Chinese Notifiable Infectious Diseases Surveillance Report

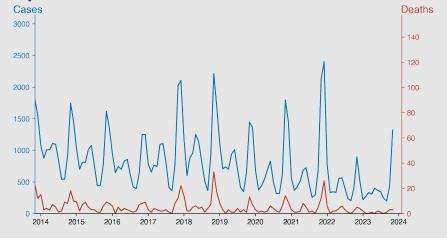
Epidemic hemorrhagic fever

November 2023

Introduction

Epidemic Hemorrhagic Fever, also known as Hantavirus Pulmonary Syndrome, is a severe, sometimes fatal, respiratory disease caused by infection with certain types of Hantavirus. Humans contract this zoonotic disease primarily through inhalation of aerosols or contact with the urine, feces, or saliva of infected rodents. Initial symptoms include intense headaches, back and abdominal pain, fevers, chills, nausea, and blurred vision. Severe cases can lead to low blood pressure, acute shock, vascular leakage, and acute kidney failure. There's no specific treatment, cure, or vaccine currently available for Hantavirus infection.





Highlights

- A seasonal upsurge in cases is consistently observed from June to November each year, with a peak commonly seen in November.
- There is an overall declining trend in both cases and deaths from epidemic hemorrhagic fever throughout the years, with significant reductions since the peak in 2012.
- The case-fatality rate has decreased, with death counts in November dropping from 32 in 2010 to 3 in 2023 despite a notable number of cases.
- The data suggest improvements in management and intervention strategies, resulting in fewer fatalities associated with the disease.

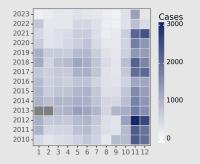
Cases Analysis

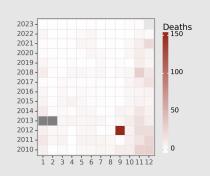
Over the years 2010-2023, cases of Epidemic hemorrhagic fever in the Chinese mainland demonstrate seasonality, with peaks often in November (e.g., 2278 cases in 2010, 2268 in 2011, 3000 in 2012, 2021 in 2017), suggesting a potential vector lifecycle influence. A noticeable outlier occurs in September 2012 with 395 cases, but an extraordinary death toll of 150, indicating a possible outbreak of severe cases or reporting anomalies. Generally, cases begin to rise in spring, peak in late autumn, and then fall in winter.

Deaths Analysis

Deaths from Epidemic hemorrhagic fever correlated loosely with case numbers but exhibit variance in case fatality rates over the surveillance period. The most alarming event was in September 2012, with a drastic increase to 150 deaths against a modest number of cases. Apart from this outlier, the highest mortality numbers are typically observed in the late year spikes of cases, notably in December 2010 and November 2018. There is an overall declining trend in fatal cases, peaking with 33 deaths and dropping to single digits or zero in more recent years, indicating improved control measures or under-reporting.

Distribution





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