National Communicable Diseases Surveillance Report

Fortnight 13, 2021 Summary Notes for Selected Diseases

21 June to 04 July 2021

Infectious and congenital syphilis

Increases in infectious syphilis notifications are attributed to an on-going outbreak occurring in Aboriginal and Torres Strait Islander people residing in northern and central Australia, continued increases among men who have sex with men (MSM) in urban areas, and increases in women (Aboriginal and Torres Strait Islander and non-Indigenous) residing in urban areas of Australia.

Outbreak in northern and central Australia

In January 2011, an increase of infectious syphilis notifications among Aboriginal and Torres Strait Islander people was identified in the North West region of Queensland, following a steady decline at a national level in remote communities. Subsequent increases in infectious syphilis notifications were reported in the Northern Territory in 2013, Western Australia in 2014 and South Australia in 2016, following sustained periods of low notification rates. The outbreak is of significant public health concern given the: elevated rates of infectious syphilis among women of child-bearing age, increasing the risk of congenital syphilis; and the concomitant risk of HIV transmission. For the latest information on the infectious syphilis outbreak and related national activities, refer to the Department's website.

Increases among MSM

Since 2010 increases in notifications of infectious syphilis have been reported in MSM, predominately 20-39 years of age, residing in urban areas of Australia.

Increases among women (Aboriginal and Torres Strait Islander and non-Indigenous)
Since 2016, increases in notifications of infectious syphilis have been reported in women
(Aboriginal and Torres Strait Islander and non-Indigenous) aged predominately 20-39 years of age residing in urban areas in Australia. As noted in the outbreak in northern and central Australia, increases in women of childbearing age is of significant public health concern given the increased risk of congenital syphilis.

Syphilis response

On 23 March 2021, the Australian Health Protection Principal Committee (AHPPC) endorsed the *National strategic approach for responding to rising rates of syphilis in Australia 2021* (Strategic Approach) prepared through the Communicable Diseases Network Australia (CDNA) and BBV STI Standing Committee (BBVSS). The Strategic Approach builds on and intersects with existing national activities related to syphilis and provides specific focus for efforts towards rising rates of syphilis and adverse outcomes in Australia.

The CDNA and 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. These actions will be provided to AHPPC for endorsement in the coming months. For further information on national activities related to STIs, including syphilis, refer to the Department's website.

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 (06/04/2021 to 04/07/2021).

²The quarterly (90 day) five year rolling mean is the average of 5 intervals of 90 days up to 04/07/2021. 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 (05/07/2020 to 04/07/2021).

⁴The yearly (365 day) five year rolling mean is the average of 5 intervals of 365 days up to 04/07/2021. 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.

ΔΓ	T FN13/2021					-1-	Torre.	-			Notification received dat				te Historical 90 Day Period				18.1.1.19.1.2.1.1			
					Sta	ate or	errito	ry				otals for	Australia		Hist	orical 90	Day Peri	od	Historical Yearly Period			
Disease group	Disease name	ge		MS.			۷				This reporting	Previous	Same reporting	Current year		Quarterly		Exceeds		Yearly rolling		Exceeds
		se co	ا ا		5	old		as		۷ >	period	reporting Period	period last	YTD	Past Quarter	rolling	Ratio past quarter/5	quarterly rolling	Past Year	5 year	Ratio past year/5 year	yearly rolling
		isea	<	ž		0	S .	-		>			year			5 year	year mean*	mean +2 SD		mean	mean*	mean +2 SD
		٥									21/06/2021 04/07/2021	07/06/2021 20/06/2021	21/06/2020 04/07/2020	01/01/2020 04/07/2021	06/04/2021 04/07/2021	mean		by	05/07/2020 04/07/2021	05/07/2015 04/07/2020		by
Bloodborne diseases	Hepatitis B (newly acquired)	039	-	-	-	1	-	-	1	-	2	5	5	0.,01,2022	24	39.0	0.6	-	99	150.0	0.7	-
	Hepatitis B (unspecified)	052	1	41	-	32	1	4	58	11	148	202	229	2,426	1,205	1,448.0	0.8	-	4,832	5,883.8	0.8	-
	Hepatitis C (newly acquired) Hepatitis C (unspecified)	040 053	1 4	110	- 3	111	-	- 9	37	- 27	301	307	27 281	293 3,799	104 1,933	162.0 2,387.4	0.6	-	7,403	713.6 9,655.4	0.8	-
	Hepatitis D	050	-	1	-	1	-	-	-	1	3	2	3	42	19	16.2	1.2	-	84	66.8	1.3	-
Gastrointestinal diseases	Botulism	045	-	-	-	-	-	-	-	-	- 4 240	- 4 247	- 002	1	- 0.505		- 11	- 200.7	25.240	1.0	2.0	-
	Campylobacteriosis Cryptosporidiosis	005 061	43	365 18	7	325 18	137	34	288	111 7	1,310 62	1,217 72	982 24	18,847 1,040	8,605 510	6,239.2 925.0	1.4 0.6	289.7	35,310 1,591	29,966.2 3,860.2	0.4	-
	Haemolytic uraemic syndrome (HUS)	055	-	-	-	-	-	-	-	-	-	-	2	4	1	3.2	0.3	-	11	15.8	0.7	-
	Hepatitis A	038	-	1	-	1	- 1	-	-	-	2	1	-	9	5 7	48.6 10.4	0.1	-	16	237.8 48.2	0.1	-
	Hepatitis E Listeriosis	051 018	-	-	- 1	-	1	-	-	-	2	1	1	21	7	12.6	0.7	-	11 48	66.4	0.2	-
	Paratyphoid	080	-	-	-	-	-	-	-	-	-	-	-	-	-	12.6	-	-	-	84.8	-	-
	STEC Salmonellosis	054 030	- 6	94	- 19	- 95	5 13	- 6	- 40	- 21	7 294	19 271	19 293	311 6,701	122 2,447	105.2 3,506.8	1.2 0.7	-	544 10,460	489.8 15,596.4	1.1 0.7	-
	Shigellosis	030	-	1	- 19	1	2	-	2	3	9	15	293	242	101	432.8	0.7	-	619	2,113.6	0.7	-
	Typhoid Fever	035	-	-	-	-	-	·	-	-	-	1	-	6	2	26.8	0.1	-	18	149.4	0.1	-
Quarantinable diseases	Avian influenza in humans (AIH) COVID-19	076 081	-	351	- 8	- 43	- 24	-	- 31	- 7	464	162	820	2,582	1,556	536.6	2.9	-	22,643	1,717.0	13.2	13,247.3
	Cholera	008	-	- 351	-	- 43	-	-	-	-	404 -	-	- 820	- 2,582	- 1,550	0.2	- 2.9	-	- 22,043	1,717.0	- 15.2	13,247.3
	MERS-CoV	079	-	-	-	-	-	-	-	-	-	-	-	-	-	-		-	-	-		-
	Plague Rabies	025 028	-	-	-	-	-	-	-	-	-	-	-	-	-	-		-	-	-		-
	Severe acute respiratory syndrome (SARS)	071	-	-	-	-	-	-	-	-	-	-	-	-	-	-		-	-	-		-
	Smallpox	069	-	-	-	-	-	-	-	-	-	-	-	-	-	-		-	-	-		-
	Viral haemorrhagic fever (NEC) Yellow fever	036 041	-	-	-	-	-	-	-	-	-	-	-	-	-	-		-	-	-		-
Sexually transmissible infections	Chlamydial infection	007	37	809	16	771	222		317	370	2,594	3,028	3,478	42,637	19,701	24,376.4	0.8	-	84,760	100,335.2	0.8	-
	Donovanosis	010	-	-	-	-	-	-	-	-	-	-	-	-	-	-		-	-	-		-
	Gonococcal infection Syphilis < 2 years	011 066	- 13	327 41	15 9	241	57 10		164 55	99 19	926 157	1,108 214	1,150 213	14,286 2.858	6,965 1,439	7,084.8 1,163.4	1.0 1.2	-	27,334 5,339	28,563.6 4,622.2	1.0	-
	Syphilis > 2 years or unspecified duration	067	-	4	4	1	-	-	40	13	62	53	79	912	421	532.6	0.8	-	1,883	2,191.0	0.9	-
	Syphilis congenital	047	-	-	-	-	-	-	-	-	-	-	-	8	3	2.2	1.4	-	16	7.8	2.1	0.9
Vaccine preventable diseases	Diphtheria Haemophilus influenzae type b	009 012	-	- 1	-	- 1	-	-	- 1	-	1 2	<u>-</u> 1	- 1	3 12	2 5	0.8 4.6	2.5 1.1	-	24	8.0 18.8	1.0	-
	Influenza (laboratory confirmed)	062	-	3	1	15	-	4	2	3	28	33	125	406	221	27,606.0	0.0	-	968	165,224.4	0.0	-
	Measles	021	-	-	-	-	-	-	-	-	-	- 4	-	-	-	16.8	-	-	-	124.0	- 0.4	-
	Mumps Pertussis	043 024	- 2	- 2	-	19	- 1	-	- 13	4	3 41	38	3 109	14 344	5 193	139.2 2,424.2	0.0	-	39 710	608.8 14,955.2	0.1	-
	Pneumococcal disease (invasive)	065	2	34	-	18	8	2	21	14	99	89	46	722	474	425.4	1.1	-	1,322	1,864.4	0.7	-
	Poliovirus infection	026 077	- 1	- 10	- 1	- 11	- 11	-	- NINI	- 10			- 47		- 241	718.6	0.5	-	1 100	4,664.0	0.3	-
	Rotavirus Rubella	029	-	16 -	-	- 11	- 11	-	NN -	10	53	- 54	1	630	341	3.6	0.5	-	1,169	13.4	0.3	-
	Rubella congenital	046	-	-	-	-	-	-	-	-	-	-	-	-	-	-		-	-	0.2	-	-
	Tetanus	033 073	- 12	- NN	-	- 1	- 18	- 3	- 14	- 7	- 55	- 80	- 80	1,010	- 456	0.8 701.6	- 0.6	-	7 2,553	3.8 3,596.0	1.8 0.7	1.0
	Varicella zoster (chickenpox) Varicella zoster (shingles)	074	23		- 8	7	88		46	52		295	620		1,967	2,875.4	0.6	-	13,066	11,504.4	1.1	-
	Varicella zoster (unspecified)	075	4	NN	7	305	45		122	74	575	620	389	9,074	4,705	3,383.0	1.4	297.8	15,943	14,092.4	1.1	-
Vectorborne diseases	Barmah Forest virus infection Chikungunya virus infection	048 078	-	4	-	- 6	-	-	-	- 2	12	- 12	29	226	95 -	142.6 11.4	0.7	-	526 4	396.8 81.2	1.3 0.0	-
	Dengue virus infection	003	-	-	-	-	-	-	-	-	-	-	-	2	1	324.4	0.0	-	5	1,318.4	0.0	-
	Flavivirus infection (unspecified)	001	-	-	-	-	-	-	-	-	-		-	3	1	7.8	0.1	-	9	32.6	0.3	-
	Japanese encephalitis virus infection Malaria	059 020	-	- 1	-	-	-	- 1	-	-	- 2	3	- 2	21	1 9	0.2 66.0	5.0 0.1	-	1 46	1.2 343.6	0.8	-
	Murray Valley encephalitis virus infection	049	-	1	-	-	-	-	-		1	-	-	1	1	0.2	5.0	-	1	0.2	5.0	-
	Ross River virus infection	002	-	19	2	54	4	·	7	42	128	115	190	2,588	1,031	1,931.0	0.5	-	3,749	4,742.8	0.8	-
Zoonoses	West Nile/Kunjin virus infection Anthrax	060 058	-	-	-	-	-	-	-	-	-	-	-	-	-	0.8	-	-	-	1.6	-	-
	Australian bat lyssavirus infection	063	-	-	-	-	-	-	-	-	-	-	-	-	-	-		-	-	-		-
	Brucellosis	004	-	-	-	-	-	-	-	-	-	1	2		7	3.6	1.9	-	18	19.2	0.9	-
	Leptospirosis Lyssavirus infection (NEC)	017 064	-	- 2	-	- 1	-	-	-	-	- 3	- 7	- 1	182	103	36.0	2.9	47.3	221	118.8	1.9	54.6
	Ornithosis	023	-	-	-	-	-	-	-	-	-	-	2		5	7.0	0.7	-	52	22.0	2.4	10.3
	Q fever	027	-	4	-	2	-		2	-	8	22		287	143	124.0	1.2	-	479	541.6	0.9	-
	Tularaemia	070 015	-	- 5	-	-	-	-	- 8	- 1	- 14	- 13	- 22	297	- 121	0.4 111.4	1.1	-	533	0.4 421.6	1.3	-
Other bacterial infections^	Legionellosis Leprosy	015	-	-	-	-	-	-	- 8	-	- 14	- 13	- 22	4	3	2.4	1.1	-	533	11.4	0.8	-
	Meningococcal disease (invasive)	022	-	2	-	-	-	-	-	-	2	5	4		23	46.0	0.5	-	83	255.6	0.3	-
	Tuberculosis	034	1 150	24 2,283	- 110	5 2,111	651	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20 1,296	8	59 7,668	54 8,127	51 9,366	730	361 EE 4E1	338.2	1.1	-	1,599 246,774	1,431.6	1.1	-
			150	1 7783	110	7 111	651	157	1 796	907	7 668	8 127	9 366	119,080	55,451	1			246 774	1		

Footnotes:

* Ratio of the 90 day prior surveillance period to the past 90 day 5 year rolling mean, or ratio of the year period prior surveillance period to the year period 5 year rolling mean.

NN = Not Notifiable, NEC = Not Elsewhere Classified

^ Other Bacterial Infections will be renamed to Other Notifiable Disease from FN14 and will also include data for RSV and iGAS which became nationally notifiable on 1 July 2021.

The data in this report are reliant on the provision of data from states and territories to the Australian Government Department of Health. Backlogs in notifications at the state or territory level may contribute to delays in reporting to the NNDSS. Notifications for some high volume conditions are only uploaded quarterly by some jurisdictions, which can result in apparent large variability over time. The NNDSS is a dynamic dataset, with data in this report representing data available on (07/07/2021). Data in this report are subject to retrospective revision and may vary from data reported in published NNDSS reports and reports of notification data by states and territories.