

H5N1 avian flu spreads among Australian bird population

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Australia confronts a rapidly evolving outbreak of H5N1 Avian Influenza (bird flu). The outbreak began in late June, when two infected migratory seabirds were found on a remote beach in Western Australia.

Now, 290 “positive events”—confirmed infections of one or more birds—have been recorded across the country, with cases recorded in all six states. South Australia is worst affected, with 177 events, followed by Victoria, with 84. These numbers are almost certainly undercounts, as the widespread extent of confirmed bird flu cases indicate that a mass wave of infections is underway.

Three mass mortality events, involving a total of more than 1,000 greater crested terns, were detected in South Australia on Wednesday, with H5N1 the presumed cause, pending further testing. The dead birds were found on Troubridge Island, off Yorke Peninsula, and on North Page and South Page, small islands near Kangaroo Island. A little penguin from Kangaroo Island is also thought to have died from the virus.

The strain of H5N1 responsible for the outbreak, clade 2.3.4.4b, is classified as a “high pathogenicity avian influenza (HPAI)” due to its lethality to birds and other wildlife. Spread by migratory birds, it killed an estimated 500 million birds worldwide between 2021–2024, including millions of farm poultry that were culled to prevent disease transmission in North America, Europe, and the Middle East. Australia was the last continent to report the virus, but its spread has been anticipated for years.

H5N1 is not restricted to birds alone. It has demonstrated the ability to infect an estimated 600 species of animals, including dairy cows, pigs, and other domesticated and farm animals. This puts humans at risk of infection by contact with contaminated farm animals, and 100 people, mainly agricultural workers, were infected during the 2021–2024 outbreak, with 10 deaths.

Australia’s unique and geographically isolated wildlife have limited immunity to new diseases and are particularly at risk from H5N1. National assessments from the Department of Climate Change, Energy, the Environment

and Water (DCCEEW) and conservation scientists warn that the virus could drive already fragile species to extinction.

This includes the already endangered orange-bellied parrot and swift parrot, and the Australian fairy tern, brolga crane, black swan, and Australian pelican, which are exceptionally vulnerable to rapid flock-wide transmission.

The endangered Australian sea lion also faces acute threats as do scavengers, such as the Tasmanian devil, from feeding on infected carcasses.

In South Australia, local veterinarians have warned that local clinics will be “overrun” by sick birds, leading to “mass euthanasia” of wild birds. The Australian Veterinarian Association has asked for additional funding from the state and federal governments to mitigate this crisis, but says this request has been ignored.

No human infections have been reported in Australia at this stage. However, a mass outbreak of H5N1 in local wildlife poses the risk of animal-to-human transmission, as farm workers or members of the public encounter infected animals.

Earlier this month, major poultry supplier Ingham’s implemented a nationwide lockdown of its farms to prevent the spread of H5N1 into its chickens. In 2024, outbreaks in Australia of less severe and contagious H7 variants of bird flu resulted in the culling of 2 million chickens, which led to shortages and increased food prices.

The most concerning possibility is that a mass outbreak near population centres will give the virus opportunities to evolve mechanisms to better to infect humans. This process, known as “zoonotic spillover,” is the method by which devastating diseases like COVID-19 and Ebola were able to spread from animal to human hosts, and eventually develop human-to-human transmission.

Although the true severity in humans from clade 2.3.4.4b is yet to be clarified, previous strains of bird flu have had mortality rates of nearly 50 percent. Even a fraction of this death rate would have disastrous consequences.

Scientists, including from Australia’s national science agency the Commonwealth Scientific and Industrial

Research Organisation, and the World Organisation for Animal Health have raised the urgent need for rigorous and thorough monitoring of infected wildlife. They are also calling for efforts to contain the spread of H5N1 and strengthen the resilience of local ecosystems to recover from infections. This includes improvements in testing and tracing infrastructure for infected animals, as well as increasing capacity to treat cases.

In response to the current outbreak, the federal Labor government announced \$113 million in additional funding in June, mainly to provide influenza vaccinations to farm livestock and some wild bird populations, which may limit the severity of the disease but will not stop its spread. This funding is insufficient for what is immediately required. The Biodiversity Council, an independent scientific body in Australia, is calling for an additional \$200 million over the next two years to strengthen monitoring and response mechanisms.

Labor has also announced that it will coordinate its approach to H5N1 with the Australian Centre for Disease Control (CDC). However, to date there has been no systematic effort to upgrade the infrastructure to detect bird flu or the public health system to deal with the consequences of potential infections. The federal government and the corporate media continue to downplay the risk of human infections.

Belatedly, Labor announced last week that it would begin a limited vaccination program for native birds. While existing vaccines are only partially effective, they can reduce the severity of bird flu in infected animals and protect vulnerable populations. This contrasts with neighbouring New Zealand, where vaccinations of wildlife began shortly after initial H5N1 cases were detected in July.

In fact, despite years of advance warning that H5N1 would arrive in Australia, and the ongoing experience of the COVID pandemic, state and federal governments have taken virtually no systematic measures to prepare. Conservation and biosecurity infrastructure, necessary to protect against environmental hazards and disease, has been underfunded for decades, by both Liberal-National and Labor governments at all levels.

For fiscal year 2026–27, just 0.06 percent of the federal budget, approximately \$500 million annually, is allocated to this work. The Albanese Labor government plans to slash this meagre funding to just \$320 million by 2029, under conditions where capitalism-driven climate change is wreaking havoc upon the environment and human populations.

One consequence of this underfunding is that wildlife care and bio-surveillance work, essential for the identification and tracking of disease outbreaks, is largely performed by

volunteers. They are at risk of contracting bird flu, especially if they work without adequate protective equipment and training. No such support is provided by governments. The CDC's seven-page "Bird flu toolkit" only provides basic guidance on wearing protective equipment and advises volunteers and workers to contact their workplaces for further information.

Similarly, no program of mass testing and contact tracing has been proposed in the event of human infections. Instead, the CDC's "National Surveillance Plan" proposes to rely mainly on self-reporting by hospitals and GPs and continued use of volunteers to track the bird flu outbreak in its initial stages, when urgent and coordinated efforts are clearly required.

H5N1 is often indistinguishable from other influenzas in its early stages, with symptoms often resembling the common cold, making rigorous and readily accessible testing a necessity to identify early cases in humans. No initiative to provide this testing equipment and training to doctors and other health workers has been announced.

Moreover, H5N1 emerges in Australia at a time when public hospital services, which would bear the brunt of a new mass disease event, are under immense strain, plagued with shortages of staff, available hospital beds and resources, including personal protective equipment. This is the result of decades of funding and staffing cuts, imposed by successive state and federal governments, Labor and Liberal-National, with the assistance of the trade unions.

The response of the ruling class to COVID-19 established a grim precedent. In Australia, some 29,000 people died as governments "let it rip," rejecting a coordinated, scientific response to infectious disease in favour of big business profits and state austerity. This poses the need for a political struggle by the working class, based on a socialist perspective for the prioritisation of basic social needs, including for high-quality public hospitals and infectious disease control infrastructure, not the profit demands of the financial and corporate elite.



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