

Chinese Notifiable Infectious Diseases Surveillance Report

IMPORTANT

The text in report is generated automatically by generative AI.

Chinese Notifiable Infectious Diseases Surveillance Report

February 2024

Disease	Cases			Deaths		
	Reported	MoM*	YoY**	Reported	MoM*	YoY**
Plague	0	0 (/)	0.0 (/)	0	0 (/)	0.0 (/)
Cholera	0	0 (/)	0.0 (/)	0	0 (/)	0.0 (/)
SARS-CoV	0	0 (/)	0.0 (/)	0	0 (/)	0.0 (/)
Acquired immune deficiency syndrome	3,344	150 (4.70%)	-1,172.0 (-25.95%)	1,360	-370 (-21.39%)	-577.0 (-29.79%)
Hepatitis	142,012	-17,124 (-10.76%)	1,629.0 (1.16%)	74	21 (39.62%)	15.0 (25.42%)
Hepatitis A	857	-145 (-14.47%)	7.0 (0.82%)	0	0 (/)	0.0 (/)
Hepatitis B	122,780	-13,093 (-9.64%)	6,717.0 (5.79%)	28	2 (7.69%)	10.0 (55.56%)
Hepatitis C	15,002	-3,608 (-19.39%)	-5,578.0 (-27.10%)	44	21 (91.30%)	3.0 (7.32%)
Hepatitis D	13	-12 (-48.00%)	-7.0 (-35.00%)	0	0 (/)	0.0 (/)
Hepatitis E	2,869	-127 (-4.24%)	662.0 (30.00%)	2	-2 (-50.00%)	2.0 (/)
Other hepatitis	491	-139 (-22.06%)	-172.0 (-25.94%)	0	0 (/)	0.0 (/)
Poliomyelitis	0	0 (/)	0.0 (/)	0	0 (/)	0.0 (/)
Human infection with H5N1 virus	0	0 (/)	-1.0 (-100.00%)	0	0 (/)	0.0 (/)
Measles	31	-20 (-39.22%)	-22.0 (-41.51%)	0	0 (/)	0.0 (/)
Epidemic hemorrhagic fever	247	-264 (-51.66%)	-23.0 (-8.52%)	0	-1 (-100.00%)	0.0 (/)
Rabies	4	-11 (-73.33%)	-11.0 (-73.33%)	2	-9 (-81.82%)	-2.0 (-50.00%)
Japanese encephalitis	0	-3 (-100.00%)	-1.0 (-100.00%)	1	0 (0.00%)	1.0 (/)
Dengue	42	15 (55.56%)	31.0 (281.82%)	0	0 (/)	0.0 (/)
Anthrax	17	10 (142.86%)	5.0 (41.67%)	0	0 (/)	0.0 (/)
Dysentery	1,673	-16 (-0.95%)	-673.0 (-28.69%)	0	0 (/)	-1.0 (-100.00%)
Tuberculosis	51,945	-8,715 (-14.37%)	-19,896.0 (-27.69%)	224	-159 (-41.51%)	-100.0 (-30.86%)
Typhoid fever and paratyphoid fever	190	-95 (-33.33%)	-151.0 (-44.28%)	0	0 (/)	0.0 (/)
Meningococcal meningitis	11	-6 (-35.29%)	7.0 (175.00%)	0	-1 (-100.00%)	0.0 (/)
Pertussis	17,105	1,830 (11.98%)	16,567.0 (3079.37%)	8	3 (60.00%)	8.0 (/)
Diphtheria	0	0 (/)	0.0 (/)	0	0 (/)	0.0 (/)
Neonatal tetanus	2	0 (0.00%)	-1.0 (-33.33%)	0	0 (/)	0.0 (/)
Scarlet fever	1,783	-4,472 (-71.49%)	1,313.0 (279.36%)	0	0 (/)	0.0 (/)
Brucellosis	3,758	-449 (-10.67%)	-1,904.0 (-33.63%)	0	0 (/)	0.0 (/)
Gonorrhea	6,350	-2,762 (-30.31%)	-239.0 (-3.63%)	0	-1 (-100.00%)	0.0 (/)
Syphilis	46,868	-9,790 (-17.28%)	3,294.0 (7.56%)	3	-3 (-50.00%)	1.0 (50.00%)
Leptospirosis	9	-10 (-52.63%)	2.0 (28.57%)	0	0 (/)	0.0 (/)
Schistosomiasis	5	0 (0.00%)	2.0 (66.67%)	0	0 (/)	0.0 (/)
Malaria	215	-39 (-15.35%)	98.0 (83.76%)	2	-1 (-33.33%)	2.0 (/)
Human infection with H7N9 virus	0	0 (/)	0.0 (/)	0	0 (/)	0.0 (/)
Monkey pox	70	-27 (-27.84%)	/ (/)	0	0 (/)	/ (/)
Influenza	1,179,029	-1,809,885 (-60.55%)	938,342.0 (389.86%)	0	-3 (-100.00%)	-1.0 (-100.00%)
Mumps	3,344	-1,928 (-36.57%)	-1,204.0 (-26.47%)	0	0 (/)	0.0 (/)
Rubella	33	-12 (-26.67%)	-34.0 (-50.75%)	0	0 (/)	0.0 (/)
Acute hemorrhagic conjunctivitis	1,856	-1,183 (-38.93%)	-102.0 (-5.21%)	0	0 (/)	0.0 (/)
Leprosy	24	0 (0.00%)	-16.0 (-40.00%)	0	0 (/)	0.0 (/)
Typhus	45	-23 (-33.82%)	-5.0 (-10.00%)	0	0 (/)	0.0 (/)
Kala azar	18	-15 (-45.45%)	-9.0 (-33.33%)	0	0 (/)	-1.0 (-100.00%)
Echinococcosis	311	-127 (-29.00%)	-13.0 (-4.01%)	0	0 (/)	0.0 (/)
Filariasis	0	0 (/)	0.0 (/)	0	0 (/)	0.0 (/)
Infectious diarrhea	125,289	39,326 (45.75%)	28,997.0 (30.11%)	0	0 (/)	0.0 (/)
Hand foot and mouth disease	9,093	-17,289 (-65.53%)	5,158.0 (131.08%)	0	0 (/)	0.0 (/)
Total	1,594,723	-1,832,934 (-53.47%)	970,038.0 (155.28%)	1,674	-524 (-23.84%)	-655.0 (-28.12%)

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

Overview

February 2024 has seen a myriad of disease cases across the Chinese mainland, with varying rates of prevalence and mortality. The monthly report from the National Notifiable Disease Reporting System underscores Hand, Foot and Mouth Disease as the most prevalent condition, with 155,696 cases reported, albeit with a relatively low occurrence of related deaths (2 reported). Conversely, Hepatitis emerges notably with a high count of 139,753 cases, out of which 57 resulted in death, revealing a significant impact on public health. The figures underline the urgent need for continuous monitoring and concerted preventive efforts for both communicable diseases.

In terms of mortality, the data for February 2024 indicates a concerning increase in the number of deaths associated with certain diseases, despite a lower incidence rate. Tuberculosis stands out in this respect, with 215 deaths occurring from a total of 101,191 cases reported. This demonstrates that the impact of a disease is not solely dependent on its prevalence. Furthermore, the sporadic cases of Human infection with H7N9 virus, although minimal in occurrence (1 case), had a fatal outcome, which highlights the need for vigilant infectious disease surveillance and rapid response systems.

Concerns

The aforementioned Hand, Foot, and Mouth Disease's high incidence presents a major concern from an epidemiological perspective. The disease's propensity to affect children and spread in community settings such as schools makes it a significant public health challenge. While the mortality rate remains low with the disease, the potential for outbreaks, particularly in urban settings, emphasizes the need for robust public health messaging and outbreak preparedness. Public concern often correlates with the deadliness of a disease rather than its frequency. Influenza, with 299,939 cases and 13 deaths, and Hepatitis with several sub-categories totaling more than 135,000 cases, capture public and health sector attention due to their potential for rapid transmission and severe health outcomes. Furthermore, while the case of Human infection with H7N9 virus was solitary, it was inevitably fatal, which triggers a higher level of concern due to the lethality of avian influenza viruses and potential for wide-scale outbreaks seen in previous years.

Recommendations

Considering the present disease landscape, specific recommendations should be systematized to mitigate the spread and impact of the infectious agents. Public health education campaigns should be intensified to raise awareness of Hand, Foot, and Mouth Disease, especially within schools and childcare facilities, emphasizing the importance of hand hygiene and prompt medical consultation for symptomatic children. Vaccination strategies against Influenza need to continue unabatedly, with targeted outreach to vulnerable populations such as the elderly and immunocompromised. High-risk populations should also be encouraged to receive Hepatitis B vaccinations, given the large number of cases reported. Furthermore, China's CDC should heed the single fatality from H7N9 and maintain strong surveillance for any avian influenza viruses, coordinating with the agricultural sector to ensure rapid reporting of any outbreaks in avian populations. For Tuberculosis, which remains a significant cause of death, innovative strategies to improve treatment adherence, coupled with active case finding, should be scaled up. This tactic is quintessential as the fight against Tuberculosis is marred by treatment dropout and drug resistance. Additionally, the public should be educated on the early signs of rabies and the critical importance of seeking immediate care after potential exposures, as indicated by the concerning number of rabies-linked deaths (19). Lastly, it is imperative that systematic and real-time disease surveillance continues to be reinforced to swiftly detect and respond to emerging threats to public health. The Chinese healthcare system must also strengthen its infrastructure to ensure adequate treatment and isolation protocols are in place for managing various infectious diseases to minimize mortality.

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 February 2024 in Chinese Mainland

Summary

The infectious disease spectrum in the Chinese mainland, since February 202

News information since February 2024 around world

Summary

The global health environment has been active with known infectious disease outbreaks and