Chinese Notifiable Infectious Diseases Surveillance Project

Epidemic hemorrhagic fever

November 2023

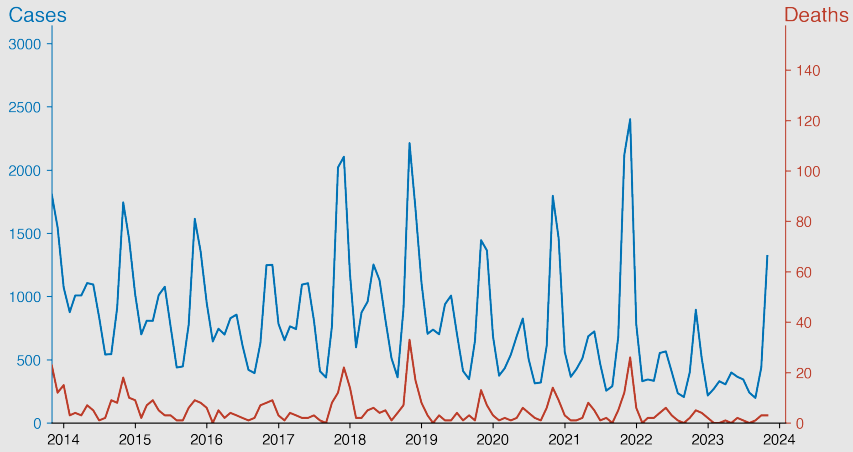
Introduction

Epidemic hemorrhagic fever, also known as hemorrhagic fever with renal syndrome (HFRS), is an acute viral disease predominantly caused by Hantaviruses. Predominantly found in Asia and Europe, it transmits mainly through rodents. Infected individuals typically exhibit symptoms such as fever, bleeding tendencies, and kidney damage. The severity ranges from mild to severe, potentially leading to life-threatening conditions. Early diagnosis is crucial in managing the disease, with supportive therapy being the cornerstone of patient management. The enhancement of rodent control measures is vital in prevention.

Highlights

- November 2023 reports 1320 cases of Epidemic hemorrhagic fever with 3 deaths, suggesting controlled transmission and a low fatality rate for that period.
- Case numbers typically surge from late spring to autumn, particularly in November, reflecting possible seasonal patterns in vector activity or human exposure.
- Notably, there's been a reduction in both cases and deaths for November compared to previous years, hinting at enhanced disease control measures.
- The trend since the 2012 peak (3000 cases and 150 deaths in September) reveals a consistent decrease, indicative of effective public health strategies in battling EHF.

Temporal Trend



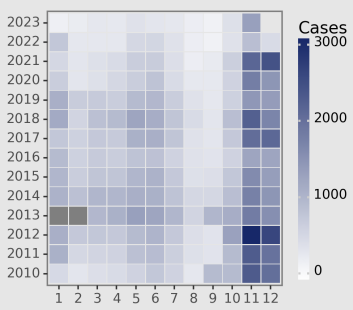
Cases Analysis

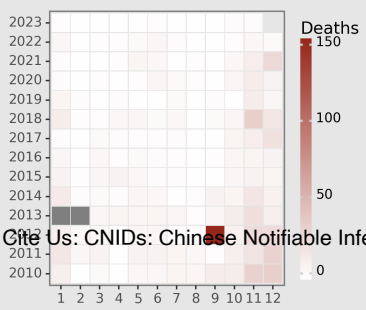
Epidemic hemorrhagic fever in Chinese mainland demonstrates a clear seasonal pattern with cases rising in the warmer months (May to November) and falling in colder months, peaking notably in November across multiple years. An outlier is observed in September 2012 with a case count disproportionately lower compared to adjacent months and previous years. Overall, there is a general upward trend in cases from 2010, with peaks occurring later in the year and the highest counts consistently in November, suggesting a possible increase in vector population or activity during this period.

Deaths Analysis

The number of deaths follows a somewhat similar pattern to cases, with peaks typically occurring in the latter half of the year, particularly in November and December, which may indicate delayed mortality following peak transmission. An exceptionally high mortality was recorded in September 2012, which deviates from other data points significantly and may warrant a specific investigation to understand the cause of this spike. Aside from this anomaly, the case fatality rate appears relatively low and stable. The years 2010 to 2021 show fluctuations, whereas 2022 and onwards exhibit a slight decrease in deaths, possibly indicating improvements in treatment or

Distribution





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