National Communicable Diseases Surveillance Report

Fortnight 21, 2023 Summary Notes for Selected Diseases

02 October 2023 to 15 October 2023

Gonococcal infection

Gonorrhoea is highly infectious bacterial infection usually transmitted through unprotected sexual activity with an infected person. In the past 12 months (16 October 2022 – 15 October 2023), there have been 38,915 cases of gonorrhoea reported to the National Notifiable Diseases Surveillance System (NNDSS), which is higher than the historical five-year mean (n=30,811). In the past 3 months (18 July 2023 – 15 October 2023), there have been 9,946 cases of gonorrhoea reported to the NNDSS, which is 33% higher than the historical five-year mean for this period (n=7,454). Increases in antimicrobial resistance (AMR) in gonococcal isolates have also been reported. Further information on AMR surveillance for gonorrhoea is available in the Australian Gonococcal Surveillance Program quarterly and annual reports published in the *Communicable Diseases Intelligence*.

Infectious and congenital syphilis

Increases in infectious syphilis notifications are attributed to an on-going outbreak occurring in Aboriginal and Torres Strait Islander people residing in northern and central Australia, continued increases among men who have sex with men (MSM) in urban areas, and increases in women (Aboriginal and Torres Strait Islander and non-Indigenous) predominately residing in urban areas of Australia.

Syphilis response

On 23 March 2021, the Australian Health Protection Principal Committee (AHPPC) endorsed the *National strategic approach for responding to rising rates of syphilis in Australia 2021* (Strategic Approach) prepared through the Communicable Diseases Network Australia (CDNA) and BBV STI Standing Committee (BBVSS). The Strategic Approach builds on and intersects with existing national activities related to syphilis and provides specific focus for efforts towards rising rates of syphilis and adverse outcomes in Australia.

The CDNA and BBVSS are, in collaboration, developing priority public health actions, including those related to workforce and community engagement, to ensure progress is made towards reducing the incidence of syphilis and elimination of congenital syphilis in Australia.

For further information on national activities related to syphilis refer to the Department's website https://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-syphilis.htm

Interpretative Notes

Selected diseases are chosen each fortnight based on either exceeding two standard deviations from the 90 day and/or 365 day five year rolling mean or other disease issues of significance identified during the reporting period. All diseases reported are analysed by notification receive date. Data are extracted each Monday of a CDNA week.

Totals comprise data from all States and Territories. Cumulative figures are subject to retrospective revision so there may be discrepancies between the number of new notifications and the increment in the cumulative figure from the previous period.

¹The past quarter (90 day) surveillance period includes the date range (18/07/2023 to 15/10/2023).

²The quarterly (90 day) five year rolling mean is the average of 5 intervals of 90 days up to 15/10/2023. The ratio is the notification activity in the past quarter (90 days) compared with the five year rolling mean for the same period.

³The past year (365 day) surveillance period includes the date range (16/10/2022 to 15/10/2023).

⁴The yearly (365 day) five year rolling mean is the average of 5 intervals of 365 days up to 15/10/2023. The ratio is the notification activity in the past year (365 days) compared with the five year rolling mean for the same period.

The five year rolling mean and the ratio of notifications compared with the five year rolling mean should be interpreted with caution. Changes in surveillance practice, diagnostic techniques and reporting may contribute to increases or decreases in the total notifications received over a five year period. Ratios are to be taken as a crude measure of current disease activity and may reflect changes in reporting rather than changes in disease activity.