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# WEEKLY INFECTIOUS DISEASE BULLETIN

**EPIDEMIOLOGICAL WEEK** 5 - 11 Feb 2017 E Week **Cumulative first** Weeks Median Median 2017\* 2012 - 2016 2012 -2016 OOD/WATER-BORNE DISEASES Acute Hepatitis A O Acute Hepatitis E O Campylobacteriosis Cholera Paratyphoid O Poliomyelitis O O O O Salmonellosis (non-enteric fevers) Typhoid **ECTOR-BORNE DISEASES** Chikungunya Fever Dengue Fever Dengue Haemorrhagic Fever n O Japanese Encephalitis Leptospirosis Malaria Murine Typhus Nipah virus infection Plague n Yellow Fever Zika Virus Infection AIR/DROPLET-BORNE DISEASES Avian Influenza Diphtheria n O Ebola Virus Disease Haemophilus influenzae type b Hand, Foot And Mouth Disease Legionellosis O O O n O Measles Melioidosis Meningococcal Disease n O Mumps Pertussis Pneumococcal Disease (invasive) Severe acute respiratory syndrome U Tetanus U OTHER DISEASES Acute hepatitis B Acute hepatitis C Botulism MERS-CoV Suspect cases tested NA NA NΑ NA Other patients tested NΑ NΑ NA POLYCLINIC ATTENDANCES - AVERAGE DAILY NUMBER\*\*\* Acute upper respiratory infections Acute conjunctivitis Acute Diarrhoea Chickenpox NΑ HIV/STI/TB NOTIFICATIONS **Cumulative 2017** Jan HIV/AIDS Legally Notifiable STIs\* 

Luberculosis

<sup>\*</sup> Preliminary figures, subject to revision when more information is available.

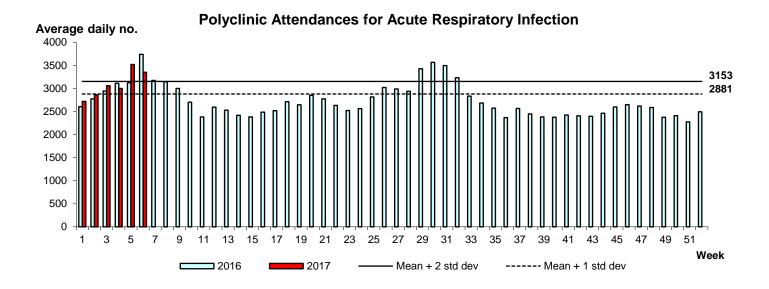
<sup>\*\*</sup> Wef Jan 2010, reporting has changed from <u>all</u> types of STIs to <u>legally notifiable</u> STIs, which comprise gonorrhoea, non-gonococcal urethritis, syphilis (congenital, infectious, non-infectious), chlamydia and genital herpes (first episode and recurrent).

<sup>\*\*\*</sup> Wef E-week 6 of 2012, the no. of polyclinic attendances will be reflected on an average daily basis, instead of weekly basis, so as to take into account the number of working days in an E-week at the polyclinics for a more accurate representation of the underlying trends in the community.

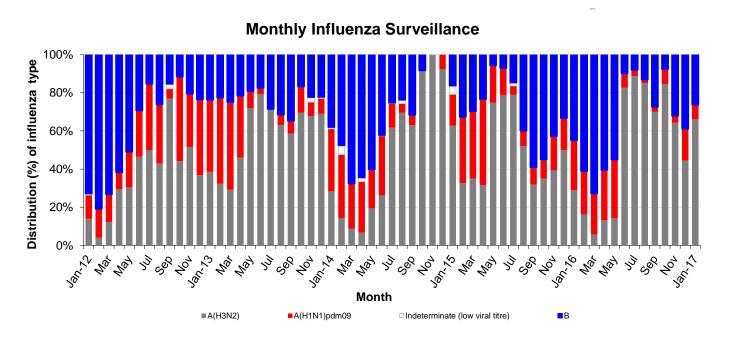
#### **Influenza Situation in Singapore 2017**

Influenza indicators for E-week 6 (5 - 11 Feb 2017) are as follows:

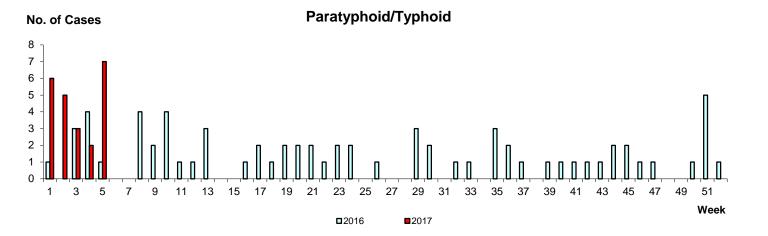
The average daily number of patients seeking treatment in the polyclinics for ARI decreased from 3,521 (over 4.5 working days) in E-week 5 to 3,352 (over 5.5 working days) in E-week 6.

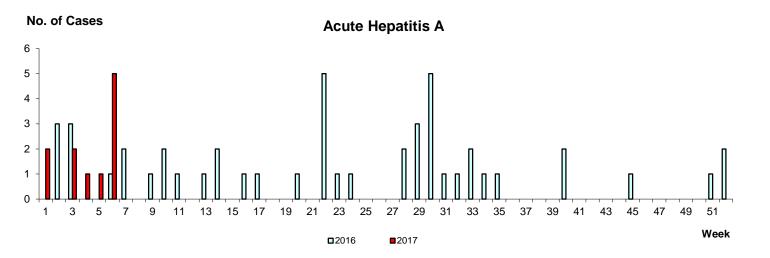


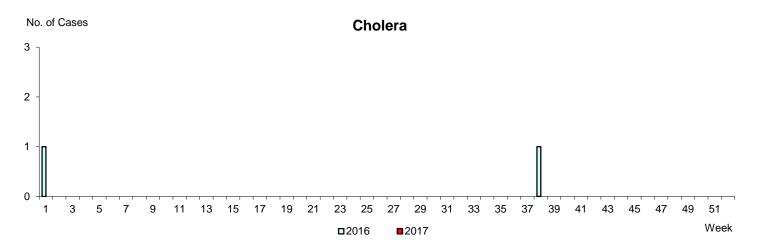
The proportion of patients with influenza-like illness (ILI) among the polyclinic attendances for ARI remained low at 1.8%. The overall positivity rate for influenza among ILI samples (n=110) in the community was 46.4% in the past 4 weeks. Of the specimens tested positive for influenza in January 2017, these were positive for influenza A(H3N2) (66.0%), influenza B (26.4%) and influenza A(H1N1)pdm09 (7.5%).



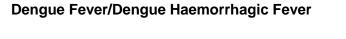
# WEEKLY INCIDENCE OF FOOD/WATER-BORNE DISEASES, 2016-2017

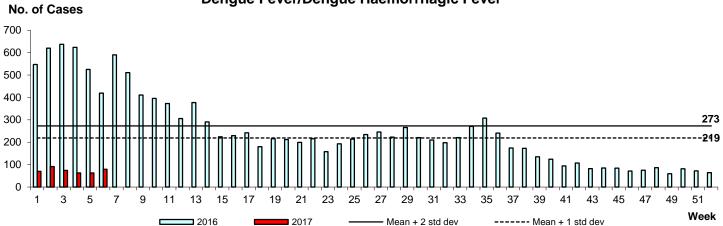




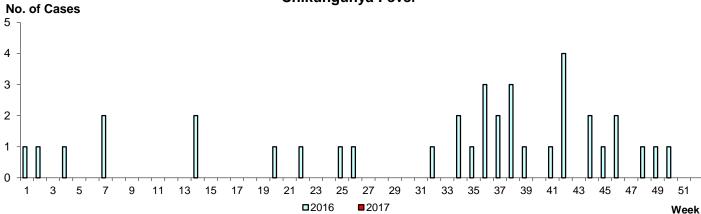


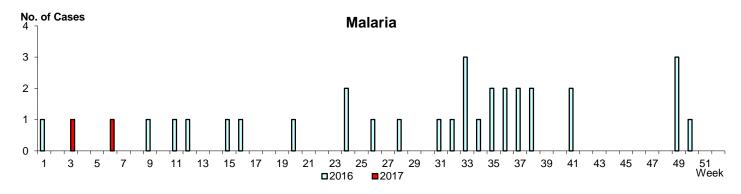
## WEEKLY INCIDENCE OF VECTOR-BORNE DISEASES, 2016-2017

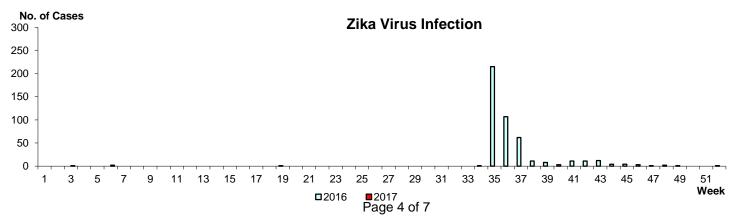




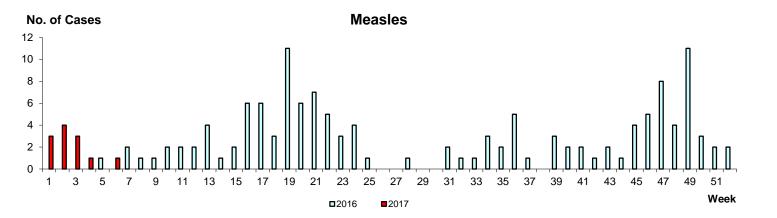
# Chikungunya Fever

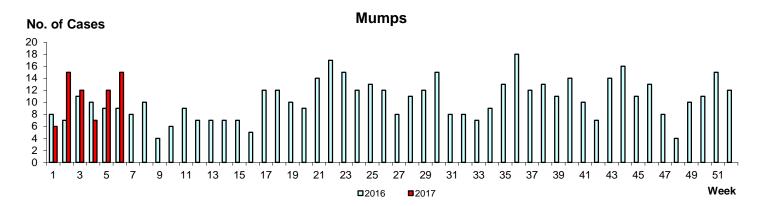


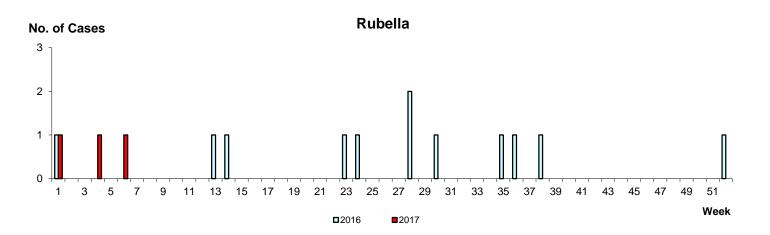




# WEEKLY INCIDENCE OF AIR/DROPLET-BORNE DISEASES, 2016-2017

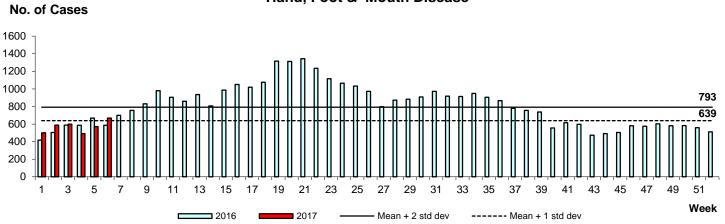




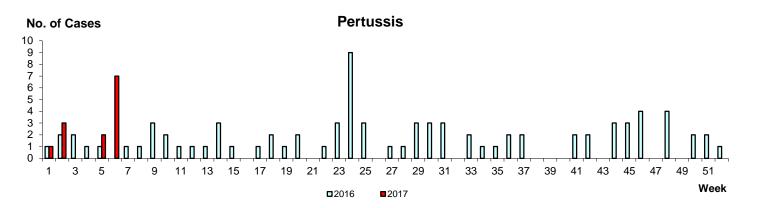


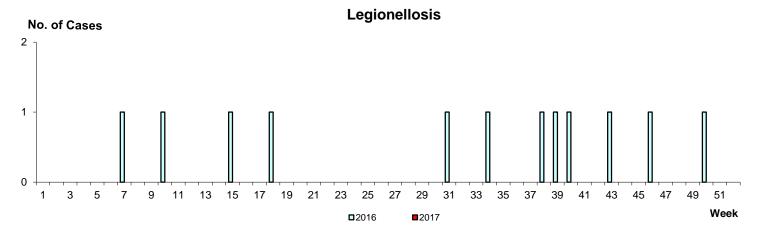
## WEEKLY INCIDENCE OF AIR/DROPLET-BORNE DISEASES, 2016-2017

# Hand, Foot & Mouth Disease



## WEEKLY INCIDENCE OF OTHER INFECTIOUS DISEASES, 2016-2017





## **POLYCLINIC ATTENDANCES, 2016-2017**

