## **National Communicable Diseases Surveillance Report**

## Fortnight 12, 2022 Summary Notes for Selected Diseases

## 30 May 2022 to 12 June 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.

<sup>1</sup>The past quarter (90 day) surveillance period includes the date range (15/03/2022 to 12/06/2022).

<sup>2</sup>The quarterly (90 day) five year rolling mean is the average of 5 intervals of 90 days up to 12/06/2022. 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 (13/06/2021 to 12/06/2022).

<sup>4</sup>The yearly (365 day) five year rolling mean is the average of 5 intervals of 365 days up to 12/06/2022. 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.

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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

<sup>\*\*</sup> 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

<sup>++</sup> On 1 June 2022, 'monkeypox virus infection' was listed for a period of 6 months on the National Notifiable Diseases List (NNDL) under the provisions of the National Health Security Act 2007. During the 6 month period a formal review will be undertaken to determine whether to list 'monkeypox virus infection' permanently on the NNDL.

A RSV and iGAS were listed as nationally notifiable diseases as of 1 July 2021. However, notification numbers presented here do not represent a national july actions, 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 (20/06/2022). 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.