**National Communicable Diseases Surveillance Report**

**Fortnight 17, 2024 Summary Notes for Selected Diseases**

# 05 August 2024 to 18 August 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.

**Mpox**

Mpox, or monkeypox virus infection, is a viral infection that can be transmitted from person-to-person through prolonged physical contact and commonly presents as a mild illness with a rash. In the past 12 months (19 August 2023 – 18 August 2024), there have been 274 cases of mpox reported to the National Notifiable Diseases Surveillance System (NNDSS). In the past 3 months (21 May 2024 – 18 August 2024), there have been 243 cases of mpox notified. In this reporting period (5 August 2024 – 18 August 2024), 65 cases of mpox have been notified (39 in New South Wales, 20 in Victoria, 3 in Queensland, 2 in Western Australia and 1 in the Australian Capital Territory). The increase in notifications in the past three months has been driven by an increase in locally acquired cases (cases that were acquired in Australia), predominately reported in New South Wales and Victoria.

**Legionellosis**

Legionellosis (Legionnaire’s disease) is an environmentally-acquired pneumonia caused by the bacteria *Legionella*. In the past 12 months (19 August 2023 – 18 August 2024), there have been 857 cases of legionellosis (including 448 cases of *L.* *pneumophila* and 320 cases of *L.* *longbeachae*) reported to the National Notifiable Diseases Surveillance System (NNDSS). In the past month (22 July 2024 – 18 August 2024) there have been 175 cases of legionellosis notified (including 137 cases of *L.* *pneumophila* and 24 cases of *L.* *longbeachae)*. This is higher than the 54 legionellosis cases (24 cases of *L. pneumophila* and 12 cases of *L.* *longbeachae)* reported for the same period last year (22 July 2023 – 18 August 2023). The increase in *L. pneumophila* notifications in the past month is largely driven by an outbreak of *L. pneumophila* in Victoria. For further updates please refer to jurisdictional health department websites.

**Pertussis**

Pertussis (whooping cough) is a highly infectious disease of the respiratory tract caused by the bacterium *Bordetella pertussis*. Between 1 January 2024 and 18 August 2024, there have been 20,925 cases of pertussis notified to the NNDSS, compared to 2,450 cases for 2023. In the past 3 months (21 May 2024 – 18 August 2024), there have been 14,514 cases of pertussis notified and 2,918 cases of pertussis notified in this reporting period (5 August 2024 – 18 August 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 (21/05/2024 to 18/08/2024).*

*2The quarterly (90 day) five year rolling mean is the average of 5 intervals of 90 days up to 18/08/2024. 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 (19/08/2023 to 18/08/2024).*

*4The yearly (365 day) five year rolling mean is the average of 5 intervals of 365 days up to 18/08/2024. 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.*