AAVAC POSITION STATEMENT AND GUIDANCE ON H5 BIRD FLU IN CLINICAL AVIAN PRACTICE

Veterinary Management of Birds During the H5 High Pathogenicity Avian Influenza (HPAI) outbreak

Supporting resources

Veterinarians should refer to the most current Australian Government and state or territory guidance, as recommendations may change with the epidemiological situation. Current as of 29 September 2026. Position statement applies to Australia; NZ practices are directed to MPI guidance.

- National H5 HPAI guidelines for veterinarians (Department of Agriculture, 2026)
- DAFF – What you can do – Vets and H5 Bird Flu
- Australian Veterinary Association (AVA) – HPAI resources and veterinary guidance.
    - AVA - Practitioner Preparedness Toolkit
    - AVA – Biosecurity Guidelines
- Wildlife Health Australia H5 bird flu Resource Centre
- Wildlife Health Australia AviFluMap (risk based on species)
- DAFF Bird Flu Map (spatial risk)
- Australian Centre for Disease Control (CDC) Bird Flu
- CDC Bird Flu toolkit for people who work with birds
- Staff PPE and hygiene guidance - Dec 2024
- DAFF Resources and posters (including how to dispose of carcasses etc.)
- New Zealand Government/ Ministry of Primary Industries
- Emergency Animal Disease Hotlines
    - Australia: 1800 675 888
    - New Zealand: 0800 80 99 66

Position Statement

The Association of Avian Veterinarians Australasia Committee (AAVAC) recognises the significant animal health, welfare, biosecurity and public health implications associated with H5 High Pathogenicity Avian Influenza (HPAI). AAVAC acknowledges that the detection of HPAI in Australia and New Zealand represents a new challenge for veterinarians, bird owners, wildlife carers, aviculturists and the broader community. However, AAVAC wishes to reassure the veterinary profession and the public that veterinarians are well placed to appropriately assess, triage and manage avian patients while implementing appropriate infection prevention and biosecurity measures. H5 HPAI affects a broad range of avian and mammalian species (Animal Health Committee 2026 s 3.1; WHA 2026). This statement focuses on avian patients; for other species, veterinarians should refer to national guidelines and their state or territory authority.

The presence of H5 HPAI in Australia and New Zealand should be taken very seriously, but not result in unnecessary avoidance of veterinary care for sick or injured birds. H5 HPAI is likely to persist in wild bird populations and remain an ongoing wildlife disease in Australia (WHA 2026). AAVAC supports the continued provision of appropriate veterinary care to pet birds, backyard poultry, aviary birds, zoological collections and wildlife during the HPAI threat. As veterinarians, it is our role to ensure that animals' welfare needs are met and to relieve pain and suffering.

The H5 HPAI response from veterinarians should prioritise preparedness rather than fear and include:

- **Risk-based approach**
- **Good biosecurity and infection control**
- **Prioritise animal welfare**

Risk-Based Approach

AAVAC does not support the routine exclusion of sick or injured birds from veterinary practices because of concerns regarding H5 HPAI (AVA 2026b). Veterinarians across private and public sectors have an important role to play in protecting national key interests, which includes animal health and welfare across companion and wildlife sectors. Veterinarians in private

practice serve a key role in early detection and biosecurity for exotic or atypical presentations of disease, which assists in national response to significant disease outbreaks. Many common avian conditions can produce respiratory, neurological, gastrointestinal or systemic clinical signs that are not specific to avian influenza. Exclusion of sick animals can result in these cases going unnoticed and lead to further spread of disease. Because H5 HPAI can also infect mammals, including cats and wildlife such as foxes and seals, excluding birds alone from veterinary care is not a coherent biosecurity measure. Instead, veterinary practices should adopt a risk-based approach rather than a blanket rule for all avian patients. The same risk-based triage and infection control principles apply to any animal presenting with signs consistent with H5 HPAI.

Veterinary practices should develop processes for owners, wildlife rehabilitators/carers and members of the public to contact the clinic to obtain advice on biosecurity protocols prior to presenting animals. This allows the veterinary team to obtain an appropriate history, assess the likelihood of H5 HPAI exposure, determine the urgency of the case, and prepare suitable infection-control measures before the patient's arrival.

Risk assessment factors are covered in the resources listed above; section 5.1.2 of the national veterinary guidelines (Animal Health Committee 2026, s 5.1.2) lists origin, proximity to detections and mortality events, species susceptibility, number affected and presenting signs.

Where HPAI is considered a reasonable differential diagnosis, appropriate isolation, PPE, handling and diagnostic procedures should be implemented. Veterinarians who suspect HPAI should follow the current national and state or territory reporting requirements: any suspicion in any animal must be reported to the EAD hotline (1800 675 888), which is a legal requirement per national guidelines (Animal Health Committee 2026).

Biosecurity and Infection Control

AAVAC strongly supports robust biosecurity practices within all veterinary facilities treating birds and wildlife.

Practices should consider appropriate measures including:

1. Pre-arrival telephone triage where practicable.

2. If H5 is suspected on the phone: ask the client not to move or bring in the bird, and call the EAD Hotline (1800 675 888). Referral or movement of suspected birds should follow agency advice.
3. Minimising unnecessary movement of potentially infectious birds through the hospital. If movement is required ensure appropriate disinfection/decontamination of affected areas and appropriate wait time before re-use.
4. Directing higher-risk patients to an appropriate examination or isolation area, ideally with separate ventilation.
5. Use of appropriate PPE based on the assessed risk. Baseline PPE for every wild bird presented (gloves, mask, eye protection, hand hygiene, WHA 2026) and full PPE once a case is suspect (coveralls, gloves, fit-tested P2/N95, goggles, boot and head cover, AVA 2026a; CDNA 2024).
6. Dedicated or appropriately disinfected equipment for potentially infectious patients.
7. Strict hand hygiene and appropriate environmental cleaning and disinfection.
8. Minimising contact between potentially infected birds and other patients, particularly other avian patients and higher risk animals (cats, ferrets etc).
9. Appropriate management of faeces, respiratory secretions, bedding and other potentially contaminated materials.
10. Clear communication and training of veterinary staff.
11. Staff who have handled a suspect or confirmed H5 HPAI patient should be designated for that case where practicable. Consistent with AVA guidance (AVA 2025; AVA 2026a), they should avoid contact with other birds, including their own, for at least 48 hours after exposure and until decontamination is complete, including a change of clothing, showering and disinfection of equipment and surfaces.
12. Records of staff, patient and client contacts should be kept to support traceability.

These measures are consistent with the principles of veterinary infection control and are already familiar to practices routinely managing infectious diseases like parvovirus.

Animal Welfare Considerations

AAVAC emphasises that H5 HPAI preparedness must be balanced with appropriate animal welfare considerations. Delaying or avoiding veterinary assessment and welfare care because of clinical suspicion of HPAI may result in unnecessary suffering, deterioration of otherwise treatable disease, abandonment of animals, or inappropriate euthanasia.

Clinical suspicion of H5 HPAI should not, on its own, result in:

- euthanasia of clinically healthy birds, or of birds solely because they may have been exposed to H5 HPAI;
- refusal of veterinary assessment and welfare care, noting that treatment of suspect cases should follow advice from the relevant government authority; or
- abandonment of sick birds by owners or carers.

Decisions about euthanasia should rest on the veterinarian's professional judgement and welfare considerations, including prognosis and risk of suffering, and for owned animals, the informed consent of the owner. Euthanasia may be appropriate where clinical signs are consistent with H5 HPAI and no alternative diagnosis is identified, particularly in wild birds.

AAVAC recognises that management decisions may differ depending upon whether a bird is a companion animal, backyard poultry, captive collection, zoological animal or free-ranging wildlife.

Conclusion

H5 HPAI represents a significant and evolving challenge for Australia, New Zealand and the wider Australasian region. AAVAC supports a coordinated, evidence-based and proportionate response that protects animal health, animal welfare, veterinary staff, the community and broader national biosecurity interests.

AAVAC's position is that H5 HPAI should be managed through preparedness, appropriate biosecurity, sound clinical judgement and collaboration—not by discouraging veterinary care.

Veterinarians are highly trained professionals well placed to manage avian patients appropriately during an HPAI threat. With appropriate precautions, veterinary practices can continue to provide essential care to birds while contributing meaningfully to surveillance, early detection and disease control. However, not all practices will be able to do so safely, as this depends on the biosecurity measures and staffing available. Practices that cannot manage suspect or at-risk avian patients should make this known to clients and direct them to an appropriate alternative or to the relevant state or territory animal health authority.

Veterinarians also have an important responsibility to protect animal welfare by alleviating pain and suffering, and making appropriate, welfare-focused decisions for both domestic and wild birds, including where humane euthanasia may be required.

AAVAC encourages all veterinarians to remain informed, follow current government guidance and seek advice from experienced avian veterinarians and relevant authorities when required. For any veterinarians or practices in Australia seeking support and advice regarding management and control of HPAI in clinics, please reach out to AAVAC or the AVA for further information.

References

Animal Health Committee 2026, *National H5 high pathogenicity avian influenza guidelines for veterinarians*, Department of Agriculture, Fisheries and Forestry, Canberra, released 3 July 2026, accessed 29 September 2026, https://www.agriculture.gov.au/sites/default/files/documents/h5-hpai-vet-guidelines.pdf.

Australian Veterinary Association 2025, *High pathogenicity avian influenza in pet birds, backyard poultry and wild birds*, AVA policy ratified 18 November 2025, accessed 29 September 2026, https://www.ava.com.au/policy/high-pathogenicity-avian-influenza-in-pet-birds-backyard-poultry-and-wild-birds.

Australian Veterinary Association 2026a, *AVA high pathogenicity avian influenza private veterinary practitioner preparedness toolkit*, AVA, accessed 29 September 2026, https://www.ava.com.au/wp-content/uploads/Avian-Influenza-Preparedness-Toolkit-FINAL0307.pdf.

Australian Veterinary Association 2026b, *AVA guidance on accepting birds and wildlife in clinic: H5 bird flu*, member update, 7 July 2026, accessed 29 September 2026, https://www.ava.com.au/resources-hub/emergency-and-disaster-response/high-pathogenicity-avian-influenza.

Communicable Diseases Network Australia 2024, *National guidelines for avian influenza: protecting people who work with birds and wildlife*, version 1.0, December 2024, Australian Centre for Disease Control, Department of Health and Aged Care, Canberra, accessed 29 September 2026, https://www.cdc.gov.au/resources/publications/cdna-national-guidelines-avian-influenza-workers.

Wildlife Health Australia 2026, *H5 avian influenza (H5 bird flu) and wildlife: advice for veterinarians and other animal health professionals*, version 5.3, August 2026, accessed 29 September 2026, https://wildlifehealthaustralia.com.au/Portals/0/ResourceCentre/H5BirdFlu/Advice_vets_and_animal_health.pdf.