Chinese Notifiable Infectious Diseases Surveillance Report

Kala azar

November 2023

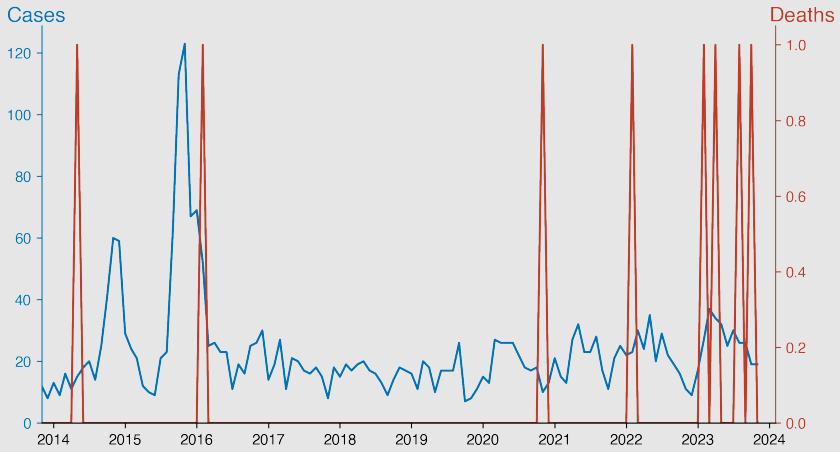
Introduction

Kala-azar, also known as visceral leishmaniasis, is a severe infectious disease caused by the Leishmania donovani parasite and transmitted by sandflies. It primarily affects the liver, spleen, and bone marrow, leading to fever, significant weight loss, splenomegaly, and hepatomegaly. If left untreated, the fatality rate can reach 100% within two years. It's prevalent in tropical and subtropical regions, especially in East Africa, India, and Brazil. Despite notable progress in recent years, it remains a significant public health concern.

Highlights

- Kala azar cases in mainland China demonstrate moderate fluctuation over the years, with no clear escalating or declining trend.
- A significant spike was recorded in late 2015, with cases reaching 113 in October and 123 in November, signaling periodic outbreaks.
- Deaths associated with Kala azar are rare, though a minor rise in fatalities appeared in 2023, with three deaths until November.
- As of November 2023, the incidence has stabilized, with 19 reported cases and no deaths, suggesting current control strategies might be effective.

Temporal Trend



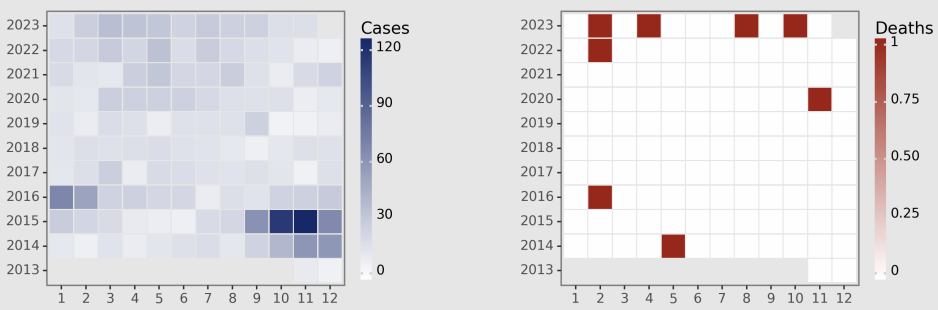
Cases Analysis

The period from 2013-2023 shows fluctuating cases of Kala azar in the Chinese mainland, peaking significantly at 123 cases in November 2015. A declining trend is noticeable post-2015 with sporadic increases, such as 37 cases in March 2023. The data reflects seasonality, with cases rising during warmer months, potentially related to vector activity. Public health interventions have likely impacted the trends, yet case persistence suggests ongoing transmission or reporting variability. The recent rise in cases necessitates investigation into control measures efficacy, surveillance robustness, and environmental changes favoring vector proliferation.

Deaths Analysis

Deaths from Kala azar are remarkably low throughout the 2013-2023 period, with only 5 fatalities reported amidst several hundred cases, emphasizing a low case-fatality rate. Deaths were sporadic and infrequent, occurring in May 2014, February 2016, February 2022, April 2023, August 2023, and October 2023. The mortality pattern lacks clear seasonality and is sporadic, likely reflecting effective treatment protocols. However, the recent clustering of deaths in 2023 warrants close monitoring for any changes in disease virulence, treatment resistance, or healthcare delivery issues that could influence survival rates.

Distribution



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