**National Communicable Diseases Surveillance Report**

**Fortnight 18, 2024 Summary Notes for Selected Diseases**

# 19 August 2024 to 01 September 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](https://www.health.gov.au/resources/collections/national-syphilis-monitoring-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*](https://www.health.gov.au/dont-fool-around-with-syphilis) campaign, refer to the [*National Response to Syphilis*](https://www.health.gov.au/our-work/national-response-to-syphilis) webpage on theDepartment’s website.

**Pertussis**

Pertussis (whooping cough) is a highly infectious disease of the respiratory tract caused by the bacterium Bordetella pertussis. It is an endemic respiratory disease in Australia, with periodic cyclical increases occurring every three to five years despite high levels of vaccination coverage. High numbers of notifications were last seen in Australia in 2015 (22,571) and 2016 (20,118) with lower numbers of respiratory diseases reported during the COVID-19 pandemic (2020 and 2021).

Between 1 January 2024 and 1 September 2024, there have been 24,108 cases of pertussis notified to the NNDSS, compared to 2,451 cases for 2023. In the past 3 months (4 June 2024 – 1 September 2024), there have been 16,130 cases of pertussis notified and 3,179 cases of pertussis notified in this reporting period (19 August 2024 – 1 September 2024). Notifications of pertussis began increasing from quarter 2 of 2023 after a few years of limited circulation in Australia, particularly during the COVID-19 pandemic. In 2024, notification rates have been highest in Queensland, followed by New South Wales. Rates are substantially higher in school-aged children aged 10–14 years, followed by children aged 5–9 years. 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 (04/06/2024 to 01/09/2024).*

*2The quarterly (90 day) five year rolling mean is the average of 5 intervals of 90 days up to 01/09/2024. 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 (02/09/2023 to 01/09/2024).*

*4The yearly (365 day) five year rolling mean is the average of 5 intervals of 365 days up to 01/09/2024. 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.*