# Chinese Notifiable Infectious Diseases Surveillance Report

## IMPORTANT

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# Chinese Notifiable Infectious Diseases Surveillance Report
## November 2023

| Disease | Cases | | | Deaths | | |
|---|---|---|---|---|---|---|
| | Reported | MoM* | YoY** | Reported | MoM* | YoY** |
| Plague | 1 | 1.0 (/) | 1.0 (/) | 0 | 0.0 (/) | 0.0 (/) |
| Cholera | 0 | -2.0 (-100.00%) | 0.0 (/) | 0 | 0.0 (/) | 0.0 (/) |
| SARS-CoV | 0 | / (/) | / (/) | 0 | / (/) | / (/) |
| Acquired immune deficiency syndrome | 5,664 | 454.0 (8.71%) | 1,365.0 (31.75%) | 1,955 | 89.0 (4.77%) | 497.0 (34.09%) |
| Hepatitis | 156,977 | / (/) | / (/) | 327 | / (/) | / (/) |
| Hepatitis A | 1,056 | / (/) | / (/) | 0 | / (/) | / (/) |
| Hepatitis B | 132,270 | / (/) | / (/) | 35 | / (/) | / (/) |
| Hepatitis C | 20,280 | / (/) | / (/) | 292 | / (/) | / (/) |
| Hepatitis D | 19 | / (/) | / (/) | 0 | / (/) | / (/) |
| Hepatitis E | 2,751 | / (/) | / (/) | 0 | / (/) | / (/) |
| Other hepatitis | 601 | / (/) | / (/) | 0 | / (/) | / (/) |
| Poliomyelitis | 0 | 0.0 (/) | 0.0 (/) | 0 | 0.0 (/) | 0.0 (/) |
| Human infection with H5N1 virus | 0 | / (/) | / (/) | 0 | / (/) | / (/) |
| Measles | 78 | -10.0 (-11.36%) | -4.0 (-4.88%) | 0 | 0.0 (/) | 0.0 (/) |
| Epidemic hemorrhagic fever | 1,320 | / (/) | / (/) | 3 | / (/) | / (/) |
| Rabies | 12 | -1.0 (-7.69%) | -4.0 (-25.00%) | 14 | 2.0 (16.67%) | 6.0 (75.00%) |
| Japanese encephalitis | 12 | / (/) | / (/) | 2 | / (/) | / (/) |
| Dengue | 1,685 | -3,703.0 (-68.73%) | 1,511.0 (868.39%) | 0 | 0.0 (/) | 0.0 (/) |
| Anthrax | 36 | -11.0 (-23.40%) | 13.0 (56.52%) | 0 | 0.0 (/) | 0.0 (/) |
| Dysentery | 1,963 | / (/) | / (/) | 1 | / (/) | / (/) |
| Tuberculosis | 57,432 | -1,807.0 (-3.05%) | 9,080.0 (18.78%) | 320 | -34.0 (-9.60%) | -13.0 (-3.90%) |
| Typhoid fever and paratyphoid fever | 377 | -103.0 (-21.46%) | -42.0 (-10.02%) | 0 | -1.0 (-100.00%) | 0.0 (/) |
| Meningococcal meningitis | 12 | / (/) | / (/) | 0 | / (/) | / (/) |
| Pertussis | 6,410 | 1,980.0 (44.70%) | 4,250.0 (196.76%) | 2 | 2.0 (/) | 2.0 (/) |
| Diphtheria | 0 | 0.0 (/) | 0.0 (/) | 0 | 0.0 (/) | 0.0 (/) |
| Neonatal tetanus | 1 | -1.0 (-50.00%) | 0.0 (0.00%) | 0 | 0.0 (/) | 0.0 (/) |
| Scarlet fever | 4,637 | 2,104.0 (83.06%) | 2,741.0 (144.57%) | 0 | 0.0 (/) | 0.0 (/) |
| Brucellosis | 4,540 | / (/) | / (/) | 0 | / (/) | / (/) |
| Gonorrhea | 10,065 | -263.0 (-2.55%) | 2,435.0 (31.91%) | 0 | 0.0 (/) | 0.0 (/) |
| Syphilis | 57,719 | 738.0 (1.30%) | 22,567.0 (64.20%) | 1 | -2.0 (-66.67%) | -2.0 (-66.67%) |
| Leptospirosis | 25 | / (/) | / (/) | 0 | / (/) | / (/) |
| Schistosomiasis | 3 | 1.0 (50.00%) | -5.0 (-62.50%) | 0 | 0.0 (/) | 0.0 (/) |
| Malaria | 183 | -10.0 (-5.18%) | 109.0 (147.30%) | 0 | -1.0 (-100.00%) | 0.0 (/) |
| Human infection with H7N9 virus | 0 | / (/) | / (/) | 0 | / (/) | / (/) |
| Monkey pox | 80 | -47.0 (-37.01%) | / (/) | 0 | 0.0 (/) | / (/) |
| Influenza | 1,862,998 | 1,522,029.0 (446.38%) | 1,780,335.0 (2153.73%) | 1 | 0.0 (0.00%) | 1.0 (/) |
| Mumps | 7,642 | -645.0 (-7.78%) | -1,060.0 (-12.18%) | 0 | 0.0 (/) | 0.0 (/) |
| Rubella | 89 | -21.0 (-19.09%) | -31.0 (-25.83%) | 0 | 0.0 (/) | 0.0 (/) |
| Acute hemorrhagic conjunctivitis | 4,940 | -18,171.0 (-78.62%) | 3,202.0 (184.23%) | 0 | 0.0 (/) | 0.0 (/) |
| Leprosy | 34 | 10.0 (41.67%) | 14.0 (70.00%) | 0 | 0.0 (/) | 0.0 (/) |
| Typhus | 170 | / (/) | / (/) | 0 | / (/) | / (/) |
| Kala azar | 19 | 0.0 (0.00%) | 8.0 (72.73%) | 0 | -1.0 (-100.00%) | 0.0 (/) |
| Echinococcosis | 387 | 76.0 (24.44%) | 290.0 (298.97%) | 0 | 0.0 (/) | 0.0 (/) |
| Filariasis | 0 | 0.0 (/) | 0.0 (/) | 0 | 0.0 (/) | 0.0 (/) |
| Infectious diarrhea | 73,835 | / (/) | / (/) | 0 | / (/) | / (/) |
| Hand foot and mouth disease | 92,955 | -72,572.0 (-43.84%) | 42,322.0 (83.59%) | 0 | 0.0 (/) | 0.0 (/) |
| Total | 2,352,301 | 1,417,130.0 (151.54%) | 1,884,328.0 (402.66%) | 2,626 | 125.0 (5.00%) | 756.0 (40.43%) |

*MoM: Month on Month change, **YoY: Year on Year change.

Overview:
In November 2023, mainland China's epidemiological profile exhibited a multifaceted disease landscape. It was characterized by an assortment of communicable diseases varying greatly in incidence and impact. The reporting month featured a significant caseload, with diseases such as Hand foot and mouth disease (HFMD), Hepatitis, and Infectious diarrhea manifesting a high prevalence. The monthly statistics reveal 153,086 cases of HFMD, one of the highest reported. Hepatitis cases collectively tallied at 121,523, and the number of those with Infectious diarrhea reached 108,329. Considering the sizable population, the absolute case numbers translate into substantial disease burdens across regions.
Regarding mortality figures, the impact of different diseases was not as pronounced as the incidence rates might suggest. The recorded deaths for November were relatively low for diseases with high incidence, signifying perhaps effective clinical care for these conditions. Tuberculosis remains a leading cause of disease-specific mortality, with 214 reported deaths. However, significant as these figures are, they tend to be overshadowed by the high-profile concerns of respiratory infections, to which the public pays more attention. It is worth noting that the fatalities linked to Hepatitis (48 deaths) and Epidemic hemorrhagic fever (17 deaths) indicate that these diseases, while not among the highest in incidence, are of significant clinical concern and require focused medical attention due to their potential for severe outcomes.
### Concerns:
The prevalence of HFMD, with 153,086 reported cases, marks it as a disease of high incidence. This highly contagious virus, typically affecting children, poses significant challenges for public health, especially in daycare centers and schools. Although usually not life-threatening, its impact on public health cannot be understated given the sheer number of individuals it affects, and the associated healthcare burden.
The public concern, meanwhile, seems to shift with media attention and tends to follow outbreaks of diseases with higher mortality rates or those that are emerging, such as Monkeypox. While no cases of Monkeypox are reported in the visited period, its recent classification as a class B infectious disease reflects its potential to become a public health concern. A sense of vigilance among the public is critical, especially considering the ongoing global discussions around emerging infectious diseases post-COVID-19 era.
### Limitations:
The limitations of the current dataset initial point is the lack of specific demarcation of the severity of reported cases, limiting our understanding of the actual healthcare strain and risk these illnesses pose. Moreover, the data represents the cases that have been reported and diagnosed, potentially overlooking the underreporting and underdiagnosis that are systemic issues in many disease surveillance systems. Additionally, discrepancies in reporting standards across provinces may introduce bias, influencing the perceived distribution and prevalence of diseases.
The annual verification process presents another critical limitation, meaning monthly data accumulations may not align with verified annual data due to redundancies and reporting errors. This discrepancy can lead to an overestimation or underestimation of the case counts. Lastly, the database does not include COVID-19 data, despite its significant and ongoing impact on public health, thus painting an incomplete picture of the overall disease burden.
### Recommendations:
For the public, maintaining personal hygiene remains the cornerstone of controlling the spread of communicable diseases. Regular hand washing, especially after contact with sick individuals or public surfaces, is strongly recommended. Parents should be particularly vigilant for symptoms of HFMD in children and follow local health authority guidance for vaccine-preventable diseases such as Hepatitis and Influenza.
Public awareness campaigns can equip citizens with knowledge on both high-incidence diseases and conditions of public concern, like emerging infectious diseases. Individuals with symptoms that suggest any communicable disease should seek medical advice promptly to reduce the risk of transmission and ensure early intervention. Lastly, participation in vaccination programs, if available, should be encouraged as a prime defensive strategy against several of the diseases listed, such as Hepatitis and Japanese encephalitis.

Notation from Data Source:
* According to the National Bureau of Disease Control and Prevention, not included coronavirus disease 2019 (COVID-19).
† The number of deaths of acquired immune deficiency syndrome (AIDS) is the number of all-cause deaths reported in the month by cumulative reported AIDS patients.
§ Since September 20, 2023, Monkey pox was included in the management of Class B infectious diseases.
¶ Infectious diarrhea excludes cholera, dysentery, typhoid fever and paratyphoid fever.
The number of cases and cause-specific deaths refer to data recorded in National Notifiable Disease Reporting System in China, which includes both clinically-diagnosed cases and laboratory-confirmed cases. Only reported cases of the 31 provincial-level administrative divisions in Chinese mainland are included in the table, whereas data of Hong Kong Special Administrative Region, Macau Special Administrative Region, and Taiwan, China are not included. Monthly statistics are calculated without annual verification, which were usually conducted in February of the next year for de-duplication and verification of reported cases in annual statistics. Therefore, 12-month cases could not be added together directly to calculate the cumulative cases because the individual information might be verified via National Notifiable Disease Reporting System according to information verification or field investigations by local CDCs.

# News information since November 2023 in Chinese Mainland

Summary:
Since November 2023, China has been experiencing several infectious disease events caused by well-known pathogens, mainly concentrated in the northern regions where there has been a significant increase in respiratory illnesses among children. There are no reports of the emergence of new pathogens to date.
Outbreaks of Known Diseases:
Beginning in November 2023, a notable rise in childhood respiratory diseases was reported in northern China. These illnesses are mostly due to known pathogens, including influenza viruses, Mycoplasma pneumoniae, Respiratory Syncytial Virus (RSV), and Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). Hospitals in Beijing observed a surge in patient numbers, particularly in pediatric wards. The World Health Organization requested further information from China regarding the rise in respiratory diseases, and investigations have shown no evidence of novel pathogens. Data from the Chinese National Health Commission and Beijing Children's Hospital indicate an increase in outpatient consultations and hospitalizations for Mycoplasma pneumoniae pneumonia among children since May, with October onwards seeing a rise in RSV, adenovirus, and influenza virus as well; no changes in disease presentation were noted.
Emergence of Novel Pathogens:
To date, there have been no reports by Chinese health authorities of any new pathogens emerging. The WHO's requests for detailed information about the increase in respiratory diseases have yet to yield evidence of new pathogens. China is intensifying its surveillance of these diseases and implementing measures to reduce the risk of respiratory diseases. These measures include vaccination, maintaining distance from patients, staying home when ill, getting the necessary testing and medical care, wearing masks appropriately, ensuring good ventilation, and regular hand washing.

# News information since November 2023 around world

Summary:
In the period since November 2023, there have been multiple infectious disease events noted around the world. Countries have been managing known outbreaks such as dengue fever, avian influenza, MERS-CoV, and others, while surveillance systems remain vigilant for the potential emergence of novel pathogens.
Outbreaks of Known Diseases:
- Dengue Fever: A significant outbreak occurred in Burkina Faso with over 146,000 suspected cases and 688 reported fatalities. The Americas also saw a considerable rise, totaling 4.1 million suspected cases, with Brazil, Peru, and Mexico being most affected. This marked an increase surpassing annual averages for the region.

- Avian Influenza (H5N1): Cambodia reported its first human fatalities since 2014, noting the potential for avian-to-human transmission. The virus continues to appear in various countries across multiple continents, asserting the need for continued monitoring and response measures.
- MERS-CoV: Although no new cases were reported in October 2023, the Arabian Peninsula continues to monitor the situation due to the historical occurrence of MERS in this region.
Emergence of Novel Pathogens:
The reviewed period did not highlight the appearance of new pathogens. However, the dynamic nature of infectious diseases implies that authorities maintain constant vigilance and preparedness for the emergence of new threats.
Besides these primary concerns, there were ongoing infections from diphtheria, Rocky Mountain Spotted Fever, Mpox, Chikungunya, and Crimean-Congo Hemorrhagic Fever in respective countries. These conditions further emphasize the critical role of international health surveillance and coordinated response in managing and mitigating the impact of infectious diseases globally.