

National Communicable Diseases Surveillance Report
Fortnight 14, 2024 Summary Notes for Selected Diseases
24 June 2024 to 07 July 2024

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.

Gonococcal infection

Gonorrhoea is highly infectious bacterial infection usually transmitted through unprotected sexual activity with an infected person. In the past 12 months (8 July 2023 – 7 July 2024), there have been 43,928 cases of gonorrhoea reported to the National Notifiable Diseases Surveillance System (NNDSS), which is higher than the historical five-year mean (n=32,127). In the past 3 months (9 April 2024 – 7 July 2024), there have been 11,199 cases of gonorrhoea reported to the NNDSS, which is 38% higher than the historical five-year mean for this period (n=8,111). 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](#).

Pertussis

Between 1 January 2024 and 7 July 2024 there have been 13,330 cases of pertussis notified in Australia, compared to 2,447 cases for all of 2023. The increase in 2024 is driven by Queensland and New South Wales, with the highest rates seen in Queensland. Notification rates are highest in school aged children and young adults (10-19 years), with children aged 10-14 years representing the highest proportion of cases. The current situation may be due to several factors including expected epidemic peaks, vaccination coverage, waning immunity and overall population having reduced exposure to pertussis during the COVID-19 pandemic.

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 (09/04/2024 to 07/07/2024).

²The quarterly (90 day) five year rolling mean is the average of 5 intervals of 90 days up to 07/07/2024. 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 (08/07/2023 to 07/07/2024).

⁴The yearly (365 day) five year rolling mean is the average of 5 intervals of 365 days up to 07/07/2024. 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.