

National Communicable Diseases Surveillance Report

Fortnight 17, 2025 Summary Notes for Selected Diseases 4 August 2025 to 17 August 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](#).

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 (18 August 2024 – 17 August 2025), there have been 959 cases of Q fever notified to the National Notifiable Diseases Surveillance System (NNDSS). This is higher than the mean of 556.8 for the rolling 5-year period (18 August 2019 – 17 August 2024). In the past 3 months (20 May 2025 – 17 August 2025), there have been 192 cases of Q fever notified. In this reporting period (4 August 2025 – 17 August 2025), 27 cases of Q fever have been notified (15 in Queensland, 9 in New South Wales, 2 in South Australia and 1 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 (20/05/2025 to 17/08/2025).

2The quarterly (90 day) five year rolling mean is the average of 5 intervals of 90 days up 17/08/2024. 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 (18/08/2024 to 17/08/2025).

4The yearly (365 day) five year rolling mean is the average of 5 intervals of 365 days up to 17/08/2024. 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.