
NSW Health

NSW Sexually Transmissible Infections Data Report

January to December 2024



Contents

Key Data	1
Notifications	1
Data note	1
Key Messages	2
Executive Summary	2
Summary infographics for 2024	4
Glossary of terms	5
1. Syphilis	6
1.1 Syphilis notifications	7
1.2 Infectious syphilis notifications among Aboriginal people	11
1.3 Antenatal syphilis testing	12
2. Gonorrhoea	13
2.1 Gonorrhoea notifications	14
2.2 Antimicrobial resistant gonorrhoea of public health concern	19
2.3 Gonorrhoea testing.....	20
3. Lymphogranuloma venereum (LGV)	21
3.1 LGV notifications	22
4. Mpox	24
4.1 Mpox notifications	25
4.2 Mpox vaccination	26
5. STIs among gay and bisexual men	27
6. STI prevention among young people	28
6.1 Condom use among young people with casual partners	28
Appendices	29
Appendix A: Data sources	29
Appendix B: Case definitions	30
Appendix C: Notification data tables	31
Appendix D: List of figures & tables.....	37

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We acknowledge the Traditional Custodians of the lands where we work and live. We celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of NSW.

We pay our respects to Elders past, present and emerging and acknowledge the Aboriginal and Torres Strait Islander people that contributed to the development of this STI Annual Data Report.



This artwork, titled Shared Journeys, was created by Charmaine Mumbulla. It features weaving lines of land and waterways found on Country throughout NSW. Together they symbolise connection and togetherness on a shared journey towards sexual health.

Key Data

Notifications

Condition	Population	2024	2023	Change from 2023 to 2024 (%)
Number of congenital syphilis notifications	All	3	4	NA
Infectious syphilis rates (per 100,000 population)	All	22.2	25.4	-12.6%
	Female	4.1	5.9	-30.5%
	Male	40.7	45.1	-9.8%
Gonorrhoea rates (per 100,000 population)	All	169.8	151.7	11.9%
	Female	66.9	64.0	4.5%
	Male	273.8	240.0	14.1%
Chlamydia rates (per 100,000 population)	All	352.0	382.5	-8.0%
	Female	317.4	344.1	-7.8%
	Male	385.9	420.1	-8.1%

Data note

This report includes data collected during the COVID-19 pandemic period, 2020-2022. Public health interventions during this time included the restriction of movement of people and changes to access to health services. These interventions and the broader impact of the pandemic and are likely to have changed people's sexual and testing behaviours and resulted in reductions to STI indicators over this period.

Key Messages

Executive Summary

In 2024, NSW reported a promising decline in the rate of infectious syphilis. In contrast the highest rate of gonorrhoea in the last decade was recorded.

The notification rate of infectious syphilis was 22.2 notifications per 100,000 population in 2024, a 12.6% decline from 25.4 notifications per 100,000 population observed in 2023. The 2024 rate was 0.9% above the NSW Sexually Transmissible Infections Strategy 2022–2026 (the Strategy) target of 22.0 notifications per 100,000 population. The male rate at 40.7 notifications per 100,000 males was 2.6% below the Strategy target of 41.8 notifications per 100,000 males.

Most infectious syphilis notifications were among males, particularly men who have sex with men (MSM). However, in the past decade the rate of infectious syphilis in females has increased by more than 700%. In 2024, 9.4% of notifications were in females at a rate of 4.1 notifications per 100,000 females. This rate was 27.7% above the 2026 Strategy target. The ratio of male to female notifications has substantially decreased from 40.7 in 2015 to 9.8 in 2024 and highlights the increasing burden of infectious syphilis in the female population. Among the 133 notifications in females of reproductive age, 12 were pregnant at the time of syphilis diagnosis (11.1%) and three cases of congenital syphilis were notified in 2024.

In response to increasing congenital cases over the last five years, NSW Health implemented a revised schedule for antenatal screening in the [Policy Directive: Syphilis in Pregnancy and Newborns \(PD2023_029\)](#), released in 2023. In addition to syphilis antenatal testing in the first trimester of pregnancy, all pregnant women in NSW are to be tested in the second trimester (26-28 weeks), with additional testing for pregnant women at higher risk of infection. NSW Health is committed to improving early access to testing and treatment before and during pregnancy to prevent mother-to-child transmission of syphilis.

The notification rate of gonorrhoea increased by 11.9% between 2023 and 2024, with 169.8 notifications per 100,000 population. The 2024 rate was 37.9% above the 2026 Strategy target of 123.1 notifications per 100,000 population. Notifications remained concentrated around metropolitan Sydney, particularly in South Eastern Sydney and Sydney Local Health Districts (LHD), which are areas in which greater concentrations of MSM reside. In other metropolitan areas, Northern Sydney LHD reported the largest increase in notifications compared to 2023.

The total number of gonorrhoea tests performed in 2024 remained stable (0.9% increase) compared to 2023, yet the notification to test ratio increased to 1.6 notifications per 100 gonorrhoea tests, representing a 14.3% increase compared to 2023. The increase in the notification to test ratio suggests increases in gonorrhoea transmission.

In 2024, there were 48 notifications of antimicrobial resistant (AMR) gonorrhoea of public health concern displaying partial resistance to first line antibiotics. All notifications of gonorrhoea with high-level resistance to azithromycin were reported in MSM, while 68% of notifications for gonorrhoea with decreased susceptibility to ceftriaxone were reported in heterosexuals. Local acquisition accounted for 81.3% of notifications. NSW Health published the revised [Appendix D: Standard Operating Procedure: Antimicrobial resistant gonococcal infections of public health significance](#) in response to the increasing number of locally acquired AMR gonorrhoea notifications.

NSW Sexually Transmissible Infections Strategy Targets 2022 – 2026

Prevent

new infections through new and existing methods, education and health promotion

Target	Baseline	2024	2026 Target
Sexually active young people (<30 years) use condoms with casual partners	57.0% [†]	73.0%	75.0%
5% reduction in notification rates of infectious syphilis and gonorrhoea by 2026			
<u>Infectious syphilis (notifications per 100,000 population)</u>	23.2 [†]	22.2	22.0
<u>Gonorrhoea (notifications per 100,000 population)</u>	129.6 [†]	169.8	123.1

Test

Often, normalise testing, and promote innovative testing models

<u>100% of pregnancies are screened for syphilis at least once*</u>	95.0%	95.2%	100%
5% increase each year in comprehensive STI testing in the target priority populations MSM, sex workers, transgender and gender diverse people, and Aboriginal people	-	This data point will be available in future reports	

Treat

STIs rapidly and effectively, and reduce onward transmission

<u>Eliminate congenital syphilis</u>	1 case [†]	3 cases	0 cases
95% of people diagnosed with infectious syphilis are treated within two weeks of being tested [^]	78.0%	82.0%	95.0%

Equity and Access

to services, reduce STI-related stigma, and remove barriers to seeking healthcare

<u>At least 90% of STI notifications have Aboriginal status specified</u>	86.6%	88.0% infectious syphilis	90.0%
75% reduction in reported experience of stigma related to STI service provision in healthcare settings	-	This data point will be available in future reports	

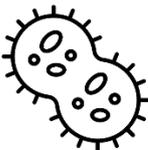
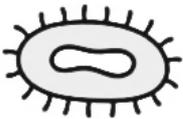
[†]The baseline is from Mao, L; Murray, J (2023). Play Safe Annual User Survey Report [unpublished raw data and report].

[†]The baseline represents the 2016-2019 peak, as reported in the 2021 STI Annual Data Report.

*Data source: Quality Improvement Data System MatIQ, Clinical Excellence Commission, NSW Health; data extracted 10 April 2024. Syphilis antenatal screening data is based on women who have given birth in NSW public hospitals that use eMaternity eMR. Data excludes all women who gave birth at private hospitals, public hospitals within Sydney and South Western Sydney Local Health Districts, or with privately practising midwives.

[^]Data source: NCIMS, NSW Health; data extracted 8 April 2025. Note: Year is based on calculated onset date. Excludes non-NSW residents. Numerator is based on appropriate treatment (benzathine penicillin or doxycycline) and treatment date within 0 to 14 days of earliest specimen date. Denominator excludes notifications where treatment date was missing (N=841, 45.7%).

Summary infographics for 2024

Infectious syphilis 	1,840 notifications ↓ 12.6% decrease in notification rate compared to 2023 9.4% female  90.5% male  95.2% 1 st & 71.5% 2 nd for antenatal trimester screen  12 pregnant women of reproductive age  3 congenital cases 
Gonorrhoea 	14,046 notifications ↑ 11.9% increase in notification rate compared to 2023 19.9% female  79.8% male  Stable testing compared to 2023
Chlamydia 	29,115 notifications ↓ 8.0% decrease in notification rate compared to 2023 45.2% female  54.3% male  ↑ 7.0% increase in testing compared to 2023
LGV (chlamydia serovars L1-L3) 	39 notifications ↓ 33.3% decrease in male notification rate compared to 2023 100.0% male 
Mpox 	731 notifications 0.4% female  99.6% male  11,373 vaccinations (7,809 individuals) 

Glossary of terms

ABS	Australian Bureau of Statistics
AMR	Antimicrobial resistant
AST	Antimicrobial susceptibility testing
GBM	Gay and bisexual men
HIV	Human immunodeficiency virus
LGV	<i>Lymphogranuloma venereum</i>
LHD	Local Health District
MSM	Men who have sex with men
NAAT	Nucleic acid amplification testing
NCIMS	Notifiable Conditions Information Management System
NSW	New South Wales
PFSHC	Publicly Funded Sexual Health Clinics
PrEP	Pre-exposure prophylaxis
SAPHaRI	Secure Analytics for Population Health Research and Intelligence
STI	Sexually Transmissible Infection
ToC	Test of Cure

1. Syphilis

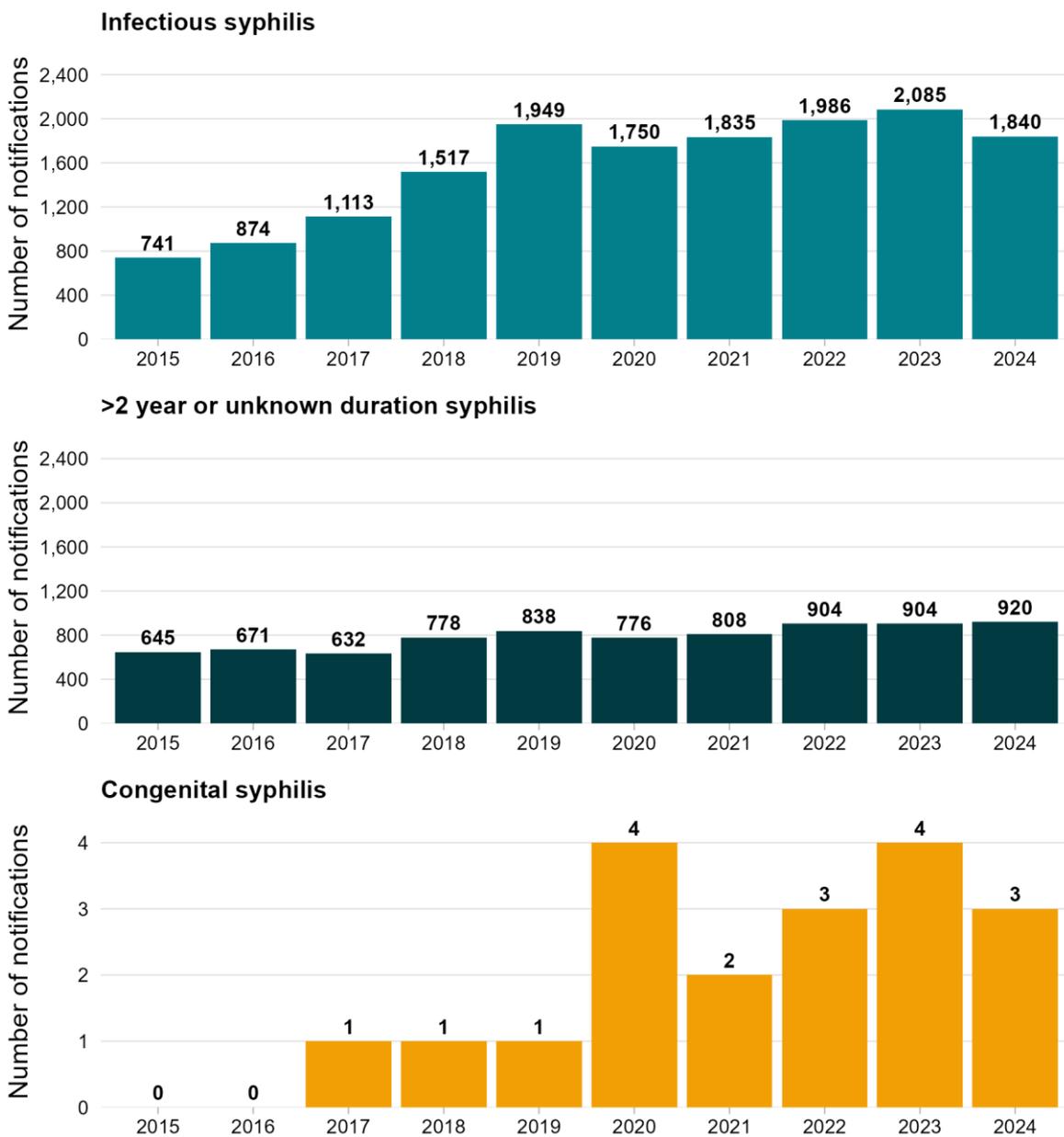
Prevention, testing and appropriate treatment and management including partner notification are the cornerstones of syphilis control and are embedded in the current STI strategy. Syphilis notification data does not reflect the true incidence of syphilis infection as it only represents a proportion of infections in the population that have been tested and diagnosed. However, it is useful for monitoring trends in diagnosed infections.

Syphilis is a notifiable disease under the *NSW Public Health Act 2010*. A confirmed or probable infectious syphilis case requires laboratory evidence or a combination of laboratory, clinical and epidemiological evidence (see Appendix B: Case definitions for full details). Only probable and confirmed cases of infectious syphilis and confirmed cases of syphilis of greater than 2 years or unknown duration are included when reporting syphilis notifications. Enhanced surveillance information is routinely collected for people notified with syphilis which includes demographic, testing, treatment and risk exposure information.

1.1 Syphilis notifications

In 2024 there were 1,840 infectious syphilis notifications and 920 notifications of syphilis > 2 years or unknown duration (Figure 1). Three congenital syphilis cases were notified in 2024. Among the 19 cases of congenital syphilis reported since 2017, five deaths (including stillbirths) were associated with congenital syphilis. Congenital syphilis is an entirely preventable disease, and new cases represent a failure of the health services that deliver antenatal care and implement syphilis control programs. In NSW, all cases of congenital syphilis are investigated to identify and remedy gaps in service delivery.

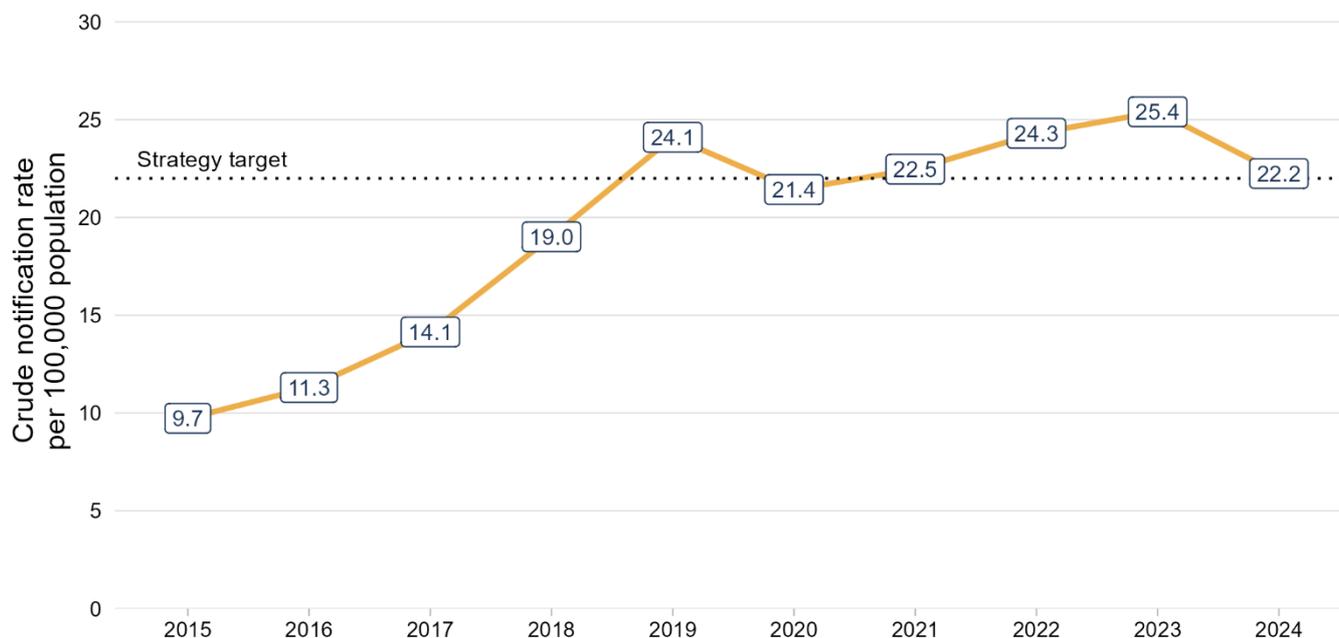
Figure 1: Number of syphilis notifications by classifications, NSW, 2015 – 2024



Data source: NCIMS (via SAPHaRI), NSW Health; data extracted 8 April 2025. Note: Excludes non-NSW residents. Year is based on calculated onset date.

The infectious syphilis notification rate in 2024 was 22.2 notifications per 100,000 population (Figure 2). This represents a 12.6% decrease in the notification rate from 2023, but is still more than twice the rate in 2015, which was 9.7 notifications per 100,000 population. The 2024 infectious syphilis rate is 0.9% above the Strategy target of 22.0 notifications per 100,00 population.

Figure 2: Infectious syphilis notification rate, NSW, 2015 – 2024



Data source: NCIMS, NSW Health and population projections, Department of Planning, Housing and Infrastructure (via SAPHaRI). Data extracted 8 April 2025. Note: Excludes non-NSW residents. Year is based on calculated onset date.

The Strategy Target is the infectious syphilis target rate from the NSW Sexually Transmissible Infections Strategy 2022 – 2026 and represent a 5% decrease from the 2016-2019 peak rate.

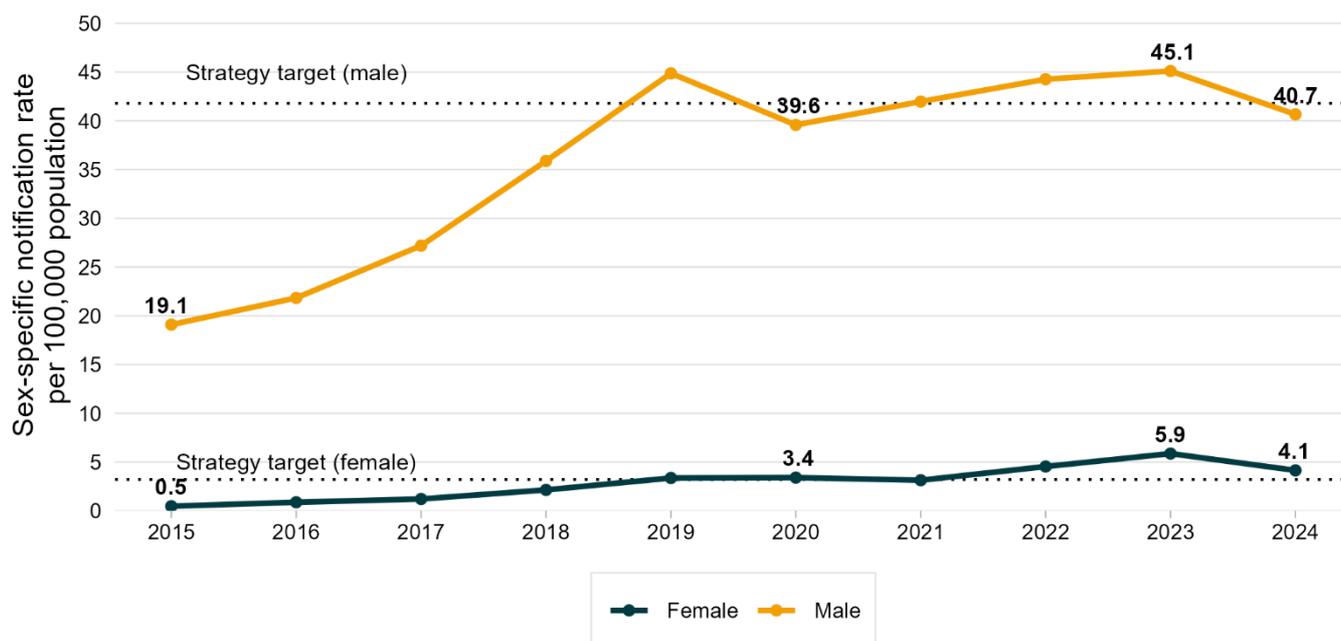
Females accounted for 9.4% (N=173) of infectious syphilis notifications in 2024, while the majority were reported in males (N=1,665, 90.5%). Sex was inadequately described for two notifications. Compared to 2023, females represented a smaller proportion of infectious syphilis notifications (2023: N=243, 11.7%).

The median age of female infectious syphilis cases was 32 years in 2024 and ranged between 29–32 years since 2015. The median age of males was 37 years and ranged between 26-37 years.

In 2024, the female infectious syphilis rate decreased by 30.5% from 5.9 to 4.1 notifications per 100,000 females (N=243 to N=173) (Figure 3). In 2024, the female rate was 27.7% above the Strategy target rate of 3.21 notifications per 100,000 females. The male infectious syphilis rate decreased by 9.8% compared with 2023 to 40.7 notifications per 100,000 males (N=1,834 to N=1,665). This rate was 2.6% below the Strategy target rate of 41.8 notifications per 100,000 males.

Whilst the number of infectious syphilis notifications in females remains relatively small, the ratio of male to female notifications has substantially decreased from 40.7 in 2015 to 9.8 in 2024, highlighting the increasing burden of infectious syphilis among females in NSW (Table 1).

Figure 3: Sex specific infectious syphilis notification rates, NSW, 2015 – 2024



Data source: NCIMS, NSW Health and population projections, Department of Planning, Housing and Infrastructure (via SAPHaRI). Data extracted 8 April 2025. Note: Excludes non-NSW residents and persons whose sex was not reported. Year of onset is based on calculated onset date. The sex specific infectious syphilis targets are from the NSW Sexually Transmissible Infections Strategy 2022 – 2026 and represent a 5% decrease from the 2016-2019 peak rate.

Table 1: Infectious syphilis notification rates by sex at birth per 100,000 population and ratio of male to female rates, NSW, 2015 – 2024

Year	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Female rate per 100,00 females	0.5	0.9	1.2	2.1	3.4	3.4	3.1	4.5	5.9	4.1
Male rate per 100,000 males	19.1	21.8	27.2	35.9	44.9	39.6	42.0	44.3	45.1	40.7
Ratio of male to female notification rates	40.7	25.0	22.5	16.8	13.3	11.6	13.4	9.8	7.7	9.8

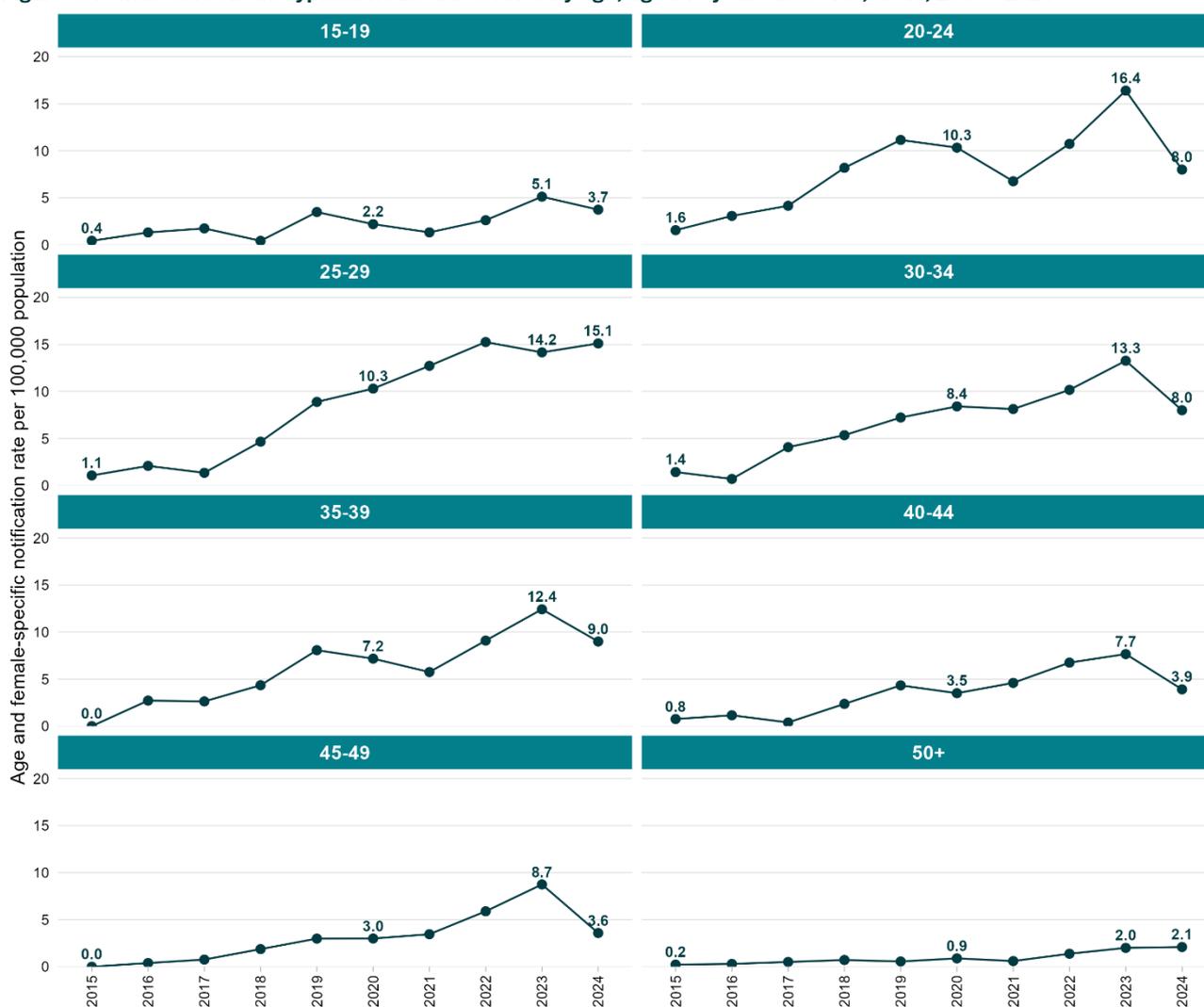
Infectious syphilis rates among females have increased over the past 10 years for all age groups (Figure 4). These increasing rates in women of reproductive age (15–45 years) are concerning due to the potential risk of congenital syphilis.

In 2024, the infectious syphilis rate was highest among females aged 25–29 years and increased 6.4% compared to 2023 (14.2 notifications per 100,000 females, N=39 to 15.1 notifications per 100,000 females, N=41).

When compared to 2023, rate decreases were reported for the majority of females age groups, 15–19 years (27.4%, 5.1 notifications per 100,000 females, N=12 to 3.7 notifications per 100,000 females, N=9), 20–24 years (51.2%, 16.4 notifications per 100,000 females, N=39 to 8.0 notifications per 100,000 females, N=19), 30–34 years (39.8%, 13.3 notifications per 100,000 females, N=40 to 8.0 notifications per 100,000 females, N=24), 35–39 years (27.4%, 12.4 notifications per 100,000 females, N=37 to 9.0 notifications per 100,000 females, N=27), 40–44 years (49.4%, 7.7 notifications per 100,000 females, N=21 to 3.9 notifications per 100,000 females, N=11) and 45–49 years (58.6%, 8.7 notifications per 100,000 females, N=22 to 3.6 notifications per 100,000 females, N=9).

Note: As the number of infectious syphilis notifications are small, trends should be interpreted with caution.

Figure 4: Female infectious syphilis notification rates by age, aged 15 years and over, NSW, 2015 – 2024



Data source: NCIMS, NSW Health and population projections, Department of Planning, Housing and Infrastructure (via SAPHaRI). Data extracted 8 April 2025. Note: Excludes non-NSW residents and persons whose sex was not reported. Year is based on calculated onset date.

Among males, infectious syphilis rates continued to be highest among those aged 30–34 years (103.0 notifications per 100,000 males, N=306), followed by 35–39 years (97.2 notifications per 100,000 males, N=282), however rates in both groups decreased compared to 2023 (20.4%, 129.5 notifications per 100,000 males, N=385 to 103.0 notifications per 100,000 males, N=306 and 3.7%, 100.9 notifications per 100,000 males, N=292 to 97.2 notifications per 100,000 males, N=282) (Figure 5).

Rate decreases were also observed in 15–19 years (1.4%, 7.2 notifications per 100,000 males, N=18 to 7.1 notifications per 100,000 males, N=18), 20–24 years (19.2%, 53.5 notifications per 100,000 males, N=136 to 43.2 notifications per 100,000 males, N=109), 25–29 years (9.8%, 97.4 notifications per 100,000 males, N=278 to 87.9 notifications per 100,000 males, N=248), 40–44 years (10.8%, 83.5 notifications per 100,000 males, N=226 to 74.4 notifications per 100,000 males, N=206) and 50-years and over (5.6%, 25.4 notifications per 100,000 males, N=359 to 24.0 notifications per 100,000 males, N=344)

A small rate increase was observed in 45–49 years in males compared to 2023 (9.8% from 56.1 to 61.6 per 100,000 males, N=139 to N=152).

Figure 5: Male infectious syphilis notification rates by age, aged 15 years and over, NSW, 2015 – 2024



Data source: NCIMS, NSW Health and population projections, Department of Planning, Housing and Infrastructure (via SAPHaRI). Data extracted 8 April 2025. Note: Excludes non-NSW residents and persons whose sex was not reported. Year is based on calculated onset date.

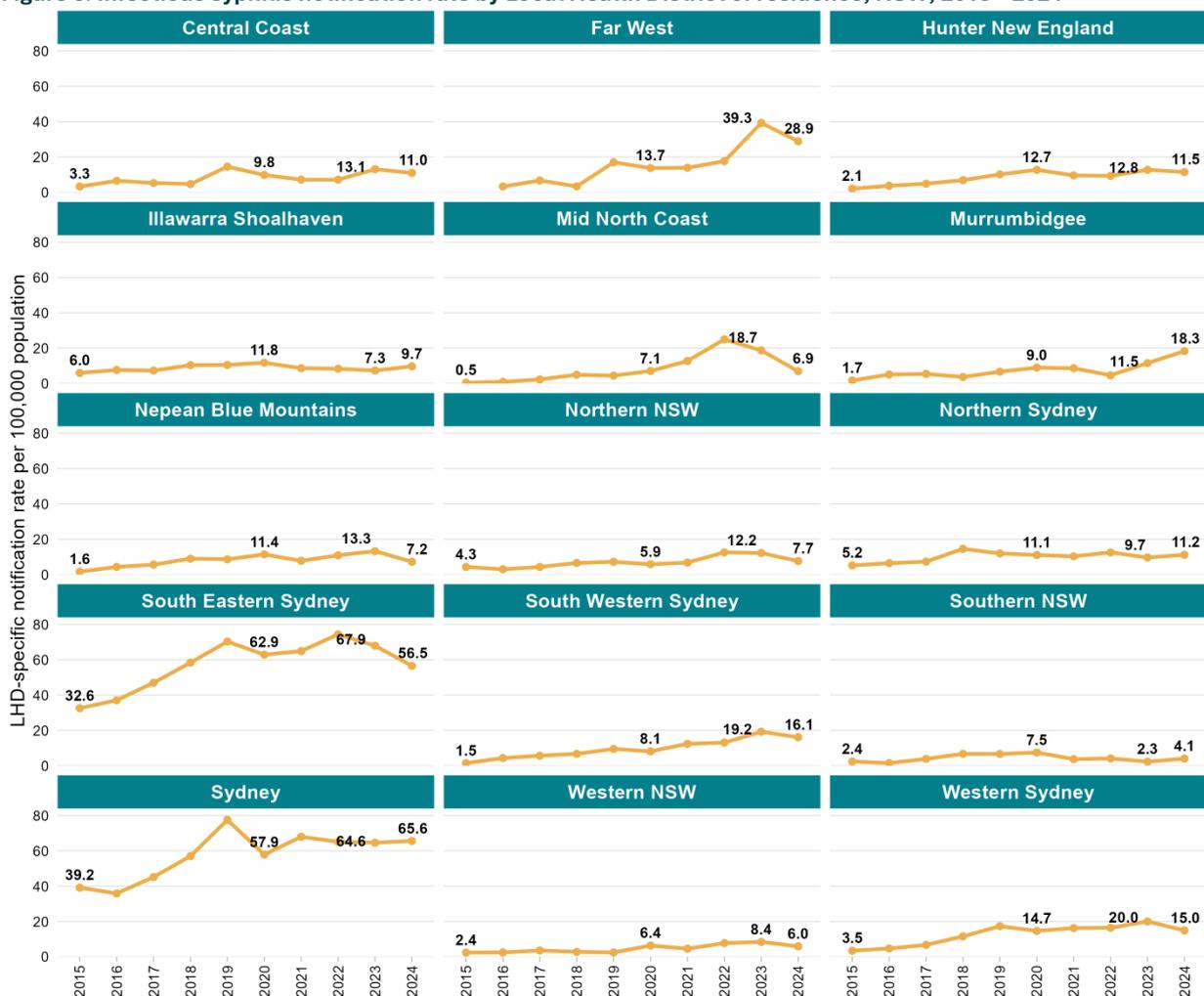
In 2024, the highest infectious syphilis notification rates continued to be in Sydney and South Eastern Sydney LHDs (65.6 and 64.3 notifications per 100,000 population, respectively). The rate increased 1.5% in Sydney LHD (64.6 to 65.6 per 100,000 population, N=448 to N=457) and decreased 16.8% in South Eastern Sydney LHD (67.9 to 56.5 per 100,000 population, N=630 to N=525) (Figure 6). It should be noted that MSM populations are unequally distributed among LHDs and continuing high infectious syphilis notification rates among males in the Sydney and South Eastern Sydney LHDs are likely to reflect the larger populations of MSM in these areas (Figure 7).

The largest increases in the infectious syphilis notification rates in 2024 compared with 2023 occurred in regional LHDs, 78.3% in Southern NSW (2.3 to 4.1 per 100,000 population, N=5 to N=9) and 59.1% in Murrumbidgee (11.5 to 18.3 per 100,000 population, N=35 to N=56), followed by metropolitan LHDs, 32.9% in Illawarra Shoalhaven (7.3 to 9.7 per 100,000 population, N=32 to N=43) and 15.5% in Northern Sydney (9.7 to 11.2 per 100,000 population, N=93 to N=108). Note that rates in areas with small annual notification numbers can fluctuate and should be interpreted with caution.

Ten of fifteen LHDs reported rate decreases ranging between -63.1% to -10.2%.

In 2022, the Mid North Coast LHD declared an outbreak of infectious syphilis concentrated predominately in heterosexuals. In 2024, the rate continued to decrease from the peak observed in 2022 (25.0 to 6.9 per 100,000 population, N=57 to N=16, 72.4%).

Figure 6: Infectious syphilis notification rate by Local Health District of residence, NSW, 2015 – 2024



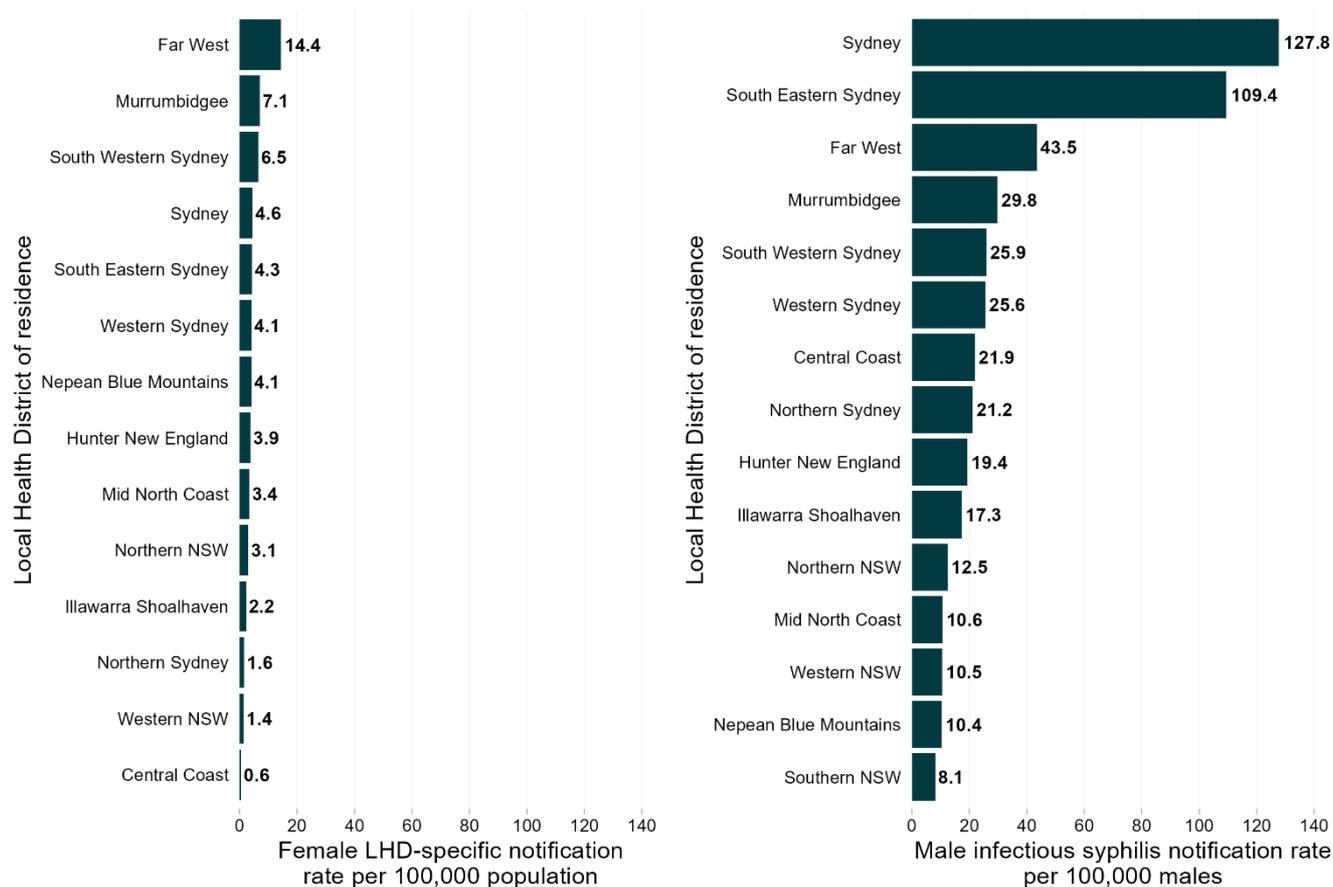
Data source: NCIMS, NSW Health and population projections, Department of Planning, Housing and Infrastructure (via SAPHaRI). Data extracted 8 April 2025. Note: Excludes non-NSW residents and notifications from Justice Health. Year is based on calculated onset date. See Appendix C Table 7 for a detailed overview of total notification numbers by LHD. See Appendix C Table 9 for an overview of notification rates for the last five year for each Local Health District.

In 2024, the highest infectious syphilis rates in females were in Far West and Murrumbidgee LHDs (Figure 7). Compared to 2023, the female rate in Far West decreased from 42.8 to 14.4 notifications per 100,000 females (N=6 to N=2), while the Murrumbidgee rate increased from 3.3 to 7.1 notifications per 100,000 females (N=5 to N=11) (data not shown).

In males, the highest infectious syphilis rates continue to be in the Sydney and South Eastern Sydney LHDs with 127.8 and 109.4 notifications per 100,000 males (N=441 and N=504) (Figure 7). Continuing high notification rates among males in the Sydney and South Eastern Sydney LHDs reflect large concentrations of MSM in these areas. These populations also have a high uptake of pre-exposure prophylaxis (PrEP) for HIV¹. Persons on PrEP are regularly tested for STIs and are likely to have higher ascertainment of infection.

Note that rates in areas with small annual notification numbers can fluctuate and should be interpreted with caution.

Figure 7: Infectious syphilis notification rates by sex and Local Health District, NSW, January – December 2024



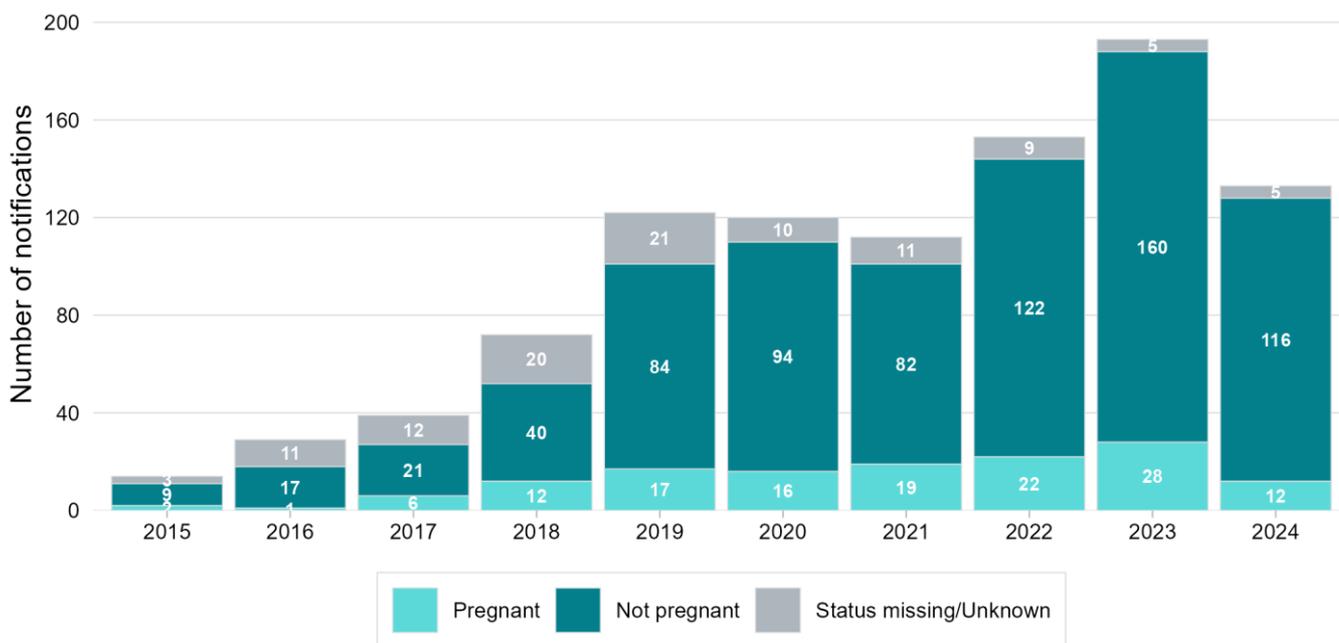
Data source: NCIMS, NSW Health and population projections, Department of Planning, Housing and Infrastructure (via SAPHaRI). Data extracted 8 April 2025. Note: Excludes non-NSW residents, persons whose sex was not reported and notifications from Justice Health. Year is based on calculated onset date.

¹ Grulich AE, Guy R, Amin J, Jin F, Selvey C, Holden J, Schmidt HM, Zablotska I, Price K, Whittaker B, Chant K. Population-level effectiveness of rapid, targeted, high-coverage roll-out of HIV pre-exposure prophylaxis in men who have sex with men: the EPIC-NSW prospective cohort study. *The Lancet HIV*. 2018;5(11):e629-37.

Although the absolute number of infectious syphilis numbers among females is low, there has been a continued increase in the number of notifications in women of reproductive age (15–45 years), N=133 (Figure 8). In 2024, there were 12 women identified as having infectious syphilis while pregnant, which is a decrease of 57% compared to 2023. Pregnant women represented 11.1% of women of reproductive age notified with infectious syphilis in 2024, which is a five percentage-points decrease from the average of 15.0% over the prior decade.

Note: As the number of infectious syphilis notifications are small, trends should be interpreted with caution. In particular, data prior to 2020 should be interpreted with caution due to the higher proportion of women with unknown pregnancy status.

Figure 8: Number of infectious syphilis notifications in women of reproductive age by pregnancy status at the time of diagnosis, NSW, 2015 – 2024

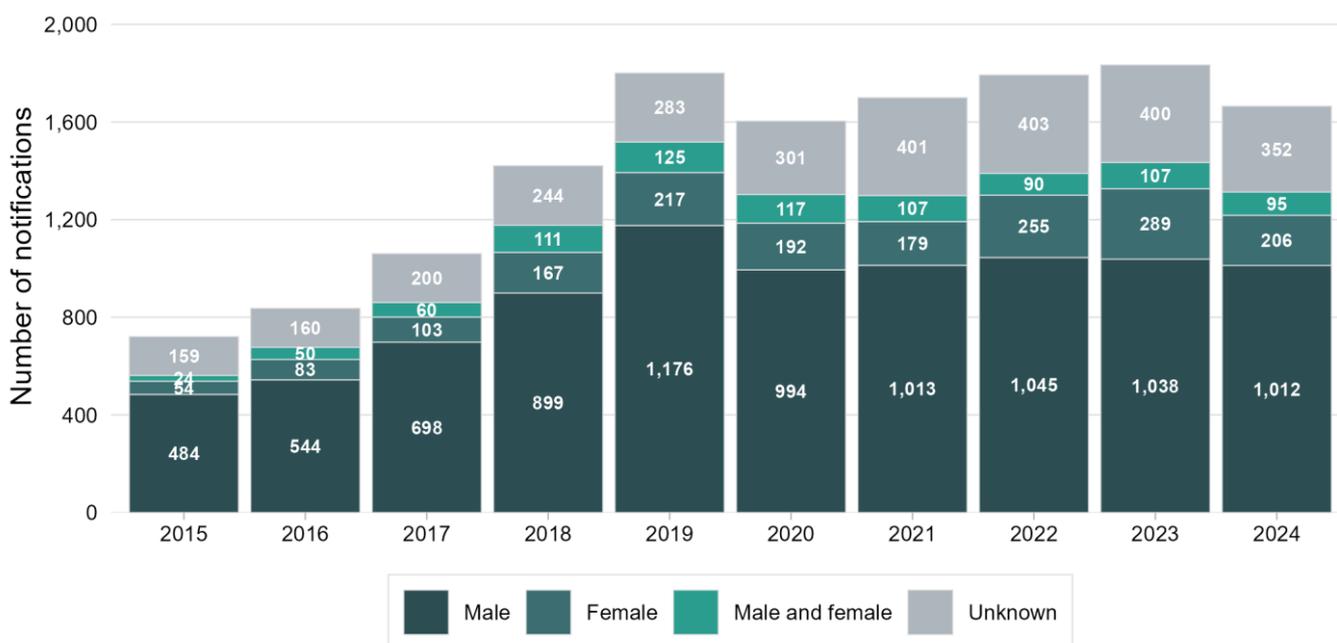


Data source: NCIMS (via SAPHaRI), NSW Health. Data extracted 8 April 2025. Reproductive age is defined as 15–45 years inclusive. Excludes non-NSW residents. Year is based on calculated onset date.

In 2024, sexual exposure was known for 1,313 males (78.9%) diagnosed with infectious syphilis (Figure 9). Among these men, the reported sexual exposure continued to be predominantly male-to-male sex (N=1,012 77.1%). The proportion of males reporting male-to-male sex over the last 5 years has ranged between 72.5% to 80.0%.

There were 206 males with infectious syphilis in 2024 who reported female only sexual partners, which represents 15.7% of males with infectious syphilis. Over the prior five years the proportion of males reporting female only sexual partners ranged between 13.8% to 20.2%. Male and female sexual partners were reported by 95 males, representing 7.2% of male infectious syphilis cases in 2024. Over the prior five years the proportion of males reporting male and female sexual partners ranged between 6.5% to 9.0%.

Figure 9: Reported gender of sexual partner(s) of men diagnosed with infectious syphilis, NSW, 2015 – 2024



Data source: NCIMS (via SAPHaRI), NSW Health. Data extracted 8 April 2025. Note: Excludes non-NSW residents. Year is based on calculated onset date.

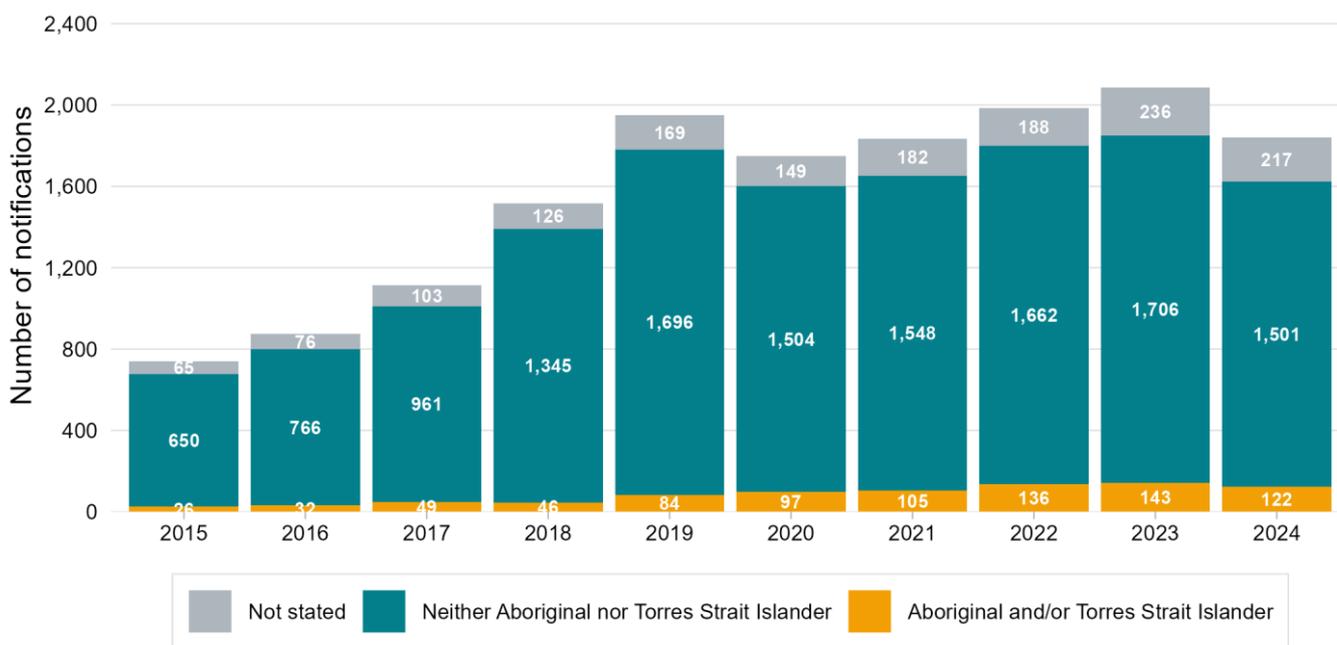
1.2 Infectious syphilis notifications among Aboriginal people

Of 1,840 infectious syphilis notifications in 2024, Aboriginal status was reported for 1,623 people, representing 88.2% of infectious syphilis notifications (Figure 10). This is just below the Strategy target of having at least 90.0% of notifications with the Aboriginal status specified. The proportion of notifications with known Aboriginal status in 2024 remains stable compared to 2023 (2023: N=143, 88.7%). In 2024, Aboriginality was not stated for 217 infectious syphilis notifications (11.8%).

Over the period 2015 to 2024, the number of infectious syphilis notifications reported among Aboriginal and Torres Strait Islander people ranged from 26 to 143. Over the same period, the percentage of all infectious syphilis notifications that were notified in Aboriginal and Torres Strait Islander people ranged from 3.0% to 6.9%. In 2024, it was 6.6%. At the 2021 Census, 3.4% of the NSW population reported being Aboriginal and/or Torres Strait Islander.²

Trends in notifications among Aboriginal and Torres Strait Islander people are difficult to interpret due to variation in reporting of Aboriginality over time, including the proportion of people for whom Aboriginality was not stated.

Figure 10: Number of infectious syphilis notifications by Aboriginal status, NSW, 2015 – 2024



Data source: NCIMS (via SAPHaRI), NSW Health. Data extracted 8 April 2025. Note: Excludes non-NSW residents. Year is based on calculated onset date.

² Australia Bureau of Statistics. Australia: Aboriginal and Torres Strait Islander population summary [Internet]. Canberra; 2022. Available from: <https://www.abs.gov.au/articles/australia-aboriginal-and-torres-strait-islander-population-summary#where-aboriginal-and-torres-strait-islander-people-live>

1.3 Antenatal syphilis testing

Syphilis in pregnancy is a significant public health concern in NSW due to the risk of mother-to-child transmission, otherwise known as congenital syphilis. While numbers of cases of congenital syphilis remain small, they have been increasing, from zero, over the last ten years. In 2023, NSW Health revised antenatal screening schedules for pregnant women outlined in [Policy Directive: Syphilis in Pregnancy and Newborns \(PD2023_029\)](#). In addition to syphilis antenatal testing in the first trimester of pregnancy, all pregnant women in NSW are to be tested in the second trimester (26-28 weeks), with additional testing for pregnant women at higher risk of infection.

In 2023, NSW Health began collecting data on women tested for syphilis in their second trimester of pregnancy following enhancements to maternal electronic medical records.

In 2024, an average of 95.2% of pregnant women were reported to have been tested for syphilis in the first trimester (Table 2). In the second trimester, an average of 71.5% of pregnant women were reported to have been tested for syphilis (Table 3).

Table 2: Monthly breakdown of first trimester syphilis antenatal testing in NSW public hospitals in 2024

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg
94.9%	95.2%	95.0%	95.2%	95.2%	95.3%	95.3%	94.4%	95.2%	95.5%	95.5%	95.2%	95.2%

Data source: Syphilis antenatal screening data based on women who have given birth in NSW public hospitals that use eMaternity eMR. Data extracted 10 April 2025. Data excludes all women who gave birth at private hospitals, public hospitals within Sydney and South Western Sydney Local Health Districts, or with privately practicing midwives. This analysis represents approximately 60% of women who gave birth in New South Wales.

Table 3: Monthly breakdown of second trimester syphilis antenatal testing in NSW public hospitals in 2024

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg
68.3%	68.2%	70.2%	70.4%	70.2%	70.2%	71.6%	72.5%	73.4%	74.0%	74.8%	73.9%	71.5%

Data source: Syphilis antenatal screening data based on women who have given birth in NSW public hospitals that use eMaternity eMR. Data extracted 10 April 2025. Data excludes all women who gave birth at private hospitals, public hospitals within Sydney and South Western Sydney Local Health Districts, or with privately practicing midwives. This analysis represents approximately 60% of women who gave birth in New South Wales.

2. Gonorrhoea

Prevention, testing, and appropriate treatment and management including partner notification are the cornerstones of gonorrhoea control and are embedded in the current STI Strategy. Gonorrhoea notification data does not reflect the true incidence of gonorrhoea infection as it only represents a proportion of the population that have been tested and diagnosed. However, it is useful for monitoring trends in diagnosed infections.

Gonorrhoea is a notifiable disease under the NSW *Public Health Act 2010*. A confirmed case requires isolation of *Neisseria gonorrhoeae* from culture or detection by nucleic acid amplification testing (NAAT). Only confirmed cases of gonorrhoea are counted when reporting gonorrhoea notifications. Patient care and contact tracing are the responsibility of the treating doctor. Information on risks (e.g., sexual exposure) are not routinely collected.

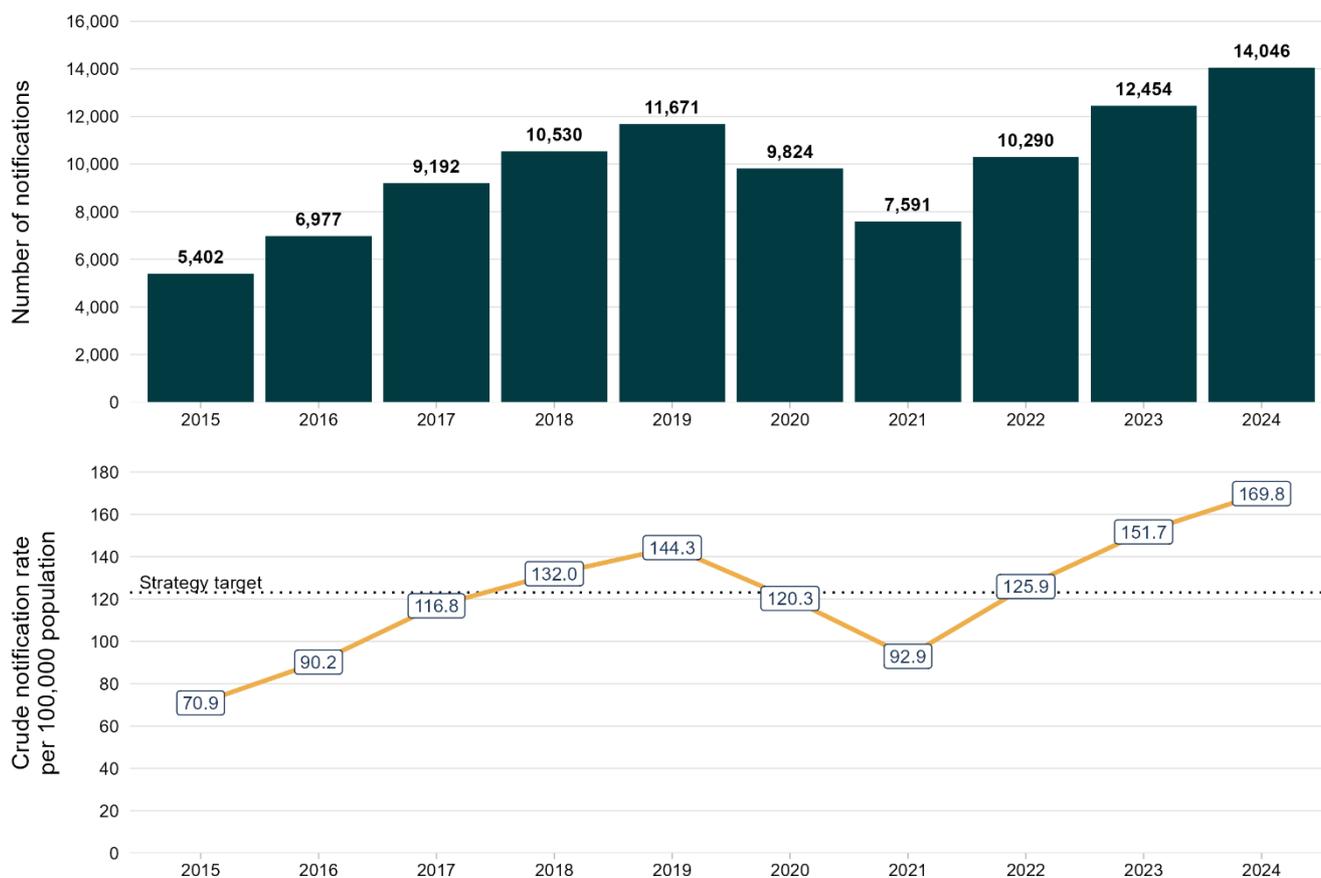
It is important to note that there may be multiple specimens collected for each individual who was tested for gonorrhoea. Hence, the number of gonorrhoea tests done is greater than the number of individuals tested. However, an individual with multiple specimens that are taken close in time that are positive for gonorrhoea are counted as one notification.

2.1 Gonorrhoea notifications

In 2024, there were 14,046 notifications of gonorrhoea recorded in NSW residents, which is the highest annual number of notifications recorded in the past decade. The 2024 gonorrhoea notification rate was 169.8 notifications per 100,000 population (Figure 11). The notification rate began to increase in 2022 after two years of decline coinciding with the COVID-19 pandemic restrictions. In 2024, the gonorrhoea notification rate increased 11.9% from 151.7 notifications per 100,000 population in 2023.

The 2024 gonorrhoea notification rate at 169.8 is 37.9% above the Strategy target of 123.1 notifications per 100,000 population (Figure 11).

Figure 11: Number and crude rate of gonorrhoea notifications, NSW, 2015 – 2024



Data source: NCIMS, NSW Health and population projections, Department of Planning, Housing and Infrastructure (via SAPHaRI). Data extracted 8 April 2025. Note: Excludes non-NSW residents. Year of onset is based on calculated onset date. The horizontal line represents the gonorrhoea target rate from the NSW Sexually Transmissible Infections Strategy 2022 – 2026 and represent a 5% decrease from the 2016-2019 peak rate.

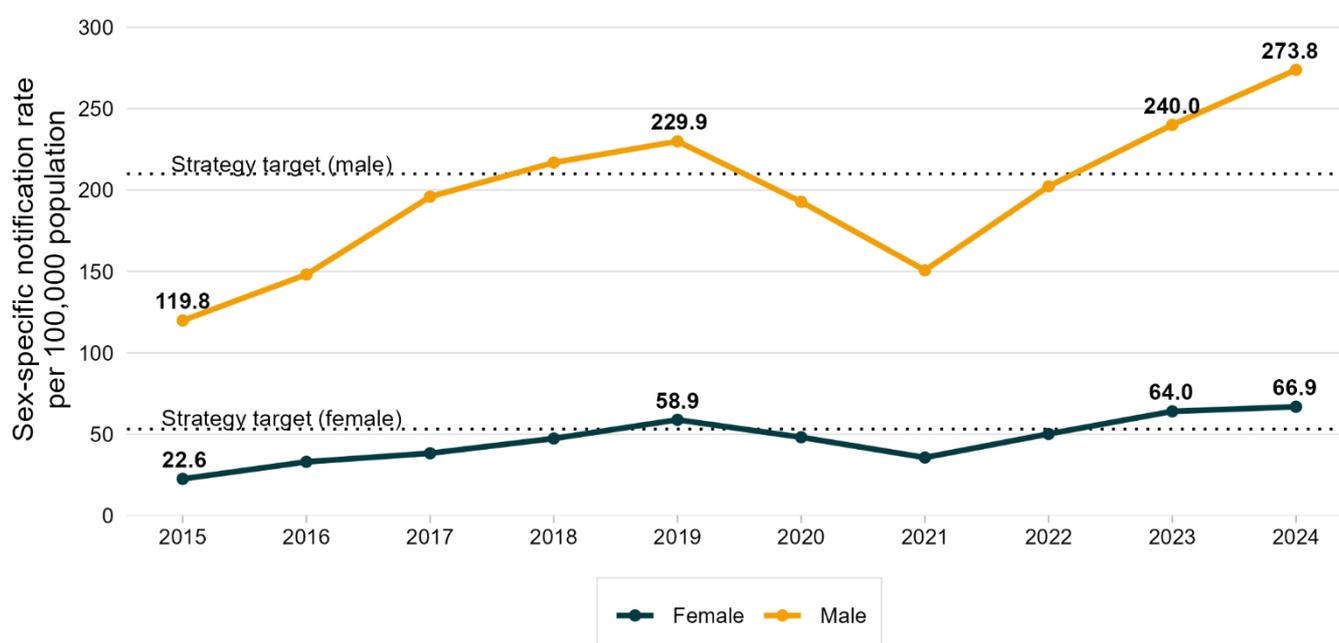
In 2024, 19.9% of gonorrhoea notifications were in females (N=2,793) and 79.8% were in males (N=11,213). Sex was not reported or inadequately described for 40 people.

The median age of females diagnosed with gonorrhoea in 2024 was 27 years, which is slightly lower than the median age of males, 33 years.

The female rate increased by 4.5% compared to 2023, from 64.0 to 66.9 notifications per 100,000 females (N=2,653 to N=2,793), while the male notification rate increased 14.1% from 240.0 to 273.8 notifications per 100,000 males (N=9,759 to N=11,213) (Figure 12). Consistent with prior years, the male gonorrhoea notification rate was substantially higher than the female rate. In 2024, the male rate was 4.1 times higher than the female rate (Table 2).

Both female and male rates in 2024 were above their respective targets from the NSW Sexually Transmissible Infections Strategy 2022–2026. The female rate at 66.9 was 25.8% higher than the Strategy target of 53.2 notifications per 100,000 females. The male rate at 273.8 was 30.4% higher than the Strategy target of 209.9 notifications per 100,000 males.

Figure 12: Sex-specific gonorrhoea notification rates, NSW, 2015 –2024



Data source: NCIMS, NSW Health and population projections, Department of Planning, Housing and Infrastructure (via SAPHaRI). Data extracted 8 April 2025. Note: Excludes non-NSW residents and persons whose sex was not reported. Year of onset is based on calculated onset date. The sex specific gonorrhoea targets are from the NSW Sexually Transmissible Infections Strategy 2022 – 2026 and represent a 5% decrease from the 2016-2019 peak rate.

Table 4: Gonorrhoea notification rates by sex at birth per 100,000 population and ratio of male to female rates, NSW, 2015 – 2024

Year	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Female rate per 100,000 females	22.6	33.0	38.3	47.4	58.9	48.1	35.7	50.2	64.0	66.9
Male rate per 100,000 males	119.8	148.1	195.9	216.9	229.9	192.8	150.7	202.3	240.0	273.8
Ratio of male to female rates	5.3	4.5	5.1	4.6	3.9	4.0	4.2	4.0	3.7	4.1

Data source: NCIMS, NSW Health and population projections, Department of Planning, Housing and Infrastructure (via SAPHaRI). Data extracted 8 April 2025. Note: Excludes non-NSW residents and persons whose sex was not reported. Year of onset is based on calculated onset date.

In 2024, the female gonorrhoea rate was highest among those aged 20–24 years (310.9 notifications per 100,000 females, N=738), followed by 25–29 years (235.0 notifications per 100,000 females, N=638) (Figure 13). Compared to 2023, six of the eight females age groups observed rate increases, of which females 45–49 years had the largest increase of 48.9% (27.8 to 41.4 notifications per 100,000 females, N=70 to N=104). Rate decreases of 7.0% and 9.8% were observed among females aged 15–19 years (138.4 to 128.7 notifications per 100,000 females, N=324 to N=309) and 20–24 years (344.8 to 310.9 notifications per 100,000 females, N=820 to N=738).

In 2024, gonorrhoea rates increased among all male age groups. Gonorrhoea rates were highest among those aged 30–34 years (800.1 notifications per 100,000 males, N=2,376), followed by 25–29 years (756.7 notifications per 100,000 males, N=2,134) and 35–39 years (627.8 notifications per 100,000 males, N=1,822) (Figure 13). Compared to 2023, the largest rate increases occurred in males 50-years and over (23.1% from 71.4 to 87.9 per 100,000 males, N=1,008 to N=1,261), 45–49 years (22.5% from 234.5 to 287.3 per 100,000 males, N=581 to N=708) and 35–39 years (21.2% from 517.8 to 627.8 per 100,000 males, N=1,498 to N=1,822).

Figure 13: Age and sex-specific gonorrhoea notification rates in people aged 15 years and over, NSW, 2015 – 2024

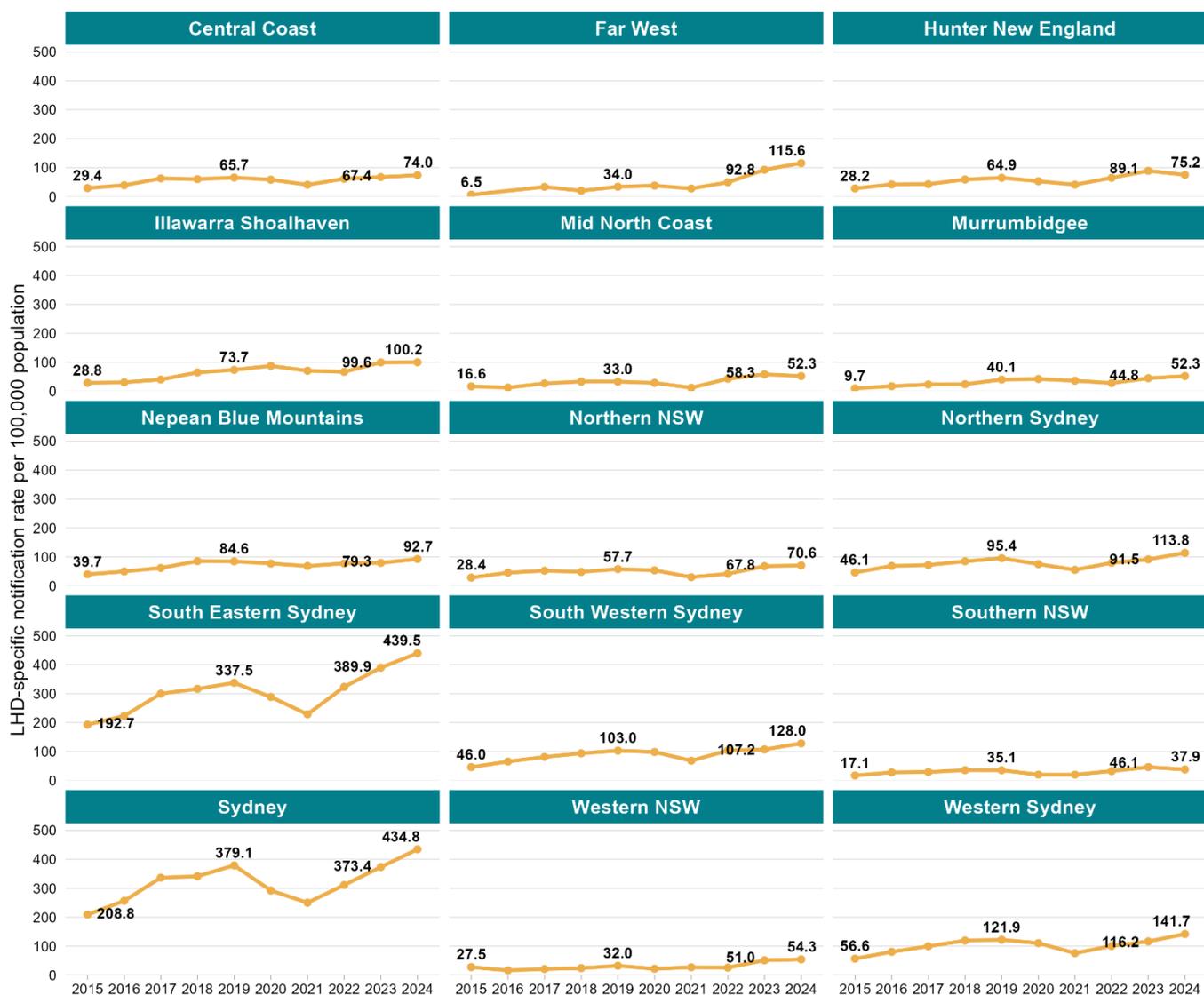


Data source: NCIMS, NSW Health and population projections, Department of Planning, Housing and Infrastructure (via SAPHaRI). Data extracted 8 April 2025. Note: Excludes non-NSW residents. Year of onset is based on calculated onset date.

In 2024, gonorrhoea notification rates increased across twelve of the fifteen LHDs (Figure 14). The largest increases in the gonorrhoea notification rates in 2024 compared with 2023 occurred in Far West (92.8 to 115.6 notifications per 100,000 population, N=26 to N=32, 24.6% increase), Northern Sydney (91.5 to 113.8 notifications per 100,000 population, N=877 to N=1,097, 24.4% increase) and Western Sydney (116.2 to 141.7 notifications per 100,000 population, N=1,224 to N=1,513, 21.9% increase). Rates in areas with small annual notification numbers should be interpreted with caution.

Gonorrhoea notification rates in 2024 were elevated compared to pre-pandemic rates in 2019, with thirteen LHDs having rates greater than 10.0% above the 2019 values. The largest rate increases over the past five years occurred in the Far West (240.0% increase), Western NSW (69.7% increase) and Mid North Coast (58.5% increase) LHDs.

Figure 14: Gonorrhoea notification rates by Local Health District of residence, NSW, 2015 – 2024

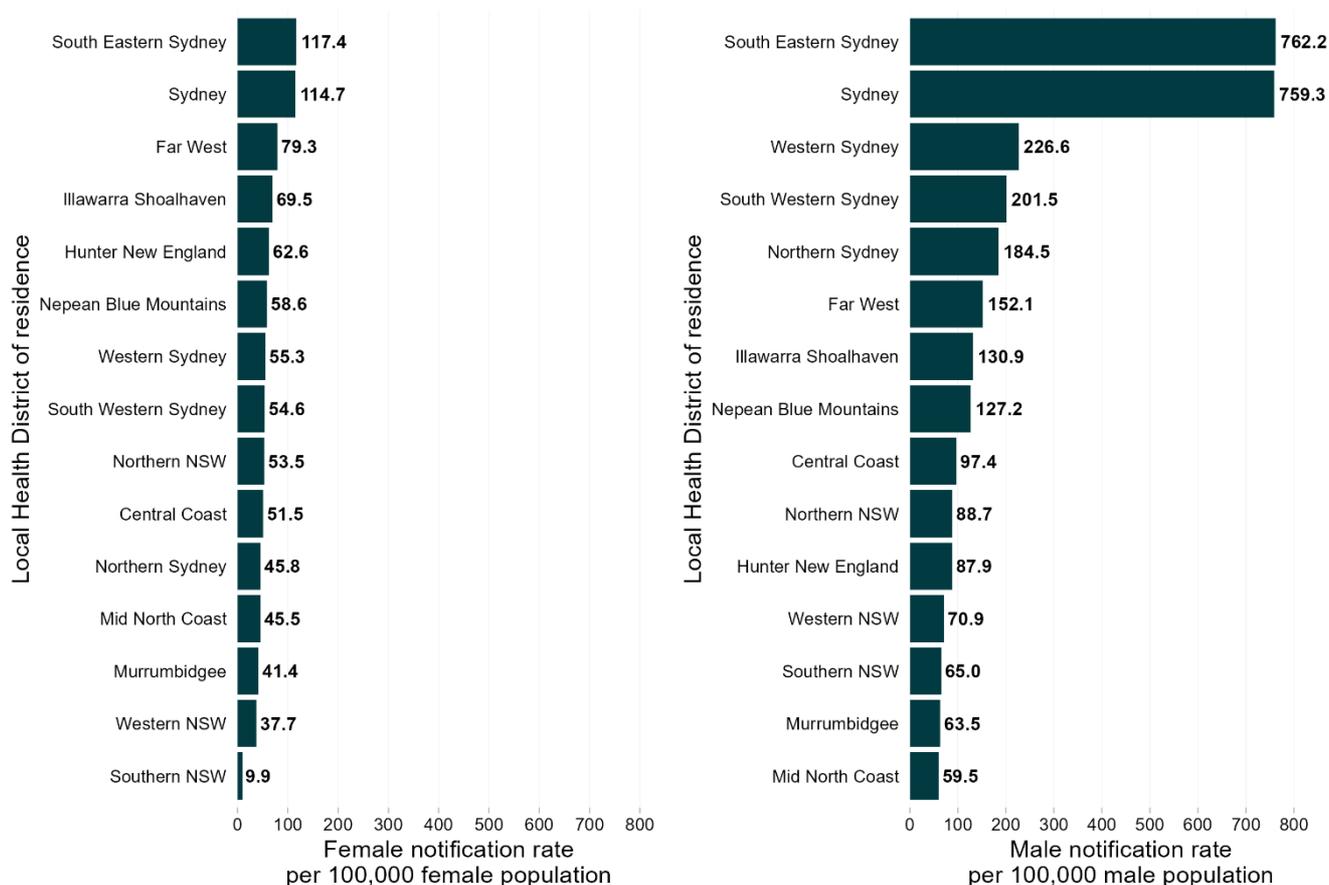


Data source: NCIMS, NSW Health and population projections, Department of Planning, Housing and Infrastructure (via SAPHaRI). Data extracted 8 April 2025. Note: Excludes non-NSW residents and notifications from Justice Health. Year of onset is based on calculated onset date. See Appendix C Table 6 for a detailed overview of total notification numbers by LHD. See Appendix C Table 10 for a full overview of notification rates by year for each Local Health District.

In 2024, South Eastern Sydney and Sydney LHDs recorded the highest female notification rates (Figure 15). Compared to 2023, the female rate in South Eastern Sydney and Sydney LHDs increased 20.2% and 30.0%, respectively (97.7 to 117.4 per 100,000 females, N=456 to N=549 and 88.2 to 114.7 per 100,000 females, N=308 to N=403) (data not shown).

In males, the highest gonorrhoea notification rates continued to be in South Eastern Sydney and Sydney LHDs with 762.2 and 759.3 notifications per 100,000 males (N=3,511 and N=2,621) (Figure 15). Compared to 2023, the male rate in South Eastern Sydney and Sydney LHDs increased 11.8% and 14.9%, respectively (681.7 to 762.2 per 100,000 males, N=3,142 to N=3,511 and 660.6 to 759.3 per 100,000 males, N=2,274 to N=2,621) (data not shown). It should be noted that MSM populations are unequally distributed among LHDs. Continuing high notification rates among males in the Sydney and South Eastern Sydney LHDs reflect large concentrations of MSM in these areas. These populations also have a high uptake of pre-exposure prophylaxis (PrEP) for HIV³. Persons on PrEP are regularly tested for STIs.

Figure 15: Gonorrhoea notification rates by sex and Local Health District of residence, NSW, January – December 2024



Data source: NCIMS, NSW Health and population projections, Department of Planning, Housing and Infrastructure (via SAPHaRI). Data extracted 8 April 2025. Note: Excludes non-NSW residents, persons whose sex was not reported and notifications from Justice Health. Year of onset is based on calculated onset date. See Appendix C Table 6 & 8 for a detailed overview of total notification numbers and rates by sex and LHD.

³ Grulich AE, Guy R, Amin J, Jin F, Selvey C, Holden J, Schmidt HM, Zablotska I, Price K, Whittaker B, Chant K. Population-level effectiveness of rapid, targeted, high-coverage roll-out of HIV pre-exposure prophylaxis in men who have sex with men: the EPIC-NSW prospective cohort study. *The Lancet HIV*. 2018;5(11):e629-37.

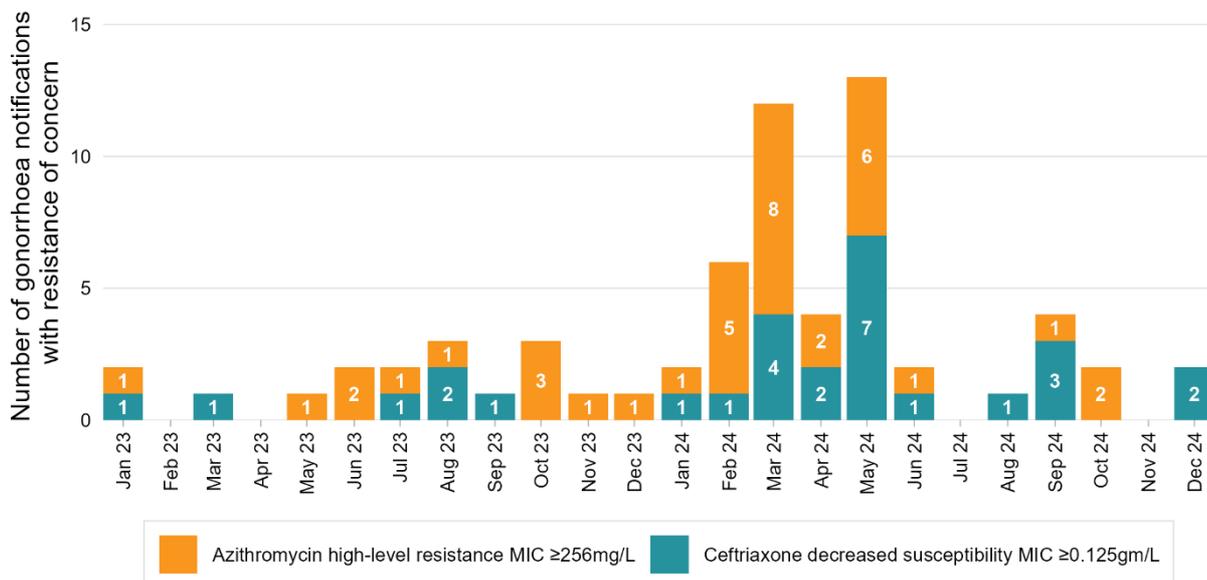
2.2 Antimicrobial resistant gonorrhoea of public health concern

Antimicrobial resistant (AMR) gonorrhoea is of growing concern and poses a serious challenge to public health. Bacterial culture must be performed to detect AMR gonorrhoea as AMR cannot be detected by nucleic acid amplification testing (NAAT) alone. In 2024, 26.0% of gonorrhoea notifications in NSW were cultured and had antimicrobial susceptibility testing (AST) performed (N=3,651). This was a 2.6 percentage-point decrease from 2023 but remained 7.3 percentage-points lower than 2018, when 33.3% of gonorrhoea notifications had AST performed. In NSW, cases of AMR gonorrhoea of public health concern are those with high level resistance to azithromycin (MIC $\geq 256\text{mg/L}$) and/or decreased susceptibility to ceftriaxone (MIC $\geq 0.125\text{ mg/L}$).

In 2023, NSW reported 17 notifications of AMR gonorrhoea of public health concern, of which 11 notifications reported high-level resistance to azithromycin and six notifications reported decreased susceptibility to ceftriaxone (Figure 16). Cases with high-level resistance to azithromycin were predominately MSM (10/11, 91%). Of these cases, overseas acquisition was common from January to September and then switched to local acquisition in NSW from October to December. Cases with decreased susceptibility to ceftriaxone were predominately reported in heterosexuals or bisexuals (4/6, 67%). Of the 17 cases, 76% were diagnosed by publicly funded sexual health clinics (PFSHCs) (13/17). All 17 cases returned a negative test of cure.

In 2024, NSW reported 48 notifications of AMR gonorrhoea of public health concern, of which 26 notifications reported high-level resistance to azithromycin and 22 notifications reported decreased susceptibility to ceftriaxone (Figure 16). Cases with high-level resistance to azithromycin were all gay, bisexual and other men-who-have-sex-with-men (26/26, 100%). Sexual health clinics reported most cases (22/26, 84.6%). Of the 22 cases with decreased susceptibility to ceftriaxone, nine were in females (40.9%) and 13 were in males (59.1%). Among the males, six reported sex with females only (46.2%) and seven reported sex with males only (53.8%). PFSHCs reported most cases (12/22, 55%), followed by General Practice (9/22, 40.9%) and one case was reported in a hospital setting. Of the 48 cases, 81.3% were locally acquired (N=39). Most cases returned an initial negative test of cure (ToC) (45/48, 93.7%), two cases required repeat ToC, but returned negative results on secondary testing, and for one case, the ToC was unknown.

Figure 16: Number of gonorrhoea notifications with antimicrobial resistance of public health concern, NSW, 2023 – 2024



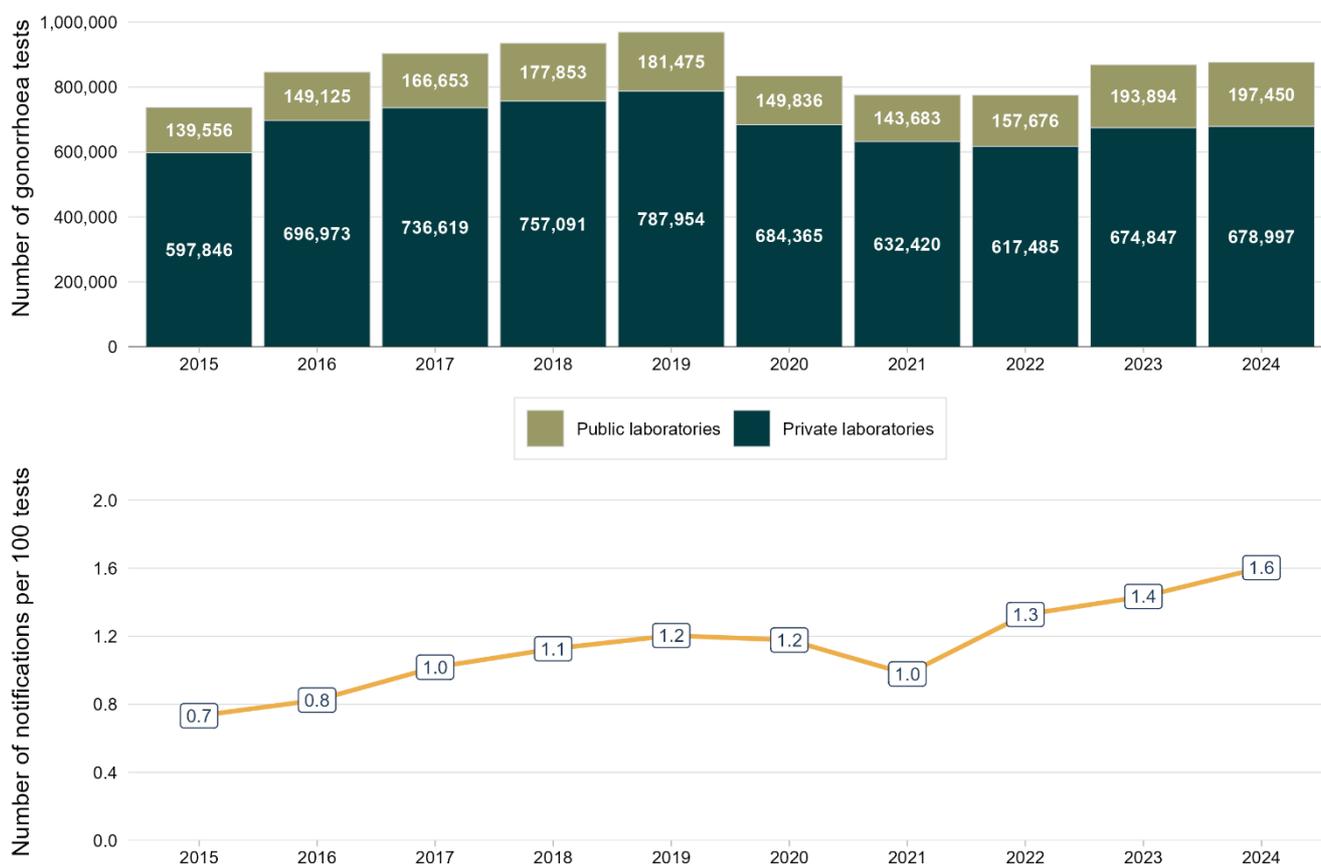
Data source: NCIMS (via SAPHaRI), NSW Health. Data extracted 8 April 2025. Note: Excludes non-NSW residents. Year is based on culture specimen date. Antimicrobial resistance is reported from antimicrobial susceptibility testing on culture conducted by Health Pathology - Randwick.

2.3 Gonorrhoea testing

Twelve laboratories reported aggregate gonorrhoea tests (NAAT and culture) to NSW Health. These laboratories accounted for an estimated 88.0% of all gonorrhoea testing in NSW. In 2024, there were 876,447 tests performed (Figure 17). Testing remained stable compared to 2023 (+0.9%) but remained 9.6% below the previous peak in 2019. Most tests were performed by private laboratories (77.5%) with the remainder performed by public laboratories (22.5%). The number of tests performed by public laboratories exceeded the 2019 pre-pandemic peak by 8.8%, while the number of tests in private laboratories declined by 13.8%. Most tests at PFSHCs are performed by public laboratories.

In 2024, the notification to test ratio increased to its highest level in the past decade. At 1.6 notifications per 100 gonorrhoea tests, this represents a 14.3% increase compared to 2023 (Figure 17). Decreases in testing in 2020 to 2022 were likely related to the impact of COVID-19 on visits to primary health care providers and disruptions to STI screening programs. The increase in the notification to test ratio in 2024 is likely to reflect an increase in the gonorrhoea transmission rate.

Figure 17: Number of gonorrhoea tests by public and private laboratories and notifications per 100 test ratio, NSW, 2015 – 2024



Data source: NCIMS (via SAPHaRI) and NSW Denominator Data Project, NSW Health. Data extracted 15 March 2025.

3. Lymphogranuloma venereum (LGV)

Lymphogranuloma venereum (LGV) is a sexually transmissible infection that is caused by serovars L1, L2 and L3 of *Chlamydia trachomatis*. LGV is a comparatively rare STI in developed countries, including in Australia. Since the first cluster of rectal infections was reported in MSM in the Netherlands in 2003,⁴ increases have been observed across Europe, the UK, and North America. In NSW, an increase in cases prompted the release of clinician alerts in 2010 and 2017, advising LGV-specific testing for MSM presenting with symptoms of proctitis.

LGV is not included in the NSW Sexually Transmissible Infections Strategy 2022–2026. Therefore, disease control indicators have not yet been established, and report metrics are still under development. In NSW, LGV is a notifiable disease under the NSW *Public Health Act 2010*. A confirmed case requires demonstration of *Chlamydia trachomatis* serovars L1 to L3 by immunofluorescence assays, enzyme immunoassays, molecular assays, culture, or serology. Only confirmed cases of LGV are counted when reporting LGV notification data. Patient care and contact tracing are the responsibility of the treating doctor. Additional information on demographics (e.g., Aboriginal and Torres Strait Islander status) and risk exposures (e.g., sexual exposure, place of acquisition) is not routinely collected.

Although LGV is generally assumed to be symptomatic, asymptomatic rectal infections have been reported in more than a quarter of cases studied in the Netherlands and the UK.^{5,6} In Australia, routine screening of asymptomatic patients is not recommended.⁷ Samples that are positive for any *C. trachomatis* serovars are not automatically tested for LGV if LGV-specific tests are not ordered. As a result, changes in notification data over time may reflect changes in testing practices. In addition, the small number of notifications per year leads to considerable fluctuations in rates and percentages.

⁴ Nieuwenhuis RF, Ossewaarde JM, Götz HM, Dees J, Thio HB, Thomeer MG, den Hollander JC, Neumann MH, van der Meijden WI. Resurgence of lymphogranuloma venereum in Western Europe: an outbreak of *Chlamydia trachomatis* serovar I2 proctitis in The Netherlands among men who have sex with men. *Clinical infectious diseases*. 2004;39(7):996-1003.

⁵ Saxon C, Hughes G, Ison C; UK LGV Case-Finding Group. Asymptomatic Lymphogranuloma Venereum in Men who Have Sex with Men, United Kingdom. *Emerging Infectious Diseases*. 2016;22(1):112–116.

⁶ de Vrieze NHN, van Rooijen M, Schim van der Loeff MF, et al Anorectal and inguinal lymphogranuloma venereum among men who have sex with men in Amsterdam, the Netherlands: trends over time, symptomatology and concurrent infections *Sexually Transmitted Infections* 2013;89:548-552.

⁷ ASHM. Lymphogranuloma venereum. STI management guidelines for use in Primary Care. 2004. <https://sti.guidelines.org.au/sexually-transmissible-infections/lymphogranuloma-venereum/>

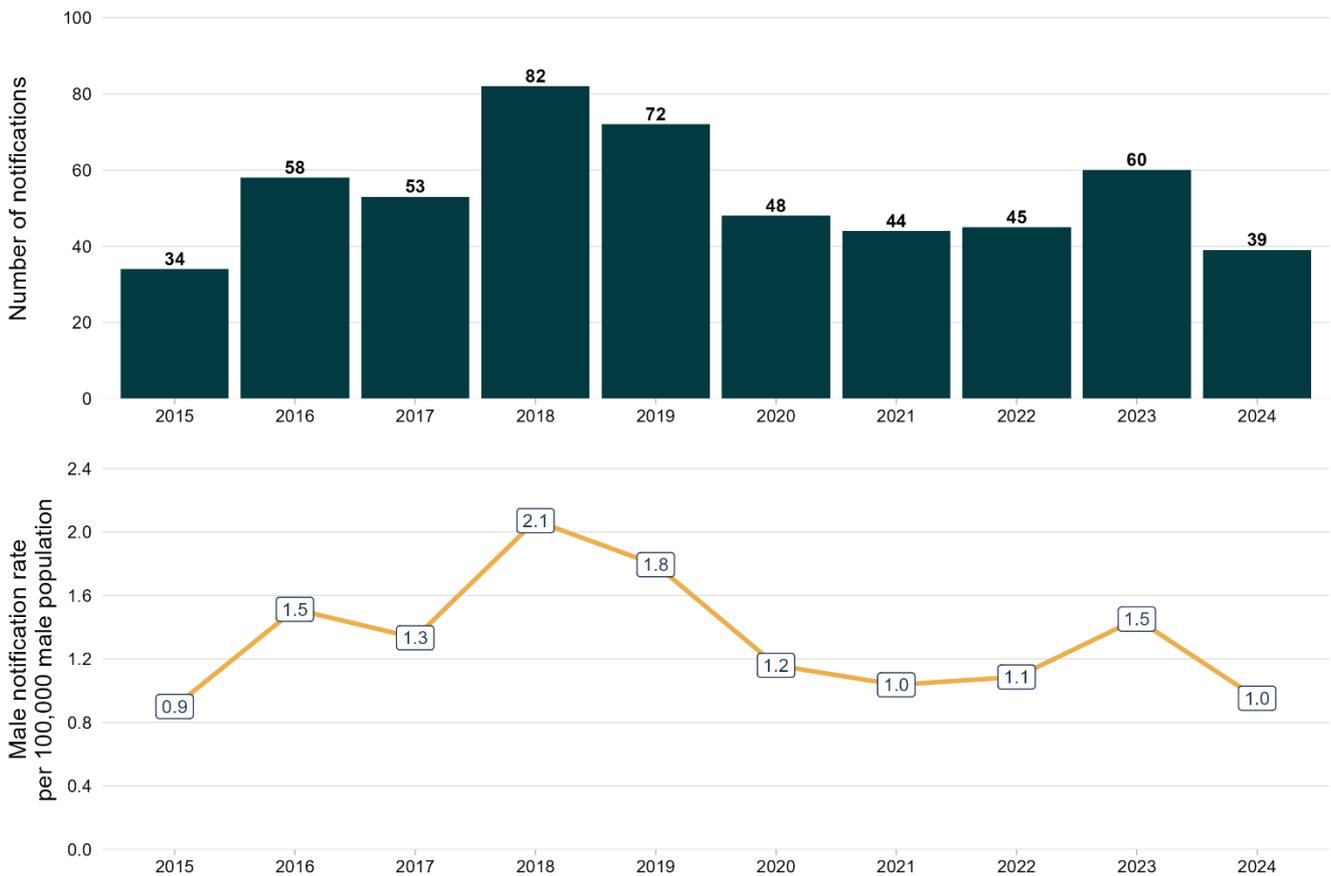
3.1 LGV notifications

In 2024, there were 39 cases of LGV notified among NSW residents (Figure 18). This represents a 35.0% decrease since 2023 (N=60) and remains 52.4% lower than the peak in 2018 (N=82). Among the cases notified in 2024, all were diagnosed in males (N=39) and the male notification rate was 1.0 notifications per 100,000 males (Figure 18). There were six LGV notifications in females in NSW in the past 10 years. Female LGV notifications are infrequently reported globally. Female notifications have been excluded from all rate calculations in this report.

In 2024, the median age of male cases was 35 years. In the past 10 years the median age has ranged between 33–50 years.

Note: As supplementary testing is required for LGV, testing for this condition was disproportionately affected by the necessary redistribution of laboratory resources during the COVID pandemic in 2020 to 2022.

Figure 18: Number and male notification rate of LGV notifications, NSW, 2015 – 2024

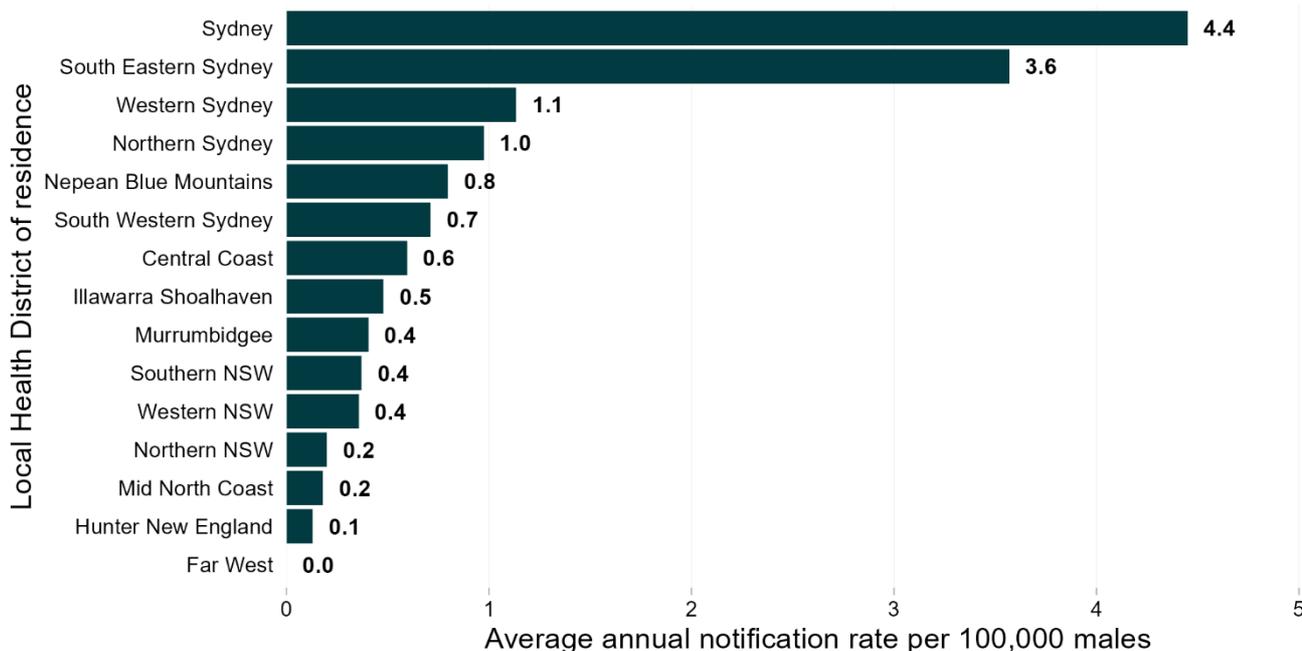


Data source: NCIMS, NSW Health and population projections, Department of Planning, Housing and Infrastructure (via SAPHaRI). Data extracted 8 April 2025. Note: Excludes non-NSW residents. Year of onset is based on calculated onset date.

Over the past 10 years, the majority of notifications occurred in the Sydney and South Eastern Sydney LHDs, which also have the highest average annual rates at 4.4 and 3.6 notifications per 100,000 males, respectively (Figure 19). It should be noted that MSM populations are unequally distributed among LHDs and continuing high LGV notification rates among males in the Sydney and South Eastern Sydney LHDs reflect the large concentrations of MSM who reside in these areas.

Several regional LHDs have never reported LGV notifications or have reported very low numbers over the 10-year period. Note that rates in areas with small annual notification numbers can fluctuate and should be interpreted with caution.

Figure 19: Average annual LGV notification rates in males by Local Health District, NSW 2015 – 2024



Data source: NCIMS, NSW Health and population projections, Department of Planning, Housing and Infrastructure (via SAPHaRI). Data extracted 8 April 2025. Note: Excludes non-NSW residents.

4. Mpox

Mpox is an infectious disease caused by the monkeypox virus which is part of the *Poxviridae* family of viruses which includes variola (smallpox), cowpox and other viruses. It can cause a rash, pimple-like lesions and sores. The rash may be preceded by early signs such as fever, headache, muscle ache, back ache, chills, exhaustion, and swollen lymph nodes.⁸ There are two natural groups of monkeypox virus, Clade I and Clade II, Clade I has a mortality rate of 10% compared to 1-3% for Clade II.⁹ The first human case of mpox was reported in the Democratic Republic of the Congo (formerly Zaire) in 1970 and it is endemic in parts of central, east and west Africa. The virus is transmitted through direct contact with the skin or lesions of an infected person.

In 2022, a global outbreak of mpox (Clade IIb) was reported with transmission occurring in countries with no previously reported transmission. Most cases in this global outbreak were reported in MSM. Mpox is not a traditional STI, but sexual contact provides an opportunity for the virus to be transmitted and enter the body through broken skin or mucosal surfaces including genital surfaces or via the respiratory tract. Mpox became a notifiable disease under the NSW *Public Health Act 2010* on 20 May 2022.

NSW began vaccinating people at highest risk from mpox on 8 August 2022, utilising the JYNNEOS vaccine. Two doses of the vaccination are recommended for best protection. Refer to the [Australian Immunisation Handbook](#) for further information.

⁸ WHO. Mpox (monkeypox) fact sheets. 18 April 2023. Available from: [https://www.who.int/news-room/fact-sheets/detail/monkeypox#:~:text=The%20disease%20mpox%20\(formerly%20monkeypox,cowpox%2C%20vaccinia%20and%20other%20viruses](https://www.who.int/news-room/fact-sheets/detail/monkeypox#:~:text=The%20disease%20mpox%20(formerly%20monkeypox,cowpox%2C%20vaccinia%20and%20other%20viruses).

⁹ Adetifa I, Muyembe JJ, Bausch DG, Heymann DL. Mpox neglect and the smallpox niche: a problem for Africa, a problem for the world. *Lancet*. 2023 May 27;401(10390):1822-1824.

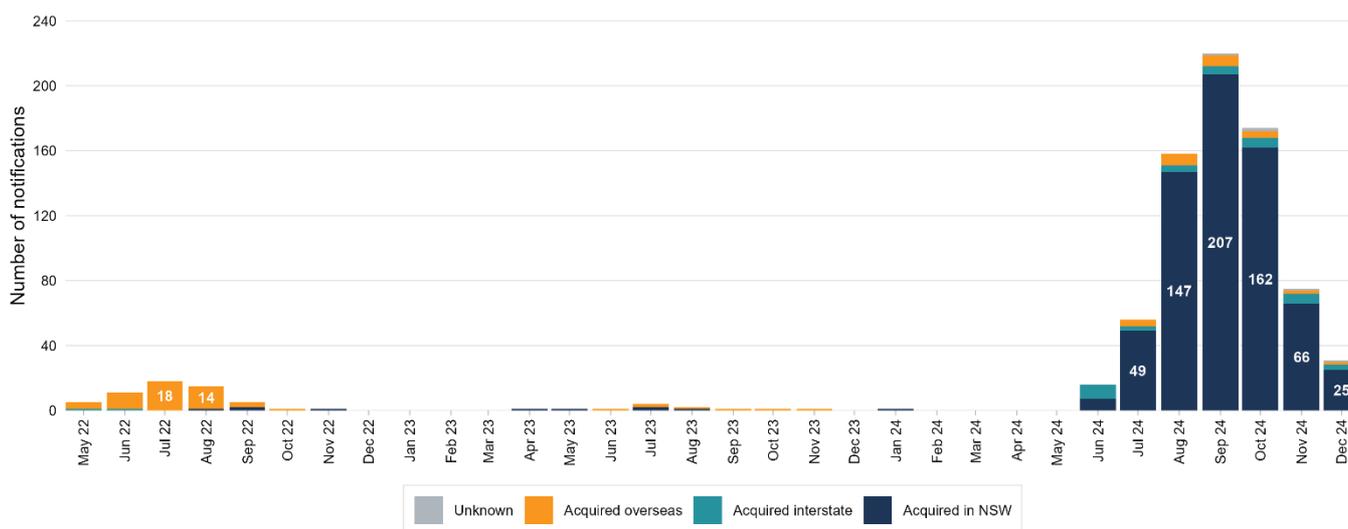
4.1 Mpox notifications

The first notification of mpox in NSW was reported in May 2022 and by December 2022, 56 notifications had been reported. All notifications were in male and all reported MSM exposure. Eighty-nine per cent were acquired overseas (N=50). The annual male rate in 2022 was 1.4 notifications per 100,000 males (Figure 20).

In 2023, notifications of mpox had declined compared to 2022. A total of 12 cases of mpox were reported (Figure 20). All notifications were in male and all reported MSM exposure. The majority of cases (N=7, 58.3%) were acquired overseas. Of the five cases acquired in Australia (41.7%), all were acquired in NSW. The annual male rate was 0.3 notifications per 100,000 males.

In 2024, NSW reported 731 notifications of mpox. The majority of notifications reported acquisition in NSW (N=664, 90.8%), followed by interstate (N=36, 4.9%) and overseas (N=26, 3.6%). Unknown acquisition was reported in five cases (0.7%). Three notifications were reported in females (0.4%) and 728 notifications in males (99.6%). The annual male rate was 17.8 notifications per 100,000 males. The median male age was 36 years (range 19 – 76 years). Further information about mpox notifications in 2024 are available on the [NSW Health Mpox surveillance page](#).

Figure 20: Number of mpox notifications by place of acquisition, NSW, May 2022 – 2024



Data source: NCIMS (via SAPHaRI), NSW Health; data extracted 8 April 2025. Note: Excludes non-NSW residents. Year is based on calculated onset date.

4.2 Mpox vaccination

Australian Immunisation Register

A total of 11,373 doses of JYNNEOS vaccine were given to 7,809 individuals by NSW Health registered vaccination providers in 2024. Since vaccination commenced in NSW, 73.3% of all vaccinated individuals are estimated to be fully vaccinated. To be fully vaccinated individuals must receive two doses, at least 28 days apart.

Table 5: Monthly breakdown of JYNNEOS vaccine doses administered in 2024.

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
179	191	163	115	116	352	571	1,167	2,549	2,452	2,015	1,503	11,373

Data source: Health Data Portal, Department of Health and Aged Care, Australian Government; data extracted 30 April 2025. Note: Month is based on date of administration of vaccine dose by NSW provider.

Gay Community Periodic Survey: Sydney 2024

Data collected from the Gay Community Periodic Survey: Sydney 2024 found 10.4% of study participants (total sample N=2761) had received one dose of the JYNNEOS vaccine, and 39.9% had received two doses. A detailed overview of the survey findings are available in the [GBQ+ Community Periodic Survey: Sydney 2024](#).

5. STIs among gay and bisexual men

The Gay Community Periodic Survey: Sydney¹⁰ is a cross-sectional survey of gay and bisexual men recruited from a range of LGBTQ venues and events in Sydney and online throughout New South Wales. The survey, conducted annually, provides data on sexual behaviours, drug use, testing practices, and prevention methods related to the transmission of HIV and other STIs among gay and bisexual men.

Since 1996, the survey has been funded by the NSW Ministry of Health and supported by ACON and Positive Life NSW. The Centre for Social Research in Health coordinates the survey nationally, with support from the Kirby Institute.

A detailed overview of the survey findings including STI diagnosis, condom use and comprehensive STI testing are available in the [GBQ+ Community Periodic Survey: Sydney 2024](#). Importantly, the survey enables NSW Health to track trends in condom use with casual sexual partners among gay and bisexual men, supporting the design of prevention strategies to reduce STI transmission and improve sexual health outcomes across the state.

¹⁰ MacGibbon, J., Chan, C., Bavinton, B., Smith, A.K.J., Mao, L., Molyneux A., Watson, L., Gordon, T., Heslop, A., & Holt, M. (2023). Gay Community Periodic Survey: Sydney 2024. Sydney: Centre for Social Research in Health, UNSW Sydney. <https://doi.org/10.26190/unsworks/30413>

6. STI prevention among young people

The current NSW STI strategy 2022-2026 incorporates education and health promotion initiatives aimed at preventing STIs among young people. NSW Health has set a target of 75% of sexually active young people using condoms with casual partners by 2026.

Play Safe, a statewide program run by the NSW STI Programs Unit aims to prevent STIs and blood borne viruses among young people aged 15-29 living in NSW.¹¹ The program features an information rich website, social media channels and runs one paid social marketing campaign each year. In 2024, over 230,000 condoms were distributed to young people by the NSW Health funded 'Access to Condoms' program.

6.1 Condom use among young people with casual partners

Play Safe Survey

Evaluation of the [Play Safe website](#) is conducted through collaborations between researchers at The Centre for Social Research in Health and the NSW Ministry of Health STI Programs Unit. An annual online user survey, alongside other metrics such as website analytics and social media performance has been conducted since 2019. The repeated cross-sectional user-experience-focused survey series aims to gather insights into young people's knowledge, beliefs, attitudes and practices related to sexual and reproductive health literacy, condom use, and STI testing. The survey also has the capacity to update key performance indicators over time. Typically, the surveys obtain approximately 300-500 valid responses from the target young people, aged 15-29 years in NSW (523 in 2019, 452 in 2024).

In 2024, 95% of the 452 respondents (mean age = 21 years old, 54% being female) agreed with the statement that "using a condom is a good thing"; and 65% intended to use condoms with new or casual partners in the next 12 months. Of those respondents who had new or casual partners in the previous three months, 73% indicated they always or sometimes used condoms or dental dams for sex.

¹¹ Mao, L; Murray, J (2024). Play Safe Annual User Survey Report [unpublished raw data and report].

Appendices

Appendix A: Data sources

Table 6: Details on data sources included in this report

Name	Custodian	Description
NSW Notifiable Conditions Information Management System (NCIMS)	Health Protection NSW, NSW Health	<p>The NSW Notifiable Conditions Information Management System (NCIMS) contains records of all people notified to NSW Health with a notifiable condition under the NSW <i>Public Health Act 2010</i>. Notification data may not reflect the true incidence of notifiable sexually transmitted diseases as they only represent a proportion of notifiable diseases in the population that have been tested and diagnosed, however they are useful for monitoring trends over time.</p> <p>Re-infection periods: A person is only re-notified with gonorrhoea, LGV or infectious syphilis if the infection is acquired outside of the re-infection period as follows:</p> <p>Gonorrhoea - 29 days LGV - 42 days Infectious syphilis - 89 days</p> <p>Multiple sites: A person who is notified with more than one site of infection simultaneously is counted as one notification.</p>
NSW Health denominator data project	Health Protection NSW, NSW Health	<p>Annual aggregated testing data for selected notifiable conditions from 12 NSW public and private laboratories.</p> <p>These laboratories account for ~88% of the total notifications for the selected conditions in NSW. Information from laboratories does not provide any indication on whether the tests are repeats or multiple site tests for the same individual.</p> <p>The notification to test ratio has been calculated by dividing the overall positive results notified to NSW Health by the total number of tests performed by all laboratories and multiplying by 100.</p> <p>Testing data may include multiple specimens per individual. As such, the notification to test ratio may be an underestimate of the per cent of people tested that were positive in NSW for the condition.</p>
Mpox vaccination data	Health Data Portal, Department of Health and Aged Care, Australian Government	<p>Monthly mpox vaccinations administered by NSW Health registered vaccination providers. Month is based on date of administration of vaccine dose by NSW provider.</p>
Quality Improvement Data System MatIQ	Clinical Excellence Commission	<p>Syphilis antenatal screening data based on women who have given birth in NSW public hospitals that use eMaternity eMR.</p> <p>Data excludes all women who gave birth at private hospitals, public hospitals within Sydney and South Western Sydney Local Health Districts, or with privately practicing midwives.</p> <p>This analysis represents approximately 60% of women who gave birth in New South Wales.</p>
Gay Community Periodic Survey: Sydney 2024	Centre for Social Research in Health	<p>Data on sexual, drug use and testing practices related to the transmission of HIV and other STIs among GBM in Sydney (self-reported).</p>

Appendix B: Case definitions

The STI notifications in this report meet the case definitions in the relevant Control Guideline for Public Health Units as listed below:

Gonorrhoea

<http://www.health.nsw.gov.au/Infectious/controlguideline/Pages/gonorrhoea.aspx>

Infectious syphilis – less than two years duration

<http://www.health.nsw.gov.au/Infectious/controlguideline/Pages/syphilis.aspx>

Syphilis - more than 2 years or unknown duration

<http://www.health.nsw.gov.au/Infectious/controlguideline/Pages/syphilis.aspx>

LGV

<https://www.health.nsw.gov.au/Infectious/controlguideline/Pages/lymphogranuloma.aspx>

Mpox

<https://www.health.nsw.gov.au/Infectious/controlguideline/Pages/monkeypox.aspx>

Appendix C: Notification data tables

Table 7: Number of infectious syphilis, gonorrhoea and chlamydia notifications by gender at diagnosis, age group and LHD of residence, incl. Justice Health, NSW, 2020 – 2024

Characteristic	Infectious syphilis					Gonorrhoea					Chlamydia				
	2020 N=1,750	2021 N=1,835	2022 N=1,986	2023 N=2,085	2024 N= 1,840	2020 N=9,824	2021 N=7,591	2022 N=10,290	2023 N=12,454	2024 N=14,046	2020 N=27,065	2021 N=25,077	2022 N=25,822	2023 N= 31,392	2024 N=29,115
Gender at diagnosis															
Cis female	139	128	186	240	170	1,980	1,466	2,067	2,649	2,781	13,138	11,708	11,531	14,247	13,240
Cis male	1,602	1,693	1,789	1,824	1,643	7,806	6,100	8,190	9,752	11,185	13,850	13,323	14,247	17,070	15,784
Transgender	2	7	5	10	20	14	9	10	15	28	13	13	9	20	22
Inadequately described	7	7	6	11	7	24	16	23	38	52	64	33	35	55	69
Age group															
00-04	0	0	0	0	0	2	3	2	7	7	4	8	0	6	4
05-09	0	0	0	0	0	2	0	1	0	0	2	1	0	1	0
10-14	0	0	0	2	0	8	4	1	15	6	51	34	39	64	45
15-19	25	22	17	30	27	421	242	404	606	603	3,687	3,467	3,322	3,859	3,334
20-24	156	115	157	176	128	1,550	1,085	1,554	2,231	2,202	8,334	7,385	7,564	9,089	8,107
25-29	304	334	319	318	289	2,192	1,640	2,086	2,616	2,782	6,156	5,401	5,450	6,577	6,446
30-34	319	385	428	426	330	1,864	1,502	1,981	2,407	2,776	3,536	3,460	3,612	4,441	4,210
35-39	289	319	335	331	311	1,409	1,130	1,521	1,688	2,070	2,080	2,123	2,333	2,756	2,665
40-44	199	201	236	250	217	847	749	971	1,067	1,322	1,184	1,218	1,350	1,624	1,666
45-49	170	150	155	161	161	620	487	616	652	815	835	782	810	1,089	987
50-54	138	142	155	152	149	407	305	490	522	617	550	542	595	784	679
55-59	79	80	93	97	109	259	235	349	314	421	345	364	365	558	486
60-64	40	42	49	69	54	147	123	160	186	225	174	152	202	323	269
65-69	17	21	29	36	44	56	43	84	86	120	66	85	118	136	134
70-74	8	7	5	24	7	24	24	39	37	39	36	35	46	51	55
75-79	3	10	4	9	9	9	11	19	7	21	12	9	12	23	16
80-84	1	5	2	2	3	3	0	1	3	6	8	6	1	3	4
85+	1	1	2	1	2	2	3	2	0	3	0	1	2	0	2
Unknown	1	1	0	1	0	2	5	9	10	11	5	4	1	8	6
Local Health District															
Central Coast	34	25	25	46	39	202	142	215	237	262	953	892	927	975	900
Far West	4	4	5	11	8	11	8	14	26	32	49	74	75	105	110
Hunter New England	120	91	89	123	112	500	391	619	859	732	2,513	2,834	2,620	3,011	2,856
Illawarra Shoalhaven	50	37	36	32	43	372	303	289	435	443	1,331	1,279	1,200	1,397	1,191
Mid North Coast	16	29	57	43	16	65	27	98	134	121	659	602	577	645	632
Murrumbidgee	27	26	14	35	56	127	109	85	136	160	733	774	796	942	933
Nepean Blue Mountains	44	30	42	51	28	296	263	297	305	358	978	835	896	1,036	953
Northern NSW	18	21	39	38	24	165	92	129	211	221	884	879	834	985	867
Northern Sydney	106	99	120	93	108	718	527	761	877	1,097	2,279	1,894	1,981	2,420	2,230
South Eastern Sydney	604	615	694	630	525	2,772	2,165	3,018	3,617	4,081	5,560	5,021	5,120	6,750	6,157
South Western Sydney	85	130	138	204	173	1,030	715	1,092	1,138	1,374	2,979	2,563	2,573	3,120	2,950
Southern NSW	16	8	9	5	9	43	43	70	101	84	361	433	420	444	428
Sydney	407	474	452	448	457	2,057	1,744	2,161	2,590	3,028	4,048	3,603	3,751	4,810	4,310
Western NSW	18	13	22	24	17	61	76	73	145	155	644	755	869	903	804
Western Sydney	153	170	172	211	160	1,150	791	1,048	1,224	1,513	2,715	2,339	2,707	3,273	3,132
Justice Health	23	27	31	33	24	53	50	67	64	43	149	136	192	239	224
Unknown	25	36	41	58	41	202	145	254	355	342	230	164	284	337	438

Data source: NCIMS, NSW Health (via SAPHaRI). Data extracted 8 April 2025. Excludes non-NSW residents. Data are provisional and subject to change. Transgender is recorded according to information provided on the Syphilis Notification Form and the Sexually Transmissible Infections Notification Form. Overall numbers reported as transgender may be an underestimation.

Table 8: Number of LGV and mpox notifications, by gender at diagnosis, age group and LHD of residence, incl. Justice Health, NSW, 2020 – 2024

Characteristic	LGV					Mpx				
	2020 N=48	2021 N= 44	2022 N=45	2023 N= 60	2024 N=39	2020 N=NA	2021 N=NA	2022 N=56	2023 N=12	2024 N=731
Gender at diagnosis										
Cis female	1	2	1	1	0	-	-	0	0	3
Cis male	47	42	44	59	39	-	-	56	11	724
Transgender	0	0	0	0	0	-	-	0	0	4
Inadequately described	0	0	0	0	0	-	-	0	1	0
Age group										
00-04	0	0	0	0	0	-	-	0	0	0
05-09	0	0	0	0	0	-	-	0	0	0
10-14	0	0	0	0	0	-	-	0	0	0
15-19	0	0	1	0	0	-	-	0	0	8
20-24	2	5	2	5	2	-	-	0	0	30
25-29	12	5	10	7	9	-	-	12	1	95
30-34	10	8	11	7	6	-	-	13	4	176
35-39	10	5	5	14	11	-	-	18	2	155
40-44	1	8	1	12	4	-	-	7	2	107
45-49	6	0	3	3	4	-	-	2	1	52
50-54	5	6	1	3	2	-	-	3	1	41
55-59	0	4	5	2	0	-	-	1	1	33
60-64	0	1	3	3	0	-	-	0	0	18
65-69	1	2	3	3	0	-	-	0	0	13
70-74	0	0	0	1	0	-	-	0	0	1
75-79	1	0	0	0	1	-	-	0	0	2
80-84	0	0	0	0	0	-	-	0	0	0
85+	0	0	0	0	0	-	-	0	0	0
Unknown	0	0	0	0	0	-	-	0	0	0
Local Health District										
Central Coast	0	2	1	1	0	-	-	0	0	3
Far West	0	0	0	0	0	-	-	0	0	0
Hunter New England	3	1	0	0	0	-	-	1	1	18
Illawarra Shoalhaven	1	1	0	2	0	-	-	0	1	7
Mid North Coast	2	1	0	0	0	-	-	0	0	3
Murrumbidgee	1	0	0	1	0	-	-	0	0	1
Nepean Blue Mountains	0	3	4	0	2	-	-	1	0	11
Northern NSW	0	0	1	1	0	-	-	2	0	6
Northern Sydney	4	5	2	9	4	-	-	0	2	44
South Eastern Sydney	15	7	14	17	9	-	-	25	6	296
South Western Sydney	3	5	2	2	5	-	-	2	0	30
Southern NSW	0	1	1	0	1	-	-	1	0	5
Sydney	14	5	10	14	9	-	-	23	0	232
Western NSW	0	0	0	1	0	-	-	0	0	1
Western Sydney	4	10	8	12	8	-	-	1	2	63
Justice Health	0	0	0	0	0	-	-	0	0	0
Unknown	1	3	2	0	1	-	-	0	0	11

Data source: NCIMS, NSW Health (via SAPHaRI). Data extracted 8 April 2025. Excludes non-NSW residents. Data are provisional and subject to change. Transgender is recorded according to information provided on the Mpx Case Questionnaire and Sexually Transmissible Infections Notification Form. Overall numbers reported as transgender may be an underestimation. Mpx first notifiable in NSW May 2022.

Table 9: Infectious syphilis notification rates by Local Health District of residence, January 2020 – December 2024

Local Health District	Year					Change from 2023 to 2024 (%)
	2020	2021	2022	2023	2024	
Central Coast	9.8	7.2	7.2	13.1	11.0	-16.0%
Far West	13.7	13.9	17.6	39.3	28.9	-26.5%
Hunter New England	12.7	9.6	9.3	12.8	11.5	-10.2%
Illawarra Shoalhaven	11.8	8.6	8.3	7.3	9.7	32.9%
Mid North Coast	7.1	12.8	25.0	18.7	6.9	-63.1%
Murrumbidgee	9.0	8.6	4.6	11.5	18.3	59.1%
Nepean Blue Mountains	11.4	7.8	10.9	13.3	7.2	-45.9%
Northern NSW	5.9	6.8	12.6	12.2	7.7	-36.9%
Northern Sydney	11.1	10.4	12.5	9.7	11.2	15.5%
South Eastern Sydney	62.9	64.9	74.4	67.9	56.5	-16.8%
South Western Sydney	8.1	12.4	13.1	19.2	16.1	-16.1%
Southern NSW	7.5	3.7	4.1	2.3	4.1	78.3%
Sydney	57.9	68.0	65.1	64.6	65.6	1.5%
Western NSW	6.4	4.6	7.8	8.4	6.0	-28.6%
Western Sydney	14.7	16.3	16.5	20.0	15.0	-25.0%

Data source: NCIMS, NSW Health and population projections, Department of Planning, Housing and Infrastructure (via SAPHaRI). Data extracted 8 April 2025. Note: Excludes non-NSW residents and notifications from Justice Health. Year of onset is based on calculated onset date.

Table 10: Gonorrhoea notification rate by LHD of residence and sex, January 2020 – December 2024

Local Health District	Sex	Year					Change from 2023 to 2024 (%)
		2020	2021	2022	2023	2024	
Central Coast	Female	44.7	25.4	41.5	51.3	51.5	0.4%
	Male	72.7	57.0	82.4	84.2	97.4	15.7%
	Total	58.4	40.9	61.6	67.4	74.0	9.8%
Far West	Female	34.5	14.0	28.2	121.3	79.3	-34.6%
	Male	41.1	41.7	70.5	64.3	152.1	136.5%
	Total	37.8	27.9	49.4	92.8	115.6	24.6%
Hunter New England	Female	45.1	29.8	45.2	70.6	62.6	-11.3%
	Male	61.1	53.0	84.8	108.1	87.9	-18.7%
	Total	53.1	41.2	64.8	89.1	75.2	-15.6%
Illawarra Shoalhaven	Female	65.4	56.5	52.8	79.5	69.5	-12.6%
	Male	109.9	85.1	81.2	120.1	130.9	9.0%
	Total	87.5	70.7	66.9	99.6	100.2	0.6%
Mid North Coast	Female	28.4	8.6	31.6	43.3	45.5	5.1%
	Male	29.0	15.3	54.8	74.1	59.5	-19.7%
	Total	28.7	11.9	42.9	58.3	52.3	-10.3%
Murrumbidgee	Female	26.4	30.2	15.7	30.6	41.4	35.3%
	Male	58.4	42.2	40.8	59.2	63.5	7.3%
	Total	42.2	36.2	28.1	44.8	52.3	16.7%
Nepean Blue Mountains	Female	52.1	41.3	48.1	45.4	58.6	29.1%
	Male	102.2	96.0	107.0	113.6	127.2	12.0%
	Total	77.0	68.4	77.3	79.3	92.7	16.9%
Northern NSW	Female	39.5	26.0	27.7	60.8	53.5	-12.0%
	Male	67.8	33.8	56.3	75.2	88.7	18.0%
	Total	53.7	29.8	41.7	67.8	70.6	4.1%
Northern Sydney	Female	31.7	23.1	35.6	44.8	45.8	2.2%
	Male	120.4	88.1	125.2	139.5	184.5	32.3%
	Total	75.1	55.1	79.6	91.5	113.8	24.4%
South Eastern Sydney	Female	67.9	49.4	84.4	97.7	117.4	20.2%
	Male	507.6	407.5	562.9	681.7	762.2	11.8%
	Total	288.5	228.5	323.4	389.9	439.5	12.7%
South Western Sydney	Female	43.8	33.1	51.1	54.1	54.6	0.9%
	Male	152.8	103.4	156.7	160.5	201.5	25.5%
	Total	98.4	68.1	103.6	107.2	128.0	19.4%
Southern NSW	Female	12.2	16.8	12.0	33.8	9.9	-70.7%
	Male	28.0	23.2	52.4	58.3	65.0	11.5%
	Total	20.1	20.0	32.2	46.1	37.9	-17.8%
Sydney	Female	66.0	50.8	78.2	88.2	114.7	30.0%
	Male	518.5	449.7	545.3	660.6	759.3	14.9%
	Total	292.4	250.1	311.4	373.4	434.8	16.4%
Western NSW	Female	16.3	30.4	19.0	38.6	37.7	-2.3%
	Male	26.4	23.4	32.6	62.8	70.9	12.9%
	Total	21.7	26.9	25.8	51.0	54.3	6.5%
Western Sydney	Female	49.5	32.1	44.7	56.1	55.3	-1.4%
	Male	168.9	118.1	154.9	174.8	226.6	29.6%
	Total	110.3	75.8	100.3	116.2	141.7	21.9%

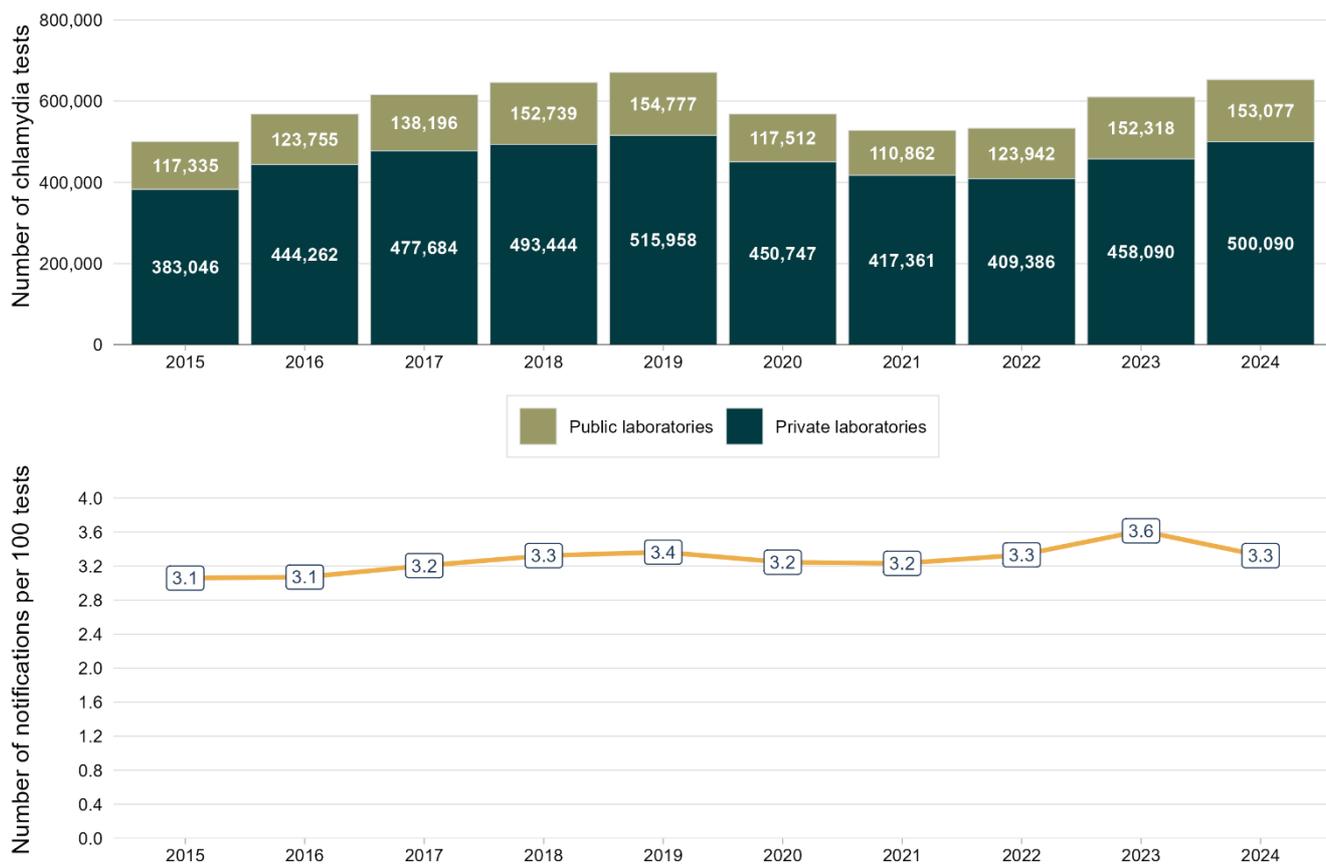
Data source: NCIMS, NSW Health and population projections, Department of Planning, Housing and Infrastructure (via SAPHaRI). Data extracted 8 April 2025. Note: Excludes non-NSW residents and notifications from Justice Health. Year of onset is based on calculated onset date.

Table 11: Chlamydia notification rate by LHD of residence and sex, January 2020 – December 2024

Local Health District	Sex	Year					Change from 2023 to 2024 (%)
		2020	2021	2022	2023	2024	
Central Coast	Female	306.9	300.0	301.3	327.3	279.5	-14.6%
	Male	242.2	211.0	226.8	225.3	226.4	0.5%
	Total	275.5	256.7	265.4	277.4	254.1	-8.4%
Far West	Female	227.9	377.1	317.7	492.4	490.3	-0.4%
	Male	109.5	138.9	211.4	257.2	304.2	18.3%
	Total	168.4	257.7	264.5	374.9	397.4	6.0%
Hunter New England	Female	317.3	352.9	319.0	372.0	343.5	-7.7%
	Male	213.9	241.8	228.2	250.2	241.4	-3.5%
	Total	266.7	298.8	274.2	312.3	293.3	-6.1%
Illawarra Shoalhaven	Female	374.9	338.5	304.4	350.6	302.3	-13.8%
	Male	247.7	257.2	250.5	288.2	234.9	-18.5%
	Total	312.9	298.4	277.7	319.9	269.4	-15.8%
Mid North Coast	Female	338.7	325.2	292.1	336.9	309.3	-8.2%
	Male	239.1	201.2	210.2	219.7	235.2	7.1%
	Total	291.0	264.8	252.6	280.7	273.2	-2.7%
Murrumbidgee	Female	291.9	293.2	299.4	371.4	370.8	-0.2%
	Male	190.6	218.5	225.2	246.8	237.4	-3.8%
	Total	243.7	256.9	263.3	310.1	305.1	-1.6%
Nepean Blue Mountains	Female	291.0	259.9	253.3	296.8	271.4	-8.6%
	Male	214.3	172.0	213.0	240.8	221.6	-8.0%
	Total	254.3	217.3	233.3	269.3	246.7	-8.4%
Northern NSW	Female	337.4	342.9	331.7	357.9	297.0	-17.0%
	Male	234.0	224.3	203.2	273.1	256.1	-6.2%
	Total	287.4	284.9	269.4	316.6	277.1	-12.5%
Northern Sydney	Female	228.9	172.6	166.7	222.9	211.2	-5.2%
	Male	247.4	224.4	248.4	282.5	252.0	-10.8%
	Total	238.3	198.1	207.1	252.4	231.3	-8.4%
South Eastern Sydney	Female	425.2	334.8	334.9	489.4	457.9	-6.4%
	Male	730.0	724.8	763.5	966.5	866.2	-10.4%
	Total	578.7	529.8	548.6	727.6	663.1	-8.9%
South Western Sydney	Female	293.0	253.7	236.9	283.7	252.5	-11.0%
	Male	273.3	233.3	249.6	302.1	296.7	-1.8%
	Total	284.6	244.2	244.1	293.9	274.8	-6.5%
Southern NSW	Female	201.7	224.4	214.0	224.6	211.3	-5.9%
	Male	135.2	176.9	171.9	180.4	174.1	-3.5%
	Total	168.8	201.0	193.4	202.5	193.1	-4.6%
Sydney	Female	398.0	302.1	299.1	428.6	409.1	-4.5%
	Male	750.6	731.4	782.5	958.6	829.7	-13.4%
	Total	575.5	516.7	540.5	693.5	618.9	-10.8%
Western NSW	Female	304.1	340.1	371.4	407.0	360.8	-11.4%
	Male	152.4	194.7	242.3	227.9	201.5	-11.6%
	Total	228.8	267.6	307.0	317.7	281.4	-11.4%
Western Sydney	Female	277.4	229.2	255.6	288.7	266.3	-7.8%
	Male	243.2	218.5	261.9	331.5	319.2	-3.7%
	Total	260.3	224.1	259.0	310.8	293.4	-5.6%

Data source: NCIMS, NSW Health and population projections, Department of Planning, Housing and Infrastructure (via SAPHaRI). Data extracted 8 April 2025. Note: Excludes non-NSW residents and notifications from Justice Health. Year of onset is based on calculated onset date.

Figure 21: Number of chlamydia tests by public and private laboratories and notifications per 100 test ratio, NSW, 2015 – 2024



Data source: NCIMS (via SAPHaRI) and NSW Denominator Data Project, NSW Health. Data extracted 15 March 2025.

Appendix D: List of figures & tables

Figure 1: Number of syphilis notifications by classifications, NSW, 2015 – 2024.....	7
Figure 2: Infectious syphilis notification rate, NSW, 2015 – 2024	8
Figure 3: Sex specific infectious syphilis notification rates, NSW, 2015 – 2024	9
Figure 4: Female infectious syphilis notification rates by age, aged 15 years and over, NSW, 2015 – 2024.....	10
Figure 5: Male infectious syphilis notification rates by age, aged 15 years and over, NSW, 2015 – 2024.....	11
Figure 6: Infectious syphilis notification rate by Local Health District of residence, NSW, 2015 – 2024.....	7
Figure 7: Infectious syphilis notification rates by sex and Local Health District, NSW, January – December 2024	8
Figure 8: Number of infectious syphilis notifications in women of reproductive age by pregnancy status at the time of diagnosis, NSW, 2015 – 2024.....	9
Figure 9: Reported gender of sexual partner(s) of men diagnosed with infectious syphilis, NSW, 2015 – 2024	10
Figure 10: Number of infectious syphilis notifications by Aboriginal status, NSW, 2015 – 2024	11
Figure 11: Number and crude rate of gonorrhoea notifications, NSW, 2015 – 2024	14
Figure 12: Sex-specific gonorrhoea notification rates, NSW, 2015 –2024.....	15
Figure 13: Age and sex-specific gonorrhoea notification rates in people aged 15 years and over, NSW, 2015 – 2024.....	16
Figure 14: Gonorrhoea notification rates by Local Health District of residence, NSW, 2015 – 2024	17
Figure 15: Gonorrhoea notification rates by sex and Local Health District of residence, NSW, January – December 2024.....	18
Figure 16: Number of gonorrhoea notifications with antimicrobial resistance of public health concern, NSW, 2023 – 2024.....	19
Figure 17: Number of gonorrhoea tests by public and private laboratories and notifications per 100 test ratio, NSW, 2015 – 2024.....	20
Figure 18: Number and male notification rate of LGV notifications, NSW, 2015 – 2024	22
Figure 19: Average annual LGV notification rates in males by Local Health District, NSW 2014 – 2024	23
Figure 20: Number of mpox notifications by place of acquisition, NSW, May 2022 – 2024	25
Figure 21: Number of chlamydia tests by public and private laboratories and notifications per 100 test ratio, NSW, 2015 – 2024	36
Table 1: Infectious syphilis notification rates by sex at birth per 100,000 population and ratio of male to female rates, NSW, 2015 – 2024	9
Table 2: Monthly breakdown of first trimester syphilis antenatal testing in NSW public hospitals in 2024.....	12
Table 3: Monthly breakdown of second trimester syphilis antenatal testing in NSW public hospitals in 2024	12
Table 4: Gonorrhoea notification rates by sex at birth per 100,000 population and ratio of male to female rates, NSW, 2015 –2024..	15
Table 5: Monthly breakdown of JYNNEOS vaccine doses administered in 2024.	26
Table 6: Details on data sources included in this report	29
Table 7: Number of infectious syphilis, gonorrhoea and chlamydia notifications by gender at diagnosis, age group and LHD of residence, incl. Justice Health, NSW, 2020 – 2024	31
Table 8: Number of LGV and mpox notifications, by gender at diagnosis, age group and LHD of residence, incl. Justice Health, NSW, 2020 – 2024	32
Table 9: Infectious syphilis notification rates by Local Health District of residence, January 2020 – December 2024	33
Table 10: Gonorrhoea notification rate by LHD of residence and sex, January 2020 – December 2024.....	34
Table 11: Chlamydia notification rate by LHD of residence and sex, January 2020 – December 2024	35

