

National Communicable Diseases Surveillance Report
Fortnight 06, 2020 Summary Notes for Selected Diseases
14 March to 27 March 2020

Infectious and congenital syphilis

Increases in infectious syphilis notifications are attributed to an on-going outbreak occurring in young 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 of Victoria (Vic) and New South Wales (NSW), and increases in non-Indigenous women residing in urban areas of Vic, NSW, Queensland (Qld) and Western Australia (WA).

Outbreak in remote Australia

In January 2011, an increase of infectious syphilis notifications among young (15-29 years) Aboriginal and Torres Strait Islander people was identified in the North West region of Qld, following a steady decline at a national level in remote communities. Subsequent increases in infectious syphilis notifications were reported in the Northern Territory (NT) in 2013, WA in 2014 and South Australia (SA) 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, 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 Vic and NSW.

Increases among non-Indigenous women

Since 2016, increases in notifications of infectious syphilis have been reported in non-Indigenous women aged predominately 20-39 years of age residing in urban areas of NSW, Vic, Qld and WA. As noted in the outbreak in remote Australia, increases in women of child-bearing age is of significant public health concern given the increased risk of congenital syphilis.

Influenza

In 2020 up to 27 March, there have been 19,381 laboratory confirmed influenza cases reported to the National Notifiable Diseases Surveillance System (NNDSS). In the reporting period between 14 March and 27 March 2020 there have been 2,087 confirmed influenza cases. This is higher than the 5 year mean for this period (n=1,087) but lower than the same period in 2019 (n= 5,296).

Testing practices for COVID-19 may affect the number of laboratory-confirmed influenza cases notified to the NNDSS. These effects may also differ by jurisdiction.

The Department of Health closely monitors national influenza activity throughout the year, including during the inter-seasonal period. The Australian Influenza Surveillance Reports for 2019 are available on 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.

¹*The past quarter (90 day) surveillance period includes the date range (29/12/2019 to 27/03/2020).*

²*The quarterly (90 day) five year rolling mean is the average of 5 intervals of 90 days up to 27/03/2020. 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 (28/03/2019 to 27/03/2020).*

⁴*The yearly (365 day) five year rolling mean is the average of 5 intervals of 365 days up to 27/03/2020. 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.

