**Infectious and congenital syphilis**
Infectious syphilis notifications are continuing to increase across Australia. Detailed analysis of infectious and congenital syphilis trends in Australia are reported quarterly in the National syphilis surveillance reports.

**Syphilis response**
The CDNA and BBV STI Standing Committee (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 National Response to Syphilis webpage on the Department’s website.

**Cryptosporidiosis**
Cryptosporidiosis is a parasitic infection that commonly presents as gastroenteritis. In the past 12 months (13 May 2023 – 12 May 2024), there have been 12,933 cases of cryptosporidiosis reported to the National Notifiable Diseases Surveillance System (NNDSS), which is 5.7 times higher than the historical five-year mean (n=2,281). In the past 3 months (13 February 2024 – 12 May 2024), there have been 8,144 cases of cryptosporidiosis reported to the NNDSS, which is 10.8 times higher than the historical five-year mean for this period (n=754). The increase in notifications in the past 3 months is largely driven by increased notifications in NSW, QLD and VIC. In this reporting period (29 April 2024 – 12 May 2024) 819 cases of cryptosporidiosis have been notified (302 in QLD, 240 in NSW, 150 in VIC, 62 in WA, 47 in SA, 14 in ACT, 3 in TAS, and 1 in NT). 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.

**Pertussis**
Between Monday 1 January 2024 and Monday 20 May 2024 there have been 6,228 cases of pertussis notified in Australia. There were 2,447 notifications of pertussis reported in 2023.

Notifications of pertussis began increasing from quarter 2 of 2023 in Australia after a few years of limited circulation in Australia, particularly during the COVID-19 pandemic.

Weekly notifications continued to increase in 2024 peaking in week 18. In the most recent fortnight (weeks 19-20), a 11% decrease has been observed compared to the previous fortnight. Caution is required as data for the recent week may be incomplete.

The increase in 2024 is driven by Queensland and New South Wales, with notifications from Queensland making up 45.3% of notifications. Children aged 10-19 years represent the highest notification rate followed by children aged 5-9 years.
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 (13/02/2024 to 12/05/2024).

2The quarterly (90 day) five year rolling mean is the average of 5 intervals of 90 days up to 12/05/2024. 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 (13/05/2023 to 12/05/2024).

4The yearly (365 day) five year rolling mean is the average of 5 intervals of 365 days up to 12/05/2024. 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.