

National Communicable Diseases Surveillance Report
Fortnight 12, 2021 Summary Notes for Selected Diseases

07 June to 20 June 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](#).

Leptospirosis

In the past 12 months (21 June 2020 to 20 June 2021), there have been 216 cases of leptospirosis reported to the National Notifiable Diseases Surveillance System (NNDSS). This is higher than the mean number of cases reported for the historical five-year mean (n=119.2). In the past fortnight (7 June 2021 to 20 June 2021), seven cases of leptospirosis were notified compared to five cases in the same reporting period in the previous year. In the past quarter (23 March 2021 to 20 June 2021), 111 cases of leptospirosis were notified compared to the quarterly rolling five year mean of 36.2 notifications. Of the 111 cases notified in the past quarter, the highest number of notifications occurred in Queensland (52/111, 46.8%), followed by New South Wales (51/111, 45.9%) and Victoria (5/111, 4.5%). Increased mouse and rat populations following recent wet weather in eastern Australian may be a contributing factor leading to increased case notifications in some areas.

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 (23/03/2021 to 20/06/2021).*

²*The quarterly (90 day) five year rolling mean is the average of 5 intervals of 90 days up to 20/06/2021. 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 (21/06/2020 to 20/06/2021).*

⁴*The yearly (365 day) five year rolling mean is the average of 5 intervals of 365 days up to 20/06/2021. 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.

