

National Communicable Diseases Surveillance Report - Fortnight 6, 2026

Summary Notes for Selected Diseases 2nd March 2026 to 15th March 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](#).

Diphtheria update

During the past fortnight, 12 cases of diphtheria were notified to the National Notifiable Diseases Surveillance System (NNDSS) in Australia. Of these, 10 were reported in the Northern Territory and 2 in Western Australia. There has been a total of 25 cases of diphtheria notified in 2026. Most cases were classified as cutaneous (skin) diphtheria, with one case classified as respiratory diphtheria.

Measles update

During the fortnightly reporting period (up to 15 March 2026), 14 cases of measles were notified to the NNDSS in Australia. Of these, 7 were reported in New South Wales, 4 in Victoria, 2 in South Australia, and 1 in Western Australia. There has been a total of 75 cases of measles notified in 2026. Most cases continue to occur in people who are under-vaccinated or have an unknown vaccination status, particularly among those who have recently travelled overseas and their contacts. Internationally, there has been a global resurgence of measles, including in countries with frequent travel connections to Australia. This increases the risk of imported cases and highlights the importance of vaccination.

Since the end of the reporting period, a further 8 measles cases have been reported (up to 23 March 2026): 4 in New South Wales, 3 in Queensland, and 1 in Western Australia. In response, states and territories have issued public health alerts identifying potential exposure locations and providing advice to support the early identification and management of additional cases.

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 (16/12/2025 to 15/03/2026).

²The quarterly (90 day) five year rolling mean is the average of 5 intervals of 90 days up 15/03/2026. 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 (16/03/2025 to 15/03/2026).

⁴The yearly (365 day) five year rolling mean is the average of 5 intervals of 365 days up to 15/03/2026. 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.