February 2025

Policy Decision 25-01

**USE OF AVIAN INFLUENZA VACCINES FOR THE PROTECTION OF RARE, PROTECTED AND VALUABLE AVIAN SPECIES**

Animal Health Committee

### PURPOSE

This policy provides guidance on emergency vaccination of rare, protected and valuable avian species against high pathogenicity avian influenza (HPAI) in the event of an incursion (or significant threat of an incursion) of a HPAI strain that is known to be a high risk to avian species.

### SCOPE

This policy applies to rare, protected and valuable avian species. This includes:

* birds that are kept in zoological collections or other non-poultry collections, including:
  + Recognised zoos and wildlife sanctuaries
  + Public aviaries
  + Facilities breeding native wild species for release
  + Research colonies
  + Private non-poultry collections
* managed free-ranging native wild bird populations (i.e. those that are actively monitored, controlled, or supported by human intervention to maintain or improve numbers, health and habitats).
* rare, irreplaceable birds of high genetic value or with specialised skills (e.g. public performance birds)

### OUT OF SCOPE

* Poultry as defined by the World Organisation for Animal Health Terrestrial Animal Health Code:
  + all birds reared or kept in captivity for the production of any commercial animal products or for breeding for this purpose, and all birds used for restocking supplies of game or for breeding for this purpose
* Any birds that have contact with poultry or poultry facilities, and birds or their products that are used in other households (see Appendix 1 for more detail).
* Birds kept or bred for the production of animal products, animals for sale, racing or competition
* Bird populations that may enter the food chain via hunting or wild harvesting.
* Non avian species that are susceptible to infection with HPAI (e.g. marine mammals)

### INTRODUCTION

The HPAI H5 lineage 2.3.4.4b became the dominant subtype globally in 2022, affecting a greater diversity of bird species than previous variants. Management of outbreaks in affected countries has proved increasingly challenging due to the increased diversity, frequency, magnitude and duration of outbreaks. Avian influenza (AI) vaccination is now being considered among broader control strategies to protect captive wild birds. Vaccination has been used in the United Kingdom and Europe (zoo birds), intensively managed critically endangered California condors in the United States, and in vulnerable avian populations in New Zealand.

Although vaccination can provide a level of protection against AI infection, the most important safeguard is to prevent exposure of rare and valuable birds through effective biosecurity. Vaccination must be seen as an adjunct, not an alternative, to good biosecurity. If rare and valuable birds are already housed in biosecure units, vaccination may not significantly increase their protection.

The risks of handling birds for vaccine administration and post vaccination monitoring may be greater than the risk of them becoming infected. It should also be remembered that vaccinated birds, although protected from clinical disease, may still become infected (usually requiring exposure to a higher dose of the virus) and shed the virus, albeit at lower levels than non-vaccinated birds.

### DECISION AND AUTHORITY TO USE VACCINATION

1. The use of AI vaccines in Australia is only permitted following appropriate Commonwealth and jurisdictional authorisation, through national decision-making mechanisms (Animal Health Committee, the Consultative Committee for Emergency Animal Diseases (CCEAD) or equivalent).
2. National Management Group (NMG) may authorise vaccine use as part of the emergency animal disease response plan in a cost-shared emergency animal disease response under the Emergency Animal Disease Response Agreement.
3. The use of AI vaccination in any jurisdiction is subject to approval by the relevant Chief Veterinary Officer (CVO) in all circumstances.
4. Vaccines will be under the control of the jurisdictional CVO of the state or territory where vaccination is proposed.
5. Only vaccines which meet Australia’s regulatory requirements will be used.
6. A decision to adopt a preventive or pre-emptive vaccination programme may be taken in special circumstances to protect a particularly rare or endangered species or individual (e.g. in the face of imminent threat of incursion). This would be agreed to via the national decision-making mechanisms noted in point 1 above.

A range of factors will be taken into account when deciding whether to authorise vaccination under this policy. These include regulatory considerations, outbreak epidemiology and species priorities (see next section), as well as animal welfare, technical, logistic, safety and resourcing factors outlined in the table below.

Application to use AI vaccines under this policy should be preceded by an evidence-based risk assessment of the vaccination program against vaccination key considerations (see Appendix 2). For further guidance see WOAH (2023) Considerations for emergency vaccination of wild birds against high pathogenicity avian influenza in specific situations for a detailed description of important considerations.

#### PRIORITIES FOR VACCINATION OF RARE, PROTECTED AND VALUABLE BIRDS AGAINST AVIAN INFLUENZA

The following list (in no particular order) identifies the priorities for AI vaccination in the event of an HPAI outbreak threatening rare, protected and valuable avian species, populations or individuals:

* Bird species listed under the *Environment Protection and Biodiversity Conservation Act 1999* (EPBC Act).
* Bird species legally protected under State & Territory legislation.
* Bird species listed in a threatened category of the IUCN Red List.
* Other native bird species or sub-species for which free-ranging wild populations are considered:
  + Important to support captive breeding or conservation efforts
  + Bird species at a high risk of imminent extinction due to the virus
  + Rare or genetically valuable birds.
* Breeds of non-poultry that are listed under the Rare Breeds Trust of Australia
* Individuals or populations which are valuable due to their educational importance, cultural significance, importance to tourism or to the community interest.
* Individual birds which represent a significant investment in resources (for example, birds trained for free-flight bird shows; imported non-native species that cannot readily be acquired or imported into Australia).

### VACCINE MANAGEMENT

### *INVENTORY CONTROL*

A national inventory control system should be initiated to account for imported and distributed vaccine.

It is advisable that inventory control is practiced throughout the vaccine distribution chain:

* initial point of delivery and storage
* state distribution point(s)
* veterinarian dispensing vaccine.

Records of supply will include details of the sites where vaccination occurred, the amount of vaccine supplied to each location, the numbers and identification (where possible) of vaccinated birds, vaccine batch numbers and dates. The amount of vaccine used and disposal of unused vaccine must also be recorded.

Other information to be provided includes any evidence of morbidity or mortality in vaccinated birds during the monitoring period and any adverse reactions to the vaccine including injection site reactions if observed. Any adverse event must be reported to the jurisdictional CVO, the Australian CVO and the APVMA at the time of the event. Records of supply and use of the vaccines is a requirement of APVMA permits.

The allocation of vaccines needs to be carefully planned to maximise efficiency of administration and minimise vaccine wastage.

#### TRACEABILITY OF VACCINATED BIRDS

Lifelong traceability of vaccinated birds through individual identification is desirable.

#### MOVEMENT CONTROLS OF VACCINATED BIRDS

Captive birds vaccinated as part of an AI outbreak response may be subject to movement controls, as long as there is a risk of virus transmission.

### *EXIT STRATEGY*

As part of the decision-making process on whether to vaccinate, there must be clear consideration of when to end vaccination. This must be linked to monitoring outcomes and should involve specification of a threshold that outlines the criteria and timing of when vaccination will cease.

### INFORMATION TO CONSIDER IN AN APPLICATION FOR VACCINATION

Government authorities, enterprises or individuals applying for permission to use avian influenza vaccine will be expected to abide by the requirements in the table below.

| PRINCIPLE | STANDARD |
| --- | --- |
| Preparedness  (Mandatory) | A documented biosecurity plan is in operation where the birds are held. |
| Preparedness  (Mandatory) | There are established arrangements with a supervising veterinarian/veterinary service for the preventative care, treatment and management of the health of the birds. |
| Preparedness  (Desirable) | Membership of a recognised professional association such as the Zoo and Aquarium Association (Australasia). |
| Prioritisation  (Mandatory) | Cohort to be vaccinated are rare, protected or valuable.  (refer to *Priorities for Vaccination of Rare, Protected and Valuable birds against Avian Influenza* in this policy), or the jurisdictional CVO has approved the use of vaccine after reviewing the case details. |
| Risk Assessment  (Mandatory) | Vaccination of the specified cohort under this policy is assessed to be of overall benefit.  See also WOAH (2023) *Considerations for emergency vaccination of wild birds against high pathogenicity avian influenza in specific situations* for a detailed description of important considerations*.* |
| Feasibility assessment  (Mandatory) | Trained, authorised personnel are available to vaccinate.  The nominated supervising veterinarian is responsible for endorsing and overseeing the proposed vaccination protocol, maintaining vaccination records and supervising post-vaccination evaluation.  Financial and technical resources are available to deliver the vaccination program.  Activities associated with the vaccination program (including capture, handling and human disturbance) will not unduly compromise individual animal welfare or important biological activities such as breeding, dispersal and feeding |
| Record keeping  (Mandatory) | Records of vaccination and any pre- and post-vaccination avian influenza screening or serology must be kept for at least 3 years. Vaccination shall be carried out under the authority of the Chief Veterinary Officer of the jurisdiction.  Data on vaccinated birds, and details including laboratory or pathology results will be made available to the jurisdictional authorities on request. |
| Animal Health Record Keeping  (Desirable) | Records of individual animal health status (e.g. infections, illness or immunodeficiency) are maintained to allow detection and investigation of sick or dead individuals. |
| Identification  (Desirable) | Birds should be individually identified with a permanent method of identification (e.g. leg band or microchip). |
| Vaccine to be used  (Mandatory) | Inactivated vaccines that have appropriate regulatory approvals must be used in accordance with the instructions on the permit issued by the APVMA or any APVMA approved labels |

## References

1. AHC47\_OOS07\_RESOLUTION\_Vaccination policy for rare, protected and valuable avian species

## More information

Learn more about the [Animal Health Committee](https://www.agriculture.gov.au/agriculture-land/animal/health/committees/ahc).

Email [ahc@agriculture.gov.au](mailto:ahc@agriculture.gov.au)

**Acknowledgement of Country**

We acknowledge the continuous connection of First Nations Traditional Owners and Custodians to the lands, seas and waters of Australia. We recognise their care for and cultivation of Country. We pay respect to Elders past and present, and recognise their knowledge and contribution to the productivity, innovation and sustainability of Australia’s agriculture, fisheries and forestry industries.

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## Appendix 1: Definition of poultry - World Organisation for Animal Health

### Poultry

* means all birds reared or kept in captivity for the production of any commercial animal products or for breeding for this purpose, and all birds used for restocking supplies of game or for breeding for this purpose, until they are released from captivity.

Birds that are kept in a single household, the products of which are used within the same household exclusively, are not considered *poultry*, provided that they have no direct or indirect contact with *poultry* or *poultry* facilities.

Birds that are kept in captivity for other reasons, including those that are kept for shows, racing, exhibitions, zoological collections and competitions, and for breeding or selling for these purposes, as well as pet birds, are not considered *poultry*, provided that they have no direct or indirect contact with *poultry* or *poultry* facilities.

## Appendix 2 – Principles of vaccination

The following broad principles of vaccination were considered in the development of this policy:

* Availability of vaccine/s effective against the circulating strain and future demands on supply.
* What is known of the circulating strain including virulence, transmissibility and the likely susceptibility of the species to disease and mortality
* Technical and logistical issues such as location of the population at risk and welfare implications of capture and handling of the birds
* The likely level of protection provided by vaccination of different species and ages of birds
* The health status of the population and how this may affect the response to vaccination
* The logistic and welfare implications of the recommended vaccination regime
* Capacity to conduct trial vaccination programs
* Maintenance of records
* Capacity to monitor outcomes to determine the effectiveness of the vaccination program
* National and/or jurisdictional interests.
* The risk of the avian influenza virus entering the bird collection/population.