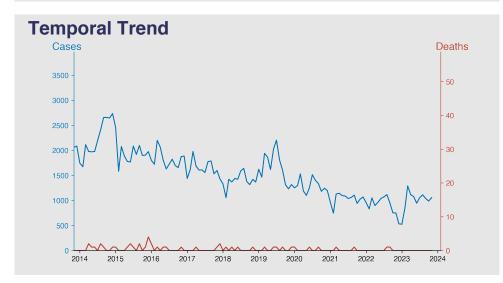
Chinese Notifiable Infectious Diseases Surveillance Report

Hepatitis A

November 2023

Introduction

Hepatitis A is an acute, highly contagious liver disease caused by the Hepatitis A virus (HAV). It typically spreads through ingestion of contaminated food or water, or direct contact with an infected person. Acute cases can be mild to severe, often requiring hospitalization. HAV generally triggers immune response, thus recovered individuals gain lifelong immunity. Vaccination also provides effective prevention. Despite its potential severity, fatality is rare, especially in healthy individuals.



Highlights

Decline in Hepatitis A incidence: The number of Hepatitis A cases has been decreasing significantly over the past decade, from an average of 2,000 to 3,000 cases per month in 2010 to around 1,000 cases per month in 2023.

- 2. Peak time for occurrence: Cases of Hepatitis A appear to peak around the summer months (particularly in July and August), a pattern observed across the years.
- 3. Relatively low mortality rates: The number of deaths per month remains low, often zero, with sporadic increases to 2, 4, or 56 (outlier in May 2012). The mortality rate has been zero for most of 2022 and 2023.
- 4. Efforts to control transmission successful: The incidence and mortality data suggest effective control over disease transmission and improved healthcare measures, though periodic monitoring is warranted.

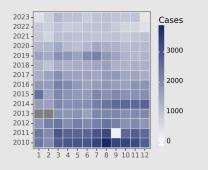
Cases Analysis

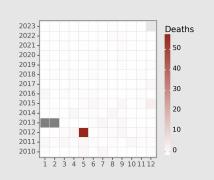
The reported cases of Hepatitis A in Mainland China portrayed a general decline from the year 2010 to 2023. In 2010, monthly cases averaged approximately 3000, peaking in August at 3789. Over the years, there has been a notable drop with the 2023 average at about 1000 cases per month. Interestingly, there has been a consistent seasonal increase in cases around the middle of the year, typically between May and August, across all these years, suggesting a possible seasonal pattern of the disease.

Deaths Analysis

The death toll from Hepatitis A over this period has generally been low, reflecting the highly survivable nature of the disease, given proper medical intervention. The number of deaths per month mostly stayed at 0-2, with the exception of May 2012, when there was a sudden surge to 56 deaths. Following this peak, the monthly death count reverted to previous patterns. Recent data indicate further reduction in death toll, adding evidence to a possible improvement in medical care, awareness, and potentially effective vaccination programs.

Distribution





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