

Chinese Notifiable Infectious Diseases Surveillance Report

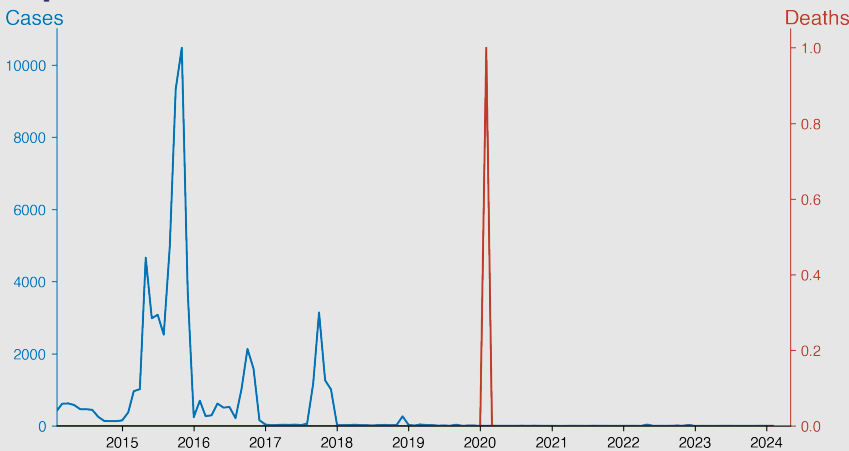
Schistosomiasis

February 2024

Introduction

Schistosomiasis, also known as bilharzia, is a disease caused by parasitic flatworms called schistosomes. The urinary or intestinal systems of humans can be affected. People become infected when they come into contact with freshwater that contains the larvae of the parasite, released by freshwater snails. The disease is found in tropical and subtropical regions, primarily in Africa, Asia, and South America. Chronic infection can lead to organ damage, and it's a significant cause of morbidity, affecting millions worldwide. Prevention focuses on reducing exposure to contaminated water and mass deworming with praziquantel.

Temporal Trend



Highlights

- Schistosomiasis cases in Chinese mainland have been generally decreasing over the past decade, with a steep drop observed from 2015 to 2017.
- There is also a consistent seasonal trend, with cases often peaking in the second half of each year (April–October) and remaining lower during the rest of the year.
- Mortality is extremely low, with only one death reported over the entire period, which occurred in February 2020.
- By February 2024, schistosomiasis cases remain relatively low, indicating successful control measures over the years.

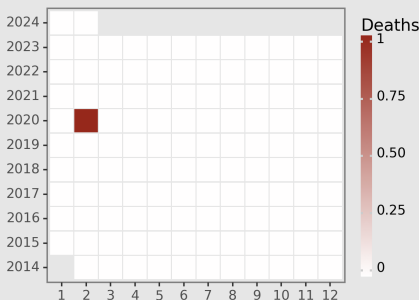
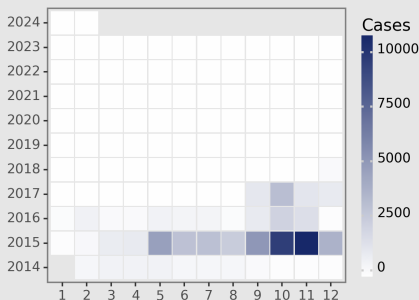
Cases Analysis

Schistosomiasis cases in mainland China witnessed noticeable fluctuation between 2014 and 2024. The highest surge was recorded in 2015 with November having the highest number of cases (10,481) during this period. A broad general trend of reduction in cases can be seen post-2015, with sporadic, smaller increases in certain months. The year 2021 and 2022 saw resurgence in cases, with a notable spike in May 2022 (39 cases). However, these numbers are significantly lower than the peak in 2015. Overall, vigilant monitoring still appears necessary despite overall reduction in cases.

Deaths Analysis

Schistosomiasis-associated mortality remained consistently at zero from February 2014 until the singular death recorded in February 2020. This suggests a low fatality rate or effective management of severe cases in this period. The absence of further deaths post-2020 indicates continued successful medical intervention and possibly improved healthcare accessibility or public health campaigns leading to early detection and treatment. Despite occasional case spikes, the control of fatal outcomes appears to have been effectively sustained throughout the years.

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