Australia: Winter surge of respiratory disease ignored by government

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Australia is currently facing a surge of viral illnesses. A combination of factors has exacerbated the winter rise in respiratory disease, with record case numbers of COVID, Respiratory Syncytial Virus (RSV), and influenza overwhelming public hospitals and endangering lives.

The surge has been met with near total indifference by the Federal Labor government of Prime Minister Albanese and various state governments, with no efforts organised to reduce disease transmission or even warn the public of the risks. This neglect combined with reduced vaccination rates have allowed diseases to spread more rapidly and cause a greater severity of illness.

From mid-April to the end of June, the total number of COVID cases for 2025 nearly doubled those in the first three and a half months of the year, with 32,348 confirmed infections reported nationally in June alone. Using the same comparative periods, the winter increase was more rapid in 2025 than was seen in the winter surge in 2024, even though the total number of cases over the first six months was lower for 2025.

The speed of the rise is attributed to two new COVID variants in Australia, officially called NB.1.8.1, or "Nimbus" and XFG or "Strauss" which are among the most transmissible variants seen to date, as they possess mutations that make current COVID vaccinations less able to prevent infection.

Nimbus and Strauss appeared in April in Australia, and have rapidly become dominant in the country, with the proportion of Nimbus in particular growing to 40 percent of all COVID infections in the state of Victoria, and at least 10 percent in most other regions.

The surge in COVID has driven a large wave of outbreaks in nursing homes, whose elderly and vulnerable residents have been most heavily impacted throughout the pandemic, a result of the "let it rip" program adopted by all Australian governments. At its peak, 300 simultaneous outbreaks were reported at the end of June, with 1,700 residents infected and 34 dying in the last week of that month alone. Overall, at least 138 nursing home residents died because of COVID in the month June, with 48 deaths reported in the first two weeks of July, compared with just 16 in May.

In total, 581 deaths from COVID were confirmed nationally in the first four months of 2025. This death toll, the impacts on nursing homes and the elderly, and the increase in long-COVID and other severe complications of COVID have been callously dismissed by state and federal governments.

As reported by the Australian Broadcasting Corporation (ABC), a spokesperson for the Department of Health, Disability and Ageing, responsible for regulating the protection and safe operation of nursing homes, claimed that the "peak outbreak and case numbers recorded this year is lower than in previous years."

The federal Labor government will not enact further public health measures to reduce COVID transmission beyond having "contacted all providers of aged care homes prior to the winter season to remind them of the current vaccination recommendations and to seek assurance they have plans to vaccinate their residents."

In addition to COVID, 2025 has seen a rise in cases of influenza and RSV, matching and surpassing peaks in 2023 and 2024. While these illnesses are less deadly than COVID on a per-person basis, they nevertheless are significant sources of severe disease and death, increasing susceptibility to bacterial infections, especially pneumonias.

There have been an estimated 6,500 admissions to hospitals from January–June this year for severe respiratory infections, and the rate of hospitalisations is increasing. While COVID was driving many of these admissions until early June, it now appears that influenza and RSV are the primary contributors. In the last two weeks of June, hospital admissions for respiratory illness rose to 918, as compared to 736 in the fortnight before. This increase was caused by sharp 53 percent rise in admissions with influenza (281 to 431), and 20 percent for RSV (259 to 313).

In the most recent *Australian Respiratory Surveillance Report*, up to mid-July, confirmed cases of influenza were 30 percent higher from January–April this year than in the same period in 2024. The flu has claimed 180 lives to date this year, including at least three children, a figure 73 percent higher than 2024 for the same period.

RSV case numbers have also exceeded their peak last year, with 27,243 infections recorded in June alone. While overall RSV is less deadly than influenza, it is particularly dangerous for some people, including infants and children under 2 years

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old, as well as the elderly and anyone with a compromised immune system. Among infants, RSV is the leading cause for admission to hospital. In 2024, 49 percent of the 175,000 recorded RSV infections were in children less than 4 years of age.

While it was only listed as a notifiable disease in Australia requiring public reporting from 2021, RSV is responsible for a growing burden of respiratory infections, and re-infections, with the rates of disease increasing on average by 146 percent annually.

During the early period of the pandemic until mid-2021 when Australian governments had made limited efforts to contain the spread of COVID, influenza and RSV were virtually eliminated, with just 36 deaths from the flu in 2020 and 21,000 confirmed cases that year. As with COVID, the decision to scrap any scientifically based, public health measures to reduce transmission have had the effect of causing a rise in virtually all contagious diseases.

The wave of hospitalisations caused by these respiratory diseases, whose transmission has been allowed to continue unmitigated by government inaction, have placed an enormous burden on the already stressed public health system. The result across the country has been cancellation of appointments and surgeries, worsening bed shortages, and prolonged wait times in emergency departments throughout the country.

In Queensland, four hospitals were forced to pause all elective surgeries for 48 hours last month, including Royal Brisbane & Women's Hospital, the largest in the state, and the Prince Charles Hospital, the main state centre for heart and lung surgery.

Record staff shortages have been reported in the states of South Australia, Tasmania, Western Australia, and the Northern Territory, due to sickness, leading to disruptions of service.

Contributing to infection numbers as well as hospital admissions and deaths is a decline in the vaccination levels in the Australian public. COVID vaccination, while insufficient alone to prevent mass transmission, has been vital to reducing the number of deaths and the extent of disability suffered. Despite this, in April 2025 the ABC reported that only 20 percent of people aged 75 years and over had received a COVID booster in the past six months, despite being the most vulnerable to severe infection.

The rates of up-to-date COVID vaccination among the public, especially younger adults and children are far lower, with only 9 percent of all adults receiving a COVID booster in the past six months. Yearly rates of COVID vaccination have been falling as well, with only 11 percent of adults receiving a booster in the last 12 months, compared with 14 percent in 2023–2024.

This low rate is in part because adults younger than 65 can only get vaccinated once a year, and otherwise healthy children are discouraged from getting COVID boosters. Neither year-long gaps in vaccination nor avoiding boosters in children is scientifically grounded. Given the rapidity of COVID mutations, new variants that can reduce the effectiveness of previous vaccines occur every few months, meaning that vaccination at least every six months is required to maintain effective protection.

Rates of vaccination are similarly poor with influenza, with just 30 percent of adults covered by the flu vaccine, and only 14 percent of school-age children. This decline in vaccination, like the rates last year, may account for the increase in hospitalisations and deaths. Patrick Reading, the director of the WHO Collaborating Centre for Reference and Research on Influenza, attributes severe illness to low vaccination rather than a more virulent strain of the flu.

The low rate of flu vaccination is again in part due to availability. While in Australia the flu vaccine is free for children aged 6 months to 4 years, and adults over 65, in many regions of the country flu vaccine doses cost $30 per dose and are often in short supply or unavailable. Combined with a lack of public health campaigns to promote vaccination, many are simply unaware of when and how to get vaccinated.

Similarly, while RSV has a vaccine, it is only available to certain groups, including the elderly and those with weakened immune systems. Even for those eligible, vaccination can cost as much as $300 per dose.

Though vaccines can safeguard individuals, reduce disease transmission and protect lives, most of a population must be vaccinated. This concept, the genuine application of herd immunity, is an essential component of public health.

While misinformation regarding the safety and efficacy of vaccines, propagated by anti-vaccine quacks does play a role in reducing vaccination rates, the ultimate responsibility lies with Australian federal and state governments—predominantly Labor administrations fully backed by the health unions—which regard this essential public health measure as an intolerable expenditure on the working class.

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