respiratory symptoms. Asymptomatic infections can occur but are relatively uncommon.
- H5N1 bird flu is not a food safety concern. Avian influenza viruses are sensitive to heat treatment so chicken, other poultry (like turkey or duck), and eggs remain safe to eat when handled and cooked correctly.

- People should not touch dead or unwell birds. Three or more sick or dead wild birds in a group should be reported immediately to the MPI's exotic pest and disease hotline on 0800 80 99 66 from anywhere in New Zealand. Go to www.mpi.govt.nz/bird-flu to find out more.

- Vaccination against avian influenza is not available in New Zealand. However, people who work with livestock, poultry, or with animals in a vet or zoo are recommended to have a seasonal flu vaccination. Although this does not protect specifically against avian influenza, it reduces the risk of dual infection with both avian and human influenza and these two viruses combining to form a new and more highly infectious virus.

Key actions for healthcare professionals

- HPAI is a notifiable disease, and any potential human cases should be notified **urgently** on suspicion to the local public health service as per your usual notification process for urgent referrals (i.e. by eReferral for Northern region, and phone call for all other regions) See here for contact details for local public health services.

When should HPAI be suspected?
Consider HPAI in people with compatible symptoms **AND** the following epidemiological risk factors:

Close contact or exposure (shared indoor airspace, or if outside, within 2 metres) with any of the following within 10 days prior to symptom onset:

1. Animals, animal fluids or faeces, or their environments suspected to be infected with avian influenza, including:
   - Live, sick or dead domestic poultry or wild birds, including live bird markets, in an area affected by avian influenza.
   - Any infected animal with confirmed avian influenza, or a high index of suspicion of avian influenza.
   - Environments contaminated with faeces or droppings, bodily fluids, unpasteurised (raw) milk or other unpasteurised dairy products (if dairy cattle affected), or animal parts (e.g. carcasses, internal organs) in an avian influenza affected area and species.
   - Consuming raw or undercooked poultry or eggs from an area affected by avian influenza.
2. Humans with suspected or confirmed avian influenza infection, or their clinical samples, including:
   - A confirmed, probable or suspected human case of avian influenza
   - A human case(s) with severe unexplained respiratory illness, or severe illness of unknown aetiology resulting in death, who has been in an avian influenza affected area.
   - Close contact with a human case in a healthcare setting, including directly providing care, touching a case, or being in close vicinity to an aerosol generating procedure during their infectious period.

If you suspect a case of HPAI in the community (GP) or in hospital
- Isolate the patient and follow airborne and contact infection control precautions.
- Document their history of exposure to sick animals, particularly birds.
- Notify the local Medical Officer of Health **urgently** on suspicion of a case.

See here for contact details for local public health services.

- In conjunction with public health, seek infectious disease and microbiology advice regarding assessment, testing and treatment.
- Ensure diagnostic samples (e.g. nasopharyngeal swabs or aspirates) are taken for influenza PCR, noting both the patient's clinical symptoms and relevant epidemiological exposures to HPAI risk factors on the laboratory form to enable appropriate influenza subtyping.
- Laboratories which identify influenza A positive samples from patients with suspected HPAI should arrange further sub-typing.
- Laboratories should send all influenza A positive samples in ICU patients for further subtyping.
- Local public health teams should immediately notify the national protection clinical team on call and follow Communicable Disease Manual guidance.

Further information

Communicable Disease Manual – Avian Influenza

Health topics – Avian Influenza

Ministry of Primary Industries - HPAI

Department of Conservation - HPAI

Avian influenza: Clinical manifestations and diagnosis - UpToDate

World Health Organization – Global Influenza Programme, Avian Influenza A(H5N1) virus

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