

National Communicable Diseases Surveillance Report

Fortnight 25, 2025 Summary Notes for Selected Diseases 24th November 2025 to 7th December 2025

Infectious and congenital syphilis

On 7 August 2025, the Chief Medical Officer declared syphilis a [Communicable Disease Incident of National Significance \(CDINS\)](#). The CDINS will bring together national efforts to coordinate an enhanced national response to syphilis, working closely with the states and territories and other key stakeholders, to work on key actions in the [National Syphilis Response Plan](#).

Declaration of a syphilis CDINS follows continued reporting of infectious syphilis notifications at high levels across Australia, including among women* of reproductive age (15-44 years). Increases among women have coincided with continued reporting of congenital syphilis cases and in some instances infant death resulting from infection. Detailed analysis of infectious and congenital syphilis trends in Australia are reported quarterly in the [National syphilis surveillance reports](#).

Influenza summary

Influenza is a common and highly contagious respiratory infection that can cause mild to severe illness. Person-to-person transmission most commonly occurs by breathing in respiratory droplets containing the influenza virus. In the past 12 months (8 December 2024 – 7 December 2025), there have been 477,517 cases of influenza notified to the National Notifiable Diseases Surveillance System (NNDSS). This is 2.6 times higher than the yearly mean for the rolling 5-year period (n= 181,885 from 8 December 2019 to 7 December 2024). In 2025, there has been elevated interseasonal activity from January–April, a prolonged June–August peak, and a slower decline in notifications across September–October than prior seasons. Influenza cases notified have increased consistently each week since late October, which is unusual for this time of year. Several factors may be contributing to this out-of-season increase. The main driver is most likely influenza A(H3N2), in particular a new subclade of clade 2a.3a.1 called subclade K. Other factors could be contributing to the general increase in notifications across 2025 including, but not limited to, improved diagnostic capacity, increased testing, increased vaccine hesitancy or lower vaccine coverage, and reduced compliance with non-mandated public health and social measures since the COVID-19 health emergency response ended. Trends in influenza notifications continue to be monitored and reported in the [Australian Respiratory Surveillance Report series](#).

Leprosy summary

Leprosy (also known as Hansen's disease) is a very slow growing bacterial infection that affects the skin, nerves, and mucous membranes. The bacteria, *Mycobacterium leprae*, does not transmit easily, it is transmitted via droplets from the nose and mouth during close and frequent contact with an infectious person. In the past 12 months (8 December 2024 – 7 December 2025), there have been 21 cases of leprosy notified to the National Notifiable Diseases Surveillance System (NNDSS). This is higher than the mean of 9.6 for the rolling 5-year period (8 December 2019 – 7 December 2024). From 1 January 2025 – 7 December 2025, there have been 21 cases of leprosy notified (5 reported in NSW, 5 in QLD, 4 in VIC, 3 in WA, 2 in NT and 2 in SA) equal to the highest annual total (2016) since commencement of the NNDSS in 1991.

Q Fever summary

Q fever is a bacterial infection that can cause a severe flu-like illness. The bacteria are spread from animals, mainly cattle, sheep and goats. In the past 12 months (8 December 2024 – 7 December 2025), there have been 934 cases of Q fever notified to the National Notifiable Diseases Surveillance System (NNDSS). This is higher than the mean of 578.8 for the rolling 5-year period (8

December 2019 – 7 December 2024). In the past 3 months (9 September 2025 – 7 December 2025), there have been 227 cases of Q fever notified. In this reporting period (24 November 2025 – 7 December 2025), 38 cases of Q fever have been notified (20 in New South Wales, 13 in Queensland, 2 in Western Australia, 1 in the Australian Capital Territory, 1 in South Australia and 1 in Victoria). The increase in notifications has largely been driven by increases in Queensland and New South Wales, although other states have also seen increases. The reason for the increase in notifications is not clear but includes changes in testing in Queensland.

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 (09/09/2025 to 07/12/2025).

²The quarterly (90 day) five year rolling mean is the average of 5 intervals of 90 days up 07/12/2025. 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 (08/12/2024 to 07/12/2025).

⁴The yearly (365 day) five year rolling mean is the average of 5 intervals of 365 days up to 07/12/2025. 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.

*The term 'women' is used, but it is acknowledged that this may also include people with a uterus who are non-female identifying.