

Chinese Notifiable Infectious Diseases Surveillance Report

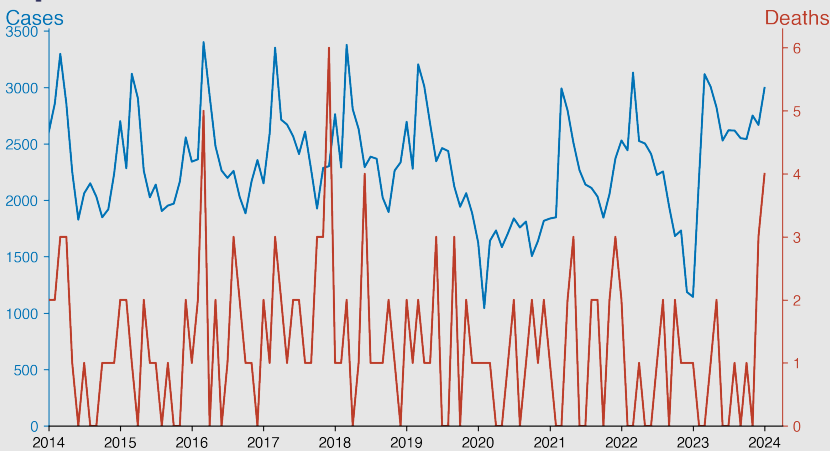
Hepatitis E

January 2024

Introduction

Hepatitis E is a liver disease caused by the Hepatitis E virus (HEV), primarily transmitted through the fecal-oral route, often through contaminated water. It presents symptoms similar to other forms of viral hepatitis, including jaundice, fatigue, and abdominal pain. While most cases resolve spontaneously, it can cause severe complications, particularly in pregnant women and those with pre-existing liver conditions. Globally, it's a significant cause of acute viral hepatitis, with outbreaks more common in regions with poor sanitation. Vaccines are available in some countries, but public health measures remain key to prevention.

Temporal Trend



Highlights

- Seasonal variation in cases is evident, with peaks typically in March-April and a secondary peak in the latter part of the year.
- A notable decrease in cases and deaths was observed in 2020, likely due to interventions related to the COVID-19 pandemic.
- Overall, there has been a gradual increase in both cases and deaths from Hepatitis E from 2014 to 2024, with the highest number of deaths (4) recorded in January 2024.
- The data suggests a need for continued surveillance and public health measures to address Hepatitis E in the Chinese mainland.

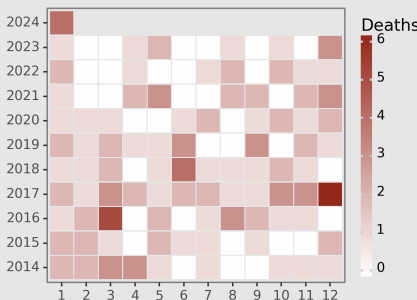
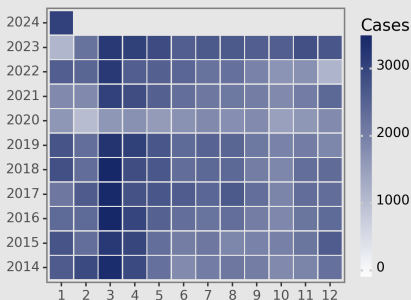
Cases Analysis

The data on Hepatitis E cases in Chinese mainland from January 2014 to January 2024 show fluctuations, with a notable increase in cases during March of each year, peaking in 2016 and 2018. A significant dip is observed in 2020, likely due to enhanced public health measures during the COVID-19 pandemic. Post-2020, cases gradually rebound, with a steady increase observed towards the latest years. This trend suggests a seasonal pattern in the transmission of Hepatitis E, possibly influenced by factors such as environmental conditions and public health interventions.

Deaths Analysis

The death toll from Hepatitis E during the same period remains relatively low compared to the number of cases, indicating a low fatality rate. The highest mortality was seen in December 2017, with 6 deaths. Deaths do not show a clear seasonal pattern, suggesting that fatalities may be more related to individual health conditions, access to healthcare, or variations in the virulence of the circulating strains. The overall low mortality rate underscores the importance of prevention and effective clinical management of cases.

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Version: 2024-03-04 (UTC+)