

National Communicable Diseases Surveillance Report
Fortnight 03, 2024 Summary Notes for Selected Diseases
22 January 2024 to 04 February 2024

Influenza

Nationally, notifications of laboratory-confirmed influenza, while still below seasonal levels, are currently higher than expected for the interseasonal period (November to March) and for the reporting period (n=4,001) are 2.5 times greater than for the same time period last year (n=1,608). This may be due to an increase in disease circulation in the community and waning protection from seasonal Influenza vaccinations given during the 2023 influenza season, but may also be impacted by changes in health-seeking behaviour associated with recent increases in COVID-19 circulation in many jurisdictions, such as increased testing for respiratory infections.

Cryptosporidiosis

Cryptosporidiosis is a parasitic infection that commonly presents as gastroenteritis. In the past 12 months (5 February 2023 – 4 February 2024), there have been 4,836 cases of cryptosporidiosis reported to the National Notifiable Diseases Surveillance System (NNDSS), which is 2.0 times higher than the historical five-year mean (n=2,391). In the past 3 months (7 November 2023 – 4 February 2024), there have been 2,426 cases of cryptosporidiosis reported to the NNDSS, which is 4.2 times higher than the historical five-year mean for this period (n=582). The increase in notifications in the past 3 months is largely driven by increased notifications in NSW, QLD and VIC. In this reporting period (22 January 2024 – 4 February 2024) 822 cases of cryptosporidiosis have been notified (459 in QLD, 172 in NSW, 116 in VIC, 27 in SA, 25 in WA, 13 in ACT, 8 in NT, 2 in TAS). Cryptosporidiosis is commonly acquired by swimming in and swallowing water contaminated with cryptosporidium parasites including swimming pools, water parks, estuaries and inland waterways. The reason for the increase compared to historical periods is unclear but may be related to patterns in temperature and rainfall.

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, including [the Don't fool around with syphilis](#) campaign, refer to the [Department's website](#).

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.

¹*The past quarter (90 day) surveillance period includes the date range (07/11/2023 to 04/02/2024).*

²*The quarterly (90 day) five year rolling mean is the average of 5 intervals of 90 days up to 04/02/2024. The ratio is the notification activity in the past quarter (90 days) compared with the five year rolling mean for the same period.*

³*The past year (365 day) surveillance period includes the date range (05/02/2023 to 04/02/2024).*

⁴*The yearly (365 day) five year rolling mean is the average of 5 intervals of 365 days up to 04/02/2024. 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.