

National Communicable Diseases Surveillance Report
Fortnight 13, 2025 Summary Notes for Selected Diseases
9 June 2025 to 22 June 2025

Infectious and congenital syphilis

Infectious syphilis notifications continue to be reported at high levels across Australia. Detailed analysis of infectious and congenital syphilis trends in Australia are reported quarterly in the [National syphilis surveillance reports](#).

Syphilis response

The CDNA and BBV STI Standing Committee (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, including the [Don't fool around with syphilis](#) campaign, refer to the [National Response to Syphilis](#) webpage on the Department's website.

Measles summary

In the past 12 months, there have been 99 cases of measles reported to the National Notifiable Diseases Surveillance System (NNDSS) in Australia, of which 58% were overseas acquired and 42% locally acquired. In the current reporting period (9 June 2025 to 22 June 2025), there have been 5 cases compared to the previous reporting period (n = 0). From 1 January 2025 to 22 June 2025, there have been 84 cases including 42 locally acquired measles cases. Of the 42 cases acquired in Australia, 6 cases have been definitively linked with a case acquired overseas and 21 further cases have been definitively linked to other cases acquired in Australia. The majority of cases have been notified in Victoria (n=33), New South Wales (n=23) and Western Australia (n =20). There have been no cases notified in the ACT or Tasmania.

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 (23 June 2024 – 22 June 2025), there have been 935 cases of Q fever notified to the National Notifiable Diseases Surveillance System (NNDSS). This is higher than the mean of 547.2 for the rolling 5 year period (23 June 2019 – 22 June 2024). In the past 3 months (25 March 2025 – 22 June 2025), there have been 227 cases of Q fever notified. In this reporting period (9 June 2025 – 22 June 2025), 28 cases of Q fever have been notified (16 in Queensland, 10 in New South Wales, 1 in South Australia and 1 in Western Australia). 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.

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 (25/03/2025 to 22/06/2025).*

²*The quarterly (90 day) five year rolling mean is the average of 5 intervals of 90 days up to 22/06/2024. 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 (23/06/2024 to 22/06/2025).*

⁴*The yearly (365 day) five year rolling mean is the average of 5 intervals of 365 days up to 22/06/2024. 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.