

National Communicable Diseases Surveillance Report
Fortnight 05, 2025 Summary Notes for Selected Diseases
17 February 2025 to 02 March 2025

Infectious and congenital syphilis

Infectious syphilis notifications continue to be reported at high levels 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.

Japanese encephalitis virus (JEV) infection

Between 27 December 2024 and 2 March 2025, there have been 6 confirmed cases of Japanese encephalitis virus (JEV) infection reported to the National Notifiable Diseases Surveillance System (NNDSS) in Australia. In the current reporting period (17 February 2025 - 02 March 2025), there has been 1 case compared to 3 cases in the previous reporting period. These are the first locally acquired JEV infections notified in Australia since December 2022. During the 2021 to 2022 JEV outbreak, a total of 45 locally acquired JEV cases were reported across south-east Australia.

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 (03/12/2024 to 02/03/2025).*

²*The quarterly (90 day) five year rolling mean is the average of 5 intervals of 90 days up to 02/03/2024. 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 (03/03/2024 to 02/03/2025).*

⁴*The yearly (365 day) five year rolling mean is the average of 5 intervals of 365 days up to 02/03/2024. 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.