# Vaccine preventable and invasive diseases in Queensland

**1 January – 31 December 2025**

DELIVERING FOR QUEENSLAND | Queensland Government

For more information

epi@health.qld.gov.au

**Vaccine preventable and invasive diseases in Queensland, 1 January–31 December 2025**

Published by the State of Queensland (Queensland Health), March 2026



For more information contact:
Communicable Disease Epidemiology, Epidemiology and Evidence Group, Public Health Intelligence Branch, Queensland Health, GPO Box 48, Brisbane QLD 4001, email: Epi@health.qld.gov.au.

An electronic version of this document is available at Vaccine preventable disease surveillance | Queensland Health

**Disclaimer**

# Contents

# Tables

# Figures

# Summary

- This report updates on selected vaccine preventable and other invasive disease (VPDs) notified in Queensland with an episode date[1] between 1 January and 31 December 2025. Data from the same period in 2024 is also presented for comparison.
- Overall notifications of VPDs decreased by 41% compared with previous year, driven largely by a significant reduction in pertussis notifications.
- Pertussis and varicella continue to make up the majority of VPD notifications, accounting for 84% of all cases reported during the period (Table 1).
- Data completeness for vaccination history has improved markedly, supported by the enhanced data linkage process, resulting in more accurate classification of case vaccination status.

***Table 1: Notification of vaccine preventable diseases in Queensland by quarter (2025), with total notifications and rates for 2024 and 2025***

| Diseases/pathogen | Number of Notifications | | | | | | Notification rate# | |
|---|---|---|---|---|---|---|---|---|
| | Q1 2025 | Q2 2025 | Q3 2025 | Q4 2025 | Total 2025 | Total 2024 | Total 2025 | Total 2024 |
| Diphtheria | 3 | 2 | 3 | 1 | 9 | 6 | 0.2 | 0.1 |
| Invasive Group A Streptococcal | 97 | 120 | 152 | 132 | 501 | 519 | 9.2 | 9.5 |
| Invasive *Haemophilus influenzae* type b | 1 | 1 | 0 | 0 | 2 | 2 | 0.0 | 0.0 |
| Measles | 0 | 3 | 18 | 13 | 34 | 9 | 0.6 | 0.2 |
| Meningococcal disease (invasive) | 7 | 7 | 4 | 9 | 27 | 45 | 0.5 | 0.8 |
| Mumps | 10 | 8 | 14 | 10 | 42 | 33 | 0.8 | 0.6 |
| Pertussis | 1,939 | 859 | 565 | 464 | 3,827 | 15,033 | 70.1 | 275.3 |
| Pneumococcal disease (invasive) | 65 | 105 | 180 | 83 | 433 | 395 | 7.9 | 7.2 |
| Rotavirus | 258 | 358 | 502 | 687 | 1,805 | 2,511 | 33.1 | 46.0 |
| Rubella | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0.0 |
| Tetanus | 0 | 0 | 0 | 0 | 0 | 1 | 0.0 | 0.0 |
| Varicella-zoster virus | 2,672 | 2,552 | 2,838 | 2,614 | 10,676 | 10,732 | 195.5 | 196.5 |

*Q1: 1 January–31 March, Q2: 1 April–30 June, Q3: 1 July–30 September, Q4: 1 October–31 December.*
*# Annual age specific rate per 100,000 population per year using ERP for 2024 and 2025 (ABS Catalogue no. 3235.0).*

[1] *Episode date* is the earliest of either symptom onset (determined during case interview) or specimen collection date when symptom onset date is unknown.

# Disease-specific updates

## Diphtheria

During the third quarter of 2025, three cases of cutaneous toxigenic *Corynebacterium ulcerans* were reported across the Sunshine Coast, Darling Downs and West Moreton Hospital and Health Service (HHS) areas. In the fourth quarter of 2025, one case of cutaneous toxigenic *C. diphtheriae* was reported in Darling Downs HHS.

In 2025, nine cases of toxigenic *Corynebacterium* infections were reported in Queensland. This included six cases of toxigenic *C. diphtheriae* and three cases of toxigenic *C. ulcerans.* Of these, eight were cutaneous infections and one was pharyngeal (*C. diphtheriae*).

Three cutaneous cases were reported in Torres and Cape HHS, two in Darling Downs HHS, and one each in Metro South, Sunshine Coast, and West Moreton HHS areas. The single pharyngeal case was reported in the Townsville HHS.

Notified cases ranged in age from 13 to 57 years, with four individuals identified as First Nations peoples.

All nine cases had previously received diphtheria containing vaccines. The pharyngeal case had received 4 doses of diphtheria containing vaccine with the most recent dose in 2015.

Overall, the 2025 notifications show that toxigenic *Corynebacterium* infections continue to occur at low levels in Queensland, mainly presenting as mild cutaneous infections. High vaccination coverage is likely protecting the community from more severe respiratory disease, and ongoing surveillance remains important, particularly in northern, regional, and rural areas.

## Invasive group A streptococcal infection (iGAS)

In the third and fourth quarters of 2025, there were 152 and 132 notifications of iGAS infection, respectively, with 10 deaths reported across these two quarters.

Throughout 2025, Queensland recorded 501 notifications of iGAS infection, including 17 deaths where iGAS was listed as a cause or contributing factor. This represents a 3% decrease in notifications compared to 2024 (n=519).

Adults accounted for the majority of iGAS cases in 2025, with 86% of notifications occurring in people aged 20 years or older, including 59% in those aged 50 years or older and 35% in individuals aged 65 years and above. Of the 17 deaths, 16 occurred in adults aged 50 years or older and one death occurred in an adult aged 20 to 29 years.

Indigenous status was available for 489 (98%) reported cases. Among these, 110 cases (22%) occurred in First Nations peoples. The 2025 notification rate for First Nations peoples was 38.4 per 100,000 population, compared with 9.5 per 100,000 population for non-First Nations peoples. This represents a 21% decrease from the 2024 rate of 48.6 per 100,000 population for First Nations peoples.

Overall, the decline in 2025 iGAS notifications aligns with trends observed in the post-pandemic period (Figure 1). Reductions were most notable among adolescents and adults aged 10 years and over, while notification rates increased slightly among children 5 years of age and younger (Table 2).

*Figure 1: Notifications of invasive group A streptococcal infection by year and month of onset, Queensland, 1 January 2020 to 31 December 2025*

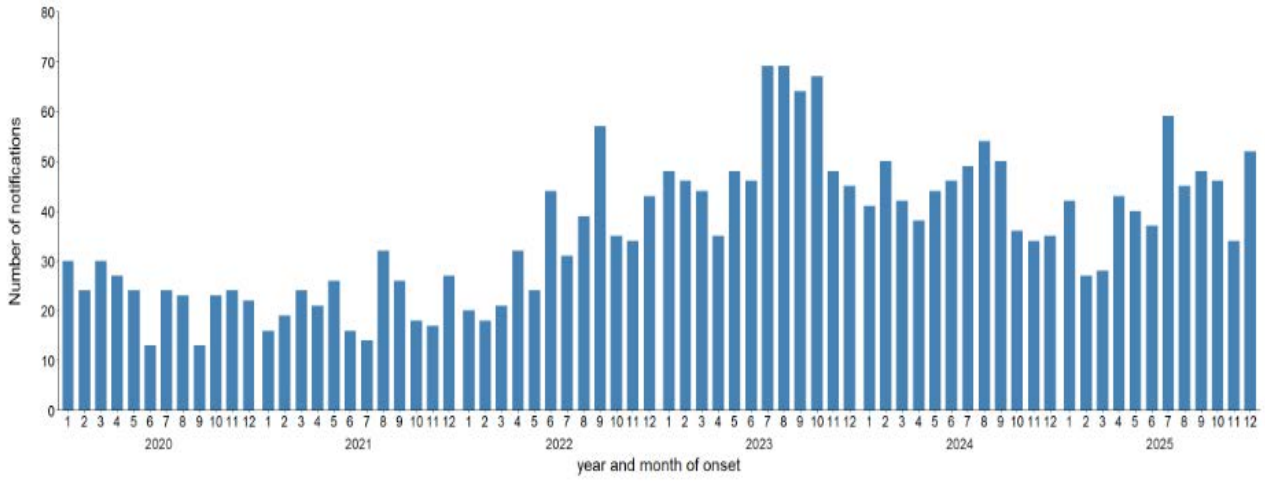



*Table 2: Number and rate of invasive group A streptococcal infection in Queensland by age group and quarter (2025), with total notifications and rates for 2024 and 2025*

| Age Group (years) | Number of notifications | | | | | | Notification rate[#] | |
|---|---|---|---|---|---|---|---|---|
| | Q1 2025 | Q2 2025 | Q3 2025 | Q4 2025 | Total 2025 | Total 2024 | Total 2025 | Total 2024 |
| 0–4 | 4 | 6 | 10 | 12 | 32 | 28 | 10.4 | 9.1 |
| 5–9 | 2 | 4 | 6 | 6 | 18 | 16 | 5.4 | 4.8 |
| 10–14 | 0 | 0 | 2 | 3 | 5 | 8 | 1.4 | 2.2 |
| 15–19 | 1 | 7 | 1 | 4 | 13 | 17 | 3.7 | 4.9 |
| 20–24 | 2 | 4 | 2 | 9 | 17 | 20 | 4.8 | 5.7 |
| 25–44 | 16 | 12 | 19 | 26 | 73 | 101 | 4.9 | 6.7 |
| 45–64 | 33 | 38 | 60 | 39 | 170 | 147 | 12.8 | 11.1 |
| 65+ | 39 | 49 | 52 | 33 | 173 | 182 | 18.7 | 19.6 |
| **Total** | **97** | **120** | **152** | **132** | **501** | **519** | **9.2** | **9.5** |

[#]*Annual age specific rate per 100,000 population per year using ERP for 2024 and 2025 (ABS Catalogue no. 3235.0)*

# Invasive *Haemophilus influenzae* type b (Hib) disease

During the third and fourth quarters of 2025, there were no cases of invasive Hib disease reported in Queensland.

In 2025, two cases of invasive Hib disease were notified, with one case each reported from the Central Queensland and Darling Downs HHS areas. The cases involved a child aged under 10 years and an adult aged between 30–39 years. The child had received all age-appropriate Hib vaccinations, while the adult case was unvaccinated.

# Measles

During the third and fourth quarters of 2025, Queensland recorded 18 and 13 measles notifications, respectively, with cases aged from 1 to 56 years.

In total, 34 measles cases were notified in Queensland in 2025. This is the highest annual total number of notifications in Queensland since 2019.

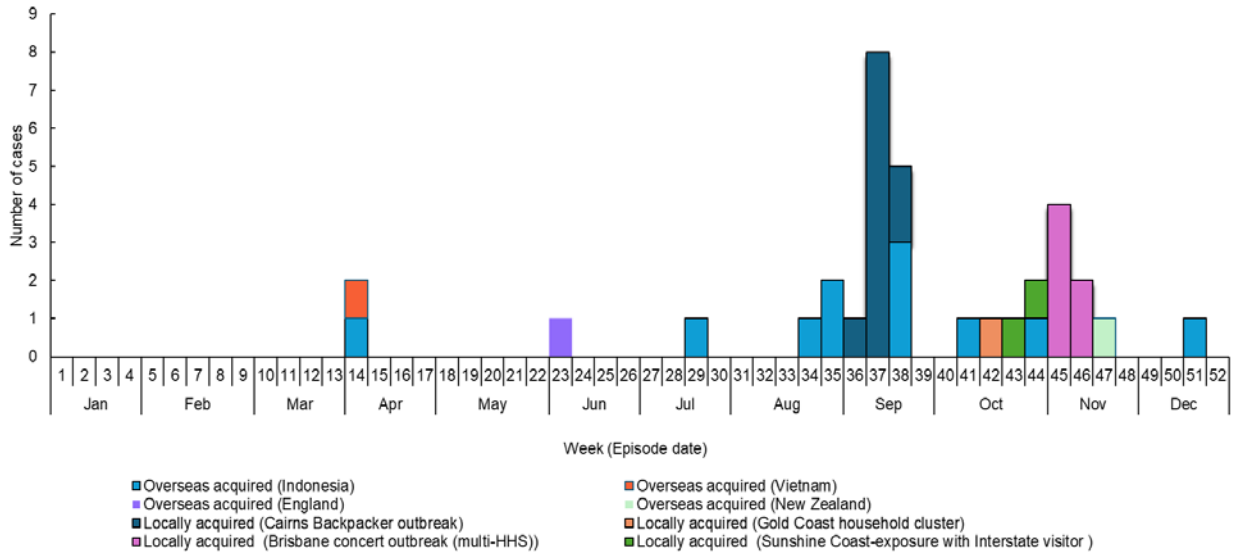
Of these 34 cases, 11 occurred in adults aged 20–29 years, 10 in those aged 30–39 years, 7 in adults aged 40–64 years. Three cases were reported in children aged 5–9 years, one case in the 10–19 years age group, and two cases in children younger than 5 years of age.

Of the total 34 measles cases, 14 acquired their infection overseas, including 11 in Indonesia, and one each in England, New Zealand, and Vietnam. There were 18 locally acquired cases in Queensland in 2025 (12 linked to overseas acquired cases and 5 cases attended the Brisbane concert, with once additional case indirectly linked to the event). An additional two cases were linked to an interstate visitor to Queensland. A breakdown of exposure source is shown in Figure 2.

Vaccination information was available for 30 cases. 10 individuals were fully vaccinated, three were partially vaccinated, 17 had no documentation of measles vaccination. Four cases were followed up, but no vaccination information could be obtained.

Overall, measles notifications in 2025 were nearly four times higher than during the same period in 2024 (9 cases).

***Figure 2: Notifications of measles by week of onset and acquisition type, Queensland, 1 January 2025 to 31 December 2025***



# Meningococcal disease (Invasive)

During the third and fourth quarters of 2025, there were 4 and 9 notifications of invasive meningococcal disease (IMD), respectively. One death was reported in a person aged 65 years and over.

In 2025, Queensland recorded 27 IMD notifications, including two deaths in adults aged under 25 years and 65 years and over. Of the notified cases, 23 were identified as serogroup B, two as serogroup W, one as serogroup C, and one was not groupable.

IMD notifications in 2025 were 40% lower than in 2024 (45 cases). Notifications of serogroup B also decreased by 32% compared with 34 cases reported in 2024.

Approximately 52% (12 cases) of serogroup B cases occurred in adults aged 25 years and older. This was followed by the 15–19 year age group and children younger than 5 years of age, each accounted for 22% (5 cases). In addition, one case occurred in a person aged 20–24 years.

The overall reduction in IMD notifications, particularly serogroup B aligns with the introduction of the free meningococcal B vaccination program implemented in February 2024 for infants and adolescents, which is expected to improve community protection and reduce disease incidence.

***Figure 3: Notifications of invasive meningococcal disease (IMD) by month of onset and serogroup, Queensland, 1 January 2020 to 31 December 2025***

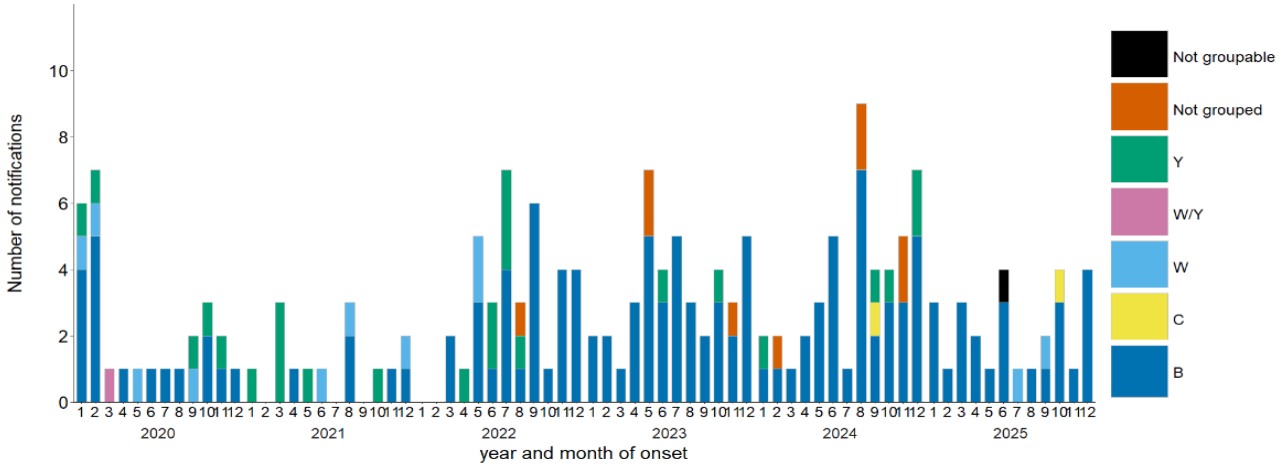



***Figure 4: Notifications of invasive meningococcal disease (IMD) by year and serogroup, Queensland, 1 January 2020 to 31 December 2025***

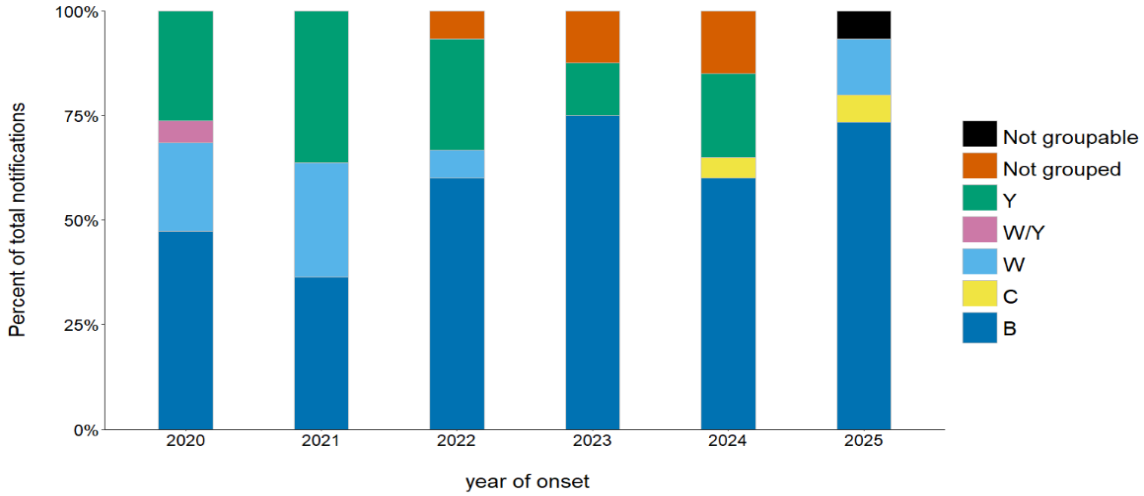


*Table 3: Notifications of invasive meningococcal disease (IMD) by serogroup and age group in years, Queensland, 1 January to 31 December 2025*

| Age Group (years) | Group B | Group C | Group W | Group Y | Not groupable | Total |
|---|---|---|---|---|---|---|
| 0–4 | 5 | 0 | 0 | 0 | 0 | 5 |
| 5–9 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10–14 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15–19 | 5 | 0 | 0 | 0 | 0 | 5 |
| 20–24 | 1 | 0 | 0 | 0 | 1 | 2 |
| 25+ | 12 | 1 | 2 | 0 | 0 | 15 |
| **Total** | **23** | **1** | **2** | **0** | **1** | **27** |

# Mumps

In the third and fourth quarters of 2025, Queensland recorded 14 and 10 notifications of mumps, respectively, with cases ranged in age from 2 years to 78 years.

In 2025, 42 notifications of mumps were received, including eight PCR confirmed cases and 34 probable cases. The age of notified cases ranged from 6 months to 78 years. Of these, 11 cases were fully vaccinated, two were partially vaccinated, two were not yet age eligible for vaccination, 20 were unvaccinated, and seven had no documented history of mumps vaccination.

Indigenous status was available for 38 cases (90%). Of these, 37 individuals identifying as non-First Nations peoples and one case occurred in a First Nations person.

Overall, mumps notifications in 2025 increased by 27% compared with the same period in 2024 (33 cases).

# Pertussis

In the third and fourth quarters of 2025, Queensland recorded 565 and 464 pertussis notifications, respectively.

In 2025, a total of 3,827 pertussis cases were reported, with no associated deaths. Notifications have steadily declined since the peak in November 2024 (Figure 4). The highest number of cases occurred among children aged 5–14 years, while infants younger than one year of age continued to have the highest notification rate (Table 4).

Overall, pertussis notifications in 2025 decreased by nearly 75% compared with 2024 (15,033 notifications). This trend aligns with the natural three to four year pertussis epidemic cycle, noting that the most recent wave from July 2023 to November 2024 was higher than typical cycles. The elevated peak was likely influenced by reduced natural exposure and disrupted routine vaccination during the COVID-19 pandemic.

*Table 4: Number and rates of pertussis notifications in Queensland by age group and quarter (2025), with total notifications and rates for 2024 and 2025*

| Age Group (years) | Number of notifications | | | | | | Notification rate[#] | |
|---|---|---|---|---|---|---|---|---|
| | Q1 2025 | Q2 2025 | Q3 2025 | Q4 2025 | Total 2025 | Total 2024 | Total 2025 | Total 2024 |
| <1 | 80 | 39 | 19 | 27 | 165 | 310 | 272.7 | 512.4 |
| 1–2 | 131 | 50 | 43 | 35 | 259 | 532 | 208.2 | 427.7 |
| 3–4 | 141 | 42 | 17 | 24 | 224 | 552 | 180.3 | 444.4 |
| 5–9 | 368 | 172 | 93 | 94 | 727 | 3,501 | 216.6 | 1043.1 |
| 10–14 | 299 | 166 | 93 | 64 | 622 | 4,627 | 173.4 | 1289.9 |
| 15–19 | 173 | 87 | 60 | 43 | 363 | 1,563 | 104.5 | 450.1 |
| 20–49 | 435 | 185 | 142 | 106 | 868 | 2,441 | 39.6 | 111.2 |
| 50–64 | 153 | 60 | 49 | 40 | 302 | 893 | 30.5 | 90.3 |
| 65+ | 159 | 58 | 49 | 31 | 297 | 614 | 32 | 66.3 |
| **Total** | **1,939** | **859** | **565** | **464** | **3,827** | **15,033** | **70.1** | **275.3** |

[#]*Annual age specific rate per 100,000 population per year using ERP for 2024 and 2025 (ABS Catalogue no. 3235.0).*

*Figure 5: Notifications of pertussis by month and year of onset, Queensland, 1 January 2020 to 31 December 2025*

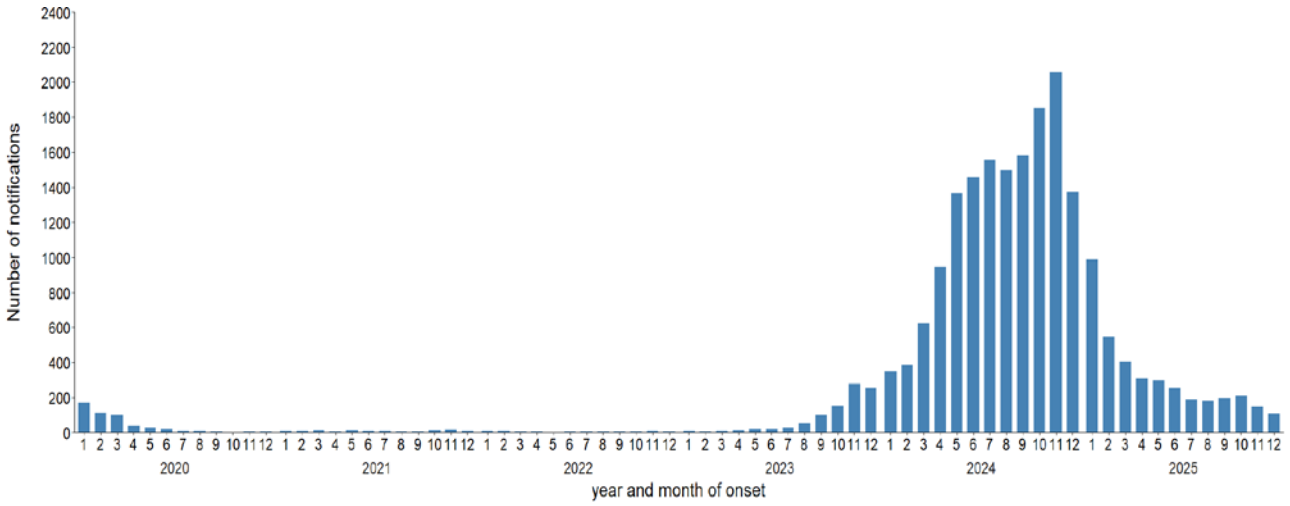


*Table 5: Notifications of pertussis in Queensland in children aged younger than one year by quarter (2025), with total notifications and rates for 2024 and 2025*

| Age group | Q1 2025 | Q2 2025 | Q3 2025 | Q4 2025 | Total 2025 | Total 2024 |
|---|---|---|---|---|---|---|
| <1 month | 5 | 1 | 0 | 2 | 8 | 9 |
| 1 month | 13 | 0 | 3 | 2 | 18 | 30 |
| 2 months | 3 | 8 | 1 | 1 | 13 | 20 |
| 3 months | 6 | 2 | 0 | 1 | 9 | 26 |
| 4 months | 6 | 1 | 1 | 1 | 9 | 35 |
| 5 months | 2 | 2 | 1 | 1 | 6 | 22 |
| 6 months | 10 | 7 | 2 | 3 | 22 | 36 |
| 7 months | 4 | 3 | 4 | 3 | 14 | 28 |
| 8 months | 6 | 3 | 1 | 3 | 13 | 28 |
| 9 months | 6 | 4 | 2 | 6 | 18 | 23 |
| 10 months | 6 | 2 | 1 | 3 | 12 | 24 |
| 11 months | 13 | 6 | 3 | 1 | 23 | 29 |
| **Total** | **80** | **39** | **19** | **27** | **165** | **310** |

*Table 6: Maternal vaccination status for mother of pertussis cases reported in Queensland in children aged younger than one year by quarter (2025), with total notifications and rates for 2024 and 2025*

| Maternal vaccination status | Q1 2025 | Q2 2025 | Q3 2025 | Q4 2025 | Total 2025 | Total 2024 |
|---|---|---|---|---|---|---|
| Vaccinated | 39 | 29 | 14 | 23 | 105 | 170 |
| Not Vaccinated | 36 | 7 | 2 | 3 | 48 | 115 |
| Unknown | 5 | 3 | 3 | 1 | 12 | 25 |
| **Total** | **80** | **39** | **19** | **27** | **165** | **310** |

# Pneumococcal disease (Invasive)

In the third and fourth quarters of 2025, Queensland recorded 180 and 83 notifications of invasive

type: serotypes included in the previous 7-valent vaccine (Prevenar) are categorised as 7v, pneumococcal disease (IPD), respectively. Fifteen deaths were reported among individuals ranging in age from 1 month to 89 years.

During 2025, 433 cases of IPD were notified in Queensland, including 24 deaths. Of these 24 deaths, 21 occurred in adults aged 58 years or older, and three occurred in infants younger than one year of age. The highest notification rates were observed in children younger than 5 years of age, followed by adults aged 65 years and older (Table 8).

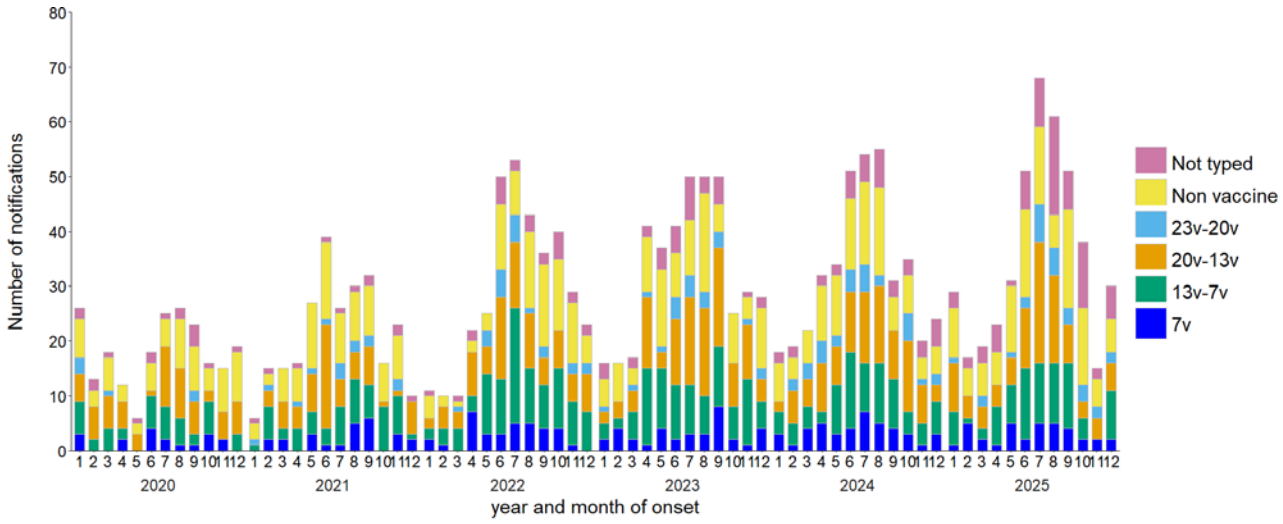
Figure 4 shows the monthly IPD notifications by serotype category. The serotype of each notification is categorised according to vaccine those included exclusively in the 13-valent vaccine (Prevenar 13) are categorised as 13v-7v, those included exclusively in the 20-valent vaccine (Prevenar 20) are categorise

as 20v-13v, and those included exclusively in the 23-valent vaccine (Pneumovax 23) are categorise as 23v-20v.

Between 1 January 2020 and 31 December 2025, 31% of IPD cases were attributed to 13v serotypes, followed by 25% caused by 20v-13v serotypes, 6% by 23v-20v serotypes, 28% by non-vaccine serotypes, and 10% of cases that were not typed (Figure 5).

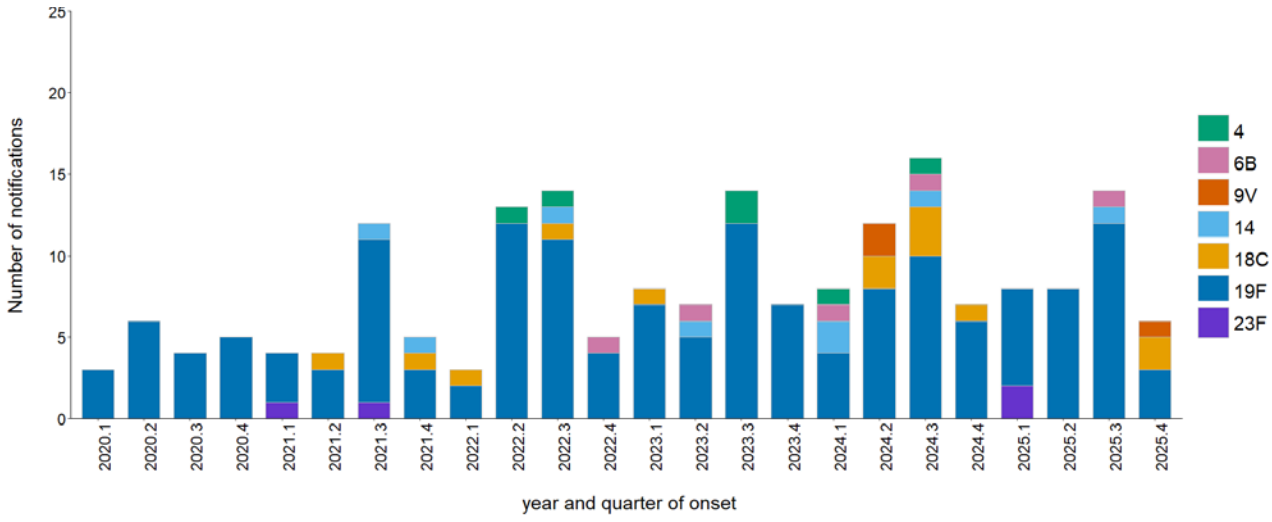
Overall, 2025 IPD notifications increased by nearly 10% compared with notifications in 2024 (395 cases). The increase was influenced in part by specific serotypes, particularly 3, 22F, 23B, and 19F, which were more common compared with the previous 5-year period. Additionally, some increase in notification numbers was associated with cases that could not be serotyped due to non-viable specimens, insufficient DNA or lack of an isolate.

***Figure 6: Notifications of invasive pneumococcal disease by year and month of onset, Queensland, 1 January 2020 to 31 December 2025***



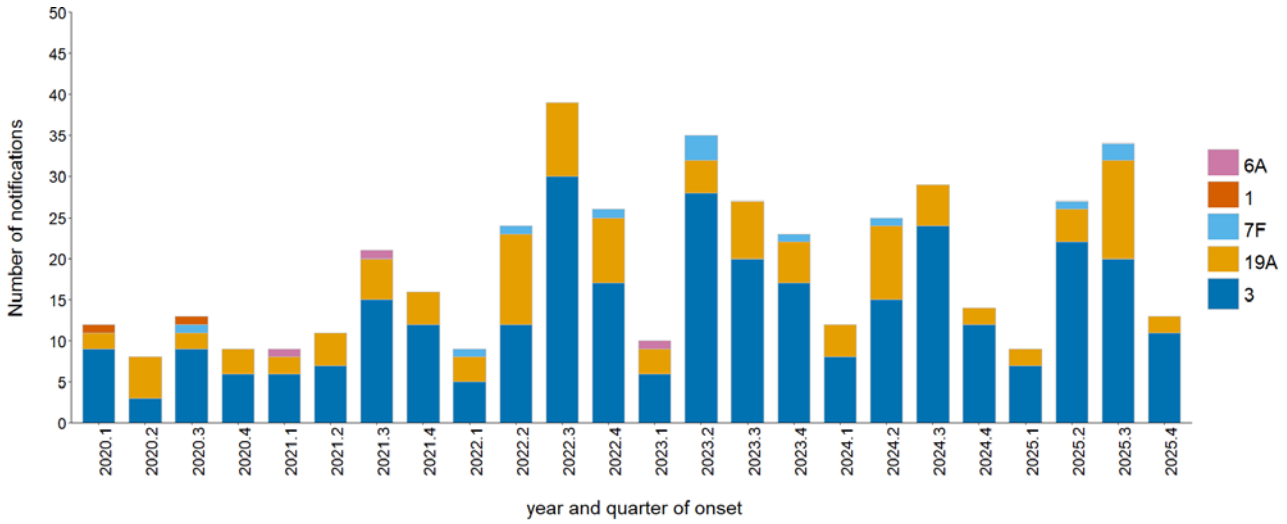

Serotype 19F accounted for 80% of invasive pneumococcal disease cases caused by 7v serotypes in 2025. Cases due to this serotype increased by 16% compared with the previous five-year average (Figure 7).

***Figure 7: Notifications of 7vPCV serotypes of invasive pneumococcal disease by year and quarter of onset, Queensland, 1 January 2020 to 31 December 2025***




Serotype 3 accounted for 71% and serotype 19A for 26% of IPD cases caused by 13v-7vPCV serotypes; 14% and 5% of all notifications during the period, respectively. Cases due to both serotype 3 and 19A increased by 11% compared with the previous five-year average (Figure 8).

***Figure 8: Notifications of 13v-7v serotypes of invasive pneumococcal disease by year and quarter of onset, Queensland, 1 January 2020 to 31 December 2025***




Serotype 22F accounted for 30% of IPD cases caused by 20v-13vPCV serotypes. Cases due to serotype 22F increased by 74% (47 cases), compared to 2024 (27 cases). This is also notably higher than the average of 21 cases per year during the previous five years (Figure 9).

***Figure 9: Notifications of 20v-13vPCV serotypes of invasive pneumococcal disease by year and quarter of onset, Queensland, 1 January 2020 to 31 December 2025***

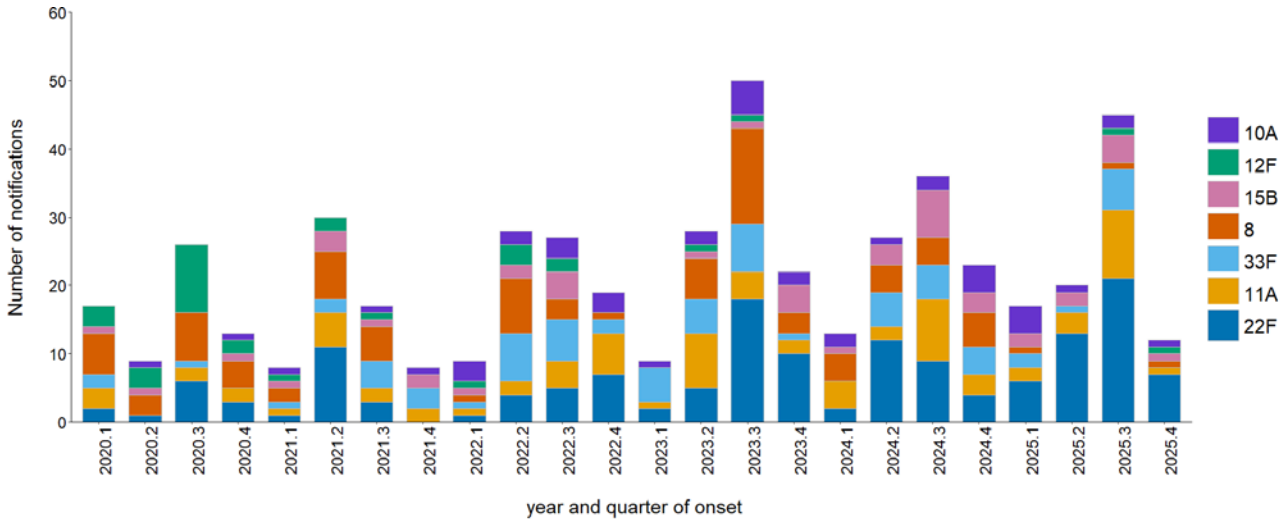
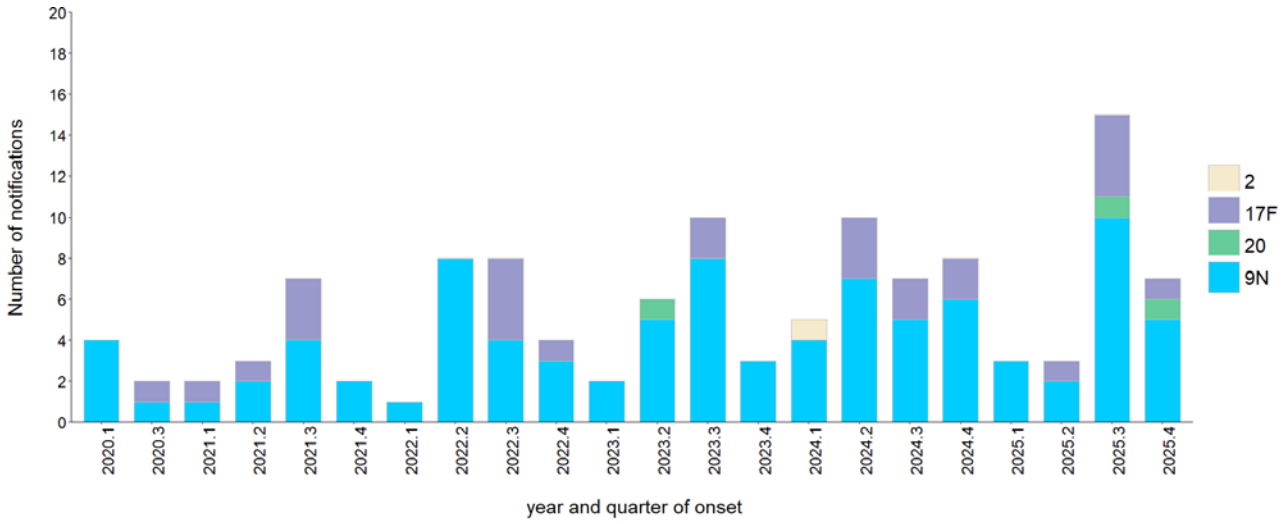


*Figure 10: Notifications of 23vPPV-20vPCV serotypes of invasive pneumococcal disease by year and quarter of onset, Queensland, 1 January 2020 to 31 December 2025*




During the reporting period, the most notified IPD serotypes were 3, 22F, 19F, 23B, 19A, 9N,16F, 11A, 23A, 15B, 33F, and 35F. Together, these serotypes accounted for 63% of all IPD notifications (Table 7).

*Table 7: Most common serotypes of invasive pneumococcal disease in Queensland by quarter (2025), with total notifications for 2024 and 2025*

| Serotype | Vaccine inclusion | Q1 2025 | Q2 2025 | Q3 2025 | Q4 2025 | Total 2025 | Total 2024 |
|---|---|---|---|---|---|---|---|
| 3 | 13v-7v | 7 | 22 | 20 | 11 | 60 | 59 |
| 22F | 20v-13v | 6 | 13 | 21 | 7 | 47 | 27 |
| 19F | 7v | 6 | 8 | 12 | 3 | 29 | 28 |
| 23B | Non vaccine | 3 | 10 | 9 | 4 | 26 | 25 |
| 19A | 13v-7v | 2 | 4 | 12 | 2 | 20 | 20 |
| 9N | 23v-20v | 3 | 2 | 10 | 5 | 20 | 22 |
| 16F | Non vaccine | 6 | 0 | 9 | 4 | 19 | 21 |
| 11A | 20v-13v | 2 | 3 | 10 | 1 | 16 | 18 |
| 23A | Non vaccine | 1 | 4 | 2 | 3 | 10 | 9 |
| 15B | 20v-13v | 2 | 2 | 4 | 1 | 9 | 14 |
| 33F | 20v-13v | 2 | 1 | 6 | 0 | 9 | 14 |
| 35F | Non vaccine | 1 | 3 | 4 | 1 | 9 | 4 |

*Table 8: Notifications and rates of invasive pneumococcal disease in Queensland by age group in years and quarter (2025), with total notifications and rates for 2024 and 2025*

| Age Group (years) | Number of notifications | | | | | | Notification rate[#] | |
|---|---|---|---|---|---|---|---|---|
| | Q1 2025 | Q2 2025 | Q3 2025 | Q4 2025 | Total 2025 | Total 2024 | Total 2025 | Total 2024 |
| <1 | 4 | 4 | 4 | 4 | 16 | 14 | 26.4 | 23.1 |
| 1–4 | 10 | 8 | 15 | 11 | 44 | 55 | 17.7 | 22.1 |
| 5–14 | 2 | 8 | 12 | 3 | 25 | 26 | 3.6 | 3.7 |
| 15–24 | 2 | 6 | 8 | 5 | 21 | 18 | 3 | 2.6 |
| 25–44 | 16 | 11 | 26 | 13 | 66 | 63 | 4.4 | 4.2 |
| 45–64 | 22 | 28 | 45 | 22 | 117 | 99 | 8.8 | 7.5 |
| 65+ | 9 | 40 | 70 | 25 | 144 | 120 | 15.5 | 12.9 |
| **Total** | **65** | **105** | **180** | **83** | **433** | **395** | **7.9** | **7.2** |

[#]*Annual age specific rate per 100,000 population per year using ERP for 2024 and 2025 (ABS Catalogue no. 3235.0)*

# Rotavirus

In the third and fourth quarters of 2025, Queensland recorded 502 and 687 rotavirus notifications, respectively, contributing to a total of 1,805 notifications for the year.

In 2025, the highest number of cases (596 cases) and the highest notification rate (985 per 100,000 population) occurred in children younger than 1 year of age. Notification in this age group decreased by 7% compared with the same period in 2024, with 646 cases (1,068 per 100,000 population).

Overall, rotavirus notification rates in 2025 were 28% lower than in 2024 (Figure 11).

Figure 12 shows that rotavirus notifications have consistently been highest among infants under 1 year of age over time.

*Figure 11: Notifications of rotavirus by month and year of onset, Queensland, 1 January 2020 to 31 December 2025*

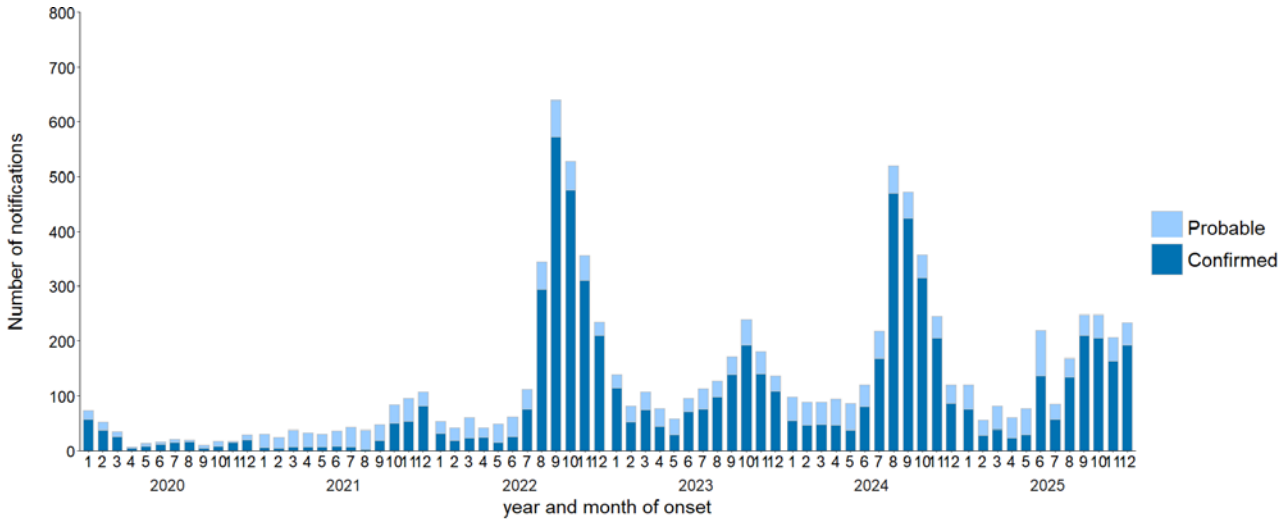


*Figure 12: Notifications of rotavirus by age group and quarter and year of onset, Queensland, 1 January 2020 to 31 December 2025*

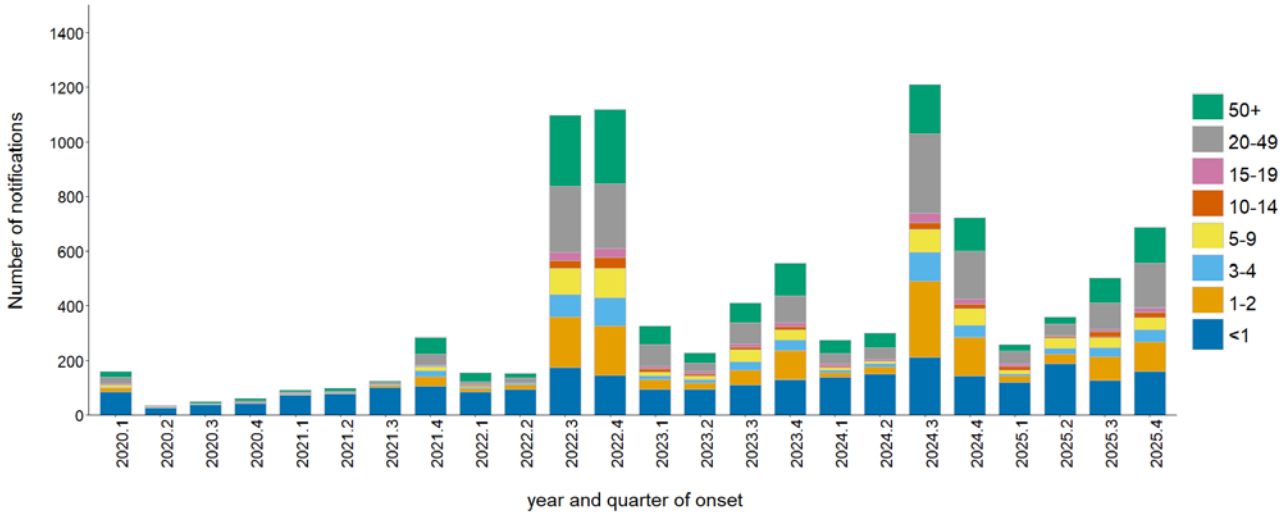



*Table 9: Number and rate of rotavirus notifications in Queensland by age group in years and quarter (2025), with total notifications and rates for 2024 and 2025*

| Age Group (years) | Number of notifications | | | | | | Notification rate[#] | |
|---|---|---|---|---|---|---|---|---|
| | Q1 2025 | Q2 2025 | Q3 2025 | Q4 2025 | Total 2025 | Total 2024 | Total 2025 | Total 2024 |
| <1 | 121 | 187 | 129 | 159 | 596 | 646 | 985.2 | 1067.8 |
| 1–2 | 21 | 38 | 84 | 108 | 251 | 465 | 201.8 | 373.8 |
| 3–4 | 9 | 19 | 33 | 46 | 107 | 166 | 86.1 | 133.6 |
| 5–9 | 15 | 38 | 39 | 43 | 135 | 162 | 40.2 | 48.3 |
| 10–14 | 13 | 6 | 21 | 19 | 59 | 50 | 16.4 | 13.9 |
| 15–19 | 9 | 1 | 8 | 18 | 36 | 66 | 10.4 | 19 |
| 20–49 | 46 | 46 | 97 | 163 | 352 | 547 | 16 | 24.9 |
| 50+ | 24 | 23 | 91 | 131 | 269 | 409 | 14 | 21.4 |
| **Total** | **258** | **358** | **502** | **687** | **1,805** | **2,511** | **33.1** | **46** |

[#]*Annual age specific rate per 100,000 population per year using ERP for 2024 and 2025 (ABS Catalogue no. 3235.0)*

*Table 10: Notifications of rotavirus in Queensland in children aged younger than one year by quarter (2025), with total notifications for 2024 and 2025*

| Age group | Q1 2025 | Q2 2025 | Q3 2025 | Q4 2025 | Total 2025 | Total 2024 |
|---|---|---|---|---|---|---|
| <1 month | 0 | 0 | 3 | 0 | 3 | 3 |
| 1 month | 27 | 29 | 29 | 28 | 113 | 129 |
| 2 months | 35 | 50 | 26 | 38 | 149 | 159 |
| 3 months | 21 | 42 | 16 | 26 | 105 | 75 |
| 4 months | 18 | 33 | 13 | 18 | 82 | 93 |
| 5 months | 7 | 13 | 10 | 14 | 44 | 46 |
| 6 months | 7 | 0 | 3 | 1 | 11 | 22 |
| 7 months | 2 | 4 | 4 | 3 | 13 | 21 |
| 8 months | 1 | 8 | 3 | 6 | 18 | 19 |
| 9 months | 1 | 0 | 11 | 7 | 19 | 22 |
| 10 months | 2 | 8 | 6 | 8 | 24 | 26 |
| 11 months | 0 | 0 | 5 | 10 | 15 | 31 |
| **Total** | **121** | **187** | **129** | **159** | **596** | **646** |

# Rubella

No new cases of rubella were notified during the reporting period. No cases were reported in 2024 or 2025.

# Tetanus

No new cases of tetanus were notified during the reporting period. No cases were reported in 2025; a single case was reported in 2024.

# Varicella-zoster virus infection

During the third and fourth quarters of 2025, Queensland recorded 2,838 and 2,614 notifications of varicella-zoster infection, respectively. In 2025, there were 10,676 varicella-zoster infections reported.

The highest notification numbers and rates continue to occur in adults aged 60–69 years, followed by those aged 70 years and older. A slight increase in notifications was also noted among children younger than five years of age (Table 11).

Overall, varicella-zoster notification in 2025 were comparable to those reported in 2024. Figures 11 and 12 show the distribution of varicella-zoster notifications in Queensland by clinical presentations, month, quarter, and year of onset shown for all cases and for those aged 70 years and over, respectively.

*Table 11: Number and rate of varicella-zoster virus notification in Queensland by age group by quarter (2025), with total notifications and rates for 2024 and 2025*

| Age group | Number of notifications | | | | | | Notification rate[#] | |
|---|---|---|---|---|---|---|---|---|
| | Q1 2025 | Q2 2025 | Q3 2025 | Q4 2025 | Total 2025 | Total 2024 | Total 2025 | Total 2024 |
| <1 | 21 | 10 | 24 | 15 | 70 | 51 | 115.7 | 84.3 |
| 1–2 | 21 | 19 | 34 | 16 | 90 | 75 | 72.4 | 60.3 |
| 3–4 | 10 | 15 | 26 | 17 | 68 | 65 | 54.7 | 52.3 |
| 5–7 | 31 | 30 | 52 | 31 | 144 | 146 | 73 | 74 |
| 8–9 | 31 | 32 | 58 | 19 | 140 | 114 | 101.2 | 82.4 |
| 10–59 | 1,678 | 1,637 | 1,817 | 1,678 | 6,810 | 6,490 | 190.5 | 181.6 |
| 60–69 | 465 | 400 | 406 | 446 | 1,717 | 1,903 | 291.8 | 323.4 |
| 70+ | 415 | 409 | 421 | 392 | 1,637 | 1,888 | 250.6 | 289 |
| **Total** | **2,672** | **2,552** | **2,838** | **2,614** | **10,676** | **10,732** | **195.5** | **196.5** |

[#]*Annual age specific rate per 100,000 population per year using ERP for 2024 and 2025 (ABS Catalogue no. 3235.0)*

*Figure 13: Notifications of varicella-zoster virus by clinical presentation, Queensland, 1 January 2020 to 31 December 2025*

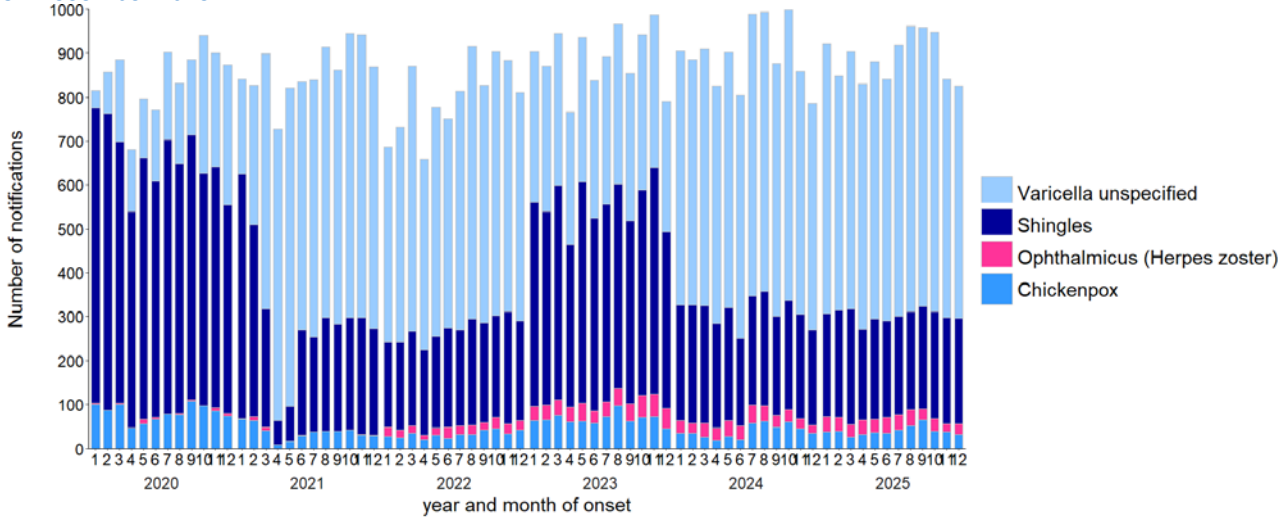
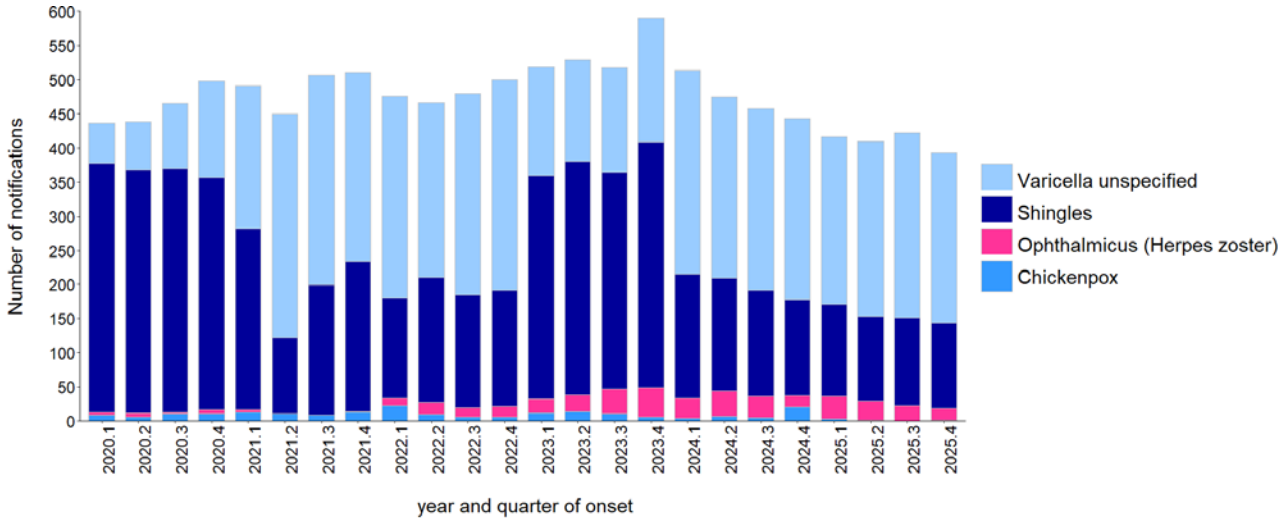



*Figure 14: Notifications of varicella-zoster virus by clinical presentation for people 70 years of age or older, Queensland, 1 January 2020 to 31 December 2025*



# Technical notes

Data were extracted from the Queensland Health Notifiable Conditions Register on 9 February 2026. Notifications records are subject to continuous updates and change.

Disease-specific surveillance and vaccination procedures are summarised below. For further information and the latest updates, please see the Queensland Health website, including:

- Communicable disease control guidance (includes case definitions)
- Weekly Notifiable Conditions Report
- Immunisation schedules and programs.

## Surveillance and follow up procedures

### Rotavirus

Since late 2015, two laboratories in Queensland introduced routine PCR testing for rotavirus infection. PCR is more sensitive for rotavirus detection than antigen detection methods. This was followed by an increase in notifications in children aged younger than one year, which has been sustained. With current PCR assays, discrimination between wild type rotavirus and the vaccine strains is not possible. Notified cases in this age group may reflect recent vaccination rather than infection.

Queensland introduced a case definition for probable and confirmed cases from the beginning of 2017, standardising reporting and enhancing surveillance consistency across the state.

### Varicella-Zoster virus

From 1 January 2018, all varicella-zoster virus (VZV) notifications involving children under 10 years and adults aged 60 years and older have been routinely followed up to determine whether the clinical presentation is consistent with chickenpox or shingles. This expanded follow-up replaced the previous approach, which focused only on children under eight years.

A time-limited enhanced surveillance initiative was conducted from 1 December 2017 to 30 September 2018, during which all VZV notifications underwent follow-up for one month each quarter to collect detailed clinical information.

Additional enhanced surveillance periods were undertaken from 1 August 2019 to 31 December 2020, and 1 January to 31 December 2023, during which clinical presentations were recorded for all notifications.

From 1 January 2024, surveillance efforts have shifted to focus specifically on hospitalised VZV cases, ensuring more detailed assessment of clinical presentation, disease severity, and trends in serious illness.

## Vaccination History Summary

Historical vaccination data and immunisation policy information are available from the National Centre for Immunisation Research and Surveillance (NCIRS).

The following section provides a summary of relevant vaccination history for reference.

## Diphtheria, Tetanus Pertussis, Polio and Hib

Acellular vaccines were first used on the National Immunisation Program (NIP) for all Australian children in the late 1990s.

Queensland has offered children Infanrix hexa in a 3-dose schedule for infants at 6 weeks, 4 months, and 6 months of age since 1 March 2008.

From 1 July 2023, Vaxelis® is available on NIP as an alternative to Infanrix hexa® for infants at 2, 4, and 6 months. Both vaccines are equally suitable, with no preferred option.

Booster doses of pertussis-containing vaccine (dTpa) are scheduled for children at 18 months and 4 years of age.

A pertussis-containing booster (dTpa) is offered in the year 7 school vaccination program.

A dose of pertussis-containing vaccine (dTpa) is recommended during every pregnancy (ideally between 20 and 32 weeks).

## Measles, Mumps, Rubella, and varicella (MMR/MMRV) vaccines

From 1989, MMR vaccine has been nationally funded for children at 12 months of age.

In October 2005, the MMRV vaccine registered for use in children over 9 months and adults.

Queensland introduced a catch-up MMR program in June 2008 for adults born in or after 1966 who have not received two documented doses of MMR vaccine.

From July 2013, MMRV was funded for the second MMR dose at 18 months.

## Invasive meningococcal disease (IMD)

Vaccines for serogroup C disease were introduced for children 12 months of age in 2003, with an initial catch-up period covering older ages to <20 years.

In response to the rise in serogroup W and serogroup Y disease in 2016, a meningococcal ACWY vaccination program was introduced in July 2017 to provide vaccination to year 10 students through the school immunisation program, and all aged 15–19 years of age through their immunisation provider.

From 1 July 2018, conjugate meningococcal ACWY vaccine replaced Menitorix® (Hib-Meningococcal Serogroup C vaccine) at the 12-month time point on the national immunisation program schedule.

From 1 July 2020, the meningococcal B vaccine (Bexsero®) became available on the National Immunisation Program and was funded for First Nations children from 6 weeks of age, with a three-year catch-up program for children younger than two years of age until 30 June 2023.

From 1 July 2020, Bexsero and conjugate meningococcal ACWY vaccines were made available through the National Immunisation Program and funded for people of all ages with specified medical conditions that increase their risk of IMD.

Beginning 2024, the Queensland Government funded a meningococcal B vaccination program that provides a free meningococcal B (menB) vaccine to eligible infants, children and adolescents in Queensland.

## Invasive pneumococcal disease (IPD)

Since 1 July 2011, 13vPCV vaccine was provided in a 3-dose primary course schedule for infants (3+0) not in a high-risk category at 6 weeks, 4, and 6 months.

From 1 July 2018, a new schedule for 13vPCV was introduced (2+1), with doses at 6 weeks, 4 months, and 12 months of age.

From 1 July 2018, Aboriginal and/or Torres Strait Islander children and medically at-risk children are scheduled to receive Prevenar 13 at 6 weeks, 4 months, 6 months, and 12 months of age (3+1).

From 1 July 2020, a single dose of 13vPCV has been funded for non-First Nations adults aged 70 years or older, replacing the previously funded dose of 23vPPV for adults aged 65 years or older.

From 1 September 2025, the 20-valent pneumococcal conjugate vaccine (20vPCV) replaced Prevenar 13® and Pneumovax 23® for infants, children, and adolescents, and is included in the Australian National Immunisation Program (NIP).

### Rotavirus

Vaccines for rotavirus first became available in Australia in early 2006 and were added to the National Immunisation Program from 1 July 2007. At this time, Queensland began vaccinating children with RotaTeq (Merck/Seqirus) in a 3-dose schedule administered orally at 6 weeks, 4 months, and 6 months of age.

From 1 July 2017, oral rotavirus vaccine Rotarix (GSK) given in a 2-dose schedule (6 weeks, 4 months), replaced RotaTeq in Queensland.

### Varicella-Zoster virus

The National Immunisation Program Schedule provides a combined measles, mumps, rubella, and varicella (MMRV) vaccine for children aged 18 months.

The National Shingles Vaccination Program commenced in November 2016 for adults 70 years of age using the live attenuated vaccine, Zostavax, with a single catch-up dose funded for adults aged 71 to 79 years old and concluded on 30 October 2023.

From 1 November 2023, Shingrix replaced Zostavax under the National Immunisation Program for all adults aged ≥65 years, Aboriginal and Torres Strait Islander people aged ≥50 years and selected groups aged ≥18 years with severe immunocompromise. Eligible funded groups for Shingrix were expanded in September 2024 to include a wider range of at-risk individuals.

See also: https://www.health.gov.au/resources/publications/national-immunisation-program-shingles-vaccination-program-advice-for-health-professionals-september-2024