National Communicable Diseases Surveillance Report

Fortnight 10, 2022 Summary Notes for Selected Diseases

02 May 2022 to 15 May 2022

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) predominately 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 largely 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.

For further information on national activities related to 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 (15/02/2022 to 15/05/2022).

²The quarterly (90 day) five year rolling mean is the average of 5 intervals of 90 days up to 15/05/2022. 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 (16/05/2021 to 15/05/2022).

⁴The yearly (365 day) five year rolling mean is the average of 5 intervals of 365 days up to 15/05/2022. 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.

ΛΓ	T EN10/2022											Notification received date												
AL	T FN10/2022		State or Territory													torical 9	Day Per	riod	Historical Yearly Period					
Disease group	Disease name	Disease code	ACT	NSW	Ł	Qid	SA		Vic	WA	This reporting period 02/05/2022	Previous reporting Period	Same reporting period last year 02/05/2021	Current year YTD 01/01/2022	Past Quarter 15/02/2022	Quarterly rolling 5 year mean	Ratio past quarter/5 year mean*	Exceeds quarterly rolling mean +2 SD by	Past Year 16/05/2021	Yearly rolling 5 year mean 16/05/2016	Ratio past year/5 year mean*	Exceeds yearly rolling mean +2 SD by		
	Hepatitis B (newly acquired)	039	-	_		_	-	-		-	15/05/2022	01/05/2022	15/05/2021 9	15/05/2022 16	15/05/2022 11	34.2	0.3		15/05/2022 69	15/05/2021 142.0	0.5	-		
Bloodborne diseases	Hepatitis B (unspecified)	052	4	88	-	44	1	3	74	23	237	161	183	1,858	1,322	1,393.4	0.9	-	5,013	5,592.8	0.9	-		
	Hepatitis C (newly acquired)	040	-	-	-	25	-	-	1	3	29	17	31	183	128	163.4	0.8	-	646	698.0	0.9	-		
	Hepatitis C (unspecified) Hepatitis D	053 050	- 2	88	- 1	94	- 3	- 4	45	25 1	262 5	191	271 3	2,115 30	1,560 21	2,288.2 15.2	0.7 1.4	-	6,382 87	9,033.4 72.6	0.7 1.2	-		
Gastrointestinal diseases	Botulism	045	-	-	-	-	-	-	-	-	-	-	-	2	1	-		1.0		1.2	4.2	2.1		
	Chalens	005	27	415	9	309	102	49	308	125	1,344	1,119	1,340	12,795	8,404	7,538.6	1.1	-	36,744	32,294.2	1.1	-		
	Cholera Cryptosporidiosis	008 061	- 4	22	3	33	- 8	-	35	12	117	80	91	784	553	0.4 1,192.6	2.5 0.5	-	1,881	1.2 3,168.6	1.7 0.6	-		
	Haemolytic uraemic syndrome (HUS)	055	-	-	-	-	-	-	-	-	-	1	-	2	2	4.2	0.5	-	6	15.0	0.4	-		
	Hepatitis A Hepatitis E	038 051	-	1	-	1	-	-	- 2	-	- 4	- 3	- 3	34 6		68.8 14.6	0.4	-	53 11	215.2 40.8	0.2	-		
	Listeriosis	018	-	1	1	1	-	-	1	-	4	6	2	36			1.8	-	64	60.4	1.1	-		
	Paratyphoid	080	-	-	-	-	-	-	-	-	-	4	-	16		24.8	0.6	-	20	69.0	0.3	-		
	Salmonellosis Shigellosis	030	5	113 13	17 2	150 8	25 3	12	80	21 5	423 34	492 34	363 13	4,822 302	3,369 220	4,349.6 482.8	0.8	-	10,198 588	14,402.8 2,029.2	0.7	-		
	STEC	054	-	3	-	-	12	1	4	5	25	27	16	285	198	159.2	1.2	9.5	663	559.8	1.2	-		
	Typhoid Fever	035	-	2	-	-	2	-	5	-	9	3	-	54	1	49.8	0.9	-	63	135.2	0.5	-		
Listed Human diseases	Avian influenza in humans (AIH) COVID-19	076 081	13,824	155,247	534	26,662	53,161	2,607	95,889	59,821	407,745	435,573	181	4,934,752	2,849,950	1,679.8	1,696.6	2,841,970.3	5,343,316	6,047.6	883.5	5,317,325.9		
	Middle East respiratory syndrome coronavirus (N	_	-	-	-	-	-	-	-	-	-	-	-	-	-	-		-	-	-		-		
	Plague Severe acute respiratory syndrome (SARS)	025 071	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		-		
	Smallpox	069	-	-	-	-	-	-	-	-	-	-	-	-		-		-	-	-		-		
	Viral haemorrhagic fever (NEC)	036	-	-	-	-	-	-	-	-	-	-	-	-	-	-		-	-	-		-		
Sexually transmissible infections	Yellow fever Chlamydial infection	041	- 73	1,051	32	889	229	- 53	862	408	3,598	2,835	3,620	31,887	22,917	25,188.0	0.9	-	- 85,602	99,767.6	0.9	-		
	Donovanosis	010	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.5	-	-	-	0.5	-		
	Gonococcal infection	011	12	483	21	227	81	12	224	129	1,189	1,175	1,081	11,349	7,956	7,765.4	1.0	-	27,491	30,134.8	0.9			
	Syphilis < 2 years Syphilis > 2 years or unspecified duration	066 067	-	54 4	2	37 5	10 2	1	45	27 9	209 68	179 69	257 66	1,870 697	1,269 487	1,373.4 473.0	0.9 1.0	-	5,575 1,713	5,308.8 1,899.8	1.1 0.9	-		
	Syphilis congenital	047	-	-	-	-	-	-	-	-	-	-	-	5	1	1.8	0.6	-	15	9.0	1.7	-		
Vaccine preventable diseases	Diphtheria Haemophilus influenzae type b	009 012	-	-	-	3	-	-	-	-	3	2	-	18	17	1.6 4.2	10.6 0.2	13.6	23 13	8.4 19.4	2.7 0.7	11.6		
	Measles	012	-	-	-	-	-	-	-	-	-	-	-	-	- 1	33.6	-	-	- 15	109.0	-	-		
	Meningococcal disease (invasive)	022	-	-	-	-	-	-	1	1	2	4	2	24			0.4	-	70	234.2	0.3	-		
	Mumps Pneumococcal disease (invasive)	043 065	-	- 19	- 2	5	- 5	-	- 12	- 11	1 54	50	- 57	360	5 251	101.0 300.4	0.0	-	17 1,295	433.6 1,812.6	0.0	-		
	Poliovirus infection	026	-	-	-	-	-	-	-	-	-	-	-	-	-	-		-	-	-		-		
	Rotavirus Rubella	077 029	- 1	11	1	28	14	2	2	14	73	- 65	51	801	454	533.6 4.4	0.9	-	2,896	4,078.4 10.4	0.7	-		
	Rubella congenital	046	-	-	-	-	-	-	-	-	-	-	-	-	-	- 4.4	-	-	-	- 10.4	0.2	-		
	Tetanus	033		-	-	-	-	-	-	-	-	-	-	-	-	1.4	-	-	2	4.4	0.5	-		
	Varicella zoster (chickenpox) Varicella zoster (shingles)	073 074	16	NN NN	12	- 8	73	- 19	41	51	24 220	36 242	78 391	402 2,954	275 1,894	699.0 3,178.4	0.4	-	1,656 9,200	3,634.0 12,973.8	0.5	-		
	Varicella zoster (unspecified)	075	1	NN	7	316	37	22	129	95	607	687	776	7,181	4,991	3,578.6	1.4	67.3	20,943	14,194.6	1.5	3,539.3		
	Influenza (laboratory confirmed)	062	370	5,787	305	3,387	520	36	3,459	39 4	13,903	3,986	25		19,657	13,756.8	1.4		20,189	145,717.8	0.1	-		
Respiratory diseases	Legionellosis Pertussis	015 024	- 1	- 8	-	11 -	2	- 1	8	1	35 10	22 9	23 20	229 167	153 111	125.2 1,933.6	1.2 0.1		556 513	454.0 10,640.8	1.2 0.0	-		
	RSV^	083	11	NN	-	1,459	28	NN	NN	14	1,512	623	-	4,220	3,508	-		3,508.0	5,686	-		5,686.0		
	Tuberculosis Barmah Forest virus infection	034 048	-	21	-	6 12	- 1	- 1	14	2	45 18	48 9	62 20	410 135		351.8 132.6	0.9		1,330 343	1,495.2 417.2	0.9	-		
	Chikungunya virus infection	078	-	1	-	-	-	-	-	1	2	2	-	9	7	11.0	0.6	-	10	69.8	0.1	-		
Vectorborne diseases	Dengue virus infection	003 001	-	5	-	2	-	-	3	1	11	4	-	34			0.1		43	983.8 22.6	0.0	-		
	Flavivirus infection (unspecified) Japanese encephalitis virus infection**	001	-	-	-	-	-	-	-	-	-	-	-	- 1	-	2.2	0.5	-	-	- 22.6	0.1	-		
	Malaria	020	1	1	-	1	-	-	1	1	5	9	2	42	36		0.5	-	87	307.8	0.3	-		
	Murray Valley encephalitis virus infection Ross River virus infection	049	-	- 34	-	- 31	- 6	-	- 15	- 11	- 97	- 73	- 195	- 2,127	1,336	0.2 1,972.0	0.7	-	3,284	0.2 4,634.6	5.0 0.7	-		
	West Nile/Kunjin virus infection	060	-	-	-	- 31	-	-	- 15	- 11		- 73	195	- 2,12/	1,336	1,972.0	- 0.7	-	3,284	4,634.6	- 0.7	-		
	Anthrax	058	-	-	-	-	-	-	-	-	-	-	-	-	-	-		-	-	-		-		
	Australian bat lyssavirus infection Brucellosis	063 004	-	-	-	- 1	-	-	-	-	- 1	-	- 1	- 4	- 2	3.8	0.5	-	- 16	19.0	0.8	-		
	Leptospirosis	017	-	-	-	4	-	-	-		4	8	30	61			0.8		184	152.4	1.2			
Zoonoses	Lyssavirus infection (NEC)	064	-		-	-	-	-	-	-	-	-	-	-	-	-		-	-	-		-		
	Ornithosis Q fever	023 027	-	2	-	1 9	-	-	-	-	2 11	- 12	3 28	3 152			0.4	-	34 440	29.2 523.2	1.2 0.8	-		
	Rabies	028	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0	-	-	-	0.0	-		
	Tularaemia	070	-	-	-	-	-	-	-	-	-	-	-	- 221	-	0.2	-	- 152.6	- 420	0.4	-	- 424.2		
Other notifiable diseases	iGAS^ Leprosy	082 016	-	NN -	- 3	- 7	- 3	NN -	NN -	- 8	21	- 33	- 2	221	157	0.8 1.6	196.3	153.6	439 12	1.2	365.8 1.2	434.2		
	200,000	010	14,355	163,479	956	33,779	54,336	2,823	101,358	60,876	431,963	447,900	9,296	5,043,169		1.0			5,595,493	10.0	1.2	ļ		

^{**} Japanese encephalitis virus (JEV) cases are reported separately on the JEV outbreak webpage, accessible at: https://www.health.gov.au/health-alerts/japanese-encephalitis-virus-jev/about

A RSV and iGAS were listed as nationally notifiable diseases as of 1 July 2021. However, notification not represented here do not represent a national picture, as these conditions are not yet may contribute to delays in reporting to the NNDSS. Notifications for some high volume conditions are not yet leads 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 (23/05/2022). 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.