National Communicable Diseases Surveillance Report

Fortnight 15, 2022 Summary Notes for Selected Diseases

11 July 2022 to 24 July 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.

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 https://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-syphilis.htm

Legionellosis

In the past 12 months (25 July 2021 to 24 July 2022), there have been 626 cases of legionellosis 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=454.0). In the past fortnight (11 July 2022 to 24 July 2022), 22 cases of legionellosis were notified compared to 11 cases in the same reporting period in the previous year. Of the 22 cases reported in the past fortnight, 17 cases have had species identification reported, with nine cases identified as Legionella pneumophila (53%) and eight cases identified as Legionella longbeachae (47%). It is difficult to determine the extent to which the increase in legionellosis notifications is associated with increased testing of individuals with influenza-like symptoms or pneumonia in response to COVID-19, or other factors

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 (26/04/2022 to 24/07/2022).

[2]The quarterly (90 day) five year rolling mean is the average of 5 intervals of 90 days up to 24/07/2022. 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 (25/07/2021 to 24/07/2022).

[4]The yearly (365 day) five year rolling mean is the average of 5 intervals of 365 days up to 24/07/2022. 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.