

Chinese Notifiable Infectious Diseases Surveillance Project

Hepatitis A

November 2023

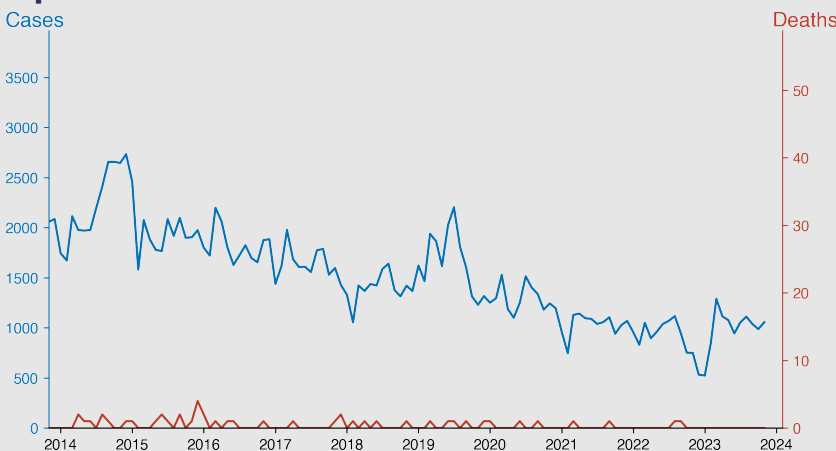
Introduction

Hepatitis A is an acute, highly contagious liver infection caused by the Hepatitis A virus (HAV). It typically spreads via ingestion of contaminated food or water or through direct contact with an infected person and is most prevalent in regions with poor sanitation. Symptoms include fatigue, nausea, abdominal pain, loss of appetite, and jaundice. Vaccines are available to prevent HAV infection. Although Hepatitis A does not lead to chronic disease, severe infections can cause liver failure and death.

Highlights

- Notable Decline in Case Numbers: Data from 2010 to 2023 indicates a significant decrease in Hepatitis A cases in Chinese mainland, reflecting improved prevention measures.
- Consistently Low Mortality: Deaths are rare and sporadic, suggesting effective healthcare intervention and possible high immunity levels in the population.
- Sporadic Outbreaks: Occasional spikes such as the one in May 2012 suggest isolated outbreaks, but these appear to have been efficiently managed and contained.
- Stabilization of Cases: The last few years show a consistent low level of cases, indicating ongoing effective public health strategies.

Temporal Trend



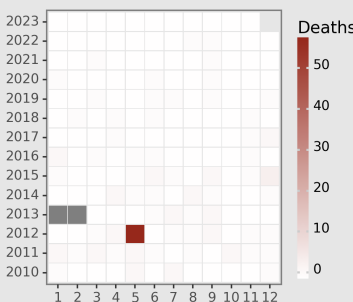
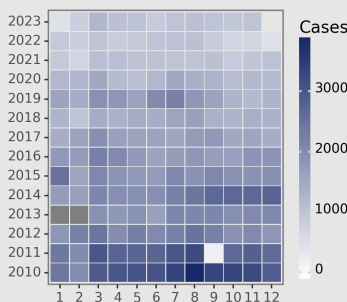
Cases Analysis

From January 2010 to November 2023, mainland China reported a declining trend in Hepatitis A cases. Initial figures fluctuated, with high counts observed during summer months, suggesting potential seasonal patterns. The case count peaked in August 2010 at 3,789, and an aberrant spike occurred in May 2012 with 2,235 cases. Overall, cases decreased over the years, with the lowest number, 523, recorded in January 2023. Factors such as improved sanitation, vaccination, and public health interventions likely contributed to the overall downward trend in cases.

Deaths Analysis

During the same period, deaths associated with Hepatitis A were rare, totaling 96, with the highest mortality occurring in May 2012, reporting 56 deaths. Multiple months recorded zero deaths while occasional fluctuations with one to four fatalities were noted. The mortality trend appears relatively stable over the years though the spike in 2012 warrants investigation for possible outbreak-related factors. The low and decreasing fatality rates correspond with an effective public health response and the typically self-limiting nature of the disease.

Distribution



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