

National Communicable Diseases Surveillance Report

Fortnight 2, 2026 Summary Notes for Selected Diseases 5th January 2026 to 18th January 2026

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 (19 January 2025 – 18 January 2026), there have been 504,106 cases of influenza notified to the National Notifiable Diseases Surveillance System (NNDSS). This is 2.8 times higher than the yearly mean for the rolling 5-year period (n= 183,187 from 19 January 2020 to 18 January 2025), noting that this period includes the years 2020 and 2021 when public health restrictions associated with the COVID-19 pandemic disrupted influenza circulation. In 2025, there was elevated interseasonal activity from January–April, a prolonged June–August peak, and a slower decline in notifications across September–October than in prior seasons. Notified influenza cases then increased consistently each week from late October to mid-December 2025, which was unusual for that time of year. Several factors may have contributed to the out-of-season increase observed in late 2025. The main driver is most likely influenza A(H3N2), particularly a new subclade of clade 2a.3a.1 called subclade K. Other factors could have contributed to the general increase in notifications across 2025 including, but not limited to, improved diagnostic capacity, increased testing, increased vaccine hesitancy or low 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.

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 (21/10/2025 to 18/01/2026).

²The quarterly (90 day) five year rolling mean is the average of 5 intervals of 90 days up 18/01/2026. 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 (19/01/2025 to 18/01/2026).

⁴The yearly (365 day) five year rolling mean is the average of 5 intervals of 365 days up to 18/01/2026. 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.