

National Communicable Diseases Surveillance Report
Fortnight 04, 2024 Summary Notes for Selected Diseases
05 February 2024 to 18 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=3,778) are 1.7 times greater than for the same time period last year (n=2,226). 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 over the summer period in many jurisdictions, such as increased testing for respiratory infections.

Infectious and congenital syphilis

Infectious syphilis notifications are continuing to increase across Australia. Notifications are being monitored across four population groups: non-Indigenous males (including men who have sex with men), non-Indigenous females, Aboriginal and Torres Strait Islander males and females (including those in outbreak declared regions of SA, NT, WA and Qld). Detailed analysis of infectious and congenital syphilis trends in Australia are reported quarterly in the [National syphilis surveillance reports](#).

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 (21/11/2023 to 18/02/2024).*

²*The quarterly (90 day) five year rolling mean is the average of 5 intervals of 90 days up to 18/02/2024. 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 (19/02/2023 to 18/02/2024).*

⁴*The yearly (365 day) five year rolling mean is the average of 5 intervals of 365 days up to 18/02/2024. 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.