

# National Communicable Diseases Surveillance Report

## Fortnight 15, 2025 Summary Notes for Selected Diseases

### 7 July 2025 to 20 July 2025

#### Infectious and congenital syphilis

Infectious syphilis notifications continue to be reported at high levels across Australia, including among women\* of reproductive age (15-44 years). Increases among women have coincided with continued reporting of congenital syphilis cases and in some instances infant death resulting from infection. Detailed analysis of infectious and congenital syphilis trends in Australia are reported quarterly in the [National syphilis surveillance reports](#).

#### Syphilis response

The CDNA, the BBV STI Standing Committee (BBVSS) and the National Aboriginal and Torres Strait Islander Health Protection (NATSIHP) sub-committee of the Australian Health Protection Committee, have developed a National Syphilis Response Plan 2023 – 2030 (Response Plan). The Response Plan consolidates existing recommendations into a focused framework ensuring a consistent approach across the country will enhance collaboration and effectively tackle syphilis as a public health concern. 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.

#### Q Fever summary

Q fever is a bacterial infection that can cause a severe flu-like illness. The bacteria are spread from animals, mainly cattle, sheep and goats. In the past 12 months (21 July 2024 – 20 July 2025), there have been 948 cases of Q fever notified to the National Notifiable Diseases Surveillance System (NNDSS). This is higher than the mean of 553.2 for the rolling 5-year period (21 July 2019 – 20 July 2024). In the past 3 months (22 April 2025 – 20 July 2025), there have been 217 cases of Q fever notified. In this reporting 5-year (7 July 2025 – 20 July 2025), 29 cases of Q fever have been notified (15 in Queensland, 10 in New South Wales, 2 in Victoria, 1 in South Australia and 1 in the Australian Capital Territory). The increase in notifications has largely been driven by increases in Queensland and New South Wales, although other states have also seen increases. The reason for the increase in notifications is not clear.

#### 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.

<sup>1</sup> The past quarter (90 day) surveillance period includes the date range (22/04/2025 to 20/07/2025).

<sup>2</sup> The quarterly (90 day) five year rolling mean is the average of 5 intervals of 90 days up 20/07/2024. The ratio is the notification activity in the past quarter (90 days) compared with the five-year rolling mean for the same period.

<sup>3</sup> The past year (365 day) surveillance period includes the date range (21/07/2024 to 20/07/2025).

<sup>4</sup> The yearly (365 day) five year rolling mean is the average of 5 intervals of 365 days up to 20/07/2024. 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.

\*The term 'women' is used, but it acknowledged that this may also include people with a uterus who are non-female identifying.